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# Healthy weight Healthy lives

A strategic framework for delivery **2009-2014**





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# 1. Foreword

## by the joint chairs of the Healthy Croydon Partnership

**Margaret Mead, cabinet member for health and adult social care**

**Toni Letts, chair of NHS Croydon**

We are delighted to introduce 'Healthy weight, healthy lives: a strategic framework for delivery 2009-14.'

Healthy weight, healthy lives sets out Croydon's strategic framework for tackling the rising prevalence of overweight and obesity in the borough. It sets out how we will promote our children's healthy growth and healthy weight, promote healthier food choices for all, build physical activity into our lives, create incentives for better health, and offer personalised support for obese and overweight individuals.

If we achieve our aspirations we believe that the result will be better health and well-being for all. It is very much a joint plan. The council, NHS, voluntary sector and businesses all have a role to play. Most important of all we want to work together with local people to make Croydon a healthier and happier place.

Our challenge is to ensure that everyone in Croydon is able to benefit from better health. We are determined to succeed. We want to take action to reduce unfair differences in health within the borough and to ensure that more people enjoy life and reach their full potential. This is what we mean by a truly healthy Croydon.

Croydon has an outstanding record of working in partnership to improve the health and well-being of the local population. The borough recently won a government Beacon Award – Croydon's seventh – this time for the borough's local strategic partnership. In particular, the judges were impressed by Croydon's ability to show how partnership working has made a difference to services, and therefore to people's lives. Recently the extensive 'Imagine Croydon' consultation created a shared 30 year vision for the borough. Croydon's vision will be the touchstone for all local strategies, plans and policies.

Our close working with local partners includes many successful health improvement initiatives such as the innovative Boost Croydon programme - working from children's centres to promote healthy eating and physical exercise in families with children aged 0-5, and providing a holistic treatment programme for children aged 4-13. 2010 saw the official opening of Croydon's healthy living hub, situated in the central library, (Croydon Clocktower). The hub provides an accessible and attractive space in which to engage the public with healthy living information, advice and activities - including the active lifestyles team who promote healthy eating and physical activity for all.

We particularly want to hear your views on how to improve health in our borough. Whether you are a resident, a local business person or someone who works in or visits Croydon, your views count. So let us know what you think of our plan via our website at [www.talk2croydon.co.uk](http://www.talk2croydon.co.uk) so that we can include your views and priorities.





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***Our target is that every one in Croydon is able to benefit from better health.***

***We are determined to succeed.***

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## 2. Introduction

In January 2008 the government published 'Healthy weight, healthy lives: a cross-government strategy for England (HWHL)', which outlines national plans for tackling the rising prevalence of overweight and obesity in England. In March 2009, the government published an update: 'Healthy weight healthy lives: one year on'. This highlighted that data from the national child measurement programme 2007/08 and the health survey for England (2007) suggests that, as a nation, there seems to be some success in halting the rising trend of childhood obesity.

Successful local implementation is dependent upon multi-agency ownership of local plans, and a strong commitment to the prevention of overweight and obesity, rather than focusing only on treatment. The 'healthy weight, healthy lives' national strategy is divided into five key themes:

1. Children: healthy growth and healthy weight;
2. Promoting healthier food choices;
3. Building physical activity into our lives;
4. Creating incentives for better health;
5. Personalised support for obese and overweight individuals.

This strategic framework for the implementation of HWHL in Croydon reflects these themes, and has taken into account related documents published by Department of Health (DH), including 'guidance for local areas' (March 2008) and 'a toolkit for developing local strategies' (October 2008).

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## 3. Vision

Our vision for health improvement in Croydon mirrors that in 'Improving health and well being', in that people:

- are able to make informed choices about their health;
- can maximise their health and well being;
- are supported by high quality services which are responsive to their needs;
- do not experience inequalities in health.

This strategic framework sets out how we aim to reverse the rising trend in overweight and obesity in Croydon. Success will require a multi-faceted approach and commitment from all partner agencies.



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# 4. National context

In England almost two thirds of adults and one third of children are overweight or obese. Obesity is defined by a body mass index (BMI) of 30 or more, and is calculated by dividing a person's weight in kilograms by the square of their height in metres. People with a BMI of between 25-29 Kg/m<sup>2</sup> are considered to be overweight. A BMI of less than 20 is regarded as underweight, and this carries health risks too.

The prevalence of overweight and obesity in adults and children is expected to continue to rise. This will be accompanied by a rise in associated illness and life-limiting diseases such as diabetes, cancer, heart and liver disease. 85% of cases of hypertension, which leads to increased risk of stroke and heart or renal disease, occur in people whose BMI is greater than 25. Amongst non-smokers, 10% of all cancer deaths are obesity related; for women this figure is 20%. Obesity has been shown to increase the risk of a range of cancers, including colon, breast, cervical, ovarian, and prostate cancer. Older people who are overweight are more likely to develop osteoarthritis and low back pain, which can result in avoidable loss of independence.

