

Everybody's Business

Southwark Healthy Weight Strategy 2016-2021

Southwark Health and Wellbeing Board

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Foreword

Southwark Council is committed to ensuring a 'Fairer Future for All' and supporting our residents to achieve and maintain a healthy weight is a key part of achieving this goal. Being a healthy weight enables you to live a longer, healthier life and to fulfil your potential.

At the moment, however, Southwark has some of the highest rates of obesity in the country: 56% of all adults and 43% of children in year 6 are classified as being overweight or obese. This not only impacts on the quality of life that our residents are experiencing, but also on their health and productivity.

This strategy sets out our bold ambitions and planned actions to help our residents to maintain a healthy weight throughout their lives.

We know that being obese or overweight is more common in certain groups and communities. Therefore this strategy is focused on those living in socially deprived areas and belonging to ethnic groups that are at a higher risk of becoming overweight or obese. There is also a focus on children, young people and families.

The causes of unhealthy weight are complex: an individual's weight is influenced by a range of individual, cultural, social, economic and political factors. As a result, a wide range of prevention and treatment services are required.

There are already plenty of examples of good practice in promoting healthy weight in Southwark. This includes the implementation of the UNICEF Baby Friendly Initiative and Healthy Start programmes, Free Healthy School meals, Healthy Schools London, and age appropriate weight management services. We are also working to support individuals to be more physically active through our free swim and gym offer as well as active travel and transport plans.

However, with this strategy we are challenging ourselves to raise the bar and to identify further opportunities to ensure a joined up approach across the whole borough. This includes ensuring that professionals in the community feel competent to raise the issue of healthy weight provide advice and signpost to local services. There is also more work to be done to ensure that healthy weight initiatives are embedded in all Council services. From school provision to planning, housing, sports and leisure services – everything we do must be geared up to help prevent and reduce obesity in our local communities.

An effective strategy needs engagement and buy in from a range of partners. This requires all local authority departments to work together in partnership with the CCG, schools, acute trusts, local employers, voluntary and community organisations. I warmly welcome the Southwark Health and Wellbeing Board's Healthy Weight Strategy 2016-2021.

Everyone has a role to play in empowering our residents to be healthier. Southwark should be a place in which 'the healthy choice is the easier choice'. Tackling healthy weight truly is **everybody's business**.

Councillor Maisie Anderson- Cabinet Member for Public Health, Parks and Leisure

Executive summary

Southwark has some of the highest rates of overweight and obesity in the country, with **56% of adults** and **43% of children** (year 6) classified as obese or overweight. Not surprisingly, our most vulnerable populations are at increased risk of becoming overweight and obese.

This document pulls together what we know about obesity in general and specifically to Southwark. It also examines the services and initiatives currently happening in the borough and recommendations for future plans. We know that overeating and physical inactivity are risk factors for overweight and obesity. We also know that maternity and early years are the best time for intervention in these areas. If we are successful, we can prevent children from becoming overweight or obese adults.

Based on this the Southwark Healthy Weight Strategy has been put together in an effort to tackle Southwark's obesity using an evidence based, life-course approach which is family focused and brings all partners together in a whole systems approach. The strategy includes both prevention and treatment services and is divided into four key areas:

- 1. Maternity and early years**
- 2. School aged children**
- 3. Adults**
- 4. Environment**

There are currently a number of services and initiatives in Southwark. This strategy aims to ensure that new services are commissioned where needed, that all Council partners take ownership of the problem and that our work is evaluated thoroughly.

The strategy also provides the first year's action plan which has key actions for each of the four areas. These will be implemented by various groups made up of essential and committed partners. The action plans will be monitored quarterly to ensure progress and tracking.

The strategy actions for each group are summarised below:

Maternity and early years - key actions:

A comprehensive care pathway of tier 1 – 3 services will be established for children aged 0-4 and 5-12. This will require all professionals working in maternity and early years services to be provided with comprehensive training to ensure they are fully prepared to raise and tackle the issue of healthy weight including making appropriate referrals.

The UNICEF Baby Friendly Initiative aims to enable health and education settings to support healthy baby feeding, particularly with regard to breast feeding.

Children's Centres will be supported to take a 'whole settings approach', providing healthy food and physical activity options, along with suitable information and advice to parents and families.

Children and young people - key actions:

A school healthy weight programme will be developed, which will also require all professionals working with children, young people and families to be provided with healthy weight training.

School nurses support effective implementation and monitoring of the NCMP programme including a support offer to all families with overweight children.

Schools will be supported to promote healthy weight by adopting a 'whole school approach' through the London Healthy Schools programme.

Adults - key actions:

A healthy weight care pathway for adults will be developed and implemented including tier 2 and 3 weight management programmes. Overweight adults can also be referred to the exercise on referral scheme or commercial slimming groups.

Environment - key actions:

All future Council strategies, plans and planning applications will be developed in consultation with public health to ensure they support a healthy weight environment. Public events will provide healthy food whenever possible. Parks and leisure centres will provide healthy and affordable food and beverages, while local restrictions will be placed on hot food takeaway outlets on high streets and in close proximity to schools. The Council will also continue to deliver the cycling strategy and promote active travel to all residents. Safe, clean and attractive parks provide opportunities for Southwark residents to be physically active including active travel and play.

The strategy aims to achieve our agreed child obesity ambitions. By 2020 the strategy aims to reduce the proportion of children in reception year with excess weight from 26.4% to 23.6%, and from 42.7% to 24.9% in year 6 children. The strategy is bringing obesity to the fore in Southwark and is a comprehensive plan for uniting everyone together in its prevention and treatment.

1. Obesity

1.1 What is a healthy weight?

A healthy weight is defined as one that does not increase an individual's risk of health problems such as heart disease, Type 2 Diabetes and cancer. For adults and children, weight is assessed by body mass index (BMI) which compares people's weight to their height. BMI is calculated by dividing a person's weight in kilograms by their height in metres squared. For children, the body mass index (BMI) is plotted onto a gender-specific BMI chart and children over the 85th centile, and on or below the 95th centile, are categorised as 'overweight'. Children over the 95th centile are classified as 'obese'. Obese adults are defined as having a BMI of over 30 and overweight is a BMI of 25-30.¹ Excess weight is defined as anyone with a BMI over 25, i.e. the sum of all overweight and obese people together.

1.2 Causes of overweight & obesity

The causes of overweight and obesity can be described on both simple and complex levels. At a simple level excess weight 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'. Our energy balance is determined by an individual's biology (genetics) and behaviour (eating and physical activity habits). At a complex level our energy balance is shaped by our environmental, societal and cultural influences.²

1.2.1 Biology

There is an increasing body of evidence which suggests that nutrition of both the mother and father during conception and pregnancy influences the likelihood of offspring becoming obese due to genetic transformations. A smaller body of evidence examining the interaction between genetics and the environment is available and growing.³

1.2.3 Environment, societal influences and behaviour

Environmental factors influence our behaviour and contribute to our energy balance and weight status. The increase in overweight and obesity has been linked to our obesogenic environment affecting both our eating habits and physical activity. This situation has become so normalised that adults do not recognise they or their children are overweight or obese.¹¹

Food

The food environment is known to influence the food choices of individuals as well as the quality, and quantity (portion sizes) of the food, as well as eating patterns. Calorific, large portioned and affordable foods and beverages are readily available. Their availability has increased significantly over time with studies showing that a wider range of food leads to more calories being consumed^{7, 43}

The prevalence of marketing and promotions also persuades us to make poor food choices. Evidence shows there are more food promotions in Britain than any other European country and account for 40% of food and drink expenditure.⁸ Food-related images like logos and packages trigger our desire to purchase and consume food, regardless of how hungry we are.⁹

Breastfeeding and healthy weaning or the introduction of solids reduce the risk of childhood obesity.⁵ Healthy weaning should begin at 6 months of age and earlier introduction of solid foods has been found to be associated with obesity in later childhood and adolescence.⁶ In addition, the biggest risk factor for being an obese child is living in a family where a parent is obese.⁴

Physical activity

The physical activity environment influences an individual's activity behaviour.⁴³ The current obesogenic environment has contributed to a decline in physical activity with more time being spent on screen based and sedentary leisure activities. Unfortunately, social, cultural and economic trends have removed physical activity from daily life. Fewer of us have manual jobs and technology dominates at home and work or education settings, the places where we spend most of our time. It encourages us to sit for long periods – watching TV, at the computer, playing games or using mobile phones and tablets. Over-reliance on cars and other motorised transport is also a factor. Many features of cities and towns do not encourage physical activity. The design of schools, public buildings and urban spaces prioritise convenience and speed ahead of walking or cycling.¹⁰

1.3 Impact of overweight and obesity

The impact of overweight and obesity harms our resident's health and wellbeing, our economy and our community as a whole.

