

Healthy Weight Strategy 2014 - 2017

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Aim of Strategy

To tackle obesity and promote healthy weight for the people of Oxfordshire using a holistic, multidisciplinary framework.

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1. Introduction

Ensuring a healthy weight across the population is a National and International priority. In England, there has been a marked increase in obesity rates over the past eight years. In 1993, 13% of men and 16% of women were obese – in 2011 this rose to 24% for men and 26% for women.

For children attending reception class (aged 4-5 years) during 2011-12, 9.5% were obese.¹

In Oxfordshire, self-reported data collected as part of the annual Active People Survey² suggests that:

- Nearly 61% (95% CI 58.6 - 62.8) of adults (16+) are either overweight or obese compared with 63.8% nationally.
- 20.2% (95% CI 18.5 – 21.9) of adults (16+) are obese
- Oxford City has the lowest percentage of overweight or obese adults, 55.9% (95% CI 51.3 - 60.6). Although the difference is not statistically significant from Oxfordshire or the four Districts, Oxford City has a significantly lower percentage than the England average.

The National Childhood Measurement Programme (NCMP)³ provides robust annual data on the number and proportion of underweight, overweight and obese children in Reception and Year 6.

NCMP data from 2012/13 tells us that⁴:

- Oxfordshire continues to have rates of childhood obesity which are lower than the national average.
- Reflecting the national trends, children in year 6 have a higher prevalence of obesity than those in Reception year 15.2% (95% CI 14.2-16.2) and 6.4% (95% CI 5.8-7) respectively.
- Statistically higher rates of childhood obesity (Yr. 6) in Oxford City, 19.6% (95% CI 17 – 22.2) are a particular cause for concern and are likely to reflect a population with more social disadvantage and more ethnic minority groups.

Being overweight and obese has adverse health outcomes. In 2011, 53% of obese men and 44% of obese women were found to have high blood pressure. During 2011-12 there were 11,736 hospital admissions due to obesity – this is over 11 times higher than during 2001-02.¹

Inequalities in obesity rates are marked between different socio-economic groups. Nationally, among children in reception and year 6, the prevalence of obesity in the 10% most deprived groups is approximately double that in the 10% least deprived.¹

¹ Healthy and Social Care Information Centre, Statistics on Obesity, Physical Activity and Diet, England 2013 <http://www.hscic.gov.uk/catalogue/PUB10364>

² Active People Survey, Sport England.2012. Data available at <http://www.phoutcomes.info/> or <http://www.noo.org.uk/visualisation>

³ National Obesity Observatory <http://www.noo.org.uk/NCMP>

⁴ Healthy and Social Care Information Centre, National Child Measurement Programme <http://www.hscic.gov.uk/ncmp>

Why a healthy weight strategy?

Achieving a population with a healthy weight has all too often been described simply in terms of reducing obesity rates. Whilst this is important for obese individuals and doubtless has consequences for the local healthcare budget, the longer term goal of public health is to work toward a healthy living agenda (one aim of which is to ensure that the population achieves and maintains a healthy weight). A healthy living agenda is one which looks at population needs holistically and acknowledges that to address poor health, it is not possible to ignore the many and complicated factors often referred to as the wider determinants of health (education, employment, the environment in which we live, housing etc.). If, for example, we were to choose to place all our resources and expertise in to addressing the health problems of overweight and obese individuals, we would fail to address the universal need of a population that is currently living in an obesogenic environment and has potentially very little resilience against the choices that ultimately lead to an unhealthy weight and associated health problems. The broader determinants of health are therefore of paramount importance and can be significantly influenced by how local authorities deliver their core roles and functions.⁵

This strategy is for the population of Oxfordshire and will be led by the Public Health Directorate in Oxfordshire County Council. The strategic direction therefore has a focus on localism and what local authorities, businesses and communities can do to promote healthy living and achieve a healthy weight for the population. However, the people of Oxfordshire do not operate within a bubble and there are National and International influences that will have an impact on whether or not the population can achieve a healthy weight. Where possible, the Public Health Directorate will add its voice as an advocate for change in these areas, either directly or through its partners.

Rationale for refreshing the strategy at this juncture

This strategy has been developed as a result of the relocation Public Health from the NHS to the County Council. This new location for Public Health has enabled us to develop closer links with colleagues in Local Authority departments, many of which directly influence the wider determinants of health. Addressing these wider determinants, as will be discussed in greater detail below, is essential to enabling a population to engage in healthy living and as a result of this, to achieve a healthy weight.

Developing the Strategy

The development of this strategy is occurring in three stages:

1. Initial Development (November 2013 – March 2014)
 - The health improvement team (Oxfordshire public health directorate) assemble evidence on current National policy, best practice and effective measures to achieve and maintain a healthy population weight
 - The health improvement team hold initial discussions with colleagues in key departments in County and District Councils
 - The evidence base and results of initial discussions are written up in a draft strategy.
 - The draft strategy is signed off by the Public Health Directorate and the Health Improvement Board. It will then move in to a consultation phase

⁵ Marmot Review – Fair Society, Healthy Lives. 2010

2. Consultation (April-June 2014)

- All key stakeholders will be consulted on the content of the strategy. This will happen both electronically and through a series of workshops. The electronic consultation will focus on feedback for the content of the strategy and the workshops will focus on input for the associated action plan⁶
- Following consultation with key stakeholders, the consultation will then go out to public consultation (format of which to be decided)

3. Consolidation and Implementation

- The result of the consultations will then be consolidated and the strategy and action plan will be finalised
- The final document will be presented to the Health Improvement Board for approval
- The strategy and action plan will be implemented and will be subject to annual review

Aim of strategy

- To tackle obesity and promote healthy weight for the people of Oxfordshire using a holistic, multidisciplinary framework

2. Background

History of Oxfordshire Public Health Directorate work in the area of healthy weight

Under the previous 'Commissioning Strategy for Overweight and Obesity in Oxfordshire' there was an emphasis on developing pathways of care for individuals who are already overweight and obese (this trend is discussed further in cultural norms and social values below). From this strategy, we have commissioned an adult care pathway, an adult weight management hub and a range of adult services which are accessible through GP practices. We have also piloted the children, families and young people's service which will be commissioned across the county from April 2014. These services are part of the on-going work with Primary Care to effectively address the rising tide of obesity.

