

Croydon Joint Strategic Needs Assessment 2009-10

Healthy weight, healthy lives



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Key findings

Overweight and obesity in Croydon

Between the ages of 4-5 and 10-11, a significant number of children become overweight or obese. This is more likely to happen with boys than with girls. Black and black British children are at particular risk of overweight and obesity at any age. There is a clear link between deprivation and higher rates of overweight and obesity.

Around one in four of all adults in Croydon is obese, and by the age of 45 over 60% are overweight or obese. As with children, there is a clear link with deprivation. Some black and minority ethnic groups are at high risk of becoming overweight or obese, which in turn further increases their risk of developing long term conditions such as diabetes. Being overweight or obese, especially for women, significantly increases the risk of developing cancer, heart disease, and diabetes. Overall, it is estimated that more than 850 people in Croydon died during the last five years because of their obesity. Because of the link with deprivation, obesity is an important factor contributing to health inequalities.

Physical activity

Levels of physical activity reported by girls decline significantly from an early age. This may be related to peer pressure not to participate, or lack of access to preferred sports or non-sport alternatives such as dance. Most secondary school age children are not meeting the nationally recommended levels of physical activity, and a significant proportion do not take part in any sports activity beyond timetabled PE. There is evidence to suggest that children living in deprived areas are significantly less active than their peers in more affluent areas. Disabled children may need specific support to enable their participation in play or sports.

Amongst adults of working age who responded to the patient survey, only 40% said that they exercised regularly. Other surveys suggest that a majority of adults in Croydon do not meet nationally recommended levels of physical activity, but there is insufficient data to identify differences by ethnic groups. As with children, there is evidence of geographical differences linked to deprivation.

Survey data suggest that popular sports include swimming and football, but there is also a lot of interest in exercise movement and dance activities. Lack of time and cost are important barriers preventing people from making use of their local indoor sports facilities. There is some evidence to suggest differences between ethnic groups in the uptake of leisure centre membership may reflect deprivation.

In general, there are insufficient data at local level to be able to pinpoint specific communities that may need targeted support to increase their levels of physical activity and reduce their risk of becoming overweight or obese.

Diet

While the consumption of fruit and vegetables in Croydon, as in London, is estimated to be above the national average, there are no local data which would demonstrate any variation in this by gender, age, ethnic group, or locality. Extrapolating from national evidence, it is likely that there are significant differences within and between wards.

Free school meals uptake is low, and in most areas static or declining. The introduction and roll out across Croydon of a cashless catering system should help to reverse this, and improve uptake of school meals in general. Many fast food outlets are situated in areas where rates of childhood obesity are high.

Weight management services

While there have been innovative developments in weight management services for children, weight management services for adults in Croydon are more mixed and have not been developed in a systematic or strategic way. Data are incomplete or inadequate to be able to determine outcomes and whether the people at highest risk have access to the support and advice they need.

Services promoting physical activity

For most services which promote physical activity, there is a lack of robust outcome data. There is patchy or non-existent provision for groups with special needs or who are at especially high risk, and much of what does exist is funded on an ad hoc basis. There is a good range of provision either in place or planned for the younger child, especially with the *playbuilder* programme and Croydon play strategy, but there is less consistent provision for teenagers and young adults, especially girls and young women, and for those who may prefer to participate in non-sports physical activity such as dance.

Services promoting healthy eating

Croydon adult learning and training (CALAT) run various programmes which promote healthy eating. These help to meet important needs in the community, but the funding base for them is unclear. Provision of cookery clubs is patchy and their impact on improving health and reducing inequalities is unclear. Local allotment projects which encourage people to grow their own fruit and vegetables also have benefits for increasing levels of physical activity and mental wellbeing, through reducing social isolation. Although there is some after school provision for older pupils, consistent provision of timetabled cookery skills classes for 11-14 year olds is not yet established in Croydon.

Recommendations

Strategic recommendations

NHS Croydon and Croydon Council should:

1. Ensure that mechanisms and structures are in place to enable greater integration between commissioned services.

Recommendations for commissioners

NHS Croydon and Croydon Council commissioners should:

2. Invest in the collection of local data, which are needed to understand better which communities could benefit from targeted approaches to increase levels of physical activity and healthier eating.
3. Invest in further assessment and analysis to identify differential uptake of specific services and the reasons for this. For example, barriers to access and unmet cultural needs and expectations.
4. Establish evaluation frameworks to include collection of core datasets for services relevant to *healthy weight*, *healthy lives* which support analysis of outcomes data and more robust assessment of the impact of interventions and facilitate health equity audit.
5. Require ongoing review and evaluation of funded projects and programmes to ensure that these are effective in delivering health gain, and reducing inequalities.
6. Make greater use of national evidence in the design and delivery of local interventions, especially social marketing approaches.

7. Require all new service proposals to be designed in such a way that the risk of widening inequalities is minimised.
8. Require all commissioned interventions to be based on the underlying principle that they are designed to empower and enable individuals to take responsibility for their health and wellbeing, as far as they can.

Croydon Council should:

9. Work with leisure services providers under contract to the council to better understand the user base and to ensure that they provide appropriate services that are accessible to all, whatever their needs.
10. Identify ways in which secondary school aged children, particularly girls, can be enabled to become more physically active and to sustain this.
11. Ensure that groups with special needs, such as people with mental health problems, people with learning disabilities, and disabled children, are taken into account in the design and delivery of mainstream services which facilitate physical activity, so that the provision of niche services is focused and meets specific requirements that cannot be met otherwise.
12. Work with fast food outlets to encourage them to adopt healthier cooking techniques and to offer healthy food options, for example fresh fruit, to their customers.
13. Make use of existing planning mechanisms to regulate the numbers of fast food outlets in key locations, such as close to schools.
14. Consider early implementation of practical cookery classes in secondary schools, prior to the national roll out in 2011.
15. Work with schools where there are high rates of overweight or obesity to develop action plans to encourage children to walk to school, make healthier food choices, and participate more in physical activity programmes.
16. Continue to support, and consider extending, the Croydon adult learning and training (CALAT) education programmes which relate to healthy eating.
17. Develop and implement an action plan to increase the uptake of schools meals generally, and free school meals in particular, across all schools in Croydon.
18. Support the proposal by the Children's Trust to fund a food in schools strategy advisor post.
19. Consider the options for increasing the affordability of leisure facilities for people on low incomes, supported by a targeted campaign based on social marketing principles to highlight the wide range of free or low cost activities on offer.

NHS Croydon should:

20. Carry out a full needs assessment and review of the current range of NHS funded or provided weight management services for adults. Ensure that all investment in these services is appropriately targeted and focused on achieving health outcomes. Make recommendations for reconfiguration or re-provision of services as appropriate.

Introduction

Tackling the obesity epidemic is a strategic priority, both nationally and locally in Croydon. More and more people are becoming overweight or obese, which presents significant risks to health and wellbeing over the longer term. It has been estimated that by 2050, if no action is taken, almost 90% of adults and 66% of children will be overweight or obese, compared with 66% of adults and 33% of children in 2005¹. Being overweight or obese is associated with an increased risk of diabetes, heart disease, and cancer. Being obese also has an adverse impact on personal wellbeing. Obese children and adults may experience social isolation, bullying, poor educational attainment, and later be at a disadvantage when seeking employment.

It has been estimated that the cost of obesity to the NHS is approximately £4.2 billion per year. The Foresight report² estimated that weight problems already cost the wider economy in the region of £16 billion per year, and that this will rise to £50 billion per year by 2050 if left unchallenged. Included in these costs are the consequences of the impact of being overweight or obese on employment prospects and personal independence.

This needs assessment aims to:

- Assess the scale and distribution of the problem of obesity and overweight in Croydon.
- Capture the range of services in place to help people achieve and maintain a healthy weight, and establish who uses them.
- Generate evidence to support prioritisation of services to be commissioned in the future, including service developments or redesign.

Context

In January 2008 the government published *Healthy weight, healthy lives: a cross-government strategy for England* with a key objective of reversing the rising tide of overweight and obesity in the population. The initial focus is on children, aiming to have reduced the proportion of overweight and obese children aged under eleven to 2000 levels by 2020.

The *Healthy weight, healthy lives* national strategy is divided into five key themes, based on the five main policy areas recommended in the Foresight report:

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

Local strategic framework

A strategic framework for a local response to *Healthy weight, healthy lives* was approved by the council cabinet and primary care trust board in October 2009. This has taken into account related documents published by the Department of Health^{4, 5}, and in addition sets out a local plan for action under each of the five themes. Reducing childhood obesity is also an agreed priority for the Children's Trust and features strongly in the children and young people's plan.

1 Cross Government Obesity Unit (2008) *healthy weight, healthy lives: a cross-government strategy for England* p xi

2 Foresight (2007) *Tackling obesities: future choices – project report*. Government Office for Science

3 Foresight (2007) *Tackling obesities: future choices – project report*. Government Office for Science

4 Department of Health (March 2008). *Healthy Weight, Healthy Lives*. Guidance for local areas

5 Department of Health (October 2008). *Healthy Weight, Healthy Lives*. A toolkit for local strategies.

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. For example, 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.

Two key factors influence body weight: physical activity and diet. Keeping active, and eating a balanced diet with plenty of fruit and vegetables and limited salt, sugar and fats are effective ways of achieving and maintaining a healthy weight. Therefore the *Healthy weight, healthy lives* programme needs to ensure that everyone is supported, to the extent that this is needed, to meet national recommendations on both levels of physical activity and dietary intake.

The key outcomes that will provide evidence of lasting behaviour change will be the national indicators (NIs). NI 55 measures the percentage of children in reception year who are obese; NI 56 measures the percentage of children in year six who are obese; and NI 8 measures the percentage of the adult population in a local area who participate in sport and active recreation. NI 55 and NI 8 are included in Croydon's local area agreement.

Overweight and obesity in Croydon

Definitions

The body mass index (BMI) is calculated using the formula:

$$\frac{\text{weight in kilograms}}{(\text{height in metres})^2}$$

For adults, there are commonly accepted ranges for determining whether an individual is overweight or obese (Table 1).

Table 1: Commonly accepted ranges for determining overweight or obesity

Category	BMI range
Underweight	< 20 kg/m ²
Normal weight	20-24 kg/m ²
Overweight	25-29 kg/m ²
Obese	30-39 kg/m ²
Morbidly obese	≥40 kg/m ²

Source: NHS Choices www.nhs.uk/conditions/obesity/

However, the assessment of overweight and obesity in children needs to take account of the different growth patterns of girls and boys at each age; for this reason a universal classification cannot be used. The UK national BMI percentile classification (based on the 1990 UK reference population) is currently used. This defines a body mass index threshold at each age above which a child is considered to be overweight or obese. Children with a body mass index over the 85th percentile are defined as overweight and over the 95th percentile as obese.

Overweight and obesity in children

Health survey for England data for 2006 suggests that over 12,000 children living in Croydon are obese. Of these about 750 are one year olds. If these children remain obese it is likely to seriously affect their health in later life, in addition to the psychological impact of being an obese child, which can be considerable and lifelong.

Data from the national child measurement programme shows that the prevalence of childhood obesity in children in reception (age 4-5) and year six (age 10-11) is similar to that of London overall and higher than England (Figure 1).

Figure 1: Percentage of children who are obese

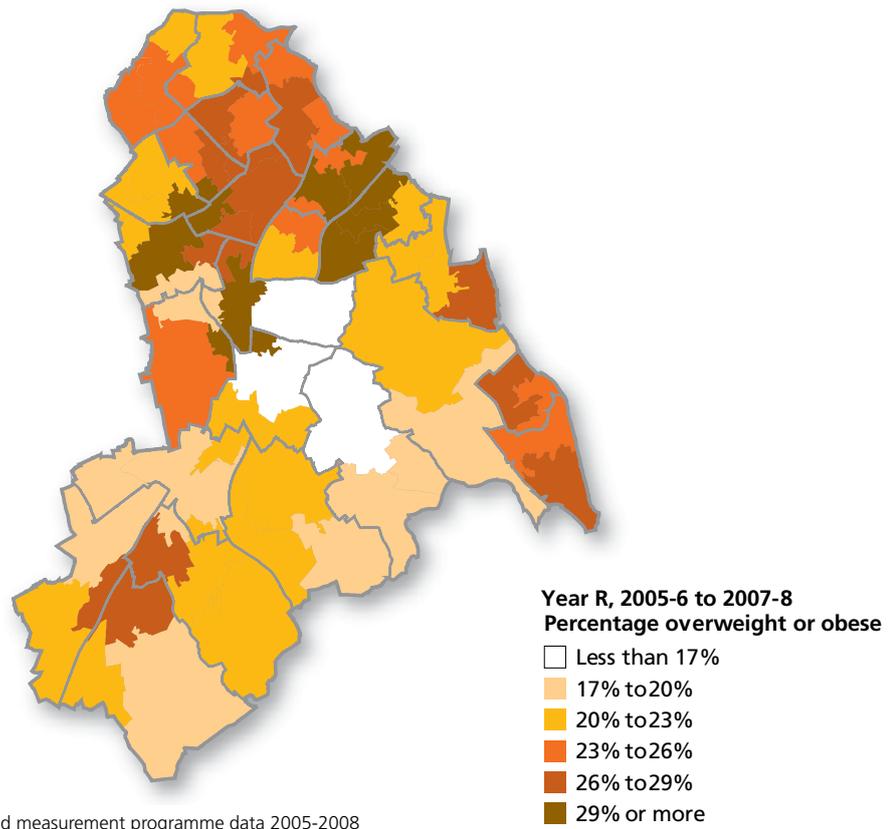


Source: National child measurement programme data 2007-08

The prevalence of obesity in children almost doubles between reception and year six. While Croydon does not seem to be significantly different from London or England as a whole in this respect, this observation raises questions about the factors that contribute to the scale of this increase and what can be done to prevent it.

