



Healthy Weight, Healthy Communities, Healthy Lives

How we can support people in Oxfordshire to be a healthy weight
2022/23 Director of Public Health Annual Report



**OXFORDSHIRE
COUNTY COUNCIL**



Foreword

from Ansaf Azhar

The COVID-19 pandemic has had a significant impact on our lives both at an individual level but also at a community and population level. Over the last two years we have seen both its direct and indirect impacts.

The disruption of preventative public health services and the worsening of lifestyle behaviours seen nationally during the last two years pose a significant public health risk going forward. This is likely to be a bigger threat for the wellbeing of our residents over the next decade than the COVID-19 pandemic itself.

The good news is that the pandemic has also made us extremely good at working across organisational boundaries to address public health issues and tackle their underlying drivers. I want to use this year's director of public health report to shine the spotlight on what is arguably one of the biggest public health threats as we emerge from the pandemic – tackling obesity and physical inactivity.

Excess weight is not simply influenced by what an individual chooses to eat or how much

physical activity they participate in. It is far more complex than this, with a broad range of social, economic and environmental factors playing a significant role. There isn't one single intervention which can solve this problem. A whole systems approach is needed to effect change.

We are committed to reducing levels of excess weight because of the devastating impact it can have on people's health and life expectancy. There is a crucial link with underlying inequalities, and we need to address this now because we can see how it has worsened with the impact of COVID-19 and the ongoing cost of living crisis.

It's important to provide support for people who are already experiencing excess weight, while addressing long-term prevention through identification of underlying drivers. We can do this through a whole systems approach, building on our alliances and commitments to healthy place shaping and climate action and working together to create healthier environments

across Oxfordshire. Our residents all deserve the opportunity to be healthy no matter where they live; this means access to healthy affordable food and opportunities to be active.

We already have many great initiatives in place, but we can go much further. Whether we are planners, educational leaders, local businesses, commissioners or providers. Through a systematic, partnership approach to district and countywide plans we can influence the availability, access to and promotion of healthy, affordable food, active transport and green space.

The system's role is to create healthy neighbourhoods for individuals, families and communities, providing opportunities for people of all ages and backgrounds to be healthy at home, in early years and educational settings and workplaces, and throughout our local spaces. Working together, we can support people in Oxfordshire to be a healthy weight and improve the health and wellbeing of our population.

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Chapter 1

Why obesity matters – the consequences

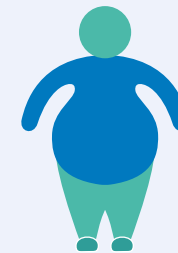
Being overweight or obese can have a hugely detrimental impact on individuals, families and society. It increases the risk of developing illnesses ranging from arthritis to diabetes to cancer. Not only does this reduce an individual's quality of life, but it also has implications for the health and care system, for productivity and on the workforce.

In Oxfordshire, over half of adults and one in three year six (age 10-11) children are overweight or obese. These figures have risen over the years, particularly during the pandemic, alongside a decline in the amount of physical activity of both adults and children.

These numbers are not distributed evenly across Oxfordshire.

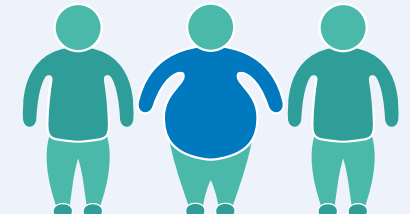
As I highlighted in my last annual report, significant inequalities exist across the county, with children in the most deprived wards more likely to be overweight or obese than those in the least deprived wards.

Latest Data for Oxfordshire shows



58%

58 per cent of adults were overweight or obese



1 in 3

One in three year six children were overweight or obese

1.1 Cost to physical and mental health

During childhood, living with excess weight appears to be associated with lower educational attainment¹ and with worse psychological and emotional health, in part because of the associated stigma².

Many studies have shown that obesity in children strongly predicts adult obesity, with obese children and adolescents around five times more likely to be obese in adulthood than those who are not obese.

On average, obesity reduces someone's life expectancy by around three years with severe obesity shortening life by as much as lifelong smoking – by up to 10 years^{3,4}.

- 1 Bowman et al. 2022. [Mediators of the association between childhood BMI and educational attainment: analysis of a UK prospective cohort study - Abstract - Europe PMC](#)
- 2 Singh et al. 2008. Tracking of childhood overweight into adulthood: a systematic review of the literature ([wiley.com](#))
- 3 Lung, T et al. 2019. Impact of overweight, obesity and severe obesity on life expectancy <https://www.nature.com/articles/s41366-018-0210-2>
- 4 Whitlock, G et al. 2009. [Body-mass index and cause-specific mortality in 900 000 adults: collaborative analyses of 57 prospective studies - PubMed \(nih.gov\)](#)

Obesity harms children and young people



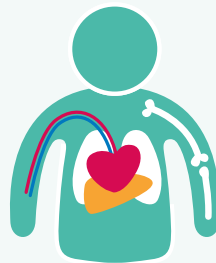
Emotional and behavioural

- Stigmatisation
- Bullying
- Low self esteem



School absence
School attendance

Educational attainment



High cholesterol
High blood pressure
Pre-diabetes
Bone and joint problems
Breathing difficulties



Increased risk of becoming overweight adults
Risk of ill-health and premature mortality in adult life

Obesity harms adults



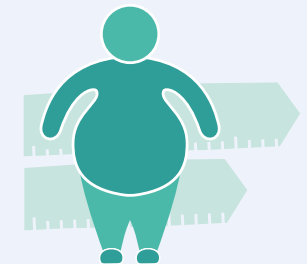
Less likely to be in employment



Discrimination and stigmatisation



Increased risk of hospitalisation



Reduction in life expectancy by an average of three years or by 8-10 years with severe obesity

Obesity contributes towards many illnesses, such as high blood pressure (hypertension), heart attacks, stroke, Type 2 diabetes, osteoarthritis, gallstones and a number of cancers.

In fact, obesity is the second most preventable cause of cancer in the UK. Black, Asian and minority ethnic populations are vulnerable to obesity-related diseases, like Type 2 diabetes⁵, at a lower BMI⁶ compared with white populations.

Obesity increases the risk of different diseases. For example, a woman living with obesity is over 12 times more likely to develop Type 2 diabetes than a woman not living with obesity.

Obesity is responsible for nearly half of all cases of Type 2 diabetes and around a third of all cases of high blood pressure and colon cancer.

Table 1: Relative risk factors for men and women living with obesity, compared to those not living with obesity, of developing selected diseases⁷.

Condition	Men	Women
Type 2 diabetes	5.2	12.7
Hypertension (high blood pressure)	2.6	4.2
Myocardial Infarction (heart attack)	1.5	3.2
Cancer of the colon	3	2.7
Ovarian cancer	N/A	1.7
Osteoarthritis	1.9	1.4
Stroke	1.3	1.3

⁵ Lung et al, 2019. [Ethnicity-specific BMI cutoffs for obesity based on type 2 diabetes risk in England: a population-based cohort study - PMC](https://pubmed.ncbi.nlm.nih.gov/35111111/) (nih.gov)

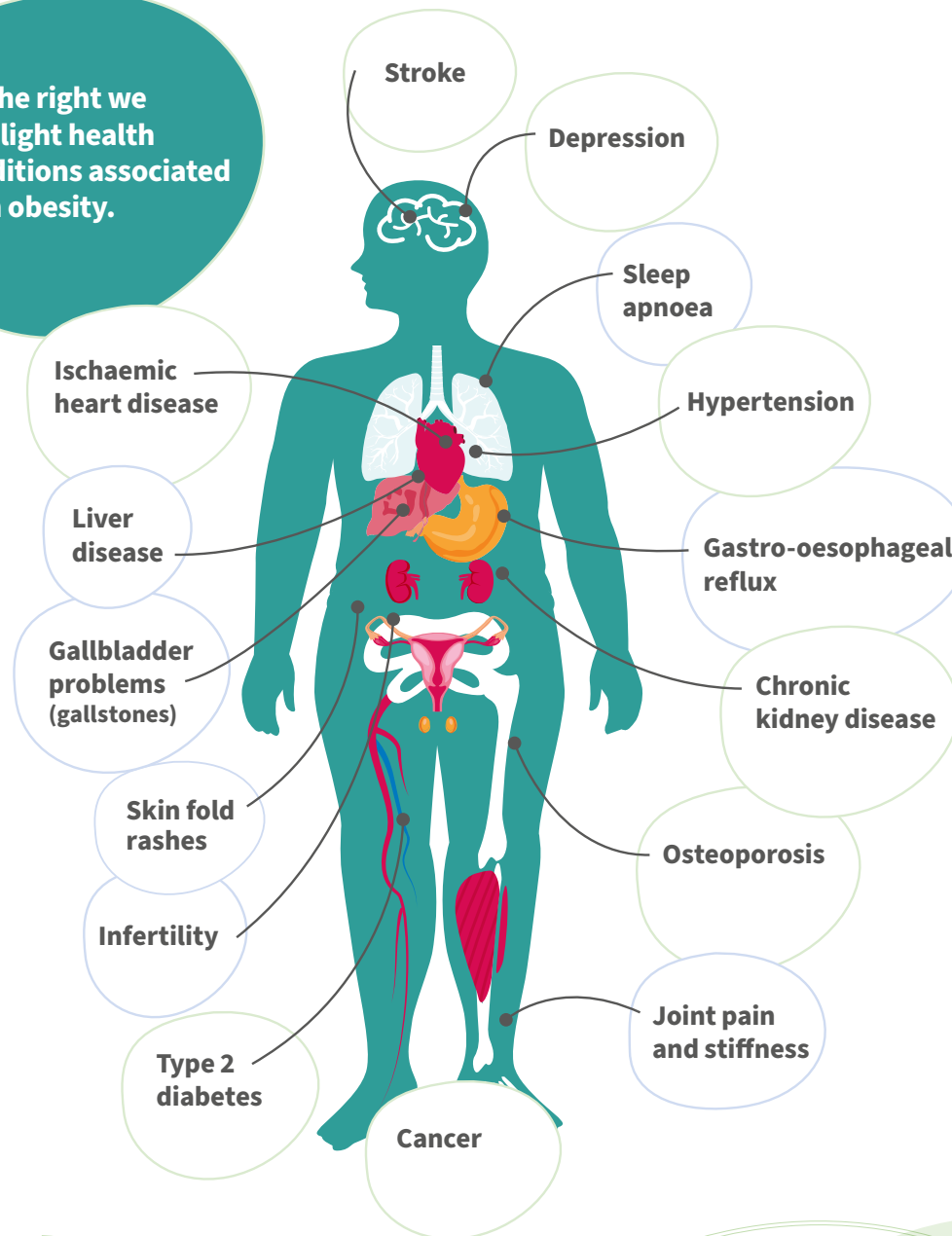
⁶ [https://www.nhs.uk/common-health-questions/lifestyle/what-is-the-body-mass-index-bmi/#:~:text=BMI%20ranges&text=below%2018.5%20%E2%80%93%20you%27re%20in,re%20in%20the%20overweight%20range%20What%20is%20the%20body%20mass%20index%20\(BMI\)?](https://www.nhs.uk/common-health-questions/lifestyle/what-is-the-body-mass-index-bmi/#:~:text=BMI%20ranges&text=below%2018.5%20%E2%80%93%20you%27re%20in,re%20in%20the%20overweight%20range%20What%20is%20the%20body%20mass%20index%20(BMI)?) - NHS (www.nhs.uk)

⁷ PHE, 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf

Table 2: Percentage of cases in England attributable to obesity

Condition	Percentage of cases attributable to obesity
Type 2 diabetes	47%
Gout	47%
Hypertension	36%
Colon cancer	29%
Myocardial infarction	18%
Angina	15%
Gallstones	15%
Endometrial cancer	14%
Ovarian cancer	13%
Osteoarthritis	12%
Stroke	6%
Prostate cancer	3%
Rectal cancer	1%

On the right we highlight health conditions associated with obesity.

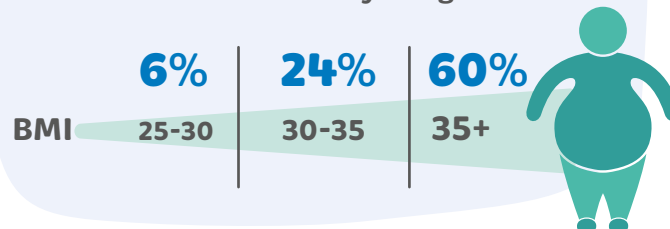


1.2 Excess weight and COVID-19

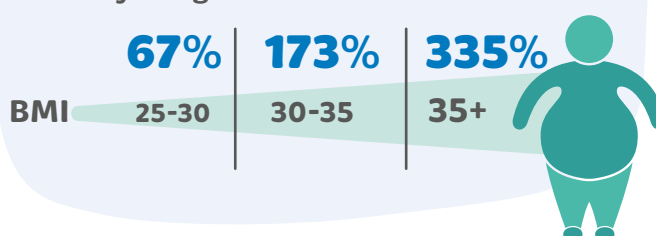
The health risks of being overweight or obese have been further highlighted by the COVID-19 pandemic. During the first wave of the pandemic, living with excess weight (BMI >25) was a risk factor in contracting COVID-19, as well as in experiencing more severe illness and being admitted to hospital or intensive care.^{8,9} This association was stronger in ethnic minority groups.

National surveys conducted during the pandemic revealed that a significant number of people had reported an increase in weight for lockdown related reasons, such as higher levels of alcohol consumption, stress induced snacking, comfort eating, and a more sedentary lifestyle.

Increased risks of contracting COVID-19 for people living with excess weight compared with those who are a healthy weight.



Increased risks of being admitted to ICU with COVID-19 infection for people living with excess weight compared with those who are a healthy weight.



1.3 Cost to health services and other economic costs

A report from January 2022¹⁰ estimated the annual costs of obesity in the UK to be £58 billion, £62 billion if unemployment benefits related to obesity are added. This equates to around 3 per cent of the UK GDP.¹¹

The national costs of obesity on health services alone is an estimated £6.5 billion⁹ a year, made up of visits to GPs, higher hospital admission rates and medications, as well as the need for other services, such as physiotherapy.

In 2019/20, obesity was recorded as the primary diagnosis or a contributing factor in over one million first hospital admissions in the UK, an increase of 17 per cent from the previous year.¹²

The biggest additional hospital-related costs were due to management of osteoarthritis, for example knee replacements, digestive disorders – including gallbladder and cancers of the digestive tract – and circulatory diseases, including heart attacks and strokes.

⁸ Tackling Obesity in England NAO report (HC 220 2000-2001): Tackling Obesity in England <https://www.nao.org.uk/wp-content/uploads/2001/02/0001220.pdf>

⁹ PHE. 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf

¹⁰ <https://www.frontier-economics.com/media/5094/the-full-cost-of-obesity-in-the-uk.pdf>

¹¹ ONS. 2022. Gross Domestic Product: chained volume measures: Seasonally adjusted £m - Office for National Statistics (ons.gov.uk) <https://www.ons.gov.uk/economy/grossdomesticproductgdp/timeseries/abmi/pn2>

¹² NHS Digital. 2021. Statistics on obesity, physical activity and diet Part 1: Obesity-related hospital admissions - NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2021/part-1-obesity-related-hospital-admissions#:~:text=In%202019%2F20%20there%20were%20just%20over%201%20million%20>

As a result of related long-term conditions, among older adults living in the community (65+), the odds of requiring social care support have been found to increase by five per cent for every one unit increase in BMI. ¹³

This reflects that excess weight is associated with a number of long term conditions that require high levels of social care input, including musculoskeletal conditions, Type 2 diabetes, mental health conditions, cardiovascular disease, cancers and respiratory diseases.

