



# Healthy Weight, Healthy Lives in Wandsworth: 2014 - 2017

A multi-agency strategy to reduce the burden of death, disability and distress caused by obesity in Wandsworth



**NHS**  
**Wandsworth**  
**Clinical Commissioning Group**

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## Key Terms

**Body Mass Index (BMI):** A measure of a person's weight compared to their height. BMI classes are different for adults and children.

### Adults

*Underweight:* BMI <18.5kg/m<sup>2</sup>

*Healthy Weight:* BMI 18.5 – 24.5kg/m<sup>2</sup>

*Overweight:* BMI 25-29.5kg/m<sup>2</sup>

*Obese:* BMI 30-39.5kg/m<sup>2</sup>

*Morbidly Obese:* BMI ≥40kg/m<sup>2</sup>

### Children

The healthy BMI range of children changes with age and sex. BMI measurements are interpreted using a BMI growth chart; in England the British 1990 (UK90) growth reference charts are used. Cut-offs for the different BMI classes are based on how much a child's BMI varies from the average or expected measurement for their age and sex, or which 'centile' the measurement falls within on the charts. In this report statistics for childhood overweight and obesity are based on the following cut-offs:

*Underweight:* ≤2nd centile

*Healthy weight:* >2 - <85th centile

*Overweight:* ≥ 85th centile

*Obese:* ≥95th centile

# 1 Introduction

Obesity is a continuing challenge for the people and policymakers of Wandsworth. By merely living in Britain today we are likely to put on weight gradually over time unless we take active steps to prevent weight gain or lose weight. We live in an environment that promotes obesity, in which there is an abundance of cheap, quick, energy dense but nutritionally poor food, and in which it is easier for us to be sedentary than physically active. Once developed, obesity is a condition that is notoriously difficult to reverse.

Obesity is strongly linked to inequalities: there are generally higher levels of obesity in communities with low employment prospects, poor housing, limited access to health and social care services. These households face particular challenges in making healthy lifestyle choices.

If the people of Wandsworth are to be co-opted into making positive lifestyle choices in order to combat obesity, we must create the opportunities for them to do so and also bring about the end of practices that rationalise poor diet choices and being physically inactive.

This is the second Wandsworth healthy weight strategy, focusing on reducing the death, disability and distress caused as a result of overweight and obesity.

This 2014-2017 *Healthy Weight, Healthy Lives* strategy plans to build upon the foundations laid by the previous Wandsworth Healthy Weight Strategy, developed in 2005 under the leadership of Public Health within the Primary Care Trust (PCT). Both strategies have been the product of successful collaboration between Wandsworth Council, Wandsworth NHS, Primary Care and Community services and St George's Hospital NHS Trust.

The strategy aims to create a stronger health protecting and promoting culture and a partnership and network that fosters collaboration to bring about improvements in health through encouraging healthy weight.

Departments across the Council, the NHS and the local community have a joint responsibility to support this strategy and act as ambassadors for change throughout the borough. Community engagement and consultation in 2014 will enable the Wandsworth population to have their say and shape the actions being delivered over the next three years.

As employers we will lead by encouraging healthy workplaces and promoting opportunities for physical activity and healthy eating to our staff. We will also provide training and guidance to staff and volunteers across Wandsworth to make sure they know how to support those they work with.

## 1.1 Background

In Wandsworth, approximately 22% (more than one in five) of children starting school in Reception (4-5 years old) are overweight or obese, 12.2% are overweight and 9.8% are obese. By the time children reach Year 6 (10-11 years) approximately 35.2% (one in three) are overweight or obese, 15% are overweight and 20.2% (one in five) are obese. This means that obesity more than doubles between reception and year 6. This is worse than the England average, although slightly better than the London average<sup>1</sup>.

Local estimates<sup>2</sup> of adult prevalence indicate that 43% of Wandsworth adults are overweight or obese (28% overweight, 15% obese). National data<sup>3</sup> estimates that this figure is higher at 52.2% (37.6% overweight and 14.7% obese).

Obesity in the lowest range (BMI 30-35 kg/m<sup>2</sup>) has been found to reduce life expectancy by an average of three years, while morbid obesity (BMI 40-50 kg/ kg/m<sup>2</sup>) reduces life expectancy by 8-10 years. This 8-10 year loss of life is equivalent to the effects of lifelong smoking<sup>4</sup>.

When compared with adults who are not obese, the health risks for obese adults are significant<sup>5</sup>. An obese man is five times more likely to develop type 2 diabetes, three times more likely to develop cancer of the colon and more than two and a half times more likely to develop high blood pressure – a major risk factor for stroke and heart disease<sup>6</sup>. An obese woman is almost thirteen times more likely to develop type 2 diabetes, more than four times more likely to develop high blood pressure and more than three times more likely to have a heart attack<sup>6</sup>.