1.3.1 Cost of overweight and obesity

Obesity impacts society as a whole as increased sickness increases costs to health and care services. Overweight and obesity costs the NHS over £5 billion per year and costs the wider economy £27 billion.¹⁶ 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 2015.¹⁷ More generally, obesity costs to Southwark and the local economy is predicted to reach over £127 million in 2016, a 21% increase on 2015.¹⁷

Separately, the annual health costs in Southwark of physical inactivity are estimated as £1.7 million per 100,000 people. Increased sickness and reduced physical activity also means a less productive community, impacting economic growth in Southwark.¹⁷

1.3.2 Maternal overweight and obesity

Approximately half of all women of childbearing age in Southwark are either overweight or obese. A pregnant woman who is overweight or obese has an increased risk of developing gestational diabetes, high blood pressure and depression during pregnancy. Her baby is more likely to be stillborn, born with a high birth weight, heart or neural tube defects. Maternal obesity has also been linked to low breastfeeding rates and higher rates of childhood overweight and obesity.¹²

1.3.3 Childhood overweight and obesity

Being overweight or obese in childhood and adolescence has consequences for physical and psychological health and academic achievement. It also sets children up for a lifetime of being overweight or obese with studies suggesting that at least 70% of obese children will become obese adults.¹³ Once established, obesity is difficult to treat, so prevention and early intervention are very important.

Some obesity-related conditions can develop during childhood. Type 2 diabetes in overweight children has increased, as have asthma and other respiratory problems, and some musculoskeletal

disorders. There is also evidence of increased school absence through illness compared to healthy weight children which could lead to an impact on school readiness and future educational performance.¹⁴

The emotional and psychological effects of being overweight include discrimination and teasing by peers; low self-esteem; and anxiety and depression, potentially impacting educational performance. Obese children may also suffer disturbed sleep and fatigue impacting quality of life.¹⁴

1.3.4 Adult overweight and obesity

Nearly one in ten deaths in England and Wales are attributable to being overweight or obese.⁵ This is due to the link between obesity and a wide range of diseases, most notably diabetes (type 2), hypertension, cancer, heart disease and stroke. Similar to children, obesity is associated with poorer psychological and emotional health⁶. The negative health impacts increase with greater levels of obesity.¹⁵

Further evidence shows overweight or obese adults:

- Are less likely to be in employment
- Are more likely to suffer discrimination and stigmatisation
- Have an increased risk of hospitalisation
- Have a reduced life expectancy by an average of 3 years, increasing to 8-10 years in adults with severe obesity.¹⁵

2. Setting the scene in Southwark

2.1 Who is at greatest risk of overweight and obesity?

Some population groups are at higher risk of overweight and obesity than others. These include:

- Families with a low income
- Communities with high deprivation (mainly Walworth, Rotherhithe and Peckham) ²⁴
- Those who identify as Black African, Black Caribbean and mixed race ²⁰
- Those with a limiting illness or disability. ²⁶

2.2 Child overweight and obesity

Southwark Year 6 excess weight prevalence is the highest in the country at 42.7%. Data from the most recent NCMP (2014/15) show that excess weight in Southwark children at Year 6 is 5.5% higher than the London average and 9.5% higher than the England average.

This equates to 1500 children of this age being identified as overweight or obese each year and for many of these children, they begin the pathway to become overweight and obese for life. In Southwark, rates of obesity rise as children get older and there is a slightly higher prevalence in boys than girls.

NCMP data from 2006/07 showed that 13.2% of children at Reception year, and 27.0% of Year 6 children were obese. NCMP data from 2014/15 indicates that there has been no significant change in obesity prevalence over this period, with 13.0% of children at reception year, and 27.9% of children in Year 6 being obese.

Nationally, the NCMP shows a strong, positive relationship between deprivation and excess weight for children in each age group. In Southwark the correlation is less apparent as relative deprivation is masked by relative affluence, side by side within small geographies.

Table 1: Southwark Children Weight Status Percentage at years reception and six*

| | Underweight | | Healthy weight | | Overweight | | Obese | | Excess weight** | |
|-----------|-------------|-----|----------------|------|------------|------|-----------|------|-----------------|------|
| Year | Reception | 6 | Reception | 6 | Reception | 6 | Reception | 6 | Reception | 6 |
| Southwark | 1.6 | 1.1 | 72.0 | 55.3 | 13.4 | 15.7 | 13.0 | 27.9 | 26.4 | 42.7 |
| London | 1.5 | 1.6 | 75.4 | 60.7 | 12.0 | 14.6 | 10.1 | 22.6 | 22.2 | 37.2 |
| England | 0.9 | 1.4 | 76.5 | 65.1 | 12.8 | 14.2 | 9.5 | 19.0 | 21.0 | 33.2 |

*2014/15 National Child Measurement Programme (Reception and Year 6)

** Excess weight is equal to overweight and obesity

Figures 1 and 2 highlight the unequal prevalence of obesity for different ethnic groups, with the highest prevalence in black groups.

Figure 1: Prevalence of obesity in Reception year per ethnicity

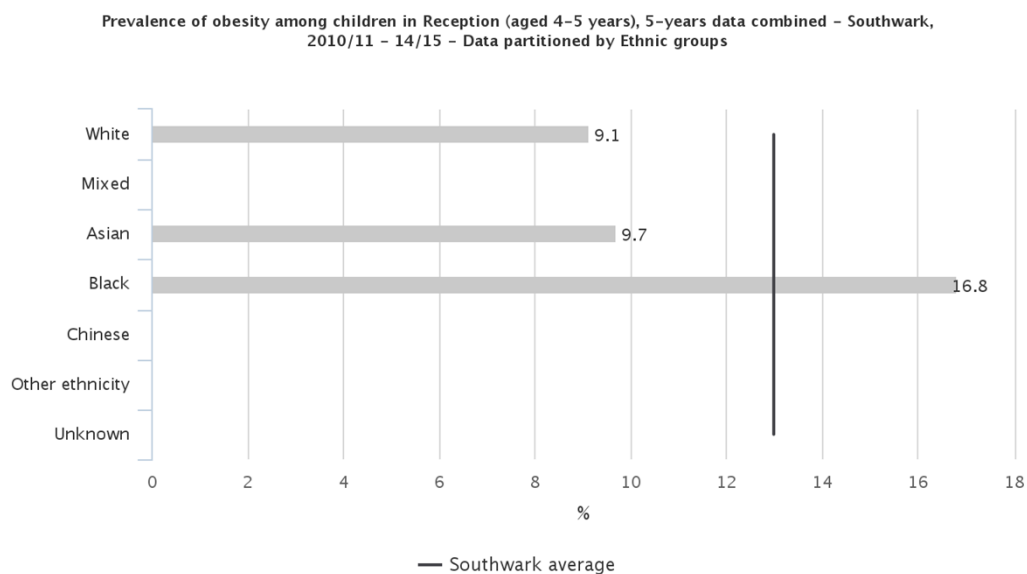
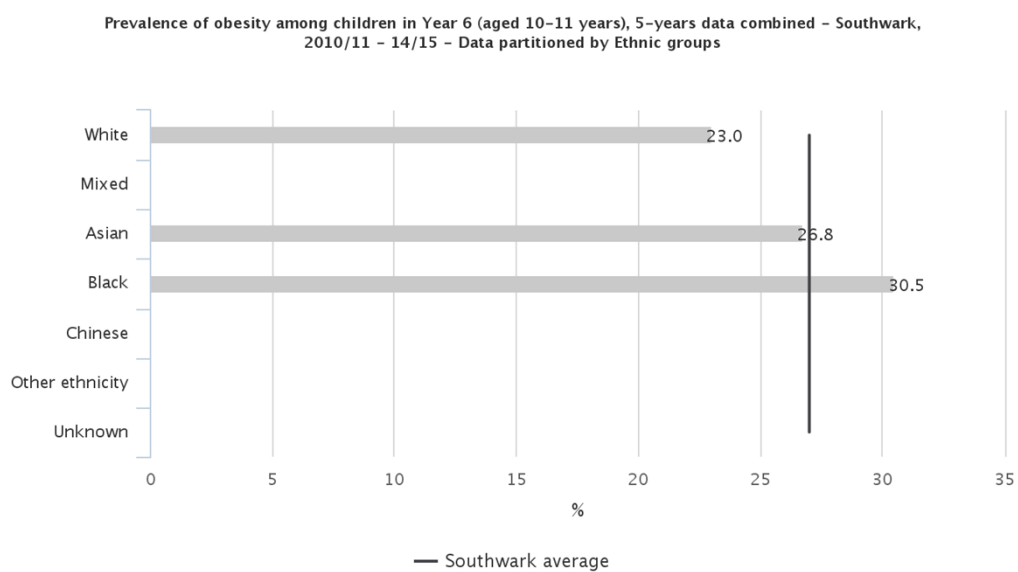


Figure 2: Prevalence of obesity in year 6 per ethnicity



The Chief Medical Officer's report (2011) recommends that children aged 2 -4 years should engage in at least 180 minutes activity spread throughout the day and that children aged 5-15 years should engage in at least 60 minutes and up to several hours physical activity per day.

| | 2-4 years girls meeting CMO guidelines | 2-4 years boys meeting CMO guidelines | 5-15 years girls meeting CMO guidelines | 5-15 years boys meeting CMO guidelines |
|----------------|--|---------------------------------------|---|--|
| London | - | - | 16% | 24% |
| England | 9% | 10% | 16% | 21% |

England and London data: Health Survey of England 2012²¹

2.3 Safeguarding and overweight and obesity

It is important to consider safeguarding and social care surrounding the issue of excess weight. Children under protection plans would be considered some of our most vulnerable children. The Southwark Social Care Assessment Framework used by Social Workers as a tool for practice, lends itself to healthy weight and wellbeing. Within the threshold document, weight and health issues due to neglect are a level 3 issue meaning that referral to social care can be made.

