

Ealing Healthy Weight Healthy Lives Strategy

2016-2019

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1. Introduction

This strategy was produced by the Ealing Healthy Weight, Healthy Lives Group to demonstrate how the London Borough of Ealing and partners aim to tackle overweight, obesity and its influencing factors amongst children, young people and adults in Ealing. Importantly this strategy aims to highlight the importance of adopting a 'life course' approach and the need to address the wider determinants of health, by describing the vision for tackling unhealthy weight over the coming years.

The action plan accompanying the strategy outlines key areas of work that will be delivered and monitored.

Vision for Ealing

Our vision is for Ealing to be a place where:

- Everyone who lives, works and studies in the borough can experience the benefits of being a healthy weight.
- Healthy lifestyles are the normal way of life and every adult and child is informed, able and motivated to make positive choices regarding nutrition and physical activity.

The overall aim of the Ealing Healthy Weight Healthy Lives Strategy is to increase the number of children and adults who are a healthy weight and to reduce the number of people that are above a healthy weight.

To achieve this vision the Borough of Ealing, its people and organisations need to work together to achieve the following five strategic objectives:

- Make 'Healthy weight a priority for everyone'
- Create a healthy urban environment
- Promote healthy lifestyles
- Make effective use of data and research
- Build capacity and capability through workforce and community based developments

Local targets

Healthy weight is integral to the achievement of these objectives and the following specific targets have been set for the Health and Wellbeing Board, and are pertinent to reducing obesity in both adults and children:

- To aim for a 1% decrease in obesity and overweight amongst reception and year 6 children over the next 5 years (2021)
- To aim to increase physical activity through the utilisation of outdoor space from 11.4% to 11.8% by 2021.

The strategy attempts to draw on what is already in place at an organisational level, but also acknowledges that assets within local communities need to be built upon. The action plan brings together the diverse range of work health and non-health professionals are developing or delivering across the borough to tackle rising levels of obesity. It will require integrated partnership support, require new ways of working, identifying and channelling resources (both expert & layman) and make effective use of national and regional 'good practice', whilst also using local intelligence to support those most at need.

Achievement of the objectives will involve action across the lifespan, with action at three levels:

- **Universal prevention:** creating communities, neighbourhoods and services that support people in maintaining a healthy weight, adopting generic health promotion support using consistent key health improvement messages and promoting the Change4Life brand;
- **Targeted:** community based lifestyle interventions for people most at risk of becoming overweight or obese.
- **Specialist:** weight management services for people already overweight or obese.

This strategy is an update of the previous Healthy Weight, Healthy Lives Strategy in Ealing (2012-16), which was designed to respond to the rising threat of childhood obesity within Ealing (produced by a group called the Healthy Weight, Healthy Lives Group). This group continues to meet on a quarterly basis.

The Ealing Healthy Weight, Healthy Lives Group recognises that only by working together as a borough can we seek to make an impact on tackling obesity in Ealing.

Who is involved in the Ealing Healthy Weight, Healthy Lives Group?

Key stakeholders include representatives from:

Public Health Team	School Health Improvement Team
Early Years & Children Centre's	Active Ealing Team
Travel Planning Team	Environmental Health
Licensing Team	Voluntary Sector
London North West Hospital Trust	West London Mental Health Trust
Ealing Clinical Commissioning Group	School Sport Partnership

Links to other strategies

Other related strategies in Ealing include:

- Ealing Health & Wellbeing Strategy 2016-2021
- Ealing Breastfeeding Strategy
- Ealing Sport and Physical Activity Strategy 2012-2017
- North West London Child Oral Health Improvement Strategy 2011
- LBE LIP (transport)
- LBE Corporate Plan
- TL Health Plan

There have been many changes over the last few years both nationally and locally, which will have had an impact on overweight and obesity.

Nationally the government publication of the SACN Carbohydrates and Health Report report published by Public Health England in July 2015 was followed by the government report in October 2015 of the Sugar Reduction: The evidence for action report and was followed by the subsequent government announcement about the sugar tax to be implemented on fizzy drinks in 2018.

The national Childhood Obesity strategy: – a plan for action was then released in August 2016.

Locally there have been changes to services to tackle overweight and obesity and HENRY is currently being piloted in 3 boroughs across London (including Ealing).

2. Background

Ealing Great Weight Debate: Most recently in Ealing we hosted an Ealing Great Weight Debate event with professionals working across the borough. The event involved participants listening to case studies around nutrition, physical activity and the local child weight management programme in Ealing. Participants were then asked to help identify the priorities for the borough and what solutions might help tackle obesity locally.

These priorities and potential solutions were discussed at the quarterly steering group meeting and the ones of greatest priority / considered to be able to most effectively contribute to tackling obesity locally/ and the most feasible to deliver, were then included in the action plan for the borough.

The next steps will involve hosting 2 events for the public in early 2017 to help facilitate the implementation of obesity work locally.

THE FOLLOWING IS PENDING ENDORSEMENT BY H & WBB MEETING IN JANUARY 2017:

- *The Healthy Weight, Healthy Lives Group supports a drive to become a 'Sugar Smart Borough', similarly to the London Borough of Lewisham. Work will be undertaken to achieve this in Ealing in 2017 and will be led by the Healthy Weight, Healthy Lives Group.*
- *The second part of this work focuses upon the borough signing the local government declaration on 'Sugar Reduction and Healthier Food'. To sign this, the borough will need to identify at least 6 key actions across 6 key areas. They will then need to outline a plan of action and undertake an annual evaluation of these action points.*

A. WHAT IS OVERWEIGHT AND OBESITY?

Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.

