Harrow Obesity Strategy 2014 - 2018

Obesity is everyone's responsibility

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Foreword

We know that physical inactivity and eating poorly contribute to gaining weight leading to obesity. Both obesity and a lack of exercise is more prevalent in areas of relative lower incomes and certain people in Harrow are more at risk of obesity and the related conditions such as diabetes, depression and heart disease. Recent estimates for the borough showed that there are over 44,000 obese adults in Harrow and one in five children aged 10 years old are of an unhealthy weight.

Harrow Council is using this strategy as a local framework to encourage all potential partners – statutory, voluntary and commercial sectors and, of course, local residents to use their influence and skills to support our shared aims to prevent and reduce obesity. We want to work across the life course and have a family based approach reaching all people who need it. Our obesity pathway will need a range of interventions to promote education, an increased active lifestyle and behaviour change to tackle the upwards trend in obesity. We already have lots of excellent work going on to support healthy lifestyles in Harrow and this strategy will build upon these opportunities to develop initiatives that work and join up professional working and communities.

I am determined that Harrow Council has such important public health issues such as this at the core of its work and runs through every department and policy. We must make sure that what services the Council has responsibility for; from school provision to planning and from housing to sports and leisure services are geared up to ensure that we can help prevent and reduce the levels of obesity in the population. The individual's responsibility for their own weight will be supported by the Council whenever it can and this strategy forms a cornerstone to working with others to help those that need it.

Councillor Simon Williams
Harrow on the Hill Ward (Conservative)
Cabinet Member for Health and Wellbeing
Harrow Council

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Glossary

Behaviour-change techniques- Behaviour-change techniques are techniques aimed at changing the way someone acts (and so, logically, their thinking patterns).

Body mass index (BMI)- Body mass index is defined as a person's weight in kilograms divided by the square of their height in metres and is reported in units of kg/m2. Specific cut-off points are used to assess whether a person is a healthy weight, underweight, overweight or obese. For children and young people these are related to age and gender.

Child and adolescent mental health services (CAMHS)- Child and adolescent mental health services are specialist mental health services for children and young people.

Clinical commissioning groups- Clinical commissioning groups (CCGs) are responsible for commissioning a range of healthcare services for children and adults. This includes specialist obesity services (sometimes called tier 3 services). The groups do not directly commission lifestyle weight management services (sometimes called tier 2 services). Rather, they work with local authorities to coordinate and integrate planning and commissioning through the health and wellbeing board.

Comorbidities- Comorbidities are diseases or conditions that someone has in addition to the health problem being studied or treated.

Excess weight- Those classified as overweight or obese also described as above a healthy weight.

Health and wellbeing board- Health and wellbeing boards are based in upper tier and unitary local authorities. They aim to improve health and care services and the health and wellbeing of local people. They bring together key commissioners in the locality, including representatives of clinical commissioning groups, public health, children's services and adult social services. They include at least 1 elected councillor and a representative of HealthWatch. The board develops a health and wellbeing strategy for the local area. This is based on an assessment of local needs, including a joint strategic needs assessment.

Lifestyle weight management programmes- In this strategy, lifestyle weight management programmes refers to programmes that focus on diet, physical activity, behaviour-change or any combination of these elements.

Lifestyle weight management services- In this strategy, lifestyle weight management services (sometimes called tier 2 services) refers to services that help people in a particular geographical location who are overweight or obese. The service can be made up of 1 or more lifestyle weight management programmes. The programmes are usually based in the community and may be run by the public, private or voluntary sector.

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National Child Measurement Programme- The National Child Measurement Programme (NCMP) measures the weight and height of children in reception class (aged 4 to 5) and Year 6 (aged 10 to 11). The aim is to assess the prevalence of obesity and overweight among children of primary school age, by local authority area.

NHS England- NHS England commissions primary care, clinical and specialised services. It also commissions public health services for children aged 0–5 years (including health visiting and much of the Healthy Child Programme). In 2015 the organisation's public health services transfer to local authorities.

Obesity- Obesity can be defined as a condition of excess body fat, where fat has accumulated to an extent that is likely to be detrimental to health.

Obesity care or weight management pathway- An obesity care or weight management pathway represents the various routes through local services that an individual child or young person might follow to help them manage their weight. A comprehensive obesity care or weight management pathway spans both prevention and treatment, offering services at different levels or 'tiers'.

Obesogenic- Tending to cause obesity. It refers to an environment that promotes gaining weight and one that is not conducive to losing weight. The problem is variously put down to social causes (too many sedentary pursuits available, leading to less cycling, and walking) or to the results of our consumer lifestyle (eating pre-prepared meals that contain excessive sugar and fats).

Overweight- above a weight considered normal or desirable

Physical activity- Physical activity includes the full range of human movement. It includes everyday activities such as walking or cycling for everyday journeys, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport.

Public Health England- Public Health England is an executive agency of the Department of Health. It provides advice and expertise to local authorities, NHS England and clinical commissioning groups on the commissioning of public health services.

Sedentary behaviour- Sedentary behaviour describes activities that do not increase energy expenditure much above resting levels. Sedentary activities include sitting, lying down and sleeping. Associated activities, such as watching television, are also sedentary.

Specialist obesity services- In this guidance, specialist obesity services (sometimes called tier 3 services) usually refers to clinical treatments provided by specialist services.

UK 1990 centile charts- UK 1990 centile charts, also referred to as the British 1990 growth reference (UK90), are charts used for children aged 4 years and older to determine whether

their BMI is appropriate for their age and gender. See the National Obesity Observatory's A simple guide to classifying body mass index in children.

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Harrow Obesity Strategy 2014-18

Obesity is everyone's responsibility

Harrow Council's priority is to achieve a cleaner, safer and fairer Harrow and this strategy will support this aim by reducing people's fear of crime by making open spaces busier and friendlier as we encourage more people to be physically active. We will make Harrow a fairer place to live as we ensure everyone in the borough has access to effective healthy eating advice and weight management support meaning they are empowered to make healthier choices themselves. This strategy reinforces the case made in the recent 'Harrow on the Move – Director of Public Health's Annual Report 2014' by refining and strengthening the pathways to both weight management and exercise, making the most of resources across the borough.

Harrow Joint Health and Well Being Strategy (2012-16) identifies healthy eating, physical activity and maintaining a healthy weight among the important lifestyle factors for primary prevention. Reducing the proportion of children and adults with excess weight and increasing the proportion of physically active adults are two of the outcome measures in the local Health and Well Being Strategy Implementation Plan. This also reflects the Public Health Outcomes Framework 2013-16 for England.