The previous strategy aimed to prevent overweight and obesity in children by providing advice and group support to parents on parenting, weaning and breastfeeding. We commissioned HENRY (Health Exercise Nutrition for the Really Young) training which enables practitioners to provide 1-2-1 and group based support and expertise that empowers parent and families to make healthier choices.

Finally, working predominately through the Oxfordshire Sports Partnership (OSP), the strategy also focused on increasing physical activity levels in the adult population (16+). This partnership brings together public health, district councils, voluntary sector and providers of leisure services, physical activity and sport and is a powerful advocate for increasing participation across Oxfordshire. It has two main mechanisms of working:

1. Through its funding from Sport England, it works to engage more people in grass roots organised sport and active recreation

⁶ The key stakeholder consultation will include a piece of work undertaken by the County Council engagement team that will gather views on healthy eating and influencing food choices, from children in Reception year and Year 6

2. Funding and in-kind contributions from the Public Health directorate and district councils allows it to develop programmes that seek to increase physical activity in people's everyday lives

A summary of the current work programmes is illustrated in Appendix 1. The new strategy will strengthen partnerships already well established, such as those with the Oxfordshire Sports Partnership and Health Care and will build new partnerships within and between the Local Authorities, Health and Public Health to bring innovation to our work in this area and to complement established programmes.

Ways in which this strategy will broaden work undertaken in the area of healthy weight

This strategy has three key focus areas:

1. Influencing choice and changing social norms and cultural values
2. Working with partners in the Local Authorities
3. Ensuring that healthy weight is embedded in to the wider public health objective of improving and maintaining general health and wellbeing for the population

We have chosen these three areas as they are complimentary and reflect not only public health's new home in the local authority, but also the evolving thinking on the most effective ways to achieve and maintain a healthy weight across the population. In 2007, the Foresight Report concluded that whilst achieving and maintaining calorie balance is a consequence of individual decisions about diet and activity, our environment (and particularly the availability of calorie-rich food) now makes it much harder for individuals to maintain healthy lifestyles.⁷ Subsequent government white papers, such as Healthy Lives, Healthy People⁸, have built on this evidence and there is now a growing movement to consider the norms and values which shape our society and how this affects the choices that we make. This is an essential part of ensuring a healthy weight for our population, but potentially the most difficult in terms of pragmatic interventions, particularly at a local level. This strategy uses the tools of behavioural economics to create a framework, within which we can begin to address the norms and values that are currently acting as a barrier to achieving a healthy weight for the population.

Working with the local authority at both District and Council level is the lynchpin of this strategy, allowing us to more effectively consider and influence the environment in which we live. Local authorities are under new obligations to demonstrate that they are delivering "social value"⁹ – that is, they have considered the social, environmental and economic impacts of their commissioning decisions.¹⁰ We have begun to develop good working relationships with colleagues in the departments of planning, transport, leisure and environmental health and will continue to build on these networks.

Public Health has a broad agenda and the Oxfordshire Public Health Directorate has many programmes that work across different sections of the population. Achieving a healthy weight is an integral part of many of the programmes that are working in the context of a

⁷ The Foresight Report 2007 <http://www.bis.gov.uk/assets/foresight/docs/obesity/17.pdf>

⁸ Healthy Lives Healthy People – A call to action on obesity in England Department of Health 2011

⁹ Public Services (Social Value) Act 2012

¹⁰ Improving the Public's Health – The King's Fund

healthy living agenda. These programmes involve many different partners and the third section of the strategy therefore makes explicit reference to this work. There are some programmes which are directly associated with ensuring a healthy weight in the population, such as increasing the rate of breastfeeding, whereas others, such as improving mental health, may need more explicit reference to capitalise on the links between the two areas.

These key areas will need to be considered as part of a life-course approach. That is to say, achieving and maintaining a healthy weight must be integrated in to programmes that address all people of all ages.

3. Key Focus Areas

3.1 Influencing choice, addressing social norms and cultural values

Background

In designing our preventative, healthy weight interventions or when commissioning obesity treatment services we have traditionally used modes of intervention which use established models of behaviour change. These ‘cognitive’ or ‘rational’ models attempt to isolate the key controlling factors, processes or causes of behaviour and most of these theories originate from within the fields of psychology and sociology.

For example, the **Theory of Planned Behaviour**¹¹ suggests that the intention to act and the action itself, for example - doing more minutes of physical activity per week, is an outcome of a combination of attitudes towards doing more physical activity.

These models of behaviour change have led us to implement programmes which aim to address the key controlling factors for individuals. In addition, they have tended to drive us towards interventions or services primarily directed at higher risk individuals with pre-existing issues e.g. people who are identified as inactive, overweight or with health problems, rather than community or population level approaches to address less healthy behaviours before they become embedded and start to cause problems.

For example:

1. We often use campaigns and deliver health education messages to advise people about the potential threats to their health. We positively promote physical activity and healthy eating as a way to maintain a healthy weight, look good, feel good, prevent disease etc. In doing so we are aiming to influence how individuals evaluate their own behaviour and the potential outcomes of changing their behaviour. This is also a core aspect of the **Health Belief Model**.¹²
2. We use group based support and buddy schemes e.g. Health Walks, Go Active activities, weight management classes, to deliver health education messages, but also to utilise professional and peer support to try and influence or change the

¹¹ Ajzen, I (1991).The theory of planned behavior. *Organizational Behavior and Human Decision Processes*. 50 (2): 179–211.

¹² Stretcher V and Rosenstock I (1997).The health belief model. In Andrew Baum. *Cambridge handbook of psychology, health and medicine*. Cambridge University Press.113–117.

negative subjective norms that people may have adopted from their close friends, family, workmates etc.

3. Finally, we try to make the intended behaviour more accessible, removing barriers such as cost and making it easier for the individual to participate.

Put simply, by using tools such as incentives, information and support we have aimed to change people's behaviour by 'changing their minds'. We assume that people will weigh up the revised costs and benefits of their actions and respond accordingly. However, although these efforts to influence the key controlling factors are still valid, they are not sufficient to affect all of human behaviour. In fact, some experts have argued that these models of behaviour change can only predict as little as 10% – 30% of human behaviour. Unfortunately for us, much of human behaviour is not entirely rational.