Children

For children the accepted method for diagnosing obesity in children is also by measuring BMI, however the calculation is slightly more complex. This is because children are

constantly growing, and there is no static benchmark to measure against, as a child's BMI will change from birth to adulthood. Therefore, a child's BMI is compared against the population average, and the child's age, sex and height are taken into account.

Adults

Amongst adults it is most commonly measured using BMI, although measuring waist circumference is also a useful measure.

BMI provides the most useful population-level measurement of overweight and obesity, as it is the same for both sexes and for all ages of adults. However it should be considered a 'rough guide' because it may not correspond to the same degree of fatness in different individuals.

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m^2).

The WHO definition is:

- A BMI greater than or equal to 25 is overweight
- A BMI greater than or equal to 30 is obesity.

B. OVERVIEW OF EFFECTS OF OVERWEIGHT AND OBESITY

Children & Young People

Being overweight or obese in childhood can have an impact on both short and long term physical and mental health. The emotional and psychological effects of being overweight are often seen as the most immediate and most serious by parents and children themselves. They include teasing and bullying, low self-esteem, poor body image, anxiety and depression (with anxiety and depression being 3-4 times more prevalent in obese children).

Children who are overweight and obese are more likely to become obese adults and are therefore at higher risk of adult obesity health related risks such as morbidity, disability and premature mortality. Although many of the most serious consequences may not become apparent until adulthood, the effects of obesity – for example, raised blood pressure, fatty changes to the arterial linings and hormonal and chemical changes such as raised cholesterol and metabolic syndrome - can be seen in obese children and adolescents.

In fact recent research has shown that 58% of children with a BMI above the 95th centile have hypertension, hyperlipidemia or insulin resistance and 25% have two or more of these (Rudolph M C J (2004) The obese child. Archives of Diseases in Childhood Education practice, Ed 89,pp 57-62).

Some obesity-related conditions can develop during childhood. Type 2 diabetes (previously considered an adult disease) has increased dramatically in overweight children as young as five. Other health risks of childhood obesity include early puberty, eating disorders such as anorexia and bulimia, skin infections, disturbed sleep, asthma and other respiratory problems. Some musculoskeletal disorders are also more common.

Due to common risk factors related to diet children and adults may also be at risk of dental caries.

As childhood obesity is associated with a wide range of health problems in both childhood and later in life, reducing obesity in Ealing is a key public health priority locally.

Impact of overweight and obesity on oral health

In Ealing we have a specific issue with poor oral health amongst children and data shows that Ealing currently has the highest levels of poor oral health amongst 5 year in London. The determinants of oral diseases which contribute to tooth decay in children include poor diet and the increased consumption of sugary food and drinks, these are also factors which contribute to overweight and obesity, therefore by addressing these risk factors it is possible to positively impact oral health and overweight / obesity.

Adults

Obesity can have a severe impact on quality of life. The increased risk of excess body weight predisposing individuals to numerous health problems is well documented.

Healthy Lives, Healthy People: A call to action on obesity in England, (2011) reported that the health risks for adults with obesity are stark. For example, compared with a non-obese man, an obese man is:

- five times more likely to develop type 2 diabetes
- three times more likely to develop cancer of the colon
- more than two and a half times more likely to develop high blood pressure (a major risk factor for stroke and heart disease).

An obese woman, compared with a non-obese woman, is:

- almost thirteen times more likely to develop type 2 diabetes
- more than four times more likely to develop high blood pressure
- more than three times more likely to have a heart attack.

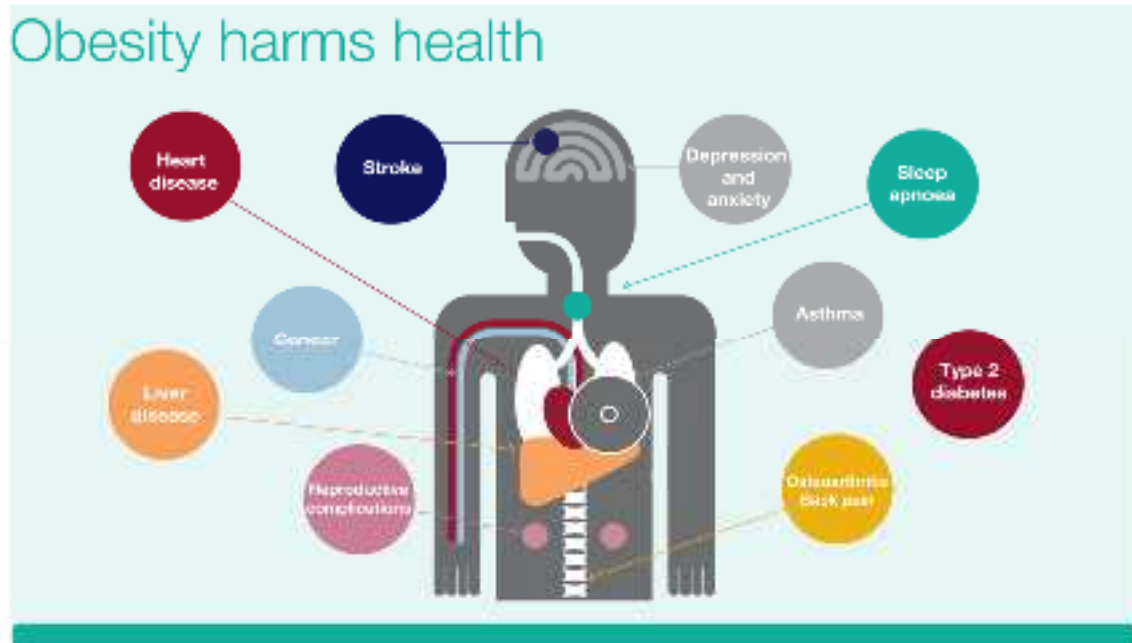
Risks of other diseases, including angina, gall bladder disease, liver disease, ovarian cancer, osteoarthritis and stroke, are also increased.