Adults with severe obesity may have physical difficulties which make activities of daily living more difficult<sup>7</sup>. This can lead to increase costs of social care services in providing services such as housing adaptations and specialist equipment (such as mattresses, doors, toilet frames, hoists and stair lifts); specialist carers trained in the safe manual handling of morbidly obese people; and transport, leisure and recreational facilities that are accessible to those who are very obese.

Obese children are more likely to be ill, absent from school and experience health-related limitations in their daily lives. Obesity can lead to bullying, resulting in low self-esteem, anxiety and depression<sup>8</sup>. The likelihood that overweight and obese children will become obese adults is very high.

The cost to the UK economy of overweight and obesity was estimated at £15.8 billion per year in 2007, including £4.2 billion in costs to the NHS. Modelled projections suggested that indirect costs could be as much as £27 billion by 2015<sup>9</sup>. An obese child in London is likely to cost around £31 a year in direct costs, which could rise to a total (direct and indirect) of £611 a year if they continue to be obese into adulthood. The treatment costs of childhood obesity in London was between £30 million and £195 million in 2007/08. This is likely to be an under-estimation of the wider costs of childhood obesity to London's economy; they reflect only the direct public costs of treating obesity and the consequences associated with obesity. The total costs of childhood obesity to London in the long run will be much higher than this because many of the treatment costs and consequences of obesity (such as cardio-vascular disease, diabetes and some cancers) are not likely to be incurred until later in life.<sup>10</sup>

## 2 Vision and outcomes

The government set out two national ambitions in *Healthy Lives, Healthy People: A call to action on obesity in England*:<sup>11</sup>

*“A downward trend in the level of excess weight averaged across all adults by 2020; and  
A sustained downward trend in the level of excess weight in children by 2020”.*

### 2.1 Vision

Our vision for this strategy is develop an environment where the healthy choice is the easy choice, and to enable the individual and community to help themselves in the struggle against obesity. We will support our population to combat the causes of obesity in Wandsworth today by encouraging people to identify gradual weight gain early before obesity develops, and by providing the right information, support, encouragement and role modelling throughout the lifespan to enable cultural and behaviour shifts.

The focus for this strategy remains on the reduction and prevention of overweight and obesity as a means of ensuring the majority of our population can reach and maintain a healthy weight.

Malnutrition and underweight, due to their lower prevalence and susceptibility in particular groups, require a separate strategy with a different focus that is more targeted towards individuals and particular setting and will affect a different range of stakeholders.

### 2.2 Aims

This strategy will coordinate efforts in Wandsworth to reduce the burden of death, disability and distress caused by obesity in Wandsworth.

It aims to halt the rise in the prevalence of obesity in adults and children by 2015 and then achieve a sustained downward trend through a focus on both prevention and management throughout the life of the strategy.

### 2.3 Outcomes

The success of the strategy will be demonstrated by the following outcomes for the Wandsworth population:

- Increased rates of mothers initiating breastfeeding at birth and continuing to breastfeed 6-8 weeks after giving birth
- A reduced prevalence of overweight and obesity in reception and year 6 children
- An increase in the proportion of adults registered with a Wandsworth GP who have had a BMI measured and recorded in the last 15 months
- A higher number of referrals to weight management and healthy lifestyle services
- Improvement in weight and fitness measurements for those who have attended a healthy lifestyle service
- A reduced incidence of diabetes, hypertension and coronary heart disease (CHD)

- Increased uptake of school meals, both meals that are paid for and those that are provided for free
- A higher number of schools with Healthy Schools London bronze, silver or gold awards that have been achieved through focusing on healthy weight.

### 3 Progress from the last Healthy Weight Strategy

The previous Wandsworth Healthy Weight Strategy was developed in 2005. Many significant programmes have been developed from the strategy objectives. Some of the key actions are highlighted below:

#### *Objective 1: Promote an environment and culture where healthy choices are the norm*



Several free cooking classes were introduced in deprived areas of the Borough, targeting children and their families. For example, in 2013 local teachers from 4 schools and volunteers from a community group attended a popular cookery training course hosted on *The Cooking Bus*.

As part of the Roehampton Challenge in 2013, a total of 41 cookery sessions were delivered to 468 children and 80 adults. 12 staff from children's centres and schools received training to enable them to continue to run their own sessions.



These programmes were introduced to test their uptake and the feasibility of an on-going programme. They have proved highly popular among the community and demonstrated a need to be continued.

All children's centres have been awarded with a 'Healthy Wandsworth Accreditation' for promoting healthy eating and physical activity across their whole centres, in all activities.

