

London Borough of Havering
Prevention of Obesity Strategy

2016-2019

V0.5

Document Control

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2016 - Executive Summary

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Foreword by Councillor Wendy Brice-Thompson



There has been a steady increase in the number of our residents, both children and adults, who are overweight or obese. This puts them at increased risk of a range of health problems as they get older. It also costs health and social services a lot of money to deal with these problems

The causes are complex and the remedy will require sustained, whole-system action by many parties from the individual resident through to national government. This strategy describes the contribution of local partners, led by the Havering Health and Wellbeing Board, to reduce the number of residents who are overweight or obese. Austerity isn't a reason for doing nothing - it makes the case for action all the more persuasive. The solution isn't investment in new specialist services. Rather everyone must do their bit, every day, in terms of the decisions they make, the advice they give and the actions they take to promote healthy eating and greater physical activity – only then will we bring the obesity epidemic under control.

Executive Summary

Very large numbers of Havering residents, both adults and children, are obese and/or could improve their health by being more active, eating more healthily and achieving and maintaining a healthy weight. The preventable harm caused by obesity, sedentary behaviour and poor diet is enormous and can only increase unless we take effective action now.

The obesity epidemic is the result of a complex array of interacting factors. Some can only be addressed through national if not international action. However, some are in our gift to address and it is only by taking every opportunity that we will collectively achieve the scale of change required.

Acting on the best available evidence and in line with authoritative guidance, the organisations participating in the Havering Health and Wellbeing Board will work together to prevent people becoming obese, and to empower them to enjoy the additional and valuable benefits of being more physically active and eating healthily. As recommended in the Obesity Needs Assessment we will do this by:

- [Shaping the environment](#) to promote healthy eating and physical activity
- [Supporting a culture](#) that sees physical activity and healthy eating as the norm
- [Prompting individuals to change](#), primarily through self-help

We will [focus on early years](#) as weight is difficult to lose once gained and attitudes and behaviours established during childhood shape lifestyle in later life.

Our approach will consciously seek to remedy the [inequalities](#) in obesity, physical activity and healthy eating that affect specific communities and population groups.

[Specialist health improvement and/ or treatment services](#) may have a role in supporting high risk individuals achieve improvements in nutrition, physical activity and weight but their impact on the prevalence of obesity across the population as a whole is modest and thus they represent only a small part of our overall approach to obesity prevention.

1.0 Purpose

This strategy sets out the approach of the Havering Health and Wellbeing Board (H&WB) to the prevention of obesity. It should be read together with the Havering Obesity Needs Assessment (NA) (the Executive Summary of which is provided as Appendix 1) which details the scale of the challenge; evidence about effective approaches to increasing levels of healthy eating and physical activity and explores the many existing local assets and opportunities. This strategy and the included action plan set out the additional steps partners will take. The set of KPIs will allow the H&WB to monitor their impact on the health of local residents.

2.0 Vision

That Havering, as a place and a community, supports its residents to eat healthily, be active and achieve a healthy bodyweight.

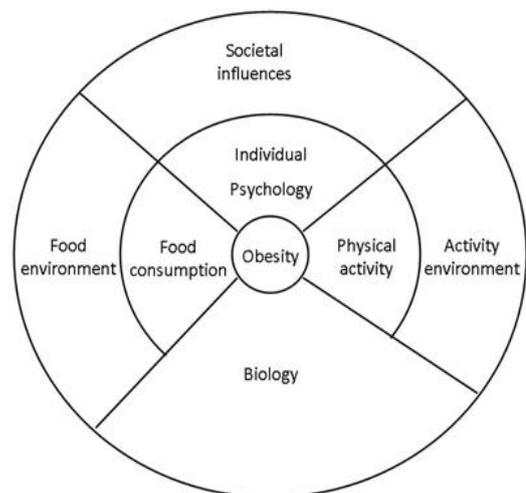
3.0 Introduction

3.1 What is obesity?

The terms “overweight” and “obesity” (collectively “excess weight”) describe an excessive accumulation of body fat that may impair health. Excess weight results when, over a prolonged period, energy intake from the consumption of food and drink is greater than energy expenditure through the body’s metabolism and physical activity.

Humans evolved in a world of relative food scarcity and hard physical work, and now live in a world abundant in energy-dense foods and labour-saving technologies. As a result we are predisposed to passively gain weight in a complex obesogenic environment that combines social, cultural, environmental, biological and psychological influences. A simplified map of these factors is provided in Figure 1.

Figure 1: Foresight systems map



Source: Foresight systems map, 2007

3.2 Why should we try to prevent obesity?

The health and economic drivers for addressing the obesity epidemic are clear and the benefits to length and quality of life significant.

- Obese adults are more likely to:
 - Die early (e.g. from cancer and circulatory diseases)
 - Develop limiting long term illness (e.g. type 2 diabetes and osteoarthritis)
 - Experience mental illness (e.g. anxiety and depression)
- Maternal obesity is a risk in the short term to the health of both mother and baby and also increases the risk that the child and possibly the child’s children may be obese
- As a result of the physical and mental health problems associated with childhood obesity, obese and overweight adolescents have a third more sick days than their healthy weight peers
- Obese children are between two and ten times more likely to be obese in adulthood
- On average, obesity reduces life expectancy by 3 years; morbid obesity by around 8 years
- The total cost of obesity to the UK economy is estimated at £27 billion per year.

3.3 National and local context

Prevalence of excess weight amongst adults in Havering is similar to the England average, but for children in both Reception and Year 6 it is significantly higher.

Fewer adults in Havering meet recommended levels of physical activity than is the case nationally. Information on children's activity levels is not available at borough level, but we know that nationally only about a fifth of children aged 5-15 years achieve recommended levels and only 1 in 10 children aged 2-4 do so.

The number of adults in Havering who eat the recommended five portions of fruit and vegetables per day is similar to the national average. Breastfeeding reduces the risk of childhood obesity. Exclusive breastfeeding is recommended for the first 6 months of life, after which weaning should begin. Breastfeeding initiation and continuation rates locally are similar to the England average but significantly worse than the London average.

