Commissioning Strategy for the Prevention and Treatment of Obesity within Oxfordshire

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A Public Health Strategy for Commissioning Obesity Services within Oxfordshire

Executive Summary

Introduction

A key recommendation from the Director of Public Health's 2005 -2007 was that the PCT should, whilst working with partners, develop an obesity strategy. Over the last nine months much work has been undertaken to deliver this key objective, the summary below describes that work.

Why is it important?

The number of obese individuals in England has tripled since the 1980s and all indications show that Oxfordshire is no exception. Nearly one in four people in the UK are obese*[1] - being obese reduces life expectancy by an average of 9 years.

Obesity impacts on life in different ways. It affects general mobility, leading to problems with joints and causes long-term diseases such as diabetes, stroke and heart disease as well as affecting individuals' self esteem. Obesity does not affect all equally; it is generally more common in women and in manual workers. It is therefore another cause of health inequalities.

Where are we now?

Within Oxfordshire the information we have is poor, although much work is going on to improve our data. At present estimated prevalence of obesity shows that about 24% of the population are likely to be obese – if no action is taken, this could increase to 45% by 2026. (see strategy page 6)

Information about obesity in the South East is more robust and there is little to suggest our population differs significantly from those around us

Headline facts about Obesity in the South East

- Levels of obesity have nearly trebled in the UK in the last quarter century and currently stand at 21% of men and 24% of women.
- The national trend is mirrored in the South East but levels are significantly lower than the national level.
- The average population body mass index (BMI) is well into the overweight range, both nationally and regionally.
- Obesity itself is the tip of the iceberg. The average person in this country is classed as overweight. Obesity is increasing at an alarming rate in children and young people. In the South East, almost one in twenty children are obese and a further 15% of boys and 19% of girls are overweight.
- There are significant inequalities in obesity. Twice the proportion of women in unskilled manual groups are obese, compared with those women from professional groups.

[1] Obesity is defined as a body mass index (BMI) of 30+. BMI is measured by weight in kilogrammes divided by height squared

What can be done to improve outcomes?

Many factors contribute to the development of overweight and obesity although the solution appears simpler; to impact on obesity levels we must ensure that diets are healthy and the amount of exercise taken increases.

However, because of the complex factors leading to obesity, the problem will not be reversed by any single approach. Successful strategies will need to change many aspects of people's lives and changes are needed to the current environment which encourages obesity.

Whilst the solution appears simple, the task is not easy because the causes of obesity are woven into the fabric of modern lifestyles. The way forward is to help people gradually make healthy choices from cradle to grave, starting with breastfeeding and continuing into a healthy and active old age. This can only be done through a long-term commitment linking together the efforts of all organisations and the public at all levels from local to national.

Public awareness about obesity and the causes of obesity is gradually improving. National work has started with the food industry to improve labelling and reduce the fat, sugar and salt content of ready meals. Advertising restrictions have been introduced.

The picture is similar at local level. Some actions have started, this includes

- Oxfordshire Healthy Schools Programme is working to promote healthy eating and physical activity and, to that end, local programmes such as ours promote a balanced healthy diet and encourage physical activity throughout the whole school.
- Breastfeeding is an important foundation for a healthy diet. It is the perfectly balanced food for babies and protects against future disease. In Oxfordshire we are meeting our goal of increasing breastfeeding rates by 2 percentage points per year. Currently around 55% of Oxfordshire's mothers breastfeed – around 10% more than the national average.
- Oxfordshire has a good track record of coordinating work on exercise and nutrition, especially between District Councils and the NHS. The thrust of this work has suffered during a period of organisational change but will provide a building block for the future.
- Pilot work is underway looking at how commercial companies (Slimming World, Weight Watchers and Rosemary Conley) can help to provide services for people who need to loose weight. At present 500 packs are available for GP's to use with patients who have an urgent need to loose weight.
- Some practices are undertaking practised based initiatives for example Sonning Common Health Centre are running weight management groups.

The work underway is a valuable start to what needs to be achieve, however, one of the most important starting points is to link all the ongoing work together. This will be achieved by forming implementation groups which can begin to map projects ensuring the right people know what services are available within there area, thus improving usage of existing work.

How has the obesity strategy developed?

Work on the obesity strategy started in April 2007. There was a period of talking to key individuals to draw together expectation and experience about what the strategy could

deliver. On the 28th June a whole day workshop was held which hosted all our partner organisations in the morning and then allowed practitioners to contribute to the discussions in the afternoon. From this day a draft strategy was designed.

During September six 2 hour workshops were held for partners and practitioners to look at and discuss the strategy further working through scenarios to make changes to both the strategy and the care pathway. In November the strategy was agreed with the clinical executive and after a consultation period has come back to the Board for approval.

It is recognised that the strategy has been pulled together quickly, this is necessary to ensure that an implementation plan is put into place to start some significant work across the county aimed at reducing obesity. For this reason, the strategy will be evaluated and reviewed in March 2009 to ensure that it is meeting the needs of the whole population. After this early review the strategy will have a five year shelf life.

Overview of Strategy

The main strategy sections are

- An epidemiology section which looks at the size and shape of the problem within Oxfordshire
- Two sections looking at prevention of obesity in both Children and Adults, these sections make recommendations for population interventions
- Two sections looking at a care pathway for dealing with people who already have weight management issues (Children and Adults)
- An action plan which sets out the priorities for the next twelve months and beyond.
- A baseline assessment against NICE Criteria

Epidemiology

This section looks at the prevalence of obesity within Oxfordshire, the targets and how we are performing against those target.

Prevention of Obesity

This section maps the work which is currently ongoing for both children and adults. Services include those ran by public organisations and private providers and looks at generic countywide preventative services and services for specific communities. A key recommendation from this section is to develop resources which ensure all those working with those requiring these services are fully aware of what services are available.

Treating Obesity

This section describes two care pathways (Adults and Children) which describes the services we aspire to deliver. Elements of each stage of the care pathway are already available to patients but work being developed through the Operational Plan will allow this to move further forward. There is more work to be done on developing both pathways, however, within the children's pathway there is a need to consolidate what is being provided within core elements of services and what requires additional resources.

Action plan

This begins to set out priorities for the next 12 months, this will be developed further once the strategy has been agreed and an implementation group has been formed. A

structure is suggested for monitoring and evaluating the strategy. This includes a NICE baseline assessment so that progress can be regularly monitored.

Next Steps

Our next steps are

- Board Sign off January 2008
- Sign off by Partner Organisations
- Meeting of obesity board – February 2008
- Launch February 2008 with Implementation groups meeting during March and April 2008 to develop local action plans further
- January - March 2009 – review strategy, progress report
- April 2009 – launch five year strategy

Introduction

This strategy is a joint commissioning strategy across Local Authorities, Oxfordshire County Council and Oxfordshire Primary Care Trust. It is an important document which will deliver the main targets set by the government to reduce levels of obesity within Oxfordshire. Obesity is a problem of majestic proportion and unless drastic action is taken soon, it will become uncontrollable.

The role of Director of Public Health is a joint appointment between the County Council and the PCT. This co working has strengthened the links between the organisations and is a key driver in sharing work around obesity.

Addressing this issue will not be easy, obesity is a complex problem which requires social, economical, political and personal solutions. It can therefore only be solved by joined up working, tackling every element of the equation.

Oxfordshire PCT was created in October 2006 from five legacy PCT's. Prior to it's creation much work was undertaken by each of the original PCT's in the area of weight management. As each PCT had a unique population the work undertaken did not conform to any particular pattern. Now the PCT has merged it is important that the work is brought together, linking with all partners enabling good practice to be shared across the county.

Strategic Aims, Values and Objectives

Obesity was identified as a key area for action within the DPH annual report 2005 – 2007. This strategy has two clear commissioning outcomes

- To prevent the year on year rise of obesity
- To ensure options are available to help people obtain and maintain a healthy weight

Within the partner organisations, obesity is a recurrent theme.

Valuing people, ensuring healthy and prosperous futures for Oxfordshire residents is key to the success of Oxfordshire. Controlling obesity is a key factor in ensuring that we achieve this. People who are obese are much more likely to suffer from long term conditions, have poorer mental health, be less mobile and have more health problems in general than their counterparts.

The Local Area Agreement is the main document which brings together all the aspirations we have for managing obesity effectively. Obesity is found throughout the document but specifically in the Childrens section and the Health and Well Being section. The Local Area Agreement can be found at

http://www.oxfordshirepartnership.org.uk/wps/wcm/connect/OxfordshirePartnership/Local+Area+Agreement/OP+-+LAA+-+COur+agreement

The other key document which should be acknowledged when considering the importance of this work is the PCT strategy, which aims to reduce inequalities, improve outcomes for older people and commission effective services. Again obesity is a cross cutting theme within this document which can be found at

http://www.oxfordshirepct.nhs.uk/about-us/default.aspx

Our objective is to ensure that the population are aware of the health risks they face, have options for helping them to control their weight and can make choices about the places they receive treatment.

On a wider scale we aim to build a healthy environment which encourages a healthy lifestyle, where healthy choices are easy to make and where exercise and food provision is easy to access.

This strategy is recommending a two pronged approach:

- Helping individuals to take personal action
- Building environments conducive to increasing activity and accessing healthy food options.

National Context

The number of obese individuals in England has tripled since the 1980s and all indications show that Oxfordshire is no exception. Nearly one in four people in the UK are obese*[2] - being obese reduces life expectancy by an average of 9 years.

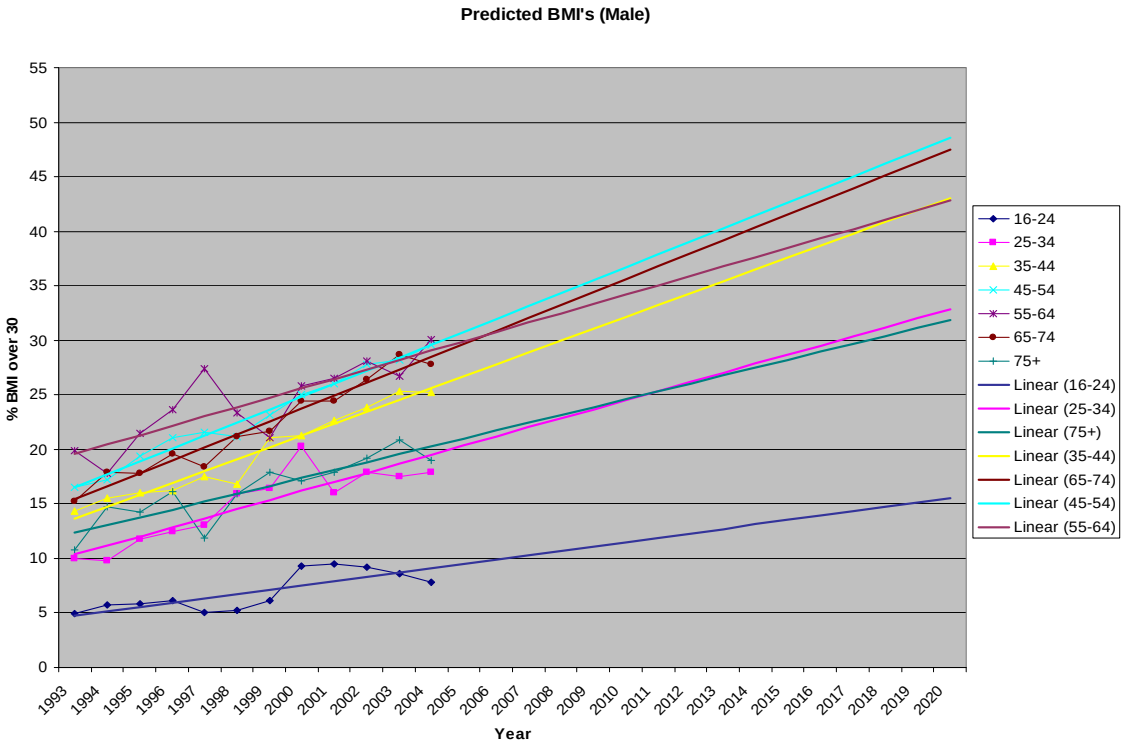
In the worst case scenario, current levels of child obesity mean that the current generation of parents could outlive their children. Obesity makes its impact in many ways. It affects general mobility, leading to problems with joints and substantially increasing the risk of long-term diseases such as diabetes, stroke and heart disease as well as affecting individuals' self esteem. This preventable ill health costs the NHS over £1 billion per year and society as a whole up to £3.5 billion per year.

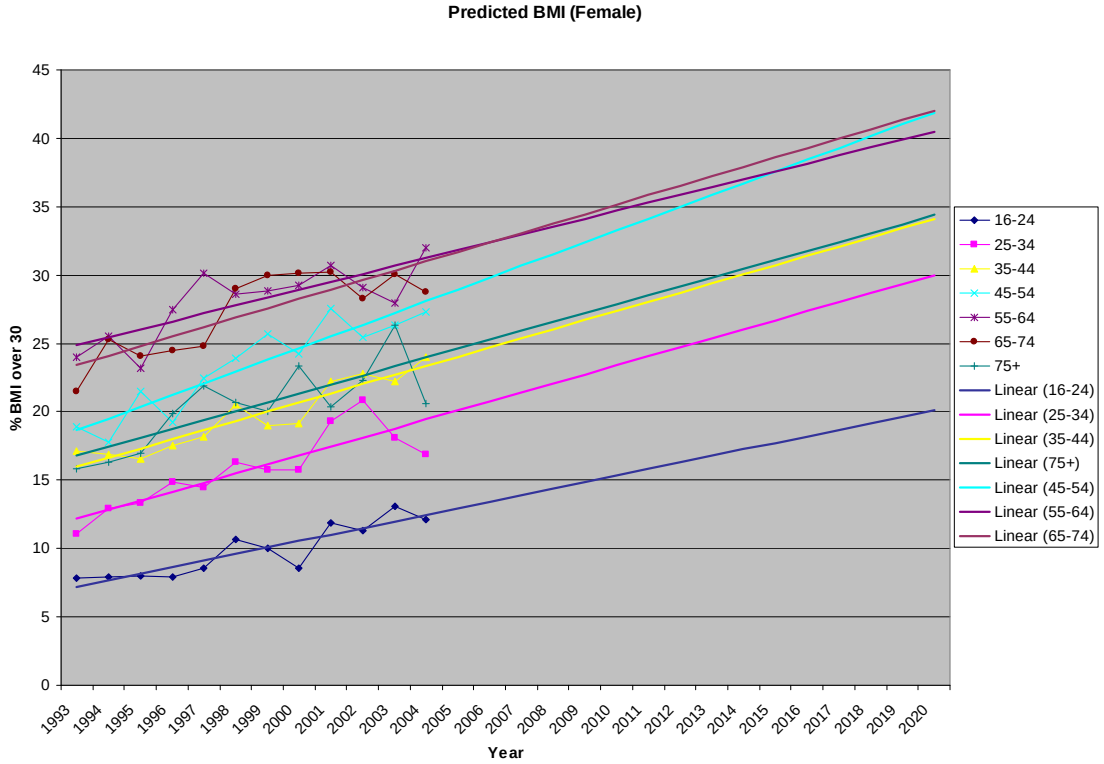
Obesity does not affect all equally; it is generally more common in women and in manual workers. It is therefore another effect of health inequalities.

