

# Bexley Obesity Strategy

Creating a whole systems  
approach to tackle obesity  
2020-2025



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# Introduction

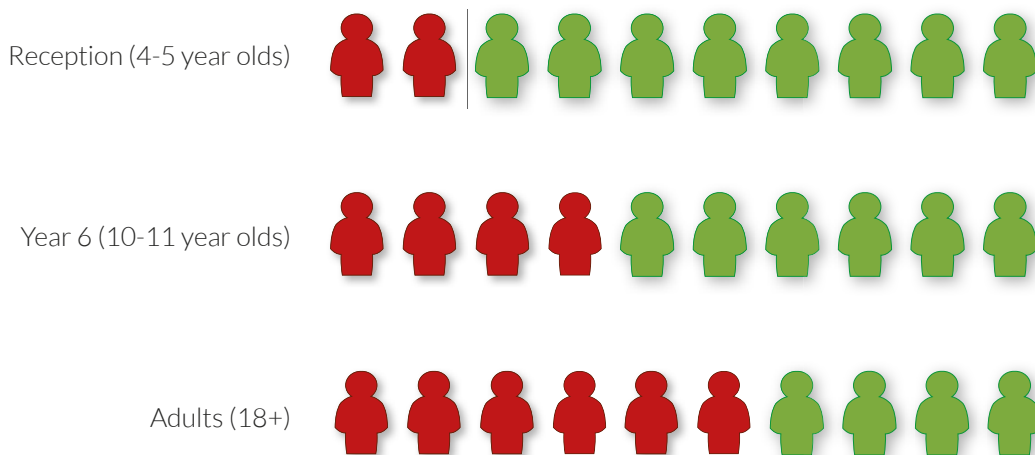
Bexley has among the highest rates of obesity in London, with nearly three in ten children (23.4%) classified as overweight or obese when they start primary school. This figure continues to rise with 36.6% of children aged 10-11 leaving primary school with excess weight. Children who are obese are five times more likely to grow into adults who are obese, which can predispose them to an increased risk of long term conditions, including type 2 diabetes, cardiovascular disease such as stroke and heart disease, cancer and musculoskeletal conditions, and can negatively impact on mental health. In Bexley 64.6% of adults aged 18 and over have excess weight, greater than London and England<sup>1</sup>. This means that in Bexley, there are approximately 77,620 overweight or obese men and 82,750 overweight or obese women.

There are multiple drivers of obesity such as the wider environment and infrastructure, biology, physiology, income, education and social groups, economy, culture and behaviour, however at a simplistic level excess weight gain occurs when energy intake exceeds energy expenditure. The fast-paced nature of our daily lives has led to environmental changes which are conducive to encouraging sedentary lifestyles and convenience foods. An increasing number of people are eating outside of the home, consuming foods that

are high in calories and purchasing hot food from takeaways selling foods high in fat, salt and sugar. These energy dense foods are dietary risk factors for obesity and it is widely recognised that the food environment influences individual behaviour and has a large role to play in addressing obesity and improving the landscape of the food offer.

Whilst it is widely recognised that the causes of obesity are multifactorial, for many years efforts to tackle obesity and support people to lose weight have largely focused on individual behaviour change, focusing on excess weight gain through encouraging people to eat less and move more. **It is important that individuals take responsibility for their own health-seeking behaviours and acknowledge the role they play in actualising their own healthy lifestyle.**

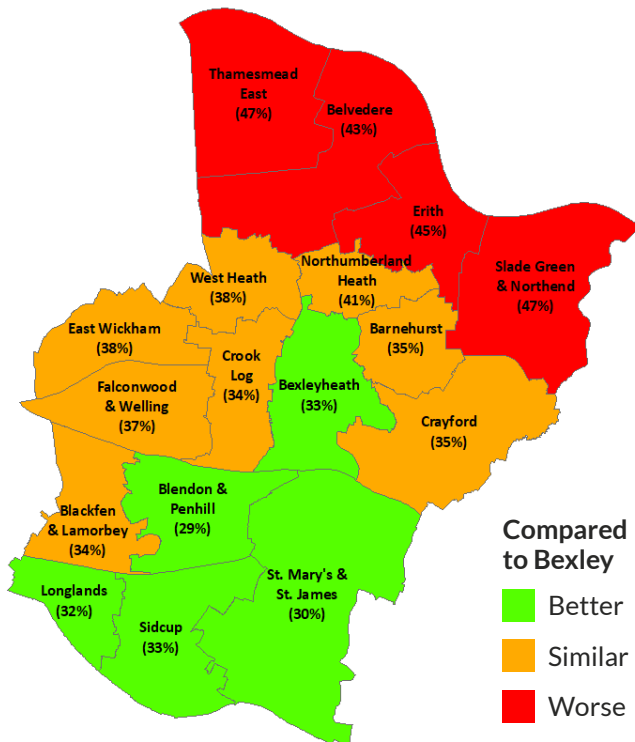
The publication of the Childhood Obesity Plan, chapter one and two in 2016 and 2018, respectively has built momentum around the agenda, and positions Local Authorities to work across their local areas by tackling the wider determinants of obesity such as the built environment and partner with local organisations to impart system wide change. Making obesity everybody's business and working towards a shared vision to reduce obesity levels



**Figure 1: Prevalence of overweight and obesity in Bexley**

<sup>1</sup> PHE Public Health Outcomes Framework 2016/17: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/>

and improve the health of residents' can only be achieved through taking a whole system approach. This approach capitalises on 'Health in All Policies' and recognises that we can do better by working together with the community and wider system to deliver sustainable long-term benefits. We will also work with schools and communities to improve not only the food offer, but education and knowledge around healthy eating, to encourage children and families to make positive choices about food.