NATIONAL	LOCAL
<ul style="list-style-type: none">• Overweight and obesity prevalence in England:<ul style="list-style-type: none">○ 64.6% of adults are overweight or obese, with a quarter being in the obese category○ 21.9% of children in Reception Year (aged 4-5 years) are overweight or obese, with 9.1% being in the obese category○ 33.2% of children in Year 6 (aged 10-11 years) are overweight or obese, with 19.1% being in the obese category• Physical activity levels in England:<ul style="list-style-type: none">○ 56% of adults achieve recommended levels.○ 21% of boys and 16% of girls aged 5-15 years achieve recommended activity levels.○ 9% of boys and 10% of girls aged 2-4 years achieve recommended activity levels.• Healthy eating in England:<ul style="list-style-type: none">○ 53.5% of adults eat the recommended portions of fruit and vegetables per day○ 87% of adults exceed the recommended daily amount of free sugars○ 96% of children exceed the recommended daily amount of free sugars○ 25.7% of babies are never breastfed○ 52.8% of babies are not breastfed beyond 6-8 weeks	<ul style="list-style-type: none">• Overweight and obesity prevalence in Havering:<ul style="list-style-type: none">○ 65.6% of adults are overweight or obese○ 23.7% of children in Reception Year (aged 4-5 years) are overweight or obese, with 10.4% being in the obese category○ 35.9% of children in Year 6 (aged 10-11 years) are overweight or obese, with 20.5% being in the obese category• Physical activity levels in Havering:<ul style="list-style-type: none">○ 50.5% of adults achieve recommended activity levels.• Healthy eating in Havering<ul style="list-style-type: none">○ 52.9% of adults eat the recommended portions of fruit and vegetables per day○ 26.7% of babies are never breastfed○ 58.4% of babies are not breastfed beyond 6-8 weeks (the London average is 31.5%)

The obesity epidemic has affected all groups, but some more than others.

- A person is more likely to be overweight or obese if he or she:
 - Lives in a disadvantaged community, particularly if also female
 - Has a physical disability, long term health problem or learning disability
 - Is from a Black or Asian ethnic background
- A child is more likely to be overweight if he or she:
 - Is from a lower income family
 - Has one or more overweight parents
 - Is from all but the White and Chinese ethnic groups
 - Has a limiting illness, particularly a learning disability

3.4 What approach should we take to tackle obesity?

Just as there is no single cause of obesity, there is no single action that can bring about the scale of change required to reverse the obesity trend. Sustained, system-wide action is needed to address societal and environmental factors such as transport, planning, education, parenting and food policy so that individual changes in food and activity behaviours have maximum chance of success.

A number of authoritative sources set out the current expert consensus about the factors driving changes in eating habits, levels of physical activity and hence obesity over the last three decades and how they might best be addressed:

- The Foresight Report - *Tackling Obesities: Future Choices*
- *Healthy lives: a call to action on obesity in England*
- *Childhood Obesity: A Plan for Action*
- *Everybody active, everyday*

These documents are consistent in advocating that to prevent people becoming obese and increase levels of physical activity and healthy eating we should:

- reduce the **environmental** and
- **societal factors** that contribute to passive obesity and replace them with 'cues' or 'nudges' for healthier choices
- work to make **individuals** see obesity as an issue that affects them; helping them to help themselves to be more active and eat more healthily

We should:

- **focus on the early years** - because attitudes and behaviours established in childhood are carried into later life and once gained, weight is difficult to lose
- and tackle **the inequalities** that affect specific communities and population groups

Specialist health improvement and / or treatment services may have a role in supporting high-risk individuals as part of an agreed care pathway but their impact on the prevalence of obesity across the population as a whole is modest and therefore they are not central to our approach.

NB. The overall approach is sketched out below; illustrated with examples of good practice. Havering's Obesity NA provides a detailed rationale for the strategy and maps existing strengths and assets. An Executive Summary is provided as Appendix 1. The full document is available on line (www.haveringdata.net/jsna/).

Based on the best available evidence, and consistent with current national guidance, our strategy to increase the proportion of residents who eat healthily, are physically active and have a healthy body weight comprises three broad streams of work:

Shaping the environment to promote healthy eating and physical activity

Supporting a culture that sees physical activity and healthy eating as the norm

Prompting individuals to change, primarily through self help

4.0 Key Themes

4.1 Shaping the environment to promote healthy eating and physical activity

We will work to create an environment that positively assists residents to be active and eat healthily.

A varied and attractive leisure services offer is important for many people.

But for most residents, walking, and to a lesser extent cycling, are the most likely, possibly only, sustainable forms of physical activity. Residents will walk more if:-

- commonly used amenities are close by
- the street scene is inviting
- they make longer journeys by public transport – as part will be on foot
- parks and green spaces are easily accessible, safe and attractive
- road design keeps them safe (and is perceived to keep them safe)

We will continue and build on the range of initiatives already underway, often in partnership with TfL, to promote walking and cycling (see Case Study 1).

In addition, we will develop and implement a light touch approach to assessing the health impact of decisions – starting with spatial plans; so that opportunities to maximise potential health benefits / avoid potential harms are identified and exploited.

CASE STUDY 1: Shaping the environment to promote walking and cycling

- The Council delivers a Casualty Reduction programme to improve safety for pedestrians and cyclists. Measures include speed tables to reduce traffic speeds, pedestrian refuges and crossing facilities
- Amongst other benefits, the award winning revamp of Hornchurch town centre resulted in more than 600 additional individuals regularly walking
- TfL and Havering are working on a cycle super hub for Romford station, which will shortly become a Crossrail station
- Havering currently has 68km of cycle routes which are either London Cycle Network or 'Greenways' routes
- The Council offers a variety of riding and cycle maintenance courses, led rides around the area for both beginners and enthusiasts, regular bike security marking, incentives to employers in the borough to help them to help and encourage their employees to commute by bike, on foot or by public transport
- Havering as a whole has a large number of parks and open spaces, which make it one of the greenest boroughs in the capital

Key opportunities to shape the food environment are in the gift of central rather than local government. The recent cross-government Childhood Obesity: A Plan for Action makes an initial step towards this with the commitment introduce a soft drinks industry levy on sugary drinks and voluntary sugar reduction programme, but stricter regulation

of the promotion of unhealthy food and drink has not been adopted. However, the obesity NA identifies a variety of opportunities for action by local stakeholders. A number relate to the food provided to people in health and social care settings; children in school and staff employed by the NHS and local government. Menus consistent with food and nutrient based standards coupled with complementary education, voluntary financial (dis)incentives and careful product placement can assist diners to achieve dietary recommendations. Local schools provide numerous examples of best practice; initiated by pupils and teachers as they work towards the Healthy Schools London Award to shape their eating environments in a way that makes the healthier choice the easier choice (see Case Study 2). This work will be further enhanced by the introduction of the new healthy rating scheme proposed in the national Plan for Action.