Current and projected levels of obesity cause great concern at national levels. Using trend data from the Health Survey England (2004), it is clear that unless

[2] Obesity is defined as a body mass index (BMI) of 30+. BMI is measured by weight in kilogr ammes divided by height squared

action is taken now obesity will lead to significant levels of ill health and disability within the near future.





Increasing levels of obesity will inevitably result in ever-increasing calls upon NHS, social care and local authority budgets. It is feared that support and treatment for

those with weight problems will be beyond the financial restraints. At present we have insufficient accurate information about obesity locally so must use the national and regional information that is available.

Headline facts about Obesity

- Levels of obesity have nearly trebled in the UK in the last quarter century and currently stand at 21% of men and 24% of women.
- The recent Foresight Report (Oct 2007) has predicted that on current trends 60% of women, 50 % of men and 25% of children will be Obese by 2050
- Scotland comes second only to the United States as the most overweight nation in the world, according to new statistics that reveal one in four Scottish adults is classified as obese
- The rising national trend is mirrored in the South East region but levels are lower than the national level
- The average population body mass index (BMI) is well into the overweight range, both nationally and regionally.
- Obesity itself is the tip of the iceberg. The average person in this country is classed as overweight. Obesity is increasing at an alarming rate in children and young people. In the South East, almost one in twenty children are obese and a further 15% of boys and 19% of girls are overweight.
- There are significant inequalities in obesity. Twice the proportion of women in unskilled manual groups are obese, compared with those in professional groups.

Key Target Indicators relating to obesity

In 2006, the government released a PSA target relating to obesity which states that Health, local Authorities and other government bodies will work together to…

…Halt the year on year rise in obesity among children aged under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole.

This target breaks down into a number of key indicators which are important for all partners within Oxfordshire which this strategy intends to cover. They are set out below.

Key Target Groups	National PSA Target	Baseline as at 2006/07
Children & Young People Adults	Halt year on year rise of obesity in under 11's by 2010, as part of a wider programme to reduce obesity in the population as a whole	Year R (ages 4 – 5) overweight 12.22%, obese 7.98% Year 6 (ages 10 – 11) overweight 13.05%, obese 15.42% Adults: 15% obese (Adult lifestyle survey, 2005)
Children & Young People	To increase the proportion of school children in England who spend a minimum of two hours each week on high quality sport from 25% in 2002, to 75% by 2006 and 85% in 2008	PESSCL survey results 06-07 North Oxfordshire SS Partnership 91.3% Oxford & Thame SS Partnership 77% Vale PE,SS & Club Links Partnership 92% West Oxfordshire SS Partnership 83% South Oxfordshire SS Partnership 95%
Children & Young People	By 2010 aim for all pupils to have the opportunity to do up to two hours of sport in school hours and two to three hours of sport outside of school hours	All pupils are offered 2 hours of Physical Activity within school hours. Work ongoing to achieve out of school target

Key Target Groups	National PSA Target	Baseline as at 2006/07
Children & Young People	Target to have 75% of schools accredited as Healthy Schools by 2009 with the rest working towards Healthy School status Build on existing progress; so that by 2010 all schools will have active travel plans	In Oxfordshire 179 schools and 4 nurseries have reached and are maintaining the Healthy School Standard. Oxfordshire is on target to achieve its target of 257 (90%) accredited Health Schools by 2009. (Stretch target which extends national target) As at August 2007 – 220 schools have developed action plans in place with 120 schools needing to produce action plans
Adults	By 2008, increase the take-up of sporting opportunities by adults and young people aged 16 and above from priority groups by increasing the number who participate in active sports, at least 12 times per year by 3%, and increasing the number of participants who engage in at least 30 minutes moderate-intensity-level sport, at least three times per week by 3% Aim for an increased prevalence of physical activity amongst the whole population in England, with an increasing year on year 1% per annum trajectory'	Baseline from Active People Survey 2006 23.2% of the population or 146,230 people in Oxfordshire are participating in 3 x 30 minutes of sport and active recreation per week To meet this target a further 6,303 people need to become regularly active in Oxfordshire year on year

In 2007, another target has been added

Key Target Groups	National PSA Target	Baseline as at 2006
Children & Young People	Reduce the proportion of overweight and obese children to 2000 levels by 2020, in the context of tackling obesity across the population.	To be confirmed by April 2008.

Local Context - Needs Assessment

Before we can understand the local context for obesity, we need to understand how we define obesity locally. The degree of overweight or obesity in adults should be defined as follows (WHO).

Classification	BMI (kg/m^2)
Healthy weight	18.5–24.9
Overweight	25–29.9
Obesity I	30–34.9
Obesity II	35–39.9
Obesity III	40 or more

BMI is measured by taking the weight in kilogrammes divided by height squared in metres. BMI may be a less accurate measure of adiposity in adults who are highly muscular, so BMI should be interpreted with caution in this group. Some other population groups, such as some ethnic minority groups and people who have co morbidity risk factors should be considered at risk with a lower BMI (28) Healthcare professionals should use clinical judgement when considering risk factors, even in people not classified as overweight or obese. Assessment of the health risks associated with overweight and obesity in adults should be based on BMI and waist circumference as follows.

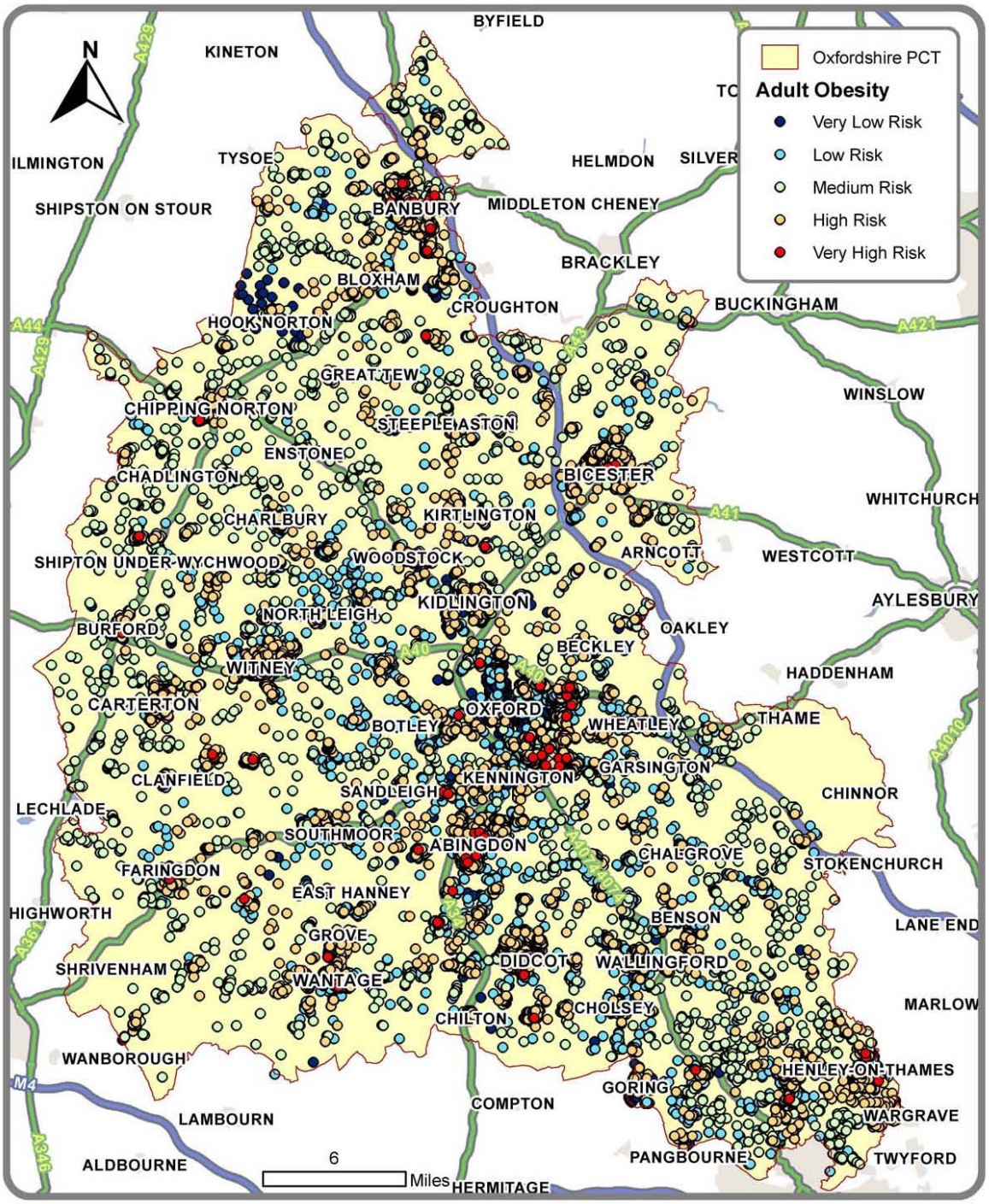
For men, waist circumference of less than 94 cm is low, 94–102 cm is high and more than 102 cm is very high. For women, waist circumference of less than 80 cm is low risk, 80–88 cm is high risk and more than 88 cm is very high risk.			
BMI classification	Waist circumference Low risk	High risk	Very high risk
Overweight	No increased risk	Increased risk	High risk
Obesity I	Increased risk	High risk	Very high risk

BMI classification	Waist circumference			Comorbidities present
	Low risk	High risk	Very high risk	
Overweight				
Obesity I				
Obesity II				
Obesity III				

Level 1	General advice on healthy weight and lifestyle
Level 2	Diet and physical activity
Level 3	Diet and physical activity; consider drugs
Level 4	Diet and physical activity; consider drugs; consider surgery

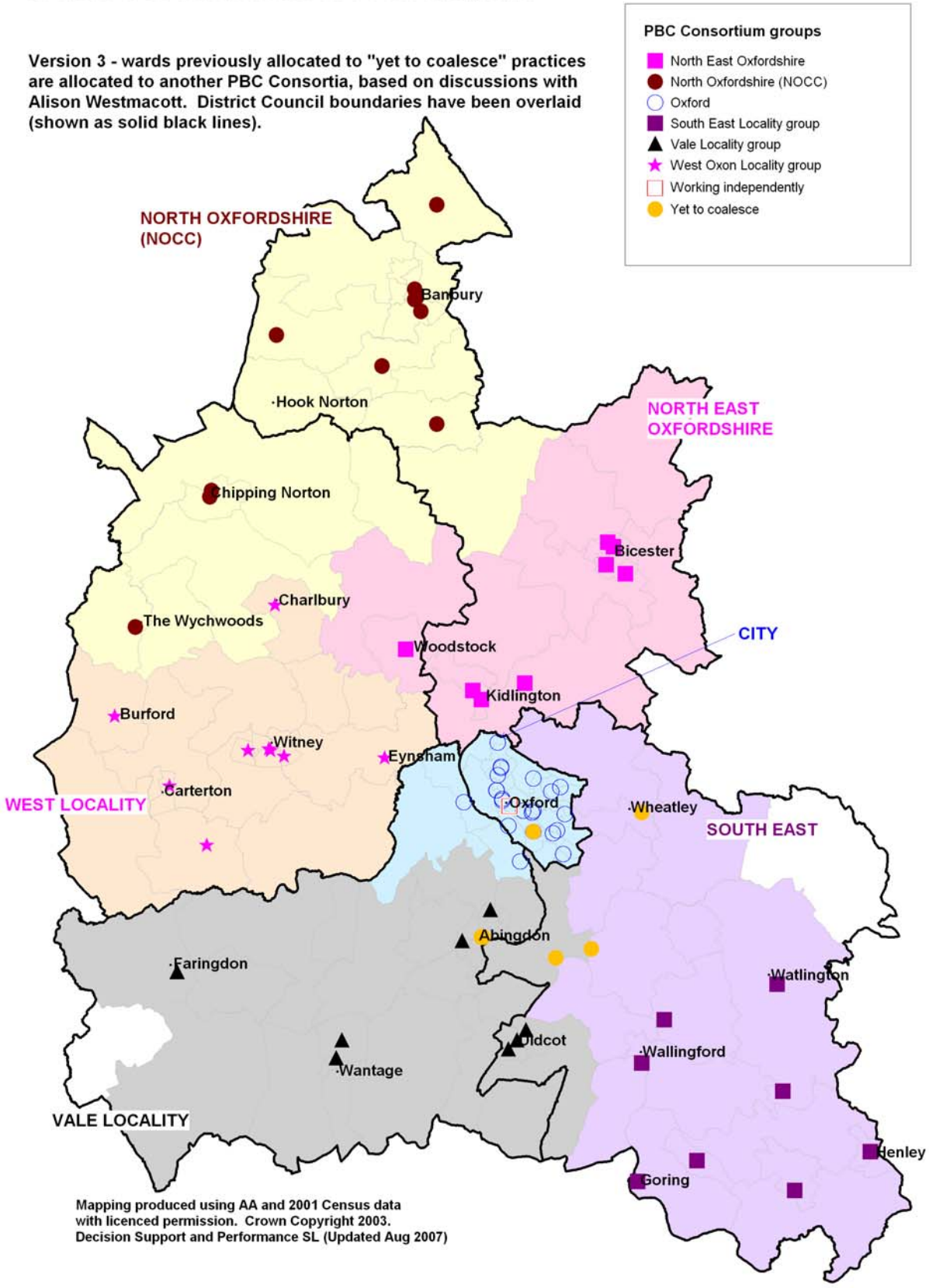
There is little data available about the size of the obesity problem within Oxfordshire.

