Update June 2021: Since the obesity plan was drafted for the Health and Wellbeing Board in March 2020, the COVID-19 pandemic has meant that some services and actions may be delayed and the deadlines may need adjustment. The period of lockdown and social distancing has the potential to slow down the roll out of services, and in some cases there is a back log of appointments. Some of the primary actions – such as gaining service user feedback and developing weight management support for children and young people will now take place later in the year. Other services such as the Watford FC Weight Management service have been adapted to offer online support and the impact on outcomes of these changed will be closely reviewed. We are still committed to delivering this plan for Harrow and all efforts will go into meeting our goals and aspirations while maintaining quality.
Introduction

This plan describes the strategic aims and objectives and then the detailed actions that will take place to prevent and treat excess weight in Harrow between 2020-24. The action plan below shows our 2020-21 position and will be updated annually.

As part of our ‘whole system approach’ a group of stakeholders including Primary care, Paediatrics, Community Dietetics, Health Visiting, School Nursing, Planning, Early Support services (including Children’s Centres), Public Health, Transport, Environmental Health, Parks, Harrow Leisure Centre and Exercise on Referral provider Everyone Active, Schools and Harrow Clinical Commissioning Group have been working together to interpret the picture presented in the Harrow Obesity Needs Assessment 2020. We worked together to identify our assets in Harrow and make a partnership plan making the most of our momentum and resources to prevent and treat excess weight.

The recommendations from the Obesity Needs Assessment 2020 form the themes for this plan, which are;

- Overarching levers and issues we need to address to have an effective response to the problem in Harrow
- Planning a better environment
- Prevention of obesity for children and adults (including maternity) (Tier 1)
- Community based weight management and lifestyle services (Tier 2)
- The route to specialist obesity services for adults and children and young people in Harrow (Tier 3)
**A brief overview of obesity and overweight in Harrow**

There are myriad health risks associated with obesity, including an increased risk of stroke, cardiovascular disease, type II diabetes, depression and some types of cancer. (1) There is also a clear dose response relationship between BMI and disease implying that any reduction in BMI may be beneficial for health and health and all other care services for vulnerable people. (2) Obesity is caused by an imbalance in energy consumption and expenditure, of which over-consumption of calorie dense foods and a lack of physical activity are important determinants.

The Active Lives survey 2017/18 estimated that just over half (52.9%) Harrow adults are either overweight or obese. Using the 2018 mid-population estimate for the Harrow adult CCG population and applying the Active Lives prevalence we can estimate 101,462 adults residents were overweight or obese. Harrow has higher rates than London and England of physical inactivity in adults (32%) which is a determinant of overweight.

The environment in which our residents live affects both how active they are and what you eat. Currently fast-food, which is generally high in energy content and low in nutritional value, is readily available in Harrow – the density of fast food outlets (compared to other food shops) is increasing in most Harrow wards. In 2019 12 schools in Harrow were found to have more than 4 fast-food outlets within 400m of the school.

In 2017/18 94.5% of Reception children and 94.9% of Year 6 children in Harrow participated in the National Childhood Measurement programme (NCMP). This showed that 8.8% of Reception children were obese and that by the end of primary school this was 20%.

For more information please see the full Obesity Needs Assessment 2020 available at: [https://www.harrow.gov.uk/health-leisure/joint-strategic-needs-assessment/2?documentId=12490&categoryId=210266](https://www.harrow.gov.uk/health-leisure/joint-strategic-needs-assessment/2?documentId=12490&categoryId=210266)
The governance and monitoring of the Harrow Obesity Plan

The monitoring of this action plan will be completed by the Harrow Obesity Stakeholder group who will report updates to the Harrow Health and Wellbeing Board annually and the action plan will be updated annually (and so the one below is for 2020-21). The Obesity Stakeholder group will have designated ‘system leaders’ for each action plan and smaller groups may also meet to deliver what success looks like.

