

Healthy Weight Strategy

2022-2025

CONTENTS

1	Introduction	3
2	Background	4
3	Existing Strategic Frameworks.....	13
4	Healthy Weight Whole System Delivery Plan	21
4.1	Governance.....	22
4.2	Partnership Working	22
4.3	A Whole System & Life-Course Approach.....	22
4.4	Monitoring	23
5	What is Haringey doing	24
7	Appendices.....	27
8	Bibliography.....	29

1 INTRODUCTION

The **Haringey Healthy Weight Strategy** sets out to address obesity and promote healthy weight. It does so by first understanding the wider determinants that affect Haringey residents, and then committing to concrete actions that address healthy weight through engaging with wider Haringey stakeholders across the borough.

We aim to create a framework for addressing healthy weight in Haringey over the next three years (2022-2025) and to work in ways that emphasize that healthy weight is “*everyone’s business*” and thus must be addressed through partnership working.

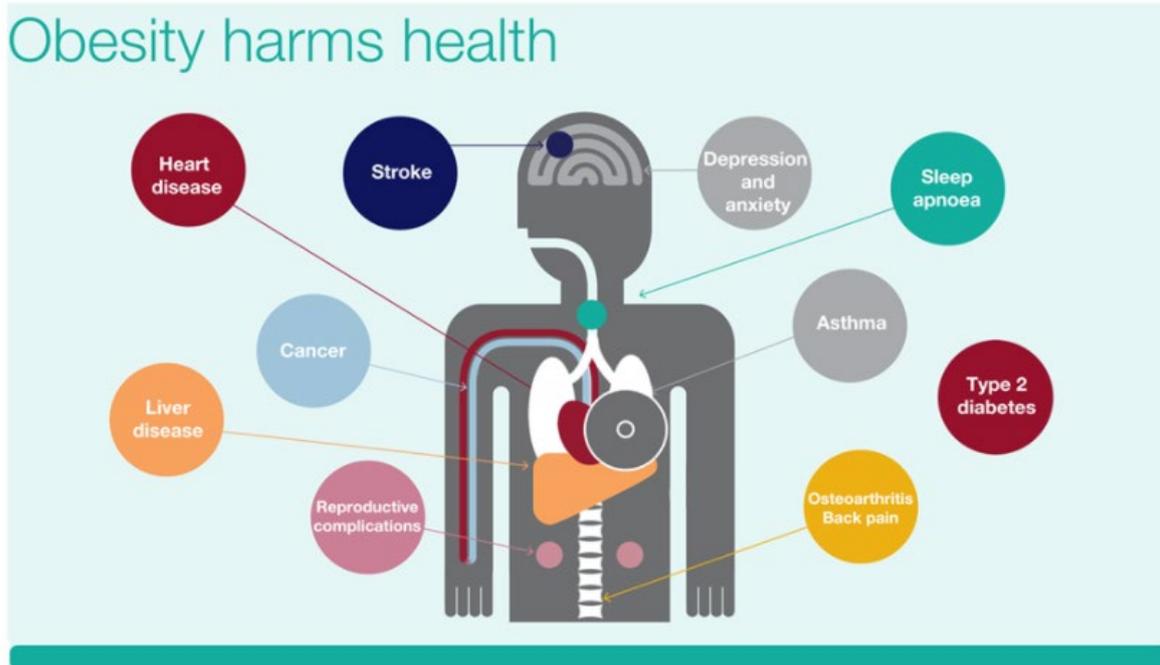
To ensure the strategy is set out in partnership, we have chosen to apply a *Health in All Policies (HiAP)* perspective. *HiAP* is especially well positioned to address challenges which cut across Haringey sectors and departments by focusing on the impact of various social policies on health and community wellbeing. *HiAP* allows stakeholders from private sector, public sector, voluntary sector, and communities to come together in pursuit of common goals. We believe such joint working is critical in addressing public health challenges, especially when an issue has such far reaching impacts for individual and community wellbeing.

People’s activity and eating habits are influenced by a myriad of different factors, including an individual’s lifestyle choice, the social, physical, and economic environments they live and work in. Given that unhealthy weight and obesity does not affect all groups equally and is more common among people living in more deprived areas, older age groups, minority ethnic groups and people living with disability, we believe this strategy will promote a reduction in health inequalities as well as better health and wellbeing across the borough and ensure an active lifestyle and healthier choices is the easier choice.

To tackle the obesogenic environment, we are committed to a “*whole systems / life course*” approach, and we will strive to do this through our four priority areas which is closely linked to Haringey’s ***Health and Wellbeing Strategy: Start Well, Live Well, and Age Well***, as well as investing in healthy environments though focusing on *Healthy Place*. We consider a focus on *Healthy Place* especially important as it allows us to address health inequalities by considering place-based determinants of health such as the impact of built environment, public space, and neighbourhood cohesion. (For a full description of a whole systems approach please refer to section 4.3).