A recent Dr Foster report indicated that the areas within Oxfordshire which are most likely to have an issue with obesity. The map indicates where action should be focused by density of the red dots.

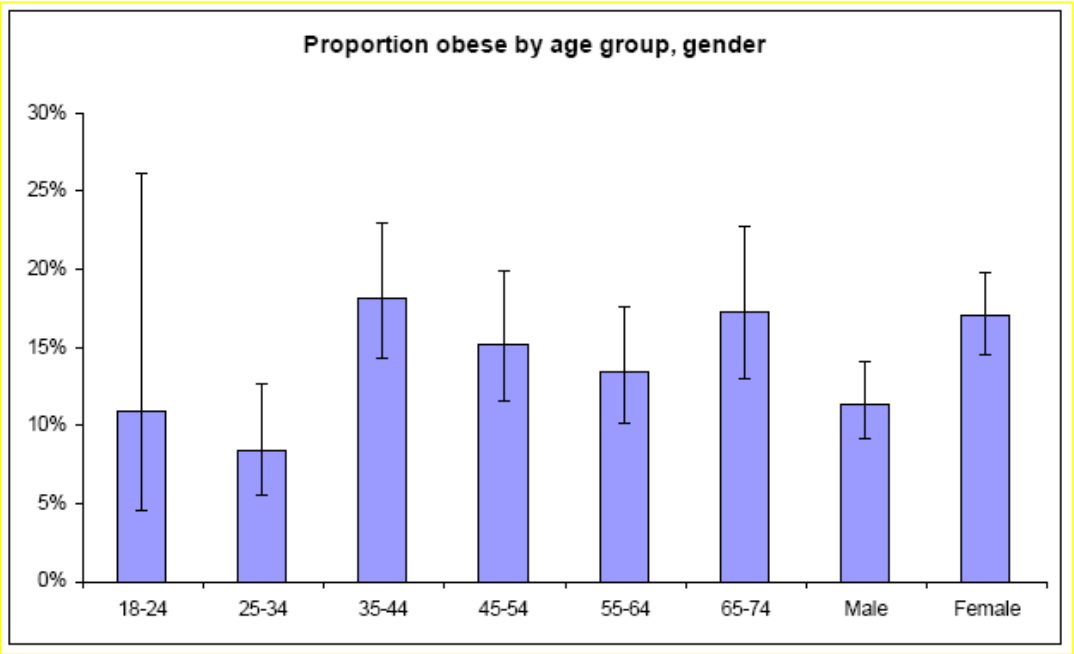


A small healthy lifestyle survey was completed in Oxfordshire in 2005 for the adult population. It confirms that obesity is a very real problem for Oxfordshire with just over half the population being overweight or obese. Local data should be enhanced to obtain a more accurate position.

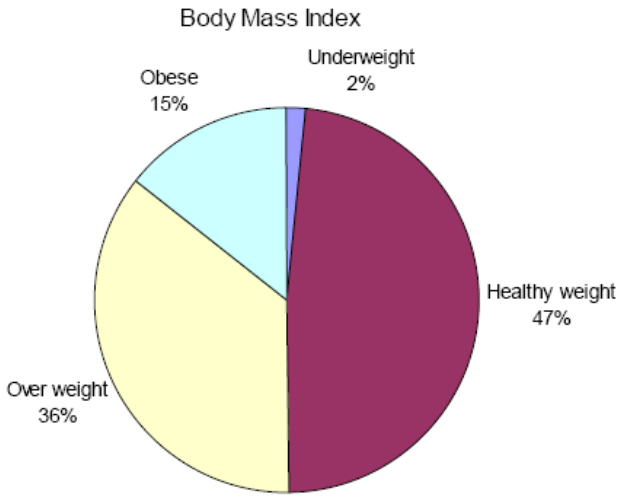
Location of GP practices and PBC Consortia groups



Oxfordshire Healthy Lifestyle Survey 2005



Oxfordshire Healthy Lifestyle Survey 2005



Physical Inactivity – Statistics

Nationally, when all sources of activity are considered only 36% of men and 26% of women and only 61% of boys and 42% of girls in England reach the recommended levels of physical activity to benefit their health. (Choosing Health – Choosing Activity Action Plan) In Oxfordshire, the recent Active People Survey (Fig 1) showed that participation of people over the age of sixteen in 3x 30 minutes of sport and active recreation per week was as low as 23%. The lowest levels of participation were seen in Oxford (20.5%) and the highest in the Vale of White Horse (25.7%). More importantly, in the same survey 40% of men and 50 % of women reported that there had been no days in the previous week when they had moderately exercised for 30 minutes or more. The highest level of non participation (68%) was in adults over 55 years of age.

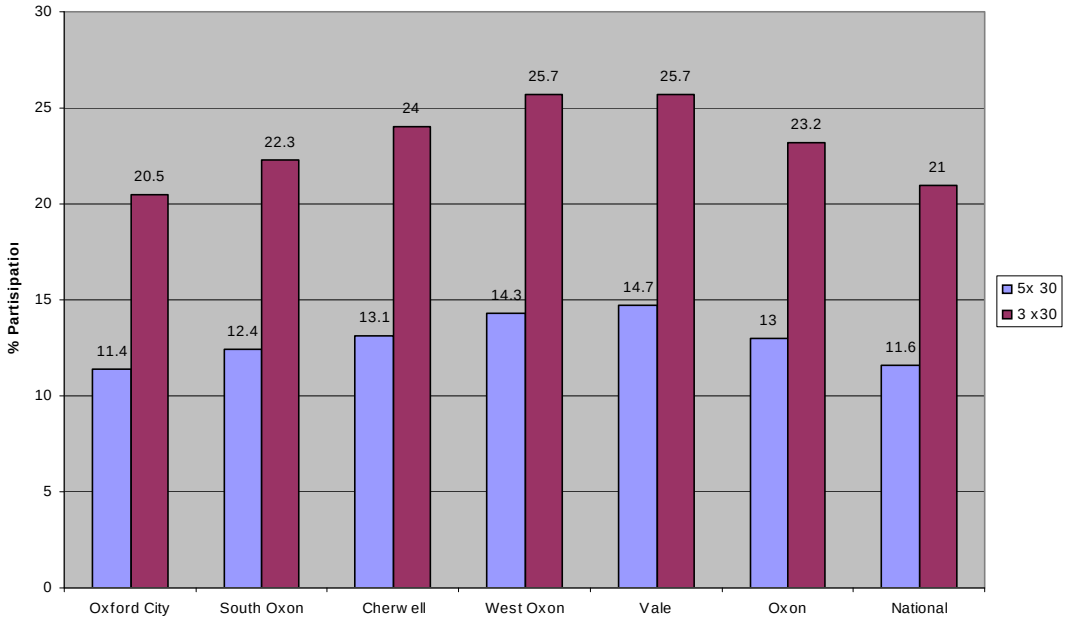


Figure 1: Activity People Survey Results 2006

Recommendations from the CMO report 'At Least 5 A Week' (DH, 2004); 'Move It – A framework for action on physical activity in the South East' (SEPACT, 2004); recent NICE guidance (2006), and Choosing Health White Paper (DH, 2004), set out the key principles for supporting the public to make more, healthier and informed choices in regards to their health, form the basis for action.

Key points from these documents include:

- Clear guidelines on the amount and type of activity required for health, weight maintenance and weight reduction
- Improving the environment so it promotes, rather than hinders activity

- Giving a clear and consistent message about the benefits of becoming more physically active
- NSFs on how best to promote physical activity in relation to specific diseases
- A set target of 50% of the population to be reasonably physically active by 2020, with an aspiration of 70%
- Having two hours high quality PE in 75% of schools by 2006 (achieved) and 85% by 2008
- Giving choice to patients in relation to their health
- Ensuring a programme of activities are sustainable
- Making the NHS a true health service not a sickness service, with all parties working together for a 'fully engaged 'scenario and:
- A wide range of measures to tackle social inequalities

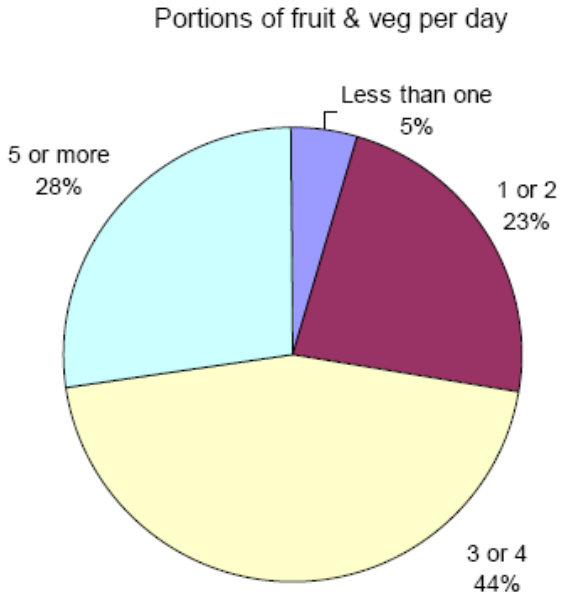
The prioritisation of physical activity, through different Government departments and national organisations, has influenced local strategies and policies. For example an increase in physical activity via sport and some forms of active recreation has been identified as a need and priority in 'Our Sporting Future, Oxfordshire's Strategic Framework for sport and active recreation 2006-2012

Local strategies take on the national targets and priorities, but relate them to a local level. The PCT, County Council & District Councils have included increasing levels of physical activity in their corporate objectives, this work should continue to receive such high priority.

Healthy Eating Facts

Within Oxfordshire there is very little data about what our population eats. The last Healthy Lifestyle Survey completed in 2005 had a section which explored different aspects of the respondents eating habits.

Women seem more likely to be eating five or more portions of fruit and vegetables per day and men are more likely to be eating processed meat products and chips on 4-7 days a week. Both appeared to be as likely to be eating biscuits, cakes, puddings, sweets or chocolate.



Recommendations from the CMO report 'A Step Closer to Healthy Eating: Five a Day' (DH, 2003), The National Institute for Health and Clinical Excellence (NICE) published Guidance on the Prevention, Identification, Assessment and Management of Overweight and Obesity in Adults and Children in December 2006), and Choosing Health White Paper (DH, 2004), all focus on the importance of having a healthy diet. Much work has already begun, this includes

- Advertising restriction during children's primetime TV
- New School Foods Standards
- Launch of an Obesity Toolkit
- Completion of the 2006/07 National Child Measurement Programme
- School Fruit and Vegetable scheme

The prioritisation of healthy eating initiatives, especially within schools is a major boost to ongoing work. However, work within schools must be supported by work with the wider community to ensure that consistent messages are delivered. Work within local authorities, other government bodies and the PCT needs to ensure a common approach with joint training to ensure this consistency is obtained.

GP data, which although not complete shows a high proportion of the population are obese. This may be due to some skewing of the data, BMI is more likely to be recorded on patients who have a long term condition, and people with long term conditions are more likely to be obese.

Practice	Practice population	Practice population aged 15-75yrs	No of patients aged 15-75 with BMI recorded in last 15 months	No of patients aged 15-75 with BMI of 30 or greater recorded in last 15 months	% of patients aged 15-75 with BMI recorded in last 15 months	% of those recorded who are obese
North East Oxfordshire PBC Consortium	67445	51099	17266	5143	33.8%	29.8%
North Oxfordshire Commissioning Consortium	102115	76894	20350	6001	26.5%	29.5%
Oxford City Consortium	188463	152567	40239	8012	26.4%	19.9%
SE Locality Group	66911	49916	16437	3952	32.9%	24.0%
Vale Locality Group	94033	70988	17266	5480	24.3%	31.7%
West Oxon Locality Group	75094	56487	13168	3939	23.3%	29.9%
Oxfordshire PCT	639803	493314	136650	35689	27.7%	26.1%

In Summer 2007, 85% of 5 and 10 year olds were measured within the National Child Measurement Programme. This data will be available in March 2008.

Why is obesity on the increase?

The reason is our increasingly "obesogenic" environment, where energy-dense, cheap foods, labour-saving devices, motorised transport and sedentary work patterns are common place. The UK is now seeing similar trends to those seen in the USA in recent decades. Some estimate that the UK is just 10 years behind the USA in trends.

The average diet has an increasing proportion of fat and sugar, often caused by increasing consumption of junk food, snacking and eating ready meals and fizzy drinks. Portion sizes are also gradually on the increase and an increasing number of meals along with super-sizing increases the total intake of fat. On top of that, high fat foods tend to be low cost, easily available and people face a barrage of advertising and marketing for these foods. Some effort should be focused on reducing these pressures by working with local businesses and planners to ensure there are sufficient healthier options available to all member of the community.

In addition, we all seem to have increasingly hectic lifestyles which make reaching for relatively unhealthy ready meals an easier option. While our lifestyles are hectic, they are, at the same time, increasingly sedentary. We are less physically

active and therefore require fewer daily calories to maintain a healthy weight. It is a simple equation; we eat more unhealthy food and we burn less of it off in exercise and so we pile on the pounds.

Obesity decreases life expectancy by up to nine years and substantially increases the risk of many diseases, including heart disease, cancer and diabetes.

What can be done about this problem?

Many factors contribute to the development of overweight and obesity but, in the end, the solution has to lie in thousands of people improving their diet and being more physically active.

Nationally, work has already begun on raising an awareness of the long term issues caused by obesity. Some advertising restrictions are in place to reduce child pressure on parents for "sugary" treats. Improvements to the nutritional content of school meals have been made and the general awareness of the problems obesity can lead to has increased. However, more could be done, lobbying of companies to ensure healthy and nutritious food is readily available to all, ensuring healthy options are visible and moving less healthy options to less prominent parts of the shop can reduce consumption. By working with planners, ensuring new developments encourage active travel etc will also impact on obesity levels.

Because of the complex factors leading to obesity, the problem will not be reversed by any single approach. Successful strategies will need to change many aspects of people's lives and the current environment which encourages obesity. A sea-change is needed in the behaviour and culture of our society which builds changes in physical activity and diet into people's daily lives. Local authorities and the NHS have a duty to help improve health and wellbeing of the people of Oxfordshire and to make it easier for our citizens to fight the calories culture.

The task is not easy because the causes of obesity are woven into the fabric of modern lifestyles. The only way forward is to help people gradually make healthy choices from cradle to grave, starting with breastfeeding and continuing into a healthy and active old age. This can only be done through a long-term commitment linking together the efforts of all organisations and the public at all levels from local to national.

