Consultation Report:
Healthy weight strategy refresh

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<tr>
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<td>Date</td>
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About NHS Oxfordshire

NHS Oxfordshire is a Primary Care Trust (PCT) and serves a population of around 630,000.

We are ambitious about improving the health and wellbeing of local people. NHS Oxfordshire intends that, by 2013, the people of Oxfordshire will:

- be healthier, particularly if they are vulnerable or live in our most deprived communities
- be working with NHS Oxfordshire to promote physical and mental wellbeing and prevent ill health
- be actively supported to manage their health and care needs at home when this is appropriate
- have access to high quality, personalised, safe and appropriate health services
- get excellent value from their local health services
- have a PCT which is a high performing organisation.

Oxfordshire is the most rural county in south east England and has a large geographical area to cover as well as a diverse population to serve. The population of Oxfordshire ranges from a predominantly older, white population in the rural areas to very ethnically diverse populations in Banbury and Oxford city where one third of the population are students.

NHS Oxfordshire works with our communities and our partners to improve health in the area and to make sure that local people’s needs are being met. We also work with organisations from the voluntary, private and community sectors so that we can make sure that the organisations providing health and social care services are working effectively.

Area covered by NHS Oxfordshire

Oxfordshire PCT serves a population of approximately 630,000 and covers the areas of Cherwell Vale District Council, Oxford City, South Oxfordshire, Vale of White Horse District Council and West Oxfordshire District Council.
Executive summary

**Purpose of the public engagement**
Our aim is to halt the year on year rise in childhood obesity, in the context of tackling the level of obesity in the Oxfordshire population as a whole.

Our objectives are to ensure that the population is aware of the health risks of being overweight or obese and ensure people have options available to help them to manage their weight. On a wider scale, we aim to prevent obesity by developing an environment which encourages a lifestyle, where healthy choices are easy to make and maintain in the long term.

As part of this we wanted to know how people maintain or try to achieve a healthy weight; where do they go for diet and exercise information, and what kind of lifestyle they lead. We carried out a period of engagement from 21 October – 3 December 2010. This involved contacting a range of individuals and groups including:
- slimming clubs
- voluntary organisations
- gyms
- clubs.

The feedback gathered and results from this report will be used to develop and commission services to support the people of Oxfordshire to achieve their own weight goals.

**Process and methodology**
The main method of consultation was a questionnaire, available online and in hard copy. Surveys were also taken along to public events including a health fair hosted by the Sonning Common health centre.

**Key findings**
Analysis of the consultation findings from the written responses, email and online responses resulted in very similar themes.

- The main barrier reported to maintaining a healthy weight through diet or exercise was lack of willpower and motivation.
- The majority of people would look to their GP or practice nurse for support and advice to lose weight or get healthier and fitter.
- Subsidising exercise opportunities, which should be varied, was the intervention people felt would most help people maintain a healthy weight.
- There was a clear distinction between subsiding and incentivising. The majority of people were happy to subsidise but did not feel that people should be incentivised.
- People felt that there should be more emphasis on education both in terms of how to eat and cook healthily but also around what is a healthy weight.
Conclusion

The report recommends that the participants’ concerns from this consultation are fully considered and as many of their comments and suggestions regarding maintaining a healthy weight strategy are incorporated wherever possible into the design of any new programmes, services or service redesign.
Background

**Maintaining a healthy weight strategy**

NHS Oxfordshire has developed a healthy weight strategy to halt the rise in adult obesity and reduce the incidence and prevalence of obesity related diseases such as diabetes, hypertension, stroke and heart disease. The strategy is supported by a delivery plan, derived from the Oxfordshire’s obesity strategy and involves a settings approach that enables the design of comprehensive interventions for behaviour change and environmental or organisational change. Being overweight can put your health at risk. Losing even a small amount of weight can make a big difference.

The costs to NHS Oxfordshire of treating diseases related to overweight and obesity are set to increase by approximately £1 million each year. If current trends continue the estimated annual costs to NHS Oxfordshire of diseases related to overweight and obesity are set to rise from £143 million in 1997 to £159 million in 2015.

**The local 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 - being obese reduces life expectancy by an average of nine years. 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 implemented in partnership will need to change many aspects of people’s lives and changes are needed to the current environment which encourages obesity.

There are currently a range of services and support options available in Oxfordshire to help people to lead healthier lives and maintain a healthy weight such as:

- Oxfordshire weight loss and lifestyle service (OWLS)
- Mind, exercise, nutrition… do it! (MEND)
- Health trainers
- GO Active

**What was the purpose of this consultation?**

We wanted to know what people do to maintain or try to achieve a healthy weight and where they go for diet and exercise information. What the barriers are to people accessing the support and help available and what we can do to address them. We also wanted to find out what support people think should be on offer to help people trying to watch their weight and maintain a healthy lifestyle.
The purpose of the consultation was to:
- provide members of the public with the opportunity to tell us how they try to maintain a healthy weight and what they perceive as the barriers to doing so
- ask people about what they do already and what they would be interested in doing in the future
- influence the content of the strategy
- influence the priorities of the strategy.