2.4 Adult overweight and obesity

Adult obesity levels in Southwark are measured by the Health Survey for England and outlined in Table 2.²³ The 2014 survey showed that 55.7% of adults (aged 16+) are classified as overweight or obese, this includes 21.1% that are classified as obese. The consumption of fruit and vegetables is also concerning with only 46.9% of adults (aged 16+) meeting government recommendations of 5-a-day fruits or vegetables.²³

While there is limited local data on disability and obesity, it is known that people with disabilities and learning disabilities are more likely to be obese and have lower rates of physical activity than the general population. People with a limiting illness are also more likely to be obese or overweight. This relationship varies according to age and gender.²⁵

The Chief Medical Officer guidelines for physical activity recommend adults should aim to be active every day.²¹ Over a week, activity should add up to at least 150 minutes (2 ½ hours) of moderate intensity activity in bouts of 10 minutes or more – this could include 30 minutes on at least 5 days a week.²¹ The percentage of adults who meet this guideline in Southwark is higher than the national average at 62.6% compared to 57.0%. However, over one in four adults in Southwark are classified as 'inactive' meaning they are active for less than 30 minutes a week.²³

Table 2: Southwark Adult Overweight and Obesity Percentage

| Outcome indicator | Southwark | London | England |
|--|-----------|--------|---------|
| Obesity (2012 -14) | 21.1 | 20.2 | 24.0 |
| Overweight & obesity (excess weight) (2012-14) | 55.7 | 58.4 | 64.6 |

| | | | |
|---|------|------|------|
| Population meeting the recommended '5-a-day' (2014) | 46.9 | 50.3 | 53.5 |
|---|------|------|------|

Table 3: Southwark Physical Activity Levels Percentage

| Outcome indicator | Southwark | London | England |
|---|-----------|--------|---------|
| Percentage of adults achieving at least 150 minutes of physical activity per week | 62.6 | 57.8 | 57.0 |
| Utilisation of outdoor space for exercise and health reasons | 9.6 | 11.8 | 17.1 |
| Percentage of physically inactive adults | 26.2 | 27.0 | 27.7 |

The evidence, the now and the future

3.1 Maternity and early years (0-4)

3.1.1 The evidence

- Evidence shows effective interventions in early years settings use a ‘whole settings approach’ and ensure appropriate policies and procedures are in place and followed by staff.³³
- Healthy physical activity and eating habits are developed early in life and can set the foundation for life-long behaviours and disease risk.²⁸
- Spending on effective early year’s interventions delivers greater return on investment than most other public programmes.²⁹

3.1.2 What are we doing?

- The Healthy Child Programme offers universal and targeted support to families from 0-19 years. It provides a framework of services that offer an holistic approach to assessing family health through contact with health professionals.³⁰
- Early Intervention and prevention programme: Nutrition training as well as prevention programmes in the form of group and practical cooking sessions are delivered by the Community Children’s Nutrition & Dietetics service, for Early Years settings. Training to support physical activity and play has also been delivered.
- A localised, bespoke healthy weight training package is being commissioned to ensure all early years’ practitioners feel competent and confident to support children and families to achieve a healthy weight and settings are supported to develop a healthy weight environment.
- A programme of work to support physical activity and play in early years will also be included in Southwark’s future Sport and Physical Activity Strategy.
- The national Healthy Start scheme provides vouchers to families on low-incomes and mothers under 18. These can be exchanged for fresh or frozen fruit or vegetables, milk and infant formula and vitamins.³²
- The universal supplementation of the Vitamin D programme which provides free Vitamin supplements including Vitamin D to pregnant women, new mums and children under four.

3.1.3 What more can we do?

- Through the Healthy Child Programme, we will support women to maintain a healthy weight during pregnancy, new parents with breastfeeding and healthy weaning, and establishing healthy eating and physical activity habits for the whole family.
- Embed the UNICEF Baby Friendly Initiative throughout the borough which provides a set of standards for health and education settings to support and promote healthy baby feeding.³¹
- Offer training to all health professionals to ensure they feel confident and competent to provide appropriate, up to date, consistent and evidence based lifestyle advice as well as being able to sign post families and children to the appropriate national and local services.
- Monitor initiatives and services more effectively to ensure uptake by priority groups.
- Better align local interventions with the Early Years Foundation Stage and Healthy Child programmes, and include the 'Eat Better, Start Better' voluntary food and beverage guidelines for early years.³⁴
- Develop a new integrated Early Years pathway which is needed in Southwark to ensure health professionals and services are prioritising healthy weight.
- Ensure that safeguarding is incorporated into the healthy weight care pathways and is part of healthy weight training for health professionals.

3.2 Children and young people (5-19)

3.2.1 The evidence

- Evidence shows schools are an effective setting to shape children's healthy eating and physical activity habits.³⁵
- A local survey indicated Southwark parents wanted meals and other food provided in schools to be healthy. Schools are required to provide food that meets the compulsory national school food standards and work towards improving their school food culture outlined in the School Food plan.³⁷
- Schools play a key role in supporting children to achieve the recommended 60 minutes of moderate to vigorous physical activity and evidence shows this can help children maintain a healthy weight.³⁹
- Food provision of healthy food in schools is only one part of supporting children to achieve a healthy weight. Evidence shows a 'whole schools approach' is needed to create an environment that supports healthy eating and physical activity as the most effective intervention type. A whole school approach involves addressing the needs of pupils, staff and the wider community and implementing healthy eating and physical activity practices through leadership, policies, curriculum teaching, and staff professional development (CPD).

3.2.2 What are we doing?

- All Southwark children are provided with a healthy and free school meal at lunchtime. Current uptake is high with 94% and 92% of children receiving free school meals in key stage 1 and stage 2 respectively.³⁶
- Southwark schools provide free fruit to all children aged 4-11.
- At some schools in Southwark, children are provided with breakfast through a breakfast club.
- The Healthy Schools Programme provides a framework for schools to assess their current practice in supporting a healthy weight including strategies to promote healthy eating, physical activity, active travel and emotional wellbeing.³⁸ Schools then create an action plan to work towards criteria for either a Bronze, Silver or Gold award. At present 74% of Southwark schools are registered to the programme and 44% of schools registered have achieved an award.
- The National Child Measurement Programme is an annual measure of height and weight of children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) in state maintained primary schools across England.¹⁸ Southwark parents and carers receive a letter to inform them of the weight status of their child and are signposted to relevant services to support achievement and maintenance of a healthy weight. The NCMP is useful for engaging with children and families about healthy lifestyles and weight issues.
- Training is delivered to schools by the London PE & School Sports Network which provides education to staff, students and parents on the importance of physical activity and healthy eating.

3.2.3 What more can we do?

- Support the monitoring and evaluation of school catering services in meeting the School Food Standards and School Food Plan.
- Support schools in achieving the Healthy Schools London accreditation through advice, support, and training, as well as resource provision and support for school caterers to ensure the full implementation of the School food plan and School Food Standards.
- Provide training for health and education professionals on how to raise healthy weight issues, appropriate advice and communication tools, and signposting to local and national services for children identified as obesity or obese through the NCMP.
- Support schools through existing networks to evaluate their current sport and physical activity programme, identify needs, and develop ways of engaging the least active children and families, including the vulnerable.
- Develop and implement targeted marketing on healthy eating, physical activity and available activities for children, including those that are least active and most vulnerable.
- Ensure that safeguarding is incorporated into the healthy weight care pathways and is part of healthy weight training for health professionals.

3.3 Adults (19+)

3.3.1 The evidence

- There is good evidence for a workplace based approach for health improvement. Additional benefits will include increased staff engagement, and better staff retention.
- In reference to the Southwark Economic Wellness Strategy, we know that a crucial part of having an active, healthy lifestyle is being employed.
- While it is important to enable everyone to be active, it is important to target those who are least active.
- There is evidence to suggest that the most effective form of behaviour change is through peer support based initiatives.