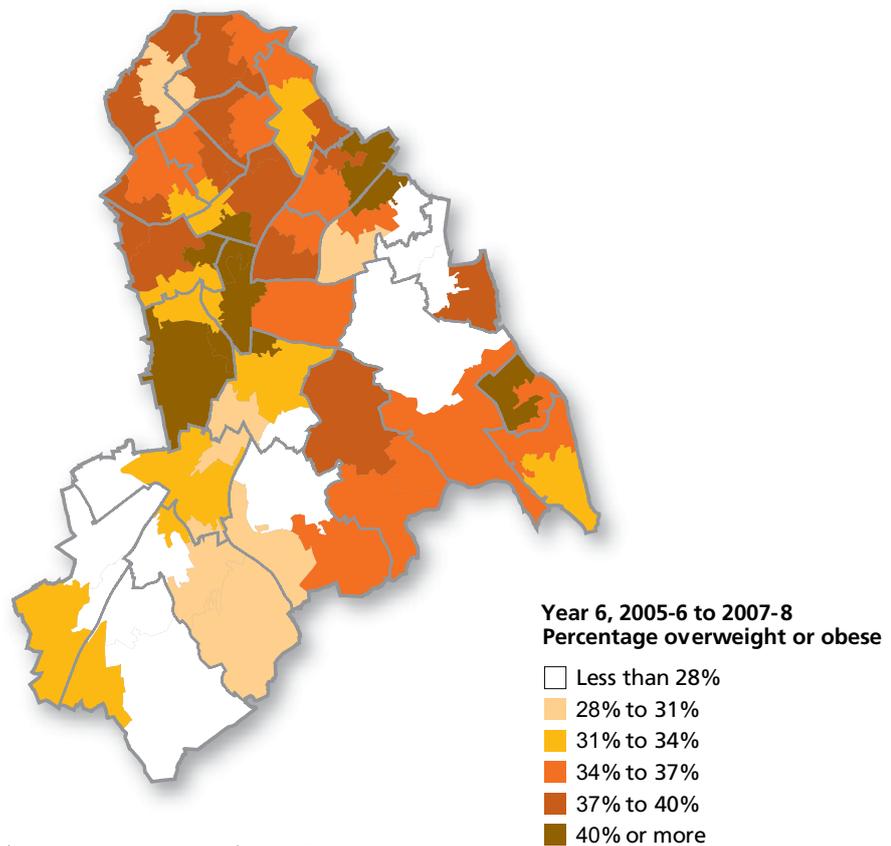
The geographical distribution of the prevalence of obesity and overweight amongst children in Croydon is shown in Figures 2 and 3.

Figure 2: Childhood obesity and overweight in Croydon – reception year



Source: Pooled national child measurement programme data 2005-2008

Figure 3: Childhood obesity and overweight in Croydon – year six

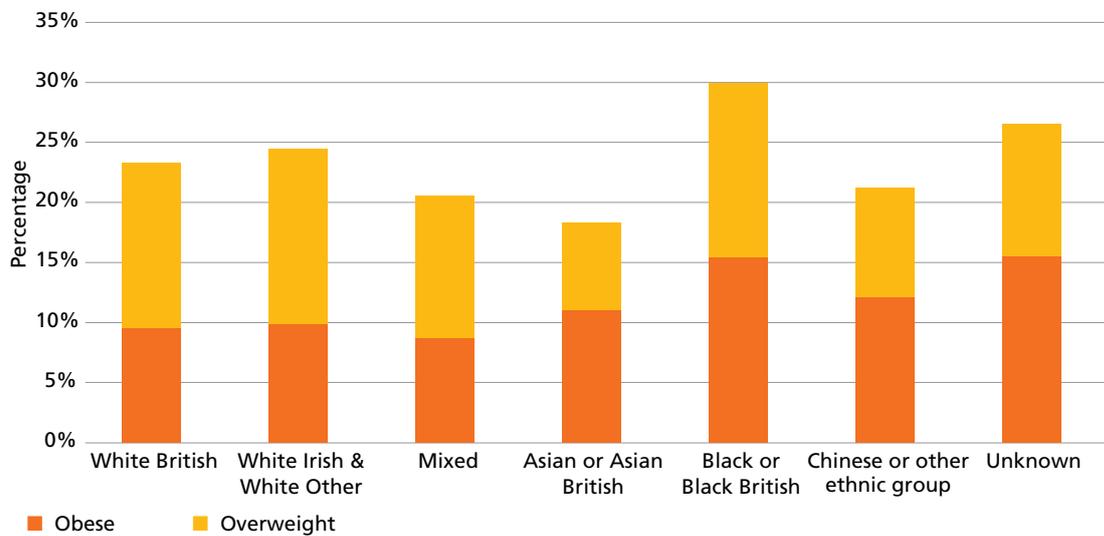


Source: Pooled national child measurement programme data 2005-2008

In general, the wards in the north of the borough were found to have higher rates of overweight and obesity than the wards in the south. In Ashburton ward nearly a third of reception year children were overweight or obese and in Bensham Manor, 20% were considered to be obese. The rates of overweight and obesity in year six children were highest in Fairfield (42.5%) and Fieldway (40.1%). Only five wards had a rate of less than 30%; all of these were in the south of the borough. This picture broadly matches the pattern of deprivation in Croydon⁶.

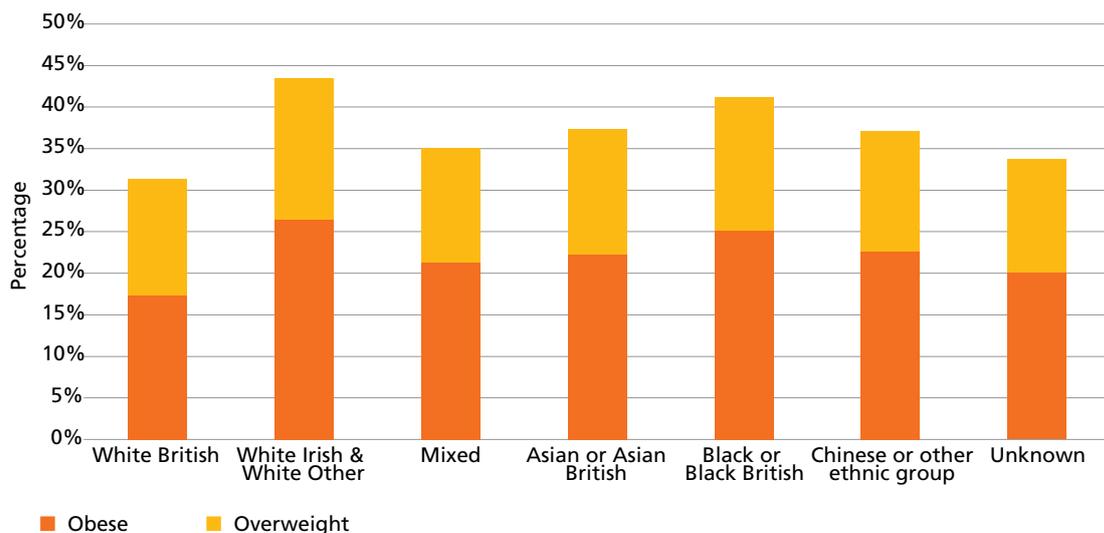
Figures 4 and 5 show that there is variation across ethnic groups with combined obesity and overweight rates being highest amongst reception year children of black and black British ethnicity (30%) and lowest amongst Asian and Asian British children (18.3%). Amongst year six children 26.5% of children from white Irish and white other backgrounds were obese compared with only 9.9% in the reception year group. By contrast, although in both the Asian and black groups more than 40% were overweight or obese in year six; this represents a much smaller increase by comparison with the reception year.

Figure 4: Overweight and obesity by ethnic group - reception year children



Source: Pooled national child measurement programme data 2006-2008

Figure 5: Overweight and obesity by ethnic group, year six children



Source: Pooled national child measurement programme data 2006-2008

⁶ For location of wards and most deprived lower super output areas within Croydon, see Appendix 2

In both year groups boys were more likely to be obese than girls. More girls than boys were overweight in year six but overall boys are more likely to be overweight or obese than girls (Table 2).

Table 2: Overweight and obesity by gender 2006-08

	Reception		Year 6		
	Obese	Overweight	Obese	Overweight	
Males	12.1%	13.6%	Males	22.5%	13.5%
Females	10.8%	11.8%	Females	18.7%	15.2%

Source: Pooled National Child Measurement Programme data 2006-2008

Key findings: overweight and obesity in children

In 2007-08 the prevalence of obesity amongst year six children was almost twice that of the reception year children, with some ethnic groups such as the white Irish and white other experiencing an even larger increase.

Amongst young children up to the age of 11, boys appear to be at greater risk of becoming overweight or obese than girls.

Black and black British children seem to be at particularly high risk of obesity in both age groups covered by the national child measurement programme.

There is evidence of a link between high rates of overweight and obesity and deprivation.

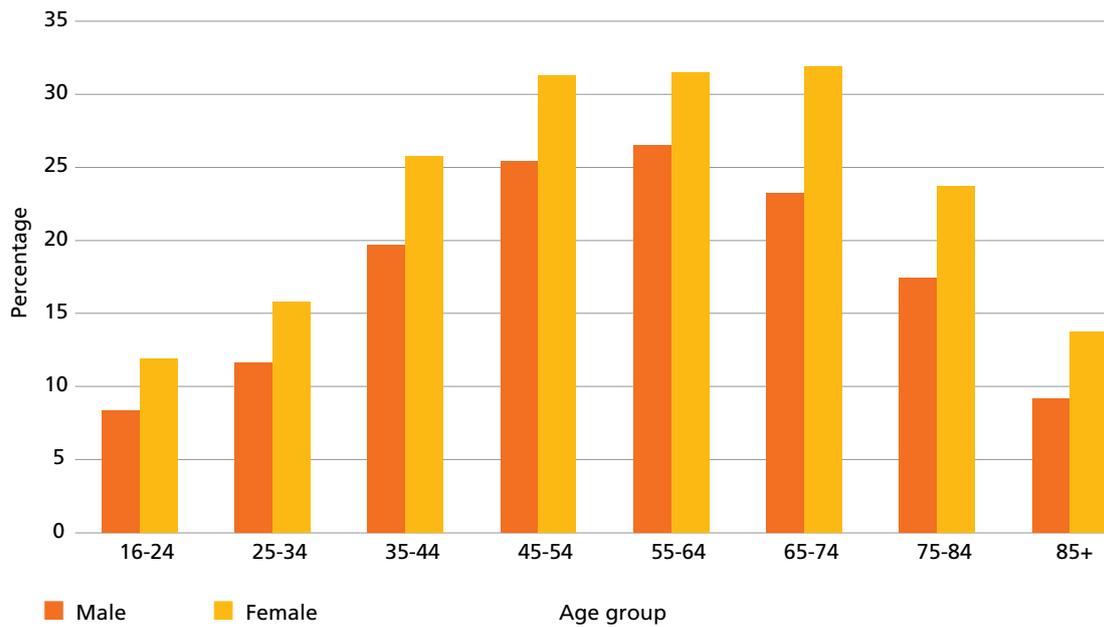
Overweight and obesity in adults

Data from the 2006 health survey for England suggest that over 63,000 people over the age of 16 living in Croydon will be obese, and that more than 95,000 will have a raised waist circumference. This puts them at high risk of developing health problems such as coronary heart disease and diabetes.

In February 2009 GP practice data indicated that more than 56,000 people aged 18 years and over were obese, with a recorded body mass index of more than 30 kg/m² (18.3% of men and 23.8% of women). Overall nearly 55% of men and 53% of women were overweight with a body mass index of more than 25 kg/ m². At all ages, by contrast with what we see in children, more women than men are obese (Figure 6).

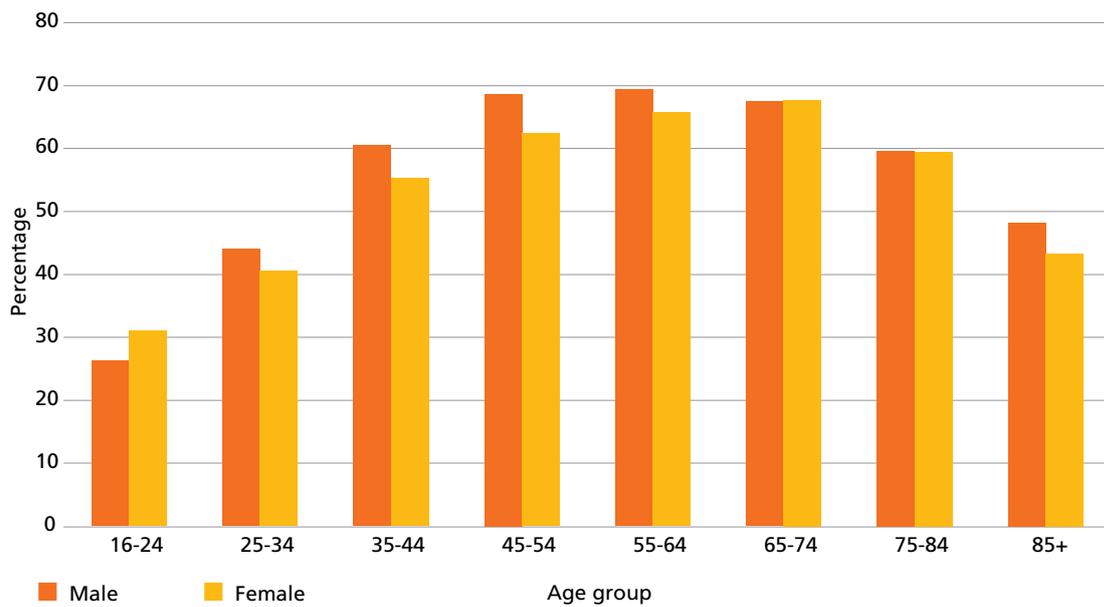
The prevalence of overweight and obesity peaks in middle age and declines in later life. By the age of 45 over 60% of adults in Croydon are overweight or obese (Figures 6 and 7).

