**Draft Harrow Obesity Plan 2020-24**

***Obesity is everyone’s business***

**Introduction**

This plan lays out our strategic aims and objectives between 2020-24 and then the detailed actions that will take place to prevent and treat excess weight in Harrow between 2020-24. The action plan below shows our 2020-21 and will be updated annually.

As part of our ‘whole system approach’ a group of stakeholders including Primary care, Paediatrics, Community Dietetics, Health Visiting, School Nursing, Planning, Early Support services (including Children’s Centres), Public Health, Transport, Environmental Health, Parks, Harrow Leisure Centre and Exercise on Referral provider Everyone Active, Schools and Harrow Clinical Commissioning Group have been working together to interpret the picture presented in the Harrow Obesity Needs Assessment 2020. We worked together to identify our assets in Harrow and make a partnership plan making the most of our momentum and resources to prevent and treat excess weight.

The recommendations from the Obesity Needs Assessment 2020 are in the appendix of this document. The action plan below follows the same themes which are;

* Overarching levers and issues we need to address to have an effective response to the problem in Harrow
* Planning a better environment
* Prevention of obesity for children and adults (including maternity) (Tier 1)
* Community based weight management and lifestyle services (Tier 2)
* The route to specialist obesity services for adults and children and young people in Harrow (Tier 3)

**A brief overview of obesity and overweight in Harrow**

There are myriad health risks associated with obesity, including an increased risk of stroke, cardiovascular disease, type II diabetes, depression and some types of cancer. (1) There is also a clear dose response relationship between BMI and disease implying that any reduction in BMI may be beneficial for health and health and all other care services for vulnerable people . (2) Obesity is caused by an imbalance in energy consumption and expenditure, of which over-consumption of calorie dense foods and a lack of physical activity are important determinants.

The Active Lives survey 2017/18 estimated that just over half (52.9%) Harrow adults are either overweight or obese. Using the 2018 mid-population estimate for the Harrow adult CCG population and applying the Active Lives prevalence we can estimate 101,462 adults residents were overweight or obese. Harrow has higher rates than London and England of physical inactivity in adults (32%) which is a determinant of overweight.

The environment in which our residents live affects both how active they are and what you eat. Currently fast-food, which is generally high in energy content and low in nutritional value, is readily available in Harrow – the density of fast food outlets (compared to other food shops) is increasing in most Harrow wards. In 2019 12 schools in Harrow were found to have more than 4 fast-food outlets within 400m of the school.

In 2017/18 94.5% of Reception children and 94.9% of Year 6 children in Harrow participated in the National Childhood Measurement programme (NCMP). This showed that 8.8% of Reception children were obese and that by the end of primary school this was 20%.

For more information please see the full Obesity Needs Assessment 2020 available at: <https://www.harrow.gov.uk/health-leisure/joint-strategic-needs-assessment/2?documentId=12490&categoryId=210266>

**The governance and monitoring of the Harrow Obesity Plan**

The monitoring of this action plan will be completed by the Harrow Obesity Stakeholder group who will report updates to the Harrow Health and Wellbeing Board annually and the action plan will be updated annually (and so the one below is for 2020-21). The Obesity Stakeholder group will have designated ‘system leaders’ for each action plan and smaller groups may also meet to deliver what success looks like.

**Harrow Obesity Plan Key Aims by 2024:**

* To engage with the issue of excess weight in Harrow with a whole system approach maximise the efficient use of resources, assets and momentum for change
* To have a clearly communicated pathway for prevention, treatment of excess weight for everyone who needs it and a plan to reduce the obesogenic elements within our environment

**Harrow Obesity Plan Objectives to achieve by 2024 unless otherwise stated:**

1. To strategically address our obesogenic environment with actions that form a whole system approach
2. To have a fully specified and functioning pathway for excess weight for children and adults and maternity by end of March 2021
3. To have a reference point for information on how to access services that prevent and treat excess weight for residents and professionals by end of March 2021
4. To have at least 300 adults with a BMI of 30+ seen as part of the Shape Up programme (tier 2) in 2020-21 (further years will be confirmed annually after budgets and commissioning plans are finalised).
5. To have a fully functioning excess weight treatment and prevention pathway for children and young people including tier 2 weight management services commissioned and operational by March 2021 (further year aspirations will be confirmed annually depending on Public Health resource allocation and when commissioning plans are finalised).

