



Health Needs Assessment for promoting Healthy Weight

Summary report

April 2023

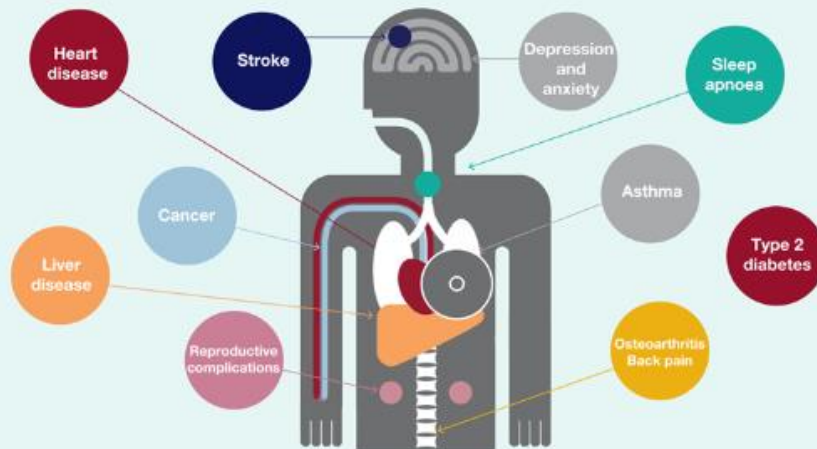
Why are we talking about weight?

- Excess weight encompasses living with overweight or obesity⁺

BMI category	BMI criteria (kg/m ²) ⁺⁺
Underweight	BMI ≤ 18.5
Healthy weight	18.5 < BMI < 25
Overweight	25 ≤ BMI < 30
Obese	30 ≤ BMI

- Living with excess weight increases your risks for a wide range of health conditions and poses a significant challenge to living a healthy life

Obesity harms health



Obesity is a preconception risk factor

Maternal obesity (BMI over 30)



Impact on women:

- increased risk of miscarriage
- Gestational diabetes and perinatal complications
- lower breastfeeding rates

Impact on foetus:

- increased risk of stillbirth
- metabolic abnormalities
- developmental abnormalities



Impact on children:

- increased risk of obesity
- diabetes



Why are we talking about excess weight?

- Excess weight has many wider impacts on individuals, families and communities



- As a country, we spend more each year on treating obesity and diabetes than we do on the police, fire service and judicial service combined
- Measures we take to promote healthy weight will also help us reduce levels of dental decay, food-related carbon emissions, road congestion and air pollution

Why are we talking about excess weight?

- Levels of obesity in adults in England doubled from 15% to 29% in the 25 years from 1993 to 2017⁺
- In Oxfordshire, excess weight affects⁺⁺:



- The height of the Covid-19 pandemic (2020/21) coincided with the largest year-on-year increase in levels of excess weight in children since data collection began in 2006. The biggest increases were seen in children who were already at highest risk of developing excess weight, widening pre-existing health inequalities in excess weight⁺⁺⁺

⁺[Health matters: whole systems approach to obesity - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

⁺⁺ 3 year averages for 2017/18 - 2019/20, [Obesity Profile - Data - OHID \(phe.org.uk\)](http://phe.org.uk). The most recently published statistics available for Oxfordshire are 20% for levels of excess weight in Reception-age children (2021/22), 34% for Year 6 children (2021/22), and 58% for adults (2020/21) ⁺⁺⁺ [NCMP changes in the prevalence of child obesity between 2019 to 2020 and 2020 to 2021 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)



Aims for the report

- With respect to healthy weight, **describe the current situation in Oxfordshire** in comparison to other local authorities and England
- Given the much higher proportion of residents living with excess weight relative to those with underweight, the focus of this report is on **preventing and addressing excess weight**⁺
- Understand the current **health needs of Oxfordshire residents** with respect to maintaining a healthy weight. Draw from a broad range of sources to ensure different perspectives have been considered and generate balanced recommendations that identify where we need to focus our attention next
- Recommendations from the report will be used to **renew our local Action Plan** to ensure we are prioritising the areas and population groups who experience the greatest health harms in relation to excess weight in Oxfordshire in our work

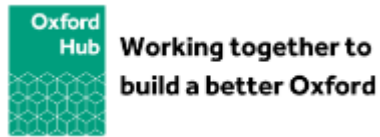
The Healthy Weight stakeholders' Core Working Group provided oversight for the report.

The long form of the report contains the full detail behind the recommendations and the rationale for them. A link to access the full report is included at the end of these slides.

