

Healthy Weight Strategy 2016-2020



Let's #makeachange: a healthy weight strategy for Barking and Dagenham

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1. Foreword



Excess weight is one of the biggest health issues facing Barking and Dagenham residents – old and young. Over 50 percent of our population is overweight or obese. All the evidence shows that excess weight increases the risk of ill-health and reduced life expectancy.

I believe that residents can live healthily given the right environment.

This means that Barking and Dagenham must become a place where the healthy choice is the easy choice. It must be a place where eating healthily and being active is normal from the start, and families who are overweight or obese are supported to address their problems.

This is easy to say, but much harder to achieve.

So, this strategy is very welcome and very necessary. It sets out a series of principles, ideas and actions that will support residents to live healthy lives. This will help to focus and drive the work of all of the borough's social care and health partners and provides a way to evaluate and measure our progress through the Health and Wellbeing Board. Please take the time to read it.

Cllr Maureen Worby

Chair, Health and Wellbeing Board

2. Introduction

What we are aiming to achieve?

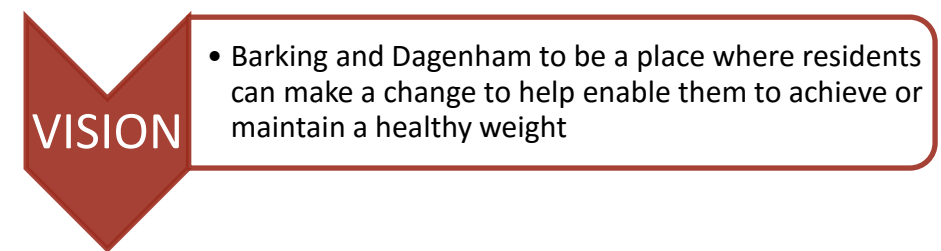
We want Barking and Dagenham to be a place where residents are supported to make changes, to enable them to get to or keep a healthy weight. We want to work with the whole community around improving health and keeping healthy and well.

We will do this by doing four things; doing these four things will need action across the stages of life from childhood into adulthood and will have a particular focus on individuals, whole families and communities.

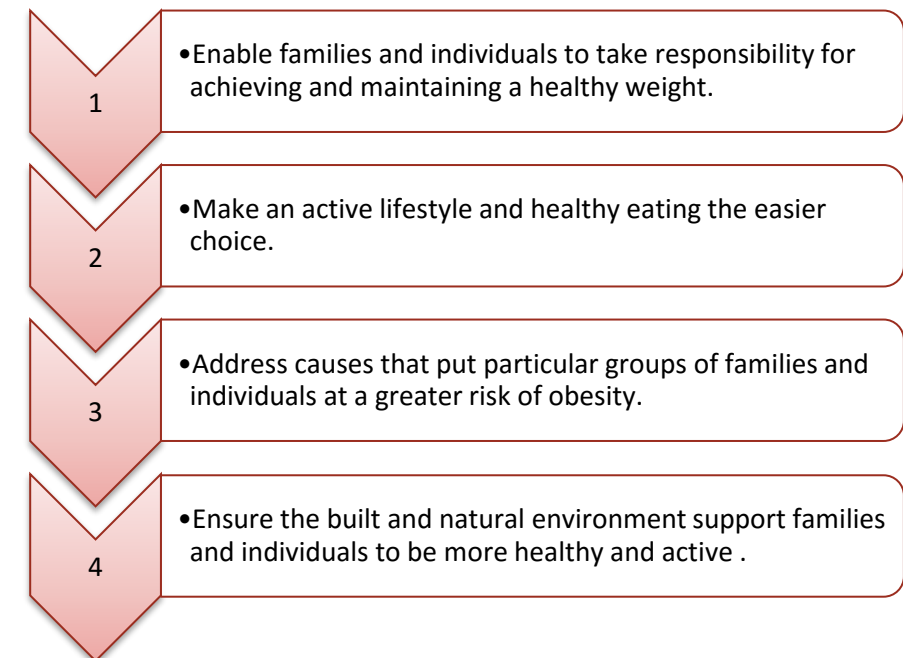
Four 'to do's' to achieve a healthy weight

1. Enable families and individuals to take responsibility for achieving and maintaining a healthy weight.
2. Make an active lifestyle and healthy eating the easier choice.
3. Take action on the causes that put particular groups of families and individuals at a greater risk of obesity.
4. Make sure that the built and natural environment support families and individuals to be more healthy and active.