**Figure 2: Children with excess weight in Year 6 – three-year average (2015/16 to 2017/18)**

Source: National Child Measurement Programme data

Bexley's Obesity Strategy aims to implement a sustainable whole system approach and sets five-year targets for a reduction in levels of excess weight for children and adults. It draws upon the wider system by addressing key themes across the life-course:

1. Increase the availability of healthier foods
2. Create an environment that inspires physical activity
3. Recognise the links between obesity and mental health
4. Support a healthy lifestyle through good livelihoods

5. Equip the workforce to contribute to the obesity agenda
6. Embed Healthy Lifestyles across agendas
7. Provide quality services that support weight management
8. Communicate core and targeted Healthy Lifestyles messages

Achieving the key themes requires input and commitment from a wide range of internal and external stakeholders, with the community being at the core of the whole system approach. Engaging with key partners and local people will inspire them to build healthy environments, look after their health by making healthy food and activity choices and contribute to improving the health and wellbeing of future generations, where obesity no longer poses a threat to public health.

### Our Vision and Aims

The vision for the Obesity Strategy is to create a local environment that supports everyone to have a healthy weight, to halt the rise of excess weight among children and adults and create a downward trajectory by 2025.

The aim of the Obesity Strategy is to develop and implement a whole system which:

- 1 Reduces the rate of excess weight in children by a minimum of 2%, with a stretch target of 5%
- 2 Reduces the level of excess weight in adults by a minimum of 2%, with a stretch target of 5%
- 3 Creates healthy environments at school, in workplaces and throughout the Borough.



# Strategic Priorities

## Increase the availability of healthier foods

### Improve healthy and sustainable food offer across the Borough

Fruits and vegetables are important components of a healthy diet. There are significant benefits to eating five portions of fruits and vegetables a day. In Bexley, 57% of adults consume five portions of fruits and vegetables on a “usual day”, which is similar to the national average. However, in Bexley, less than half of all 15-year old (46.9%) are reported to consume their 5 a day. This value is lower than average. Accessibility to fresh fruit and vegetables is paramount to achieving this goal. We are committed to understanding the availability of fresh fruit and vegetables within our more deprived communities through developing a Bexley-wide Food Plan and associated Action Plan, which will incorporate actions to improve the food offer across the retail sector as well as through provision at institutions such as schools and care homes.

### Reduce the negative impact of fast food and takeaway outlets in Bexley

There are over 180 fast food outlets currently in operation across Bexley. We want to encourage our existing fast food outlets to offer healthier options, for instance, grilled food alternatives, and to include salads on the menu as well as reducing portion sizes. The Healthier Catering Commitment (HCC) is a pan-London voluntary project, locally run to encourage restaurants, cafes and takeaways to make a commitment to adopting healthier food preparation practices and offer healthy options. We will explore how to maximise the scheme across the borough, particularly with those businesses within a 400-metre buffer zone of our schools. We will pilot sign up for new businesses, as well as diversifying the types of businesses that can get accreditation, such as cinemas and bowling alleys. Alongside HCC, we will introduce innovative pilots such as calories on menus. We will work with businesses to create the business case for supporting healthy lifestyles and explore the possibility of instigating a Bexley Business Award focused on Healthy Lifestyles.

## Decrease the visibility of foods and drinks high in fat, sugar and salt (HFSS)

A HFSS product is a food or soft drink that is high in fat, salt or sugar as classified by the Department of Health’s nutrient profiling model. A substantial body of evidence links the consumption of HFSS foods to an increased risk and incidence of certain diseases such as type 2 diabetes, cardiovascular disease, certain cancers as well as contributing to high levels of obesity both for children and adults. We will review the evidence for limiting new fast food outlets within proximity of schools, and other places where children congregate, and work with existing outlets to provide a healthier offer. We will learn from Lewisham’s imminent pilot programme on this. We will identify best practice examples of ‘healthy tills’ initiatives and establish the business case for implementing this simple measure. We will identify the opportunities for offering healthier foods and drinks through vending machines and explore how we can utilise advertising to reduce the promotion of HFSS items, particularly in close proximity to children.

### Encourage the provision of healthy foods at Council facilities and community events

As a Council, we are responsible for enforcing food hygiene and health and safety legislation at public events. This includes promotional and sporting events, fairs, street events, festivals and outdoor catering events such as large BBQs and parties. We will leverage this contact, to encourage caterers to comply with the Healthier Catering Commitment and encourage them to provide healthier options of both food and drink. We will work with Libraries, Leisure Centres and other Council facilities to improve the provision of healthy food in these environments. We will scope the feasibility of introducing a policy to ensure council-led events / activities provide healthy eating and health promoting facilities and explore further ways to influence healthy food provision at Community led events.

### Increase breastfeeding initiation and maintenance

Evidence shows that breastfeeding, delaying weaning until babies are six months old, introducing children to healthy foods, controlling portion size and limiting snacking on foods high in fat and sugar in the early years can all help to prevent children becoming overweight and obese<sup>2</sup>.

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<sup>2</sup> Healthy Weight, Healthy Lives. Healthy weight, healthy lives: a cross government strategy for England (2008)

Mothers should be encouraged to breastfeed during pregnancy and those who choose to breastfeed, should receive appropriate support to continue breastfeeding for as long as they wish. Data quality for breastfeeding initiation and 6-8 weeks maintenance is poor and must be addressed in order to understand the scale of the problem. The Health Visiting Service has achieved Stage 2 UNICEF Baby Friendly accreditation and there is an intention to extend this to the maternity service. Research highlights that one of the main barriers to breastfeeding is a lack of confidence breastfeeding in public. We aim to challenge the social stigma associated with breastfeeding to enable mothers to breastfeed with confidence in public and create places around the borough that are welcoming to breastfeeding families including libraries, children's centres and local businesses.

