

EALING JSNA 'Focus on' Children and Young People Healthy Weight 2023

The Joint Strategic Needs Assessment (JSNA) is a statutory document published by the London borough of Ealing and NWL ICB, which describes the health and social care needs of the population. The JSNA contains topic and theme-based chapters, which are updated on a rolling basis.

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Key facts

What is Healthy Weight

Maintaining a healthy weight is key to maintaining good health and quality of life. Being underweight may be caused by malnutrition or specific eating disorders. Within the definitions of this report, being above a healthy weight is described as either overweight or obese, commonly referred together as excess weight.

Summary

Tackling obesity and helping people to achieve or maintain a healthier weight is complex. There are many factors which influence overweight and obesity in the places where we live, work and play, an example being the food and built environment which can often make it difficult to make healthier lifestyle choices.

There is no one single solution, instead it requires a whole systems approach, in which tackling overweight and obesity becomes everybody's business and it is prioritised and embedded in everything we do. Maintaining a healthy weight has many health benefits both physical and mental, these include improved health-related quality of life and a reduced risk of health conditions including heart disease, stroke, type 2 diabetes, liver disease and some cancers. Overweight and obesity also have a financial impact on the health and social care system.

WHO, 2015 outlined that the fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended. Unfortunately overweight and obesity is increasing and has now become a social norm. It is important to remember that everyone is at risk of becoming overweight, and there are many complex behavioural, social and environmental factors that combine to contribute to the causes of obesity, which have been identified in the Foresight Report, 2007, and presented an obesity system map with energy balance at its centre, with over 100 variables that directly or indirectly influence energy balance.

Data Summary

1 in 5 Reception Year children start school above a healthy weight; this rises to 1 in 3 amongst Year 6 children in Ealing.

Differences in levels of overweight and obesity are observed between the genders, and ethnic groups and in the distribution across the borough of those identified as being above a healthy weight, with the prevalence of obesity in children greater in areas of greatest deprivation, with these differences also observed in the National NCMP programme data.

The most recent NCMP data for Ealing (2021/22) also highlighted **the levels of Overweight and Obesity compared to pre-pandemic remained high in Year 6 children in Ealing, with differences observed in levels of overweight and obesity in boys and particular ethnic groups.**

Impact of pandemic: Obesity is highest amongst the most deprived groups of society and further perpetuates health inequalities (1). COVID-19 has negatively impacted children who were overweight or obese by reducing physical activity, increasing screen-time through remote learning and encouraging children to eat and sleep more than usual.

The term "obesogenic environment" refers to the role that environmental factors (social, cultural and infrastructural) have on an individual's ability to adopt a healthy lifestyle (2). For example, recent technological advances have led to labour saving devices and modes of entertainment (e.g. television and computer games) that have tended to reduce the need for physical exertion. Environments that shape the availability and consumption of high calorie dense foods or influence levels of physical activity can also have a detrimental impact on levels of overweight and obesity (3).

Setting the Scene: 1

What is Overweight and Obesity?

Overweight and obesity are defined as “having an abnormal or excessive amount of fat accumulation that presents a risk to health” (3) by the World Health Organisation (WHO). The World Health Organisation, 2015, states ‘obesity in childhood is associated with serious health complications and an increased risk of premature onset of illnesses, including diabetes and heart disease’. The Government’s “A Plan for Action” 2016 (4) stated “nearly a third of children are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer” and “The burden is falling hardest on children from low-income backgrounds”.

Overweight and obesity can be caused by an energy imbalance in the energy taken in, versus the energy used. This energy is measured in calories. The energy taken in is the number of calories obtained from food and drinks. While energy used is the number of calories our body uses for things such as breathing, digesting, being physically active, and regulating body temperature, and this imbalance can occur over time causing our bodies to store fat.

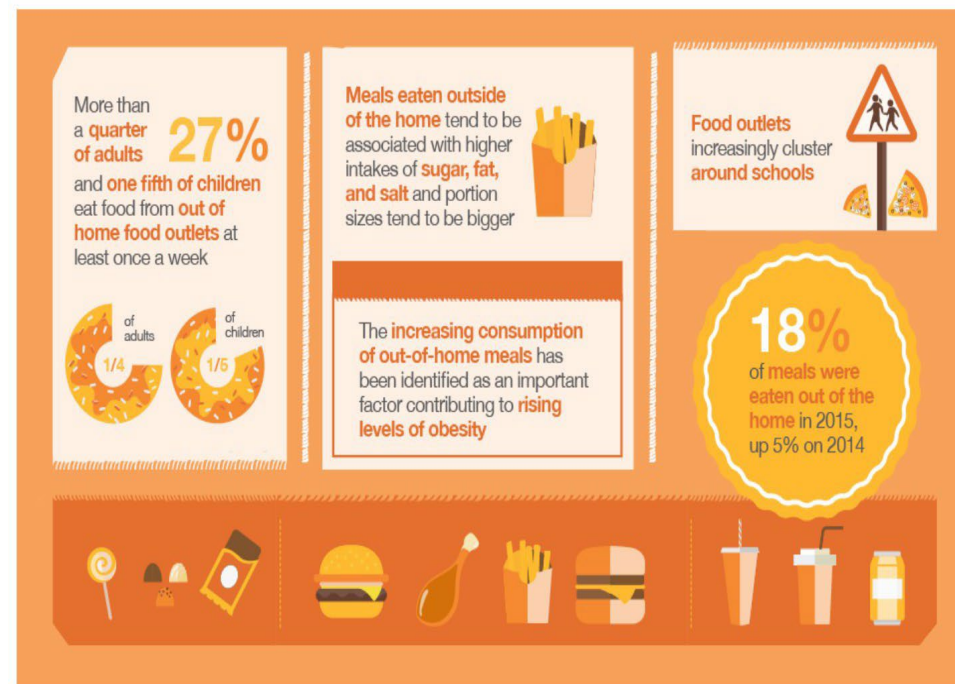
Causes of Overweight and Obesity

There are a number of factors which can play a role causing overweight and obesity (5) including:

- **Diet** – eating more calories than needed or used contributes to weight gain
- **Physical Activity** – not doing enough, or of the right type of activity
- **Environmental factors** - influence our ability to maintain a healthy weight. These factors include not having access to green space, not being able to afford gym membership or training equipment, portions greater than needed, access to a range of affordable and healthy foods, knowing how to prepare and use healthy foods, advertising of unhealthy snacks and foods, active travel.
- **Genetics** - can directly cause obesity in disorders such as Prader-Willi syndrome, and may also contribute to a person’s susceptibility to gain weight
- **Health Conditions and Medications** - some hormone problems such as underactive thyroid, Cushing syndrome and polycystic ovary syndrome, and certain medicines may cause weight gain, including some corticosteroids, antidepressants, and seizure medicines
- **Stress, Emotional Factors, and Poor Sleep** - can cause some people to eat more when they are bored, angry, upset, or stressed and studies have found that the less people sleep, the more likely they are to have overweight or obesity, because hormones released during sleep help control appetite and the body’s use of energy.

Public Health England

Healthmatters Food and drink environment



Health Matters (6)

Setting the Scene: 2

Financial Impact of Overweight and Obesity

Overweight and Obesity leads to an increasing burden of avoidable ill health, which in turn impacts on rising health and social care costs. Obesity puts people at higher risk of developing long-term chronic conditions such as diabetes, dyslipidaemia, cardiovascular diseases and certain cancers, which can impact not only on the individual but also their families.

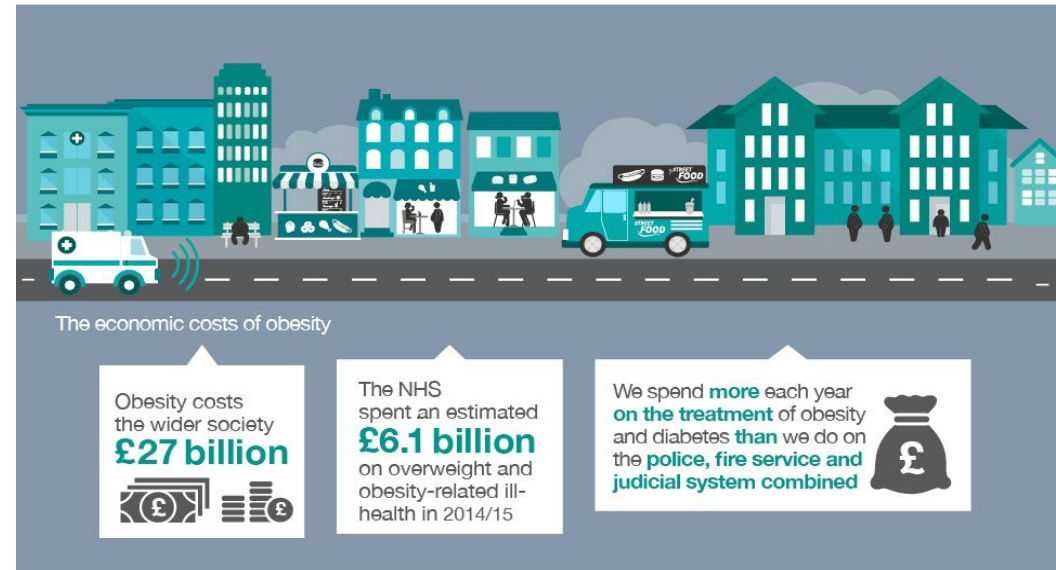
- The cost of excess weight in the UK was estimated by NICE (7) to be almost £16 billion in 2007 (over 1% of gross domestic product).
- NHS Website (8) estimates the direct cost of physical inactivity to the NHS across the UK to be over £0.9 billion per year.
- It is estimated that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015.
- Obesity has a serious impact on economic development, with the overall cost of obesity to wider society estimated at £27 billion.
- The UK-wide NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year.

Impact Of Pandemic

The COVID-19 pandemic (9) has highlighted obesity and deprivation as risk factors for morbidity and mortality, thus widening existing health inequalities. The increased risk of hospitalisation and mortality from COVID-19 due to excess weight places a further burden on individuals, populations and health services. An analysis of secondary care of COVID-19 in Europe during the first wave of the pandemic estimated that around 76% of the total costs can be attributed to treating people with COVID-19 who are overweight and obese.

Public Health England

Healthmatters Local food environment



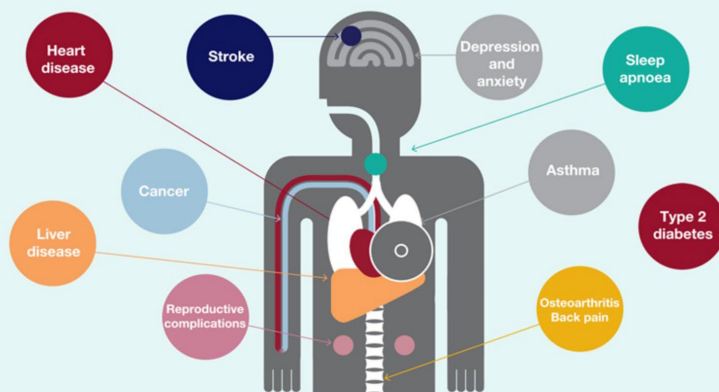
Health Matters (6)

Inequalities (12)

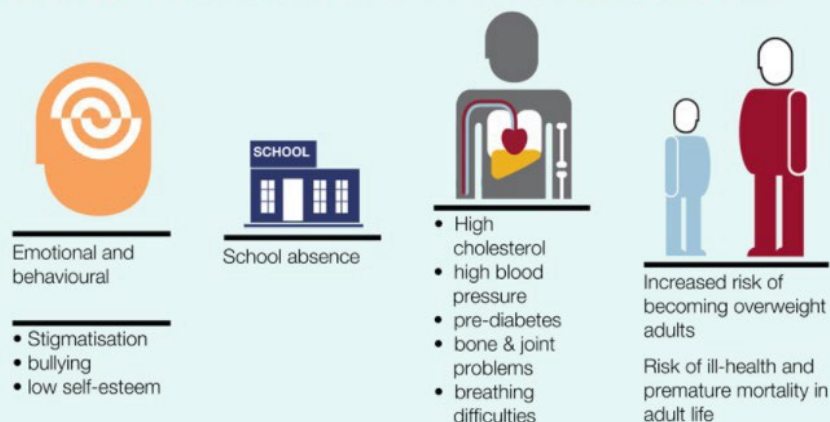
- Obesity prevalence is highest amongst the most deprived groups in society.
- Children in the most deprived parts of the country are more than twice as likely to be obese as their peers living in the richest areas
- Differences in obesity rates translate to worse health outcomes for people in more deprived areas.
- Rates of obesity related hospital admissions in the most deprived areas of England are 2.4 times greater than in the least deprived areas

Setting the Scene: 3

Obesity harms health



Obesity harms children and young people



Health Impact of Overweight and Obesity

The health risks of overweight or obesity amongst children and young people are similar to those for adults; however, the resulting health conditions are most likely to be seen in adulthood.

The health risks include:

- type 2 Diabetes, asthma, sleep apnoea, cardiovascular risk factors, musculoskeletal problems, and psychosocial / mental health problems.

Obese children are more likely to suffer ill-health; be absent from school due to illness, experience health-related limitations and require more medical care than those with healthy weight.

Overweight and Obesity is associated with poor psychological and emotional health, with many children experiencing bullying linked to their weight. Children living with obesity are more likely to become adults living with obesity and have a higher risk of morbidity, disability and premature mortality in adulthood.

In 2015, PHE reported that the UK surveillance programme of children under 17 years of age found that 95% of those diagnosed with type 2 diabetes were overweight and 83% obese (11).

Type 2 diabetes is increasing, particularly in children from minority ethnic groups who are at higher risk than white children. Prior to this in 2010, the International Diabetes Federation (12) has asked for an urgent call for action due to the global rise in obesity and Type 2 diabetes among children and adolescents, and they warned that the world is currently facing a twin epidemic of obesity and Type 2 diabetes in young people.

Setting the Scene: 4

Key Risk Factors

The main risk factors for children, in terms of the households they are born into and grow up in, include:

- **maternal health:** in the 2017 Maternity Services Dataset (13), 49% of pregnant women attending their first appointment with a midwife were either overweight or obese. Evidence shows a significant relationship between maternal obesity and the birth of babies above a normal weight range, and the subsequent development of childhood and adult obesity
- **parental health:** children who live in a family where at least one parent or carer is obese are more at risk of becoming obese themselves

In addition: children living with obesity are more likely to be obese in adulthood and thus increase the risk of obesity for their own children later in life; poor diet and low levels of physical activity are the primary causal factors to excess weight.

Children are currently consuming more than the recommended daily limit of sugar and this is a contributing factor to excess weight gain.

The National Diet and Nutrition Survey (14) found that sugary drinks account for 30% of 4- to 10-year-olds' daily sugar intake. High sugar intakes are also associated with an increased risk of dental caries.