Schools have been actively engaged in the delivery of the obesity prevention and treatment programmes and free cooking sessions for families. Our school meals caterer, Harrison, were procured to provide high quality and nutritious school meals that meet the National Nutritional Standards to over 80% of Wandsworth council funded schools, promoting healthier choices through attractive displays and healthy food workshops.

#### *Objective 2: Identify early and encourage those at high risk of overweight or obesity and direct them towards appropriate interventions*

More than 95% of all children in state maintained schools received annual weight and height checks through the National Child Measurement Programme (NCMP). Through successful collaboration with Public Health, School Nursing teams and schools this programme has been extended over the last 6 years to include written feedback letters to all parents summarising their child's results, phone calls offering support and advice to parents of overweight children, and letters to GPs notifying them of all children within their practice with severe obesity.

An obesity register has been introduced at every GP practice to improve the identification of people who are obese and therefore in need of additional support and advice.



Approximately 600 front line staff in Wandsworth have received 'obesity awareness' training which helps to ensure that preventing and identifying obesity is everybody's business and increases the opportunities for our population to access support and advice.

*Objective 3: To ensure provision of quality weight management services for those who want to lose or maintain their weight to achieve improvements in health.*

A range of obesity prevention and treatment programmes for families and adults throughout the borough have been commissioned. These provide convenient access to support and advice that enables participants to make sustainable healthy changes to diet, physical activity and behaviours, and ultimately to achieve and maintain a healthier weight.

These services have become well-established over the last 5 years and have made an important contribution to our improving levels of childhood obesity in the borough. Losing weight is essential in the prevention and management of many long term conditions such as type 2 diabetes and cardiovascular disease. Adult programmes therefore complement the work happening across the borough to tackle long-term conditions, including the NHS Health Checks programme.

### 3.1 Obesity spend in Wandsworth

Since 2010, an average of almost £600,000 per year has been spent on procured obesity prevention and treatment services for children, families and adults in a wide range of settings across the borough. Over 2000 families or individuals per year have engaged in these services and received personalised support and advice on how to improve their diet and activity levels, leading to measurable improvements in diet, physical activity levels and healthy lifestyle behaviours; reductions in participants' BMI and waist circumference; and a measurable increase in self-esteem and confidence.

In addition to this, since 2010, over 2,000 front line staff and all integrated children centres in the borough have received training and/or support to increase awareness of obesity and its risks, and to provide practical skills in how to support and advise clients and patients about a healthy lifestyle.

The estimated annual cost to the NHS from obesity related diseases in Wandsworth will be almost £50 million in 2015<sup>12</sup>. If only 10% of the obese population in Wandsworth (approximately 5,000 adults) reduced their BMI to a healthy range (<25kg/m<sup>2</sup>) £200,000 per year could be saved from reductions in prescription costs and number of GP contacts required alone<sup>13</sup>. This estimate doesn't include the additional savings that could be made from reductions in sick leave, support from social services, disability benefits/support, help or care in the home, elective surgery/acute care or housing adaption requirements.

## 4 Collaboration and alignment with local strategies

Addressing obesity within our population requires joint working between a range of sectors to impact on the wider determinants and influences on this complex issue. This strategy aims to complement existing key local plans and strategies, identifying synergies and opportunities for different agencies and organisations to work together.

The table below lists the local plans and strategies that have been identified, and the key aspects of these plans that have links or priorities that can be aligned with the Wandsworth Healthy Weight, Healthy Lives strategy.

**Table 1 – Local plans and strategies and links with the Healthy Weight, Healthy Lives strategy**

Document title	Link with Healthy Weight, Healthy Lives strategy
<b>The Joint Strategic Needs Assessment (2010)</b>	Obesity in adults and children is highlighted as an area of need for prioritisation
<b>Wandsworth Children and Young People's plan 2011 - 2015</b>	Priority 2: More children and young people develop physical resilience to achieve good health throughout childhood.
	Priority 3: More children and young people feel and are safe in the community.
	Priority 9: More Children and young people develop resilience, confidence and life skills through enjoyable, purposeful activities
	Priority 11: More families achieve economic security and stability and fewer children live in poverty
<b>Active Wandsworth Strategy 2011-2016</b>	Promote the active environment
	Effectively market and communicate the benefits of being healthy and the opportunities available within Wandsworth
	Address the identified barriers to participation and reduce health inequalities
	Work in partnership and support Active Wandsworth partners primary objectives to increase participation
<b>Wandsworth's Second Local Implementation Plan (Transport) (2011)</b>	To facilitate a higher proportion of travel by sustainable transport modes including walking and cycling
<b>Local Clinical Commissioning Group initiatives</b>	Obesity is a priority initiative in all three localities
<b>Wandsworth Play strategy (draft)</b>	Wandsworth is committed to raising the profile of play and its benefits to the learning and positive development of all children and young people.