The high level outcomes we will achieve

This Obesity Strategy uses the priorities laid out by the Health and Wellbeing Board together with intelligence and insight from the recent Obesity Needs Assessment to give both direction and impetus to tackle excess weight in Harrow. Excess weight in adults and children are indicators in the Public Health Outcomes Framework 2013-16. This strategy will mean that by working together by 2018 we will achieve the following high level outcomes:

1. To ensure we have a fully operational pathway to prevent, identify and treat excess weight in Harrow that complies with national guidance which includes;
   - at least 200 professionals trained to deliver specified brief advice on health weight at tier 1 (will be data from 2016/7)
   - at least 500 people adults treated annually in weight management tier 2 interventions (will be data from 2016/7)

- at least 500 children treated annually in weight management tier 2 interventions (will be data from 2016/7)

2. To ensure we do not have any further increase in the prevalence of excess weight (overweight and obesity) between Reception (age 4-5) and Year 6 (age 10-11) in children (Public Health Outcomes Framework indicator 2.06i and ii and will be data from 2016/7)

3. To ensure we at least maintain or better our relative position for the prevalence of excess weight in adults when compared to the London and England average (Public Health Outcomes Framework indicator 2.12 and will be data from 2016/7)

The strategy emphasises the prevention of excess weight, the treatment of overweight and obesity and also maintenance once a healthy weight is achieved. Consultation has been sought with stakeholders, residents and services users through obesity pathway groups and a consultation event (see appendix 1 and 2 for details).

This strategy draws on existing national and local good practice, as identified in the obesity needs assessment (summarised in Chapter 3), assesses the evidence base (Chapter 2) and identifies priorities for action, using guidance from pathway groups and consultations (Chapter 4). The pathway groups will monitor and oversee the completion of these plans in 2014-18.

The aims

The overarching aims of this strategy and the action plans can be summarised in the development of the following three aims:

- strong and sustainable networks and partnerships to increase the capacity to prevent and treat excess weight and maintain healthy eating in Harrow;

- clear and widely available approaches to the identification and self assessment of weight issues;

- communication with the right people in the most effective way to support everyone to take responsibility for achieving health weight

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Chapter 1

1.0 Obesity is everyone's responsibility

What is obesity?

Obesity and overweight, which precedes obesity, is a global epidemic. For adults and children overweight and obesity are assessed by body mass index (BMI) and this is reflected in both the Public Health Outcomes Framework 2013-6 indicators on excess weight. BMI is calculated by dividing a persons weight in kilograms by their height in metres squared. Obese adults are defined as having a BMI of over 30 and overweight is a BMI of over 25[1]. More than one classification system is used in the UK to define 'overweight' and 'obesity' in children. For the National Child Measurement Programme (NCMP) the body mass index (BMI) is plotted onto a gender-specific BMI chart (the UK 1990 growth reference chart for children aged over 4 years)[2]. Children over the 85th centile, and on or below the 95th centile, are categorised as 'overweight'. Children over the 95th centile are classified as 'obese'. The World Health Organisation (WHO) predicts that by 2015 approximately 2.3 billion adults worldwide will be overweight and 700 million will be obese[3]. The Foresight report predicted that by 2050 60% of men and 50% of women could be clinically obese in England[4].

What causes weight gain?

Weight gain results from energy imbalance: people are eating too much for the amount of physical activity they are doing. Obesity can also be linked to environmental, genetic, psychological and social/cultural factors, but a balanced diet and physical activity are both essential for maintaining health. However, over the last 10 years, average adult energy expenditure has decreased by as much as 30%, suggesting that declining levels of physical activity are of particular importance in rising obesity levels. The most significant predictor of childhood obesity is parental obesity.

[1] Obesity - Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children 2006' NICE clinical guideline 43 2006

[2] NICE online accessed 10/9/13

[3] World Health Organisation. Obesity and overweight. Factsheet No 311.September 2006

[4] Foresight 2007, Tackling obesities: future choices. Project Report

The UK Government is concerned about the rising levels of overweight and obesity in England as outlined in the strategy document 'Healthy Lives Healthy People: a call to action on obesity in England 2011'. The Government outlines the 'ambition' to achieve "a downward trend in the level of excess weight averaged across all adults and children by 2020[5]. Adult obesity and excess weight in 4-5 and 10-11 year olds are identified as public health indicators for the Public Health Outcomes Framework 2013-16 for England. For both these excess weight is overweight and obesity together.

The local picture

Harrow has a similar prevalence of excess weight (59.0%, CI 54.0%-64.0%) compared to the England average (63.8%, CI 63.0% - 64.0%), and a similar level to London (57.3%, CI 56.4%-58.2%). Analysis of the Health Survey for England data (2009 release) shows then some wards particularly in the South and East of the borough had higher prevalence of obesity[6]. For example there exists up to a 6% more obesity in wards such as Roxeth, Roxbourne and Wealdstone when compared to Harrow on the Hill or Canons[7]. An important factor in reducing and preventing obesity is being physically active. Harrow has a similar proportion of adults that are physically active[*] (54.5%) than the England average (56.0%)[8].

Children's weight is measured by the National Child Measurement Programme (NCMP) at Reception (age 4-5) and Year 6 (age 10-11). Public Health England compared NCMP obesity data to the 'benchmark' for England and rated Local Authorities as better, similar or worse. Harrow has similar obesity prevalence to England for both Reception (9.3% England, 10.2% Harrow), and Year 6 (18.9% England, 20.4% Harrow)[9]. In terms of excess weight (obese and overweight) Harrow also has a similar prevalence to England for Year 6 (England 33.3%, Harrow 34.2%) and Reception (England 22.2%, Harrow 21.2%)[10].

The risk of obesity doubles between age 4 and 11 in Harrow. More detailed NCMP data is available for 2011/12 and, as with adult weight, there exists variation in childhood obesity and wards in South and East of Harrow tend to have higher risk of obesity (detailed data not available for 2012/13 yet). Further detail on the picture of obesity in Harrow can be found in Chapter 3 and in the Harrow Obesity Needs Assessment 2014.

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[5] Healthy Lives Healthy People: a call to action on obesity in England 2011. accessed online www.gov.uk 10/9/13
[6] Harrow Health Profile 2012, Website www.apho.org.uk accessed online 10/9/13
[7] Harrow Obesity Needs Assessment 2014, Barnet and Harrow Public Health Team, Harrow Council, p26
[*] Physically active is defined as adults achieving at least 150 minutes of physical activity per week (Harrow Health Profile 2013, APHO)
[8] Harrow Health Profile 2012, Website www.apho.org.uk accessed online 10/9/13
[9] Public Health England NCMP Local Authority Profiles 2012/13 http://fingertips.phe.org.uk accessed online 11/2/14/
[10] Public Health England NCMP Local Authority Profile 2012/13 http://fingertips.phe.org.uk accessed online 10/02/14

1.1 Obesity and ill health

Obesity is a major contributory factor towards ill health and premature death in Harrow and in England. The four most common health problems related to obesity are:

- High blood pressure
- Coronary heart disease
- Type 2 diabetes
- The risk of several cancers is higher in obese people, including endometrial, breast and colon cancer[11]

Together these form a major burden in terms of the healthcare costs to the NHS. There are few body systems that are not affected by obesity[12]. Obesity is a major causal factor in many diseases and on average, obesity deprives an individual of an extra nine years of life, preventing many individuals from reaching retirement age[13]. With the modern environment promoting overeating and sedentary behaviour, there is an urgent need for a concerted action across all sectors of society.