Vision



Four 'to do's'



3. Background

Achieving and maintaining a healthy weight is a challenging outcome for residents in our borough where more than 50 percent percent of adults are either overweight or obese. Obesity can be prevented and; it costs taxpayers approximately £60.6 million a year to treat diseases related to overweight and obesity.

Carrying excess weight is a serious threat to general health and wellbeing, and can influence the development of more serious health conditions such as cancer, coronary heart disease, type 2 diabetes, vascular dementia and significantly reduces life expectancy. In Barking and Dagenham 27.5 percent of children in reception and 40.6 percent of year six children are overweight or obese¹. Excess weight in the adult population is significantly worse with 68.4 percent of the adult population classed as overweight or obese².

This Healthy Weight Strategy draws insight from the intentions of the Health and Wellbeing Strategy 2015-18; which sets out a vision for 'improving the health and wellbeing of residents and reducing inequalities at every stage of people's lives by 2018'. This strategy seeks to support these forward thinking local policies by addressing one of the key health challenges the residents of Barking and Dagenham face. These policies support the drive to tackle excess weight amongst residents in our borough.

This strategy will take a whole systems approach, focusing on prevention. This approach is particularly important as there are shared values and aspirations across the Health and Wellbeing Board, to work together for the benefit of the residents. The Health and Wellbeing Strategy; the Childhood Obesity – A Plan for Action; the NHS England 5 Year Forward View, the North East London Sustainability and Transformation Plan and NHS Barking and Dagenham Clinical Commissioning Group's Five Year Strategy demonstrate that the main priority across the board is to ensure improved health and wellbeing for the residents of Barking and Dagenham.

A whole systems approach requires new partnerships, a series of interventions, ideas and principles to make initiatives more impactful. We will mobilise and activate communities around health and wellbeing, by providing a model and process for community engagement.

It is important that this strategy seeks to encourage people to take action to be healthy and to make good use of the local environment. We also want to reach out to all groups of people so that they feel part of what is happening, we will do this by integrating prevention initiatives with activity taken by primary care and other community partners³.

Through this strategy, Barking and Dagenham will become a healthy place to live where the healthy choice is the easy choice. Healthy eating and physical activity are established from the start, and families who are overweight or obese are supported to address their weight problems

¹ 2014-15 data, National Child Weight Management programme.

² Active People Survey, Sport England. Excess weight in adults 2012-14.

³ Prevention- a local framework; *care and support for adults: London Borough of Barking and Dagenham*, 2015

4. Local context

Our community is one of the fastest growing local authority areas in the country, with high levels of migration and a growing number of the younger age profile. Alongside the population growth there is an increasing shift in the ethnic makeup of the residents. Unlike many London boroughs low income is more uniform across the borough with little to no pockets of deprivation in isolation. The Index of Multiple Deprivation data suggests that residents of our borough are at an increased risk of excess weight gain and it is important that prevention efforts and service delivery are targeted where we can make the greatest impact.

Social marketing and behavioural study⁴ datasets and analysis have identified these groups and areas as key targets for improved healthy weight outcomes;

- Children, all ethnic backgrounds.
- Adults in semi-skilled occupations, skilled occupations and people who are unemployed.
- Residents living in areas of high deprivation.
- Residents with physical disability.

Delivering services that target these groups specifically will aid in reducing excess weight and make a huge dent on the regularly reported statistics of our community and residents. Also tackling excess weight in this way will address health inequalities and focus on positive health outcomes across the life course.

Childhood obesity

According to the 2014/15 NCMP data for Barking and Dagenham, **one in four reception children** and **one in three year six children are overweight or obese**. This prevalence sets Barking and Dagenham as the 5th highest prevalence of excess weight in reception (26.6 percent) in London, above the London and National prevalence of 23 percent and 22.5 percent respectively. Barking and Dagenham also has the 3rd highest prevalence of excess weight in year six (42.2 percent) in London, above the London and National prevalence of 37.6 percent and 33.5 percent respectively.

National Childhood Measurement Programme measurements for 2014/15 indicate that the prevalence of children in reception year that are obese or overweight increased slightly from 26.8 percent in 2013/14 to 27.5 percent in 2014/15. Conversely, the prevalence of overweight or obese children in year six fell from 42.2 percent in 2013/14 to 40.6 percent in 2014/15.