**Harrow Obesity Action Plan 2020 -21**

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| 1. **Actions: Overarching themes and recommendations**

**System leader: Public Health**  |
| **Strategic Actions for Pathway Group:** | **Lead** | **Success measure** | **KPI** | **Date** |
| 1. An operational pathway should be specified and agreed by the stakeholder group for Adults, Maternity and Children and have synergy with the current Active Harrow Strategy and action plan.
2. A communications plan that uses mixed methods and takes into consideration the culturally specific needs of the Harrow population should be developed including key messages to be reinforced by stakeholders and all signed off by the Adult and Children and Young People Obesity Stakeholder Groups
3. A webpage should be developed to advise professionals and residents on the services for treatment and prevention of excess weight and including the key messages and this should be promoted in the communications plan above to a wider groups of professionals.
4. Opportunities for self and professional assessment should be identified and promoted as part of the pathway in the Obesity Communications Plan
5. Resident views and service user feedback should be gained on the proposed Obesity Plan as part of the stakeholder feedback
6. Harrow Obesity system leaders should be identified and agreed and become the leads for relevant actions and success measures in this action plan.
 | Public Health and CCG (Commissioners)Council CommunicationsPublic HealthAll Stakeholders Public HealthAll System leaders  | 1. An operational pathway in line with national guidance and linking to the Active Harrow Strategy
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 weight assessment tools in settings across Harrow identified and referral to appropriate tier 2 services (including self assessment and referral)
5. Residents consultation via the Residents survey and service user feedback scheduled via the community dietetics services
6. A finalised action plan with regular Obesity Stakeholder meetings to monitor
 | Number of referrals to tier 2 servicesOperational Communications planNumber of clicksNumber of self assessment tools promotedNumber of respondents | March 2021March 2021March 2021March 2021April 2020July 2020 |

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| **2. Actions: Planning an environment that promotes being active and availability and accessibility of healthier food****System leader: Calum Sayers – Planning/ Annabelle Fosu – Transport/ Dave Gilmour – Environmental Health tbc** |
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. Support and input from the Obesity Stakeholder group should be made into strategic Planning such as the development of New Harrow Local Plan policies on fast food takeaway restriction close to schools.
2. A partnership between the Obesity Stakeholder Group and Planning to develop a new Health Impact Assessment process which would mean new developments maximised the opportunities to build an environment which promotes health through healthier eating and being active .
3. Strategic links should be developed between the Obesity Stakeholder groups and the Harrow Council Active Travel programme including the new Healthy Streets Officer’s portfolio – including the sharing of data on with schools with high obesity so that additional support can be offered to them on promoting and facilitating active travel and working with work workplaces on active travel.
4. The Harrow Healthier Hot Bites Award should continue to be supported and offered as part of the food hygiene visits by Environmental Health but the profile of the award should be raised
5. The promotion of healthy and affordable food: Key messages to all settings on affordable and healthy convenience food
 | Public Health/PlanningPublic Health/PlanningTransport | 1. The development of new policies in the New Local Plan which will see the restriction of any new fast food takeaways within 400m of schools
2. The development of a new approved HIA process
3. Attendance in the pathway group from Transport and completed examples of joint working, and the completion of targeted support for schools on active travel with higher obesity
4. The Hot Bites award should be included in the Obesity Communications plan
5. Key messages about healthier convenience food should be included in the Obesity Communications plan
 | Local Plan policies finalisedNumber of HIAs completedNumber of transport initiatives delivered focusing on areas of higher child obesity Number of Hot bites awards | March 2021March 2021March 2021March 2021March 2021 |