CASE STUDY 2: Shaping the environment to promote healthy eating in schools

- At Scargill Infant School, an increased amount of food grown by children in the school garden is served in the school canteen. Staff have noticed that younger children struggle to see what's on the salad bar which is above their head height and work is now underway to source funding for a new child-friendly salad bar.



- At St Ursula's Junior School, increased education around the high sugar and caffeine content of energy drinks led pupils to write to local shopkeepers asking them to encourage children to buy healthier alternatives and position these at children's eye level.
- At Redden Court School, the pupil-led 'Food Inform Investigate Improve Team' has worked with Havering Catering Services to pilot adding a levy on less healthy items served in their canteen to subsidise the price of healthier items.

4.2 Supporting a culture that sees physical activity and healthy eating as the norm

In common with the Healthy Schools awards; healthy workplace schemes help to position healthy eating and regular physical activity as normal behaviour (see Case Study 3). Given that so many Council and NHS staff are local residents, when these employers embed healthy workplace schemes they have the added advantage of a 'trickle down' effect to the wider population.

CASE STUDY 3: Supporting a culture that sees physical activity and healthy eating as the norm: Healthy workplaces

In 2014 Havering Council achieved the London Healthy Workplace Charter 'Achievement' standard.

This self-assessment framework recognises employers for investing in workplace health, providing a series of standards that create a health-enhancing workplace. Representatives from across the Council have formed a Workplace Wellbeing Group, which links an on-going programme of activities and initiatives to encourage physical activity and healthy eating.

Regular taster sessions and promotions introduce employees to the support available. This includes:

- The Stravel challenge-based reward scheme to motivate staff to walk/ cycle
- Cycle to Work scheme which assists employees with buying a bike
- Stair Challenge in the 12-storey Mercury House office building
- Promotion of after-work activities offered under the Havering Active banner e.g. yoga, running, rounders etc

The Council is working with Barking, Havering and Redbridge Hospitals Trust as it commences work on the scheme and offering support to other employers in the borough e.g. the Smarter Travel team has produced a Sustainable Travel Pack for businesses.

Campaigns have a role in establishing health choices as the norm. Public Health England has developed a number of sophisticated and successful campaigns such as '10 Minute Shake Up' and 'Sugar Smart'.

Local agencies have neither the resources nor expertise to develop similar campaigns but we can 'amplify' the message and use it to promote relevant local resources (see Case Study 4).

CASE STUDY 4: Supporting a culture that sees healthy choices as the norm: Campaigns

This Girl Can is Sport England's nationwide campaign to get women and girls moving, regardless of shape, size and ability; informed by up-to-date research about the motivations, barriers and triggers to getting more women more active. It is the first campaign to feature women who sweat and jiggle as they exercise. It seeks to challenge the idealised images of women we are used to seeing, employing strap lines like "Sweating like a pig, feeling like a fox" and "I kick balls, deal with it" to prompt a change in attitudes and help boost women's confidence.

Nationally, 13 million people have now viewed the flagship This Girl Can film online.

Locally, the Council's Sport Development Team badged programmes of activity for women and girls under the 'This Girl Can' banner to tie in with the Sport England campaign.



To maximise impact, such campaigns should be coordinated across the partnership and linked to other complementary activity e.g. the health champion programme (see Case Study 5).

In addition, the Health and Wellbeing Board should regularly initiate local activity to demonstrate its continuing commitment to tackling obesity. These need not be expensive or complicated e.g.

- a community award, championed by the Chair of H&WB, to recognise local people, community groups and schools for their work to tackle obesity. As well as promoting a culture where physical activity and healthy eating become the norm, this would sit well with our community development approach and ethos of prompting and supporting residents to help themselves.
- voluntary adoption of a self-imposed levy of 10p to the price of all non-alcoholic soft drinks with added sugar to heighten consumer awareness of hidden sugars.

As mentioned in the national Plan for Action, it is important that public sector settings adopt a food environment that promotes healthy choices. If we are not seen to 'walk the walk' and take decisions and/ or provide services in way that is consistent with our stated healthy living ethos, public perceptions of our commitment to tackle obesity will be undermined. Moreover, we can only succeed if the totality of resources in the public sector are progressively redirected to better support healthier living. Hence we will seek to develop an approach to health impact assessment that can be practicably applied to all significant decisions. Likewise, we will develop an approach to 'audit' premises so that staff and public get consistent messages e.g. recommending the stairs over the lift and fresh fruit over confectionaries.

4.3 Prompting individuals to change, primarily through self-help

The obesity NA identifies many assets and opportunities available to residents provided by the Council, leisure providers, schools, colleges, voluntary and commercial organisations. As discussed, we must build on these to create an environment and culture that supports change – so that a virtuous cycle develops whereby individuals begin to make small changes to their behaviour, normalising healthier lifestyles and thus inspiring others to follow suit.

There are existing directories listing opportunities for sport and active leisure. We should ensure that residents can also easily identify reliable sources of advice and support regarding healthy eating and weight management.

In addition, we should make the most of existing opportunities to prompt individuals to change: -

- There has been a longstanding expectation that GPs will routinely promote healthy living messages with their patients. The *'making every contact count'*

programme seeks to enlist the whole NHS workforce in providing consistent messaging, at every opportunity.

- The Council's Health Champions programme adopts a similar approach – providing volunteers from the Council's front facing services, as well as local residents, with the skills and confidence to discuss and influence their communities to make healthier choices (see Case Study 5).

