Croydon Joint Strategic Needs Assessment (JSNA) 2013/14

Key-Topic 2

Healthy Weight

Lead authors

Anna Kitt, Health Improvement Principal, Public Health Croydon

Co-authors

Sarah Nicholls, Consultant in Public Health, Public Health Croydon

CROYDON PUBLIC HEALTH INTELLIGENCE TEAM

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Note on data cut off period

The majority of service data presented covers the financial years 2011- 2013, unless otherwise stated. The data in this chapter was the most recent published data as at January 2014. Readers should note that more up-to-date data may have been subsequently published, and are advised to refer to the source shown under figures or listed in the appendices for the chapter for the latest information

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1 INTRODUCTION

This is the second key topic chapter of the 2013/14 Joint Strategic Needs Assessment in Croydon. JSNA is a process aiming to identify both the assets and the needs in relation to health and wellbeing topics.

The aim of this rapid JSNA chapter is to provide an overall picture of the prevalence of overweight and obesity, and review the commissioning activity to reduce the rates of obesity. This evidence has informed the suggested recommendations for future action listed at the end of the chapter.

The key topic chapters being undertaken in 2013/14 are:

- Key Topic 1: Alcohol
- Key Topic 2: Healthy Weight
- Key Topic 3: Domestic Violence
- Key Topic 4: Homelessness.

Healthy weight was the topic of a 'deep dive' JSNA chapter in 2009. The chapter focused on both children and adult obesity and provided the framework for commissioning children and adult weight management services from Autumn 2010 onwards; with recommendations for implementation by partners across the borough for 2009-14.

It is the intention of the Healthy Weight JSNA not to duplicate previous needs assessments and ongoing work, and the document will signpost and use hyperlinks to relevant local information and existing data. This approach is endorsed by the JSNA Reference Group.

Previous needs assessments include:
Healthy Weight Healthy Lives Joint Strategic Needs Assessment 2009-10
This was a JSNA deep dive that took a greater focus on risk factors associated with obesity: physical activity and diet throughout the life course, and included a service review.

Adult Obesity Needs Assessment and Service Review (2011)

In 2014, Croydon Council's Sport and Activity Team developed the Physical Activity Strategy.

The assembled reference group for this JSNA was chosen to have relevant reach and local understanding of council commissioned programmes that aimed to reduce obesity. The process was to compare current commissioned activity against evidencebased guidance to provide a status of the council's position.

The scope of this needs assessment is to review the health and social implications of overweight and obesity. It is recognised that the topic of malnutrition and underweight is an increasing public health issue, but it is outside the scope of this JSNA. This was agreed and endorsed by the JSNA Healthy Weight reference group (October 2013).

The membership of the Obesity Reference Group can be found in **Appendix 6.1**.

1.1 Executive Summary

An obese Londoner can expect to die eight to ten years earlier than their non-obese neighbour. Obesity causes cancer and heart disease. It limits life choices, increases early disability and costs London more than £4bn a year[1].

In Croydon, one in three children aged 10 to 11 are overweight or obese (2012/13 National Child Management Programme (NCMP))[2] and for adults the situation is more serious as **over half (56%) of all adults are overweight or obese** (Croydon GP Data 2011/12 and Active People survey, 2012)[3] [4] . This means that children in Croydon are growing up in a borough where it is normal to be overweight.

Obesity is a health inequality issue. It is strongly related to social disadvantage among adults (Foresight 2007)[5] and children (NCMP 2011/12). Only 3% of overweight or obese children have parents who are not overweight or obese[6]. Studies have found that family environments have a strong influence on a child's development, eating and activity habits, and predisposition to overweight.

From 2007 to 2015, the estimated annual cost of obesity to the NHS in Croydon is predicted to rise significantly. During this period, the cost to the NHS is predicted to rise by 24% in Croydon[7] (£11.2 million).

A different approach is needed to tackle obesity, because after a decade of government and local intervention there are few signs of a significant reduction in obesity levels.

Increasingly, the evidence base notes that policies aimed solely at the individual are inadequate and by simply increasing the number or type of

[1] Tackling Obesity: Future Choices (2007) Foresight
[2] Public Health England (2014) National Child Measurement Programme – England
[3] Croydon (2012) General Practice Data
[4] The Active People Survey (2012)
[5] Foresight (2007) Tackling Obesities Future Choices – Project Report. London: Department of Innovation Universities and Skills
[6] Healthy Weight Healthy Lives (2008) Cross Government Obesity Unit.
[7] National Institute for Health and Care Excellence. Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (CG 43). London: NICE, 2006.

small-scale interventions are not sufficient to reverse the increasing trend in obesity[8]. Therefore significant effective action at a population level is required to prevent obesity.

Tackling obesity is complex and requires action at every level, from the individual to society, and across all sectors. Obesity cannot be effectively tackled by one discipline alone and local authorities are ideally placed to develop co-ordinated action to tackle obesity across its various departments, services and partner organisations. This approach is described as one which is a 'whole system' approach.

The recommendations are formulated from the review of current commissioning activity compared to the evidence base, and take the whole system approach.

2 SUMMARY OF RECOMMENDATIONS

Section 1 - Strategic commissioning and evaluation

The Health and Wellbeing Board should:

- Rewrite the Healthy Weight strategy to create an action plan for the prevention and management of child and adult obesity, and take forward the recommendations from this JSNA for implementation. This will replace the Healthy Weight Healthy Lives (2009-2014) strategy.

Croydon Council should:

- Plan to develop a co-ordinated and meaningful approach to collation of data, analysis and dissemination across partners. Ensure that data is used appropriately to inform commissioning, target service provision and validate impact through adoption of the Standard Evaluation Framework for Obesity and Physical Activity.

- Use the Heart Town Croydon programme to co-ordinate the development and dissemination of the Healthy Weight agenda to a wider stakeholder group, including community groups and businesses.

- Use and strengthen the role of the Healthy Weight reference group to support the system wide approach as it has representation from all the different sectors and services in the Local Authority.

Section 2 - Early years and school aged prevention

Croydon Council should:

[8] National Institute for Health and Care Excellence. Public Health Guidance (42) Obesity: Working with local communities (2012)

- Use the Food Flagship Borough bid (Greater London Authority) to provide more targeted resources for the Healthy Weight agenda.

- Use the Healthy Schools programme to evaluate the opportunities to disseminate and share good practice in schools in relation to the physical activity and food agenda.

- Evaluate the impact of the healthy lifestyle programme, against healthy eating behaviours e.g. more physical activity and the consumption of less unhealthy food and drinks.

- Evaluate the current approach of Croydon Healthy Schools programme (jointly commissioned through School Improvement and Public Health) to understand whether the programme sufficiently meets the needs of children attending schools in the more deprived areas of the borough.

Section 3 - Weight management services

The Integrated Commissioning Unit (providing commissioning support on behalf of Croydon CCG and Croydon Council) should:

- Robustly performance review the child and adult weight management programmes, and Exercise on Referral against the key performance indicators for sustained weight loss.

Croydon Clinical Commissioning Group and Croydon Health Services should:

- Ensure that all key staff attend healthy weight training that is provided and implement the learning.

- Commission evidence-based training programmes for Primary Care Staff and others to be skilled-up to be able to assess and identify children at risk of obesity.

Croydon Council should:

- Clarify the funding responsibility for the commissioning of child and adult weight management services (including maternal) to ensure that there is a full pathway.

Section 4 – Community-wide action

This theme explores the potential of the ‘obesogenic’ environment that promotes high energy intake and sedentary behaviour. It will focus on the following sub-sections:

Parks, green spaces and leisure facilities

Croydon Council should:

- Revisit the Play Street initiative particularly in areas of the borough where there is limited access to open spaces.
- Increase collaboration between Public Health and Design and Environment Department to further invest in the regeneration of green spaces e.g. London Mayor's Big Green Fund.
- Proactively commission the planning and use of leisure facilities to maximise local residents' health.

Active travel and transport

Croydon Council should:

- Explicitly build health into the development and assessment of transport policies and projects.
- Implement Health Impact Assessments to the decision making process. The potential health effects of a plan, project or policy will be evaluated before it is built or implemented.
- Design and create safe, attractive local environments which promote paths to encourage safe walking and cycling, and improve perceptions of safety.
- Implement lower speed limits in residential streets where appropriate. Speeds above 20mph discourage active travel and deter parents from allowing children to play on the streets.
- Understand the costs and challenges of School Travel Plans, in order to identify how the council, schools and their communities can be best supported to implement them.

Access to healthy food

Croydon Council should:

- Evaluate the effectiveness of Croydon's Eat Well project in targeted areas of the borough with high rates of obesity.
- Evaluate the effectiveness of 'Heart Town Community Grants Programme' to ascertain the reach of the project to the more disadvantaged areas of the borough.
- Evaluate planning controls to manage proliferation of fast-food outlets on high streets and near schools.

Section 5 - Workforce development and workforce health

Croydon Council should:

- Support and challenge local businesses to do more to help employees lead a healthier life through encouraging sign-up to the London Healthy Workplace Charter, and in particular introduce policies to prevent and manage obesity.

2.1 Level of need in the population

In Croydon, one in three children aged 10-11 are overweight or obese (2012/13 National Child Management Programme (NCMP))[9] and for adults the situation is more serious as **over half of all adults are overweight or obese. This equates to over 170,000 residents** (Croydon GP Data 2011/12 and Active People survey, 2012)[10] [11] . This means that children in Croydon are growing up in a borough where it is normal to be overweight.

Obesity is a health inequality issue. It is strongly related to social disadvantage among adults (Foresight 2007)[12] and children (NCMP 2011/12). In Croydon, a marked social gradient can be seen when children are four years old (Figure 9), and is strengthened during childhood (Figure 10). This intergenerational cycle of obesity can be seen in the geographical maps of obesity, where high rates of child and adult obesity can be seen in the less affluent areas of the borough.

In Croydon, there is an intergenerational cycle of obesity whereby child obesity tracks into adulthood and is associated with several physical and psychological comorbidities[13]. This suggests that the next generation is likely to experience increased rates of morbidity and mortality if the obesity problem is not addressed[14]. This intergenerational cycle of obesity can be more strongly seen in the less affluent areas of the borough (Figure 14).

Clearly the scale of the issue is great, and a multi-agency partnership and long term vision is required to effect a reverse in the rates of child and adult obesity.

[9] Public Health England (2014) National Child Measurement Programme – England
[10] Croydon (2012) General Practice Data
[11] The Active People Survey (2012)
[12] Foresight (2007) Tackling Obesities Future Choices – Project Report. London: Department of Innovation Universities and Skills
[13] National Collaborating Centre for Primary Care. Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. London: National Institute for Health and Care Excellence; 2006
[14] Whitlock et al. Body mass index and cause-specific mortality in 900000 adults: collaborative analyses of 57 prospective studies. Lancet 2009;373:1083e96

2.2 Glossary

This section provides a definition for some of the terms used throughout this document:

Active travel – Approach to travel and transport that focuses on physical activity (walking and cycling) as opposed to motorised means.

Body mass index – a summary measure of an individual's weight status which is calculated by a person's weight in kilograms divided by the square of their height in metres. It is commonly used for individual and population monitoring of overweight and obesity rates. (BMI is an estimated measure of body fatness and does have limitations[15]).

Excess weight – used in population monitoring of weight status to describe individuals who are overweight (including obese). In population monitoring it would describe individuals with a Body Mass Index of greater than 25kg/m².

Healthy weight – a measure of Body Mass Index (BMI) between 20kg/m² and 24.9kg/m².

National Child Measurement Programme - the National Child Measurement Programme (NCMP) measures the weight and height of children in reception class (aged four to five years) and year 6 (aged 10-11 years) to assess overweight children and obese levels within primary schools.

Obesity – a measure of Body Mass Index (BMI) between 30kg/m² and above.

Overweight – a measure of Body Mass Index (BMI) between 25kg/m² and 29.9kg/m².

Sedentary – refers to minimal or no physical activity, and a sitting or reclining posture.