Figure 6: Percentage of adults in Croydon who are obese, by age and sex



Source: Croydon GP data February 2009

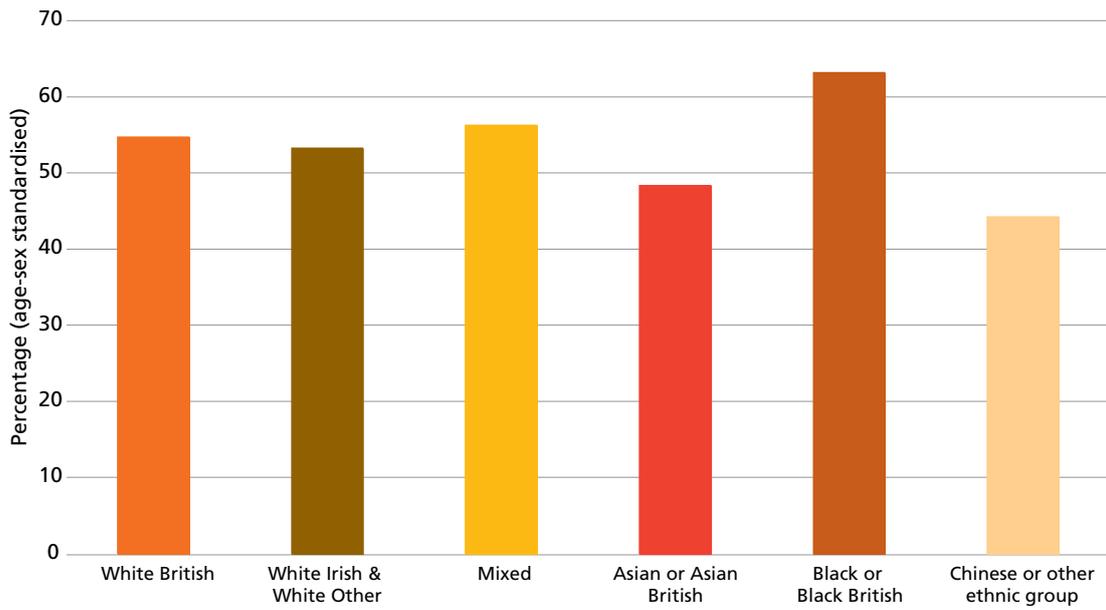
Figure 7: Percentage of adults in Croydon who are overweight, by age and sex



Source: Croydon GP data February 2009

There is not a great deal of variation by ethnicity, although people from black ethnic groups are most likely to be overweight which adds to their risk of developing long term conditions such as diabetes (Figure 8).

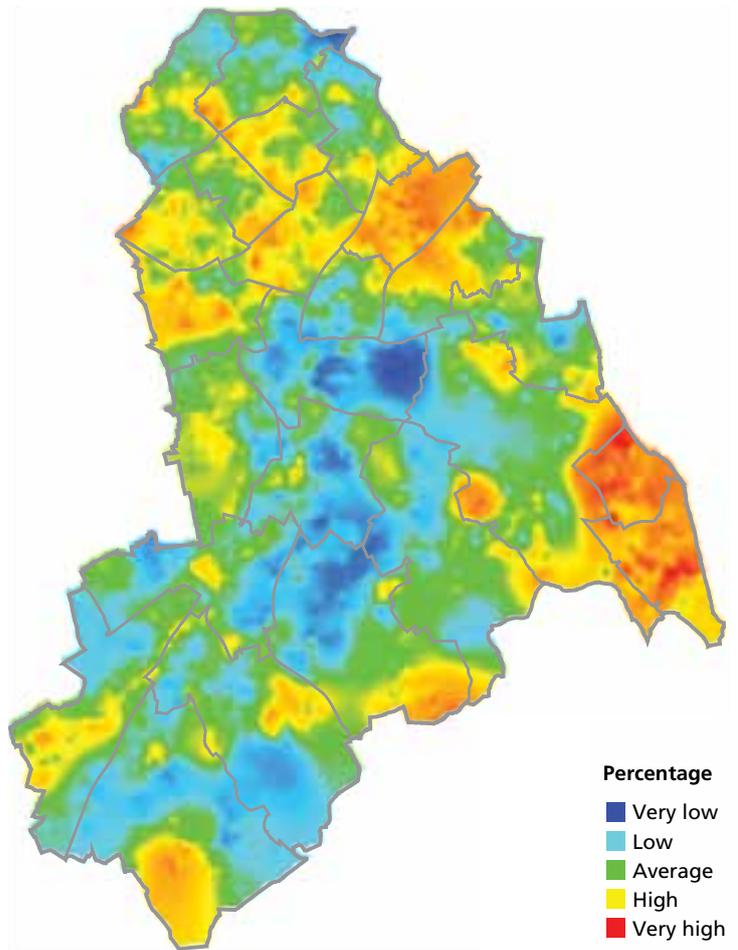
Figure 8: Proportion of adults in Croydon who are overweight, by ethnic group



Source: Croydon GP data February 2009

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 9)⁷.

Figure 9: Prevalence of obesity in adults by super output area



Source: Croydon GP data February 2009

⁷ For the location of the most deprived lower super output areas in Croydon, see Appendix 2.

Key findings: overweight and obesity in adults

Around one in four adults in Croydon are obese and more than one in two is overweight or obese.

By the age of 45 over 60% of adults in Croydon are overweight or obese.

High rates of obesity are associated with areas of highest deprivation.

Some black and minority ethnic groups are at greater risk of becoming overweight or obese which adds to their risk of developing long term conditions such as diabetes.

Obesity and mortality

Obesity is a recognised independent risk factor for a range of serious diseases including coronary heart disease, cancer and diabetes. As shown in Table 3 an obese man is five times as likely to develop type 2 diabetes as a man of healthy weight. For women being obese adds even greater levels of risk.

Table 3: Relative risk of developing selected conditions compared with someone of healthy weight, by gender

Condition	Men	Women
Type 2 diabetes	5.2	12.7
Hypertension	2.6	4.2
Myocardial infarction	1.5	3.2
Cancer of the colon	3.0	2.7

Source: Statistics on obesity, physical activity, and diet ⁸

At any age obesity increases the risk of death but markedly so in young adulthood. A young adult with a body mass index of 30 kg/m² is 1.5 times as likely to die as someone of the same age whose body mass index is between 20 and 25 kg/m², and someone with a body mass index of 35 kg/m² is twice as likely to do so ⁹.

Figures cited by Cancer Research UK ¹⁰ indicate that a measurable proportion of cases of specific cancers can be attributed to being overweight or obese (Table 4).

Table 4: Increased risk of cancer attributable to being overweight and obese

Condition	Percentage of cases attributable to being obese	Increased risk compared with someone of healthy weight
Post-menopausal breast cancer	7-15%	30% (obesity)
Bowel cancer	11-14%	50% (obese men)
Womb cancer	50% (overweight + obese)	300-400% (overweight + obese)
Oesophageal cancer	37%	300% (obesity)

Source: Cancer Research UK

⁸ Health and Social Care Information Centre (2009) Statistics on obesity, physical activity, and diet, p 150

⁹ Ibid p 150

¹⁰ Cancer Research UK [<http://info.cancerresearchuk.org/healthyliving/obesityandweight/howdoweknow/index.htm>] accessed 4 November 2009

Overall it has been estimated that 6.8% of all deaths in England in 2004 were obesity related ¹¹. Assuming that this proportion has remained unchanged since, more than 850 deaths amongst Croydon residents in the last five years will have been due to obesity (Table 5).

Table 5: Numbers of deaths in Croydon attributable to obesity 2004-2008

Source: Office for National Statistics

Year	All deaths	Attributable to obesity
2008	2462	167
2007	2350	160
2006	2582	176
2005	2525	172
2004	2622	178
TOTAL	12,541	853

The all age, all cause mortality rates in Croydon show a clear correlation with deprivation and the same is true of the prevalence of overweight and obesity. It is evident therefore that overweight and obesity are important contributors to observed inequalities in health and average life expectancy.

Key findings: obesity and mortality

Being overweight or obese, especially for women, significantly increases the risk of developing cancer, heart disease, and diabetes.

Estimates suggest that more than 850 people in Croydon died during the last five years because of their obesity.

Overweight and obesity contribute to health inequalities.

Risk factors associated with obesity: physical activity

Physical inactivity of itself is an independent risk factor for developing conditions such as hypertension, diabetes and coronary heart disease. Being active reduces the risk of stroke, some cancers and depression. Increasing levels of physical activity are essential to achieving and maintaining a healthy weight¹².

Recently published figures¹³ estimate that physical inactivity cost NHS Croydon around £4.1m based on 2006-07 data. Of this more than half (£2.1m) related to the costs of treating coronary heart disease, £0.5m to treatment of colon and breast cancer and £0.64m to the treatment of diabetes. This is a significant burden in terms of both cost and disease which is not evenly distributed across the population.

In Croydon there is a reasonable body of local data about levels of physical activity in both adults and children. The annual patient survey conducted by NHS Croydon from 2002 to 2008 included a question about levels of physical activity. Sent out to about 30,000 residents a year the average response rate has been around 35%. In general more responses are received from older people. The response rate on behalf of young children is particularly low so the findings need to be interpreted with some caution.

¹¹ Health and Social Care Information Centre (2009) Statistics on obesity, physical activity, and diet, p 150

¹² Department of Health (2009) Let's get moving p15

¹³ Department of Health (2009) Detailed local area costs of physical inactivity by disease category

The questions asked about physical activity are shown in Box 1. Respondents are asked to select one statement. It should be noted that these are not precisely defined so respondents may have interpreted them differently.

Box 1: Patient survey questions about physical activity

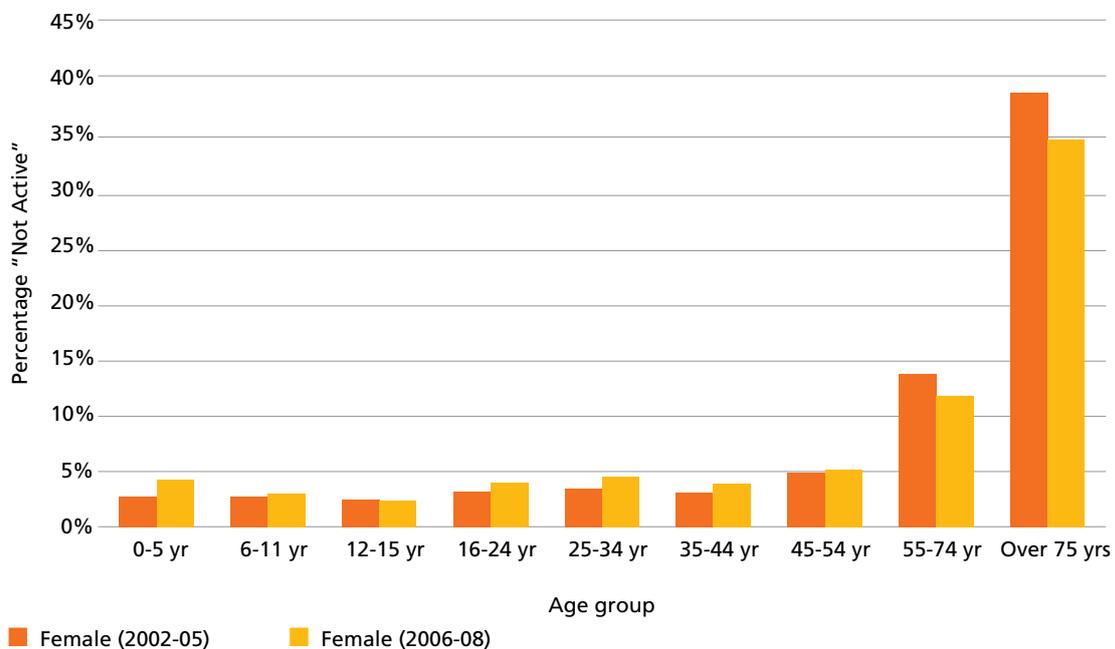
- I am not very active, I don't exercise and I don't intend to start
- I have been thinking about being more active but just can't get started
- I do exercise once in a while but I could do more
- I have started exercising regularly but it's tough to keep it up
- I have been exercising regularly and for longer than six months

Source: NHS Croydon patient survey 2002-2008

For both sexes the proportion reporting that they are not active and do not plan to change increases markedly in later life (Figures 10 and 11). Some of this will be the consequence of a diagnosis of long term disabling conditions but the steady increase, especially amongst men, of self reported inactivity from middle age onwards is a concern as it presents an increasing risk of disability and associated loss of independence which could in some measure be prevented.

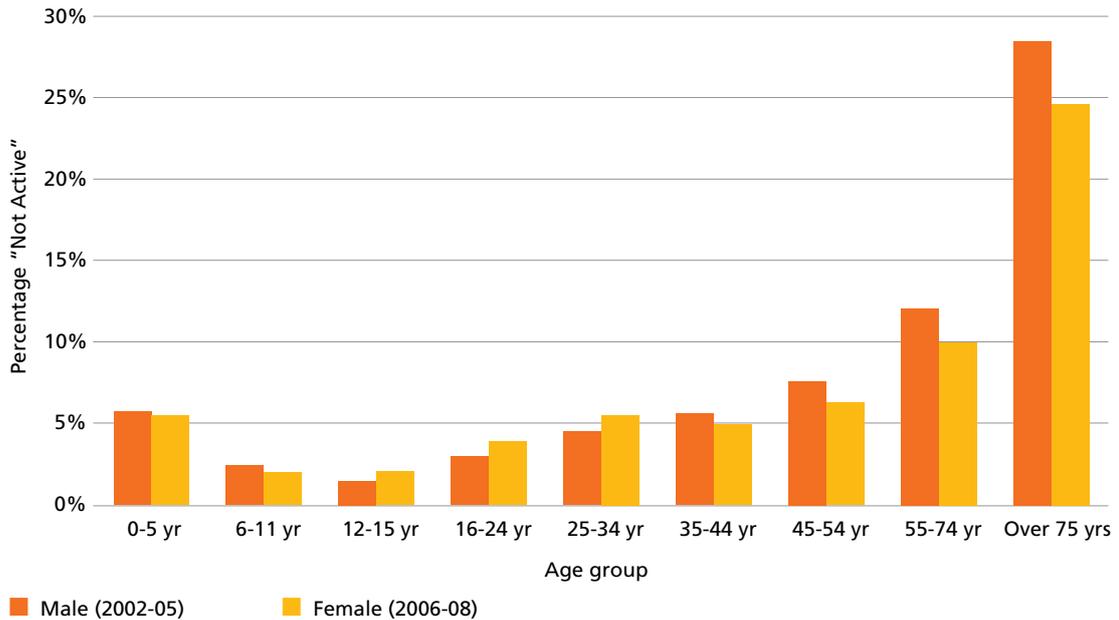
For children aged 0 to 5 the numbers of respondents were very small and therefore the reliability of the estimate that around 5% of children in this age group are reported by their parents to be inactive is doubtful. There is also the problem with interpretation of the question to be taken into account.