A recent report from the National Dental Public Health Team at Public Health England (PHE) showed that children who are above a healthy weight were more likely to have dental caries in all deprivation categories.

Physical activity can help children and young people to achieve and maintain a healthier weight. The 2018 to 2019 Sport England Active Lives survey (15) showed that only 47% of children and young people met the Chief Medical Officer's Physical Activity Guidelines and participated in an average of 60 minutes or more of physical activity a day.

Influencing Habits

Some risk factors can be changed, such as unhealthy lifestyle habits and environment, while others such as age, family history and genetics, ethnicity, and sex, cannot be changed, while a healthy lifestyle can decrease an individual's risk for developing overweight and obesity.

Habits that can be influenced include (16):

Physical activity - high amounts of TV, computer, videogame or other screen usage has been associated with a high body mass index; increasing physically activity and reducing screen time can help reduce risk.

Eating behaviours (17) - Including Breastfeeding which is known to impact levels of overweight and obesity, Eating more calories than needed (the amount of calories needed will vary based on sex, age, and physical activity level), Eating too much saturated and trans fats, Eating foods high in added sugars essentially what is eaten, when and the portion sizes.

Sleep (18) - Many studies have seen a high BMI in people who do not get enough sleep, with a relationship seen between sleep and the way our bodies use nutrients for energy, a lack of sleep can also affect the hormones that control hunger urges.

Stress (high amounts) (19) - Acute and chronic stress affects the brain and triggers the production of hormones, such as cortisol, that controls our energy balances and hunger urges, while acute stress can trigger hormone changes that make you not want to eat, If the stress becomes chronic, hormone changes can make you eat more and store more fat.

Environmental factors: Social factors (20) - such as having a low socioeconomic status or an unhealthy social or unsafe environment in the neighbourhood,

Built environment factors - such as easy access to unhealthy fast foods, limited access to recreational facilities or parks, and few safe or easy ways to walk in your neighbourhood and **Exposure to chemicals** - known as obesogens that can change hormones and increase fatty tissue in our bodies

Setting the Scene: 5

Who Is At Risk ?

People, individuals, groups at risk

Overweight and obesity is known to be more prevalent in some specific groups (as seen below) and includes:

- People from areas with greater deprivation
- Older age groups
- Those from certain ethnic groups
- Those with disabilities

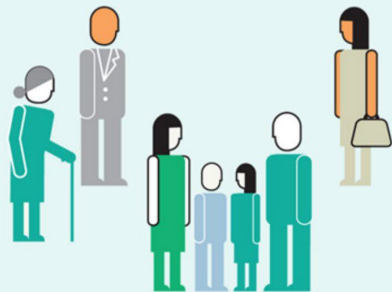
There is a strong relationship between obesity and low socio-economic status, with greater deprivation often associated with higher levels of obesity within a population. People with low income often live in neighbourhoods with unsafe spaces for physical activity, less access to fruit and vegetables and a denser supply of fast-food outlets.



Public Health
England

Obesity does not affect all groups equally

Obesity is more common among:



People from more deprived areas

Older age groups

Some black and minority ethnic groups

People with disabilities



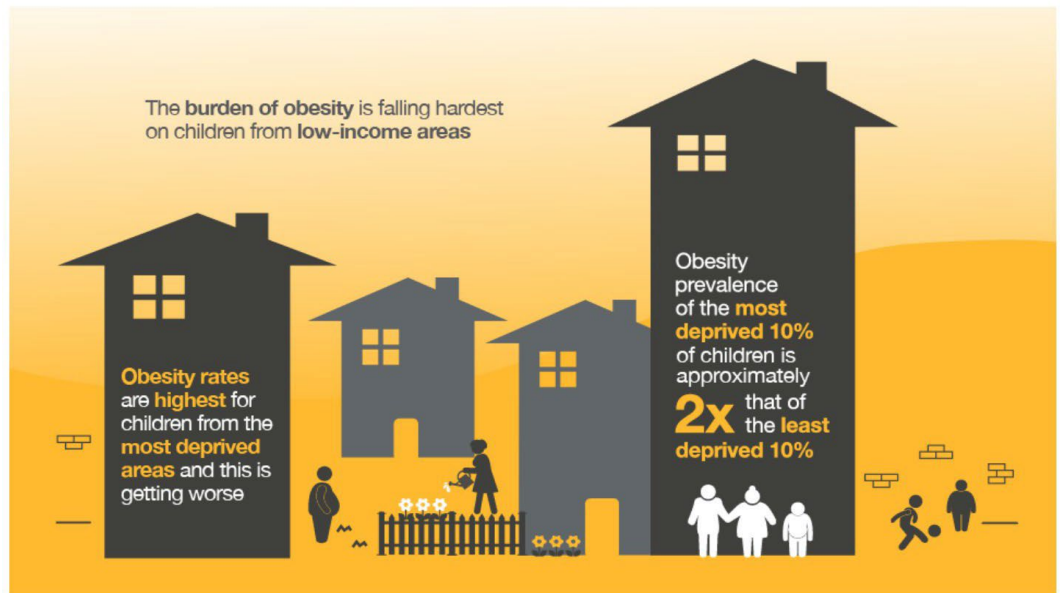
Public Health England

Healthmatters Deprivation and child obesity

The **burden of obesity** is falling hardest on children from **low-income areas**

Obesity rates are **highest** for children from the **most deprived areas** and this is getting worse

Obesity prevalence of the **most deprived 10%** of children is approximately **2x** that of the **least deprived 10%**



Key data sources

Key Data Sources: Free School Meal (FSM) Data

Free School Meals (2022 Data)

The number and percentage of pupils in receipt of deprivation pupil premium also known as Free school meals varies across the borough by school from a high of 52.9% to 7.4% according to most recent data. This is important because we know that there is a strong link between deprivation and obesity, with children living in the most deprived areas more than twice as likely to be living with obesity, than those living in the least deprived areas.

- 13.6% of Reception children living in the most deprived areas were living with obesity compared to 6.2% of those living in the least deprived areas.
- 31.3% of Year 6 children living in the most deprived areas were living with obesity compared to 13.5% of those living in the least deprived areas.

Recent announcement from the Mayor of London (February 2023)

The Mayor has announced that a one-off fund of £130m will be provided to ensure all primary schoolchildren in the capital can receive free school meals for the 2023/2024 academic year.

NCMP Data

The National Child Measurement Programme (NCMP) (21) is a nationally mandated public health programme that was established in 2006 and provides the data for indicators in the Public Health Outcomes Framework and is part of the government's approach to tackling child obesity. It allows us to collect borough level data and analyse this data to help shape services locally.

Ordinarily data is collected from Reception and Year 6 pupils across all 69 state primary schools across the borough. However during the pandemic in 2020/21 local authorities were advised to collect height and weight measurements data from a minimum of 10% pupils in the borough, as a sample size, while the national team identified schools from which to collect data. LAs were provided with guidance and suggested lists of schools to be used for the sample of pupils in the NCMP programme.

The full programme of data collection restarted again in 2021/22.

Setting the Scene: 6

National NCMP Data

National NCMP Data summary 2021/22: Reception and Year 6

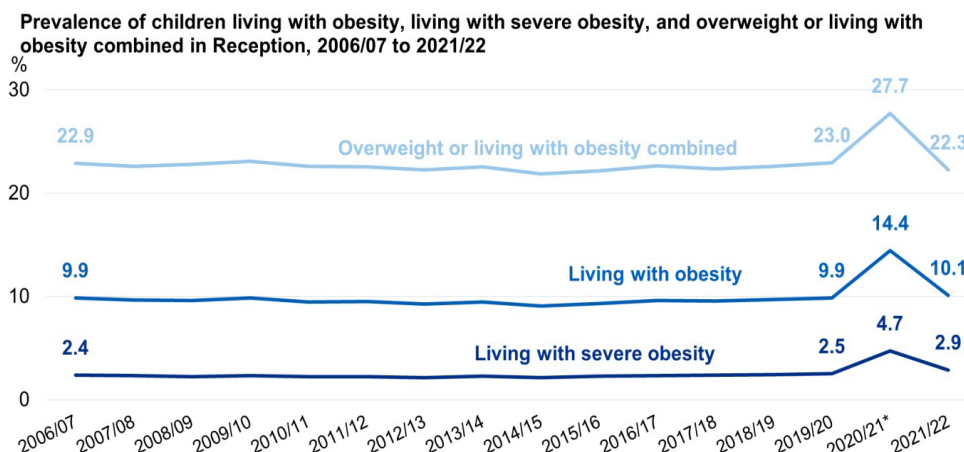
The Report on National Prevalence shows: Obesity rates in both Reception-aged and Year 6 school children have increased by approximately 4.5 percentage points between 2019-20 and 2020-21. This is the largest increases in Obesity since the programme began in 2006/07. The largest historic increase in obesity prevalence was 0.8 percentage points among Year 6 children in 2019/20.

Reception: The prevalence of children living with obesity in reception had been relatively stable since 2006/07 but it saw a 4.6 percentage point increase from 9.9% in 2019/20 to 14.4% in 2020/21, the first year of the Covid-19 pandemic and first lockdown. The latest data show a decrease to 10.1% in 2021/22 but this is still higher than pre-pandemic levels. The prevalence of children in reception living with severe obesity has decreased from 4.7% in 2020/21 to 2.9% in 2021/22, but this is still higher than earlier years (pre-pandemic).

Year 6: For year 6, the prevalence of children living with obesity was increasing slowly from 19.0% in 2010/11 to 21.0% in 2019/20, and then increased by 4.5 percentage points to 25.5% in 2020/21. The latest data show a decrease to 23.4% in 2021/22 which remains above pre-pandemic levels. The prevalence of children in year 6 living with severe obesity has decreased from 6.3% in 2020/21 to 5.8% in 2021/22, but this is still higher than earlier years (pre-pandemic).

The **graphs** below show the prevalence trends in levels of overweight and obese children in Reception and Year 6 since the start of the programme in 2006/7 through to the most recent data collection in 2021/22.

National Data: Reception Children



* Figures for 2020/21 are based on weighted data, see Methodology and Data Quality section in 2020/21 report for more information.
For more information: Table 1b National Child Measurement Programme, England, 2021/22 School Year

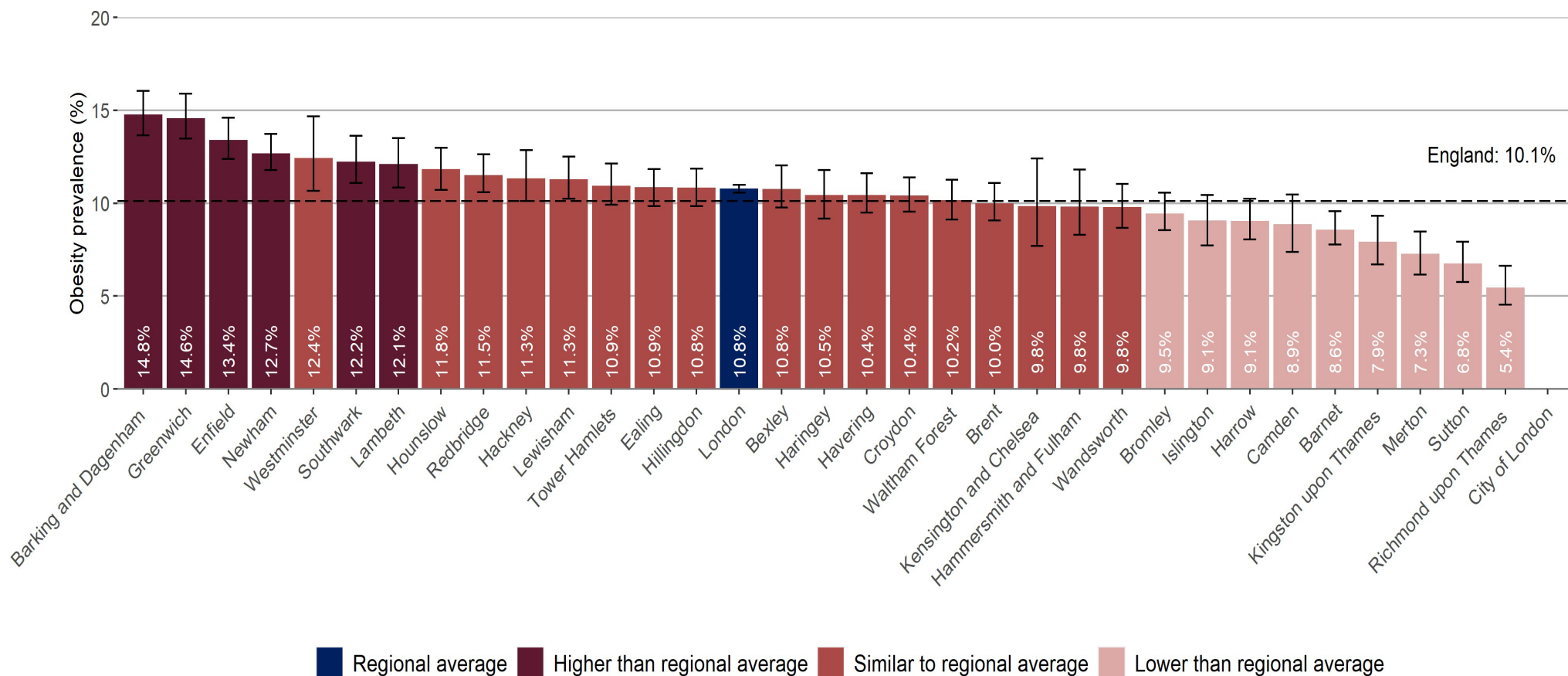
National Data: Year 6 Children



* Figures for 2020/21 are based on weighted data, see Methodology and Data Quality section in 2020/21 report for more information.
For more information: Table 1b National Child Measurement Programme, England, 2021/22 School Year

Setting the Scene: 7

Prevalence of obesity in London boroughs: National Child Measurement Programme 2021 to 2022
Children in Reception (aged 4 to 5 years)