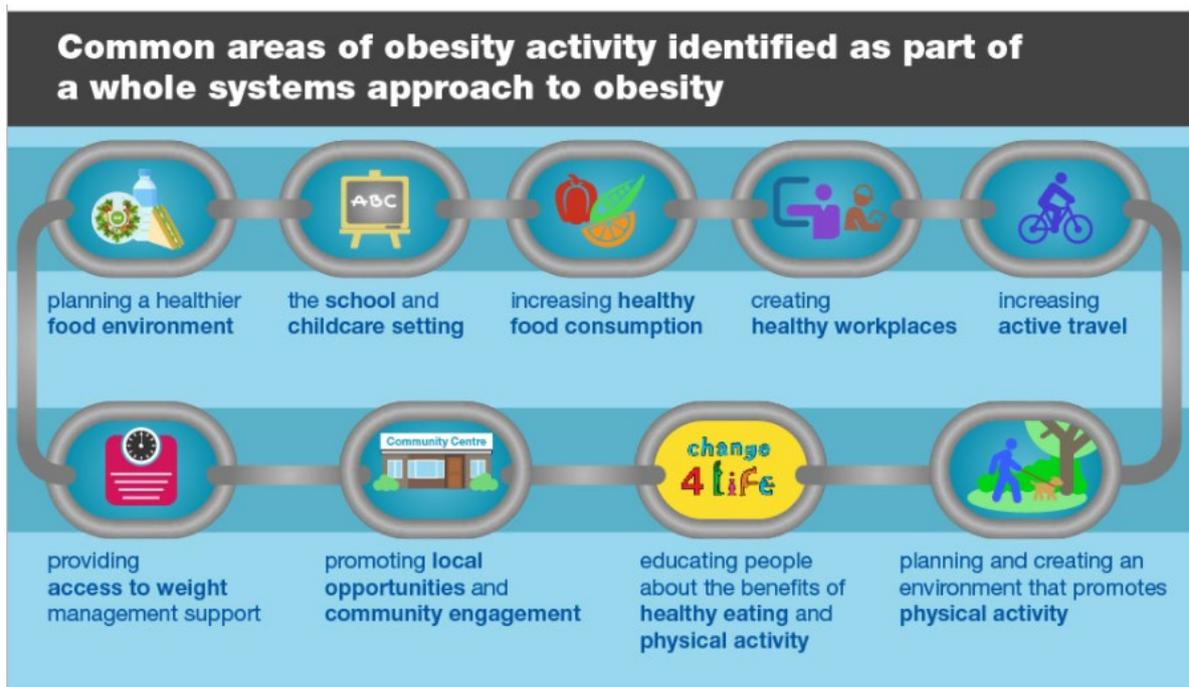
2 BACKGROUND

Impact of Obesity



Overweight and obesity can lead to significant health risks in both children and adults, such as cardiovascular disease, respiratory illnesses, liver diseases, type 2 diabetes, and some cancers. Furthermore, it can be associated with physical problems, as well as poor psychological and emotional health such as depression and low self-esteem.

Haringey is one of the most ethnically diverse population with stark inequalities where obesity is linked to deprivation and ethnic diversity. More recently, overweight and obesity is linked to a higher risk of severe illness from COVID-19 and these inequalities have widened.



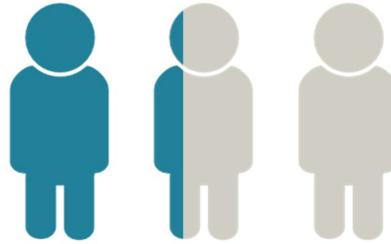
The above diagram highlights the areas identified to promote healthy weight and reduce overweight/obesity in the communities as part of our whole systems approach.

Overweight and Obesity in Children

Obesity in the UK is rising.

The report findings from the Government's National Child Measurement Programme (NCMP) for England shows¹

- In Reception, obesity prevalence has increased 9.7% in 2018-19 to 9.9% in 2019-20.
- In Year 6, obesity prevalence has increased 20.2% in 2018-19 to 21.0% in 2019-20.
- Boys have a higher obesity prevalence than girls for both age groups.



Over 1 in 3 (38%)

Haringey children aged 10-11 are overweight.
(2018/19)

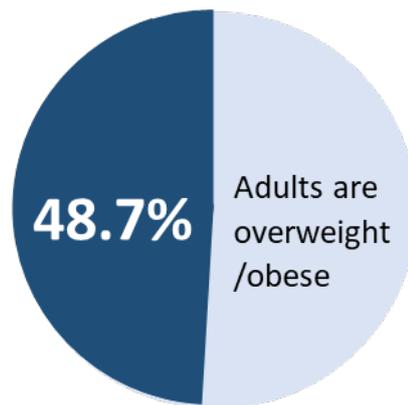
In Haringey, a total of 1726 (31%) children out of a cohort of 5628 children were found to be either overweight/very overweight, with 621(11%) children were found to have a BMI in the 98th centile or above (2018/19).²

Overweight and Obesity in Adults

Most adults in England in 2018 were overweight or obese (63%)¹ according to data from NHS Digital.

- The proportion of adults who were **overweight or obese** increased with age among both men and women. It was **highest among men aged between 55 and 64 (82%), and women aged between 65 and 74 (70%)**.
- The proportion of adults who were **obese** also increased with age and was **highest among men aged between 45 and 54 (36%), and among women aged between 55 and 64 (37%)**.

Overall, nationally 67% of men and 59% of women were classed as overweight or obese. Being overweight, but not obese was more common among men than women. However, obesity (including morbid obesity) nationally, was more common in women than men.¹



In Haringey, 48.7% of adults aged 18 and over are classified as overweight or obese, this is lower than London and England averages. Although, we are doing better nationally, Haringey remains committed to ensuring the numbers are kept low.²

Underweight in Children and Adults

Malnutrition is a serious condition when your diet does not contain the right amount of nutrients. This can be seen in different forms such as undernutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight or obesity.

A child of any weight status may suffer from undernutrition. This can hold a child back from reaching their physical and cognitive potential, as well as making the child much more vulnerable to disease and mortality.

Individuals who are underweight may reflect undernutrition and it may also be associated with nutritional deficiencies, contributing to osteoporosis and anaemia, and a weakened immune system.³

In Haringey in 2019/20, the underweight prevalence in both Reception class (1.8%, total 15 children) and Year 6 (1.6%, total 15 children) were not significantly different from the London (1.4% and 1.8% respectively) and England averages (0.9% and 1.4% respectively).²

In the most recent NCMP trends report, Public Health England/Office for Health Improvement and Disparities (OHID) state that “prevalence of underweight, in children measured in the NCMP, is lower than that seen in the British 1990 reference population and is therefore not currently a public health concern.” However, guidance and support are available for families and children who may be suffering from undernutrition.⁴

Maternal Healthy Weight

Health Survey for England data shows that 38% of women living in the lowest income group have obesity, compared to 19% of women living in the highest income group. This implication can remain after pregnancy as women living in low-income communities lose less weight postpartum compared to women living in high income communities. In Haringey, 17.2% women are classed as overweight in early pregnancy (2018/19).

Data also shows women who are living with obesity have low breastfeeding rates and breastfeeding can reduce the risk of childhood obesity. Public Health data 2016/17 for Haringey shows high rates of breastfeeding initiation (88%), and thus, Haringey is doing better in comparison to England averages. However, this is lower in the East of the borough.

The approach to address maternal weight and obesity is underpinned by place-based framework to ensure local population maternity needs are met. Targeted community support work in Haringey focuses on groups identified as having lower uptake of breastfeeding in the borough.