Figure 10: Percentages of female respondents to the patient survey selecting 'not active'



Source: NHS Croydon patient survey 2002-2008

Figure 11: Percentages of male respondents to the patient survey selecting 'not active'

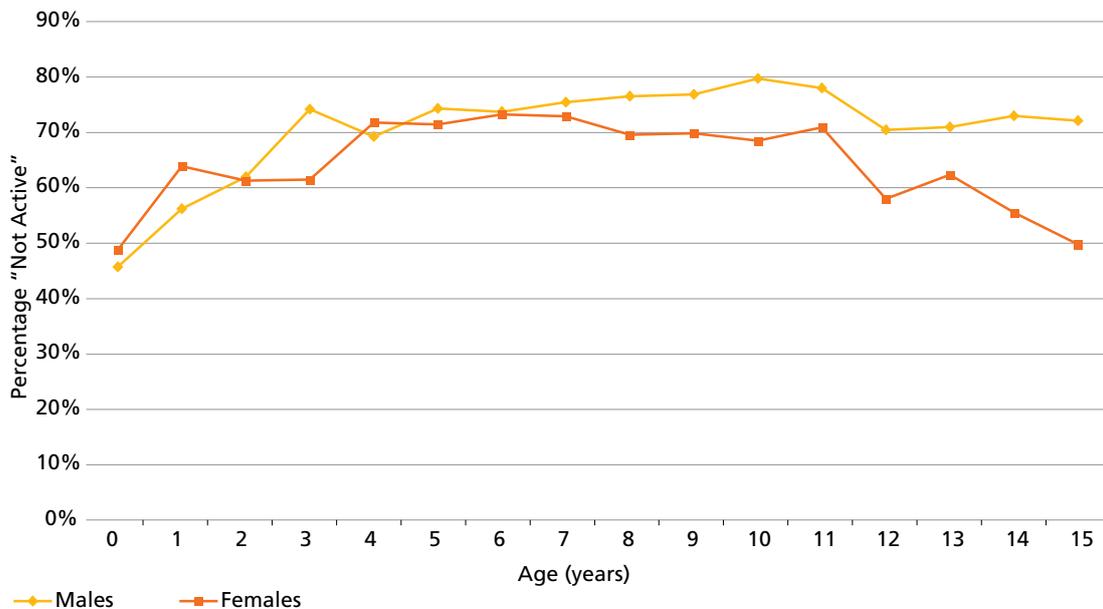


Source: NHS Croydon patient survey 2002-2008

Physical activity in children

Aggregated data from the Croydon patient survey 2002-2008 show that the proportion of girls reportedly taking regular exercise declines from 70% at the age of 11 to only 50% at the age of 15 (Figure 12). Regular exercise was defined by adding together responses to the last two statements shown in Box 1.

Figure 12: Percentage of children taking regular exercise by age and sex



Source: Croydon PCT Patient Survey 2002-2008

While the numbers in this survey are small, especially amongst very young children, there is a difference between boys and girls which emerges clearly from the age of about 8 and widens considerably by the age of 15.

National data from the health survey for England showed that in 2007, 72% of boys and 63% of girls were physically active for at least an hour every day, which is the national recommendation¹⁴. In addition to the patient survey findings other evidence suggests that overall, Croydon's children are less active than the average.

The *TELLUS3 2008*¹⁵ survey ascertains views from children and young people about their local area and includes questions about physical activity. The responses from the survey are weighted to ensure that the report at local authority and national level is representative of the population of year six, year eight and year ten children within that area in terms of gender, proportion of children eligible for free school meals in the school (as a proxy for deprivation) and type of school. A sample of schools is chosen to be representative of the type of schools in the borough. Results from a sample of Croydon school children show that only 28% reported completing even half the recommended amount of daily physical activity; this is significantly lower than the national average of 36%.

These findings are consistent with those emerging from the south London pro-active school sport survey 2008¹⁶, which used a questionnaire to ask children attending secondary schools in the three school sports partnerships in Croydon about their levels of participation in sports activities. The geographical areas covered by the school sports partnerships are shown in Table 6.

Table 6: Areas covered by the Croydon school sports partnerships

SSP	Main areas covered
Archbishop Lanfranc	Thornton Heath, West Norwood, Norbury, Broad Green, Shirley
St Andrew's	Selhurst, Addiscombe, Waddon, South Norwood
Woodcote	Fieldway, New Addington, Coulsdon, Kenley, Purley

In total 3823 responses were received: - 14% of the total responses across south London. While the results are not necessarily representative of all children across Croydon (not all the respondents will have been Croydon residents and the numbers are small), there were some interesting findings (Table 7) some of which bear out the patient survey.

The popularity of swimming and football is clear. The finding that most children do less than two hours a week of sports activity in addition to their PE classes at school is worrying, as is the very marked gender difference. The two fold difference in the proportion of girls participating in additional sport between Woodcote and St Andrew's and three fold difference between Woodcote and Archbishop Lanfranc is equally striking.

14 Health and Social Care Information Centre (2009): Statistics on obesity, physical activity and diet. England, February 2009, pp 77-78

15 OFSTED (2008) TELLUS3 Survey

16 Pro-Active South London (2008) <http://www.pro-activesouthlondon.org/page.asp?section=00010001000300190008§ionTitle=PRO%2DACTIVE+South+London+School+Sport+Survey+08> accessed 20 October

Table 7: Summary of key findings from the Pro-active South London school survey 2008¹⁷

	Archbishop Lanfranc		St Andrew's CE		Woodcote	
Proportion of all survey respondents	6.11%		4.21%		3.97%	
Male: female ratio	35:65		54:46		53:46	
% reporting a disability (not stated)	1% (12%)		2% (14%)		3% (9%)	
Ethnicity of respondents	15% White British 16% Black African 20% Black Caribbean 28% Asian		36% White British 18% Black African 18% Black Caribbean 13% Asian		63% White British 3% Black African 8% Black Caribbean 8% Asian	
Top 3 sports: males	Football Basketball Cricket		Football Basketball Swimming		Football BMX Basketball	
Top 3 sports: females	Swimming Ice-Skating Dance		Dance Ice-Skating Swimming		Dance Ice-Skating Swimming	
Sport most want to do more of: year 7	Swimming		Football		Football	
Sport most want to do more of: year 11	Swimming		Football		Football	
Sports disabled respondents were most likely to say they did	Swimming Dance		Football Swimming		Football Trampolining	
Most commonly reported barriers to participation in sport or activity	M Time Cost No facilities	F Time Cost Friends don't	M Time No facilities Cost	F Time Cost Friends don't	M Time Travel time Cost	F Time Cost Friends don't
Participation in sport at clubs or organisations in addition to PE in school	None (F)27% (M) 20% most do < 2 hrs/wk (M) 17% >5 hrs/wk (F) 5% >5 hrs/wk		None (F) 17.5% (M) 12% most do <2 hrs/wk (M) 22.5% >5 hrs/wk (F) 8.5% >5 hrs/wk		None (F) 17% (M) 12.5% most do >2 hrs/wk (M) 22.5% >5 hrs wk (F) 16% >5 hrs/wk	

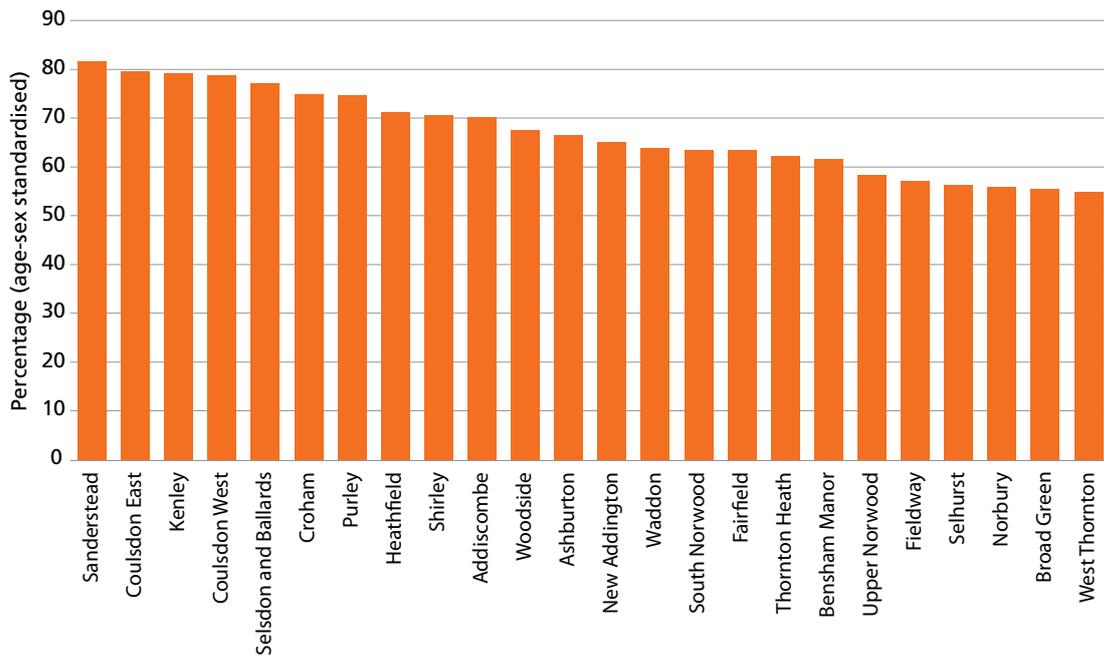
There is broad consistency in response to the question about barriers to greater participation with time and cost being mentioned by both genders in all schools. For girls having friends who don't participate either is a major factor, suggesting that peer example or even pressure not to participate may be important.

The survey also identified that a lack of access to preferred sports or non-sport alternatives presented a barrier to greater participation.

Figure 13 shows that at ward level the gap between the most and least active populations of children is just under 27%. Figure 14 shows that children in the most deprived areas of Croydon are most physically inactive.

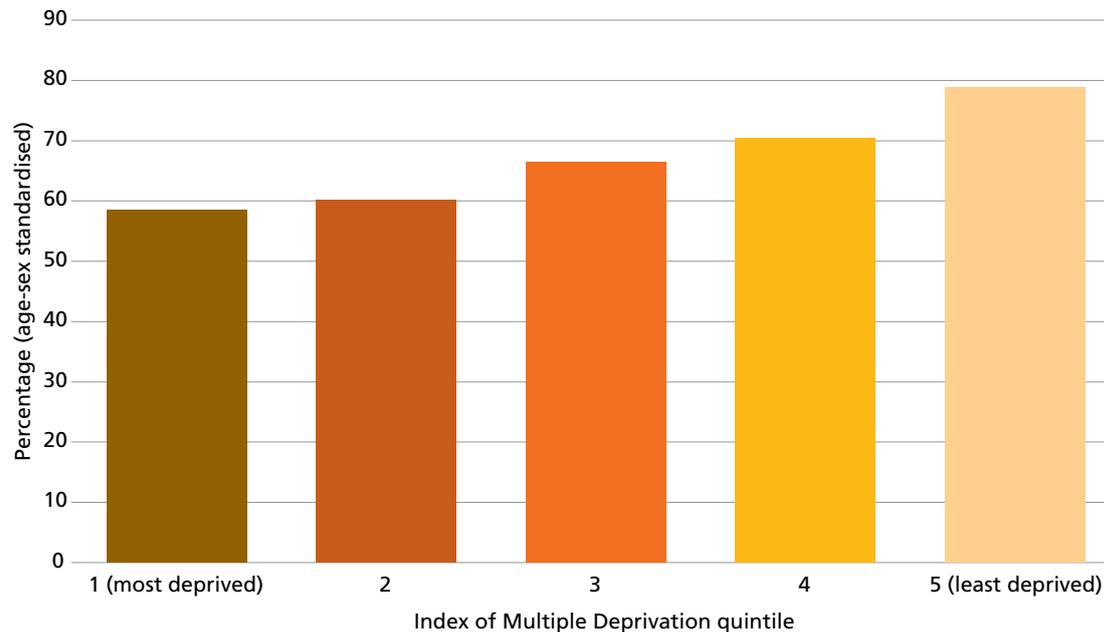
¹⁷ Percentages estimated from bar charts so may not be exact

Figure 13: Percentage of children taking regular exercise by ward



Source: Croydon patient survey 2002-08

Figure 14: Percentage of children taking regular exercise, by Croydon lower super output area quintile



Source: Croydon patient survey 2002-08

Other issues which can affect the levels of physical activity in children include their school travel arrangements and issues associated with the safety and availability of space to play.

Results from the school travel plans survey January 2009, for primary school children, show that walking to school is the most popular mode of transport (46%), followed by car (26%) and public service bus (16%). Primary schools are generally closer to where children live so a focus for potential change could be to encourage and facilitate less travel to school by car.

The results for secondary schools differ in that public transport (bus) is by far the most popular mode of travel to school (over 50%) followed by walking (25%). Secondary schools in Croydon have many out of borough children attending them who may be travelling long distances and there is less likely to be scope for reducing the proportion of children who are driven to school.

A play needs assessment for children aged 8 to 13 years living in Croydon was carried out in May and June 2009¹⁸. Whilst previous needs assessments have focused on physical aspects of play, play space and resources, this research focused on the play experience and the meaning of play for children in this age group. Interviews were conducted with 41 children including children with disabilities and special educational needs as well as children from black and minority ethnic groups. The findings are to be used to inform and update the play strategy 2010-13.