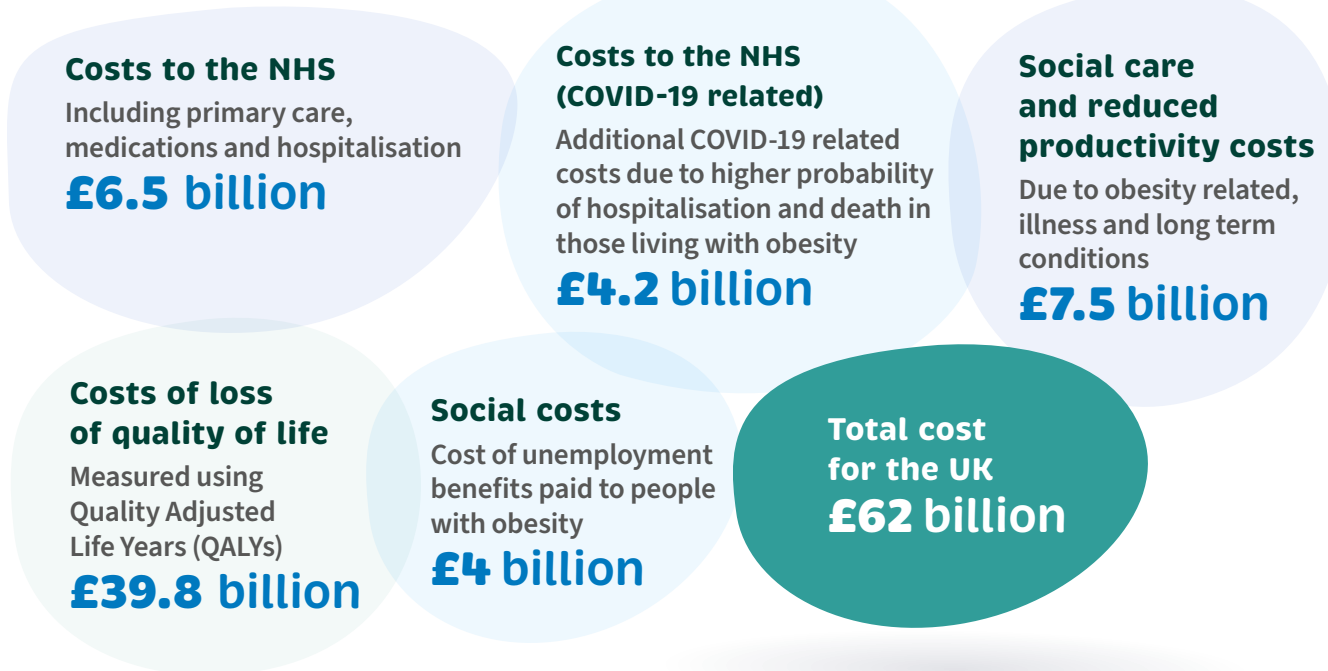
The cost of loss of productivity and social care is estimated to be a further £7.5 billion a year.

The cost to the economy and health and social care services includes loss of quality of life, reduced life expectancy, social care costs and other social costs, such as loss of employment and productivity.

Two thirds of the overall cost for individuals living with excess weight is of reduced life expectancy and loss of quality of life, followed

by healthcare related costs (18 per cent), which now also include increased treatment costs due to COVID-19.

Type of cost for the UK¹⁴

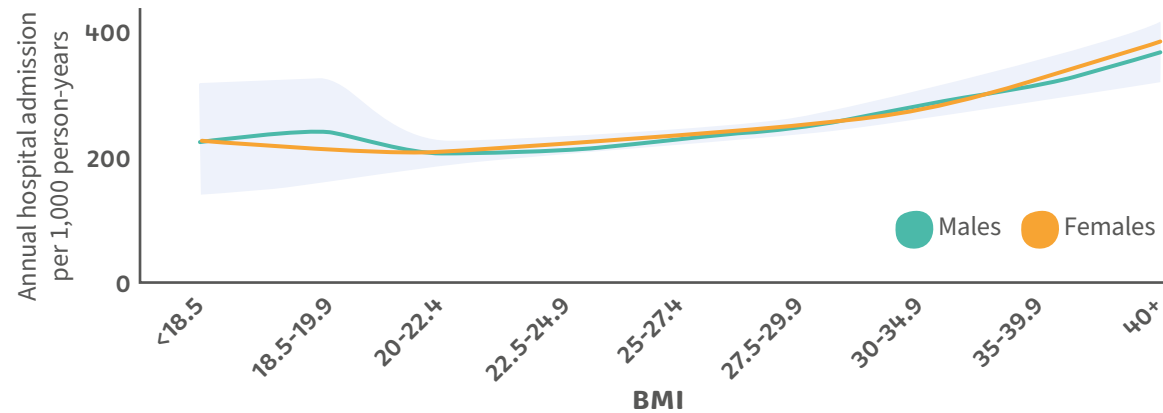


¹³ O'Halloran, R et al. 2020. BMI and Cause-Specific Hospital Admissions and Costs: The UK Biobank Cohort Study - O'Halloran - 2020 - Obesity - Wiley Online Library <https://onlinelibrary.wiley.com/doi/10.1002/oby.22812>

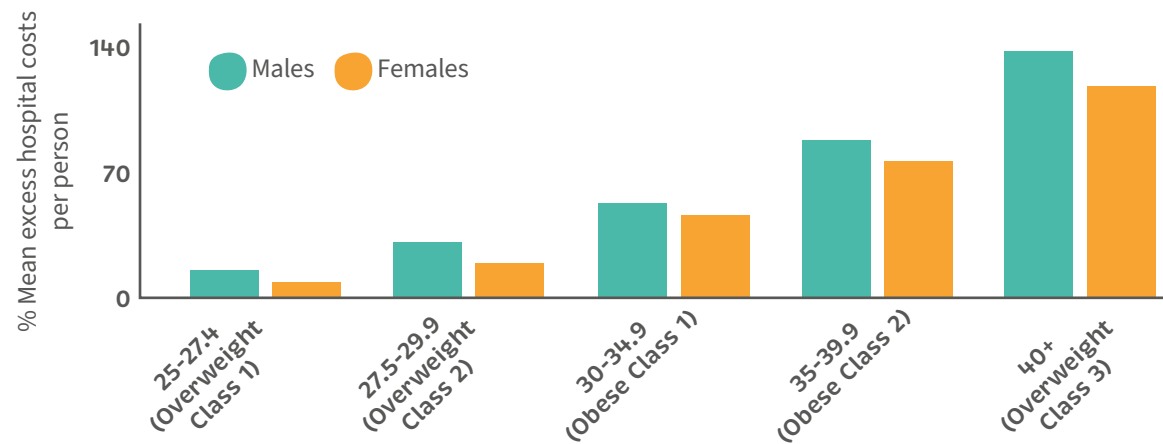
¹⁴ <https://www.frontier-economics.com/media/5094/the-full-cost-of-obesity-in-the-uk.pdf>

In the United Kingdom, living with excess weight is strongly associated with higher annual rates of hospital admission and over a million hospital admissions each year have obesity as the main or contributing factor. There is a direct relationship between BMI and the chance of hospital admission as well as excess NHS costs.

High BMI is strongly correlated with the chances of hospital admission



There is a link between excess NHS costs and BMI upon admission



Note: Excess costs relative to healthy weight cohort

Chapter 2

The scale of obesity – globally, nationally and in Oxfordshire

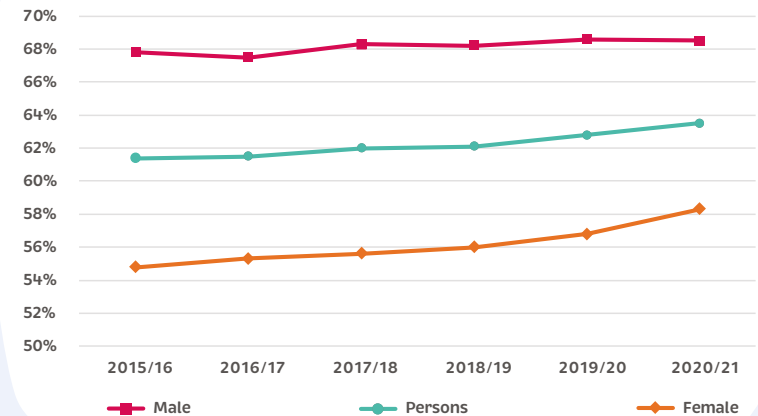
Worldwide, the prevalence of obesity nearly tripled between 1975 and 2016. Many low and middle income countries are now facing a double burden of malnutrition and obesity. It's not uncommon to find people living with undernutrition and those living with obesity within the same country, the same community and even the same household.

Nationally, the proportion of children and adults who are overweight or obese has risen in recent years. Excess weight increases throughout adult life before declining in later old age (75 years and older).

More men are living with excess weight but numbers for women have risen faster over time.

Almost two thirds (63 per cent) of adults were obese or overweight in England.

Percentage of adults (aged 18+) classified as overweight or obese



2.1 Children in Oxfordshire

Just over one in 12 boys and girls (8.5 per cent) in reception in Oxfordshire are living with obesity and around one in five (19.9 per cent) are either overweight or obese (2021/2022 figures. This proportion has risen in recent years).

This proportion increases over the course of primary school. In year six, around one in five are living with obesity (19.5 per cent) and one in three are either overweight or obese (33.6 per cent).¹⁵

Reception

Percentage of obese children



● 2015/16 **7 per cent**

● 2021/22 **8.5 per cent**

Percentage of overweight and obese children



● 2015/16 **19.6 per cent**

● 2021/22 **19.9 per cent**

Year 6

Percentage of obese children



● 2015/16 **16 per cent**

● 2021/22 **19.5 per cent**

Percentage of overweight and obese children



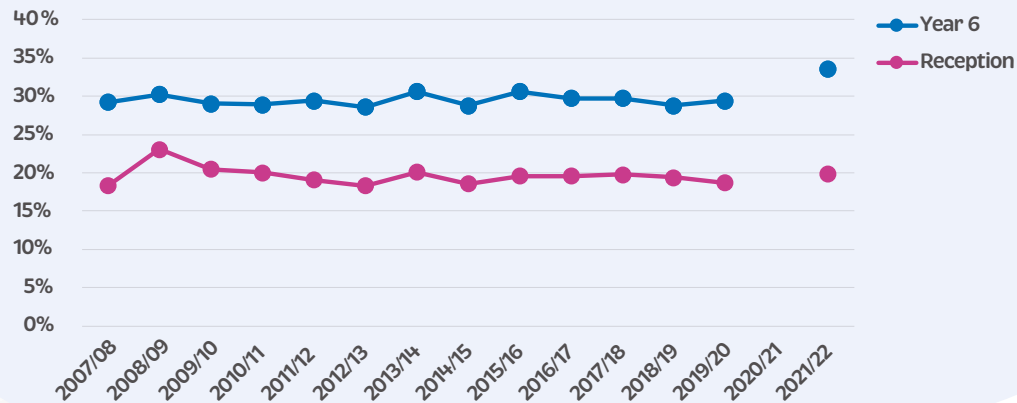
● 2015/16 **30.6 per cent**

● 2021/22 **33.6 per cent**

¹⁵ <https://fingertips.phe.org.uk/search/obese#page/7/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/93088/age/168/sex/4/cat/-1/ctp/-1/>

The figures for the south east and England, show that this problem has deteriorated across the whole country over the last six years. The number of children who were overweight or obese in Oxfordshire fell between 2018 and 2020 but latest figures have risen again. For year six (age 10-11) these are the highest numbers ever recorded.

Oxfordshire - overweight including obese



The pandemic is likely to have played a role in this, as reports from multiple countries suggest increases in childhood obesity during the pandemic, linked closely to socio-economic status.

2.2 Adults in Oxfordshire

Over half of adults in Oxfordshire were overweight or obese (58 per cent) in 2020/21.

Almost one in five pregnant women in Oxfordshire were obese early on in pregnancy (2018/19).

Living with obesity in Oxfordshire



Adults in Oxfordshire
58 per cent

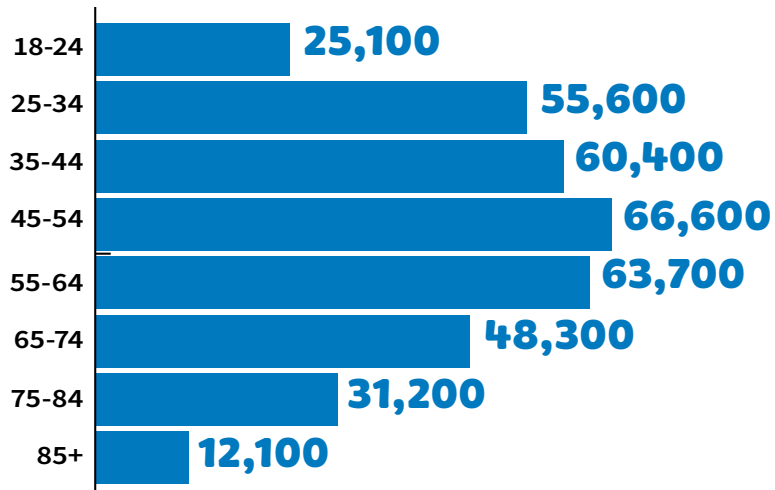


Adults in England
63 per cent

As with children in Oxfordshire, the numbers of adults in the county who are overweight, including those who are obese, has increased over time from 55 per cent in 2015/16 to 58 per cent in 2020/21, although the difference is not statistically significant.

The chart below shows the estimated numbers by age range for Oxfordshire (rounded using Census 2021 population data).

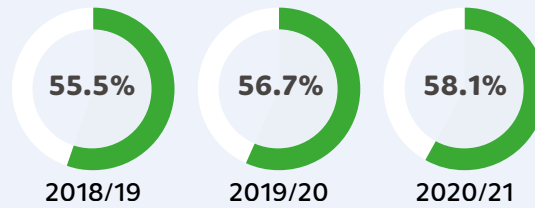
Overweight or obese by age group in Oxfordshire



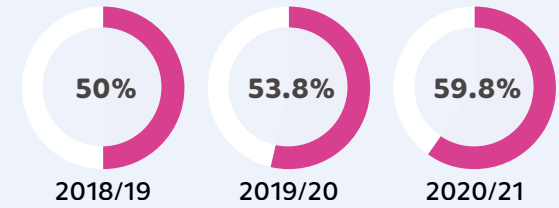
Estimate based on England prevalence (2020/21) and ONS mid-2020 population count for Oxfordshire.

There is also variation by district as shown below.