Cross-Cutting Factors

Physical Inactivity and Built Environment

Open spaces and the physical environment play a vital role in encouraging healthy lifestyles. This also includes access to green and grey spaces, affordable leisure facilities, adopting the healthy streets approach, school streets and Low Traffic Neighbourhoods (LTNs). In an urban area where residents have little countryside, they represent one of the few places for outdoor exercise for physical health and relaxation in nature for mental health. Public parks create opportunities for people to exercise, socialise, relax and enjoy being part of their community. Physical inactivity is responsible for one in six UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone).

Londoners avoid £950 million per year in health costs due to public parks. Estimates suggest an inactive person is likely to spend 37% more time in hospital and visit the doctors 5.5% more often than an active person. However, people in England living in deprived communities are six times more likely to have had no previous experience of outdoor activity.⁵

65.3% of Haringey's adults are active enough to meet the UK Chief Medical Officers (CMO) guidelines for physical activity, more than both the London and national average.

18.9% of Haringey's children are active enough to meet the CMO guidance for their age. 38.4% of our children are less active, which is 5% more than the London average.

Mental Health and Obesity

The relationship between obesity and mental health problems is complex. Results from the most recent systematic review of longitudinal studies point towards bidirectional associations between depression and obesity. The authors conclude that: ‘Obese persons had a 55% increased risk of developing depression over time, whereas, depressed persons had a 58% increased risk of becoming obese⁶.

There is strong evidence to suggest an association between obesity and poor mental health in teenagers and adults. This evidence is weaker for younger children. The perception of being obese appears to be more predictive of mental disorders than actual obesity in both adults and children.

Dr Charlotte Hardman, co-author, said: “Although our study does not shed light on the reasons why obesity and mental ill-health develop together during childhood, we can hypothesise that children with higher BMI may experience weight-related discrimination, which over time leads to increased depressive symptoms, as has been shown in adults. In light of the increasing association between these health conditions, our findings highlight the importance of early interventions that target both weight and mental health and minimise negative outcomes later in childhood.”⁷

Stigma is a fundamental cause of health inequalities, and obesity stigma is associated with significant physiological and psychological consequences, including increased depression, anxiety and decreased self-esteem. It can also lead to disordered eating, avoidance of physical activity and avoidance of medical care.⁸

Oral Health

A diet high in fat and calories, including large quantities of processed foods or sugar, and a lack of physical activity, leads to obesity. Those same foods can cause oral health problems including gum disease, premature tooth loss and bad breath.

In 2019, Haringey average levels of dental decay among 5-year-olds (24.5%) is higher than the average for England (23.4%). In which there were 2.1% tooth extractions (PHE Fingertips, 2018-19). Poor dental hygiene costs the NHS a further £3.4 billion a year, of which £30 million alone is spent on hospital-based extractions of children’s teeth. An average of 3 days of school were missed due to dental problems.⁹

The Adult Dental Health Survey 2009 shows that that 53% of adults aged 85 and older had some of their own teeth with an average of 14 teeth. It was also found that 28% of adults aged 85 years and older had either decay or decay beneath

fillings and 61% of adults with some of their own teeth had evidence of some level of current or historical gum disease (periodontitis).¹⁰

Table 1: Percentage breakdown of adults with their own teeth, experiences caries or periodontal conditions

Age (Years)	Percentage of adults who have their own teeth (%)	Percentage of teeth with one or more decayed that cannot be fixed (%)	Evidence of some level of current or historical gum disease (periodontitis) (%)
65-74	85	9	74
75-84	70	15	75
85 and over	53	10	61

Housing

Housing conditions such as bad housing and overcrowding can influence our physical health. It is reported that 1 in 5 dwellings in England do not meet the Decent Homes standard, and a third of these are in the private rental sector.¹¹ Research shows that public housing residents are more likely to report higher rates of obesity, current smoking, disability, and insufficient physical activity compared to individuals not living in public housing.¹²

Some residents living in temporary accommodation have experienced poor and unhygienic cooking facilities and therefore, this impacts on their ability to cook healthy meals.¹³ This is also experienced by some of our residents living in Houses of Multiple Occupation (HMO) properties which is increasing in the borough.

Impact on Children and Young People

Being overweight or obese in childhood and adolescence has consequences for physical and psychological health and academic achievement. Some obesity-related conditions can develop during childhood. Type 2 diabetes in overweight children has increased, as have asthma, other respiratory problems, and some musculoskeletal disorders. There is also evidence of increased school absence through illness compared to healthy weight children, which could lead to an impact on school readiness and future educational performance.

The emotional and psychological effects of being overweight include discrimination and teasing by peers, low self-esteem, anxiety and depression; potentially impacting educational performance. Obese children may also suffer disturbed sleep and fatigue impacting quality of life.¹⁴

Impact on Children and Adults with Learning Disabilities

It's been recognised for many years that people with learning disabilities are at increased risk of being underweight, overweight or obese compared to the general population, with poorly balanced diets and very low levels of physical activity. This risk, in turn, increases the likelihood of a range of health and social problems and therefore the conditions associated with underweight, and overweight is much higher than the general population.^{15, 16} Mental ill health, bullying and abuse are all more commonly experienced by people with learning disabilities although it is not clear to what extent excess weight contributes to these problems.

There is less evidence for children and young people, but evidence does suggest children with Special Educational Needs (SEN) are at increased risk of obesity¹⁷ and significantly contribute to their reduced life expectancy.

Few studies have looked at underweight among people with disabilities and underweight is associated with more profound or severe learning disabilities. Individuals with more profound disabilities may experience higher rates of undernutrition due to more feeding problems, chewing and swallowing problems, and general dietary risk.¹⁴

Parental Impact on Child Obesity

A report analysed the link between parent and child weight. It found that 28% of children of an obese mother were also obese, compared with 8% of other children, while 24% of children of an obese father were obese, compared with 9% of other children. About half of parents (47% of mothers and 52% of fathers) of obese children thought their child was about the right weight.¹⁸

Introducing baby to solid foods, also referred to weaning is a key milestone and starts around 6 months old. Healthy weaning is important as it influences children's eating habits and their health later in life, as well as improving babies' abilities to move food around their mouth, chew, and swallow.

