Southwark Healthy Weight Strategy

2009 – 2012

Improving the life chances of Southwark residents by supporting them to eat a balanced diet enjoy physical activity on a regular basis and live and work in an environment that enables them to do this.
Document Control Summary

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- Southwark Play Strategy  
- Physical Activity Strategy  
- Southwark Health Improvement Strategy 2007 –10  
- Southwark Transport Implementation Strategy  
- Southwark children and young people’s plan |
| This strategy replaces | Southwark Obesity Prevention and Management Strategy 2007-2010 |
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1. Southwark’s Healthy Weight Vision

A healthy weight is vital to physical and mental wellbeing. Over the past decade the prevalence of underweight in the general population has remained relatively stable, while overweight and obesity has almost doubled [18]. The World Health Organisation states that obesity is an epidemic that requires urgent action [18]. In the UK, Derek Wanless specifically highlighted the rising levels of obesity and concomitant increases in co-morbidities as posing a significant threat to the future affordability of the National Health Service [27]. *Choosing Health* cites obesity and tackling weight management as a major strand of work for the health service, local government and general public [6].

The impact of overweight and obesity on the length and quality of life is significant. Overall nearly 9% of all deaths are attributable to excess weight, 10% of all cancer deaths amongst non-smokers and 85% of all hypertension cases; and for each unit increase in body mass index the risk of coronary artery disease more than trebles [5]. Overall, obese adults die eleven years earlier than the general population [5]. The government’s commissioning support toolkit for healthy weight interventions estimates the costs in Southwark to the NHS of diseases related to overweight and obesity to be £86.1 million in 2010 and £92.1 million in 2015 [6].

The London Health Observatory estimates that approximately 4,000 deaths, or 7% of all deaths in London in 2003 were attributable to obesity [17]. Of these, 300 were cancer deaths, 450 were due to stroke or raised blood pressure, 600 were caused by angina or heart attack and 250 were caused by diabetes [17]. The relatively small numbers of deaths per year at PCT level make it difficult to produce accurate estimates of deaths due to different causes attributable to obesity. However, 7% of deaths in 2003 in Southwark would equate to 125 deaths due to obesity.

Nationally, the Government Office For Science’s Foresight report predicts by 2050 nine in ten adults and two thirds of children will be overweight or obese [18]. There is a Public Sector Agreement Target to reduce the proportion of overweight and obese children to 2000 levels in the context of reversing the rising tide of obesity and overweight in the population as a whole, by ensuring that all individuals are able to maintain a healthy weight [6]. *Healthy Weight Healthy Lives* acknowledges that the shift from solely focusing on obesity to a wider concept of a healthy weight throughout the life course requires action to support those who are underweight and at increased risk of health problems, although it’s initial focus is on overweight and obesity [4].

Overweight and obesity pose more significant threat to public health than underweight in the UK. However some eating disorders, primarily anorexia nervosa, pose immediate threats to health and life. Obesity is defined as an abnormal or excessive accumulation of body fat, which impairs health [20]. Overweight and obesity occur when more energy is consumed through food and drink than expended through physical activity. At this simple level, a healthy balanced diet and regular physical activity are effective mechanisms for controlling weight at an individual level. However, this energy balance (or imbalance) is influenced by a complex interrelated system of individual, social, economic and political determinants where no one factor dominates [18]. The evidence is clear that successful action to promote a healthy weight will focus on the whole population and will work in partnership to reduce the prevalence of obesity and overweight needed to produce change across these various domains, whilst targeting individual factors at multiple levels and utilising different interventions directed at the same process [18].

Southwark wants to improve the life chances of Southwark residents by supporting them to eat a balanced diet, enjoy physical activity on a regular basis and live and work in an environment that enables them to do this.

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1 Based on office of 2003 deaths of registered Southwark residents.
This will be challenging. Nationally, Southwark has highest rate of obesity amongst year six children with 26% obese compared to an English average of 18.3% and the second highest amongst reception year with 14.4% obese compared to 9.6%. Based on Health Survey for England prevalence rates, 22.1% of Adults in Southwark have a body mass index (BMI) greater than 30kg/m2 and 32% have a raised waist circumference [8]. However this is likely to be a underestimation as the borough’s population contains large groups at increased risk of overweight and obesity, including Black Africans and Black Caribbeans, those living in socially deprived areas, smokers planning to stop, people with disabilities and those employed in manual professions.

It is recognised that significant work is underway within the borough by a variety of different organisations and through a variety of routes. However, there is a need for co-ordination of work to promote healthy weight and clarity on how initiatives impact on the prevalence of overweight and obesity within the borough. Southwark now needs to take a more strategic approach to promoting a healthy weight though a coherent strategy supported by a robust commissioning plan and with a clear focus on measuring the impact of work.

2. Summary of Evidence

Obesity research is biased towards causes rather than treatment and prevention [18]. There are few good quality control trials and those interventions or programmes, which have been successful in reducing overweight and obesity amongst participants, have not been replicated on large enough scale to evaluate their public health benefit [18].

The National Institute of Clinical Excellence (NICE) has reviewed the evidence with regard to the prevention and treatment of obesity in adults and children. Key findings are:

- Lifestyle programmes can be successful as a primary treatment.
- Programmes which set realistic weight goals; focus on lifestyle changes; address diet and physical activity; offer a variety of approaches; include a component of behaviour change; offer follow up support.
- Drug treatment in adults and children over 12 years who have a significant co-morbidity
- Maintaining a healthy weight through reducing sedentary behaviours.
- Maintaining a healthy weight through a low fat diet, increased consumption of fruit, vegetables and fibre and decreased consumption of sugary drinks, take away food and alcohol.
- Focusing on parental obesity to reduce the risk of obesity and overweight in children.
- Multi-component interventions which include a public health media campaign to increase awareness of what constitutes a healthy diet
- Using social marketing interventions to improve outcomes associated with diet, e.g. fruit and vegetable intake, fat consumption.
- Family-based interventions that target improved weight maintenance in children and adults, focusing on diet and activity, can be effective, at least for the duration of the intervention
- There is limited evidence to suggest workplace based interventions produce long term weight loss
- No studies were identified which considered the provision of water in the workplace, active travel schemes and stair use on weight outcomes
- It is unclear whether interventions are more effective when delivered by multidisciplinary teams
- There is no evidence on the effectiveness of broader environmental interventions on the maintenance of a healthy weight and prevention of obesity

NICE outlines which interventions can be effective for individuals to lose weight and adopt a healthier lifestyle, however focusing solely on the treatment of individuals is not sufficient to

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reduce the rising levels of obesity across the entire population. We must combine an effective healthy weight programme targeted to those who are overweight and obese with a universal healthy weight strategy to reduce the average BMI across the entire population. Finally, we need to promote the right balance between treatment and prevention and a key priority is the prevention of overweight and obesity amongst children and young people. Whilst a clear distinction is needed between strategies to promote a healthy weight and programmes to treat obesity, obesity is a remitting relapsing condition and implementing an effective prevention strategy will support treatment [18].