The cost to the individual, the NHS and society, of overweight and obesity are considerable and will continue to rise if current trends are not reversed.

In January 2009 the Department of Health launched the Change4Life campaign, which features a range of activities and resources designed to help families make and sustain positive lifestyle changes that will contribute to achieving the target. It is intended that localities should use the 'brand' of this campaign to enhance and support the delivery of their local action plans. This will be taken forward in Croydon in the context of developing the communications and engagement plan allied to this strategic framework.

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## 4.1 Strategic objective

To reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight. The initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children aged under 11 to year 2000 levels.



***The cost to the individual, the NHS, and society, of overweight and obesity are considerable and will continue to rise if current trends are not reversed.***

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# 5. Local strategic context

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## 5.1 Objectives

The local strategic objective is to reverse the rising trend of overweight and obesity in Croydon by:

- creating an environment that enables people to make healthier lifestyle choices – eg walking more, eating more fruit and vegetables;
- ensuring that people who need support to enable them to achieve and maintain a healthy weight have fair access to appropriate and personalised services.

The key outcomes that will provide evidence of lasting behaviour change will be the national indicators which focus on children aged under eleven (NI55 and NI56) and all adults (NI8).

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## 5.2 Links to local strategies

The HWHL strategic framework is underpinned by the sustainable community strategy, core strategy; 'Improving health and wellbeing: our plan for a healthy Croydon 2008-11'; and NHS Croydon's strategic plan 2009/10 - 2014/15. In addition, there are a number of other local strategies such as the children's plan and the local development plan which are key to the successful delivery of this strategy.

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# 6. Needs assessment

Trends in overweight and obesity in Croydon tend to mirror the national trends, where, since the 1950s, the UK has witnessed a dramatic increase in prevalence of overweight and obesity, in both adults and children.

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## 6.1 Numbers of children and adults who are obese

### Children

It is estimated that over 12,000 children living in Croydon are obese. By the age of one, about 750 children are already obese, and at 15 years old, more than 1000 are (see Table 1 in appendix A). If these children remain obese, this is likely to seriously affect their health in later life. In addition, the psychological impact of being an obese child can be considerable and lifelong.

Figures from the national child measurement programme (NCMP) show that the prevalence

of childhood obesity in Croydon is similar to that of London overall, which in turn, is higher than for England (See appendix A). For the 2007-08 academic year, 10.9% of children in reception year were considered to be obese, compared with 12% in 2006-07. In the same year, nearly a quarter (23.7%) of reception year children were considered to be overweight or obese, rising to more than a third (35.8%) in year 6.

When looking at overweight and obesity of reception year and year 6 children by ethnicity, electoral ward and index of multiple deprivation, key findings to note are that the rates are highest in the west local delivery partnership area and least in the south local delivery partnership area and amongst children from black or British black, and white Irish. The wards in the north of the borough have the highest rates of obesity, specifically reception aged children who reside in Bensham Manor and Kenley, whilst the highest rates for year 6 children are seen in Fairfield and West Thornton.

## Adults

Around 63,500 adults living in Croydon are likely to be obese. This figure under-represents the true extent of the problem, as many more adults are overweight, which also presents risks to health. At least two-thirds of the adult population of Croydon are likely to be overweight or obese. Over 95,000 adults in Croydon are estimated to have a waist circumference that puts them at high-risk of health problems (detailed in appendix B). These figures are derived from applying Health Survey for England (2006) prevalence data to mid-year population estimates (2007). These estimates do not take into account local factors such as ethnicity and deprivation, which may affect prevalence.

Using GP practice data (51 out of 65 practices, 02/2009) an estimated 56,152 people are obese (18.3% male and 23.8% female); particularly high within the 45-74 age band. Further analysis of GP data shows that ethnic groups with the highest rates of obesity are mixed (black Caribbean and white), black Caribbean, black African and black other. The electoral wards with the highest levels of obese people are Fieldway, New Addington and Woodside. These wards have almost twice the percentage (29%) of obese adults compared with Fairfield (16%), which is the lowest. This profile, when compared with levels of overweight across Croydon, shows similarities to people who are obese, with the exception that there is a greater proportion of male than females who are overweight (55% and 53%, respectively).

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## 6.2 Joint strategic needs assessment

Since 2008, joint strategic needs assessment (JSNA) has been a statutory duty of PCTs and local authorities. The 2009/10 JSNA includes a chapter on 'Healthy weight healthy lives'. The scope of the needs assessment, outlined in appendix C, reflects the breadth of the HWHL national strategy, and a move towards early prevention of overweight and obesity. The needs assessment covers a broad range of areas, from breastfeeding initiation rates and breastfeeding support, to whether food access projects are located where need is greatest. The JSNA reflects the range of local indicators relevant to NHS Croydon (the operating name of Croydon PCT) and for Croydon Council, which are detailed in appendix D.