⁴ Behavioural Insight Study of Obesity in Barking and Dagenham, London South Bank University, 2012.

The prevalence of excess weight in the borough for reception and year six children has remained relatively the same over the years with slight movements over the years. The excess weight prevalence remains above the National and Regional averages. The National Childhood Measurement Programme data shows that in Barking and Dagenham the following factors increase the risk of excess weight in children attending schools within our community.

- **Ethnicity** – Our borough has a high percentage of black or black British and Asian or Asian British children attending local schools. The national data suggested that these particular groups have a higher than average prevalence of excess weight.
- **Index of Multiple Deprivation** – According to the national data those children coming from a more deprived area have a higher prevalence of excess weight. The National Childhood Measurement data clearly shows that there are a higher number of children with excess weight less well off families attending the schools in Barking and Dagenham.

The identification of these two risk factors above positively correlating with excess weight prevalence suggests targeted work using these risk factors as a proxy could improve the statistics for residents.

How active is Barking and Dagenham?

- 46.4 percent of adults in Barking and Dagenham report to undertake 150 minutes of moderate intensity physical activity per week compared to the national average of 57 percent. However, 39.3 percent of adults do no sport or active recreation⁵.
- The most popular physical activities for adults in the borough are swimming, going to the gym, football, running, and cycling.

Health inequalities in Barking and Dagenham

- The residents of Barking and Dagenham are not as healthy as they could be, compared to other parts of the country with healthy life expectancy for both men and women amongst the lowest in London.
- Healthy life expectancy at birth for men is 59.5yrs in Barking and Dagenham compared to 63.4yrs in England⁶.
- Healthy life expectancy at birth for women is 54.6yrs in Barking and Dagenham compared to 64years in England⁷.
- 117 deaths would be preventable by increasing physical activity levels amongst 40-79 year olds.
- The overall cost of inactivity per 100,000 people to Barking and Dagenham per year is over £23 million⁸.

⁵ Active people survey, percentage of adults classified as active and inactive, 2014.

⁶ Public Health Outcomes Framework, 2012-14.

⁷ Public Health Outcomes Framework, 2012-14

⁸ Turning the tide of inactivity; http://ukactive.com/downloads/managed/Turning_the_tide_of_inactivity.pdf 2014.

Population growth and pressures

- The population of our borough has increased by 12,383 between the 2011 Census and 2014 ONS mid-year estimates. This is a 6.7 percent increase. The borough's adult population is growing at a faster pace than in London and England. The growth rate in the borough's 18+ population is 5.2 per cent and has increased above the London rate (4 percent), between 2011 and 2014. Growth is also ahead of that for England.
- Our borough has the highest population percentage of children and young people aged 0 to 19 at 32.3 percent in England. Since 2011 the growth in the numbers of children aged 0-5 has slowed down and the population bulge has now moved to the 6-19 age groups.
- The over 65 population accounts for 10.4 percent of the overall population which is the 15th lowest in England. Whilst the elderly population has not grown dramatically, the number in the older ages is increasing, which could indicate higher care requirements.
- There has been a large decrease in the white population from 80.86 percent in 2001 to 49.46 percent in 2011.
- The Black African population has risen from 4.44 percent to 15.43 percent. This is the second highest proportion of this population group within a local authority across England and Wales. At the same time there has been a big rise in the Bangladeshi population from 673 to 7,701.
- In 2016 the BME population will make up 51 percent of the resident population. This is projected to keep on rising: by 2020, the BME population is estimated to have increased by 58 percent.
- Our borough still experiences high levels of deprivation ranking 7th most deprived in London and 22nd most deprived area nationally.
- Lone parent households with dependent children have seen a large increase with Barking and Dagenham now having the highest percentage of lone parent households in England and Wales at 14.3 percent. This is much higher than in other parts of London and England.
- There has been an increase in all religious groups in the borough, with the exception of Christian and Jewish groups. The number of Muslims has seen the most significant growth with the proportion rising from 4.36 percent to 13.37 percent.
- There are now significantly fewer people with no qualifications representing a 14.4 percent drop in numbers between 2001 and 2011.
- In 2011 49 percent of the working age population (16 to 65) were either employed (38 percent), self employed (9 percent) or full time students (2 percent)

5. What will this strategy mean for the residents of Barking and Dagenham?

The key outcome from the implementation of this strategy is to enable more local people, including vulnerable people to achieve and maintain a healthy weight. This will be measured by an increase in the percentage of the residents engaging in healthy activities. Associated high level outcomes will be: a decrease in the percentage of residents who are physically inactive; improved mental wellbeing; increased levels of perceived self-efficacy; and increased levels of social and community development.

