

HEALTH AND WELLBEING BOARD and ICB SUB-COMMITTEE
(Committees in Common)
16 January 2024

Title: A New Strategic Approach to Healthy Weight in Barking & Dagenham	
Report of the Lead Member for Health	
Open Report	For Decision
Wards Affected: All	Key Decision: No
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<p>Summary</p> <p>The Borough has one of the highest rates of overweight & obese adults and children in London and this has a significant impact on the overall health of the population with increased risk of morbidity and mortality from conditions such as type 2 diabetes, hypertension, cardiovascular diseases, liver disease & some cancers.</p> <p>The primary means of tackling the issue of unhealthy weight in the borough has been through the delivery of individualised weight management programmes. The focus of many of these current programmes is on supporting individuals in the population who are at a higher risk of disease due to their unhealthy weight. For many people these programmes simply do not work and can only ever be made available to a tiny fraction of the population. They provide no discernible impact at all in supporting improvements in healthy weight for the overwhelming majority of residents.</p> <p>All evidence points to a whole-systems approach working preventatively ‘upstream’ as being the most effective way to support improvements in healthy weight within local communities and provide the largest positive impact for the greatest number of people. We have therefore concluded that we need a new strategic approach that is not reliant on individual weight management programmes but shifts us to a population focus – building a whole borough partnership around food, activity & the environment that supports a greater & more diverse proportion of the population to mitigate the risk factors that lead to unhealthy weight & poor health outcomes.</p> <p>The following report sets out the background, rationale for change and proposals for a new strategic approach.</p>	
<p>Recommendation(s)</p> <p>The Committees in Common is recommended to:</p> <ul style="list-style-type: none"> (i) Recognise the need to urgently change our approach to managing healthy weight in Barking and Dagenham and (ii) Agree this new strategic way forward. 	
<p>Reason(s)</p> <p>This supports the Council priority: Residents live healthier, happier, independent lives for longer. Through better use of funding & resources it also supports the principle of providing value for money</p>	

Vision: We want current and future generations to live in a local environment that promotes a healthier weight and wellbeing as the norm. This makes it easier for everyone, regardless of age, background, circumstance or where they live, to access healthier food, eat healthier diets and live active lifestyles, and ensures support available for people with excess weight. We achieve this through collective action across the system, in partnership with local communities.¹

1. Introduction and Background

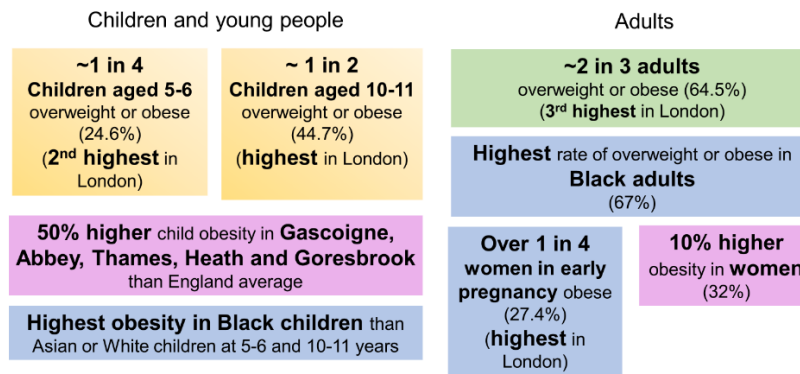
- 1.1 The London Borough of Barking & Dagenham (LBBB), along with many other authorities & NHS partners, is facing significant financial pressures and is consequently going through a process of rebuilding & rightsizing to be fit for the future. Essentially this means that we are reviewing all of the council's functions to ensure that we are directing our limited funding to where residents most need it & where it will do the greatest good.
- 1.2 Whilst providing impetus, this process of review had already started in terms of how the council best uses its available funding to improve the health of our population, with particular consideration being given to the equity, reach and effectiveness of healthy weight programmes in the borough.
- 1.3 Following this review, & for the reasons stated below, the Council has concluded that a new strategic approach to healthy weight needs to be developed. We want to 'move the dial' on health in Barking & Dagenham through helping many more people in the borough maintain a healthy weight.
- 1.4 This will involve making very significant changes to the way we work together as a system and the means we employ to support our residents – intervening upstream at a population/community level wherever possible and moving away from an adherence to what could be termed traditional weight-loss programmes that only ever reach a tiny fraction of the population.
- 1.5 Further impetus to changing our approach has been provided through the just completed LGA Peer Review on Public Health which identified childhood obesity as a first priority that B&D Place should focus on to develop a cohesive, strategic approach. This also supports the proposed Place 24/25 priorities which include obesity.

2. Issues

2.1 The Scale of the Problem

¹ ADPH What Good Healthy Weight for all ages Looks Like: [What-Good-Healthy-Weight-Looks-Like.pdf](https://www.adph.org.uk/what-good-healthy-weight-looks-like) ([adph.org.uk](https://www.adph.org.uk))

Unhealthy weight in Barking and Dagenham



2.1.1 The Borough has one of the highest rates of overweight & obese adults and children in London and this has a significant impact on the overall health of the population with increased risk of morbidity and mortality from conditions such as type 2 diabetes, hypertension, cardiovascular diseases, liver disease & some cancers.

2.1.2 Childhood Obesity:

- The prevalence of obesity in children is getting worse.
- Obesity prevalence is 5 times higher than it was in 1950
- Inequalities in childhood obesity is getting worse. Children living in the most deprived areas are disproportionately affected by obesity
- There is a year on year widening of inequality - they're widening in Reception because the more affluent are doing better, they're widening in Year 6 because the most deprived are doing worse. The figures are really shocking in year 6
- Extrapolating from NCMP figures there are an estimated 5,250 obese or severely obese 5-11 year old children in Barking & Dagenham's primary schools (this figure does not include children assessed as overweight)
- Being overweight or obese harms children & young people. Children and young people are more likely to suffer stigmatisation, bullying & low self-esteem with a consequent impact on their emotional wellbeing & behaviour. They are more likely to have high cholesterol, high blood pressure, pre-diabetes, bone & joint problems and breathing difficulties. They are also more likely to suffer educationally through higher school absence.
- Being obese as an adolescent is also associated with being 5 times more likely to being obese as an adult and an 80% chance of lifetime obesity.