There is a summary of the evidence around obesity and its associated health problems in Appendix 1.

C. THE HEALTH BENEFITS OF LOSING EXCESS WEIGHT

Weight loss in overweight and obese individuals can improve physical, psychological and social health, there is good evidence to suggest that a moderate weight loss of 5-10% of body weight in obese individuals is associated with important health benefits, particularly in the reduction of blood pressure and a reduced risk of developing type 2 diabetes and coronary heart disease. Even small changes can have a positive impact on the overall health and wellbeing of individuals by increasing mobility, energy and confidence.

Below is a visual representation of the impact of obesity on health from Public Health England:



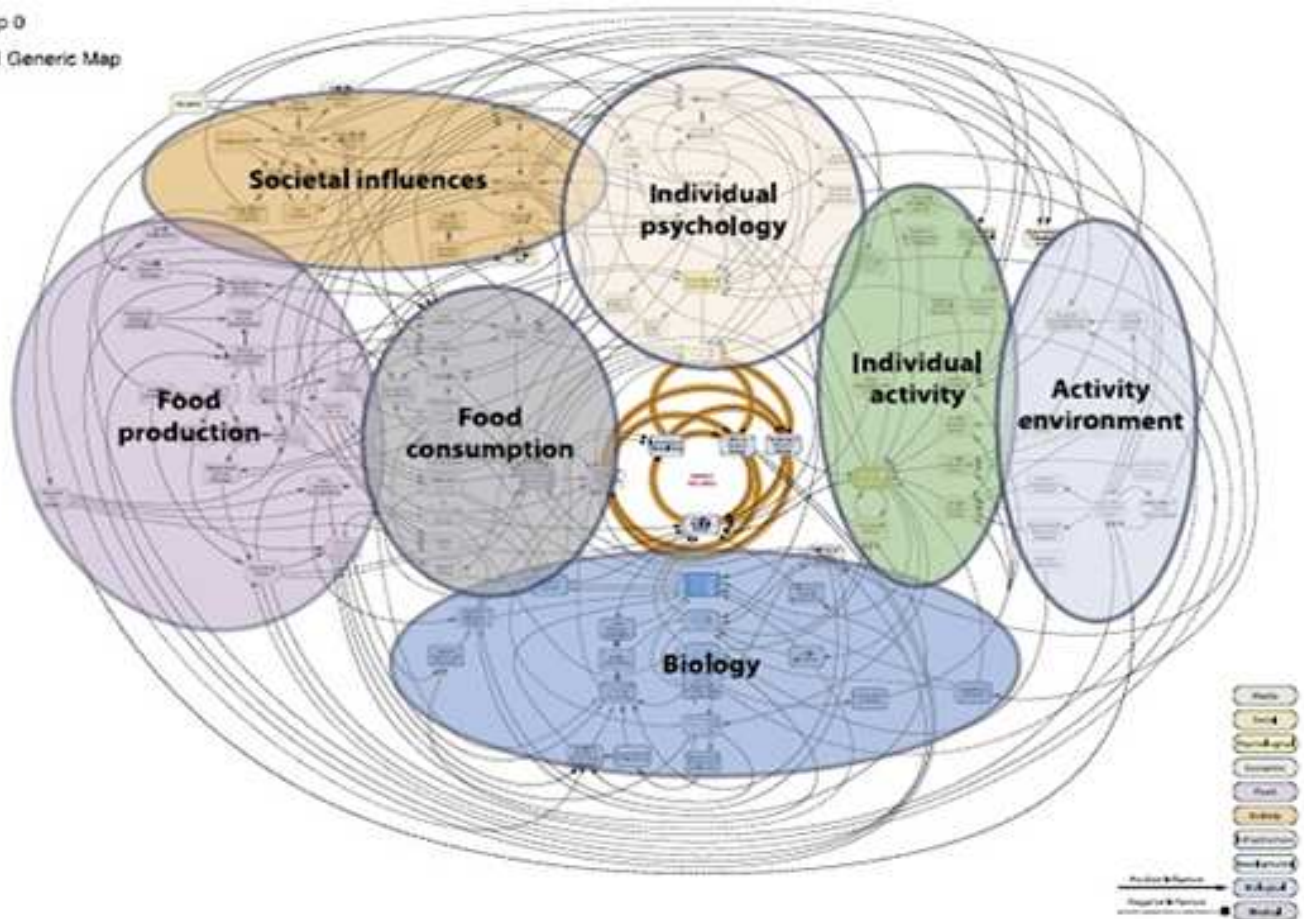
D. CAUSES OF OBESITY

Overweight and obesity are a result of an energy imbalance from greater energy intake than energy expenditure. These present a complex challenge for both individuals and wider society. This requires a whole system approach working across the entire social, environmental and cultural environment to solve.