Focusing too much on a single element of the obesity system, or on one population group, is unlikely to be successful in bringing about the scale of change required [18].

2.1 Causes of overweight and obesity

The causes of overweight and obesity are both simple and complex. Excess body fat is caused by more energy being taken in through eating and drinking than is used up through metabolism and physical activity – imbalance between ‘energy in’ and ‘energy out’.

The primary determinants of this energy balance are an individual’s biology (genetics) and behaviour (eating and physical activity habits). The Foresight report [18] further examined this and found a “complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain”

The Foresight report identified 7 cross-cutting predominant themes which affect our weight:

- Biology: an individual’s starting point - the influence of genetics and ill health;
- Activity environment: the influence of the environment on an individual’s activity behaviour, for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;
- Physical Activity: the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day;
- Societal influences: the impact of society, for example the influence of the media, education, peer pressure or culture;
- Individual psychology: for example a person’s individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences;
- Food environment: the influence of the food environment on an individual’s food choices, for example a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home;
- Food consumption: the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual’s diet.

2.2 Community based programmes to reduce overweight and obesity

The Department of Health is piloting the Healthy Towns initiative in 9 towns. This initiative is based on the French **EPODE Programme – Ensemble, prévenons l’obésité des enfants (France)** The programme involves whole communities with a focus on families with children aged between 5 and 12 years. The programme aims to promote a varied balanced diet, incentivise physical activity, increase knowledge and translate this into action at a family level [12].
3 Programmes for children and early years

A framework has been produced by the Cross-Government Obesity Unit to support local commissioning of services to enable overweight and obese children to move towards and maintain a healthy weight. More information is available in Healthy Weight, Healthy Lives: Child Weight Management Programme and Training Providers Framework. [32]. Programmes appointed to the framework include the following:

**Carnegie Weight Management (Leeds, England)**
Carnegie weight management established by Leeds Metropolitan University offers a variety of approaches aimed at 8 to 17 year olds. These include intensive treatment residential camps for the very obese; community based day camps for moderately obese children and community and after-school clubs for mildly obese, overweight children. Children who attended the residential camp for an average of twenty-nine days lost an average of 6kg, reduced their BMI by an average of 2.4 units and their standard deviation scores by a mean of 0.28 [27].

**COCO - Care of Childhood Obesity Clinic (Bristol Royal Hospital for Children, England)**
COCO is a hospital-based service for children with morbid obesity. It involves an intense dietary programme and calorie restriction, physical activity and pharmacotherapy. 83% of those attending the clinic reduced their BMI. A pilot study is underway to examine the feasibility of transferring the clinic to primary care in preparation for a full randomised control trial of the two. The study will entail training a practice nurse, community dietician and exercise specialist to deliver the same clinical service in primary care as that offered at the hospital.

**WATCH IT –** For 8-16 yr olds. The programme offers a holistic, multi-component intervention addressing nutrition, physical activity and emotional wellbeing. The programme is delivered by health trainers offering individualised support to parents and children over 12 months alongside group activity.

**MEND –** MEND stands for Mind, Exercise, Nutrition and Do it and is a multicomponent community and family-based overweight/obesity treatment programme. The programme is group based, for up to 15 children aged 7-13 each with one parent/carer. There are two, two-hour sessions for ten weeks. Key elements are Mind (eg goal setting, identifying triggers, role modelling), Exercise (expert-delivered physical activity sessions for the children) and Nutrition. MEND also have a programme for 2-4yrs called Mini-MEND and 5-7 year olds.

**SCOTT –** For 2-19 yr olds. Developed by University of Glasgow. Designed to be mainly directed at children/adolescents requiring more individualised treatment. The programme consists of a core of 10 appointments usually through a health professional, with two for parents only, over 20 or 24 weeks. Parents have the role of participants in the programme as well as facilitators and supporters of the child’s chosen goals.

**HENRY – Health, Exercise, Nutrition for the Really Young (England)**
Based on the Family Partnership Model [21], HENRY focuses on babies, toddlers and early years children. It aims to enhance the skills of health and community practitioners to deliver intervention in five key lifestyle areas: parenting; eating behaviour; nutrition, physical activity; emotional well-being [13].

**EMPOWER – Empowering Mothers to Prevent Obesity at Weaning (Leeds and Warwick, England)**
Developed by the Royal College of Paediatrics and Child Health Obesity Group, EMPOWER piloted the use of health visitor delivered interventions to prevent infant and early childhood obesity in high risk infants, by promoting a healthy diet and appropriate levels of physical activity as part of the Child Health Promotion Programme. A two-year feasibility study is (24 months): This stage of the study will involve piloting the intervention from amongst sixty-four families and is assessing the feasibility of conducting a randomised control trial at a later stage [24].
ALIVE N KICKING – A programme for 7-11yr olds and 11-16yr olds. Based on segments of 12 weeks, families attend each week for 1 hour compulsory sessions followed by one organised physical activity session each week (normally optional). Activities include education sessions, physical activity programmes and behavioural change workshops. The programme uses group sessions, a 1-1 assessment and information exchanges. A bespoke, prioritised support strategy is devised in conjunction with the whole family.
4. Strategic Priorities

This strategy is based on the evidence and advice from national bodies on what works and incorporates an assessment of current activities in Southwark which enhance achievement of healthy weight.

Southwark will work to ensure that people who are of an unhealthy weight receive timely access to appropriate, evidence based care and treatment. People who are overweight and at risk of serious complications are supported through personalised, evidence based interventions which support sustained behaviour change. Childhood obesity treatment programmes will work with the whole family and will be commissioned based on NICE guidance and current best practice.

Southwark’s Healthy Weight Strategy consists of four strands:

**Strand One – Early intervention and prevention.**
**Strand Two – Shifting the curve of overweight.**
**Strand Three – Targeting those at risk of an unhealthy weight.**
**Strand Four – Effective treatment of anorexia, obesity and other weight disorders.**

These four strands will be supported by:

- A programme of monitoring and evaluation, which will contribute to the obesity treatment and prevention evidence base.
- A programme of workforce training and development to build capacity throughout the borough.
- Effective governance arrangements to ensure that healthy weight strategy group and healthy weight strategy is fit for purpose.
- A commitment to developing and nurturing effective partnerships with statutory and third sector organisations.