Public awareness about obesity and the causes of obesity is gradually improving. National work has started with the food industry to improve labelling and reduce the fat, sugar and salt content of ready meals.

Choosing Health, the Public Health white paper, November 2004, describes the process and need to support people to make healthy choices, this strategy takes forward the impetus of this white paper in Oxfordshire and the Director of Public Health Annual Report 2005 - 2007, outlining a way forward for supporting people in

Oxfordshire to choose health by either preventing obesity or managing the problem effectively.

We need a coordinated and planned approach throughout Oxfordshire, linking with all partners to obesity prevention and treatment and general weight management. This strategy summarises the issues and evidence relating to obesity and proposes an action plan which will contribute to improving health in Oxfordshire.

Current provision – Preventing Obesity in Children

Preventing obesity in children must link to strategies for working with families and be built into every point of contact, from any service which links with families, messages must be consistent and materials should have standardised messages, although the delivery of such messages must be culturally sensitive to each family's specific situation.

Local Action to Increase Physical Activity in Children

To date most interventions to increase physical activity levels in children have focused on school based PE & sporting activities. However, recent studies have shown that almost one quarter of three-year-olds living in the UK are obese or overweight.

Encouraging active play is particularly important for preschool children. In January 2007 the Oxfordshire Play Partnership published the (Draft) Oxfordshire Play Strategy which aims to increase access for safe play opportunities for under 14 year olds. Promoting and extending play opportunities makes a crucial contribution to achieving the five outcomes of 'Every Child Matters' and by encouraging regular outdoor play parents can help to reduce the chances of their child becoming overweight. This strategy was agreed at the CYPP Board in February 2007, with a launch date of the 1st May 2008.

In 2004, the government released the following PSA target
'To increase the proportion of school children in England who spend a minimum of two hours each week on high quality sport from 25% in 2002, to 75% by 2006 and 85% in 2008

The most recent Oxfordshire Local Area Agreement 2006/09 established the following local targets to help increase children's activity levels in Oxfordshire:

1. 'Increase % of 5-16 year olds participating in a minimum of 2 hours per week PE & School Sports from 60% (Sept 06) to 85% by 2009'. This is measured by the annual PESSCL survey
2. 'Increase the number of accredited Healthy Schools in Oxfordshire from 30 (04/05) to 257 by 12/09'. This data is reported by the Healthy Schools Coordinator and is a LAA target (90% of all Oxfordshire Schools)

School Sports Partnerships (SSPs) aim to increase the number of sporting opportunities available and make them accessible to more young people aged 5-16 years old through co-ordinated physical education, school sport and out of hours learning activities. The SSPs are also part of the Oxfordshire Sports Partnership who have been tasked by National agencies to provide and work with the SSPs in linking with local community sports clubs and facilities. Partners within the Oxfordshire Sports Partnership therefore contribute to the achievements of the various PESSCL targets

SSPs are also part of the Oxfordshire Sports Partnership's Community Sports Scheme, which provides high quality coaches to work in school settings. Attendance figures for 2006/07 were 86,265.

Oxfordshire has 5 School Sports Partnerships (one in each District Council area) covering all the state schools in Oxfordshire. The Specialist Sports Colleges hosting the SSPs are as follows:

- Blessed George Napier (Banbury) covering Cherwell district
- Lord Williams School (Thame) covering Oxford district
- Wallingford School covering South Oxon district
- King Alfred's School covering Vale of White Horse district
- Chipping Norton School covering the West Oxfordshire District

The official PESSCL (PE School Sport and Club Links) survey data will be released at the end of October 2007. This will inform strategy monitoring. Local SSPs are also working towards increasing opportunities for children to be involved in sport & active recreation outside of school hours by linking to Extended Schools and local leisure facilities.

Physical Activity is one of the four themes of the Healthy Schools Programme. Each theme includes a number of criteria that schools need to fulfill in order to achieve National Healthy School Status. Pupils should be provided with a range of opportunities to be active. They should understand how being physically active can help them be more healthy and how physical activity can improve and be a part of everyday life. Some of the minimum criteria to be achieved by schools when implementing the Physical Activity field include:

- Having a Physical Activity Policy in place
- The policy supports the curriculum for PE and the wider programme for Physical Activity and school sports
- The curriculum for PE includes health related fitness
- Children/young people can access a range of activities that add up to a minimum of 2 hours structured physical activity each week , good practice schools are targeting children who do not particularly enjoy participation in main stream sport by providing taster sessions of alternative sports/activities.

- The School's Inclusion Policy refers to how it is addressing the needs of all its children/young people with reference to physical activity
- The school has a School Travel Plan in place or is working towards one being in place
- Parents/carers have received information regarding the School Travel Plan via newsletter articles/letters etc.
- The school has used School Travel Plan surveys to develop the broader physical activity agenda
- Throughout the school year there is a planned promotion of walking and cycling to school
- Pedestrian and cycle skills training are available for children/young people and staff

In Oxfordshire, we currently have 179 schools and 4 nurseries that have reached and are maintaining the Healthy School Standard. 92% of schools have enrolled in the programme of which 63% are accredited Healthy Schools. Nationally, 75% of schools need to be accredited by 2009 and Oxfordshire is on target to achieve its target of 257 (90%) accredited schools by 2009.

Nationally, colleges & universities are not linked to the Healthy School Programme and there is no statutory obligation for further education establishments to offer healthy alternatives or access to free physical activity opportunities. There is also evidence from the Active People Survey that participation in sport and active recreation drops significantly after leaving school. The Oxfordshire Sports Partnership has agreed that 16-19 year olds should be targeted to increase participation levels.

Local Action for improving Healthy Eating Options for Children

Improving Childrens diet needs to start prior to a baby's birth with good nutrition for mothers and advice on the advantages of breastfeeding. Oxfordshire has a comprehensive breast feeding strategy which is attached as appendix 1.

Research has shown that overweight babies and toddlers are more than 5 times more likely to be over weight at the age of 12 than those who were of a healthy weight in infancy. Also, it is important to tackle the problem in a holistic way involving the whole family as the likelihood of a child becoming obese is 40% higher if they have a parent who is obese and 80% higher if both parents are obese.

In terms of 'Early Years' (under 3), there are a range of Early Years agencies that are actively working to reduce obesity in children (eg midwives, health visitors, pre-schools, nurseries, children's centres etc), this section explores some of the work already started.

The Sure Start Programme

Sure Start is the Government's programme to deliver the best start in life for every child by bringing together early education, childcare, health and family support.

The Sure Start, Extended Schools and Childcare Group, within the Department for Children, Schools and Families, is responsible for delivering Sure Start. Surestart Children's Centres provide a range of services for under 5's and their parents and carers. Surestart Children's Centre services will be delivered across the whole of Oxfordshire by 2010.

Sure Start covers a wide range of programmes both universal and those targeted on particular local areas or disadvantaged groups within England.

Some examples of the work underway include

ACES Childrens Centre Chipping Norton

'In the family centre at the ACE we have promoted healthy eating by only offering water and fruit as snacks, we also ran a healthy eating project about producing healthy lunch boxes for children. This was with the support of Gems Daycares within the ACE and our Health Visitors, who produce a small leaflet for families about healthy lunches Our staff are trained in Food Hygiene and when ever possible when eating lunches with families we put the message across informally about exercise and healthy eating. We encourage parents to use the outdoor play area and to come on taster days to Forest School in order to encourage exercise.'

Children's Centres

In terms of Children's Centres, there are two targets under the 'Be Healthy' outcome that relate directly to obesity:

- To increase the number and proportion of mothers breast feeding their babies at 6 weeks
- To improve the physical, emotional and mental health of young children

There are lots of ways in which children's centre's are working towards these targets. For example, the Rural Children's Centre project ensures that there are comfortable areas on the play buses where mothers can sit and breastfeed. Most children's centre's have a member of staff who has lead responsibility to promote breastfeeding and has received specialist training, centre's signpost mums to local breastfeeding cafes, the breastfeeding bus and other sources of support e.g. NCT counsellors. In terms of promoting healthy lifestyles, again there are lots of examples of activities that go on in centre's like Eatwell Plate Health Courses, the provision of healthy snacks and food, growing their own food, cookery sessions, fitness sessions, etc

A Department of Health funded project is being piloted in Rose Hill & Littlemore Childrens Centre in Oxford. **The HENRY Project** which stands for Health, Exercise and Nutrition for the Really Young aims to introduce healthy foods & active lifestyles to children in the pre-school years by working with parents of young children. Its creator Professor Mary Rudolf has helped develop the GLUGS, a lively bunch of animals who are building a healthy community on Glug Island. More information can be found at

http://www.harlowprinting.co.uk/glugs_front.htm

Mange Tout Programme

Mange Tout helps build a strong foundation for healthy eating habits in pre-school children. Mange Tout is based on sound psychological principles and continues to attract excellent support from doctors, nutritionists and health practitioners.

Mange Tout classes can be used as a preventative measure in combating rising rates of obesity and nutritional deficiencies in children. The classes aim to build young children's experience of fruits and vegetables and their ability and willingness to try them.

Mange Tout classes are interactive and fun and allow children (1-5 years) and their parents to work with fruit and vegetables in a positive and engaging context. Children enjoy games, stories and songs about fruit, vegetables and healthy eating and explore different fruit and vegetables in their raw, cooked, juiced and pureed form. Through these exciting activities and creative food handling, children also learn about colour, shape, texture and smell.

Tasting new foods follows as a natural consequence of this relaxed exploratory approach. Parents and carers also gain confidence in using Mange Tout techniques at home. The result is children who are willing to make healthy food choices, and happy relaxed parents who have a better understanding of how to help and encourage their children with a broader diet. Thus children can be better prepared to sample healthy school meals.

Classes in Oxford are run by Dr Catherine Dendy, Clinical Psychologist and former head of the Feeding Team at Great Ormond Street Hospital. Contact: cath@mangetoutkids.com or www.mangetoutkids.com

Through the Mange Tout Franchise a training programme can also be provided for facilitators to incorporate Mange Tout into educational groups and childcare centres and nurseries. As an additional resource to the work of Mange Tout, The Book - *Mange Tout (teaching your children to love fruit and vegetables without tears),* was published by Penguin 2007.

School Based Programmes

Schools also offer an environment for promoting healthy eating; existing relationships should be built on to extend the opportunities for obesity prevention initiatives via schools.

The Healthy Schools Programme is a key delivery tool of healthy eating with healthy eating being a core component of the programme, this component is compulsory.

A Healthy School will have achieved the following:

- Identified a member of the SMT to oversee all aspects of food in schools.
- Ensures provision of training in practical food education for staff, including diet, nutrition, food safety and hygiene.
- Has a whole school food policy – developed through wide consultation, implemented, monitored and evaluated for impact.
- Involves children and young people and parents in guiding food policy and practice within the school, enables them to contribute to healthy eating and acts on their feedback.
- Has a welcoming eating environment that encourages the positive social interaction of children and young people.
- Ensures that tuck shop, vending machine and after school service (where available in school) meets or exceeds current DfES School Food Standards.
- Has a school lunch service that meets or exceeds current DfES standards for school lunches.
- Monitors children and young people's menus and food choices to inform policy development and provision.
- Ensures that children and young people have opportunities to learn about different types of food in the context of a balanced diet (using the Eatwell plate), and how to plan, budget, prepare and cook meals, understanding the need to avoid the consumption of foods high in salt, sugar and fat and increase the consumption of fruit and vegetables.
- Has easy access to free, clean and palatable drinking water, using the Food in Schools guidance.

- Consults children and young people about food choices throughout the school day using school councils, healthy school task group or other representative pupil bodies.

Examples of the work carried out within this area includes, providing healthy options in tuck shops and breakfast/after school clubs. Many other schemes also complement the Healthy Schools Programme, work on transforming school food has ensured standards of school provided meals are improved, sustainable schools programme helps schools identify ways of reducing carbon emissions and many schools have developed schemes in which they grow their own produce whilst the food for life partnerships help schools source local producers of organic food to supply those who cook there own meals.

Training sessions for schools

Training is offered to schools individually and at conferences organised through the Healthy Oxfordshire Schools Programme. Sessions are held for staff and pupils. Staff sessions are usually held after school and pupil sessions are held during the school day. Topics covered have included

- Healthy eating
- Food in Schools
- Healthy Lunchboxes
- Training for lunchtime supervisors on healthy eating
- Healthy snacks

Healthy Lunch Boxes

School meals are required to meet nutritional standards and this is monitored as part of the OFSTED inspection. Lunch boxes are not monitored for nutritional content in this way. A survey of lunch boxes taken to school was carried out by the Community Nutrition Group of the British Dietetic Association in 2003 and 2004. The results showed high levels of fat, sugar and salt and few portions of fruit and vegetables in lunch boxes.

The Healthy Oxfordshire Schools Programme Coordinator along with the Public Health Dietician have produced a pack for use in schools to promote healthy lunch boxes. This pack has resources to help schools to promote healthier lunch boxes to both pupils and parents. It supports the work started on healthy lunch boxes through the Food in Schools Toolkit which was launched in Oxfordshire in 2005. Proportionally more pupils bring a packed lunch to school than have a school lunch so this is a very important area of work.

The **Oral Health Promotion Team** is delivering a progamme of work in schools in deprived areas of Oxfordshire whereby all teaching staff are updated on dental and oral health provision. This includes reinforcing the adoption of the School Food

Standards (particularly snacking and drinking water standards), and the School Fruit and Vegetable Scheme. The pre-school and nursery teachers are given the training and resources available through the 'Smiling for Life' oral health programme , which concentrates on reducing sugar in the diet. This is a rolling programme to include more schools each year. The same work also is provided within Children's Centres.

Local Action for improving Emotional health and Wellbeing for Children

SEAL (Social Emotional Aspects of learning) is a programme which has been embraced by Primary schools across Oxfordshire. This programme is a curriculum resource aims to develop the underpinning qualities and skills that help promote positive behaviour and effective learning. It focuses on five social and emotional aspects of learning: self-awareness, managing feelings, motivation, empathy and social skills.

The materials help children develop skills such as understanding another's point of view, working in a group, sticking at things when they get difficult, resolving conflict and managing worries. They build on effective work already in place in the many primary schools who pay systematic attention to the social and emotional aspects of learning through whole-school ethos, initiatives such as circle time or buddy schemes, and the taught PSHE and Citizenship curriculum.