CASE STUDY 5: Prompting individuals to change: Health champions

Havering Council offers free Health Champions training to anyone who lives or works in the borough. The training includes a Level 2 award in Understanding Health Improvement, accredited by the Royal Society for Public Health. Over 200 Health Champions have been trained in the past two years. Following this training, and with ongoing support, Health Champions help to prompt change. Whether within their family, workplace or wider community, they motivate and empower people to get involved in healthy social activities and signpost people to relevant support and services. They help others to enjoy healthier lives by opportunistically offering brief advice to raise awareness of healthy choices, share health messages, remove barriers to healthy behaviours and create supportive networks and environments.

Health Champions take on this role voluntarily, as an opportunity to increase their own knowledge, skills and confidence and potentially improve their own health. They are then able to pass this on to other people whether when chatting with friends, or in more formal roles within local community groups or at work. For example, a fire officer may visit residents' homes to fit free smoke alarms and identify smoking in the household or a deep fat fryer, both of which are common causes of house fires but smoking and food high in fat are also health risks, so brief health messages can be incorporated into the advice provided.

The Council has a continuing statutory obligation to commission 'NHS Health Checks' for local residents. These afford an opportunity to prompt individuals to consider their weight, diet and levels of physical activity and sign post to available support, as well as initiate treatment for appropriate patients.

Universal care and support is offered to women during and immediately after pregnancy and on a more targeted basis thereafter. Commissioners and providers of maternity services, health visiting and early years services must work together to ensure that collectively services better meet the needs of pregnant women who are obese; increase rates of breastfeeding and promote healthy weaning.

Some vulnerable groups, most notably people with a learning disability, are in receipt of considerable care and support and yet have consistently higher levels of obesity, poorer diet etc. Commissioners and service providers should ensure that the support provided meets the needs of clients in the round, including opportunities to be active and eat well.

NICE recommends the provision of weight management services to large sections of the community. Nonetheless, the evidence base for these recommendations is equivocal. Small reductions in weight, if maintained for life, would make such services effective and

cost effective. However, long term studies are lacking. Hence weight management services probably work, including some commercial programmes that residents can self-fund. However, providing direct support to large numbers of individual residents is impracticable and unaffordable. To maximise cost effectiveness, any resource should be focused on those patients at highest risk e.g. older patients, with a higher BMI and / or with or at risk of a long term condition related to excess weight such as diabetes. The evidence base for bariatric surgery is much more clear-cut. It is both effective and cost effective (saving the NHS money within 2-3 years of surgery) in carefully selected (and well-motivated) patients. The whole care pathway from self-help through to bariatric surgery needs to be clarified to ensure equitable access and benefits are maximised.

5.0 Next Steps

It is proposed that the task and finish group established to inform development of this strategy (see Appendix 2) is strengthened to become a permanent subgroup of the H&WB meeting quarterly to develop and oversee delivery of a detailed rolling annual action plan.

As a minimum, the Group will report annually to the H&WB, including progress against the action plan and an agreed set of KPIs. A draft action plan (structured around the three key streams of work) and KPIs are set out below.

All actions in this plan fall under the overarching corporate goal:

SAFE: People will be safe, in their homes and in the community

With the associated strategic outcome:

Using our influence: Promote healthier lifestyles to help residents live well for longer

Acronyms used in the Action Plan

AS – Adult Services

BPWG – Bedfords Park Walled Garden

C&L – Culture and Leisure

C&R – Communities and Resources

ED – Economic Development

EH – Environmental Health

HAC – Havering Adult College

HCS – Havering Catering Services

HSC - Havering Sports Collective

HSD – Health and Sports Development

HWISS – Health and Wellbeing in Schools Service

L&A – Learning and Achievement

LDP - Local Development Plan

LIP – Local Implementation Plan

PHS – Public Health Service

RS – Regulatory Services

Shaping the environment to promote healthy eating and physical activity						
Strategy objective <i>What we are trying to achieve</i>	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations
Ensure strategic spatial plans are consistent with efforts to increase levels of healthy eating and physical activity	Health Impact Assessment of the LDP	HIA complete. Recommendations made as to how potential benefits might be maximised / harms mitigated.	Officer time	Commence March 2016	Elaine Greenway (PHS) Lauren Miller (Planning, ED)	
Continue programme of work to create 'healthy streets'	Continue to improve the street scene and local High Street offer	Planned improvements in street scene and the local high street offer are completed. More people accessing local centres on foot or bike. (reliant on DfT/ TfL data for monitoring) Reduction in road accidents (reported annually)	LIP funding LBH capital budget contribution for regeneration works Staff time	LIP funding awarded annually following a three year delivery plan	Bob Flindall (ED) Chris Barter (Regeneration, ED) Chris Smart (Regeneration, ED)	Positive impact on local businesses
	Continue to ensure that protection and safety of pedestrians and cyclists is a key factor in decisions regarding road design		Annual Casualty Reduction Programme – LIP funding	Annual Programme	Mark Philpotts (Street Care)	Casualty Reduction programme competing against other projects for LIP funding
	Continue to deliver Safer Urban Driving (SUD) programme	Increased number of HGV drivers completing the training	TfL Borough Cycling Programme Funding	Training currently funded until March 2017	John Lynn (Development & Transport Planning, RS)	
	Explore opportunities presented by Romford Market regeneration to increase access to healthy food	Healthy food offer, Health Impact Assessment integrated into market regeneration plans	LEP London Regeneration Fund LBH budget stream Officer time	Commence exploring opportunities April 2016	Rebecca Davey (Regeneration, ED) Claire Alp/ Lindsey Sills (PHS)	Positive impact on market traders and potential opportunities for start-up food businesses