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	We will work with other local and national organisations to increase the amount and range of play provision in the home, school and community.
	We will seek to remove identified barriers to free play identified to increase the use of existing play provision to meet local need in Wandsworth
<b>Wandsworth Children and Young People's Partnership Early Intervention Strategy 2012</b>	Priority 1: promoting early and on going assessment and intervention
	Priority 2: developing integrated partnership approaches
	Priority 4: better information sharing and use of evidence
	Priority 5: a skilled and integrated workforce
	Priority 6: Better Safeguarding
<b>Cultural strategy for Wandsworth (2009)</b>	Health and social care, health and physical activity opportunities and facilities
<b>The Local Plan Development Management Policies Document (DMPD)</b>	Open Spaces and Recreation Community Facilities Transport

## 5 The Wandsworth offer for adults and children

A variety of obesity prevention and management services are available across the borough that address the risk of obesity at several stages of life. These services have been organised into ‘tiers’ which represent different levels of risk or severity.

Tier 1 is for people without obesity or who have the lowest risk of developing obesity. Tier 2 is for people who are already overweight or in the early stages of obesity. Tier 3 is for those people with well-established obesity or severe obesity. Tier 4 is for those people who are suitable for ‘bariatric’ or weight-loss surgery.

Care pathways will provide a detailed overview of the services and care a person should receive. There will be separate care pathways for children, adults and pregnant women. These care pathways should be accessible by all relevant professionals and the public, and will be developed and published on the Public Health section of the Wandsworth Council website.

The following tables provide an overview of the types of universal prevention and treatment services available at tiers 1-4 for children and young people (table 2) and adults (table 3) in Wandsworth. The tables show which group within the population are being targeted at each tier; how many people in Wandsworth are estimated to fall within this target group; examples of current services and programmes within each tier; and the key Council departments, other agencies and services across Wandsworth that link with each tier of health.

**Table 2 Wandsworth services for children and young people**

Obesity Services	Description	Target groups	Approximate number of people who may need this service in Wandsworth*	Current services in Wandsworth	Links with key departments, agencies and services
Tier 1	Primary Care and Community Advice	General: All population  Targeted: All BMI and selected high risk groups	55,627 children aged <18 years (2011 census)	Health Visiting School Nursing PHSE in Schools GP services Community Dietitians Mytime Boost programmes in Children centres (children aged 2-5 years)	Schools Children's Services Leisure and Culture
Tier 2	Primary Care with Community Interventions	BMI >85 <sup>th</sup> centile (overweight)	Estimated 7,643 children (aged 0-15 yrs) are overweight (Health Survey England 2011)	Mytime Boost programmes in Children centres (children aged 2-5 years) Morelife community and holiday clubs in community centres throughout borough (children aged 5-17 years)	Leisure centres providers Social Services Family Recovery service GPs
Tier 3	A primary/community care based multi-disciplinary team (MDT) to provide an intensive level of input to patients	No agreed definition.  Obese: BMI >98 <sup>th</sup> centile  Severe obesity: BMI>99.6 <sup>th</sup> centile	Estimated 11,761 children (aged 0-15yrs) are obese (Health Survey England 2011)  Over 100 children every year measured in reception and year 6 have severe obesity (>99.6 <sup>th</sup> centile)	Drug treatment is not generally recommended for children younger than 12 years.(NICE 2006)  Paediatrician-led multidisciplinary service at SGH. Offered in combination with Morelife community and holiday clubs for dietary and activity support.	Nurseries Child-minders School Nursing Health Visitors Community Dieticians Health Care Professionals
Tier 4	Specialised Complex Obesity Services (including bariatric surgery)	BMI >40kg/m <sup>2</sup> (morbid obesity) OR >35kg/m <sup>2</sup> +co-morbidity	No surgical data for children	Surgical intervention is not generally recommended in children or young people.  Bariatric surgery may be considered for young people only in exceptional circumstances, and if they have achieved or nearly achieved physiological maturity.	Voluntary groups