1.2 The cost of obesity

Nearly one in five adults and one in five children aged 11 are obese in Harrow and, therefore, obesity has serious economic costs for the borough. The table below shows the estimated costs to the NHS alone of the diseases relating to obesity in Harrow – which will have increased between 2007 and 2015 by £6.4 million to £32.8 million. This does not take into account the wider cost to society in Harrow of obesity such as lost productivity and sickness of employees due to ill health and other impacts on social care provision.

[11] National Obesity Observatory – The Health Risks of Obesity www.noo.org.uk accessed online 18/2/14
[12] National Obesity Forum 2006, Impact of Obesity. Website www.nationalobeistyforum.org.uk accessed online 10/9/13
[13] National Obesity Forum 2006, Impact of Obesity. Website www.nationalobeistyforum.org.uk accessed online 10/9/13

Estimated annual costs in Harrow to NHS of diseases related to obesity (£ million)			
Year	**2007**	**2010**	**2015**
Cost (£ million)	26.4	28.6	32.8

Source: Healthy Weight, Healthy Lives: A toolkit for developing local strategies 2008, Faculty of Public Health

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Chapter 2

2.0 What works for adults and children?

When tasking ourselves with the prevention and treatment of a large scale problem such as excess weight it is important to review the evidence base and policy context to give us the benefit of both what has worked and what is known about the issue. The effective approach to treating obesity and to preventing it is provided by NICE (National Institute for Health and Care Excellence), which offers guidance on how clinicians should assess obesity, what they should do to treat obesity, how people can stay a healthy weight and how to make healthy food choices easier for everyone[14].

The Government's national strategy on obesity 'Healthy Lives Healthy People: a call to action on obesity in England 2011'[15] laid out a clear way forward for dealing with obesity. This built upon the life course approach supported in previous reports, such as the Foresight report in 2007[16] and the Marmot Review in 2010[17], which advocated making the messages and support to maintain a healthy weight consistent from 'cradle to grave'. The emphasis is on promoting individual empowerment, giving all partners the opportunity to reduce obesity and, as directed in Health and Social Care Act 2012, the transfer of the responsibility for prevention from Primary Care Trusts to local government.

2.1 Obesity Care Pathway Tiers 1 to 4

The obesity care pathway describes the journey of the advice and support a person would follow at graduating levels of overweight and obesity and it also describes how these conditions are prevented working across the life course (figure 1). Services that are described as 'tier 1' are universal interventions such as prevention and the reinforcement of healthy eating and physical activity messages. Tier 2 describes lifestyle services, which require the identification and primary assessment of the condition. Tier 3 are specialist services, which need a specialist assessment and have multiple components, including

[14] Obesity - Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children 2006'
[15] Healthy Lives, Healthy People-A Call to Action on Obesity in England 2011- Department of Health
[16] Foresight Report-Tackling Obesities-Future Choices-2007
[17] Fair Society, Healthy Lives-The Marmot Review-Strategic Review of Health Inequalities in England post 2010

psychological input. Tier 4 is surgery, including preoperative assessment and follow up support.

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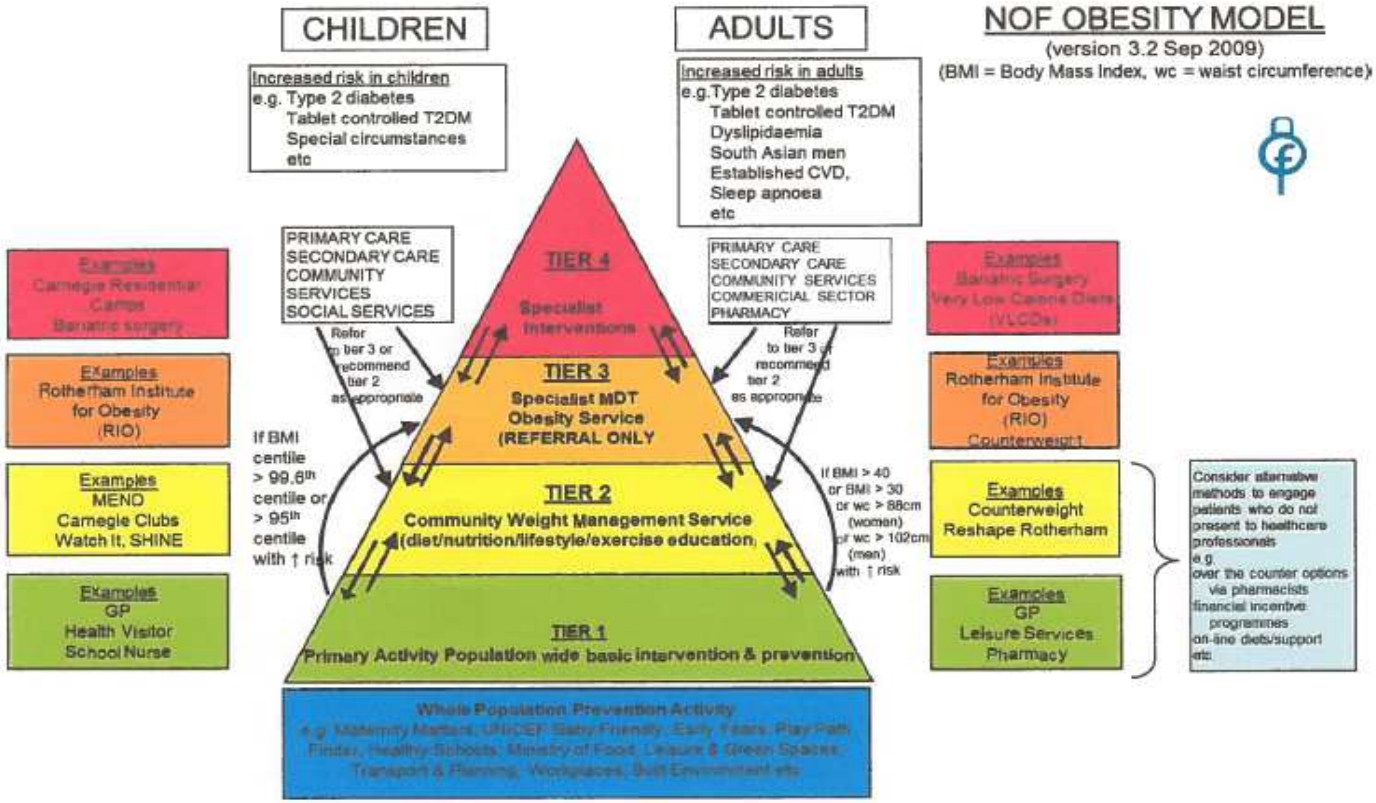
Figure1. Obesity Care Pathway Guidance Tiers 1 to 4



Any TIER 3 patient requiring pharmacotherapy will be treated in TIER 3, and this will be reflected in the GP prescribing data for whom the patient is registered
NB If patients are considered unsuccessful at any given tier, they automatically progress to the next tier of intervention
After intervention, patients progress down through the tiers and back to primary activity (TIER 1) of monitoring and education (every 6-12 months)

2.2 Preventing people from becoming obese (tier 1)

Preventing obesity and maintaining a healthy lifestyle (called tier 1) (see Figure 1) involves activities to help prevent everyone, regardless of their weight, from becoming overweight or obese. Effective obesity prevention strategies should have three main principles:

- community engagement;
- behaviour change;
- cultural appropriateness[18].

