

Tackling Obesity in Oxfordshire

Brief outline of the issue

What is Obesity

Obesity is a condition of excess body fat and in adults is defined as a body mass index (BMI) of 30 or more¹. The number of obese individuals in England has tripled since the 1980s and it is estimated that approximately 31 million adults or two thirds of the UK population are either overweight or obese.¹ If current trends continue it is estimated that nearly 60% of the UK population could be obese by 2050ⁱⁱ

Why is it important in Oxfordshire?

This trend is having a severe impact on individuals in Oxfordshire and this is felt in many different ways. Being obese reduces life expectancy by an average of nine years and is attributable to many more years of ill health. It causes long-term chronic diseases such as diabetes, stroke and heart disease and the risk of disease gets worse the more overweight people become. Obesity can severely affect mobility and general deteriorations in physical health and mental well-being are common in very obese individuals.

- Estimated annual costs to Oxfordshire NHS of diseases related to overweight and obesity are set to rise from £143 million in 1997 to £159 million in 2015.ⁱⁱⁱ
- The annual cost to the local NHS of diseases related to obesity alone is estimated to rise by a staggering 24%.^{iv}
- Obesity in children is rising^v and in Oxfordshire 8% of children in reception year and 15% in year 6 were defined as obese (2006/07).
- It is estimated that 23% (111,664)^{vi} of the adults in Oxfordshire are obese.

Why does this need to change?

- To reduce the incidence and prevalence of obesity related diseases such as diabetes, hypertension, stroke and heart disease.
- To reduce morbidity by increasing the number of quality life years.
- Halting the rise in obesity in Oxfordshire will reduce health inequalities by reducing the prevalence of a number of diseases and poor health outcomes which are closely associated with deprivation.
- To reduce the gap in mortality rates between the most and the least well off.

What are we doing now?

- A Healthy Weight Strategy Group has been established and a countywide work plan is in place.
- A care pathway for adults has been implemented with referrals for free slimming classes and subsidised exercise sessions available from GP practices. To date over 1,300 people have accessed the slimming on referral scheme, of those who have completed the course 57% achieved greater than 5% weight loss.

¹ Body Mass Index is the most widely used diagnostic tool to identify adult obesity and is a statistical measure that compares height & weight. Obesity is defined as a BMI of more than 29.9 kg/m²

- Community based Health Trainers are working in targeted areas of Oxford & Banbury, and provide 1-2-1 support for clients making healthy lifestyle changes.
- GP practices and practice based commissioning consortia are actively engaged there is Local Incentive Scheme to encourage practices to set up 'bespoke' weight management services for the benefit of local patients.
- The PCT has made funding is available for a new specialist service for morbidly obese patients.
- A workforce development plan will ensure that clear and consistent messages relating to healthy weight management are communicated by all professional groups.
- Close partnership working between the District Councils and Oxfordshire PCT via the Oxfordshire Sports Partnership has been successful in drawing together local & regional funding to provide a £1.2 million investment in physical activity over the next three years.
- A countywide project called 'Get Oxfordshire Active' will launch in January 2009 and aims to increase adult participation in sport and active recreation by 1% each year.
- There are also actions to address childhood obesity which are being taken forward by the Children's Trust board.

What are the challenges and barriers?

- Measuring any success in halting the rise will be challenging due to the lack of a reliable measure of adult obesity. BMI (measured in the last 15 months) is recorded in nearly 40% of the adult practice population but routine measurement tends to take place for those patients with long-term conditions such as Diabetes or Heart Disease who also tend to be overweight or obese.
- Energy imbalance, which causes obesity, is driven by a complex, multifaceted system of determinates and no one cause is dominant. Therefore finding ways to tackle the root causes of the problem and intervene successfully is not straightforward and will require a long term, multifaceted approach.
- Evidence for effective interventions is improving but providing the necessary information & support at the right time, delivered in an appropriate way and in a format that is acceptable to the individual is essential to success.
- Evidence for preventative measures is weak and given the complexity of the problem, knowing what is effective, where and how to concentrate our efforts if going to be challenging.
- In Oxfordshire there are many organisations, agencies and partnerships whose work influences the 'Healthy Weight' of our population. We need to find ways to work laterally across all these partnerships.
- Finally, although we have been successful in obtaining funding for treatment services, there needs to be a substantial increase in investment in prevention services, particularly to change the built environment through improved transport infrastructure, transport planning, town planning and urban design.