**Table 3 Wandsworth Services for adults**

Obesity Services	Description	Target groups	Approximate number of people who may need this service in Wandsworth*	Current services in Wandsworth	Links with key departments, agencies and services
Tier 1	Primary Care and Community Advice	General: All population Targeted: All BMI and selected high risk groups	291,382 Adults aged 18+	NHS Health Checks Post-Natal Weight management Exercise on referral Health trainers GP services Community Dieticians	Social Services Leisure and Culture Children's services
Tier 2	Primary Care with Community Interventions	BMI >25kg/m <sup>2</sup> (overweight and obese)	28% estimated to have BMI 25kg/m <sup>2</sup> - 30 kg/m <sup>2</sup> (overweight): 82,681 Adults (18+) 15% BMI >30kg/m <sup>2</sup> (obese): 43,707 Adults (18+)	Momenta weight management groups and 1:1 clinics, other weight Management Services  Exercise on referral (if co-morbidity is present or BMI >30kg/m <sup>2</sup> )	Leisure centre providers Family Recovery service GPs School Nursing
Tier 3	A primary/community care based multi-disciplinary team (MDT) to provide an intensive level of input to patients	BMI >40kg/m <sup>2</sup> (morbid obesity) OR >35kg/m <sup>2</sup> +co-morbidity	1.71% estimated to have BMI >40kg/m <sup>2</sup> Total need for tier 3/4: 5,042 Current Activity: >350 referrals each year are for adults with BMI >40kg/m <sup>2</sup>	Non-surgical MDT services being procured by the CCG for Wandsworth residents	Health Visitors Community Dieticians Health Care Professionals
Tier 4	Specialised Complex Obesity Services (including bariatric surgery)	BMI >40kg/m <sup>2</sup> (morbid obesity) OR >35kg/m <sup>2</sup> +co-morbidity	<ul style="list-style-type: none"> <li>49 Procedures from April 2010-March 2011</li> <li>54 Procedures from April 2011-March 2012</li> <li>66 Procedures from April 2012-Jan 2013</li> </ul>	Non-surgical MDT services being procured by the CCG for Wandsworth residents  Bariatric Surgery available at St Georges and Chelsea & Westminster Hospitals	Voluntary groups Clinical Reference groups St George's Hospital

\* These estimates are based on the prevalence in the population who have ever had their BMI measured by a Wandsworth GP. Only 84% of the population have ever had their BMI measured in Wandsworth and 50% of measurements are more than 15 months old. Therefore these estimates are likely to be conservative.

## 6 Communication Strategy

To support the vision for this strategy, we will ensure that there are clear, accurate and consistent messages and information available to the public with particular focus on those groups who are at most risk of obesity. A clear communication plan will help us ensure everyone in the borough receives the information and support they need to enable them to achieve a healthy weight. The information provided needs to be easy to understand and targeted at the right people, in the right place and at the right time. It needs to guide them to appropriate programmes which take place in an environment which is both safe and appealing.

<b>Key Message</b>	<b>Audience</b>	<b>Methods</b>
Know your Body Mass Index: Check your weight regularly to identify weight gain early	Adults Parents Front Line staff Children	BMI calculator on GP and council websites Annual health checks in GP practices Posters in GP practices, health centres, pharmacies and libraries Cancer Pop up shop BMI checks at community events School nursing service
Understand the risks of weight gain	Adults Parents Front Line Staff	Annual health checks in GP practices Posters in GP practices, health centres, pharmacies and libraries Cancer Pop up shop Information at community events
Healthy Diet recommendations: Healthy cooking methods Appropriate portions Sugar swaps Cut back on fat Cut down on alcohol 5 a day	Adults Parents Children Front Line Staff	Weaning talks Council and GP websites/publications E-newsletter, Twitter Local & National Press School engagement 'Health Promoting Food in Schools' network
Know your local services	Adults Children Parents Front-line staff	Council and GP websites/publications E-newsletter, Twitter Posters in GP practices, health centres, pharmacies and libraries Cancer Pop up shop BMI checks at community events
Get going every day: Active Travel Physical activity levels for health and weight loss	Adults Children Parents Front-line staff	Council and GP websites/publications E-newsletter, Twitter Posters in GP practices, health centres, pharmacies and libraries Cancer Pop up shop Community events

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Breastfeeding support services	Parents Grandparents GP staff	Council and GP websites/publications Breastfeeding Welcome campaign Red Book Children Centre posters and websites
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## 7 Strategy Objectives: priorities for action

In 2012, a detailed review of all the data available for adult and child obesity was collated from GP databases and the National Childhood Measurement programme to develop the *Obesity Health Profile report*<sup>2</sup>. This report, along with a review of the current evidence and policy base, was used to develop a series of 'Healthy Weight Key Facts' documents that have guided the development of the priorities below. The Key Facts documents give a detailed overview of current actions and progress made to date which are not covered elsewhere in this document. Copies of the profile report, key facts summaries and detailed action plans are recommended background reading for this strategy and can be accessed through the Public Health section of the Wandsworth Council website.

[www.wandsworth.gov.uk/publichealth](http://www.wandsworth.gov.uk/publichealth)

This section presents a summary of the needs and priorities that are to be the focus of this strategy with emphasis on actions for the coming year 2014-15 and longer term (2-3 year) priorities. The full action plan is included in Appendix 1.