The materials are organised into seven themes: New Beginnings, Getting on and falling out, Say no to bullying, Going for goals! Good to be me, Relationships and Changes. Each theme is designed for a whole-school approach and includes a whole school assembly and suggested follow-up activities in all areas of the curriculum. The colour-coded resources are organized at four levels: Foundation Stage, Years 1 and 2, Years 3 and 4 and Years 5 and 6.

There is a whole-school pack for the staffroom, a year-group pack with the same materials organised into a set of booklets for each year group from early Foundation Stage through to Y6, and a resource file of photographs and posters.

This programme is being adapted and piloted across 3 secondary schools during the 2007/2008 academic year.

Current provision – Preventing Obesity in Adults

Again, preventing adults from becoming obese is everyone's business, healthier workforces increase productivity, whilst active older people contribute more to society. Time, costs and competing priorities all hinder people from leading healthier lifestyles. This strategy aims to reduce the barriers allowing more people to take up the options of healthier lifestyles.

Local Action to Increase Physical Activity in Adults

There are a number of different partnership groups and organisations who are working towards increasing the number of Oxfordshire residents over the age of 16, regularly participating in physical activity. The most recent Oxfordshire Local Area Agreement 2006/09 established two local targets for physical activity;

1% increase in the percentage of the population taking part in at least moderate intensity activities and recreation for at least 30 minutes duration three days a week from a baseline gathered in the Active People Survey in 2006

1% increase per year in the use of leisure facilities by March 2009, measured by throughput or numbers of members at District Council Leisure Facilities.

The Oxfordshire Sports Partnership is a countywide network of agencies, groups and individuals who are committed to achieving the shared vision for Oxfordshire, which is: To get everyone in Oxfordshire enjoying a more active lifestyle and achieving personal success through sport.

The purpose of the Partnership is: "To be the strategic partnership for sport in Oxfordshire that delivers local, regional and national priorities in such a way that brings added value to all partners"

The shared focus is:

- To increase participation in sport and active recreation
- To improve the levels of performance in sport
- To widen access to sport and active recreation
- And thereby to improve health and well being

The partnership has also agreed that there should be more targeted work to increase participation in the following groups:

- Women & Girls
- 16-19 year olds
- Older People
- People with disabilities
- Under 16’s

In addition to the county partnership each district authority in Oxfordshire has a Community Sports Partnership. Each has wide stake-holder representation, including Leisure Services, Education, the PCT and a range of Governing Bodies. They report to the Oxfordshire Sports Partnership Board or the local Strategic Partnership, but are also a sub-group of the Oxfordshire Sports Partnership. The Oxfordshire Sports Partnership and Community Sport Networks are also part of the delivery system for sport. Which is a ‘delivery chain’ process that aims to balance National and local priorities and is replicated in various sectors of Government.

Work plans and projects are at an early stage, but there are a number of local projects to increase sport & physical activity in older people and more socially excluded groups

Multi-agency approach to increasing physical activity - Oxfordshire Physical Activity Alliance (PAA)

All five District Councils are committed to increasing levels of physical activity in their districts. Their strategic plans differ according to local need & priorities. However, commissioners of public leisure facilities now link closely to their respective community sports partnerships which will help to facilitate a partnership approach to the strategic planning for sport and active recreation locally and provide a local steer to projects that aim to increase participation in sport & active recreation.

The **Oxfordshire Physical Activity Alliance** is a multi agency network working towards one common aim; To improve health and well-being through increasing and widening regular participation in physical activity. The Alliance helps to:

- Identify common objectives
- Share good practice
- Encourage closer multi-agency working
- Support the alignment of current and future plans to increase physical activity
- Promote the benefits of physical activity across the county
- Bring added value to all

The Alliance which was formed in 2005 has already facilitated greater partnership working across agencies resulting in joint funding bids and local event to promote physical activity, healthy eating, smoking cessation & mental wellbeing programmes in the workplace.

Another area of work emerging from the PAA is the development of a **Countywide Exercise on Referral Scheme**. All of the district councils already offer local Exercise on Referral schemes whereby GP's in the district can refer eligible patients to a tailored programme of physical activity. The aim of the countywide scheme is to provide easy access to accredited exercise on referral for all eligible patients registered with practices in the Oxfordshire PCT.

The objectives are:

- To provide patients with maximum choice of location, time and activity
- To provide clinicians with a list of all endorsed schemes across the county, including details of times, cost and potential activities
- To set and monitor minimum standards for all participating leisure providers
- To ensure that referring practitioners are aware of the professional guidelines which Exercise Professionals must comply with when accepting and assessing referrals

- To provide structured evaluation of take up and effectiveness of exercise on referral

There are already a number of different ways that GP's can support patients to be more active especially for those who are not eligible for Exercise on Referral. The **National Step-O-Meter Programme** is a national campaign originally facilitated by Natural England, to enable clinicians and other health professionals to encourage clients to increase their activity levels. Sedentary clients/patients are loaned a pedometer and given support to set goals to gradually increase the number of steps taken each day or week. In 2006 the PCT facilitated training for 48 professionals across the county, including Practice Nurses, Diabetes Nurses, Health Visitors, Pharmacy staff, Health Care Assistants and professionals from community settings. Future training sessions have been arranged in 2007 to facilitate greater awareness of the 5-a-week message and the use of pedometers in primary care settings.

GPs and other Health Professionals in Oxfordshire can also informally refer clients to schemes in the community that can help to support them in becoming more regularly active. **Health Walks** are free organised group walks that are led by one or more trained volunteer walk leaders. All walks are carefully planned, ensuring they are safe and accessible to all abilities. Distances usually range from 1-3 miles and participants are encouraged to walk 'briskly' but at their own pace .There are around thirty Health Walk schemes and they vary in size, capacity and suitability for people with a range of needs. A survey of local schemes in 2006 found that this type of physical activity initiative is most popular with older retired people (60+), most of whom are female. However, many of the schemes reported that they also attract walkers from different groups such as people with learning disabilities, people with specific health conditions, and some are trying to target new mums.

Health walks are supported across the county by the County Council, some District Councils and the PCT by helping to provide training and support in setting up/developing new walks. However, the success of Health Walks is due to the hard work and free time given by the scheme organisers and volunteer walk leaders across the county.

Health professional may also wish to informally refer client to local **Green Gyms** which offer users the opportunity to 'work out' in the open air through local, practical environmental or gardening work. Going to gyms and sports centres doesn't appeal to everyone and this is a great alternative. It helps people of all ages to be physically active by providing a regular programme of outdoor sessions of Green Gym activities and training and development of new skills .There are now five Green Gyms in Oxfordshire and all welcome recommendations from local practitioners.

For older people in Oxfordshire, Age Concern organise **Older & Bolder** initiatives to promote physical activity and active living for older people. There are also seated exercise classes for older people run by volunteers who are trained with

support from the County Council and the PCT. Active Matters tutors as they are known are trained to teach seated activity classes to older people in care homes, sheltered housing units and community venues. There is now a countywide exercise coordinator post for older people's physical activity classes. The role is to support new group and active matters tutors, provide information via a newsletter and compile a data base of physical activities for older people across the county.

Locally, some leisure providers also offer specific classes or groups such as 'Evergreens' or 'Young at Heart' where older people can enjoy a range of activities, usually at a subsidised rate. In addition, dance classes such as Tea Dances or Ballroom are proving increasingly popular and one class in Oxford regularly attracts over 50 participants a week.

Local Action to Encourage Healthy Eating in Adults

There are many initiatives in Oxfordshire promoting healthy eating throughout the county. Initiatives supported by the Public Health Dietitian include:

- Five a Day
- Work with Trading Standards on Food Poverty Project
- Work with Family Centres to promote Healthy Eating
- Work with the Community Caterers Network
- Promoting Healthy Eating on a budget to freshers students at Oxford Brookes University
- Promoting Healthy Eating at work
- Midcounties Cooperative Honest to Goodness Campaign

The Oxfordshire Nutrition and Dietetic Service currently offer clinical support to overweight and obese patients. This includes direct access dietetic clinics for adults and children across Oxfordshire, PCOS weight management groups and weight management groups at OCDEM.

The dietitians provide training, guidelines and resources for other health care professionals so that they are then able to support cases of overweight and obesity. (see referral guidelines appendix 3). These include:

- Tackling Obesity in Primary Care
- Tackling Childhood Obesity in Primary Care
- Oxfordshire Nutrition Guidelines for the Under 5s
- Special Diets Catering Manual for Community Hospitals and Care Homes
- A Guide to Managing Special Dietary Needs – OBMH

Despite primary prevention and interventions as described above, some people will need and benefit from the use of anti-obesity drugs and surgery.

Local Action to Improve Mental Well Being in Adults

It is recognised that many of the activities above will impact and improve Mental Health and Wellbeing within Adults. Exercise is clearly linked to mental health and well being as is healthy eating, so all the projects above have a mental health aspect.

Current provision – Services for Managing Obesity

There are a number of specific projects which aim to improve the health and well being of the people in Oxfordshire which can help people with weight management issues.

Health Trainers

The government White Paper 'Choosing Health: Making Healthy Choices Easier' (DH 2004), proposed the development of Health Trainers to improve the health of communities and reduce health inequalities. Health Trainers are from local communities and receive training to use evidence-based knowledge and theories to be able to offer appropriate advice and support to people who are ready to make lifestyle changes. The Health Trainer role is now City & Guilds Level 3 accredited.

The Health Trainers' key remit is to work with clients (aged 18 and over) on a one-to-one basis, supporting them to set realistic goals to change their behaviour and achieve healthier lifestyles. They may also interact with clients in a 'sign posting' way, giving advice or information about other agencies that can offer more appropriate input. Provision of support to a client may be ongoing for around three months, depending on the client's issues and level of support needed, which may, for example, include accompanying them on a first visit to an exercise or weight management class, to help them gain confidence.

There are currently six part-time Health Trainers working across Blackbird Leys, Rose Hill and Barton in Oxford City. Much of their current client work is focussed on supporting people with weight loss and helping them to increase their physical activity levels and they are also going to support patients who have not met the referral criteria for bariatric surgery.

Shape-Up Programme

The 8 week Shape –Up programme helps people to learn the necessary skills to manage their weight for the long term. Usually the programme will be offered for a group of participants in a community setting but it can be also be used 1 to 1 with clients/patients. By completing the programme participants learn how to change longstanding lifestyle habits and enjoy a healthier relationship with food and physical activity.

Shape-Up covers topics such as;

- Keeping to a regular eating pattern
- Becoming more active
- Food diaries & self monitoring
- Eating a balanced diet
- Food labels and serving sizes
- Gaining control of your eating

Most importantly, the weekly meetings offer people an opportunity to work through the programme with the support of others who are in the same position as themselves.

Practice Based Initiatives

Practices are beginning to develop and monitor local weight management services, these can be either one to one sessions held by Practice nurses, often but not exclusively as part of chronic disease management or group run sessions which include multi professional teams.

NICE Guidance and the Obesity Strategy

The National Institute for Clinical Excellence (NICE) has previously issued Technology Appraisal Guidance for Orlistat (issued March 2001) and Sibutramine (issued October 2001) setting out the criteria for the prescribing of these drugs. However, these are now incorporated in and superseded by the Clinical Guideline 'Obesity' (CG 43) which puts pharmacotherapy and surgery in the context of all treatment.

The Oxfordshire Priorities Forum has issued policy statements on pharmacotherapy and bariatric surgery;

- 28a - Orlistat (revised March 2001) recommending prescribing in exceptional circumstances only. Consequently the drug is on the Oxfordshire Prescribing traffic Lights as a 'light brown' drug i.e. to be prescribed only in restricted circumstances
- 38 - Sibutramine (December 2001) recommending use only within an established weight reduction programme for highly selected and well monitored patients who do not have a BP > 145/90 and whose BMI is > 30kg/m^2 or >27kg/m^2 with co-morbidities
- 73a - Rimonobant (April 2007) stating treatment is low priority due to limited evidence of clinical and cost-effectiveness
- 87 - Bariatric surgery for people with morbid obesity stating treatment is low priority except for patients who have a BMI 50kg/m^2 or greater and who also have diabetes mellitus or other co-morbidity due to obesity and who have been receiving treatment in a specialist obesity management service which included diet and exercise support, pharmacologic therapy and counselling and failed to respond adequately.

The Priorities Forum policy statements do not specifically consider children and young adults but refer to the Summary of Product Characteristics (SPC) which list the licensing for the drugs. Orlistat and Rimonobant are not licensed for patients below 18 years, Sibutramine is licensed for use between 18 and 65 years only.

Key points of the recent Royal College of Physicians "Anti-obesity drugs – guidance on appropriate prescribing and management" April 2003, is shown below:

These recommendations are to be used in conjunction with the NICE guidance on Orlistat and Sibutramine.

- The first-line strategy is dietary restriction and lifestyle change.
- Suggests which patients might be suitable for Orlistat or Sibutramine.
- Best to aim for modest weight loss, maintained in the long-term.
- Anti-obesity drugs may be used in those at medical risk from obesity (as per license) if dietary and lifestyle have failed to achieve 10% weight loss after 3 months of supervised care.
- Prescribe an initial course for 12 weeks and review. If <5% weight loss then stop. Otherwise continue as licensed and monitor weight.
- Consider risk/benefit ratio of these drugs. Closely monitor adverse events and report through "Yellow Card" scheme.

NICE Guidance

The NICE Clinical Guideline 43 contains recommendations which update the previous technology appraisal guidance for Orlistat and Sibutramine. It states;

Adults and children Pharmacological treatment should be considered only after dietary, exercise and behavioural approaches have been started and evaluated. Pharmacological treatment may be used to maintain weight loss rather than continue weight loss. Where treatment is withdrawn people should be offered support to help maintain weight loss.

Adults - Drug treatment should be considered for patients who have not reached their target weight loss or who have reached a plateau on dietary, activity and behavioural changes alone. The decision to start drug treatment and the choice of drug, should be made after discussing with the patient the potential benefits and limitations, including the mode of action, adverse events and monitoring requirements and their potential impact on the patient's motivation. When drug treatment is prescribed, arrangements should be made for appropriate healthcare professionals to offer information, support and counselling on additional diet, physical activity and behavioural strategies. Information on p[patient support programmes should also be provided. Prescribing should be in accordance with the SPC. Regular review is recommended to monitor the effect of the drug and to reinforce lifestyle advice and adherence. Withdrawal of treatment should be considered when weight loss is insufficient.