The JSNA has been undertaken in parallel with the development of this strategic framework, and is subject to consultation before being finalised. However, the emerging recommendations cover the following themes:

### Data collection and quality

- there is a need to establish structured evaluation frameworks including core datasets for services relevant to HWHL, to enable an adequate health equity audit;

### Evidence base

- greater use of national evidence, especially social marketing approaches, is needed;

### Tackling inequalities

- further assessment/analysis to identify differential uptake and reasons for this (eg barriers to access/unmet cultural needs and expectations) is required;
- there is a need for ongoing review and evaluation to ensure services are effective and reduce inequalities;
- opportunities to set local targets beyond local area agreement (LAA) indicators need to be identified;

### Partnerships

- identify opportunities for greater integration between services;
- look beyond the public sector to local businesses and large employers;

### Sustainability

- service design needs to embody the principle of empowering and enabling individuals to take responsibility for their health and wellbeing, as far as they can.

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### 6.3 Ongoing performance monitoring

There are a number of indicators which have been identified nationally as being relevant to HWHL. These include LAA indicators, relevant NHS Croydon 'vital signs', and other health indicators, which are listed in appendix D. These indicators will help to monitor progress of this strategy once the action plan is implemented.

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### 6.4 The cost of overweight and obesity

Modelling tools provided by the faculty of public health enable us to calculate the estimated costs to the NHS between 2007 and 2015 if current trends continue. The annual cost of overweight and obesity to the NHS in Croydon is predicted to rise significantly during this period, by 11%, which is an increase of £9.7 million. It should be noted that these costs do not include inflation, which allows for direct comparison with current prices. From 2007 to 2015, the annual cost of obesity to the NHS in Croydon is predicted to rise significantly by 24% in Croydon, which equates to £11.2 million.

It is currently not possible to model council expenditure in the same way but it can be assumed that costs will rise as a result of, amongst other things, the need to support more people with care and/or specialist housing needs arising from the complications of obesity-related conditions.

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***Trends in overweight and obesity in Croydon tend to mirror the national trends, where, since the 1950s, the UK has witnessed a dramatic increase in prevalence of overweight and obesity, in both adults and children.***



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# 7. Local implementation of HWHL strategy

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## 7.1 Implementation structure

It is the aim of the HWHL steering group to co-ordinate an integrated response to the predicted rise in overweight and obesity levels in Croydon. The response will place a particular emphasis on families with children and other groups that have been identified as being at greatest risk of obesity. The steering group will oversee development of the strategy and action plans and will direct the implementation of the action plan across Croydon. Regular reviews of progress towards the action plans will be conducted by the steering group.

The Children's Trust has identified one of its key priority areas as 'healthy growth and healthy weight of children'. This work has therefore been integrated as part of HWHL under the children's theme and a single action plan has been jointly developed.



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# 8. Key themes

This section outlines the local perspective of the national strategy. Following the five themes of the national strategy, it will provide an overview of where we are currently, what the gaps are and what we plan to do. It is a 'work in progress' and the authors are aware of many gaps, which reflect the complexity of the range of stakeholders and contributors to the HWHL agenda.

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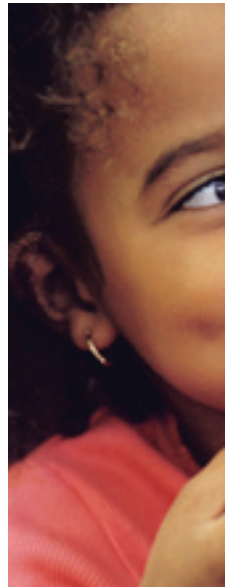
## 8.1 Children: healthy growth and healthy weight

### *Why is this important?*

One third of children living in England are overweight or obese. This figure is predicted to rise unless effective action is taken. It has been predicted that two-thirds of children will be overweight or obese by 2050. There are many opportunities to promote and encourage healthy weight in children, including promoting breastfeeding, encouraging and promoting physical education and healthier food choices in schools.

### *What do we want to achieve?*

- As many mothers breastfeeding up to 6 months as possible, with families knowledgeable about healthy weaning and feeding of their young children
- All children growing up with a healthy weight by eating well, for example by eating five portions of fruit and vegetables a day
- All children growing up with a healthy weight by enjoying being active, for example by doing at least one hour of moderate intensity physical activity each day
- Parents having the knowledge and confidence to be able to ensure that their children eat healthily and are active and fit
- All schools becoming healthy schools
- Parents who need extra help are being supported through children's centres, health services and their local community through initiatives such as 'Lunch and Learn' and 'Tops Tots'





### **What do we currently do?**

#### **Child health promotion programme (CHPP)**

Led by the NHS in partnership with other organisations, the CHPP is an extensive public health programme, which includes immunisations and screening, as well as health promotion. It is a holistic programme which provides assessments of children and their family's needs, as well as early intervention to address those needs. The programme provides numerous opportunities to promote healthy eating and physical activity to children and their parents.