### **Increase the uptake of the Healthy Start programme**

The Healthy Start programme is a means-tested scheme that provides pregnant women and children under 4 years old with vouchers to buy fruit, vegetables and milk. Women and children getting Healthy Start food vouchers also get vitamin coupons to swap for free Healthy Start vitamins, available through Health Visiting and Midwifery. As of 2019, Bexley is missing out on approximately £150,000 worth of vouchers which are not being claimed by eligible local families (and subsequently not contributing to the local economy). We will make it simple and easy for eligible families to access the Healthy Start scheme and utilise the vouchers widely across the borough. We will also support families to make the most of the foods bought by providing cooking classes and sharing recipes. We will initially focus on the north of Bexley, where there are fewer outlets participating in the scheme. We will engage with existing retailers to understand the barriers to uptake and work jointly to overcome these. We expect to increase the quality and types of food on offer, as well as potentially identifying new outlets to ensure improved spatial availability. The uptake of this programme was just 55% in Bexley (June 2019) compared to a London region average of 65%. We will increase and maintain the uptake of this programme to 75% over the life of this strategy.

### **Review compliance with mandatory School Food Standards**

The School Food Standards ensure that the food served throughout the day in schools is healthy and nutritious. The standards restrict foods that are high in fat, salt and sugar. Compliance with the school food standards is mandatory for all maintained schools, with the expectation that all academies and free schools comply. This has been an explicit requirement in their funding agreements since 2014. We will review compliance with this standard across the Borough and develop an action plan to address this if necessary.

### **Introduce a sustainable model for Community Cooking classes**

Evidence shows that people are more likely to try new foods and make changes to their diets if they cook the dishes for themselves. Cooking together and sharing what is made is an effective tool for healthy eating<sup>3</sup>. We will explore providing Community Healthy Cooking classes, such as cooking on a budget, plant-based cooking, and cookery for specific vulnerable groups, such as those with learning disabilities. Following on from the Bexley Food Profile, we will identify partners and create a model for sustainable provision of Cooking Classes across the Borough, but particularly where we see the highest levels of obesity in the North.

### **Improve access to free drinking water across the Borough**

Water is a healthy and cheap choice for quenching your thirst at any time. It has no calories and contains no sugars that can damage teeth. Our bodies need water or other fluids to work properly and to avoid dehydration. That's why it's important to drink enough fluids. In climates such as the UK's, we should drink about 1.2 litres (six to eight glasses) of fluid every day to stop us getting dehydrated. In hotter climates or when we are physically active, the body needs more than this. We will sign up for and actively promote the Refill London scheme, and install public water fountains in town centres to support people to drink more water, whilst reducing the use of plastic bottles.

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<sup>3</sup> Healthy Weight, Healthy Lives. Healthy weight, healthy lives: a cross government strategy for England (2008)

## Over the next 5 years we will:

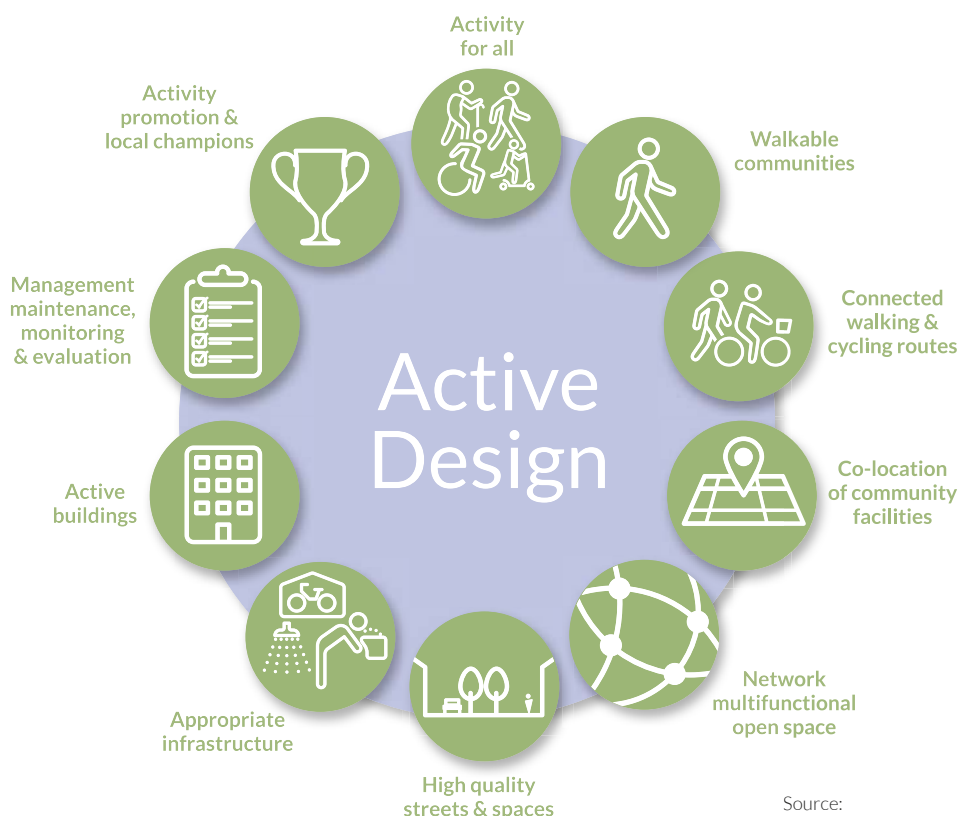
- ▶ Create a Food Profile for Bexley and identify key actions for improving access to healthy and sustainable food across the Borough
- ▶ Increase the number of food businesses achieving Healthier Catering Commitment accreditation
- ▶ Scope the feasibility of 'healthy-food' provision at ALL Council-led events
- ▶ Increase breastfeeding initiation and maintenance
- ▶ Review compliance with School Food Standards across the Borough
- ▶ Develop a sustainable model for Community Cooking Classes
- ▶ Install public water fountains in town centres
- ▶ Explore how we can use restrictions in advertising to reduce the promotion of HFSS items
- ▶ Scope health promoting libraries as part of a universal approach to healthy eating promotion in early years
- ▶ Improve targeted promotion of the Healthy Start programme and work with retailers to improve their Healthy Start offer, with a focus on most deprived wards

## Create an environment that inspires physical activity

### Leverage Planning opportunities to ensure that new developments provide an environment that is conducive to outdoor activity

Sport England's Active Design takes a fresh look at the opportunities to encourage and promote sport and physical activity through the design and layout of our

built environment to support a step change towards healthier and more active lifestyles. We will ensure that Health Impact Assessments are undertaken by developers for all large new developments and that Active Design principals are applied in the development of new buildings and spaces.