Research led by the Office for Health Improvement and Disparities (OHID) on 1,000 parents with children aged 3 to 18 months found 59% of first-time parents found the decision to start weaning confusing and 40% of first-time mums introduced

solid food before their babies are 5 months old. NHS recommends solid food should be introduced around 6 months alongside breast milk or formula.

The new government campaign will aim to promote NHS advice and bring awareness of resources to support first-time mums. Health Visitors provide routine advice to all parents starting their baby on solids irrespective of the setting (i.e., Home, Children Centres). They play a key role in prevention and early intervention to ensure parents/carers receive support and information on balanced nutrition for good health and wellbeing.

The Impact on Adults

Obesity is linked with a host of diseases most notably diabetes (type 2), hypertension, cancer, heart disease and stroke. Similar to children, obesity is associated with poorer psychological and emotional health.

Further evidence shows overweight or obese adults:

- Are less likely to be in employment
- Are more likely to suffer discrimination and stigmatisation
- Have an increased risk of hospitalisation
- Have a reduced life expectancy by an average of 3 years, increasing to 8-10 years in adults with severe obesity.

The Impact on Older People

In the ageing population, a risk of malnutrition has been recognised in as many as 1 in 7 older people. Being underweight and/or malnourished increases the risk of frailty, ill health, delays in recovery from illness and adversely affects body function, wellbeing and clinical outcome.

However, there are also risks associated with excess bodyweight. Survey data suggests that a large proportion of older people are obese or overweight; 67% of free-living men and 63% of free-living women; and 46% of men and 47% of women living in institutions. Carrying excess weight, particularly around the waist, increases the risk of a number of chronic diseases including cardiovascular disease, stroke, cancer and type 2 diabetes.

Health Inequalities and Poverty

In England, obesity is associated with lower socioeconomic status, and according to the Health Survey for England, this is more pronounced in men than women (68.2% of men, 60.4% of women). The availability and affordability of healthy foods

and lower participation in physical activity may be important factors in lower socioeconomic groups.

Research suggests that the increased risk of obesity among people with learning disabilities may be attributable to their poorer living conditions (rather than their learning disability per se).

In the most deprived areas in England, prevalence of excess weight (overweight or obese) is 9 percentage points higher than the least deprived areas. Children living in deprived areas are substantially more likely to be obese and rates of children who are severely obese are around four times higher in the most deprived areas. (See Figure 1).²⁰



Figure 1. Deprivation and Child Obesity (PHE)

Haringey has 34% of its population in poverty and 5,187 households are estimated to be in Food Poverty. We estimate these households will not have enough income left over for food costs once other priority costs have been met.

There is a link between poverty and worse health outcomes, and it is an important social determinant of health. The deprivation of necessities affects health in several ways, such as a nutritionally adequate diet. Research suggests that any exposure to poverty in childhood, compared with no experience of poverty is associated with worse health outcomes. Persistent poverty is associated with even worse outcomes such as obesity. It is poverty that leads to “bad” choices.

The Fair Society Healthy Lives (The Marmot Review) highlights that everyone should have sufficient income to lead a healthy life (i.e. having adequate food and nutrition and decent housing), as it relates closely to child development. Figures from the Food Foundation show that for households in the bottom 10% of household income to follow healthy eating guidance, they would have to spend 74% of their income on food. Marmot comments “It is not ignorance or the inability to cook that is the problem. It is poverty.”

The Economic Costs of Obesity

Obesity impacts society as a whole. As increased sickness from obesity-related diseases leads to increase in costs to health and care services. Overweight and obesity related conditions costs the NHS £6.1 billion each year and costs the wider economy £27 billion. Latest figures show there were nearly 900,000 obesity related hospital admissions in 2018 to 2019. Failing to address the challenges posed by the obesity pandemic will place an even greater burden on NHS resources.¹⁹

In Haringey alone obesity is estimated to cost the NHS more than £81 million each year.

3 EXISTING STRATEGIC FRAMEWORKS

The National and London policies and guidance influence our local action.

3.1 NATIONAL STRATEGY

In 2016, the Government published, Childhood Obesity: A Plan for Action expressing the need for action taken nationally by government and large organisations such as food manufacturers.

Recently in July 2020, there has been growing evidence of a link between obesity and an increased risk of coronavirus. In the light of emerging evidence, the prime minister has set out the next steps in tackling obesity across all ages; ban unhealthy “buy one, get one free” deals; restriction on junk-food advertising; calorie labelling on restaurant menus.¹⁹

We will use the national policy as a framework for the strategy, guided by the established evidence base and examples of good practice.

National Strategy Name	Date	Scope of Focus on Healthy Weight
<p>NHS Long Term Plan</p>	<p>2012</p>	<p>We will challenge and change the current thinking on obesity by:</p> <ol style="list-style-type: none"> 1. Building confidence in the frontline workforce, so that all staff feel able to discuss weight and deliver high quality advice and treatment to their patients, children and families. 2. Testing at scale, community weight management services for patients with obesity and type 2 diabetes or obesity and hypertension and enhanced secondary treatment services for patients with obesity and comorbidities in a small number of high-rate areas. 3. Building the evidence base for existing and new interventions and support the development of new services across England. 4. Continued action to deliver healthy food and environments across NHS premises for staff, patients and the public.
<p>Sport England 2021: Uniting the Movement – 10 Year Vision</p>	<p>2021</p>	<p>The 3 key objectives of the strategy are:</p> <ol style="list-style-type: none"> 1. Advocating for movement, sport and physical activity 2. Joining forces on 5 big issues; recover and reinvent; connecting communities, positive experiences for children and young people, connecting with health and wellbeing and active environments