2.1.3 Adult Obesity:

The percentage of adults in Barking and Dagenham who are overweight or obese is significantly higher than the London and England averages. Additionally, there has been no consistent improvement of adult obesity prevalence over time in Barking and Dagenham since 2015.

Source: OHID Fingertips Indicator ID 93881, accessed 08/12/2023

Source: OHID Fingertips Indicator ID 93088, accessed 08/12/2023

2.2 Key Challenges

2.2.1 A key challenge in Barking and Dagenham is that it is an obesogenic environment. Physical, social and demographic characteristics of Barking and Dagenham are associated with (i.e. drivers of) unhealthy weight in children and young people, e.g.: childhood poverty / access to places for children to undertake physical activity / fewer adults undertaking physical activity / lower breastfeeding rates / maternal obesity / living with adults who are an unhealthy weight / concentration of fast-food restaurants.

2.2.2 Based on 2020/21 data the percentage of physically active adults in Barking & Dagenham (58.4%) is the lowest in London (London region average 66.8%) and comfortably in the bottom 10% of all Authorities in England (England average 67.3%)

2.2.3 Analysis in the Broken Plate report 2023² also shows that the most deprived fifth of the population (which are around 1 out of 2 households in Barking & Dagenham) would need to spend 50% of their disposable income on food to meet the Government-recommended healthy diet. For households in the bottom 10% of household income to follow healthy eating guidance, they would have to spend 74% of their income on food. It is not ignorance or the inability to cook that is the problem. It is poverty.

2.3 Our Current Approach

2.3.1 The primary means of tackling the issue of unhealthy weight in the borough has been through the delivery of individualised weight management programmes. The focus of many of these current programmes is on supporting individuals in the population who are at a higher risk of disease due to their unhealthy weight.

2.3.2 LBBDD provides Tier1 & Tier2 Weight Management Services through its own in-house Healthy Lifestyles Team. Services include Adult & Children's structured weight management programmes (although nothing for adolescent young people), an Exercise on Referral programme, activities for people 60+, an 'Eat Well, Live Well, Feel Good' programme of activities and a 'Schools Out Get Active' programme of holiday activities for 5-17-year-olds.

² [TFF The Broken Plate 2023_Digital_FINAL..pdf \(foodfoundation.org.uk\)](#) (p8)

2.3.3 There are currently no Tier3 services for children or adults in the borough that professionals can routinely refer people into.³

2.4 The Case for Change

2.4.1 Providing these traditional individualised healthy weight programmes has been a 'safe' default option for many local authorities, as weight management interventions are clinically validated & countable, so councils can be seen to be 'doing something'. However, many areas are now reviewing this approach & concluding that whilst undoubtedly clinically effective for some individuals many more do not benefit significantly, & they generally do not lead to sustained changes in healthy behaviours beyond the life of the programme and in many cases lead to a 'rebound' weight gain.

2.4.2 Also, by their nature, these programmes can only ever be made available to a tiny fraction of the population and have no discernible impact at all in supporting improvements in healthy weight for the overwhelming majority of residents.

2.4.3 Reliance on these programmes has been likened to 'emptying an ocean with a teaspoon'.

2.4.4 An illustration of their limited reach is provided by Greg Fell the Director of Public Health in Sheffield (and current ADPH President) who calculated the negligible impact such programmes had on healthy weight in his city.⁴

2.4.5 Looking at one year's figures he showed that the healthy weight programmes provided had only reached 732 or 0.24% of eligible residents (i.e. the 60% of people in the city who were overweight or obese) leaving 99.76% without support. Of this 0.24% only one fifth (142) lost clinically relevant weight, and of this number only a very small proportion had managed to maintain their weight loss at the 12 months follow-up. This calculation demonstrates that, whilst these programmes can help some people, any notion that they move the dial on obesity at a population level is not realistic.

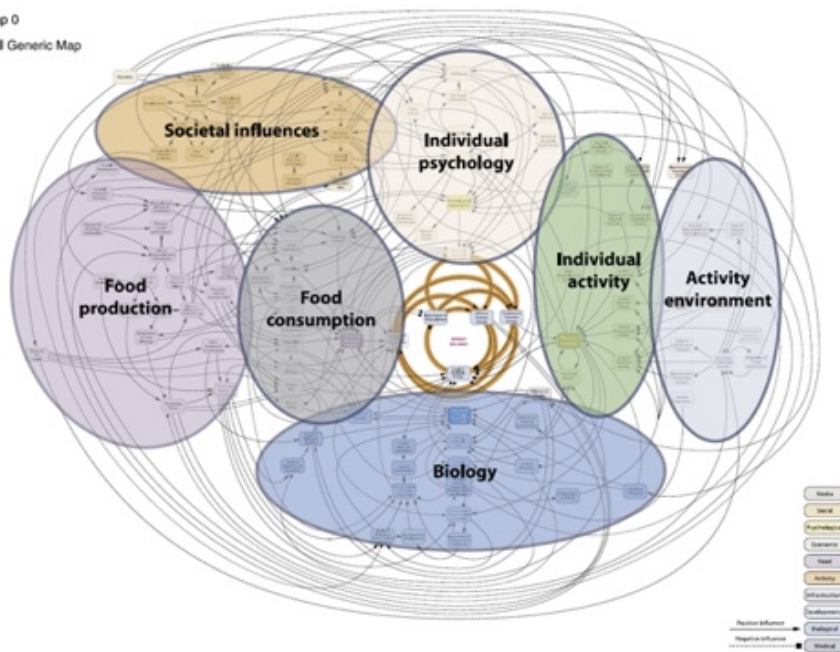
2.4.6 When this work was replicated for Barking & Dagenham it was estimated it would take 115-130 years of services just to support those B&D residents currently eligible today (never mind the many thousands more who will become eligible).