2.3 Targets and Performance

The national ambition for obesity is[16]:

- A sustained downward trend in the levels of excess weight in children by 2020
- A downward trend in the level of excess weight averaged across all adults by 2020.
- A narrowing in the gap in excess weight among children in our most and least deprived neighbourhoods.

[15] NHS – National Obesity Observatory, Body Mass Index as a measure of obesity. 2009.
[16] Department of Health (2011) Healthy Lives Healthy People: and obesity call to action

There are currently no national physical activity targets. Guidance by the Chief Medical Officer emphasised the importance of physical activity for people of all ages, together with taking a life course approach and the flexibility to combine moderate and vigorous intensity activities and reduce sedentary behaviour.

Local authorities have been given renewed responsibility for public health as part of the health and social care reforms introduced in April 2013, alongside dedicated funding and a new public health outcomes framework. Croydon Council is measured against 68 Public Health Outcome Measures to assess the health improvements to the local population.

The Public Health Outcomes Framework (PHOF) for obesity include the following indicators:

- 1.16 Utilisation of outdoor space for exercise/ health reasons
- 2.02 Breastfeeding initiation and prevalence (6-8 weeks after birth)
- 2.6 Excess weight in 4-5 and 10-11 year olds
- 2.11 Diet
- 2.12 Excess weight in adults
- 2.13 Proportion of physically active and inactive adults

Obesity as a subject matter has the potential to impact on far more of the PHOFs than those listed above. For example, if we considered the impact of active travel to reduce obesity, we could include the outcomes on air pollution, sustainable development plans, population affected by noise, to mention only a few.

2.4 The health and economic burden of obesity

Being obese or overweight increases the risk of developing a range of serious diseases, including heart disease and cancers. The impact of obesity on the health of adults has long been established, but rising levels of childhood obesity have consequences for the health of children and young people in both the short and the longer term. In addition to these direct health care costs, obesity has financial implications for the wider economy through, for example, loss of productivity and benefit payments.

From 2007 to 2015, the estimated annual cost of obesity to the NHS in Croydon is predicted to rise significantly. During this period, the cost to the NHS is predicted to rise by 24% in Croydon[17] (£11.2 million).

[17] National Institute for Health and Care Excellence. Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (CG 43). London: NICE, 2006.

In addition to the health costs, there is a weak association between educational attainment and obesity i.e. higher weight is associated with lower educational attainment[18].

There is a complex relationship between social care and obesity. Obesity is associated with a number of long term conditions that place a significant burden on the social care system[19] e.g. liver disease, type 2 diabetes, and cardiovascular disease.

Adults with severe obesity may have physical disabilities that inhibit activities of daily living. This can have significant resource implications for social care budgets to provide housing adaptations, specialist carers and adequate provision of transport and facilities.

The implications are that obesity services and strategies address both prevention and treatment in order to reduce this burden on individuals and society, whilst being sensitive to the inequalities in obesity prevalence and social care requirements.

2.5 What works in reducing obesity?

There is an emerging evidence base of effective strategies that can be used to manage and prevent obesity. New York is showing a reduction in child obesity levels[20] through the leadership of the Mayor to take action on school food, new bicycle lanes, and improved food guidelines for fast-food businesses.

EPODE[21] (European) child obesity approach has been effective in reducing the weight of children through taking a long-term approach, which is built on community engagement including public and private partnerships. Local co-ordinators work on the ground to mobilise communities, create connections and support community-led innovation.

The evaluation of programmes in New York and EPODE has been unable to isolate the single most effective intervention to reverse obesity rates. The evaluation demonstrates that multiple interventions are required, at both national and local strategic level to have an impact on obesity rates.

[18] Caird J, Kavanagh J, Oliver K, Oliver S, O'Mara A, Stansfield C, Thomas J (2011) Childhood obesity and educational attainment: a systematic review. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
[19] Kings Fund (2012) Transforming the delivery of health and social care.
[20] A Tale of Two Obescities: Comparing responses to childhood obesity in London and New York. Municipal responses to child obesity (2010)
[21] Jebb et al (2012) EPODE (Ensemble Prévenons l'Obésité Des Enfants) Approach for Childhood Obesity Prevention. Obesity Reviews 13 (4): 299–315.

Furthermore studies[22] have found that investment in child weight management intervention is a cost-saving intervention providing a return on investment of between 10 to 13 times on public investment.

3 SUMMARY OF DATA FINDINGS

In summary, the distribution of obesity is not consistent across all sections of the Croydon population:

- Almost one in four (23.8%) children aged four to five years are either overweight or obese (NCMP 2012/13).
- The prevalence of childhood obesity in children almost doubles between children aged four to five years and 10-11 years.
- One in three (38.2%) 10-11 year olds are overweight or obese in Croydon (NCMP 2012/13). There has been a levelling off in obesity levels amongst this age group.
- At all ages during adulthood, more women than men are obese.
- The peak prevalence of obesity is seen in middle to early old age (40–74 years).
- There is a strong association between socio-economic deprivation and a high prevalence of obesity in both child and adult obesity.
- The prevalence of obesity is highest amongst black ethnic groups.
- People with learning disability and those with mental illness are much more likely than the general population to be overweight or obese, particularly women. (Croydon's Adult Obesity Needs Assessment and Service Review, 2010).

Chapter 5 provides the breakdown of data for childhood and adult obesity in more detail.

[22] New Economics Foundation

4 THE METHOLOGY TO REVIEW THE CURRENT APPROACH TO COMMISSIONING

The scope of this JSNA is to review current progress towards a 'whole system' approach and gain a better understanding of gaps in service provision. A whole system approach is described as a sustainable approach to obesity that includes population-wide and targeted measures. This JSNA is a rapid one so it was agreed by our Reference Group to consult stakeholders comprised largely of representation from the Local Authority and Croydon Clinical Commissioning Group. The discussion sought to establish partnerships' insight to the strengths and weaknesses of the partnership healthy weights agenda by scoring current status against the public health evidence base.

The process aims to review commissioning that prevents obesity in a population context and not solely focus on the traditional individual responsibility e.g. weight management services. The initial work began by mapping commissioning against the Department of Health Obesity National Support Team framework. This was complemented with the Public Health Guidance for Local Authorities.

The initial framework was as follows:

1. Strategic commissioning
2. Building local intelligence
3. Evaluation
4. Early years prevention
5. School aged prevention
6. Weight management
7. Families
8. Community-wide action
9. Environment
10. Workforce development
11. Workforce health
12. Communications

The next stage was to condense the sections, as there was duplication in the sections. In particular, the sections on environment and community-wide action were reviewed and summarised as Community-wide action, with sub-headings for parks and green spaces, active travel and transport, and access to healthy food. The focus for this work was strengthened with the publication of the Greater London Authority's document 'Better Environment, Better Health' (2014).

Framework to the JSNA:

Section 1 - Strategic commissioning and evaluation

This section will seek to review whether strategic commissioning and evaluation is embedded.

Strategic commissioning is designed to take a more 'holistic' approach to commissioning, by assessing what users really need from services, addressing gaps in provision and looking at new ways of purchasing services from external providers.

The aim of incorporating an evaluation framework is to support high quality, consistent evaluation of weight management, diet and physical activity interventions in order to increase the evidence base.

Section 2 - Early years and school aged prevention

Epidemiological studies point to the high prevalence of obesity on starting school, the link between infant weight gain and later obesity and the tracking of obesity into adult life. Evidence from other sources highlights how lifestyle choices, including food preferences and physical activity, have their roots in the very early years.

Children spend a significant time in the school setting and the policies and practices implemented in this setting can contribute significantly to the overall nutritional intake and physical activity of the children there. Consequently, school settings are an ideal environment in which appropriate support can be given to enable young children to develop health behaviours that can be carried forward.

Section 3 - Weight Management Services

Families have a pivotal influence on a child's health behaviour including uptake of physical activity and food preferences. NICE guidance supports the implementation of weight management programmes for children and adults.

Section 4 – Community Wide Action

This theme explores the potential of the 'obesogenic' environment that promotes high energy intake and sedentary behaviour. It will focus on the following sub-sections:

- Parks, green spaces
- Active travel and transport
- Access to healthy food

Section 5 - Workforce Health

Frontline practitioners have a critical role in raising behavioural issues, providing good information and appropriately signposting people to local community services. The NICE guidance on behaviour change at population, community and individual levels sets out that, irrespective of whether you seek to influence individual, community or population behaviours, there is a need to equip practitioners with the necessary skills and competencies to deliver effective outcomes.

This theme focuses on workforce health within public sector organisations and in particular staff directly (or indirectly) employed within local authority and NHS organisations. It addresses working environments, unhealthy weight status and workforce lifestyles and encourages a cultural change within public sector organisations that enables them and their workforce to act as role models and lead by example.

A pictorial view was provided in each section to describe the status report by a traffic light system (red, amber, green). In this context, the status report is described as:

Red – Lack of service and/or policy which does not demonstrate best practice

Yellow – Reasonable progress towards evidence-based best practice in commissioning of services and/or policy development and/or implementation.

Green – Commissioned services and/or policies which meet evidence-based best practice.

The caveat is that these status reports are subjective, and the limitation is that there has been a selection of public health guidance (mainly NICE obesity public health guidance) to review against local current policy or service provision. The merit of this approach is to appraise the current status through gathering local intelligence, and provide the intelligence for the refresh of the Healthy Weight strategy (2014/15).

The status reports provide justification for the traffic light rating, by providing comments underneath. A plus sign (+) demonstrates a positive attribute, whereas a cross (X) is a negative attribute.

Within the reports there is inclusion of the organisation that has commissioning responsibility which will include Croydon Council, Croydon Clinical Commissioning Group, NHS England or others (this could include academy schools, social enterprises and other businesses).

4.1 Section 1: Strategic commissioning and evaluation

It is recommended that the contribution of a whole systems approach to actively steer and stimulate discussions across a number of levels is an effective approach[23].

NICE Guidance	Commissioning responsibility	Current status
Key strategic partners to work collaboratively, identifying local issues and actions to raise the profile of the healthy weight agenda. *+ Croydon Heart Town (5 year collaboration with British Heart Foundation)* *X Croydon's Healthy Weight Healthy Lives Strategy (2009-2014) requires updating with an action plan*	Croydon Council	Amber
Involve local businesses, social enterprises, environmental health, town planners and local politicians. *+ Croydon Heart Town* *x Increasingly, commissioned activity is collaborating with local businesses, and social enterprise etc.*	Croydon Council	Amber
Joint Strategic Needs Assessment & Health and Wellbeing Strategy to address the prevention and management of obesity *+ Currently being undertaken (2013/14)* *+ Refresh of Healthy Weight Strategy will follow (2014/15)*	Croydon Council	Green

In Croydon there is evidence that members of the partnerships are committed to working collaboratively and focusing on improving local strategies to raise the profile of healthy weight, for example, Croydon Heart Town five-year commitment. However, there could be improvements as work collaborations or strategies do not always follow a systematic process.

There is a commitment to the JSNA to address the prevention and management of obesity, as this is the second Healthy Weight JSNA in five years.

Currently not all public health data, intelligence and evaluation is shared with our relevant and interested parties in an easily accessible and understandable format. This is particularly apparent with schools. They are key for the

[23] NICE Public Health Guidance 42: Working with local communities (2012)

National Child Measurement Programme but the guidance for sharing information with schools is typically high-level i.e. the school being higher or lower than the average prevalence of child obesity for the borough. Therefore data sharing could be improved to increase engagement.

There is good practice of how National Child Measurement Programme data has been used for the commissioning and procurement of both the child and adult healthy weight services. The child healthy weight service will be rolledout to areas in the borough with greatest risk of child obesity.

The commissioning of community projects and the investment in local solutions for obesity must be evaluated to ascertain whether the resources invested are yielding value for money and contributing to the desired outcomes.

