

# Enfield Healthy Weight Strategy- DRAFT

## Tackling Obesity is everybody's business

**2018 – 2021**

*'Modifying the environment in a sustainable manner that makes healthy behaviours the most natural, easy, and rewarding response, is the only effective way to change behaviours' (JM Boris et al., 2012: 35)*

### Version Control

| Version | Author(s)                  | Date       | Changes                            |
|---------|----------------------------|------------|------------------------------------|
| 1.0     | AB                         | 25/06/2018 | First Draft                        |
| 2.0     | GS, MT, GM, DC             | 2/07/2018  | Edited                             |
| 3.0     | Healthy Weight Partnership | 3/10/2018  | Further development of action plan |

## Introduction

### i) **Obesity- why does it matter?**

Obesity is a major problem in Enfield; in 2016/17 1093 five year olds and 1711 eleven year olds were overweight or obese, and an estimated 152,040 adults carry excess weight.

Obesity is having an impact on our residents lives now, across the generations. Overweight and obese children are more likely to struggle with low self-esteem, bullying and have problems achieving their potential in school. They are also more likely to become obese adults; children who are overweight or obese at age four to five years tend to remain so at age ten to eleven years and are more likely to enter adulthood being overweight or obese<sup>1</sup>, putting them at an increased risk of long term conditions. What used to be referred to as 'adult onset diabetes' is now 'Type 2 diabetes' and is increasingly diagnosed at younger ages.

There is a strong but complex relationship between socioeconomic status and childhood obesity. Low incomes directly constrain the diet and physical activity choices families can make. Education levels, along with the cognitive burden of living under financial strain, are also associated with behaviours that lead to higher rates of childhood obesity. In Enfield, there are stark inequalities in levels of child overweight and obesity, with prevalence among children in the most deprived parts of the Borough nearly double that of children in the least deprived areas.

Obesity has significant health and social care costs associated with its treatment and consequences, as well as costs to the wider economy arising from chronic ill health. It's linked to over 30 diseases including type 2 diabetes, heart disease and cancer, with associated health problems estimated to cost the borough some £84.1 million per year<sup>2</sup>. Even this may be optimistic; the National Obesity Forum is now reporting that the previous projections of 'only' 50% of the adult population in the UK will be obese by 2050 (and associated national costs of £50 billion) may be unrealistic<sup>3</sup>.

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<sup>1</sup> <https://local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf>

<sup>2</sup> The UK's Faculty of Public Health (2008) Healthy Weight, healthy lives: A toolkit for developing local strategies

<sup>3</sup> National Obesity Forum (2013) State of the Nation's waistline. Obesity in the UK: Analysis and expectations

Crucially, obesity is preventable. So how is it that obesity has tripled in the UK in the past 30 years? Genetic change occurs over hundreds or thousands of years, potentially indicating the cause of this increase as being primarily environmental and societal. Therefore, our strategy to tackle obesity will focus on taking a whole systems approach, reflecting that obesity is a complex problem. This approach requires multiple, coordinated actions to change the food, physical activity and social environments from one that is 'obesogenic' e.g. that promotes an unhealthy diet and discourages physical activity to one which promotes a healthy weight. Doing nothing is not an option; tackling obesity must be everybody's business.

## **ii) Health in All Policies**

Enfield Council has set out a commitment in the Corporate Plan 2018-2022 to build measures into all strategies and projects that help improve people's health; Health in all Policies (HiAP) makes health a priority in decision making. It is an approach that seeks to ensure that the Council is doing all it can to create and improve people's physical and social environments. It also makes the best use of existing community assets so that residents feel empowered to mutually support each other to improve their lifestyles and reach their full potential.

HiAP seeks to make 'the healthy choice the easy choice', linking environmental changes into behavioural changes for individuals. This will mean that people will walk and cycle because their streets are safe and pleasant; children will eat more healthily because they have better access to fruit and vegetables; and tobacco consumption will become increasingly abnormal.

The obesity epidemic can be best tackled by taking a whole systems approach, which is enabled by HiAP. It recognises the range and complexity of causes of obesity and supports a system wide approach to understanding and addressing health inequalities. It draws on the strengths of the Local Authority, fitting with its business priorities and recognising that councils can achieve better and more effective results by engaging their community and local assets.

## **iii) Vision for Enfield**

Our vision is that Enfield will be a place where all residents can easily make healthy food choices, stay physically active and maintain a healthy weight throughout their lives.

## **iv) Strategic objectives**

The strategy will achieve this by taking a whole systems approach to tackling obesity across the local system. This means

1. Ensuring all local planning and policy decisions have a focus on creating and preserving health-promoting environments, thereby making the healthy choice the easy choice
2. Ensuring that all health, social care, educational and workplace settings encourage and support healthy eating, active travel and physical activity, particularly in early years to enable children to have the best start in life
3. Providing residents with the knowledge, skills and opportunities to eat healthily, be active and maintain a healthy weight
4. Making tackling obesity everybody's business by working in partnership across sectors, and by developing a local workforce that is confident and competent in supporting people to make healthier choices

**v) Outcomes**

- A sustained downward trend in the level of excess weight in children by 2024
- A downward trend in the level of excess weight averaged across all adults by 2024

## Prevalence of Overweight and Obesity in Enfield

### Prevalence of Excess Weight in Reception Year

National Child Measurement Programme 2014/15 – 2016/17



**One in Four** children in Reception Year is overweight or obese in Enfield (24.2%)

Child overweight, including obesity: BMI  $\geq$  85<sup>th</sup> centile of the UK90 growth reference

Data collected from academic years 2014/15 – 2016/17 shows that the average prevalence of excess weight in reception year pupils is 24.2%. This is significantly higher than London (22.2%) and England (22.2%) averages. 3.0% of reception year pupils are severely obese,

equating to 130 pupils.