2.4.7 The factors affecting people's health are complex, multi-factorial and often closely related.

³ Whilst not a Tier3 service, there is a pilot 'Complications of Excess Weight Service' being trialled through the NELFT Health Visiting Team. This is for CYP identified with health damaging complications of severe obesity and is a 2year family liaison pilot limited to ~20 CYP/families per year.

⁴ [Population impact of weight management services – Sheffield DPH \(wordpress.com\)](#)

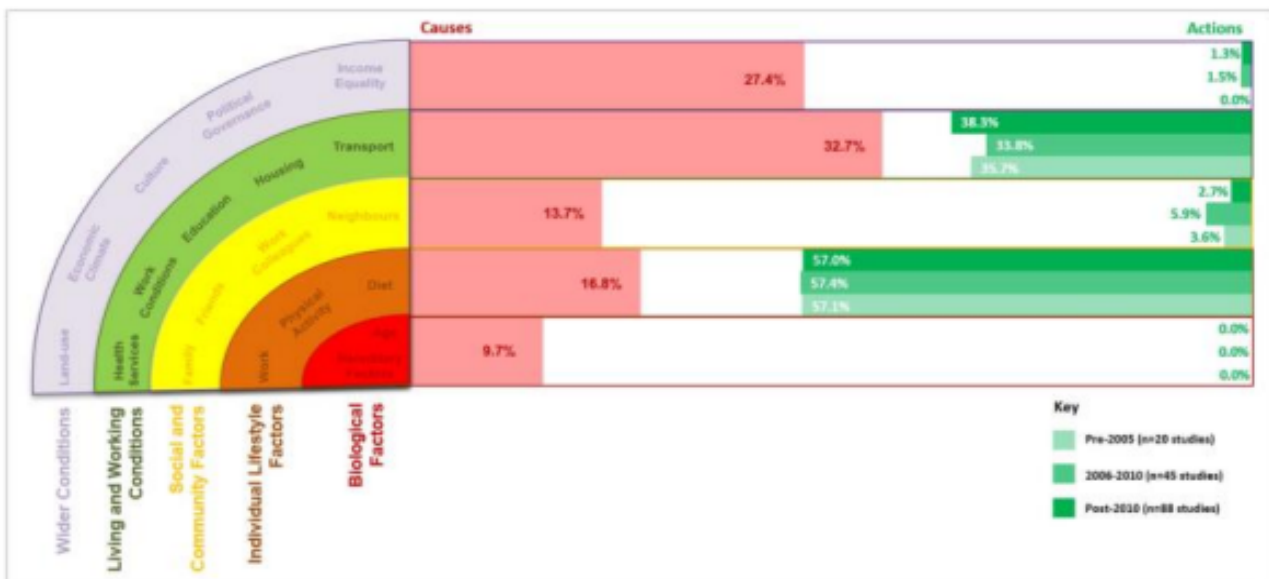
Map 0
Full Generic Map



2.4.8 The King’s Fund’s population health framework sets out four overarching factors that interact to shape health:

- The wider determinants of health
- Health behaviours
- Places and community
- Integrated care systems

2.4.9 However, despite this awareness, the majority of interventions and strategies until very recently have still not taken this complexity into account and the funding of commissioned services has continued to be disproportionately focused on individual behaviour change programmes (as shown in the diagram below)



2.5 What Residents are telling us

2.5.1 There have been a number of recent pieces of resident engagement work around healthy lifestyles including a Healthwatch Report *Healthy Living in Barking and Dagenham: The resident perspective* (August 2022), a Good Food Partnership survey report (Jan 2023) and a peer research report by the Barking and Dagenham Youth Forum (September 2022) into CYP lived experience of what causes unhealthy weight decisions.

2.5.2 In summary the issues highlighted through these engagements are:

- That residents are keen to make positive changes but busy schedules, high levels of stress and low income appear to be the main drivers that are preventing people from living healthier lifestyles. Highlighting the need to embed healthy weight services within wider resilience support.
- The majority of respondents to the Healthwatch survey had not heard of or engaged with any of the Barking & Dagenham's healthy living services listed in the survey. Those who had heard of the services but had not yet engaged with them reported either that the service didn't appeal to them, or that they hadn't been sure how to access them.
- The use of trusted voices is highlighted as being very important – that key groups being provided with tailored messages by trusted voices are most effective (e.g. people with similar experiences & from culturally similar backgrounds etc.)
- People repeatedly raised that lots of them face multiple barriers to taking part in community initiatives & activities – these range from time-poverty, lack of digital access and housing insecurity
- Across the board, the Cost-of-Living Crisis is also perceived as a significant barrier to making healthy life choices with affordability being the main factor impacting people's choices around the sustainability of the food they buy and cook.
- People are frustrated by how limited and unhealthy the existing food offers are. The borough is perceived as unhealthy, with fast, fried food as a staple feature, and people would like to learn how to cook and eat healthier & want to see more diverse, healthier offers on their high streets and at local events.
- People feel there's a need for clearer signposting to existing health and wellbeing activities and training & said there isn't enough clear information about local initiatives and activities.
- Residents wish to see more local people being developed and 'lifted up' to become trainers, food champions, advocates and leaders in healthy change in their communities.
- Young people listed barriers to taking part in physical activity as: safety concerns about going out / unsafe parks / leisure centers too expensive / the cost of after-school clubs / activities too far away to walk to / influence of social media / other commitments & interests / lifestyles not conducive to exercise
- Around healthy eating barriers included: affordable healthy food / family budget / parental meal decisions / cooking knowledge & confidence / social media / cultures / influence of adverts / mood & circumstance

2.5.3 As can be seen through all these engagements with residents in the borough there is a desire for change, alongside some frustrations, but it is also clear that any initiatives need to be systemic, centred within communities and grounded in real life, supporting & empowering people to overcome the barriers to healthier living.