### Priority 1: Prevent obesity in school-aged children

#### Rationale:

In the 2012/13 school year, the total proportion of overweight and obese children was 22.1% of reception children and 35.2% of year 6 children. When looking at the trends in levels of overweight and obesity since measurements began in 2006/07, there is some variation. Overweight prevalence in both reception and year 6 children has increased by approximately 2% over this time. In contrast to this, obesity prevalence has remained relatively constant in reception, but appears to be following a downward trend in year 6. An evidence review by Cochrane<sup>14</sup> supports the encouragement of children to be more active, eat more nutritious foods and spend less time in screen based activities within the school and home environment. A list of 'priority schools' has been created which identifies schools with high levels of obesity and social deprivation. Where it is not possible to offer universal interventions for all schools, focusing on priority schools will help to target resources to children and families who are most in need.

#### Priorities for 2014/15:

- Develop a borough-wide breastfeeding communication strategy for the community and hospital sites and continue the 'Breastfeeding Welcome' scheme which promotes breastfeeding in public places.
- Deliver a breastfeeding telephone support pilot project for mothers in wards with the lowest rates of breastfeeding. The project aims to make the first call to mothers within 48 hours of birth.
- Establish a whole-borough 'Health Promoting Food in Schools' network which enables the sharing of best practice and offers support for schools in implementing healthy food initiatives.
- Develop a multi-disciplinary 'health offer' for schools to facilitate a health promoting schools network and encourage schools to invest in initiatives to prevent or manage obesity.
- Conduct local research to gain insight into the factors affecting uptake of school meals (free and paid) and provide support to schools with low uptake to increase their uptake, linking with the opportunities available through the national *School Food Plan*.

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- Deliver targeted communication and education to parents on healthy packed lunches, breakfast and appropriate portion sizes and snacks for each year group, focusing on priority schools.
- Audit the availability and support provision of affordable healthy breakfast clubs in priority schools and identify commercial sponsors that can provide support for set up.

#### **Longer term priorities:**

- Develop a sustainable face-to-face peer support programme to encourage breastfeeding, through training local mothers as peer supporters
- Widespread promotion of the Healthy Start scheme to increase the proportion of eligible families who use their entitlement of vouchers and vitamins to supplement a healthy family diet
- Secure borough-wide, long-term funding to provide affordable healthy cooking sessions for families
- Support schools to develop action plans to address obesity (using Healthy Schools London or the School Health Action Plan tools) through the school nursing and children's weight management services contracts, or Healthy Schools programme

### **Priority 2: Increase of uptake of weight management programmes by families**

#### **Rationale:**

Each year, around 1,000 young people in reception and year 6 in Wandsworth are identified as overweight or obese through the National Childhood Measurement Programme. School Nurses send a letter to parents with the results and follow this up with a phone call to all parents with overweight or obese children identified through the NCMP. The proportion of parents of overweight or obese children who accepted a referral to a local weight management programme for families is lower than hoped at 30% and 40% respectively after a call from their school nurse. Parents often refuse to accept that the measurement is correct, do not have a clear understanding as to what BMI means, or are mistakenly reassured by their GP that their child's weight is 'fine'.

#### **Priorities for 2014/15:**

- Pilot a programme in which BMI is measured at the time of the pre-school vaccination booster in primary care. This will identify excess weight gain early, and increase parents' awareness of overweight and knowledge of advice and support available
- Provide annual training for school nurse cluster teams, family recovery team, health trainers and social care staff in behaviour change, nutrition and physical activity to ensure weight is considered and discussed routinely with 'at-risk' families.

#### **Longer term priorities:**

- Conduct local research to gain insight into the barriers and motivating factors for young people with regard to weight and engagement in healthy lifestyle services
- Provide intense parenting programmes to be delivered alongside adolescent programmes that address the skills required to support lifestyle changes in the home.
- School Nurses and weight management service providers to deliver termly health information sessions for parents in schools that cover the NCMP and healthy weight in children

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- Offer all parents of overweight and obese children identified through the NCMP an information session on healthy eating, physical activity, parenting and signposting to relevant support services
- School nurses to routinely measure BMI and enquire about weight concerns in drop-in clinics and in health questionnaires at secondary schools. This will allow adolescents to access anonymous and opportunistic information and support for achieving and/or maintaining a healthy weight

### Priority 3: Identify obesity early in Adults

#### Rationale:

In Wandsworth, about 43% (107,500 people) of the adult population is estimated to be overweight or obese<sup>Error! Bookmark not defined.</sup>. A higher proportion of men are overweight or obese (50%) compared to women (37%). Regular monitoring of weight enables small weight gains to be picked up before obesity develops and when the degree of behaviour and lifestyle changes needed are only small. Only 35% of adults (>18 years) in Wandsworth have had their BMI recorded in the previous 15 months and 84% of adults have had a BMI measurement ever (no time restriction)<sup>2</sup>. For weight loss, evidence suggests that self-monitoring is an effective technique when combined with specific goals, stimulus control and feedback or review of previous goal<sup>15</sup>. This suggests that there are many things that individuals can do themselves to improve their weight with the right support and advice.