29.9% of children in the top 10% most deprived parts of the Borough are overweight or obese, compared to 16.6% of children in the 10% least deprived parts of the Borough.

Edmonton Green (29.3%) and Enfield highway (29.3%) had a significantly higher prevalence of excess weight in pupils compared to the Enfield average (24.2%). The prevalence of excess weight by ethnicity in this year group is significantly higher in African (32.6%) and Turkish/Kurdish (31.9%) pupils compared to the Enfield average (24.2%).

### Prevalence of Excess Weight in Year 6

National Child Measurement Programme 2014/15 – 2016/17



**Two in Five** children in Year 6 is overweight or obese in Enfield (41.5%)

Academic year 2014/15 to 2016/17 data shows that the average prevalence of excess weight in year 6 pupils is 41.5%. This is significantly higher than London (37.9%) and England (33.87%) averages. 251 Year 6 pupils were identified as severely obese in

2016/17, equating to 6.1% of all the children measured.

47.4% of children in the top 10% most deprived parts of the Borough are overweight or obese,

compared to 26.2% of children in the 10% least deprived parts of the Borough.

Upper Edmonton (47.1%), Ponders End (46.9%), Enfield Highway (46.4%), Lower Edmonton (46.0%) and Edmonton Green (45.8%) had a significantly higher prevalence of excess weight in pupils compared to the Enfield average (41.5%). The prevalence of excess weight by ethnicity is significantly higher in Turkish/Kurdish (51.1%) and African (45.5%) pupils compared to the Enfield average (41.5%).

### Prevalence of Excess Weight Among Adults

PHE based on Active Lives Survey, Sport England, 2016/17



**Three in Five** adults  
in Enfield are  
overweight or obese  
(61.4%)

Adult overweight (including obesity)/excess weight: BMI  $\geq$  25kg/m<sup>2</sup>

There is no robust local information on adult BMI in Enfield, however the *Active Lives Survey* (2016) estimated that 61.4% of adults (approximately 152,040 adults) in Enfield are overweight or obese. This is similar to England (61.3%) and significantly higher than London (55.2%).

Without intervention, it is estimated that about 75% of men and women in the UK will be overweight or obese by 2030.<sup>4</sup> It's likely that the prevalence of overweight and obesity in Enfield will increase in line with national predictions.

Health Survey for England<sup>5</sup> data indicates that by the age of 55 some 70% of the adult population is either overweight or obese. Data would therefore indicate that by Reception Year 25% of pupils are either overweight or obese, by Year 6 40% and by age 55 70%. This would suggest that the influences of childhood obesity are the same as adult obesity. It would also suggest that work to reduce prevalence of obesity needs to take place across the entire population.

## Causes and solutions to obesity

<sup>4</sup> European Society of Cardiology (2014), Adult obesity predicted in almost all European countries by 2030.

<sup>5</sup> <http://www.hscic.gov.uk/catalogue/PUB16077>

## What causes overweight and obesity?

At a simple level obesity is an imbalance of energy in and energy out. However, obesity has no single cause and is the result of many factors operating at several levels, at different stages in an individual's life. Evidence from the '*Foresight Tackling Obesities: Future Choices – Project Report*'<sup>2</sup> was used to summarise over 100 factors that directly or indirectly influence energy balance and this was presented in a complex obesity system map. This complex obesity map has been simplified and divided into seven predominant themes (see Figure 2):

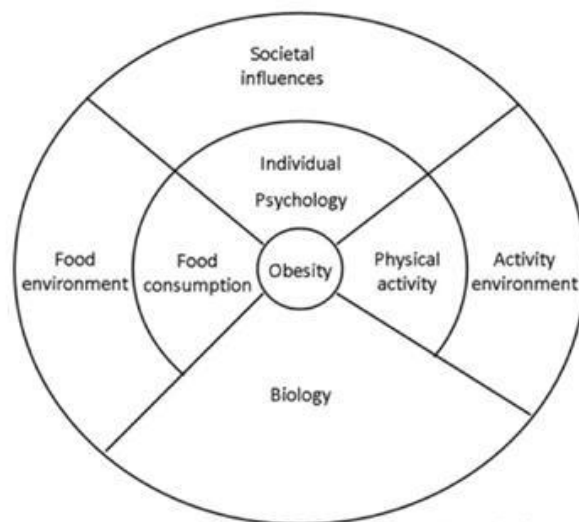


Figure 2: Simplified Foresight obesity map, 2007

The 'obesogenic environment' is a term which has been used to describe the range of social, cultural and infrastructural conditions that influence an individual's ability to adopt a healthy lifestyle. This includes the way that towns and cities are designed, the availability of safe, pleasant and direct walk and cycle ways, the prominence of escalators rather than stairs, access to well-maintained parks and recreational resources and the proliferation of fast food outlets. While some of these influences are within the control of local authorities, they are not simple to change and changes to them will only be achieved over the long term. Enfield has already made some progress over the past few years with extensive investment in Cycle Enfield, restriction of take-aways within 400m of schools and achievement of Food for Life Silver Catering Mark for school meals. However, tackling obesity effectively will require the development of a sustained 'whole systems approach', joining up the many influences on obesity that promotes transformative, coordinated action across a wide variety of sectors.