Due to the many complex behavioral and societal factors that combine to contribute to the causes of obesity. The Foresight report (2007) referred to a "complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain". The report presented an obesity system map with energy balance at its centre. Around this, over 100 variables directly or indirectly influence energy balance (Figure 1) as can be seen below.

Figure 1:

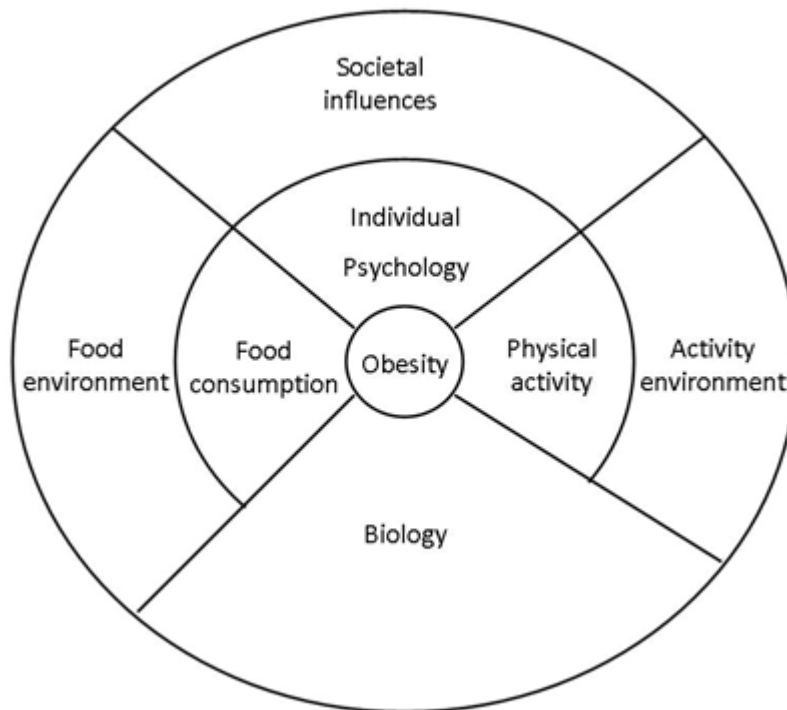
Map 0
Full Generic Map



The obesity system map has been divided into 7 cross-cutting predominant themes and they can be seen a bit more clearly in Figure 2 below:

- **Biology:** an individual's starting point - the influence of genetics and ill health;
- **Activity Environment:** the influence of the environment on an individual's activity behaviour for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;
- **Physical Activity:** the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day;
- **Societal Influences:** the impact of society, for example the influence of the media, education, peer pressure or culture;
- **Individual Psychology:** for example a person's individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences;
- **Food Environment:** the influence of the food environment on an individual's food choices, for example a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home;
- **Food Consumption:** the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet.

Figure 2:



Source: Foresight systems map, 2007

Lifestyle and behaviour

The modern environment has been labelled 'obesogenic or obesity-causing', making it difficult for people to maintain a healthy weight. For example, energy dense food and drink are increasingly available and accessible; sedentary leisure activities and travel by car are now the societal norm.

Lifestyle and behaviour choices are important factors in influencing weight status. Unhealthy diets and physical inactivity are major risk factors for overweight and obesity, as well as a number of chronic health conditions including cardiovascular disease, diabetes, cancers and high blood pressure.

Nutrition

Consumption of excess calories is often due to over consumption of high energy foods and drinks such as processed or fast food, sweetened and alcoholic drinks, or large portion sizes. There is also evidence that eating habits are perpetuated through families and cultures, and are often maintained from child through to adulthood.

Adults are more likely to maintain a healthy weight if they reduce consumption of high energy-dense foods and drinks and consume a lower-fat, high fibre diet, consisting of fruit, wholegrains, vegetables, lean meat and fish. Healthy eating is associated with decreased risk of overweight and obesity and chronic diseases, including type 2 diabetes, hypertension, and certain cancers. However, there is a large gap between nutrition recommendations and what the data shows we actually eat. For example, in England, the Health Survey for England reports that less than a third of adults currently meet the 'five a day' target for fruit and vegetables.

Physical activity

Physical activity is a key determinant of energy expenditure and a fundamental part of energy balance and weight control.

Physical activity includes all forms of activity, such as walking or cycling for everyday journeys, active play, work-related activity, active recreation (such as working out in a gym), dancing, swimming, gardening or playing games as well as competitive and non-competitive sport.

The Department of Health recommends that adults accumulate at least 150 minutes (2.5 hours) of moderate-intensity aerobic activity (i.e. cycling or fast walking) every week and children over five should engage in at least 60 minutes (1 hour) of moderate to vigorous intensity physical activity every day. Physical activity that can be incorporated into everyday life, for example brisk walking and cycling has been found to be as effective for weight loss as supervised exercise programmes.

Sedentary behaviours in adults are impacted by age, gender, socio-economic conditions, occupation, weight status and some characteristics of the physical environment. These relationships are independent of the level of overall physical activity. For example, spending large amounts of time being sedentary may increase the risk of some health outcomes, even among people who are active at the recommended levels.

E. POPULATION GROUPS WHO ARE MORE AT RISK OF DEVELOPING OBESITY

As well as targeting preventative action using the life course approach, this strategy recognizes that some population groups are at higher risk of developing obesity and/or associated complications or morbidities. For the purpose of this strategy these population groups are considered priorities for targeted weight management interventions either through specific services or targeting delivery/provision to these at risk groups.