		3. Creating the catalyst for change
NICE Weight Management: Lifestyle services for overweight or obese adults	2017	<p>Local authorities should work with local partners, such as industry and voluntary organisations, to create and manage more safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion, by:</p> <ol style="list-style-type: none"> 1. Providing facilities and schemes such as cycling and walking routes, cycle parking, area maps and safe play areas 2. Making streets cleaner and safer, through measures such as traffic calming, congestion charging, pedestrian crossings, cycle routes, lighting and walking schemes 3. Ensuring buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways) 4. Considering in particular, people who require tailored information and support, especially inactive, vulnerable groups.
NICE Guidance for Type 2 Diabetes: Management		Integrate dietary advice with a personalised diabetes management plan, including other aspects of lifestyle modification, such as increasing physical activity and losing weight.
State of Ageing in 2020		Physical activity: Supporting more people in mid- and later-life to be physically active by investing in cost-effective strength and balance programmes; promoting active travel by investing in walking and cycling infrastructure; promoting behaviour change interventions that tackle barriers specific to

		<p>people in mid- and later-life; and encouraging a more age-positive and inclusive offer from the fitness and leisure sector.</p> <p>Overweight and Obesity: Helping people to manage their weight and reduce levels of obesity by holding the food industry to account for meeting targets to reduce sugar and overall calories from everyday foods; introducing calorie labelling in all out-of-home outlets; restricting advertising of foods high in fat, sugar and salt; and creating healthier retail environments.</p>
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3.2 LONDON/NORTH CENTRAL LONDON STRATEGY

London Strategy Name	Date	Scope of Focus on Healthy Weight
The London Plan	2021	The mental and physical health of Londoners is, to a large extent, determined by the environment in which they live. Transport, housing, education, income, working conditions, unemployment, air quality, green space, climate change and social and community networks can have a greater influence on health than healthcare provision or genetics. Many of these determinants of health can be shaped by the planning system, and local authorities are accordingly responsible for planning and public health.
London Mayor's Health Inequalities Strategy	2018	Mentions actions taken to help children achieve and maintain a healthy weight, with focused support for those communities with high rates of child obesity.
London Child Obesity		Our commitment is to mobilise action to halve the

Taskforce: Every Child A Healthy Weight – Ten Ambitions for London		percentage of London’s children who are affected by excess weight at the start of primary school, and obesity at the end of primary school, to reduce the gap between the richest and poorest areas in London.
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3.3 HARINGEY LOCAL STRATEGY

A number of Haringey strategies and plans are already in place that reflect some of the priorities and support the Healthy Weight strategy in Haringey.

Haringey Strategy/ Plan Name	Date	Scope of Focus on Healthy Weight
Haringey Borough Plan	2019	<p>Borough Plan outcome - Happy childhood: all children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family and in our community.</p> <p>Delivery - Work with businesses, our local partner agencies and with our diverse communities to focus on improving health eating and increasing physical activity, in order to reduce the rates of obesity in our primary school children.</p>
Draft Haringey Health and Wellbeing Strategy	2020	<p>Healthy Place: Our vision for Haringey is that it will be a clean, green and safe borough where people of all ages want to live, work and play, now and in the future.</p>
Haringey Infant Feeding Plan	2021	<p>The overarching aim is to ensure that all barriers are removed that prevent women from breastfeeding and to improve general nutrition from age zero to two.</p>
Haringey Physical Activity and Sports Strategy	2019	<p>Active People: To get more people, of all ages, backgrounds and abilities, regularly active; and use physical activity, active play and sport to connect</p>

		<p>communities and improve health and well-being.</p> <p>Active Place: To position physical activity at the heart of place shaping and ensure a network of high quality, safe and accessible environments exist to make it easier for people to be active.</p> <p>Active Economy: To maximise the sector's contribution to economic growth through training, skills development, employment and the creation of more healthy, productive work environments.</p>
Haringey Ageing Well Strategy	2018	<p>Key aims:</p> <ul style="list-style-type: none"> - Keeping people in their own homes for longer and preventing or shortening hospital admissions. - Improving the wellbeing of older people in care homes
Haringey Transport Strategy	2021	Outcome 2 - Active travel the easier choice, with more people choosing to travel by walking or cycling.
Other Important Haringey Documents related to Healthy Weight		
Joint Strategic Needs Assessment (JSNA) on Place	This JSNA reviews a wide range of data and information on place and allows us to identify the key issues affecting the health and well-being of people in Haringey, both now and into the future.	
Draft Walking and Cycling Plan	The plan sets out how to deliver and enable more walking and cycling in the borough.	
Draft Haringey Parks & Green Spaces	Launch in 2022.	

4 HARINGEY WHOLE SYSTEM DELIVERY PLAN

Below is a summary of our Haringey Healthy Weight Strategy including our objectives and measure of success. This is linked to our priorities in the Health and Wellbeing Strategy.

Healthy Weight Whole System Delivery Plan			
<p>Overall Aim: 1) Reduce obesity in Children and Adults 2) Maintain healthy weight 3) Reducing the gap in obesity levels of the most and least deprived areas in Haringey</p> <p>The Healthy Weight Whole System Delivery Plan focuses on taking a life course approach and recognises a person's physical and mental health and wellbeing are influenced throughout life by the wider determinants of health. Some of objectives may deliver on several stages of an individuals life.</p>			
Objectives			
Start Well	Live Well	Age Well	Healthy Place
 <ul style="list-style-type: none"> → Early years settings and schools provide healthy environments in which families and children are encouraged to make healthy lifestyle choices. → Haringey Local Infant Feeding Strategy incorporates support for Healthy Early Years London award scheme → Develop strong communication engagement plan to deliver Healthy Lifestyles messages 	 <ul style="list-style-type: none"> → Promote healthy behaviour in the workplaces → Clear pathways established and promoted for residents to access services for weight management and physical activity. → Work with partners in health and social care to increase uptake of physical activity and active community provision to our residents. → Align the Healthy Weight Strategy to Sports and Physical Activity Strategy/Implementation Plan. 		 <ul style="list-style-type: none"> → Embed strong leadership and build partnerships to deliver the Healthy Weight Whole Systems Approach → Adopt Health in All Policies (HiAP) approach to improve partnership working to tackle key social determinants of health. → Increase quality open space and play provision through our Parks and Green Spaces strategy/ Sports and Physical Activity Strategy → Reduce the negative impact of fast food and takeaway outlets.
Measure of Success			
<ul style="list-style-type: none"> → Reduction in % of children who are measured as being overweight/obese against the last National Child Measurement Programme (NCMP) results. → Baby Friendly Initiative Stage 2 Accreditation achieved. → Increase uptake of London Healthy Schools programme i.e. Daily Mile, Sugar Smart Schools, Active Travel, Healthy Schools Award → Improved behaviour/knowledge outcome on healthy eating and physical exercise reported by children surveyed against SHEU survey → Increase number of water-only schools → Increase number of Early Years settings implementing Infant feeding objectives to achieve their HEYL award → Healthy Weight Communication Plan adopted 	<ul style="list-style-type: none"> → Increase number of healthy options available in large workplaces, council facilities and community events → Work with employers to sign up to London Healthy Workplace Charter/Sugar Smart → Adult Obesity Clinical Pathway Implemented → Increase the number of front line practitioners trained in MECC and the referral sources across the system. → Residents partaking in physical activity programmes for families and children in open spaces e.g. GOGA, People Need Parks, Holiday Activities and Food Programme (HAF) and Health Walks Programme. → Increase number of vulnerable adults taking part in physical activity 		<ul style="list-style-type: none"> → Increase engagement in the Alliance and ensure Healthy Weight is everybody's business → New Local Plan addresses Healthy Weight priorities and JSNA on Healthy Places is adopted informing local decision making. → Review Health Impact Assessments undertaken by developers for all large new developments → Review poor quality housing e.g. HMOs and the lack of facilities to address healthy lifestyle choices → Expansion of Play Streets and School Streets → Increase number of food businesses achieving Healthier Catering Commitment.