Shaping the environment to promote healthy eating and physical activity

Strategy objective <i>What we are trying to achieve</i>	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations
Continue to improve the public transport offer	Public transport to improve as a result of Romford Station Crossrail investment	Planned improvements in public transport infrastructure are completed.	TfL funding	Ongoing - Crossrail works in place by 2019	Bob Flindall Chris Smart	
	Exploit opportunities provided by the Rainham and Beam Park Housing Zone to improve transport accessibility	Active travel increases in line with increased use of public transport.	TfL funding	Ongoing as Housing Zone develops	Bob Flindall Chris Barter	London Riverside Opportunity Area
	Continue to lobby TfL for improved north-south bus links and better links between hospitals	Improved bus access to Rainham to support Riverside development Increased bus capacity at Queens Hospital	TfL is responsible for bus routes	Ongoing as Housing Zone develops	Daniel Douglas (Development & Transport Planning, RS)	London Riverside Opportunity Area
	Improve public transport accessibility	95% of Havering bus stops reaching the Mayor's accessibility level.	TfL Bus Stop Accessibility Funding	By April 2017	Mark Philpotts	
Maintain and improve access to high quality green space	Install wayfinding and interpretation signage to strengthen linking of Lodge Farm Park, Raphael Park, Rise Park and Bedfords Park	More residents use the borough's green spaces for active leisure	Funding application in progress to be submitted to Veolia Environmental Trust	By August 2016	Martin Stanton (Parks & Open Spaces, C&L)	Increased footfall could have positive impact on trade in park cafés
	Explore funding opportunities to continue installing cycle parking in parks	Increased number of parking facilities in place	Reliant on funding opportunities from TfL	Annual funding programme	John Lynn	
Improve the 'cyclability' of Havering	Explore opportunities to offer bike maintenance courses	Local residents attend bike maintenance courses	TfL Borough Cycling Programme Bid	Ongoing	John Lynn	
	Continue to promote British Cycling 'led' rides around the local area	Local residents attend SkyRide events	British Cycling (Sky Ride)	Annual offer	John Lynn	

Shaping the environment to promote healthy eating and physical activity

Strategy objective <i>What we are trying to achieve</i>	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations
	Cycle to Work scheme assists employees to purchase bikes to commute to work	Havering Council staff sign up to Cycle to Work scheme	Officer time	Annual offer	John Lynn	
Further improve schools as 'healthy' environments	Support schools to develop and update travel plans and continue to achieve STARS accreditation	Increased number of children, parents and staff travelling safely and actively. Monitoring integrated into programme including modal shift.	Officer time via TfL/ LIP funding	Report annually	Jay Amin (Development & Transport Planning, RS)	
	Continue to ensure meals meet school food standards in primary schools and work to implement standards in secondary schools	More CYP eating healthily, including disadvantaged CYP. Measure school meal take up in schools with menus that meet school food standards	Officer time HCS marketing	Report annually	Dennis Brewin (HCS, L&A) Claire Alp	
	Encourage secondary schools to adopt policies that require children to stay on site at lunchtimes	More schools adopt a stay-on-site policy. Monitor via Healthy Schools applications/ School Nursing Service 'Health Profile tool'.	Officer time School Nursing Service	Report annually	Healthy Schools Coordinator (HWiSS) Natalia Clifford (PHS) Breda Kavanagh (NELFT)	
	Work with schools to continue to improve playground physical activity environments	Monitor via Healthy Schools applications/ School Nursing Service 'Health Profile Tool'/ HSC. Training for playground supervisors offered by HSC/ HWiSS as required	PHS/ HSC Officer time School Nursing Service School buy-in (PE and Sport Premium/ other school funding)	'Health Profile Tool' updated by Sept 2016 Training offered 2016/17	Sharon Phillips (HSC) Claire Alp/ Natalia Clifford Breda Kavanagh	
Ensure environment provided for clients / staff in public sector premises supports healthy choices	Develop, pilot and disseminate a practical tool to audit healthiness of public sector premises	Tool developed. Premises pilot tool to enable development of consistent healthy living ethos	Officer time	Tool developed and piloted by end March 2016	Lindsey Sills BHR NELFT CCG	

Supporting a culture that sees healthy eating and physical activity as the norm

Strategy objective	Project/ Action	Outcome	Resources	Timescale	Lead officer	Impact on other services and organisations
<i>What we are trying to achieve</i>	<i>What we will do to achieve it</i>	<i>How we will know we've achieved it</i>	<i>What we need to be able to achieve it</i>			
Ensure key decisions are consistent with healthy living ethos	Pilot a joint Equality Impact Assessment and Health Impact Assessment that promotes early consideration of equalities and health benefits (including physical activity and healthy eating)	Method agreed, piloted, evaluated and decision taken regarding wider roll out	Officer time	By end March 2017	Savinder Bhamra (Corporate Policy and Community) Elaine Greenway	Potential for other services/ organisations to utilise HIA after pilot
	Commissioners/ procurement to explore whether wider health benefits can be considered as 'added value' when awarding contracts	More of the public sector's commissioning budget adds health value (not just the portion commissioning health and social care services)	Officer time	Dec 2016	PH Commissioners	
Continue to ensure that workplaces support healthy choices	Council and NHS organisations to actively participate in London Healthy Workplace Charter; share resources/ best practice	Up to date plan in place Evidence of on-going implementation Improvement against assessment criteria	Officer time	Ongoing	Lindsey Sills BHR	
	Council to continue to run and promote workplace health activities at lunchtimes and after-work	Activities promoted and run Monitor attendance at events/ activities	Officer time Health and Sports Development budget for activities	Ongoing	Roxy Naz	
	Council to consider using workplace health programme to promote walking meetings	Promotion of walking meetings via Yammer/ Global News "Walking" added to Outlook calendar locations	Officer time	By end March 2017	Mark Porter Roxy Naz	