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| **3.1 Action plan: Prevention and treatment of excess weight in Early Years****System leader: Andrea Lagos – Public Health tbc (this is draft awaiting Andreas return to work in March 20)** |
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. Incorporate and promote local physical activity services in early years settings including the promotion and monitoring of Busy Feet
2. Continuation of healthy eating as part of the healthy lifestyle work by Early Support services (including Children’s Centres)
3. The incorporation of the Baby Buddy app into the pathway to make use of the resource including the videos available (as part of training below)
4. Any changes to the pathway should also include training on the key messages for brief interventions for School Nurses, Primary Care and Health Visiting so that they have the messages and tools to use contact time effectively and include best practice on cultural requirements, positive self esteem, body image.
 | Public Health  | 1. Number of EY settings trained and delivering Busy Feet
2. Tbc
3. Development of pathway and guidance
4. Review of training needs, training provided, number attended and evaluation
 | 1 and 2.To have physical activity and healthy eating opportunities by in Early Support Services in every Harrow Children’s Centre3 and 4. To have a specified tier 1 and 2 pathway that is communicated to all professionals | Mar 21Mar 21 |

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| * 1. **Action plan: Prevention in Schools**

**System leader: Rob Hawkes – School Improvement Team – Harrow Council/Andrea Lagos Public Health/Alicia Morton - Transport** |
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. Encourage schools to access specialist support particularly regarding the use of DfE School Sports funding tbc
2. Create support around fast food, water only schools and healthy eating approaches in school
3. Schools should be encouraged to sign up to the Daily Mile and TfL’s STARS programme and other physical activity schemes and work closely with school nurses who can deliver health promotion workshops to schools.
4. The NCMP data on obesity by school should be used address needs around healthy eating and keeping active
 | PH & HSIPPublic HealthPublic Health/TransportPublic Health/Transport | 1. Schools signed up for Healthy Schools London award
2. Establishment of a school health network tbc - Speak to Andrea tbc
3. Establishment of a school health network tbc - Speak to Andrea tbc
4. NCMP data analysed by school
 | 1. Number of schools signed up for Healthy Schools London
2. Number of schools operating water only policies
3. Number of Daily Miles in operation and of Engaged Schools in STARS
4. Number of initiatives targeted based on needs identified in the NCMP and work with the Healthy Streets officer
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| 1. **Action plan: Treatment of children who are overweight (tier 2)**

**System leaders: Jonathan Hill- Brown – School Nursing and Health Visiting Commissioner, Public Health** |
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. Review the NCMP pathway and consider proposal to commission an age specific weight management service based on NICE guidance (tier 2) linking appropriately with other pathways such as diabetes, mental health and looking at timing of NCMP letters. Services should carefully consider the needs of the Harrow population – food and language needs.
2. Guidance to be produced for primary care regarding NCMP pathway, and correspondence with parents should be adapted to reflect co-design with families and any pathway changes, messaging should be evidenced based and in consultation with dietetics and reflect the communications plan messaging.
3. The pathway should be linked to other relevant strategic approached such the Early Health Strategy in Social Care and mental health services such as IAPT services
4. Any changes to the pathway should also include training on the key messages for brief interventions on healthy eating, weight and physical activity for School Nurses, Primary Care and Health Visiting to have the messages and tools to use contact time effectively and include best practice on positive self esteem, body image and cultural differences
 | PH and SNPH and SNPublic Health/ Social Care | 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. Services and Strategies this plan is linked to

4.Training session developed and delivered, number of attendees   | To have a specified AND functioning tier 1 and 2 pathway that is communicated to all professionals with data to analyse on numbers and outcomes  | March 2021 |

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| 1. **Action plan: Treatment of children who are obese (tier 3)**

**System leader: Jason Parker CCG**  |
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. Establish a clear pathway with all commissioners and synergy with other relevant services ( e.g. mental health, diabetes) and incorporate in the training and information disseminated in communications plan
 | Public Health and CCG | 1. Specified pathway for t1-3
 | To have a specified AND functioning tier 3 pathway that is communicated to all professionals with data to analyse on numbers and outcomes | March 21 |

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| * 1. **Action plan: Prevention of adults obesity (Tier 1) including maternity**