The approach should operate a coherent, community-wide, multi-agency approach to address the problem of excess weight and weight management. It is for this reason that the Harrow Obesity Pathway Groups were developed and three groups of key stakeholders were formed for

- Adults
- Children and Young People
- Early Years and Maternity

(See appendix 1 for further details).

These groups, along with responses from the obesity consultation, have fed in to this strategy and the resulting strategic action plans. The Pathway Groups will monitor and oversee the action plans, reporting to the Health and Wellbeing Board, via the Strategy Group.

The consultation enabled local people to be involved to identify their priorities and barriers in relation to weight management and preventing excess weight gain. All settings were engaged, including local employers and businesses. Any intervention in the Harrow Obesity Pathway should consider the needs of different subgroups and tailor programmes accordingly; for example, provide women- or men-only sessions, as necessary; provide sessions at a range of times and in venues, with good transport links; and consider providing childcare for attendees[19].

[18]NICE Guidance PH42- Working with local communities

[19] Weight Management Services Evidence Review, Harrow Public Health Knowledge and Intelligence Team, February 2014

2.3 Weight Management Services for those individuals who are overweight or obese (tier 2)

Tier 2 weight management services focus on supporting people to have healthier lifestyles and these require the identification of excess weight, using BMI, and a primary assessment of the condition.

2.3.1 Children and Young People

The newly published NICE guidance sets out recommendations for lifestyle weight management services for overweight and obese children and young people[20]. An appropriate short term aim of a weight management programme would be to maintain the growing child's existing weight as they grow taller. Young people who are overweight or obese and no longer growing taller will need to lose weight to improve their body mass index. However preventing further weight gain while they acquire the knowledge and skills they need to make lifestyle changes may be an appropriate short term aim.

Evidence suggests lifestyle weight management services for children should:

- Be family based, and multi-component, focusing on both physical activity and healthy eating
- Take a multi-agency approach to promoting healthy weight and preventing obesity, with the input from a multi-disciplinary team
- Consist of a multi-disciplinary team of professionals, who specialise in children, young people and weight management
- Encourage adherence to lifestyle weight management programmes, including offering programmes at a range of times that are convenient for families
- Support lifestyle weight management programmes staff and those making programme referral by making sure they have the skills and confidence to discuss weight management

Guidance refers to lifestyle weight management services for overweight and obese children and young people aged under 18, however, there was no evidence identified about the effectiveness of such programmes aimed at children under 6. Most very young children are

[20] Managing overweight and obesity among children and young people: lifestyle weight management services- NICE public health guidance 47 Issued: October 2013

often offered universal services, such as a referral to a dietitian, rather than specific programmes for those who are overweight or obese.

2.3.2 Adults

NICE have stated that the commercial, voluntary sector and self-help weight management programmes may be part of the solution[21]. Guidance on obesity advised that primary care organisations and local authorities should recommend or endorse self-help, commercial and community weight management programmes but only if they followed best practice.

Evidence published since 2006 provides an opportunity to refine and clarify best practice (for both self-help and referral schemes) and provide guidance on the commissioning of weight management programmes. An example being the evidence from the Counterweight project team which appears to show a promising model to improve the management of obesity in primary care.Those adults who are identified as overweight with a BMI of over 25 should be referred to behavioural support which includes the following:

- Encourage people to aim for a realistic target weight
- Aim for a maximum weekly weight loss of 0.5-1kg
- Focus on long-term lifestyle changes
- Multi-component – focus on diet and activity
- Use a balanced, healthy-eating approach
- Offer safe advice about being more active
- Include some behaviour change techniques[22]

Interventions costing £10 or less per head to carry out are deemed by NICE as cost effective for all except the tiniest weight losses. Programmes targeting the obese alone are cost effective if their cost does not exceed £100 per head (unless weight loss is tiny). Programmes targeting the general population and costing about £100 per head would appear to require a minimum average weight loss of about 1 kg or 0.3 BMI points to be economically viable[23].

[21] Obesity - Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children 2006', NICE Clinical Guidance PH43
[22] Obesity - Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children 2006', NICE Clinical Guidance PH43
[23] Clinical Commissioning Policy: Complex and Specialised Obesity Surgery April 2013

2.4 Treatment of Overweight and obese individuals (tier 3)

Tier 3 requires a specialist input and assessment, and is multi-disciplinary, including input from dietitians, psychologists and physical activity specialists.

2.4.1 Children and Young People

Commissioned weight management services must meet the needs of local children and young people, including those of different ages, different stages of development and from different cultural backgrounds. Services should be in line with the Health and Wellbeing Strategy[24]. If children or young people need specialist support to manage their weight, they should be referred to specialist obesity services or to paediatric services to rule out an underlying endocrine or genetic abnormality. If there are concerns about the child or young person's mental wellbeing related to their weight, they should be referred to CAMHS (Child and Adolescent Mental Health Services), and their GP informed. Primary care professionals should consider referral to specialist care for children who are overweight or obese and have significant co-morbidity or complex needs (for example, learning or educational difficulties).

2.4.1 Adults

A specialist weight management intervention should be multi-component and focus on long-term lifestyle change (weight loss that is maintained over the long term or prevention of further weight gain) rather than temporary weight loss. It should set achievable goals for weight loss over the course of the programme – including within the first few weeks, after 12 weeks and at one year. Appropriate professionals should be trained by a multidisciplinary team, including input from a registered dietitian, clinical psychologist and a qualified physical activity instructor[25]. Any programmes should monitor and review participants' goals throughout the programme, and support participants for at least 12 months. All support should ensure the adoption of a respectful, non-blaming approach.

NHS England published a 'Commissioning Policy on Complex and Specialised Obesity' in April 2013 which states that surgery (tier 4) is only appropriate if the individual is considered morbidly obese. The policy states bariatric surgery will only be offered to adults with a BMI of 40kg/m^2 or more, or between 35 kg/m^2 and 40kg/m^2 or greater in the presence of other significant diseases. For those patients who are obese there is required evidence of

[24] The Joint Health and Wellbeing Strategy for Harrow 2013-2016: http://www.harrow.gov.uk/www2/documents/s66460/Health%20and%20Wellbeing%20Strategy%20v2.pdf..

[25] Weight Management Services Evidence Review, Harrow Public Health Knowledge and Intelligence Team, February 2014

engagement and participation in 12-24 months multi-disciplinary non surgical weight management treatment (Tier 3 / 4), prior to a case being considered for any surgical intervention. For patients with a BMI of over 50 the minimum is 6 months, of this treatment is required which may include weight stabilisation prior to surgery. NHS England state that surgical treatment should be followed up by multi-disciplinary support that may be life long and include lifestyle advice[26]. Programmes targeting the obese population that cost £500 to £1000 per head, provided the average weight loss is 0.3 to 1 kg per person are cost effective.