Recommendations

The Health and Wellbeing Board should:

- Rewrite the Healthy Weight strategy to create an action plan for the prevention and management of child and adult obesity, and take the recommendations from this JSNA forward for implementation. This will replace the Healthy Weight Healthy Lives (2009-2014) strategy.

Croydon Council should:

- Plan to develop a co-ordinated and meaningful approach to collation of data, analysis and dissemination across partners. Ensure that data is used appropriately to inform commissioning, target service provision and validate impact through adoption of the Standard Evaluation Framework for Obesity and Physical Activity.
- Use the Heart Town Croydon programme to co-ordinate the development and dissemination of the Healthy Weight agenda to a wider stakeholder group, including community groups and businesses.
- Use and strengthen the role of the Healthy Weight reference group to support the system wide approach as it has representation from different sectors and services in the Local Authority.

4.2 Section 2: Early years prevention and School aged Prevention

NICE Guidance[24] [25]	Commissioning Responsibility	Current status
Commission healthy weight management for all women before, during and after pregnancy *X No commissioned activity for healthy weight management for this cohort group*	Croydon Commissioning Group	Red
Commission breastfeeding support to provide information, practical advice and ongoing support. *+ Baby Friendly UNICEF programme* *+ Peer to peer Breastfeeding Support programmes in borough*	Croydon Clinical Commissioning Group NHS England	Amber
Baby led feeding: encourage parents and carers to gradually introduce infants from 6 months old to range of healthy food, in addition to milk. *+ Health Visitors provide a structured programme for new mums, including advice on baby led feeding* *x Competing priorities on Health Visitor's time*	Croydon Clinical Commissioning Group	Amber
Local Authority maintained childcare facilities be commissioned to minimise sedentary activities during play-time - provide regular opportunities for active play and structured physical activity sessions and provide healthy meals and snacks. *+ Children Centres are exemplar Early Years organisations* *+ Newly commissioned activity in Early Years to support healthy lifestyle messages in children and parents.* *x Lack of scrutiny of these KPIs*	Croydon Council	Amber
A whole-school approach should be used to develop life-long healthy eating and physical activity practices *+ Croydon Healthy Schools* *+ Newly commissioned Primary School targeted resources for healthy lifestyle messages* *X Secondary schools less engaged with Healthy Schools*	Croydon Council	Amber

[24] NICE Public Health Guidance 11 Maternal and Child Nutrition
[25] NICE Public Health Guidance 27 Before, During and After Pregnancy

NICE Guidance[24] [25]	Commissioning Responsibility	Current status
Schools implement school building policies that prioritise the provision of recreational spaces to include provision for cycles and attractive dining facilities. *X Inconsistency across the borough in promoting and improving recreational spaces* *X There is inconsistency in schools' catering contracts and a possible lack of investment in infrastructure*	Other	Red
Implementation of the School Food Plan (2013) in Local Authority maintained schools, School Academies and Free Schools in the borough. *X No scrutiny of implementation*	Other Croydon Council	Red

In Croydon 87% of new-born babies are breastfed, however, there is a steep drop in the numbers to 67% continuing to breastfeed at 6–8 weeks of age (2011/12 data for Department of Health Public Health Outcomes Framework). Although there are no breastfeeding interventions that specifically focus on obesity as an outcome, there is epidemiological evidence from meta-analyses that shows an association between breastfeeding and healthy weight through to adolescence and beyond[26].

There is evidence of a good early intervention framework and a network of services for pre-school children. Indeed a key asset is the Baby Friendly UNICEF programme across the health agencies. However, there is currently no commissioned service to encourage healthy weight before and during pregnancy, despite the evidence base showing a link between gestational weight gain and obesity[27].

The borough has had a Play Strategy 2010 -13 and this is integrated into other strategies. An action plan ensures that children and young people have the opportunities and places to play, stay safe, are happy and remain healthy.

The Healthy Schools programme is a key programme for raising the wellbeing agenda for school aged children. It is an example of a local partnership between health and education that works alongside schools to improve children and young people's wellbeing.

To strengthen the healthy weight agenda in schools there will be a roll-out of a healthy lifestyles commissioned programme which will be delivered in targeted

[26] Stolzer, J. (2011) Breastfeeding and obesity: a meta-analysis. *Open Journal of Preventive Medicine*, p 88-93.
[27] NICE. Maternal and child nutrition: guidance. London: NICE; 2008

schools in areas of high rates of child obesity. This will deliver training to increase the skills and knowledge of healthy eating and physical activity in the wider school community. Indeed the targeting of this service to the wards with the highest rates of obesity is an intervention priority, as we know that children from socially disadvantaged families are at greater risk of child obesity.

A number of schools have demonstrated their exemplary practice to this agenda and have achieved Bronze and Silver Food for Life accreditation but there needs to be greater efforts to share this learning pan-Croydon to improve standards further.

A number of schools commission the School Sports Partnership to deliver physical education and enable sport to be used in improving all areas of a pupil's development. Currently membership from schools is not linked to areas where a greater number of children have higher rates of obesity. A physical activity mapping exercise is being undertaken which will provide greater intelligence to demonstrate whether resources are being directed at areas of the borough with the greatest need.

Recommendations

Croydon Council should:

- Use the Food Flagship Borough bid (Greater London Authority) to provide more targeted resources for the Healthy Weight agenda.

- Use the Healthy Schools programme to evaluate the opportunities to disseminate and share good practice in schools in relation to the physical activity and food agenda.

- Evaluate the impact of the healthy lifestyle programme against healthy eating behaviours e.g. more physical activity and the consumption of less unhealthy food and drinks.

- Evaluate the current approach of Croydon Healthy Schools programme (jointly commissioned through School Improvement and Public Health) to understand whether the programme sufficiently meets the needs of children attending schools in more deprived areas of the borough.

4.3 Section 3: Weight Management

NICE Clinical Health Guidance[28] [29]	Commissioning Responsibility	Current status
Primary and community advice offering advice, information and signposting. *+ Croydon Health Hub provides health promotion information* *X Lack of behaviour change training for health professionals to motivate clients*	Croydon Council Croydon Clinical Commissioning Group	Amber
Adult weight management: multi- component interventions consisting of nutrition, physical activity, behavioural change with health promotion Target at risk adults. *+ Newly commissioned multi-component adult weight management service*	Croydon Council Croydon Clinical Commissioning Group	Green
Tier 2 Child weight management: a family based intervention approach consisting of nutrition, physical activity, behaviour change with health promotion Target at risk children. *+ Newly commissioned multi-component adult weight management service. This is a pathway that where possible, will be an integral service, for children with special needs.*	Croydon Council Croydon Clinical Commissioning Group	Green
Tier 3 services Children and adults – weight management referral pathways and routes to specialist treatment. *+ Newly commissioned children and adults weight management pathways do not have upper limit of BMI for referral* *X No specialist pre-bariatric pathway (specifically for adults), pharmacological treatment nor psychological assessment and support*	Croydon Clinical Commissioning Group	Red

A community weight management service has been procured for both children (4-12yrs) and adults (18yrs plus) from April 2014. These services are both multi-component with nutritional advice, physical activity and behaviour change theory at the core. Neither service has an upper limit of Body Mass Index for referral.

[28] NICE Clinical Guidance 43 Obesity
[29] NICE Public Health Guidance 47Managing overweight and obesity across children and young people.

It is the intention that the adult and child weight management services be integrated to existing care pathways to increase referral rates. The services will deliver a weight management service for obesity, and will be performance managed on the sustainability of weight loss (up to a year). **Appendix 6.2** provides the example of the obesity care pathway.

Healthy weight services for children will be targeted to the areas of the borough with the highest rates of child obesity. The NCMP data shows that in the more deprived areas of the borough there is not the sustained downward trend in child obesity levels (Figure 10) in comparison to more affluent groups.

Included in the commissioning plans for 2014 to 2016 is a workforce training programme to deliver skills and knowledge to school nurses, early year practitioners, the wider school workforce and the Third Sector. This is in recognition of the gap in knowledge regarding the sensitive issue of how to raise the subject of obesity in children, particularly with parents.

The contract managing of weight management services will be the responsibility of the Integrated Commissioning Unit. This joint service between the Local Authority and the Clinical Commissioning Group presents an opportunity to integrate a framework for reducing child obesity into the performance outcomes of the wider health workforce, including health visitors and school nurses from 2015.

A recent report[30] found that there was national variability in the commissioning of, and patient access to, local services and in particular Tier 3 services. The advice of the working group is as follows:

- Local Authorities remain the commissioners for Tier 1 and Tier 2 of the obesity care pathway.
- Clinical Commissioning Groups should have responsibility for Tier 3 local weight management multi-disciplinary team interventions (Tier 3) and
- NHS England should consider the transfer of adult bariatric services to Clinical Commissioning Groups.

In Croydon there are currently no plans to commission a Tier 3 (clinical weight management service) for children or adults. However the weight management services that have been commissioned do not have any upper limit for Body Mass Index for referral.

GP data from March 2010 suggest that there are around 10,500 people whose BMI status meets the NICE criteria for bariatric surgery. Bariatric

[30] Report of the Working Group into: Joined up clinical pathways for obesity (2014)

surgery is a generic term for weight loss surgery. Bariatric surgery is recommended as a treatment option when all appropriate non-surgical measures have been unsuccessful for adults with morbid obesity (Body Mass Index (BMI) 40 kg/m2 or more) or a lower BMI together with other significant disease. It is recommended as a first-line option for adults with a BMI more than 50 kg/m. In Croydon there are agreed patient criteria for referral to bariatric surgery, which is not in line with NICE guidance at present. Patients not meeting these criteria could be considered on an individual basis through the Individual Funding Request process. It is worth noting that year on year there is an increased number of applications for bariatric surgery and an upward trend in the number of procedures undertaken.

Exercise on referral has been a referral route for individuals who are overweight or obese, and this service is being reviewed to implement a multi-component physical activity programme that will be based on behaviour change theory.

The Integrated Commissioning Unit (providing commissioning support on behalf of Croydon CCG and Croydon Council) offers the opportunity to evaluate school nursing and health visitor services against the indicators for child obesity.

There is currently a gap to focus efforts specifically on adults with mental health issues and obesity. The Adult Obesity Needs Assessment (2010) found higher levels of obesity within this group, which should be further reviewed.

Section 3 - Weight Management Services

The Integrated Commissioning Unit (providing commissioning support on behalf of Croydon CCG and Croydon Council) should:

- Robustly performance review the child and adult weight management programmes and Exercise on Referral against the key performance indicators for sustained weight loss.
- Commission evidence-based training programmes for primary care staff and others to be skilled-up to be able to assess and identify children at risk.

Croydon Clinical Commissioning Group and Croydon Health Services should:

- Ensure that all key staff attend healthy weight training which is provided and implement the learning.
- Commission evidence-based training programmes for primary care staff and others to be skilled-up to be able to assess and identify children at risk of obesity.

Croydon Council should:

- Clarify the funding responsibility for the commissioning of child and adult weight management services (including maternal) to ensure that there is a full pathway.

4.4 Section 4: Community wide action

This theme explores the potential of the 'obesogenic' environment that promotes high energy intake and sedentary behaviour. It will focus on the following sub-sections:

- Parks, green spaces and leisure facilities
- Active travel and transport
- Access to healthy food

Both the Marmot Review[31] and NICE have highlighted evidence that the presence of good quality outdoor green spaces encourages physical activity which is important across a wide range of health issues such as cardiovascular diseases, obesity, type 2 diabetes, mental and physical health[32].