The research found that half the children interviewed were able to play out on the streets where they lived although with strict parental conditions. Parents' fear of crime, gangs, traffic and strangers restricted the children's opportunities for outdoor play. The children had mixed views about play opportunities and resources at school, in particular at secondary school age where the pressure of school work limited play time. Respondents said that they wanted to experience play around natural spaces, for example playing with water, adventure playgrounds, cycling and multi-use space. The report highlighted differences amongst older girls where they are conscious of peer regard, moving away from play and into organised sport or to hanging out in town. Disabled children were less interested in team games and isolation and bullying were key barriers to participation. The report made a number of recommendations including that consideration should be given to play provision as part of town and traffic planning and that services should plan for resources to improve access and meet the inclusion needs of disabled children for play.

Key findings: physical activity in children

In some Croydon secondary schools as many as one in four girls and one in five boys say that they do not participate in any sports activity at all apart from what they do at school.

Most secondary school aged children surveyed do not undertake more than two hours a week of sports activity in addition to what they do at school.

A significant and steady decline in physical activity levels amongst girls is evident from an early age and may be related to a combination of lack of access to facilities for the sports they prefer (especially ice-skating) and peer pressure and expectation.

The data available are too few to draw conclusions about a relationship between ethnicity and levels of physical activity.

There is evidence to suggest that children in deprived areas are significantly less active than their peers in more affluent areas.

Disabled children may need targeted support to maximise their opportunities to participate in play or sports at school or elsewhere.

¹⁸ Croydon Council (July 2009) Croydon play service play needs assessment for 8-13 year olds

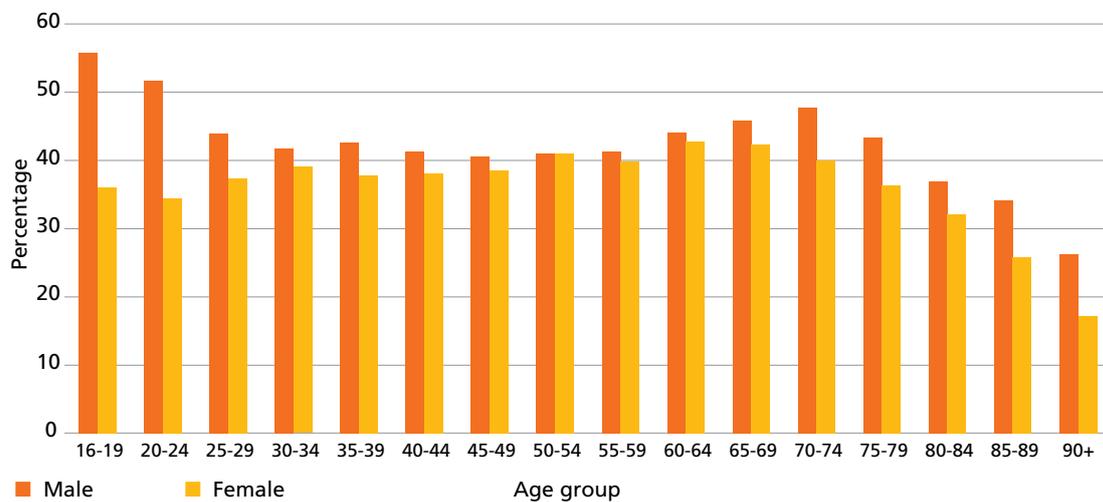
Physical activity in adults

National evidence shows that generally women have lower levels of physical activity, with only 28%, as opposed to 40% of all men, managing at least the recommended level of physical activity for adults (30 minutes five times a week) in 2006¹⁹.

Local data from the Croydon patient survey are consistent with the national picture; in that they show that at all ages men are more likely to report that they take regular exercise than women (Figure 15). For men over the age of 30 the proportion taking regular exercise peaks in the 70 to 74 age group, declining quite steeply thereafter. For women the peak occurs earlier, in the 60 to 69 age group, and the decline in very old age is even more rapid. At best fewer than half of men and only around 40% of women report taking regular exercise. Given that the wording of the survey question did not define 'regular'²⁰ this may well have been at less than the recommended levels which would explain the apparent discrepancy between the national findings for women and what is reported locally.

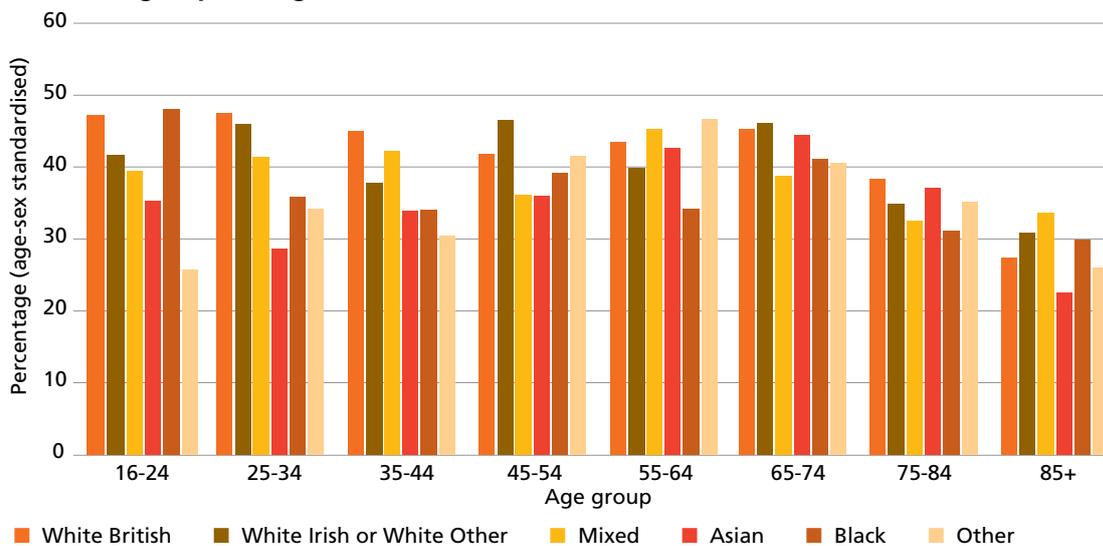
There is no clear pattern of difference between ethnic groups (Figure 16).

Figure 15: Percentage of adults reporting that they take regular exercise



Source: Croydon patient survey 2002-08

Figure 16: Percentage of adults reporting that they take regular exercise, by ethnic group and age

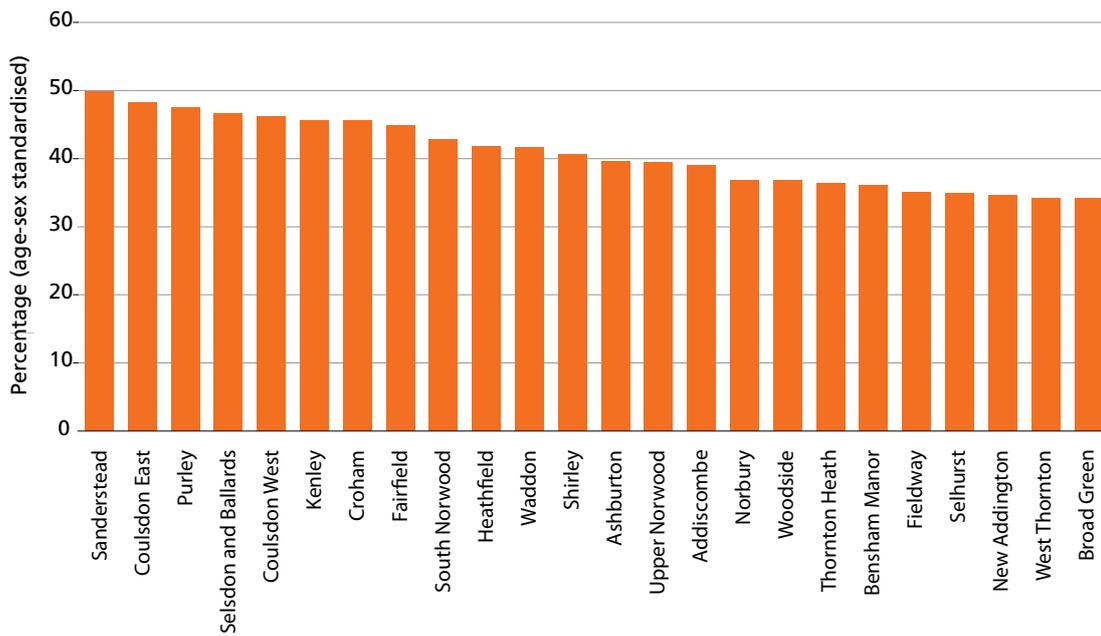


Source: Croydon patient survey 2002-08

¹⁹ Health and Social Care Information Centre (2009): Statistics on obesity, physical activity and diet. England, February 2009, p54

²⁰ For question wording refer to Box 1

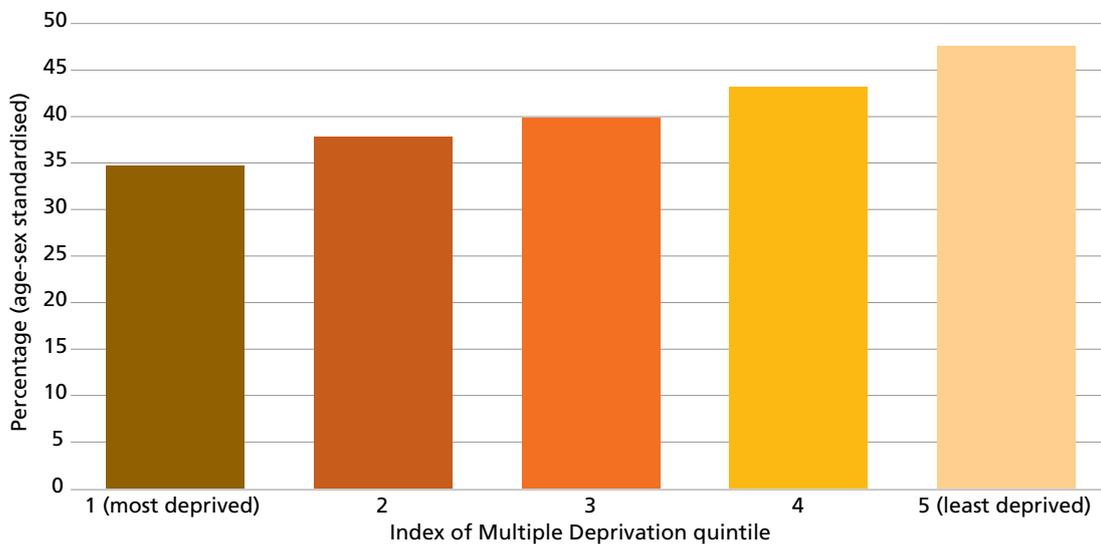
Figure 17: Percentage of adults reporting that they take regular exercise, by ward



Source: Croydon patient survey 2002-08

Figure 17 shows that at ward level the gap between the most and least active populations of adults is 16%, smaller than the 27% gap for children. Figure 18 shows that adults in the most deprived areas of Croydon are most physically inactive.

Figure 18: Percentage of adults reporting that they take regular exercise, by lower super output area quintile



Source: Croydon patient survey 2002-08

Pro-active South London and Sport England carried out their Active People 2 survey in 2007²¹. Table 8 shows the key findings for Croydon.

21 Pro-active South London (2007) Active People 2 survey report [<http://www.pro-activesouthlondon.org/landing.asp?section=0001000100030019§ionTitle=Information+%26+Resources>] accessed 20 October 2009

Table 8: Active People 2 survey results, 2007

	Croydon	London	National
% reporting no moderate activity in previous 4 weeks	51.68%	47.96%	48.50%
% achieving 3x30 mins per week for previous 4 weeks	15.25%	20.23%	21.32%
% achieving 5x30 mins per week for previous 4 weeks	7.19%	9.42%	10.83%

Source: Pro-active South London (2007) Active People 2 survey report

This survey identified that Croydon has the least active population in London South²², with the highest proportion of respondents reporting no moderate activity in the previous four weeks and the lowest proportion reporting that they had completed either 3x30 minutes per week or 5x30 minutes per week during the same period. Only just over 7% were meeting nationally recommended levels of moderate activity on a consistent basis. However, the Active People 2 survey does not take into account activities such as recreational walking, cycling or dance and this no doubt accounts for the difference between these estimates and those reported by the health survey for England²³.

An earlier survey conducted for Pro-active South London²⁴ looked at sports participation across seven London boroughs²⁵. In Croydon the most popular sport was swimming with football being ranked second. Athletics was third most popular although less so than in London or London South as a whole. Croydon had higher participation rates than London or London South for badminton, squash, bowling and boxing.

This survey also reported on participation in exercise movement and dance activities which while not formally defined as sports were frequently identified by respondents. Croydon had the second highest participation rate for these activities with nearly 25% of all participation in sport coming in this category. This is comparable with London as a whole. Over 50% of the participants in exercise movement and dance across London South were in the 25 to 44 age group and participation continued for a few into old age.

Use of existing leisure facilities in Croydon

All council contracted leisure centres in Croydon collect demographic data about their users. Although the catchment area for each leisure centre will not necessarily map on to ward boundaries it is nevertheless striking that in the north of the borough uptake of leisure centre membership by black and minority ethnic groups is disproportionately low, while in New Addington and Purley it is disproportionately high (Table 9). This may suggest that minority ethnic groups living in affluent areas are more likely to take up leisure centre membership than those living in deprived areas.

22 The survey covers the boroughs of Bromley, Croydon, Kingston upon Thames, Merton, Richmond upon Thames, and Sutton

23 Health and Social Care Information Centre (2009): Statistics on obesity, physical activity and diet. England, February 2009

24 Pro-Active South London (2008) Overview of sports participation in London South from the Active People Survey 2005-2006 [<http://www.proactivesouthlondon.org/landing.asp?section=0001000100030019§ionTitle=Information+%26+Resources>] accessed 20 October 2009

25 Bromley, Croydon, Kingston upon Thames, Merton, Richmond upon Thames, Sutton, and Wandsworth

Table 9: Attendance at leisure centres by black and minority ethnic groups

Ward	% BME* population 2001 Census	Leisure centre	% members from BME groups
Thornton Heath	56	Thornton Heath	46.5
South Norwood	44	South Norwood	25.4
New Addington	15	New Addington	27.4
Purley	26	Purley	40.7

*defined as all non-white ethnic groups

Source: Croydon leisure centre membership data

The 2009 indoor facilities needs assessment²⁶ used the council's talkabout survey to explore the attitudes and needs of the local community about leisure centre provision. The key findings from this survey are summarised in Table 10.