Enable families and individuals to take responsibility for achieving and maintaining a healthy weight

Outcomes

- Families and individuals use knowledge about healthy food to make choices about what to buy and to cook.
- Families and individuals are physically active because they understand the importance of keeping activity.
- Families and individuals use locally available, and accessible, information to help them to change behaviour, improve diet and increase physical activity.
- Individuals want family members to be a healthy weight and understand that this can prevent weight linked diseases i.e. Type II diabetes, high blood pressure, heart disease, and joint pain.

Make an active lifestyle and healthy eating the easier choice

Outcomes

- Workers can make healthy food choices at their place of work.
- Children and young people can make healthy food choices at their schools by committing to the updated school food standards; and partake in school physical activity and sports.
- Residents can purchase healthy food including snacks in public and community facilities in the borough.
- Residents can purchase healthy food choices when shopping in the borough.

Address causes that put particular groups of families and individuals at a greater risk of obesity

Outcomes

- Residents in communities 'at risk' report improved knowledge, skills, access to healthy food and physical activity.
- Increased activity in localities where hard to reach groups are resident.

Ensure the built and natural environment support families and individuals to be more healthy and active

Outcomes

- Workers, children and young people actively use active travel planning.
- Families and individuals reporting using green space in the borough.
- Increased focus in using public spaces and town planning with sport and activity becoming a central theme, not a design afterthought.

6. What is a “healthy weight”?

All human bodies are built differently, therefore a ‘**healthy weight**’ is defined as when an individual’s body weight is appropriate for their height and benefits their health. Excess weight on the other hand arises when energy intake exceeds energy expenditure. **Simply put this means when a person eats and drinks too many calories which do not balance with the amount of physical activity, they develop excess weight.**

Excess weight for adults and children are categorised into ‘overweight’ and ‘obese’, and the unit measure is ‘Body Mass Index (BMI)’.

Table 1: NICE BMI classification of overweight and obesity in adults

Classification	BMI Centile
Underweight	<18.5
Healthy weight	18.5 - 24.9
Overweight	25.0 - 29.9
Obese	30.0 - 39.9
Morbidly Obese	>40

Excess weight is calculated slightly differently for children and this is adjusted for a child’s age and the sex of the child. The National Childhood Measurement Programme (NCMP) uses BMI reference charts to classify children which take into account children’s weight and height for their age and sex. Children over the 85th centile are considered overweight and those over the 95th centile, obese (see table 2).

Table 2: UK National BMI percentile classification for a child*

Classification	BMI Centile
Underweight	≤2 nd Centile
Healthy weight	2 nd - 84.9 th Centile
Overweight	85 th – 94.9 th Centile
Obese	≥95 th Centile

**The thresholds given in Table 2 are those conventionally used for population monitoring and are not the same as those used in a clinical setting (where overweight is defined as a BMI greater than or equal to the 91st but below the 98th centile and obese is defined as a BMI greater than or equal to the 98th centile).*



We all live in communities and where and how we live, work and play impacts on both diet and physical activity. This strategy takes a whole systems approach to address these issues.

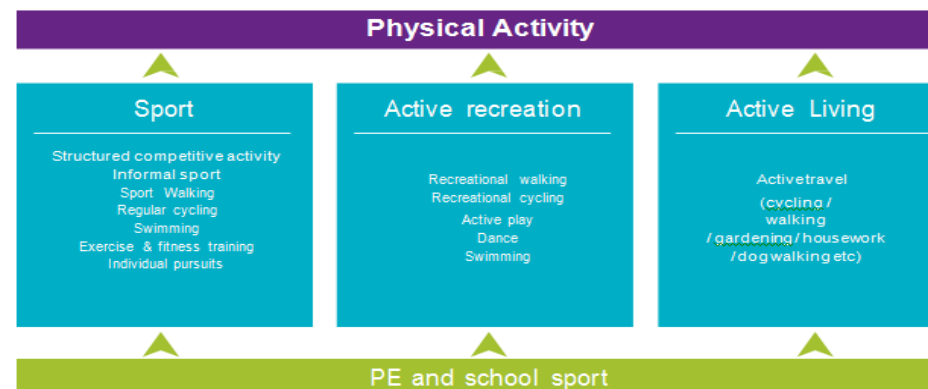
Physical Activity

Physical activity is a broad and inclusive term that includes: 'all forms of physical activity that contribute to physical fitness, mental well-being and social interaction. These include daily living, play, recreation, organised, casual or competitive sport and indigenous sports and games⁹. Physical activity is associated with health and academic benefits for children, such as improved academic performance, muscle and bone strength, health and fitness, improved quality of sleep and maintenance of a healthy weight¹⁰.