NICE Public Health Guidance [33]	**Commissioning Responsibility**	**Current status**
Commission sustainable community programmes around preventing obesity *+ Newly commissioned Heart Town Community Grants Programme to fund community programmes that will increase physical activity, increase access to healthy food.*	Croydon Council	Green
Work across wider partnership with shops, supermarkets, restaurants, fast-food outlets, and voluntary community services to promote healthy eating choices. *+ Croydon Eat Well project that will work with fast food businesses to promote healthy eating choices.* *+ Heart Town Community Grants*	Croydon Council	Green
Commission behavioural change programmes along with targeted advice and information to help people who are motivated become more physically active.	Croydon Council Croydon Clinical Commissioning Group	Green

[31] Marmot, Michael Author (2010) *Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010*. London: Marmot Review.
[32] Better Environment, Better Health (2014). Greater London Authority.
[33] NICE Public Health Guidance 8 Physical Activity and the Environment

NICE Public Health Guidance [33]	Commissioning Responsibility	Current status
+ Commission MI (Motivational Interviewing change programme to motivate people to become more physically active.		
Commission and promote community schemes and facilities that improve access to physical activity (i.e. walking or cycling routes). *+ Connect Croydon programme* *+ School Travel Plans* *X Greater investment required to implement an infrastructure that supports safe cycling and walking.*	Croydon Council	Amber
Ensure planning applications for green spaces and leisure centres prioritise the need for disadvantaged local populations to be physically active *X No Health impact assessment routinely undertaken in consultation with Public Health to review against the Public Health Outcome Framework for all planning applications*	Croydon Council	Red
Commission and provide a comprehensive network of routes for walking, cycling, and using other modes of transport involving physical activity *+ Progress made to provide a network of active travel routes* *X Lack of investment to active travel* *X No borough wide speed restriction in residential areas to provide safe cycling and walking areas.* *X There is no proposed cycle super highway in the borough in the Mayor's 'Vision for Cycling*[34]	Croydon Council	Amber

Parks, Green Spaces and Leisure Facilities

The local picture is:

- 37% of the borough surface has green space coverage; 6% above the London average[35]
- Within Croydon 50% of households in seven out of 24 wards have deficient access to nature[36].

[34] The Mayor's proposed cycle superhighways for London, 2013, taken from Mayor's Vision for Cycling, GLA, www.tfl.gov.uk
[35] Better Environment, Better Health, A GLA guide for London Borough of Croydon

Green spaces offer an opportunity for recreation and enjoyment. Parks are the most visited type of green space. As more homes and buildings are built to accommodate Croydon's growing population, it is essential to enhance the green spaces to make areas more attractive to live and work in.

The need to create more good quality open space was stressed in the Marmot review[37]. People from Indian, Bangladeshi and Pakistani ethnic groups are more likely than white people to report visiting urban green space for exercise.

Lack of physical activity is a great threat to the health of Croydon residents (Figure 13). Physical activity is needed for the human functioning of every part of the human body and reduces the risk of dying prematurely and developing a range of chronic diseases includes diabetes, dementia, depression and the two biggest killers; heart disease and cancer.

To summarise, access to open spaces, leisure and recreational facilities has direct and indirect impacts on people's physical and mental health.

In Croydon there are a number of volunteer-led health walks and these offer great potential to promote physical activity in the outdoors. The review of the Exercise on Referral service, will aim to incorporate a number of these initiatives under a multi-component exercise on referral offer. At the core of this offer is motivational interview theory for behaviour change.

Population growth in the borough brings pressure to expand the numbers of schools in the borough. However the current emphasis is on expanding school places to meet, and not to create, new spaces which encourage physical activity such as playing fields. There are currently no plans in place for schools to develop or improve building designs which facilitate physical activity. Financial pressure is a key issue for schools.

This current tension in the system means that we need to think creatively about opportunities for children to be physically active, and Play Streets could be an option to consider. Play Streets is a ground-breaking approach which a number of London boroughs have adopted to allow local resident-led street play sessions. Typically the road is closed for up to three hours, in order to facilitate supervised children's play without the potential danger and inconvenience of through traffic. These offer an opportunity for children in more disadvantaged areas of the borough to increase their physical activity, particularly as the north of the borough lacks open space.

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[36] Better Environment, Better Health, A GLA guide for London Borough of Croydon

[37] Marmot, Michael Author (2010) *Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010*. London: Marmot Review.

Recommendations

Croydon Council should:

- Re-visit the Play Street initiative particularly in areas of the borough where there is limited access to open spaces.
- Increase collaboration between Public Health and Development and Environment Department to further invest in the regeneration of green spaces e.g. London Mayor's Big Green Fund.
- Proactively commission the planning and use of leisure facilities to maximise local residents' health.

Active travel and transport

Travel is essential for connecting people to employment, recreation, education, health, and community spaces. Most people travel in some way every day, making it part of everyday life and therefore a factor that can greatly affect their health.

Active travel is an approach to travel that focuses on physical activity (cycling, or walking) as opposed to motorised means. In London more than 80% of journeys take place on roads either by motor vehicle, bike or on foot[38]. Therefore road transport and street environments have a very significant impact on health and wellbeing[39].

The UK Faculty of Public Health (2013)[40] position statement is that 'Active travel is the only viable option for significantly increasing physical activity levels across London's whole population'.

In Croydon, only 57% of adults are taking sufficient physical activity (equivalent to the Chief Medical Officer's recommendation of at least 150 minutes of moderate activity per week). Of those adults who are not taking sufficient physical activity, 30% do less than 30 minutes physical activity per week, which is well below the Chief Medical Officer's recommendation.

There is a close relationship between how we travel every day and the risk of obesity. Adults may need to take a minimum of 300 minutes per week of physical activity to prevent weight gain. Travelling on foot or by bicycle is associated with not being overweight or obese. Each additional kilometre walked per day is associated with a 4.8% reduction in obesity risk. Conversely each additional hour spent in a car is associated with a 6% increased

[38] Better Environment, Better Health, A GLA guide for London Borough of Croydon
[39] Evidence demonstrating link between transport and health, March 2013, Keeping well in hard times: Protecting and improving health & well-being in an income shortfall: taken from, London Health Inequalities Network.
[40] Built environment & physical activity position statement (2013) UK Faculty of Public Health

likelihood of obesity[41]. Use of public transport has also been associated with maintaining a healthy weight and with weight loss because there is walking involved in using public transport[42], while car use is associated with being obese[43].

There are inequalities in the impact of transport upon health; with the most deprived people and those using the most heavily trafficked roads experiencing the most negative health impacts[44].

The local picture is:

- On average 720,000 trips per day are made by people originating in Croydon[45]
- Low numbers of people participate in active travel; with the percentage of people cycling to work below the Greater London average[46]
- Use of motor vehicles is 11% above the Greater London average[47]
- There was an average of 1208 casualties and six fatalities per year on Croydon's roads between 2005 and 2009 – one of the highest rates in London.
- The most heavily used road (excluding motorways) is the A232 with an average daily flow of 42,000 motor vehicles[48].

Active travel has the potential to provide the mass and scale to reduce obesity levels. The borough is looking to champion sustainable travel, and indeed Croydon has Biking Borough status. It is anticipated that the investment from Transport for London for safer cycling lanes will ensure that streets become safer, and walking and cycling will increase.

Parents and carers often drive their children to school because they are concerned about perceived dangers. This in turn leads to busier, more congested roads and increases safety problems on the streets surrounding the school. Locally, there is a robust strategic planning framework to promote

[41] Frank L, Andresen M, Schmidt T, Obesity relationships with community design, physical activity and time spent in cars, American Journal of Preventive Medicine (2004)
[42] W en LM and Rissel C 'Inverse association between cycling to work, public transport and overweight and obesity:
Findings from a population based study in Australia', Preventive Medicine 46 (2008)
[43] Bell et al, 'The Road to obesity or the path to prevention: Motorised transportation and obesity in China', Obesity Research (2002)
[44] Link between heavily trafficked streets and health impacts, 2005, taken from Health Development Agency Making the case: Improving health through transport.
[45] Number of travel trip by each modal share, 2011, taken from London Travel Demand Survey. Transport for London, www.tfl.org.uk
[46] Reported road casualties in Great Britain, annual report 2011, taken from www.gov.uk
[47] Reported road casualties in Great Britain, annual report 2011, taken from www.gov.uk
[48] Most heavily vehicular used roads, 2000-2012, taken from Traffic Statistics, Department of Transport

school travel plans, with investment from Transport for London. Indeed 35 schools have accredited school travel plans. There is ongoing engagement with the national programme, “Walk on Wednesday”, 30/100 schools in Croydon participating. The challenge is to work with all primary and secondary schools to implement a travel plan with limited resources.

Recommendations

Croydon Council should:

- Explicitly build health into the development and assessment of transport policies and projects.
- Implement health impact assessments into the decision making process. The potential health effects of a plan, project or policy will be evaluated before it is built or implemented.
- Design and create safe, attractive, local environments, which promote paths to encourage safe walking and cycling and improve perceptions of safety.
- Implement lower speed limits in residential streets where appropriate. Speeds above 20 mph discourage active travel and deter parents from allowing children to play on the streets.
- Understand the costs and challenges of School Travel Plans, in order to identify how the council, schools and their communities can be best supported to implement them.

Access to Healthy Food

Access to healthy food is an important wider environmental determinant of health. Many factors influence the availability of healthy food. The predominance of unhealthy food and low income may interact with environmental factors to limit access.

Reduced access to healthy food and the cheap availability of unhealthy food (such as fast food and takeaway outlets) increase the risk of a diet based on high consumption of sugar, saturated fat and salt, and low in fruit and vegetables[49]. Studies have also found that an increased density of fast food restaurants is directly related to Body Mass Index (showing body fat based on height and weight) and that having a fast food outlet within 160m of a school is associated with a 5.5% in obesity.

[49] Takeaways Toolkit, 2012, taken from, London Food Board and Chartered Institute of Environmental Health http://www.london.gov.uk/priorities/environment/promoting-healthy-sustainable-food/london-boroughs/takeaways-toolkit;

Takeaway food services cluster in town and city centres and arterial roads in areas of high socio-economic deprivation and where unemployment is highest. In one deprived London borough, for example, a survey of school children found that more than half purchased food or drinks from fast food or takeaway outlets twice or more a week, with about 10 % consuming them daily[50].

Food consumed outside the home tends to be higher in saturated fats and salt than food eaten at home. A diet high in saturated fats, trans-fats and salt is linked to cardiovascular disease and obesity.

As part of Croydon's Heart Town initiative, a project has been commissioned with the aim of improving the nutritional quality of food, particularly in the fast food sector. The project is 'Eat Well Croydon' and a Public Health dietician will be working alongside the Food Safety Team to assist food businesses to make a number of changes to their cooking practices and menus to offer healthier food and snacks.

The Defra Family Food Survey found clear evidence that affordability of a nutritious diet has worsened between 2007 and 2011. Poorer households spend proportionately more of their income on food, and are choosing highly processed and high fat foods of poor nutritional quality in order to save money. These types of foods will generally have more saturated fat, sugar and salt, and are likely to contribute to a gain of excess weight due to their high calorific profile.

A recent Joint Strategic Needs Assessment (2011/12) found that one in four children live under the poverty line in Croydon; representing more than 20,000 children. A third of these are very young children (under-fives) and many are in lone parent households.

In Croydon there are a number of food banks (ten operating in March 2014) which operate a charitable, not-for-profit means, of providing tinned and dried food on a referral basis to people in crisis, allowing them to cook in their own home or accommodation. A number of agencies, including Croydon Council, provide referrals to the food banks. One example of an operational food bank is Purley Food Hub which had approximately 500 referrals since launch in December 2012 to March 2014. This figure demonstrates that access to food is an issue for vulnerable individuals and families in the borough, and it is likely that healthy food such as fruit and vegetables will not be available due to their short shelf life.

[50] Patterson R, Risby A, Chan M-Y (2012). 'Consumption of takeaway and fast food in a deprived inner London Borough: are they associated with childhood obesity?'. BMJ Open, vol 2, no 3, doi:10.1136/bmjopen-2011-000402

In Croydon, we have an innovative project led by a passionate local champion, Evelyn Findlater, who has raised nearly £750,000 to fund the 'Community Food Learning Centre' in New Addington. The aim of this project is to help disadvantaged children to build healthier lifestyles. Food growing and healthy cooking is fundamental to Evelyn's approach. It is anticipated that this project will work with schools and the voluntary sector to address the health inequalities causes of child obesity.