Children, Drug treatment is not generally recommended for children younger than 12 years. Under 12 years drug treatment may only be used in exceptional circumstances if severe life-threatening co morbidities are present and should be started and monitored only in specialist paediatric settings. In children over 12 years treatment with Orlistat or Sibutramine is recommended only if physical co morbidities or severe psychological co morbidities are present and should be started in a specialist paediatric setting, by multidisciplinary teams with experience of prescribing in this age group and if the prescriber is willing to submit data to the proposed national strategy.

Orlistat should be prescribed only as part of an overall plan for managing obesity in adults with a BMI > 28 kg/m² with associated risk factors or a BMI > 30 kg/m². Therapy should be continued beyond 3 months only if the person has lost at least 5% of their body weight at the start of pharmacotherapy although weight loss may be slower in patients with type 2 diabetes and less strict goals may be appropriate. Treatment beyond 12 months should be made after discussing benefits and limitations with the patient.

Sibutramine should be prescribed only as part of an overall plan for managing obesity in adults with a BMI > 27 kg/m² with other obesity risk factors or a BMI > 30 kg/m².. It should not be prescribed unless there are adequate arrangements for monitoring weight loss and adverse effects (pulse and blood pressure). Therapy should be continued beyond 3 months only if the person has lost at least 5% of their body weight at the start of pharmacotherapy although weight loss may be slower in patients with type 2 diabetes and less strict goals may be appropriate. Therapy should not be continued beyond 12 months.

Surgery

The Clinical Guideline updates the TAG 46 on surgery for morbidly obese people. The recommendations from NICE differ from the local Oxfordshire policy statement in recommending surgery as a treatment option when the BMI is > 40kg/m² or > 35kg/m² with co morbidities and that surgery may be considered as a first line treatment for adults with a BMI > 50kg/m². Surgery is not generally recommended in children or young people and may only be considered in exceptional cases when they have reached or almost reached physiological maturity. No recommendation is made regarding the particular type of surgery (gastric bypass, gastric banding and gastroplasty) in terms of cost-effectiveness. Regular, specialist postoperative dietetic monitoring should be provided.

Clinical Effectiveness

A review of the evidence by NICE concludes that surgery for people with morbid obesity is associated with significant weight loss that is maintained for at least 8 years, whereas there is little sustained weight loss with conventional treatments in this group of patients. Surgery is also associated with improved quality of life and

reduced co-morbidities. There are significant risks attached to surgery, although these are outweighed by the benefits.

A literature search could find no controlled trials of surgery versus conventional treatment published subsequent to the NICE guidance.

As has already been stated, obesity is a complex problem which needs multifaceted approaches, commissioning solutions will require imagination and new ideas to ensure success. Life style changes should be multi-component, which include behavioural change strategies that increase activity levels and improve eating behaviour and/or diet quality, mental health is an important consideration for ensuring a holistic approach to the problem. This work should be delivered by professionals who have relevant competencies and specific training. Working with children can not be taken in isolation from working with their families because children eat what is provided for them and therefore to reduce childhood obesity we need to work with families as well as in specific settings such as schools and workplaces.

Our first line of action is to ensure that everyone has access to high level quality information. This, for some is too late and more immediate action is required. Adults and Children are different and have very different needs.

Local Market - Commissioning Obesity treatments for Adults and Children

Care pathway - Adults

We need to commission services at each level of the care pathway providing care for different members of the community.

Level 0 – The General Population

At this level there will be general population programmes which raise awareness of obesity issues and encourage self change. This will include whole population interventions where whole population health is considered as part of an overarching plan. Most of this work is delivered through partnership working with many different local agencies

We must ensure that the following is available in each district area

- Healthy Workplaces
- Heart Beat type awards
- Increased access for all for healthy eating & lifestyle advice
- Increased access for all to sport & physical activity
- Healthy transport plans
- Opportunities to be active locally such as Health Walks, Green Gyms

- Planning new estates should consider access to facilities and how the environment can be adapted to encourage activity.

Level 1 – The Well Overweight or Obese patient

At this level the care pathway will cater for people who are overweight or obese but as yet have no co-morbidities. They require general health advice, they need to be made aware of the health issues they face and given practical advice on reducing weight through healthy diet, more exercise and better mental health – People at this level will require empowerment and motivation to make lifestyle changes. Follow up on a "needs only" basis as this stage is "self help with the right information".

We will ensure that the following is available in each district area

- Consistent messages about the risk faced by overweight/obese people
- Signposting to providers for weight management classes
- Signposting to providers for exercise and activity sessions
- Approved internet resources,

Level 2 – The patient who makes no progress at level one or who has an urgent health need to lose weight

This level caters for people who have an urgent need to lose weight either because they have co-morbidities linked to their obesity or they have a high BMI (over 30). These patients need to have shown that they have the motivation to change but they are unable to instigate change alone and require help to change.

We will ensure that the following is available in each district area

- Exercise on referral
- Referral to commercial slimming clubs
- Internet resources
- Health advocates/trainers
- Healthy life style activists
- Practice based support programmes
- Services provided through a SLA with Community Health Oxfordshire to support above iniatives, e.g dietetics

We would expect that these patients receive more regular follow-up which is agreed as part of a care package with the patient. Follow-up can be by telephone or face to face.

Services may vary across different consortia depending on need and availability of commercial care. We will work with PBC consortia to commission services which meet the needs of their specific populations.

Profiles will be created which will enable practices to understand which treatments work best for their population and then commission those services on behalf of their patients.

Level 3 – As above but with drugs added to sustain weight loss for patients who have stopped loosing weight and who meet the criteria set out in local and national (NICE) guidance

Level 4 – We will commission surgical interventions for those patients who meet the national and local criteria.

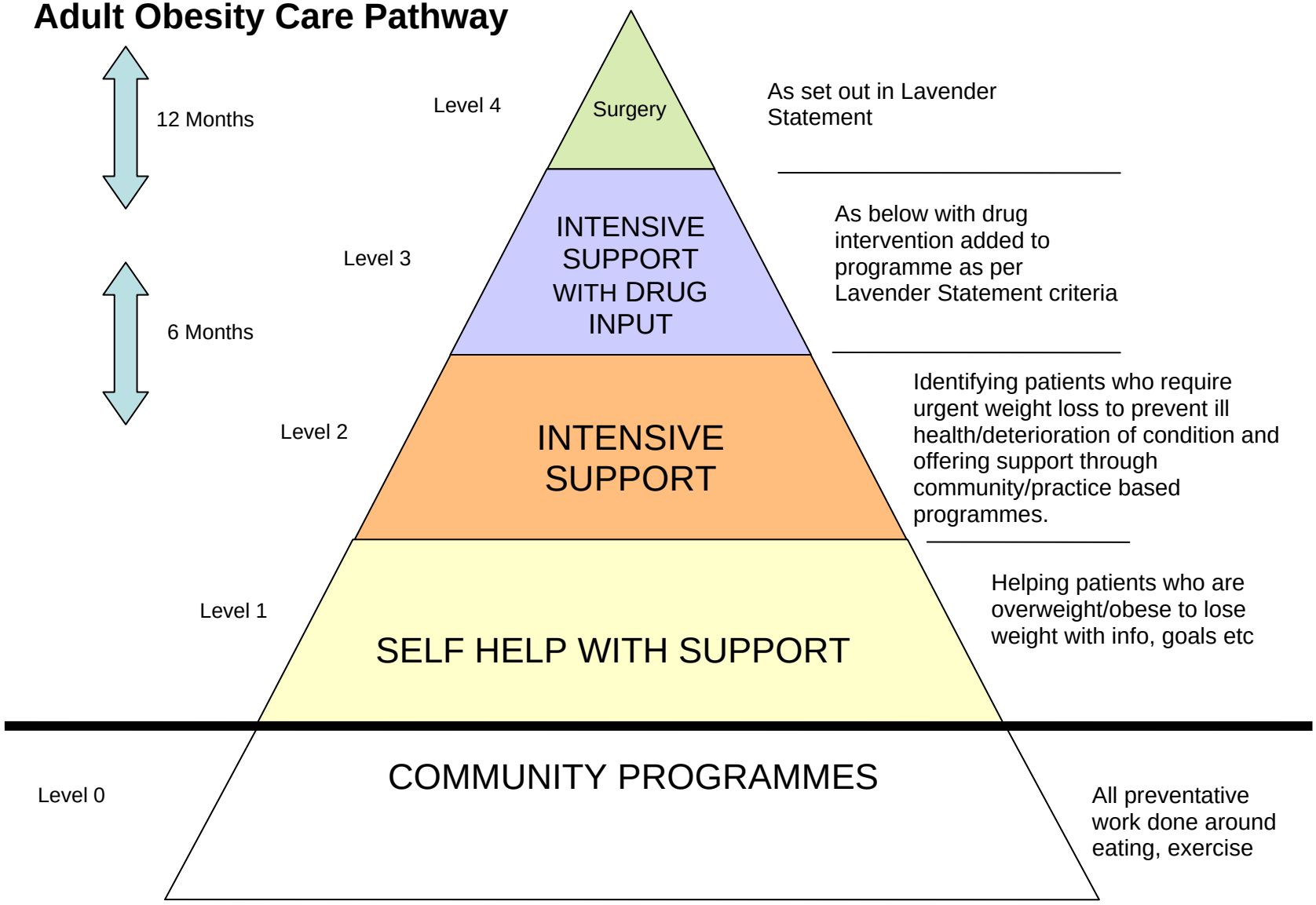
The care pathway can be described as a picture (see over)

The levels within the care pathway can be linked to the classifications of obesity given on page 6 (and repeated below).

BMI classification	Waist circumference			Comorbidities present
	Low	High	Very high	
Overweight				
Obesity I				
Obesity II				
Obesity III				

Level 1	General advice on healthy weight and lifestyle
Level 2	Diet and physical activity
Level 3	Diet and physical activity; consider drugs
Level 4	Diet and physical activity; consider drugs; consider surgery

Adult Obesity Care Pathway



Care pathway – Children

Again the care pathway has been designed to follow the same structure with each level providing different levels of care. These care pathways are intrinsically linked as treating childhood obesity requires family intervention. However, it may be useful to set out the differences between the pathways below.

Level 0 - At this level there will be general population programmes which raise awareness of obesity issues and encourage self change.

We must ensure that the following are available in each district area

- Healthy Schools, including oral health
- Active Play Plans,
- School Sports Partnerships,
- School Travel Plans,
- General dietary and weaning advice as provided by all those working with children which must contain consistent and agreed messages.

Level 1 – Children who either are identified as being over the 95th percentile on routine height and weight measurements, have parents expressing concerns about dietary intake or have been identified as having a potential weight issue by a health care professional should be offered specific advice with follow-up within practice if required.

We will commission the following in each district area

- Consistent messages about the risk faced by overweight/obese families
- Signposting to healthcare professionals for weight management advice
- Signposting to providers for exercise and activity sessions suitable for children
- Approved internet resources

Level 2a – Children who either are identified as being over the 98th percentile on routine height and weight measurements, have parents expressing concerns about dietary intake or have been identified as having a weight issue which is impacting on their daily lives, for example, children who find sports difficult or have worsening asthma due to weight problems.

For these children we will commission

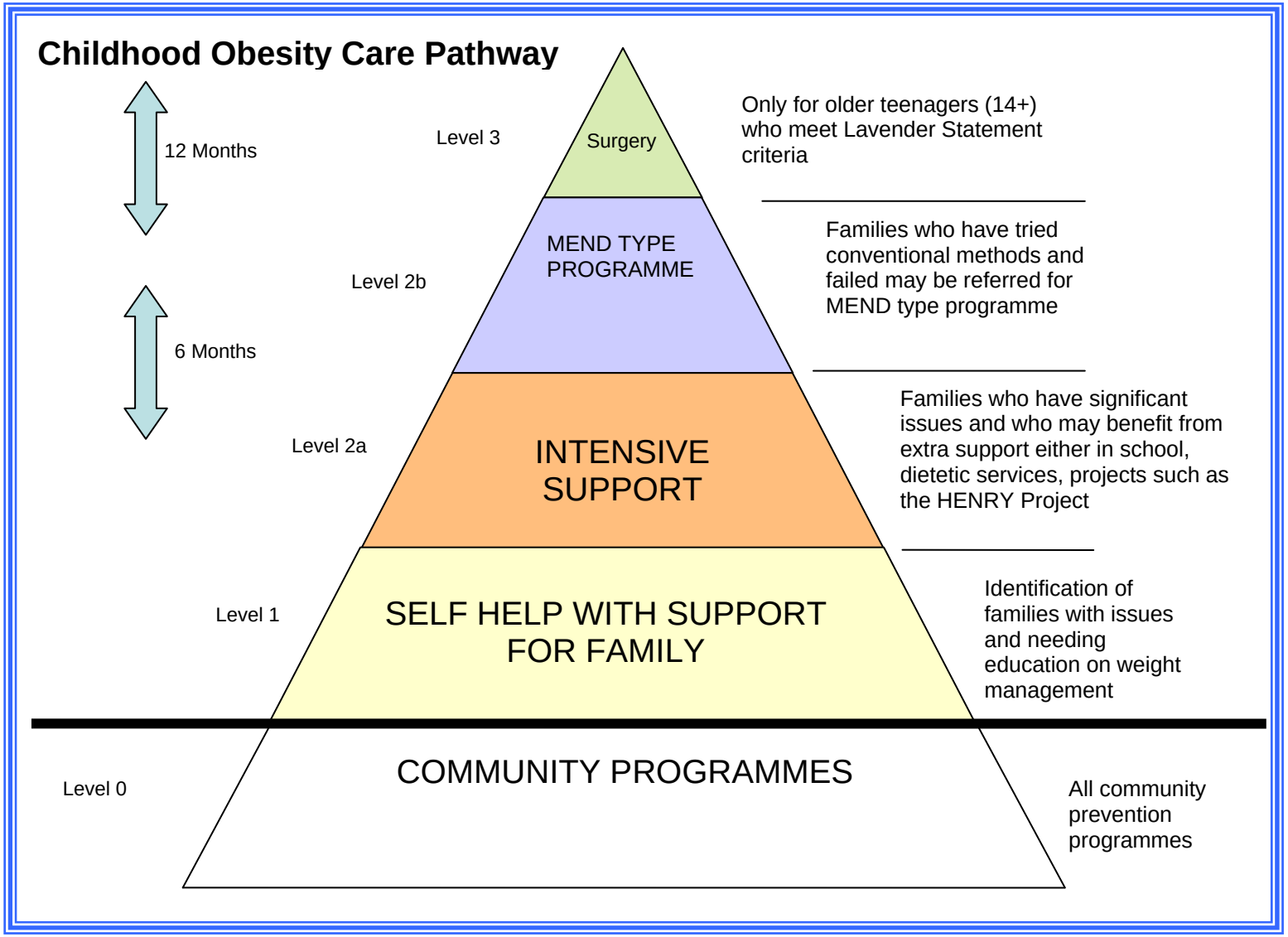
- A more structured programme with assessment of family routines
- Access to exercise facilities either through school or local groups
- Dietary advice given by trained professionals in small groups

Work will be focused on changing family patterns. Services will be available to all but there will be extra targeted work in areas of high obesity levels, this may be commissioned through schools identified as having high levels of obesity within the school based height and weight programme.