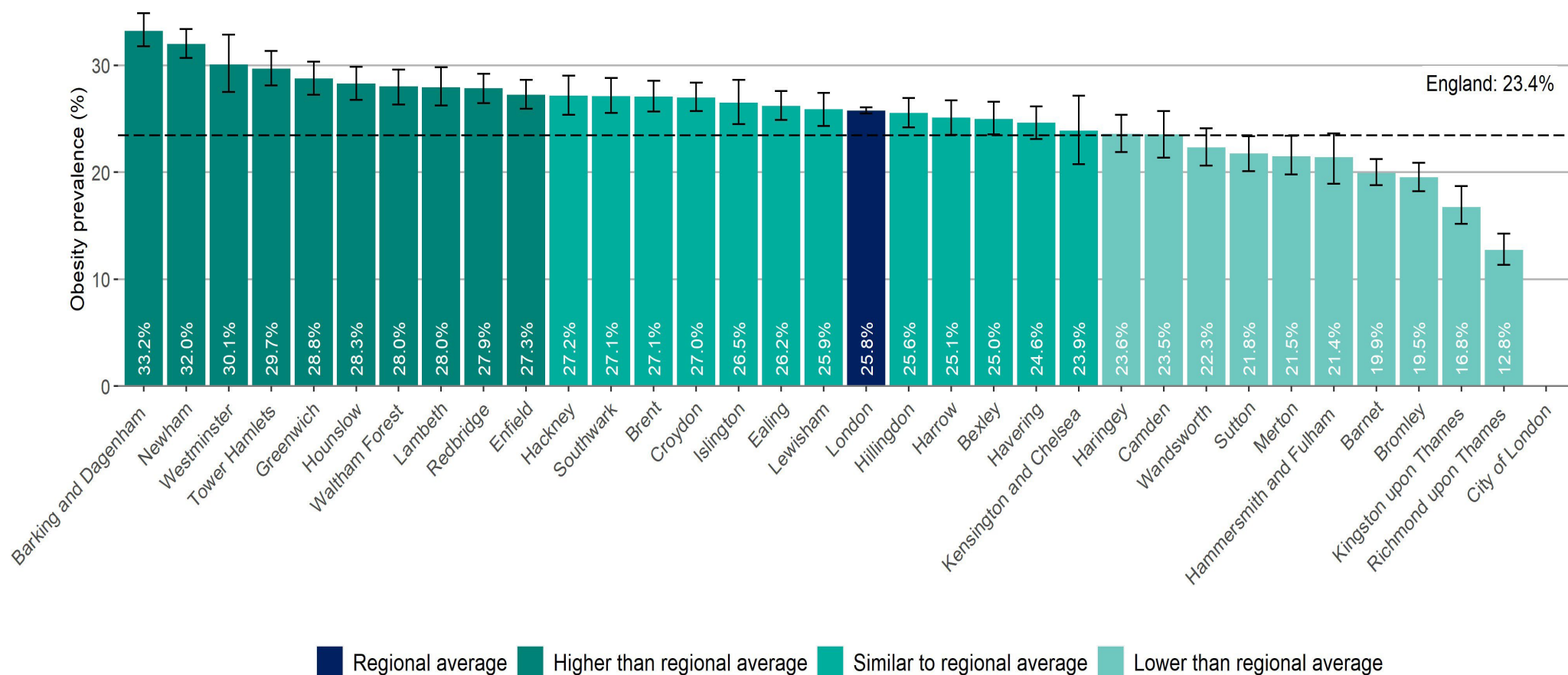
Note: value for Hackney and City of London combined

Source: NHS Digital, National Child Measurement Programme (22)

England value shown as a dashed line on the chart
95% confidence intervals are shown

Setting the Scene: 8

Prevalence of obesity in London boroughs: National Child Measurement Programme 2021 to 2022
Children in Year 6 (aged 10-11 years)



Note: value for Hackney and City of London combined

Source: NHS Digital, National Child Measurement Programme (22)

England value shown as a dashed line on the chart
95% confidence intervals are shown

Setting the Scene: 9

Local NCMP Data for Ealing

The table below shows the levels of overweight and obesity for Reception and Year 6 pupils for the past 5 academic years (and includes the 8 schools sampled in Ealing in 2020/21 which included 1,087 pupils out of 8,526 eligible children (12.7% of the eligible sample) usually 69 schools).

Overweight and obese children

Academic year	Ealing, selected schools only (8) Reception	Ealing, selected schools only (8) Year 6	Ealing, all schools (69) Reception	Ealing, all schools (69) Year 6	London Reception	London Year 6	England Reception	England Year 6
2017/18	20.90%	34.60%	21.80%	37.70%	21.80%	37.70%	22.40%	34.30%
2018/19	20.90%	38.90%	21.50%	38.70%	21.80%	37.90%	22.60%	34.30%
2019/20	20.40%	35.60%	21.30%	38.10%	21.60%	38.20%	23.00%	35.20%
2020/21*	25.10%	42.90%	not applicable	not applicable	27.20%	45.20%	27.70%	40.90%
2021/22	21.00%	42.80%	21.50%	41.30%	21.90%	40.40%	22.30%	37.80%

*Due to the pandemic, methodology was changed and only a selected sample of schools participated in the 2020/21 NCMP programme

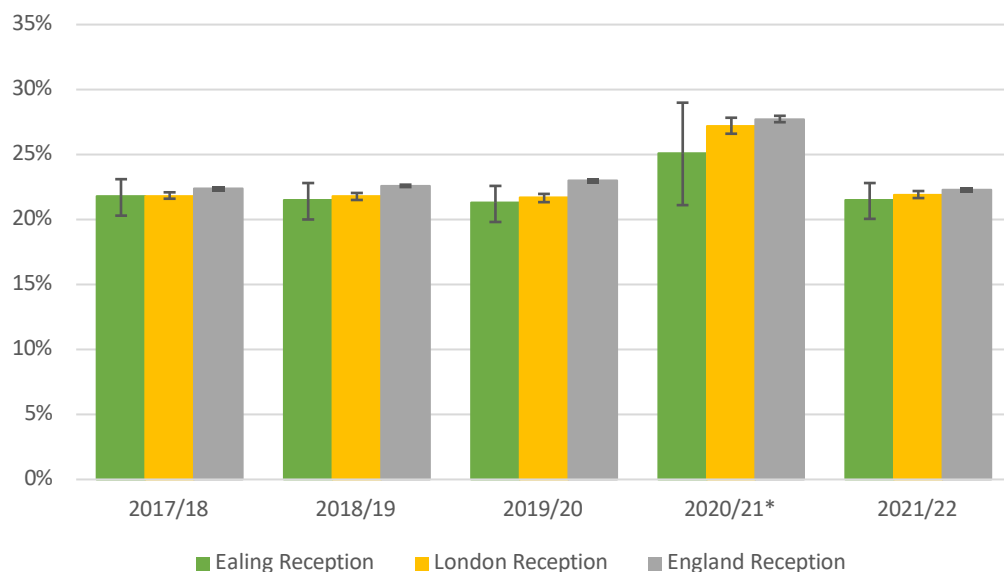
NCMP Data for Ealing Pre Pandemic Versus Post Lockdown in 2020/21

Reception: The data for all schools in Ealing collected in 2021/22 for Reception pupils shows the levels of overweight and obesity reasonably similar compared with previous years data at 21.5%, which is lower than data from London (21.9%) and England (22.3%).

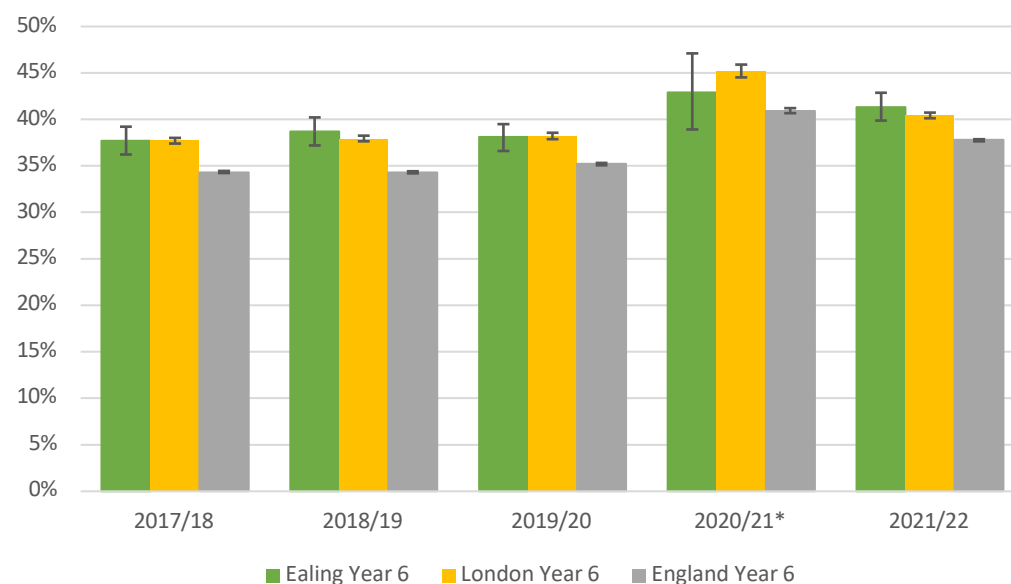
Year 6: The level of overweight and obesity amongst the year 6 pupils in 2021/22 in Ealing 41.3% is currently higher than that of London (40.4%) and England (37.8%). There is no data available for the remainder of the 69 schools in the borough for 2020/21 (only for the 8 schools where data was collected) due to the limitations of the NCMP programme as a result of the pandemic.

Setting the scene: 10

Overweight and obese pupils in Reception



Overweight and obese pupils in Year 6



Source: NHS Digital and NCMP Ealing Enhanced Dataset

When confidence intervals do not overlap the differences are considered as statistically significant.

* 2020/21 figures for London and England are based on weighted data due to a smaller sample of measurements collected than in previous years; In the same year, in Ealing, only 8 schools participated in the NCMP programme from the total of 69. (22)

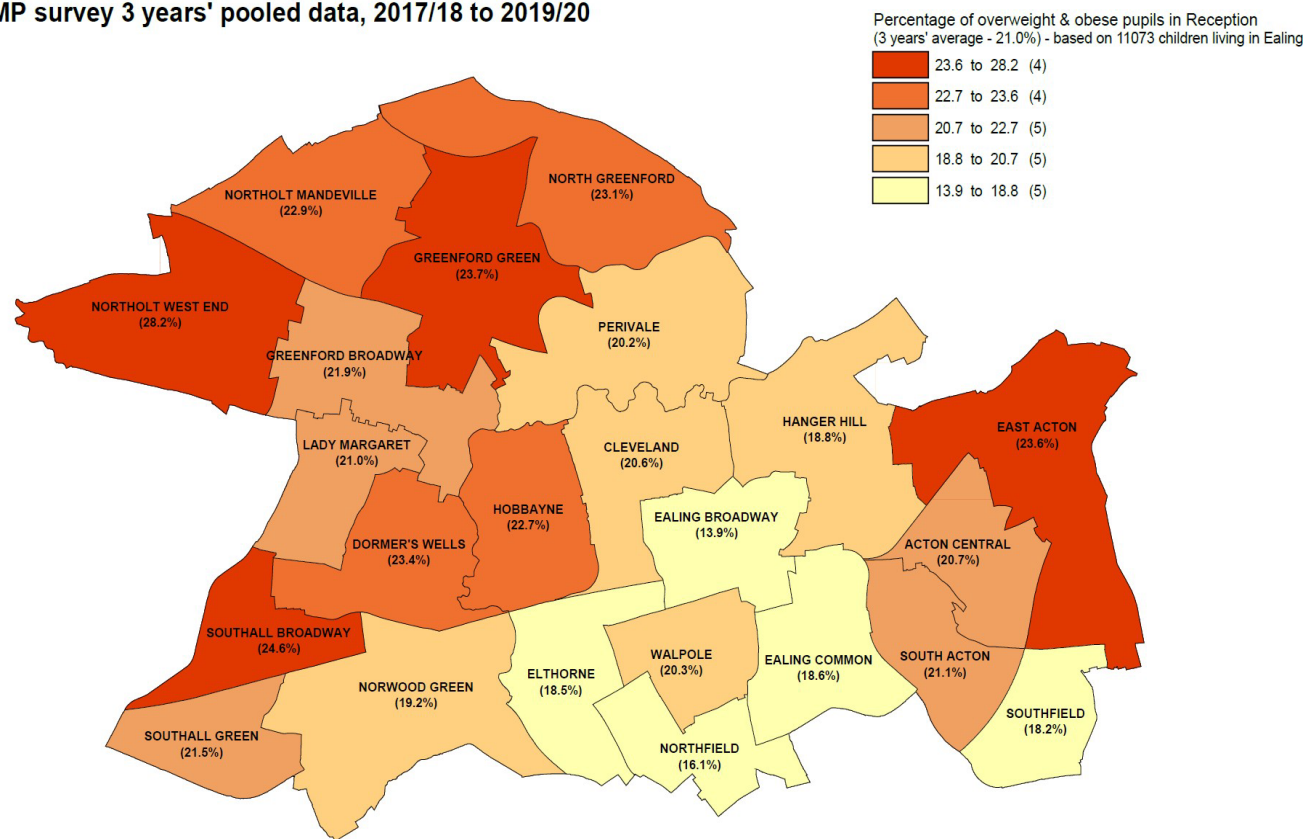
Local NCMP

Reception: The level of overweight and Obesity amongst Reception pupils remains lower than both London and England although there is not a great deal of variation between the total numbers, with the exception of the increase during the 2020/21 data collection period amongst the 8 schools sampled.

Year 6: The levels of overweight and obesity in year 6 pupils is seen to be greater in 2021/22 in Ealing than in both London and England, and with the exception of the increase that was seen in the 8 schools sampled in the borough in 2020/21 the most recent data for Ealing shows the levels of overweight and Obesity remaining higher than pre pandemic levels - 2019/20 and previous years.

Setting the Scene: 11

Overweight & Obese Pupils in Reception Year - NCMP survey 3 years' pooled data, 2017/18 to 2019/20



Local NCMP Data 3 years pooled across the Wards: Reception Children

The pooled data for overweight and obesity in 2017/18 -2019/20 has been mapped across the borough to visually demonstrate where in the borough the pupils with the higher levels of overweight and obesity reside. It is possible to see the wards with the highest levels of overweight and obesity are grouped in descending order starting with the highest:

Reception Year

Highest

East Acton, Southall Broadway, Northolt West End, Greenford Green.

