

Ealing Borough

Ealing Healthy Weight: Healthy Lives Strategy

2009 TO 2012

Working together to help more people in Ealing achieve a healthy weight through healthy lifestyle choices

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1 Summary

This strategy defines the high level strategic objectives Ealing will implement to create a social and physical environment that supports the maintenance of a healthy weight. This will be achieved by providing information and opportunities to local residents so that they can take responsibility for their future healthy weight by making the right choices for themselves and their families. The strategy is underpinned by action plans each focusing on a different theme of healthy weight.

1.1 Our aim

The aim of this strategy is to empower everyone living, working or studying in Ealing to maintain a healthy weight by eating healthily and taking physical exercise.

1.2 Our approach

Our approach is based on three tiers of intervention:

- **Universal prevention:** creating communities, neighbourhoods and services that support people in maintaining a healthy weight.
- **Targeted prevention:** for people at risk of becoming overweight, obese or malnourished; and
- **Specialist provision:** for people already, overweight, obese or malnourished.

This strategy is based on a comprehensive needs assessment ([Appendix 3](#)) that makes up part of our Joint Strategic Needs Assessment and the application of evidence-based interventions.

1.3 Our target audience

We will concentrate efforts on engaging with people and areas that will have the greatest impact. These include:

- Children, young people and their families and carers
- Specific groups and communities that have a higher predisposition towards becoming overweight or obese.

2 Introduction

2.1 The Borough

Ealing is the third largest borough in London, with a community of over 300,000 people, it is one of the most diverse boroughs in the country. The health of our population is improving but we still face significant challenges in reducing health inequalities and rising levels of obesity and underweight.

In particular:

- **Adult obesity:** the percentage of obese adults recorded on Ealing practice disease registers in 2006-07, was 6.7%, although it is estimated that the true adult obesity prevalence in Ealing is more than twice the recorded figure.
- **Childhood obesity:** Ealing has higher rates of childhood obesity than the national average. In 2007/8, the National Child Measurement Programme found that in Ealing schools more than 10% of reception year children (aged 5) and 21% of children in Year 6 (aged 11) were obese.
- **Underweight children:** the prevalence of underweight children is a significant issue in Ealing, with 1.9% of children in Reception and 2.3% of children in Year 6 classed as underweight in 2007-08, above both the London and national averages.¹
- **Older people and malnutrition:** nationally, malnutrition affects a small number of older people. Among independent older people 3% of men and 6% of women are underweight, and in nursing and residential care, these figures rise to 16% and 15% respectively.² However, this is still significant as malnutrition leads to further health problems. Malnourished people tend to stay in hospital longer, succumb to infection more often and visit their GP more frequently.

Whilst health and lifestyle choices are often up to the individual, organisations and services have a role in providing a healthy environment and promoting and encouraging healthy lifestyle choices. This is why Ealing's Healthy Weight Healthy Lives Strategy will focus on creating an environment in which people find it easier to make healthier lifestyle choices in order to maintain a healthy weight throughout their life.

This strategy aims not only to ensure that we give support to individuals through targeted initiatives, but also takes broader action on the environmental causes that influence a person's weight, for example, action on wider spatial planning.

2.2 Fit with our borough's strategic approach

This strategy is central to our vision that Ealing will be a place that promotes and supports health and well-being, by providing opportunities for everyone to be physically active, eat well and maintain a healthy weight throughout their lives. It will play an essential part in achieving our Sustainable Community Strategy's³ ambition to create a great place for every child and young person to grow up in Ealing and to reduce health inequalities and promote well-being and independence for adults and older people in Ealing.

¹ National Child Measurement Programme, 2007-08.

² Finch et al 1998

³ Ealing Sustainable Community Strategy 2006 to 2016
http://www.ealing.gov.uk/services/community/lsp/sustainable_community_strategy

3 Vision

3.1 Our vision for 2020

Our long-term vision beyond 2012 (the lifespan of this strategy) is that Ealing will be a place that promotes and supports health and well-being, by providing opportunities for everyone to be physically active, eat well and maintain a healthy weight throughout their lives. Specifically:

- Ealing will become known as place for providing healthy and interesting food choices in restaurants and cafes.
- Active Travel will be the first choice of transport
- The roads and parks will be safer and designed to encourage walking, cycling, sports and active play.
- There will be wide use of public green spaces including allotments and play areas and an increased variety of accessible, affordable leisure and sports facilities.
- Schools, colleges and workplaces will support and encourage walking, cycling and other forms of physical activity and healthy eating.
- New buildings will be designed to encourage and enable physical activity.
- Healthy food choices will be more widely available in shops, cafes, restaurants, workplaces, schools, further education and other settings.
- Breastfeeding will be accepted as the norm for the first six months of life, with continued breastfeeding alongside eating family foods for as long as babies and their mothers wish.
- Children will have the opportunity to establish healthy eating habits and healthy eating will be promoted and supported, with a view to making healthier eating choices.
- Promotion of healthy lifestyles and maintaining a healthy weight will be integrated into care pathways.
- Weight Management support will be provided in a variety of settings for those who are overweight or obese.
- Families where children are at high risk of becoming overweight or obese, for example where one or both parents are overweight or obese, will have access to specialist support with early identification by maternity and in children's services.

4 What healthy weight means in Ealing

This section provides background information to assist in the understanding of why obesity is a priority in Ealing. More detailed information can be found in Appendix three.

4.1 Overweight and obesity

Obesity and overweight are terms used to define body fat levels that could lead to poor health. The likelihood of developing life threatening illnesses such as type 2 diabetes, heart disease and certain forms of cancer⁴, increases as body fat levels increase above a healthy level.

Ultimately to maintain a healthy weight, people must be able to balance energy intake from food and drink with energy expended in everyday activities. Long-term excess energy intake will lead to weight gain and prolonged energy deficit to weight loss.

Whilst the explanation of energy balance is quite simple, creating the appropriate environment, which enables people to strike the right balance is far more complex. Genetic, psychological, cultural, environmental and behavioural factors all affect the decisions we make about what we eat and how active we are.⁵

4.2 Why we're focusing on reducing overweight and obesity?

Being overweight or obese increases the risk of a number of diseases that impact significantly on the health of individuals, for example:

- 8-42% of certain cancers globally were attributable to a BMI above 21 kg/m²
- The risk of coronary artery disease increases 3.6 times for each unit increase in BMI above 25⁸.
- 85% of cases of hypertension are associated with a BMI greater than 25.
- The risk of developing type 2 diabetes is about 20 times greater for people with a BMI over 35, compared to individuals with a BMI of between 18 and 25
- Up to 90% of people who are obese have a fatty liver, this is projected to be the leading cause of cirrhosis in the next generation
- The health effects of excess weight are increasingly apparent even in children; the incidence of both type 2 diabetes and non-alcoholic fatty liver disease used to be rare in children, but are increasing
- Obesity in pregnancy is associated with increased risk of complications for both mother and baby

⁴ Oesophageal, colorectal, breast, endometrial, prostate and kidney (World Health Organisation, 2000).

⁵ Tackling Obesities: Future Choices Foresight report,

- Social stigmatisation and bullying are common and can, in some cases, lead to depression and other mental health conditions. Some studies have shown that the quality of life of children with obesity is lower than that for children living with cancer.⁶
- Obesity can reduce mobility and exacerbate joint pain this may impact on physical activity and an individual's ability to work.