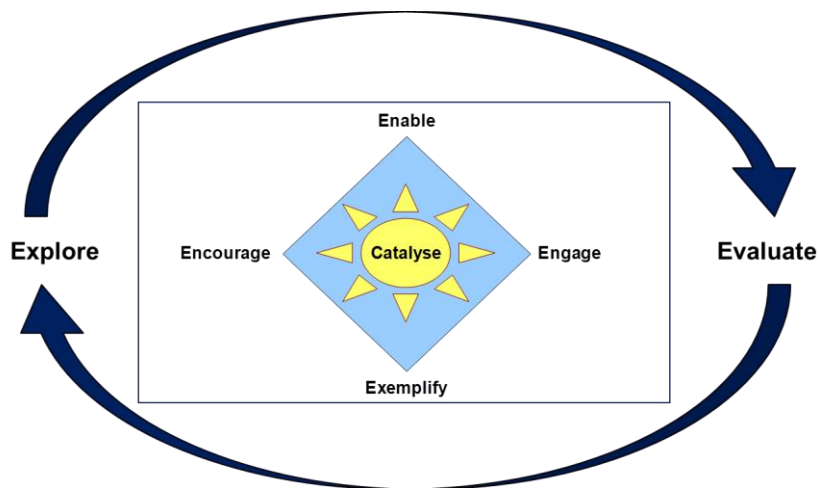
Behavioral Economics

The complexity of behaviour and behaviour change has led to attempts to develop integrated frameworks to inform policy and intervention designs, and assist non-experts in understanding behaviours and how they might engage with them. Known as 'Behavioral Economists' these experts suggest that behavioural approaches based on "changing contexts" (i.e. Adapting the wider environment within which humans frequently use the automatic system to respond to cues) could bring about significant changes in behaviour at little cost.

To support new innovations and complement existing policy the Behavioral Insights Team, previously based at the Cabinet Office has developed MINDSPACE¹³. A set of tools for changing behaviour, MINDSPACE can be used in conjunction with the 6E's policy framework of Explore, Enable, Encourage, Engage, Exemplify and Evaluate (Figures 1 & 2).

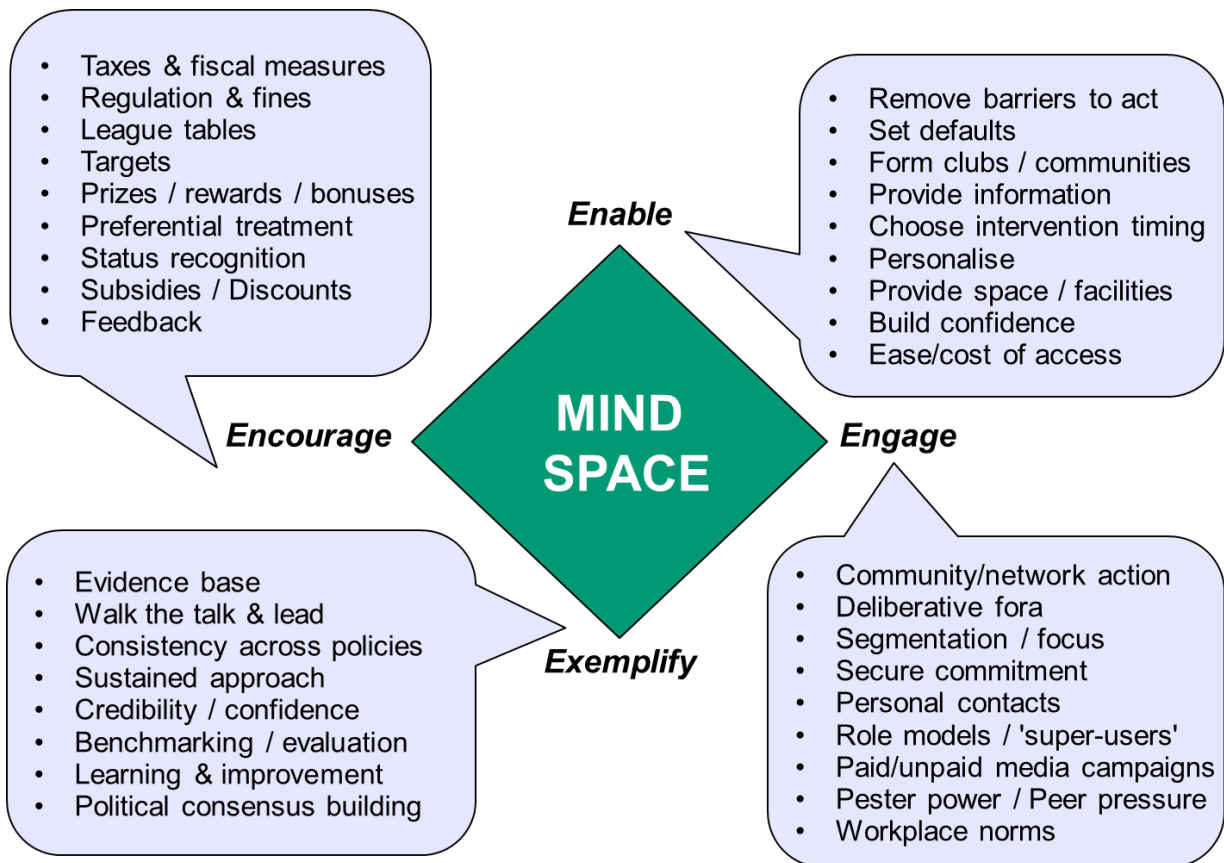
¹³ Cabinet Office (2010) Applying behavioural insight to health. Available at <https://www.gov.uk/government/publications/applying-behavioural-insight-to-health-behavioural-insights-team-paper>

Figure 1. The 6Es policy framework



Source: Clive Bates, Director General, Sustainable Futures, Welsh Assembly Government

Figure 2: Approaches to behaviour change



The MINDSPACE report suggests we should always consider the following tools when considering our chosen approaches to behaviour change:

Messenger - we are heavily influenced by who communicates information

Incentives - our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses

Norms - we are strongly influenced by what others do

Defaults – we “go with the flow” of pre-set options

Salience - our attention is drawn to what is novel and seems relevant to us

Priming - our acts are often influenced by sub-conscious cues

Affect - our emotional associations can powerfully shape our actions

Commitments - we seek to be consistent with our public promises, and reciprocate acts