Table 10: Responses from talkabout survey 2009

	All	Proportion of 'All' by locality		
		North	Central	South
Never visited in last 12 months (don't know/no answer)	38% (5%)	31%	32%	37%
To reach facility:				
Willing to walk for up to 15 minutes	36%	not stated	not stated	not stated
Willing to walk for 15 minutes	24%	36%	37%	27%
Willing to travel 10 minutes by transport (don't know/no answer)	24% (22%)	25%	36%	39%
Satisfaction with quality of provision: very/fairly satisfied (don't know/no answer)	27% (34%)	44%	not stated	not stated
Availability of indoor sports facilities: very/fairly important (don't know/no answer)	64% (5%)	37%	34%	29%
Main reason for using facilities: to keep fit/good for health (no answer)	60% (31%)	40%	not stated	not stated
Barriers to making use of facilities:				
Lack of spare time	25%	56%	not stated	not stated
Cost	20%	not stated	not stated	not stated
Use facilities outside Croydon	17%	not stated	not stated	not stated
(No answer)	(4%)	not stated	not stated	not stated

Source: Croydon Council: Talkabout survey 2009

26 Croydon Council (2009): Croydon indoor facilities needs assessment

Whilst 64% of respondents thought it was important to have access to indoor sport facilities 38% of them said that they had not visited an indoor sports facility in the previous year. Only just over a quarter were satisfied with the quality of the provision and of those 44% were in the north of the borough where there is a new leisure centre in Thornton Heath. There was a reasonably high level of awareness of the health benefits of regular exercise with 60% stating that they made use of indoor sports facilities to keep fit or because it was good for their health. Of those 40% were resident in the north of the borough. Lack of time and cost were cited as important barriers to making use of indoor sports facilities.

Key findings: physical activity in adults

Only about 40% of adults of working age who responded to the patient survey reported taking regular exercise.

There is insufficient evidence to show important differences between ethnic groups.

Although the difference is less marked than with children, physical inactivity is more prevalent in areas of high deprivation.

The Active People 2 survey showed that Croydon has the least active adult population in south London with more than half reporting that they took no moderate exercise in the previous four weeks and only 7% consistently meeting nationally recommended levels of activity.

Sports participation rates are highest in swimming and football.

Exercise movement and dance activities attracted a significant proportion of the participants surveyed by Pro-Active South London.

While nearly two thirds of respondents to the talkabout survey thought it was important to have access to indoor sport facilities, 38% had not visited one in the previous year.

There is some evidence to suggest that minority ethnic groups living in affluent areas are more likely to take up leisure centre membership than those living in deprived areas.

Lack of time and cost were important barriers to making use of indoor sports facilities.

Risk factors associated with obesity: diet

The role of a healthy diet in tackling the developing epidemic of obesity is reflected in government strategies to promote healthier food choices and encourage increased consumption of fruit and vegetables alongside reducing intake of fat, sugar and salt. Establishing healthy eating habits in the child begins at birth if not before, and the need for a healthy diet continues throughout life. Research published by the British Association of Parenteral and Enteral Nutrition identified that 24% of older people living in sheltered housing were obese while 14% were malnourished²⁷.

Unlike physical activity there are very few local data on dietary intake in Croydon. The data available from the health survey for England only work at local level when aggregated over several years because the number of respondents in an individual year is too small for meaningful analysis.

27 BAPEN (2009) Screening for malnutrition in sheltered housing [www.bapen.org.uk]

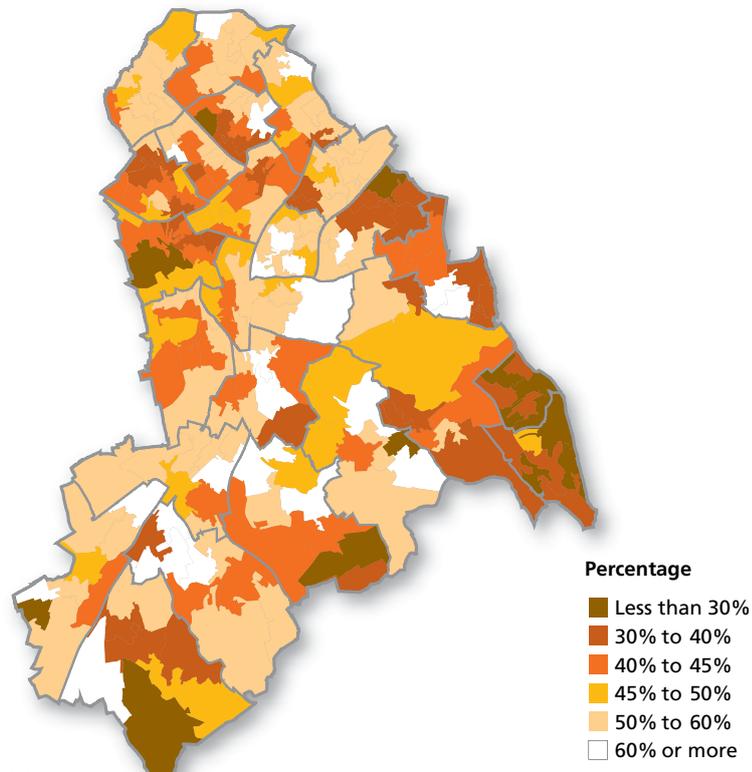
Breastfeeding

Breastfeeding has positive benefits for both mother and baby in the short and longer term²⁸. Breast milk is the natural first food for babies, providing all the nutritional needs for the first six months of life, promoting health and preventing disease for both mothers and babies. Exclusive breastfeeding is recommended for the first six months of an infant's life²⁹. High levels of breastfeeding are expected to have a positive impact on reducing infant mortality rates as well as reducing the proportion of children who become overweight or obese³⁰. However, many mothers who initiate breastfeeding give up in the early weeks and some health benefits are lost. Breastfeeding rates in the UK are low compared to the rest of Europe; the UK infant feeding survey 2005 showed that 78% of women in England breastfed their babies after birth³¹.

In 2008, 86% of Croydon mothers initiated breastfeeding. However, the proportion of babies being breastfed had decreased to 76.9% by the new birth visit, which normally takes place 10 to 14 days after the birth. Initiation and duration of breastfeeding is low among people living in more deprived areas (Figure 19) and analysis of local data identifies that young maternal age, low educational attainment and low socio-economic status are important factors in breastfeeding rates³².

The Department of Health now requires primary care trusts to report quarterly breastfeeding prevalence data collected at six to eight weeks following birth. In 2008-09 in Croydon, 57.4% of mothers were still breastfeeding their infants at six to eight weeks. Further analysis is needed to identify groups and communities in Croydon with low uptake and duration of breastfeeding. Evidence suggests that a large proportion of women who stop breastfeeding in the early weeks would have continued for longer if they had been given more support³³.

Figure 19: Proportion of mothers exclusively breastfeeding their babies at the new birth visit



Source: Croydon births database pooled data 2006-08

28 Department of Health (2004) National service framework for children young people & maternity services p 39

29 Department of Health (2003) Infant feeding recommendations p1

30 Bolling K, Grant C, Hamlyn B et al (2007) Infant feeding 2007. A survey conducted on behalf of the Information Centre for Health and Social Care and the UK health departments by BMRB Social Research London: The Information Centre p17

31 Ibid p38

32 A breastfeeding strategy for Croydon 2007-2010 p12

33 Bolling K, Grant C, Hamlyn B et al (2007) Infant feeding 2007: a survey conducted on behalf of the Information Centre for Health and Social Care and the UK health departments by BMRB Social Research London: The Information Centre p225

*Healthy lives, brighter futures*³⁴ reinforces the government's commitment to raise breastfeeding prevalence at six to eight weeks, and a range of local initiatives to encourage and support sustained breastfeeding are being implemented in Croydon. The well established breastfeeding peer support programme in Fieldway and New Addington is expanding to other deprived areas of Croydon, more baby cafés will be opening, and the implementation of UNICEF's baby friendly initiative will be supported by providing specific training for staff.

Fruit and vegetable intake

The health survey for England 2007³⁵ found that women aged 16 and over generally eat more fruit and vegetables than men. On average women consume 3.9 portions a day and men 3.6 portions. More women (31%) than men (27%) eat the recommended amount of five or more portions of fruit and vegetables a day. Consumption of fruit and vegetables increases with age reaching a peak of an average of 4 portions for men and 4.3 portions for women between the ages of 55 and 64. After the age of 65 fruit and vegetable consumption declines somewhat; the decline is sharper in women than men.

These figures generally show improvement in fruit and vegetable consumption since 2001, when only 22% of men and 25% of women were eating the recommended amounts. 78% of the women surveyed in 2007 were aware of these recommended amounts compared with 62% of men.

Local data on fruit and vegetable consumption by adults are not available. Using aggregated data from the health surveys for England 2003-05, estimates of the overall proportion achieving the recommended intake have been generated. These show that Croydon exceeds the national average but is slightly below that for London (Table 11). Extrapolating from national evidence it is likely however, that there are significant differences at ward or super output area level.

Table 11: Model estimates of the proportion of adults (age 16+) consuming five or more portions of fruit and vegetables per day

	Estimate %	Lower confidence limit %	Upper confidence limit %
Croydon	27.8	25.7	30.1
London	29.7	27.5	31.9
England	26.3	25.6	27.0

Source: Information Centre for Health and Social Care 2007: HSE data 2003-05; 95% confidence limits

Health survey for England 2007 data for children aged 5-15 showed that 21% of both girls and boys consumed the recommended amount of fruit and vegetables a day, a significant increase since 2001 when only 11% of both girls and boys met this target. More girls (73%) than boys (63%) were aware that the recommended daily intake is five portions or more.

The *TellUs3*³⁶ survey ascertains views from children and young people about their local area and includes questions about intake of fruit and vegetables. The results of the 2008 survey show that Croydon children's self reported intake of five portions of fruit and vegetables is lower than the national average for these ages although this was not a statistically significant difference (Table 12).

34 Department of Health (2009). *Healthy lives, brighter futures*. DH, London

35 NHS Information Centre (2009): Health survey for England 2007

36 OFSTED (2008): TELLUS3 survey

Table 12: Reported fruit and vegetable intake

How many portions of fruit and vegetables do you usually eat each day?		
	Croydon %	National %
None	3	4
1-2	29	27
3-4	45	42
5 or more	19	23
Don't know	4	5

Source: OFSTED (2008) TELLUS3 survey

School meals

The school meals in Croydon, which are provided through a central contract with the council, comply with national nutritional standards. It is not possible to confirm the standards of meals provided by schools which have an in house catering system. Schools within the central contract have a cashless system which enables data on the foods chosen by the children to be collected. Schools with in house provision collect this information manually and as a result there are issues with data completeness and consistency.

As part of achieving healthy school status a school must demonstrate that it is offering healthy options and complying with national nutritional requirements. There is limited scope for checking that these standards are being maintained after healthy school status has been awarded.

There is a national indicator (NI 52) which relates to the uptake of school lunches; the aim is to see an increase in uptake of free school meals. Separate targets for primary and secondary schools have not been set and further guidance is awaited.

The uptake of school meals in Croydon's primary schools in 2008-09 was 42.5% compared with 30% in the secondary schools. The overall uptake rate achieved in both 2007-08 and 2006-07 was 35%.

Eligibility for free school meals is an indicator of levels of deprivation. Children who are eligible for free school meals may well be the same children who have most to gain from healthier school meals. Table 13 shows the eligibility and uptake levels by the former school local delivery partnership areas in Croydon for the three academic years 2006-2009. It should be noted that these figures are collected only from schools participating in the central contract; the majority of secondary schools and ten primary schools have their own in house catering and for these schools there are no data. Of the four secondary schools in the central contract, two are in areas of affluence with low numbers eligible for free school meals (<5%).

Table 13: Eligibility and uptake of free school meals, primary and secondary schools combined

Area	2006-2007		2007-2008		2008-2009	
	eligible %	uptake %	eligible %	uptake %	eligible %	uptake %
North	25%	75%	25%	71%	24%	75%
West	26%	77%	25%	76%	26%	73%
Central	22%	83%	21%	74%	22%	71%
East	30%	60%	25%	64%	25%	67%
South	13%	73%	12%	80%	13%	73%

Source: Department for Children, Schools and Families

The national average for the uptake of free school meals in primary schools was 82%; the London average was 80%. As so few secondary schools are included in these figures it would appear that free school meal uptake in Croydon is lower than both regional and national averages. It is noticeable that the uptake of free school meals in Central has reduced substantially over the last three years and that East has both high eligibility and relatively low uptake, although this has increased steadily over the three years where in other areas it has not.