These diseases ultimately shorten life expectancy, individuals with a BMI greater than 40 are likely to die on average 11 years earlier than those with a healthy weight. This is comparable to, and in some cases worse than, the reduction in life expectancy from smoking.

4.3 The cost of overweight and obesity

Overweight and obesity also have an economic cost.⁷ In 2006, Sir Derek Wanless warned that with obesity rates continuing to increase every year, the NHS was being overwhelmed.

Obesity is also an increasing cause of people leaving work and moving onto incapacity benefit. From 2000/01 to 2004/05 the Government paid out roughly £8 million/ year on incapacity benefits “whose primary diagnosis was obesity.”⁸

The costs to the NHS of diseases related to overweight (BMI 25kg/m² or more) and obesity along (BMI 30 kg/m²), for Ealing PCT are estimated in Appendix three, table 1.

4.4 Defining overweight and obesity

4.4.1 Body Mass Index

The most common indication of whether someone is a healthy weight is Body Mass Index (BMI). This calculates the relationship between an individual's weight and their height. The calculation is the person's weight in kilograms divided by the square of their height in metres:

$$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (m) x Height (m)}}$$

BMI classifications are not identical for all ethnic groups. The National Institute for Health and Clinical Excellence (NICE) has identified alternative classifications of overweight and obesity which should be used for individuals from Asian descent who have an increased risk of cardiovascular disease and type 2 diabetes.

Appendix three, table 1, details classifications of BMI ranges according to the World Health Organisation (WHO).

It is important to note that BMI is not the best measure of body fatness in adults who have a high muscle mass as muscle weighs more than fat, therefore some adults who do not appear to be overweight or obese have an artificially high BMI. In such individuals, other measurements such as waist circumference should be used as a cross measure. Waist circumference is also a preferable measure when an adult is very tall or very short.

⁶ Healthy Weight Healthy Lives National Strategy, 2008.

⁷ For example, the International Obesity Taskforce (2002) has estimated that the cost for treating obesity and its resultant illnesses amounts to 8% of overall health budgets.

⁸ House of Commons Commission, 2006.

4.4.2 Waist circumference

Fat stored around the abdomen (the 'central' area) is of particular importance as this is closely linked to diseases such as type 2 diabetes and heart disease. Measuring the waist and comparing this to thresholds for adult men and women can therefore provide information on whether their body fat levels are healthy (see *Appendix 1, table 3*).

4.4.3 Children and Young People

The definition of obesity in children is not as straightforward. A simple calculation of the BMI is not enough for an individual child, as the normal range of a child's BMI changes as they grow. A child's BMI thus needs to be plotted on a BMI percentile chart. A child above the 98th percentile is considered obese and above the 91st percentile overweight. These correspond to an adult BMI level for obesity of 30 and for overweight or 25 respectively. The main source of population-based prevalence and incidence data for children is the National Child Measurement Programme (NCMP). The NCMP, established in 2005, requires that the weight and height of children in reception year (age 4 – 5 years) and year 6 (age 10-11 year) is recorded annually. The results are interpreted and provide an indication of the prevalence of underweight, overweight and obese children within the population at a PCT and local authority level.

For older children in high schools, the only source of data is the self-reported height and weight in the Health Related Behaviour Survey, which is then used to calculate BMI.⁹ This data identified 13% of pupils in year 8 and 10 as being overweight or obese.¹⁰

More detailed information on healthy weights is provided in Appendix three.

⁹ This data has to be treated with some caution as it is self-reported and only a third of pupils surveyed were able to give valid weight and height measures.

¹⁰ Health Related Behaviour Survey, 2007-08.

5 Prevalence of Overweight and Obesity

This section looks at the national and local trends of overweight and obesity.

5.1 National trends

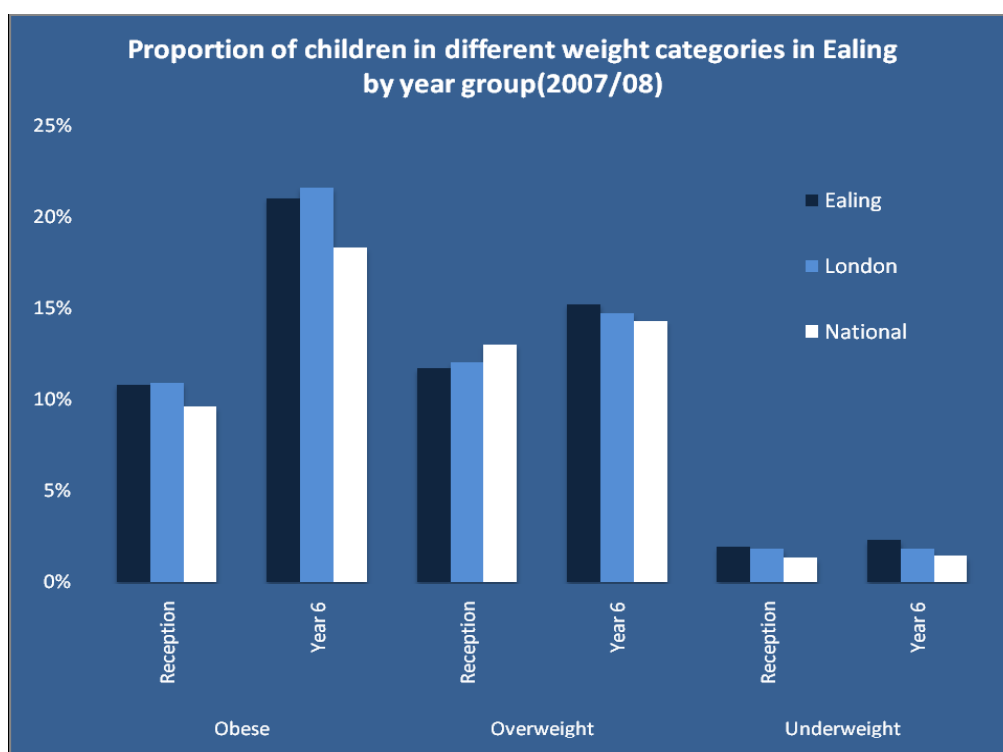
Although the proportion of adults who are overweight has not changed significantly, obesity has increased markedly among both adults and children since the mid 1990s. Latest figures suggest that nationally, almost a quarter of the population (22.7% of men and 23.8% of women) are obese and nearly two thirds of both men and women are overweight (Health Survey for England 2004)

5.2 What this means in Ealing

Obesity patterns in the young

In 2007-08, the National Child Measurement Programme found that 10.8% of children in reception and 21% of children in year 6 in Ealing are classed as obese. Despite improvements in the past year, the proportion of obese children is still higher than the national level, particularly in year 6, although it is comparable to the London average in reception and slightly lower in year 6.

The prevalence of underweight children is also a significant issue in Ealing, with 1.9% of children in reception and 2.3% of children in year 6 classed as underweight in 2007-08, above both the London and national averages.¹¹



¹¹ National Child Measurement Programme, 2007-08

Age: The percentage of obese children in Ealing nearly doubles between the ages of 4 - 5 (10.8%) and 10 - 11 (21%).

Gender, ethnicity and social class: Boys have a higher rate of childhood obesity than girls. There is a higher propensity of obesity among ethnic pupils, while obesity is significantly lower among white children. Pupils living in more deprived areas and those entitled to free school meals are more likely to be obese.