A great deal of prevention work takes place in primary care clinics. At present, some children are offered reviews at the ages of one and two. These reviews include weight, growth and lifestyle advice. At present, reviews tend to be targeted at children who are most in need, or undertaken at the parent's request. The aim is for these reviews to have universal coverage.

#### **National child measurement programme**

All children in reception year and year 6 are given the opportunity to be weighed and have their height taken as part of a national surveillance programme. In Croydon, children's parents will be sent the results by post with some advice on healthy eating and physical activity, as well as signposting to relevant services. This was a pilot project for the 2008/09 programme, but is a requirement for 2009/10.

#### **Breastfeeding support**

Breastfeeding support is available locally through a range of organisations including midwives, health visitors and the National Childcare Trust. Baby cafés provide specialist breastfeeding support in Addiscombe, and there are plans to roll this service out further. A breastfeeding peer-support project runs in New Addington, aiming to increase the uptake of breastfeeding.

#### **Healthy schools programme**

In 2008/09, in Croydon, 63% of all eligible schools had full national healthy schools status. In order to achieve full status, these schools had to provide evidence that they are taking a whole school approach to healthy eating and physical activity. Healthy eating means meeting school lunch standards, having an effective vending machine policy, and having a whole school food policy. For physical activity, children have to have at least two hours of physical activity a week at school, the school must actively encourage walking and cycling to school, and a broad range of extra-curricular physical activities must be available after school.

#### **School meals**

There are plans to provide cookery skills development opportunities for all school cooks where the school concerned is not covered by the central LEA school catering contract. This formalises previous work with school cooks, as they will now receive certificates of achievement.

### **Case study: healthy weight management service – children and families**

MyTime Active (formerly Bromley MyTime) was commissioned by NHS Croydon in 2008/09 to provide weight management services in the community for children 0-14yrs old. The service – known as 'Boost Croydon' - is operating in two ways:

- for very young children and their parents there is a range of activities based in children's centres that support positive lifestyle changes and raised awareness of the risks of becoming overweight and obese and how to avoid them;
- for the older child already overweight or obese, family and community-based interventions will be provided, using evidence-based behaviour change tools to increase physical activity, reduce sedentary activities and improve nutritional intake.

As parents begin to receive feedback on the results of their child's measurement at school, the need for locally accessible and responsive services will increase, and the commissioning of this service anticipates that.

### **What gaps do we know of?**

- Not all schools in Croydon have achieved full healthy schools status.
- Under 5 reviews are not yet universal.
- We need to strengthen opportunities for early intervention in families where the parents are obese.
- We need to ensure that expectant and new mothers receive consistent and accurate advice on lifestyles that will reduce the risk of them and their children becoming overweight or obese.
- Children may have few opportunities for learning basic cooking skills.
- Children in special schools are at particular risk of obesity and current service provision is not able to respond to this.
- There is no national accreditation scheme for nurseries to achieve the equivalent of healthy school status.

### **What do we plan or aspire to do?**

- The updated child health promotion programme will have greater emphasis on healthy weight in early life (nutrition, breastfeeding, and physical activity).
- We aim to ensure that reviews for the under fives become universal.
- Nurseries and children's centres to be supported in implementing healthy eating guidelines.
- Continue and develop projects designed to support increased uptake of breastfeeding.
- Implement the breastfeeding strategy.
- Explore ways of ensuring that children in special schools and those with special needs in mainstream education are able to benefit from consistent advice and support for them and their parents.

## 8.2 Promoting healthier food choices

### Why is this important?

In order to achieve the aims of the government strategy HWHL, the food industry has an important role to play in making healthy food choices easier. It is important to tackle this at a national and local level. Local authorities can use planning powers to control the number and location of fast food outlets in their local areas, particularly those that are close to schools and parks. In addition, the aims of this theme extend to the wider community in promoting healthy eating messages through cookery clubs and food cooperatives.

### What do we want to achieve?

- More eligible families signing up to the 'Healthy Start' scheme.
- Implementation of national school meals standards in all special schools by 2010.
- Less consumption of high fat, sugar and salt foods, especially by children.
- More consumption of fruit and vegetables, and more people eating five a day (especially children).
- More healthy options in convenience stores, school canteens, vending machines, at supermarket tills and at non-food retailers.

### What do we currently do?

- 'Healthy Start' programme: vouchers to purchase fruit and vegetables are available at numerous retail outlets in Croydon.
- Allotment schemes eg Spa Hill.
- Food co-ops eg Foodlink in New Addington.
- Community food projects eg Asian Cookery Club.