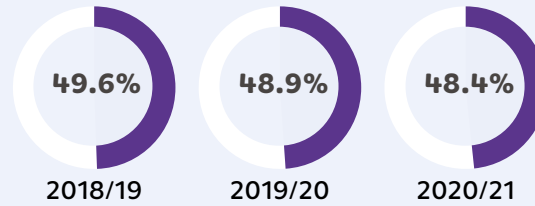
Oxfordshire



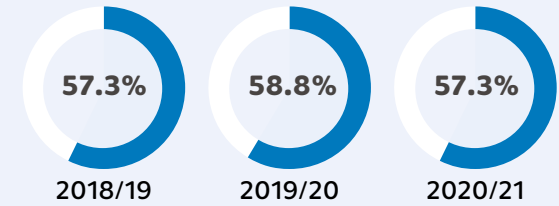
South Oxfordshire



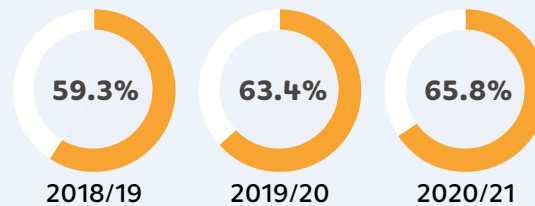
Oxford



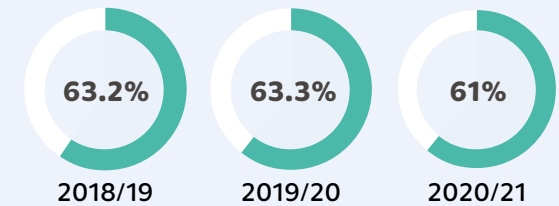
Vale of White Horse



Cherwell



West Oxfordshire



2.3 Children – how excess weight relates to inequalities

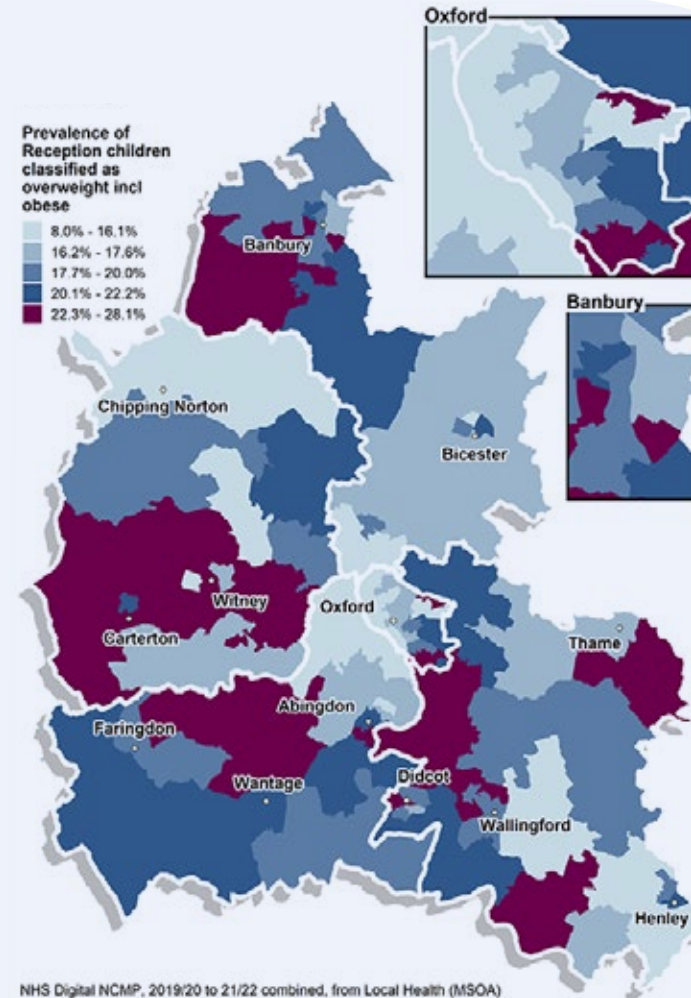
Most recently available data (2019/20 to 2021/22 combined) shows a wide variation in prevalence of childhood obesity across Oxfordshire with some areas having significantly higher rates of children measured as obese or overweight.

For children in reception (aged 5-6):

- The rate of obesity ranges from the lowest rate of 3.6 per cent for the Hinksey area of Vale of White Horse to the highest of 14.3 per cent for the Chalgrove in south Oxfordshire.
- The rate of those who are overweight (including obesity) ranges from the lowest rate of 8 per cent for the St Margaret’s area of Oxford City to the highest of 28.1% for the Blackbird Leys area, also of Oxford City.

Reception prevalence of overweight and obesity, 2019/20 to 2021/22

This section presents the best available small area obesity data which is at Middle Layer Super Output Area (MSOA) level. There are 86 MSOAs in Oxfordshire with an average of 7,600 residents.



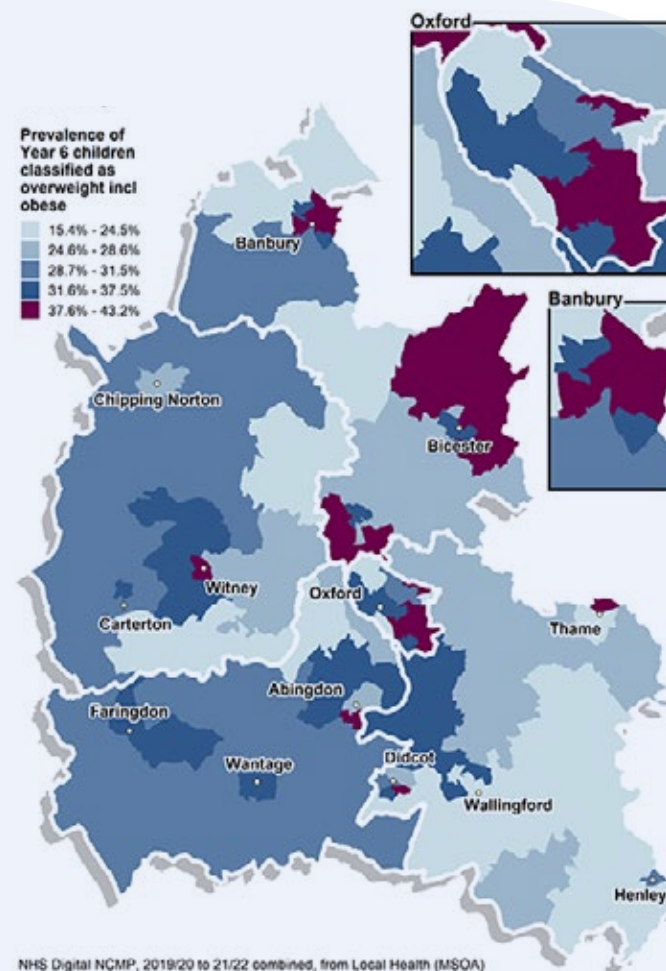
2.3 Children – how excess weight relates to inequalities

For children in year 6 (aged 10-11):

- The rate of obesity ranges from the lowest rate of 7.7 per cent in Shiplake, south Oxfordshire to the highest of 27 per cent in the Banbury Cross area.
- The rate of those who are overweight (including obesity) ranges from the lowest rate of 15.4 per cent in Shiplake, south Oxfordshire to the highest of 43.2 per cent for the Blackbird Leys area of Oxford City.

Year 6 prevalence of overweight and obesity, 2019/20 to 2021/22

This section presents the best available small area obesity data which is at Middle Layer Super Output Area (MSOA) level. There are 86 MSOAs in Oxfordshire with an average of 7,600 residents.



2.3 Children – how excess weight relates to inequalities

Oxfordshire’s more deprived areas also have higher rates of obesity.

This deprivation gap is wider for year six children than those of reception age.

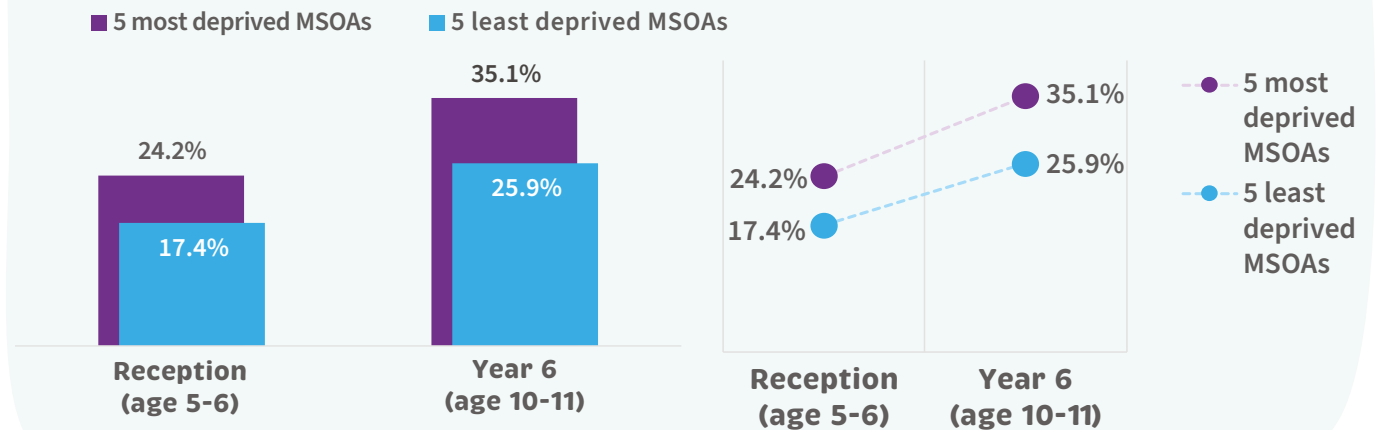
For children in reception (aged 5-6):

- The gap in the rate of obesity between the five most and five least deprived areas was 3.7 percentage points.
- The gap in the rate of those who are overweight (including obesity) between the most and least deprived areas was 6.7 percentage points.

For children in year six (aged 10-11):

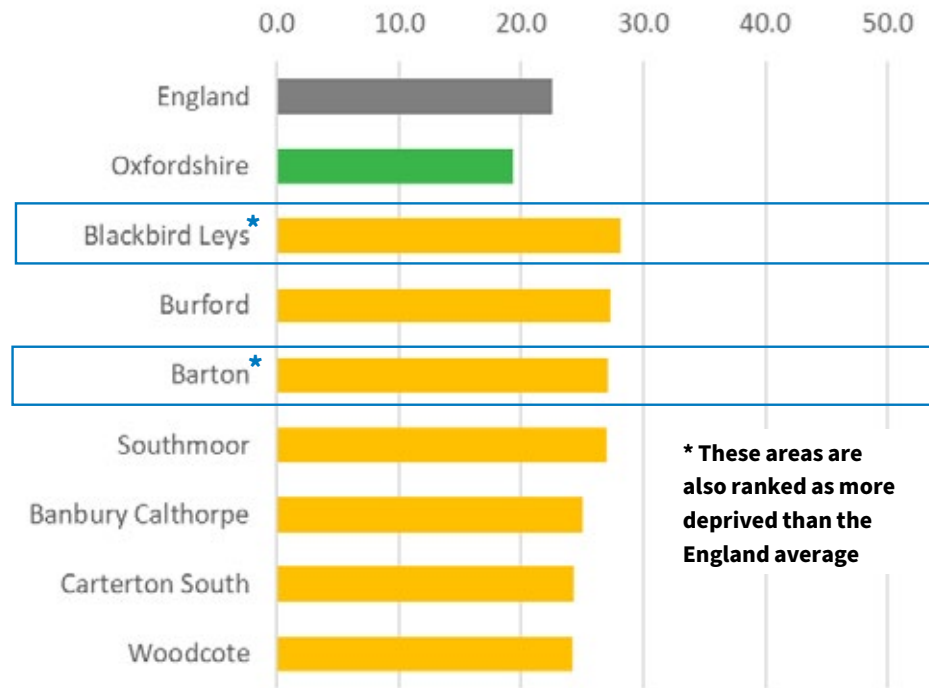
- The gap in the rate of obesity between the five most and five least deprived areas was 10.4 percentage points.
- The gap in the rate of those who are overweight (including obesity) between the most and least deprived areas was 12.8 percentage points.

Gap between the five most and five least deprived areas in Oxfordshire for percentage of children overweight including obese
(combined years 2019/20- 2021/22)



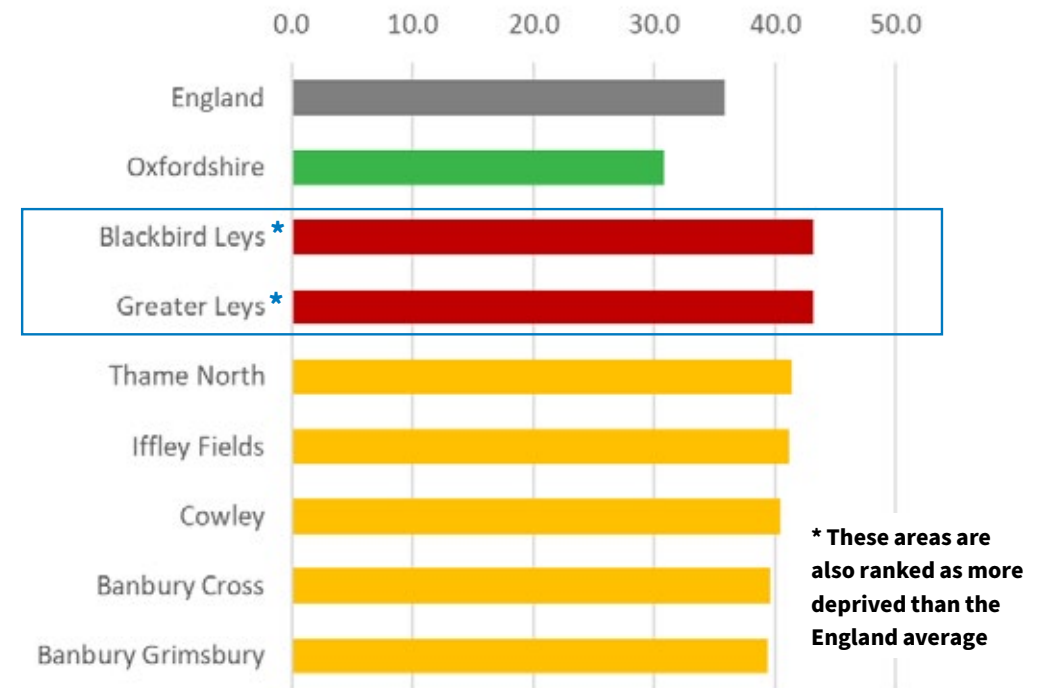
Whilst Oxfordshire’s overall rates of overweight and obesity in childhood are lower than the England average, as can be seen from the chart below, some areas within Oxfordshire have similar (amber) or even higher (red) rates than England.

Areas of Oxfordshire with the highest prevalence of overweight including obesity, reception children
(combined years 2019/20 - 2021/22)



■ Prevalence of overweight including obesity is statistically higher than the England average
 ■ Prevalence of overweight including obesity is statistically similar to the England average

Areas of Oxfordshire with the highest prevalence of overweight including obesity, year six children
(combined years 2019/20 - 2021/22)



■ Prevalence of overweight including obesity is statistically higher than the England average
 ■ Prevalence of overweight including obesity is statistically similar to the England average

The effect of the pandemic on children

National research¹⁶ suggests the pandemic has had a negative effect on children’s weight and that school closures were particularly detrimental for children living in poverty. These are the children for whom school attendance provides access to healthy food, physical activity, health and social care, social networks and familiar routines.

Similarly, although lockdowns and restrictions on outdoor recreation increased sedentary and screen time for everyone, children living in densely populated urban areas with no access to green space were particularly affected.

National data shows that between 2013/14 and 2021/22 the deprivation gap for children living with obesity in reception increased by 1.3 percentage points and in year six increased

by 4.9 percentage points. In each case this was a result of a greater increase in more deprived areas.