[26] Clinical Commissioning Policy: Complex and Specialised Obesity Surgery April 2013

Chapter 3

3.0 The picture of obesity in Harrow

The purpose of the Harrow Obesity Needs Assessment was to create an accurate picture and identify need relating to obesity in the London Borough of Harrow, for both adults and children. The needs assessment analysed available national, regional and local data to establish the current and the projected future prevalence of obesity. Methodologically it included a review of quantitative data to assess levels of obesity in Harrow and model current need and demand. The assessment reviewed current services and treatments commissioned and highlighted gaps in services. It incorporated stakeholder involvement and service users experience, which were used to contribute to the recommendations.

3.1 The current Obesity Pathway in Harrow

A review of current services by the Pathway Groups found that there is no specified pathway in Harrow.

- Tier 1: There are several services that support people to be physically active in the borough and examples of services that promote healthy eating, such as the 'Fruitables' project in schools and healthy eating champions in Children's Centres. However, there needs to be more engagement with local employers, transport, planning and parks.

- Tier 2. Excess weight in adults is sometimes identified in primary care. However, the numbers of people identified tend to vary by practice. Obese and overweight children and young people are systematically identified by the National Childhood Measurement Programme at Reception (age 4 and 5) and Year 6 (age 10 and 11).

  Currently there is no tier 2 provision for children and young people or adults. There is support to be physically active, but no universal community based weight management support. Adults are supported into different types of physical activity, particularly if they have an underlying condition, such as heart disease, diabetes or chronic respiratory disease, or they have had a Health Check and found to be at high risk of cardiovascular disease. Some weight management support is available for people who have had a Health Check. However, there is currently no universal provision.

- Tier 3 provision in Harrow is currently not multi-component. The only specialist element is offered by dietetics, although most referrals to these services are not for obesity, but for support to people with conditions such as diabetes. There is no psychological component.

3.2 A summary of Harrow Obesity Needs Assessment 2014

3.2.1 Adults

- Harrow has a similar prevalence of excess weight* (59.0%) compared with the England average (63.8%), and a similar level to London (57.3%) and similar proportion of people doing the recommended level of exercise (54.5%) compared to England (56.0%).

* excess weight is overweight and obese

- Estimates indicate obesity is more prevalent in the age group 55-64 but there are higher numbers in Harrow in the 45-54 age group.

- Between 2006 and 2011 the proportion of overweight new mothers has seen an overall increase of three per cent to 36%. The percentage of mothers who were obese has seen a small increase from 15% to 17% in this time in Harrow.

- In Harrow the proportion of mothers initiating breast feeding has increased year on year since 2006 which reflects the trend in London.

- People in Harrow need and want to do more physical activity. Barriers to being more active may be people do not have the time due to work and home commitments, and the distance of affordable leisure facilities being too far from some wards.

- Most people in Harrow drive to work and very few walk or cycle, although this does not take into consideration where they work or how they travel for leisure.

- Junk food or high energy food is highly available and convenient. Some wards in Harrow have a higher number of take away hot food outlets and these include Roxeth and Edgware. Schools in the central corridor of Harrow have both the nearest

and highest number of takeaway hot food outlets. The central corridor also includes some of the wards with higher levels of adult and childhood obesity.

- Physical activity is promoted across Harrow through leisure services, outdoor gyms and healthy walks. There are a number of targeted initiatives such as the availability of Health Trainers and Exercise on Referral to provide motivational and specialist support for people to be more active.

- Around 63% of patients attending Health Checks were overweight or obese. The level of referrals to a weight management programme from a Health Check is low across Harrow. In total, about 7% of patients received dietary advice, and this figure only increased to 9-10% of obese or overweight Health Check patients.

- Just over a third of the referrals to community dietetics were for obese adults in 2012-13 and the remainder for other related conditions such as diabetes.

- Service users of a weight management programme in Harrow reported that barriers to being more active included the distance to affordable leisure services and that exercise options for people with medical conditions would be helpful.

- The Healthy Catering Commitment has supported 18 catering premises to provide healthier options since 2012.

3.2.2 Children

- Harrow has similar obesity levels to England as a whole for Reception year (England 9.3%, Harrow 10.2%) and for Year 6 (18.9% England, 20.4% Harrow)[27]. Harrow has similar levels of obesity to London for Reception (London 10.8%, Harrow 10.2%) but better levels of obesity than London for Year 6 (London 22.4%, Harrow 20.4%).

- In 2011/12 Harrow had a lower prevalence of childhood obesity when compared with six of its ten statistical neighbours (detailed data not available for 2012/13 yet)

- There is considerable variation between wards in Harrow for both Reception and Year 6. In 2011/12 over both age groups there was higher prevalence in wards in the South and East of Harrow (detailed data not available for 2012/13 yet)

- In 2011/12 schools in the North West of the borough tend to have less obesity and lower rates of free school meals, while schools in the South and East have higher obesity and more families on low incomes (detailed obesity data not available for 2012/13 yet)

- The 2009/10 PE and Sport Survey found that not only were lower proportions of 5-16 year olds participating in at least two hours a week of high quality PE and sport during curriculum time in Harrow (78%) when compared to the national average (86%) but also as children progressed through the school system the proportion of pupils participating in high quality PE declined markedly[28]

- Schools are involved in several different initiatives to promote healthier lifestyles around staying active and making healthier food choices. These include travel planning, Change 4 Life clubs and Healthy Schools London.

- Children's centres in Harrow have adopted a Health Improvement Programme on healthy eating for families since 2009.

[27] Public Health England NCMP Local Authority Profile online accessed 10/02/14

[28] PE and Sport Survey, TNS 2009/10

- The MEND programme for overweight and obese children is no longer operational in Harrow.

- 57 children were referred by their GPs to community dietetics in 2012-13 for obesity. This is 1% of the total referrals. A survey of GP surgeries indicates many do not have the correct measuring equipment required to assess children for excess weight and these include BMI charts and height measures.

Chapter 4

4.0 A way forward in 2014

The Harrow Obesity Needs Assessment gave rise to a series of recommendations. These were broken down into 'Adults', 'Children and Young People' and 'Maternity and Early years'. Themed stakeholder perspectives were included through the collection and analysis of qualitative data from pathway groups, and a 'world café' style consultation event (see appendix 2 for consultation responses). The themes have been included in the Strategic Action Plans below.

Under these themes sit a number actions for pathway groups to take forward that will develop and improve obesity prevention and treatment services in the borough. Vital but detailed actions will not be included in this strategy, but will form part of Operational Work Plans for each pathway group.

4.1 Harrow Obesity Strategy Group

Public Health will set up, coordinate and chair a group, including the lead commissioners of the obesity pathway, to ensure the completion of recommendations in the Obesity Strategy. This Obesity Strategy Group will be formed in April 2014 and will monitor and report progress of the strategic action plans to the Harrow Health and Wellbeing Board. The three pathway groups for; Maternity and Early Years, Adults, and Children and Young People, will report to the Harrow Obesity Strategy Group. Please see the appendix 3 for more detail on the Harrow Obesity Strategy Group.