We will work to commission interventions based on robust evidence and will work to influence and support our partners to effectively contribute by nurturing partnerships, engaging with local residents and building capacity and skills.
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<td>Adults BMI &gt; 35 Children 98th centile</td>
<td>Secondary Care Primary Care Community</td>
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<td>Targeting those at risk of obesity</td>
<td>Personalised advice, and intervention support</td>
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<td>Shifting the curve of overweight</td>
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**Links**
- Monitoring and evaluation and building the evidence base
- Developing skills of the workforce and building capacity
- Effective governance arrangements
- Effective partnerships
5.1 Strand One – Early intervention and prevention

Aim: Early intervention to prevent overweight and obesity in the general population, with a particular focus on children and supporting the maintenance of a healthy weight throughout the life course. Once weight is gained it is difficult to lose, thus Southwark will work to prevent overweight and obesity in the general population, with a particular focus on children and supporting the maintenance of a healthy weight throughout the life course. Early intervention and prevention work should not be solely focused in terms of children and young people, as parents, carers and families significantly influence the development of a healthy or unhealthy weight.

Research shows there are a number of critical points across the life course where there may be specific opportunities to influence behaviour. These relate to periods of ‘metabolic plasticity’ such as pregnancy and menopause or behaviour change such as leaving home or giving up smoking [18]. There is strong evidence that early foetal growth patterns, parental weight, and early childhood nutrition have long-term consequences for later weight. Preschool years (ages 2–5) are a key time for shaping lifelong attitudes and behaviours, and childcare providers can create opportunities for children to be active and develop healthy eating habits, and can act as positive role models.

Intervention Groups

- Mothers who do not breastfeed - There is some evidence that babies who are not breastfed are more likely to become obese in later childhood [19,2].
- Families in lower socio-economic groups - Mothers from lower socio-economic groups are also more likely to introduce solid foods earlier than recommended and their children are at a greater risk of gaining weight too slowly in infancy and obesity in later childhood [2]. Weaning prior to 4 months is related to rapid weight gain in infancy. Rapid early growth has been linked to greater general and central adiposity at 5 years and may predispose to the development of childhood obesity [25].
- Families with unhealthy eating, physical activity and feeding behaviours - e.g. low consumption of fruit and vegetables in the early years [29]. Parents without the knowledge, skills and resources to provide a healthy diet, time children spend watching television [18].
- Children’s centres, schools, health services which need to encourage healthy physical activity and food behaviours in families and support these with healthy policies.
- Pregnant and menopausal women – both are critical periods for weight gain in women.
- People giving up smoking
- Groups at greater risk of unhealthy weight – mental health and learning disability service users, some BME groups, socio-economically deprived groups.

Current Activities

- Early years nutrition and dietetics team working in Children’s Centres to deliver health promotion
- Breastfeeding cafes
- Training of lay breastfeeding support workers
- Healthy Schools programme
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<td>Healthy eating advice for all pregnant women through primary care</td>
<td>Reduction health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth</td>
<td>2010</td>
<td>Primary care Midwifery Health visitors</td>
<td>PSA 2: Reduction in health inequalities NICE Maternal &amp; child nutrition guidance Child Health Promotion Programme</td>
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<td>Identification of risk factors through CHPP and referral to specialist/dietetics for women with a BMI &gt;27 Pre-conception advice available Healthy start vitamins available to purchase for those who do not qualify Advice on healthy start incorporated into routine visits by primary care professionals.</td>
<td></td>
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<td>2010</td>
<td>Midwives Health visitors</td>
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<td>Provision of weaning support and advice</td>
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<td><strong>1.3 Maintaining a healthy weight</strong></td>
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<td>2011</td>
<td>Health visitors, community nursery nurses, the child</td>
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<td>throughout early years (early years)</td>
<td>Early years nutrition and health promotion in children centres years settings</td>
<td>Development of physical activity and healthy eating and utilises a whole setting approach.</td>
<td>All early years settings to develop, implement and monitor an and physical activity food policy.</td>
<td>Health promotion programme (CHPP) team and children's centre teams</td>
<td>2010</td>
<td>Schools Southwark Council PCT Healthy Schools Programme</td>
<td>Every Child Matters Framework</td>
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<td>1.4 Preventing overweight in children and young people (school, families and young people)</td>
<td>Work with schools to ensure that they provide opportunities for healthy food and physical activity as well as advice and support on preventing obesity</td>
<td>Implementation and development of Healthy Schools Programme</td>
<td>100% of schools have achieved Healthy Schools status</td>
<td>2010</td>
<td>Schools Southwark Council PCT Healthy Schools Programme</td>
<td>LAA NI 52 school lunches School Food Trust</td>
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<td>Work within youth settings and other venues frequented by young people, to ensure that they provide opportunities for healthy food and physical activity as well as advice and support on preventing obesity</td>
<td>Representation of Youth Service on Healthy Weight Strategy Group</td>
<td>% increase in school lunch up take</td>
<td>Youth service</td>
<td>Healthy Southwark Change for life</td>
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<td>Support for families</td>
<td>Provide support (both practical and financial) to develop and maintain community-based initiatives, which aim to make a balanced diet more accessible to people especially those on a low income.</td>
<td>Increased participation</td>
<td>2010</td>
<td>Primary care Children’s services Schools Early years settings Public Health</td>
<td>Healthy Weight Healthy Lives</td>
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<td>1.5 Preventing weight gain at critical periods throughout the life course <em>(smoking cessation, parenting, menopause and aging)</em></td>
<td>Build healthy weight advice into smoking cessation services</td>
<td>Adults and BME groups in smoking cessation services</td>
<td>Develop links between smoking cessation service and weight management services, particularly with smoking cessation aimed at ethnic minority groups who are at increased risk of obesity</td>
<td>% of adults who request support receive healthy weight advice</td>
<td>2011</td>
<td>Smoking cessation Pharmacy Health promotion Dietetics</td>
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5.2 Strand Two – Shifting the curve of overweight

Aim: Reducing the overall prevalence of overweight in the general population

While public awareness of the healthy weight agenda appears to be growing, recognition of unhealthy weight remains a significant barrier to healthy weight control [15]. In the mid 1990s a focus developed on eating disorders and the fear of some young women of a healthy weight to identify themselves as overweight. Since then awareness of the need for healthy weight has shifted to those who are overweight and obese. The prevalence of anorexia has remained relatively stable while the prevalence of overweight and obesity has increased dramatically [15].