3.3.2 What are we doing?

- Some of the family based and universal services targeting children reach parents. For example: advice is offered by health professionals through an integrated early year's pathway.
- For adults aged 40-75, the NHS Health Checks programme is available in the borough⁴⁰. This provides a free health check and an individual identified as overweight or obese will be referred to an appropriate programme. This includes: Weight Watchers on Referral BMI 30-35, Slimming World on Referral BMI 30-35, Shape Up BMI 30+, Changes for Health BMI 30+, Community Dietetic Service BMI 35+, Exercise on Referral –Active Boost and Kickstart BMI 30-45, Fitness Passport BMI 30+, Walking Groups which are open to all, Community Physical Activity Classes, Stepometer Programme BMI 30+ or CVD risk score 20%+.
- To develop healthier workplaces, Southwark Council offers employers support to achieve the London Healthy Workplace Charter.⁴² Employers complete a self-assessment framework and work towards a series of standards to create a health-enhancing workplace. Major local employers are now signed up including Southwark Council, the CCG, local hospitals, universities and some large businesses.
- The Southwark Physical Activity and Sport Strategy has seen considerable progress towards improving access and participation levels of physical activity in Southwark. There are excellent parks and leisure centre provision in the borough. Southwark is also providing free swimming and gyms to all residents with an enhanced offer to people who are less likely to be active or with poorer health.
- A local CQUIN provides a brief intervention programme in hospital settings to screen for and assess smoking, alcohol and physical activity levels. This is followed by an offer of appropriate intervention by trained staff and referral to local services.

3.3.3 What more can we do?

- Promote the London Healthy Workplace Charter more effectively to increase participation rates.

- Continue to target those people who are least active. Consultation with these groups is needed to identify their needs and current gaps in provision. Alignment with national priorities, campaign work, the Government's new Sport Strategy, and Southwark's own Cycling, Walking and Transport plans is needed.
- Effective social marketing campaigns are needed to promote the services available and the benefits of achieving a healthy weight.
- A healthy weight care pathway for adults is urgently needed. This needs to be developed and commissioned in partnership with local CCGs, NHS and healthcare professionals. This should be informed by NICE guidance, include Tier 1 to 4 services (including bariatric surgery) and the existing local National Diabetes prevention programme 'Healthier You'.
- A healthy weight and referral care pathway should be included in training for health professionals.
- Promote services to health professionals so they are aware of what is available for referral to. This would help to increase referrals from GPs to healthy weight services.

3.4 Healthy weight environment

3.4.1 The evidence

- Environmental and planning strategies that increase access to healthy food and physical activity encourage healthy weight.
- Transport and built environment plans that promote physical activity including active travel and play encourage healthy weight.
- Leisure and culture strategies to improve access to facilities for structured leisure programmes and unstructured opportunities for physical activity (e.g. access to parks, open spaces and safe play areas, ensuring access to all including those with disabilities) encourage healthy weight.
- Community led initiatives using community assets can promote healthy weight (e.g. community gardens, cook and eat clubs).²

3.4.2 What are we doing?

- The Free Swim and Gym initiative provides free access for children, adults and families to attend pool and gym facilities at leisure centres on Friday to Sunday (afternoons). This offer is extended to seven days a week for people with disabilities.
- To support the urban planning environment, public health advice is sought in all council led planning and policy development.
- There is work currently underway to regulate the availability of hot food takeaways in Southwark high streets or in close proximity to secondary schools. This will be included in the new Southwark local plan.
- Strategies are already in place to increase active travel, walking and cycling in the borough.

- To support a healthier food environment, community edible gardens and food growing projects in schools exist in the borough. To help address food poverty, healthy eating on a budget training has been delivered to food bank staff.

3.4.3 What more can we do?

- Strengthen appropriate planning and policy regulations supportive of healthier food provision, active travel and access to sport and physical activity.
- Planning and public health will continue to work together to ensure advice is provided on how council planning can support a 'healthy weight environment'.
- Increase the uptake of the Healthier Catering Commitment programme through increased promotion to local businesses.
- Support all council services and events to promote health including providing healthier food and promoting physical activity.
- Embed a health improvement approach into every department of the council.

3.5 Treatment

3.5.1 The evidence

- Although prevention is vital, effective referral and care pathways and treatment services are an important part of any healthy weight strategy. This includes the provision of specialist weight-management services that are age appropriate for individuals identified as overweight or obese.
- Effective weight management services are part of an age appropriate healthy weight care pathway developed and commissioned in partnership with local CCGs, NHS and healthcare professionals. Pathways are informed by NICE guidance and include Tier 1 to Tier 4 services.
- Tier 1 services include all activities that aim to prevent obesity and maintain a healthy lifestyle to help prevent everyone, from becoming overweight or obese. These include the services highlighted in the previous sections.
- Tier 2 weight management services focus on supporting people to have healthier lifestyles and these require the identification of excess weight, using BMI, and a primary assessment.
- Tier 3 specialist weight management services requires specialist input and assessment, and is multi-disciplinary, including input from dietitians, psychologists and physical activity specialists.
- Tier 4 services include Bariatric surgery and are only appropriate if the individual is considered morbidly obese with a BMI of 40kg/m² or more, or between 35 kg/m² and 40kg/m² or greater in the presence of significant comorbidities.

3.5.2 What are we doing?

- In Southwark, a Healthy Weight and Referral Care Pathway has been developed for children aged 0-4 (Appendix 2) and 5-12 (Appendix 3).
- Tier 2 weight management programmes have been commissioned targeting children aged between 4 and 12. These programmes provide education and practical sessions to families to increase knowledge of nutrition and encourage participation in physical activity. Further communication of these pathways is needed to ensure all professionals are aware of these services.

3.5.3 What more can we do?

- A healthy weight care pathway for adults is needed as an urgent priority. This needs to be developed and commissioned in partnership with the CCG, NHS and healthcare professionals. This should be guided by NICE guidance and include Tier 1 to Tier 4 services including bariatric surgery. The pathway should include the existing local and new National Diabetes prevention programme 'Healthier You' as overweight and obesity is a risk factor for diabetes. The programme sees patients identified as at risk of Type 2 diabetes receive tailored, personalised help to lose weight including education on healthy eating and lifestyle and bespoke physical activity programmes. It should also include the brief intervention programmes in Southwark hospitals. These programmes screen to assess smoking, alcohol and physical activity levels, offer an appropriate intervention by trained staff and refer/signpost to local services.
- A Healthy Weight and Referral Care pathway will need to be included in training for professionals and further promotion is needed to both healthcare professionals and target groups to increase programme uptake. Consistent monitoring and evaluation is also needed to ensure these services are effective and reaching priority groups.

4. Southwark healthy weight strategy

4.1 Overview

The Southwark Healthy Weight Strategy is informed by the points in Section 3. It takes an evidenced based, life-course approach implemented across all community settings. It includes targeted prevention and treatment services and a range of strategies to develop an environment that ensures that the 'healthy choice is the easy choice' in Southwark. There are currently a number of initiatives in Southwark to help address obesity and further co-ordination and work is needed to ensure these are effective and scaled up for our priority groups. These include: pregnant women and families, children aged 0-19, low socioeconomic groups and BME groups such as Black African, Black Caribbean and mixed race as well as those with limiting disability.

This strategy will be underpinned by the principle of taking a partnership approach as everyone has a role to play in raising the issue of overweight and obesity and driving change. This means engaging and securing the contribution of partners in all parts of the system, ensuring they share ownership of the issue and are fully committed to this strategy. This includes the planning, commissioning and monitoring of services by Southwark Council and the Clinical Commissioning Group (CCG), service providers and acute trusts, health and education professionals, local employers, childcare settings, schools and voluntary and community organisations. Effective monitoring and evaluation is crucial to measure impact to ensure our strategic ambitions and objectives are achieved.

This strategy will be supported with actions plans over the next five years- the first year's action plan follows. Key actions have been developed based on the evidence and advice from national bodies on what works to support a healthy weight and an assessment of current activities in Southwark.

4.2 Strategy development and implementation

The Southwark Health and Wellbeing Board set up a Senior Leadership Obesity Strategy group which has worked to develop this strategy.