2.6 Opportunities – changing the focus

2.6.1 A recent review of Healthy Weight Services led by the LBBD Public Health Team provides the criteria for 'what best looks like' & sets out some of the opportunities around changing healthy weight services in the borough, these included:

- Exploiting place-based arrangements to commission/provide a system-wide response
- Exploring the role of health champions, care navigators, social prescribers, community and voluntary sector, primary care, education, council, policy, social workers, frontline staff, school nursing, health visiting etc. in delivering the support within the community
- Recognising the potential greater connectivity the community and voluntary sector has to local communities, and that they may be better placed to provide targeted support to underserved populations
- Building community capacity and providing support in various community venues i.e. churches, mosques, synagogues, temples children centres, libraries and other CVS estates to improve access and to help with the system-wide approach.

2.6.2 Obesity has been identified as a complex problem requiring systems approaches and a collaborative coordinated approach to address it.

2.6.3 The opportunities around providing a system response have over the past decade become increasingly prominent nationally. In 2019 Public Health England published its 'whole-systems approach to obesity programme' which evidenced that adopting a systems approach, working 'upstream' and investing in work that supports improvements within local communities and the environments they live in ultimately provides a positive impact for a greater number of people.

2.6.4 Whilst national policy can drive the creation of healthier environments there are also actions available at a local level which can be utilised to address local environmental drivers of overweight and obesity.

2.7 Opportunities – Localities Programme

2.7.1 A key opportunity to develop this approach is through the Localities Programme that is currently mapping out and planning a new way of working for the Council and its partners.

2.7.2 This is not really about designing a new model but engaging all partners and stakeholders in working to develop a system, led collectively, and consisting of a network of connected services, organisations and access points, through which residents can access information, advice, guidance when and how they need it, as well as targeted preventative and statutory support services, welfare, housing, skills and employment etc. With all of these being delivered by and with our communities, working alongside health and care teams.

2.7.3 The aim of moving to a Localities way of working is to achieve the following:

- Being more proactive in reaching out to residents
- Help to residents is more targeted, helping those who are struggling
- Greater focus on reducing health and wellbeing inequalities
- Right information and advice first time every time
- Advice that prevents, reduces or delays need
- Services and help are closer to residents

- Stronger and deeper partnership with voluntary, community and faith organisations and groups

2.7.4 This dovetails completely with the proposed new approach to improving healthy weight in the borough. There are a number of primary building blocks or principles we need to employ in capitalising on these opportunities which are set out below.

2.8 Building Block 1. Developing a Systems Approach

2.8.1 Evidence, including that set out in the PHE ‘Whole Systems Approach to Obesity’⁵ points to favouring investing in system level work that supports improvements within local communities and the environments they live in & which ultimately provides a positive impact for a greater number of people. This includes:

- Collaborating with all partners and sharing acceptance of the challenge and its complexity
- Understanding the causes of obesity
- Seeing where it is possible to intervene
- Identifying levels of action that have greatest leverage for change
- Agreeing, aligning and monitoring actions (short, medium & long-term)



⁵ [Whole systems approach to obesity - GOV.UK \(www.gov.uk\)](http://www.gov.uk)



2.8.2 Many authorities across the country are rethinking the way they deliver healthy weight support and are increasingly adopting a systems approach.

GOOD PRACTICE EXAMPLE: SHEFFIELD CITY COUNCIL



[Live Lighter Sheffield](#)


- Whole City Approach, owned by the whole city & focused on shifting the mission around healthy weight.
- Vision and mission oriented – seeking to influence other systems in all sorts of spaces (schools, transport, parks and green space, leisure, comms and marketing, VCS) through both heart and minds approach and through commissioned work
- All age approach that's not reliant on a small number of interventions but looking at multiple opportunities for win-win co-benefits across health and environment.
- Viewing both food and physical activity as important in their own right, not just a subset of obesity
- Providing non-traditional weight management programmes that support people to make small sustainable changes – 'No Pressure, No Scoring, Just Simple Positive Support'

2.9 Building Block 2. A Community Driven Approach

2.9.1 As noted in section 2.5 a repeated reaction to current healthy weight services is that, even when people are aware of them, they don't appeal, and they don't fit into the way people live their lives. Unless support is built around communities needs it is never going to succeed in reaching those it would most benefit. In designing a new approach we need to ensure the following:

- Community Engagement & Participation – the guiding principle of our approach is that we work directly with & within communities, gaining relevant insight & building on community strengths.
- Community capacity building – providing the expertise, knowledge and skills to deliver targeted, evidence-based support programmes alongside community organisations whilst jointly working together to develop strong peer support networks & better ways to reach into communities. The central goal over time is to enhance/engender a ‘community spirit’ & grow wider capacity to take on more – utilising, where possible, grass roots funding.
- Continual engagement – jointly developing formal & informal collaborative goals working together to ensure that all initiatives have relevance & no new weight management initiatives feel like they are being imposed on communities.
- Inclusive – ensuring that all individuals are able to access, & feel comfortable in accessing, services irrespective of age, gender or ethnicity. Systematically building intergenerational activities into interventions.