As part of the continued investment in child obesity, Public Health is funding a small grants project named 'Heart Town Community Grants Programme'. The objective of this project is to deliver community projects to enable food access, physical activity and healthy eating projects. This is an evidence-based approach (NICE: Working with Local Communities) that fosters a community-led approach to the causes of obesity.

Recommendations

Croydon Council should:

- Evaluate the effectiveness of Croydon's Eat Well project in targeted areas of the borough with high rates of obesity.
- Evaluate the effectiveness of the 'Heart Town Community Grants Programme' programme to ascertain the reach of the project to the more disadvantaged areas of the borough.
- Evaluate planning controls to manage proliferation of fast food outlets on high streets and near schools.

4.5 Section 5: Workforce health

NICE Guidance[51] [52]	Commissioning Responsibility	Current status
Provide opportunities for staff to lead healthier lifestyles through diet and physical activity *+ Range of physical activities are promoted e.g. yoga, dancing* *+ Weight Watchers commissioned*	Croydon Council	Green
Encourage catering companies to promote healthier eating choices in the workplace *+ Public Health working with catering team to increase nutritional quality of meals and snacks* *X Catering contract is for re-commissioning (2015) when greater number of food standards can be implemented*	Croydon Council	Amber
Encourage active travel policies for staff and visitors *+ Secure cycle storage provided with showers, and lockers* *+ Hire cycle scheme to be launched*	Croydon Council	Green
Develop the working environment and building designs to promote physical activity. *+ Innovative examples of table tennis activities promoted* *+ Stairs are promoted*	Croydon Council Other	Green

Obesity can impact on the workplace in a number of ways. Obese individuals take significantly more short and long term sickness than workers of a healthy weight.

Croydon has a commitment to improving workforce health. The Croydon Healthy Workplaces strategic group has representation from Croydon Council, Croydon Clinical Commissioning Group and Croydon University Hospital. This group aims to improve employee health and wellbeing across the three organisations. The group's remit will also include the wider external Croydon workforce in the coming year.

Croydon Council has been accredited with the achievement standard of the London Healthy Workplace Charter, awarded by the Greater London Authority. The Healthy Workplace Charter framework identifies gaps across a series of standards for workplaces to achieve and recommend improvements that could be made. One of Croydon Council's areas to improve is in the

[51] NICE (2007) Public Health Guidance 6: Behaviour Change: the principles for effective intervention
[52] NICE (2012) Public Health Guidance 42: Obesity: Working with local communities

provision of healthy food and drink provision in the workplace. This is being considered by the Croydon Healthy Workplaces group and in the staff health and wellbeing plan.

The Croydon Healthy Workplace staff health and wellbeing plan outlines Croydon Council's approach to improving employee health.

The 2014-16 plan focuses on four key priorities:

1. Improving the mental health of our staff
2. Supporting staff to reach a healthy weight
3. Increasing physical activity amongst those who are moderately or totally inactive
4. Supporting healthier food choices at work

Croydon Council has a large number of employees who are overweight, sedentary and do little physical activity. The Croydon Healthy Workplace group aims to use information intelligently to target and support staff who are at greatest risk of ill health and facilitate evidence-based, sustainable interventions. This work will focus towards those staff who might find it more difficult to be healthy at work.

Croydon Council is aiming to apply to the London Healthy Workplace Charter excellence level in October 2014.

Recommendations

Croydon Council should:

- Support and challenge local businesses to do more to help employees lead a healthier life through encouraging sign-up to the London Healthy Workplace Charter and in particular introduce policies to prevent, support and manage obesity.

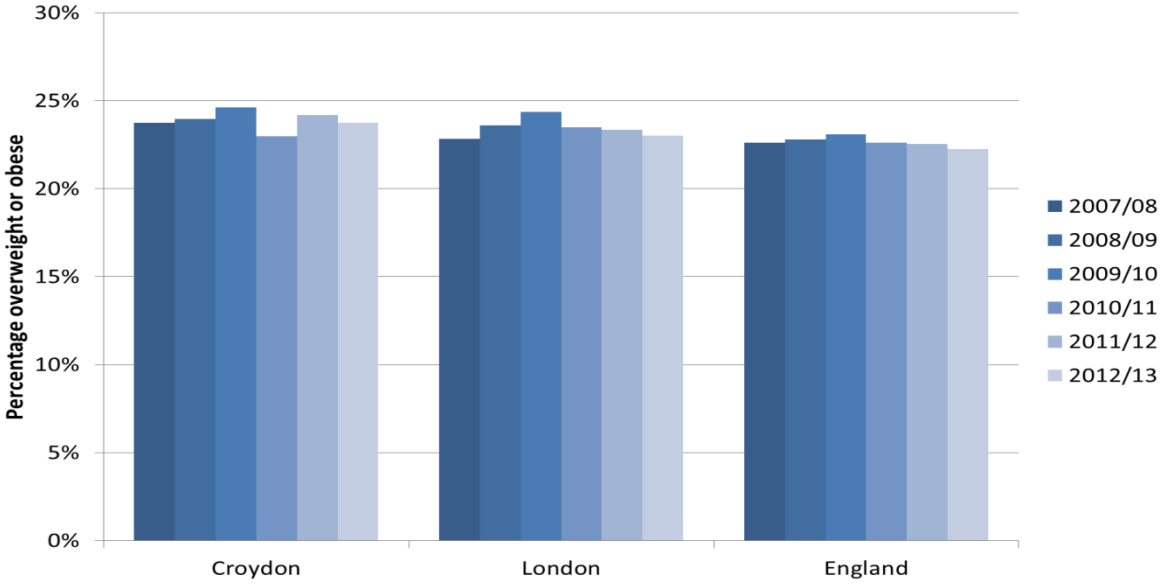
5 DATA FINDINGS

5.1 Prevalence of obesity in children

Almost one in four (23.8%) children aged four to five years are either overweight or obese (NCMP 2012/13). The recent trend in Croydon for this age group appears to be showing signs of levelling off. Croydon is similar to other London boroughs, but higher than the England average level.

The percentage of obese children aged 10 to 11 years is higher than the national average (22.3% for Croydon vs. 22.4% for London, and 18.9% for England).

Figure 1: Trend in Excess Weight 4-5 year olds

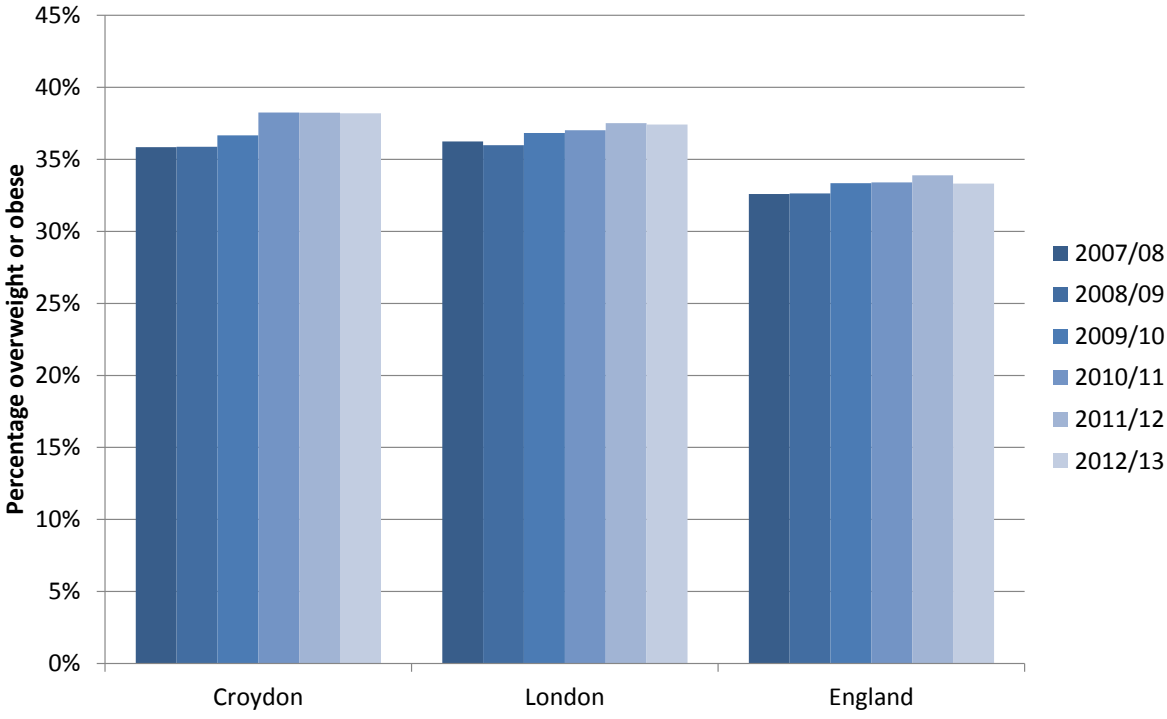


Source: National Child Measurement Programme

The prevalence of obesity in children more than doubles between children aged 4-5 years and 10-11 years.

One in three (38.2%) ten to eleven year olds are overweight or obese in Croydon (NCMP 2012/13). There has been a **levelling off in obesity levels amongst this age group.**

Figure 2: Trend in Excess Weight, 10-11 year olds



Source: National Childhood Measurement Programme 2012/13

5.1.1 Children & young adults – overall prevalence and sex differences

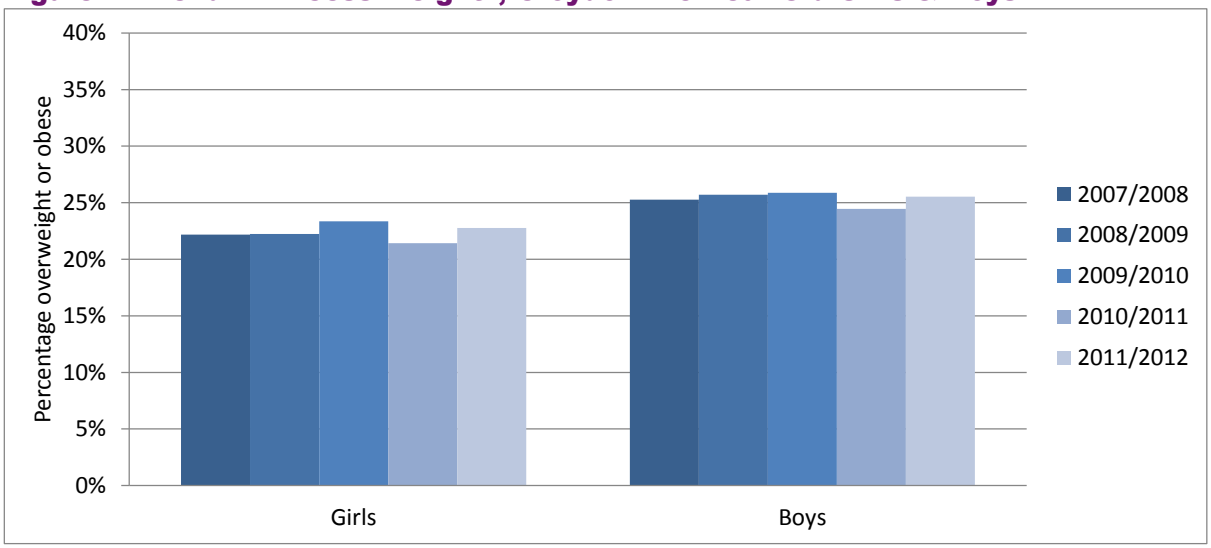
In both year groups, boys are more likely to be overweight and obese compared to girls.