**System leader: Anna Kirk Public Health** |
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **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. The pathway should recognise the need for culturally specific approaches and resources and link to other relevant services for referrals and key messages such as NHS Health Checks, Diabetes and pre diabetes services, IAPT, Stop smoking and alcohol services.
2. A communications plan of the agreed Adult Obesity Pathway should be developed and include engagement of all stakeholders and a single point of reference on the pathway should be considered e.g website and communications and pathway should also
3. Any changes to the pathway should also include training for frontline staff (clinical, social services, housing, pharmacy) on the Making Every Contact County providing key messages for brief interventions on healthy eating, weight and physical activity to give staff the tools to use contact time effectively. Free exercise opportunities should be highlighted aswell as the social and wellbeing benefits.
4. A universal means of the promotion of physical activity should be introduced using available resources such as the council webpage [www.harrow.gov.uk/getactive](http://www.harrow.gov.uk/getactive)
5. Development and systematic promotion of physical activity opportunities for specific and vulnerable adult groups such as people with disabilities and people with poor mental health and their carer. Examples include Everyone Active’s walking netball and chair exercise sessions which promote the social aspect of meeting up for exercise for older people.
6. Development of a workplace health guidance to engage with employers in Harrow and include smaller and medium sized businesses that includes promotion of healthy eating/catering advice and physical activity opportunities
 | Public Health  Public HealthLibrary, Sport and LeisurePublic HealthPublic HealthPH/EH | 1. An operational pathway in line with national guidance
2. Development and implementation of communications plan
3. Training on brief advice and MECC tbc
4. A current website up and running which details free physical activity opportunities and emphasises the social and wellbeing benefits
5. Development and promotion of physical activity opportunities for vulnerable groups as part of the pathway
6. Support for Environmental Health to deliver the advice to workplaces at their health and safety visits
 | 1. To have a specified AND functioning tier 3 pathway that is communicated to all professionals with data to analyse on numbers and outcomes
2. Number of people trained from key professional groups
3. Clicks on website

Number of health and safety visits that incorporate healthy eating advice  | Mar 2021 |

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| * 1. **Treatment of Adults (including maternity) who are overweight (Tier 2)**

**System leader: Anna Kirk Public Health**  |
| **Strategic Actions for Pathway Group:** | **Lead** | **Success Measure** | **KPI** | **Date** |
| 1. A review of tier 2 weight management interventions and insights into barriers to access from pilots in 2018-20 to commission a more flexible weight management service in 2020-21 that considers the needs for culturally specific approaches
2. A review of the identification of overweight and obesity in adults including maternity, and access and mapping of weight management services including Shape Up, Community Dietetics and Exercise on Referral to inform improvements to accessibility as part of the pathway redesign
3. There should be a GP champion for each PCN that acts as a link between public health and primary care. This should also be linked closely with the pre-diabetes work and programmes to incentivise practices on both obesity and prediabetes.. They will help implement new proposals and disseminate information to other health professionals including Healthcare Assistants. They will also ensure that excess weight is being appropriately addressed in general practice
 | Public Health(commissioner) | 1. Completed 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 to Tier 2 services
 | To achieve 300 people taking up some kind of Tier 2 offer in 2020-21 |  |

**Appendix**

**Obesity Needs Assessment 2020 Recommendations**

1 Overarching themes and recommendations

* Key stakeholders should be identified to be part of pathway group and include service users, providers of weight management and specialist services.
* An obesity pathway for adults, children and maternity should be researched with stakeholders and be agreed by the pathway stakeholder group and specified to all relevant agencies
* A system wide approach should be taken when designing an obesity pathway, in line with the Public Health England approach. A council declaration on tackling obesity should be considered.
* All interventions and programmes should be culturally appropriate using messages that are appropriate and example foods from a range of ethnic cuisines and should aim to reduce the health inequality gap.
* Tier 1 services or programmes for all ages should be widely accessible and appropriately advertised. Healthcare professionals should promote active, healthy lifestyles to the public and be aware of all the Tier 1 services available.
* A Harrow Obesity Communications Plan should aim to communicate Tier 1 services to Harrow residents through a mixture of different methods and should focus on reducing known barriers to healthy eating and physical activity, and also include methods for communication of the agreed pathway with professionals.

2 Determinants of healthy weight – The environment

The environment has a vital impact on whether people are able to be active and have a healthy lifestyle. An environment that supports active travel, play and leisure time and provides affordable fresh healthy food options not only prevents people from gaining excess weight, but also can sustain any reduction in weight after weight management support.