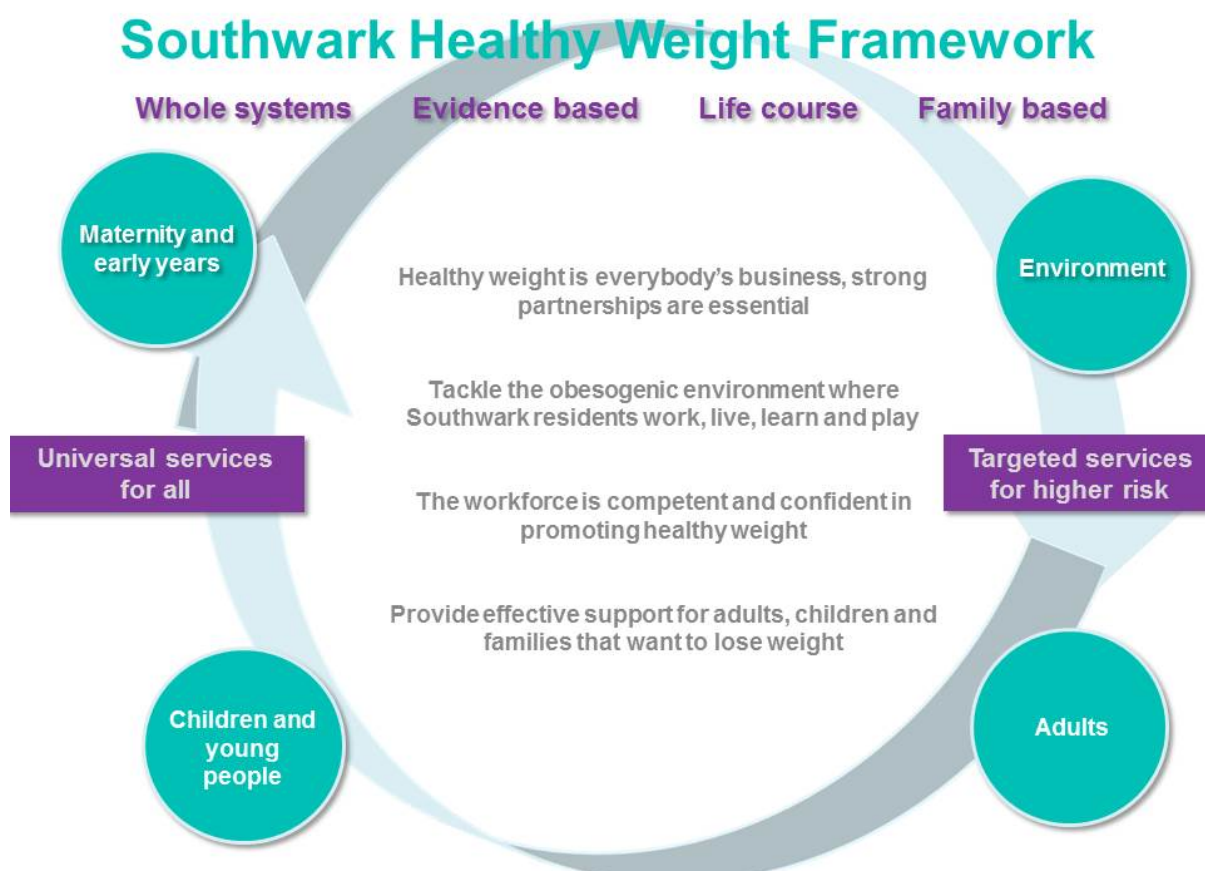
Two strategy implementation groups will now take forward implementation of the strategy. These will deliver actions related to people (life-course) and place. The targets and implementation will be reported biannually to the Health and Wellbeing Board as well as subject to rigorous performance challenge.

A wide range of partners and individuals have input to the development of the strategy and action plan including:

- Southwark Health & Wellbeing Board
- Southwark CCG
- Southwark CCG Children & Young People Development Group

- Southwark Active Travel
- London PE and School Sports Network
- Southwark Transport Team
- Southwark Local Economy Team
- Southwark Communications Team
- Southwark Planning Team
- Southwark Parks and Leisure Team
- Southwark Events and Arts Team
- Southwark Healthy Schools Team

4.3 Strategy framework



4.4 Five year ambitions

Our strategy and vision to support healthy weight in Southwark is guided by the following ambitions. These ambitions had been set using the National Child Measurement Programme trends, and by modelling different options. The following 5 year ambitions were adopted by the Southwark Health & Wellbeing Board in January 2016. By 2020 we will:

1. Reduce obesity of children at Reception year from 13% to 11.3% at Reception Year
2. Reduce excess weight in children from 26.4% to 23.6% at Reception Year
3. Reduce obesity of children from 27.9% to 24.9% at Year 6
4. Reduce excess weight in children from 42.7% to 24.9% at Year 6

4.5 Other linking strategies

A number of Southwark strategies & plans are already in place that will support a healthy weight strategy in Southwark including:

- Southwark Health & Wellbeing Strategy
- Southwark CCG Operating Plan
- Southwark CCG & Council Children & Young People Framework
- Southwark Five Year Forward view
- Southwark Young People Policy
- Southwark Physical Activity & Sport Strategy
- Southwark Transport Strategy
- Southwark Travel Plans
- Southwark Children and Young People's Plan
- Children & Young people's Wellbeing strategy
- Southwark Economic Wellbeing Strategy

5. Southwark healthy weight action plan

| Maternity and early years | | |
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| Key actions | Lead organisation and partners | Key performance indicator |
| 1. The UNICEF Breastfeeding Baby Friendly Initiative is implemented and monitored to support evidenced based advice and to support mothers and babies to achieve the best start in life. | Lead: Commissioning Partners: Public Health, CCG, BFI steering group | 1.1 The UNICEF Breastfeeding Baby Friendly Initiative Certificate of Commitment is achieved. This included the implementation and monitoring of the Baby Friendly Initiative action plan and the developed KPIs. |
| 2. All families are supported to achieve a healthy weight with practical, evidenced based advice and support offered by health professionals throughout maternity, and the early years through effective implementation and monitoring of an integrated early years pathway. | Lead: Commissioning Partners: Public Health, CCG, Health Professionals | 2.1 Quality standards for healthy weight are established and prioritised in the early year's integrated pathway e.g. service specifications for health visitors and school nurses. 2.2 Training and promotion of the Healthy Start and Vitamin D programme is included in mandatory training developed and delivered to all health professionals working to support early years including midwives, health visitors, GPs. |
| 3. An effective healthy weight programme is implemented and monitored for post natal services and children aged 0-4 across all priority groups. | Lead: Commissioning Partners: Public Health, CCG, Community Nutrition team | 3.1 The Healthy Weight Referral and Care pathway (Appendix 2) for post natal and early years is implemented and communicated to all stakeholders to increase referrals and uptake of weight management services. 3.2 A process for monitoring referrals to Tier 2 weight management services and monitoring of effectiveness established. |
| 4. All professionals working with children and families are provided with workforce training to ensure evidenced based, practical advice is offered to support families preparing for pregnancy, breastfeeding, weaning and establishing healthy eating and physical activity for children under five. | Lead: Commissioning Partners: Public Health, CCG, Training provider, Healthy Schools lead, Health and Education Professionals | 4.1 Commissioning of a healthy weight training provider is completed with the implementation of healthy weight training packages delivered to professionals working with families, early years and school aged children. 4.2 The training is included as mandatory in future service specifications for health visitors and school nurses working with children, young people and families. 4.3 Training provided to priority groups including GPs, school nurses, health visitors and schools. |
| 5. Early years settings are supported to take a whole settings approach to develop a healthy weight environment that supports healthy eating, physical activity, active travel and emotional wellbeing. | Lead: Commissioning Partners: Public Health, CCG, LGA, Healthy Schools lead, Active Travel team, Early Years settings | 5.1 Needs assessment completed to identify current support and resource available for early years settings. 5.2 The healthy weight training offered to early years settings includes voluntary 'Eat Better, |

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| | | Start Better' guidelines to support a whole settings approach to healthy eating. |
| 6. Families are supported to be physically active through parks and leisure services, active travel and play. | Lead: Parks and Leisure Services Partners: Public Health, Active Travel | 6.1 A programme of work to support early years and families to be physically active including active travel and play found in the Southwark Sport and Physical Activity Strategy, Southwark Play Strategy and, Southwark Council's Parks investment programme. |
| 7. Residents and key stakeholders know about the services available to them. | Lead: Public Health Partners: Campaign Manager | 7.1 A Southwark Healthy Weight communication engagement project is initiated, with scoping and mapping of existing communications. |

| Children and young people | | |
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| Key actions | Lead organisation and partners | Key performance indicator |
| 1. Southwark schools are supported to adopt a whole school approach to provide an environment that supports a healthy weight. This includes strategies to promote healthy eating, physical activity, active travel and emotional wellbeing through the Healthy Schools London programme. | Lead: Healthy Schools Lead Partners: Public Health, schools | 1.1 Increase the number of schools registered to the Healthy Schools London programme from 74% to 85%. 1.2 Increase the number of schools with a Healthy Schools London accreditation (bronze, silver, gold) from 44% to 55%. |
| 2. Free Healthy School Meals are provided to all children aged 4-11 and the free fruit scheme offered to children aged 7-11 in all Southwark Schools. | Lead: Commissioning Partners: Healthy Schools lead, Public Health, Schools | 2.1 Participation in the free healthy school meals programme is sustained at 94% for key stage 1 and 92% for key stage 2. 2.2 Participation in the free fruit scheme is sustained at 100%. 2. 3 Updated evaluation on the effectiveness of the free healthy school meals and impact on prevalence of overweight and obesity developed. 2.4 School caterers are supported to meet the School Food Standards and national School Food Plan. |
| 3. Commissioning of the schools healthy weight programme is completed and implemented to increase awareness and capacity of schools to promote a healthy weight. | Lead: Commissioning Partners: Public Health, CCG, Training provider, Health Professionals | 3.1 The healthy weight programme for school aged children is communicated to all and effectiveness evaluated. |
| 4. All health and non-health professionals working with school aged children, young people and families are provided workforce training to give them confidence to raise the issue of weight in an appropriate manner, provide | Lead: Healthy Schools lead Partners: Public Health, CCG, Training provider, Health Professionals | 4.1 Healthy weight training provider commissioned and training developed and delivered to priority groups including school nurses, health visitors, GPs and school. |