⁺38% of Year 6 children live with excess weight compared to 1.5% with underweight in Oxfordshire (2021/22) ([Obesity Profile - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publication/obesity-profile-data))

Some examples of sources of information used in this report

Views of residents:

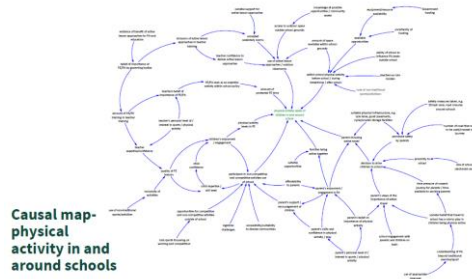


'Sometimes I lack the motivation to cook for one, motivation can be an issue. Need to create the habit of eating better. Classes at school. A school garden and larder. This would encourage healthy eating from an early age.'

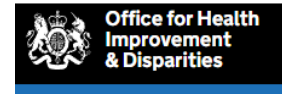
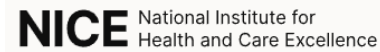
'Don't lecture people: walk alongside people and guide them, don't point fingers. Learn to cook classes would be good - when I worked in youth charities these were the most popular courses.'

'I try to eat well but fruit and veg is getting expensive. Cost of weekly shop has almost doubled. It's cheaper to eat at MacDonalds.'

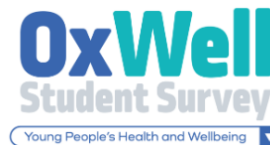
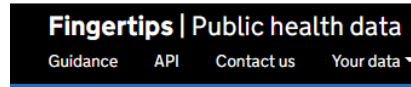
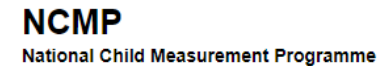
Needs identified by providers and stakeholders:



Evidence-informed national guidance and research literature:



National and locally collected datasets and surveys:





The report in context

- The recommendations from the health needs assessment will be used to review and update the Oxfordshire County Council Healthy Weight action plan
- Creating Healthy Neighbourhoods Strategy workshop for Oxfordshire Health Improvement Board members and relevant partners – June 2023



Maintaining a healthy weight

Healthy weight is supported by several healthy weight promoting behaviours:

Food

Breastfeeding

Physical activity (PA)

Drinks including alcohol

But these behaviours are influenced by our social and physical environments:

- the number of UK adults living with obesity doubled in the 25 years between 1993 and 2017⁺
- there has been a shift globally towards more energy-dense foods, more sedentary forms of work and travel, and urbanisation⁺⁺

With 6 in 10 adults living with excess weight in Oxfordshire, we need to take **system-level approaches** to tackle a **population-level problem**



Report findings and recommendations

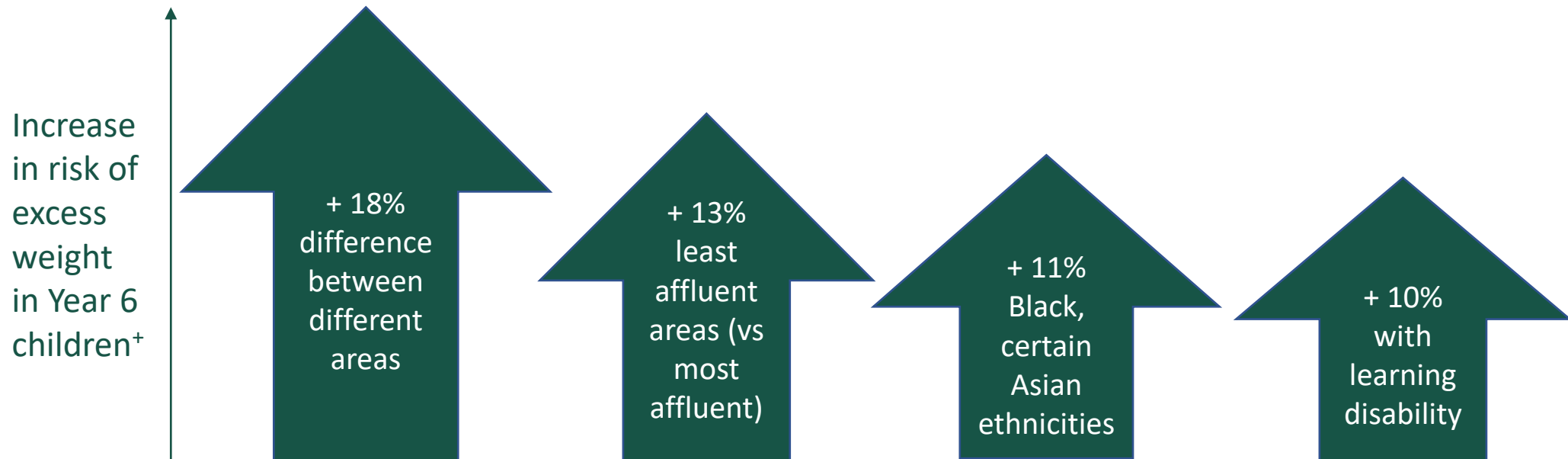
To have a positive influence on each of these key factors, the report identifies the need to focus on **5 key strategic objectives**:

Prevent:	2. To prevent excess weight, start early 3. Make healthy behaviours more social and attractive to help them stick
Environment:	4. Enable healthy weight by building healthy places and environments
Support:	5. Ensure those living with excess weight are connected up with healthy weight-promoting programmes and weight support services

Overarching objective:
System: 1. Address healthy weight inequalities in everything we do

Excess weight in Oxfordshire

- Overall levels of excess weight in Oxfordshire compare favourably to comparable local authority areas. However, like in other areas in England, Oxfordshire residents from certain population groups or living in some geographical areas experience **substantial health inequalities** in relation to excess weight
- These inequalities have **persisted over time**





System: Address healthy weight inequalities in everything we do

We need to prioritise reducing levels of excess weight in the following groups:⁺

- Children aged 0-3 years and new parents
- Those from ethnic groups with higher excess weight prevalence (specifically those from African, Caribbean or mixed Black ethnicities, Pakistani or Bangladeshi backgrounds)
- Those living in areas of higher deprivation
- Those living with learning disabilities and other disabilities, including living with a severe mental illness
- Intersectionality: Black women and low-income women

Given that many of the inequalities we see in excess weight have persisted over time, there is a clear need to take **targeted action** to address them.

Our first objective, to **address healthy weight inequalities**, spans the four other strategic objectives and **must remain of focus underlying everything we do**.

Recommendation:

Prioritise actions based on, and measure progress against, addressing healthy weight inequalities

- Collect local data to assess for inequalities where not currently available
- Prioritise initiatives to areas and groups at highest risk
- Monitor impacts on reducing inequalities



Prevent: To prevent excess weight, start early

With 6 in 10 adults in Oxfordshire living with overweight or obesity, we must take a **prevention-focussed approach**.



If you start Reception at a **healthy weight**, you have an **4 in 5** chance of staying a healthy weight until Year 6



If you start Reception with **excess weight**, you have a **2 in 3** chance of still living with excess weight in Year 6



If you start Reception with **obesity**, you have a **9 in 10** chance of still living with excess weight in Year 6

So for prevention to be effective, we need to **start early**.

Examples of key recommendations under this objective:

For 0-5 years: -

- Collate local data to assess for inequalities in **breastfeeding continuation** in Oxfordshire to aid prioritisation
- Ensure continued focus on increasing awareness and uptake of the **Healthy Start scheme** across Oxfordshire that supports new parents with the cost of fresh produce
- Work with **Early Years providers** to assess current food provision against national nutritional recommendations

For children and young people (5-18 years): -

- Implement a whole school approach to promote healthier eating and physical activity in school
 - Ensure that children can receive free school meals without signalling this to peers.
 - Support pupils to develop their capability for independent active travel
 - Ensure school lunches are competitively priced and menus and activity programmes are co-developed with students and parents



Environment: Enable healthy weight by building healthy places and environments

Residents described the constant exposure to less healthy foods (through neighbourhoods, along commutes, on social media and from advertising) and the temptation of promotions as making it easy for less healthy dietary habits to develop.

Meals eaten outside of the home tend to be associated with higher intakes of **sugar, fat, and salt** and portion sizes tend to be bigger



"I have more contact from McDonald's than I do from health services - they send me at least two messages a day."

"Temptation is put in your way everywhere really these days, isn't it? It's like when you walk past the chip shop; it's just that smell. It might not be on your mind, but then you walk past..."

"It's too accessible. You can have anything delivered in about 20 minutes"

Areas with higher deprivation are known to have a higher concentration of fast-food outlets.