Harrow Obesity Plan Key Aims by 2024:

- To engage with the issue of excess weight in Harrow with a whole system approach maximise the efficient use of resources, assets and momentum for change
- To have a clearly communicated pathway for prevention, treatment of excess weight for everyone who needs it and a plan to reduce the obesogenic elements within our environment

Harrow Obesity Plan Objectives to achieve by 2024 unless otherwise stated:

1. To strategically address our obesogenic environment with actions that form a whole system approach
2. To have a fully specified and functioning pathway for excess weight for children and adults and maternity by end of March 2021
3. To have a reference point for information on how to access services that prevent and treat excess weight for residents and professionals by end of March 2021
4. To have at least 300 adults with a BMI of 30+ seen as part of the Shape Up programme (tier 2) in 2020-21 (further years will be confirmed annually after budgets and commissioning plans are finalised).
5. To have a fully functioning excess weight treatment and prevention pathway for children and young people including tier 2 weight management services commissioned and operational by March 2021 (further year aspirations will be confirmed annually depending on Public Health resource allocation and when commissioning plans are finalised).
# Harrow Obesity Action Plan 2020 -21

## 1. Actions: Overarching themes and recommendations

**System leader: Public Health**

<table>
<thead>
<tr>
<th>Strategic Actions for Pathway Group:</th>
<th>Lead</th>
<th>Success measure</th>
<th>KPI</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. An operational pathway should be specified and agreed by the stakeholder group for Adults, Maternity and Children and have synergy with the current Active Harrow Strategy and action plan.</td>
<td>Public Health and CCG (Commissioners)</td>
<td>1. An operational pathway in line with national guidance and linking to the Active Harrow Strategy</td>
<td>1. Number of referrals to tier 2 services</td>
<td>March 2022 (completed)</td>
</tr>
<tr>
<td>2. A communications plan that uses mixed methods and takes into consideration the culturally specific needs of the Harrow population should be developed including key messages to be reinforced by stakeholders and all signed off by the Adult and Children and Young People Obesity Stakeholder Groups</td>
<td>Council Communications</td>
<td>2. Engagement from stakeholders through the pathway group and implementation of Obesity Communications Plan</td>
<td>2. Operational Communication s plan</td>
<td>March 2022</td>
</tr>
<tr>
<td>3. A webpage should be developed to advise professionals and residents on the services for treatment and prevention of excess weight and including the key messages and this should be promoted in the communications plan above to a wider groups of professionals.</td>
<td>Public Health</td>
<td>3. An operational information point and number of hits on the webpage</td>
<td>3. Number of clicks</td>
<td>March 2022</td>
</tr>
<tr>
<td>4. Opportunities for self and professional assessment should be identified and promoted as part of the pathway in the Obesity Communications Plan</td>
<td>All Stakeholders</td>
<td>4. Operational weight assessment tools in settings across Harrow identified and referral to appropriate tier 2 services (including self assessment and referral)</td>
<td>4. Number of self assessment tools promoted</td>
<td>March 2022</td>
</tr>
<tr>
<td>5. Resident views and service user feedback should be gained on the proposed Obesity Plan as part of the stakeholder feedback</td>
<td>Public Health</td>
<td>5. Residents consultation via the Residents survey and service user feedback scheduled via the community dietetics services</td>
<td>5. Number of respondents</td>
<td>July 2020 (completed)</td>
</tr>
<tr>
<td>6. Harrow Obesity system leaders should be identified and agreed and become the leads for relevant actions and success measures in this action plan.</td>
<td>All System leaders</td>
<td>6. A finalised action plan with regular Obesity Stakeholder meetings to monitor</td>
<td>KPI</td>
<td></td>
</tr>
</tbody>
</table>

- **KPI**: Key Performance Indicator
- **Date**: Date of completion

- 1. March 2022 (completed)
- 2. March 2022
- 3. March 2022
- 4. March 2022
- 5. July 2020 (completed)
- 6. Completed
### 2. Actions: Planning an environment that promotes being active and availability and accessibility of healthier food