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| evidenced based advice and signpost to relevant local and national services. | | |
| 5. Effective implementation and monitoring of a NCMP programme to identify children with excess weight and support into healthy weight and care referral pathways. | Lead: Commissioning Partners: CCG, Health Professionals, School Nursing Service, Public Health | 5.1 There is an increase in the percentage of eligible schools participating in the NCMP. 5.2 Families of children identified as overweight or obese are proactively followed up, signposted or referred into Tier 2 or Tier 3 weight management services. |
| 6. All schools are supported to develop and evaluate a targeted sport and physical activity programme to engage those children who are identified as least active e.g. children identified as vulnerable. | Lead: Public Health Partners: Healthy Schools lead, London PE & School Sports Network | 6.1 Provide support to schools to identify those children that are least active and develop a physical activity and sport programme to target this group. 6.2 Support is offered to schools to monitor the effectiveness of their physical activity and sport programmes through assessment, recording and reporting on pupil progress and achievement. 6.3 A new programme of work to target school aged children identified as inactive is outlined in the Southwark Sport and Physical Activity Strategy. |
| 7. All schools are supported to promote Active Travel and achieve accreditation. | Lead: Active Travel Team Partners: Transport, Healthy Schools lead | 7.1 Increase in the number of schools registered to the Active Travel programme. 7.2 Increase in the number of schools achieving Active Travel accreditation. |
| 8. Residents and key stakeholders know about the services available to them. | Lead: Public Health Partners: Campaign Manager | 7.1 A Southwark Healthy Weight communication engagement project is initiated, with scoping and mapping of existing communications. |

| Adults | | |
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| Key actions | Lead organisation and partners | Key performance indicator |
| 1. A locally agreed, evidence based, multi-agency healthy weight care pathway for adults aged 16+ is implemented to provide guidance on identification, assessment, advice, and signposting/referral. | Lead: Commissioning Partners: CCG, Public Health, Service Providers, Health Professionals | 1.1 A review of the evidence is conducted and used to inform the development of an evidenced based locally agreed, multi-agency healthy weight and referral care pathway for adults aged 16+ to provide guidance on identification, assessment, advice and signposting to relevant local support for underweight, healthy weight and overweight adults. 1.2 A Tier 2 and Tier 3 multidisciplinary service targeting residents who are identified as morbidly obese or obese with related co-morbidities is fully integrated into the healthy weight pathway, targeting those identified to be at high risk of complications from obesity and those that are |

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| | | <p>potential candidates for bariatric surgery.</p> <p>1.3 The healthy weight care and referral pathway is implemented and monitored for effective uptake by priority groups.</p> |
| <p>2. All health professionals are supported to MECC and provide brief advice to patients identified as overweight or obese to signpost/refer to local services and support behaviour change.</p> | <p>Lead: Public Health</p> <p>Partners: CCG, NHS acute trust</p> | <p>2.1 All staff and patients at Southwark hospitals are offered screening and brief intervention on smoking, alcohol and physical activity levels (as part of weight management services) as part of the local CQUIN incentive scheme in Southwark.</p> <p>2.2 Consideration for further MECC training roll-out to Social Care and potentially wider workforce.</p> |
| <p>4. Residents who are identified as inactive, overweight or obese and other vulnerable groups will be supported to engage and participate in regular physical activity including active travel.</p> | <p>Lead: Public Health</p> <p>Partners: PRO-ACTIVE</p> | <p>4. 1 A new programme of work is developed to target those adults identified as least active is included in the new Southwark Sport and Physical Activity Strategy.</p> |
| <p>5. Residents and key stakeholders know about the services available to them.</p> | <p>Lead: Public Health</p> <p>Partners: Campaign Manager</p> | <p>5.1 A Southwark Healthy Weight communication engagement project is initiated, with scoping and mapping of existing communications.</p> |

| Environment | | |
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| Key actions | Lead organisation and partners | Key performance indicator |
| <p>1. All future major Southwark Council led strategies and plans will be developed in consultation with Public Health to ensure they support a healthy weight environment e.g. provision of and access to safe green open spaces, opportunities for play and physical activity, food growing and working with food businesses.</p> | <p>Lead: Public Health</p> <p>Partners: Southwark Council, Planning</p> | <p>1.1 An effective consultation process between Public Health and Planning is developed to ensure coordination of major Planning and Public Health policies to ensure all future Council led strategies and plans are developed to support a healthy weight environment.</p> <p>1.2 Public Health to provide evidence based recommendations, national and local data, new guidelines and resources to support effective strategy and planning as needed.</p> |
| <p>2. All new Southwark planning applications are assessed to ensure they support a healthy weight environment including the six elements: movement and access, open spaces, recreation and play, food environment, neighbourhood spaces, building design, and local economy.</p> | <p>Lead: Public Health</p> <p>Partners: Southwark Council, Planning, Highways</p> | <p>2. 1 Development of an agreed process to ensure Public Health is consulted in the development management process and all local planning applications are assessed to ensure they support a healthy weight environment.</p> <p>2. 2 An agreed local planning and health checklist is developed and aligned with existing guidance for internal use. Align with Transport and Highways review processes for assessing planning applications (design principles set out in</p> |

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| | | <p>Southwark's Streetscape Design Manual).</p> <p>2.3 Public Health supports work to enhance the impact of Planning policy on health outcomes and health inequalities.</p> |
| 3. All events and sponsorship promote and support residents to achieve a healthy weight e.g. provision of healthy food and activities to support physical activity including active travel and mental and emotional wellbeing. | <p>Lead: Events and Arts</p> <p>Partners: Public Health</p> | 3.1 Development of agreed local guidance to support healthy procurement, catering, sport and physical activity provision and promotion at all local Council run events to ensure they support a healthy weight environment. |
| 4. All Council owned buildings, parks and leisure services provide and promote healthy and affordable food and beverages where available. | <p>Lead: Parks and Leisure Services</p> <p>Partners: Public Health, Catering Providers</p> | <p>4.1 Work is commenced to identify levers for influencing Council owned buildings to support healthier food provision and advertising.</p> <p>4.2 Caterers in all new Council run parks and leisure services are committed to achieving the Food for Life charter mark and signing up to the Healthily Catering Commitment.</p> <p>4.3 Providers are supported to meet healthy catering guidance and provide a range of healthy, affordable food and beverages at all applicable council parks and leisure services.</p> |
| 5. Local restrictions are placed on hot food takeaway outlets on high streets and in close proximity to schools. | <p>Lead: Planning</p> <p>Partners: Public Health</p> | 5.1 Legislation is included in the new Southwark Council plan to restrict the concentration of hot food takeaways opening on Southwark High Streets and in close proximity to secondary schools. |
| 6. Southwark Parks are safe and clean, and provide opportunities for residents to be physically active including active travel and play. | <p>Lead: Parks and Leisure Services</p> <p>Partners: Public</p> | 6.1 Outcomes outlined in the Council plan are achieved for Parks Satisfaction, Green Flags and the delivery of top quality children's play target. Nine Specific Children's Play areas are developed as part of the parks investment programme. |
| 7. All workplaces are supported to develop an environment that supports a healthy weight through the Healthy Workplace charter, resources and advice. | <p>Lead: Public Health</p> <p>Partners: Transport, Local Economy team</p> | <p>7.1 A healthy workplace webpage is developed as part of the existing Southwark business portal. This will promote the London Workplace Health Charter, the Healthy Catering commitment, Active Travel and further local and national resources.</p> <p>7.2 Website visits are monitored and workplace feedback assessed.</p> <p>7.3 50% increase in the number of Southwark businesses signed up to the London Workplace Health Charter.</p> <p>7.4 25% increase in the number of Southwark businesses signed up to the London Healthy Workplace Health Charter achieving accreditation</p> |

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| 8. Residents and key stakeholders know about the services available to them. | Lead: Public Health Partners: Campaign Manager | 8.1 A Southwark Healthy Weight communication engagement project is initiated, with scoping and mapping of existing communications. |
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Appendix 1

Local Qualitative Findings

The Southwark Child Obesity joint review (9) took place between September 2011 and March 2012. The children and young people partnership board requested that a joint review be carried out using a community lens to better understand the complex picture facing Southwark communities. A joint review group was established to steer the review comprising members of local communities, parents and representatives from local organisations. Multi-disciplinary events were held for our local communities, the voluntary sector and local professionals. There were focus groups in children's centres, schools, with parent groups, youth councils and other community settings. Thirty Community Researchers were recruited to carry out interviews with their own communities.

The aim of the review was to better understand from a community perspective how these complex factors operate in Southwark in order to formulate recommendations that would help tackle the increase in child obesity in Southwark.

We know that in Southwark child obesity is more prevalent in our more deprived communities with the highest rates being in Walworth, Rotherhithe and Peckham. We also know that Black African, Black Caribbean and mixed race children are more likely to be obese. Rates of obesity rise as children get older and there is a slightly higher prevalence in boys than girls.

From their experience, frontline staff felt that children from low income families, from some BME groups particularly African and Caribbean families, children in families with complex needs, and children of overweight parents were more likely to be overweight or obese.