Source: [www.sportengland.org/facilities-and-planning/active-design](http://www.sportengland.org/facilities-and-planning/active-design)



## **Ensure the existing built environment is optimized for outdoor activity**

The Healthy Streets Approach is a system of policies to deliver a healthier, more inclusive place where people choose active transport. There are 10 evidence-based indicators including the following: Everyone feels welcome, people choose to walk and cycle, people feel relaxed, easy to cross, clean air, not too noisy, places to stop and rest, people feel safe, things to see and do, shade and shelter. Improving the feeling of safety can be particularly beneficial for more vulnerable groups (including older people and children) and could be an important factor in helping them to be physically active.<sup>4</sup> We are committed to achieve the commitments set out in the Growth Strategy and the Draft Local Implementation Plan. We aim to oversee the creation of walkable neighbourhoods using the Healthy Streets Approach and to support the availability of local services and goods that are accessible by walking and cycling.

## **Maximise the use of existing parks and open spaces**

In addition to integrating physical activity into daily life, people must have access to recreation and leisure facilities to support a range of activities, from parks and green links, where people can walk their dogs, to playing fields where local clubs can play sport. For children, outdoor play and activity is vital to their health and well-being. Play is an important way for children to connect with the world, learn, and develop their imagination. Compared with previous generations, children spend less time playing outdoors and have lower participation rates in active transport. Studies have also identified lack of neighbourhood safety as a potential barrier to children's physical activity<sup>5</sup>. We will review the Parks and Open Spaces Audit and ensure there is a future focus on equitable provision across the borough. We will support the setup of structured 'green gym' programmes which aim to provide people with a way to enhance their fitness and health while taking action to improve the outdoor environment. Green gyms enable people who would not normally attend a conventional gym or sports centre to get fit.

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4 TFL, 2017, Healthy Streets for London

5 Carver A, Timperio A, Crawford D: Playing it safe: the influence of neighbourhood safety on children's physical activity - a review. *Health and Place*. 2008, 14 (2): 217-227. 10.1016/j.healthplace.2007.06.004.

## **Promote outdoor play**

Children who build active and healthy bodies from a young age are less likely to suffer from obesity and other health issues in later life. Just like other forms of physical activity, unstructured outdoor play helps kids get the right amount of exercise every day. We will establish a Healthy Physical Environment Commitment Scheme Kite mark to recognise early years settings committed to the development of the environment, curriculum and attitudes in respect of public health and offer training in outdoor play activities to staff in early years settings. In addition, London Play Streets, also known as 'playing out sessions' or 'play streets' is a simple, effective and low-cost way for children to be able to play out in the streets where they live. Local authorities can use their existing powers to allow temporary street closures to allow children to play whilst local parents and other residents act as marshals. We will explore the appetite for reinvigorating London Play Streets in Bexley.

## **Support people to walk more**

Walking is simple, free and one of the easiest ways to get more active, lose weight and become healthier. Sometimes overlooked as a form of exercise, walking briskly can help you build stamina, burn excess calories and make your heart healthier. You do not have to walk for hours. A brisk 10-minute daily walk has lots of health benefits and counts towards your recommended 150 minutes of weekly exercise. We will create a social movement to encourage people to #walkmore by expanding walk-ability courses, promoting active travel to school and work, supporting more community-led healthy walks, establishing clear route signage and wayfinding, supporting the Daily Mile in schools, and exploring the feasibility of Apps to inspire and incentivise people to walk more in Bexley.

## **Support people to cycle more**

Cycling is a healthy, low-impact exercise that can be enjoyed by people of all ages, from young children to older adults. It is also fun, cheap and good for the environment. Riding to work or the shops is one of the most time-efficient ways to combine regular exercise with your everyday routine. Cycling is a good way to control or reduce weight, as it raises your metabolic rate, builds muscle and burns body fat. We will continue spatial improvement activities including greening streets, maintaining or updating street furniture for cyclists, expand bike-ability courses in schools and ensure the activation of cycling in line with Bexley's Growth Strategy.

## Increase access to structured exercise for high risk groups

A carefully structured, moderate physical activity programme can reduce the risk of losing the ability to walk without assistance, perhaps the single most important factor in whether vulnerable older people can maintain their independence. Older people who lose their mobility have higher rates of disease, disability, and death. A substantial body of research has shown the benefits of regular physical activity for a variety of populations and health conditions. We will scope availability of structured physical activity opportunities for vulnerable / high risk groups, including, people with physical and learning difficulties, children with special educational needs, those with Severe Mental Illness and older people. We will actively encourage continued and new exercise during pregnancy and explore the links between exercise and falls prevention.



## Recognise the links between Obesity and Mental Health

The relationship between obesity and common mental health disorders is complex. There is growing evidence of bi-directional associations between mental health and obesity. Some researchers suggest that obesity can lead to common mental health disorders like depression, anxiety and post-traumatic stress disorders, whilst others have found that people with such disorders are more prone to obesity. Obesity can have a direct impact on psychological well-being, and can also lead to eating disorders, distorted body image and low self-esteem. Obese people have a 55% increased risk of developing depression over time, whereas depressed people have a 58% increased risk of becoming obese<sup>6</sup>.

For children and young people who are overweight, living with excess weight can be heart-breaking. Being overweight can have serious implications for the physical and mental health of a child in the short and long-term. The effects of weight bias and obesity stigma can be particularly severe. Studies indicate that school-aged children with obesity experience a 63% higher chance of being teased and bullied. When they are bullied because of their weight by peers, family and friends, it can trigger feelings of shame and lead to anxiety, depression, low self-esteem, poor body image and even suicide. Weight-biased attitudes from teachers can manifest as lower expectations of students, which can lead to low education outcomes for children and young people with obesity.