* Facilities such as cycle lanes or outdoor gyms, programmes such as Harrow healthy walks and green spaces that facilitate staying active should be supported and promoted across the borough as part of the tier 1 initiatives in a Obesity Communications plan for both professional and resident stakeholders.
* Decisions around planning, licensing or other regulations that affect large spaces and numbers of the Harrow population should assess the impact on people’s ability to stay active and eat healthily. They should also take into consideration concerns about safety and crime. Data on health needs may need to be shared with planning teams to support this and should form part of a wider review of health impacts in Harrow or large planning and licensing decisions.
* A large proportion of residents commute to work by car or tube; few people cycle to work in Harrow. All partners, agencies and providers should promote active travel, especially travel to workplaces. Employers should be engaged and supported by the Council Traffic and Highways team to have travel plans in place that facilitate active travel and include measures such as cycle facilities and promotion and travel expenses for active work journeys.
* Harrow should review the new London Plan policy (Policy E9 Retail, markets and hot food takeaways) approved by Planning Inspectors in November 2019 to restrict the development of new hot food takeaways within 400m of schools. This was made on the basis that there is a high concentration of junk food close to schools, high obesity among young people in London and many school children, particularly secondary pupils, call into takeaways and other shops at lunch times and on their way home. Harrow Planning team in partnership with Public Health should look at local evidence to determine if a zone around schools to implement this policy would be justified.
* 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. All businesses and fast-food outlets should be encouraged to achieve Harrow Healthier Hot Bites. The community should have support to ensure they have easy access to affordable fresh produce.
* 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 with public sector and community services.

## 3 A weight management pathway for children and young people should incorporate the following recommendations:

3.1 Prevention of obesity and overweight in children (tier 1**)**

* Families of children and young people identified as being at high risk of obesity, such as children with at least one obese parent, should be offered ongoing support from an appropriately trained health professional. Family-based interventions may be considered. (104)
* Schools should ensure they are providing an environment that promotes a healthy weight. They should be encouraged to sign up to the Daily Mile and other physical activity schemes. They should also work closely with school nurses who can deliver health promotion workshops to schools.

3.2 Treatment of children with excess weight (Tier 2)

* Increase the capacity and capability of frontline staff (e.g. GPs, health visitors, school nurses, midwives) by providing bespoke training days on the assessment of obesity in children for those who are identified as above a healthy weight.
* The NCMP results should be used appropriately and effectively. The provider should routinely feedback NCMP results to families, and children with excess weight should be followed up by a healthcare professional. Follow up involves contacting the parents/carers of those children to offer them personalised advice and refer them to services to help control their child’s weight. In addition, NCMP data by ward or NCMP data by school clusters should be used to inform commissioning of weight management services.
* Consideration should be given to the information provided in the NCMP parent feedback letter, in order to increase the uptake of parental response and subsequent enrolment of children into weight management programmes. For example, it may be beneficial to include visual tools in the letter to improve weight status recognition. (105)
* Children who are measured and classified as overweight should be referred to a programme that addresses lifestyle within the family and social setting. Interventions should be tailored to the child’s preferences and requirements. Decisions about interventions should be made jointly by the child, their parents and health care professionals. (43)
* Interventions should be multicomponent and include behaviour change strategies to improve eating behaviour, diet quality and increase physical activity levels. (104)
* Children with a BMI at or above the 98th centile when measured as part of the NCMP should be encouraged to see their GP for tailored clinical intervention (eg referral to dietician) and to be assessed for co-morbidities. Tailored clinical intervention should be considered for children with a BMI at or above the 91st centile. (104) All children with a BMI above the 91st centile should also be referred to a 0-19 weight management programme.
* Safeguarding concerns should be raised if it is thought that a child’s overweight or obesity is secondary or related to any forms of abuse such as neglect.
* Sensitivity should be maintained when identifying and treating children for overweight or obesity, as this may stigmatise them and put them at risk of bullying.
* Confidentiality and building self-esteem are particularly important if help is offered at school.
* Interventions to help children eat a healthy diet and be physically active should also include measures to help children develop a positive body image and build self-esteem.

3.3 Tier 3 services for children

* 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 programmes that addresses lifestyle within the family and social setting.
* All treatment of obese children should be multicomponent and include recommendations to be physically active and to reduce inactivity.