These at risk groups within the population include:

- Children from low income families
- Children from families where at least one parent is obese
- Individuals of Asian origin; particularly those of South Asian Origin
- Ethnic groups with higher than average prevalence of obesity; black African women, black Caribbean women, Pakistani women, black Caribbean men and Irish men
- Adults in semi – routine and routine occupations
- People with physical disabilities
- People with learning difficulties
- People with a mental health conditions
- Older people

There are also key stages when people are more likely to put on weight, and include;

- Men in their late 30s
- Women entering long-term relationships
- Women during and after pregnancy
- Women at menopause
- People giving up smoking
- People who retire
- People suffering psychological problems such as stress and depression

It is critical to ensure that strands of work to tackle obesity in Ealing meet the needs of these vulnerable groups, and that key stages within the life course are addressed when targeting interventions.

3. Scale of the problem:

As of April 2013 public health functions have become the responsibility of the Local Authority.

The Public Health Indicators relating to obesity (as at December 2016) are:

- Excess weight in adults (Rated as better than the London and England average)
- Child excess weight in 4-5 year olds (similar to London and England average)
- Child excess weight in 10-11 year olds (worse than the London and England average)
- Breastfeeding Initiation (Rated as better than the London and England average)
- Breastfeeding Prevalence at 6-8 weeks after birth (current) (No Data)
- Breastfeeding Prevalence at 6-8 weeks after birth (historical) (No Data)
- % of physically active adults (similar to London and England average)
- % of physically inactive adults (similar to London and England average)
- Utilisation of outdoor space for exercise / health reasons (similar to London and England average)
- Proportion of the population meeting the recommended 5 a day on a usual day (adults) (similar to London and England average)
- Average number of portions of fruit consumed daily (adults) (similar to London and England average)
- Average number of portions of vegetables consumed daily (adults) (similar to London and England average)
- Proportion of the population meeting the recommended 5 a day at age 15 (Better than the London and England average)
- Average number of portions of fruit consumed daily at age 15 (WAY survey) (Better than the London and England average)
- Average number of portions of vegetables consumed daily at age 15 (WAY Survey) (Better than the London and England average)

The data shows that there is an increase in the levels of excess weight between 4-5 year olds and the 10-11 year olds in Ealing, and there are likely to be many contributing factors to this increase in weight by the time the children reach 10-11 years of age.

Overview of National Data

The latest data from the Health & Social Care Information Centre for England show

- In 2014, 58 per cent of women and 65 per cent of men were overweight or obese. Obesity prevalence has increased from 15 per cent in 1993 to 26 per cent in 2014.
- In 2014/15, more than 1 in 5 children in Reception, and 1 in 3 children in Year 6 were measured as obese or overweight. Children in most deprived areas are twice as likely to be obese than children in least deprived areas.
- In 2014/15^a, there were 6,032 Finished Consultant Episodes (FCE's) in NHS hospitals with a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery.
- 60 per cent of bariatric surgery patients were aged between 35 and 54. 76 per cent of bariatric surgery patients were female.
- In 2014, 519,000 items were prescribed for the treatment of obesity in primary care in England. That is 8 per cent less than in 2013 when 563,000 items were prescribed.
- The net ingredient cost (NIC) of these prescription items was £15m in 2014, half the 2011 figure.
- In 2014/15, 36 per cent of adults (16+) played sport at least once a week. 57 per cent did not play any sport in the 28 days prior to being surveyed.

Local Data for Ealing: Children & Young People

The main source of data for overweight and obese children in Ealing is the National Child Measurement Programme (NCMP). The NCMP measures all children in Reception Year (4-5 years) and Year 6 (10 – 11 years) in state maintained primary schools.

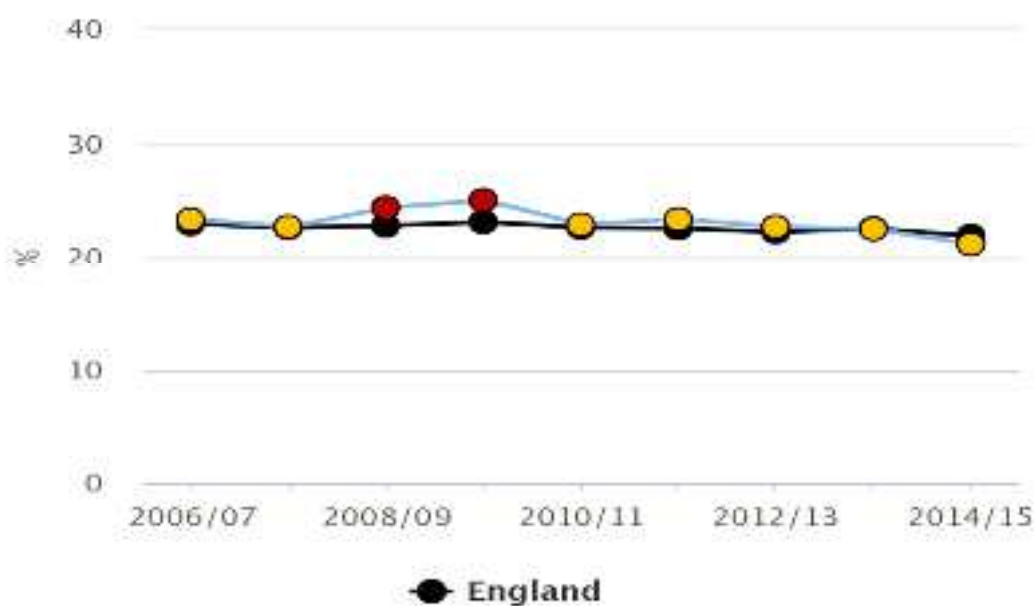
The results for reception year and year 6 children are listed below. It can be seen that in 2014/15 reception year pupils in Ealing have shown a slight decrease in levels of overweight and obesity, while the year 6 pupils have also shown a small decrease from the previous year.