GOOD PRACTICE EXAMPLE: BRISTOL MODEL

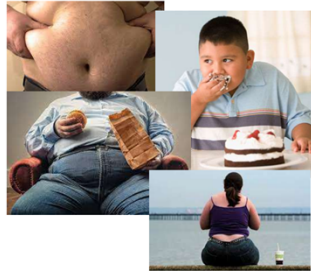
<p>Innovative weight management pilot in Bristol</p>  <p>Bristol City Council and BeeZee Bodies are partners in driving innovation in Public Health, through:</p> <ol style="list-style-type: none"> 1. Local engagement and co-production to learn with local organisations and people what matters to them, what is good about where they live, and facilitators and barriers to healthy lifestyles 2. Delivering a high-quality remote weight management service at scale to people in Bristol, gradually beginning to tailor the service (including content and delivery techniques) towards the insights from co-production in real-time 3. Long-term engagement with local people to co-produce the commissioning/procurement process and the long-term implementation of prevention and treatment services 4. Insight project to identify the natural capacity of communities to produce weight management outcomes 	<ol style="list-style-type: none"> 1 Aims to provide support tailored to the needs of different communities 2. Training and capacity building - To increase the capacity of the relevant workforce (particular focus on School Health Nursing) to support healthy weight in a consistent, non-stigmatising and evidence-based way 3. Community development and co-production - Including the delivery of services that are based on local needs, in partnership with local communities - supporting community groups in delivery of their own programmes to support healthy weight 4. Integrated leadership and partnership-building - Contributing to joining up the wider system to support the vision for ‘healthier communities’ (facilitated largely through the ICS)
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2.9.2 Bristol is currently moving away from Tiered Weight Management completely as are other areas as noted below. We need to be open to a similar approach.

2.10 Building Block 3: A Realistic & Compassionate Approach

2.10.1 Obesity means different things to different people but generally, as a society, it is too often conceptualised as an individual failure. A product of lack of willpower, greed and laziness. Whilst there are issues of personal responsibility individualising obesity in this way is harmful and wrong & leads to a fallacious discourse and a focus on individual behaviour change.

Images Matter – Weight stigma

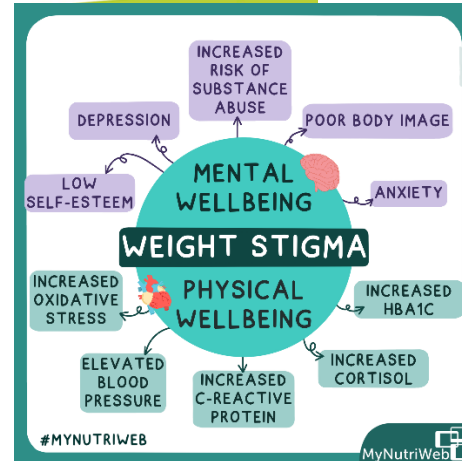


WORLD OBESITY



TOWER HAMLETS

A Focus on individual responsibility & lack willpower is also self-defeating when promoting healthier weight as it leads to stigma & feelings of shame that prevent progress & can cause harm.

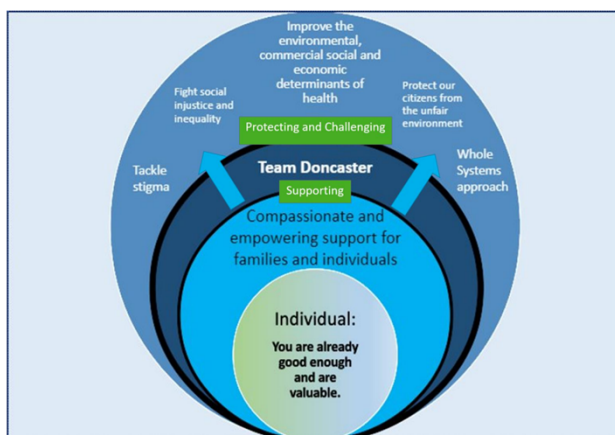


2.10.2 This is a fundamental misunderstanding of population etiology. The environment in which we make hundreds of decisions every day has changed, the food environment has completely changed, the built environment has radically changed, the way we live our lives has changed.

GOOD PRACTICE EXAMPLE: DONCASTER CITY COUNCIL



City of Doncaster Council



Trauma Informed Practice – without an understanding of the emotional drivers no programme will succeed

An approach to nutrition that supports a positive relationship to food and eating, and food beyond nutrition (e.g.) the cultural and social aspects of food and eating well)

And an emphasis on "enjoyable movement" - enjoying physical activities.

[Doncaster's Compassionate Approach to Weight - City of Doncaster Council](#)

2.11 Conclusion

2.11.1 Drawing the strands of this section together the key issues are:

1. The borough is facing an obesity crisis
2. We can't treat our way out of this with individual programmes
3. In every context upstream intervention beats downstream in terms of both equity and impact
4. The council can no longer afford to provide weight management programmes that in their current form only reach a small proportion of residents
5. We need to tackle this as a system – we can't be reliant on a small number of interventions that we hope will solve the problem
6. We know that focussing on obesity as solely an issue of personal responsibility is harmful, wrong & doesn't work
7. A 'one-size-fits-all' approach is not going to work in Barking & Dagenham - no weight management approach will work unless it is realistic and recognises the way people actually live their lives
8. We know the value of working with communities to co-develop inclusive, accessible & more successful healthy weight support
9. We have opportunities to try different ways of working & evaluate them (accepting there may be failures)
10. This is everyone's responsibility & must be owned by the borough as a whole

3. Options & Proposal

3.1 Making Choices

3.1.1 In looking at our options we have to be clear that we are trying to solve a problem that has been decades in the making and is multifaceted. A problem that is compounded by poverty, access, affordability & social norms – which all need to be tackled and may well take generations to undo.

3.1.2 Obesity is incredibly complex as an issue, and it can all seem too big and difficult to tackle so it is not surprising that the default option is to look for straightforward solutions with short term measurable impacts. As such there is an exceptionally strong pull to frame solutions around individual level behaviour – offer exercise & diet programmes, teach people how to cook on a budget, educate people to make better choices etc.

3.1.3 These all have their place. Weight management & educational cooking programmes may play a part but there are no straightforward solutions (they don't really exist) and the single most important thing here is that there isn't one single intervention and there is no short-term fix.