Urbanisation creates conditions, which promote poor eating habits and inactivity (WHO) and data from the 2008 Childhood Measurement Programme shows that childhood obesity continues to be significantly higher in urban areas than rural. The population mean BMI increased by 1.5kg/m² in men and 1.3kg/m² in women between 1993 and 2006 [4] and this shift towards overweight has been accompanied by a concomitant increase in the proportion of the population who are obese or morbidly obese. Southwark will utilise healthy public policy to reduce the overall prevalence of overweight in the general population. Successfully reducing average BMI across the population will have a dramatic effect in the prevalence of diabetes [18]. The interaction between people and their environment has important consequences for behaviour and the adoption of healthy lifestyles. There are opportunities to shape the built environment and make good use of public spaces, planning and building design.

Intervention Groups

- Whole population
- Children and early years (see Strand 1)
- Groups at greater risk (BME Groups (See strand 3), Most deprived wards)

Current activities

- Active Living officers from the Council offer free physical activity sessions.
- Southwark Council’s Community Games programme provides free sports coaching and competition for 8 to 16 year olds throughout the year.
- Training is offered to local people learning how to lead community-based activities such as Healthy Walks, Chair Based Exercise and Exercise to Music.
- Southwark Healthy Walks programme
- Free swimming for under 16s and over 60s
Strand Two – Shifting the curve of overweight

<table>
<thead>
<tr>
<th>Objective</th>
<th>Mechanism</th>
<th>Target Group</th>
<th>Actions</th>
<th>Outcomes</th>
<th>Timescale</th>
<th>Owner &amp; Stakeholders</th>
<th>National &amp; Local Policy / Target links</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Ensure all settings support people to enjoy a healthy balanced diet and regular physical activity</td>
<td>Healthy early years programme</td>
<td>Early years</td>
<td>Development and implementation of programme</td>
<td>% of children centres participating in programme</td>
<td>2009</td>
<td>Public health Health visitors Early years</td>
<td>Public health Schools</td>
</tr>
<tr>
<td></td>
<td>National healthy schools programme</td>
<td>School aged children</td>
<td>Continuation of programme</td>
<td>% of pupils attending a Healthy School</td>
<td></td>
<td></td>
<td>Public Health LD service SLAM</td>
</tr>
<tr>
<td></td>
<td>Healthy hospital, community and care home programme</td>
<td>Vulnerable groups</td>
<td>Development settings policy developed</td>
<td></td>
<td></td>
<td></td>
<td>Southwark PCT Southwark Council</td>
</tr>
<tr>
<td></td>
<td>Healthy workplace programme</td>
<td>Employees</td>
<td>A healthy workplace policy developed</td>
<td>A healthy workplace policy developed and implemented for all NHS and LA premises</td>
<td></td>
<td></td>
<td>Southwark PCT Southwark Council</td>
</tr>
<tr>
<td>2.2 Improve the diets of Southwark Residents</td>
<td>Implementation of a Southwark Food Strategy</td>
<td>Southwark residents</td>
<td>Identification of food deserts Development and implementation of local campaign</td>
<td>Reduction in the difference in children’s DFM scores at 5 and 12 Portions of fruit and vegetables consumed daily</td>
<td>2010</td>
<td>Southwark PCT Southwark Council</td>
<td>Local</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children and Young People BME groups Top quintile most deprived wards Retailers</td>
<td></td>
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</tr>
</tbody>
</table>

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**2.1 Ensure all settings support people to enjoy a healthy balanced diet and regular physical activity**

- **Healthy early years programme**
  - Development and implementation of programme
  - % of children centres participating in programme
  - 2009
  - Owner & Stakeholders: Public health Health visitors Early years

- **National healthy schools programme**
  - Continuation of programme
  - % of pupils attending a Healthy School
  - 2009
  - Owner & Stakeholders: Public health Schools

- **Healthy hospital, community and care home programme**
  - Development settings policy developed
  - 2009
  - Owner & Stakeholders: Public Health LD service SLAM

- **Healthy workplace programme**
  - A healthy workplace policy developed
  - A healthy workplace policy developed and implemented for all NHS and LA premises
  - 2010
  - Owner & Stakeholders: Southwark PCT Southwark Council

---

**2.2 Improve the diets of Southwark Residents**

- **Implementation of a Southwark Food Strategy**
  - Identification of food deserts
  - Development and implementation of local campaign
  - Reduction in the difference in children’s DFM scores at 5 and 12 Portions of fruit and vegetables consumed daily
  - 2010
  - Owner & Stakeholders: Southwark PCT Southwark Council
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>2.3 Increase activity in everyday life amongst children and young people</td>
<td>Provision of quality play space, promotion of unstructured play availability of structured activity and sport</td>
<td>Children and young people in 5 most deprived wards</td>
<td>Review of Southwark’s Play Strategy Development of physical activity plan Appointment of borough PA lead</td>
<td>% of children and young people doing 5 hours physical activity a week 16% of children travelling to school by car (from baseline of 22% 2007) (LAA 198)</td>
<td>2011</td>
<td>CSPAN Southwark physical activity groups Young Southwark</td>
<td>NI 57 participation in physical education and sport school travel Southwark Play Strategy</td>
</tr>
<tr>
<td>2.4 Increase activity in everyday life amongst adults</td>
<td>Minimisation of environmental barriers to physical activity</td>
<td>Southwark residents</td>
<td>Appointment of borough PA lead Engagement with local residents to identify barriers to physical activity and audit completed</td>
<td>% of adults engaging in physical activity</td>
<td>2010</td>
<td>Environmental Sustainability Partnership CSPAN Southwark physical activity groups</td>
<td>National Service Framework for Coronary Heart Disease NI 8 Cleaner Greener Southwark Southwark Transport Implementation Strategy</td>
</tr>
</tbody>
</table>

Reduced car use

Car users

Promotion of cycle schemes and walking Provision of safe bicycle storage Traffic calming measures Personalised travel plans

8.5% reduction in per capital in CO2 emissions from baseline of 7.1 tonnes (LAA 8.18)