Age Category		2010/11	2011/12	2012/13	2013/14	2014/15
Ealing Reception Total		22.9%	23.3%	22.7%	22.5%	21.2%
London Average		23.5%	23.3%	23.0%	23.2%	22.2%
National Average		22.6%	22.6%	22.2%	22.5%	21.9%
Ealing Year 6 Total		36.8%	36.5%	37.3%	38.4%	37.5%
London Average		37.0%	37.5%	37.4%	37.6%	37.2%
National Average		33.4%	33.9%	33.3%	33.5%	33.2%

The graphs below show the trends for reception year and year 6 pupils over the past few years.

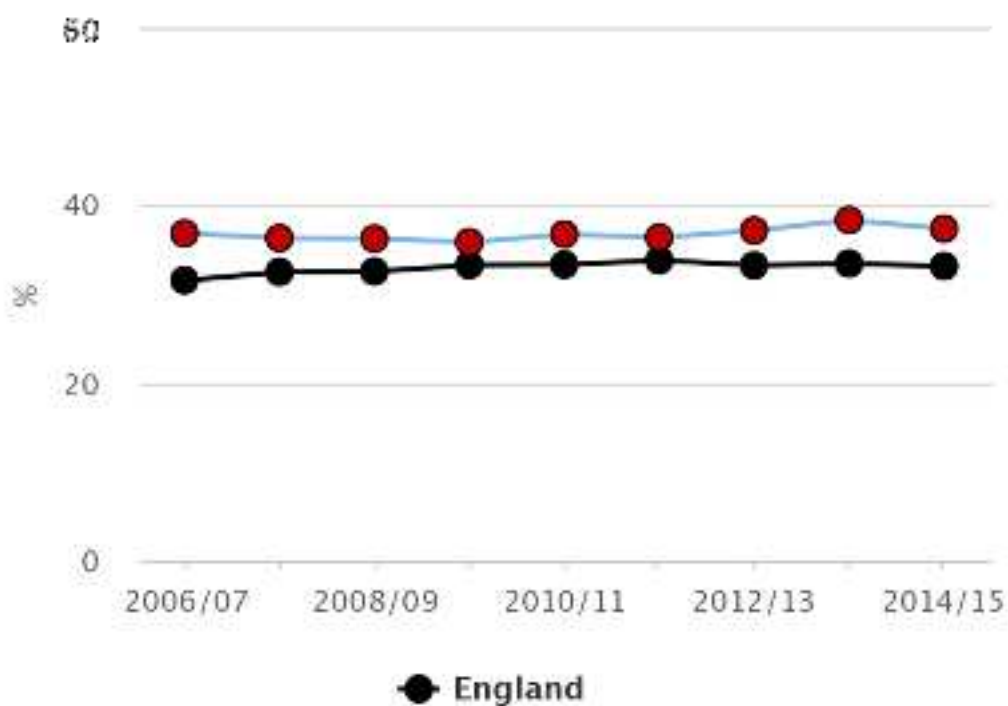
Reception Year Children

2.06i – Child excess weight in 4-5 and 10-11 year olds – 4-5 year olds – Eating



Year 6 Children

2.06ii – Child excess weight in 4-5 and 10-11 year olds – 10-11 year olds – Eating



Obesity amongst Secondary School Children

There is no formal data collection method for obesity amongst secondary aged school children. However, self-reported data about healthy eating and physical activity from the 2015 Health Related Behaviour Questionnaire in Ealing secondary schools found that:

Amongst pupils in years 8 and 10 (ages 12-13 and 14-15):

- 47% of year 10 girls and 30% of the year 10 boys said that they diet to lose weight at least sometimes.
- 6% of pupils said they rarely or never ate any fresh fruit.
- 23% of pupils said that they had 5 or more portions of fruit and vegetables the day before.
- 69% of pupils said that they tried to do more exercise to lose weight. 11% said that they were always exercising to lose weight.
- 52% of the year 8 boys consider themselves fit or very fit compared with 37% of the year 8 girls.
- But only 26% of pupils reported that they had exercised hard enough to get out of breath and sweaty on at least three days in the last week.

Local Data for Ealing: Adults

Looking at the graph below Ealing is considered to be green with a level of excess weight of 61.1, in comparison to the England level of 64.8 and the London level of 58.8%.