We need to take a dual approach to improving the retail food environment:

Reduce exposure to less healthy food

- use levers in planning policy, licensing, evidence-based incentive schemes
- restrict advertising of high fat/sugar foods
- ensure catering in public sector facilities adheres to Government Buying Standard-based criteria

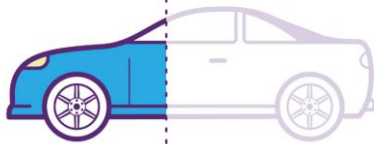
Increase access to healthier foods

- collaborate with local convenience stores in key locations for example frequented by young people and families
 - input into the planned assessment of the healthiness of the food offer
- from community food services



Environment: Enable healthy weight by building healthy places and environments

Active travel includes any mode of travel that involves a level of physical activity, such as cycling, scooter or wheelchair



Nearly 6 in 10 car trips nationally are made for journeys below 5 miles suggesting significant potential to increase the use of active modes of travel for short journeys⁺

Use of **walking for travel is lower than the national average** in Cherwell, South Oxfordshire and West Oxfordshire⁺⁺

Residents have identified that barriers to accessing green space can include **safety, accessibility issues, and spaces and equipment that meet the needs of certain groups such as young women**

Protect and improve active travel infrastructure and green space and address barriers to access:

Seek funding to develop **Local Cycling and Walking Infrastructure Plans** for all market towns in Oxfordshire⁺⁺⁺

Work with Local Enterprise Partnerships to **integrate physical activity into economic growth and infrastructure plans**

Sustain support for **cycling and walking activation programmes** and evaluate their impact and reach

Support community engagement activities to improve the **quality of green spaces** and increase use amongst those who are currently the least active

Kidlington Local Cycling and Walking Infrastructure Plan (LCWIP)

January 2022

v1.1



Prevent: Make healthy behaviours more social and attractive to help them stick

This objective came from conversations with residents about the psychological and motivational barriers to cooking at home.

One recommendation in this section is to **review existing cooking-related training to ensure it is meeting the specific needs identified by residents⁺**



Another is to **use insights collected from residents on their recreational activity preferences to inform the types of activities that commissioners and providers in Oxfordshire prioritise providing**




Support: Ensure those living with excess weight are connected up with healthy weight-promoting programmes and weight support services

- **Several weight management support programmes are offered in Oxfordshire** for children and adults. Specific programmes are also offered for adults living with a mental health condition(s), residents from a Black, Asian or minority ethnic background and for men. Level 3 & 4 programmes (ICB) are lacking.
- The report identifies a need to **expand current provision for certain groups⁺** and ensure that services and referral pathways are **straightforwards for the public and professionals to understand and navigate.**
- **Expand ‘making every contact count’** brief intervention training offer to a wider range of professional groups to build their confidence to sensitively raise the topic of excess weight
- Ensure policies, strategies, communications, campaigns, and weight management programmes delivered in Oxfordshire **avoid perpetuating weight stigma**



STIGMA-FREE CHECKLIST:

	✓ / X	If ✓, suggested actions:
1.1 LANGUAGE People at the centre: Does the resource include language which uses obesity as the describing word for the person? (i.e. the obese man, the number of obese women)		Use person-centred language* and use terms such as <ul style="list-style-type: none"> • 'the number of people with obesity' • 'the man was living with obesity' • 'People experiencing obesity' • 'the woman was affected by obesity' *Person-centred language refers to using language that puts people first rather than the disease, symptoms or conditions that they may have. More information can be found here.
Avoid humour: Does the resource use humour or weight-based stereotypes when referencing individuals with obesity? (e.g. 'run fat		Carefully consider whether terminology and language used to describe body weight could be offensive to persons with



Summary of 3 key aims:

- **Be data-led in how we prioritise our work to address inequalities**
 - Data from the NCMP identify the small geographic areas with the highest levels of excess weight and these do not always overlap the areas with the lowest affluence levels
 - The report highlights the interplay between different dimensions of inequalities which means some groups experience intersectional disadvantage when it comes to health inequalities arising due to excess weight
- **Act early to prevent excess weight**
 - Early dietary and physical activity levels predict those later in life. Initial dietary preferences are set early in life between the ages of 0-3 years, we need to ensure these preferences include fruit and vegetables.
 - We need to ensure new parents are supported to build healthy-weight promoting habits for their children and families during this challenging life transition stage in addition to working with early years settings and schools.
- **Collaborate to build healthy environments** which provide easy access to healthy food without a car, that supports cooking at home and which minimises exposures to less healthy out-of-home options, and that help make active travel an easy default option



Finding out more

- The full health needs assessment along with a full list of recommendations is available to download at <https://insight.oxfordshire.gov.uk/cms/health-needs-assessment-promoting-healthy-weight>
- Obesity profile for Oxfordshire [Obesity Profile - Data - OHID \(phe.org.uk\)](#)