How will the feedback be used?
All the information gathered from the surveys and feedback from people who called or wrote in will be used to help shape the provision of services to help and support people maintain a healthy weight. It will feed into the strategic and operational plans for the development of obesity treatment and prevention services.

Stakeholders
The stakeholders for the maintaining a healthy weight strategy refresh, are people living in Oxfordshire, organisations and voluntary groups with an interest in weight, health and wellbeing, community organisations and health professionals.

Public
The public was the primary target group because we wanted to provide an opportunity for those people who would potentially benefit from services and support to help them maintain a healthy weight to give their views. We contacted members of the public through Talking Health, our involvement system, as well as people already engaged with services in the county that help them manage their weight.

We also contacted:
- Information centres
- Youth groups/clubs
- Curves – Banbury and Witney
- Oxfordshire WI
- Children’s Centres
- Weight Watchers
- Slimming World
- Oxfordshire LINk
- Village and parish newsletter

An article was picked up by a number of local parish publications including: the Childrey and Sparsholt Newsletter, the Charlbury Chronicle and the Finstock News.

1 A person or group with a direct interest, involvement, or investment in something. Stakeholders are individuals or organisations that have a direct interest in a service being provided
Engagement process
The consultation process ran from 21 October – 3 December 2010, efforts were made to engage with and encourage feedback from the public, service providers, service users and health professionals. We had planned to do two public facing events offering free body mass index checks to people in Oxford and Banbury however we were unable to hold these. One hundred and twenty people completed the survey and a number of people fed back by email. All this information has been included in the report.

Online engagement
The consultation was listed on Talking Health and we pro-actively contacted people who had already registered and expressed an interest in getting involved with consultations in this subject area. Information was also included in NHS Oxfordshire’s weekly all staff email bulletin.

Online, it was promoted on:
- Twitter, an online system where you ‘tweet’ short messages and pieces of information
- NHS Oxfordshire’s Facebook page
- Mumsnet and Netmums – Oxfordshire notice boards
- Oxford Radcliffe Hospitals NHS Trust intranet

Other methods of engagement
We directly contacted key stakeholders, by email and letter, including Slimming World and Weight Watchers groups in Oxfordshire, and the consultation was promoted at a number of public events including:
- a disability sports fair at Blackbird Leys leisure centre
- a business information fair at Wallingford
- a health fair at Sonning Common.
Engagement findings

The online and hardcopy questionnaire asked key questions about how people classify their own weight and whether they feel they struggle with their weight because of what they eat or lack of exercise. We also wanted to know where they would go for support and whether or not they felt support should be subsidised by the NHS or not.

A number of people chose to write or call in with their comments. These are included in the relevant sections of the report.

Questionnaire responses

1. In terms of your own weight, where would you place yourself on the following scale?

The map below shows where responses came from, across the county and the spread of weights, the majority of people, 57 per cent, classified themselves as a normal weight.

- Underweight Total: 1
- Normal weight Total: 68 (10 not shown on map)
- Overweight Total: 37 (5 not shown on map)
- Very overweight Total: 14
2. If you feel you are a normal weight, you eat well and keep active what helps you to do that?
The responses to this question were narrative because it was an open question. The main themes in people’s responses were:

- watching what they ate
- having an active lifestyle – being generally active and taking part in organised activities and sport
- cooking – and eating healthy food
- willpower
- genetics.

3. If you feel you struggle with your weight because of what you eat, what would help you to eat better?
Willpower/motivation was cited as the biggest issue, followed by healthy food being cheaper. Support was also something that people felt would help both in terms of making lifestyle changes and support from friends and family.

Below are comments from people who selected other:

“It is very complex. On a personal level keeping away from temptation is very helpful, peer support is very powerful. Most commercial slimming clubs are too impersonal, too big and really not that well run. Many people who are obese know perfectly well that they eat too much, know what foods are..."
healthy, however it is very, very difficult to keep to a healthy regime if you are the type of person who doesn't naturally feel enough is enough.”

“Most people don't realise the calorific values of food or the fat content, or equate it to how much activity is necessary to burn the calories.”

“Eating small, frequent meals suits me; I am inclined to overeat if I'm feeling very hungry and am also tempted to ‘reward' myself with chocolate, biscuits or cake because I 'deserve' it!”

I was overweight in my 20s and teens…I was often told to bring my weight down by dieting. I felt that being 10-16lb overweight wasn't a bad enough problem to justify subjecting myself to food stress - a decision probably made easier by my lifestyle - and ignored this advice. I think one thing that might help with the obesity crisis is broadening the definition of normal.”

4. If you feel you struggle with your weight because you are less active, what would help you to fit regular activity into your life?