3.1.4 There are though some choices we can make. We can continue to put the majority of our limited funding, energy & resources into trying to 'solve' the problem for specific individuals living with obesity, or, knowing that multiple small changes in large numbers of people can have a significant impact at population level we can shift the focus of our

funding towards developing a different, approach that supports a greater & more diverse proportion of the population to mitigate the risk factors that lead to unhealthy weight & poor health outcomes.

3.2 Proposal

3.2.1 As a result of local reviews and a shift in national focus towards a systems approach to tackling unhealthy weight we have concluded as a council that we can no longer justify the continued funding of weight management programmes in their current form as the primary vehicle for tackling unhealthy weight in the borough. We want to 'move the dial' on health in Barking & Dagenham through helping many more people in the borough maintain a healthy weight.

3.2.2 Redesigned & targeted weight management programmes may still be needed and may have a place but will no longer be the primary component as we focus our funding on developing a new, innovative & more preventative community approach.

3.2.4 We are therefore proposing to radically shift the focus of work in this area to a predominantly systems based, whole population level.

3.2.5 Shifting from an individual to population focus given the scale and trajectory of the issue is key, & this is supported by the modelling we have done. The key target populations are those for whom 'traditional' services are least relevant and evidence shows that they would provide access to support to help them gain control themselves. It is a social, not medical issue and so using a traditional medical 'treatment' approach make no sense, i.e. "Why treat someone and put them back into the environment that made them sick in the first place"⁶

3.2.6 In proposing "a whole system approach" we understand that this will not happen organically - no single person or organisation knows the whole and to make the changes we need we have to build a whole borough partnership around food, activity & the environment that supports healthy weight.

3.2.7 We also understand the value & absolute necessity of working with communities to co-develop inclusive, accessible & more successful healthy weight support. We need to gain deeper insights & understanding of the complex factors leading to unhealthy weight across our many different communities and use this to design a new approach together that actually works for people – tailoring interventions to local population groups and cultures, reaching into underserved communities, better targeting interventions and evolving a realistic approach to weight management that recognises the way people live their lives.

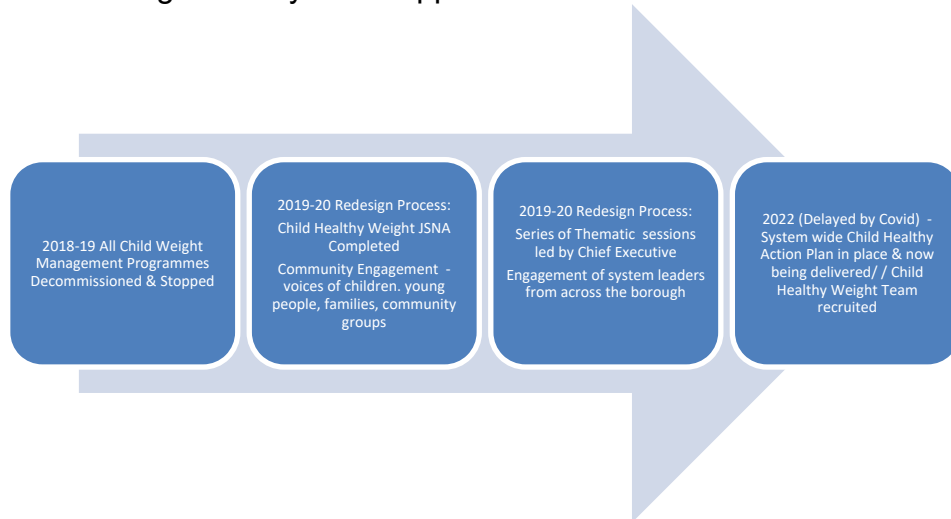
3.2.8 The 'whole system' preventative model of support we want to see in place at the end of this process should recognise environmental & societal factors be locality based, self-sustaining, built on community strengths, providing upstream interventions wherever possible, and based on a systemic, partnership approach that harnesses the connective reach of our VCFS sector, local groups & organisations to work with & within local communities.

3.3 Tower Hamlets Example

⁶ Marmot

3.3.1 As previously noted, we are far from being alone in wanting to make these changes. Some good practice models are presented in the previous section of this report from other areas that have redesigned their services and, more locally, Tower Hamlets have changed their entire approach to child weight management (and are now looking at replicating with adults).

3.3.2 The Tower Hamlets Public Health Team undertook reviews of the child weight management programmes in the borough & having concluded they were having no impact at all on childhood obesity they took the decision to decommission them & use the funding to build and strengthen a systems approach instead.



[Child healthy weight action plan \(towerhamlets.gov.uk\)](https://towerhamlets.gov.uk)

3.3.3 This is similar to the approach we are now proposing to take for the whole of our healthy weight services in Barking & Dagenham.

3.4 Our Aims: Providing Joined-Up Targeted & Inclusive Support

3.4.1 Our key aim is to work ‘upstream’ wherever possible, targeting support around changing or modifying the behaviours and lifestyles that lead to unhealthy weight and working in partnership to reduce the impact of obesogenic environments.

3.4.2 We understand the psychological factors that can lead to unhealthy weight, so we want initiatives to have a strong focus on mental wellbeing and take a trauma informed approach.

3.4.3 We want the support we provide to be inclusive, providing a service to those who have additional needs - including mental health or learning disability – engaging with representative groups & specialist services on an ongoing basis to ensure that the healthy weight support is easy to access, flexible, attractive and responsive to the needs.

3.4.4 We also recognise the vital importance of school-based initiatives & want to ensure that partnerships are strong in this area. Evidence shows that weight management programmes for children have been significantly more successful in schools than in community settings & where we want to focus development. There should be clear links to

The Healthy Schools Programme, School Nursing, MHSTs & mental wellbeing support in schools.

3.4.5 Promoting & supporting healthy weight & nutrition in early years is also of vital importance and a key aim. We will there will also need to be a strong links with services and professions leading on healthy weight & nutrition in this area including Health Visitors, Family Hubs, nurseries etc. and working with organisations such as UNICEF to develop greater capabilities in the borough.