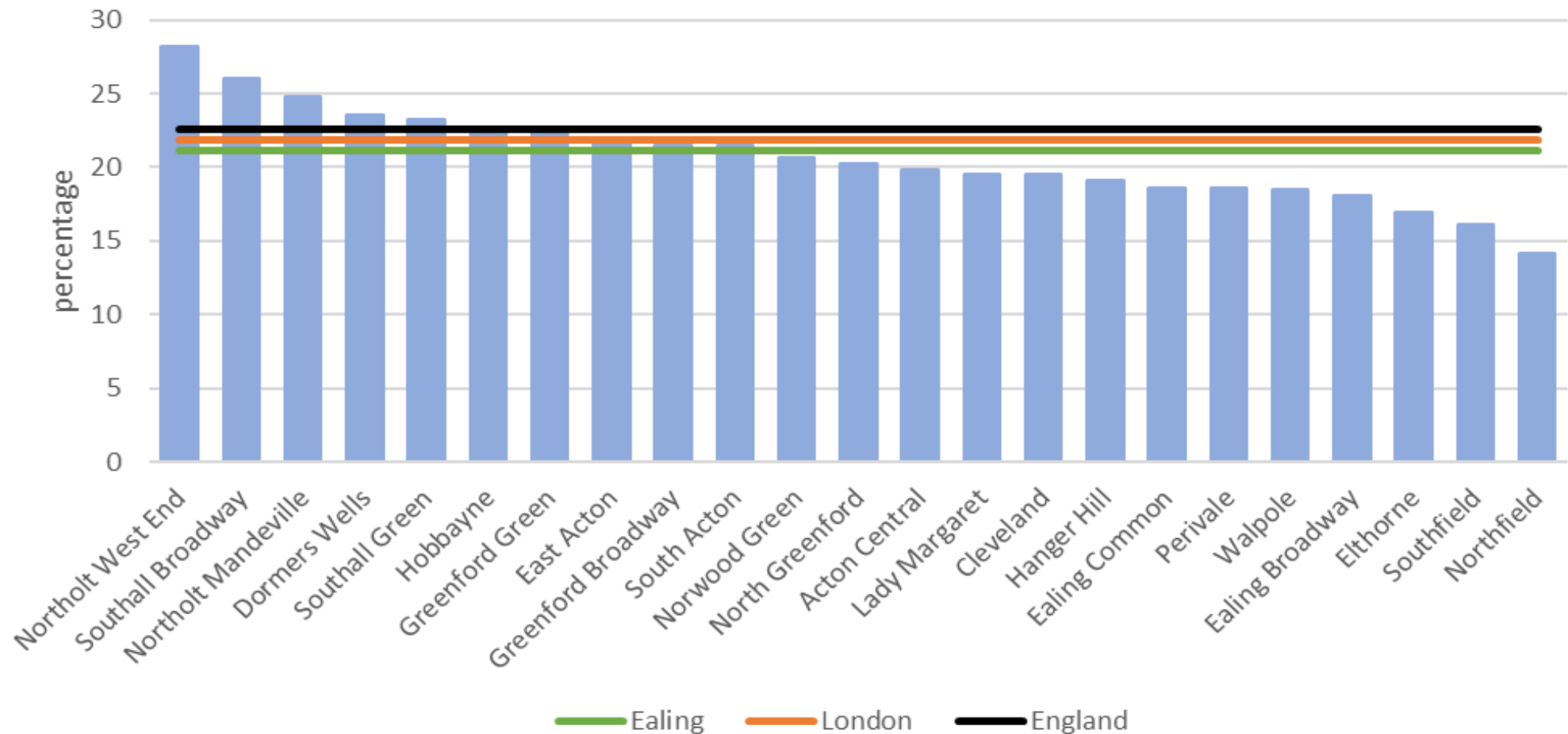
Northolt Mandeville, North Greenford, Dormers Wells and Hobbayne Greenford Broadway, Lady Margaret, Southall Green, Acton Central and South Acton

Norwood Green, Walpole, Perivale, Cleveland and Hanger Hill Elthorne, Northfield, Ealing Broadway, Ealing Common and Southfield

Lowest

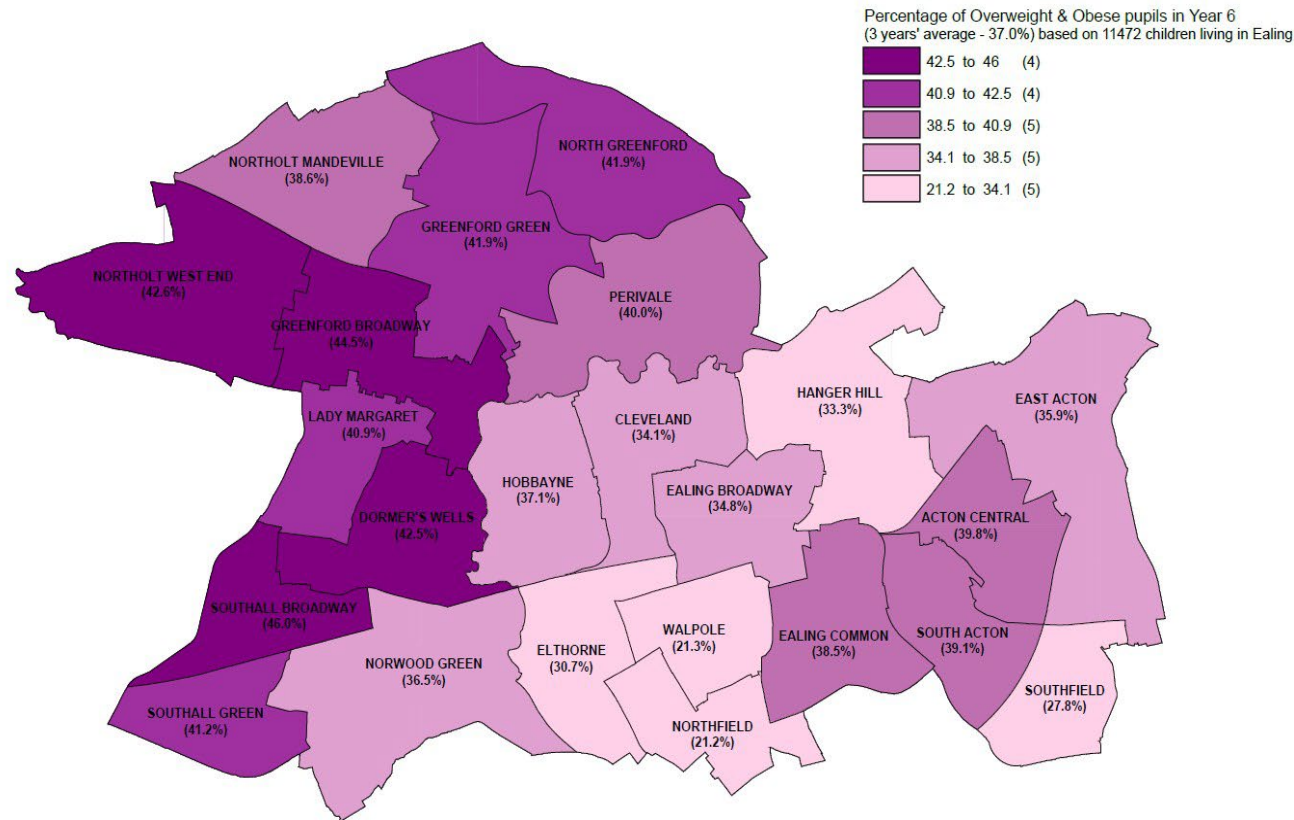
Setting the Scene: 12

Reception: overweight and obese pupils, by ward of their home address, 3-years combined data (2019/20 to 2021/22)



Setting the Scene: 13

Overweight & Obese Pupils in Year 6 - NCMP survey 3 years' pooled data, 2017/18 to 2019/20



Local NCMP Data 3 years pooled across the Wards: Year 6 Children

The pooled data for overweight and obesity in 2017/18 -2019/20 has been mapped across the borough to visually demonstrate where in the borough the pupils with the higher levels of overweight and obesity reside. it is possible to see the wards with the highest levels of overweight and obesity are grouped in descending order starting with the highest:

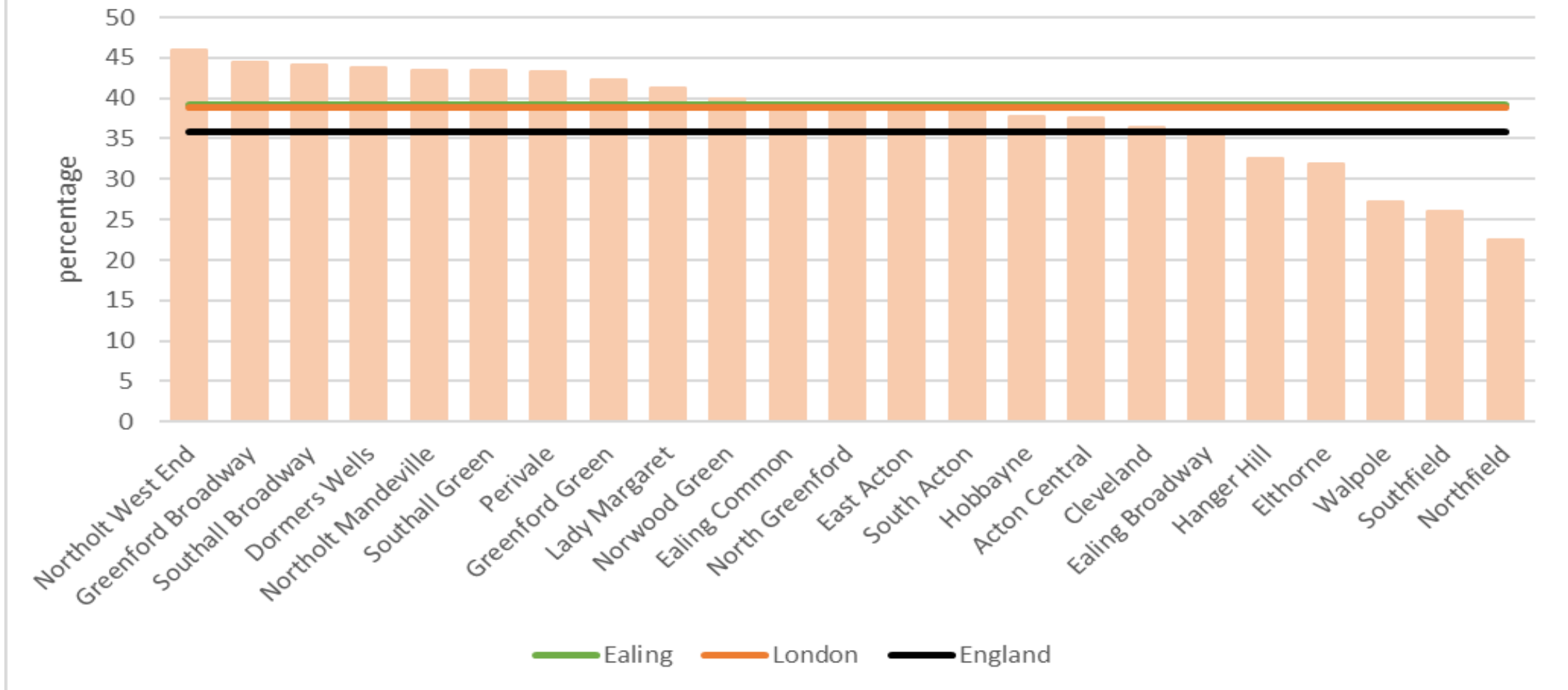
Year 6 Highest

Southall Broadway, Northolt West End,
Greenford Broadway, Dormers Wells
Greenford Green, North Greenford, Lady
Margaret, Southall Green,
Ealing Common, South Acton, Acton
Central, Perivale, Northolt Mandeville
Norwood Green, Hobbayne, Cleveland,
Ealing Broadway and East Acton

Lowest

Setting the Scene: 14

Year 6: overweight and obese pupils, by ward of their home address, 3-years combined data (2019/20 to 2021/22)

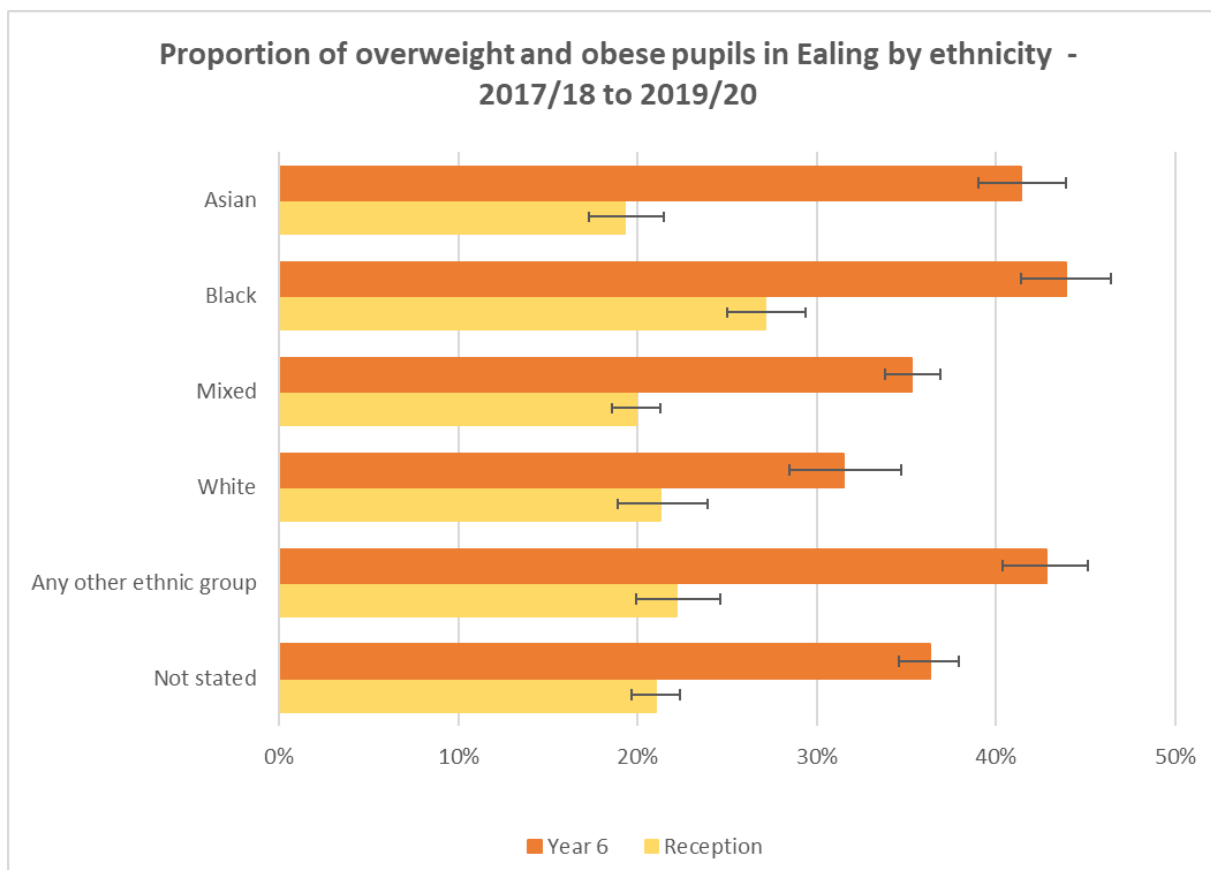


Setting the Scene: 15

NCMP Local Ealing Data Pooled for 3 years by ethnicity (2017/18-2019/20)

The 3-year pooled data for the borough shows the proportion of pupils identified as being overweight and obese by ethnicity.

The graph below shows the distribution by ethnic group amongst those identified as being overweight and obese in both Reception and Year 6.



Source: NCMP 3 years pooled data. Please note due to small numbers, pupils of Chinese heritage are grouped with Asian ethnic group (22)

Proportion of overweight/obese pupils in Ealing by ethnicity and year group.