**System leader: Calum Sayers – Planning/ Annabelle Fosu – Transport/ Dave Gilmour – Environmental Health tbc**

<table>
<thead>
<tr>
<th>Strategic Actions for Pathway Group:</th>
<th>Lead</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Support and input from the Obesity Stakeholder group should be made into strategic Planning such as the development of New Harrow Local Plan policies on fast food takeaway restriction close to schools.</td>
<td>Public Health/Planning</td>
<td>1. The development of new policies in the New Local Plan which will see the restriction of any new fast food takeaways within 400m of schools</td>
<td>1. Local Plan policies finalised</td>
<td>March 2021 (completed)</td>
</tr>
<tr>
<td></td>
<td>Public Health/Planning</td>
<td>2. The development of a new approved HIA process</td>
<td>2. Number of HIAs completed</td>
<td>March 2021</td>
</tr>
<tr>
<td>2. A partnership between the Obesity Stakeholder Group and Planning to develop a new Health Impact Assessment process which would mean new developments maximised the opportunities to build an environment which promotes health through healthier eating and being active.</td>
<td>Transport</td>
<td>3. Attendance in the pathway group from Transport and completed examples of joint working, and the completion of targeted support for schools on active travel with higher obesity</td>
<td>3. Number of transport initiatives delivered</td>
<td>March 2021 (completed)</td>
</tr>
<tr>
<td>3. Strategic links should be developed between the Obesity Stakeholder groups and the Harrow Council Active Travel programme including the new Healthy Streets Officer's portfolio – including the sharing of data on with schools with high obesity so that additional support can be offered to them on promoting and facilitating active travel and working with work workplaces on active travel.</td>
<td></td>
<td></td>
<td></td>
<td>March 2021</td>
</tr>
<tr>
<td>4. The Harrow Healthier Hot Bites Award should continue to be supported and offered as part of the food hygiene visits by Environmental Health but the profile of the award should be raised</td>
<td></td>
<td>4. The Hot Bites award should be included in the Obesity Communications plan</td>
<td>4. Number of Hot bites awards</td>
<td>March 2022</td>
</tr>
<tr>
<td>5. The promotion of healthy and affordable food: Key messages to all settings on affordable and healthy convenience food</td>
<td></td>
<td>5. Key messages about healthier convenience food should be included in the Obesity Communications plan</td>
<td></td>
<td>March 2022</td>
</tr>
</tbody>
</table>
# Action Plan: Prevention and Treatment of Excess Weight in Early Years

**System Leader:** Andrea Lagos and Jonathan Hill Brown – Public Health

### Strategic Actions for Pathway Group:

<table>
<thead>
<tr>
<th>Lead</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Health</strong></td>
<td>1. Number of EY settings trained and delivering Busy Feet</td>
<td>1 and 2. To have physical activity and healthy eating opportunities by in Early Support Services in every Harrow Children’s Centre</td>
<td>Mar 22</td>
</tr>
<tr>
<td></td>
<td>2. Tbc</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Development of a way to monitor the local uptake of the Baby Buddy App</td>
<td>3 and 4. To have a specified tier 1 and 2 pathway that can then be communicated to all professionals in 2021</td>
<td>Mar 22</td>
</tr>
<tr>
<td></td>
<td>4. Development of pathway and guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Review of training needs, training provided, number attended and evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Number of new Early Years and Schools in Harrow achieving the awards</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Incorporate and promote local physical activity services in early years settings including the promotion and monitoring of Busy Feet

2. Continuation of healthy eating as part of the healthy lifestyle work by Early Support services (including Children’s Centres)

3. Continuation of the rolling out of the Baby Buddy App (as part of the NW London Obesity Programme) as part of the advice given to mothers by Harrow Health Visitors

4. Any changes to the pathway should also include training on the key messages for brief interventions for School Nurses, Primary Care and Health Visiting so that they have the messages and tools to use contact time effectively and include best practice on cultural requirements, positive self esteem, body image.