4.2 Harrow Maternity and Early Years Obesity Pathway Strategic Action Plan

1.0 Maternity and Early Years (General)			
Recommendations from Harrow Obesity Needs Assessment: • Services cannot be prescribed and must be based around the needs of the identified group • Local areas need to take every opportunity in commissioning and funding processes to embed healthy weight outcomes • Opportunities need to make healthy weight everyone's business by making every contact count within the public sector and community services • A review should take place of the policies within stakeholder agencies to ensure they actively support healthier eating choices and do not promote an obesogenic environment			
Strategic Actions for Pathway Group:	**Lead**	**Performance measure**	**Date**
1. Develop an obesity pathway for Maternity and Early Years 2. Promotion and communication of the agreed obesity pathway to all stakeholders and promotion that obesity is 'everyone's responsibility' 3. Development of a central information point on obesity services and pathways for professionals 4. Development of self assessment tools for promotion in appropriate settings 5. All stakeholders should agree a Harrow Obesity Charter for participating agencies and their approach to healthy eating which includes workplace catering	Public Health and Maternity Public Health Public Health Public Health Public Health	1. An operational pathway in line with national guidance 2. Engagement from stakeholders through the pathway group and implementation of Obesity Communications Plan 3. An operational information point and number of hits on the webpage 4. Operational self assessment tools in settings across Harrow and self referral to appropriate tier 2 services 5. Number of agencies signed up to the Obesity Charter (Target number tbc)	Dec 2014 Sep 2014 Sep 2014 Dec 2014 July 2014

2.0 Maternity

Recommendations from Harrow Obesity Needs Assessment:

To develop a maternity obesity pathway which includes;

- Clear brief advice guidelines for professionals in Harrow on healthy eating, nutrition and physical activity advice from preconception, during pregnancy to postnatal and early years (should include active travel and play)
- The antenatal and postnatal pathway to be led by maternity provider services and a pathway for new mothers to be led by public health
- Postnatal weight management services should include prevention of childhood obesity and be linked to the children's obesity pathway

Strategic Actions for Pathway Group:	Lead	Performance measure	Date
1. Develop an obesity pathway for Maternity (antenatal and postnatal) and 'New Mothers' (post 6 weeks)	Public Health and Maternity	1. An operational pathway in line with national guidance	Dec 2014
2. Devise a clear message regarding nutrition and physical activity which is consistent for obese and non obese women (and is culturally specific)	Public Health	2. Development and implementation of an Obesity Communications Plan	Sept 2014
3. Review appropriateness of weight management services available for antenatal and postnatal women (including education groups run by dietetics)	Dietetics	3. Coordination of a review of existing services to inform the new pathway development	Dec 2014
4. Development of a postnatal weight management programme, making use of			

existing adult physical activity services	Public Health	4. A specified and operational postnatal weight management pathway	Dec 2014

3.0 Breast Feeding and Infant Nutrition			
Recommendations from Harrow Obesity Needs Assessment: • All health professionals including early year's practitioners to be following Weaning Guidelines for Harrow when promoting good infant nutrition • Protocols around data sharing should be in place to help assist in identifying mothers where there may be areas for additional support • Breastfeeding peer support should be included as part of the pathway to tackle obesity • Weaning workshops to be provided via health visitors and early years practitioners across the borough			
Strategic Actions for Pathway Group:	**Lead**	**Performance Measure**	**Date**
1. The breast feeding and infant nutrition pathway should aligned to the new Maternity (antenatal and postnatal) and 'New Mothers' (post 6 weeks) Obesity Pathway 2. Weaning guidance to be developed 3. Health professionals and early years professionals to receive standardised training to ensure quality of messages distributed around infant nutrition	Public Health HV (Health Visitors) HV	1. Clear guidance in the obesity pathway linking to the breast feeding and infant nutrition services 2. The production and adoption of weaning guidance 3. The development and attendance of training sessions (Target number tbc)	Dec 2014 May 2014 Sep 2014

4.0 Early Years

Recommendations from Harrow Obesity Needs Assessment:

- Nurseries and all other childcare facilities in Harrow should be supported to minimise sedentary activities during play time, and provide regular opportunities for enjoyable active play and structured physical activity sessions
- All childcare facilities and nurseries should be supported to review their catering procurement to encourage healthy eating
- Children's Centres should engage with the Harrow's Healthy Children's Centre Programme where they can seek support and training regarding nutrition

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. Incorporate and promote local physical activity services in early years settings 2. Continuation of healthy eating work in children's centres	Children's Centre Public Health (PH)	1. Refinements to the pathway to include development physical activity in early years setting and numbers of activities taking place 2. Number of active healthy eating champions and cooking classes (Target number tbc)	Dec 2014

4.3 Harrow Children and Young People Obesity Pathway Strategic Action Plan

1.0 Prevention in Schools

Recommendations from Harrow Obesity Needs Assessment:

- Schools should provide regular opportunities for physical activity with the types of activity directed student choice (at break times, before, after school, in the curriculum)
- School policies should support children to maintain a healthy weight in line with national school food standards (as set out in the Education (Nutritional Standards and Requirements for School Food) (England) Regulations 2007)
- Schools should review their catering procurement to support healthier options in line with the school food plan
- More schools should engage with the TFL travel plan initiative and those already engaged should improve their accreditation
- More schools in Harrow should engage with Healthy Schools London and gain accreditation for Bronze, Silver and Gold
- A review should take place of the policies within stakeholder agencies to ensure they actively support healthier eating choices and do not promote an obesogenic environment

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. Encourage schools to access specialist support from Public Health and Harrow School Improvement Partnership (HSIP) particularly regarding the use of DfE School Sports funding	PH & HSIP	1. Number of schools signed up for specialist support such as the School Sports funding and TFL travel plan (Target number tbc)	Sept 2014
2. Create a network of partners for school health to guide any new developments, to include school governors	Public Health	2. Establishment of a school health network and engagement with key groups e.g. governors	April 2014
3. Commission specialist support to schools to implement the school food plan	Public Health	3. Procurement and delivery of the specialist support to school food plan	Sept 2014
4. Where possible, PH should influence the schools expansion	Public Health Public Health	4. Evidence of partnership working with schools expansion programme 5. An established programme of support offered and	July 2014

programme 5. Create a programme of support for Healthy Schools London 6. All stakeholders should agree a Harrow Obesity Charter for participating agencies and their approach to healthy eating which includes workplace catering	Public Health	number of schools accepted 6. Number of agencies signed up to the Obesity Charter (Target number tbc)	July 2014 July 2014