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<tr>
<th>Option</th>
<th>Results</th>
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<tbody>
<tr>
<td>Willpower/motivation</td>
<td>16% (40)</td>
</tr>
<tr>
<td>Peer pressure</td>
<td>2% (5)</td>
</tr>
<tr>
<td>Support from family, friends or colleagues</td>
<td>5% (14)</td>
</tr>
<tr>
<td>Being active as a family</td>
<td>5% (12)</td>
</tr>
<tr>
<td>Changes to your work/life balance such as flexible working or building exercise into your routine</td>
<td>9% (24)</td>
</tr>
<tr>
<td>Changes to the local environment like more green space, more cycle and walking paths</td>
<td>6% (16)</td>
</tr>
<tr>
<td>More or different exercise opportunities locally</td>
<td>14% (37)</td>
</tr>
<tr>
<td>Making exercise classes fun and sociable</td>
<td>14% (35)</td>
</tr>
<tr>
<td>Positive marketing of health and wellbeing benefits</td>
<td>4% (11)</td>
</tr>
<tr>
<td>I don't feel I struggle with my weight</td>
<td>17% (43)</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>6% (21)</td>
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As with the responses to question three, willpower/motivation was the biggest barrier, cited by 16 per cent, to maintaining a healthy weight. Increasing the range of exercise opportunities available locally and making those classes fun and sociable were listed as things that would encourage people to make regular activities and exercise part of their daily routine. Other comments from people who responded to this question highlighted issues of confidence around taking part in exercise classes, having a ‘buddy’ to exercise with and people making changes to their work life to fit exercise in.

“Again many obese people find exercise too intimidating and are very conscious of their body. Most people know that exercise will improve their feeling of wellbeing but are embarrassed because they are obviously fat and wobbly when they exercise.”
“If swimming and exercise classes were cheaper or it was easier to get not just slice cards but reduced rates for swimming 10 times in a month for example.”

“I would like to take part in some exercise every day, if time allowed but not the same activity every day. I think variety helps motivation. The exercise I do take has been a big factor in keeping my weight within limits.”

“Having someone to exercise with. It’s the hardest thing ever going for walks alone or motivating yourself to join a club etc.”

“Streets being more friendly to pedestrian traffic. Employers providing exercise breaks or equipment. A culture of taking a full lunch hour. Reduction in stress, especially job stress and sleep stress.”

5. If you, or one of your friends or family, wanted help, advice or support to lose weight or get healthier and fitter, where would you suggest they look for more information?

<table>
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<th>Option</th>
<th>Results</th>
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<tr>
<td>GP/practice nurse</td>
<td>29% (78)</td>
</tr>
<tr>
<td>Family or friends</td>
<td>11% (29)</td>
</tr>
<tr>
<td>Leisure centre/Gym</td>
<td>24% (63)</td>
</tr>
<tr>
<td>School - school health nurse</td>
<td>3% (7)</td>
</tr>
<tr>
<td>Work - occupational health</td>
<td>4% (11)</td>
</tr>
<tr>
<td>Children’s centre</td>
<td>2% (6)</td>
</tr>
<tr>
<td>Internet</td>
<td>19% (51)</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>9% (23)</td>
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The majority of people, over a quarter, said that they would look to their GP for more information about getting fitter and healthier followed by going to a leisure centre or gym. The internet was also cited as a source of information but with the caveat that it was not always easy to judge the quality or validity of the information. Other comments given by people who selected other include:

“There is a huge amount of information already available - most people know the basics but it would be good to be able to be actively critical of fad diets.”

“I feel very strongly that weight management should not be medicalised (unless BMI >35 with complications such as diabetes/CVD). I think people need a better understanding of how different food groups actually work and interact and how their metabolism works. Health and fitness then needs marketing like any other lifestyle product (something nice and aspirational) not nasty medicine ... or indeed abdication of responsibility to "the doctor".

People also said that they would look to the following for advice and information.
• parish and district magazines that listed local sources of information and support
• weight loss classes such as slimming world and weight watchers
• pharmacies.

6. Which of the following programmes or services currently on offer, do you think would be most likely to help you, your family or others, maintain a healthy weight?