Active Living is a way of life in which physical activity is valued and integrated into daily living, including using green space for gardening, walking or cycling to work, and DIY.

Active Recreation is generally unstructured activity that individuals freely pursue in their leisure time for a sense of enjoyment that also benefits their physical, social and emotional wellbeing and includes using green space in the borough, exercise, dance, swimming for leisure, and aerobics.

Sport means 'all forms of physical activity which through casual or organised participation, aims at expressing or improving fitness and mental well-being, forming social relationships or obtaining results in competition at all levels' (Council of Europe's European Sports Charter, as adopted by Sport England).



Healthy Eating

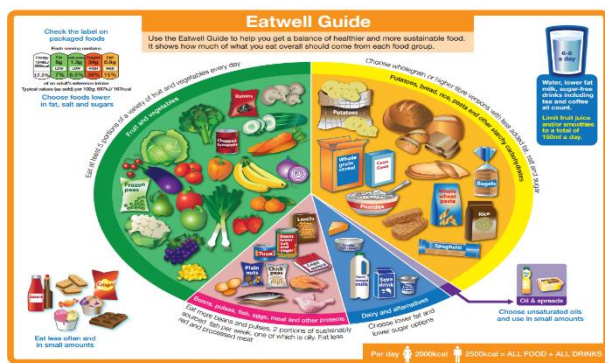
Healthy eating is defined as eating a wide range of foods to ensure that you are getting a balanced diet and that your body is receiving all the nutrients it needs¹¹.

The Eatwell Guide¹² shows the proportions of the main food groups that form a healthy, balanced diet, people are advised to:

- Eat at least 5 portions of a variety of fruit and vegetables every day
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible
- Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily)
- Choose unsaturated oils and spreads and eat in small amounts
- Drink 6-8 cups/glasses of fluid a day

If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

Eatwell Guide, PHE 2016



⁹ UN Inter-Agency Task Force on Sport for Development and Peace 2003

¹⁰ Childhood Obesity – A Plan for Action, DH 2016

¹¹ <http://www.nhs.uk/Livewell/Goodfood/Pages/eight-tips-healthy-eating.aspx>

¹² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/510366/UPDATED_Eatwell-23MAR2016_England.pdf

7. The Importance of community engagement and frontline health services

Barking and Dagenham

It is important to support community led activity that helps people take responsibility for their own health. In future, this will involve working closely with all partners to mobilise and activate communities around health and wellbeing.

We want to help people to:

- Work together to use community assets and to make good use of the local environment.
- Work together to reach everyone in our community including our commercial partners.
- To work with council and health colleagues so that healthy weight is included where needed in new ways of delivering services.
- Make solutions sustainable.

Complex factors can lead to obesity; the problem will not be reversed by any single approach. A key action will be to mobilise and activate communities by providing a model and process for community engagement. Mobilise community assets and make better use of the local environment to engage the hard to reach populations.

Community

The community has a large role to play in developing a healthy weight environment for instance there is a need to improve the practical food skills and knowledge of children and families so they are empowered and motivated to make healthy food choices. Through building capacity in the community and workforce this can be achieved.

In addition, schools, children centres, workplace and hospital set in the community provide a unique opportunity to influence the health of the pupils, workforce and the wider community that visit and use them. It is essential that they actively promote healthy eating, physical activity and active travel leading by example.

Frontline health services

Preventing families and individuals being overweight is important and it is also important that we have effective and tailored services for those people who are already overweight and obese so that they can lose weight and keep a healthy weight. Services therefore need to be channelled towards the overweight, tailored to individual needs and based around the family to prevent future obese generations.

We want to use the potential of front line health services in GP practices and pharmacies to support individuals to manage their weight. This will be through making sure that families and individuals who are ready to make a change are supported and where necessary referred to weight management services. Public health will work in partnership with GPs and pharmacists to strengthen the offer in frontline health services, including signposting to relevant training and offering a menu of supported and self-help interventions.