## 4 A weight management pathway for adults and maternity should incorporate the following recommendations:

4.1 Prevention of adult obesity and overweight (tier 1)

Physical activity

* As stated in the Active Harrow Strategy and Dashboard 2020-25 staying active should be promoted across Harrow with particular focus on more deprived areas as these are likely to have greater health inequalities. Those who work within the community in health, housing, social services and education should be involved in promoting physical activity and signposting towards the physical activity opportunities in Harrow.
* 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.
* Ways to keep active should be promoted alongside all other weight management interventions from tier one to tier four. Physical activity options should be widely publicised by all professionals working with the public and promoted using tools such as the Get Active London website and Harrow Council Get Active website so that people have every opportunity to take part in activities that are appropriate for them and that will help them stay active and lose or maintain a healthy weight. Brief advice training on weight management and physical activity should include the range of options and increase the capacity and capability for frontline staff.

Healthy lifestyle advice

* Standardised brief advice on healthy weight and physical activity should be given by all professionals to people accessing services in order to ‘make every contact count’. (103) Advice, treatment and care of obesity should take into account people’s needs and preferences. All advice needs to be tailored for different groups and this is particularly important for people from black and minority ethnic groups, vulnerable groups (such as those on low incomes) and people at life stages with increased risk for weight gain (such as during and after pregnancy, at the menopause or when stopping smoking).
* Population level messages about the benefits of maintaining a healthy weight and of staying active should be targeted towards those people and areas with higher risk of becoming overweight. Messages should use information relevant and specific to different cultural groups in Harrow.

4.2 Treatment for adults who are overweight (tier 2)

* All health professionals should be supported to assess the weight of their patients if they suspect them to be overweight, and particularly at times when weight gain is more likely, such as during and after pregnancy, the menopause and while stopping smoking. If someone is overweight or worried about their weight appropriate advice should be given to them on healthier food options and staying active.
* Specific training should be offered to healthcare professionals who feel that they do not have the skills to counsel individuals about their weight. This could include GPs, nurses, health visitors and midwives.
* NHS Health checks for patients aged 40-74 should be used as an opportunity to identify patients with excess weight and provide them with support, information and resources to achieve a healthy weight.
* Interventions for weight management should be discussed and agreed with the individual. The components of the weight management programme should be tailored to the person’s preferences, fitness status and lifestyle. (43)
* All partners, agencies and providers in Harrow should only recommend to patients self-help, commercial and community weight management programmes if they follow best practice. (104) All advice on weight management should include being physically active and the reduction of inactivity.
* Patients with excess weight should receive long term follow-up by a trained professional. There should be good record keeping in order to ensure continuity of care between different teams. (43)
* There are currently only short Tier 2 programmes available (such as exercise on referral) with no long-term follow up. Harrow should provide a cost-effective, complete, long-term tier 2 service to patients.
* 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 30 (or 28 for high risk individuals) 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 (104)
* Healthcare professionals should be made aware of the available Tier 2 services, eligibility criteria and how to refer patients to these services.
* A review of Public Health resources going forward should include looking at the cost effective use of resources on weight management and review the inclusion of other options such as digital support which may reach more people. The review should inform the commissioning process and be based on the desired outcomes and resources available.
* Improvements should be made to the pathway to weight management services for Health Check patients who are overweight or obese. All Health Check patients who are overweight or obese should receive dietary advice and a referral to the appropriate weight management programme.
* The accurate pathway to weight management services should be specified and communicated to all relevant professionals in Harrow using the Harrow Obesity Communications Plan. The training needs of professionals who may need to deliver dietary advice should also be considered and addressed.
* All people who are identified as overweight with a BMI of over 25 by a health professional should be given details of the physical activity options in Harrow using tools such as Council /get active site and the benefits of staying active should be discussed with the individual.

Specialist obesity services (tier 3) and bariatric surgery (tier 4)

* There are currently no specialist obesity services for adults in Harrow. Healthcare professionals should be made aware of the specialist obesity services at Chelsea & Westminster hospital and know how to refer eligible patients appropriately.
* Drug treatments for obesity should only be considered after dietary, exercise and behavioural approaches have been started and evaluated. (43)
* A referral should be only be made for bariatric surgery only 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-up. (43)

* All surgical interventions are followed up with multi component weight management including physical activity support.

Bibliography

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