Ego - we act in ways that make us feel better about ourselves

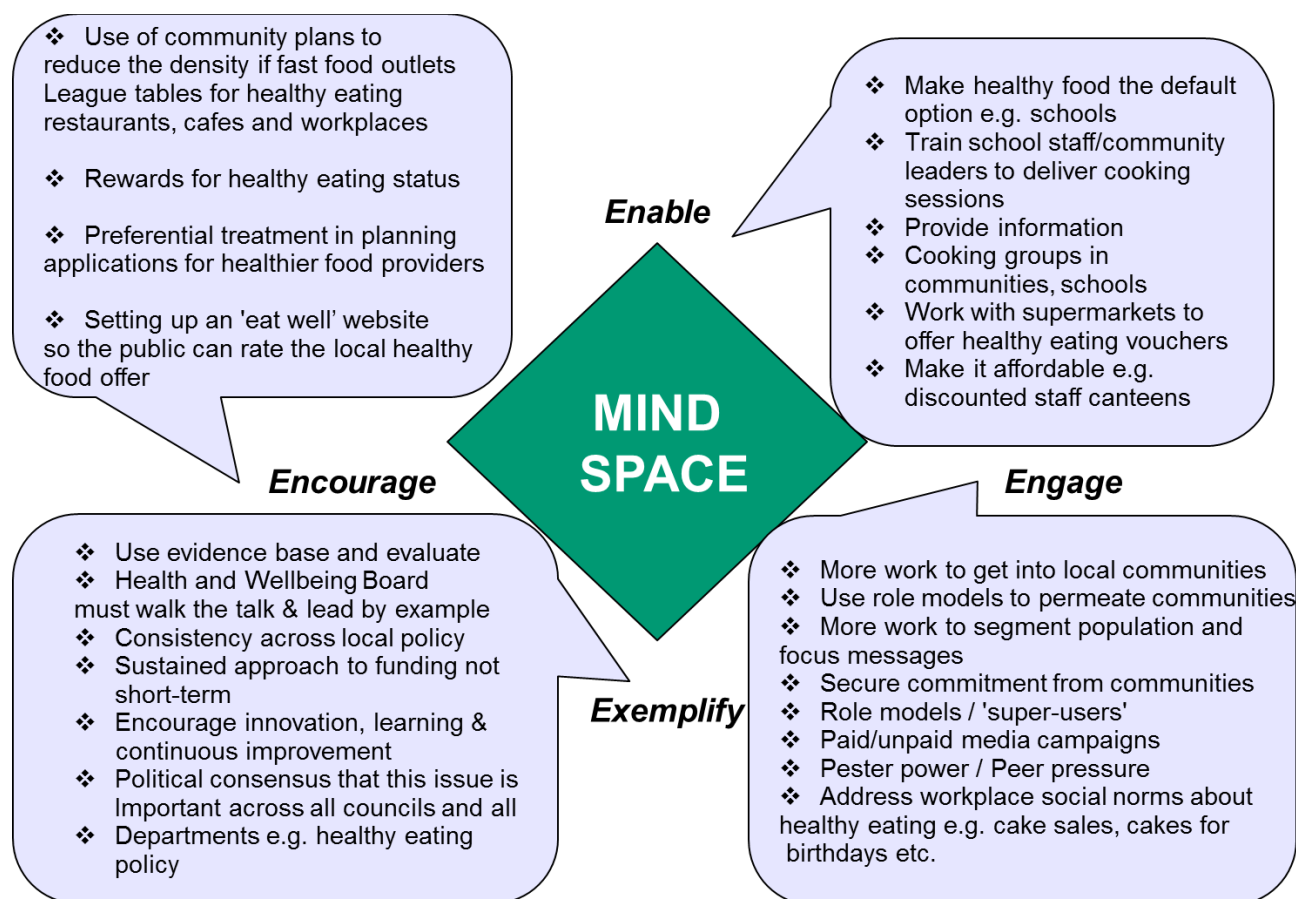
Implications for current and future work programmes

In considering how we apply behavioural economics to our refresh of the healthy weight strategy, first, we need to broadly consider and agree which behaviours we wish to encourage or discourage in the local population. We then need to agree if and where we should focus our efforts. Many of the population groups and behaviours we may wish to influence are outlined in the table below.

Age or Group	Encourage	Discourage
Pregnant women	Healthier food choices Regular exercise	“Eating for two” As below for adults
Parents of young children and families <ul style="list-style-type: none"> • Parents • Pre-schools, nurseries and child care providers • Children Centres 	Exclusive breastfeeding Infant led weaning Healthy eating for young children 60 minutes of physical activity a day Family meal times Cooking from scratch Leading by example	Screen time High sugar, high fat snacks Sedentary behaviour Poor sleep patterns Using food as reward or for emotional comfort
Children and young people <ul style="list-style-type: none"> • Parents • Schools • Colleges 	60 minutes of physical activity a day Try more sports and active recreation Make healthier food choices Active travel to school or college Leading by example	Screen time High sugar, high fat snacks Sedentary behaviour Poor sleep patterns Using food as reward or for emotional comfort
Working Age Adults <ul style="list-style-type: none"> • Communities • Workplaces 	150 minutes of physical activity a week Make healthier food choices Active travel to work Leading by example	Screen time High sugar, high fat snacks Disordered eating Sedentary behaviour
Older Adults <ul style="list-style-type: none"> • Communities 	Active living Make healthier food choices	Sedentary behaviour

Figure 3, uses the Enable, Encourage, Engage and Exemplify frame work approach to suggest where we could do more locally to encourage adults to eat more healthily. We then go on to use the framework to examine a local partnership initiative, GO Active Get Healthy and consider the interventions within the context of MINDSPACE.

Figure 3. Approaches to behaviour change, Healthy Eating



Go Active, Get Healthy is a local partnership initiative, partially funded by the Sport England, Get Healthy Get into Sport Fund. The main focus of the intervention is to engage, encourage and enable inactive individual to become more active.

- **Engage:** Providers such as GP's working in local communities are being 'signed up' as refers GO Active sessions are offered in local communities
- **Encourage:** Inactive individuals who take part receive motivational phone calls and earn rewards e.g. free passes, for taking part in physical activity. Organisations that refer inactive individuals to the programme, who become active, are rewarded.
- **Enable:** Information is provided on websites, social media, and press releases and given out by refers Free or discounted sessions GO Active sessions are offered over the county.