### Case study: Foodlink

Foodlink is a food co-operative that sells cost price fruit and vegetables to local residents in New Addington. The project targets two client groups – children and young parents at children's centres, and older people in sheltered housing.

The project provides activities for young children to taste fruit and vegetables, as well as introducing them to eating five portions of fruit and vegetables a day.

### What are the gaps?

- Residents in some areas report lack of easy access to fresh food of reasonable quality at affordable prices.
- Concerns about large numbers of fast-food outlets concentrated in small areas, especially around schools and colleges.
- No systematic approach to working with fast food outlets to encourage them to offer healthier options and to use healthier cooking methods and ingredients.
- Some high-risk communities would benefit from advice and support, delivered through local projects, to enable them to adapt their traditional cuisines to incorporate current nutritional advice, particularly about salt, fat, and sugar content.

### What do we plan or aspire to do?

- Explore the use of planning powers to manage number and location of fast-food outlets (particularly those close to schools and parks).
- Work with fast-food outlets to encourage them to offer healthier options on their menus, promote use of healthier fats and oils and also label fat and sugar content of foods.
- Explore the possibility of using fast-food outlets to sell subsidised fruit and vegetables through co-operative schemes.
- Review the current provision of community cookery projects and make recommendations as to further development or re-provision.
- Adopt healthy food guidance in all youth centres and projects.
- Train nursery cooks and food handlers in healthy cooking so they can offer healthier food choices for children.



## 8.3 Building physical activity into our lives

### Why is this important?

We live in an environment that does not always support a physically active way of life. One way in which physical activity can be encouraged is by ensuring that the physical environment in Croydon is more conducive to walking, cycling and encouraging more play outdoors. There are many and varied ways to encourage physical activity in the local population, such as having suitable amenities, helping people feel safer to go outdoors, and making active travel the easier option.

### What do we want to achieve?

- More people, more active, more often, particularly those individuals and families who are currently the most inactive.
- Enable an increased use of sustainable transport such as walking and cycling.
- Improve public realm - including street, parks and open spaces.
- More outdoor play by children.
- Achieve the “5-hour offer” of physical activity through the curriculum and out- of-school provision for all primary and secondary schools.

### What do we currently do?

- Provision of local leisure centres: Croydon Council provides a network of leisure centres across the borough, providing access to a range of activities and sports.
- Exercise referral scheme: NHS Croydon funds an exercise referral scheme, which provides safe and effective exercise for local people who have one or more risk factors for coronary heart disease.
- Physical activity programmes for children and young people at risk of overweight and obesity delivered at specific schools through ‘active lifestyles’.
- Walking: a programme of guided walks is available in Croydon, organised by Croydon Council.
- A range of parks and open spaces is managed by Croydon Council, as well as a number of play facilities.
- School travel plans: many schools in Croydon have travel plans which encourage active and safe ways of travelling to school.
- Croydon Council’s urban design team helps to promote a built environment that is more conducive to physical activity.
- Family information service (run by Croydon Council) provides a range of information, often used by health visitors, to signpost families on physical activity services.
- Croydon Council in cooperation with NHS Croydon has opened the ‘healthy living hub’ in the central library to promote physical activity and healthy eating programmes.

***There are many and varied ways to encourage physical activity in the local population, such as having suitable amenities, helping people feel safer to go outdoors, and making active travel the easier option.***

### **Case study: exercise referral**

NHS Croydon funds an exercise referral scheme, which provides safe and effective exercise for local people who have one or more risk factors for coronary heart disease. People who have coronary heart disease can also be referred to the scheme, which provides specialist advice and support for people who are currently physically inactive, and would benefit from regular physical activity. Sessions are provided at a discounted rate.

A recent evaluation found that participants experienced a number of health benefits, including weight loss and an improvement in mental health and well-being.

### **What are the gaps?**

- We need to use social marketing to inspire participation in physical activity.
- Public consultation has identified a demand for a public swimming pool in central Croydon.

### **What do we plan or aspire to do?**

- Incorporate the use of Sport England's marketing segmentation toolkit to improve social marketing of local opportunities for physical activity (children and adults).
- Playbuilder grants programme: funding to improve community play spaces for children. The playbuilder grants programme 2009-11 is open to local community groups, voluntary organisations and public sector organisations and the maximum grant is £50,000.
- Improve facilities in local parks so that residents feel safe in their parks.
- Croydon Council intends to support Transport for London's plans for an improved cycle network.
- Explore the development of closer links between public health and urban design, and how public health input into urban design and regeneration can be facilitated. Explore working more closely with the healthy urban development unit.
- As resources allow, commission community based initiatives to tackle areas of inequalities highlighted in the JSNA.



## 8.4 Creating incentives for better health

### Why is this important?

The workplace can have a significant impact on employee health and presents an opportunity to promote healthy living. Employers have a role to play in supporting working adults to make healthy choices. The public sector (local authority/NHS) has a major opportunity to lead by example. The aim is for employee health to be a high priority for employers.