Awareness of the problem of child obesity in the borough was high amongst the frontline staff who attended the Joint Review events but lower amongst parents/carers and family members a proportion of whom were unsure if there was a problem with child obesity in Southwark. However, it is difficult to know from survey responses what people perceive as obesity and overweight in children and if some people only recognise obesity in a child when it is quite severe.

Parents/carers and family members understand that child obesity could have an impact on physical health but were less likely to know the range of impacts or specific conditions. Many parents/carers and family members however thought that there was likely to be an emotional and social effect on children with many specifying bullying, low self-esteem and not 'fitting in'.

Both frontline staff and parents/carers and family members thought the problem was caused by too much unhealthy food availability in Southwark and children and young people eating too much of it. Many people talked particularly about chicken and chip shops and other fast food outlets where food was cheap and accessible. Children and young people themselves viewed fast food and unhealthy food as desirable. For older children with their own money they talked about how cheap, convenient and accessible it was. A risk time for unhealthy eating seemed to be after school and weekends.

Parents wanted school meals and other food provided in schools to be healthy. Low income and lack of time due to long working hours was seen as a reason for families making unhealthy food choices. The provision of Free Healthy School Meals is an important part of the jigsaw to promoting healthier eating.

Both parents/carers, family members and frontline staff felt that many families were not motivated or interested in making changes to their lifestyle or taking more control over their child's eating or exercise habits. They felt that this could be because they did not think there was a problem or because there were other more pressing priorities such as their family's financial situation and their children's immediate happiness, behaviour and safety.

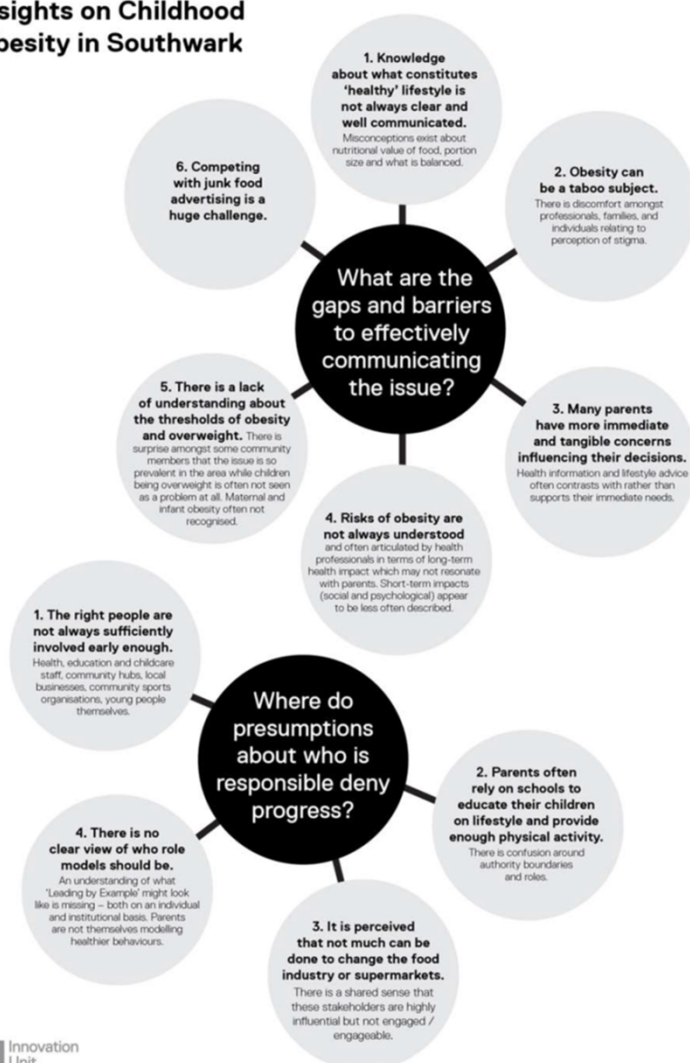
Parents/carers and children and young people themselves talked about the attraction of sedentary activities such as video games, TV, computers and social networking. Parents/carers and family members and young people felt that there were not enough affordable, attractive and age appropriate physical activity options in the borough.

People felt that educating and raising awareness with parents about risks of obesity, good nutrition and exercise was important. It was felt that parents often did not understand how much fat; salt and sugar were in foods. Frontline health staff felt some frustration that they did not always have the capacity to do this or that messages they delivered were sometimes not received well or that parents were not willing to make changes.

Many parents/carers and family members felt that schools, the NHS and Southwark Council could do more to educate parents in an interactive and appealing way. People also felt that community networks, faith groups and sport and leisure providers could do more.

Many frontline staff mentioned that there are a number of cultural norms and beliefs about weight, healthy eating and physical activity which are an on-going challenge when tackling child obesity. The review heard that there were many misconceptions about the relative healthiness of foods amongst some families. Inappropriate infant feeding was highlighted as being a problem especially in some communities. Frontline workers also felt that some African and Caribbean families may see a bigger body size as desirable in babies and children and were therefore less likely to be concerned.

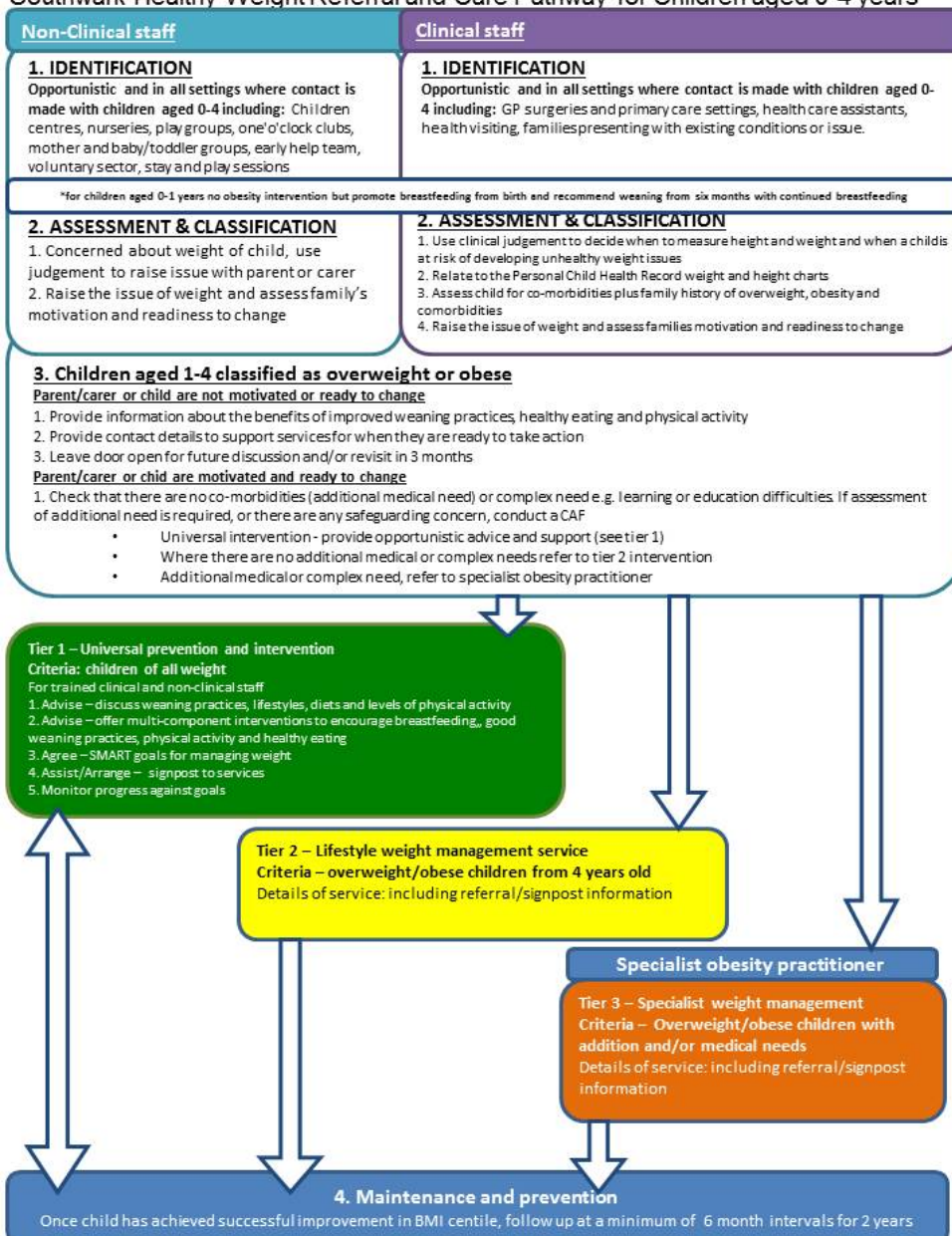
Insights on Childhood Obesity in Southwark