5. The delivery of the Healthy Schools London and Healthy Early Years award where both have key roles in promoting healthy eating and physical activity in all settings.
# 4. Action plan: Prevention in Schools

**System leader:** Rob Hawkes – School Improvement Team – Harrow Council/Andrea Lagos Public Health/Alicia Morton - Transport

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Encourage schools to access specialist support particularly regarding the use of DfE School Sports funding tbc</td>
<td>PH &amp; HSIP, Public Health</td>
<td>Schools signed up for Healthy Schools London award</td>
<td>1. Number of schools signed up for Healthy Schools London</td>
<td>March 21 (ongoing)</td>
</tr>
<tr>
<td>2. Create support around fast food, water only schools and healthy eating approaches in school</td>
<td>Public Health/Transport</td>
<td>Establishment of a school health network tbc - Speak to Andrea tbc</td>
<td>2. Number of schools operating water only policies</td>
<td>Mar 21 (completed)</td>
</tr>
<tr>
<td>3. Schools should be encouraged to sign up to the Daily Mile and TfL’s STARS programme and other physical activity schemes and work closely with school nurses who can deliver health promotion workshops to schools.</td>
<td>Public Health/Transport</td>
<td>Establishment of a school health network tbc</td>
<td>3. Number of Daily Miles in operation and of Engaged Schools in STARS</td>
<td>Mar 21 (completed)</td>
</tr>
<tr>
<td>4. The NCMP data on obesity by school should be used address needs around healthy eating and keeping active</td>
<td>Public Health/Transport</td>
<td>NCMP data analysed by school</td>
<td>4. Number of initiatives targeted based on needs identified in the NCMP and work with the Healthy Streets officer</td>
<td>Mar 22</td>
</tr>
</tbody>
</table>
5. Action plan: Treatment of children who are overweight (tier 2)
System leaders: Jonathan Hill-Brown – School Nursing and Health Visiting Commissioner, Public Health

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. Review the NCMP pathway and consider proposal to commission an age specific weight management service based on NICE guidance (tier 2) linking appropriately with other pathways such as diabetes, mental health and looking at timing of NCMP letters. Services should carefully consider the needs of the Harrow population – food and language needs.</td>
<td>PH and SN</td>
<td>1. Review of tier 2 completed and procurement of services where necessary</td>
<td>To have a specified AND functioning tier 1 and 2 pathway that is communicated to all professionals with data to analyse on numbers and outcomes</td>
<td>March 2022</td>
</tr>
<tr>
<td>2. Guidance to be produced for primary care regarding NCMP pathway, and correspondence with parents should be adapted to reflect co-design with families and any pathway changes, messaging should be evidenced based and in consultation with dietetics and reflect the communications plan messaging.</td>
<td>PH and SN</td>
<td>2. Development and circulation of guidance of the children and young people’s obesity pathway to primary care</td>
<td></td>
<td>Complete</td>
</tr>
<tr>
<td>3. The pathway should be linked to other relevant strategic approached such the Early Health Strategy in Social Care and mental health services such as IAPT services</td>
<td>Public Health/ Social Care</td>
<td>3. Services and Strategies this plan is linked to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Any changes to the pathway should also include training on the key messages for brief interventions on healthy eating, weight and physical activity for School Nurses, Primary Care and Health Visiting to have the messages and tools to use contact time effectively and include best practice on positive self esteem, body image and cultural differences</td>
<td></td>
<td>4. Training session developed and delivered, number of attendees</td>
<td></td>
<td>Complete</td>
</tr>
</tbody>
</table>
### 6. Action plan: Treatment of children who are obese (tier 3)

**System leader: Jason Parker CCG**

<table>
<thead>
<tr>
<th>Strategic Actions for Pathway Group:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Establish a clear pathway with all commissioners and synergy with other relevant services (e.g. mental health, diabetes) and incorporate in the training and information disseminated in communications plan</td>
<td>Public Health and CCG</td>
<td>Specified pathway for t1-3</td>
<td>To have a specified AND functioning tier 3 pathway that is communicated to all professionals with data to analyse on numbers and outcomes</td>
<td>March 2023</td>
</tr>
</tbody>
</table>
7. **Action plan: Prevention of adults obesity (Tier 1) including maternity**