Region: Southall, Northolt (West) and East Acton have the highest prevalence of childhood obesity, although in year 6, high levels are also seen in North Greenford and Central Ealing. The DH segmentation tool identifies Northolt, Acton and Southall as having clusters of young parents lacking the knowledge to implement healthy lifestyles.

Obesity patterns in the adult population

UK adults have the highest rates of obesity in Europe - 23.8 % of women and 22.7% of males are currently obese. This means that 44% of the key adult population (age ranges 19 – 49 as opposed to older people 55+) are obese and again based on national obesity rates.

The percentage of obese adults *recorded* on Ealing PCT practice disease registers in 2006-07, was 6.7%, although it is estimated that the true adult obesity prevalence in Ealing is more than twice the recorded figure.

Underweight and Malnutrition

Underweight and malnutrition are also important factors to address in promoting healthy lifestyles.

Nationally, underweight and malnutrition affect a number of older people. Among independent older people 3% of men and 6% of women are underweight. In nursing and residential care, these figures rise to 16% and 15% respectively.¹²

The British Association for Parenteral and Enteral Nutrition has estimated that of the three million people who are either malnourished or at risk of malnutrition in the UK, 93% were living at home or in sheltered accommodation, 5% in care homes and 3% in hospitals or other NHS settings. Elderly people are most at risk, although isolation and poverty also play key roles.

If malnourished, individuals could:

- Be frequently ill or cold (recurrent infections, difficulty recovering from illness, unable to keep warm); and
- Have physical problems (constipation or diarrhoea, dizziness and pressure sores or bleeding gums).

As a result malnourished people tend to stay in hospital longer, succumb to infections more often and visit their GP more frequently.

At first glance, the causes of diet related ill health seem straightforward: too little food, a diet lacking in nutrients or absorption problems. However, it is much more complex, particularly in the elderly, with social and psychological issues impacting on health.

¹² Finch, S. et al (1998) *National Diet and Nutrition Survey: People Aged 65 Years and Over*. London: Department of Health.

6 The Current Position

This section provides a number of case studies that capture some of the activities contributing to tackling obesity in Ealing. It is by no means an exhaustive list of activities, but is indicative of local initiatives to reduce obesity levels and provides a starting point for future development.

Current Activity - Schools, Colleges

Intervention	Activity
Ealing Healthy Schools Programme	<p><u>Ravenor Primary – Healthy Eating and Physical Activity Case Study</u></p> <p>The Headteacher at Ravenor Primary School was keen to understand the health and well-being challenges faced by the children and families at Ravenor to enable her team to decide how to address these in a positive upbeat way as part of their Healthy Schools Programme.</p> <p><u>The Challenge!</u></p> <p>In 2008/9 the school participated in the Health Related Behaviour Survey and took part in the National Weighing and Measuring Programme which highlighted the fact that obesity levels amongst Key Stage One & Two pupils were above the Ealing and National averages. Data also showed that a significant number of children lived in overcrowded homes with restricted access to play facilities.</p> <p>The combination of all these factors presented the school with a real challenge. The Headteacher knew that the school's ability to influence or resolve some of the issues was limited but believed they could plan to improve levels of activity and enjoyment of physical activity while supporting families with some practical tips about preparing healthy snacks/meals.</p> <p><u>The Cunning Plan!</u></p> <p><u>Keeping Active</u></p> <p>The headteacher recognised the need to provide children with physical activity opportunities of really high quality which would encourage them to engage and participate. Inviting professionally qualified coaches through the Schools Sports Partnership and using extended schools funding to provide a varied menu of after school clubs has meant that more children now participate in PE, fewer 'forget their kit' and the majority are engaged and report enjoying PE. Coaches, such as a professional basketball player, provided the 'wow' factor that had been missing from the teaching and learning of physical activity and a new partnership with Greenford High, their local High School has resulted in staff sharing best practice ideas and pupils gaining access to state of the art gym facilities.</p> <p>Consulting with the children has also increased active playtimes and informed the 'Fun Week' in summer 2009 which included whole school exercise /warm up class at the beginning of each day, taster sessions of lots of different activities and play experiences.</p> <p>For families, parents were encouraged to sign up to the</p>

National free swim scheme and a Family Fun Fit Saturday using extended schools funding encouraged family-based physical activity and introduced them to other free resources they could access to get fit together.

Healthy Food & Eating

The school council investigated and discovered that the school meal menu was unpopular and that the absence of any halal meat on the menu was restricting choice. The senior members of the school council met the area manager of the catering company and requested halal meat and a daily healthy sandwich option. Both have been introduced and proved popular.

MEND (Mind, Exercise, Nutrition, Do-it!) were invited to the Family Fun Fit Saturday event and they were able to engage with families and recruit them onto the ten-week programme that was run at the school. This was well attended and results have been very positive.

Family learning at the school is popular and Healthy Cookery workshops have been very well received by families and has helped the school deal with the issue of un-healthy packed lunches as they have been able to demonstrate health alternatives which parents are now using more frequently.

The Future

The school recognises there is still a way to go and wants to use the data from this year to help identify children who are not having a nutritious breakfast and encourage them to attend the new school Breakfast Club.

In addition they want to use their newly built garden beds for planning, growing and eating in Spring and Summer 2010 and get a 'smoothie' club going each day at break time.

In the long-term they are also looking to provide Healthy Cookery classes for families and use this opportunity to liaise with parents to educate them to make healthier choices for their families at home and for school.

Current Activity – workplaces

Intervention	Activity
Ealing Council Travel Plan and Cycle to Work Scheme:	<p>In 2007 Ealing Council staff took part in a travel behaviour survey. Based on this information, the Travel Plan was created to help Ealing Council reduce the impact on the environment by making smarter travel choices. The Travel Plan is an important step towards reducing the council's carbon footprint and contributing to a greener London.</p> <p>The plan aims to ensure staff traveling to Perceval House have every opportunity to travel to work in the most sustainable way and covers commuting to and from the site and business travel. It does this by encouraging them to use more greener forms of transport through providing facilities for cyclists and pedestrians and providing incentives for introducing active travel to work which will also help improve</p>

	<p>individual health and fitness.</p> <p>For example, cycle training is available for those living in the borough to help build on-road confidence. There is also a bicycle user group that offers guidance and support to help cyclists around the borough find off-road cycle routes and maintenance shops to help them keep their bikes in working order. At Perceval House there is also free, secure, covered bicycle parking for staff and visitors and a number of showering and changing facilities for those needing showers after their journey to work. To encourage people to get out on their bikes and to cycle to work there is a cycle to work scheme which offers employees of the council to receive savings of 30-40% on the cost of buying a new bike and if people use a bike to travel around for their work they can claim 20p per mile to contribute to its maintenance.</p>
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Current Activity – Clinical Care

Intervention	Activity
Ealing MEND programme	<p>MEND in Ealing is a programme for children aged 7 to 13 year old, who are overweight, and their parents and/or carers.</p> <p>The programme runs for 10-weeks, on 2 set evenings after school, and children and their parents are expected to attend all sessions, if they want to succeed in making longer-term changes in becoming more active, eating healthier and maintaining a healthy weight. The sessions cover a planned programme on healthier food choices, problem solving and a variety of physical activities, with a strong emphasis on fun and activities that families can do together.</p> <p>We commissioned in-depth, local research with providers, parents and children which helped to identify some of the issues that influence children’s weight and this helped to shape the planning and development of the programme, making it more relevant to these particular groups. For example snacking, lack of time for physical activity and pressures for academic achievement were identified as barriers for some groups and therefore taken into account when promoting and delivering the session to make it more personally relevant for the families involved.</p> <p>In Ealing, we chose the MEND Programme to support children who are overweight as there is good evidence that the multi-componet approach, including the whole family, is more likely to be effective in supporting sustainable lifestyle changes and longer-term weight management for children. There is published research showing that successful completion of MEND helps children with healthy weight loss. We’ve also built on the programme, locally, to include more support for parents and wider families, some of these include NHS Health Trainer sessions, cookery sessions and roller-skating lessons and a disco with Rolladome. We want to further develop</p>

activities to offer participants more choice and the opportunity to try out different activities to become more active, as a family.