### What do we want to achieve?

- Public sector organisations lead the way (Croydon Council, NHS Croydon, Croydon College and Mayday Hospital NHS Trust) towards “exemplar employer” status. This status means workplaces that promote healthy eating and activity through changing workplace culture, provision and policies.

### What are we currently doing?

#### Croydon Council:

- fitness facilities are available on-site;
- competitions eg pedometer challenge;
- staff options eg staff discount at Croydon leisure facilities.

#### NHS Croydon:

- subsidised gym memberships are available for some local health clubs;
- cycling mileage payable;
- some provision for cyclists.

### Case study: pedometer challenge

In 2008 Croydon Council held a pedometer challenge. The aim was to raise employees’ levels of physical activity, while raising awareness of the importance of regular physical activity. Employees were encouraged to compete in the challenge in small teams. Competitors were given a pedometer and asked to record the number of steps they took on a daily basis. To ensure all employees were included, pedometers were offered to wheelchair users and audible pedometers for those who were visually impaired. The event was very successful, with 482 employees participating. On average, participating employees increased the amount of walking they did significantly.

In June 2009 a successful joint pedometer challenge between the council and NHS Croydon involved 154 teams of up to four people, who clocked more than 164 million steps between them over a period of four weeks. As part of a wider workplace initiative, this programme raised awareness and promotion of physical activity. To ensure staff inclusion this challenge included audible pedometers and optometers (suitable for wheelchair users).

### What are the gaps?

- Insufficient capacity and supporting facilities for staff who wish to cycle to work.
- A strategic approach is needed to support staff to adopt healthier lifestyles, and enable them to achieve and maintain a healthy weight..

### What do we plan or aspire to do?

- Achieve exemplar employer status for Croydon Council, NHS Croydon and Croydon College (see appendix F for business case for exemplar employer status).
- Implement NICE guidance on obesity regarding recommendations for public sector employers.
- Develop a business case for continuing workplace initiatives which impact upon improving staff productivity.

## 8.5 Personalised support for overweight and obese individuals

### Why is this important?

The number of overweight and obese individuals is predicted to continue to rise, and effective services will be needed to support more people in managing their weight. The aim is for accessible advice and support on diet, weight and physical activity for those who need it most.

### What do we want to achieve?

- Everyone able to access appropriate advice and information on healthy weight.
- Increasing numbers of overweight and obese individuals able to access appropriate support and services.
- Local staff/practitioners understanding their role and empowered to fulfil it.

### What do we currently do?

#### Childhood health and well being:

- Boost Croydon service;
- weight management services: one-to-one dietetics service at Mayday and GP surgeries;
- specialist medical and dietetic advice for children with severe obesity problems and/or special needs.

#### Adult health and wellbeing:

- weight management services: dietician/practice nurse advice/pharmacists;
- exercise referral schemes;
- signpost to local facilities eg leisure centres, active lifestyles, guided walks, cycling for all;
- bariatric surgery (includes counselling/psychology input).

### Case study: weight management in the community

All front-line pharmacy assistants have received basic training from the public health dietician on how to raise the issue of weight, and to motivate people to change. In the session, advice was provided on how to produce effective eye-catching notice boards of local information with signposting to exercise facilities etc.

A local enhanced service (LES) has been agreed with community pharmacists to provide personalised support and advice to people wishing to lose weight. This includes the prescription of Orlistat under a patient group directive, provided the patient has persevered with the weight loss programme.

### What are the gaps?

- Clear and consistent pathways needed for access to healthcare-led weight management services for adults and children.
- Need for more holistic approaches to weight management services provision including psychology and motivational support.
- Awareness raising and training for frontline healthcare professionals in how to support their patients in making healthier lifestyle choices.
- Consistent information for all that is culturally sensitive and presented in accessible formats.
- Better understanding of why people do not respond to the healthy lifestyle messages and what the barriers for them are.

### What do we plan or aspire to do?

- Commissioning of new children's weight management service.
- Develop and promote the use of standardised evidence-based literature.
- Develop a service model for inclusion of community pharmacists and GP surgeries as part of NHS checks for people aged 40-74.

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# 9. Communication and engagement

Given the cross-cutting nature of the HWHL agenda, consultation feedback from the sustainable community strategy and other strategies such as improving health and wellbeing and the children's plan is all relevant and will be incorporated.

During the life of the strategic framework, a range of stakeholder events will be held to consider the development and implementation of the programme. This will include how we use the national social marketing 'Change4Life' campaign for local implementation.

A communication strategy and communication plan has been developed through three key stages of the programme (engagement, consultation and implementation). This is attached in appendix E.