Reception: Pupils of Black ethnic heritage in Ealing had significantly higher ratio of being overweight/obese over the 3-year period from 2017/18 to 2019/20 than those of any other ethnicity. Children from all other ethnic groups had statistically similar proportion within overweight and obese categories.

Year 6: When it comes to 10-11 year olds, Black children had the highest ratio of those who were overweight or obese, but this was statistically similar to children of Asian ethnic background and Other ethnic group. White pupils in Year 6 had the lowest overall proportion of overweight and obesity, but this was statistically similar to children of Mixed heritage and those with not stated ethnicity.

National Ethnicity Data 2021/22

Current 2021/22 data for England:

In both reception and year 6, the prevalence of children living with obesity was highest for Black children (16.2% and 33.0% respectively) and lowest for Chinese children (4.5% and 17.7% respectively).

Setting the Scene: 16

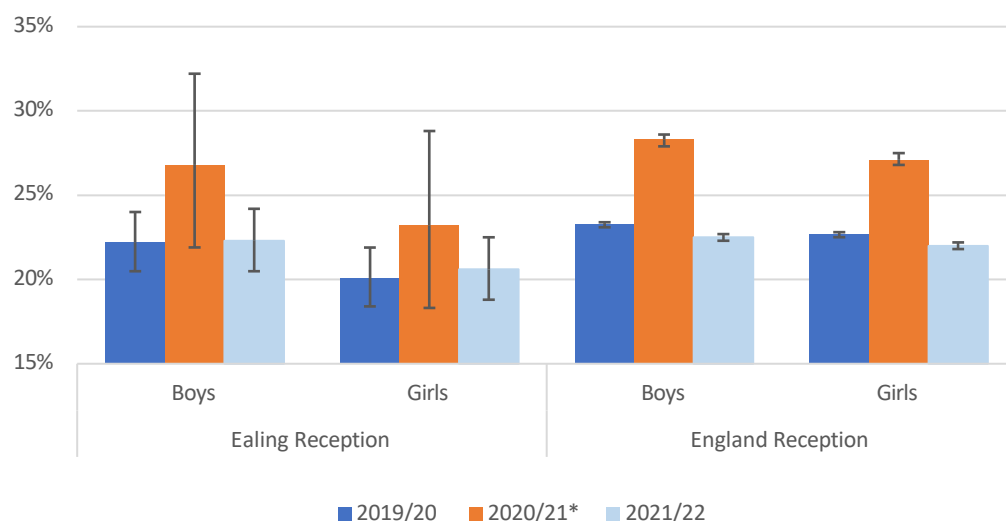
Ealing NCMP Data by Sex

Reception: In 2021/22, boys in Reception in Ealing have similar prevalence of being overweight/obese as across England (22.3% v 22.5%). For girls, prevalence in Reception is similar to England average (20.6% v 22.0%) and in Year 6, the results are again statistically similar (35.9% in Ealing against 34.7% nationally).

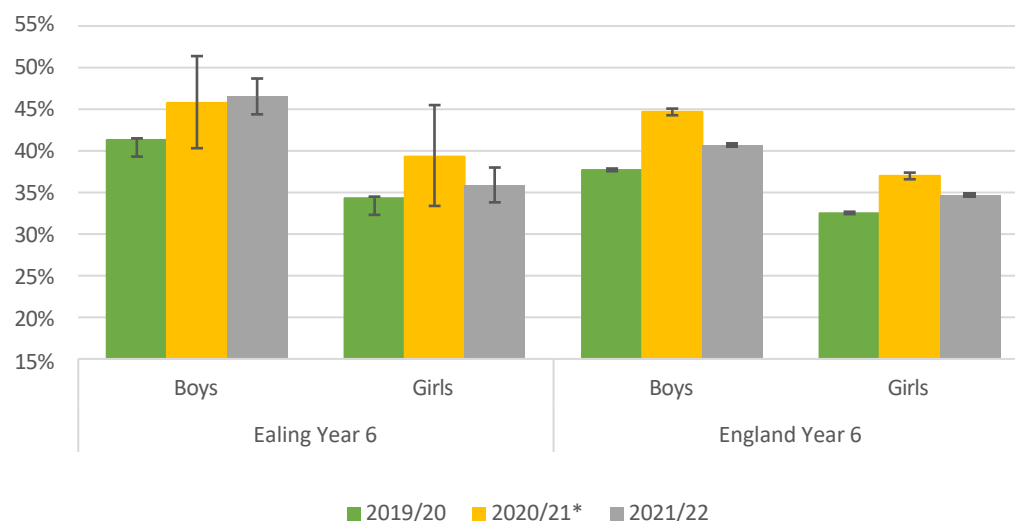
Year 6: For boys in Year 6 in 2021/22, Ealing's prevalence for overweight /obese category at 46.5% is significantly higher than the national average (40.7%)

Nationally, the impact of the pandemic on child overweight and obesity appears to have been more significant for children in Year 6 and particularly for boys. Please note that there was a different methodology used in 2020/21 programme, due to the pandemic.

Overweight and obese pupils in Reception by sex



Overweight and obese pupils in Year 6 by sex



Source: NHS Digital and NCMP Ealing Enhanced Dataset

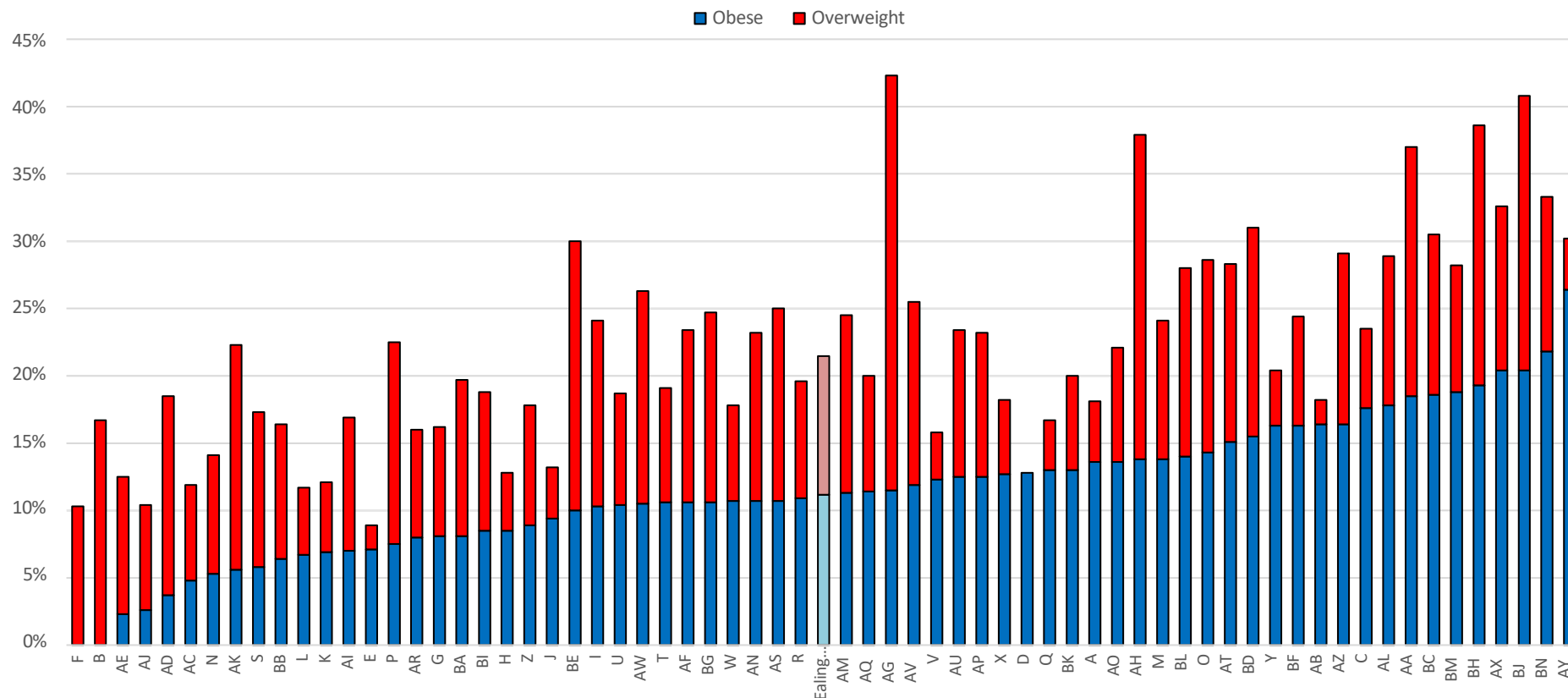
* 2020/21 figures for England are based on weighted data due to a smaller sample of measurements collected than in previous years; In the same year, in Ealing, only 8 schools participated in the NCMP programme from the total of 69. (22)

Setting the Scene: 17

NCMP Local Ealing Data 2021 /22 Results for Reception and Year 6 -All Ealing Participating Schools (ANONYMISED)

The graphs below show the anonymised data showing the variation in levels of overweight and obesity categories across the borough for Reception and Year 6 pupils in 2021/22. This was the last academic year when pupils in all eligible schools were measured.

NCMP 2021/22 - % Obese and Overweight by school (Reception)



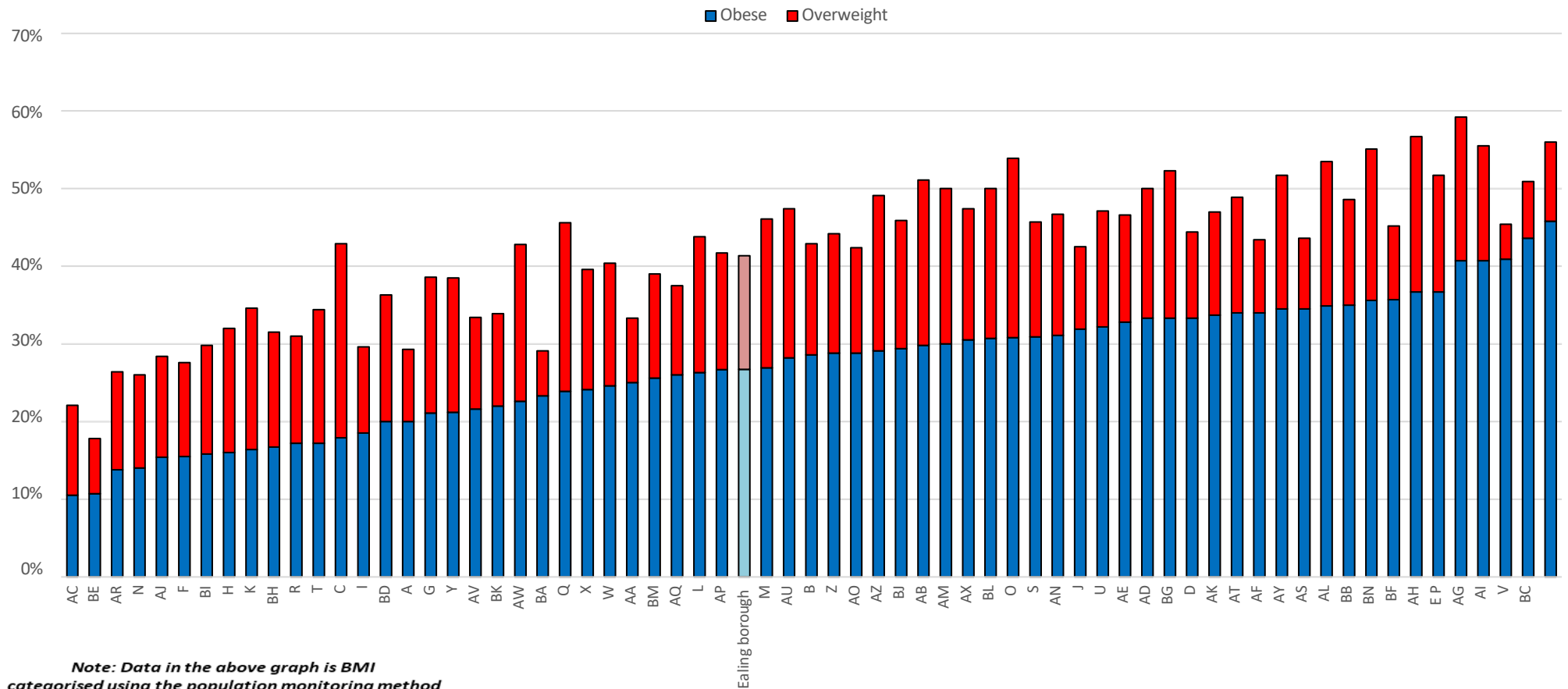
Note: Data in the above graph is BMI categorised using the population monitoring method

Setting the scene: 18

NCMP Local Ealing Data 2021 /22 Results for Reception and Year 6 - All Ealing Participating Schools (ANONYMISED)

The graphs below show the anonymised data showing the variation in levels of overweight and obesity categories across the borough for Reception and Year 6 pupils in 2021/22. This was the last academic year when pupils in all eligible schools were measured.

NCMP 2021/22 - % Obese and Overweight by school (Year 6)



Setting the scene: 19

Health Related Behaviour Survey Data (Autumn 2021)

Below is a sample of some key results relating to healthy eating and physical activity for pupils sampled in Ealing in Autumn 2021 (23).

Ealing Primary school pupils in Years 4 and 6 (ages 8-9 and 10-11): HEALTHY EATING

- 4% (2%) of pupils had nothing to eat for breakfast on the morning of the survey. 19% (22%) had a 'healthy' cereal, 11% (11%) had sugar coated cereal 34% (34%) had toast, bread, bagels etc. and 5% (5%) had biscuits.
- 18% (16%) of pupils eat crisps, 19% (15%) sweets, chocolate or choc bars 'on most days'. 11% (11%) have chips 'on most days' and 5% (6%) said they have energy drinks 'on most days'.
- 85% (83%) drink plain water 'on most days'.
- 58% of Year 6 pupils said they were happy with their weight, 27% said they would like to lose weight.

Ealing Secondary school pupils in Years 8 and 10 (ages 12-13 and 14-15)

- 43% (43%) of the Year 10 girls and 35% (34%) of the Year 10 boys said that they diet to lose weight at least sometimes.
- 10% (10%) of pupils said they drank non-diet fizzy drinks and 7% (7%) said they have energy drinks 'on most days'.
- 15% (14%) ate crisps and 16% (15%) ate sweets 'on most days'.

Questions included in both the primary and secondary versions of the questionnaire: How often do you eat or drink the following... 'on most days'?

- There is a downward trend in the number of pupils who report eating fresh fruit 'on most days': primary 64% (66%), secondary 53% (53%).
- Similar proportions of boys report drinking energy/sports drinks 'on most days': primary 7% (8%) secondary Year 10 boys 8% (9%).

Ealing Primary school pupils in Years 4 and 6 (ages 8-9 and 10-11) PHYSICAL ACTIVITY

71% of pupils said that they go for walks at least once a week. 70% said that they run or jog and 47% said they ride their bike at least once a week.

