

# Whole System Obesity Delivery Framework 2019 – 2021



## Whole Systems Obesity Delivery Framework 2018-2021

***Everyone in Thurrock can achieve and maintain a healthy weight, lead an active life, eat a healthy diet and reach a healthy long life expectancy.***

This document presents the delivery framework underpinning Thurrock's Whole Systems Obesity Strategy. Tackling the complexity of obesity is multifactorial. This is a long term project, with a wide range of stakeholders. The approach of the strategy and its delivery framework has a 'golden thread' and is one that is: asset based, place based and led by the system including our citizens'

The delivery framework is a dynamic document which will continuously evolve. Our approach will enable changes and developments to be considered and acted on as we progress actions and reflect the ever changing physical, social, economic and political environment in Thurrock.

The newly formed Citizens Panel will act as 'Custodians' of the delivery framework, championing and challenging and holding stakeholders to account. The Health and Wellbeing board will also receive an annual report to demonstrate progress.

### **Our partners**

We would like to thank the many people and organisations who have contributed to the development of this framework. These include:

**Residents of Thurrock, Thurrock Community & Voluntary Services, Healthwatch Thurrock, Public Health, Children Services, Health and Social Care, Transport and Planning, Environment and Leisure, Human Resources and Organisation Development, Housing, Resident Engagement, Thurrock Healthy Lifestyle Service, Thurrock Clinical Commissioning Group, Kennington's Primary School Head, ngage, Economic Development Skills Partnership, Friends of Hardie Park and Impulse Leisure.**

Suggested timelines for the actions we have set out are as follows:

### Whole Systems Obesity

**Goal A:** Enabling settings, schools and services to contribute to children and young people achieving a healthy weight

**Goal B:** Increasing positive community influences

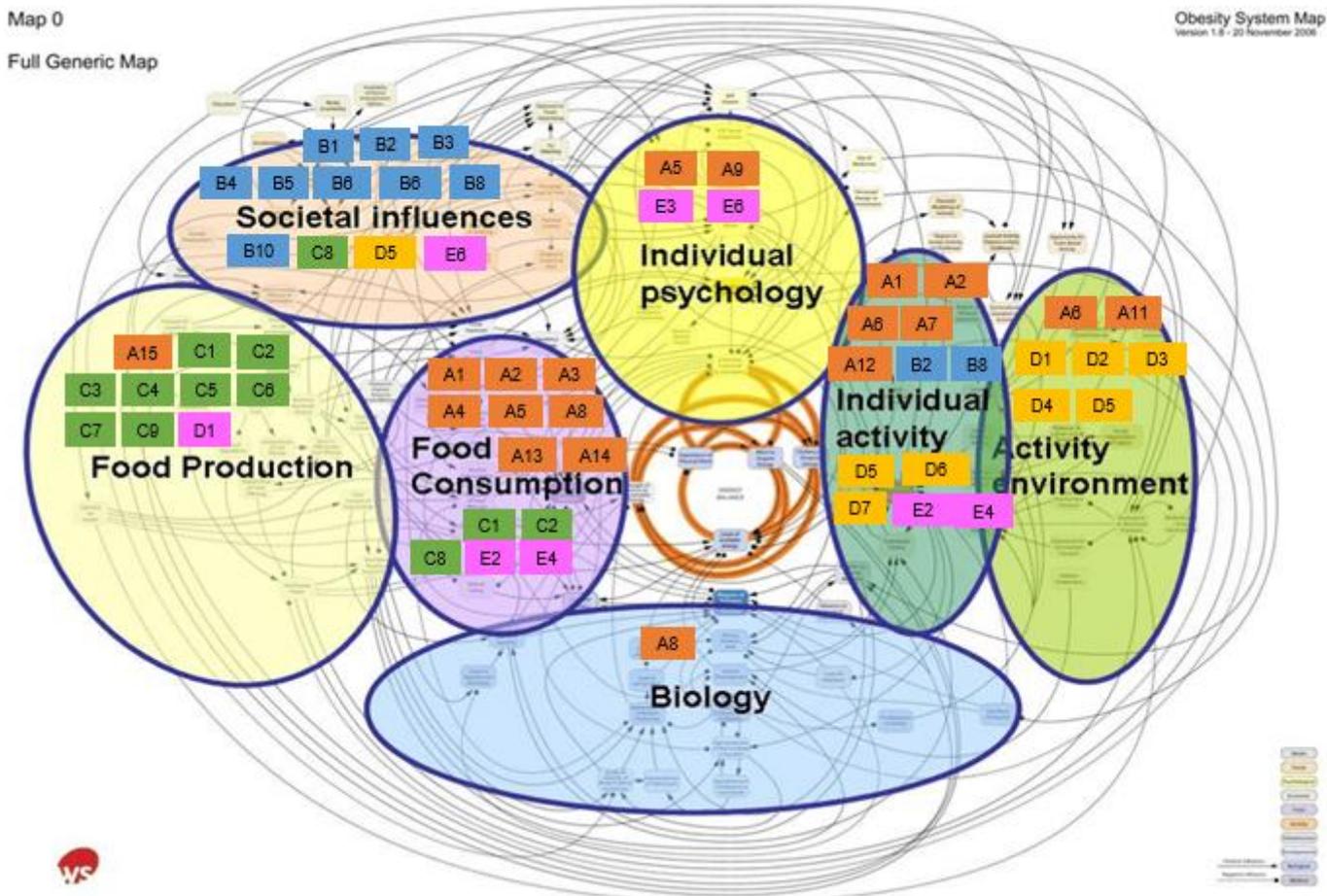
**Goal C:** Improving the food environment and making healthy food choices