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<tr>
<th>Option</th>
<th>Results</th>
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<tbody>
<tr>
<td>Change4Life</td>
<td>7% (27)</td>
</tr>
<tr>
<td>Advice and information on the PCT and NHS websites</td>
<td>10% (38)</td>
</tr>
<tr>
<td>Cooking and healthy living programmes in children’s centres</td>
<td>10% (37)</td>
</tr>
<tr>
<td>Outdoor play schemes for children</td>
<td>7% (25)</td>
</tr>
<tr>
<td>Subsidised gym membership from work</td>
<td>14% (53)</td>
</tr>
<tr>
<td>Go Active - which includes setting up activities such as</td>
<td>13% (49)</td>
</tr>
<tr>
<td>Nordic walking in local communities</td>
<td></td>
</tr>
<tr>
<td>Workplace projects - such as the Oxford cycle challenge</td>
<td>7% (28)</td>
</tr>
<tr>
<td>to encourage people to cycle more</td>
<td></td>
</tr>
<tr>
<td>Green gyms</td>
<td>10% (39)</td>
</tr>
<tr>
<td>Sports clubs</td>
<td>8% (30)</td>
</tr>
<tr>
<td>Leisure centres</td>
<td>14% (55)</td>
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The most popular responses to this question were around exercise from subsidising gym membership, accessing leisure centres to getting involved with GO Active activities. Subsidising gym membership was a finding that is echoed in the narrative responses people have given; many felt that the cost of gym membership was prohibitive especially to those on lower incomes.

7. Which of the following programmes currently on offer, do you think would be most likely to help you, your family or others, to lose weight?

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<th>Option</th>
<th>Results</th>
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<tr>
<td>Exercise on referral - subsidised exercise for 12 weeks</td>
<td>31% (72)</td>
</tr>
<tr>
<td>Slimming on referral - subsidised weight loss for 12 weeks</td>
<td>23% (54)</td>
</tr>
<tr>
<td>Advice and support from GP or practice nurse</td>
<td>24% (57)</td>
</tr>
<tr>
<td>OWLS - weight management programme for morbidly obese patients, 12 weeks and follow up for a year</td>
<td>17% (40)</td>
</tr>
<tr>
<td>Surgery for obese patients such as gastric bands</td>
<td>5% (12)</td>
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Exercise was again listed as the most likely support to help people loose weight with over a third saying that exercise on referral would be one of the most effective interventions. However there were some negative comments around accessing exercise on referral which should be noted to develop the service to better meet people’s needs.
“I was referred to the 12 week exercise programme at Abingdon College earlier this year - it was a joke. I went three weeks in a row and no-one assessed my fitness or set up any kind of plan; they started late and finished early and were really demotivating.”

Advice and support from GPs and practice nurses as well as slimming on referral were also rated highly in terms of their potential success. One of the comments received by someone who had been referred to a slimming group shows how valuable they found the experience.

“I have found the opportunity to go to Weight Watchers very helpful. I was pleased that the GP/NHS was prepared to invest so much money in me. It has made me feel accountable and responsible.”

“Cheaper visits to "Slimming World", "Weight Watchers" etc. These clubs seem to be very helpful, but can be expensive and if a person cannot make a meeting they still have to pay. How about an NHS equivalent at the local surgery?”

8. Do you think that services or programmes which help people to lose weight, such as slimming clubs, gym sessions etc should be subsidised or offer incentives?

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<thead>
<tr>
<th>Option</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>77% (92)</td>
</tr>
<tr>
<td>No</td>
<td>23% (28)</td>
</tr>
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The majority of people, 77 per cent, felt that activities and support to help people loose weight should be subsidised. Questions 9 and 10 went on to ask them to explain their choices. As an open question the responses were narrative however the main themes have been pulled out and are listed below.

9. You answered yes to question 8, please explain why.
The most commonly cited reason for subsidising or incentivising was around a short term cost for a long term gain. People felt that by spending a relatively small amount now it would save money in the future having to deal with obesity related diseases and complications. However a message that also came through loudly from people's responses was that subsidising was acceptable but many people felt that people should not be incentivised to loose weight. Another theme in the comments was that some people needed an extra incentive to get them going.

“It is very easy for people to just accumulate weight without noticing until it gets too much. It is then an established lifestyle of excessive eating etc and very hard to break, which in turn leads to higher costs to the public purse for weight related illness. It makes sense that an intervention publicly funded and effective will avoid more costs later. I also feel that to breakout of the established overweight lifestyle is hard for many people so using public money to do this is a good return against later costs.”
“Because getting people to start exercising is often the hardest thing. Once they’ve got a ‘buzz’ from the initial effort more exercise is likely to follow. Subsidisation is good as direct savings from exercise can be linked to cost of looking after overweight people.”

“Because my husband lost five stone on Weight Watchers and has kept it off.”

“Not everyone can afford it - means test it if that helps.”

“Then they are likely to have ‘like people’ - there is nothing more off-putting than going to a slimming club or gym full of thin people, especially thin people who complain how fat they are and look at you as if you are from another planet.”

“Generally people who are obese have underlying issues with regards to self esteem or stress or grief, and their over eating has become a comfort or coping mechanism. I think is it important for people to be offered practical support and help at low cost to help them begin to recognise why they over eat and then change their behaviour and this needs to be done in a sensitive, consistent and non-judgemental way over a period of time as there is no quick fix when it comes to unlearning destructive behaviour patterns and re-learning more productive ones. Therefore it can't be a matter of a few sessions it needs to be for long enough to facilitate and maintain change.”