**System leader: Anna Kirk Public Health**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1. A new Adult Obesity Pathway should be developed in Harrow which includes physical activity and brief advice for those with a BMI of over 25. The pathway should recognise the need for culturally specific approaches and resources and link to other relevant services for referrals and key messages such as NHS Health Checks, Diabetes and pre diabetes services, IAPT, Stop smoking and alcohol services.</td>
<td>Public Health</td>
<td>• An operational pathway in line with national guidance</td>
<td>To have a specified AND functioning tier 3 pathway that is communicated to all professionals with data to analyse on numbers and outcomes</td>
<td>Mar 2021 Completed</td>
</tr>
<tr>
<td>2. A communications plan of the agreed Adult Obesity Pathway should be developed and shared across all stakeholders</td>
<td>Public Health</td>
<td>• Implementation of communications plan</td>
<td>Number of people trained from key professional groups</td>
<td>Not yet started</td>
</tr>
<tr>
<td>3. Any changes to the pathway should also include training for frontline staff (clinical, social services, housing, pharmacy) on the Making Every Contact Count providing key messages for brief interventions on healthy eating, weight and physical activity to give staff the tools to use contact time effectively. Free exercise opportunities should be highlighted as well as the social and wellbeing benefits.</td>
<td>Library, Sport and Leisure</td>
<td>• Training on brief advice and MECC tbc</td>
<td></td>
<td>MECC beginning Feb 22</td>
</tr>
<tr>
<td>4. A universal means of the promotion of physical activity such as the council webpage <a href="http://www.harrow.gov.uk/getactive">www.harrow.gov.uk/getactive</a></td>
<td>Public Health</td>
<td>• Accessible website</td>
<td>Clicks on website</td>
<td></td>
</tr>
<tr>
<td>5. Development and systematic promotion of physical activity opportunities for specific and vulnerable adult groups such as people with disabilities and people with poor mental health and their carer. Examples include Everyone Active’s walking netball and chair exercise sessions which promote the social aspect of meeting up for exercise for older people.</td>
<td>Public Health</td>
<td>• Development and promotion of physical activity opportunities for vulnerable groups as part of the pathway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Development of a workplace health guidance to engage with employers in Harrow and include smaller and medium sized businesses that includes promotion of healthy eating/catering advice and physical activity opportunities</td>
<td>Public Health / EH</td>
<td>• Support for Environmental Health to deliver advice to workplaces on health and safety visits</td>
<td>Number of health and safety visits that incorporate healthy eating advice</td>
<td></td>
</tr>
</tbody>
</table>
## 8. Treatment of Adults (including maternity) who are overweight (Tier 2)
**System leader: Anna Kirk Public Health**

<table>
<thead>
<tr>
<th>Strategic Actions for Pathway Group:</th>
<th>Lead</th>
<th>Success Measure</th>
<th>KPI</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A review of tier 2 weight management interventions and insights into barriers to access from pilots in 2018-20 to commission a more flexible weight management service in 2020-21 that considers the needs for culturally specific approaches</td>
<td>Public Health (commissioner)</td>
<td>1. Completed appropriate procurement of tier 2 services</td>
<td>To achieve 300 people taking up some kind of Tier 2 offer in 2020-21</td>
<td>Completed</td>
</tr>
<tr>
<td>2. A review of the identification of overweight and obesity in adults including maternity, and access and mapping of weight management services including Shape Up, Community Dietetics and Exercise on Referral to inform improvements to accessibility as part of the pathway redesign</td>
<td></td>
<td>2. Completed review of identification as part of the pathway redesign</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>3. There should be a GP champion for each PCN that acts as a link between public health and primary care. This should also be linked closely with the pre-diabetes work and programmes to incentivise practices on both obesity and prediabetes. They will help implement new proposals and disseminate information to other health professionals including Healthcare Assistants. They will also ensure that excess weight is being appropriately addressed in general practice</td>
<td></td>
<td>3. Number of overweight and obese people referred to Tier 2 services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>