4.1 GOVERNANCE

The strategy will be monitored by the Public Health team twice a year in collaboration with stakeholders against the chosen measures of success outlined in the action plan. The outcome of this monitoring will be reported annually to the Health and Wellbeing Board.

The Health and Wellbeing Board (HWB) is a statutory partnership set up in 2013 which leads on promoting health in Haringey in line with the 2012 Health and Social Care Act. Membership includes elected members, representation from the local authority, the NHS, and the voluntary sector.

4.2 PARTNERSHIP WORKING

Haringey Obesity Alliance was formed in 2016 to provide a platform for partners across all sectors (public sector, voluntary and community, and private sector), to come together and contribute to the reduction of obesity in the borough through developing and coordinating effective actions.

It has renamed to Haringey Healthy Weight Alliance to be inclusive of all concerns around maintaining healthy weight. The aim of the platform is to provide information exchange between different stakeholders and work together to maintain healthy weight and fulfil the Health and Wellbeing priorities. The creation of this strategy will allow Haringey to improve on how we work in partnership around healthy weight and implement a comprehensive approach that spans prevention and early intervention.

4.3 A WHOLE SYSTEM & LIFE-COURSE APPROACH

The Haringey Healthy Weight strategy takes a *whole system & life course* approach to tackling overweight and obesity. This approach acknowledges that health and wellbeing are not dependant on singular instances of ill health, but instead are influenced throughout an individual's life by wider determinants, including environmental factors such as educational achievement, housing quality, or economic stability. Ensuring health and wellbeing must thus consist of creating appropriate environments for individuals to thrive at all critical stages in life, from pregnancy to old age. This allows for protective health factors to be maximized and health risks to be reduced, leading to extended healthy life expectancy, reduced disability, as well as greater health equity and cumulative gains for communities, and not just individuals.

4.4 MONITORING

We will track the indicators in the table below as well as undertake specific monitoring of our objectives and actions highlighted in our action plan.

National and Local Public Health Outcome

	Public Health Outcomes Framework Indicators	Data refresh frequency	Data available	Haringey	England Benchmark	London Benchmark
Weight monitoring	Prevalence of overweight (including obesity) among children in Reception (4-5 year olds)	NCMP - Annual	2018/19	23.0%	22.6%	21.8%
	Prevalence of overweight (including obesity) among children in Year 6 (10-11 year olds)	NCMP – Annual	2018/19	38.4%	34.3%	37.9%
	Percentage of adults (aged 18+) classified as overweight or obese	Active Lives, Sport England – Annual	2018/19	48.7%	62.3%	55.9%
Diet monitoring	Proportion of five-year-old children free from dental decay	Dental health survey – 10 years	2016/17	71.0%	76.7%	
Physical activity monitoring	Percentage of physically inactive adults	Active Lives, Sport England – Annual	2018/19	19.9%	22.1%	21.4%
	Percentage of physically active adults	Active Lives Adult Survey, Sport England	2018/19	68.7%	67.2%	66.6%
	Utilisation of outdoor space for exercise/health reasons	Natural England MENE Survey – Annual	2015/16	14.2%	17.9%	12.3%

Significantly better than benchmark

No significant difference

Significantly worse than benchmark to benchmark

5 WHAT IS HARINGEY DOING

Work has already started to create healthier environments and this strategy builds upon our previous work to create a framework for action for the next three years and ensures we continue addressing overweight and obesity in cohesive ways and in partnership across the borough.

Timeline of key Achievements

Haringey Obesity Alliance Launch - 2015

Haringey Obesity Conference - 2016

No Ball Games signs removal - 2017

Signs removed from estates in Haringey to encourage children to live more active lifestyles.

Obesity Hackathon – 2018

Engage young people and seek creative ideas on how the issue can continue to be tackled locally.

Local Government Declaration on Sugar Reduction and Healthier Foods– 2018

Signed up to six different commitments in partnership with Islington Council.

Sugar Smart Campaign Launch- 2019

Increase awareness and reduce sugar consumption across all age groups and communities.

New Healthy Advertising and Sponsorship Policy – 2019

First borough in the UK to adopt a policy on the ban of food and drinks with high levels of sugar, salt and fat.

Haringey Childhood Obesity Care Pathway -2019

Guidance developed for all health professionals in both primary and secondary care sectors who provide care to children who are overweight and obese.

Developed Packed Lunch Guidance for Parents – 2020

Implementation of School Streets Programme– 2020

Scheme to tackle air pollution, poor health and road danger restriction on the road outside schools to encourage a healthier lifestyle and active travel to school for families and children. Plans to implement the programme in Haringey primary schools over the coming years.

Implementation of Daily Mile in schools – 2020/21

Social physical activity initiative where children run/walk/jog for 15 minutes every day in their primary and nursery schools. 40 schools signed up (as of Nov 2021). Increase of 32% Daily Mile sign-ups for year 2020/21. This was the highest rate of increase in London, and substantially higher than all other London boroughs.