Level 2b – As above but we will need to commission a MEND type programme (Intense 9 week course consisting of 18 sessions which changes family behaviour) for those who have not succeeded at level 2.

Level 3 – Surgery may be commissioned as a last resort, this will be managed through the priorities forum process.

One key difference between this pathway and that of the adults relates to the more prescriptive criteria for each level. This has been done as it is more difficult to identify weight management problems in growing children. Definitions used early in the document do not relate to children, where percentiles are used.


Childhood Obesity Care Pathway
12 Months
6 Months
Level 3
Surgery
Only for older teenagers (14+) who meet Lavender Statement criteria
Level 2b
MEND TYPE PROGRAMME
Families who have tried conventional methods and failed may be referred for MEND type programme
Level 2a
INTENSIVE SUPPORT
Families who have significant issues and who may benefit from extra support either in school, dietetic services, projects such as the HENRY Project
Level 1
SELF HELP WITH SUPPORT FOR FAMILY
Identification of families with issues and needing education on weight management
Level 0
COMMUNITY PROGRAMMES
All community prevention programmes

The Commissioning Priorities for Oxfordshire

- Commission Commercial Slimming Companies to deliver Weight Management Programmes
    - Rosemary Conley
    - Slimming World
    - Weight Watchers
- Investigate the commissioning of MEND Programme
- Evaluate and possibly extend the HENRY Programme once evaluation completed.
- Develop work with TOAST (The Obesity Awareness and Solutions Trust) to investigate and commission a CBT programmes for specific members of the population.
- Pilot Weight Watchers Family to offer family weight reduction programme in a non medical setting and then commission if pilot successful.
- Develop services for commissioning through PBC consortia which meet the needs of their population. This work will be led through the PBC work.
- Commission template work to ensure services are accessible and there is effective data collection of patient referrals through GP services
- Commission the 'Active for Health' District Co-ordinator posts (working title of project) through the Oxfordshire Sports Partnership
- Commission training to ensure consistent messages are delivered throughout all services within Oxfordshire.
- Working with Healthy Schools Programme, commission extra work in schools which had a high level of obesity as identified by the National Child Measurement Programme.
- Commission services which address weight management issues within partner organisations workforce
- Commission extended evaluation of Exercise on Referral programme
- Work with major local businesses to explore the potential for developing workplace services
- Commission a public awareness campaign using agreed materials across Oxfordshire

Next Steps

This strategy pulls together work already on going and work which has been identified as needing to be done. For new work, a commissioning framework must be developed.

The strategy was developed after a full days workshop and a series of smaller consultation meeting which have included many partners and practitioners. There has been wider consultation with partners at this final phase.

It is recognised that the timescale for which this has occurred has been short and that other work may be on going which needs to be added to the strategy, especially as obesity management is a broad topic that is fast moving.

For this reason, this strategy and recommendations will be developed further into an action plan which will be agreed after the main principles highlighted in this document have been agreed. A strategy commissioning group will be set up to monitor progress and develop further a commissioning framework.

Immediate next steps by the PCT are

- An Obesity sub group of the Health and Wellbeing partnership should be formed to be a multi agency steering group to monitor the delivery of the Countywide Obesity strategy
- Local primary care data should be enhanced to obtain a more accurate figure for Oxfordshire levels of overweight and obesity
- Health Care providers should give clear and consistent messages to patients about the benefits of becoming physically active and eating healthy balanced diet
- GPs and other health professionals should refer patients to exercise on referral schemes if appropriate or recommend locally available activities such as health walks to inactive patients

Immediate next steps by the County Council are

- The future planning and development of the county's infrastructure (including roads, industry , living space etc) should include more consideration for the likely "obesogenic ''effect and action taken to minimise or off set any negative impact
- Planners should create and maintain an environment that is promotes active living; including safe and well maintained walking and cycle routes, safe and pleasant open spaces and streets
- Sustainable transport polices, including reducing car usage and encouraging bus/cycle/walking to work should be introduced within Oxford City and all Oxfordshire's towns
- All schools in Oxfordshire should be Healthy Schools and the programme extended to ensure the whole school approach is fully adopted within Extended Schools, clubs and social events situated on school sites
- Schools should be encouraged to increase the percentage of pupils having school lunches
- Children's Centres have the potential to extend their role in the community as part of the preventative and education programme and should be commissioned in the future to provide evaluated healthy living/ nutritional programmes such as HENRY for parents and children

Immediate next steps by the District and City Councils are

- The future planning & development of the counties infrastructure (including roads, industry , living space etc) should include more consideration of the likely "obesogenic ‘’effect and action taken to minimise or off set any negative impact
- Planners should create & maintain an environment that is promotes active living; including safe & well maintained walking & cycle routes, safe & pleasant open spaces & streets
- Local councils should be working with local businesses and planners to ensure there are sufficient healthier food options available to all members of the community
- Workplaces should be encouraged to adopt the Healthy Workplace Code and actively encourage & support staff in making healthy lifestyle choices
- Commissioners of leisure services should ensure that their use is monitored, gaps identified and action taken to encourage greater use by identified priority groups
- Green spaces such as parks and other open areas be seen and promoted as exercise and recreational areas for all ages.

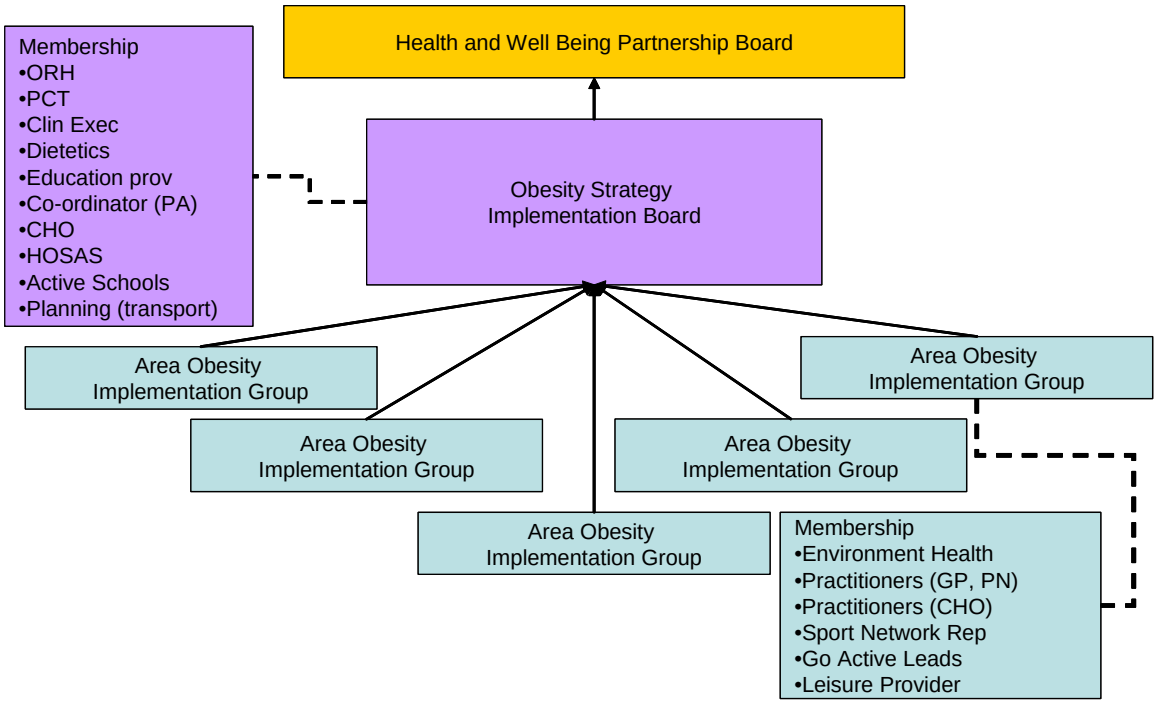
Immediate next steps by all partners are

- The PCT, County Council & District Councils should lead the way by encouraging and supporting their own workforce to lead healthier lives.
- The PCT, County Council & District Councils should consider including increasing levels of physical activity in their corporate objectives, this work should continue to receive a high priority
- All projects and programmes which increase physical activity locally should be targeted appropriately: evidence based, evaluated for impact and sustainable in the long term
- All providers of health care, leisure services, community recreation activates etc should give clear and consistent advice on the amount and type of activity required for health, weight maintenance and reduction
- Activity programmes commissioned for children and young people outside school hours i.e. community sport and recreational activities, summer camps and activities in the holidays etc should adhere to a healthy food policy and provide consistent messages and information about healthy eating
- Develop a communications strategy to ensure effective delivery of the strategy.

Monitoring and Review Process

Monitoring of the strategy is through the Health and Wellbeing Partnership Board. Discussions on how this will happen are on going but it is envisaged a sub group will monitor performance against KPI's and through the delivery of the action plan. An action plan remains in a draft format at present. (Appendix 1)

A delivery structure is being developed which will be developed as below



A key aspect of the review process will be the completion of NICE Audit criteria 43. See appendix 2 for pre strategy completed audit.

Key Performance Indicators for monitoring Obesity Strategy

Breast feeding

Percentage of women who initiate breastfeeding as measured by the OXMAT database =70%

Percentage of women still breastfeeding at primary birth visit as measured by the health visitor data set = 65%

Percentage of women who continue to breastfeed at 6 weeks as measured by the GP record = 55%

Weight Management

Percentage of People referred to weight management classes who loose weight = 50%

Decrease in number of patients with BMI> 30 against the GP Baseline set in March 2007

Decrease in number of children over the 98% percentile against national baseline set in July 2007

Physical Activity

Increase in number of people undertaking physical activity by 1% per year using the active people's survey as a baseline

Increase in number of referrals to 'Active for Health' (working title) project

Increase in number of referrals to exercise on referral scheme

Audit patient usage/patient satisfaction of exercise on referral scheme

Service Level Agreements will be developed with all providers which detail more specific service delivery, monitoring and review processes

Strategy Review

March 2009

Strategy Authors

Angela Baker, Health Improvement Principal, Oxfordshire PCT

Kate King, Health Improvement Practitioner, Oxfordshire PCT

Partners Contributing to Strategy

- General Practitioners from various consortia across Oxfordshire
- Cherwell District Council
- Commissioning Dept, Oxfordshire PCT
- Provider Services, Oxfordshire PCT
- Sport Partnership Board
- Vale of the White Horse District Council
- Healthy School Programme, Oxfordshire County Council
- Oxford University
- Oxford Radcliffe Hospitals
- Wycombe Leisure
- Oxfordshire Co-ordinator for School Sport, Oxfordshire County Council
- South Oxfordshire District Council
- Oxford City Council
- OBMH
- OCDEM
- Family Centres
- Children Centres
- Food Standards Agency
- Patient Representations
- School Sport Networks, Local Education Authority

Appendix 1 Action Plan

Immediate actions for Obesity Strategy	By Whom
Increase number of people undertaking physical activity by 1% per year using the active peoples survey as a baseline	SPB
Working with CDRP's to ensure community feels that spaces are safe for recreational opportunities	CDRP
Working with local planners (through partners) to ensure community spaces provide recreational opportunities	PCT
Ensure all schools are offering 2 hours of high quality physical activity per week	OHSP
Increase number of schools which have achieved Healthy Schools status	OHSP
Ensure that all schools have a physical activity policy in place	OHSP
PE Sports Curriculum includes health related fitness	OHSP

Immediate actions for Obesity Strategy	By Whom
Ensure that all schools have a School Travel Plan in place and monitor number of children who are actively walking or cycling to school	OHSP
To increase the level of active participation in groups identified as target populations. • Women and Girls • 16 – 19 yr olds • People with disabilities • Older People • BME Groups • 45-65 yr olds	SPB
To explore the use of healthy lifestyle co-ordinators to support level 2 of the care pathway	PCT
To explore development of healthy eating / exercise options from children's centres	PCT
Commission services which ensure prevention aspects of NSF's are fully implemented	PCT
Specify training and the relevant competencies required by staff to deliver services dealing with weight issues	PCT

Immediate actions for Obesity Strategy	By Whom
To explore with PBC consortia the development of weight management programmes and services which match consortia profile	PCT
Commission a children care pathway and develop service specification including the exploration of MEND as a treatment option.	PCT
Commission an adult care pathway and develop service specification including the exploration of surgical interventions locally as a treatment option.	PCT
Commission service outcomes which improve uptake of health walks	PCT
Commission service outcomes which improve uptake of national step-o-meter programme	PCT
Improve Local Data to ensure accurate trends can be measured therefore allowing effectiveness of strategy to be monitored.	PCT
Work with Local businesses to offer them the opportunity to commission healthy options for employees	PCT
Ensure clear and consistent messages across all professional groups and partnership organisations on healthy lifestyle topics are available and are easily identifable	PCT

Immediate actions for Obesity Strategy	By Whom
To provide a co-ordinated countywide Exercise on referral scheme which is monitored and evaluated with minimum standards.	PCT
To audit patients who have been referred to priorities forum for bariatric surgery ensuring that those who do not meet the criteria have alternative care plans in place.	PCT
Adopt Healthy Workplace Code Develop a PCT Health & Wellbeing Policy including: • Criteria for healthy vending & catering • Active Travel Plan • Physical Activity	PCT

Appendix 2 – Pre strategy NICE Audit

Title: Obesity No: (Clinical Guideline 43)

Audit criteria: These are the audit criteria developed by NICE to support the implementation of this guidance. Users can cut and paste these into their own programmes or they can use this template

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source
1	**Public health** The implementation of the local obesity strategy is monitored. *(PCT and Local Authority)*	None	The local obesity strategy should be developed by the local strategic partnership or other local structure for collaboration between health services, local authorities and their partners. The strategy should include measurable objectives for interventions to prevent and manage obesity addressing both diet and activity.	PCT board papers Local Authority committee papers Local area agreements where these are in place.
2	**Public health** 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, including patients and pre-school and school children. *(NHS trusts, PCT and Local Authority)*	None	The healthy eating criteria should be applied to all catering provision, including meeting refreshments and vending machines.	Policies and procedures of NHS organisations and the Local Authority for food supplies and procurement and catering provision.