## Addressing the causes of obesity

- **Moving Upstream**

In the Lancet review of global obesity, Swinburn et al., (2011) also called for more upstream action; depicting the key drivers of the global obesity epidemic and presenting an overview framework for understanding population level obesity determinants and solutions (Figure 3). The more distal drivers are to the left and the environmental moderators that have a lessening or heightening effect are shown, along with some examples. The usual interventions for environmental change are policy based, whereas health promotion programmes can affect environments and behaviours. Drugs and surgery operate at the physiological level. The framework shows that the more upstream interventions that target the systemic drivers might have larger effects, but their political implementation is more difficult than health promotion programmes and medical services.

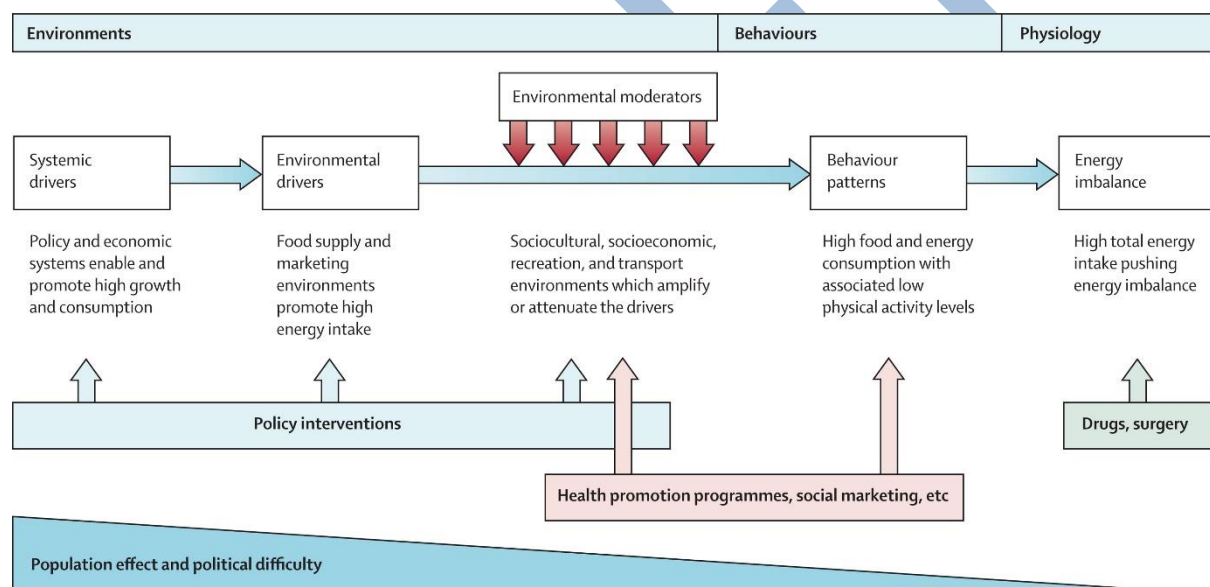


Figure 3: A framework to categorise obesity determinants and solutions<sup>6</sup>

Early learnings from the Leeds Beckett Whole Systems Approach project<sup>7</sup>, commissioned by PHE in partnership with the LGA and the ADPH, also stresses the importance of moving interventions

<sup>6</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60813-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60813-1/fulltext)

<sup>7</sup> <https://publichealthmatters.blog.gov.uk/2015/10/14/designing-a-whole-systems-approach-to-prevent-and-tackle-obesity/>



upstream, and of the need to combine approaches that address the wider environment at the same time as meeting the needs of those most at risk, including those already overweight and obese. If these two elements are not combined, there is a risk that the environment that drives obesity will remain unchanged making it harder for those at risk to maintain any changes to their lifestyles; conversely, if only the environment is changed without investing in tackling existing excess weight, then only those with greater social capital and other advantages will respond to campaigns and improve their health and the inequalities gap is likely to grow.<sup>8</sup>

- **Taking a Whole Systems Approach**

A Whole Systems Approach to Obesity (WSO) moves away from silo working on isolated short-term interventions to working with stakeholders across the whole system to identify, align and review a range of actions to tackle obesity in the short, medium and long term.<sup>9</sup>

It's suggested that a WSO has the following characteristics<sup>10</sup>

- Recognises that obesity is the product of a complex web of interacting and changing causes and influences and as such requires a cross sector approach, not just a public health response
- Combines bringing together all the partners that can have a bearing on obesity with using “systems thinking” to identify the most important factors and make sense of changing dynamics – passage of time, multiple levels, complex influence
- For significant improvements to be made, we need to look at not just the individual contributions of each organisation but also how the whole system works together and can be more than the “sum of its parts”
- Creates a map of moving and interacting drivers and recognises that tackling a single driver in isolation cannot work
- Acknowledges the need for both individual and organisational action
- By moving the interventions upstream, it creates the environment for more effective societal change

The following features may also be required for a successful WSO<sup>11</sup>

- Time is allowed to develop and maintain the WSO

<sup>8</sup> <http://www.leedsbeckett.ac.uk/wholesystemsobesity/news-and-resources-drafting-the-route-map/> Accessed 25.05.2018