“To provide an incentive for self-help. I am fundamentally opposed to gastric surgery as it seems to be a cop-out and does not allow for people taking responsibility for themselves and their bodies.”

10. You answered no to question 8, please explain why.

The main reason people gave for not subsidising or offering incentives to people to maintain a healthy weight was that people did not see it as a funding priority. People who said no also felt there should be a greater emphasis on personal responsibility in terms of what people eat and their own weight.

“It should not be up to taxpayers to pay for non-medical programmes which become necessary as the result of individuals' poor living styles, lack of self discipline or motivation.”

“With so much money being unavailable in the NHS budget there is little opportunity to provide these incentives when reduced calorie intake or more physical activity, of all types, is all that is called for to reduce most peoples weight and increase their health.”

“If the incentive is not there obese people are unlikely to use the facilities whether or not there is financial subsidy. It doesn’t cost anything to go for a walk or a cycle ride for those who can’t afford a gym.”
“People can usually find cash for something which motivates and interest them.”

“As someone who has struggled with weight all my life (but never lost total control of it) I believe motivation is the key. No amount of incentives etc from outside will help if motivation is missing, so I do not believe money should be poured in to help this situation.”

“Because diets do NOT work, I have struggled all my life with my weight and have been to all the slimming clubs, and ended up losing weight, then gaining it and more and was 6 months ago at my heaviest ever!”

11. As a society, and thinking about Oxfordshire specifically, what do you think would help us all to become and stay healthier?

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<tr>
<th>Option</th>
<th>Results</th>
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<tbody>
<tr>
<td>More and safer cycle and walking routes</td>
<td>14% (67)</td>
</tr>
<tr>
<td>Less reliance on cars</td>
<td>11% (53)</td>
</tr>
<tr>
<td>Licensing to reduce fast food outlets and ensure supermarkets make healthy choices easier</td>
<td>11% (54)</td>
</tr>
<tr>
<td>Positive media messages about the benefits of a healthy lifestyle and maintaining a healthy weight</td>
<td>12% (58)</td>
</tr>
<tr>
<td>People to become more responsible for their own weight problems</td>
<td>14% (70)</td>
</tr>
<tr>
<td>Being taught about healthy lifestyles at school</td>
<td>15% (93)</td>
</tr>
<tr>
<td>More advice and support to make healthier choices</td>
<td>13% (62)</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>6% (31)</td>
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</tbody>
</table>

Education, being taught about healthy lifestyles at school, was felt to be key in helping people to stay healthier followed by better cycle and walking routes both in terms of quantity and perceived safety. However, 13 per cent of responses were around people needing to take responsibility for their own weight problems and this is something that was echoed through a number of the other responses.

Other comments received in response to this question included:

“Reinstate domestic science lessons in school.”

“I don’t really know but wonder if educating school-age children to eat and cook healthily would improve things. A lot of people use ready-meals or eat unhealthily. Children need to learn how to cook from somewhere and if it’s not their parents, the school is the best place.”

“Being taught cookery - healthy cookery.”

“Strongly publicised advertisements about precisely what are healthy weight levels, by age and height, e.g. ‘if you are x years old and male/female then measure your height against the kitchen door. On the chart find the weight which matches your height. Separate charts for different age groups...”
obviously.’ Make an honest list of what you ate last week, including quantities, i.e. not just ‘crisps’ but how many packets, and so on. Do you think that this was healthy eating?”

“Access to cognitive behavioural therapy (CBT) to assist weight loss.”

“Less society condemnation of the obese, so that they do not feel rejection from the start. This includes the obvious condemnation my medical staff.”

“More sport options at school, including things like archery where you don’t have to be running around fit, where sport becomes fun, not a humiliation if you’re no good at it.”

“I think there needs to be more options to eat healthily when you are out. E.g. healthy restaurants, cafes, and takeaways with entirely healthy options.”

“Advice and positive messages are important, but not as much as peer pressure (neighbours and colleagues). The biggest problem though is abdication of personal responsibility - ‘support’ very easily becomes an alternative to self motivation and therefore self defeating. Coaching needs to be done by people skilled in motivation and empowerment ... generally NOT nurses and certainly not doctors.”

“Try cultivating an alternative attitude that keeping a healthy weight brings benefits.”

“Start at school: 40 minutes a day which need not be rigidly connected to team sports for those who are not ‘sporty’ but could be flexible to appeal to the most reluctant pupil. Why not dancing? salsa, zumba, line. Instead of traditional gymnastics, fitness circuit training (as my Canadian exchange teacher once did, adapting a Canadian Air Force routine for 14 yr olds)but it can be gentle or tough. Nothing wrong with fancy skipping, either; boxers do it!”

12. Do you have any other comments about what would help you, your family and friends to maintain a healthy weight and what the barriers are that could prevent you?

This questions was an open question, 60 people answered it and the responses have been grouped in to themes.