NHS Ealing has run 3 MEND programmes, so far, in Southall and in Greenford and the next programme is in Northolt in January, 2010; areas associated with higher levels of childhood obesity as identified by the National Child Measuring programme amongst children in reception and year 6.

Most of the programmes have run in schools, after school hours, and we continue to work closely with schools to promote the programme to families who are concerned about their child's weight. As well as taking referrals from schools, GP's and other health professionals; parents can also refer themselves onto the programme by contacting the MEND team on 020 331 9208/9193.

Early indications suggest that MEND in Ealing is a great success, so far, 37 families have completed the 10-week programme and further follow ups, showing that they are really committed to maintaining a healthy weight and changing their lives. Families are invited back for quarterly healthy growth checks to monitor progress and offer ongoing support on maintaining their success.

Maintaining a healthy weight can be challenging for many people and this programme offers families the opportunity for additional support to try out different activities that can help children, as expressed by these MEND in Ealing children and their parents.

" If you want to change your eating habits and your exercise, come here" (Boy aged 11)

" Well worth doing the programme, you learn a lot and have fun as well" (Boy, aged 10)

"I've learnt how to read food and drinks labels properly" (Girl, aged 11).

"Would definitely recommend to go on it, it's an eye opener, what we've taken in will help us in the longrun.....we think about reading the (food) labels" (Mother)

"Brilliant for motivating children, which they might find boring coming from parents, it (MEND) is put together in a very creative way" (Mother)

For more information: contact MEND in Ealing contact 020

3313 9208

E mail eal-pct.MEND@nhs.net

7 Delivery- making it work in practice

This section presents the strategic objectives, that when delivered will achieve the aim of our Healthy Weight Strategy.

Building on the knowledge base, and the gaps highlighted in previous pages, this section presents the strategic objectives, that when delivered will achieve the aim of our Healthy Weight Strategy.

7.1 Our guiding principles

Adherence to the following principles will be critical to the success of our strategy:

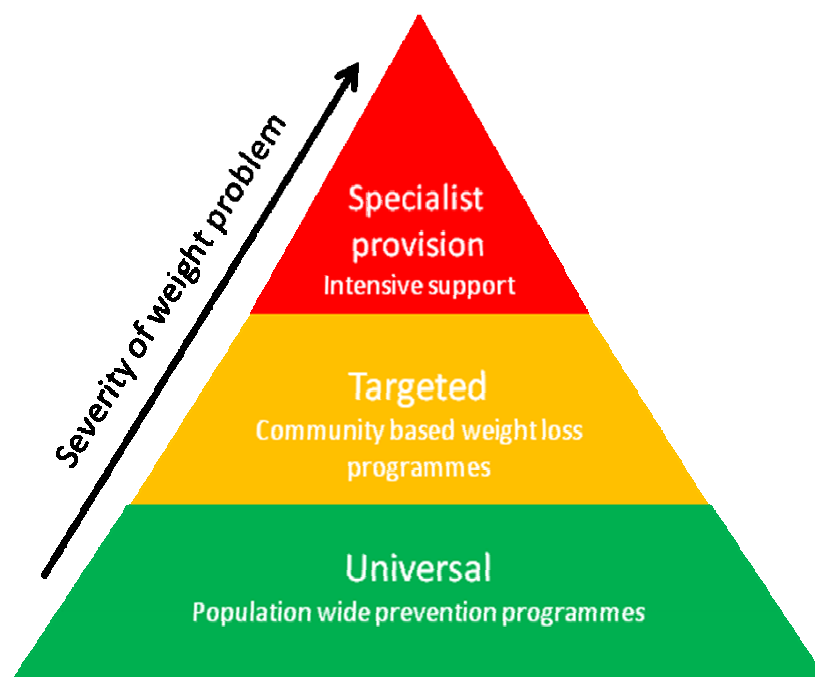
- **Prevention:** our focus will be on addressing the wider social, economic and environmental drivers of weight problems, preventing poor health and well-being and reducing the need for more intensive interventions.
- **Equity and inclusion:** we will work with those who are most disadvantaged or excluded, and ensure that interventions are culturally appropriate, non-stigmatising, promoting self esteem, empowerment and sustainable lifestyle changes.
- **Empowering communities:** our approach will equip people with skills to understand and have a sense of ownership of factors affecting their health and weight; to improve their lifestyle, identity and remove barriers to healthy living.
- **Evidence based:** we will continue to monitor our effectiveness, with a focus on continuous learning and evaluation.

7.2 Our approach to delivery

Our approach to delivering the vision for Ealing is based on three tiers of intervention:

- **Universal prevention:** the primary focus of our Healthy Weights Healthy Lives Strategy is on the prevention of overweight and obesity and subsequently, promoting the maintenance of a healthy body weight. It is only by prioritising prevention that we stand any chance of reversing the current rise in obesity in the long term. We will do this by creating communities, neighbourhoods and services that support people in maintaining a healthy weight. We will give particular priority to prevention in childhood and the early identification of families at risk, ensuring that services are appropriate and accessible to groups at higher risk of becoming underweight or obese.
- **Targeted prevention:** targeted support will be provided for people at risk of becoming overweight or obese, for example through community-based weight-loss programmes.
- **Specialist provision:** for people already overweight or obese. Prevention and targeted support needs to be complemented by improvements in the identification, assessment and case management of people who are already overweight or obese, with a focus on ensuring investment in evidence based approaches.

Figure 1: model of commissioning for specialist, targeted and universal provision services to tackle malnutrition and obesity



Delivery projects set out in the Action Plan (Appendix 1) are a mixture of UNIVERSAL, TARGETED and SPECIALIST provision, selected carefully by commissioners and partners, in order to achieve this longer-term goal.

Four Task Groups, representing the five key areas in the Healthy Weight, Healthy Lives Toolkit (DH 2008) including the 'Preventing Malnutrition in Older People Group' they will be responsible for constructing operationalising the Action Plan (Appendix 1).

The task groups are:

1	Children; Healthy Growth and Healthy Weight
2	Promoting Healthier Food Choices
3	Building Physical Activity Into Our Lives
4	Personalised Advice and Support

The aims and objectives of each task group is set out in the table below.