Supporting a culture that sees healthy eating and physical activity as the norm

Strategy objective <i>What we are trying to achieve</i>	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations
	Explore opportunities to offer Pool Bike scheme to LBH staff (alternative to Pool Car scheme)	Scheme set up and available to staff	Reliant on TfL funding availability	Ongoing	John Lynn	
	Extend learning to private sector through Sustainable Travel pack	More businesses engage with sustainability agenda promoted via business pack	Officer time PH to offer input/ support	Ongoing	Martin Day (Smarter Travel, RS)	Positive impact on employee health in private sector
	Promotion of TfL Cycling Workplaces scheme via Sustainable Travel pack/ other communications	More businesses utilise funding to install showers, bike parking etc	Officer time	By April 2017	John Lynn Martin Day	
Continue to ensure the ethos of local education and community settings supports and encourages healthy choices	Transition support for Healthy Schools London awards to traded Health and Wellbeing in Schools Service	Support for healthy schools award is self-funding and hence sustainable in long term.	Officer time School buy-in	By end of 2016/17	Claire Alp	Competition for school budgets
	HCS initiatives to increase uptake of school meals (L&A Service Plan) supported by HWiSS.	School meal uptake increases	Officer time HCS budget and officer time	Report annually	Dennis Brewin Claire Alp	
	Encourage FSM-eligible children to take up offer. - L&A/ Housing Benefits identify children eligible but not registered for FSM. Parents advised of eligibility on opt-out basis. Schools notified. - L&A FSM eligibility data cross-referenced with HCS take-up data. HCS and HWiSS encourage take-up.	Increased take-up of FSM by eligible pupils.	Officer time	Checks run in line with school census dates	Dave Allen (L&A) Dennis Brewin Healthy Schools Coordinator	If additional children are identified through housing data as eligible for FSM, schools can also claim Pupil Premium funding.

Supporting a culture that sees healthy eating and physical activity as the norm

Strategy objective <i>What we are trying to achieve</i>	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations
	Integrate PH messages into HCS communications	PH blog/ regular article on current topics e.g. Sugar Smart, School Food Plan & Ofsted, etc.	Officer Time	Termly article	Claire Alp Dennis McKenzie (HCS, L&A)	
	Ensure up-to-date, evidence-based nutrition advice provided in HCS menus and advertising	PH advises/ supports HCS as required	Officer Time	As required	Claire Alp Charlotte Newman (HCS, L&A)	
	Use HWiSS to support schools to increase healthiness of packed lunches	Schools publish robust School Food Policy and packed lunch guidance for parents on their websites. HWiSS advises re. implementation to schools choosing to buy into service.	Officer time Template/ sample School Food Policy School staff time	2016/17 school year	Healthy Schools Coordinator	Strict packed lunch policies can increase take-up of school meals, increasing viability of school meal service
	Bikeability training and road safety support continues to be offered to schools	Bikeability courses and Road Safety and 'Safe Drive Stay Alive' roadshow delivered	TfL funding Officer time School buy-in	Ongoing	John Lynn Elaine Keeler (Development & Transport Planning, RS)	
	Support schools to offer diverse programme of sport and health engaging whole school community	Monitored via Healthy Schools London bronze award/ HSC (No. of healthy lifestyle-related activities/ events for parents, no. of sports clubs coming into school etc) Support provided via HSC/ HWiSS where required	PHS/ HSC Officer time ?School Sport Premium/ other school funding School buy-in	2016/17 school year	Healthy Schools Coordinator Sharon Phillips	

Supporting a culture that sees healthy eating and physical activity as the norm

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	Explore links between the 'Parks Protection for Kids' Roadshow and HWiSS	Parks Protection assemblies listed on Bronze award guidance. Parks Protection assemblies session plan incorporates health messages	Officer time	By Sept 2016	Claire Alp Stephen Rawlins (Parks Protection, C&L)	
	Healthy eating session to be developed and delivered at Community Safety Junior Citizen Event (for Year 6 children)	Session plan developed Sessions delivered at annual two-week event	Officer time BSc Dietetic/ Human Nutrition students	Session plan by end May 2016 Annual event held in June/ July	Claire Alp Jane Eastaff (Community Safety, C&R)	
	Cooking in the Curriculum training course to be sourced and delivered to teachers via the HWiSS	School staff attend training	Officer time School buy-in	Courses run during 2015/16 and 2016/17 school years	Healthy Schools Coordinator	
	Develop links between HSC health offer and HWiSS	HSC and HWiSS offers align/ complement each other	Officer time	By Sept 2016	Claire Alp Sharon Phillips	
	Develop links between Bedford's Park Walled Garden project and HWiSS	Food Growing training for teachers offered by BPWG as part of HWiSS Explore opportunities for BPWG Horticulture trainees to offer food-growing support to schools	- Officer time - Food Growing Schools: London resources - Grant funding (BPWG applying to City Bridge Trust) or schools fund	Course developed by Sept 2016	Claire Alp Kirsty McArdle (BPWG)	Food Growing Schools: London to support
	Explore opportunities for healthy eating and physical activity training for PVI and nursery staff	Training courses organised and attended.	- External provider to deliver, funded by Early Years budget	Course dates agreed by Sept 2016 Training delivered 2016/17	Susie Williams (Early Years QA, L&A)	

Supporting a culture that sees healthy eating and physical activity as the norm

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	Keep up-to-date with progress on Healthy Early Years London programme development	Viability of offering HEYL programme in Havering considered	Officer time	Determined by Greater London Authority	Susie Williams Claire Alp	
	C&L Services facilities to continue to develop whole setting ethos that helps people to be healthy	PARS provided by leisure centre provider At least 50% of catering offer in leisure centres is healthy (including vending machines) Libraries, Fairkytes, MyPlace promote healthy eating and physical activity (including local clubs/ courses/ events)	Officer time Leisure provider Free PHE resources (e.g. Sugar Smart posters and packs)	Ongoing	Guy Selfe Leisure Centre Operator Jane Herbert (MyPlace) Nicky Dunne (Libraries)	
Coordinated programme of campaigns and marketing across partnership	Amplify national campaigns including Change4Life '10 Minute Shake Up', Change4Life 'Sugar Smart' and Sport England 'This Girl Can'	Increased awareness of campaign messages. Local press highlight support for campaign messages from Council / NHS partners	Staff time	In line with PHE marketing campaigns timeline	PH officers Comms officers (LBH and NHS)	
	Consider capacity of Health Champions programme to roll out Great Weight Debate conversations	Great Weight Debate conversations carried out in community settings	Tapestry staff time Health Champion time	October 2016 onwards	Claire Alp Lindsey Sills	
	Use opportunities presented by air quality agenda to promote smarter travel across multiple settings	Short film/ animation made to promote smarter travel, available to be shown in waiting rooms, school reception areas	Mayor's Air Quality Fund	Film made by April 2016 Promoted during 2016/17	Martin Day Louise Dibsall (PHS) Louise Wilkinson (EH)	