<sup>9</sup> <https://local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf>

<sup>10</sup> <http://www.leedsbeckett.ac.uk/wholesystemsobesity/a-whole-systems-approach/> Accessed 25.05.2018

<sup>11</sup> <http://www.leedsbeckett.ac.uk/wholesystemsobesity/a-whole-systems-approach/>

- Considers the wider determinants of health and the complex web of drivers and influences
- Joined up co-ordinated action across a range of partners in both design and implementation
- Maximises opportunities throughout the life course
- Grounded in the Local Authority's wider priorities and policies
- Uses local intelligence to understand options and how change impacts on others in the system
- A comprehensive portfolio of effective policies and interventions of all sizes combining to maximum effect
- Includes actions in the short, medium and longer term
- Identifies and fills gaps across breadth of system
- Universal- tackling the wider environment- but also addressing the vulnerabilities of key groups
- Dynamic element- goes beyond collaboration and focuses on how the system works as a whole
- Maintains and nurtures relationships, creating a robust, owned and sustainable approach, that refreshes thinking to reflect passage of time and new influences and opportunities
- Includes methods to provide on-going feedback into the system

## ACHIEVEING OUR STRATEGIC OBJECTIVES

Taking a whole systems approach will be central to our efforts to tackle obesity in Enfield. Interventions will include both local implementation of national initiatives and local activity specific to the needs of the Borough.

- **The Whole Systems Obesity programme**



The Leeds Beckett *Whole Systems Obesity programme* will provide local authorities with a different approach to tackling obesity. This involves the whole local system of stakeholders recognising that it is a problem that goes far beyond any single department or organisation. It makes tackling obesity everybody's business. The programme is developing guidance and tools to help councils set up a WSA in their local area, which Enfield eagerly awaits.

A key lesson that is emerging from the programme is that taking a WSO requires the right mind set across the council. Practitioners at a local level will need support to think, adapt and work in a way that enables them to work in a whole systems way.<sup>12</sup>

1. **Ensuring all local planning and policy decisions have a focus on creating and preserving health-promoting environments, thereby making the healthy choice the easy choice**

The Built Environment- why it's important:

- Objective data from the Health Survey for England (2008) showed that up to 95% of the population of Enfield may not be physically active enough to maximise benefits to their health. Reasons for this include the progressive elimination of physical activity from everyday life over the past 60 years; there are fewer physical jobs, the home is littered with labour saving devices, leisure is more likely to be sedentary and the transport system has been built around motorised transport rather than walking and cycling.
- By improving the environment in which residents live, work and play, we can make the healthy choice the easy choice.

<sup>12</sup> <https://local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf>

## Examples of what we will do to achieve this

### The Healthy Streets Approach<sup>13</sup>

The Healthy Streets Approach puts people, and their health, at the heart of decision making. This results in a healthier, more inclusive borough, where people choose to walk, cycle and use public transport.

The best way to get more people out walking, cycling and using public transport is to improve the quality of the experience of being on streets. The Healthy Streets Approach focuses on creating streets that are pleasant, safe and attractive, where noise, air pollution, accessibility and lack of seating and shelter are not barriers that prevent people - particularly our most vulnerable people - from getting out and about.



### Health in Planning

A healthy environment promotes physical activity of all sorts and ensures that sustainable transport and active travel is built into everyone's daily life. It helps people to access and choose healthier goods (such as food and drink) and services (such as healthcare) that support them in choosing a balanced diet, leading an active lifestyle and maintaining a healthy weight<sup>14</sup>

**'The health and well-being of communities cannot be an afterthought. It must begin with the planning process.'**  
(Chang et al 2010)

### The Food Environment- why it's important:

- In the UK in the past 100 years, food has become increasingly available whilst its promotion has become increasingly sophisticated. The norms of eating have changed with grazing, snacking and eating on the go, and outside of the home, becoming common. Sugary drinks, savoury snacks and confectionary, often high in fat and sugar, and served in larger portions are increasingly available and promoted. Fruit and vegetables are often either expensive, difficult to find or used as a 'gateway' purchase to encourage purchasing other foods.
- In Enfield, we will focus on changing the food environment in which people live, ensuring healthy food is accessible and affordable.

<sup>13</sup> <https://tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/healthy-streets>

<sup>14</sup> <https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=7166d749-288a-4306-bb74-10b6c4ffd460>

## Examples of what we will do to achieve this

### Declaration on Sugar Reduction and Healthier Food

The Council has signed the Local Government Declaration on Sugar Reduction and Healthier Food, committing to act across six key areas.



**Area 1** Tackle advertising and sponsorship

**Area 2** Improve the food controlled or influenced by the council and support the public and voluntary sectors to improve their food offer

**Area 3** Reduce prominence of sugary drinks and actively promote free drinking water

**Area 4** Support businesses and organisations to improve their food offer

**Area 5** Public events

**Area 6** Raise public awareness

### Sustainable Food Cities

The SFC programme takes a holistic approach to food issues, focusing on six areas:

1. Promoting healthy and sustainable food to the public
2. Tackling food poverty, diet-related ill health and access to affordable healthy food
3. Building community food knowledge, skills, resources and projects
4. Promoting a vibrant and diverse sustainable food economy
5. Transforming catering and food procurement
6. Reducing waste and the ecological footprint of the food system



2. **Ensuring that all health, social care, educational and workplace settings encourage and support healthy eating, active travel and physical activity, particularly early years to enable children to have the best start in life**