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***A range of parks and open spaces is managed by Croydon Council, as well as a number of play facilities.***



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# Appendices

# Appendix A: numbers of obese children in Croydon

**Table 1**

Estimated number of children in Croydon who are obese, by age and sex<sup>1</sup>

Age	Estimated number who are 'obese'	
	Boys	Girls
1	401	352
2	398	381
3	386	377
4	374	330
5	336	346
6	346	315
7	343	356
8	379	384
9	397	396
10	407	412
11	434	422
12	431	442
13	469	427
14	476	457
15	518	524
<b>Total</b>	<b>6,095</b>	<b>5,921</b>

Source: Faculty of Public Health: obesity prevalence ready-reckoner

These figures are derived by applying Health Survey for England (2006) prevalence data to mid-year population estimates (2007). These estimates do not take into account local factors such as ethnicity and deprivation, which may affect prevalence.

<sup>1</sup>'Obese' is defined using the UK national body mass index percentile classification for children

# Appendix B: numbers of obese adults in Croydon

**Table 2**

Estimated number of obese adults in Croydon, by age group and sex

Age	No. of people who are obese <sup>2</sup>		No. of people with raised waist circumference <sup>3</sup>	
	Male	Female	Male	Female
16-24	1,875	2,255	2,083	3,194
25-34	5,030	4,511	5,030	7,519
35-44	6,866	7,119	8,239	10,678
45-54	6,274	6,334	8,515	10,556
55-64	5,451	5,281	7,599	8,802
65-74	3,262	4,195	5,367	7,192
74 +	1,518	3,341	3,458	7,054
<b>Total</b>	<b>30,276</b>	<b>33,036</b>	<b>40,291</b>	<b>54,995</b>

Source: Faculty of Public Health: obesity prevalence ready-reckoner

These figures are derived by applying Health Survey for England (2006) prevalence data to mid-year population estimates (2007). These estimates do not take into account local factors such as ethnicity and deprivation, which may affect prevalence.

<sup>2</sup> 'Obesity' in adults is defined as a body mass index greater than 30kg/m<sup>2</sup>

<sup>3</sup> Raised waist circumference is defined as 102cm or above for men, and 88cm or above for women.

# Appendix C: LAA and NHS Croydon performance indicators

## Local area agreement indicators linked to 'healthy weight healthy lives'

LAA indicator	Description of indicator
<b>1. Children: healthy growth and healthy weight</b>	
NI 50	Emotional health of children
NI 52	Take-up of school lunches
NI 53	Prevalence of breastfeeding at 6-8 weeks from birth
NI 55	Obesity among primary school age children in Reception
NI 56	Obesity among primary school age children in Year 6
NI 57	Children and young people's participation in high-quality PE and sport
NI 69	Children who have experienced bullying
NI 198	Children travelling to school - mode of travel usually used
<b>2. Promoting healthier food choices</b>	
NI 119	Self-reported measures of people's overall health and wellbeing
NI 120	All age, all cause mortality rate
NI 121	Mortality rate from all circulatory diseases aged under 75
NI 122	Mortality rate from all cancers aged under 75
NI 137	Healthy life expectancy at age 65
<b>3. Building physical activity into our lives</b>	
NI 8	Adult participation in sport
NI 17	Individual's perception of crime and anti-social behaviour
NI 47, 48	Reduction in road traffic accidents
NI 175	Access to services by public transport, walking and cycling
NI 186	Per capita CO2 emissions in the local authority area
NI 188	Adapting to climate change
NI 198	Children travelling to school - mode of travel usually used
<b>4. Creating incentives for better health</b>	
NI 8	Adult participation in sport
NI 119	Self-reported measures of people's overall health and wellbeing
NI 120	All age, all cause mortality rate
NI 121	Mortality rate from all circulatory diseases aged under 75
NI 122	Mortality rate from all cancers aged under 75
NI 137	Healthy life expectancy at age 65
NI 152, 153	Working-age people claiming out-of-work benefits
NI 173	People falling out of work and onto incapacity benefits
<b>5. Personalised support for overweight and obese individuals</b>	
NI 120	All age, all cause mortality rate
NI 121	Mortality rate from all circulatory diseases aged under 75
NI 122	Mortality rate from all cancers aged under 75
NI 137	Healthy life expectancy at age 65

### Relevant NHS Croydon 'vital signs'

BMI recording and obesity prevalence  
 Breast feeding initiation and continuation  
 Local targets for diabetes control  
 Cardiovascular mortality  
 Cancer mortality  
 All cause mortality  
 Life expectancy

### Other health indicators

Numbers of people with diagnosed CHD  
 People with hypertension  
 Smoking prevalence  
 Early booking for ante-natal care  
 Under 5 reviews

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# Appendix D: exemplar employer framework

## What does an exemplar employer look like?

### Policy context

Theme four of HWHL requires that key partner organisations lead by example. Local implementation of HWHL is likely to be more successful if the settings within which services are delivered set an example by being healthy workplaces for staff. In order for health messages to be credible and consistent we need to lead by example.