### Over the next 5 years we will:

- ▶ Ensure Health Impact Assessments are undertaken by developers for all large new developments
- ▶ Promote the use of Active Design Principles to inform joint working with planners, transport and green spaces professionals
- ▶ Apply 'Healthy Streets' principles whenever work is undertaken to improve the built environment
- ▶ Review the scope of the Parks and Open Spaces Audit to ensure focus on equitable distribution and availability of amenities (toilet, water, infant facilities)
- ▶ Establish a Healthy Physical Environment Commitment Scheme Kite mark to recognise early years settings committed to Public Health
- ▶ Explore the appetite for reinvigorating London Play Streets
- ▶ Create a social movement to encourage people to #walkmore
- ▶ Improve the cycling environment and enable people to cycle more

<sup>6</sup> Luppino FS et al. Overweight, obesity and depression: a systematic review and meta-analysis of longitudinal study. Archives of General Psychiatry 2010;67(30):220-9



This can, in turn, affect children's life chances and opportunities, and ultimately lead to social and health inequalities<sup>7</sup>. Obesity in adolescence may lead to depression in adulthood, and adolescent depressive symptoms may put young people at risk of obesity later in life.

There is consistent evidence that overweight people face discrimination in employment, education, and health care<sup>8</sup>. Weight stigma exists because our society emphasises thinness, denigrates excess weight, and stigmatises obese people. It blames the victim rather than addressing the environmental conditions that cause obesity. Stigma is a fundamental cause of health inequalities, and obesity stigma is associated with significant physiological and psychological consequences, including increased depression, anxiety, decreased self-esteem, social rejection, poor quality of relationships, lower socio-economic status and worse academic outcomes. It can also lead to disordered eating, avoidance of physical activity and avoidance of medical care.

We will ensure that consideration is given to mental health and well-being in all projects, interventions and programmes delivered under the Obesity Strategy. This includes the proposed new Health in Schools programme, professionals' training on Making Every Contact Count for Obesity and the development of a new inclusive Obesity Pathway.

7 Caird J, Kavanagh J, Oliver K, Oliver S, O'Mara A, Stansfield C, Thomas J (2011) Childhood obesity and educational attainment: a systematic review. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London

8 Puhl R, Heuer C. The stigma of obesity: A review and update. *Obesity*, 17, 941-964

## **Integrate mental health components in whole schools' approach to health and wellbeing**

The Health in Schools programme will support schools to embed mental health and wellbeing into their school curriculum and culture and develop sustainable approaches to promoting mental health. We will ensure that schools are equipped with the knowledge and skills to be able to address mental health issues among their pupils, seek support and signpost to appropriate local services.

## **Include mental health components in Obesity training for professionals**

Services form an important part of providing individual support for people to lose weight and we will ensure health and social care professionals providing services receive obesity training which includes education about mental health, and that services are suitable and accessible for vulnerable groups. We will identify suitable services and support for mental health and wellbeing that can be signposted to by Bexley health champions so that people can access help from within healthcare settings or their local community.

## **Review obesity pathway for people with mental health disorders/vulnerable people to ensure equitable access to wellbeing support**

## **Review the scope of social prescribing and how health champions can be better optimised to provide community support for people with mental health disorders/vulnerable people**



## Support a healthy lifestyle through good livelihoods

### Challenge perceptions about the cost of healthier eating

It is a common belief that a healthy diet is unaffordable. Healthy foods can be more expensive calorie for calorie than foods that are high in fat, sugar and salt, however, this is not a useful measure in modern Britain where consuming enough calories to survive is not the problem. For most people, the challenge is to consume fewer of them. The real question, therefore, is whether it is cheaper to live off processed food and takeaways than to eat a nutritious, balanced diet. The government's Eatwell Guide recommends a diet that is heavy on fruit, vegetables, starchy carbohydrates and white meat. All of these can be bought from supermarkets at prices that would amaze previous generations. The theory that Britain has high rates of obesity because healthy food is unaffordable is flawed. It does not explain why obesity has increased while food prices have fallen to historic lows, nor does it explain why obesity rates are higher in rich countries than in poor countries. It does not explain why people fail to buy more fruit and vegetables when they become richer and it does not explain the high rate of obesity among people on middle and high incomes<sup>9</sup>. We will review local food costs and design an approach to myth-busting around the cost of healthier foods, this will complement our proposed food in school programming and community cooking classes and encourage increased individual healthy lifestyle choices.

### Review emergency food provision across the Borough

Through the Food Profile, we will identify sources and gaps in provision of healthy food for vulnerable people, particularly through food pantries, community fridges and holiday hunger programmes. We will work with these providers to ensure the offer is as healthy as possible, as well as ensuring sign-posting to other appropriate schemes such as Healthy Start.

### Over the next 5 years we will:

- ▶ Challenge perceptions about the high cost of healthier foods and demonstrate how healthier foods can be affordable
- ▶ Review emergency food sources for Bexley's most vulnerable residents to ensure a healthier offer is available

## Equip the workforce to contribute to the Obesity agenda

### Equip practitioners to talk about obesity in any setting

Talking about weight can be tricky, and while some professionals may feel confident and well-equipped to initiate these discussions, others may need to increase their own awareness and confidence. Making Every Contact Count (MECC) is an approach to healthcare that encourages all those who have contact with the public to talk about their health. It is about altering how we interact with people through having Healthy Conversations and learning how to spot opportunities to talk to people about their wellbeing. We will develop obesity specific MECC training programmes for a variety of different practitioners to enable them to support families by talking to them about their weight and diet and to increase the number of people accessing services and activities to support a healthy weight and lifestyle.

### Equip Early Years Practitioners to support healthy start for life

With nearly 3 in 10 children arriving at school overweight or obese, the early years is a critical time for instilling healthy habits, attitudes and behaviours in children. Parents and childcare providers will have an influential role in exposing children to opportunities to be active, develop healthy eating habits and can act as positive role models. We need to provide consistent and clear information about the benefits of limiting snacks, increasing physical activity and controlling portion sizes. We will develop specialist childhood nutrition training for health visitors and other early years workers, linked to the development of an interactive resource pack for parents, 'Born Ready, School Ready, Bexley Ready'.