Why it's important:


- Schools and Early Years settings have an important role in enabling physical activity, influencing healthy food choices, and promoting good oral health.
- Workplace health is a significant public health issue. Each year more than a million working people in the UK experience a work-related illness. Promoting a culture that improves the health and wellbeing of employees is good management and leads to healthy and productive workplaces.
- Older people are at greater risk of obesity.

| Examples of what we will do to achieve this   |  |
|---|--|
| <b>Healthy Early Years</b><br><br> | <p>Healthy Early Years London is a new programme that aims to reduce health inequalities by supporting a healthy start to life across themes that include healthy eating, oral and physical health and early cognitive development.</p> <p>The Unicef UK Baby Friendly Initiative supports breastfeeding and parent infant relationships by working with public services to improve standards of care.</p> |
| <b>Healthy Schools</b><br><br>     | <p>We will continue to develop work in schools that promote healthy eating, physical activity and emotional health and wellbeing.</p> <p>We will offer all primary schools in Enfield support to embed The Daily Mile, aiming to improve the physical, emotional and social health and wellbeing of children.</p>  |
| <b>Healthy Workplaces</b><br><br> | <p>The London Healthy Workplace Charter provides local businesses with a framework aimed at improving the health and well-being of employees. Among other benefits, successful implementation results in greater staff productivity, a better company reputation and, of course, larger financial benefits (either through cost savings or additional revenue generation).</p>                             |

### 3. Providing residents with the knowledge, skills and opportunities to eat healthily, be active and maintain a healthy weight

Why it's important:

- Individual choices of food and activity behaviours are determined by many factors including parental and family influence, personal beliefs and attitudes, religious and cultural background, the control or perceived control people have over their health and wellbeing, education, income, workplace culture, where people live, their motivation to take up physical activity opportunities and to access healthier food and drinks.
- The best way to help people live longer and healthier lives is to prevent illness in the first place, through action on common risk factors.

| Examples of what we will do to achieve this  |   |
|--|---|
| <b>Obesity care pathway</b>  | We will develop an obesity care pathway   |
| <b>Social Prescribing</b><br> | We will work with Enfield Clinical Commissioning Group to link patients in primary care with sources of support within the community. It provides General Practitioners with a non-medical referral option alongside existing treatment to improve health and wellbeing with a particular focus on obesity. |

#### 4. Making tackling obesity everybody's business by working in partnership across sectors, and by developing a local workforce that is confident and competent in supporting people to make healthier choices

Why it's important:

- One particularly successful example of a community-based intervention is EPODE (Ensemble Prévenons l'Obésité Des Enfants / Together Let's Prevent Childhood Obesity). EPODE has been described as a 'coordinated, capacity-building approach aimed at reducing childhood obesity through a societal process in which local environments, childhood settings and family norms are directed and encouraged to facilitate the adoption of healthy lifestyles in children'.<sup>15</sup> The key to its success is co-ordinated activity of a number of food and physical activity initiatives which tackle obesity at the individual, community and environmental level. JOGG is an adopted version of EPODE in the Netherlands. In Amsterdam, a JOGG site, levels of childhood obesity have reduced.
- We will therefore use community engagement and capacity-building methods to identify networks of local people, champions and advocates who have the potential to co-produce action on obesity.

| What we will do to achieve this     |   |
|-------------------------------------|---|
| <b>Health &amp; Wellbeing Board</b> | The Enfield Health & Wellbeing Board will commit to <ul style="list-style-type: none"> <li>Visible and vocal <b>political leadership</b></li> <li>A <b>vision</b> shared by all parties</li> <li><b>Commitment</b> from senior leaders and influential figures, with regular <b>engagement</b></li> <li><b>Priorities</b> which are clear, shared and ambitious that</li> </ul> |

<sup>15</sup> EPODE – A Model for Reducing the Incidence of Obesity and Weight-related Comorbidities, Borys et al., *European Endocrinology*, 2013;9(2):116–20



stimulate **debate**

### **Making Every Contact Count (MECC)**

MECC is an approach to behaviour change that utilises the day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.<sup>16</sup> We intend to adopt a strategic approach to the introduction of MECC as part of the daily practices of the whole Council.

### **What we need to do- An evidence-based approach**

The evidence is very clear that policies aimed solely at individuals will be inadequate, costly and that simply increasing the number or type of small-scale interventions will not be sufficient to reverse the trend. We need significant effective action to prevent obesity at a population level targeting elements of the obesogenic environment as well as improving nutrition and physical activity in individuals.

There are a number of guidance documents associated specifically with healthy weight, physical activity or diet (see Appendix 1). The guidance is explicit that reducing prevalence of obesity will require senior and strategic support across all sectors and agencies. This includes adopting a coherent, community-wide, multi-agency approach integrated with a health and well-being strategy and regeneration and environmental strategies. There is also an onus on briefing local members, ensuring that obesity prevention is integrated across the Local Authority, CCG and Voluntary and Community sector.

### **Monitoring and Evaluation**

In order to monitor the progress of an ongoing action plan, a robust and realistic reporting framework will be established. Progress of the action plan will be reported to the Health and Wellbeing Board.