### Define an exemplar employer

The workplace may have an impact on a person's ability to maintain a healthy weight both directly, by providing healthy eating choices and opportunities for physical activity and indirectly, through the overall culture of the organisation.

An exemplar employer would support employees by addressing health and wellbeing at work as an essential part of business improvement.

### Business case

On average, sickness absence costs employers 8.4 working days per employee per year (Chartered Institute of Personal Development 2007a). Physical activity programmes at work have been found to reduce absenteeism by up to 20%; physically active workers take 27% fewer sick days (Health, work and wellbeing programme 2008).

A physical activity programme would also help to mitigate some of the problems associated with the ageing workforce. The possibility of losing skilled workers to ill-health retirement is a serious risk to many organisations (EEF 2008). Encouraging older employees to adopt a healthier lifestyle may help to reduce the impact of age related chronic diseases.

### Reputation

A well-designed 'wellness' programme can help improve the organisation's external reputation, so helping to attract and retain quality staff (PricewaterhouseCoopers 2008). Being an 'employer of choice' is a powerful way to attract talented people in a competitive marketplace.

### Benefits to employer

- Reduced sickness absence
- Helps meet obligation to health and wellbeing of staff
- Increased loyalty
- Improved retention of staff.

### Benefits to employee

Being physically active during the working day can contribute to achieving the recommended daily amount of physical activity and associated health benefits, as well as contributing to weight management.

Employers can enable staff who want to lose weight to access personalised support.

We recommend that in order to ensure that our organisation is an exemplar employer the National Institute for Clinical Excellence recommendations set out below should be implemented. Good practice currently exists in providing opportunities to increase physical activity for example, funding was obtained by NHS London for a pedometer challenge between NHS Croydon and Croydon Council. However, there are known gaps in provision in other areas such as working practices and policies.

### Recommendations for achieving exemplar employer status are

- Promotion of healthy choices available for staff, eg hospitality, staff canteens, vending machines, adequate kitchen facilities for staff.
- Working practices and policies, such as staff/ work travel plans, flexible working policies.
- A supportive physical environment, eg secure cycle parking, access to showers.
- Recreation opportunities, eg use of local leisure facilities or on-site facilities.
- Incentive schemes for employees, eg access to healthy, affordable food and drink, access to discounted gym memberships.

### Key actions

- Each organisation to audit current provision against the above five recommendations.
- Prioritise areas for action and implementation. Consider bidding for funding to support initiatives where appropriate.
- To evaluate the impact of these measures in terms of benefits to employer and employees.

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## Appendix E: communications and engagement strategy

### *Healthy weight healthy lives. Communications strategy 2009/10 – 2013/14*

#### 1.0 Introduction

In January 2008 the government published 'Healthy weight healthy lives: a cross-government strategy for England' (HWHL), which outlines national plans for tackling the rising prevalence of overweight and obesity in England.

Successful local implementation is dependent upon multi-agency ownership of local plans, and a strong commitment to the prevention of overweight and obesity, rather than focusing only on treatment. The 'healthy weight, healthy lives' national strategy is divided into five key themes:

1. children: healthy growth and healthy weight;
2. promoting healthier food choices;
3. building physical activity into our lives;
4. creating incentives for better health;
5. personalised support for obese and overweight individuals.

This strategic framework for the implementation of HWHL in Croydon reflects these themes and has taken into account related documents published by Department of Health, including 'Guidance for local areas' (March 2008) and 'A toolkit for developing local strategies' (October 2008).

The healthy weight healthy lives agenda is led by the HWHL steering group with membership of theme leads for each of the five themes.

## 2.0 Aim of communications strategy

The HWHL steering group believes that good communication leads to better understanding of key issues, greater engagement and improves the impact that services have on target audiences. At a cross-governmental level, it enables people to contribute to the development and implementation of the HWHL strategy and action plans and feedback on how the ideas are being taken forward.

This strategy aims to maximise the current range of communication activities (internal and external) and tools that exist across Croydon Council and NHS Croydon, as well as the national Change4Life campaign to promote messages to the public and stakeholders and identify opportunities to develop and build on these.

## 3.0 Audiences

The HWHL steering group members will seek to communicate with and engage the following target audiences:

- CMT, SMT, the board;
- cabinet members;
- employees at all levels across departments (Croydon Council and NHS Croydon);
- commissioners;
- voluntary sector organisations;
- schools;
- Croydon businesses;
- Croydon residents, particularly children, young people and their families;
- vulnerable groups.

## 4.0 Success criteria

The steering group will monitor the effectiveness of this strategy and communication plan using the following processes:

- feedback and evaluation of HWHL events/workshops;
- commitment and sign-off to strategy and action plans at corporate level;
- increased uptake of services;
- partnership working as a result of links made.