#### Priorities for 2014/15:

- NHS and Wandsworth council to offer lifestyle weight management services for overweight and obese staff who would like support to manage their weight so that they may feel more comfortable about raising the issue of weight and offer advice
- Develop action plans with GP practices with low rates of BMI recording to increase frequency of recording to enable accurate weight tracking and early identification. This is linked to, but is not limited to, increasing uptake of NHS health checks.
- Broaden obesity care pathways to promote referral and integration with Exercise on Referral scheme, Active Lifestyles programme, smoking cessation, housing, social services, learning disabilities and community groups

#### Longer term strategy priorities:

- Implement a programme of follow-up and support for those who have received a high cardiovascular risk score as a result of an NHS Health check to ensure they receive appropriate lifestyle advice and support.
- Make obesity awareness training mandatory for all front-line health professionals.
- Encourage adoption of obesity care pathways in primary care that promote referrals to local services of overweight adults (BMI 25-30) in high risk groups rather than wait until obesity develops (BMI>30).
- Deliver a workplace health programme for major employers in the borough targeting overweight men.
- Consult local men in the development and review of weight management services to ensure programmes are attractive, accessible and engaging.

## 7.1 Priority 4: Target services toward those most 'at-risk' of developing obesity

### **Rationale:**

People from Black and ethnic minority groups and deprived areas have higher rates of overweight and obesity than white populations in both adults and children in Wandsworth. Black adults (18+) are more than twice as likely to be obese compared to the Wandsworth average. People who live in the most deprived areas in Wandsworth are 50% more likely to be obese compared to the Wandsworth average. Adults with a learning disability are 80% more likely to be obese than the general population.

### **Priorities for 2014/15:**

- Develop a set of culturally specific marketing and case studies that promote weight management services to these target groups and encourage more people to sign up
- Conduct a rapid audit to determine how people with learning disabilities access weight management services and identify any unmet needs, with front line staff working with people with a learning disability
- Offer regular 'obesity awareness' training to frontline staff in community and social services so that they can help people to access to healthy weight information and make referrals to weight management services
- Develop a healthy weight care pathway for people with learning disabilities, working with key stakeholders including the CCG and the tier 3 weight management service
- Enable existing services such as the Family Recovery Project and Health Trainers to incorporate weight management advice and referral to services into their work

### **Longer term strategy priorities:**

- Enable existing programs and services for adults with learning disabilities to incorporate healthy weight advice as part of their activities

## 7.2 Priority 5: Increase access and uptake of weight management services by people with Long Term Conditions

### **Rationale:**

Being obese or overweight brings significant risks at a range of different points throughout life. The prevalence of obesity in people with long term conditions is 60% higher than the total Wandsworth population (24% and 15% respectively). We know that, compared with someone of a healthy weight, an obese adult in Wandsworth is:

- 1.5 times more likely to have any long term condition
- 3.3 times more likely to have type 2 Diabetes
- 2.3 times more likely to have hypertension
- 1.6 times more likely to have CHD and MI
- 2.3 times more likely to have psychotic disorders

### **Priorities for 2014/15:**

- Include annual BMI checks and referral to weight management services within the care pathways and EMIS templates (where they exist) for CHD, diabetes, hypertension and psychiatric disorders
- Refer all patients with a newly diagnosed long term condition or precursors (e.g. impaired glucose tolerance, dyslipidaemia) to effective lifestyle services such as exercise on referral or weight management, to improve management of the condition and reduce complications
- Consider referring morbidly obese adults with type 2 diabetes for bariatric surgery as weight loss will significantly improve the management and outcomes

### **Longer term strategy priorities:**

- Develop a system that enables Health Trainers to follow up those adults referred to weight management services who have declined the service
- Ensure that all overweight and obese patients receive and have a recorded assessment for co-morbidities related to weight (according to NICE guidelines for obesity CG43)
- Include some focus on diabetes prevention and symptom management and cardiovascular disease (CVD) prevention in existing weight management services

## **7.3 Priority 6: Make the healthy choice the easy choice**

### **Rationale:**

The term 'obesogenic environment' refers to the factors within the environment in which we live that affect our diets and levels of physical activity. The obesogenicity of an environment has been defined as 'the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals or populations'.<sup>16</sup> The Foresight report<sup>9</sup> presents the complex systems map for obesity and identifies '7 key themes' of obesity causation. These 7 themes emphasise the environmental causes of obesity such as opportunities for physical activity, access to and promotion of food, and work practices. More efforts are needed to make healthy eating and physical activity the 'default' or easy choice across the whole environment. This strategy considers the environmental influences on obesity that may be changed at a local level such as fast food outlets, transport, being able to buy fruit and vegetables, play areas and workplaces.