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<sup>16</sup> <https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources>



## Healthy Weight Action Plan – Year 1

**Objective 1: Ensuring all local planning and policy decisions have a focus on creating and preserving health-promoting environments, thereby making the healthy choice the easy choice**

| Outcome   | Action  | Lead                     | Success Measure   |
|---|---|--------------------------|---|
| The physical environment facilitates a healthy weight | <ol style="list-style-type: none"> <li>Public Health and Planning to work together to ensure all planning decisions support healthy weight environments: <ul style="list-style-type: none"> <li>Agree process on Public Health input into planning applications, including at the pre-application stage</li> <li>Public Health to input into Local Plan and large-scale developments such as Meridian Water</li> <li>Include a chapter on <i>Places and Spaces</i> in the Joint Strategic Needs Assessment</li> <li>Agree S106 spending priorities for health across the Borough, including ill-health prevention</li> </ul> </li> </ol>                      | Public Health / Planning | <ol style="list-style-type: none"> <li>1.1 Development of an agreed process to ensure Public Health is consulted in the development management process and all local planning applications are assessed to ensure they support a healthy weight environment</li> <li>1.2 An effective consultation process between Public Health and Planning is developed to ensure coordination of major Planning and Public Health policies to ensure all future Council-led strategies and plans are developed to support a healthy weight environment</li> </ol> |
| Healthy streets and places created                    | <ol style="list-style-type: none"> <li>Adopt the Healthy Street approach by: <ul style="list-style-type: none"> <li>Ensuring that where appropriate all transport projects consider the Healthy Street Approach</li> <li>Delivering a programme of interventions and activities to encourage the use of sustainable transport in preference to private cars.</li> <li>Develop a Wayfinding strategy to improve movement on foot and by cycle across the borough with a focus on linking places of interest such as town centres, education facilities, employment areas and leisure opportunities including our abundant green spaces.</li> </ul> </li> </ol> | Traffic and Transport    | 2.1 Increase in active, efficient and sustainable (walking, cycling and public transport) mode share (by borough resident) based on average daily trips.  |
|   | <ol style="list-style-type: none"> <li>Pilot the School Super Zone project to protect children's health and encouraging healthy behaviours through targeted interventions and restrictions on unhealthy foods, advertisements, alcohol, smoking, gambling and vehicle emissions.</li> </ol>   | Public Health            | 3.1 Action plan developed, feasibility tested, plan implemented and learnings shared across London  |
| Nutritious, affordable                                | <ol style="list-style-type: none"> <li>Local restrictions are placed on Hot Food Take-away outlets within 400m of all schools</li> </ol>  | Planning                 | 4.1 The Local Plan states that a restriction will be placed on Hot Food Take-away outlets within 400m of all  |

|  |   |  |   |
|--|---|--|---|
| food is available throughout LBE                       |   |  | schools   |
|  | 5. Through the Enfield Food Partnership <ul style="list-style-type: none"> <li>• Ensure the action plan for <i>The Declaration on Sugar Reduction and Healthier Food</i> (2018/19) is delivered, and a new action plan is developed and agreed</li> <li>• Implement the Enfield Food Poverty action plan</li> <li>• Develop a Food strategy for Enfield</li> <li>• Apply to become a member of the Sustainable Food Cities Network</li> </ul> | Public Health                              | 5.1 All actions within the plans for the Declaration and Food Poverty are delivered and new action plans are developed<br><br>5.2 Enfield improves its scoring in the Good Food for London report and <i>Beyond the Foodbank: London Food Poverty Profile report</i><br><br>5.3 Food poverty is measured annually |
| Key decisions are consistent with healthy living ethos | 6. Public Health, Commissioning and procurement officers to explore whether wider health benefits can be considered as 'added value' when awarding contracts  | Public Health / Procurement/ Commissioning | 6.1 Development of agreed local guidance to support healthy procurement   |
|  | 7. Develop a more coordinated policy approach across health and wellbeing, physical activity and green infrastructure using existing policy and guidance more frequently and to better effect.  | Public Health/ Active Enfield/ Parks       | 7.1 A coordinated approach is taken to ensure all relevant strategies and plans are developed to support a healthy weight   |

**Objective 2:** Ensuring that all health, social care, educational and workplace settings encourage and support healthy eating, active travel and physical activity, particularly in early years to enable children to have the best start in life

| • Increasing physical activity and active transport           |  |                                 |  |
|---|--|---------------------------------|--|
| Outcome   | Action   | Lead                            | Success Measure  |
| More children walk, cycle or scoot to school                  | 8. Increase modal share of walking, scooting and cycling to school by <ul style="list-style-type: none"> <li>- Continuing to deliver School Streets.</li> <li>- Increase number of schools with School Travel Plans and STARS accreditation, and support schools with STARS accreditation to improve it or retain it</li> <li>- Provide schools with grants to support measures which increase the use of sustainable transport such as scooter / cycle parking facilities</li> <li>- Provide cycle training for parents and children where possible focusing on those areas and groups with the worst health outcomes</li> <li>- Promote walk to school week and walk to school month, including early year settings</li> <li>- Address parental concern around perceived safety of walking and cycling</li> <li>- Encourage joint working within the Council to support the delivery of effective schemes which support cycling and walking to school</li> </ul> | Traffic & Transport             | 8.1 Increase number of schools with School Travel Plans and STARS accreditation<br><br>8.2 Increase in the number of pupils getting to school in an active way via the Hands Up survey |
|   | 9. Offer all schools support to implement The Daily Mile, targeting schools with highest obesity levels.   | Physical Education Team         | 9.1 50% of primary schools delivering The Daily Mile a minimum of 3 days per week  |
| More children are active for 30 minutes during the school day | 10. Work with schools to continue to improve playground physical activity environments, including the implementation of mile-a-day markings  | Healthy Schools / Public Health | 10.1 Mile-a-day markings in 15 schools in the East of the borough  |
|   | 11. Continue to deliver workshops to showcase local best practice and new initiatives that promotes physical activity in school  | Healthy Schools                 | 11.1 Annual workshop delivered   |
|   | 12. Deliver the Challenge You programme throughout the year targeting children identified as overweight via the NCMP.  | Active Enfield                  | 12.1 The Challenge You programme is communicated, evaluated and monitored for effective uptake by priority groups  |
| Physical activity promoted in Early Years                     | 13. Explore opportunities for using S106 THF Coaching Hours for delivery of physical activities in the early year, and upskilling EY professionals.  | Public Health                   | 13.1 Discussion between Public Health and Tottenham Hotspur Foundation   |
| • Promoting a healthy diet and healthier weight               |  |                                 |  |
| Outcome   | Action   | Lead                            | Success Measure  |