2011

Environmental Sustainability Partnership Planning

NI 8 adult participation in sport

Southwark Transport
<table>
<thead>
<tr>
<th>Objective</th>
<th>Mechanism</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2.5</td>
<td>Promotion of walking</td>
<td>Adults</td>
<td>Public sign posting</td>
<td>Increase in number of travel plans</td>
<td>2009</td>
<td>Public Health</td>
<td>Implementation Strategy</td>
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<tr>
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<td></td>
<td>Planning</td>
<td>Environmental Health Planning</td>
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</tr>
<tr>
<td>2.6</td>
<td>Social marketing approaches</td>
<td>BME groups, Top quintile most deprived wards, Parents</td>
<td>Develop social marketing strategy which supports national campaigns</td>
<td>Increased awareness among families of the health problems associated with obesity.</td>
<td>January 2009</td>
<td>Communications, Public Health</td>
<td>National Centre for Social Marketing</td>
</tr>
<tr>
<td>2.7</td>
<td>Ensure Housing and Regeneration Strategies support people to live in environments that promote physical activity and access to healthy food</td>
<td>Policy and Planning</td>
<td>Those living in social housing and in major regeneration areas</td>
<td>Health Impact Assessment of new strategies and area action plans</td>
<td>January 2012 and ongoing</td>
<td>Housing and Regeneration</td>
<td>Mayors London Plan</td>
</tr>
</tbody>
</table>
5.3 Strand Three – Targeting those at risk of obesity

Aim: Personalised advice, intervention and support for those at risk of obesity

Southwark Health and Social Care will ensure that people who are overweight and at risk of obesity will receive personalised advice, interventions and support. Advice, treatment and care will take account of people’s needs, preferences and readiness to change.

**Intervention Groups**

- **People attending primary care who are overweight** - Many adults attending primary care are overweight and may be at risk of diseases such as cardiovascular disease or diabetes. They may also have established diseases and be receiving treatment but require help to support them to lose weight.

- **Young people who are overweight** - While 26% of young people are obese there is also a large community of children who are currently overweight and at risk of moving to the more dangerous category of obese. There is need to support such young people to manage a healthier approach and assist with the maintenance of a healthier weight.

- **People with mental ill health** - Several well-conducted studies have demonstrated that people with a severe and enduring mental illness (SMI) have an increased risk of overweight and obesity than the general population, due to low levels of physical activity, poor diet and the side effects of anti-psychotic medication. A North American study found people with SMI has two and a half times the prevalence of obesity as the general population. It is difficult to state accurately exact numbers but based on these studies and local data approximately 1,134 people with schizophrenia live in Southwark and of these, 624 may be obese.

- **People with Learning Disabilities** - Obesity appears to be more common among people with learning disabilities. Health checks have shown that people with learning disabilities had a higher rate of obesity (35%) than the general population (22%).

- **People from some BME groups** - The available data shows wide variation in obesity prevalence rates in different ethnic groups. It shows males from minority ethnic groups appear to have markedly lower obesity prevalence rates than those in the general population. Black African and Bangladeshi females appear to have higher obesity prevalence rates than the general population. Prevalence was highest in Black African (39%), Black Caribbean (32%), and Pakistani (28%) women. Black African children appear to have the highest levels of obesity (32% of boys and 28% of girls), followed by Black Caribbean children (27% of boys and 21% of girls), and Bangladeshi children (24% of boys and 21% of girls). Pakistani and Irish boys also appear to have high levels of obesity with an obesity prevalence of 21% and 20% respectively.

- **People living in income deprived households** - Obesity is also slightly more common in children from socioeconomically deprived families, although the reasons for this are not clear. Obesity is more common among women (but not men) from socioeconomically deprived areas. In 2003 the prevalence of obesity among women was lower in managerial and professional households (18.7%) and in intermediate households (19.6%) than in routine and manual households (29.0%).

**Current activities**

- MEND programme on two sites
- Health promotion interventions in deprived wards, MOT outreach nurses, Exercise on Referral programme, childrens centres nutritionists
- Adult and children’s online obesity care pathways for use by anyone working with NHS patients
- Primary Care dietetic service
<table>
<thead>
<tr>
<th>Objective</th>
<th>Intervention</th>
<th>Target Group</th>
<th>Actions</th>
<th>Outcomes</th>
<th>Timescale</th>
<th>Owner &amp; Stakeholders</th>
<th>National &amp; Local Policy / Target links</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Evidence based interventions for overweight children</td>
<td>Provision of brief interventions for overweight children</td>
<td>Children BMI &gt; 91st centile</td>
<td>Development of service specification Stimulation of market</td>
<td>No rise in childhood obesity from 2008</td>
<td>2009</td>
<td>Commissioning</td>
<td>NICE National Service Framework for Children, Young People and Maternity Services</td>
</tr>
<tr>
<td>3.2 Provision of brief interventions for overweight adults</td>
<td>Choosing health through pharmacy</td>
<td>Adults BMI &gt; 30</td>
<td>Direct referral to exercise on prescription by pharmacists</td>
<td>Proportion of people maintaining weight loss on completion of weight management programme</td>
<td>2009</td>
<td>Commissioning Medicine’s Management</td>
<td>NHS choices Choosing health through pharmacy: a programme for pharmaceutical public health 2005 - 2015</td>
</tr>
<tr>
<td>3.3 Targeting at risk groups</td>
<td>Develop wider opportunities for people with learning difficulties to engage in physical activity and healthy eating</td>
<td>Learning disability</td>
<td>Work with learning disability service to implement a health promotion strategy</td>
<td>10% increase in people on the MH and LD register receive an annual health check and who have a comprehensive health plan from 2008 baseline</td>
<td>Dec 2009</td>
<td>Learning Disability Service Service Users Commissioning</td>
<td>Valuing People Now</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adults with severe and enduring mental illness</td>
<td>Work with mental health trust evaluate the MH promotion strategy</td>
<td></td>
<td></td>
<td>South London Mental Health Trust Commissioning Southwark Mind Service Users</td>
<td>Mental Health NSF</td>
</tr>
<tr>
<td>Objective</td>
<td>Intervention</td>
<td>Target Group</td>
<td>Actions</td>
<td>Outcomes</td>
<td>Timescale</td>
<td>Owner &amp; Stakeholders</td>
<td>National &amp; Local Policy / Target links</td>
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</tr>
<tr>
<td>Monitor the weight of people with learning disability and mental health problems</td>
<td>Work with LD and MH services to ensure that weight maintenance plans are included as part of their treatment plans.</td>
<td>100% of people on QoF with an identified LD or mental illness have their BMI recorded.</td>
<td>2010 Primary Care Mental Health Trust Learning Disability Service</td>
<td>National Service Framework for Diabetes</td>
<td></td>
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</tr>
<tr>
<td>Providing targeted interventions</td>
<td>Work with social marketing institute to develop social marketing campaign</td>
<td>2009 Social Marketing Institute</td>
<td>Provision of targeted interventions</td>
<td>National Service Framework for Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity prevention available in primary care</td>
<td>Work with General Practices to develop obesity prevention activities appropriate to their practice population</td>
<td>Increase in recording of adults weight by GPs</td>
<td>BME groups</td>
<td>National Service Framework for Diabetes</td>
<td></td>
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</tr>
<tr>
<td>3.4 Engaging primary care in the obesity agenda</td>
<td>Provision of targeted interventions</td>
<td>2009 Social Marketing Institute</td>
<td>BME groups</td>
<td>National Service Framework for Diabetes</td>
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</tbody>
</table>
5.4 Strand Four – Effective Treatment of an Unhealthy Weight