23% (21%) of pupils (more boys than girls) play in a school team at least once a week (not including lesson time).

28% (27%) play for a local sports club (more boys than girls) at least once a week.

Other activities children do that compete with their time for physical activity include watching TV/Videos/DVD 71%, reading a book for pleasure 78%, and music lesson or practice 45% at least weekly.

Ealing Secondary school pupils in Years 8 and 10 (ages 12-13 and 14-15)

68% (72%) of pupils said that they enjoyed physical activity 'quite a lot' or 'a lot'

Questions included in both the primary and secondary versions of the questionnaire: How many days were you physically active?

The proportion of pupils who reported that they exercised at least three days or more in the last week, enough to get out of breath and/or sweaty, was higher among primary pupils in 2021 compared with secondary pupils 38% (31%) compared with 30% (29%) respectively.

44% (32%) of primary school pupils said that they did physical activity on at least 5 days in the last 7 days. The secondary school data reveal that this figure is lower at 29% (25%) for secondary aged pupils.

What works: 1

Summary of evidence (starting with the most recent and working backwards)

There is a limited evidence base due to the complexity of the approach required to tackle overweight and obesity, instead evidence often relates to the individual approaches and interventions.

A number of key themes emerge from the evidence with recurring theme seen including:

- Tackling obesity has been identified as “***one of the greatest long term health challenges this country faces***”.
- **There are increased risks due to being a particular population** i.e. black, Asian and minority ethnic populations along with those living in deprived areas.
- **Obesity has been identified as a complex problem** with the causes, notably dietary, **affected by** factors including **environment, behaviour, biology, physiology and our society and culture and the interaction of these determinants**, with a system-wide approach needed that makes obesity everybody's business, is tailored to local needs and works across the life course.
- **To achieve success** in challenging obesity **the obesogenic environment is required to be challenged, with the responsibility of society to ensure individuals and families have access to the opportunities they want and the information they need in order to make healthy choices and be able to exercise control over their health**, the problem cannot be tackled effectively by individuals alone, but requires a societal response.
- A multitude of influences on energy balance can be broadly grouped into: physiological factors, eating habits, activity levels and psychosocial influences, within each of these four categories, a key determinant of vulnerability was also identified.
- **‘Passive obesity’ makes healthy behaviours an inherent challenge and more people need to use active coping strategies to prevent weight gain.** Our attitudes and responses are also key drivers of obesity trends, **with ambivalence emerging as a key driver of obesity.** The psychological conflict between what people want (e.g. tasty, high-fat, sweet foods) and the desire to be healthy and/or slim combined with mixed feelings and beliefs about broader lifestyle priorities complicates individual choices. People who are ambivalent about an issue may react to health-related messages in unexpected and counterintuitive ways. In addition, many people do not perceive obesity as an issue that affects them personally and consequently public demand for significant action is relatively weak.

(Sources: 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37)

What works: 2

Summary of evidence (starting with the most recent and working backwards) CONTINUED.

Key theme: Approach

Core principles about the approach for tackling obesity referenced in the evidence include:

- **A long term whole system approach** (everyone has a role to play) redefining the nation's health as a societal and economic issue, Higher priority for the prevention of health problems, with clearer leadership, accountability, strategy and management structures, Engagement of stakeholders within and outside Local authority
- **Communities at the heart of design and action**
- Evidence based building on what works and what is already along with **Monitoring, evidence, evaluation and innovation** (a focus on continuous improvement)
- **Early intervention and prevention, placing children at the centre of activity**, and getting bigger and bolder with scaling up of actions and capacity built where it is lacking; Core to this is recognising that each locality needs to shape and reflect the local context
- **Systems leadership**
- **A health-promoting environment** (Local environments in which people live, play, and work can often encourage excess calorie consumption and inactive lifestyles). A range of actions to tackle environmental causes of obesity, across local authority departments including planning, transport planning, environmental services and economic regeneration), local businesses, NHS estates and other stakeholders
- **Focus on inequalities**
- **A life course approach** (supported by working collaboratively with specific life-course settings across the system, including maternity services, early years' settings, schools, workplaces and services for older people)
- **Long-term, sustained interventions**

(Sources: 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37)

What works: 3

Summary of evidence (starting with the most recent and working backwards) CONTINUED

Projects (Specific reference is made in the evidence to the following interventions):

Schools: Increasing the number of water only schools, School Superzone initiative, Encouraging engagement with Change4life, Use child measurement to better support parents (NCMP), encouraging the use of existing guidance around healthy eating policies, school sport and activity plans, supporting policies on positive emotional health and wellbeing, signposting to existing resources and supporting schools to meet their statutory requirements, Ensure all schools are enabling health for life examples could include Active Mile, Healthy Start, helping children to enjoy an hour of physical activity every day, improving the co-ordination of quality sport and physical activity programmes for schools, creating a new healthy rating scheme for primary schools, making school food healthier, Schools should ensure all their policies promote physical activity and healthy diet, To develop comprehensive programmes that promote healthy environment at schools and promotes nutrition literacy and physical activity in children.

Early Years: Support for breastfeeding and for women to breastfeed for longer, Skill up early years professionals, Ensure all nurseries are enabling health for life, School readiness, Early Years High Impact Area 4) and child health profiles, Strengthen prenatal and antenatal care guidance,, To support children in developing healthy habits in food consumption, physical activity and sleep patterns, Minimise sedentary activities during play time in nurseries,

Broader Community: Ending child poverty in London, Make free “London Water” available everywhere, Create more active, playful streets and public spaces, Stop unhealthy marketing that influences what children eat and improve healthy food advertising, , Transform fast-food businesses and good food innovation and harness the power of investment, Sugar reduction, calorie reduction, advertising and promotions. Local areas approaches to create healthier environments, Support for the Healthier Catering Commitment, use of Evidence-based tools and apps with advice on how to lose weight and keep it off, expanding weight management services, enabling health professionals to support families, Promote intake of healthy foods and reduce the intake of unhealthy foods, Promote physical activity and reduce sedentary behaviours in children, Educating women of childbearing age about the importance a maintaining a healthy weight when thinking about becoming pregnant, healthy weight gain during pregnancy, and then education post pregnancy

Local Authority and NHS Organisations: Develop family-based lifestyle weight management interventions, Workplaces providing opportunities for staff to eat a healthy diet and be physically active, mandated policies for food businesses that promote healthy eating, such as the Healthier Catering Commitment, Recommend to patients, or consider endorsing, self-help, commercial and community weight management programmes that follow NICE best practice standards, Prioritisation of prevention and obesity treatment by local authority and NHS professionals, Provide cycling routes, safe play areas and other facilities that encourage outdoor physical activity, Implement Department for Education and Skills guidance on food procurement and healthy catering in schools, nurseries and other childcare facilities.

What works: 4

National Projects:

NHS public consultation on the current 'traffic light' label to help people make healthy food choices, introducing legislation to require large out-of-home food businesses add calorie labels to the food they sell, legislating to end the promotion of foods high in fat, sugar or salt (HFSS) by restricting volume promotions such as buy one get one free, and the placement of these foods in prominent locations intended to encourage purchasing, both online and in physical stores in England, banning the advertising of HFSS products being shown on TV and online before 9pm and holding a consultation on how to introduce a total HFSS advertising restriction online. Introducing a soft drinks industry levy, taking out 20% of sugar in products, supporting innovation to help businesses to make their products healthier, developing a new framework by updating the nutrient profile model, Making healthy options available in the public sector, continuing to provide support with the cost of healthy food for those who need it the most,, clearer food labelling,, harnessing the best new technology,.

Summary

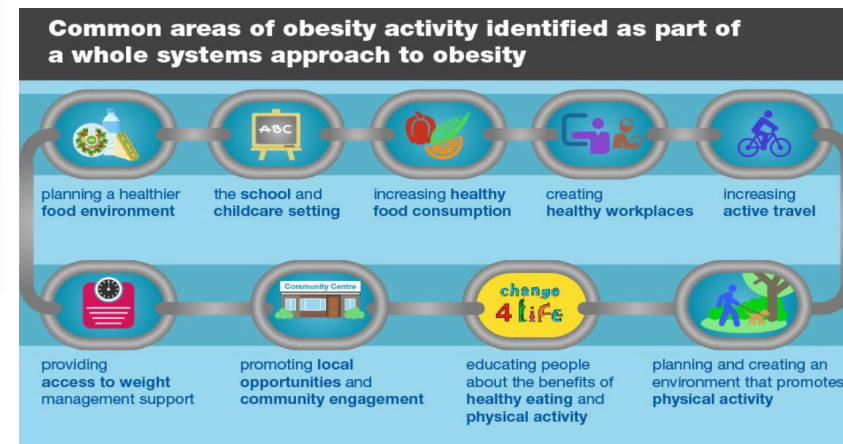
The evidence has identified opportunities for action using four domains: active society, moving professionals, active environments and moving at scale.

Steps identified as being key to support change include:

- Teaching every child to enjoy, value and have the skills to be active every day, Create safe and attractive environments where everyone can walk or cycle regardless of age or disability and suitable for incidental and planned physical activity, Make "every contact count" for professionals and volunteers to encourage active lives, Lead by example in every public sector workspace, Evaluate and share findings
- A focus on a life course approach that tackles obesity in all age groups.
- Treatment for those who are already overweight or obese will be increasingly important alongside preventative action.
- A range of partners given responsibility to help address the many determinant factors in obesity in line with the Foresight Report (Butland et al, 2007)
- Increasing physical activity is important but, for most people who are overweight or obese, eating less is key to weight loss.
- Children, healthy growth and healthy weight, Promoting healthier food choices, Building physical activity into our lives, Creating incentives for better health, Personalised advice and support

What works: 5

Partnership: the key to success



Public Health England Healthmatters Ways to encourage healthier eating

By gradually making the following simple changes, local authorities can help businesses help their customers make healthier choices



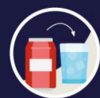
Reduce portion size



Reduce fats & frying practices



Reduce salt



Reduce sugar



Increase the content of fruit, vegetables and fibre



Promote healthier options



Procuring healthier ingredients and food products from suppliers



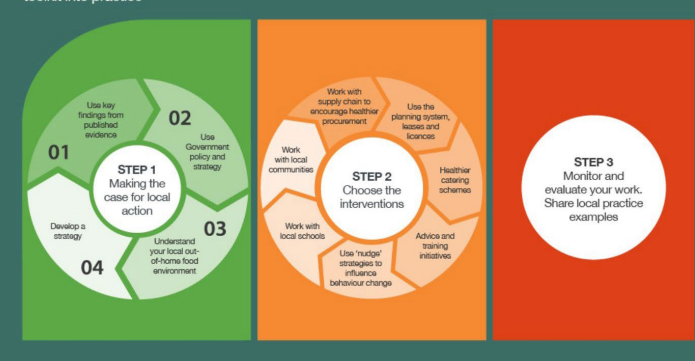
Provide calorie information

Selection of infographics showing the complexity of the system around maintaining and achieving a healthy weight

Public Health England

Healthmatters Local action on obesity

3 step guide to putting PHE's strategies for encouraging healthier out of home food provision toolkit into practice



(Sources: 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37)

What works: 6

What works: Treatment and Prevention Using Physical Activity

Recommended levels of physical activity

The Chief Medical Officer (CMO) has set out the amount and type of physical activity we should all aim to do at each stage of our lives, with guidelines produced for specific age groups. These guidelines draw on global evidence for the health benefits that can be achieved by taking part in regular physical activity.

Moderate intensity physical activity leads to faster breathing, increased heart rate and feeling warmer, where vigorous intensity physical activity leads to very hard breathing, shortness of breath and a rapid heart rate

How physical activity is defined

Physical activity is defined as “any bodily movement produced by skeletal muscles that requires energy expenditure”, It includes all forms of activity such as everyday walking and cycling as a mode of transport as well as recreational, organised and competitive sport or exercise. Sedentary behaviour is not simply a lack of physical activity but is a cluster of individual behaviours where sitting or lying is the dominant mode of posture and energy expenditure is very low. Sedentary behaviour is an independent risk factor to physical inactivity, meaning that even individuals who are sufficiently active at the recommended levels, are at increased risk if they spend large amounts of time sitting.

[UK Chief Medical Officers' Physical Activity Guidelines \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

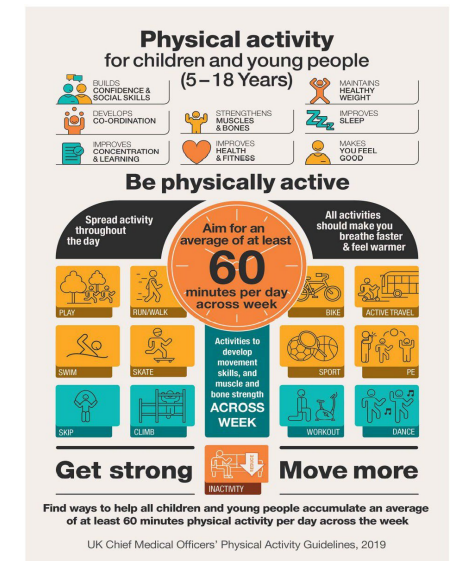
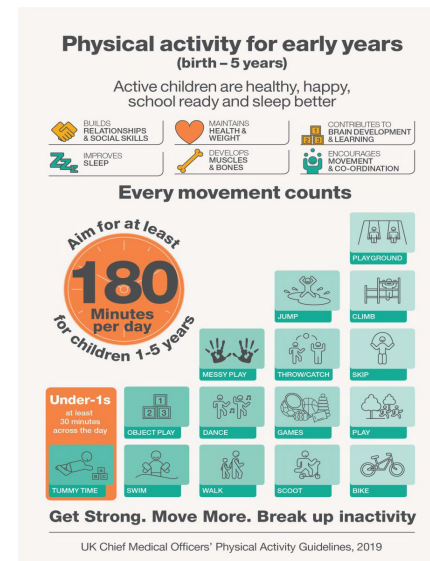
Summary of Chief Medical Officer Guidelines for Physical Activity by age group: **Under-5s - Infants (less than 1 year), Toddlers (1-2 years), Pre-schoolers (3-4 years), Children and Young People (5 to 18 years)**

What works: Possible Treatment Options

There are different types of treatment available to try to tackle obesity and excess weight, and the type of intervention will depend on the individual and some may not be available to children (Orlistat can be used in children only with physical comorbidities) and will also depend on other factors but they include: Lifestyle interventions – such as community weight management programmes.

- Cognitive and behavioural therapies
- Physical activity
- Dietary approaches
- Pharmacological interventions
- Surgical interventions – bariatric surgery

There is inconsistent evidence with regards to the effectiveness of the first four types of obesity treatment.