Example: Go Active, Get Healthy

Go Active, Get Healthy is an evolution of the GO Active programme. The programme aims to work with inactive adults to help them become more physically active by connecting them with a range of local activities and opportunities, whilst offering additional support including motivational coaching and subsidised activities. Following a referral or self-referral, all participants receive information about activities in their area. Inactive participants will also be offered:

- *Motivational coaching with a trained professional to identify suitable activities and provide support.*
- *Up to £100 of subsidy towards activities at their local leisure centre.*
- *Up to a further £60 of incentives for completing the follow-up assessments (sports equipment vouchers or a charity donation)*

- **Exemplify:** The project is being evaluated by Oxford Brookes University and results will support learning & continuous improvement.

Examining the Go Active Get Healthy intervention in the context of MINDSPACE adds some other dimensions to the project that may not have been fully considered:

Messenger – The Oxfordshire Sports Partnership and referrers (such as GPs) are passing on the information. Are these the right messengers to engage inactive individuals? Do we know? Have we asked?

Incentives - the project makes good use of incentives for participants and referrers. Are these incentives strong enough to outweigh other mental shortcuts? Are they the right incentives for the target population? Have we asked?

Norms - we are strongly influenced by what others do. 22% of adults in Oxfordshire do no physical activity but the norm is NOT being inactive. 78% of people do some physical activity per week (even is if not as much as we would like it to be). Does the project do enough to promote this message? Does the project do enough to use role models to promote the 'being active is normal' message?

Defaults – if we “go with the flow” of pre-set options the default for the target population will be a menu of sedentary behaviours. What is the project doing to address these e.g. in the motivational interviews, in addition to trying to support people to take up an activity?

Salience - this is a new and novel programme but is it relevant to the target audience? Have we asked them? Have they been involved in the design?

Priming – we have designed an intervention we think will work but are the subconscious cue's to be inactive still the same for the individual? How can we help to change them?

Affect - our emotional associations, perhaps derived from a bad experience in the past, can powerfully shape our actions. Are these emotional associations and experiences being explored during motivational interviewing?

Commitments - are participants signing up to join the programme? Have they made a public commitment?

Ego - the programme provides rewards in the form of incentives for participants. What other goals or objectives could be used to help participants feel good about themselves for taking part? For example, raising money for charity or spending quality family time with the children etc.

This is one just one example of how MINDSPACE could be applied to a local initiative and the Cabinet Office Report gives further examples of how MINDSPACE has been successfully used in the UK and other countries in a number of behavioural contexts including diet and physical activity.

3.2 Working with partners in the Local Authority

Background

In recent years, evidence has accumulated which demonstrates just how important the physical, social and economic environment in which we live and work is for our health. Health and environmental inequalities are inexorably linked and poor environments contribute significantly to poor health and health inequalities. In their Steps to Healthy Planning, the Spatial Planning and Health Group state that the following issues impact on physical and mental health¹⁴:

- The location, density and mix of land uses
- Street layout and connectivity
- Access to public services, employment, local fresh food and other services
- Safety and security
- Open and green space
- Affordable and energy efficient housing
- Air quality and noise
- Extreme weather events and a changing climate
- Community interaction
- Transport

These broad health issues will directly impact on achieving and maintaining a healthy weight across the population. Many of these issues are areas where the public health directorate will need to work closely with colleagues in local authorities. The Public Health Directorate has previously worked with the local authorities in the area of healthy weight, predominantly focussing on the work of Leisure Departments and sport and leisure providers, with several successful partnerships and sport and physical activity programmes.

¹⁴ Spatial Planning and Health Group, Steps to Healthy Planning: Proposals for Action 2011

The contracting out of leisure provision has enabled some Districts to specifically contract terms which include healthy weight initiatives and approaches.

Other initiatives such as Healthy Heart campaigns, where cafes and restaurants are encouraged to provide healthy options on their menus, have been run by Environmental Health or Health Promotion departments. With budget pressures increasing year on year over the past ten years, these initiatives have been cut back. Some District Councils however, such as South and Vale have been able to sustain these schemes.

Planning departments, through the changing planning development policies have had opportunities to influence healthy weight promoting environments, when building new developments. This has often been as a result of policies surrounding Sustainable Development which have resulted in developments encouraging the use of sustainable public transport.

Working Councils

With public sector resources shrinking, demand growing and health inequalities widening, Health and Wellbeing Boards must acknowledge the multifaceted role of districts and integrate this into a 'whole-system' focus on preventative public health policy. In two-tier areas, achieving improvements across the Public Health Outcomes Framework Indicators will be dependent upon the delivery of district frontline statutory and discretionary services, innovative use of its public assets and utilisation of its local partnerships

District Councils Network¹⁵

with District

The Healthy Weight, Healthy Lives toolkit¹⁵ identifies the need for a multi-agency approach. NICE Guidance on physical activity¹⁶ identifies the need to include all local authority departments when increasing physical activity levels. Any successful physical activity initiatives the County may choose to adopt will rely on the engagement of the District Council and their services to ensure success.

NICE Public Health Guidance on Obesity¹⁷ focuses on community engagement, of which District Councils are a key delivery mechanism. It makes reference to local policies which may have indirect impacts, such as the removal of park wardens from local parks, a District

¹⁵ District Action on Public Health (Feb 2013) How district councils contribute towards the new health and wellbeing agenda in local government (District Council Network) Available at <http://districtcouncils.info/files/2013/02/District-Action-on-Public-Health.pdf>

¹⁶ Healthy weight, healthy lives: A toolkit for developing local strategies (Oct 2008) Dr Kerry Swanton for the National Heart Forum/Cross- Government Obesity Unit/Faculty of Public Health Available at http://www.fph.org.uk/uploads/full_obesity_toolkit-1.pdf

¹⁷ NICE (2012) PH42 Obesity – working with local communities. NICE. Available at <http://guidance.nice.org.uk/PH42>

Council function. The Local Government Association ¹⁸ also highlight the need to include all levels, from strategy to delivery, to tackle obesity.

District services can provide assets and officers in leisure, environmental services, parks and public places as well as planning. There are opportunities to build on existing partnerships and networks to use district services and officer expertise as a potential source of place shaping, public health delivery, commissioning and intelligence gathering, which is needed to deliver a comprehensive Healthy Weight Strategy.

Working with the Districts is a key part of the strategy for two main reasons. First, the specific work they do that is mandated by legislation. Secondly, the resource they can bring to working together on the strategy through an expert workforce, different professional perspectives and a greater depth and variety of tacit knowledge.

District Councils have duties and powers under various pieces of legislation, alongside wider influences on healthy lifestyles that can help to create places where people are supported to maintain a healthy weight. The specific departments in District Councils have discreet actions that will contribute to achieving and maintaining a healthy weight for the population, alongside multidisciplinary programmes of work that will need departments to work together, alongside colleagues from the County Council and other partners.