Task Group's aim and objectives

Task Group	Aim	Objectives
<i>Children, healthy growth and healthy weight</i>	To ensure that children are given the healthiest possible start in life, through working with families and carers in promoting healthy lifestyles before, during and after birth	<p>To increase support for breastfeeding in our communities, public places and workplaces</p> <p>Family knowledge about healthy weaning and feeding young children</p> <p>More children eating 5 portions of fruit and vegetables a day</p> <p>All schools are Healthy Schools</p> <p>Parent's knowledge and confidence to ensure children eat healthy diets and are physically fit. Support and information delivered in Children's Centres, school, health services and local community</p>
<i>Promoting healthier food choices</i>	To make healthy eating easy and enjoyable, so that it becomes a natural way of life for everyone who lives, works and goes to school in Ealing	<p>Improve uptake to the Healthy Start scheme</p> <p>More healthy options including fruit and vegetables and less consumption of high fat, sugar and salt foods, especially by children.</p> <p>More healthy options in convenience stores, large retailers, school canteens, vending machines and non-food retailers.</p> <p>Planning approvals (fast food, retail)</p> <p>Licensing</p> <p>Environmental</p>
<i>Building physical activity into our lives</i>	To increase levels of activity for all our population, by ensuring that enjoyable and accessible physical activity is available for everyone	<p>More people, more active, more often</p> <p>Reduced car use / increased active travel.</p> <p>More outdoor play by children</p>
<i>Personalised advice and support</i>	Provide targeted advice and support to individuals and communities to help them maintain a healthy weight, by developing appropriate referral pathways and	<p>Increase the numbers of overweight and obese individuals being able to access appropriate advice and services.</p> <p>Increase awareness of the links between malnutrition, overweight and obesity and health status, with a view to increased access for the population of Ealing to appropriate advice and information on healthy weight.</p>

	providing relevant information	Build capacity among local services and within their staff/practitioners to increase their understanding of their role to provide personalised healthy weight advice. To support them in being empowered to fulfil this role.
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In addition there are a further three areas that are crucial to the effective implementation of this strategy.

Theme	Aim	Objective
Engaging Communities	To develop an effective social marketing campaign that is owned by our communities and achieves positive behavioural change	Develop a communications plan for implementation of this strategy.
		Make use of the Change4life branding.
Evidence based approach to Healthy Weight interventions and evaluation	To continue to develop our knowledge and understanding of the causes of weight problems in Ealing. To use this knowledge to help us put in place effective interventions, and understand the impact of these.	Research and understand the prevalence of malnutrition in Ealing, particularly amongst: <ul style="list-style-type: none"> • People with eating disorders • Young babies • Vulnerable older people
		Research and understand the prevalence of obesity in adults, older people in Ealing
		Research and understand the prevalence of obesity in groups in Ealing that have a higher predisposition to becoming malnourished or obese.
		Monitor and evaluate the effectiveness of interventions put in place as a result of this strategy.
Partnership and community buy-in	To gain commitment from all key stakeholders, and integrate the strategic objectives across all key policy areas, so that partnership organisations	The LSP to drive delivery of healthy lives across the borough Residents to be engaged through regularly consultation and feedback starting with basing the vision for healthy lives on what residents want to address.

and local people recognise themselves as key partners in the delivery of this strategy.

8 Delivery and Governance Structure

To ensure the successful delivery of the strategic vision and intent of this strategy, clear and robust performance management and governance needs to be in place. This section describes how we will halt the rise in obesity by 2012 and how we will know when we have achieved it.

8.1 Governance and leadership

NHS Ealing is the accountable body for the delivery of the Healthy Weight Healthy Lives Strategy, with delivery directed through Ealing's Local Strategic Partnership.

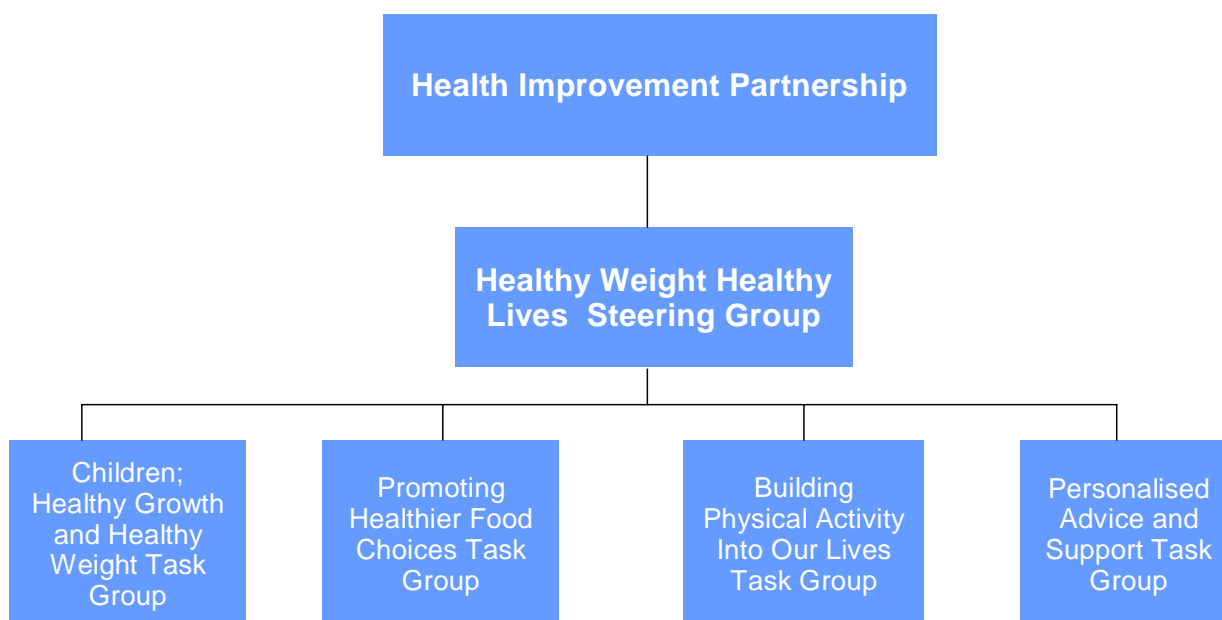
To ensure this process is managed effectively the Health Improvement Partnership (HIP) will have direct responsibility for the Strategy. The HIP will deliver the Action Plans for each of the delivery strands.

The HIP is accountable to both the Health and Well-Being Board and the Children's Trust Board, which will provide strategic direction, ensure delivery and remove any obstacles to delivery. HIP meetings will include the leads responsible for delivering individual strands of the Strategy.

The LSP Executive will engage wider partners across all sectors on promoting healthy lifestyles across the borough.