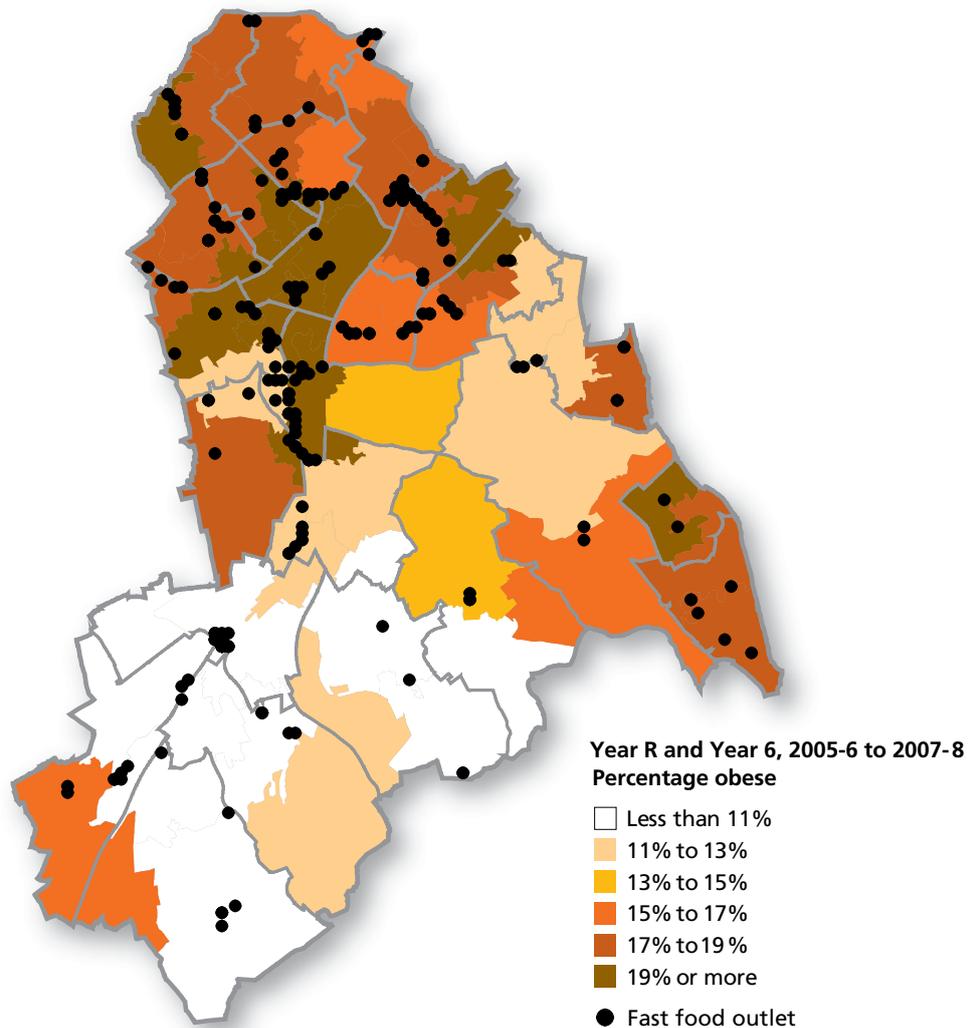
A cashless catering system in primary and secondary schools is being implemented across Croydon initially including all schools covered by the central contract. Schools not in the central contract are being encouraged to join on the basis that the administrative costs of doing so are outweighed by the benefits of the scheme; these include a reduced stigma associated with free school meals and improvement in the overall uptake of school meals. Additional benefit gained from the second phase of the project is that data can be collected at source, recording what a child has selected through the implementation of an electronic point of sale till in every dining hall. Phase 2 will be linked to nutritional analysis and give access to all interested stakeholders through the web. It will also give accurate objective data to all and allow the local authority to measure the impact of its healthy schools policies.

Fast food outlets

In March 2009 there were 276 registered fast food outlets across Croydon. The greatest density (13% of the total) was in Fairfield ward and the lowest in Fieldway (0.7%). Outside of the town centre the main concentration of fast food outlets is along the A23 trunk road and scattered throughout the northern wards.

The geographical distribution of fast food outlets tends to reflect major transport routes and population centres but they are also situated in areas where rates of obesity in children are high (Figure 20). Positive engagement with fast food outlets could help to address the problem of childhood obesity by for example, encouraging them to offer healthier choices on their menus.

Figure 20: Location of fast food outlets and prevalence of obesity in Croydon



Source: Croydon Council and national child measurement programme data 2005-2008

Weight management services

Lifestyle advice

Healthcare professionals routinely offer lifestyle advice to people who are overweight or obese together with other support as appropriate to the individual. However, there is no evidence that those most in need of it have ready access. In groups at high risk of developing long term conditions such as diabetes this is an essential intervention. For many people signposting to appropriate self help options is sufficient. For others more specialist support is required. The introduction of NHS health checks for those aged 40 to 74 over the next few years will lead to more people being identified as in need of support to adopt healthier lifestyle choices and is likely to increase demand for weight management services and physical activity programmes.

Boost Croydon

Boost Croydon is a new programme commissioned by NHS Croydon from MyTime Active. It has two components: a prevention programme based in children's centres, for children aged 0 to 5; and a holistic weight management service for children aged 4 to 13. Children identified as obese through the national child measurement programme are being signposted to the treatment service. As the project has been running for less than a year outcome data are not yet available, but uptake of the prevention programme at children's centres has been particularly encouraging.

Pharmacy based programmes

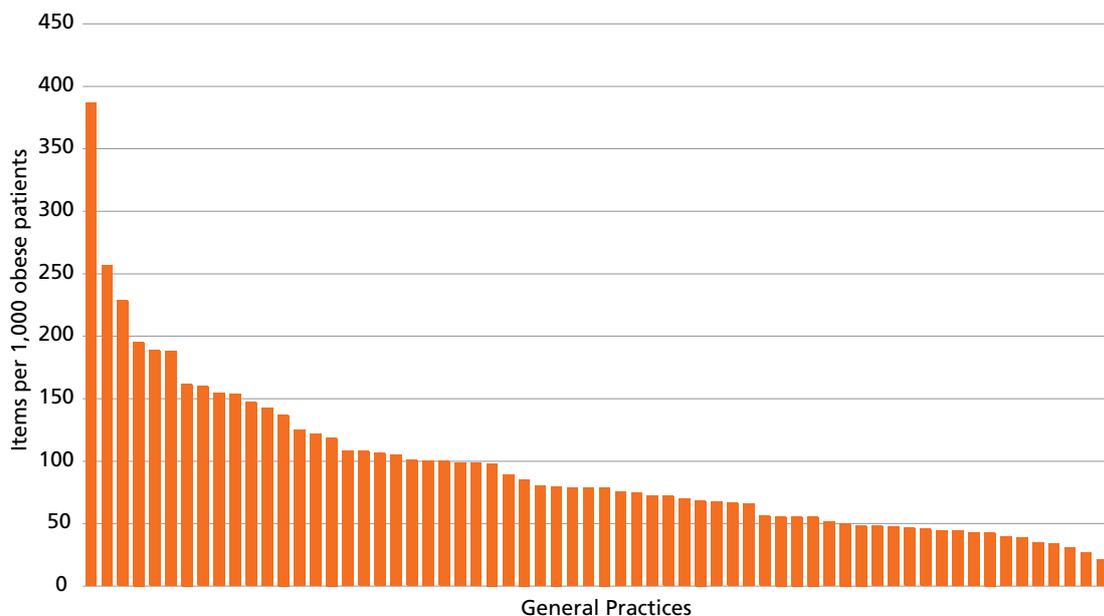
Forty nine pharmacists in Croydon are undertaking a 12 month pilot to increase the recording of body mass index and other risk factors for patients who have not had a weight check with their GP in the last year. Since November 2008 1527 body mass index checks have been completed. Evaluation of the pilot will be conducted in the context of the introduction of NHS health checks, anticipated from the second half of 2009-10.

A second Local Enhanced Service (LES) has ten pharmacists, from five pharmacies, accredited to provide weekly weight management advice on a one to one basis. This service, being run as a pilot, allows for the prescription of Orlistat (a weight management drug) when criteria specified in a patient group directive are met. Evaluation of this service will be completed in 2010.

Pharmacological treatments

The main drugs prescribed for the treatment of obesity are Rimonabant (to mid 2008³⁷) and Sibutramine. The cost of prescribing these drugs was approximately £90,000 over 2007-08. Analysis of the prescribing data shows wide variation between general practices for which there is no obvious explanation (Figure 22). No outcome data that can be directly linked to prescribing information are available.

Figure 21: Anti-obesity drugs prescribed per 1000 obese patients 2008-09



Source: Croydon GP data Feb 2008- Jan 2009

Bariatric surgery

Surgical treatments for obesity are still rare but have been increasing in frequency over the last few years from fewer than ten cases in 2006-07 to more than 30 in 2008-09. Between April 2006 and March 2009 a total of 70 cases of people receiving bariatric surgery for obesity were recorded³⁸. 67% of these individuals were women and almost half (48.5%) were aged 35 to 49. To be eligible for this treatment, patients must have a body mass index of more than 50 kg/m², or 45 kg/m² if the patient also has a condition that would be improved if they lost weight, and be able to participate in a multi-disciplinary programme that prepares them for surgery and the aftermath.

37 NICE withdrew the guidance recommending Rimonabant in 2008 pending further review of the evidence of its safety. The data presented here include prescriptions of this drug.

38 Hospital episode statistics: see www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1195 for codes included.

Key findings: weight management services

Lifestyle advice and support to adopt healthier choices is available but there is no evidence that those most in need of it have ready access.

The Boost Croydon weight management programme is underway from September 2009.

Demand for lifestyle support and weight management services is expected to increase.

The wide variation in GP prescribing rates for drugs that treat obesity is unexplained.

Bariatric surgery remains rare but numbers of cases trebled between 2006-07 and 2008-09.

Services promoting physical activity

Services and projects to enable and support people across Croydon to be more physically active are delivered by a range of providers including Croydon Council and Pro-active South London (through the schools sports partnerships) as well as by the voluntary sector.

Exercise referral scheme

An exercise referral scheme has been in place since 2001. Funded by NHS Croydon, it is delivered by the active lifestyles team at Croydon Council and was originally set up to promote the benefits of exercise in reducing the risk of coronary heart disease in people referred by their GPs or other healthcare professionals. Over the years the most common reason for referral to the exercise referral scheme has been overweight or obesity (33%) with another 20% being referred because of their sedentary lifestyle. Eleven per cent were referred because of depression. More women than men use the service and 46% of participants to date have been over the age of 55, with a further 22% in the 46 to 55 age group. Ethnicity recording has been poor (although improving) with ethnicity being 'not recorded' in 36% of all participants to date. Amongst those whose ethnicity was recorded 46% of participants were of white British origin, 31% from black ethnic groups, and 10% from Asian ethnic groups.

An evaluation of the service was undertaken in 2007 which identified a number of recommendations. These included the introduction of a risk stratification tool in order to identify those individuals with most need for personal support from the team, and those for whom signposting to other services would be appropriate. Other recommendations included the need to improve data collection and follow up of service users to track outcomes. It was also recommended that the structure of the programme be amended to include a midway review and more flexible pathways for individuals³⁹.

Data on completion rates are not yet available. Evaluation of the risk stratification tool, which has been in place for about a year, is awaited.

Guided walks

The guided walks programme is delivered by the active lifestyles team of Croydon Council and is open to all residents of Croydon aged 18+. Attendance is not limited to a fixed number of sessions and capacity exists to enable ongoing attendance. Data on the uptake of this service are limited and no evaluation in terms of outcomes for participants has been completed.

In 2008 there were 196 participants of whom 79% were female. Just under half had south and central Croydon postcodes and 65% of participants were white British. This suggests that people living in north Croydon are less likely to make use of this service.

39 Croydon PCT (2007) Croydon exercise referral scheme report

Promoting physical activity amongst people with mental illness

Poor physical health is very common in people with mental health problems. They are more likely than the rest of the population to smoke, be overweight, live sedentary lifestyles and have a poor diet. The voluntary organisation Mind in Croydon offers a programme of activities including sailing, boxing and gardening for people with mental health problems. These are funded from a range of sources including NHS Croydon, Croydon Council, Big Lottery, Comic Relief, and Film London.

The Mind *boxercise* project provides an opportunity for people with severe mental illness to improve their physical health and fitness and improve their self-esteem, confidence and general wellbeing through a ten week programme based on boxing and general fitness training. An evaluation of the *boxercise* project was carried out and reported in February 2009. To date around 50 people have participated in the programme and, although there is a mixed picture in part due to inconsistent data collection between cohorts, there is some evidence of sustained behaviour change and for some individuals, participation in the project has proved to be life changing.

The buddying scheme is a one year pilot project developed in response to the high drop out rate amongst people with mental health problems from the exercise referral scheme. The intention is to provide participants with buddy support to encourage them to participate in any appropriate programme that will enable them to increase their levels of physical activity. Some of the buddies will themselves have been past users of such services as *boxercise* or the exercise referral scheme. Evaluation of the project will be completed by May 2010.

Promoting physical activity amongst people with learning disabilities

Physical activity programmes for people with learning disabilities are coordinated by Leisure Link which is a forum for individuals and organisations who share an interest in community based leisure activities; it is a sub group of the learning disabilities partnership group. A programme of arts, culture and sports activities is provided across Croydon. No data on those who participate in these activities are collected.

Leisure Link has identified a number of issues and service gaps for people with learning disabilities:

- Not being able to travel independently to venues.
- Lack of disposable income.
- Lack of support to enable the individual to participate fully; the need to explore the possibility of buddying schemes or supporting friendship groups to enable them to participate in activities together and continue their friendships.
- Care providers do not always give the priority they might to support users to participate in physical activity.
- Disability and access awareness training of staff at leisure venues is required including challenging discriminatory behaviour, ensuring appropriate support, providing information in accessible formats and appropriate signage.
- Ensuring that vulnerable clients are safeguarded.
- Lack of activities for those over 25 years, for example dance or sports, where these are available to the younger age group.
- Lack of activities during college holidays, evenings and at weekends.

Promoting physical activity amongst older people

Age Concern offer line dancing sessions funded by Well London which are held weekly in west Croydon. More than 50 older people are registered for these sessions and there is an average weekly attendance of 35. A walking for health group meets every Friday facilitated by the active lifestyles team and funded by Well London. Thirty six people are registered with this group and on average 12 attend each week. Both projects are currently funded on a time limited basis from external sources.

Promoting physical activity amongst children and young people

A range of programmes both continuing and one off have been delivered in Croydon. A selection is shown at Appendix 1. One of the challenges is that funding for projects may be short term and drawn from many different sources. Outcomes are difficult to define or measure and it is not clear how these projects are linked together in a strategic way.

In August 2009, a play month was funded by the community grants programme. A wide range of activities was delivered at venues across Croydon by a range of voluntary organisations and community groups. An evaluation of the programme is awaited.

