# REPORT FOR: HEALTH AND WELLBEING BOARD

**Date of Meeting:** 19<sup>th</sup> March 2014

Subject: INFORMATION REPORT -

**Harrow Obesity Strategy 2014-**

2018

**Responsible Officer:** Dr Sandra Husbands, Consultant in

Public Health, Barnet and Harrow

Public Health Service

**Exempt:** No

**Enclosures:** Harrow Obesity Strategy 2014-2018

## **Section 1 – Summary**

This report sets out the strategic priorities for the prevention and treatment of overweight and obesity in Harrow. Using intelligence from the Harrow Obesity Needs Assessment 2014 (included) and evidence of effective approaches it outlines the refinements needed to the obesity pathway working across the life course.

#### FOR INFORMATION



## **Section 2 – Report**

Progress reports will be made on the Harrow Obesity Strategy 2014-2018 to the Health and Wellbeing Board.

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### **Section 3 – Further Information**

Reports will be submitted on the progress of the strategy from the Harrow Obesity Strategy Group led by Public Health. This group will report on the strategic action plans and these will be used to develop operational plans overseen by the obesity pathway groups for maternity and early years, children and young people and adults.

## **Section 4 – Financial Implications**

The Public Health commissioning intentions for 2014-15 include £125k to commission tiers 1 and 2 weight management services for children and adults in line with commissioning responsibilities. The pathway groups in consultation with service users will co-design services. Data will be available annually and tier 1 and 2 services will be operational by December 2014. Population level outcomes will report in 2016/17.

We are working with partners to support them to find resource within existing budgets for commissioning responsibilities they hold. Harrow CCG has recently engaged with the development of the strategy and is involved in the finalising of the action plans and commissioning pathway. Public Health is supporting the CCG to identify the impact of referrals to specialist commissioning (NHS England) in order to reduce demand. Not all the resources for the obesity pathway have been identified, however this has no financial or service implications for the council but this may result in incomplete pathways and pressures on other parts of the health economy. Some actions/objectives are being delivered by partners, over whom the council has no authority and whose finances it can't scrutinise (please see action plans at the end of the strategy).

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## **Section 5 - Equalities implications**

Was an Equality Impact Assessment carried out? Yes

If yes, summarise findings, any adverse impact and proposed actions to mitigate / remove these below:

Area	Action identified in the EIA
Race and Faith	The development of the obesity pathway is versatile to all cultures and ethnicities.
Pregnancy	A review of the engagement by pregnant mothers with weight management
Age	Recommendations in the strategy review the current provision for adults and children against national guidelines and evidence
Disabilities	The development of the obesity pathway that is appropriate for vulnerable groups.

### **Section 6 – Priorities**

Harrow Council's priority is to strive for 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. The Harrow Obesity Strategy 2014-8 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 pathway 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 (Indicators 2.06i and ii, and 2.12).

# STATUTORY OFFICER CLEARANCE (Council and Joint Reports

on behalf of the

Name: Donna Edwards X Chief Financial Officer

Date: 6/3/2014

# **Section 7 - Contact Details and Background Papers**

Contact: Anna Kirk, Senior Health Improvement Specialist, 0208

420 9522

### **Background Papers:**

Harrow Obesity Needs Assessment 2014 please email <a href="mailto:anna.kirk@harrow.gov.uk">anna.kirk@harrow.gov.uk</a> or phone 0208 420 9522 for a copy and a summary is found in chapter 2 of the Obesity Strategy.