<sup>9</sup> You can eat a healthy diet for next to nothing. Here's the proof. Life Spectator. Christopher Snowdon. 2 March 2017.

### Over the next 5 years we will:

- ▶ Develop a training resource for health professionals around 'raising the issue of weight'
- ▶ Develop specialist childhood nutrition training for health visitors and other early years workers

## Embed Healthy Lifestyles across agendas

### Encourage engagement with the Healthy Schools rating scheme

The Healthy Schools Rating Scheme was developed based on testing with schools in summer 2018 and was launched by the Department for Education in July 2019. This voluntary scheme is available for both primary and secondary schools. Schools complete a self-assessment and then receive a rating based on their responses around food education, compliance with the school food standards, time spent on physical education and the promotion of active travel. Each participating school will receive a report based on their survey answers, and those achieving Gold, Silver or Bronze awards will receive a certificate. We will encourage schools to use the Healthy Schools rating scheme to reflect on their future actions, and to share their achievements with parents, pupils and the wider school community.

### Support the delivery of a whole school approach to Health and well-being

A whole-school approach recognises that all aspects of the school community can impact upon students' health and wellbeing, and that learning, and health are linked. A whole-school approach encompasses: policy; the social environment; curriculum and competencies; community stakeholders; and links to health services. We know that many schools are taking creative steps to promote healthy eating and to establish a whole school approach to healthy living. To support this, we will assess the feasibility of introducing a Bexley-wide programme to support a whole school approach to health and well-being, encompassing **Food** (catering, pack lunches, drinking water, embedding food in the curriculum i.e. home economics, provision of food outside school hours e.g. breakfast club, after

school clubs and summer holidays provision, food growing / kitchen gardens), **Physical Activity** (PE, active transport, cycling schemes, Daily Mile) and **Mental Health & Wellbeing** (5 ways to Wellbeing, Mindfulness, Mental Health First Aid (MHFA) course for staff). We expect any new programme to be led by school and pupil need and jointly commissioned to achieve Healthy School rating.

Bexley is intending to create an Integrated Universal Children's Service (IUCS) based in part on the re-design of the 0-19 Children's Service (high quality support for families from health visitors and school nursing) and integration with other services and resources that operate in this space, including Children's Centres, Nurseries, Primary Care, Community Health and Mental Health services, Voluntary sector services, schools, colleges, youth services, which will shape the way in which we deliver obesity prevention. A coordinated whole schools approach will build on the IUCS model.

### Develop a Health Promoting Colleges Programme

Health promoting universities and colleges transform the health and sustainability of our current and future societies, strengthen communities and contribute to the well-being of people, places and the planet<sup>10</sup>. We will call on colleges to invoke the Okanagan Charter for health promoting universities and colleges to, 'Embed health into all aspects of campus culture, across the administration, operations and academic mandates'. We will support them to identify health champions among their own students and staff to lead the development of a healthy lifestyles programme.

### Promote healthy behaviour and workplace wellbeing in Bexley Council and in private workplaces across the Borough

A large proportion of people are in desk-based roles which means they spend a lot of their time sitting down each day. An office environment is an ideal place to introduce healthy initiatives to support people to move more and to counteract the negative impact of being sedentary. There are several benefits of cultivating a healthy workforce, including reduced absence, increased motivation to stay in work, quicker recovery from sickness and lower risk of long-term illness.

<sup>10</sup> Okanagan Charter: An international charter for health promoting universities and colleges. 2015.

The London Healthy Workplace Charter provides a framework for action to help employers build good practice in health and work in their organisation. The charter supports all types of employers, large and small, from the public, private and voluntary sectors, and covers issues including physical activity, healthy eating and mental health and well-being. We will achieve the London Healthy Workplace Charter Award at the Civic Centre and other Bexley Council workplaces, such as libraries and leisure centres.

### **Health in All Policies**

Health in All Policies (HiAP) is an approach to policies that systematically and explicitly considers the health implications of the decisions we make. It's an approach that targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity. We will support the development of a Bexley approach to Health in All Policies (HiAP)

### **Embed social value in council and CCG contracts**

The Social Value Act 2012 requires the public sector to ensure that the money spent on services creates the greatest economic, social and environmental value for local communities. Embedding social value in contracts means that the wider benefits are considered throughout the commissioning cycle and a set of social accountabilities are defined as part of the procurement process. Bexley Council procure a plethora of contracts and we need to ensure that social value is embedded within each one. We want to explore this opportunity within the council, CCG, our partners and our contractors. We will ensure our approach to contracting and procurement embeds social value and does no harm to public health.

## **Provide quality services that support weight management**

### **Integration of the NCMP into tiered child weight management services**

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools. We will continue to deliver the NCMP and effectively utilise datasets to inform future policy, planning and service models, including communications with parents.

### **Continual improvement of screening programmes**

The NHS Health Check programme is a national initiative designed to 'put prevention first' and consists of a series of tests, measurements and risk management interventions which can be delivered in different settings to suit the needs of a local population. The programme is primarily a vascular risk management programme for those aged between 40 and 74 who do not have existing diagnosed vascular disease. The purpose of the NHS Health Check is to identify and invite any individuals who meet the priority key groups to reduce their risk of coronary heart disease, stroke, diabetes and kidney disease. The NHS Health check programme aims to prioritise and increase the reach and up take by higher risk patients.

### **Increase uptake of health checks for high-risk individuals**

People with a learning disability often have poorer physical and mental health than other people. These checks are for adults and young people aged 14 or over with a learning disability and involves a physical check-up, including weight, heart rate, blood pressure and blood and urine tests if

### **Over the next 5 years we will:**

- ▶ Encourage schools to use the Healthy Schools rating scheme
- ▶ Develop a programme for supporting a whole school approach to Healthy Lifestyles
- ▶ Develop a health promoting colleges programme
- ▶ Introduce the London Healthy Workplace Charter award across Bexley
- ▶ Support the development of a Bexley approach to Health in All Policies (HiAP)
- ▶ Introduce a clause in food and confectionary contracts (concessions) that ensures businesses offer healthy alternatives to sugary or high fat food, drinks and snacks

needed. We will focus on improving the quality and increasing the uptake of health checks.