What more could we do?

1. Establishing a base line

We need to develop a robust process to measure and track adult obesity trends in Oxfordshire.

We could work with a sample of GP practices and/or workplaces to collect data on variables such as BMI, diet and exercise patterns amongst the practice populations/workforce. This idea needs further exploration but may be one way to achieve a reasonable baseline from which to track progress.

We have established a baseline for overweight & obesity levels in children and this will be used to measure success in reducing the prevalence of childhood obesity in the county. However, no such reliable measure is available or realistically achievable for the adult population.

2. Encouragement & empowerment of individuals to change

Many individuals can be reached by a public health campaign on television or a smaller number by a brief chat with a professional at their local surgery or a community venue. The challenge is knowing what is effective, for whom, and where and how to concentrate our efforts, one size doesn't fit all.

The solution to this problem is not simple but should include:

- Putting the individual at the centre of what we do by accurately assessing needs, engaging users during design & continually reviewing services.
- Making use of social marketing techniques and selling the consumer 'benefits' which will meet the immediate needs & wants of users not our own. We should also maximise the potential impact of the Departments of Health 'Change 4 Life' campaign^{vii} which is encouraging families to make positive lifestyle changes and use the national branding for local healthy weight initiatives where possible. When designing targeted prevention or weight management interventions we should make better use of market segmentation tools such as those recently developed by Sport England & Department of Health to help to identify particular 'at risk' groups and the ways to engage them.
- Ensuring that clear & consistent healthy weight messages regularly are communicated across all organisations & professional groups. Nominated staff or "champions" should be released from their duties to attend 'healthy weight' training.

3. Creating an environment which is supportive of change

Empowerment of the individual can either be enforced or undermined by the environment they live in. We need to create an environment that is supportive of individuals making & sustaining healthy choices. There should be documented plans, policies & procedures in place which ensure:

- The number of unhealthy fast food outlets is restricted and there is incentive to provide healthier, competitively priced alternatives. There is a documented local programme to promote healthy eating by encouraging organisations to apply for 'Eat Well' (or similar) award status
- Other partnerships should ensure when planning new capital projects there is always be consideration of safe spaces for incidental and planned physical activity in public places.

- Other partnerships should ensure active travel is promoted through workplace travel plans and improved provision for walking and cycling to colleges, workplaces and community venues.

All partner organisations should identify a healthy weight lead or champion within travel, planning & environment health departments to move forward with these requirements. They should create an action plan with milestones that can be made available to the “Healthy Weight Strategy group on request.

Documentation, reports and health impact assessments relating to the above should be also be made available to the ‘Healthy Weight’ Strategy Group on request.

4. Leading the way

Finally, as large employers within Oxfordshire we should lead the way by getting our own houses in order and supporting our employees to maintain a healthy weight. These changes do not necessarily require significant additional investment other than dedicated staffing time and should always be considered along side other occupational health services & polices such as stress management.

- We should ensure there are documented ‘healthy eating’ policies and criteria for all provision of food by local health services and local authority services to staff and the public.
- The food provided and food choices promoted at all catering services provided by the local health and local authority services are in accordance with the documented policies and criteria.
- We should provide opportunities for staff to be more physically active through:
 - promotion of active travel policies for staff and visitors;
 - providing an environment that supports people to be more physically active through improvements to stairwells, showers and secure cycle parking;
 - providing recreational opportunities, such as supporting out-of-hours social activities, lunchtime walks and discounted use of local leisure facilities.
- All partner organisations should identify a healthy weight lead or champion and put in place action plan with milestones that can be made available to the Healthy Weight Strategy Group on request.

How will we measure success?

We will measure our progress with a basket of indicators that relate to absolute outcomes, intimidate outcomes and process measures.