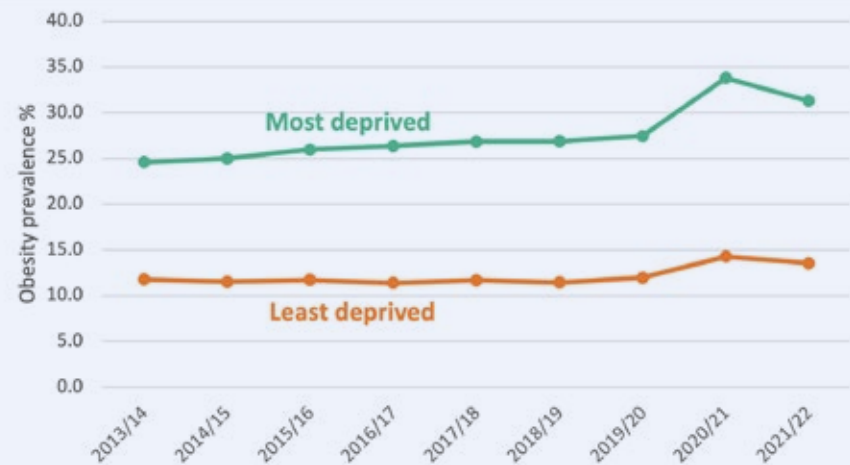
Inequalities relating to ethnicity

Levels have risen in all ethnicities and with the prevalence in those of black African, other black and Bangladeshi ethnicity, rising to over 50 per cent of children from these groups living with obesity by 2021.

Reception disparities gap in obesity prevalence



Year six disparities gap in obesity prevalence



2020/21 figures are based on weighted data due to a smaller sample of measurements collected than in previous years.

Source: National Child Measurement Programme 2013/14 to 2021/22

¹⁶ James M, et al. 2021. Impact of school closures on the health and well-being of primary school children in Wales UK: a routine data linkage study using the HAPPEN Survey (2018–2020) | BMJ Open <https://bmjopen.bmj.com/content/11/10/e051574>

2.4 Adults – how excess weight relates to inequalities

The proportion of adults in Oxfordshire who are overweight and obese varies considerably by district, with Cherwell having the highest prevalence – almost two thirds of adults, and Oxford City the lowest – just below half of all adults.

This is likely to be due to a combination of both differences in deprivation as well as the age profile of people living in different parts of the county.

The numbers of people living with excess weight is rising and it is particularly affecting our most deprived and disadvantaged communities.

Some ethnic groups are more likely to experience excess weight¹⁷ or to be at increased risk of some obesity related conditions at a lower BMI like Type 2 diabetes.

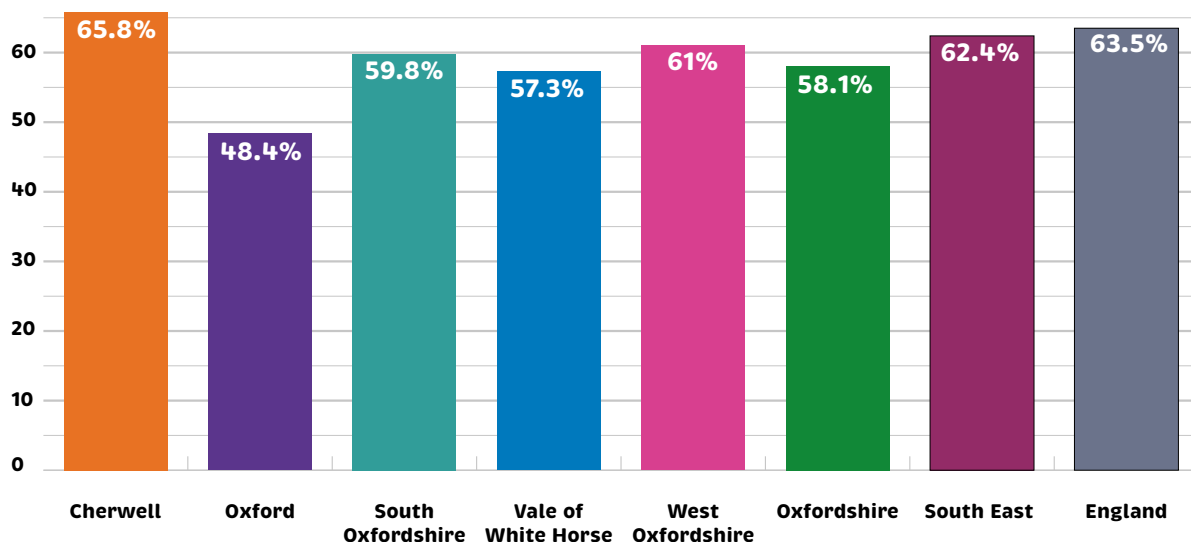
National data shows black adults are the most likely to be overweight or obese at 67.5 per cent.¹⁸

Those with learning disabilities

Nationally we know that a higher proportion of people with learning disabilities are obese.

This is reflected in GP data from Oxfordshire which shows that adults with learning difficulties (2020/21) were more likely to be overweight or obese than the general Oxfordshire population (68 per cent compared with 58 per cent) and much more likely to be obese (40 per cent compared with 21 per cent).¹⁹

Percentage of adults (aged 18+) classified as overweight or obese, 2020/21



¹⁷ GOV.UK. 2020. <https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/overweight-adults/latest>

¹⁸ NICE. 2014 Obesity: identification, assessment and management. Clinical guideline [CG189] <https://www.nice.org.uk/guidance/cg189/chapter/Recommendations>

¹⁹ NHS Digital. 2021. Health and Care of People with Learning Disabilities Health and Care of People with Learning Disabilities - NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities>

2.5 Being underweight

In Oxfordshire, as well as the south east and England, it is much less common for children to be underweight than overweight. In 2020-21 just under one in 100 (0.9 per cent) in reception and 1.5 per cent in year six.

The number of adults in Oxfordshire who are underweight is around 3.9 per cent for adults aged 20-59 and 1.8 per cent for those over 60, according to hospital and GP records

There are a number of reasons why a child or adult might be underweight, including lack of access to sufficient nutritious food because of socio-economic circumstances including poverty, as well physical and mental ill health.

Eating disorders are mental health conditions where a person uses the control of food to cope with feelings and other situations.

Unhealthy eating behaviours include eating too much or too little, trying to control the digestive processes, or worrying about weight or body shape. Anyone can develop an eating disorder, but it is most common in teenagers, and more common in females than males²⁰.

Demand for eating disorder services for young people in Oxfordshire has risen in recent years. The Oxfordshire Children and Young People's Emotional Wellbeing and Mental Health Prevention Strategy 2022-25 focuses on promoting emotional wellbeing and preventing mental ill health.

²⁰ NICE. 2019. Prevalence | Background information | Eating disorders | CKS | NICE <https://cks.nice.org.uk/topics/eating-disorders/background-information/prevalence/>

Chapter 3

Understanding the causes of excess weight

Excess weight is largely driven by the circumstances in which people live – root causes such as poverty, employment, housing, access to parks and safe places to walk. These are known as the wider determinants of health.

Struggling to find money and living in more stressful conditions due to insecure housing or not having enough food, can result in people acting in ways to help them cope in the short term. This may not be consistent with health over the longer term.

An example of this could be, eating a less healthy ready meal rather than cooking fresh food because of long working hours or managing finances.

What makes us healthy?

Good health matters, to individuals and to society. But we don't all have the same opportunities to live healthy lives.

To understand why, we need to look at the bigger picture:

- Good work
- Our surroundings
- Money and resources
- Housing
- The food we eat
- Education and skills
- Transport
- Family, friends and communities

The healthy life expectancy gap between the most and least deprived areas in England is over **18** YEARS

Find out more: [health.org.uk/what-makes-us-healthy](https://www.health.org.uk/what-makes-us-healthy)

The Health Foundation © 2019 The Health Foundation.

3.1 Poverty and deprivation

Many of these root causes impact residents in Oxfordshire. They have got worse as a result of the pandemic and will be further impacted by the cost of living crisis.

Although Oxfordshire compares well to much of England when it comes to prosperity, there are 17 local areas of the county which are included in the 20 per cent of the most deprived areas in England – nine in Oxford city, six in Banbury and one in Abingdon.

The pandemic had a significant effect on the numbers of people in Oxfordshire claiming unemployment benefit, particularly in the spring of 2020. Numbers have remained much higher than before the pandemic. This has especially affected working age adults in Oxford City compared to other areas of the county.

The situation in Oxfordshire



Households living in fuel poverty

increased by **10 per cent** to almost 23,000 (2019–20).

Around **14,000** school pupils eligible for **free school meals** (January 2022)



Almost **15,000** children aged 0–15 living in **low income families** (2020/21)

Over **8,000** older people claimed **pension credit** (February 2022)



A survey²¹ in 2020 found that almost a million people in the UK lack access to a fridge, almost two million do not have a cooker and almost three million do not have a freezer.

This has a huge impact on people's ability to prepare nutritious meals. Their reliance on microwave cooking, daily shopping and pre-prepared meals increases food bills by thousands of pounds a year.

This lack of essential appliances affects some people more than others, for example low-income families and those who rent privately.

²¹ Turn2Us. 2020. Living Without: The Scale and Impact of Appliance Poverty. Living-Without-Report-Final-Web.pdf (turn2us.org.uk) <https://www.turn2us.org.uk/T2UWebsite/media/Documents/Communicationsdocuments/Living-Without-Report-Final-Web.pdf>

3.2 The food environment and the cost of living crisis

Cost of food and energy

The cost of living has been increasing across the UK since early 2021.²²

In September 2022, the UK's annual inflation rate of 13.2 per cent was the highest it has been for 40 years. As in many countries the consumer price index (CPI – a measure of how the prices of a range of goods and services has changed over time) has been rising since 2021, driven by rising energy, transport and food costs.

This is mainly because of pandemic-related shortages of goods and increased demand for products as countries recover.

More recently, the conflict in Ukraine, with reduced gas supplies and increased demand, has led to higher commodity prices around the world, with soaring energy costs.

Despite the government price cap, energy costs are likely to be an average of £500 higher

than previous years for most households, reducing people's ability to cover both energy and food. This also affects businesses who may have to pass these costs on to customers through the price of goods and services.

The predictions are that price inflation will persist for some time and that household incomes are unlikely to recover until late in 2024.

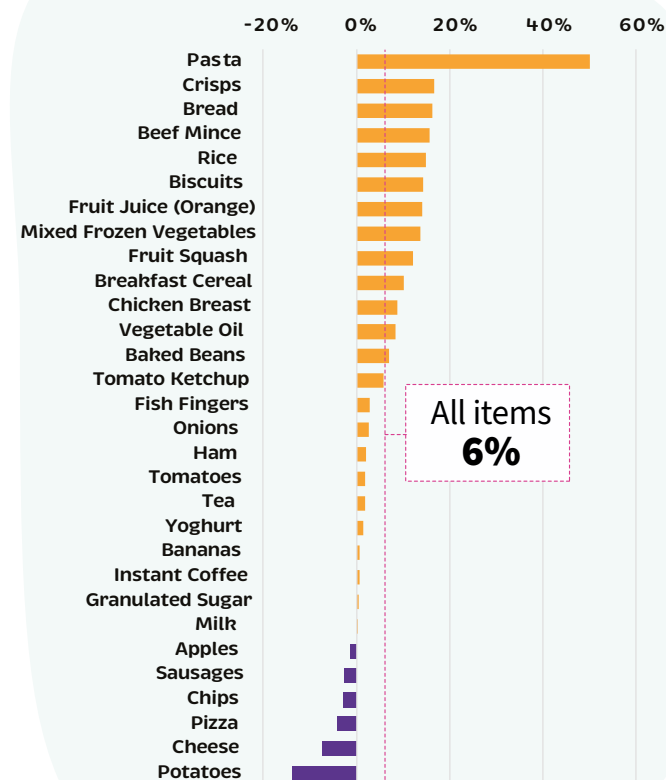
In May 2022, 88 per cent of UK adults reported an increase in their cost of living.²³

The Office of National Statistics (ONS) analysed the cost of 30 food products in seven supermarket chains and showed increases in (lowest costed brand) prices from April 2021 to April 2022 for 24 out of 30 items, with the price of pasta having gone up the most, by 50 per cent.²⁴

These food prices impact much more on lower income households, who have to spend most of their income on these necessities and are unable to economise on other things.

Between April and September 2022 there was a further increase (an extra 7 per cent annual cost increase), with vegetable oil prices rising the most by an additional 46 per cent (80p/litre).²⁵

Analysis of least cost items, UK



²² House of Commons Research Briefing. 2022. Rising Cost of Living in the UK. <https://researchbriefings.files.parliament.uk/documents/CBP-9428/CBP-9428.pdf>

²³ ONS. 2022. Inflation and the cost of living for UK households, Inflation and the cost of living for UK households, overview - Office for National Statistics (ons.gov.uk) <https://www.ons.gov.uk/economy/inflationandpriceindices/articles/overviewofinflationandthecostoflivingforukconsumers/june2022>

²⁴ ONS. 2022. Tracking the price of the lowest-cost grocery items, UK, experimental analysis. <https://www.ons.gov.uk/economy/inflationandpriceindices/articles/trackingthelowestcostgroceryitemsexperimentalanalysis/april2021toapril2022>

²⁵ ONS. 2022. Tracking the price of the lowest cost grocery items, UK experimental analysis <https://www.ons.gov.uk/economy/inflationandpriceindices/articles/trackingthelowestcostgroceryitemsexperimentalanalysis/april2021toseptember2022>



The Food Foundations 2022 report 'The Broken Plate' looks at the 'state of the Nations Food System'. Below are extracts from their key points and recommendation linking to this report.²⁶

Healthier foods are nearly three times as expensive as less healthy foods. Price rises for fruit and vegetables have been much greater than for foods high in sugar and fat.

Price and affordability

Affordability of a healthy diet

The poorest fifth of UK households would need to spend 47 per cent of their disposable income on food to meet the cost of the government

recommended healthy diet. This compares to just 11 per cent for the richest fifth.

What needs to happen:

Ensure everyone has sufficient income to afford to eat a healthy diet.

Cost of healthy food

More healthy foods are nearly three times as expensive per calorie as less healthy foods.

What needs to happen:

Rebalance the cost of food so healthy options are the most affordable.

Advertising spend

Approximately a third (32 per cent) of food and soft drink advertising spend goes towards less healthy food and drink, compared to just 1 per cent for fruit and vegetables.

What needs to happen?

Address the imbalance in advertising spend between more healthy and less healthy food.

Availability

Monitoring of food in schools

25 per cent of state schools in England are known to be meeting school food nutritional requirements.

What needs to happen:

Monitor compliance with school food requirements to ensure that all children can access nutritious school food.

Places to buy food on the high street

More than one in four places to buy food are fast food outlets.

What needs to happen:

Use local authority planning powers to reduce the proliferation of unhealthy fast food outlets.

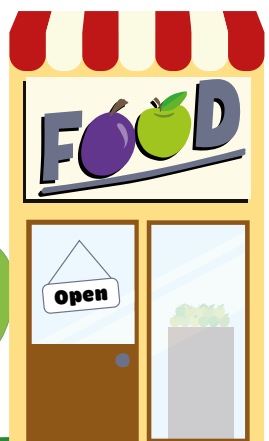
Sugar in children's food in retail settings

Only 7 per cent of breakfast cereals and 4 per cent of yogurt marketed to children are low in sugar.

What needs to happen.

Reformulate products with too much sugar and stop marketing unhealthy food to children.

²⁶ The Food Foundations 2022 report 'The Broken Plate'. Food Foundation. 2022. <https://foodfoundation.org.uk/publication/broken-plate-2022>



Food insecurity and food poverty and use of food banks and community larders

Nationally, data from March this year shows a continued monthly increase in people needing crisis support (including use of food banks) with an increase of almost a half in just one year.

In Oxfordshire, about 100 community food services operated by 74 organisations²⁷ are working to address food poverty by providing thousands of food parcels and meals each week.



Services include emergency foodbanks, community larders, fridges, cupboards, shops and community kitchens where meals are prepared.