### **Programmes to support children to lose weight**

Bexley offers a tier 2 child weight management service for children aged 4-11 who have a BMI above the 91st centile (overweight and obese). The service is provided by Everyone Health who deliver Alive n Kicking in the community. Alive n Kicking is a 12-week multi-component intervention which involves physical activity, behaviour change and nutrition education. The programmes are held at various locations in the borough including primary schools and community centres. A weekly physical activity drop in session is provided for all children who have or are attending an Alive n Kicking programme. We will review this programme and re-commission accordingly.

### **Programmes to support adults to lose weight**

Bexley provides a tier 2 adult weight management referral scheme to residents or those registered with a Bexley GP and who are aged 16 and over. The service is provided by Slimming World and residents can be referred by their GP or other health professional. Individuals who have a BMI of 30kg/m<sup>2</sup> and over or those with a BMI of 27.5kg/m<sup>2</sup> with a long-term condition or from a BME group will be able to receive 12-weeks free to attend Slimming World. Slimming World provides a multi-component intervention with a focus on lifestyle and behaviour change, and group motivation. Slimming World provide 39 groups at 25 different locations in the borough during different times of the day. We will review the current Tier 2 service provision and ensure that it is fit for purpose and delivering against set targets.

### **Map weight management service provision for high risk groups**

We will identify the levels of obesity across high risk groups to inform planning and commissioning of services. We will map the service provision available for high risk individuals in relation to weight management support across all four tiers of weight management support, through engagement with specialist organisations. We will utilise the findings to influence support available to children and adults with body image issues, severe mental illness or learning disabilities.

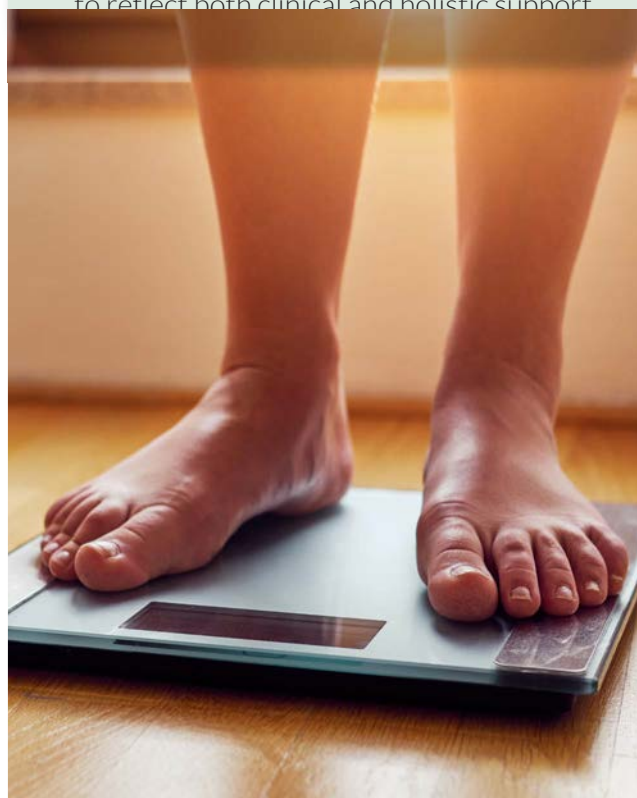
### **Develop an obesity pathway**

The aim of a clinical pathway is to improve the quality of care, reduce risks, increase patient satisfaction and increase the efficiency in the use of

resources. We will develop an obesity pathway across primary, secondary and tertiary prevention of obesity to reflect both clinical and holistic support that makes it easier for patients and professionals to access / refer to appropriate services.

### **Over the next 5 years we will:**

- ▶ Continue the delivery of the NCMP and integration with child weight management services
- ▶ Increase the uptake of Health Checks for people with Severe Mental Illness and learning difficulties
- ▶ Review best practice models for tier 2 weight management interventions, and where possible, pilot models to contribute to the evidence base
- ▶ Explore and pilot models to increase engagement and uptake of weight management services by men who are overweight and obese, for example, Football Fans in Training
- ▶ Identify the levels of obesity across high risk groups to inform planning and commissioning of services
- ▶ Develop an obesity pathway across primary, secondary and tertiary prevention of obesity to reflect both clinical and holistic support



## Communicate core and targeted Healthy Lifestyles messages

### Enabling individuals to take responsibility for their own health through adoption of national campaigns

Matt Hancock, Health and Social Care Secretary has set out a vision to put prevention at the heart of our nation's health in the strategy, '*Prevention is better than Cure (2019)*'. Prevention is also about ensuring that people take greater responsibility for managing their own health. It's about people choosing to look after themselves better, staying active and stopping smoking and making better choices by limiting alcohol, sugar, salt and fat. This has been emphasised with the recent launch of *The NHS Long Term Plan (2019)* which cites prevention as an essential component of the strategy. We will effectively challenge social norms and support the progression of long term sustainable change amongst the population by supporting the practice of healthy behaviours particularly amongst communities most at risk of being overweight and obese. We will review national communication programmes (including Change4Life and OneYou) and consult about which ones to adapt for Bexley.

### Scope and design a media and communications plan to promote healthy lifestyles

Communication planning is the process of focusing the right messages on the right audiences at the right time. A plan will ensure efficient and effective communication that fits the resources of the organisation. Using data already held locally, for example Acorn and Origins, we will identify segments of the population with higher prevalence of obesity and seek to understand the reasons why and identify appropriate behaviour change approaches and key messages for these populations. We will maximise the opportunities presented through digital marketing (e.g. website, social media, e-marketing and apps) not only to provide accessible information but to nudge people to take up healthy behaviours and signpost them to local services and community interventions.