Planning

Planning authorities can influence the built environment to prioritise the need to be physically active, as a routine part of daily life.¹⁹ They can do this through their Regional Spatial Strategy, the Local Development Framework and local planning policy guidance.

The National Planning Policy Framework (NPPF) requires that local planning authorities (LPAs) have a responsibility to promote healthy communities. Local plans should “take account of and support local strategies to improve health, social and cultural wellbeing for all”²⁰.

Planners have a significant contribution to make through changes in local planning policy, to make a difference now - to peoples environment and the ease of the choices they can make. Due to the relative permanency of developments, they can have a generational impact through the design of new developments, by designing in a healthy choice and making that choice the easier option. They are also an important link to transport policy, which can create incidental physical activity opportunities. When it comes to building design they have relationships with architects who can also affect the internal space of buildings, for example making stairs a more obvious and even preferable option, whilst still making the space accessible for all.

¹⁸ Tackling obesity Local government’s new public health role LGA (Feb 2013) Available at http://www.local.gov.uk/c/document_library/get_file?uuid=dc226049-df94-487e-be70-96bdcb4a9115&groupId=10180

¹⁹ NICE (2008) NICE PH8 – Physical Activity and the Environment. NICE, Available at <http://guidance.nice.org.uk/PH8>

²⁰ The role of local authorities in health issues Available at <http://www.publications.parliament.uk/pa/cm201213/cmselect/cmcomloc/writev/694/m21.htm>

Both Planning and Environmental Health Departments would be crucial in delivering an initiative, such as controlling the development or expansion of fast food outlets, as outlined in the LGA/PHE/CIEH guidance²¹.

Environmental Health

Environmental health and licensing can contribute to the strategy by influencing policies for which they are responsible, by recommending a particular course of action to Councillors. They have a database and relationships with a variety of food related businesses. They are also the main body of a Districts workforce who have been trained in Public Health principals. NICE PH42²² specifically identifies Environmental Health departments and their role in promoting corporate responsibility to local food businesses.

Building a bridge between public health, environmental health and planning, through commenting on and championing relevant applications, means there may be enhanced opportunity to influence for healthy weight e.g. regulate the sale of fast food where there is a strong argument to do so²³. Whilst Environmental Health primarily focus on the safety of food they have a cross cutting understanding of the businesses in the area, who may either need to be educated or who can be easily brought on board. This saves time when trying to influence the 'local food offer' by using existing professional relationships and local knowledge.

Leisure Services

Leisure services have historically been the more obvious partners in Districts and have tended to be more involved over a more sustained period of time. All of the Council funded leisure centres are part of the Oxfordshire Exercise on Referral scheme and leisure providers contribute to local initiatives and countywide programmes led by the Oxfordshire Sports Partnership. They remain key partners, in terms of the local physical activity offer and services they provide and making sure they contribute to both a more active population and support initiatives to help encourage healthy eating behaviours.

Working with the County Council

The Public Health Directorate's new home in the County Council has allowed us to develop and improve relationships with colleagues in directorates that directly or indirectly, influence the ability of the Oxfordshire population to achieve and maintain a healthy weight. Key directorates include transport, education and trading standards.

Transport

Encouraging Active Transport is an important element in a healthy weight strategy. It seeks to create an environment where people, rather than using their car – particularly for short journeys - are encouraged to use alternative modes of transport such as cycling, walking or

²¹ Healthy people, healthy places briefing. Obesity and the environment: regulating the growth of fast food outlets. LGA/PHE/CIEH November 2013 Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/264914/Briefing-OBESITY-FASTFOOD-FINAL.pdf

²² [Obesity - working with local communities \(PH42\) - Guidance](#)

²³ Takeaways Toolkit. Tools, interventions and case studies to help local authorities develop a response to the health impacts of fast food takeaways (GLA) November 2012 Available at https://www.london.gov.uk/sites/default/files/TakeawaysToolkit_0.pdf

public transport (where people are likely to walk to public transport hubs). In order for active transport to be successful in Oxfordshire, infrastructure must be in place to allow people easy access to public transport, safe cycle paths and walking routes. These routes must link people to their home, schools, places of work, shops, leisure bases etc.

Public health can work with the transport department to promote active transport by:

- Providing input in to the Local Transport Plan
- Providing evidence to make the business case for active travel (financial savings for health service, attracting business to the County etc.)
- Working with transport colleagues to consider new infrastructure proposals for development (E.g. inclusion of 20mph zones in built up areas, cycle paths included in new housing developments)

Education

A healthy start is vital to ensuring a healthy approach to eating and physical activity. As schools move from LEA to Academy status, the public health directorate will be seeking new ways of working with young people to ensure that a public health agenda is prioritised in an educational setting. The new model of school health nursing (described in more detail below) will ensure that from September 2014, a programme of public health initiatives is available in every secondary school in Oxfordshire. As this model evolves, we will continue to develop our public health engagement with all young people.

Trading Standards

The core business of testing and making food safe is an important part of delivering a healthy diet and physical activity.

Some examples of best practice include Oxfordshire Trading standards carrying out a sampling program to test “healthy soup” claims. Other Trading Standards authorities, such as Stoke on Trent have undertaken projects to work with Fish and Chip shops to change the oil they fry in to reduce saturated fats.

Examples of Best Practice in Local Authorities

- Nationally, there have been several Healthy Eating initiatives (including a local example in South and Vale), focusing on food establishments such as cafes and restaurants specifically providing a “Healthy Option” on their menu, as well as guiding customers to healthier options more generally.
- Several Local Authorities have introduced planning policies on restricting takeaways close to schools
- Blackburn and Darwen made leisure activities free. The scheme has helped drive up participation in physical activity. Rates have risen by more than 50% with one in four adults now active for 30 minutes, three times a week.
- Walks to local parks to make them attractive and useable have been done locally in Cowley Marsh, Oxford
- An EU funded and evaluated project worked with schools and local community in towns in France to reduce overweight and obesity levels through education and co-ordinated community events
- Bristol City Council launched a scheme “Cooking from Scratch”. The scheme was targeted at teaching people in disadvantaged areas about how to cook simple, healthy

food on a budget. It now trains key community workers to spread the messages to a wider audience

- Wealden District Council worked with lunch clubs to offer training and other support in both food hygiene and nutrition. The council worked closely with Action in rural Sussex and a number of representatives from various lunch clubs.