Professionals such as GPs, practice nurses, pharmacists and health trainers have a large role to play in terms of early identification, brief interventions and referral into weight management services. Support will be given to implement evidenced based care pathways for pregnancy (pre, post and during), children and adults. There is a strong case for early identification and intervention to reduce the demand for surgery and life long care.

8. Benefits of residents maintaining a healthy weight

Maintaining a healthy weight is an extremely important part of good health and wellbeing. Excess weight is more than simply an individual's problem; rather it is a wider community problem.

Being overweight affects residents by making them more likely to develop medical conditions linked to excess weight, e.g. diabetes. Excess weight also contributes to increasing health care costs and decreasing productivity in the community and wider society.

Maintaining a healthy weight is not always easy. The key to success is making changes in daily eating and physical activity habits that can be maintained over one's lifetime. The community has a huge role to play in improving the health of its members by increasing healthy food and activity choices.

This strategy will contribute towards residents developing a positive attitude to a prevention approach. This is at the very heart of the Care Act 2014 which highlights that the most important element of supporting health and wellbeing, are actions and activities that help to develop prevention. In regards to healthy weight this means not waiting to respond when people reach an unhealthy weight, or individuals are at an increased risk for developing other health challenges.

This can be achieved by encouraging social responsibility; this relies on good community and individual resilience, supported by an effective infrastructure and access to a range of appropriate, high quality local services. This in turn will make a significant contribution towards achieving the boroughs policy objectives especially in areas such as social inclusion and regeneration.

Social inclusion

Access to healthy foods in schools and communities brings together individuals and families. Community orchards are a good example of social cohesion in action.

Physical Activity, clearly brings people together and greatly contributes to breaking down social and cultural barriers, creating common ground,

a sense of belonging, it fosters civic and social pride as well as achieving community cohesion, especially in diverse communities.

Participation in physical activity helps tackle isolation whilst improving people's purpose, self-esteem and confidence.

Increasing the use of good quality green space for all social groups is likely to improve health outcomes and reduce health inequalities. It can also bring other benefits such as greater community cohesion and reduced social isolation

Regeneration and growth

Barking Riverside has been awarded the status of a "Healthy New Town" – this means the council and its partners apply the latest health and social care research and practice in the planning and development of the built environment to create a healthy and resilient community. Residents of Barking Riverside are set to benefit from an initiative which will see developers and health practitioners work with the local authority to promote health and keep people independent.

The regeneration opportunity fosters more partnership working and collaboration opportunities. The development of sports facilities, like Abbey Leisure Centre, as well as transformational schemes in our parks and open spaces, such as at Barking park and Mayesbrook park, can play an important role in enhancing the image of the area as a place to live and do business in.

Lifelong learning

There is an increasing weight of evidence to demonstrate that maintaining a healthy weight has a positive impact on educational attainment especially in young people.

Physical activity also helps by giving both young and older people the opportunity to develop new skills, as well as the confidence and motivation to gain qualifications that can ultimately lead to employment and career development.

9. Equality and diversity



The intention of this strategy is to make maintaining a healthy weight achievable for all sections of the community. An Equality Impact Assessment has been carried out to inform this strategy, outlining how the needs of the borough's diverse communities have been taken into consideration in the development of the strategy and the actions proposed.

We know that certain groups, such as women and girls, older people, disabled people and people from lower socio-economic groups, are

significantly less likely to be physically active or to lead healthy lifestyle.

A range of different factors are the reason for this under-representation and so it will be important to understand the breadth of causes in designing solutions to address this. For example, recent research on reasons for non-participation in sport by young people has highlighted not just obvious potential barriers, such as cost, but also issues such as the availability of the right kind of informal activities and emotional

barriers around perceptions of safety and ownership of local leisure facilities and parks

It is also the case that under-representation may be a problem within more widely defined groups, for example, there may be specific barriers to participation for some lesbian, gay, bi-sexual or transgender people and some Black Asian and Minority Ethnic groups, which are not immediately apparent when looking at the overall participation levels for those groups as a whole.

It will be important that any actions to address under-representation is informed by insight and evidence of what already works locally as well as drawing on best practice nationally. The English Federation of Disability Sports have published *Talk to Me* principles which outline ten clear steps that can be followed to make activities more appealing to disabled people. We will look to adopt this for all our under-represented community groups. Another example of best practice would be the Disability Rights UK's *Get Yourself Active* project, which is led by and for disabled people, provides a template for disabled people's user led organisations (DPULOs) that can effectively lead the development of better physical activity and sporting opportunities for disabled people.