Outcome: Reduce overweight & obesity amongst children and halt the rise in obesity amongst adults in Oxfordshire

Indicator 1: Proportion of the adult practice population (within sample practices or workplaces) with a BMI of 30 or more

Indicator 2: Proportion of children in reception and year 6 who are overweight or obese

Rationale: these indicators will allow us to track local trends in obesity prevalence in adults and the actual prevalence of overweight & obesity in children. As the most significant predictor of childhood obesity is parental obesity, a reduction of childhood obesity may be a proxy indicator that adult prevalence is also falling.

Interim Outcome: More people in Oxfordshire will take part in physical activity

Indicator 3: Proportion of the population who are participating in 3 x 30 minutes of sport or active recreation per week (Active People Survey - LAA Indicator)

Rationale: this indicator will show whether more people are becoming regularly active, by participating in sport or active recreation. Being physically active is essential to maintain general health and can with weight loss and help preventing weight gain.

Related process measures

- Cumulative number of referrals to Get Oxfordshire Active Project (OSP).
- Proportion of cumulative referrals to Get Oxfordshire Active Project reporting increased activity levels (OSP).

Rationale: these process measures will show whether the Get Oxfordshire Active project is increasing the number of recommendations for activity from health professionals and if people who access the project are more active post intervention.

Interim Outcome: More people in Oxfordshire will adopt a healthy diet

Indicator 4: Proportion of the adult practice population (within sample practices or workplaces) who self report they eat healthily

Measure (to be defined, suggested use of validated questionnaire).

Rationale: this indicator will not give us absolute prevalence level but will allow us to track local trends in healthy eating practices.

Interim Outcome: Healthy weight outcomes will be included in plans for large capital projects

Indicator 5: X% of large capital projects will demonstrate a positive impact on healthy weight outcomes

Measure (to be defined)

Rationale: this indicator will show how many new capital projects are properly considering access to open spaces, enabling active travel plans and reducing any negative impacts i.e. from unhealthy fast food outlets. To be successful we must change the built environment so it supports individuals to maintain healthy lifestyle changes.

Interim Outcome: Statutory organisations in Oxfordshire will have healthy workplace policies

Indicator 6: Proportion of statutory organisations in Oxfordshire who are adopting Healthy Workplace practices

Measure (to be defined).

Rationale: this indicator will show the number of statutory organisations who have plans & milestones in place and are adopting healthy workplace polices to support staff in maintaining a healthy weight. To be successful we must lead by example &

change the working environment so it supports individuals to maintain healthy lifestyle changes.

Interim Outcome: People who are overweight or obese adults can access treatment & support services

Process Indicator 7: Number of overweight & obese adults accessing treatment & support services

Measures:

- No of referrals to prevention services for weight management (PCT Operation Plan Performance Data).
- Uptake of weight management referral scheme (PCT Operational Plan Performance Data).
- Proportion of referrals to weight management programmes who lose 5% body weight (PCT Operational Plan Performance Data).
- Uptake of referral to Oxfordshire Exercise on Referral Scheme (PCT Operational Plan Performance Data).

Rationale: this indicator will show increases or decreases in the number of adults referred to and accessing weight management (or exercise on referral schemes) and whether they achieved meaningful weight loss as a result.

Discussion

The board is asked to consider these actions and discuss how they may be prioritised and taken forward together and by the respective partners.

References

ⁱ Department of Health – Cross Government Obesity Unit (2007) 'Healthy Weight, Healthy Lives: A cross government strategy for England.

ⁱⁱ Foresight (2007) 'Tackling Obesities: Future Choices' www.foresight.gov.uk

ⁱⁱⁱ Department of Health – Cross Government Obesity Unit (2007) 'Healthy Weight, Healthy Lives: A toolkit for developing local strategies

^{iv} Department of Health – Cross Government Obesity Unit (2007) 'Healthy Weight, Healthy Lives: A toolkit for developing local strategies

^v Foresight (2007) 'Tackling Obesities: Future Choices' www.foresight.gov.uk

^{vi} <http://www.ic.nhs.uk/pubs/healthylifestyles05>

^{vii} www.nhs.uk/Change4Life/