3.3 Ensuring that healthy weight is embedded in to the wider public health objective of improving and maintaining general health and wellbeing for the population

Taking a life course approach and embedding healthy weight into the strategies and plans of partner organisations will create a golden thread of healthy weight from pre-term to later years.

Preventing obesity begins in the pre-school years, perhaps even before a child is conceived. In Oxfordshire, nearly 1 in 5 children are already overweight or obese when they begin school and evidence is now emerging that an overweight or obese mother in pregnancy is an indicator of a child's future weight. In addition, eating and physical activity behaviours in adulthood have their roots in the early years and association between parent's lifestyle and their children's has been demonstrated. The transfer of School Nursing and Health Visiting services to the County Council (Health Visiting from the autumn of 2015) presents an exciting opportunity to address this agenda more holistically, through the collaborative delivery of the Healthy Child Programme.

Early Years

Health professionals, early year's staff and trained volunteers have opportunities to engage with mothers before and during pregnancy, to identify and address risk factors that will predispose children to be overweight or obese. Encouraging healthy weight maintenance, the uptake of breastfeeding and access to parenting courses such as HENRY (Health Exercise and Nutrition for the Really Young) can make a real difference. Working with mothers to tackle smoking in pregnancy through the provision of trained midwives and advisors, also provides an opportunity to influence a healthier mind-set.

Between birth and 2-3 years is crucial in establishing an informed approach to infant feeding. Universal maternity services, health visiting services, children's centres and breastfeeding cafés already provide advice to parents on parenting, weaning and breastfeeding. A community breast feeding service gives additional support to breastfeeding mothers who live in wards which are particularly deprived. Parents are also able to access the 8-week HENRY programme which gives them the skills and confidence to address family lifestyle issues.

Let's get Healthy with HENRY is an 8 week course that offers parents a chance to share ideas and gain new skills and tools to address lifestyle issues in a supportive and fun environment. The course adopts a holistic approach and focuses on:

- *practical and authoritative **parenting skills** for a healthy lifestyle*
- *increasing self-esteem and **emotional well-being** of parents and children*
- *helping families change old habits and adopt a **healthier lifestyle***
- *practical information that will help the whole family to **eat more healthily** and become **more active**.*

Source: HENRY

School Age Children

During early childhood, and when children start making decisions for themselves, organisations such as Oxfordshire Play Association help to create and promote more opportunities for children to enjoy active play. Initiatives provided in local communities and schools such as walking buses and cycle training promote cycling and walking as a means of transportation, whilst also ensuring children's safety from accidents.

From September 2014, all children in Reception, Year 1 and Year 2 will be able to access a free cooked meal at school and the introduction of the Whole School Food Plan will present more opportunities to improve the standards and provision of food in primary and secondary schools. Finally, the new school nursing service, commissioned by Oxfordshire County Council, in addition to core safeguarding activities and providing early help, advice and on-going support for more vulnerable children, will now provide public health leadership and interventions for every secondary school in Oxfordshire. Public health interventions will include:

- The development and implementation of a healthy school policy
- Ensuring schools are a health promoting and health protecting environment
- Building capacity to promote emotional health and wellbeing, healthy eating and physical activity, positive relationships and sex education

For more vulnerable families, the Early Intervention Service can deliver important public health messages, targeted interventions and parenting support which complement the universal work of schools and school health nurses. Where a child is identified as overweight or obese the Children, Families and Young People Healthy Weight service can help them with additional support to return to a healthy weight. Once a healthy weight is firmly embedded, opportunities within and outside of school need to be available to help them maintain their weight. Outside of school the Oxfordshire Sports Partnership continues to provide and support opportunities for children and young people to engage in sport and physical activity in their local community.

As children reach adolescence, issues relating to mental health such as body image, confidence and risky behaviours come to the fore. Other public health services which also work with young people, such as sexual health and substance misuse, can help to embed healthy weight messages through ensuring that mental health and physical health are always linked. At this point in the life course, positive and/or diversionary activities such as multi-sports, street dance and others provided by the Youth Ambition programme in Oxford City can help young people to live healthier lives in addition improving their educational achievement and overall life chances.

As a young person approaches adulthood, they may decide to attend one of our further education colleges. Similar to secondary schools, the college nursing service will be on hand to provide early help, advice and on-going support for more vulnerable young people, in addition to public health leadership and onsite interventions. If a young adult goes straight into work, initiatives to encourage local businesses to adopt a healthy workplace policy will contribute to opportunities to make healthy choices, in terms of active transport and healthy food in the workplace.

Adults

Unhealthy choices such as high fat, high sugar foods and excessive use of alcohol can affect both weight gain through excessive calorie consumption as well as a decline in mental health and wellbeing. The promotion of the national Change4Life “Swaps” campaign highlights the benefits of reducing empty calories through alcohol²⁴. The work around public dental health can also be linked to healthy weight by the focus on reducing sugary drinks and medicines.

Leisure services, sport clubs and targeted initiatives provided in the community such as GO Active Get Healthy and Exercise on Referral can support young adults to maintain a more active lifestyle. However, being more physically active does not necessarily require accessing structured sports and exercise sessions. Incidental activity, such as active transport, encouraging the use of green space and volunteering increases the likelihood of maintaining a healthy weight while also improving mental health and wellbeing.

As people age they have increased demands for primary and secondary health care services. The work the PH directorate does with Oxfordshire CCG, Public Health England and their providers is important to ensure that people keep themselves well and return to an independent and healthy lifestyle as soon as possible after a period of illness and recovery.

The role of the national health checks programme, for those between 40 and 74, is paramount in helping people to maintain a healthy weight. Besides the identification and communication risks of being overweight or obese, it is important that there is a clear pathway to local support through commissioned weight management services, local exercise schemes such as Exercise on Referral and GO Active Get Healthy or signposting to more informal sources of support.

As people reach older age, projects such as Generation Games can connect people with appropriate local opportunities remain active and socially connected, whether that's through a local health walk, Exercise to Music Class or DVD. The work done through reducing Excess Winter Death initiatives can also help keep them independent and mobile through advice and support to eat well, remain physically active and protect their wellbeing.