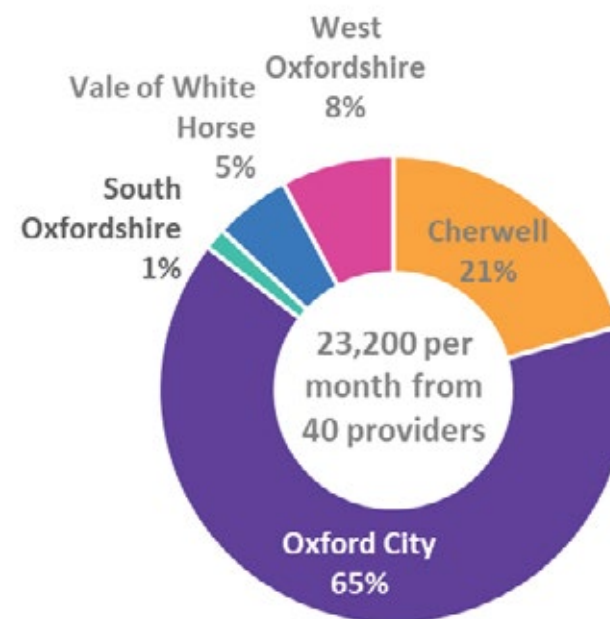
The number of users of these services increased during the first year of the pandemic. A snap shot of 40 providers of community food services in Oxfordshire reported over 23,000 beneficiaries between them in an average month in 2021.

There were variations between services with some supporting up to 3,000 beneficiaries per month.

Responses to the Good Food Oxfordshire survey in July 2021 suggest a 10 per cent increase in users of food community services in one year, with most people accessing these services more than three times each month.

By March 2022, there were over 3,800 people eligible for Healthy Start vouchers in Oxfordshire and over 2,600 (almost 70 per cent of those eligible) taking these up.

Community Food Service beneficiaries in average month (July 2021 Good Food Oxfordshire survey)

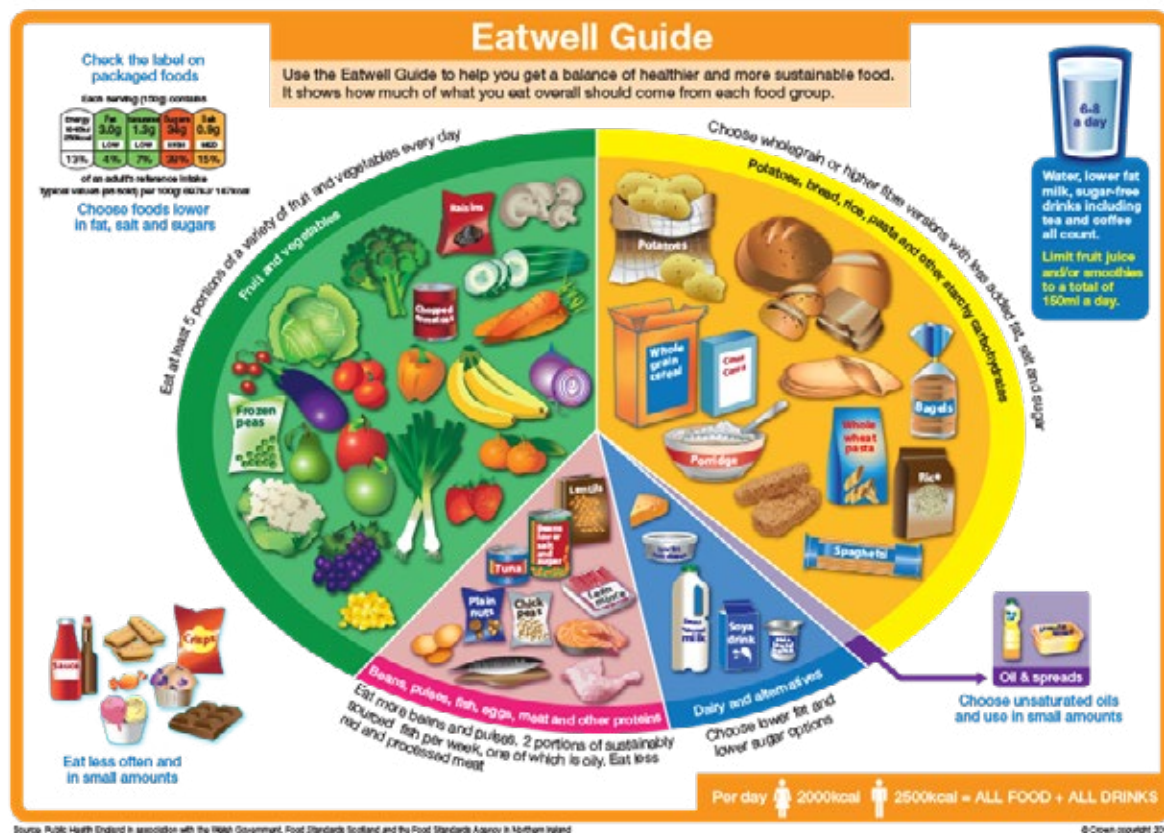


²⁷ Good Food Oxfordshire, 2020 Oxfordshire Community Food Services Summary of Research Findings. <https://goodfoodoxford.org/wp-content/uploads/2020/07/GFO-CFS-Research-Summary-Final-July-2020-sm.pdf>

3.3 Access to Healthy Food

Nutrition

The Eatwell Guide provides recommendations on the proportions of different types of food, for anyone aged two and over.



The UK National Diet and Nutrition Survey (NDNS) ²⁸ looks at the intake of a number of priority foods and nutrients by blood analysis. They found some marked changes between 2008 and 2019, noting a decline in the consumption of sugary drinks (except in boys aged 11 to 18), but more sugar and chocolate confectionary being eaten.

Saturated fat intake still exceeded recommendations and had increased amongst working-age men. Fibre intake had increased but is still too low.

Evidence shows there are significant health benefits to eating at least five portions of a variety of fruit and vegetables every day. ²⁹

²⁸ PHE. 2020. National Diet and Nutrition Survey. National Diet and Nutrition Survey (publishing.service.gov.uk) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943114/NDNS_UK_Y9-11_report.pdf

²⁹ Why 5 A Day? - NHS (www.nhs.uk)

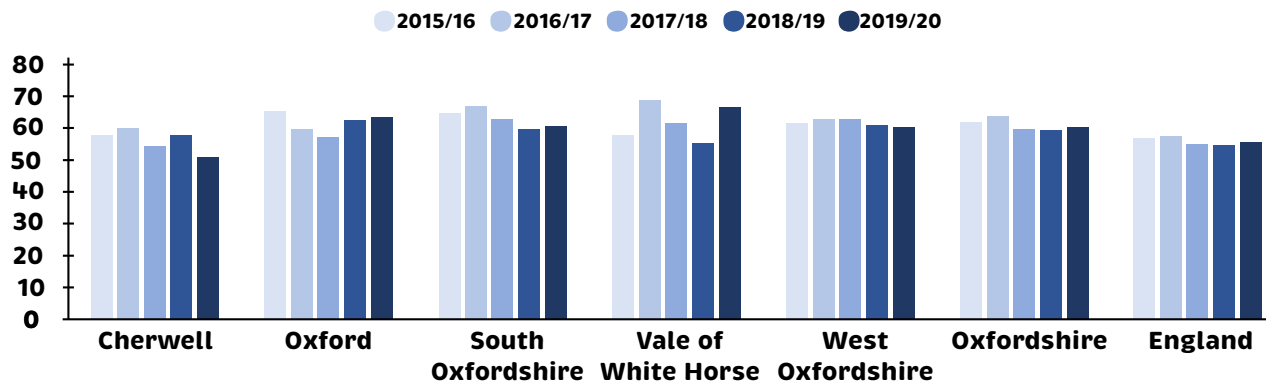
Less than two thirds of adults in Oxfordshire reported eating five portions of fruit and vegetables a day in 2019 (60 per cent).

This is comparable across the districts and nationally (55 per cent). However, this means four in ten adults are not meeting the fruit and vegetable consumption levels recommended in the Eatwell guide. Local data for children is not available.

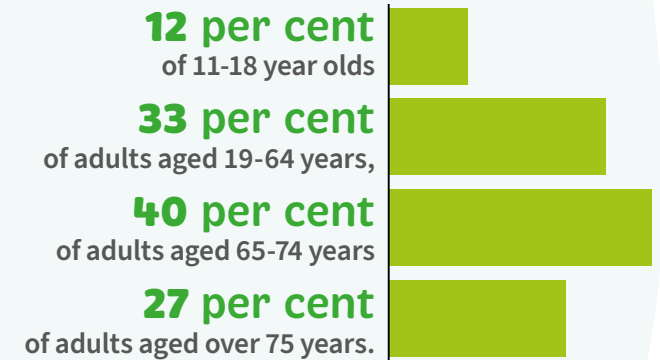
Trends in consumption pre-pandemic suggest levels of consumption in adults have remained relatively static between 2015/16 and 2019/20.

Most recent levels of consumption of 5 a day in adults by age is shown in the chart alongside.

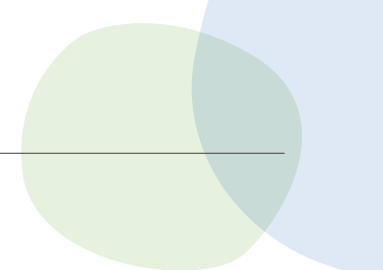
Percentage of adults eating five a day



Percentage consuming '5 a day'



Source: National Diet and Nutrition Survey



Findings collated from the 2016-19 iterations of the NDNS highlight poorer dietary quality amongst children and adults in lower income families.³⁰

Children in the 20 per cent least well-off families consumed 29 per cent less fruit and vegetables, 17 per cent less fibre and 75 per cent less oily fish compared to those in the 20 per cent most well-off.

Similar patterns were observed in adults who also had higher sugar consumption.

As children, our eating behaviours can be inherited or affected by our environment. What and how food is provided inside and outside of the home is important to developing healthy eating habits.

Breastfeeding for three months in the first year of a baby's life is proven to have a positive impact, reducing the risk of obesity by 13 per cent in later life.

Mothers who breastfeed also benefit from a faster return to pre pregnancy weight.³¹

In Oxfordshire in 2019-20, nearly two thirds (61.2 per cent) of babies were partially or completely breastfed at 6-8 weeks, compared to less than half in England as a whole (48 per cent).³²

Children's health behaviours are heavily influenced by their early years and school environments and there is evidence that both childhood obesity and physical activity can be positively affected through these settings.

There is also evidence that both academic attainment and attention in class at school is influenced by healthy school meals and building more physical activity into the school day.³³

For some children school lunch is their main meal, providing a critical nutritional safety net. As the number of children accessing free school meals increases and the cost of living impacts on what some families can afford, it is even increasingly important to ensure the food offer in school meets nutritional needs.

Many people know what they should be doing to achieve a healthy weight but struggle to put this into practice and this is made harder by living in an environment that encourages us to consume too many calories.

We know that there are links between fast food availability and diet and that outlets selling fast food cluster around areas of deprivation.³⁴

We are also influenced by food availability, store layout, promotions and advertising, all influence customer purchases.³⁵

³⁰ PHE. 2020. National Diet and Nutrition Survey (publishing.service.gov.uk) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943114/NDNS_UK_Y9-11_report.pdf

³¹ GOV.UK. Early Years High Impact Area 3: Supporting Breastfeeding. Early years high impact area 3: Supporting breastfeeding - GOV.UK (www.gov.uk) <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/early-years-high-impact-area-3-supporting-breastfeeding>

³² GOV.UK. 2021. Breastfeeding at 6 to 8 weeks after birth: annual data - GOV.UK (www.gov.uk)

³³ Jamal F et al. 2013. The school environment and student health: a systematic review and meta-ethnography of qualitative research. BMC Public Health 13, 798 (2013) <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-13-798>

³⁴ Lorna K. et al. 2010. The association between the geography of fast food outlets and childhood obesity rates in Leeds, UK - ScienceDirect <https://www.sciencedirect.com/science/article/abs/pii/S1353829210000948?via%3Dihub>

³⁵ Impact on Urban Health. 2020. Making convenience stores healthier - Impact on Urban Health <https://urbanhealth.org.uk/insights/opinion/making-convenience-stores-healthier>



Supermarkets

Supermarkets (where fresh fruit and vegetables are usually sold) are readily accessible throughout Oxfordshire and most neighbourhoods, but not all are within a 20 minute roundtrip on foot or by cycle.

In 2019 most people living in urban areas of Oxfordshire could access a supermarket within eight minutes walking or by bus.

Convenience stores

Following affordability, convenience comes second when considering access to food. Busy families or teens on their route home from school, will use convenience stores to top-up the weekly shop or grab a quick bite.

Due to their smaller product range, the food offering is generally less healthy, focussing on key categories like confectionery, alcohol and fizzy drinks.³⁶

There is evidence that convenience stores are interested in engaging in a healthy food offer and small changes have led to positive purchasing outcomes.³⁷

Community growing spaces – allotments

About 85 per cent of the parishes in Oxfordshire have allotments for rent, with ownership a mix of parish, church, charity and commercial. This means that most districts have at least 50 sites and some up to 75.

Not only do allotments provide the opportunity to obtain fresh seasonal vegetables and fruit but they also have additional evidenced benefits for physical and mental health, such as exercise, contact with nature and increased social interaction.

Fast food outlets

Almost one in five meals are eaten outside of the home and more than a quarter of adults and a fifth of children eat from out of home food outlets at least once a week.

Fast food outlets – including chip shops, burger bars and pizza places – account for more than a quarter (26 per cent) of all eateries in England.³⁸

³⁶ Food Research Collaboration. 2019. Engaging with convenience stores for healthier food provision: what works? Engaging-Retailers-ER (1).pdf <https://foodresearch.org.uk/publications/engaging-convenience-stores/>

³⁷ PHE. 2017. Health Matters: Obesity and the Food Environment. Health matters: obesity and the food environment - GOV.UK (www.gov.uk) <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment-2#improving-everyones-access-to-healthier-food-choices>

³⁸ The Food Foundation Broken Plate Report. 2022. FF_Broken_Plate_Report 2022_DIGITAL_3.pdf (foodfoundation.org.uk) https://foodfoundation.org.uk/sites/default/files/2022-07/FF_Broken_Plate_Report2022_DIGITAL_3.pdf



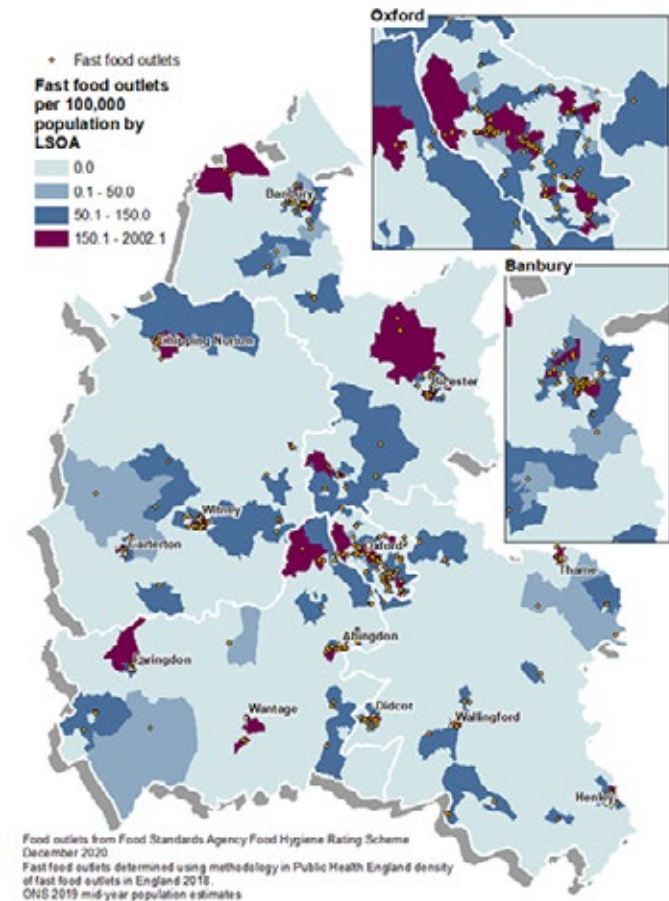
Source: Health matters: obesity and the food environment

Nationally, the poorest parts of the country have five times the number of fast food outlets. England’s poorest areas are fast food hotspots.³⁹

In December 2020 there were 479 fast food outlets in Oxfordshire. Fast-food outlets tend to be closer to people’s homes in the most deprived wards of the county, compared with the rest of Oxfordshire and England as a whole. There is a greater proportion of year six children with obesity in these areas.