### **Priorities for 2014/15:**

- Develop a council wide policy on healthy food which is incorporated into every borough contract and will require services funded through public money (e.g. leisure centres and libraries) to provide healthy food
- Implement the London Healthy Workplace Charter within the Council which include initiatives to support employees to eat healthily and be more physically active
- Implement Council Workplace Health Policy and provide a range of evidenced-based activities for the Council and NHS workplaces including; posters and signs to promote the use of stairs; active travel campaigns to promote walking and cycling; group exercise sessions, counselling and health screening
- Develop closer links between tier 1 sport and physical activity opportunities for adults and children and the tier 2 commissioned weight management services, making it easier for service users to access the range of activities and programmes available

- Develop an action plan for increasing physical activity based on the outcomes of the Winstanley Estate CHESS research
- Make it easier for the public and professionals to find out about local activities, programmes and services that can help them to live a healthy lifestyle by continuing to develop key websites
- Support the actions of the Active Wandsworth Strategy (AWS) and the Local Improvement Plan (LIP) in developing an active transport communication and marketing plan which targets WBC staff, CCG workplaces and the public in identified priority wards
- Support the LIP Delivery Plan and AWS on the School Travel Plan and Walk to School schemes

**Longer term strategy priorities:**

- Pursue opportunities to for health considerations to influence the environment through planning policy e.g. determine the feasibility of restricting the density of take away outlets in areas such as near schools and parks
- Work with fast food outlets in the deprived wards of the borough to encourage these businesses to use healthy oils, reduce salt, provide more fruit and vegetables and use healthy frying practices. This will be achieved through the 'Heartbeat Awards', a Wandsworth programme based on the London Healthy Catering Commitment
- Support the AWS to deliver on actions that will extend and improve the borough Walking Scheme and increase the availability of non-competitive physical activity opportunities e.g. free led runs in the parks, activities after school/work
- Work with local employers to develop organisation-wide plans or policies to encourage and support employees to eat healthily and be more physically active, using the London Healthy Workplace Charter
- Investigate the potential use of neighbourhood Community Infrastructure Levy (CIL) for capital spend on health promoting projects including exercise facilities

## 8 Supporting the strategy

The Strategy is supported by a borough-wide, multi-disciplinary steering group which is chaired and led by Councillor Jim Maddan. This group is responsible for the development, implementation and evaluation of the Healthily Weight, Healthy Lives Strategy. This group reports directly to the Wandsworth Health and Well-Being Board which is responsible for final approval of the strategy. Members on this group in 2014 are listed in the table below.

<b>Member</b>	<b>Role</b>	<b>Lead area</b>
Cllr Jim Maddan	Chair	Cabinet Member for Adult Care and Health
Velena Gilfillian	Deputy Director of Public Health	Public Health
Anna D'Arcy / Monica Tullin	Public Health Lead with responsibility for obesity	Strategy and commissioning support
Sarah Forrester	Deputy Head of Early Years and Intervention Support Service	Children's centres and early years
Sean Dunkling	Assistant Director, Prevention and Intervention (Education and Social Services)	Commissioning of weight management services
Virginia Wall	Head of Youth services	Young People
Neil Bamford	Earlsfield GP, Chair Diabetes Clinical Reference Group	Primary care and Diabetes
Kate Symonds	Wandsworth CCG	Primary Care, CCG implementation plan
Dr Sachin Patel	GP, Diabetes Clinical Reference Group	Primary Care and Diabetes
Claire Reeves	Chief Leisure and Sport Officer	Sport and Physical Activity
Nick Atkins	Sport and Physical Activity Officer	Sport and Physical Activity
Helen Clarke	Environmental Health Area Manager	Heartbeat Awards, healthy catering and fast food outlets
	Policy Team, Planning and Development Services	Planning policy
Andy Flood	Senior Transport Planner	Active travel
Lorraine King	PSHE and Healthy Schools Development Manager	Healthy Schools and curriculum

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The steering group will use this strategy to develop a detailed action plan, creating smaller time-limited task groups where needed. These task groups will consider and agree the actions, resources and milestones to deliver each of the 2014/15 priorities as well as consider planning for the longer-term priorities.

The steering group will oversee the implementation and outcomes of the strategy and evaluate the strategy against the aims and outcomes set out at the beginning of this document. Updates and reviews of the strategy should be made annually with approval from the Health and Well-being board.



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