This strategy advocates targeted interventions to encourage and enable under-represented groups to lead healthy lifestyles.

10. Key strategies, plans and guidance

The priorities and actions set out in the strategy have been developed by a multidisciplinary group, with an interest in healthy weight. There are a number of key national, regional and local strategies and policies that have both influenced and had an impact on the development of the strategy; these are set out in the table below;

Level	Key Strategies, Plans and Guidance	
National Policy and Strategy Documents	<ul style="list-style-type: none"> • Childhood Obesity – A Plan for Action, DH 2016 • Five Year Forward View, NHS England 2014 • Care Act 2014 • Towards an Active Nation, Sport England Strategy, 2016 • Working Together to Promote Active Travel: A briefing for local authorities, PHE 2016 • Everybody Active, Every day (PHE 2014) • PE and Sport Strategy for young people (PESSYP) (2009) • Sporting Future: a new strategy for an active nation (HM Government, 2015) • Turning the tide of inactivity – UKActive (2014) • Healthy Lives, Healthy People: A call to action on obesity in England (2011) • Marmott Review – Fair Society, Healthy Lives (2010) • Active Travel Strategy - Department for Transport & Department of Health (2010) • <u>An update on the government's approach to tackling obesity (2012)</u> • Eatwell Guide, PHE, 2016 • No health Without Mental Health, DH, 2011 	<ul style="list-style-type: none"> • National Diet and Nutrition Survey: Headline Results from Years 1, 2 and 3 (combined) of the Rolling Programme 2008/09 – 2010/11 (2012) • <u>Healthy lives, healthy people: Improving outcomes and supporting transparency (2012)</u> • <u>Healthy lives, healthy people: a call to action on obesity in England (2011)</u> • <u>UK physical activity guidelines (2011)</u> • <u>Changing Behaviour, Improving Outcomes: A new social marketing strategy for public health</u> • <u>The Independent School Food Plan (2013)</u> • <u>New Local Government Network report: Healthy Places - Councils leading on public health (2012)</u> • <u>NICE public health guidance: Obesity - working with local communities (2012)</u> • <u>NICE public health guidance: Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation (2012)</u> • NICE Public health briefings for local government: physical activity and workplace health (2012), behaviour change and walking and cycling (2013)
Regional Policies, Strategies and Plans	<ul style="list-style-type: none"> • Sustainability and Transformation Plan, North East London, NHS England, 2016 (draft at time of writing) • Better Health for London – The report of the London Health Commission 2014 • Blueprint for a physically active sporting city (London Sport 2015) • Convergence – Strategic Regeneration Framework 2011 – 15 • GLA Guide – Better Environment, Better Health – LBBB (2013) 	
Local Policies, Strategies and Practices	<ul style="list-style-type: none"> • Health and Wellbeing Strategy - Barking and Dagenham Partnership (2015) • Parks and green spaces strategy (2003) • Playing pitch strategy (2015) • Growth Strategy (2015) • Joint Strategic Needs Assessment (2015) • LBBB Mental Health Strategy Draft (2016) • Five Ways to Wellbeing 	

11. Priority themes

The Healthy Weight Alliance recognises that no individual agency can overcome the challenges facing the borough and its residents; but by working together and building on resources and assets in our communities we can make collective changes. Our Health and Wellbeing Strategy outlines the assets that we are lucky enough to be able to draw on in the borough.

We have taken a life course approach, in line with our Joint Health and Wellbeing Strategy to achieve our strategic objectives. Six life stages have been agreed.

- Pre-birth and early years
- Primary school (5 – 11 years)
- Adolescence (12 – 18 years)
- Adulthood (19 – 65 years)
- Older people (66 years +)
- Vulnerable groups

In addition to these life stages we recognise that we have vulnerable and minority members of our community who have special requirements, people from minority ethnic groups, people with mental health issues, people with learning disabilities, and people living with physical disability.

Theme 1

Pre-birth and early years

Key actions are:

1. We will increase the percentage of mothers booked in with Maternity Services by the 13th week of pregnancy.

2. We will support expectant mothers to achieve an appropriate weight gain during pregnancy.
3. We will increase the number of babies who are breastfed.
4. We will support parents and carers to establish a healthy lifestyle (diet and physical activity) for their children from a very early age.
5. We will support children and parents in settings and encourage healthy activity in the family.