Spring Stride – 2021

Initiative for Haringey primary schools to compete 25 days of physical activity to get children moving again after lockdown. 17 primary schools participated.

Trees for Cities – Edible Playgrounds – 2022

Edible Playgrounds offer a lively, engaging, multi-sensory way to teach children

about growing and eating healthy food. Edible Playgrounds built in two primary schools with high levels of overweight and obesity.

New funding secured - 2022/23

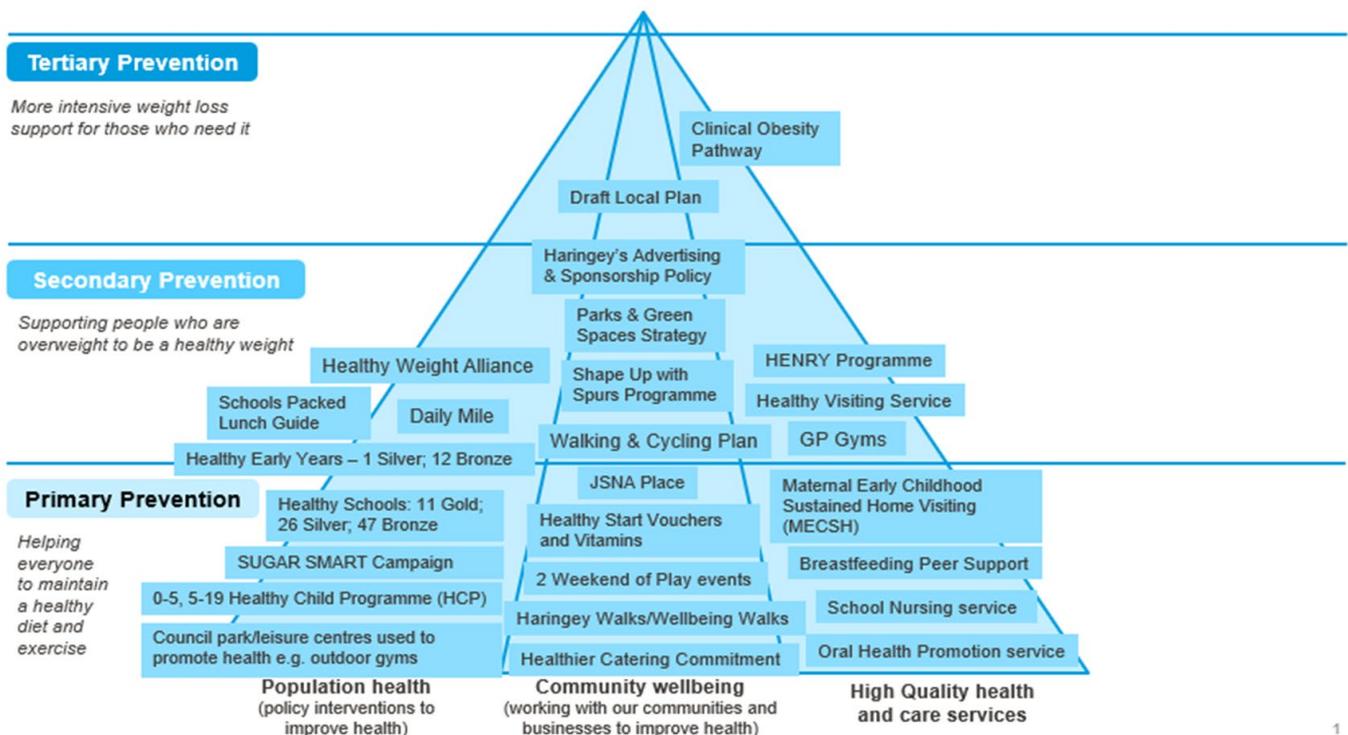
GLA for community engagement work on Whole Systems Approach to childhood obesity, NCL CCG, Health Inequalities fund and Haringey Primary Care Network funding.

Prevention Pyramid

Figure 2 describes our prevention pyramid that works at 3 levels:

1. A **population health** approach to make Haringey a healthier place to live – this includes using a Health in All Policies framework.
2. A **community health** approach that will build capacity to support improved health and wellbeing in our communities.
3. A **personal health** approach, which is about developing joined up services which prevent and respond to individual health and care needs.

The pyramid shows a collection of our current local services and practice examples to tackle excess weight and shows innovative approaches being taken across Haringey which we will continue to do so in the next 3 years. The Clinical Obesity Pathway can be found in Appendix 2.



Other recent support includes:

- Haringey Digital Offer: 'NHS Go' aimed at (16 – 24-year olds) provides easy access to health and wellbeing information, including mental health and healthy eating.
- Haringey Food Network – Haringey has a network of food banks and community food projects, supported by a Food Network Coordinator funded by the Council. The Network has the aim of ending the need for food banks in the borough and work together to coordinate emergency food provision and develop aligned projects, including to provide support alongside food to address the root causes of food poverty.
- Free School Meal (FSM) Expansion Programme offers council-funded free school meal to the priority groups of children who do not meet the criteria for free school meals set out by the government.
- Holiday Activity and Food Programme to encourage healthy eating and physical activity over the holidays. Offering families eligible for free school meals with an additional resource to access during school holidays.
- Schools Superzones project aims to create healthier zones around schools aiming to address health and environmental inequalities to protect children's health, such as, air quality, food and drink environment, advertising, licensing, green spaces and community safety.
- The Haringey Infant Feeding Strategic Board brings together all relevant partners with the aim to ensure that high-quality, evidence-led services are commissioned that support all women. The plan entails, actions that will improve breastfeeding rates by removing barriers preventing women breastfeeding, and to improve children's overall nutrition from ages 0 to two.

Engagement and Co-production with the Community

The Healthy Weight Strategy will seek to work with stakeholders, engage and empower the communities most affected. It will ensure our work aligns with the community to achieve our overall aim in strengthening our local whole systems approach in tackling obesity.