2.0 Treatment of children who are overweight (tier 2)			
Recommendations from Harrow Obesity Needs Assessment: • Children who are measured and classified as overweight should be referred to a programme that addresses lifestyle within the family and social setting • NCMP results should be routinely fed back to families and then follow up children who are above a healthy weight • NCMP data by ward or NCMP data by school clusters should be used to inform commissioning of weight management services • All treatment of overweight children should be multicomponent and include recommendations to be physically active and to reduce inactivity • The target audience should be consulted and their needs and motivations determined • Interventions should include measures to help develop a positive body image and build self-esteem			
Strategic Actions for Pathway Group:	**Lead**	**Performance Measure**	**Date**
1. Review the NCMP pathway and consider re-commissioning an age specific weight management service (tier 2) 2. Guidance to be produced for primary care regarding NCMP pathway, correspondence with parents should be adapted to reflect pathway changes 3. Return of Investment analysis (ROI) of interventions	PH and SN* PH and SN Public Health	1. Review of tier 2 completed and procurement of services where necessary 2. Development and circulation of guidance of the children and young people's obesity pathway to primary care 3. Completion of a review of ROI of interventions and any appropriate recommendations that are agreed by the pathway groups included in the pathway	Dec 2014 Dec 2014 Dec 2014

*SN= School Nursing

3.0 Treatment of children who are obese (tier 3)			
Recommendations from Harrow Obesity Needs Assessment: • A care pathway for tier 3 services should be specified and agreed by all relevant stakeholders and should commence with the accurate assessment of children using the appropriate techniques and equipment • Referral to an appropriate specialist should be considered for children who are overweight or obese and have significant comorbidity or complex needs (for example, learning or educational difficulties) • Children who are measured and classified as obese should be referred to family based programmes, which are multi-component and include recommendations to be physically active and to reduce inactivity			
Strategic Actions for Pathway Group:	**Lead**	**Performance Measure**	**Date**
1. Review gaps in tier 3 provision	Public Health and CCG	1. Review of tier 3 completed	Dec 2014
2. Establish a clear pathway with all commissioners	Public Health	2. Specified pathway and procurement of tier 3 services	Dec 2014
3. Consider providing cognitive behavioural therapy or health coaching (poss. health trainers)	Public Health	3. Review of tier 3 completed	Dec 2014

4.4 Harrow Adults Obesity Pathway Strategic Action Plan

Prevention of adults obesity (Tier 1)

Recommendations from Harrow Obesity Needs Assessment:

- Staying active should be promoted across Harrow and with particular focus on those wards identified as having higher obesity and lower physical activity in the South and East, and should be using all professionals who work within the community; health, social services, housing, education and workplaces in these areas.
- Leisure services provision should include reviewing the barriers to using these services such as affordability, access, and their location and the transport within the borough.
- A review should take place of the policies within stakeholder agencies to ensure they actively support healthier eating choices and do not promote an obesogenic environment

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. A new Adult Obesity Pathway should be developed in Harrow which includes physical activity and brief advice for those with a BMI of over 25	Public Health	1. An operational pathway in line with national guidance	Dec 2014
2. A communications plan of the agreed Adult Obesity Pathway should be developed and include engagement of all stakeholders	Public Health	2. Development and implementation of communications plan	Dec 2014
3. A universal means of the promotion of physical activity should be introduced using available resources such as the Get Active London online resource	Library, Sport and Leisure	3. Number of searches for Harrow on the Get Active London website ((Target number tbc)	Sep 2014
4. Development of physical activity opportunities for specific and vulnerable adult groups such as people with disabilities and people with poor mental health and their carers	Public Health	4. Procurement and development of physical activity opportunities for vulnerable groups as part of the pathway	Dec 2014
5. All stakeholders should agree a Harrow Obesity Charter for participating agencies and their approach to healthy eating which includes workplace catering	Public Health	5. Number of agencies signed up to the Obesity Charter (Target number tbc)	Jul 2014

Environment			
Recommendations from Harrow Obesity Needs Assessment: • Cycle lanes, cycling and walking routes or clubs green spaces that help facilitate staying active should where appropriate be supported and promoted across the borough • Planning, licensing or other regulations should assess their impact on people's health and should include the impact of concerns about safety and crime. • Data on obesity should be shared with planning teams to contribute to an assessment of the health impacts			
Strategic Actions for Pathway Group:	**Lead**	**Performance Measure**	**Date**
1. Ensure the obesity pathway groups have links to green grid planning and strategic planning decisions 2. Strategic links should be developed between the Obesity Pathway groups with the Harrow Council Active Travel programme which address the identified needs	Public Health Transport	1. Attendance in the pathway group from Planning and completed examples of joint working in the pathway action plan 2. Attendance in the pathway group from Transport and completed examples of joint working in the pathway action plan such as promotion of cycling	July 2014 Aug 2014

Workplaces

Recommendations from Harrow Obesity Needs Assessment:

Workplaces should be supported to have the following:

- Healthy choices in workplace restaurants, hospitality, vending machines and shops for staff and clients, in line with existing Food Standards Agency guidance
- Active travel policies for staff and visitors
- Supportive physical environment (easily visible stairwells, showers and secure cycle parking)
- Recreational opportunities (out-of-hours active social activities, lunchtime walks and use of local leisure facilities)
- Employers should be engaged and supported to have travel plans that facilitate active travel and include measures such as cycle facilities and travel expenses for active work journeys
- Effective ways to monitor the number of high energy 'junk' type food outlets in Harrow should be developed through partnerships between schools, children centres, community centres, regulatory services, public health, planning and environmental health. Support should focus **on promoting** healthier options in premises.
- The community should have support to ensure they have easy access to affordable fresh produce.

Strategic Actions for Pathway Group:	**Lead**	**Performance Measure**	**Date**
1. Further development of the Healthy Catering Commitment (HCC) in 2014-15 and effective use of existing partnerships with businesses within the council on travel planning and workplace health initiatives	Environmental Health	7. Number of new premises signed up to the HCC accreditation (Target number tbc)	July 2014
2. Development of a workplace health programme to engage with employers in Harrow and include smaller and medium sized businesses	Public Health	1. Development of workplace programme and number of employers signed up to self assessment and implementation of programme (Target number tbc)	May 2014

Treatment of Adults who are overweight (Tier 2)			
Recommendations from Harrow Obesity Needs Assessment: • All agencies in Harrow should recommend to patients, or consider endorsing, self-help, commercial and community weight management programmes only if they follow best practice (See NICE Guidance CG43). • All advice on weight management should include being physically active and the reduction of inactivity. • The requirements for referral to tier 2 services should be specified as part of the pathway and those people who are identified as overweight with a BMI of over 25 should be referred to behavioural support: • An appraisal of the efficacy and cost effectiveness of tier 2 weight management services should be completed to inform both the model and approach. The review should inform the commissioning process and be based on the desired outcomes and resources available.			
Strategic Actions for Pathway Group:	**Lead**	**Performance Measure**	**Date**
1. A review of tier 2 weight management interventions and consider recommissioning. 2. A review of the identification of overweight and obesity, and access to weight management services to inform improvements to accessibility 3. Review and improvements should continue to the Health Check pathway and use of the Healthwise weight management programme.	Public Health	1. Completed review of tier 2 and where appropriate procurement of tier 2 services 2. Completed review of identification as part of the pathway redesign 3. Number of overweight and obese people referred and taking up the Healthwise programme as part of the Health Check pathway (Target number tbc)	Dec 2014