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| <b>Increased breastfeeding rates at 6-8 weeks</b>                     | 14. Implement and monitor the Unicef Baby Friendly Initiative to support mothers and babies to achieve the best start in life  | Health visiting                | 14.1 Certificate of Commitment achieved<br>14.2 Plans in place to progress to Stage 1 BFI                               |
|   | 15. Ensure robust breastfeeding data is collected at 6 – 8 weeks   | Health visiting                | 15.1 6-8 week breastfeeding data validated  |
| <b>Initiatives to promote a healthy diet delivered in early years</b> | 16. Promote and support early year's setting to achieve the London Healthy Early Years Award, with a focus on Sugar Smart and Oral Health. Nurseries to deliver Sugar Smart workshops to families  | Early Year's service           | 16.1 50 settings achieve the HEYL award<br>16.2 50 settings state three actions to tackle sugar consumption             |
|   | 17. Develop an action plan to increase uptake of the Healthy Start vitamins and food vouchers among eligible families, including promoting the scheme and training for relevant staff.   | Health visiting/midwifery      | 17.1 Increase in the uptake of the Healthy Start vitamins and food vouchers   |
|   | 18. Deliver 'Eat Better, Start Better', healthy eating in the early years training to early year professionals and other people supporting families with under 5s. To include the Healthy Start Scheme, healthy weight and raising the issue of weight with parents. | Paediatric Dieticians          | 18.1 Training provided to early year professionals  |
| <b>Initiatives to promote a healthy diet delivered in schools</b>     | 19. Continue to deliver school meals at Food for Life Served Here Award- Silver standard   | Enfield Catering               | 19.1 Silver Award maintained  |
|   | 20. Integrate Public Health messages into Enfield Catering communications  | Enfield Catering               | 20.1 Clear, consistent PH messages incorporated into catering communications  |
|   | 21. Support schools to become Sugar Smart by committing to three actions to reduce sugar consumption amongst primary school children   | Healthy Schools Lead           | 21.1 30 schools state three actions to tackle sugar consumption<br>21.2 30 schools supported to install water fountains |
|   | 22. Encourage more schools to join The Felix Project Schools Programme and evaluate the effectiveness of the programme   | Healthy Schools/ Public Health | 22.1 30 schools involved with the project and evaluation completed.   |
|   | 23. Support schools to deliver healthy breakfast clubs by highlighting best practice and signposting to funding opportunities.   | Healthy Schools Lead           | 23.1 30 schools involved with the project and evaluation completed.   |
|   | 24. Continue to deliver workshops to showcase local best practice and initiatives that support healthy eating in schools   | Healthy Schools Lead           | 24.1 Annual workshop delivered  |

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| <b>Schools supported to take a whole school approach to tackling obesity</b> | 25. Keep the Healthy Schools webpage and <i>Health &amp; Wellbeing in Schools</i> brochure updated   | Public Health                    | 25.1 Webpage and brochure updated   |
|  | 26. Support and promote Healthy Schools London programme, helping schools to <ul style="list-style-type: none"> <li>- produce healthy weight action plans as part of the silver award.</li> <li>- develop the Staff Wellbeing section of the awards, and apply for the London Healthy Workplace Charter</li> </ul> | Healthy Schools Lead             | 26.1 85% of schools registered and supported to gain bronze<br><br>26.2 5 schools accredited for the London Healthy Workplace Charter |
|  | 27. Support schools to develop and implement a good quality curriculum for Health Education  | Healthy Schools                  | 27.1 Health Education curriculum developed and implemented  |
|  | 28. Continue to send NCMP school level feedback to participating schools outlining local support. Utilise the data fully to target specific schools and areas according to need.   | School nursing/<br>Public Health | 28.1 Schools with highest obesity levels targeted for interventions   |
|  | 29. Pilot the Challenge You programme in two primary schools   | Active Enfield                   | 29.1 The Challenge You programme is communicated and evaluated  |
|  | 30. Support schools to prioritise funding through the Healthy Pupils Capital Fund  | Healthy Schools                  | 30.1 Workshop and advice provided   |
|  | 31. Explore opportunities to offer Youth Health Champions programme in secondary schools   | Public Health                    | 31.1 Business case developed  |
| <b>Workplaces support healthy choices</b>                                    | 32. Promote the London Healthy Workplace Charter to the NHS, voluntary sector and local businesses and provide a range of resources to support implementation via the Healthy Enfield Website.   | Public Health                    | 32.1 Webpage developed and scheme promoted<br><br>32.2 10 local organisations awarded the Charter                                     |
|  | 33. Council to develop a Workplace Health & Wellbeing strategy, and continue delivering and promoting workplace health activities  | Human Resources / Public Health  | 33.1 Decrease in sickness absence   |
|  | 34. The Civic Centre restaurant to continue offering healthy, sustainable food and share best practice with local businesses.  | Culture, Sport & Arts            | 34.1 Sustainable Restaurant Association accreditation maintained  |