Appendix 2

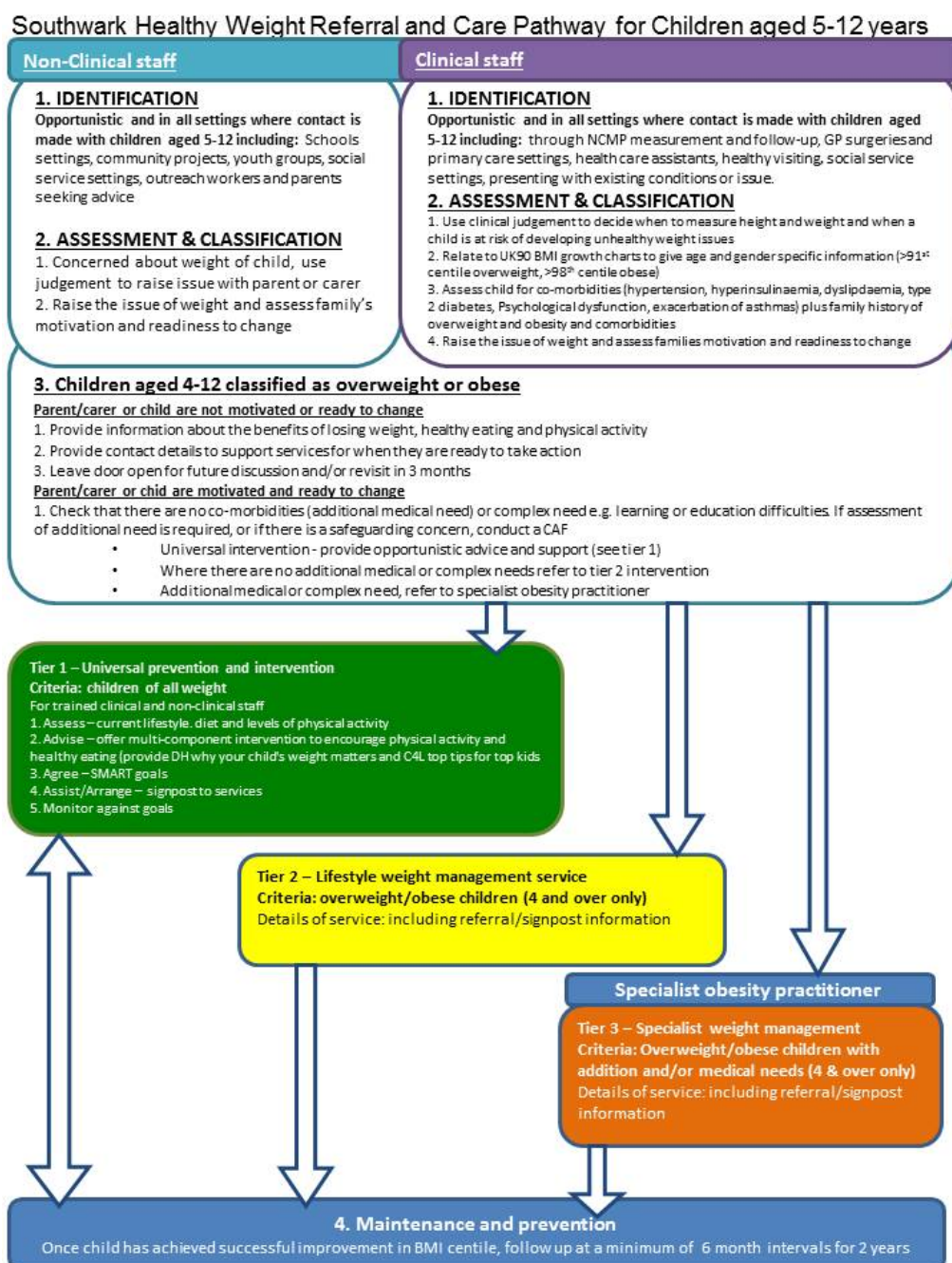
Southwark healthy weight referral and care pathway for children aged 0-4 years

Southwark Healthy Weight Referral and Care Pathway for Children aged 0-4 years



Appendix 3

Southwark healthy weight referral and care pathway for children aged 4-12 years



References

1. Obesity - Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children 2006' NICE clinical guidelines
2. Government Office for Science . (2007) Tackling obesities future choices report. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf
3. McPherson NO, Fullston T, Aitken RJ, Lane M. (2014) *Paternal Obesity, interventions and mechanistic pathways to impaired health in offspring*. Ann Nutr Metab. 7:1027-76
4. Reilly, J., Dorosty, A. and Emmett, P. (1999). Prevalence of Overweight and Obesity in British Children: Cohort Study. British Medical Journal, 319(7216):1039
5. http://www.unicef.org/nutrition/index_24824.html
6. Weng SF et al, (2012) Systematic review and meta-analyses of risk-factors for childhood overweight identifiable during infancy. Arch Dis Child 97 (12): 1019-26)
7. Kahn, B. E., & Wansink, B. (2004) The influence of assortment structure on perceived variety and consumption quantities. Journal of Consumer Research. 30:4, 519-533.
8. Kantar Worldpanel, sample of 27,000 households in England, January 2013/January 2014.
9. Lambert, K. G., Neal, T., Noyes, J., Parker, C., & Worrel, P. (1991) Food-related stimuli increase desire to eat in hungry and satiated human subjects. Current Psychology. 10:4, 297-303.
10. Public Health England (2014) Everybody Active, Everyday: A framework to embed physical activity into daily life
11. Lundahl, Kidwell and Nelson (2014) Parental underestimates of child weight: a meta-analysis. Paediatrics. 014: 133, e689–703. 12. https://www.noo.org.uk/NOO_about_obesity/maternal_obesity/maternalhealth
13. Baird, J., Fisher, D., Lucas, P., et al. (2005) Being big or growing fast: systematic review of size and growth in infancy and later obesity. BMJ. 331(7522):929.
14. https://www.noo.org.uk/NOO_about_obesity/child_obesity/Health_risks
15. http://www.noo.org.uk/NOO_about_obesity/adult_obesity/Health_risks
16. http://www.noo.org.uk/NOO_about_obesity/economics
17. Department for Health. (2008). Healthy Weight, Healthy Lives Toolkit for Developing Local Strategies. Available at: http://www.fph.org.uk/healthy_weight%2c_healthy_lives%3a_a_toolkit_for_developing_local_strategie
18. National Child Measurement Programme <http://www.hscic.gov.uk/ncmp>
19. Local Southwark Obesity NCMP results, available at: <http://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/3/gid/8000011/pat/6/par/E12000007/ati/102/are/E09000028/iid/92033/age/201/sex/4>
20. Southwark Childhood Obesity Joint Review Bertoul (2012)
21. Department of Health. (2011) Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers
22. Southwark Council. (2015) Free Swim and Gym report.

23. fingertips: <http://www.phoutcomes.info/search/obesity%20data#pat/6/ati/102/par/E12000007>
24. Southwark Joint Strategic Needs Assessment (2015)
25. Rimmer J, Wang E, Yamaki K, & Davis B. FOCUS Technical Brief No. 24. Documenting Disparities in Obesity and Disability, National Center for the Dissemination of Disability Research (NCDDR) 2010.
26. Child and Maternal Health Observatory (CHIMAT). Disability and obesity: the prevalence of obesity in disabled children, 21 July 2011
27. <https://nice.org.uk/guidance/ph42/evidence/review-1-identifying-the-key-elements-and-interactions-of-a-whole-system-approach-to-obesity-prevention2>
28. <http://www.who.int/end-childhood-obesity/en/>
29. http://www.london.gov.uk/sites/default/files/gla_migrate_files_destination/Early%20Years%20Briefing.pdf.
30. Department of Health. (2009) *Healthy Child Programme –Pregnancy and the first five years of life*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf
31. <http://www.unicef.org.uk/babyfriendly/>
32. <https://www.healthystart.nhs.uk/>
33. WHO.(2015) *Report of the Commission on ending Childhood Obesity*. Available at: http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf
34. All Party Parliamentary Group for Fit and Healthy Childhood. (2015) The National Obesity Framework. Available at: http://www.api-play.org/upload/public/news-stories/APPG%20Report_Early%20YearsFINAL%20with%20images.pdf
35. Childrens Food Trust. (2012) Voluntary Food and Drink Guidelines for Early Years Settings in England – A practical guide. Available at: http://cft-staging-cdn.core-clients.co.uk.s3-eu-west-1.amazonaws.com/2015/06/CFT_Early_Years_Guide_Interactive_Sept-12.pdf
36. Local uptake of FSM –taken from London Association of Directors of PH framework
37. Dimpleby, H & Vincent, J. (2013) The School Food Plan. Available at: http://www.schoolfoodplan.com/wp-content/uploads/2013/07/School_Food_Plan_2013.pdf
38. <http://www.healthyschools.london.gov.uk/resources/healthy-take-aways/whole-school-approach>
39. Public Health England. (2015) What works in Schools to increase Physical Activity. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469703/What_works_in_schools_and_colleges_to_increas_physical_activity.pdf
40. <http://www.southwark.gov.uk/healthcheck>
41. http://www.southwark.gov.uk/info/10096/physical_activity/892/southwarks_exercise_referral_programme
42. <https://www.london.gov.uk/what-we-do/health/priority-areas/healthy-workplace-charter>
43. https://www.noo.org.uk/NOO_about_obesity/causes