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source
3	**Public health** The food provided and food choices promoted at all catering services provided by the local health services and local authority services are in accordance with the documented policies and criteria. *(NHS trusts, PCT and Local Authority)*	None	The healthy eating criteria should be applied to all catering provision, including meeting refreshments and vending machines.	Menus, documented information to promote certain food choices, checks on availability of healthy food choices at a variety of outlets. Questionnaire responses from staff survey.
4	**Public health** There is a documented local programme to promote physical activity through the creation and management of safe spaces for incidental and planned physical activity in public places and in schools. *(PCT and Local Authority)*	None	This may be included in the local obesity strategy.	Documented plans such as new and improved cycle routes and cycle parking, plans for new/improved recreational spaces, documented strategies and promotional information for schemes such as 'safer routes to school', 'community games'.
5	**Public health** NHS organisations and Local Authorities provide opportunities for staff to be more physically active through: • Promotion of active travel policies for staff and visitors • Providing a physical 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-	None	Employers can encourage active travel policies through initiatives such as 'Cycle to Work', a tax incentive encouraging employers to loan bicycles to their staff for travel to and from work or for work-related purposes. Staff can be encouraged to use stairs by ensuring that	Documented workplace policies of NHS organisations and the Local Authority to encourage physical activity. Questionnaire responses from staff survey.

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source
	of-hours social activities, lunchtime walks and use of local leisure facilities. *(NHS trusts, PCT and Local Authority)*		these are signposted from reception areas.	
6	**Public health** Percentage of local self-help, commercial and community weight management programmes that are recommended to patients, or for which tender agreements or collaborations are considered, that follow best practice and demonstrate that they: • help people to assess their weight against recommended body mass index (BMI) scores, or similar • help people decide on a realistic healthy weight target • encourage people to aim for maximum weekly weight loss of 0.5 – 1 kg • focus on long-term lifestyle changes rather than a quick fix approach • address both diet and activity levels through a variety of approaches • use a balanced, healthy eating approach • recommend regular physical activity • include behaviour change techniques such as keeping a food and activity diary • provide or recommend ongoing support	None	This audit criterion should be met by a local audit which could be implemented by a questionnaire exercise and analysis and follow up with providers to check the evidence for questionnaire responses. (Standard = 100%)	Information provided by weight management programmes to participants in the programme. Questionnaire responses by organisers of local programmes. Questionnaire responses from users of local weight management programmes.

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source
	• demonstrate results which show that the majority of participants who adhere to the programme lose weight an sustain weight loss to reach their target weight. *(PCT and Local Authority)*			
7	**Clinical care** Percentage of identified adult patients with a BMI >30 who have a documented multicomponent weight management plan setting out strategies for addressing changes in diet and activity levels, developed with the relevant health care professional. *(Primary Care - practice level)*	The BMI as a tool can be misleading as certain groups of people may be labelled as obese (>30kg/m²) but the body type allows them to be free of weight-related health problems (for example, weight lifters, rugby players). Any person for whom BMI >30 does not represent a problem of overweight or obesity should be an exception.	The multi-component plan should set out behaviour change techniques and these need to encompass strategies to increase the person's activity levels, decrease inactivity and improve eating behaviour and diet. The plan should be explicit about the targets for each of the components for the individual patient and the specific strategies for that patient. A copy of the plan should be retained in the health record and monitored by the relevant health care professional. However, not all registered obese patients may be appropriate to respond to a multicomponent health plan. For example, some patients who are >30kg/m² may not be in a position to be able to follow such a plan to lose	Patient health records

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source
			their weight, or may not choose to address their weight.	
8	**Clinical care** The percentage of identified overweight or obese children with significant comorbidities or complex needs who have been referred to an appropriate specialist for assessment. *(Primary Care - practice level)*	None	(Standard = 100%)	Patient health records
9	**Clinical care** Percentage of identified overweight or obese children, who are offered a multicomponent weight management plan which includes lifestyle changes within the family and social settings. *(Primary Care - practice level)*	None	The aim of the health plan should be to help children and their families to make lifestyle changes. The health plan should be developed in partnership with the child and family. (Standard = 100%)	Patient health records
10	**Clinical care** Percentage of adult patients prescribed pharmacological treatment for obesity for whom it is clear that: a) the potential benefits and limitations of the drug treatment were discussed prior to prescription, and, b) arrangements have been made for appropriate healthcare professionals to offer specific information, support and counselling on diet, physical activity and behavioural strategies. *(Primary Care - practice level)*	None	Drug treatment should only be considered: a) after dietary, exercise and behavioural approaches have been started and evaluated; b) in patients who have not reached their target weight loss or	Patient health records

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data source
			have reached a plateau using dietary, activity and behavioural changes alone. (Standard = 100%)	
11	**Clinical care** Percentage of severely obese adult patients undergoing surgery as a treatment option for obesity who fulfil all criteria: - all appropriate non-surgical measures (diet and activity advice, behaviour change programmes, drug therapy) have been tried but not succeeded in achieving clinically beneficial weight loss for at least 6 months - the person has had or will receive intensive management in a specialist obesity service - The person is generally fit for anaesthesia and surgery - There is a record that the person has made a commitment to long-term follow-up. *(NHS Acute Trust)*	None	A summary of the discussion between the person and the hospital specialist and/or bariatric surgeon responsible for their treatment, or a note of written information provided including associated risks, should be included in the patient health record as part of the consent documentation. (Standard = 100%)	Patient health records
No. of criterion replaced	**Local alternatives to above criteria (to be used where other data addressing the same issue are more readily available)**			

Title: Obesity No: [Number of guidance]
Audit report: This is designed to be completed for each audit to record compliance, findings and comments

Number of audit:					
Date audit completed:					
Audit lead/manager:					
Summary of previous audit results: (where applicable)					
To be completed by service during audit					
Criterion no.	**Criterion**	**Data source**	**Compliance**	**Findings**	**Comments**
1	**Public health** The implementation of the local obesity strategy is monitored. *(PCT and Local Authority)*	PCT strategy	Once agreed by Board		Strategy under development
2	**Public health** 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, including patients and pre-school and school children. *(NHS trusts, PCT and Local Authority)*	Plans for policy development in hand	Not Compliant		Policy must be in place by March 2008
3	**Public health** The food provided and food choices promoted at all catering services provided by the local health services and local authority services are in accordance with the documented policies and criteria. *(NHS trusts, PCT and Local Authority)*	No food policy in place although food standards enforced	Not compliant		Reassess all food outlets after policy has been developed

Number of audit:					
Date audit completed:					
Audit lead/manager:					
Summary of previous audit results: (where applicable)					
To be completed by service during audit					
Criterion no.	**Criterion**	**Data source**	**Compliance**	**Findings**	**Comments**
4	**Public health** There is a documented local programme to promote physical activity through the creation and management of safe spaces for incidental and planned physical activity in public places and in schools. *(PCT and Local Authority)*	District Councils	Not compliant		Some of the District Councils have adopted this within their local plans, However, there is currently no joined up planning to promote physical activity between the councils and the PCT
5	**Public health** NHS organisations and Local Authorities provide opportunities for staff to be more physically active through: • Promotion of active travel policies for staff and visitors • Providing a physical 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 use of local leisure facilities.	Oxfordshire PCT, District Councils, Oxfordshire County Council	X X X		Two of the five of the District Councils are adopting Fit@Work, providing opportunities within the workplace to be more active, such as lunchtime classes and running an allotment. Oxfordshire PCT has reduced membership opportunities to local leisure providers and is planning opportunities for staff to be at active lunchtime More needs to be done to change the physical environment and encourage active travel to work

Number of audit:					
Date audit completed:					
Audit lead/manager:					
Summary of previous audit results: (where applicable)					
To be completed by service during audit					
Criterion no.	**Criterion**	**Data source**	**Compliance**	**Findings**	**Comments**
6	**Public health** Percentage of local self-help, commercial and community weight management programmes that are recommended to patients, or for which tender agreements or collaborations are considered, that follow best practice and demonstrate that they: • help people to assess their weight against recommended body mass index (BMI) scores, or similar • help people decide on a realistic healthy weight target • encourage people to aim for maximum weekly weight loss of 0.5 – 1 kg • focus on long-term lifestyle changes rather than a quick fix approach • address both diet and activity levels through a variety of approaches • use a balanced, healthy eating approach • recommend regular physical activity	Public Health Information from companies involved	Compliant once strategy agreed √ √ √ √ √ √ √		Three schemes are underway and are at present being piloted to identify most success. All meet national standards and we have plans to extend this further during the year.

Number of audit:					
Date audit completed:					
Audit lead/manager:					
Summary of previous audit results: (where applicable)					
To be completed by service during audit					
Criterion no.	**Criterion**	**Data source**	**Compliance**	**Findings**	**Comments**
	• include behaviour change techniques such as keeping a food and activity diary • provide or recommend ongoing support • demonstrate results which show that the majority of participants who adhere to the programme lose weight an sustain weight loss to reach their target weight. *(PCT and Local Authority)*		X √ ?		
7	**Clinical care** Percentage of identified adult patients with a BMI >30 who have a documented multicomponent weight management plan setting out strategies for addressing changes in diet and activity levels, developed with the relevant health care professional. *(Primary Care - practice level)*	Decision Support Data Collection Process	NOT KNOWN		We will work to ensure this data is available as soon as recording hits the 36% standard required within LDP (anticipated - March 2008)
8	**Clinical care** The percentage of identified overweight or obese children with significant comorbidities or complex needs who have been referred to an appropriate specialist for	Decision Support Data Collection	NOT KNOWN		We will work to ensure this data is available as soon as recording hits the 36% standard required within LDP

Number of audit:					
Date audit completed:					
Audit lead/manager:					
Summary of previous audit results: (where applicable)					
To be completed by service during audit					
Criterion no.	**Criterion**	**Data source**	**Compliance**	**Findings**	**Comments**
	assessment. *(Primary Care - practice level)*	Process			(anticipated - March 2008)
9	**Clinical care** Percentage of identified overweight or obese children, who have a documented multicomponent weight management plan in the patient record which includes lifestyle changes within the family and social settings. *(Primary Care - practice level)*	Decision Support Data Collection Process	NOT KNOWN		We will work to ensure this data is available as soon as recording hits the 36% standard required within LDP (anticipated - March 2008)
10	**Clinical care** Percentage of adult patients prescribed pharmacological treatment for obesity for whom it is clear that: a) the potential benefits and limitations of the drug treatment were discussed prior to prescription, and, b) arrangements have been made for appropriate healthcare professionals to offer specific information, support and counselling on diet, physical activity and behavioural strategies. *(Primary Care - practice level)*	Decision Support Data Collection Process	NOT KNOWN		We will work to ensure this data is available as soon as recording hits the 36% standard required within LDP (anticipated - March 2008)
11	**Clinical care** Percentage of severely obese adult patients undergoing surgery as a treatment option for obesity who fulfil all	Decision Support Data	NOT KNOWN		We will work to ensure this data is available as soon as recording hits the

Number of audit:					
Date audit completed:					
Audit lead/manager:					
Summary of previous audit results: (where applicable)					
To be completed by service during audit					
Criterion no.	**Criterion**	**Data source**	**Compliance**	**Findings**	**Comments**
	criteria: - all appropriate non-surgical measures (diet and activity advice, behaviour change programmes, drug therapy) have been tried but not succeeded in achieving clinically beneficial weight loss for at least 6 months - the person has had or will receive intensive management in a specialist obesity service - The person is generally fit for anaesthesia and surgery - There is a record that the person has made a commitment to long-term follow-up. *(NHS Acute Trust)*	Collection Process			36% standard required within LDP (anticipated - March 2008)

Appendix 3

PATIENT PATHWAY FOR OVERWEIGHT AND OBESE ADULTS IN OXFORDSHIRE

TARGET All patients with:

- BMI > 30kg/m^2 or obesity classification Obesity 1 (NICE 2006) *or*
- Waist circumference > 94cm in men or 80cm in women *or*
- BMI > 28kg/m^2 and a significant co-morbidity (e.g. type 2 diabetes)

NB Use clinical judgement (BMI less accurate in highly muscular people, for Asian adults – risk factors may be a concern at a lower BMI, for older people – risk factors may become important at higher BMIs

↓

IDENTIFICATION OF A WEIGHT PROBLEM BY GP OR HEALTH CARE PROFESSIONAL

↓

RECORD BASELINE DATA

▪ BMI ▪ Blood Glucose ▪ BP ▪ Waist circumference ▪ Blood Lipids

↓

RAISING THE ISSUE WITH THE PATIENT

- Outline the health benefits of weight loss and link to health concern.
- Ascertain the patient's view of weight loss - are they interested?
- Assess the patient's motivation to lose weight and confidence to do so
- Does the patient want help to manage their weight?
- How realistic are the patient's weight goals?
- What is their weight/dieting history?

↓

DISCUSS AND SELECT TREATMENT OPTIONS WITH PATIENT

- Patient self help – provide supporting information (Your Weight, Your Health leaflet from DH)
- Commercial slimming clubs (self funded)
- Exercise referral schemes, health walks
- Leisure services

Health Trainers sign posting patients for help

- Practice nurse / weight management lead
  - 1 : 1 consultation
  - Practice based weight management group
- Dietetic referral
  - 1 : 1 consultation for patients
    a) with co-morbidities e.g. hypertension, type II diabetes, CVD, who require a motivational, cognitive and behavioural approach to manage their weight
    b) binge or disordered eaters *
    c) patients with a learning disability

  (* may require a referral to a counsellor or clinical psychologist)
- Pharmacology in line with the Priorities Forum statement and NICE Guidance on Obesity 2006
- Tertiary referral to specialist services (NICE Guidance on surgery)

GP REVIEWS PATIENT IN 6 MONTHS

↓

Have lifestyle changes been successful?

NO ← **Have lifestyle changes been successful?** → YES

NO ↓

Reconsider treatment options with the patient

YES ↓

Offer lifelong
- support
- monitoring
- review

Oxfordshire Nutrition and Dietetic Service Oxfordshire PCT