**Objective 3:** Providing residents with the knowledge, skills and opportunities to eat healthily, be active and maintain a healthy weight

| Outcome  | Action   | Lead                   | Success measures   |
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| Residents use local facilities and green spaces to be active and eat healthily | 35. Support healthier weights on housing estates by <ul style="list-style-type: none"> <li>- removing 'no ball games' signs</li> <li>- supporting food growing</li> </ul>                                      | Housing                | 35.1 New signs not installed<br>35.2 Old signs removed in consultation with residents<br>35.3 Food growing on estates project piloted on the Avenues estate and funding opportunities explored for further projects  |
|  | 36. Promote use of Temporary Play Street Orders for Active Play  | Public Health          | 36.1 Increase in number of Play Streets, including through schools, in the east of the borough   |
|  | 37. Explore funding opportunities support people to be active and eat healthily in parks by installing water fountains and Mile-a-day marking  | Parks / Public Health  | 37.1 Funding sought from the GLA for funding for water fountains<br>37.2 Mile-a-day markings piloted in one park   |
|  | 38. All Council-owned buildings, parks and leisure services provide and promote healthy and affordable food and drinks where available.  | Parks / Active Enfield | 38.1 Continue work to identify levers for influencing Council owned buildings to support healthier food provision and advertising.<br>38.2 Caterers in all new Council parks and leisure centres are committed sign up to the Healthier Catering Commitment. |
|  | 39. Support and promote the activities provided at the leisure centres such as over 50s days and subsidised activity programmes to increase levels of physical activity particularly among inactive residents. | Active Enfield         | 39.1 Increase in levels of physical activity among inactive residents in the east of the borough   |
|  | 40. Explore the opportunities to access funding to provide targeted physical activity programmes to those who need it most   | Active Enfield         | 40.1 Funding opportunities explored  |
| Communities provided with the tools to work towards a healthier weight         | 41. Map existing initiatives within the borough and actions being taken to help address obesity and build on these.  | EVA / Public Health    | 41.1 Existing initiatives / actions mapped against local causes of obesity   |
|  | 42. Ensure meaningful messages are disseminated from 'trusted' sources such as EVA and PEP   | EVA / PEP              | 42.1 Clear, consistent, evidence-based messages communicated with our communities through 'trusted' sources  |
|  | 43. Further develop the Health Champion network, ensuring that training needs are met so that healthy eating habits and active lifestyles are promoted   | EVA / Public Health    | 43.1 Health Champions trained and working effectively in the community, and impact assessed  |
|  | 44. Develop a communications plan to promote the Healthy Enfield website   | Public Health          | 44.1 A clear communications plan is implemented to   |

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|  |   |                      | ensure our communities know about the Healthy Enfield website.                      |
|  | 45. Community groups aware of the potential support available through the S106 THF Coaching hours | Active Enfield / EVA | 45.1 Allocated S106 coaching hours fully utilised to the benefit of our communities |

**Objective 4:** Making tackling obesity everybody's business by working in partnership across sectors and developing a local workforce that is confident and competent in supporting people to make healthier choices

| Outcome   | Action  | Lead                | Success measures  |
|---|---|---------------------|---|
| The workforce supports behaviour change   | 46. Ensure the workforce across the Council, CCG and NHS, in addition to residents receive Making Every Contact Count (MECC) training with a focus on promoting healthy eating habits and active lives. | Public Health / HR  | 46.1 MECC training becomes mandatory for Council staff  |
| Partners and stakeholders support the development of a whole systems approach to healthy weight | 47. Use best practice from the Whole Systems Obesity Programme, define and develop a whole systems approach to tackle overweight and obesity  | Public Health       | 47.1 Whole Systems Obesity approach adapted   |
|   | 48. Engage the community in a comprehensive, innovative and effective contributory programme to ensure their input into future plans  | EVA / Public Health | 48.1 Communities effectively engaged and contributing to obesity plans  |
|   | 49. Develop a clear, streamlined Healthy Weight Care Pathway.   | CCG                 | 49.1 Healthy Weight Care Pathway developed, implemented and monitored for effective uptake by priority groups |
|   | 50. Support members of the Health & Wellbeing Board to make Sugar Smart pledges that align with the Declaration on Sugar Reduction.   | Public Health / HWB | 50.1 Three actions to tackle sugar consumption identified and delivered by each member organisation           |

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| LBE & NHS<br>Enfield lead<br>by example | 51. <b><i>The Enfield 3-4-50 Challenge</i></b> – Members of the Health & wellbeing board / Councillors / senior management challenged to promote one healthy behaviour each e.g. cycling to work | Public<br>Health /<br>Communi<br>cations | 51.1 Members of the Health & wellbeing board / Councillors / senior management promote one healthy behaviour |
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