Aim: Timely access to effective, evidence based treatment
Southwark Health and Social Care will ensure that people who are of an unhealthy weight have timely access to effective, evidence based treatment. Lifestyle, pharmacological and surgical treatments for obesity will be commissioned on the basis of NICE guidance.

Intervention Groups
Interventions contained within this strand are for adults with a BMI greater than 35kg/m² and children with a BMI above the 98th centile. These interventions differ from those contained in Strand 3 in that they are obesity treatment with measurable clinical outcomes and require referral and involvement from the patient’s general practitioner.

- **Overweight and Obese Adults** - There are approximately 115,700 men and 111,800 women in Southwark who are obese (BMI greater than 30)\(^3\). Surgery is first-line option (instead of lifestyle interventions or drug treatment) for adults with a BMI of more than 50 kg/m\(^2\) for whom surgery is appropriate. Pharmacological treatment will only be considered once dietary, exercise and behavioural approached have been initiated (NICE). Prescribing will follow current NICE guidance.
  Bariatric surgery is recommended for adults who have:
  - A BMI of <40 kg/m\(^2\), or between 35 kg/m\(^2\) and 40 kg/m\(^2\) and other significant disease that could be improved if they lost weight.
  - Tried all appropriate non-surgical measures but have failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months.
  - Been receiving or will receive intensive management in a specialist obesity service.
  - Been deemed fit for anaesthesia and surgery.
  - Committed to the need for long-term follow-up.

- **Overweight and Obese Children and young people** - The national childhood measurement programme annually measures the height and weight of all reception and year 6 school children. Southwark has a significantly higher prevalence of overweight and obesity in reception and year 6 children than London and England.

Current Provision

- Bariatric Surgery
- Pharmacological treatment
- MEND programme on two sites
- Adult and children’s online obesity care pathways for use by anyone working with NHS patients

\(^3\) Southwark prevalence estimates based on 2007 mid year census population, using Health Survey for England prevalence rates
<table>
<thead>
<tr>
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<th>National &amp; Local Policy / Target links</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Timely access to appropriate care for obese adults</td>
<td>Obesity care pathway</td>
<td>Adults BMI &gt; 35</td>
<td>Review of effectiveness of obesity care pathway</td>
<td>Reduced obesity levels in patients who have BMI &gt; 30 (or 28 in Asian populations)</td>
<td>2010</td>
<td>Secondary Care Public Health</td>
<td>NICE Obesity guidance</td>
</tr>
<tr>
<td>4.2 Effective commissioning of surgical interventions for obesity</td>
<td>Service specification</td>
<td>Adults BMI &gt; 40 kg/m² or 35 kg/m² - 40 kg/m² plus significant co-morbidity</td>
<td>Development of a service specification for surgical interventions</td>
<td>Referral to specialist bariatric surgeon within 12 weeks</td>
<td>2010</td>
<td>Commissioning Secondary Care</td>
<td>NICE Obesity guidance</td>
</tr>
<tr>
<td>4.3 Effective and evidence based prescribing of obesity drugs</td>
<td>Implementation of prescribing guidelines for obesity drugs</td>
<td>Adults with a BMI of 27.0 kg/m² or more plus associated risk factors or BMI &gt; 30.0 kg/m²</td>
<td>Audit of current prescribing Development of guidelines</td>
<td>NICE compliant prescribing in primary care</td>
<td>2009</td>
<td>Medicines Management GPs</td>
<td>NICE Obesity guidance</td>
</tr>
<tr>
<td>4.4 Timely access to appropriate care for obese children</td>
<td>Obesity care pathway</td>
<td>Children with BMI at or above 98th centile</td>
<td>Development of obesity care pathway for children</td>
<td>Improved diet and nutrition, promote healthy weight and increase levels of physical activity in overweight or obese patients</td>
<td></td>
<td>Commissioning Secondary Care Primary Care</td>
<td>NICE Obesity guidance</td>
</tr>
<tr>
<td>4.5 Effective commissioning of community interventions for the treatment childhood obesity</td>
<td>Service specifications for children’s obesity treatment programmes</td>
<td>Children with BMI at or above 98th centile</td>
<td>Development of a service specification for childhood obesity treatment programmes</td>
<td></td>
<td>2009</td>
<td>Commissioning Public Health Children’s Services</td>
<td>NSF for Children, Young People and Maternity Services NICE Obesity guidance</td>
</tr>
</tbody>
</table>
### 6. Supporting actions and enablers