The presence of fast-food premises close to schools contributes to increasing proportions of children with obesity and a diet higher in sugar, salt and fat. National data shows that one in five children eat this kind of food at least once a week.⁴⁰ Studies have found that those from more socio-economically deprived backgrounds were more likely to reject school meals in favour of food from outside school grounds with factors encouraging this including taste, value for money, friends, service and proximity.⁴¹

Fast food outlets



Fast food outlets from Food Standards Agency Food Hygiene Rating Scheme December 2020. Fast food outlets determined using methodology in Public Health England density of fast food outlets in England 2015. ONS 2019 mid-year population estimates

³⁹ The Food Foundation Broken Plate Report. 2022. FF_Broken_Plate_Report2022_DIGITAL_3.pdf (foodfoundation.org.uk) https://foodfoundation.org.uk/sites/default/files/2022-07/FF_Broken_Plate_Report2022_DIGITAL_3.pdf

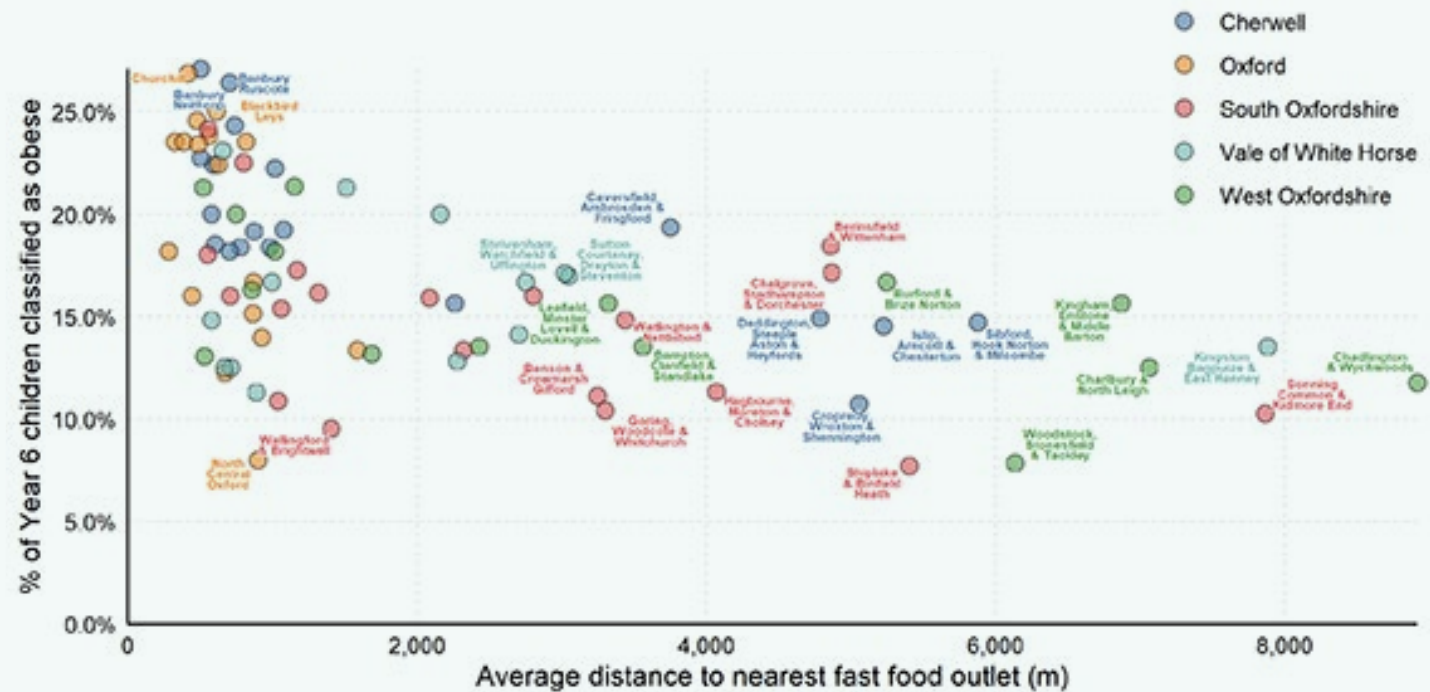
⁴⁰ NICE. 2019. Prevalence | Background information | Eating disorders | CKS | NICE <https://cks.nice.org.uk/topics/eating-disorders/background-information/prevalence/>

⁴¹ Wills,W et al. 2019. <https://www.mdpi.com/1660-4601/16/9/1605>

Year 6 obesity by nearest fast food outlet distance

The increasing use of apps such as Just Eat, make a large variety of fast-food available over a much wider area, so it is important that among other strategies, existing local outlets are encouraged to provide healthier food.

Source: National Child Measurement Programme (3 year combined 2019/20 to 2021/22) and Food Standards Agency



Chapter 4

Physical activity, active travel and green space

4.1 Physical activity

At the simplest level, excess weight is caused by an energy imbalance – where energy intake (through food and drink) exceeds energy expended (through being active).⁴²

As well as helping to maintain a healthy weight, regular physical activity builds strength and improves balance, concentration and mental wellbeing. It reduces the risk of many common and serious illnesses, such as cardiovascular disease, stroke, diabetes, osteoporosis and some cancers.

The recommended level of physical activity for children is an average of 60 minutes moderate to vigorous activity per day over the week and for adults, at least 150 minutes of moderate intensity or 75 minutes of vigorous physical activity a week.

Physical activity for children and young people (5-18 Years)

- BUILDS CONFIDENCE & SOCIAL SKILLS
- DEVELOPS CO-ORDINATION
- IMPROVES CONCENTRATION & LEARNING
- MAINTAINS HEALTHY WEIGHT
- STRENGTHENS MUSCLES & BONES
- IMPROVES HEALTH & FITNESS
- IMPROVES SLEEP
- MAKES YOU FEEL GOOD

Be physically active

Spread activity throughout the day

Aim for an average of at least 60 minutes per day across week

All activities should make you breathe faster & feel warmer

Activities to develop movement skills, and muscle and bone strength **ACROSS WEEK**

Get strong (INACTIVITY)

Move more

Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week

UK Chief Medical Officers' Physical Activity Guidelines, 2019

42 WHO. 2021. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight> (who.int)

Physical activity for adults and older adults

Benefits health	Reduces your chance of	Type II Diabetes	-40%
Improves sleep		Cardiovascular disease	-35%
Maintains healthy weight		Falls, depression etc.	-30%
Manages stress		Joint and back pain	-25%
Improves quality of life		Cancers (colon and breast)	-20%

Some is good, more is better | Make a start today: it's never too late | Every minute counts

Be active

at least **150** minutes moderate intensity per week OR or a combination of both at least **75** minutes vigorous intensity per week

Build strength on at least 2 days a week

Minimise sedentary time Break up periods of inactivity

Improve balance 2 days a week

UK Chief Medical Officers' Physical Activity Guidelines, 2019

There are specific guidelines for people at different times of their life, for example during pregnancy and up to 12 months post childbirth.

Physical activity for pregnant women

Helps to control weight gain | Helps reduce high blood pressure problems | Helps to prevent diabetes of pregnancy

Improves fitness | Improves sleep | Improves mood

Not active? Start gradually | Already active? Keep going

Throughout pregnancy aim for at least 150 minutes of moderate intensity activity every week

Home | Out and about | Leisure

Do muscle strengthening activities twice a week | Every activity counts, every minute counts, more is better

No evidence of harm | Listen to your body and adapt | Don't bump the bump

UK Chief Medical Officers' Physical Activity Guidelines, 2019

UK Chief Medical Officers' Physical Activity Guidelines, 2019

Physical Activity for Disabled Adults

Make it a daily habit

Improves mental health and quality of life | Makes maintaining a healthy weight easier

Creates opportunities to meet new people and feel part of the community | Makes daily tasks easier and increases independence

Helps to prevent chronic disease | Strengthens muscles and bones

Improves mobility and balance | Improves fitness

Do strength and balance activities on at least two days per week | For substantial health gains aim for at least 150 minutes each week of moderate intensity activity

Remember the talk test: Can talk, but not sing = moderate intensity activity. Difficultly talking without pausing = vigorous intensity activity.

UK Chief Medical Officers' Physical Activity Guidelines, 2019

Data from the Sport England Active Lives Survey ⁴³ finds people in Oxfordshire tend to be more physically active when compared to the south east or England average.

However, in 2020/21, in Oxfordshire, 18 per cent of adults were inactive – doing less than 30 mins activity each week – and almost half of Oxfordshire’s children didn’t achieve recommended levels of physical activity. This was worse amongst people living in areas of greatest deprivation.

Locally, physical activity in adults and children declined during the pandemic, reflecting the national picture.

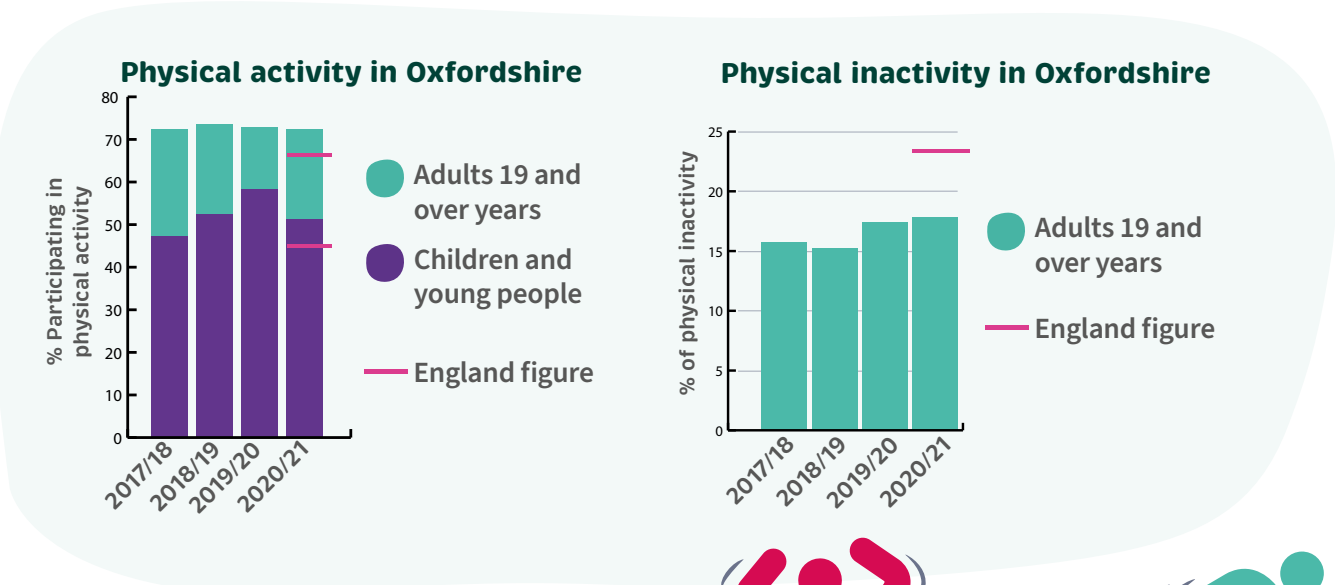
National data shows boys are more active than girls at all ages and that there is a decline in physical activity levels through childhood into adolescence. This decline is particularly

noticeable amongst young women and even more so amongst young women from more deprived backgrounds.

In Oxfordshire, just over half of children were estimated to meet recommended levels of physical activity, this has reduced over the past few years.

49 per cent of Oxfordshire’s children don’t meet physical activity guidelines

18 per cent of Oxfordshire’s adults are inactive



⁴³ <https://activelives.sportengland.org>



4.2 Active environments

Active travel provides a way for people to become more physically active as part of their daily lives.

The Department for Transport estimates that nearly 60 per cent of short car trips could be replaced by walking or cycling. So providing a safe road environment and promoting and enabling these forms of travel is important.⁴⁴

Many more adults in Oxfordshire cycle for travel more than three days a week than in the south east and England as a whole, but this is still less than one in 11 of the county's adults.

Fewer than one in five adults walk for travel more than three days a week – about the same as in the south east and England.

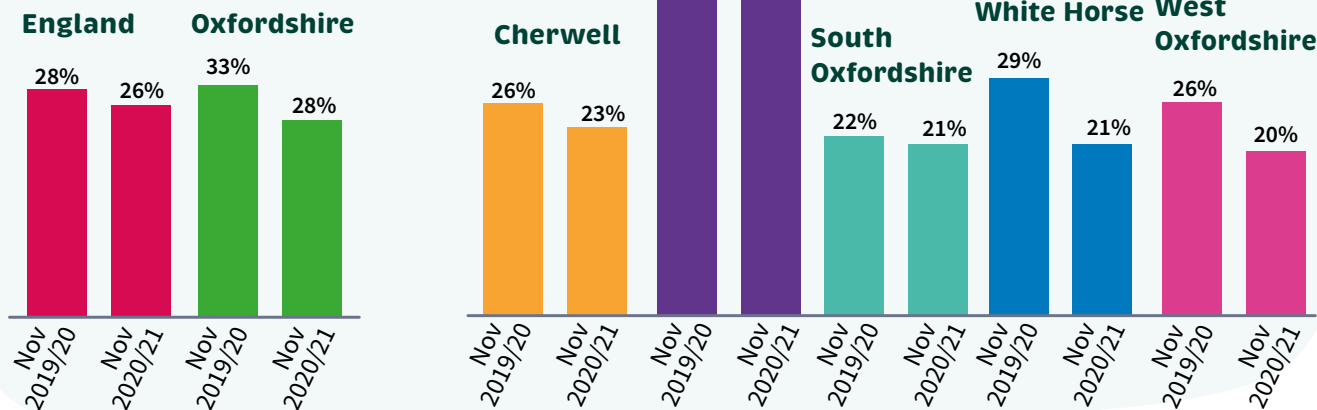
In Oxfordshire in 2020, nearly half of children aged 5-16 walked to school and over a third travelled by motor vehicle, with very few cycling or using public transport.

The latest Sport England data (November 2020-21) shows that Oxfordshire had the second highest proportion of adults (28 per cent) participating in active travel (at least twice in the last 28 days) of England's counties.

However, this data is skewed by the high proportion of adults in Oxford City participating in active travel. Other districts had lower rates than the England average of 26 per cent.

There has been a significant drop in active travel in all districts since November 2019-20. This may be due to changes in active travel because of COVID-19 and home working.

Percentage of adults participating in active travel (walking or cycling) at least twice in the last 28 days.