Figure 3: Excess weight by gender

	4-5yrs			10-11yrs	
	Obese	Overweight		Obese	Overweight
Males	11.8%	13.2%	Males	24.2%	15.4%
Females	10.6%	11.6%	Females	22.1%	14.9%

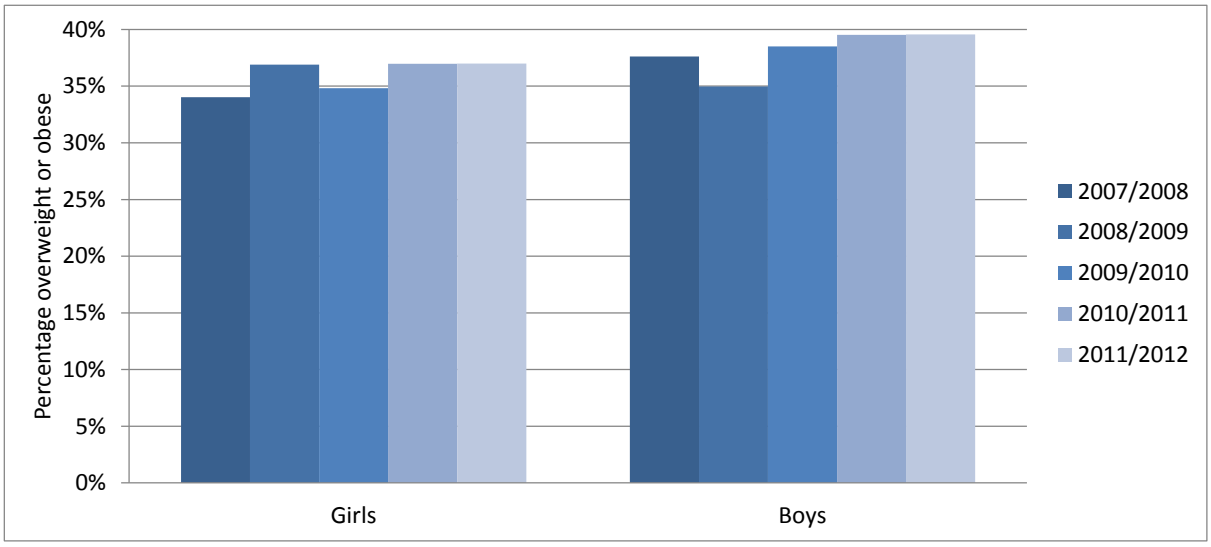
Source: National Childhood Measurement Programme 2010/11-2011/12

Figure 4: Trend in Excess Weight*, Croydon 4–5 Year Old Girls & Boys



*Overweight or obese. Source: National Childhood Measurement Programme 2012/13

Figure 5: Trend in Excess Weight*, Croydon 10–11 Year Old Girls & Boys

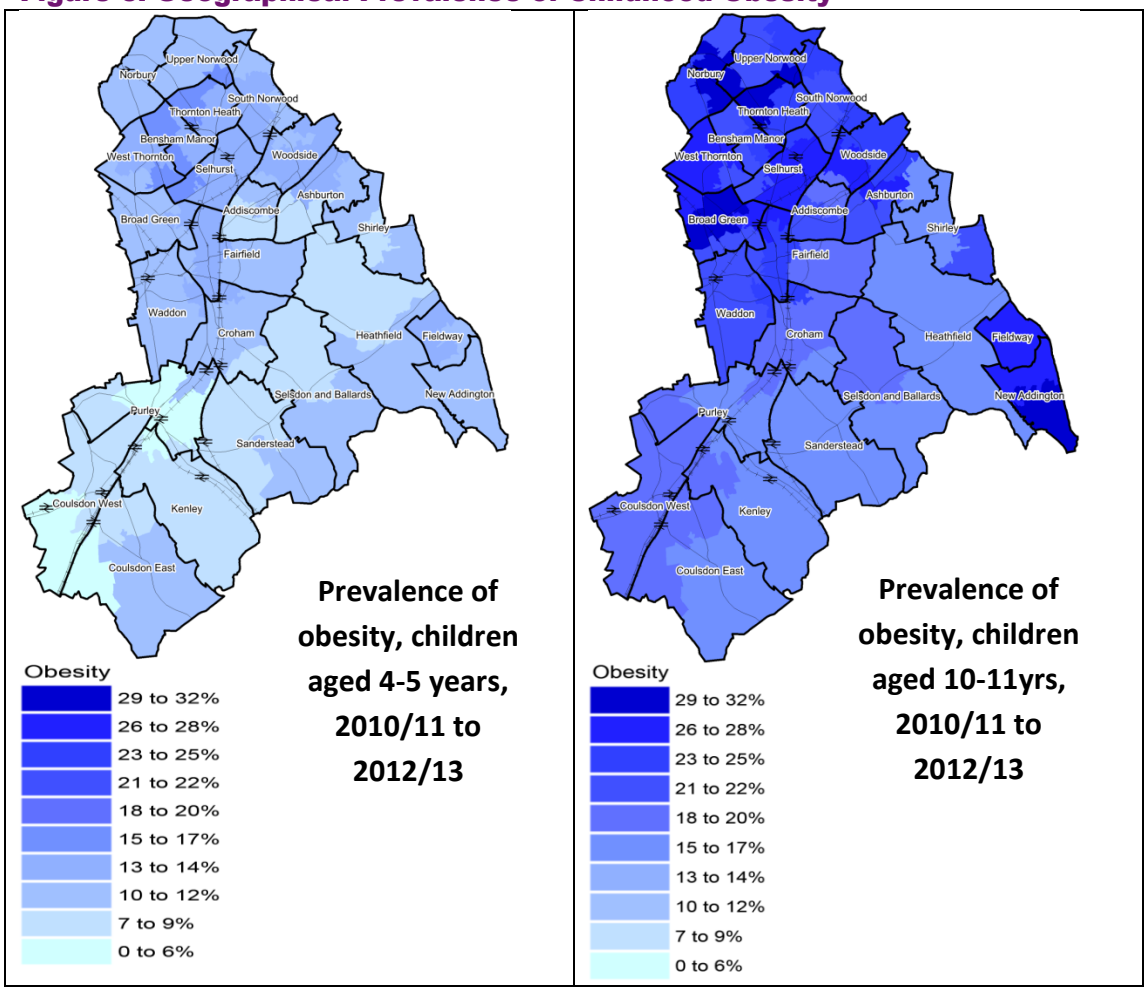


*Overweight or obese. Source: National Childhood Measurement Programme 2012/13

5.1.2 Geographical prevalence of childhood obesity in reception year children (aged 4-5 years) and children in year 6 (aged 10-11 years)

In general, the wards in the north of the borough were found to have higher rates of childhood overweight and obesity than the wards in the south. Rates of overweight and obesity are also high in Fieldway and New Addington. This picture broadly matches the pattern of deprivation in Croydon.

Figure 6: Geographical Prevalence of Childhood Obesity



Source: National Child Measurement Programme 2010/11 to 2012/13 School Years

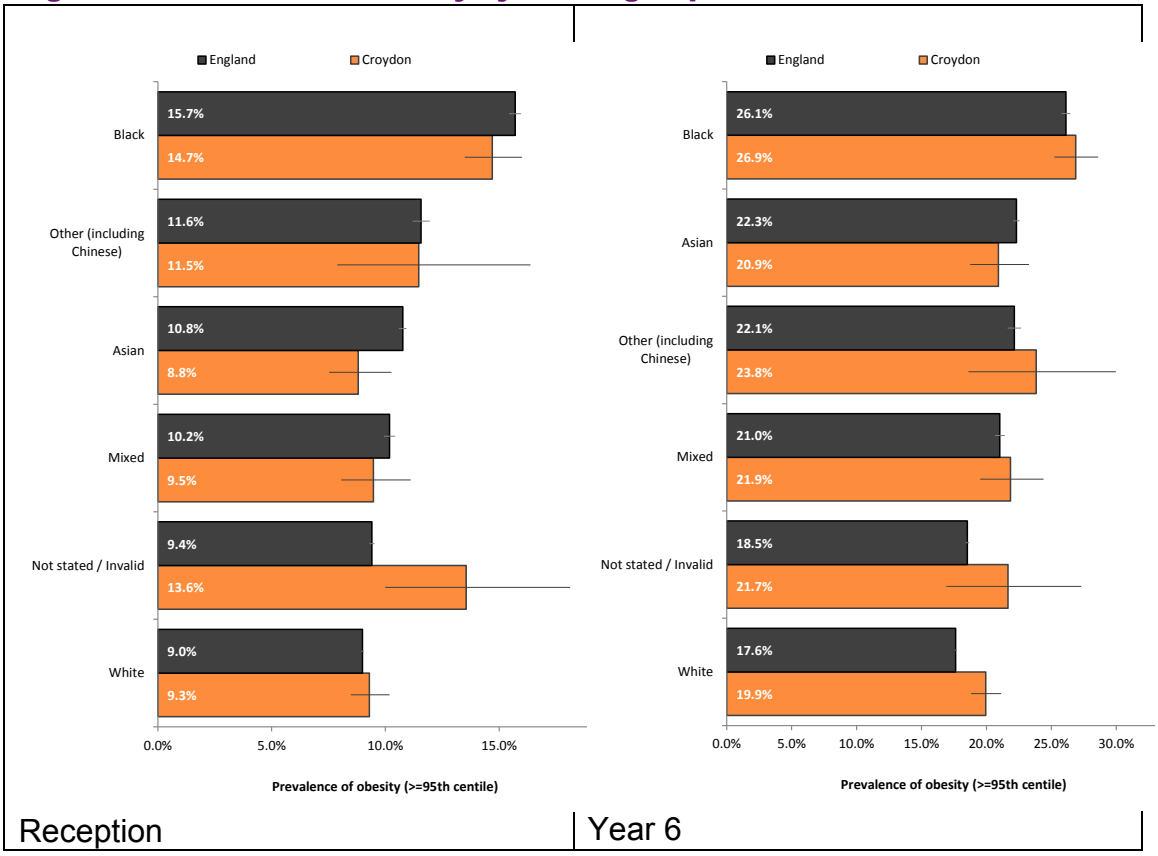
5.1.3 Ethnicity and child obesity

In Croydon, obesity prevalence in both year groups is highest in the Black ethnic group. This is consistent with the England data.

However one must exercise caution in the interpretation of this data as the relationship between ethnicity and child obesity is not straightforward. There is a complex interplay of factors affecting health in minority ethnic communities.

Members of minority ethnic groups have often lower socioeconomic status, associated with a greater risk of obesity, particularly in children[53].

Figure 7: Prevalence of obesity by ethnic group



Source: National Childhood Measurement Programme 2008/09 to 2010/11

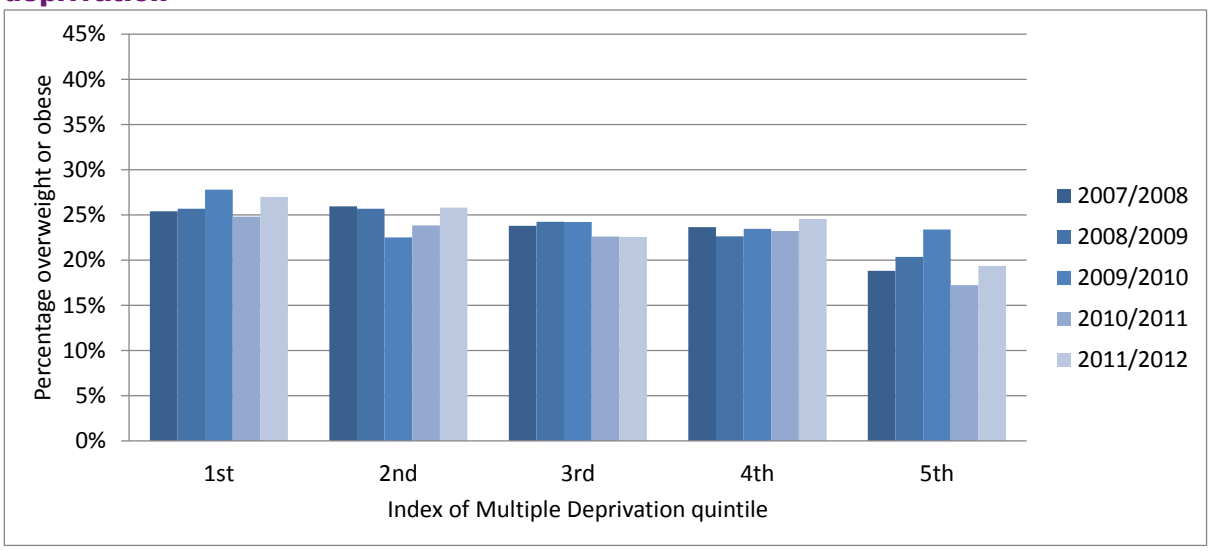
5.1.4 Deprivation and child obesity

There is a strong relationship between deprivation and childhood obesity. Prevalence of excess weight in both year groups (4-5yrs and 10-11yrs) increases with increased socioeconomic deprivation.