²⁴ <https://smartswaps.change4life.co.uk/>

4. Action Plan

This strategic approach to ensuring that our population achieves and maintains a healthy weight can only be realised if we work closely with our key partners, enabling them to build a healthy weight approach in to their everyday work. We will offer public health expertise and support where we are able and learn from partners' often first-hand experience as to what is actually making the difference to people's lifestyle choices. Our partners include, but are not limited to: Local Authority; education; healthcare – including primary health care (health visitors, GPs etc.), mental health care, hospitals; local employers and the third sector.

Public Health is already working collaboratively with these partners through many of the programmes described above. However, in order to realise the vision of achieving and maintaining a healthy weight for the people of Oxfordshire, we will ask each of these partners to reconsider their role and contribution to this strategy. Through consultation and a mutually agreed action plan, we will ensure that all partners are optimising their potential to influence and improve the lifestyles of the people of Oxfordshire, which will contribute to the achievement and maintenance of a healthy weight across the population.

As with all public health work, we will continue to ensure that all work we undertake will reduce inequalities across the population. We will ensure that there is a focus on population sub-groups where it is difficult to make healthy weight choices. Being aware of groups who have been harder to engage, such as young Asian women is important and the creativity to adopt novel measures to report on the success of various public health initiatives.

An action plan has been produced following consultation with stakeholders. This action plan will form the basis of the healthy weight work in Oxfordshire and will be subject to annual revision and review.

Appendix 1 – Healthy Weight Service Mapping March 2014

Age	Service/Intervention	Type	Description/Size of programme	Partners	Type
Generic work across all age groups	Increase participation in physical activity, sport & active recreation	Prevention Exercise	Receive & distribute national lottery funding from Sport England – whole Oxon pop	Oxfordshire Sports Partnership	Partnership
	Encourage active travel through transport strategy	Prevention Activity	Cycling, walking use of public transport – whole Oxon pop	OCC	Partnership
	Health Weight Network	All	Provide overarching steer by co-ordinating work – whole Oxon pop	ALL	Partnership
	Change4Life campaigns	Prevention Exercise Eating	National Campaigns and initiatives – whole Oxon pop	PHE/LPH	Partnership
Pregnant women	Silver star specialist care for obese mothers	Treatment All	Specialist maternity care - approx. 800 preg women per year	OUHT	OCCG Commission
	Antenatal classes	Prevention Eating Exercise	Breastfeeding advice healthy eating in preg - approx 8000 preg women per year	OH/LPH	LAT Commission
Prenatal to 5	Maternity Service	Prevention All	Maternity care includes supporting women to start & continue breastfeeding - approx. 640 per year	OH/LPH	OCCG Commission
	Health Visiting services	Prevention All	Parenting advice, weaning, breastfeeding advice and support to all - approx. 8000 families per year	OH/Children/LPH	LAT Commission
Birth to 18 years old	Community Breast feeding Support service in areas of deprivation	Prevention Eating	Specialist support to women in areas of deprivation – 900 babies per year	OH/LAT/ Children	OCC/LPH Commission
	Early Intervention Service and Social Care	Prevention All	Provides support to children at greater risk – unknown	Districts/ OCC/OH	OCC Provider
1 – 3 years	HENRY Parenting Programme	Prevention Eating	Healthy Eating & Nutrition in really young - approx 8000 families per year	OCC/LPH/ OH	LPH Commission
1 – 3 years	Breastfeeding support, healthy eating policy, parenting programmes	Prevention All	Children Centres as healthy living champions	OCC	Commission/ Provider
5 – 11 years	NCMP	Monitoring awareness	National Childhood measurement programme – 16,000 children per year	OH/Schools	OCC/ LPH Commission
5 – 16 years old	School based PE & Sport offer	Prevention All	Exercise in schools provision all school children 5 – 16	Schools/ Sports part	Partnership
	Pupil Premium for Sport & PE	Prevention All	National ring-fenced funding for primary schools	Sports part	Partnership

	School Health Nursing Services	Prevention Treatment All	Parenting advice, Healthy Eating & Exercise – all school children 5 – 16	OH/Children/OCC	OCC/LP Commission
	Reach4Health Programme	Treatment	Intensive programme to improve eating & exercise behaviours in families	OH/Children/OCC	OCC/LPH Commission
5 – 16 years old	Free swimming for Children in Oxford City	Prevention Exercise	Offered during certain time periods, all children in Oxford City	District Councils	Commission
3-16 years old	Oxfordshire Play Partnership	Prevention Exercise	Increasing opportunities for children & young people to enjoy active play	ALL	Partnership
16+	Bariatric Surgery	Treatment All	Surgical treatments for obesity Approx. 80 - 100 patients per year	OUHT/ RBFT	NCB Commission
	Adult Weight Management Service	Treatment All	Intensive programmes to support weight loss –2000 patients per year	More Life SW and WW	OCC/LPH Commission
	Dietetics Services	Treatment All	Individual referral from GP for those with LTC/Obesity	OH/More Life	OCCG Commission
	Exercise on referral	Treatment Activity	GP referrals to leisure providers	GP's/Sports part/District	Partnership
Age	Service/Intervention	Type	Description/Size of programme	Partners	Type
16+	GO Active	Prevention Exercise	Exercise programme which co-ordinates activity – whole Oxon population	Sports partnerships Districts	Partnership
	Active Women	Prevention Exercise	Exercise programme which co-ordinates activity for women – whole female Oxon population	Sports partnerships Districts	Commission
	GO Active, Get Healthy	Prevention Exercise	Experimental exercise programme and motivational interviewing with focus on sedentary population.	Sports Partnership LPH/ Brookes University	Commission
	Health Walks	Prevention Treatment Exercise	Walking initiatives to encourage non walkers to walk – whole adult population	Sports Partnership Districts	Partnership
	Green Gyms	Prevention Treatment Exercise	Gardening initiatives – WODC, SODC areas	District Councils Vol	Partnership
	Health checks/Disease registers	Monitoring awareness	GP identification of obesity and treatment – Oxon GP registered population	OCCG/GP's/LPH	OCC/NCB Commission
16 – 18 year olds	College Nursing Service	Prevention Treatment	Personal advice and weight management advice – 16 – 18 yr olds	OH/Children/LPH	OCC/LPH Commission
65+	Generation Games	Prevention Treatment All	Co-ordinating and development of older peoples physical activity Over 65 population of Oxon	Age UK/Leisure Providers/ Vol	OCCG Commission
	Leisure Services for Older Adults	Prevention Treatment Exercise	Exercise for the older person	Leisure Providers	District Commission