Education – both in schools and to adults

“Education to show that a healthy lifestyle is not all effort, pain and denial.”

“Needs to be an honest approach to the difficulties of maintaining a healthy weight after initially losing weight - it’s a lifetime project, not a few months “diet”.
“Perhaps better education in the dangers of obesity. It is so easy to put off until tomorrow ....! I now suffer from arthritis and realise I have put too much strain on my joints. Did anyone tell me that when I was 30? I think our minds need to be trained but I do feel fast food outlets have to take a huge responsibility for today's obesity.”

“Lets start by teaching self discipline, and teamwork in schools. It is probably too late for the current working population.”

“Intervention at an earlier age. It is no good waiting ‘til someone is middle aged and a type 2 diabetic. You assume that one individual can lead the whole family. This may not be true!”

“Exercise isn’t the biggest key, but I think actually realising how big 23 stone is. Making the link between the amount of calories you are eating against the amount of time it takes to burn off is another eye opener (as well say seeing what 10 stone of fat actually looks like)...you soon cut down on those snacks and fattening items (they actually begin to taste bad too).”

Support

“Because over eating is an addiction that holds obesity as a side affect, such as smoking is an addiction that has cancer as a side effect. The only difference between the two are obesity is a mental health issue whereas cancer is a medical issue and gains

a. more sympathy
b. more funding for treatment

Also if there is medical/health support (rehab and occupational therapy etc) for anorexic, why (as it is someone’s choice to become anorexic as it is to over eat and become obese) should there not be medical/health support for obese patients.”

“GPs need to be more engaged rather than just passing people on to weight watchers.”

“Cheaper visits to "Slimming World", "Weight Watchers" etc. These clubs seem to be very helpful, but can be expensive and if a person cannot make a meeting they still have to pay. How about an NHS equivalent at the local surgery?”

“Overweight means more than just eating more and lack of exercise. I think anyone really needs to have been there, done that rather than what seems to be the preacher approach that I have seen and keep seeing (this doesn’t work!). Those that have been there are more of an inspiration and can understand the reasons and pressure that fellow "fatties" are going/have gone through...”
Emphasis on personal responsibility

“Encouraging people to take responsibility for their own lives - in all aspects. I do believe society as a whole has developed the idea that there is always someone else to blame for any problems. We need to realise that we must take responsibility for our own choices, including weight gain.”

Better access to healthier options

“Often healthier foods cost more and take longer to prepare.”

“I think making healthy food cheaper is the key. Promoting the local markets and having some live healthy cookery demos from time to time. Perhaps tying it in with look after yourself for old age, due to cuts! Might as well flip a negative to a positive!”

“Having healthy snacks, fresh fruit, vegetables more readily available in corner shops.”
Key recommendations
The findings from the consultation on the maintaining a healthy weight strategy has highlighted the need for:

- The main barrier reported to maintaining a healthy weight through diet or exercise was lack of willpower and motivation.

The new service needs to identify what will motivate people to get involved and alter their behaviour to become more active or change their eating habits in order that this insight can then be used to promote the benefits of change.

One of the comments received was that the person didn’t know in their 30s the impact of being overweight and now suffers from arthritis from putting too much stress on their joints. This is a difficult challenge to address because too many negative messages can cause people to switch off however it is important people understand the potential long-term impacts of overweight and obesity.

In order to build on individual’s motivation it would be good to have a ‘buddy’ system in place to encourage people to continue with their weight loss or behaviour change. This could be someone who has already taken part in one of the programmes such as GO Active, a health trainer or people could be ‘buddied up’ when they join.

- The majority of people would look to their GP or practice nurse for support and advice to lose weight or get healthier and fitter.

People said they would look to talk to their GP or practice nurse however a number of comments were received about people feeling condemnation from medical staff because of their weight and this as well as having a negative impact on their motivation can also affected their self esteem and it then becomes a viscous circle. One way to combat this could be around offering ‘soft skills’ training to medical staff so that they were better able to talk to people about their weight, which can be an emotive issue, and make sure that people do not feel they are being condemned when they are actively seeking help and support to change.

Slimming clubs such as Weight Watchers and Slimming World split were felt, on the whole, felt to have a positive impact but the cost was a barrier to some people. One of the suggestions was for practices to run their own weight loss groups, which would cost less than the commercial groups, this could also promote the medical benefits of weight loss as well such as less stress on joints, on the cardiovascular system and of developing Type 2 diabetes.
- Subsidising exercise opportunities, which should be varied, was the intervention people felt would most help people maintain a healthy weight.

There are already a range of different opportunities on offer in Oxfordshire as part of the GO Active programme and it maybe that these just need to be promoted more widely or offered at different times to appeal to different demographics than currently use them. One of the views that strongly came through was that traditional sport both at school and as a leisure activity did not appeal to everyone and their needed to be more and varied opportunities. A further piece of work could be done to explore what kind of activities people would be interested in doing and use this to inform the opportunities on offer.