Theme 2

Primary school (5 – 11 years)

Key actions are:

1. We will continue to support and deliver the National Childhood Measurement Programme.
2. When children and families are identified as needing support to achieve a healthy weight, we will enable them to access support.
3. We will work with schools to support them to achieve the provision and standards required to reflect local needs for example the 'Healthy Schools London' awards at primary school level.
4. We will promote access to a range of healthy food choices, lunch boxes and vending (this will be meet statutory requirements and School Food Plan guidance where applicable).
5. We will support children to develop skills and confidence in their physical ability and nutrition knowledge.
6. We will promote local community ownership and the family role in achieving and maintaining a healthy weight.

Theme 3

Adolescence (12 – 18 years)

Key actions are:

1. We will support a whole family and young person approach to promote healthy eating and physical activity.
2. When adolescents and families are identified as needing support to achieve a healthy weight we will enable them to access support.
3. We will work with schools to support them to achieve the provision and standards required to reflect local needs for example the 'Healthy Schools London' awards at secondary school level.
4. Promote access to a range of healthy food choices, lunch boxes and vending (this will be meet statutory requirements and School Food Plan guidance where applicable).
5. We will support adolescents to maintain and deepen their skills, knowledge and confidence in their physical ability and nutrition knowledge.

Theme 4

Adulthood (19 – 65 years)

Key actions are:

1. We will support national/local initiatives to measure the prevalence of overweight and obesity and any linked factors, e.g. diet and exercise in our local population.
2. We will increase the number of adults 40 years plus who have an NHS health check.
3. When adults are identified as needing support to achieve a healthy weight we will enable them to access support.
4. We will support local community ownership, the family and individual roles in achieving and maintaining a healthy weight.
5. We will support work places, including partner work places, to promote healthy choices including diet and physical activity.

Theme 5

Older people (66 years +)

Key actions are:

1. We will encourage older adults to be physically active by accessing leisure services and recreational activities.
2. When older adults are identified as needing support to achieve a healthy weight we will enable them to access support.
3. We will maintain the number of activity programmes aimed at 60+ residents.

Theme 6

Groups needing additional support

(Minority ethnic groups, people with mental health issues, people with learning disabilities, and people living with physical disability)

Key actions are:

1. We will ensure that children with a learning disability under 5 years have an annual check and health plan.
2. We will increase the percentage of adults with a learning disability with annual health check and personal plan.
3. When vulnerable individuals are identified as needing support to achieve a healthy weight we will enable them to access support.
4. We will increase the number of vulnerable adults taking part in physical activity for example individuals with dementia.
5. We will improve health outcomes for looked after children, care leavers and youth offenders by 2018.
6. We will implement an 'inclusive and active' action plan to raise participation in sport and physical activity by disabled people.

12. Cross cutting themes

To make the healthy weight strategy a reality there are a two important cross-cutting themes, healthy environment and community engagement.

Theme 7 **Healthy environment**

Key actions are:

1. We will develop an environment that promotes physical activity as part of daily life, including active transport e.g. a sustainable transport network that makes walking and cycling the default form of travel around our communities.
2. We will incorporate Health Impact Assessments (HIAs) into all new and existing housing developments.
3. We will support the use and development of high quality green space and infrastructure.
4. We will improve access to healthy foods in the retail and catering environment through the use of planning tools and public transport links.
5. We will promote safe access to active travel.

Theme 8 **Community engagement**

Key actions are:

1. We will undertake an asset mapping exercise to define where community assets are in place.
2. We will develop a communications strategy to help residents to #makeachange and reduce the barriers to them getting healthy in the borough.
3. We will engage residents in regular conversations.
4. We will work with commercial partners to encourage them to take an approach that includes making changes so that food provided is healthier.

To support the healthy weight strategy and to make it a success there is a need for training and communications.

Theme 9 **Training**

Key actions are:

1. We will support health professionals to give clear, consistent, evidence-based advice around healthy weight (diet, physical activity, play etc.)
2. We will support wider staff to give brief advice around healthy weight (diet, physical activity, play etc.)
3. We will support health professionals to help identify individuals who are already overweight and offer them support to manage their weight and signpost them to services.
4. We will support and encourage key residents in the community to become champions of healthy weight.