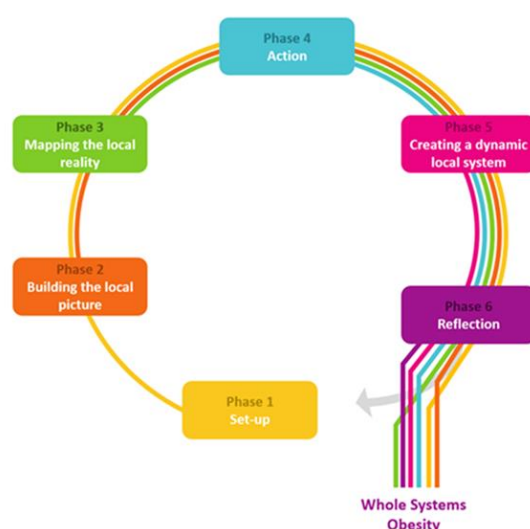
3.4.6 To reach more people we want to ensure that there is better digital support for people through the council's website providing inclusive & accessible information linked to an on-line community directory of support services and free and easy to use digital weight loss programmes. We also want to provide more engaging and better targeted Communications around healthy weight that are focussed, non-stigmatising, inclusive, culturally appropriate & realistic – based on very strong community engagement and social marketing approaches.

3.4.7 Many of the skills required to live healthy lives are not complicated and our aim is to deliver healthy weight support that also encourages residents to learn & teach these skills to their families, friends and communities.

3.5 Delivering Change

3.5.1 This will require considerable resources to achieve these aims which is why we have, in a similar way to Tower Hamlets, decided to stop the programmes that are not working and put our resources instead into developing support and interventions that do make a difference. This is a large task & we need to invest in this activity - coordination and connection alone is a really big job

3.5.2 One of the major challenges when setting up a Whole Systems Approach to Obesity is how to bring all stakeholders together, with the mind set and motivation to address the issue and create a joined up, dynamic plan and on-going network.



3.5.3 To help us in achieving this we are proposing to commission a provider who will act as an enabler in this process of change – using their expertise in engaging with

communities, networks & partners, and their experience of developing innovative healthy weight initiatives to create a new approach.

3.5.4 We are intending to move quickly to get a design & delivery partner in place to achieve the following:

Phase 1. Design (June/July 24 - March25)

- Facilitate work with locality partnerships & networks to build a whole borough approach to healthy weight, food, activity and the environment
- Work with partners & hand in hand with communities to develop good local insights about 'what works'
- Look at all opportunities to address health inequalities
- Assess what is within our control & influence and able to be achieved within our collective available resources
- Work with partners to continue supporting vulnerable priority groups through testing out new models for the delivery of healthy weight interventions
- Delivering an all-age 'Healthy Weight Plan' for the borough. This will be based on community insight, an understanding of community strengths & assets and evidence from the testing of different models of support.

Phase 2. Healthy Weight Plan Implementation (From April 25)

- Supporting ongoing partnership work around food, activity and the environment
- Facilitating the delivery of co-produced community healthy weight and nutrition activities and targeted programmes that will be sustainable
- Development of improved, better targeted communications & digital support around healthy weight
- Work with VCFS partners to build a volunteer / healthy weight champions network / Peer support groups
- Improving equity through providing targeted weight-management support for children and adults who experience the poorest health outcomes & providing accessible support to specific priority groups and underserved communities (whether structured weight loss programmes are implemented in phase 2 & what these will look like if they are will depend on the outcome of engagement and development in Phase1)
- Providing evaluation, follow-up and continuity

3.5.5 These requirements are currently being set out in a full specification in preparation for procurement.

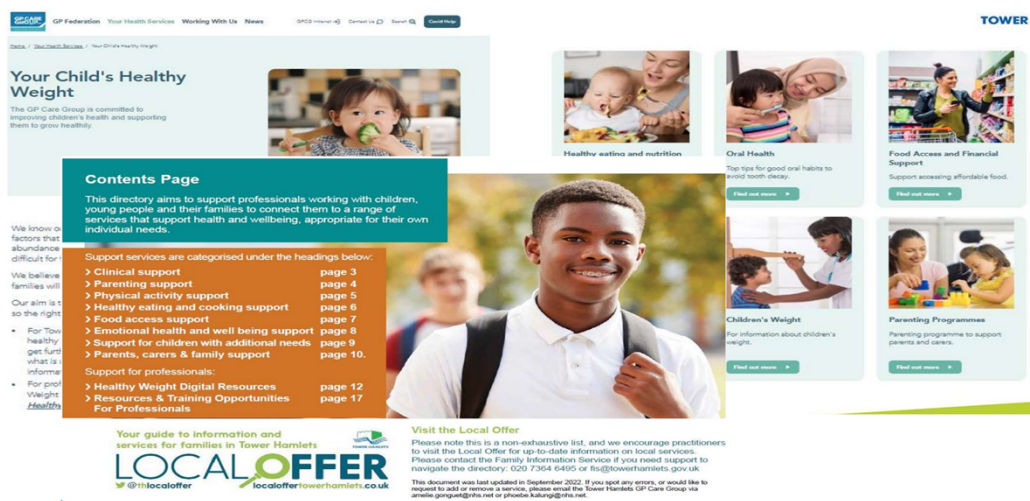
3.6 Examples of possible future ways of working & healthy weight initiatives

3.6.1 What we will have in place in the future to support healthy weight in the borough will be determined by the work we are proposing to undertake over the next year; however, we do have examples of the way services and support has changed in other areas who have already been through this difficult process.

3.6.2 Some are macro changes, whole borough/city initiatives and some are small local initiatives but supporting the wider system changes.