Treatment for adults who are obese (tier 3)

Recommendations from Harrow Obesity Needs Assessment:

1. Health professionals should be encouraged to assess the weight of patients who they suspect as being obese by measuring their BMI. Those patients with BMI of 30 and above should be referred to a multi-component intervention in Harrow that includes interventions to:
   - Increase physical activity
   - Improve eating behaviour
2. Drug treatments for obesity should only be considered after dietary, exercise and behavioural approaches have been started and evaluated.
3. A referral should be made to the appropriate surgical clinician for adults with obesity if all of the following criteria are fulfilled:
   - They have a BMI of 40 kg/m2 or more, or between 35 kg/m2 and 40 kg/m2 and other significant disease (for example, type 2 diabetes or high blood pressure) that could be improved if they lost weight
   - All appropriate non-surgical measures have been tried but have failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months if they have a BMI greater than 50 and for 12-24 months otherwise
   - The person has been receiving or will receive intensive management in a specialist obesity service
   - The person is generally fit for anaesthesia and surgery
   - The person commits to the need for long-term follow-up62.
4. All surgical interventions are followed up with multi component weight management including physical activity support

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. Review gaps in tier 3 provision of multicomponent and multidisciplinary weight management support 2. Establish a clear pathway with all commissioners 3. Psychological input should be included into the tier 3 pathway 4. The pathway should include synergy with the eating disorder programme	CCG	1. Review completed of tier 3 and re modelling of provision 2. Agreed pathway and model for tier 3 3. Agreed pathway and model for tier 3 4. Agreed pathway and model for tier 3	Dec 2014

Appendix 1

Harrow Obesity Pathway Stakeholder Group

A group of relevant stakeholders met in August 2013 to consider and to develop the obesity needs assessment and then to review the current obesity pathway in Harrow using the range of expertise and knowledge of the group. A mapping exercise was completed of existing interventions which considered the whole life course of a Harrow resident and the appropriate settings for weight management and physical activity advice. The agencies represented included;

Public Health – Harrow Council
Dietetics – North West London Hospital Trust
Paediatrics - North West London Hospital Trust
Maternity - North West London Hospital Trust
Children's Centres – Harrow Council
Children and Families – Harrow Council
Adults Social Care – Harrow Council
Planning - Harrow Council
Transport – Harrow Council
Environmental Health – Harrow Council
Health Visiting - Ealing Hospital NHS Trust, Integrated Care Organisation
Library, Sport and Leisure – Harrow Council

Obesity pathway group meetings were then held in the following themes; Maternity and Early Years, Adults, and Children and Young People. The groups considered the needs assessment, guidance and evidence, and the current pathway mapping, and using the expertise of those involved each group identified gaps or potential to improve the opportunities to prevent, manage and treat overweight and obesity in Harrow. The work undertaken by these groups was then developed into this obesity strategy along with the feedback from the obesity consultation in January 2014.

Appendix 2

Harrow Obesity Consultation – January 2014

In January 2014 the Public Health Team ran a World café* style consultation event on obesity in Harrow. Stakeholders, including weight management services users, residents, Harrow Council Councillors, Healthcare Professionals, Council officers, Voluntary Sector Agencies, Community Organisations, private weight management providers and providers of exercise programmes were invited to part. The attendees were invited to have table discussions with the following themes:

1. Physical activity - What would make it easier for you to be more physically active?
2. Healthy eating - What would help you to eat healthier?
3. Weight management - What would you like a weight management service to look like?
4. Identification of weight management issues - Where, when and how would you like your weight to be assessed?
5. Maintaining a healthy weight - Once you have reached a healthy weight, what support would help you maintain this?

Each table was hosted by a member of the Public Health Team and the discussions were opened with the above questions. Attendees were encourage to move freely between the tables, to ensure the conversations included a rich mixture of the different stakeholders. Participants in the discussions were invited to have conversations for children and adults. The content of the table discussions was then recorded and the views and opinions were incorporated into this obesity strategy.

* The World Café is a creative method for bringing people into a conversation "that matters". Conversations can be of varying sizes, but tend to be in smallish groups around tables to let the conversation flow. At the same time as one group is exploring a question on one table, other groups are exploring similar or related questions at café'-style tables nearby. No one sits still for too long, as each group gets the opportunity to disperse and individuals join other conversations at other tables. This can lead to a great deal of cross-fertilisation, if you're looking for ideas generation. It's also a really good way to get groups who seldom hear each other's stories to hear another point of view – without the usual barriers in place. There are six key principles of a World Café:

1. Create a hospitable space

2. Explore questions that matter
3. Encourage each person's contribution
4. Connect diverse people and ideas
5. Listen together for insights and emerging thoughts and new questions
6. Make the collective knowledge visible

(For more information see: http://www.theworldcafe.com)

Themes collected from the Harrow Obesity Consultation January 2014

Themes from the Harrow Obesity Consultation January 2014

A) Cross cutting themes

1. A variety of physical activity options need to be available and being active should widely promoted be affordable, fun, social and focus on the whole family.
2. A joined up and effective network of professionals, agencies and communities that promote staying active, healthier eating and weight management advice.
3. A movement by stakeholders to prevent any support for an obesogenic environment
4. Working with minority, vulnerable or harder to reach groups to ensure the pathway is inclusive
5. Accessibility to all services should be prioritised including improvements to the identification of weight issues such as self assessment, apps, supermarket scales.
6. The pathway should include support and information on ways to maintain a healthy weight
7. Cooking courses and healthy eating advice will be promoted in all appropriate settings

B) Early Years and Maternity

1. Physical activity opportunities should be promoted for pre and post natal women and these should include options for the whole family

C) Children and Young People

1. Innovative and new ways should be used to promote exercise in children and young people such as uses of smart technology and social media

2. The identification of children using the NCMP should link to a cohesive weight management pathway for overweight and obese children that is sensitive to the issues that may arise with identification and is based on guidance
3. Schools, Nurseries and Children Centres should promote advice and access to services such as active lifestyles that help maintain a healthy weight

D) Adults

1. The pathway to current physical activity schemes in Harrow should be promoted and other opportunities linked to all healthy eating advice and weight management services
2. Local businesses should be engaged with to offer healthier options and to promote physical activity to their customers and staff.

Appendix 3

Harrow Obesity Strategy Group

A group comprised of the lead commissioners of the provision of the obesity pathway will be formed in March 2014 to agree the recommendations in the Obesity Strategy. The Obesity Strategy Group will report progress of the action plans in the strategy to the Harrow Health and Wellbeing Board. The three pathway groups for; Maternity and Early Years, Adults, and Children and Young People, will then report to the Harrow Obesity Strategy group.

The attendance of the Obesity Strategy Group will be made up of representation from the following agencies;

Public Health, Harrow Council
Harrow Clinical Commissioning Group
Children and Families, Harrow Council
Library, Sport and Leisure, Harrow Council