5 APPENDICES

Appendix 1: Healthy weight and the costs of unhealthy weight

Healthy weight is one that lowers the risk of health problems. For most people this is measured by Body Mass Index (BMI). The BMI calculation divides an adult's weight in kilograms by their height in metres squared, for example, a BMI of 25 means 25kg/m². To be a healthy weight; adults should aim for a BMI between 18.5kg/m² to 25kg/m². Because children's BMI changes considerably between birth and adulthood, fixed thresholds such as those used for adults are not applied to children as they would provide misleading findings. Instead; BMI is classified using thresholds that vary to take into account the child's age and sex. In England we use the UK90 Growth Charts; which use centiles as the measurement where by underweight is classified at the 2nd centile, overweight the 85th centile and very overweight above 95th centile.

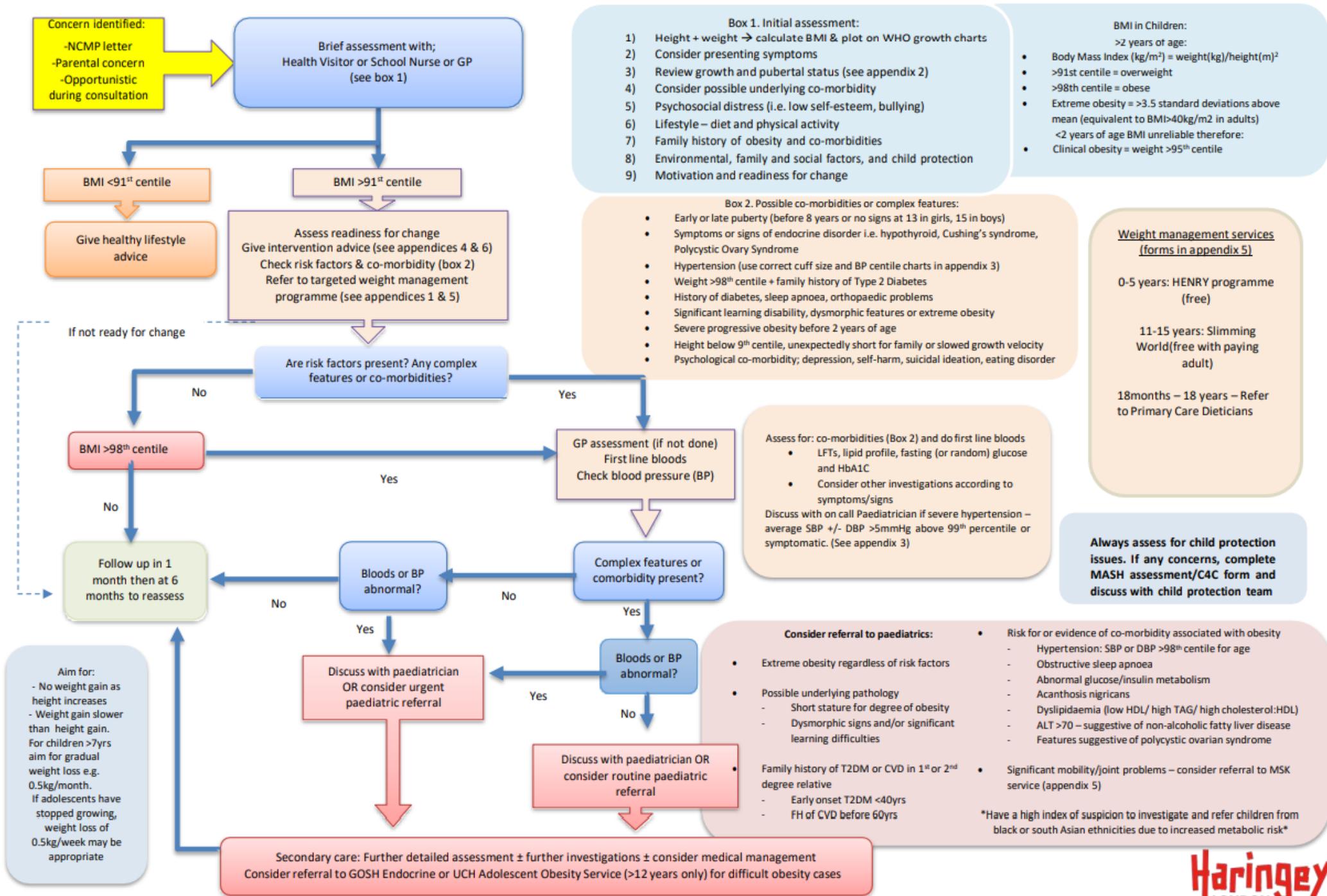
Impact of Underweight:

- **Physical Health:** Higher risk of malnutrition (a serious condition that occurs when a person's diet does not contain the right amount of nutrients for the body to function properly). For some girls that are severely underweight, this can mean the delay or absence of periods and for boys a decrease in testosterone. Chronic underweight can lead to fatigue, muscle loss including heart muscle, increasing the risk of irregular heart rhythm or in extreme cases heart failure. Increased bone loss increasing the risk of fractures in later life. Constipation, bloating and nausea.
- **Emotional wellbeing:** Being underweight or malnourished can lead to or be an indication of, impaired mother-child bonding, self-neglect, anxiety, depression, risk of being bullied and a reduced ability to work or engage with other.
- **Financial costs:** The costs of treating a patient with malnutrition is £7408 per year compared to £2155 for a patient who is not malnourished.

Impact of Overweight/Obesity:

- **Physical Health:** Increased risk of heart disease, diabetes, cancer and asthma. Other effects include poor oral health, back and joint pain, poor sleep, infertility. "Modern Malnutrition" is when a person is overweight or obese due to eating food high in calories which have a low nutritional value e.g. high in fats and sugar.
- **Emotional wellbeing:** Emotional or mental health problems can be both a cause and consequence of being overweight. Problems include low self-esteem, anxiety, and perceived stigma. Individuals may experience bullying which compounds these issues.
- **Financial cost:** PHE estimate the annual financial costs as £27bn to the wider economy, £6.1bn to health and £352 million in social care. The cost to society includes; an increasing work force more at risk of co-morbidities, higher health and social care costs and less tax revenue for the government as less people are able to work. Costs to business include higher rates of sickness, reduced production and in some cases; the need to provide an adapted work environment.

Childhood Obesity Care Pathway – For Primary Care Providers in Haringey assessing children



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