#### 6.1 Monitoring and evaluation

*Aim:* To implement a programme of monitoring of the levels of obesity and use of services in adults and children throughout the time period of the strategy to assess progress towards its aims and objectives and to contribute to evidence based of obesity prevention and promotion of a healthy weight.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Mechanism</th>
<th>Target and setting</th>
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<th>Links to national targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure the impact of strategies to reduce the prevalence of overweight and obesity amongst 0 – 11 year olds</td>
<td>National childhood measurement programme</td>
<td>Reception year and year 6 in schools</td>
<td>Support for School Nursing in data collection Increase capacity in school nurse team to increase coverage</td>
<td>CHMP data 2008/09 with 80% coverage for reception year and year 6</td>
<td>Public Health School nursing</td>
<td>LAA NI 55 obesity in Reception LAA NI 56 obesity in Year 6</td>
</tr>
<tr>
<td>80% of practises record BMI data at ward level to measure the impact of initiatives to prevent, reduce the prevalence of overweight and obesity amongst</td>
<td>QOF indicator OB1</td>
<td>Adults</td>
<td>Set up regular collection and analysis of QOF data on BMI and attribute to wards</td>
<td>Prevalence of overweight (BMI 25-30 kg/m²) and obesity (BMI 30 kg/m²) in the general adult population by age</td>
<td>Primary Care</td>
<td></td>
</tr>
<tr>
<td>Ensure effective mechanisms are in place to feedback the results of local surveys into obesity work streams.</td>
<td>Obesity strategy groups</td>
<td>Community</td>
<td>Establish system</td>
<td>Local intelligence is use to improve healthy weight work</td>
<td>Public health intelligence</td>
<td></td>
</tr>
<tr>
<td>Progress on the implementation of clinical guidance is regularly reviewed and the results are used to improve services</td>
<td>NICE Audit</td>
<td>Secondary and primary care</td>
<td>Establish system</td>
<td>Benchmark of compliance with NICE and an improvement target for next year agreed and a plan development and agreed.</td>
<td>Obesity strategy Group</td>
<td>Clinical governance</td>
</tr>
<tr>
<td>All community based healthy eating and physical activity programmes are evaluated and the results are feedback to the Obesity Strategy Group</td>
<td>Roll out of evaluation tools</td>
<td>Community</td>
<td>Validated evaluation tools used to assess healthy eating and physical activity interventions</td>
<td>All activities are evaluated using standardised and validated tools</td>
<td>Obesity Strategy Group</td>
<td></td>
</tr>
<tr>
<td>All programmes are evaluated using standardised methodologies.</td>
<td>Implementation of national standards and methodologies.</td>
<td>Community</td>
<td>Work with DH and National Institute of Social Marketing Centre to implement standardised evaluation methods.</td>
<td>Standardised evaluation tools implemented and results centrally collated</td>
<td>Obesity Strategy Group Public Health Intelligence</td>
<td>Healthy Weight, Healthy Lives</td>
</tr>
<tr>
<td>The strategy is inclusive</td>
<td>Equality impact assessment</td>
<td>Strategy</td>
<td>Conduct equality impact assessment</td>
<td>Equality impact assessment completed and recommendations incorporated</td>
<td>Obesity Strategy Group</td>
<td></td>
</tr>
</tbody>
</table>

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6.2 Building capacity

**Aim:** To develop the skills of the workforce within Southwark and increase the capacity of individual and organisations to contribute to the healthy weight agenda

The PCT will develop the skills of the workforce within Southwark and increase the capacity of individual and organisations to contribute to the healthy weight agenda. Some will need general training (for example, in health promotion), while those who provide interventions for obesity (such as dietary treatment and physical training) will need more specialised training.

<table>
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<th>Links to national targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local workforce from the PCT and all partner agencies know how to raise the subject of healthy weight and can give appropriate advice on healthy eating and increasing physical activity, as well as the health risks of obesity</td>
<td>Induction training</td>
<td>NHS and LA Workforce</td>
<td>Implementation of obesity induction session</td>
<td>All staff achieve KSF workforce competence Communication Level 2 and can communicate with individuals about how they can improve their health and wellbeing so they can develop healthy behaviours and lifestyles.</td>
<td>Training and education</td>
<td>NICE</td>
</tr>
<tr>
<td>All staff are aware of their role in contributing to the healthy weight agenda</td>
<td>Induction training</td>
<td>NHS, LA and third sector Workforce</td>
<td>Mapping of obesity work to Knowledge and Skills Framework and inclusion in individual staff and teamwork plans.</td>
<td>All relevant teams and staff have healthy weight included in their work plans</td>
<td>Training and education</td>
<td>Knowledge and Skills Framework</td>
</tr>
<tr>
<td>Training in counselling and motivational techniques for primary care staff</td>
<td>Specialised training</td>
<td>NHS Workforce</td>
<td>Develop a specialised training package</td>
<td>Staff trained</td>
<td>Training and education</td>
<td></td>
</tr>
<tr>
<td>Development of pharmacists skills in providing brief interventions and weight management advice</td>
<td>Local Enhanced Services</td>
<td>Pharmacists</td>
<td>Specialised training</td>
<td>Pharmacists trained</td>
<td>Medicine’s Management Commissioning</td>
<td>Choosing health through pharmacy: a programme for pharmaceutical public health 2005 - 2015</td>
</tr>
<tr>
<td>Healthy Weight Resources are available for professionals</td>
<td>Specialised resources</td>
<td>NHS, LA and third sector workforce</td>
<td>Development and distribution of resources for professionals</td>
<td>Specialised resources in place and their use is monitored and evaluated</td>
<td>Training and education and resource library</td>
<td>Healthy Weight, Healthy Lives</td>
</tr>
<tr>
<td>Appropriate training is given to the third sector so that they understand their contribution to the obesity agenda as well as the health risks of obesity and are able to give appropriate advice on healthy eating and increasing physical activity</td>
<td>Training</td>
<td>Third sector</td>
<td>Development of training package</td>
<td>Key third sector groups access training</td>
<td>Training and education and resource library</td>
<td>Healthy Weight, Healthy Lives</td>
</tr>
</tbody>
</table>
### 6.3 Effective governance

**Aim:** The strategy group is fit for purpose

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<thead>
<tr>
<th>Objective</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Clear consistent messages are communicated about a healthy weight and the work of the PCT and LA to promote it</td>
<td>Communication strategy</td>
<td>Public</td>
<td>Develop communications plan</td>
<td>Communications</td>
<td>Communications</td>
<td>Change for life</td>
</tr>
<tr>
<td>The strategy group has a clear, purpose with measurable objectives and effective reporting mechanisms</td>
<td>Terms of reference</td>
<td>Strategy groups</td>
<td>Review terms of reference</td>
<td>Clear terms of reference adopted</td>
<td>Strategy group</td>
<td></td>
</tr>
<tr>
<td>The strategy is jointly owned and understood by the PCT and LA</td>
<td>Local strategic partnership</td>
<td>PCT, LA and its partners</td>
<td>Consider stakeholder event</td>
<td>Successful implementation of strategy</td>
<td>Strategy group</td>
<td></td>
</tr>
<tr>
<td>The strategy is integrated with all relevant strategies and work programmes</td>
<td>Terms of reference</td>
<td>PCT, LA and its partners</td>
<td>Reporting mechanisms</td>
<td></td>
<td>Strategy group</td>
<td></td>
</tr>
</tbody>
</table>

### 6.4 Strong Partnerships

**Aim:** The group is supported by effective partnerships, which can cope with multiple lines of accountability

<table>
<thead>
<tr>
<th>Objective</th>
<th>Mechanism</th>
<th>Target and setting</th>
<th>Actions</th>
<th>Outcomes</th>
<th>Owner &amp; stakeholders</th>
<th>Links to national targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southwark Healthy Weight Strategy is supported by effective partnerships with the statutory and third sector</td>
<td>Audit</td>
<td>Stakeholders</td>
<td>Review of partnerships using Verona benchmark</td>
<td>Increased awareness among partner services necessary to support first contact service providers, helping achieve a more integrated service</td>
<td>Strategy group</td>
<td>Verona benchmark</td>
</tr>
</tbody>
</table>
Appendix A: Classification of overweight and obesity in adults

Body mass index
Obesity is typically measured in adults for epidemiological purposes using Body Mass Index (BMI). This measure has been found to correlate well with adiposity, which has been shown to be a risk factor for a variety of clinical conditions [20]. Key cut-off points are used to designate people who are underweight, healthy weight, overweight, obese and super-obese.