Supporting a culture that sees healthy eating and physical activity as the norm

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	NHS and LBH to sign up to high profile voluntary campaigns e.g. Children's Health Fund sugar levy	LBH sign-up to sugar levy explored by PH and HCS BHR sign-up to sugar levy explored via catering contractor representation on workplace health group LBH and BHR signed up to campaigns	Staff time	By Dec 2016	Claire Alp Dennis Brewin Lindsey Sills	
	Encourage independent restaurants and to sign up to high profile voluntary campaigns e.g. Children's Health Fund sugar levy	Independent restaurants and cafes signed up to campaigns	Staff time Business web portal and e-newsletter	By March 2017	Claire Alp Jolly Choudhury (Business Development, ED)	Positive press coverage for restaurants and cafes signing up
	Apply to Children's Health Fund to support projects targeted at improving children's health	Funding received and projects carried out	Staff time	First round of funding opens Feb 2016	Claire Alp Other partners as relevant to funding criteria	
	Develop and launch community award to recognise efforts of individuals / community bodies to improve health	Local press highlight support from Council / NHS partners	Officer time	Developed by Dec 2016	Claire Alp/ Orian Kay (PHS)	
	Explore the viability of developing a borough food partnership/ charter	Shared food vision for Havering across public, voluntary and private sector stakeholders	Officer time	By Dec 2016	Claire Alp	

Prompting individuals to change, primarily through self help

Strategy objective <i>What we are trying to achieve</i>	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations
Increase and import self-help capacity particularly regarding healthy eating	Ensure courses offered by Havering Adult College (including Family Learning, Education 4 Independence and Food courses) have a healthy lifestyle focus and incorporate up-to-date evidence-based nutrition advice	Course syllabi updated	LBH officer time	In line with HAC curriculum development: Courses start Sept 2016. Review/ revise Feb 2017.	Claire Alp Vedia Mustafa (HAC)	
	Evaluate Change4Life Challenge Clubs and consider how to sustain them	Evaluation report published HSC health offer further developed potentially incorporating Challenge Clubs	LBH/ HSC officer time Student Dietician PH placement School buy-in	Scope/ develop by Sept 2016 Report written Sept/ Oct 2016	Sharon Phillips Claire Alp	
	Early Help universal offer to promote healthy lifestyles including sessions run in Children's Centres and promotion of Healthy Start scheme	Early Help staff report that sessions run in Children's Centres (e.g. Music and Movement, Messy Play, Preparing for Birth) include advice on healthy lifestyles.	Early Help budget and staff time Partners' staff time (e.g. midwives) PH support as required to ensure up-to-date advice is provided	April 2016 onwards (restructure currently being consulted on)	Jacqui Hanton (Early Help) Jonathan Taylor (Early Help)	
	Early Help targeted offer -TBC depending on restructure.	TBC	TBC	TBC	TBC	
	Support Community Safety team to incorporate healthy recipes and signpost to support (e.g. NHS Choices, Healthy Start vouchers) into Cooking on a Budget booklet	Booklet updated to incorporate health aspects	Officer time Community safety budget to design/ print booklet	By end March 2017	Chris Stannett (Community Safety, C&R) Claire Alp	Potential for other services to use booklet (e.g. Social Workers)

Prompting individuals to change, primarily through self help

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	Health and Sports Development to promote healthy eating in correspondence to sports clubs to raise awareness of evidence-based sources of information/ advice e.g. NHS Choices, HAC courses etc.	Healthy eating information included in communications to sports clubs/ community organisations	Officer time Dedicated space in communications (e.g. e-newsletter) to organisations	By end March 2017	Guy Selfe	
	Continue to deliver coordinated physical activity opportunities to enable to residents to participate and change behaviour e.g. healthy walks, adult physical activity programme, dance programme, school holiday programme.	Programmes run	Culture and Leisure budget	Ongoing	Guy Selfe	
Ensure that residents and professionals working with them are aware of relevant (self-help) resources	As part of obesity care pathway development, ensure the Family Services Directory and PH website list services and support relevant to healthy eating, physical activity and weight management	Residents can access the support that best meets their needs GPs and other health professionals sign residents to these directories	Officer time	Ongoing	Katie Gray (Early Years Alternative Provision) Claire Alp	
	Continue to recruit and train Health Champions	100+ Health Champions trained during 2016/17	PH grant	Health Champions trained by April 2017	Lindsey Sills	Communities/ businesses benefit from improved support/ knowledge

Prompting individuals to change, primarily through self help

Strategy objective <i>What we are trying to achieve</i>	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations
	Continue to offer Health Champions follow-on modules in healthy eating and physical activity	2 healthy eating and 2 physical activity courses offered during 2016/17	PH grant	Courses run by April 2017	Lindsey Sills	Communities/ businesses benefit from improved support/ knowledge
	Support HSC to pilot YMCA Young Health Champions programme, consider future offer to schools and links to RSPH Health Champions	YMCA Young Health Champions pilot run. Future offer to schools scoped and developed as part of the HSC offer.	Officer time	Pilot completed and offer developed by end 2016/17 school year	Sharon Phillips Claire Alp	
	Explore options for low-cost/ cost-neutral MECC online training for NHS staff	Recommendation made subject to funding	Staff time	Make a recommendation by end March 2017	Clare Burns (CCG) BHR NELFT Lindsey Sills	
	Align NHS Health Checks programme with PH campaigns	Promote One You campaign to GPs (due to be launched 7 th March 2016)	Staff time	Communicate to GPs by September 2016	Lindsey Sills	
Ensure care and support provided to vulnerable residents addresses wider health needs including healthy eating and physical activity	Explore opportunities for social worker training on healthy eating and physical activity (potentially via PH advice or Health Champions healthy eating and physical activity modules)	Training delivered. Social workers confident in sourcing reliable, up-to-date healthy eating information and signposting carers to this. Healthy eating and assisted shopping support incorporated into Care Plans.	Officer time Health Champions programme budget	By end March 2017	Lindsey Sills Debbie Redknapp (CS)	