As money becomes an increasingly finite resource it may not be possible to subsidise gym memberships, swimming and other activities. More could be done to promote activities which are free such as walking or cycling. One option could be to develop walking routes where people walk part of the route and take a bus back once people have increased their fitness levels they could walk the whole route but by having the public transport option it may not appear so daunting. The perceived safety of cycle and walking routes was also something that came through in people’s responses. This maybe a perceived risk rather than an actual risk and it would be good to work towards allaying these fears if these routes are safe.

- There was a clear distinction between subsiding and incentivising. The majority of people were happy to subsidise but did not feel that people should be incentivised.

This links back to motivating people and helping them to find something that they enjoy doing. If people were to find an activity that they really enjoyed and helped increase their activity level and maintain a healthy weight, which could be built in to their daily routine it would not be necessary to subsidise or incentive it to encourage them to participate. More work needs to be done around investigating the opportunities already available and what people would like to do and looking to develop services to fill those gaps.

- People felt that there should be more emphasis on education both in terms of how to eat and cook healthily but also around what is a healthy weight.

Education about healthy choices, cooking and what is a healthy weight is vital to helping people maintain a healthy weight. One of the comments was “I think one thing that might help with the obesity crisis is broadening the definition of normal” this is something that needs to be addressed as overweight and obesity become more prevalent they become the norm. This does not however mean that it is a healthy or ideal weight for people.

Teaching people to cook healthy meals on a budget and giving them the confidence to do so both in an education setting at school and in an adult learning setting for adults would help people become more familiar with
healthy foods and portion sizes. As well as considering the ideal calorie intake for a male and female in sedentary jobs. As one of the comments said “making the link between the amount of calories you are eating against the amount of time it takes to burn off” is another way to prompt people to think about their food choices.

There also needs to be support on offer for people who have achieved a weight loss so they can manage their weight. People felt that there needed to be follow up to short interventions so that people understood that lifestyle changes needed to be seen as a long terms lifestyle choice rather than a quick fix.

Next steps
A copy of this consultation report will be made available to all those who participated in the consultation, on Talking Health. This report will be used by NHS Oxfordshire (the commissioners) to support and develop the maintaining a healthy weight strategy.

Thanks
Thanks to all those individuals who responded to this consultation and to those organisations and individuals who promoted it and encouraged people to have their say.
Register to Have Your Say!

Influence change in your local NHS

Your opinions and feedback can and do make a difference in shaping the healthcare services that NHS Oxfordshire provides across the county.

By registering your areas of interest with NHS Oxfordshire, we will keep you informed of all consultations that are meaningful to you by mail or online so that you can ‘Have Your Say’ on current issues. You can also look at planned, current and past consultation and involvement activities on our website; view the results of these and how they have been used (see https://consult.oxfordshirepct.nhs.uk).

Register Now

In order to ensure that we involve you in consultations that are meaningful and relevant to you as an individual, this registration form asks a number of questions to establish your preferences. You can alter these preferences at any stage in the future by contacting us and letting us know.

About You

Title:      First Name:    Surname:

Email:

Mailing Address:

Age Range

☐ Under 15
☐ 15 – 24
☐ 25 – 34
☐ 35 – 44
☐ 45 – 54
☐ 55 – 64
☐ 65 and over
☐ Prefer not to say

Ethnicity

☐ White
☐ Mixed
☐ Asian or Asian British
☐ Black or Black British
☐ Chinese
☐ Other
☐ Prefer not to say

Gender

☐ Male      ☐ Female      ☐ Not stated

Do you consider yourself to have a disability?

☐ Yes      ☐ No      ☐ Prefer not to say

The Disability Discrimination Act defines a disability as: "A physical or mental impairment which has a substantial and long term adverse affect on their ability to carry out normal day-to-day activities."
Taking Part – how would you like to be involved?

What are your areas of Interest?

- Young people
- Older people
- Mental health
- Learning disabilities
- Cancer
- Dentistry
- Pharmacy
- Public health issues e.g. smoking, weight management
- My local community
- Women's health issues
- Black, minority and ethnic health issues
- Families
- Carers
- Physical disabilities
- Long Term Conditions e.g. diabetes, neurological conditions
- Cardiac / stroke
- Opticians
- GP services
- Sexual health
- ‘The Better Healthcare Programme’ for Banbury
- Men's health issues
- Community Hospitals

I'd like to be told about:

- Surveys
- Events and conferences
- Commenting on publications/reports
- Discussion groups/workshops
- Public meetings e.g. board meetings

Preferred Contact Method

- Email
- Post / Letter

Maintaining a healthy weight

As part of Oxfordshire's healthy weight strategy we want to find out about what you do to maintain a healthy weight. If you know where to go for information and what support you think should be on offer to help people to maintain a healthy weight and lifestyle.