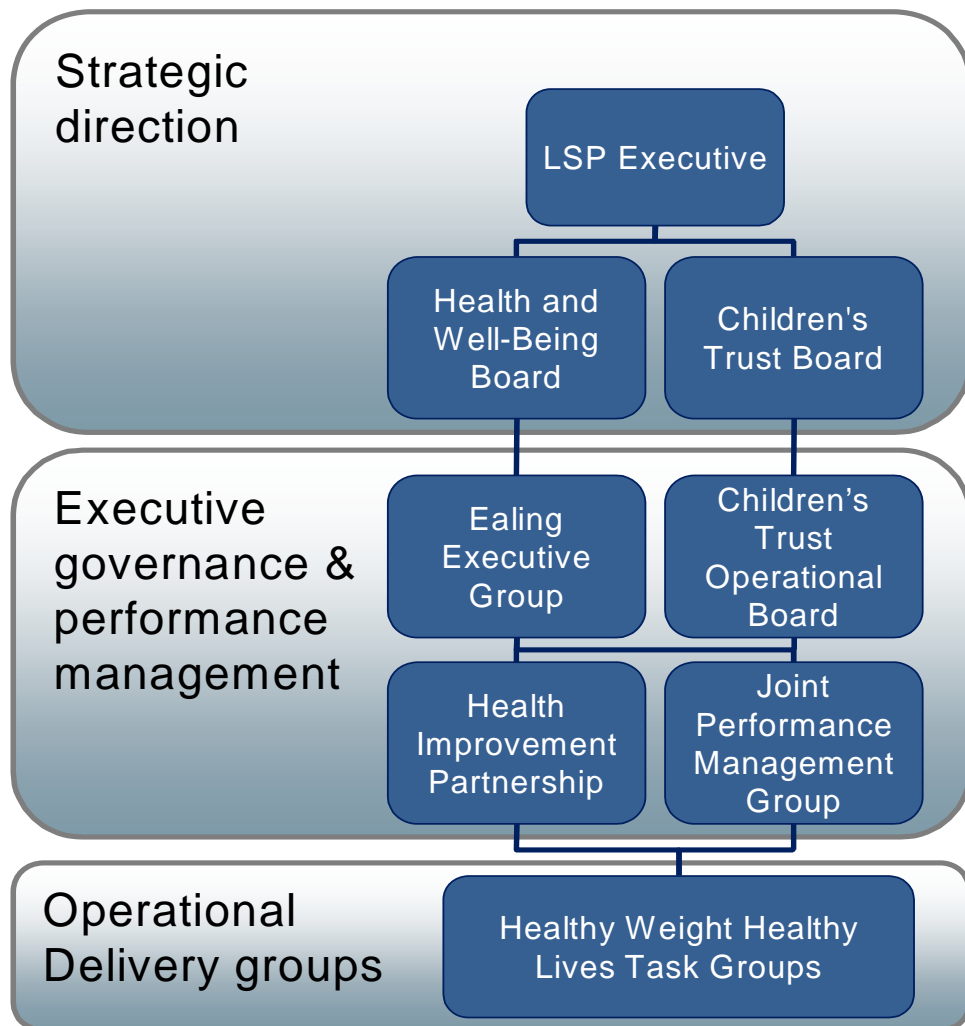
The delivery arrangements are set out in figure 2 below.

Figure 2: Delivery arrangements for the Healthy Weight: Healthy Lives Strategy



The governance structure for the Healthy Weight Healthy Lives Strategy is set out in figure 3 below.

Figure 3: Governance arrangements for the Healthy Weight: Healthy Lives Strategy



8.2 Delivery - Action Plan 2009-12

The Healthy Weight Healthy Lives Action Plan 2009-12 outlines the activities that form part of the Strategy.

The named lead LSP organisation for each activity will be required to produce a Performance Management Framework for each action and embed it within their organisational annual planning framework.

Progress against each action will be reported regularly to the Health Improvement Partnership, which meets every bi-monthly.

8.3 Resource commitment

Promoting healthy lifestyles and reducing levels of underweight, overweight and obesity, requires the commitment of resources from every partner in Ealing.

This may be in the form of funding new services, redesigning existing services or the revising policies. Where possible each partner organisation will clearly show the type and amount of resources they are committing to the achievement of each action they have responsibility for in the Healthy Weight Healthy Lives Action Plan.

Where it is not possible to do this, for example, because of established funding cycles, partners will show their commitment by incorporating each action into their internal business planning framework.

8.4 Monitoring and evaluation

The strategy provides the high level intent to deliver a number of Public Sector Agreements, National Indicators and Vital Signs. The strategy has been developed in line with the World Class Commissioning framework which the NHS now uses to benchmark its commissioning approaches.

Systems are already in place to measure the following indicators:

- Prevalence of malnutrition, overweight and obesity in reception and year 6 (through annual measurements of children's height and weight in schools)
- Breastfeeding initiation rates
- Self reported consumption of fruit and vegetables and participation in physical activity through Ealing's Health Related Behaviour Survey
- Levels of participation in physical activity
- Number and proportion of school children eating school meals
- The percentage of patients with diabetes whose notes record BMI in the previous 15 months.

We will also set up systems to monitor and evaluate:

- Patterns of overweight and obesity in reception and year 6 by ethnic group, locality and geographical areas of deprivation.
- Breastfeeding rates at 6-8 weeks, 4 and 8 months
- Weaning and infant feeding practices
- Knowledge, attitudes and practices of parents and carers regarding healthy eating and physical activity
- Impact of the Healthy Schools Programme on physical activity and healthy eating
- Children travelling to school – mode of travel usually used (numbers walking and cycling)
- Numbers of children and young people accessing childhood obesity services (BEST and NHS services including MEND), with evaluation of short and longer term success rates and the effectiveness of programmes for different client groups
- Advice given in primary care settings on diet, physical activity and referral onto weight management programmes
- Progress in influencing local authority spatial planning processes
- Patterns of food intake, participation in physical activity, knowledge and attitudes to healthy eating, physical activity and body weight




An outcome focused performance measurement and evaluation scorecard will be developed as part of this strategy.

8.5 Action Plan refresh

An annual report will be produced in January 2011 to provide information on the impact of the action plans on tackling overweight and obesity in Ealing. It is expected that the action plan will be refreshed to reflect changes in policy and continued developments in partnership working.

Appendix 1: Action plan template

All six action groups have developed their own terms of reference (appendix 3 -) and will be completing the template detailed below to keep track of progress.

Delivery priority	Action	Success measures	Lead	To completed by
	  			

Appendix 2: summary of performance measures

Headline aim: By 2012, the obesity rates in Ealing will be falling¹³

Priority – high level Impact linked to strategic theme	Meaningful outcomes – measurable health and well-being change linked to actions	Early success measures – milestones on way to meeting meaningful outcome
Prevalence of overweight and obesity in children in Reception and Year 6		
Achieve x% prevalence of breastfeeding at 6-8 weeks from birth		
Levels of walking and cycling		
Self reported consumption of fruit and vegetables and physical activity by school children through the Health Related Behaviour Survey		
Levels of participation in physical activity in schools		

¹³ Based on data from the Ealing Child Measurement Programme measured in children at Reception (age 5) and Year 6 (age 11)

Appendix 3: Draft terms of reference

HEALTHY WEIGHT HEALTHY LIVES STRATEGY BUILDING PHYSICAL ACTIVITY INTO OUR LIVES TASK GROUP DRAFT

Vision

- To oversee the development, delivery and evaluation of physical activity programmes and to implement the Healthy weight, Healthy Lives Strategy and action plan

Aims of this Task Group

- To develop physical activity services responsive to need, in order to increase the number of individuals accessing and being able to access appropriate services.
- To increase awareness of the links between physical activity, obesity and health status, with a view to increasing activity levels amongst the population of Ealing, through providing appropriate advice and information on physical activity.
- To promote alternative methods of accessing physical activity particularly with respect to active travel. (Active Travel works with policy-makers and practitioners to promote walking and cycling as health-enhancing physical activity.)
- Build capacity amongst local services and within their staff/practitioners to increase their understanding of their role to provide personalised physical activity advice and support and being empowered to fulfil this role.
- To develop innovative physical activity programmes (e.g. health walk programme).
- To increase awareness of the current opportunities available in Ealing to take part in physical activity
- To ensure services are available and accessible across Ealing
- Developing service specifications and proposals for internal and external funding in relation to physical activity

Reporting Procedure

This groups reports to the Healthy Weight, Healthy Lives (HWHL) Strategy Group, which is overseen by the Health Improvement Partnership Board.