In children 10-11 years old, excess weight prevalence is almost 10% higher between the most deprived and the least deprived quintiles. This demonstrates the entrenched social divide in childhood obesity.

[53] NHS National Obesity Observatory, Briefing paper on obesity and ethnicity, 2011.

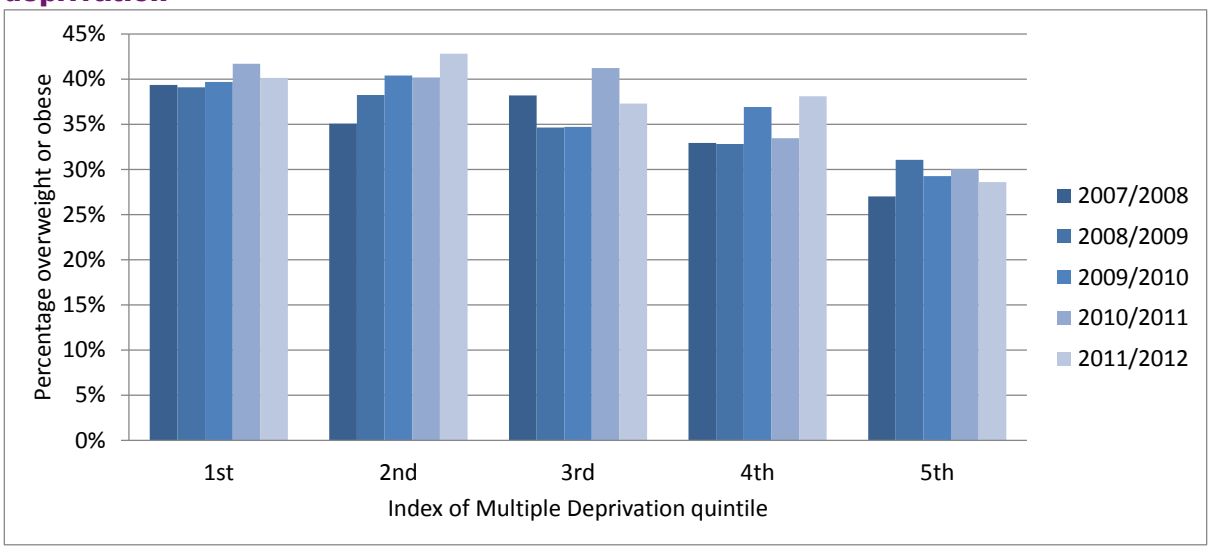
Figure 8: Trend in excess weight, Croydon 4–5 year old children by deprivation*



*1st = most deprived, 5th = least deprived.

Source: National Childhood Measurement Programme

Figure 9: Trend in excess weight, Croydon 10–11 year old children by deprivation*



*1st = most deprived, 5th = least deprived.

Source: National Childhood Measurement Programme

5.2 Prevalence of obesity in adults

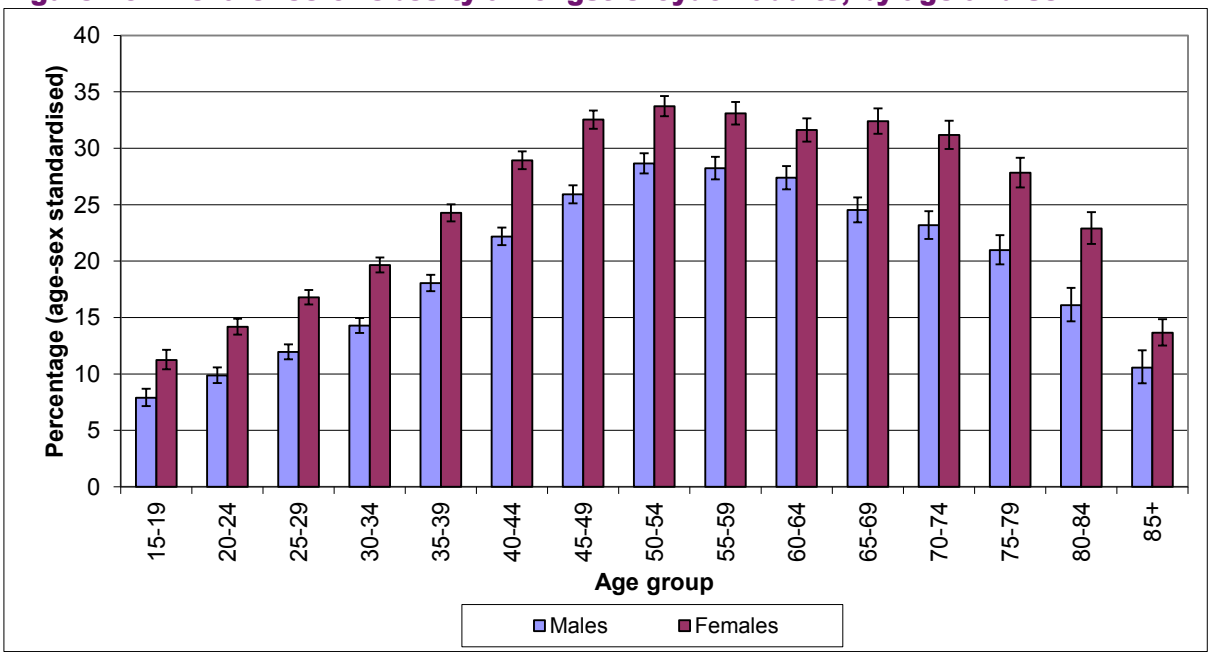
There is a difference between the measurement of child and adult obesity. Adult obesity is defined as people with a BMI greater than 30 whereas child obesity is based on growth percentiles.

5.2.1 Overall obesity prevalence and sex differences

Figure 11 shows that at all levels, females in Croydon have higher levels of obesity than males.

Amongst women, the peak prevalence of obesity is seen in middle age, after which it declines slowly until early old age. In men, the peak prevalence also occurs in middle age, but the decline is much steeper, with the prevalence gap between men and women continuing to widen until age 75. By the age of 85+, the gap between men and women returns to that seen at age 15-19.

Figure 10: Prevalence of Obesity amongst Croydon adults, by age and sex



Source: General Practice Data 2012[54]

5.2.2 Maternal Obesity and Child Obesity

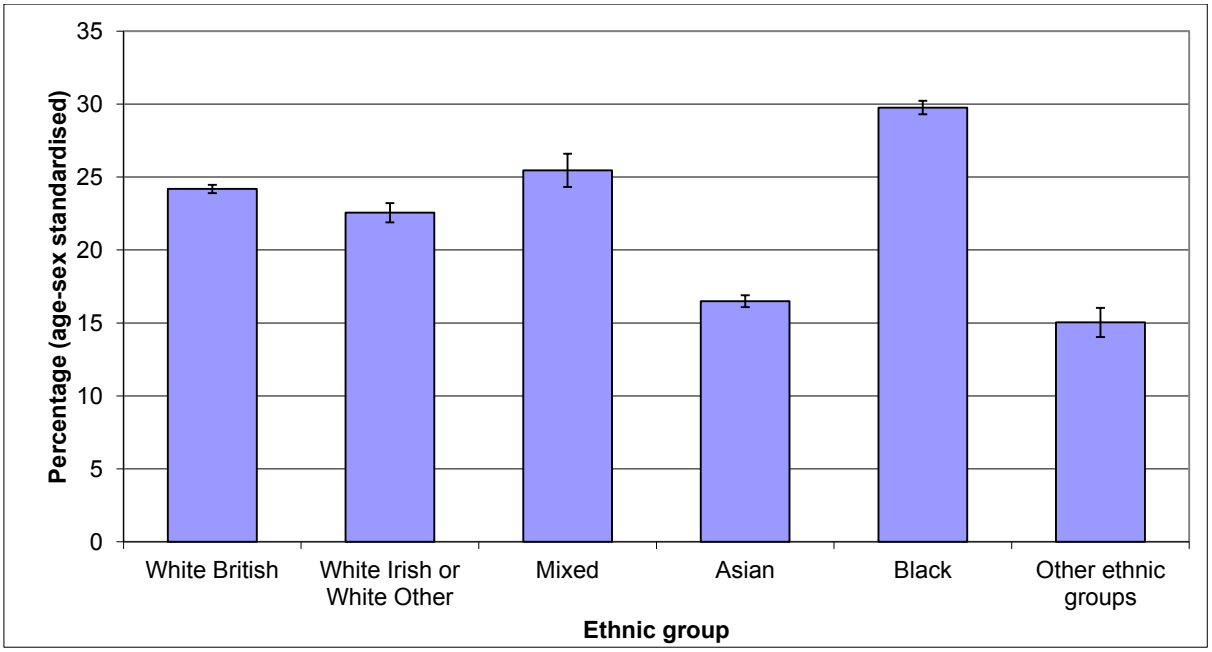
The proportion of pregnant women in Croydon who are overweight has increased between 2011 and 2013, and recent data (CUH 2013 data) suggests that over half (53.5%) of these women who present at early pregnancy (12 weeks) are either overweight or obese.

[54] Data for the 15-19 and 20-24 age groups should be interpreted with caution as a lower proportion of patients have a BMI recorded than for the older age groups.

5.2.3 Prevalence and trends amongst black and minority ethnic groups

There is a varied distribution in obesity prevalence in Croydon, as shown in Figure 11. Black and mixed white and black ethnic groups have the highest rates, while Asian and 'other' ethnic groups have the lowest.

