



Obesity as a Priority

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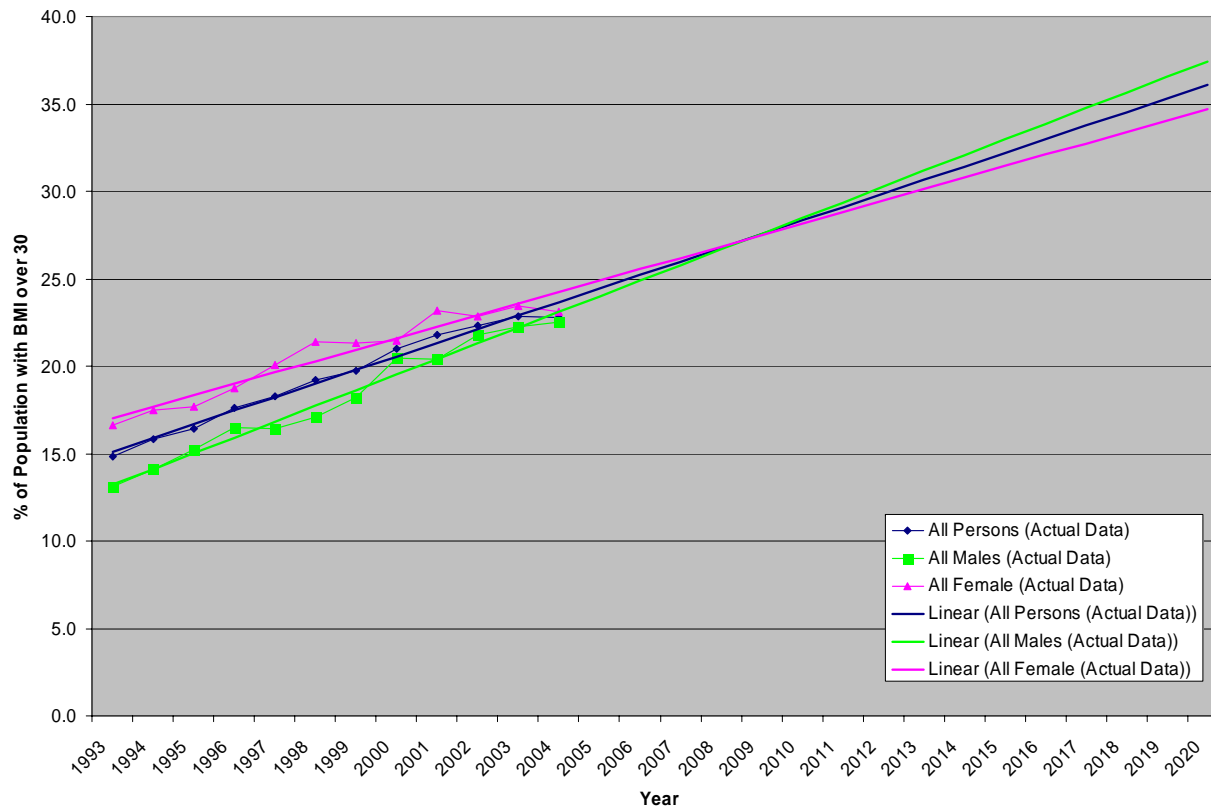
Why Obesity?

- National Priority with a high profile focus
- A leading cause of ill health
- A leading cause of inequality
- Increases with age and Oxon has an aging Population
- Lead to increased pressure on local health care services



The size of the problem?

Predicted Rise in Obesity within Oxfordshire
(using HSE Oxfordshire Data 2004)





The cost of the problem?

Disease	Extra Cases	Extra Cost per case (2006/07)	Total Extra Cost to Oxon PCT per annum in 2020
Diabetes	6980	£1406	£9,813,880
Myocardial Infarct	1776	£4795	£8,515,920
Colonic Cancer	1651	£4805	£7,933,055
Total for 3 conditions			£26,262,855



What are we doing about it – adults?

Prevention services

- § Information on healthy diet, exercise requirements, healthy weight
- § Presence at events such as University freshers fayre, school roadshows
- § Go Active

Treatments

- § Slimming on referral
- § Exercise on referral
- § GP schemes
- § Specialist Clinics
- § Some bariatric surgery



GO Active

Rich Beer

Sports Development Manager

Oxfordshire Sports Partnership Core Team



Background to GO Active

- Establishment of Oxfordshire Sports Partnership and Community Sports Networks in 2006.
- Both began to look at adult participation and achieving a 1% increase per annum.
- Partner plans aligned through CSN work.
- Active People survey results first released in December 2006. Set baseline and gave good information about participation styles and rates.

Identifying Need and starting the project.

- January 2007-March 2007 – Some CSN's identified the need for an increased workforce to provide increase opportunities for adults to participate.
- Oxfordshire Sports Partnership included this need into the Workforce Development Plan (March 2007) that was submitted to Sport England.
- In June 2007 the Oxfordshire Primary Care Trust (PCT) discussed the possibility of a joint project to look at adult participation as part of the Obesity Strategy.
- The Core Team discussed the project at CSN's and with the PCT and developed a project for submission to Sport England's Community Investment Fund (CIF).



Key Outcomes of the GO Active Project.

- To support an increase participation by at least 1% per annum
 - Looking to achieve 3x30 participation in sport and active recreation as a contribution to the health target of 5x30.
- To prevent the year on year rise of overweight and obesity
- To ensure options are available to help people obtain and maintain a healthy weight
- To put in place a new workforce and structure to engage with adults linked to CSN's.

A New Workforce – GO Active will provide:

- ‘GO Active Project Manager’
 - Employed as part of Core Team (role shared with managing the Extending Activities Project)
- ‘GO Active Coordinators’ x5
 - One Coordinator in each district. Employed as part of Sports Development team and day-to-day line managed locally. Work programme will be jointly set by employer and GO Active Project Manager.
- ‘Go Active Activators’ (2-3 in both in Cherwell & West initially)
 - Activators will be employed by Leisure Providers or Local Authority.



What else works?

Slimming in referral is showing good short term gains

Since April, 254 people registered on Slimming World courses have lost 737kg between them. (That's 1625 lbs, equivalent to 10 men or ½ an average car) Unsure of long term benefits as limited evidence.

GP schemes

GP's are reporting that local clinics and one to one sessions is having good results (evaluation presently underway).



What are the problems?

The obstacles include

- § Comprehensive training package for all partners ensuring effective messages across the wide spectrum of services and providers (both NHS, LA and private)
- § Fragmented services – not everything is available everywhere which increases inequalities
- § Lack of evidence base therefore difficult to know which schemes to focus on
- § Not just a healthcare problem and there is a danger that over medicalising a social problem



Conclusion

Obesity is a major public health problem which needs to be addressed, if we fail to address it, it is predicted to lead to a bankrupt system (Foresight report 2007)

The PCT strategy focuses (in part) on reducing ill health and promoting good health, the obesity work is a significant part of that agenda

Oxfordshire PCT has started to implement weight management programmes and although there is little evidence to direct us, we are seeing some early results. Time will tell whether these results are sustainable.