### Pilot a bespoke behaviour change intervention

There is overwhelming evidence that changing people's health-related behaviour can have a major impact on some of the largest causes of mortality and morbidity. The Wanless report outlined a position in the future in which levels of public engagement with health are high, and the use of preventive

and primary care services are optimised, helping people to stay healthy<sup>1</sup>. Interventions to change behaviour have enormous potential to alter current patterns of disease. A genetic predisposition to disease is difficult to alter. Social circumstances can also be difficult to change, at least in the short to medium term. By comparison, people's behaviour, as individuals and collectively, may be easier to change.

### Identify new ways to engage the public in promoting healthy lifestyles

Community health champions are about building capacity within an area's priority communities to empower residents to become more active, eat healthily, and improve their mental wellbeing. Community health champions are people who, with training and support, voluntarily bring their ability to relate to people and their own life experience to transform health and wellbeing in their communities. Within their families, communities and workplaces they empower and motivate people to get involved in healthy social activities, create groups to meet local needs and signpost people to relevant support and services. They also help others to enjoy healthier lives by raising awareness of health and healthy choices, sharing health messages, removing barriers and creating supportive networks and environments. We will explore the feasibility of a Health Champions programme in Bexley.

#### Over the next 5 years we will:

- ▶ Create a Healthy Lifestyles Communications Plan that incorporates our key messages and successfully signposts people to services, initiatives and resources, as well as encouraging better lifestyle choices
- ▶ Utilise National Campaigns to support local messaging
- ▶ Pilot a behaviour change intervention aimed at an identified higher risk group
- ▶ Explore a wider programme of recruitment of local people interested in health and wellbeing to champion healthy and active lifestyles, including local authority champions from senior leadership and cabinet positions

<sup>1</sup> Behaviour change: general approaches. NICE. 2007.



# Measuring success



We will continually monitor a range of indicators throughout the implementation of the Strategy, as well as track the overall targets set out above. Indicators are succinct measures that aim to describe as much about a system in as few points as possible. Indicators help us understand, compare, predict, improve and innovate. Indicators imply direction, and can be used in three broad ways<sup>1</sup>:

1. For understanding: to know how a system works and how it might be improved
2. For performance: monitoring if and how a system is performing to an agreed standard
3. For accountability: allowing us to hold ourselves up to patients, the government and taxpayers and be openly scrutinised as individuals, teams and organisations

Targets imply direction, speed and destination. Specific targets are important to increase the clarity of the timescale. Many indicators used in health and care settings are in the form of targets. Targets provide a basis for monitoring progress and, for example, provide guidance on the levels of obesity that Bexley should be aiming to achieve.

We will track the indicators in the table below, as well as undertaking project specific monitoring and evaluation to help ensure quality, as we implement new initiatives.

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<sup>1</sup> NHS Institute for Innovation and Improvement, The Good Indicators Guide: Understanding how to use and choose indicators

|                              | Public Health Outcomes Framework Indicators   | Indicator    | Data refresh frequency               | Data available | Bexley | England Benchmark |
|------------------------------|---|--------------|--------------------------------------|----------------|--------|-------------------|
| Weight monitoring            | Prevalence of overweight (including obesity) among children in Reception (4-5 year olds)    | PHOF 206i    | NCMP - Annual                        | 2017/18        | 23.4%  | 22.4%             |
|                              | Prevalence of overweight (including obesity) among children in Year 6 (10-11 year olds)     | PHOF 2.06i   | NCMP - Annual                        | 2017/18        | 36.6%  | 34.3%             |
|                              | Percentage of adults (aged 18+) classified as overweight or obese                           | PHOF 2.12    | Active Lives, Sport England - Annual | 2017/18        | 63.8%  | 62.0%             |
| Diet monitoring              | Proportion of five-year-old children free from dental decay                                 | PHOF 4.02    | Dental health survey - 10 years      | 2016/17        | 85.6%  | 76.7%             |
|                              | Proportion of the population meeting the recommended '5-a-day' at age 15                    | PHOF 2.11iv  | WAY Survey - Static                  | 2014/15        | 46.9%  | 52.4%             |
|                              | Average number of portions of fruit consumed daily at age 15                                | PHOF 2.11v   | WAY Survey - Static                  | 2014/15        | 2.30   | 2.39              |
|                              | Average number of portions of vegetables consumed daily at age 15                           | PPHOF 2.11vi | WAY Survey - Static                  | 2014/15        | 2.27   | 2.40              |
|                              | Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)    | PHOF 2.11i   | Active Lives, Sport England - Annual | 2017/18        | 55.8%  | 54.4%             |
|                              | Average number of portions of fruit consumed daily (adults)                                 | PHOF 2.11ii  | Active Lives, Sport England - Annual | 2017/18        | 2.58   | 2.51              |
|                              | Average number of portions of vegetables consumed daily (adults)                            | PHOF 2.11iii | Active Lives, Sport England - Annual | 2017/18        | 2.60   | 2.65              |
| Physical activity monitoring | Percentage with a mean daily sedentary time in the last week over 7 hours per day at age 15 | WAY survey   | Survey - Static                      | 2014/15        | 77.0%  | 70.1%             |
|                              | Percentage of physically inactive adults  | PHOF 2.13ii  | Active Lives, Sport England - Annual | 2017/18        | 19.7%  | 22.2%             |
|                              | Utilisation of outdoor space for exercise/health reasons                                    | PHOF 1.16    | Natural England MENE Survey - Annual | 2015/16        | 13.9%  | 17.9%             |

Significantly better than benchmark

No significant difference

Significantly worse than benchmark to benchmark

# Limitations of the Strategy

Whilst local ownership of the Obesity Strategy is critical to its success, it is also important to recognise that some important factors that may influence success are outside of our control. For example, the recent national 'sugar ban', which was in fact a tax on soft drinks which have a total sugar content over 5g per 100ml, was a national initiative. This kind of large scale systemic change could not be implemented at a local level alone and requires national policy or legislation.