What works: 7

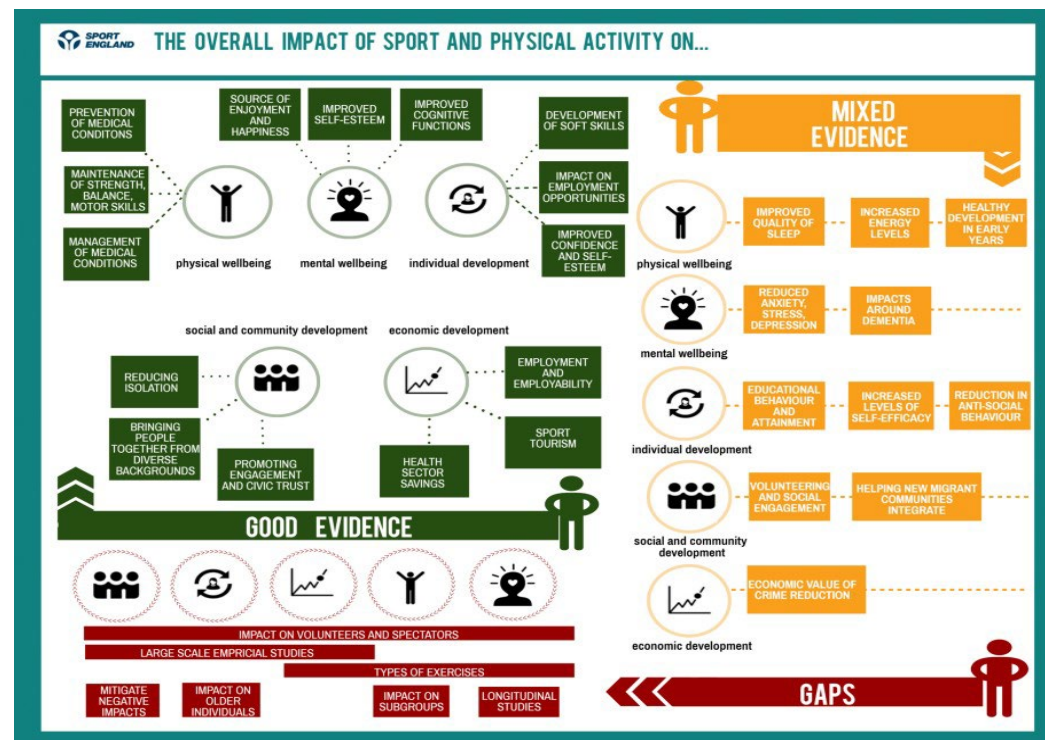
Guidance and Briefing Documents

NICE has produced a series of public health and clinical guidance documents (40) relating to healthy weight in Children and Young People, and these documents include guidance on physical activity, maternal nutrition, Obesity prevention and more, below is a list of some of the guidance documents but is not an exhaustive list:

- Physical activity and the environment (NG90)
- Maternal and child nutrition (PH11)
- Promoting physical activity for children and young people (PH17)
- Weight management before, during and after pregnancy (PH27)
- Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation (PH41)
- Obesity - working with local communities (PH42)
- Physical activity: brief advice for adults in primary care (PH44)
- Nutrition support in adults: Oral nutrition support, enteral tube feeding and parenteral nutrition (CG32)
- Obesity Prevention (CG43)
- Weight management: lifestyle services for overweight or obese children and young people (PH47)

PHE and LGA have compiled a briefing document around how Local Authorities can support the healthy weight agenda (58), one of these relevant documents is listed below:

Healthy people, healthy places briefing: Obesity and the environment: regulating the growth of fast food outlets.



Assets and services: Local 1

Local

At a strategic level guidance includes Ealing Healthy Weight Strategy (Due for renewal pending this JSNA), The previous Healthy Weight strategy was one of the three priorities of the Health and Wellbeing Board, and governance was via the Children and Young People Groups and it is proposed that this continue.

Early Years

- UNICEF Baby Friendly Work
- Healthy Start Vouchers
- Healthy Early Years London
- Children's Centres Work
- School Readiness Work
- Early Start services including Breastfeeding support groups, Health visitor services (including antenatal, new born baby visits and child development checks) and Baby and child health clinics.

Children Centres

There are over twenty children centres across the borough and they provide services and support to children and families from pre-birth up to the age of five and offer a variety of activities including:

- Early education / nursery and childcare
- Stay and play sessions
- Children's activities to promote health and wellbeing and preparation for school
- Support and information for parents such as parenting support
- Breastfeeding support
- Child and family health services
- Midwifery and Perinatal support services

Schools

A variety of programmes and activities are offered across schools in the borough and include:

- Healthy Schools London Accreditation
- National Child Measurement Programme (NCMP)
- School Travel: TfL STARS Accreditation Scheme, School Streets
- Sugar Smart Schools
- Daily Mile
- Food Growing
- HIIT
- Packed Lunch Policy
- School swimming
- School Games

Health

There is in place an Ealing Standard – this includes the National RCGP Programme for 2022-23 - which encourages practices to engage with the national RCGP programme and increase uptake in the scheme. This has been promoted locally with two events to encourage NHS workers to attend.







There is a locally and jointly produced (Local Authority/ West London Trust and ICB teams) Ealing Health Handbook for Foster Carers contains lots of information on healthy living - including diet and exercise. In addition, Looked after Children receive age-appropriate healthy living advice at their statutory LAC Health assessments (annual or 6 monthly).

Assets and services: Local 2

Transport Projects and Policy Team

- School streets is being rolled out across the borough to 50 sites by 2026
- There are a range of **Active Travel Projects** to support increases in walking and cycling amongst families and children.
- The Local Authority **Cycling** programme includes cycle training, maintenance classes, cycle parking and security, cycling tips and information on the dockless bike hire schemes available in the borough. It is a way of dealing with obstacles to everyday cycling such as the lack of ability to achieve correct positioning on the road, be aware of basic rights and responsibilities, and locate and use local bike shops.
- TfL STARS engagement – the team encourage schools to engage in STARS as this accreditation scheme helps to school to promote active travel on the school journey, and links well with the Healthy Schools London Award.

Looked After Children

0-10yrs		11-15yrs	16-25yrs
 SWIM			 GYM
SYNERGY DANCE®			 SWIM
 SOFT PLAY		 GYM	 GROUP EX
As turn 11yrs Can be renewed after 12 months		As turn 16yrs Can be renewed after 12 months	As turn 26yrs Can be renewed after 12 months
Council Family Support Teams / Foster Carer identity card			Council Family Support Teams / Foster Carer identity card

External organisations

Where necessary external organisations support the work of the council, and these have included organisations such as Sustrans and Living Streets

Assets and services: Local 3

Community Programmes and Activities

- Sugar Smart.
- Child Weight Management Programme.
- Active Travel in community.
- Young Ealing Foundation – launched an inclusive sport and physical activity network for Ealing in January 2020.
- Family Information Service Website – provides information, advice and guidance for children, young people and families across the borough on key services and support available in the borough and includes information on the Holiday Activities and Food (HAF) Programme. HAF Programme – For Children and young people in Reception to Year 11, and in receipt of benefits related to free school meals are also eligible for this Programme (funded by the Department for Education, DfE). Offering free holiday activities and a nutritious meal during Easter, Summer and Christmas school holidays, for up to four hours per day, four days per week.

Community Sport and Active Recreation

Community Sport and Active Recreation

- Free access to parks and open spaces, outdoor gyms, distance marker routes, table tennis tables and playgrounds
- Free access to Skate parks, the BMX track, MUGA's and Basketball ends
- Free access to park based activities run by external providers including ParkPlay, ParkTennis, Tennis 4 Free, Adult and Junior Park Runs
- A wide range of voluntary sports clubs and organisations run a wide range of activities for young people and support London Youth Games events
- Brentford FC Community Sports Trust, QPR Community Trust, London Tigers and Trailfinders Community Trust all deliver community activities including HAF holiday schemes plus school delivery
- The council provides winter and summer sports pitches for clubs and organisations to hire.
- Ealing's leisure contractors Everyone Active and Better offer a wide range of physical activity opportunities including swimming, indoor sports, athletics, football and golf
- Discounted leisure opportunities are available via the Leisure Pass scheme and concessionary memberships [Leisure pass discounts](#), [Everyone Active Concession Gym Membership](#) and [Concessionary Membership](#).
- The Everyone Active Exercise on Referral scheme caters for youngsters 16 years plus [Our Exercise and GP Referral Scheme: How can it Help You? \(everyoneactive.com\)](#)
- Let's Go Southall activities, on average around 40 – 50 weekly sessions in a variety of settings [What's On - Let's Go Southall \(letsgosouthall.org.uk\)](#)
- Ealing Indoor and Outdoor Sports Facility Strategy and Action Plan 2022 – 2031.
- Looked after Children and young people in Ealing can access gain free membership to the Everyone Active Leisure centres.

Assets and services: National and Local 4

National and Regional Assets

London Child Weight Management Services Mapping:

In Ealing there is a Child Weight Management Service for 5-13 year olds. On a London level there are 33 upper tier and unitary local authorities in London including the 32 London Boroughs and the City of London. Nationwide, CCGs have now merged from 32 CCGs into five ICB's and the local ICB is the NWL ICB. In summary there Tier 2 services for CYP in 26 out of 33 boroughs, with the majority commissioned by the Local Authorities as opposed to the ICB.

National Assets (that can be used locally) include: Advice for patients and the public

- NHS weight loss plan is a [free 12-week diet and exercise plan for adults](#).
- NHS.UK website offers [tips for healthy eating](#).
- The [Eatwell Guide](#) shows the proportions in which different types of foods are needed to have a well-balanced and healthy diet.
- 5-a-day gives [advice and recommendations about the benefits of eating 5 portions of fruits and vegetables a day](#).
- Use the [Healthy weight calculator](#) to check your body mass index (BMI) and find out if you are a healthy weight.
- Start4Life offers [help and advice during pregnancy, birth and parenthood](#).
- Change4Life is an England and Wales campaign offering [advice on making healthy choices and reducing sugar](#).
- One You provides [tools, support, and encouragement](#) across the breadth of lifestyle factors to help adults aged 40 to 60 years improve their health.

Professional resources and tools to promote healthier weight

[Resources for promoting healthier weight](#) to support health and care professionals to be consistent and provide a core set of evidence-based healthier weight, nutrition and physical activity messages throughout the life course, these include a set of infographics for use in practice, a set of slides to be used as a training tool and a child obesity animation.

- [Our Healthy Year resources](#) help school nursing teams to explain NCMP, and engage parents using classroom activities, practical tips and educational tools.
- [Let's Talk About Weight for adults](#) and [Let's talk about weight resource for children and families](#) support health and care professionals to have conversations about weight, and refer patients into weight management services.
- [healthier and more sustainable catering](#) includes guidance for catering
- [advice from the Chief Medical Officer](#) includes UK physical activity guidelines on how much physical activity people should be doing.
- [e-learning programme](#) by Health Education England for practitioners in the NHS, and local authorities working in weight management.

Assets and services: National and Local 5

Professional resources and tools to promote healthier weight

Some examples of resources include: Health Promotion in Pregnancy: Obesity, Obesity Prevention in Children, Obese Toddlers and Infants and Key Child Public Health and Mental health Issues for 5 to 12 years - Understanding and Tackling Obesity [resource](#) promoting healthy weight in children, young people and families, through supporting local authorities, NHS commissioners and providers, voluntary and community sector organisations to take action to reduce obesity. The resource includes briefings and practice examples to promote healthy weight for children, young people and families as part of a whole systems approach

London Obesity Network

ADPH London host the London Obesity Leads Network and the London Obesity Delivery Board (41) jointly, with OHID London and implement pan-London actions. ADPH London represents Directors of Public Health (DsPH) in London's 32 local authorities and the City of London, and the Head of Health for the Greater London Authority (GLA), and work closely with partners across Local Government and in the Health and Care sector. The childhood Obesity Workstream aims to support boroughs and partners to implement a whole systems approach to reducing childhood obesity in London.

London Child Obesity Taskforce: In **London's Health Inequalities Strategy** (42) the Mayor restated his commitment to addressing child obesity to affect a step change for all children across London, especially those who face the most challenging circumstances. As part of that commitment, the Mayor has established London's Child Obesity Taskforce with generous support from **Guy's and St Thomas' Charity** as lead partner, and in collaboration with **Public Health England (PHE)**, the Association of **Directors of Public Health London (ADPH London)** and the Association of **Directors of Children's Services London (ADCS London)**.

The Taskforce's **vision** is that every child in London grows up in a community and an environment that supports their health and weight. Its **purpose** is to bring about a transformation in London so that every child has every chance to grow up eating healthily, drinking plenty of water and being physically active. Its **commitment** by 2030 is to halve the percentage of London's children who are overweight at the start of primary school and obese at the end of primary school, and to reduce the gap in childhood obesity rates between the richest and poorest areas in London.

What's on the horizon?