The *playbuilder* programme is developing sixteen sites across Croydon over the next three years to provide children with safe and appropriate play areas. In addition, in 2008 six new play spaces were established in parks, green spaces and housing estates. An evaluation of the programme will include interviews with children and assessment of the impact of these facilities on the quality of children's lives.

Free swimming is available for children under 16 at all leisure centres in Croydon. Data on uptake of this facility are not currently available.

The Boost Croydon programme provided through children's centres across Croydon has been running since April 2009. This programme works with families including very young children to convey a healthy lifestyle message and encourage a range of activities to improve levels of physical activity and healthier food choices.

Key findings: services promoting physical activity

Incomplete data make it difficult to establish whether uptake of services is consistent with need.

There is a general lack of robust outcomes data.

There is patchy or nonexistent provision for groups with special needs, for example people with mental illness or learning disability, the physically disabled and older people, and much of what does exist is funded on an ad hoc basis.

While there is a good range of provision for the younger child, there is less consistent provision for teenagers and young adults especially those who would prefer to participate in non-sports physical activity, for example dance.

Services promoting healthy eating

Healthy eating through family learning

Croydon adult learning and training (CALAT) delivers specific programmes which impact upon improving healthy eating and physical activity through adult literacy, numeracy and wider family learning. A list of courses and programmes provided is shown at Appendix 2. During 2008-09 these courses had a total enrolment of over 1000 adults and children. Each course is run at capacity with low drop out rates. The expected outcomes for the learners are individualised and measured using record and report progress attainment (RARPA), a national toolkit to support the quality assurance of non-accredited learning. The courses target areas of deprivation, hard to reach communities and schools with low literacy and numeracy levels.

Training for health and social care staff

The public health training programme includes a range of courses intended to enable front line staff to identify and provide first line support in dealing with overweight and obesity:

- A holistic approach to childhood obesity.
- Good nutrition for under fives.
- Identifying and managing obesity in adults.
- Nutrition skills training.
- Healthy eating sessions for children.
- Promoting the health of looked after children and young people.

Child nutrition guidelines

To support the delivery of the national indicators NI 53 (prevalence of breastfeeding at six to eight weeks) and NI 55 (reducing obesity amongst children in reception year) the child nutrition guidelines bring together evidence based information for health professionals and other staff working with children 0 to 5 years. These guidelines are currently being reviewed in line with new guidance from the National Institute for Health and Clinical Excellence and the Food Standards Agency. The aim is to ensure that all professionals working with young children and their families give consistent and up to date advice.

Healthy schools programme

Establishing healthy eating patterns and the habit of being physically active at an early age is a key element of the national *Healthy weight, healthy lives* strategy. The healthy schools programme is an essential contributor to delivery of these aims.

The national target is for 75% of schools to achieve healthy school status by December 2009; Croydon's local area agreement target is to achieve 95% by 2011. In the North area where prevalence of obesity is high, 28 schools out of 30 have signed up for the programme with seven still to achieve healthy schools status. Overall in Croydon there are 32 schools which have signed up and are working towards healthy schools status.

In Croydon a nutrition scheme of work has been written for primary schools to equip children with the knowledge, skills and attitudes that will enable them to make healthy food choices. The scheme of work meets the requirements of the science curriculum and complements aspects of the personal, social and health education curriculum, especially in addressing the importance for children to acquire the necessary skills for developing healthy eating habits and lifestyle.

The *let's get cooking project* is setting up sixteen after school cooking clubs in Croydon for children and families. This project is part of a national programme that aims to increase food preparation and cooking skills and increase intake of nutritionally healthy food. It has secured funding for two years from the Big Lottery.

In early 2008 the Department for Children, Schools and Families announced that from September 2008 every 11 to 14 year old in the 85% of schools currently offering food technology classes will be taught practical cookery with an emphasis on simple, healthy recipes using fresh ingredients. The remaining 15% of secondary schools will be expected to teach the compulsory classes by 2011.

Promoting healthy eating amongst older people

Age Concern currently run two projects both designed to deal with weight management issues that commonly affect older people:

- 1 *Fit as a fiddle* is a two year project, funded to March 2010, which engages with community groups to promote healthier food choices and weight management through group activities. One volunteer from each group is trained to become a health mentor so that they can offer peer support and encouragement within their group. To date ten community groups have been engaged in the project, with twelve volunteers trained. Very positive outcomes for individuals and the groups themselves are reported.
- 2 *Eat well – keep well* is a project funded until March 2010 and aims to tackle the issue of malnutrition and weight loss in older people. It raises awareness of the risks and causes of malnutrition amongst older people, their families and carers and offers screening to identify individuals who need advice and support to improve their nutritional status. In its first year 57 awareness raising events took place with nearly 1500 people in contact with the service of whom 59 received some level of personal input and support.

Community food projects

These include:

- The Foodlink scheme has been running for nearly ten years; it provides access to fresh fruit and vegetables at low cost to residents in Fieldway, New Addington and the Shrublands estate. In New Addington a cohort of regular users has become established and there are good links with the local children's centres and nurseries. The funding for this project is provided by NHS Croydon on a recurring basis although the service is subject to ongoing review and evaluation.
- Cookery clubs encourage people from black and minority ethnic communities to learn about and use healthier cooking methods to produce traditional foods. They are run in a number of settings in Croydon and are supported by a mix of funding, some of it ad hoc. The evidence of impact and effectiveness is variable.
- The Spa Hill allotment project, encouraging and enabling people to grow their own vegetables, is funded from a combination of sources on a time limited basis. This has shown real benefits for individuals who gain from the social contact and physical activity as well as improved access to fresh fruit and vegetables. The challenge is to secure sustained use of allotments by their tenants although demand for allotments exceeds the supply.

Key findings: services promoting healthy eating

The CALAT programme aims to develop knowledge and skills around healthy eating in people from high risk communities.

The provision of cookery clubs is patchy and their impact on improving health and reducing inequalities is unclear.

Healthy eating projects such as allotment schemes, offer more benefits than just improving diet and consumption of fruit and vegetables.

Although there is some after school provision for 16 year olds there is no action plan in place to implement the national requirement that timetabled cookery classes will be offered to all 11 to 14 year olds by 2011.

Appendix 1: physical activity projects for children and young people in Croydon

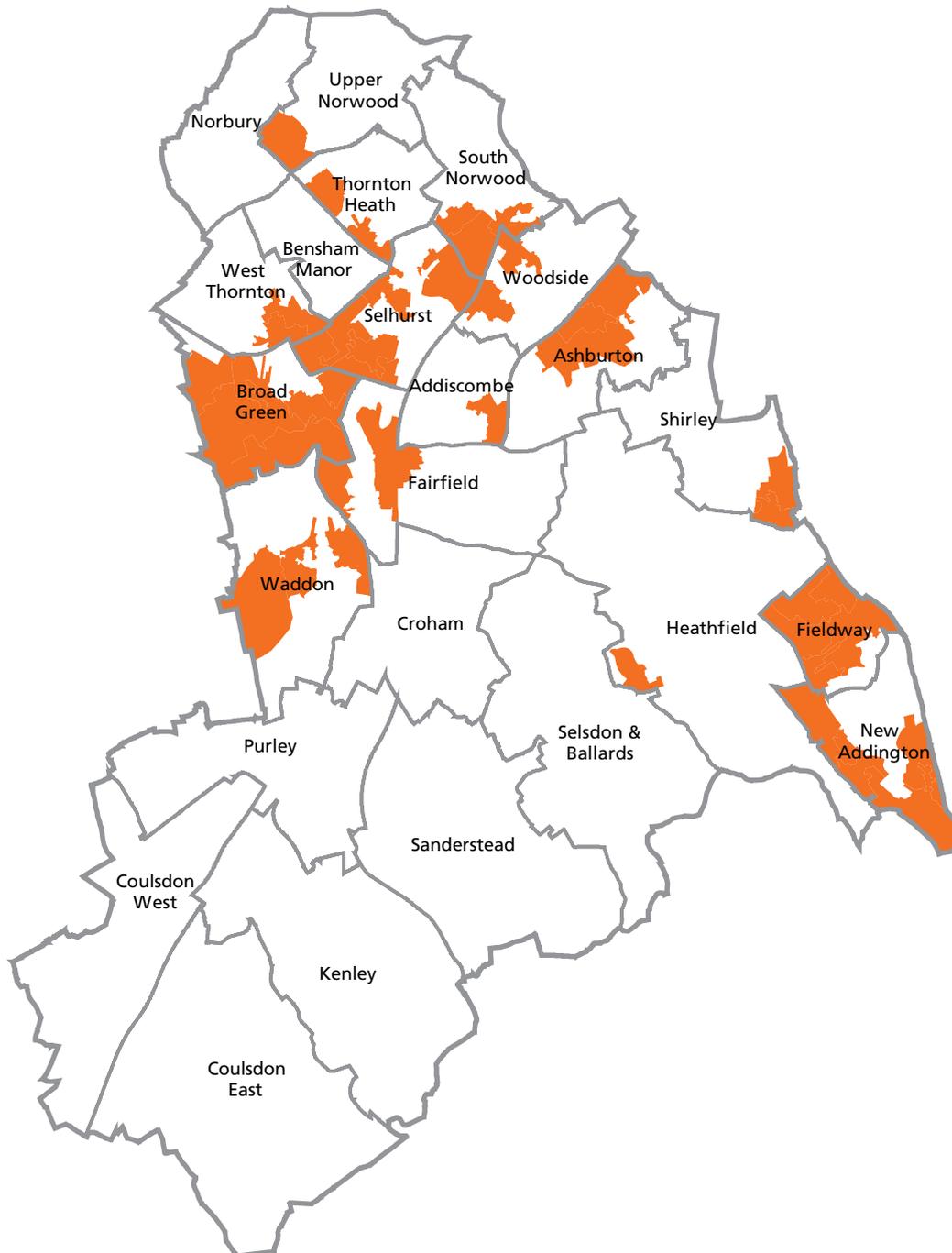
Programme	Rationale	Target group	Outcomes	Funding
Kickz	Target anti-social behaviour hotspots and provide football coaching as a diversionary activity bringing together multiple providers of youth oriented services	Young people	Average weekly attendance of 339 individual young people	Croydon Council - £80k per year, Football Foundation - £40k per year
Estates sports programme	To provide participation opportunities at specific targeted sites within a particular radius	Young people aged 8 - 16	3000 participants	Croydon Council community involvement, adult services & housing £25,000
London youth games	Competition and participation opportunities at a regional level across 30 different sports	Young people aged 9-18	700 participants	Croydon Council, sports development team, community services £12,500
Spaces for Sport (South Norwood recreation ground)	To provide a programme of sporting opportunities and to promote the use of the site	All	Increased and sustained use of the facility year on year	Barclays <i>spaces for sport</i> programme £15,000
Crystal Palace football in the community	To provide a range of football opportunities across the borough throughout the year	Young people aged 5-18	To increase and maintain free or affordable opportunities and involvement in sport	Croydon Council, sports development team, community services £12,000

Programme	Rationale	Target group	Outcomes	Funding
Playsport London	To provide free gymnastics and movement sessions for young people with disabilities	Young disabled people aged 5-21	20 participants	Playsport London £990
Disability sports programme	To provide a range of sporting opportunities to cater for all abilities across the borough	Young disabled people age 8-18 years	700 participants	Croydon Council, children, young people & learners <i>aiming high</i> grant £21,000
Young elite individual grants programme	To provide financial assistance to young people to support their sporting endeavour at elite level	Young elite athletes aged under 20		Croydon Council, sports development team, community services £3,000
Basketball	To encourage the game in schools and clubs	Secondary school-age children	New project 2009-10	Sport England
Women-only swimming sessions, available at all leisure centres	To encourage women to participate in physical activity in an environment they find acceptable			Within contract

Appendix 2: map showing wards and deprivation in Croydon

The most deprived 20% of areas in Croydon

Shading = most deprived 20% of lower super output areas



Appendix 3: CALAT programme of activities relevant to *Healthy weight, healthy lives*

Course title	Age range	Outcomes	Enrolments
Good living workshops	7-12	Working with special needs children, allowing the adults to see how they can 'trust' their child in the kitchen to help with food preparation in the home environment	9
Ready steady cook (two courses)	2-8	Children and adults learned about healthy eating and how to prepare and cook healthy meals and snacks. This led to a food hygiene course and a stall in New Addington market	11 10
Chicken and the egg	8-16	Children and adults learned about healthy eating and how to prepare and cook healthy meals to encourage healthy food in the home	Part of family learning week 2008
Family learning week	0-16	A variety of food workshops took place over family learning week 2008, including preparing dried fruit necklaces, fruit kebabs, pitta packets, smoothies and healthy lunch to encourage healthy food in the home	845
Family cooking	3-8	Children and adults learned about healthy eating and how to prepare and cook healthy meals and snacks including school lunch boxes	6
Fun with food	3-8	Children and adults learned about healthy eating and how to prepare and cook healthy meals and snacks including school lunch boxes	12
Cooking tea together	6-11	Children and adults learned about healthy eating and how to prepare and cook healthy meals in the home	9 families
Dads' football with healthy eating	3-11	Children learned about healthy eating and how to prepare and cook healthy meals and snacks; children and adults engaged in sports and physical activities; excellent progression for dads the majority of whom will be doing voluntary football coaching in the community in September.	17 adults 23 children
Feed a family 4 a fiver workshop	0	Children and adults learned about healthy eating and how to prepare and cook healthy meals and snacks	Awaiting enrolments
Swimming Chipstead Valley CC	10 months to 5 years	First steps into swimming so that families are more comfortable with taken their child into local pools over the summer	12

Course title	Age range	Outcomes	Enrolments
Family cake decorating (2 courses)	8 -15	Children and adults have learnt how to make fruit and sponge cakes and how to decorate them	29
CALAT centre family cookery	8 -15	Children and adults learned about healthy eating and how to prepare and cook healthy meals. New recipes have been added to family menus.	10
Dance in a day	8 -15	Children and adults learnt about types of dance. Good progression as adults are planning to join CALAT courses in September	13
Tai Chi	8 -15	Children and adults learnt about Tai Chi. Good progression as adults are planning to join CALAT courses in September.	8