⁴⁴ Dept for Transport. 2022. Active Travel Local Authority Toolkit <https://www.gov.uk/government/publications/active-travel-local-authority-toolkit/active-travel-local-authority-toolkit>

4.3 20 minute neighbourhoods

20 minute neighbourhoods are neighbourhoods where amenities can be reached by a journey of no more than 10 minutes cycling or walking each way. Amenities include access to bus stops, supermarkets, leisure centres, public parks, rights of way and blue space areas.

In terms of rapid access to different amenities, local areas in Oxford City and the market towns perform the best. Some affluent rural and urban areas score relatively poorly and require a different approach to increase sustainable access to services.



4.4 Access to and use of green space

Physically active lifestyles can be encouraged by increasing active travel and visits to green spaces.

In Oxfordshire, most people live close to green spaces (parks, public gardens or playing fields) as do people in England as a whole. This varies by district, with residents in rural parts of the county having fewer public parks and gardens nearby than people in England.

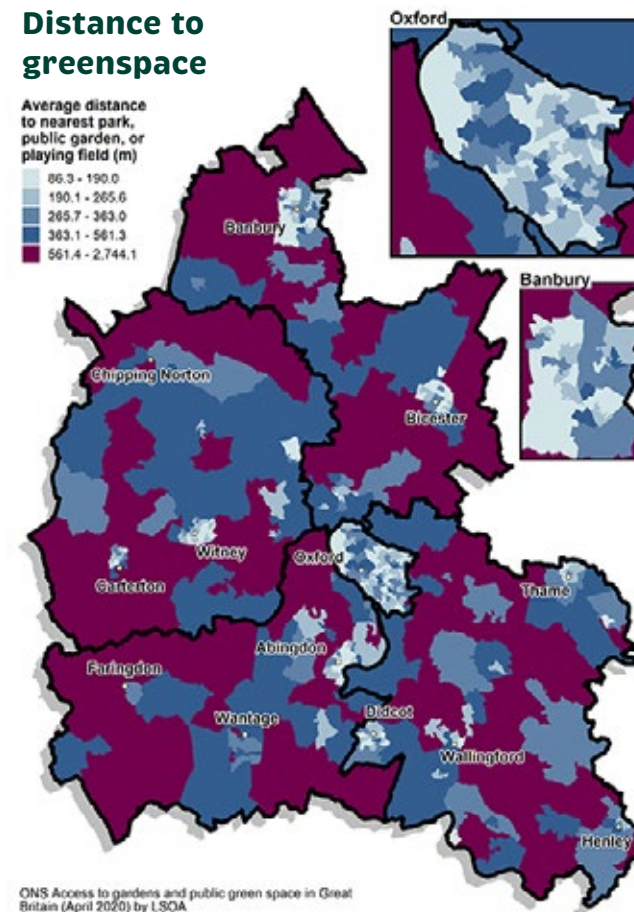
We also know that access to nature and associated health benefits is currently inequitably distributed, with specific groups consistently missing out. Natural England’s People and Nature Survey shows that groups currently experiencing inequitable access to green space and nature include:

- people living in areas of high deprivation
- those on low incomes or unemployed
- older people
- black and minoritised ethnic groups
- people with a long-term health condition or disability
- Older children/teenagers (who experience a rapid decline in frequency of visits compared to childhood)

National survey findings suggest that people with lower incomes are more likely to report dissatisfaction with the quality of their local green space and that connection with nature falls dramatically between the ages of nine and 15 and does not recover to the levels observed in childhood.⁴⁵

Work has begun in Oxford to investigate the use of green spaces by young people and particularly young women, aged 11-16. Initial findings suggest that only a minority actively use green space currently, about 1 in 5 young people, and more young men than young women (case study 8).

	Average distance
Cherwell	440
Oxford	290
South Oxfordshire	475
Vale of White Horse	533
West Oxfordshire	462
South East Oxfordshire	394
England	385



⁴⁵ Richardson et al. 2019 Richardson M, et al. 2019. A Measure of Nature Connectedness for Children and Adults: Validation, Performance, and Insights. Sustainability. 2019; 11(12):3250. <https://www.mdpi.com/2071-1050/11/12/3250>

Chapter 5

Tackling obesity together – making it everybody’s business

5.1 Whole systems approach

The reasons associated with being overweight or obese are complex, resulting less from people’s individual behaviours and more from the many factors which collectively make up an obesogenic environment. No one organisation has the knowledge, tools or power to solve it and a co-ordinated and collaborative whole system approach is needed to make change happen.⁴⁶



The **school** and childcare setting



Increasing **healthy** food consumption



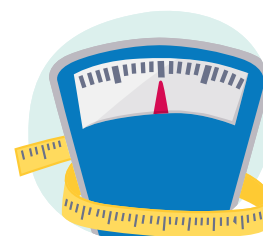
Creating **healthy** workplaces



Increasing **active** travel



Planning a **healthier** food environment



Providing access to **weight** management support



Promoting **local** opportunities and community engagement

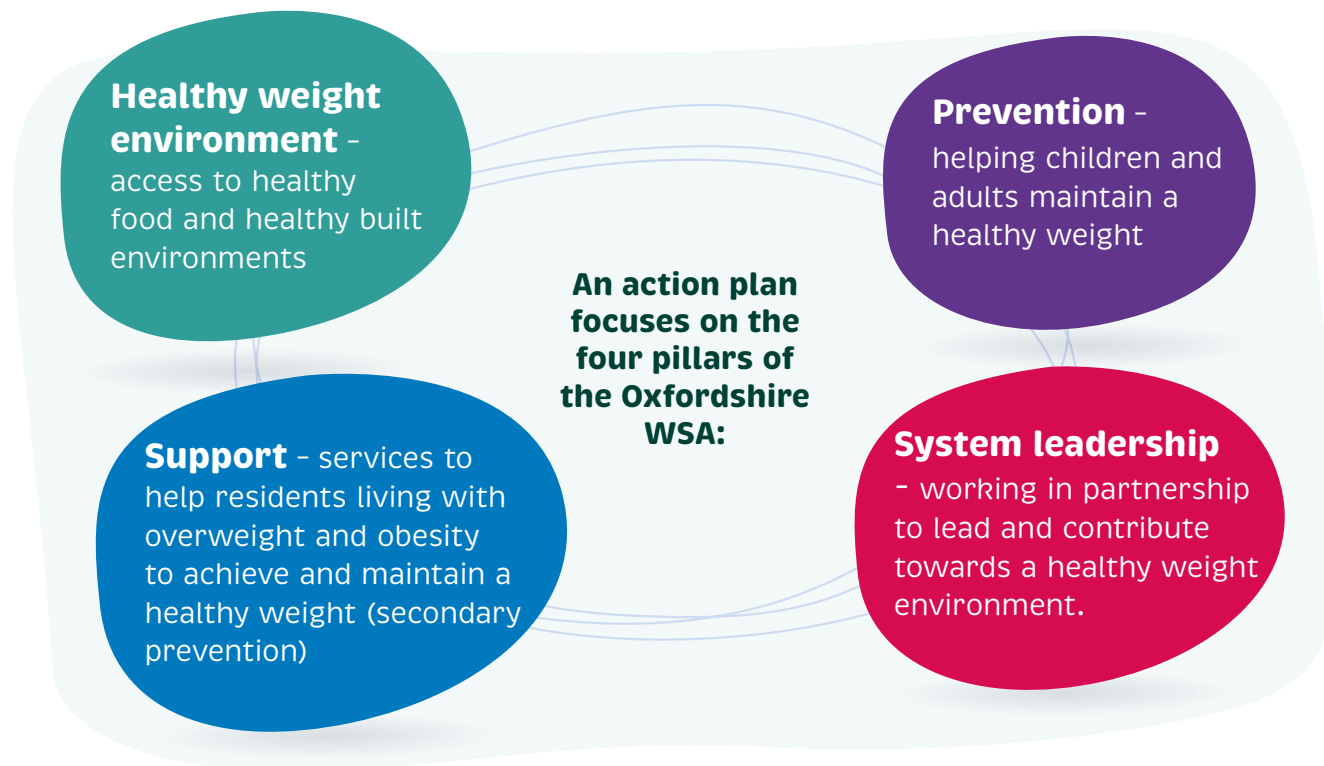
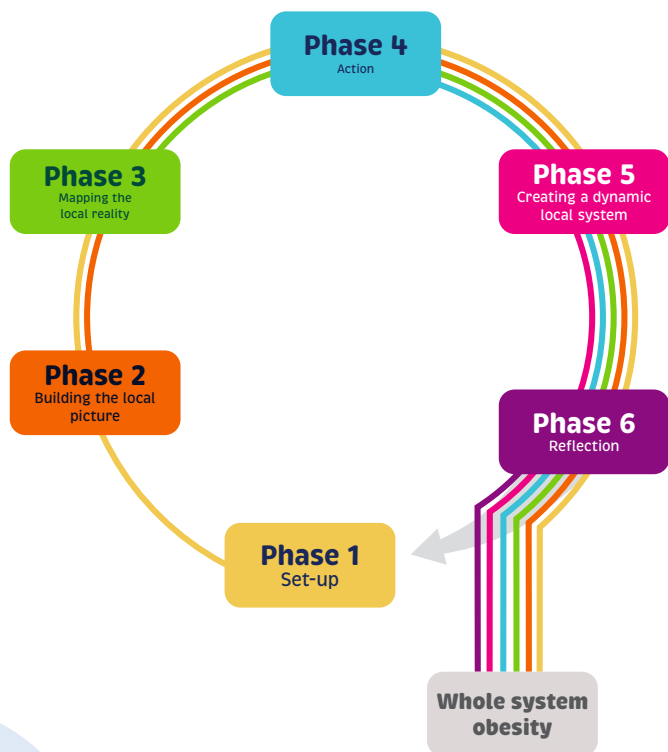


Planning and creating an **environment** that promotes physical activity

⁴⁶ PHE.2019. Whole systems approach to obesity - GOV.UK ([www.gov.uk](https://www.gov.uk/government/publications/whole-systems-approach-to-obesity)) <https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>

To date, more than 125 stakeholders from across a broad range of organisations and communities have been working together on the Oxfordshire whole systems approach (WSA).

Implementing the Whole Systems Approach to Obesity National Framework



The Oxfordshire healthy weight story map⁴⁷ is a visual data tool which brings together maps, graphs and narrative. It allows users to explore the issues affecting a healthy weight, food and physical activity environment, and factors that make it challenging to be healthy.

Part two of the healthy weight story map which is currently being updated, focuses on the food environment.⁴⁸ Some of the other resources developed include communication tools for schools⁴⁹ and a short animation⁵⁰ to explain our whole systems approach.

⁴⁷ Healthy Weight Story Map (arcgis.com) <https://storymaps.arcgis.com/stories/21b23e9e8de94aad8c2659baa79dd18f>

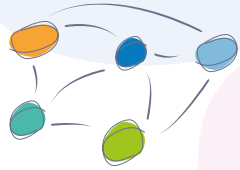
⁴⁸ <https://storymaps.arcgis.com/stories/e2ff0bc584934248acbc42e5718b9be1>

⁴⁹ <https://goodfoodoxford.org/blog/school-food-in-oxfordshire/>

⁵⁰ <https://youtu.be/paUCz73HAUQ>

Other initiatives we are working on or aspire to include:-

Understanding the needs of communities across the county and mapping existing community assets



Improving the healthy food offer in places like leisure centres, workplaces, colleges, hospitals and schools



Developing streamlined healthy weight care protocols and pathways



Supporting local food businesses to provide healthier options

Developing local cycling and walking infrastructure and programmes



Improving uptake of Healthy Start vitamins and vouchers



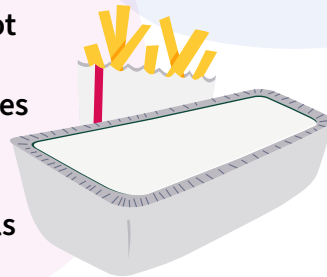
Supporting the growing of food and cooking in communities



Engaging with school settings to support a whole school approach such as working with school catering providers to meet minimum requirements and increasing physical activity uptake in schools



Ensuring development avoids the over concentration of hot food takeaways in existing town centres or high streets and restricts their proximity to schools



Planning and licensing policies to regulate and promote healthier food choices and related advertising, particularly those close to schools



Our work is targeted at the areas with greatest need. We are exploring the Local Authority Declaration on Healthy Weight and a Health Needs Assessment is underway to further inform the approach.

Chapter 6

Building from our strengths – examples of the Oxfordshire whole systems approach to healthy weight in action

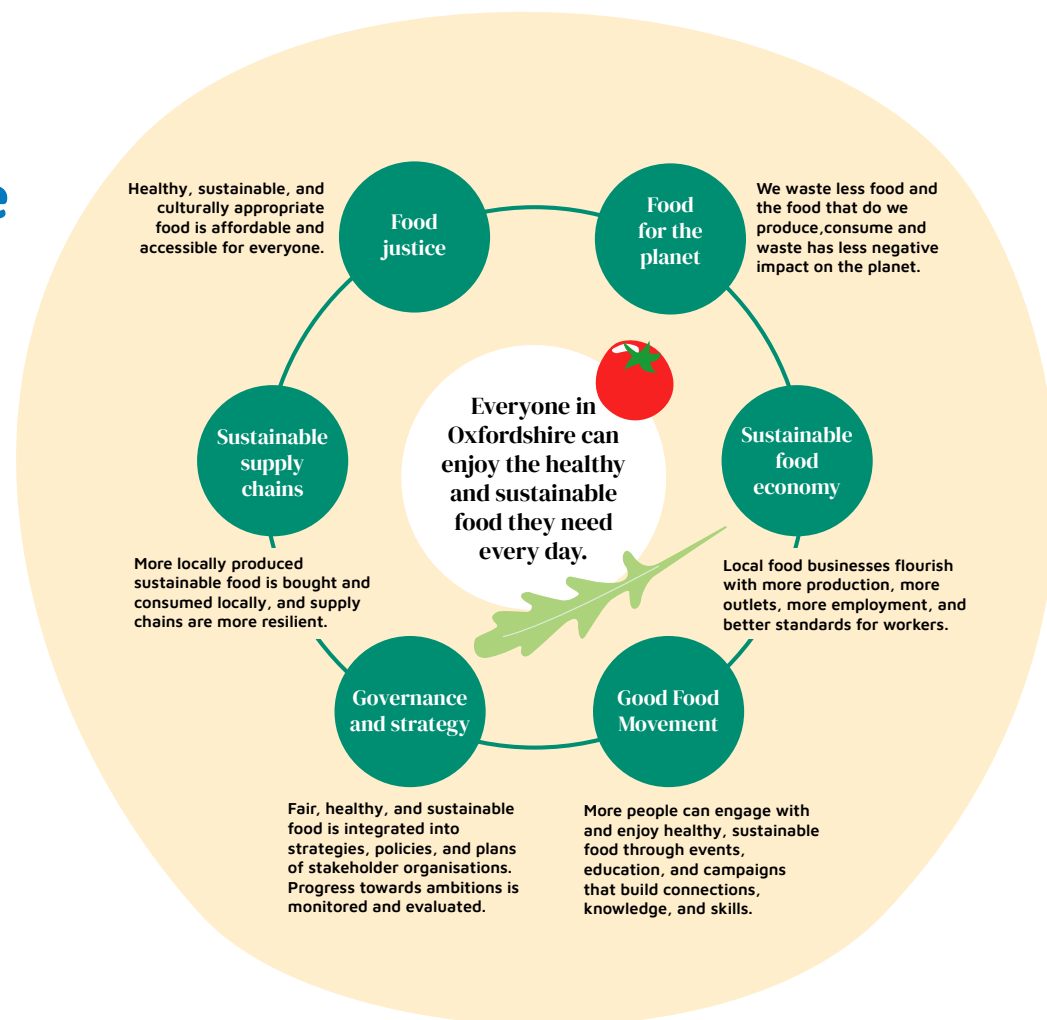
Improving food access, reducing food poverty and increasing physical activity

Case study one: Oxfordshire food strategy

[Link to food strategy](#)

In Oxfordshire there is now a commitment by 40 organisations across the county to a food poverty action plan⁵¹, to address and reduce food poverty and food insecurity. It includes recommendations for councils, local decision-makers, institutions, communities and individuals on how to make a difference.