1. In terms of your own weight, where would you place yourself on the following scale?

- Underweight – please go to question 5
- Normal weight – please go to question 2
- Overweight – please go to question 3
- Very overweight – please go to question 3
2. If you feel you are a normal weight, you eat well and keep active what helps you to do that?

3. If you feel you struggle with your weight because of what you eat, what would help you to eat better?

- Willpower/motivation
- Peer support
- Support from family, friends or colleagues
- Changes to your work/home routine such as: sitting down and eating meals as a family, having time to cook
- Learning how to cook a healthy meal on a budget
- Healthy eating information such as advice on reading food labels

- Changes to your home/work environment such as not keeping chocolate in the fridge
- Healthy options cheaper
- Unhealthy foods such as take-a-ways being more expensive or less available
- Positive marketing of health and wellbeing benefits
- I don’t feel I struggle with my weight
- Other (please specify)

4. If you feel you struggle with your weight because you are less active, what would help you to fit regular activity into you life?

- Willpower/motivation
- Peer pressure
- Support from family, friends or colleagues
- Being active as a family
- Changes to your work/life balance such as flexible working or building exercise into your routine
- Changes to the local environment like more green space, more cycle and walking paths

- More or different exercise opportunities locally
- Making exercise classes fun and sociable
- Positive marketing of health and wellbeing benefits
- I don’t feel I struggle with my weight
- Other (please specify)

5. If you, or one of your friends or family, wanted help, advice or support to lose weight or get healthier and fitter, where would you suggest they look for more information?

- GP/practice nurse
- Family or friends
- Leisure centre/Gym

- School - school health nurse
- Work - occupational health

- Children's centre
- Internet
- Other (please specify)
6. Which of the following programmes or services currently on offer, do you think would be most likely to help you, your family or others, maintain a healthy weight?

☐ Change4Life  ☐ Go Active - which includes setting up activities such as Nordic walking in local communities
☐ Advice and information on the PCT and NHS websites  ☐ Workplace projects - such as the Oxford cycle challenge to encourage people to cycle more
☐ Cooking and healthy living programmes in children's centres  ☐ Green gyms
☐ Outdoor play schemes for children  ☐ Sports clubs
☐ Subsidised gym membership from work  ☐ Leisure centres

7. Which of the following programmes currently on offer, do you think would be most likely to help you, your family or others, lose weight?

☐ Exercise on referral - subsidised exercise for 12 weeks
☐ Slimming on referral - subsidised weight loss for 12 weeks
☐ Advice and support from GP or practice nurse
☐ OWLS - weight management programme for morbidly obese patients, 12 weeks and follow up for a year
☐ Surgery for obese patients such as gastric bands

The cost of obesity
The costs to NHS Oxfordshire of treating diseases related to overweight and obesity are set to increase by approximately £1 million each year. If current trends continue, the estimated annual costs to Oxfordshire NHS of diseases related to overweight and obesity are set to rise from £143 million in 1997 to £159 million in 2015.

In May 2010 NICE's citizen's council met to discuss 'in what circumstances are incentives to promote individual behaviour change an acceptable way of promoting the health of the public?'
The report is available on the NICE website www.nice.org.uk

8. Do you think that services or programmes which help people to lose weight, such as slimming clubs, gym sessions etc should be subsidised or offer incentives?

☐ Yes - please go to question 9
☐ No - please go to question 10

9. You answered yes to question 8, please explain why.
Then please go to question 11.
10. You answered no to question 8, please explain why

11. As a society, and thinking about Oxfordshire specifically, what do you think would help us all to become and stay healthier?

☐ More and safer cycle and walking routes
☐ Less reliance on cars
☐ Licensing to reduce fast food outlets and ensure supermarkets make healthy choices easier
☐ Positive media messages about the benefits of a healthy lifestyle and maintaining a healthy weight
☐ People to become more responsible for their own weight problems
☐ Being taught about healthy lifestyles at school
☐ More advice and support to make healthier choices
☐ Other (please specify)

_______________________________
_______________________________
12. Do you have any other comments about what would help you, your family and friends to maintain a healthy weight and what the barriers are that could prevent you?

Thank you
Please return this form to:
Annika Howard - Communications & Engagement
NHS Oxfordshire
FREEPOST RRRK-BZBT-ASXU
2nd Floor Jubilee House
5510 John Smith Drive
Oxford Business Park South
OXFORD OX4 2LH

The consultation closes on Friday December 3 2010.

Terms & Conditions
By completing this registration form, you agree to your contact details being stored on NHS Oxfordshire's consultation management system (https://consult.oxfordshirepct.nhs.uk) so that we can regularly inform, consult and involve you in accordance with the preferences set out by you on Registration. Personal information held within the consultation system will not be passed to, or shared with any third party. In addition NHS Oxfordshire undertake to comply with the UK Data Protection Act 1998 and NHS Oxfordshire's Data Protection Policy. For full terms and conditions please see the website.