2.12 - Excess weight in Adults 2012-13



Economics of obesity

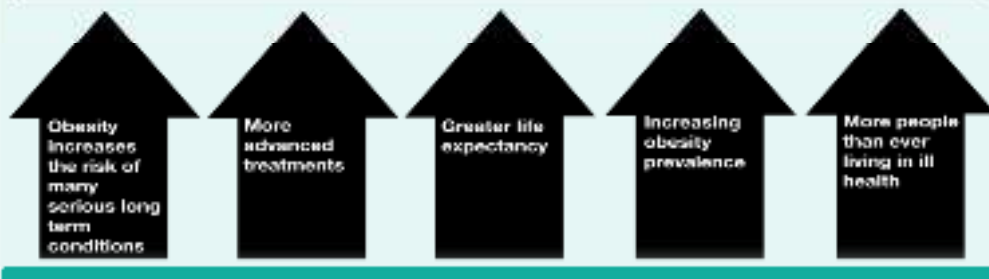
Obesity and related conditions not only impact on health and quality of life for both adults and children, but also place a significant burden on the NHS. Estimates suggest that this costs about £5 billion each year and billions more to the wider economy. These include costs to employers (around 16 million days of sickness are directly related to obesity, decreased productivity and short term disability attributed to obesity related absenteeism. Alongside this there is a growing burden on public sector resources beyond the impact on health service; for example cost to social services caring for housebound people suffering from obesity related illnesses, and specialist equipment in school classroom, gyms and canteens.

Public Health England put together the following projections about costs:

On current projections costs are likely to increase

Between 2010 and 2030 – health care costs up by

£2bn



The annual cost of obesity



In Ealing it is estimated that treating diseases related to overweight and obesity will cost the NHS in the region of £98.8 million by 2015. There is a clear case for addressing overweight and obesity to prevent escalating chronic disease and to improve the health of individuals and the population.

There are many benefits to tackling overweight and obesity which are not solely directly about the cost of treating obesity and PHE have summarised these below:

Action on obesity can lead too:



There can be added benefits

More walking and cycling

Less car travel, pollution & congestion

Safer and more welcoming streets

Increased social interaction

Supports local business

4. Evidence of what works and what we are doing:

Recommendations for preventing excess weight gain:

The NICE guidance (NG7) for Preventing Excess Weight Gain published in March 2015 includes the following:

1. Encourage people to make changes in line with existing advice
2. Encourage physical activity habits to avoid low energy expenditure
3. Encourage dietary habits that reduce the risk of excess energy intake
4. Further advice for parents and carers of children and young people
5. Encourage adults to limit the amount of alcohol they drink
6. Encourage self-monitoring
7. Clearly communicate the benefits of maintaining a healthy weight
8. Clearly communicate the benefits of gradual improvements to physical activity and dietary habits
9. Tailor messages for specific groups
10. Ensure activities are integrated with the local strategic approach to obesity

Each of the recommendations includes information on effective activities and interventions, for example 'reducing screen time' is listed under 'encouraging physical activity habits to avoid low energy expenditure'.

Action to date

There has been a great deal of work undertaken towards achieving the aim of the healthy weight healthy lives strategy (some of which is ongoing) and includes the following (listed under the 5 strategic objectives):

1. Make 'Healthy weight a priority for everyone

- Early Start & children's centres implementation of Level 1 and working towards Level 2 and 3 of the UNICEF Baby Friendly Accreditation to support response breast/infant feeding
- 'Let's Get Cooking' training delivered for children center staff allowing staff to run workshops for families, and to be able to make informed changes around nutrition within the centres and nurseries.
- Training of Oral Health Champions in children centres with the expectation that they would deliver, promote and provide information sessions for families.

2. Create a healthy urban environment

- Ealing Cycle hub (the first cycle hub in London) and Ealing Borough won two awards at ATOC National Cycle Rail Awards 2012 for Ealing Cycle Hub, Best Local Government Scheme and London Cycle Parking Award
- Fifteen Corridor and Neighborhood projects
- Successful Cycling bid to Transport for London for £668k
- Target for installation of outdoor fitness equipment met with equipment in 26 outdoor sites (total of 23 routes and 8 outdoor table tennis sites)

- Tri Borough leisure contract awarded in 2013 securing the future operation of Ealing's sport and leisure centres
- The opening in April 2014 of the new Everyone Active Acton Centre providing quality facilities for Acton residents
- Secured external funding for outdoor sports facilities run by voluntary groups – Spikes Bridge Sports Complex, Lord Halsbury Sports Ground and Pitshanger FC's new clubhouse
- Will to Win improvements at both Lammas Park and Pitshanger Park Tennis Centres

3. Build capacity and capability through workforce and community based developments and Promote healthy lifestyles

- Universal Change 4 Life Summer /Autumn Campaigns successfully delivered
- Change 4 Life materials distribution to schools
- Council webpages promoting Physical activity updated
- 100% of schools achieved bronze healthy schools London award.
- 90% of schools have participated in the Eat Like a Champ Programme
- MEND 0-5 Child weight management programme delivered (project has now ended, although a replacement programme funded directly through central government called HENRY is now running in Ealing).
- MEND 5-7 year old programme and Boost delivered across Ealing.
- Additional 100 cycle spaces added to town centre by 2014
- Health Trainer Programme
- Free School Meals implemented in key stage 1 (between 5 and 7) in schools
- Retendering of the new catering contract undertaken (signed up until 2018)
- Healthy Schools Partnership work continuing
- Walks Programme
- 89% of schools registered on the schools Games website from the Willow Tree Schools Sports Partnership (identified in top 10 nationally) While 85% are registered from the Featherstone school sports partnership
- Healthy Start Programme delivery through children centres
- 3 year On Your Marks scheme encouraging sedentary people with disabilities to be more active
- Expansion of Staying Active scheme aimed at increasing activity levels in older people
- 3 year Try it do it scheme aimed at increasing activity levels living in Acton, Southall and Northolt
- Get up and Go scheme aimed at improving strength, balance and mobility in over 65 year olds
- New Park run in Northala Fields and Junior Park Run in Pitshanger Park

4. Make effective use of data and research

- Overweight and Obesity JSNA produced and disseminated
- Development of local breastfeeding target with resulting work to promote and support achieving the target being undertaken.