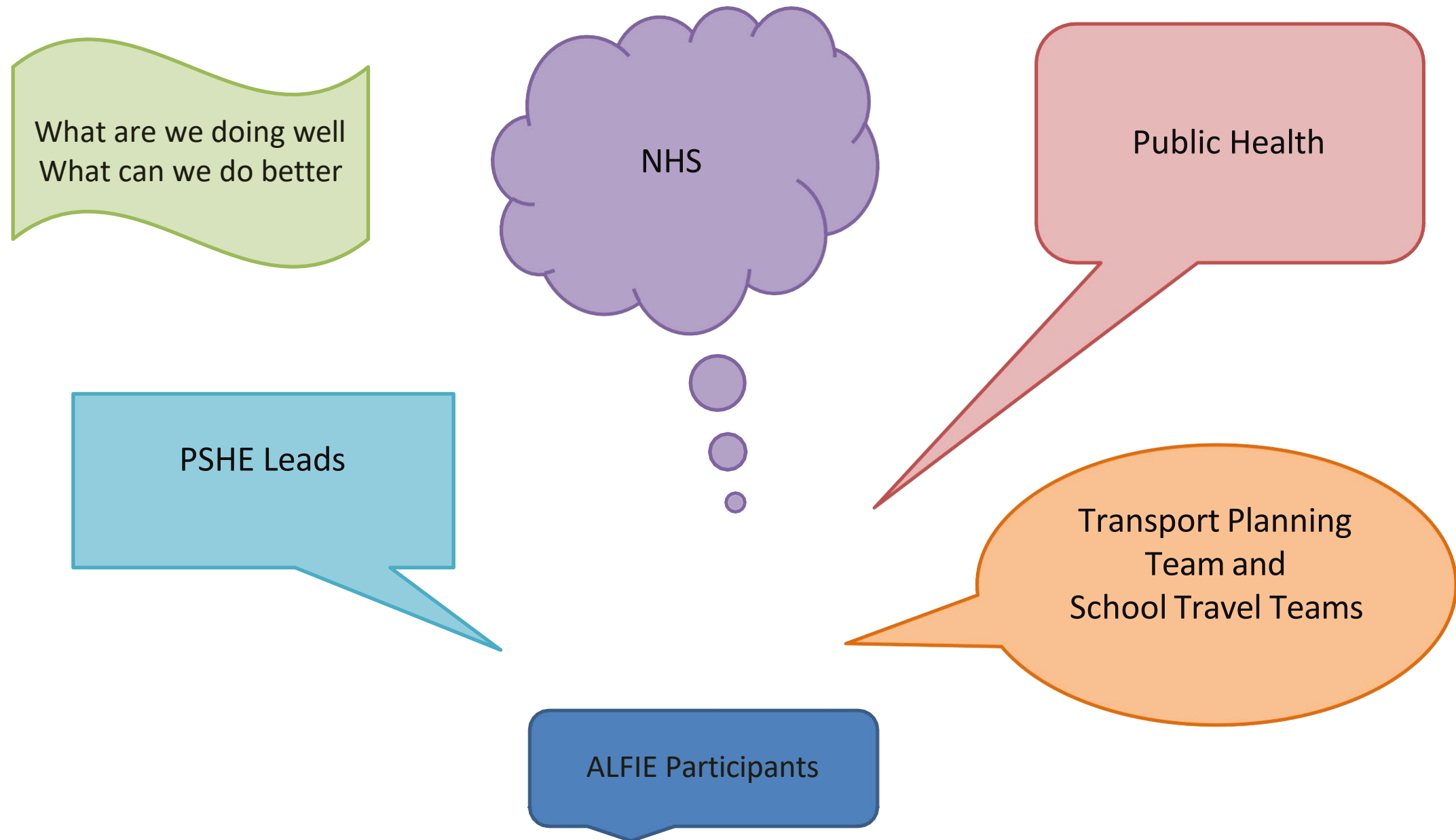
- Child Healthy Weight Pathway - a recently revised and launched Child Healthy Weight Pathway in Ealing (March 2022) and this care pathway outlines the services available for children and their families for weight management in Ealing, to help health professionals to support families and children.
- Superzones - A place-based approach to improving health is being considered for Ealing.
- An updated Healthy Weight strategy and Action plan for Ealing.

Targets and Outcomes:

National and London Targets and Outcomes

- In London, the Child Obesity Taskforce have made a **commitment** by 2030 is to halve the percentage of London's children who are overweight at the start of primary school and obese at the end of primary school, and to reduce the gap in childhood obesity rates between the richest and poorest areas in London.
- While the London Child Obesity Taskforce (LCOT) includes ten ambitions in **Every Child a Healthy Weight (2019)** around enabling every child in London growing up in a community and an environment that supports their health and weight to reduce the gap in childhood obesity (43) between the most and least deprived areas of the capital. The taskforce is supported by the London Child Obesity Delivery Board (LCODB) which works to ensure that the actions delivered by partners in the system, including local authorities the NHS are joined-up, coherent and consistent with the LCOT's and the Mayor of London's ambitions
- Alongside this is the **London Health Inequalities Strategy 2018** wider ambition to ensure that every young Londoner is supported to maintain a healthy weight.
- While the government's "**Childhood Obesity: A Plan for Action**" (44) August 2016, outlines the aim to significantly reduce England's rate of childhood obesity within the next ten years, meaning fewer obese children in 2026 than if obesity rates stay as they are. Following on from the first chapter, the "**Second chapter of the Childhood Obesity: Plan for Action**" has included measures with the aim to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030 (24 June 2018).
- While the "**Public health outcomes framework**" (45) looks at the indicators that help us understand trends in public health. The relevant national outcome frameworks indicators for healthy weight in Children and Young People include: Public Health Outcomes Framework. These indicators include: Obesity in early pregnancy, low birth weight of term babies, breastfeeding, prevalence of overweight and obesity, physical activity amongst children and young people, percentage of those meeting 5 a day, adults classified as overweight or obese, severe obesity.

The voice: Stakeholders views 1



The voice: Stakeholders views 2

Feedback from ALFIE Participants

I really enjoyed the programme. I really have improved a lot. My diet has changed and I'm feeling really good and healthy compared to before, 11 year old boy

Mum: Before, he used to eat a lot of junk food and now he doesn't really want it because he understands that he needs to eat it in moderation

It was good, she was very happy, able to answer some questions and looked forward to it every week. M would prefer face to face next time.

Parent: It was interesting, I think it should be longer than 10 weeks. Overall I think it's very good. This is the first time that U has done anything like this. I would like her to continue with it if possible. Face to face would be better.

I think i've learnt a lot and it was very beneficial. I really liked nutrition information on the bit about sugar where you explained when you have lots of sugar, your sugar levels go spiking up and then spiking back down so it leaves you tired.

"I think it will help loads of people if they are struggling with their weight and they will understand the meaning of being healthy. You learn that you can have confectionary foods sometimes and in small amounts and still be healthy." 11 year old girl

"I just wanted to say thank you on the behalf of Y for all your hard work in the last 10 weeks. You've really helped Y and her relationship with food – she is teaching all of us now! I, personally, have now started to eat Weetabix!"

Y really enjoyed the ALFIE programme, She thought the information was interesting and enjoyed getting different foods from each food group from her kitchen and showing us

It is more of an intervention which I think is really good - Improving their habits and increasing PA.

Mum: The programme was very informative and very interactive especially with the exercise. You did a really good job engaging the children to keep them motivated, and I learnt a lot which I didn't know before. Overall highly recommend. My only thoughts are that I think 5yrs old is too young to learn the nutrition information, maybe start the programme at 7 or 8yrs

Mum – "J" has become more aware of what she eats and chooses to eat. She found MS teams was better. I preferred virtual programmes if I were to do it again

ALFIE Team Quarter 4 (2021-22) qualitative feedback about behaviour change

The team collected some qualitative data and feedback from families who completed a programme this quarter and they reported the following:

- 89% reported an increase or maintenance in their child's overall level of physical activity
- 67% reported an increase or maintenance in their child's fruit and vegetable in take
- 89% reported an increase or maintenance in their child's overall healthy eating habits

The voice: Stakeholders views 3

Feedback from Primary School PSHE Leads

Where might you look for information / support advice for the children that you work with?:

LGFL, NHS website, Ealing grid for learning, doctors, BBC website <https://www.nhs.uk/healthier-families/childrens-weight/>, Ealing health improvement team., Govt website ,Healthy Schools Borough Advisors, school nurse, Visiting health team, PSHE , DT, Science, PE lessons

What does healthy weight mean to you?:

Having a good BMI, Feeling comfortable and confident, Being able to enjoy physical activity and everyday tasks, Maintain it with a healthy balanced diet which is not restrictive , A healthy weight is appropriate body weight in relation to height. (BMI) but for children other factors contribute to their weight. Growth charts help to see how children grow compared to children of their same age and gender, so it can show if children are gaining or losing weight according to their own trends. Generally, if a child is struggling with movement and / or breathing and they appear to be overweight then they are probably not at a healthy weight or if a child lacks energy, is tired or looks underweight then they also may not be at a healthy weight. Healthy weight to me means that my weight falls in the normal range based on the information we have from the NHS - that my BMI is **18.5 to 24.9**. It also means to have a weight which allows me to function daily, accessing the activities I want to take part in and without any problems to my health. It means being within the optimal size for your height and age. Being able to complete daily task and exercise without feeling out of breath.

Everyone Active Exercise on Referral Programme and Leisure programme Activities in Borough

16 year old girl, with some behavioural problems who recently joined the programme "I was referred to Austin who was quick to organise an appointment and get me started. He made me feel totally at ease and made up a personalised programme for me to follow which we have already progressed 4 weeks later and helped keep me motivated. It has really helped with my confidence and I am really happy to be exercising again"

Better Give it your max (GIYM) free school tennis programme:
Teacher at Petts Hill -Children have enjoyed being part of the GIYM programme this year and their tennis skills are certainly improving'.
Pupil at Petts Hill "I look forward to tennis each week, we always learn something new'.. The PE lead at Berrymede was very pleased with the coaching which has taken place so far and is keen for it to continue in the new academic year. 'The children have really enjoyed the tennis lessons and learn new skills and now understand the basic shots in the game. Their skill levels have developed over the course of the coaching and we would be very grateful to have Give It Your Max delivered in our school next year'.
A pupil said...'The lessons have been fun I look forward to them every week'.

Gaps and Future need

Key Issues: Future Need

- Rising levels of overweight and very overweight children in Year 6 (10–11 year olds), and also in Reception Year children (4-5 year olds).
- Variations in levels of overweight and obesity in different ethnic groups and between the gender groups.
- Impact of the pandemic, and the subsequent cost of living crisis on engagement and resources, and service delivery.
- Overweight and Obesity has strong links to deprivation which is evidenced in data for Ealing.
- Competing priorities for families and the children and young people.

Gaps

- A school readiness co-ordinator has been appointed on an interim basis to lead a local action plan.
- A fully engaged whole system approach to tackling overweight and obesity across the borough and nationally.
- The current commissioned Weight management Service for children (treatment) is only for 5-13 year olds, therefore those aged under 5 and 13+ have no commissioned support programme in place.

Recommendations: 1

Key Recommendations

Recommendations for consideration

These are based on the **Every Child a Healthy Weight Delivery Plan - Vision for London - Child Healthy Weight** ambitions along with gaps identified from the current provision offer, strategies and evidence.

Recommendations which are currently being undertaken in Ealing will be identified by / using the following key:

Not at present: Red **Some work currently underway:** Amber **Lots of work underway:** Green

Ambition 1: Tackling child poverty and promote supportive environments Amber

- Ensure sport, physical activity and recreational clubs and groups are inclusive and accessible to all.
- Ensure interventions are targeted towards vulnerable groups at highest risk of overweight.

Ambition 2: Supporting women to breastfeed for longer and establishing links with London's Local Maternity Systems to raise this issue up the agenda and gain an understanding of what would help support delivery of this high impact area. Green

- Achieve UNICEF Baby friendly Accreditation

Ambition 3: Skilling up early years professionals by facilitating training to enable them to support young children and their families in maintaining a healthy weight Amber

- Develop communication / training programmes to ensure professionals are aware of the causes and support available to people to maintain a healthy weight.
- Promote the rollout of the refreshed Ealing Healthy Weight Pathway for children and young people.
- Ensure wide communication and awareness of the refreshed Healthy Weight Care pathway for Children and Young People, which includes training for health professionals.
- Promote the available resources around "Healthier Weight Conversations"

Recommendations : 2

Key Recommendations

Ambition 4: Using the National Child Measurement Programme (NCMP) to better support parents to understand how they can be supported if their child is identified through the NCMP as being affected by overweight or obesity **Amber**

- Continue to provide a Child weight management programme for those aged 5-13 years of age, and explore opportunities for provision for under 5's and over 13's.
- Review, clarify and support the role of the GP, health visitors, family support workers and school nurses in their role within the NCMP programme and in identifying, signposting and supporting and identifying children and young people who are overweight and or obese as appropriate (within the refreshed Healthy Weight Care pathway work).
- Ensure that any services offered around Healthy Weight are locally appropriate, inclusive, accessible and evidence-based
- Explore opportunities to support those families with more severely obese children and young people
- Working in partnership with CLCH and continue to learn from feedback and update the local NCMP feedback letter to parents and carers.

Ambition 5: All nurseries and schools are enabling health for life by providing healthy environments and ensuring evidence-based consistent messages are delivered by early years staff, health visitors, school nursing, school staff, and primary care to local communities

Early Years: **Amber**

- Promote the continued rollout of the Healthy Early Years London Award to ensure early years, schools and other education settings make the environment health promoting and teach the skills for life required to lead healthy lifestyles.

Schools: **Green**

- Continue to implement and promote the Healthy Schools London Award to ensure early years, schools and other education settings make the environment health promoting and teach the skills for life required to lead healthy lifestyles. To include: HITT, Daily Mile, Packed Lunch Policy, Water Only Policy.
- Develop a whole school food policy template for use by schools and early years settings
- Continue to promote TfL STARS to support active travel for the school journey, teaching travel and transport life skills to reduce reliance on car and increase physical activity for all journeys.

Recommendations : 3

Key Recommendations

Ambition 5: All nurseries and schools are enabling health for life by providing healthy environments and ensuring evidence-based consistent messages are delivered by early years staff, health visitors, school nursing, school staff, and primary care to local communities (CONTINUED FROM OVERLEAF) Green

- Continue promoting the Sugar Smart Ealing Programme, across a variety of settings including early years; Schools; Colleges and more.
- Implementation and promotion of Active Travel particularly for short journeys e.g to school, work, shops, social and leisure activities.
- Promote HAF and Breakfast clubs in schools and the use of community breakfast clubs

Ambition 6: Making free 'London water' available everywhere by ensuring water is readily available in public spaces, neighbourhoods and schools Amber

- Ensure locations of drinking water fountains across the borough are mapped and promoted across the borough

Ambition 7: Creating more active, playful street and public spaces by supporting and promoting the implementation of local activities such as Opening School Facilities Projects in secondary schools, School Superzones, School Garden Projects, School or Play Streets or the Daily Mile Amber / Green

- Seek to Implement Superzones in Ealing

Ambition 8: Stopping unhealthy marketing that influences what children eat by support and promoting the implementation of Healthier Food Advertising policies which includes restrictions on advertising food that are high in fat, sugar and salt (HFSS) Red

- Seek to work with communications team and other colleagues involved in food advertising across the borough to agree a borough approach on food advertising.

Ambition 9: Transforming fast food business to enable them to provide healthy choices for local communities: Red

- Seek to promote and rollout healthy promoting guidance for environment changes to support healthy living.

Recommendations : 4

Key Recommendations

Ambition 10: Funding good-food innovation and harnessing the power of investment. Supporting the Healthier Catering Commitment scheme to help caterers and food businesses make simple, healthy improvements to their food: Red

- Seek to promote and rollout healthy promoting guidance for environment changes to support healthy living

Ambition 11: Local Strategic Ambition: Red / Amber

- Implement an Ealing Whole Systems Approach to addressing Obesity.
- Update and Implement the Healthy Weight Strategy Action Plan, to include recommendations from this JSNA chapter

Proposed Guiding Principles

- Systems wide approach in which all partners work to create healthy environments, minimise any potential barriers and coproduce with communities to take collective and cohesive action to promote positive health outcomes
- Tackling health inequalities and ensuring that interventions are relevant and culturally sensitive and address the needs of vulnerable children and young people by adopting proportionate universalism to address local populations' needs
 - Focus on prevention, adoption of a life course approach and early intervention - every child gets the best start in life
- Implementation of evidence-based interventions which promote healthy food environments and accessible physical spaces for all
 - Promoting equitable access to weight management services
 - Innovation in digital technologies and tools to support healthy living
 - Collective actions need to be sustainable and effective
- Monitoring and feedback coupled with research to drive improvements in public health actions

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