Figure 11: Prevalence of obesity in Croydon adults*, by ethnic group (including 95% confidence intervals)

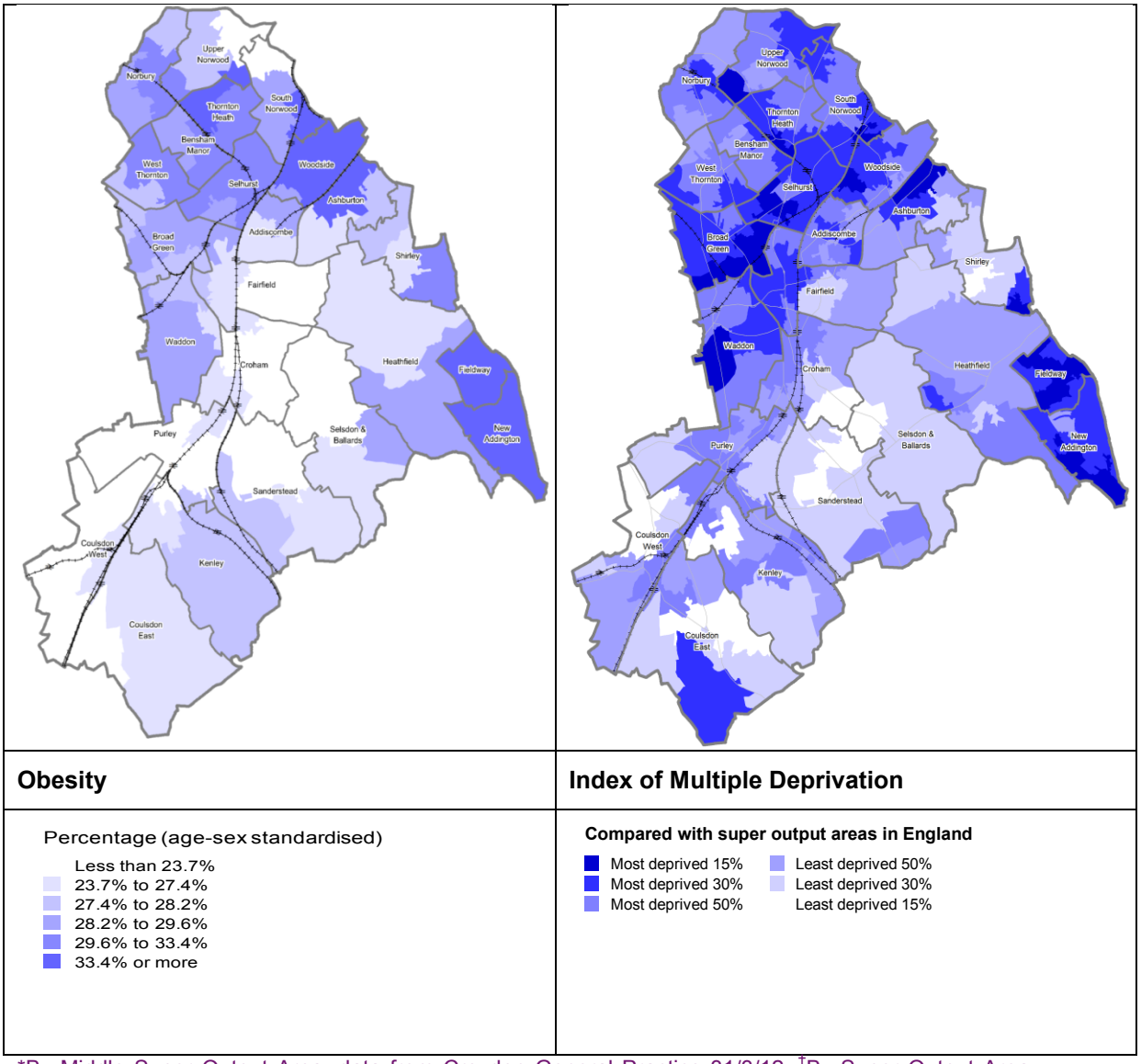


*Aged 16 years or over. Source: Croydon GP data 31 March 2012

5.2.4 Prevalence and Trends by Deprivation and Socio-Economic Status

There is a clear association between high levels of obesity and deprivation with the most deprived areas of the borough also showing the highest levels of obesity.

Figure 12: Geographical Prevalence of obesity* and deprivation† in Croydon adults



*By Middle Super Output Area; data from Croydon General Practice 31/3/12. †By Super Output Area; data from Department for Communities and Local Government 2010.

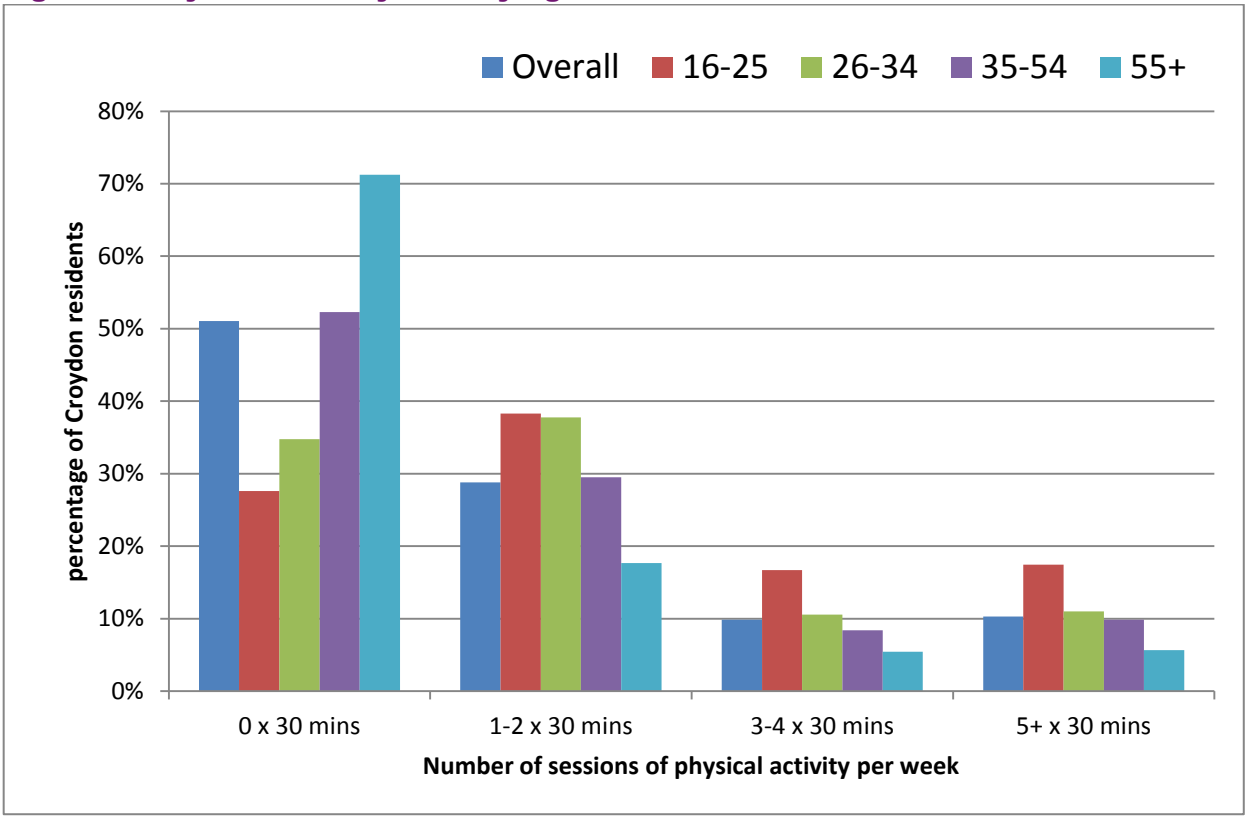
5.2.5 Obesity and Disability

In Croydon, people with **learning disabilities** and those with **mental illness** are much more likely than the general population to be overweight or obese, particularly women[55].

[55] Croydon's Adult Obesity Needs Assessment and Service Review, 2010

5.2.6 Obesity and Physical Activity

Figure 13 Physical Activity level by Age



Source: Sport England's Annual Active People Survey (2012)

This graph demonstrates the high percentage of Croydon residents (overall 51.1%) who are sedentary (0 x 30mins) and do no physical activity over the course of a week. Overall less than 10% of Croydon residents achieve the Chief Medical Officer's recommendation[56] of 150 minutes of physical activity over a week.

5.2.7 No significant association

In the evidence review, there was no significant association found between excess weight and marriage, civil partnership, religion or belief, gender re-assignment and sexual orientation.

[56] Department of Health (2011) Sedentary Behaviour and Obesity: Review of the Current Scientific Evidence.

6 APPENDICES

6.1 Membership of the Healthy Weight Reference Group

The role of the group was to feed into the process, co-ordinate input and supply data, potentially writing some sections of the chapter especially around mapping of services and identifying gaps.

The reference group was regularly consulted throughout the process and the recommendations of this JSNA were agreed by the reference group. Additional membership of the reference group was agreed through consensus of the group.

Croydon Council

Victoria Beard - Data Analyst, Strategic Intelligence Unit Strategy, Strategy, Commissioning, Procurement and Performance (SCPP)
Rob Brown - Sport and Physical Activity Manager, Development & Environment (D&E)
Dawn Cox - Public Health Principal for Maternal and Infant Health, Public Health Croydon, Department of Adult Services, Health and Housing (DASHH)
Daniel Davis - Improvement Officer Health and Wellbeing, Children, Families & Learning (CFL)
Bevoly Fearon - Health Improvement Manager, Public Health Croydon, DASHH
Paul Foster - Head of Regulatory Services, D&E
Ashley Gordon - Physical Activity Development Officer, D&E
Anna Kitt – Health Improvement Principal, Public Health Croydon, DASHH
Debby McCormack - Team Around The Family Manager, CFL
Peter McDonald - Travel And Transport Planning Officer, Regeneration & Economy, D&E
Dr Sarah Nicholls, Consultant in Public Health, Public Health Croydon, DASHH
Ian Plowright – Head of Transport, D&E
Sarah Risby – Category Manager (CFL), SCPP, Chief Executive's Department
Charlotte Rohan – Category Manager (Public Health) SCPP, Chief Executive's Department
Tracy Steadman, Evidence Base Practice Lead, Public Health Croydon, DASHH
Amanda Tuke - Head of Partnership and Business Development, CFL
Fiona Assaly – Project Co-ordinator, Public Health Croydon, DASHH

Croydon Clinical Commissioning Group (CCG) / Croydon Health Services

Diane Kelly - Senior Commissioning Manager, Croydon CCG
Jane McAllister – Senior Commissioning Manager, Croydon CCG
Dr Dev Malhotra – Croydon GP. *(Formerly Aug 2013: Croydon Clinical Commissioning Group Board Member, Croydon Clinical Commissioning Group).*
Kathy Wocial - Associate Director of Operations, Croydon Health Services

6.2 Tiers of Obesity Care Pathway

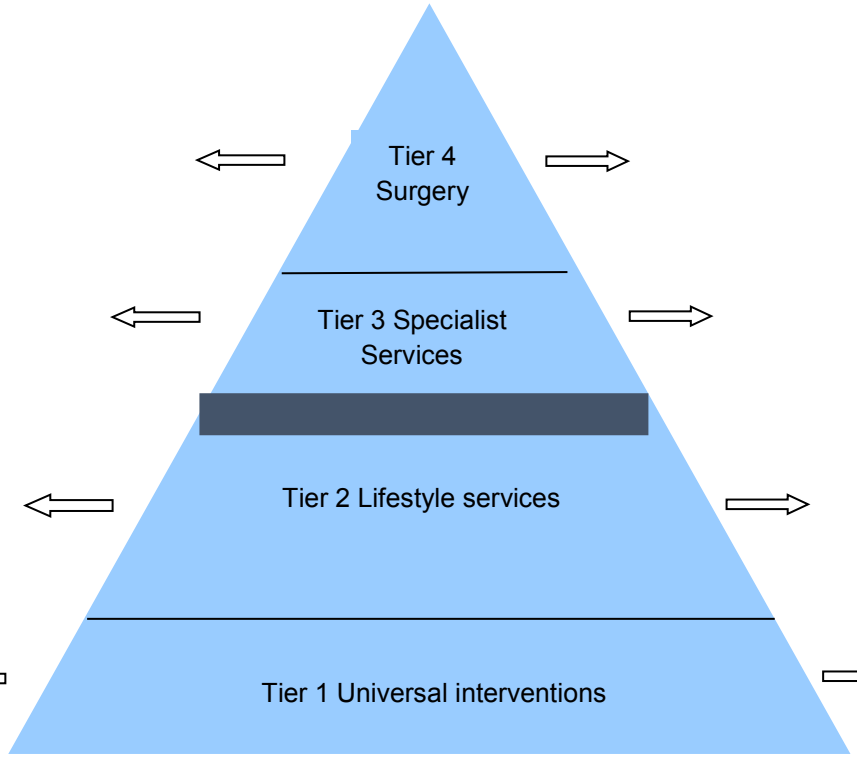
Clinical care components

Pre-bariatric surgery assessment

Specialist assessment

Identification and primary assessment

Prevention & reinforcement of healthy eating and physical activity messages



Commissioned Child services

Bariatric surgery: There are **no Tier 4 services and currently no plans** to commission this service

Multi-disciplinary team. There are **no Tier 3 services and currently no plans** to commission this service

Community-based weight management services include those that will be provided as a result of this tender and planned intensive lifestyle services for children.

Environmental and population-wide services and initiatives e.g. School Travel plans, Healthy Schools programme, Change4Life, National Child Measurement Programme feedback.