<table>
<thead>
<tr>
<th>BMI Classification</th>
<th>Waist circumference</th>
<th>Low</th>
<th>High</th>
<th>Very high</th>
<th>Co-morbidities present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight 25–29.9</td>
<td>General advice on healthy weight And lifestyle</td>
<td>Diet and physical activity</td>
<td>Diet and physical activity</td>
<td>Diet and physical activity; Consider drugs</td>
<td></td>
</tr>
<tr>
<td>Obesity 1 30–34.9</td>
<td>Diet and physical activity</td>
<td>Diet and physical activity</td>
<td>Diet and physical activity</td>
<td>Diet and physical activity; Consider drugs</td>
<td></td>
</tr>
<tr>
<td>Obesity 2 35–39.9</td>
<td>Diet and physical activity; consider Drugs</td>
<td>Diet and physical activity; consider drugs</td>
<td>Diet and physical activity; Consider drugs</td>
<td>Diet and physical activity; consider drugs; consider surgery</td>
<td></td>
</tr>
<tr>
<td>Obesity 3 40 or more</td>
<td>Diet and physical activity; consider Drugs; consider surgery</td>
<td>Diet and physical activity; consider drugs; consider surgery</td>
<td>Diet and physical activity; consider drugs; consider surgery</td>
<td>Diet and physical activity; consider drugs; consider surgery</td>
<td></td>
</tr>
</tbody>
</table>

Waist circumference
Waist circumference provides an indication of the distribution of fat within the body and a high waist circumference is a well established risk factor for a number of obesity related conditions. Waist circumference is also a more accurate predicator of overweight and obesity in some populations.

<table>
<thead>
<tr>
<th>Increased risk</th>
<th>Significantly increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>&gt;94cm</td>
</tr>
<tr>
<td>Female</td>
<td>&gt;80cm</td>
</tr>
<tr>
<td></td>
<td>&gt;102cm</td>
</tr>
<tr>
<td></td>
<td>&gt;88cm</td>
</tr>
</tbody>
</table>
Appendix B: Classification of overweight and obesity in children

NICE guidance states that BMI should be used as a practical estimate of overweight and obesity in children and young people and should be related to the UK 1990 BMI charts to give age and gender specific information. It recommends that BMI should be interpreted with caution as it is not a direct measure of adiposity [20] and adds that waist circumference should not been used as a routine measure of overweight and obesity but may be used to give additional information on the risk of developing other long-term health problems [20]. While the NICE guideline development group considered there to be a lack of an evidence to support specific cut-offs with regard to overweight and obesity designations in children and young people it recommended the following pragmatic indicators:

<table>
<thead>
<tr>
<th>Centile</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 91st Centile</td>
<td>Overweight</td>
</tr>
<tr>
<td>≥ 98th Centile</td>
<td>Obese</td>
</tr>
</tbody>
</table>

- **Very high risk children**
- **Children’s centres in the most disadvantaged wards**
- **Children attending children’s centres**
- **Whole preschool population**
Appendix C: Associated strategies and targets

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Accountable Body</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy lives, brighter futures The strategy for children and young people’s health</td>
<td>Department of Health Department of Children, Schools and Families</td>
<td>New document published February 2009</td>
</tr>
<tr>
<td>Public Service Agreement</td>
<td>Department of Health Department of Children, Schools and Families Department for Culture, Sports and Media</td>
<td>Halt the year on year rise in obesity among children under 11 by 2010 (from 2002-04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole.</td>
</tr>
<tr>
<td>National Service Framework for children, Young People and Maternity Services [6]</td>
<td>Department of Health</td>
<td>Children and young people who are overweight are referred to appropriate services such as family orientated therapy and exercise.</td>
</tr>
<tr>
<td>National Service Framework for Diabetes [11]</td>
<td>Department of Health</td>
<td>Develop, implement and monitor strategies to reduce the risk of developing type 2 diabetes in the population as a whole and to reduce the inequalities in the risk of developing type 2 diabetes.</td>
</tr>
<tr>
<td>National Service Framework for Coronary Heart Disease [10]</td>
<td>Department of Health</td>
<td>Develop, implement and monitor strategies to reduce the prevalence of coronary risk factors in the population, and reduce inequalities in risks of developing heart disease.</td>
</tr>
<tr>
<td>NHS Cancer Plan</td>
<td>Department of Health</td>
<td>Both set targets to increase access to and the consumption of fruit and vegetables.</td>
</tr>
<tr>
<td>Delivering Choosing Health</td>
<td>Department of Health</td>
<td>Development of a comprehensive care pathway for obesity, providing a model for prevention and treatment by December 2005.</td>
</tr>
<tr>
<td>Our Health, Our Care, Our Say: a new direction for community services (2006)</td>
<td>Department of Health</td>
<td>Greater service integration with a wider access to services closer to patients’ homes.</td>
</tr>
<tr>
<td>Local Authority Agreement Target</td>
<td>Southwark Alliance</td>
<td>Obesity in children Year 6</td>
</tr>
<tr>
<td>World Class Commissioning</td>
<td>Southwark Health and Social care</td>
<td>Obesity in children Year 6</td>
</tr>
</tbody>
</table>
**Glossary**

**Stakeholder** – any individual, group or organisation that influences the outcomes detailed in the Healthy Weight Strategy.

**Commissioners** - the agencies with the budgets and responsibilities for making and implementing strategic service development decisions on behalf of service users.

**Providers** - the agencies with services, which can be purchased by the commissioner to meet the needs of, service users.
References

7. The Department of Health (DH) and Department for Children Schools and Families (DCSF) national Child
12. European Public Health Alliance http://www.epha.org/a/3149
17. London Health Observatory