Prompting individuals to change, primarily through self help

Strategy objective <i>What we are trying to achieve</i>	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations
	Encourage vulnerable families, in-house foster carers and adoptive parents to make use of available healthy lifestyle support and training e.g. HAC Family Cookery course	Vulnerable families, in-house foster carers and adoptive parents attend available courses Timely and improved attendance in relation to health assessments	Officer time Training budgets for courses Existing information/resources (e.g. NHS Choices)	By end March 2017	Robert South (CS) Gary Jones/ Lisa Reid (CS)	
	Integrate healthy eating and physical activity requirements into children's Care Plans	Children's social workers monitor via 6-weekly visits Independent reviewing officers monitor in biannual children's LAC reviews Supervising social workers monitor via annual review of foster carer	Officer time Existing information/resources (e.g. NHS Choices) Consider capacity to monitor knowledge/behaviour change amongst carers, children and young people (e.g. baseline and review questionnaire)	By end March 2017	Robert South (CS) Gary Jones/ Lisa Reid (CS)	
	Explore opportunities to integrate greater support for healthy eating and physical activity into commissioned care packages	Included in contracts with placement providers	Officer time	By end Dec 2016	Debbie Redknapp (CS)	
Ensure obese women are effectively supported during pregnancy Increase rates of	Review antenatal care pathway		As a minimum, officer/clinician time	By end Dec 2016	Mark Ansell (PHS) NELFT	
		Increase in breastfeeding rates.	NELFT budget and officer time	By end March 2017	PH / CCG / CSU commissioner	

Prompting individuals to change, primarily through self help						
Strategy objective <i>What we are trying to achieve</i>	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations
breastfeeding	NHS (maternity and HVs) and early years settings to adopt a consistent, evidence based approach to breastfeeding (ideally working towards Baby Friendly accreditation) and weaning practice	NEL infant feeding leaflet distributed Infant feeding cafés continue in two children's centres Havering Breastfeeding Steering Group continues to meet regularly with cross-organisation representation Children's Centre staff access UNICEF training	PH budget for Children's Centre staff training LBH staff time Breastfeeding Peer Supporters (NCT and LatchOn) time		Helen Anfield (Early Help) Claire Alp/ Natalia Clifford	
Ensure care pathway is in place for obese children and adults	Review and agree care pathway for obese children and adults	Equitable access according to need to limited resources	Officer time in first instance	By end Dec 2016	Mark Ansell Clare Burns	

6.0 Key Performance Indicators

Ref.	Description	Current performance (RAG rated)	Direction of travel	Target (if any)
	Breastfeeding – breastfeeding initiation (2014/15, PHOF indicator 2.02i)	● 73.3%	⇨	
	Breastfeeding – breastfeeding prevalence at 6-8 weeks after birth (PHOF indicator 2.02ii)	○ -		
	Excess weight in 4-5 and 10-11 year olds – 4-5 year olds (2014/15; PHOF indicator 2.06i)	● 23.7%	⇨	
	Excess weight in 4-5 and 10-11 year olds – 10-11 year olds (2014/15; PHOF indicator 2.06ii)	● 35.9%	⇧	
	Schools with accredited travel plans (2014/15; TfL STARS)	○ 56.7%	⇩	
	Take up of school meals – take up by Free School Meal ineligible children (Havering Catering Services school meal uptake data) ¹	Baseline data available April 2016		
	Take up of school meals – take up of Free School Meals by eligible children (Free School Meal Eligibility Checking Service and Havering Catering Services) ¹	Baseline data available April 2016		
	Take up of school meals – take up of Universal Infant Free School Meals (Havering Catering Services school meal uptake data) ^{1,2}	Baseline data available April 2016		
	Healthy Schools London – schools with a current award (2014/15 school year, Healthy Schools London award data)	○ 24		
	Fruit and vegetable intake – proportion of the population meeting the recommended ‘5-a-day’ (2014; PHOF indicator 2.11i)	● 52.9%		
	Excess weight in adults (2012-14; PHOF indicator 2.12)	● 65.5%		
	Percentage of physically active and inactive adults – active adults (2014; PHOF indicator 2.13i)	● 57.0%	⇧	
	Commuting by public transport - % of trips in Havering made by bike (2012 -15; TfL)	○ 0.9%	⇩	2.5% (2025/26)
	Number of Health Champions trained (2014/15; London Borough of Havering Council)	○ 207		

Legend

●	Worse than England	⇧	Upward trend
●	Similar to England	⇨	Constant
●	Better than England	⇩	Downward trend
○	No comparison		No trend data

¹ School Meal data covers Infant, Junior and Primary Schools but not Secondary Schools.

² Havering Catering Services data will provide average take up of UIFSM over one school term, and has thus been selected in preference to data reported nationally which indicates take up on a single day as provided in the school census.

Related documents

The Executive Summary of Obesity Needs Assessment is provided as Appendix 1. The full document is online.

The consultation process involved reference to the following strategies:

Arts Strategy 2013-15

Child Poverty Strategy

Children and Young People's Plan 2014 - 2017

Core Strategy and Development Management Policies Development Plan

Culture Strategy 2012-14

Havering Clinical Commissioning Group Prospectus 2013-14

Health and Wellbeing Strategy 2015-2018

Local Implementation Plan 2012

London Borough of Havering's Corporate Plan

Parks and Open Spaces Strategy 2013-15

Sport and Physical Activity Strategy 2013-15

Actions related to the prevention of obesity will continue to be integrated into strategies and action plans as they are reviewed and developed in the future.

Consultation

A list of all stakeholders involved in the consultation on this strategy is provided in Appendix 2. The Strategy Development Group will continue to draw on this cross-borough engagement and ensure representation across all services.

Authorisation and communication

This strategy has been drafted at the request of the Havering Health and Wellbeing Board. Once agreed, the strategy will be placed on the Council and CCG websites.

Evaluation and review

An annual report will be presented to the H&WB detailing progress against the rolling annual action plan and performance against the agreed KPI set.

Further information

Queries about the strategy and requests for further information should be directed to the LBH Public Health Service publichealth@haverling.gov.uk.

Equality Impact Assessment

An EIA of the strategy is provided as Appendix 3.