The work listed above is not an exhaustive list but it is intended to give an overview of the type of work which has and is being undertaken and which is likely to positively impact the obesity agenda locally.

Making a difference, the impact of the work:

In addition to having some immediate short term outcomes as a result of the actions the longer term impact on obesity is as yet unknown.

In a very small number of schools which were previously identified as having the highest levels of overweight and obesity in the borough, there has been a real concentration of efforts to address the issue, including delivery of MEND programmes, work from the health improvement team and the school being invested in making a commitment to change.

2 schools which were previously identified as being in the top ten of overweight and obesity levels have demonstrated a stabilising of their levels of overweight and obesity.

The Way Forward

A Healthy Weight action plan has been developed and agreed by all key partners. Their work will contribute to achieving the ambitious targets that have been set for Ealing. It has been structured in line with the healthy weight strategic objectives and details specific activities, timelines and the identified lead organisation, and will build on existing work.

Having hosted an Ealing Great Weight Debate Event in November 2016, some of the priorities and themes have been incorporated into the Healthy Weight, Healthy Lives action plan.

Performance Monitoring

The implementation & monitoring of the strategy will be overseen by the Ealing Healthy Weight, Healthy Lives Strategy Steering Group, which meets quarterly to track progress against the agreed outcomes and timelines.

Updates on progress will be made annually to the Health & Wellbeing Board.

Gaps

2 current gaps in terms of the recommendations from NICE are recommendations number 5. (Encouraging adults to limit the amount of alcohol they drink) and number 6 (Encouraging self monitoring).

Next steps:

- Implementation of the Healthy Weight, Healthy Lives Action Plan
- Delivery of 2 further public Great Weight Debate Events in Ealing in 2017.

Some key areas for action identified in the plan include improving communication of messages, by agreeing locally on the key messages around nutrition and physical activity and rolling the messages out across the borough, more joined up working between teams, and encouraging self-monitoring through promoting the available technology such as the change 4 life apps and NHS Choices website with accompanying tools.

Please see the action plan for further information on specific actions.

Appendices 1

The evidence around obesity and the associated health problems is summarised below.

Musculoskeletal system

- Raised body weight puts strain on the body's joints, especially the knees, increasing the risk of osteoarthritis (degeneration of cartilage and underlying bone within a joint).
- There is also an increased risk of low back pain

Circulatory system

- Raised BMI increases the risk of hypertension (high blood pressure), which is itself a risk factor for coronary heart disease and stroke and can contribute to other conditions such as renal failure.
- The risk of coronary heart disease (including heart attacks and heart failure) and stroke are both substantially increased.
- Risks of deep vein thrombosis and pulmonary embolism are also increased.

Metabolic and endocrine systems

- The risk of Type 2 diabetes is substantially raised: it has been estimated that excess body fat underlies almost two-thirds of cases of diabetes in men and three quarters of cases in women.
- There is a greater risk of dyslipidemia (for example, high total cholesterol or high levels of triglycerides), which also contributes to the risk of circulatory disease by speeding up atherosclerosis (fatty changes to the linings of the arteries).
- Metabolic syndrome is a combination of disorders including high blood glucose, high blood pressure and high cholesterol and triglyceride levels. It is more common in obese individuals and is associated with significant risks of coronary heart disease and Type 2 diabetes.

Cancers

- The risk of several cancers is higher in obese people, including endometrial, breast and colon cancers.

Reproductive and urological problems

- Obesity is associated with greater risk of stress incontinence in women.
- Obese women are at greater risk of menstrual abnormalities, polycystic ovarian syndrome and infertility.
- Obese men are at higher risk of erectile dysfunction.
- Maternal obesity is associated with health risks for both the mother and the child during and after pregnancy.

Respiratory problems

- Overweight and obese people are at increased risk of sleep apnoea (interruptions to breathing while asleep) and other respiratory problems such as asthma.

Non-alcoholic fatty liver disease

- The term 'non-alcoholic fatty liver disease' (NAFLD) refers to a range of conditions resulting from the accumulation of fat in cells inside the liver. It is one of the commonest forms of liver disease in the UK. If left untreated, it may progress to severe forms such as non-alcoholic steatohepatitis (NASH), fibrosis and cirrhosis. It has also been linked to liver cancer.

- Obesity is an important risk factor for the condition: over 66% of overweight people, and over 90% of obese individuals are at risk of NAFLD. As levels of obesity have risen, so has the prevalence of NAFLD.

Gastrointestinal disease

Obesity is associated with:

- Increased risk of gastro-oesophageal reflux
- Increased risk of gall stones

Psychological and social problems

- Overweight and obese people may suffer from stress, low self-esteem, social disadvantage, depression and reduced libido.

Appendices 2

Links and information on some of the services offered in Ealing can be found on the following website: www.ealing.gov.uk

Other useful external links include:

NHS Choices: <http://www.nhs.uk/chq/pages/823.aspx>

Change4Life: <http://www.nhs.uk/change4life/Pages/change-for-life.aspx>

Start4Life: www.nhs.uk/start4life/Pages/healthy-pregnancy-baby-advice.aspx