This work will complement the 4 other HWHL task groups:

1. Children: Healthy growth and healthy weight
2. Promoting healthier food choices
3. Personalised advice and support
4. Creating incentives for better health

Target Audience

People who live, work and/or study in the London Borough of Ealing. With a specific focus on segments of the population identified as being at risk from being overweight or obese or underweight.

Membership

Membership will consist of key strategic stakeholders with a remit for commissioning and/or overseeing the development of Physical Activity Services. The following stakeholder interests will be directly involved in this group.

- Health Promotion & Community Development Team, Public Health, NHS Ealing
- Active Ealing, London Borough of Ealing
- Sustainable Travel, London Borough of Ealing
- Play Services, London Borough of Ealing
- School Travel Advisor, London Borough of Ealing
- Others as identified

**HEALTHY WEIGHT HEALTHY LIVES STRATEGY
PERSONALISED ADVICE AND SUPPORT TASK GROUP**

DRAFT

Vision

- **To oversee the development, delivery and evaluation of personalised advice and support activities to implement the Healthy Weight, Healthy Lives Strategy across the London Borough of Ealing.**

Aims of this Task Group

- To develop obesity and overweight services, in order to increase the numbers of overweight and obese individuals being able to access appropriate advice and services.
- To increase awareness of the links between overweight and obesity and health status, with a view to increased access for the population of Ealing to appropriate advice and information on healthy weight.
- Build capacity amongst local services and within their staff/practitioners to increase their understanding of their role to provide personalised healthy weight advice and support and being empowered to fulfil this role.
- To develop service specifications and proposals to secure funding for personalised advice and support programmes.

Reporting Procedure

This group reports to the Healthy Weight, Healthy Lives (HWHL) Strategy Group, which is overseen by the Health Improvement Partnership Board.

This work will complement the 4 other HWHL task groups:

5. Children: Healthy growth and healthy weight
6. Promoting healthier food choices
7. Building physical activity into our lives
8. Creating incentives for better health

Target Audience

People who live, work and/or study in the London Borough of Ealing. With a specific focus on segments of the population identified as being at risk from being overweight or obese or underweight.

Membership

Membership will consist of key strategic stakeholders with a remit for commissioning and/or overseeing the development of Healthy Weight Services. The following stakeholder interests will be directly involved in this group.

- Health Promotion & Community Development Team, Public Health, NHS Ealing
- Dietetics Service, NHS Ealing
- Health Trainer Manager, Public Health, NHS Ealing

- Commissioner for people with Learning Disabilities
- Educational Psychology Lead
- Health and Social Care Training leads
- Others as identified

HEALTHY WEIGHT HEALTHY LIVES STRATEGY
Children, healthy growth and healthy weight
DRAFT

The aim of this task group is to focus on universal and targeted health weight and healthy lives work with children young people and their families through schools, children centres and health services by;

- Increasing their awareness of the importance of being active and the consequences of a sedentary lifestyle
- Increasing awareness of how to make healthier food choices and the consequences of not eating healthy in order to create a culture in schools and children's centres whereby children, young people and their parents/carers
- Creating the resource capability and cultivating a culture in schools and children's centres so that children, young people and their families access and enjoy physical activity throughout and beyond the school day and choose to eat healthier at school and at home.
- Creating the resource capability to widen access to, and use of, nutritional, dietary and exercise advice and support services via school or children centre's in order to create a climate where parents/carers feel confident to access extra help and support when needed.
- Gaining a better insight into understanding the causes of weight management issues in children, young people and families in order to use and disseminate this information to inform the planning and implementation of appropriate evidence based interventions.
- Increase awareness of the benefits associated with breastfeeding and healthy weaning and the effects of not breastfeeding??

This task group focuses on primary prevention and thereby is overarching, but the main focus is on:

Children, young people and their families through their access to universal school and children centre services and all the staff that work in these organisations. is work will complement the 4 other HWHL task groups:

9. Personalised advice and support
10. Promoting healthier food choices
11. Building physical activity into our lives
12. Creating incentives for better health

Membership

Membership will consist of key strategic stakeholders with a remit for children and young people, parents and families. Representation for schools services and children centres will also be included. The following stakeholder interest will be directly involved in this group.

- Healthy Schools
- Early Years
- Universal Children Services
- Youth and Connexions
- Parenting

- Extended Schools Service
- Dietetics

Healthy Weight Healthy Lives Strategy
Promoting Healthier Food Choices task group.

DRAFT

Aims of this Task Group

- 1. To increase the number of eligible families signing up to the Healthy Start Scheme.**
 - Identify priority target groups, work to support uptake of the Healthy Start scheme and provide consistent, accurate healthy eating information for young families.

- 2. Less consumption of high fat, salt and sugar (HFSS) foods, especially by children:**
 - Support the implementation of national programmes that promote healthy eating in all schools in Ealing, including the School Food Standards and Healthy Schools.
 - Develop partnerships with (town planning department?) to improve the food 'environment' in everyday settings; particularly in close proximity to schools.
 - Increase family access to interventions that provide education and practical skills based around healthy eating and cooking.

- 3. More consumption of fruit and vegetables and more people eating 5 A Day, especially children.**
 - Increase the number of adults and children eating 5 A Day.
 - Increase access to fruit and vegetables in areas where there is a high prevalence of obesity, including areas of deprivation and 'food deserts'.
 - To review work with providers of food in schools workplaces, (luncheon clubs, meal on wheels – Lorna's group?) etc to ensure that service specifications reflect healthy eating recommendations.
 - Protect and promote use of allotments and healthy cookery club programmes

- 4. More Healthy Options in convenience stores, school canteens, vending machines, at supermarket tills and at non-food retailers.**
 - Establish partnerships with local food retailers to improve provision and incentivise the purchase of affordable, healthy food in line with nationally recognised programmes such as Change 4 Life and 5 A Day.

Membership.

Membership of this group will consist of key commissioner and strategic partners with a remit for to improve food access and services in schools, community and workplace settings across the borough. The group will work to meet the aforementioned aims with the following stakeholders:

- Health Promotion and Community Development Team, Public Health, NHS Ealing.
- Dietetic Services, NHS Ealing.
- NHS Health Trainer Programme, NHS Ealing.

- Childrens Centres.
- Ealings Healthy Schools Programme, Ealing Local Authority.
- Ealing Town Planning Department, Ealing Local Authority.
(? Ealing Centre Partnership / Environmental Health)
- Workplace catering staff (including PCT and LA)
- Others as identified.

Appendix 4: What Healthy Weight means in Ealing

Overweight and obesity

Obesity and overweight are terms used to define body fat levels that could lead to poor health. The likelihood of developing life threatening illnesses such as type 2 diabetes, heart disease and certain forms of cancer¹⁴, increases as body fat increases.

The complex causes of obesity:

- **Underlying biological tendency to put on and retain excess weight**
- **Culture and individual psychology: overweight seen as the norm**
- **Sedentary lifestyles: TV watching, computer use, driving**
- **Consumer lifestyles: pre-prepared meals with excessive sugar and fats, increased portion sizes, eating outside the home, sugary drinks**

Ultimately to maintain a healthy weight, we must be able to balance energy intake from food and drink with energy expended in everyday activities. Long-term excess energy intake will lead to weight gain and energy deficit to weight loss.