3.6.3 Tower Hamlets for example having decommissioned all their child weight management programmes invested in a comprehensive co-designed training programme




delivered by trained and skilled nutritionists and movement specialists for people working or volunteering in all child-facing services. The aim is to deliver what they term a 'deconstructed' healthy weight programme – i.e. activities & interventions happening in different places at different times through different groups across the borough, rather than being concentrated into a single 8-12week programme. This has involved significant investment into playgroups, schools, GPs, infant feeding etc. (It is important to note that although the commissioned training, advice & support is delivered through the local health trust the focus is on social not clinical interventions). This is reflected in the direct NCMP support that is provided to parents which provides information on cookery, food growing, parental support and is backed up by clear assessable information for parents & a very easily accessible Child Healthy Weight Directory to support professionals working with children. This though is only one part of an ambitious borough wide focus on growing healthy places, settings and services to help support children and young people to be a healthy weight.



NCMP Quality Improvement Project



- 12-month project funded by the London Health & Care Partnership to improve how we communicate with and support children and families living with excess weight using the following 3 objectives

 <p>• 1. Co production of NCMP materials & language</p> <ul style="list-style-type: none"> - Digital Survey (n=110) - Focus Groups in Schools (n=22) - Year 6 feedback (n=227) 	 <p>• 2. Improved support for children and families identified as above a healthy weight</p> <p><u>Enhanced offer piloted in 5 pilot schools:</u></p> <ul style="list-style-type: none"> - Coffee mornings - School Health Drop-ins - Healthy Families Programmes 	 <p>• 3. Improved whole schools approach to healthy weight</p> <ul style="list-style-type: none"> - School Feedback letter (<i>paused nationally due to COVID</i>) - Support from Healthy Lives team
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3.6.4 Sheffield has invested in a whole city Food Partnership, creating many, many more opportunities for residents to grow, cook & enjoy healthy food.



3.6.5 It has also worked with partners and communities to totally re-imagine its healthy weight & activity services which are delivered through a community enterprise and are social, fun & low pressure whilst still targeting those most in need of support.

3.6.6 Many areas are also delivering this support online with great success. For example, Bristol commissions on-line healthy weight sessions as well as fun, interactive webinars that you can take part in from the comfort of your own home.

3.6.7 'Get Doncaster Moving' takes a different approach to supporting its communities to be physically active, healthy and vibrant. It's a partnership of people, groups, organisations and businesses who work together on these shared goals. The investment is not in healthy weight programmes but in developing the many small interventions for all ages such as walking groups, dance, environment projects, cookery groups, sports etc. and funding a team who provide the central contact point & who help to co-ordinate this work on behalf of the partnership and also co-ordinate the voluntary support.

3.6.8 Many areas have also developed on-line interactive digital support for parents, children & adults- providing ideas and support around diet & activities (e.g. this Padlet developed in Manchester).



3.6.9 The general theme of all these approaches is that there are many different ways to reach people and positively address unhealthy weight. Some have structured healthy weight programmes, but these look very different from traditional models, some have no structured programmes at all.

3.6.10 There is no single thing that works and solutions will be as different as the many different areas, communities and people across the country. What works in one area will not work in another.

3.6.11 This is why we are proposing to invest in a largescale project to really understand what will work for the residents of Barking & Dagenham & to test out new ideas and interventions as well as learn from the experience other authorities such as Tower Hamlets & Sheffield who have agreed to support us on this journey.

3.6.12 We also have some excellent work to build on around developing a good food partnership - Sustain [Good Food London report 2024](#) recognises the progress B&D has made in this area and the [B&D progress profile](#) recognises work such as the good poverty alliance, UNICEF baby friendly initiatives, Healthy Start and Holiday activities and food.

3.7 Risks & Issues

3.7.1 Although there is a great deal of consensus on the need to move prevention further upstream – to change from individual models of support to a population model, to be bolder in ambition and to be open to greater experimentation, the gap between this rhetoric and achieving real change on the ground is a difficult one to bridge. It means stopping some things that are long established and professionally recognised and starting things that are less concrete in nature and where there is no single defined outcome.

3.7.2 Transitioning to working at population level to bring about multiple small changes is far less straightforward, it's harder to conceptualise, harder to measure, harder to point at as evidence that we are 'doing something', it doesn't involve one simple big idea & it isn't the responsibility of one organisation. It is all much harder to do.

3.7.3 It also takes time. The unhealthy weight of our population is the product of multiple factors over generations & will take time to undo. As such it will be hard to point to quick or immediate results from changing our strategy to rebut perceived notions that we are

abandoning people to live with unhealthy weight, even if the opposite is true. Knowing something is the right thing to do doesn't always make it the easiest thing to do.

3.7.4 Whilst recognising these risks we do though need to ensure that we are acting ethically and that there is some degree of continuity as we move to a new way of working, for example in supporting obese and severely obese children identified through the NCMP process and looking at how we can ameliorate other areas of risk through transitional arrangements.

3.7.5 As such we will be looking to commission additional support through summer programmes and other activities whilst we get the redesign work going and from the early autumn we will be working with partners and the provider to ensure that new healthy weight interventions are being provided & tested for key priority groups.

3.7.6 The longer-term challenge as we move to multiple population level preventative interventions is providing something meaningful to people currently living with obesity. The key point is that prevention through acting on food and PA environments ALSO supports people who already have obesity. 'Obesity is not a dichotomous yes/no problem – it's about changes in risk profiles.'⁷

3.8 Conclusion

3.8.1 We know that tackling obesity requires a sustained and integrated portfolio of preventative measures to address the obesogenic environment and social norms so that healthy behaviours become easier for all. We know that multiple small changes in large numbers of people can have a large impact at population level and we know that these need to be delivered across a whole system not just through individual programmes.

3.8.2 We know though that this is not a straightforward change, and it will be difficult to achieve but as we develop a new much more localised approach to delivering help, advice and support to our communities it is the right change to make at the right time.

List of appendices:

Risk Assessment

⁷ Greg Fell – ADPH Director