The food strategy⁵² identifies priority areas, including school food, local supply chains and community wealth building. The next step will see stakeholders across the food system developing local food action plans for each of the districts, such as south Oxfordshire.⁵³



⁵¹ GFO 2021. A Food Poverty Action Plan for Oxfordshire. GFO-Food-Poverty-Report-2021-FINAL-layouted.pdf (goodfoodoxford.org) <https://goodfoodoxford.org/wp-content/uploads/2021/08/GFO-Food-Poverty-Report-2021-FINAL-layouted.pdf>

⁵² GFO. 2022. GFO Oxfordshire Food Strategy https://mycouncil.oxfordshire.gov.uk/documents/s60603/CA_MAY2422R07 Annex GFO Oxfordshire Food Strategy 2022.pdf

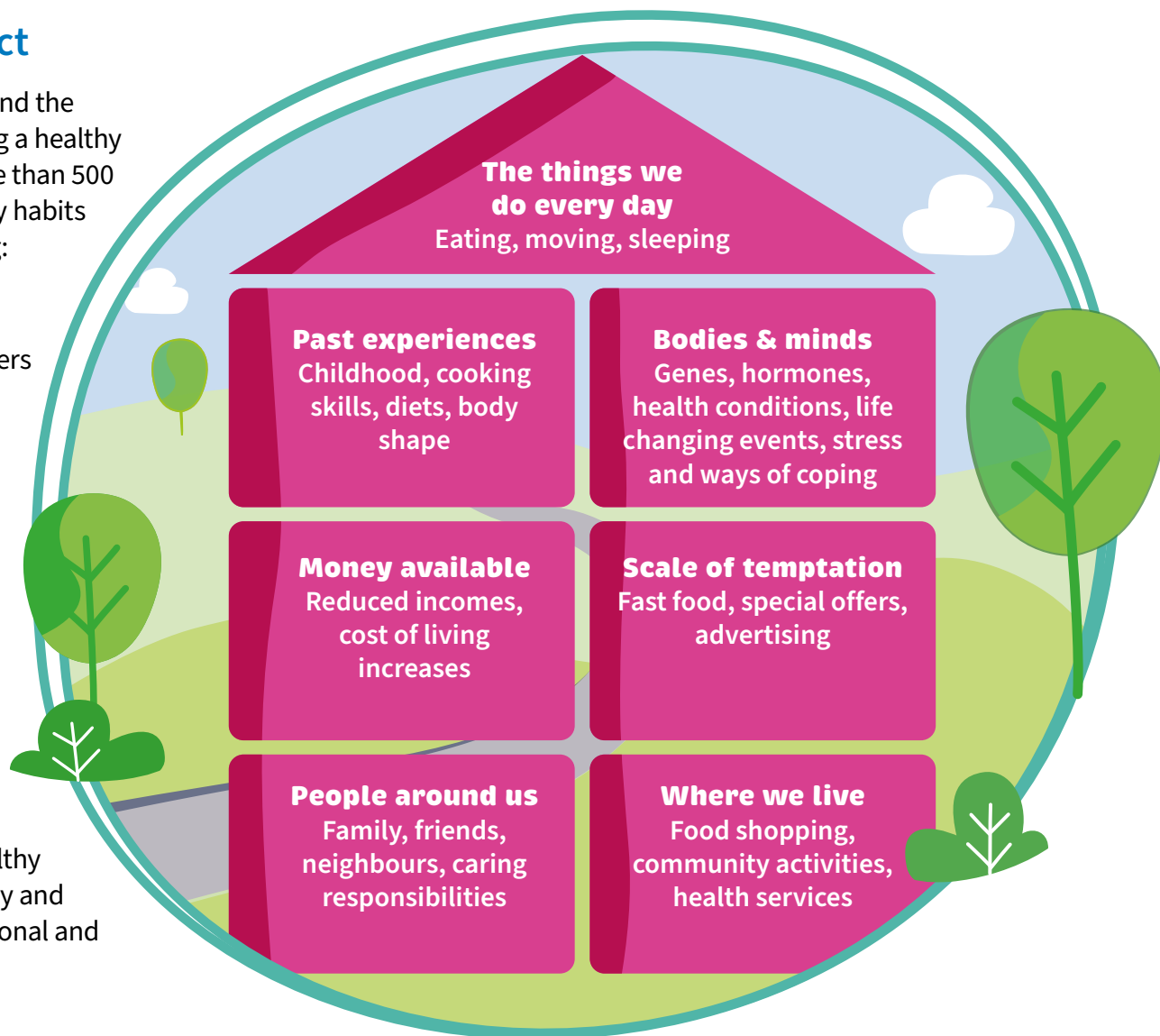
⁵³ South Oxfordshire District Council sets out its plans to help with sustainable food production and the reduction of food waste - South Oxfordshire District Council (southoxon.gov.uk) <https://www.southoxon.gov.uk/south-oxfordshire-district-council/south-oxfordshire-district-council-sets-out-its-plans-to-help-with-sustainable-food-production-and-the-reduction-of-food-waste/>

Case study two: community insight project

A community insight project in 2021-2022 aimed to understand the reality for Oxfordshire residents in achieving and maintaining a healthy weight, especially for those in the more deprived areas. More than 500 people were involved. We used the building blocks of healthy habits conversation framework to guide us and found the following:

- We need to get systematic in the way we talk about weight
- The stigma and trauma associated with weight really matters
- We need to work holistically across the whole system and avoid silos
- When we are talking about weight we need to take a compassionate and non judgemental approach and make conversations relevant to the experiences of the people we are talking to
- We need to recognise mental and financial burdens, poverty and inequality,
- Rather than talk about weight we should use the building blocks of healthy habits.

The environment in which we have conversations about healthy weight is as important as the language used. Allowing privacy and time, helping us to build trust and explore some deeply personal and complex issues.



Case study three: nutritious school food

Currently only 25 per cent of state schools in England are meeting school food nutritional requirements. In January 2022, Good Food Oxfordshire and Oxfordshire County Council co hosted a workshop on school food. The workshop aimed to connect food suppliers and providers (including schools).

Tackling food poverty, food related climate action, healthy eating and sourcing local food in schools were all part of the discussions.

“Taking a whole systems approach to address the double burden of both underweight and overweight childhood malnutrition, involves recognition of the important overlap between the food system, education system and health system”⁵⁴

Oxfordshire County Council school catering took part in the Eat Them to Defeat Them Catering Challenge 2022 ⁵⁵, providing vegetable tasters to encourage children to try vegetables and using stickers and a reward chart to then inspire them to try the vegetables again at home.

Some schools, such as Christopher Rawlins C of E Primary School used their participation to launch their new school food policy and healthier lunchboxes project.

The Swan Secondary School introduced family dining at lunchtime, where everyone is encouraged to engage in conversation and take responsibility, for example by laying the table, serving food, or tidying up.

Fresh Start school catering has worked to review and develop new menus in secondary schools, with a street food style and vegetable patch menu.⁵⁶



“They try things they wouldn’t at home, then come back asking for it; it’s fantastic!”

Parent

⁵⁴ Nagraj et al. 2022. Childhood Malnutrition: From Grassroots to Policy Action – a case study. Manuscript submitted for publication.

⁵⁵ <https://eatthemtodefeatthem.com/>

⁵⁶ <https://freshstartcatering.uk/senior-schools/>

Case study four: the family healthy weight service

Gloji Energy⁵⁷ is a new child weight management programme run by Achieve Oxfordshire. The new service is designed to help get the whole family moving and making healthier lifestyle choices.

It supports children aged 4-12 years, and their parents and carers. The service covers nutrition, movement, mind and sleep, with group and one to one sessions available.

“I found the course fantastic! I thought I knew it all as I had raised four older children but the programme leaders made it really fun and educational and I learnt a lot. Thanks Gloji Energy!”

Mum of an 11 year old



⁵⁷ Gloji Energy | Achieve Oxfordshire <https://www.achieveoxfordshire.org.uk/services/gloji-energy>

Case study five: the baby friendly initiative

Breastfeeding is associated with lower rates of obesity in childhood and early healthy feeding regimes also support a healthy weight.

Some areas of Oxfordshire have achieved UNICEF Level 3 Baby Friendly accreditation.

This is based on a set of standards aiming to improve the information, support and encouragement provided to promote, protect and support breastfeeding and appropriate introduction to solid food.

It provides parents with the best possible care and establishes feeding their baby in line with optimum health and development.

Partnership working is key to the Baby Friendly Initiative, with Oxford Health NHS Foundation Trust collaborating with the Oxford University Hospitals NHS Trust (OUH) Infant Feeding team and representatives from voluntary organisations - La Leche League and Oxfordshire Breast Feeding Support.



Baby Lunchbox Feeding groups provide practical feeding advice and social support for new parents, from pregnancy, birth and beyond.

Though face-to-face sessions were suspended during the pandemic, virtual sessions have continued county wide. Oxfordshire Breastfeeding Service continue to offer face to face sessions and the 0-5 health visiting service provides breastfeeding support.

Case study six: community wealth building

OX4 Food Crew (OX4FC) was founded in April 2020 and is a partnership of nine organisations based in OX4, working with and for people experiencing food poverty.

OX4FC quickly responded to local emergency needs during the pandemic by delivering nutritious cooked meals to local people experiencing food insecurity.

They are now shifting their emphasis to build community led recovery and resilience, through free cooking for health and wellbeing courses for vulnerable parents, pay as you feel community meals, and incubator support for diversity-led food social enterprises.

This includes the Damascus Rose Kitchen⁵⁸ founded by refugee women and No Vice Ice⁵⁹ supporting people with hidden long-term health conditions.



In November 2021 their volunteers were awarded a High Sheriff award for outstanding voluntary service.

Over the next five years they want to expand their work to tackle the root causes of food insecurity and injustice and to grow and develop place based responses to overcome barriers to good nutrition.

⁵⁸ <https://www.damascusrosekitchen.org/>

⁵⁹ <https://www.noviceice.com/>

Case study seven: community empowerment

Cherwell Collective⁶⁰ aims to empower the community, increase wellbeing and support the vulnerable. They do this by working together to reduce food waste and environmental impact, increase skills and share knowledge.

“Our ethos starts with the idea that access to food alone is not enough to sustain us, but empowerment, skills building and community, are what is needed for long term health and well-being.”



There are three main services:

Cherwell Larder

Originally a COVID-19 emergency food delivery service to address food poverty, hardship and isolation, over 3,000 people have now registered for Cherwell Larder.

Food surplus is offered three days a week on a pay what you can basis, in the form of low carbon and nutritious meals, as well as supplies to take home.

“It’s not just a larder. It’s a community.”

Cherwell Larder volunteer

Climatarian Kitchen

The Cherwell collective café provides recipes, cooking courses, food kits and ready meals, all made from donated surplus food. It is designed to inspire more local seasonal, flexible cooking.



Harvest@Home and Growing Spaces

Over 900 people have been supported to grow food at home by supplying garden starter kits, skills training and access to resources. The project has expanded with a Green Space Garden Network with community growing spaces, supported by local leads in Kidlington, Bicester, Banbury and Witney.

Primary beneficiaries of the initial emergency food response now make up over 50 per cent of the volunteer force. As they continue to grow, links are being established with a diverse range of community groups and evaluation is ongoing so that barriers to participation are reduced and services meet the needs of the community.

⁶⁰ <https://www.cherwellcollective.com/about-us/cherwell-larder/>

Case study eight: supporting young women to access green space

The Greenspace & Us project in Oxfordshire is designed to improve equitable and sustainable access to green space for teenage girls. It focuses on east Oxford and engages with teenage girls living in deprived areas.

The project asks participants to reimagine green space, working towards a co-produced manifesto which details how future design and management of green spaces can take account of the needs of this group.

Alongside this project, a wider survey of young people's access to, and use of, green space was carried out in an east Oxford secondary school.⁶¹

The project with teenage girls explored themes around activities, infrastructure, safety and contact with nature. Some of the barriers to access cited included litter and a lack of toilets, shelter, seating, lighting and spaces reserved for nature.



The participants wanted to see more open green space available for walking and picnics – with benches and tables, outdoor gyms, biking areas, public art, water areas and other relaxing spaces.

⁶¹ <https://letstalk.oxfordshire.gov.uk/access-to-nature-and-use-of-greenspaces-survey-and-interactive-map>

Case study nine: You Move – physical activity for families



You Move⁶² was launched in June 2022 to provide heavily subsidised or free physical activity opportunities for families in receipt of, or eligible for, benefits related free school meals.

Active Oxfordshire co-ordinate the initiative, working with all the Oxfordshire district councils and wider partners to ensure a broad range of activities are on offer, including subsidised leisure and activities.

Locally based activators work closely with families to engage them with the most appropriate activity for them. More than 3,000 individuals and over 800 families registered in the first four months of the scheme.

The approach has taken learning and evidence from the Cherwell district council led Families Active and Sporting Together (FAST) programme (funded by Sport England). FAST was built upon evidence that parents are influential role models for their children and can lead by example. Nearly a third of FAST participants live in the most deprived wards, with 14 per cent of participants from minority ethnic groups.

“I would rate the FAST sessions at schools ten out of ten because it was a new activity each week and as a family we really enjoyed playing the variety of games together that we could also do at home.”

62 You Move | GO Active getoxfordshireactive.org

A final thought

We are working with a range of communities and partners from across Oxfordshire to help residents stay healthy, but there's still more we can do.

This report has highlighted that, like many places in the UK, almost all the food which people buy comes from outside of the county and prices favour processed foods high in sugar, fat and salt. Furthermore, the impact of the pandemic on the economy and the rising cost of both food and energy, have been making it harder for a significant and growing number of people in Oxfordshire to access sufficient nutritious food.

In terms of physical activity, Oxfordshire is a county with many advantages, where more people live close to green spaces well suited to recreation and with more parks and gardens within urban areas than in England as a whole. Yet, levels of physical activity have fallen. We have seen the greatest ever increase in Oxfordshire of adults and childhood living with obesity, with clear links to deprivation and poverty.

This is a situation that we need to address urgently to prevent needless ill health and shortened lives.

We need a renewed commitment to build on the alliances and partnership plans already underway. Community food services which emerged during the pandemic have shone a spotlight on food poverty and insecurity. Services are now dealing with ever increasing demand as the cost of living crisis worsens, with a clear need for us to offer tangible support and to learn from their experience. In all our case studies on reducing food poverty, improving access to nutritious food and increasing physical activity, we see that a partnership approach goes hand in hand with improving health and wellbeing.

We've also seen how important it is to tailor our approach to the different stages in people's lives and to continue to enhance our Oxfordshire whole system approach, where stakeholders co-operate and collaborate to bring about change. This is already happening through the partnership commitments to healthy place shaping and climate action, which

are clearly linked to accessible and sustainable healthy food and exercise environments. And there is more we can do ensure awareness of and access to healthier food particularly in our most deprived communities.

I hope this report has sparked your interest to find out more and to make new plans to provide food and physical activity environments which will support everyone in Oxfordshire to be and stay a healthy weight. We must reverse the trends in this preventable cause of ill health and health inequalities and in so doing, improve the health and lives of individuals and communities across Oxfordshire.