Whilst the explanation of energy balance is quite simple, creating the appropriate environment which enables people to strike the right balance is far more complex. Genetic, psychological, cultural, environmental and behavioural factors all affect the decisions we make about what we eat and how active we are.¹⁵

Why we're focusing on healthy weight.

Being overweight or obese increases the risk of a number of diseases that impact significantly on the health of individuals, for example:

- 8-42% of certain cancers globally were attributable to a BMI above 21 kg/m².
- The risk of coronary artery disease increases 3.6 times for each unit increase in BMI above 25.
- 85% of cases of hypertension are associated with a BMI greater than 25
- The risk of developing type 2 diabetes is about 20 times greater for people with a BMI

What is an unhealthy weight – definition of terms

- **Malnutrition:** happens when the food a person eats does not give them the energy and / or nutrients they need to maintain good health. It can also occur if a person has a poor diet that gives them the wrong balance of the basic food groups. Overweight / obese people can be malnourished if their diet is low in key nutrients.
- **Underweight:** BMI below 18. Not weighing enough can also put people's health at risk. If a person is underweight because of a restricted diet, they are at risk of a number of nutritional deficiencies. Young women especially are at risk of anaemia (a lack of iron), while insufficient calcium can lead to osteoporosis in later life.
- **Overweight:** BMI between 25 and 30. Is generally defined as a person with more body fat than is optimally healthy. Being overweight is a common condition, especially where food supplies are plentiful and lifestyles are sedentary.
- **Obesity:** BMI between 30 and 40. Is when a person has an abnormally high amount of body fat.

¹⁴ Oesophageal, colorectal, breast, endometrial, prostate and kidney (World Health Organisation, 2000).

¹⁵ Foresight report

over 35, compared to individuals with a BMI of between 18 and 25

- Up to 90% of people who are obese have a fatty liver, this is projected to be the leading cause of cirrhosis in the next generation
- The health effects of excess weight are increasingly apparent even in children; the incidence of both type 2 diabetes and non-alcoholic fatty liver disease used to be rare in children, but are increasing
- Obesity in pregnancy is associated with increased risk of complications for both mother and baby
- Social stigmatisation and bullying are common and can, in some cases, lead to depression and other mental health conditions. Some studies have shown that the quality of life of children with obesity is lower than that for children living with cancer.¹⁶
- Obesity can reduce mobility and exacerbate joint pain this may impact on physical activity and an individual's ability to work.

These diseases ultimately shorten life expectancy, individuals with a BMI greater than 40 are likely to die on average 11 years earlier than those with a healthy weight. This is comparable to, and in some cases worse than, the reduction in life expectancy from smoking.

Cost of overweight and obesity

Overweight and obesity also have an economic cost.¹⁷ In 2006, Sir Derek Wanless warned that with obesity rates continuing to increase every year, the NHS was being overwhelmed.

Obesity is also an increasing cause of people leaving work and moving onto incapacity benefit. From 2000/01 to 2004/05 the Government paid out roughly £8 million/ year on incapacity benefits "whose primary diagnosis was obesity."¹⁸

The costs to the NHS of diseases related to overweight (BMI 25kg/m² or more) and obesity along (BMI 30 kg/m²), for Ealing PCT are estimated in *Appendix 1, table 1*:

Defining overweight and obesity

Body Mass Index

The most common measure of obesity and overweight is Body Mass Index (BMI), which measures, the relationship between an individual's weight and their height. The calculation is the person's weight in kilograms divided by the square of their height in metres:

$$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (m)}^2}$$

¹⁶ Healthy Weight Healthy Lives National Strategy, 2008.

¹⁷ For example, the International Obesity Taskforce (2002) has estimated that the cost for treating obesity and its resultant illnesses amounts to 8% of overall health budgets.

¹⁸ House of Commons Commission, 2006.

Height (m) x Height (m)

BMI classifications are not identical for all ethnic groups. The National Institute for Health and Clinical Excellence (NICE) has identified alternative classifications of overweight and obesity which should be used for individuals from Asian descent who have an increased risk of cardiovascular disease and type 2 diabetes.

Table 1 below shows the healthy and unhealthy ranges of BMI according to the World Health Organisation (WHO).

Table 1: WHO classification of overweight and obesity in adults

Classification	General adult population BMI (kg/m ²)	Asian adult population BMI (kg/m ²)
Underweight	Less than 18.5	Less than 18.5
Healthy weight	18.5 – 24.9	18.5 – 22.9
Overweight	25-29.9	23 or more
At risk	30 or more	23-24.9
Obesity I	30-34.9	25-29.9
Obesity II	35-39.9	30 or more
Obesity III (severely or morbidly obese)	40 or more	

It is important to note that BMI is not the best measure of body fatness in adults who have a high muscle mass, as muscle weighs more than fat, and for this reason many adults who do not appear to be overweight or obese have an artificially high BMI. In such individuals, other measurements such as waist circumference should be used as a cross measure. Waist circumference is also a preferable measure when an adult is very tall or very short.

Waist circumference

Fat stored around the abdomen (the 'central' area) is of particular importance as this is closely linked to diseases such as type 2 diabetes and heart disease. Measuring the waist and comparing this to thresholds for adult men and women can therefore provide information on whether their weight is healthy (see *Appendix 1, table 3*).

Children and Young People

The definition of obesity in children is not as straightforward. A simple calculation of the BMI is not enough for an individual child, as the normal range of a child's BMI changes as they grow. A child's BMI thus needs to be plotted on a BMI percentile chart. A child above the 98th percentile is considered obese and above the 91st percentile overweight. These correspond to an adult BMI level for obesity of 30 and for overweight of 25 respectively.

The main source of population-based prevalence and incidence data for children is the National Child Measurement Programme (NCMP). The NCMP, established in 2005, requires that the weight and height of children in reception year (age 4 – 5 years) and year 6 (age 10-11 year) is recorded annually. The results are interpreted and provide an indication of the prevalence of underweight, overweight and obese children within the population at a PCT and local authority level.

For older children in high schools, the only source of data is the self-reported height and weight in the Health Related Behaviour Survey, which is then used to calculate BMI.¹⁹ This data identified 13% of pupils in year 8 and 10 as being overweight or obese.²⁰

¹⁹ This data has to be treated with some caution as it is self-reported and only a third of pupils surveyed were able to give valid weight and height measures.

²⁰ Health Related Behaviour Survey, 2007-08.

Appendix 5: Key contacts

If you would like to talk to anyone about this strategy or any of the related actions, please contact one of the following people:

- Jackie Chin, Director, Public Health
- Bob Anderson, Assistant Director of Schools Service
- Victoria Cannizzaro, Policy Officer, cannizzarov@ealing.gov.uk

This strategy was written by the Healthy Weight Working Group, key members and contact details are:

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- Melissa Arkinstall – Health Development Manager and Obesity Lead, NHS Ealing, Melissa.Arkinstall@ealingpct.nhs.uk
- Melissa.arkinstall@ealingpct.nhs.uk
- Karen Gibson, Healthy Schools Coordinator, KGibson@ealing.gov.uk
- Bridgitte Moess, Integrated Children’s Commissioning Managers, Bridgette.Moess@ealing.gov.uk
- Andrea Knock,
- Lorna Fleming, Integrated Commissioner, flemingl@ealing.gov.uk