**Goal D:** Improving the physical activity environment and getting the inactive active

**Goal E:** Improving identification and management of obesity

- Short term: April 2019 - November 2019
- Medium term: April 2019 - April 2020
- Long Term: April 2019- March 2021

**The Foresight Map** below demonstrates the key drivers of obesity within a system. Throughout the delivery framework the indicators have been aligned to parts of the foresight map that as a system we have the possibility to influence in order to promote healthier weights.



Source: Government Office for Science. Foresight Obesity Project, 'Tackling Obesity: Future Choices'. 2007. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/295154/07-1179-obesity-building-system-map.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/295154/07-1179-obesity-building-system-map.pdf)

## Goal A - Enabling settings, schools and services to contribute to children and young people achieving a healthy weight

**Goal Sponsor:** Michele Lucas, Assistant Director, Education and Skills | **Goal Lead:** Andrea Winstone, Strategic Lead for School Effectiveness and SEND | **Public Health Support:** Beth Capps, Senior Public Health Programme Manager

### Principal Outcome:

- reducing overweight and obesity in children in Year 6 (age 11) by at least 0.5% a year to be statistically similar or below than the national average

(Baseline: overweight and obesity in year 6: National average 34.2% (2016/17) Thurrock 36.9% (2016/17))

### Objectives:

- preventing obesity in pre-school age children as well as adolescents aged 11 plus
- increased physical activity in Primary school aged children
- ensuring more children have access a healthy diet

Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight								
Indicator no.	Corresponding action	Outcomes	Activities	Measure	Baseline	Responsible Officer	Delivery Time	RAG
A1		Increased access to healthy weight initiatives for CYP through the provision of a diverse range of options that appeal to the community.	Co -produce with partners applications for funding, in consultation with the community.	N= no. of bids submitted. N=number of families	Not available, to be compiled in year 1.	Senior Public Health programme Manager  Strategic lead School Effectiveness and SEND	Ongoing	

**Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight**

Indicator no.	Corresponding action	Outcomes	Activities	Measure	Baseline	Responsible Officer	Delivery Time	RAG
A2	E8	Improve the system's management of obesity and overweight by increasing the range of services and access to those services.	<p>Map the pathway of existing commissioned and community opportunities for children and young people in relation to obesity/healthy weight.</p> <p>A pathway document to be produced and shared with schools, settings, primary care and digitally with all partners.</p> <p>A gap analysis to be completed using a life course approach in collaboration with Goal E action.</p> <p>Services are commissioned where gaps exist.</p>	Proportion of children with Excess weight (identified through the NCMP at year R and year 6) that receive support when offered from the Healthy Families School Health Service.	Baseline tbc September 2019	<p>Senior Public Health programme Manager</p> <p>Commissioning Manager – Thurrock CCG</p>	Short term	

**Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight**

Indicator no.	Corresponding action	Outcomes	Activities	Measure	Baseline	Responsible Officer	Delivery Time	RAG
A3		Increased knowledge and behaviour of staff within settings such as day nurseries, schools and out of school clubs contributing to an increase in the nutritional quality of food supplied within children's environments.	Sharing information and best practice to inform partners (day nurseries, schools and out of school time clubs) regarding the benefits of the take up of a Gold Standard Mark (Soil Association), and healthy lunchbox schemes through items at management meetings, quarterly bulletins, SLA online platform. Social media.  A review will be carried out with schools and settings to inform the baseline and subsequent improvements.	75% of preschools and primary schools have soil association or equivalent accreditation for the provider of meals  100% of schools adhere to the school food standards.	TBC Sept 19	Public Health Graduate Trainee  Early years/Pre-schools partner  Primary Headteacher partner  Strategic lead School Effectiveness and SEND	Medium term	
A4		Contribute to a reduction in health inequalities through the development of the Healthy Start programme as part of the 0-5 wellbeing offer, targeting families in more deprived areas (Target hub areas = Central Thurrock including Tilbury tbc.).  (The Healthy Start programme is a voucher scheme for families on certain benefits and teenage mums to receive a voucher towards, fruit, vegetables and milk from local retailers.)	Implement contract variation with 0-19 provider to record the number application forms for vouchers signed. Monitor and map uptake of healthy start vouchers in the target areas (tbc). Increase the take up of the Healthy Start scheme through such avenues as the Food Banks, schools, Children's centres, social prescriber in the target area.	Increase of Healthy start vouchers being distributed from the baseline (tbc)  Percentage increase in Healthy Start Vouchers signed by HVs in CC areas. To be measured from April 2020 onwards	Baseline to be established (by 2020).  Number of vouchers signed by HVs in targeted Children's Centre areas for 2019/20 (Healthy Families new target)	Senior Public Health programme Manager  Operational Lead Healthy Families Service- NELFT  Commissioning Manager – Thurrock CCG  Children's Centres Service Manager	Long term	

**Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight**

Indicator no.	Corresponding action	Outcomes	Activities	Measure	Baseline	Responsible Officer	Delivery Time	RAG
A5		Increased healthy weight in 2.5 year olds	<p>Commission an under 5's wellbeing programme incorporating digital and face to face methods in an agreed Children's Centre.</p> <p>Commission a pre-school wellbeing survey.</p> <p>Compare survey results of the intervention areas with other areas in Thurrock as part of evaluation.</p>	<p>A reduction of 0.5% in overweight and obesity in 2.5 year olds in the target area for the intervention and a year on year improved trend.</p> <p>Using a questionnaire at the start and end of the programme measure impact: An increase in Knowledge Attitudes and Behaviour of parents relating to healthy lifestyle choices (measures to be confirmed)</p>	<p>Percentage of overweight and obesity in 2.5 year olds (To be established, anticipated available by September)</p> <p>Anticipated available 2020 onwards</p>	<p>Senior Public Health programme Manager</p> <p>Strategic lead School Effectiveness and SEND</p> <p>Operational Lead Healthy Families Service- NELFT</p> <p>Children's Centres Service Manager</p>	Medium Term	

**Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight**

Indicator no.	Corresponding action	Outcomes	Activities	Measure	Baseline	Responsible Officer	Delivery Time	RAG
A6		<p>Increased physical activity/active play in pre-school settings.</p> <p>Physical Activity guidelines for under 5's 'Start Active, Stay Active'- CMO guidelines 2011.</p> <p>(Babies- should be encouraged to be active throughout the day, every day. Before crawling, encouraged by reaching and grasping, pulling and pushing, moving their head, body and limbs during daily routines, and during supervised floor play, including tummy time. Toddlers-Children who can walk on their own should be physically active every day for at least 180 minutes (3 hours). This should be spread throughout the day, indoors or outside.</p>	<p>Survey all early years' settings to establish baseline of activity being carried out in settings (as well as food provision).</p> <p>Increase knowledge of early years activity guidelines and share best practice through: management meetings, briefings and bulletins.</p> <p>Use a targeted approach based on survey baseline of knowledge.</p> <p>Enhance the Education Team's Early Years code of practice with the requirement to ensure children are physically active.</p>	<p>Percentage of settings maintaining a green RAG status from the Early years visit (incorporating increased physical activity recommendations for 2019/20 onwards). N=100%</p> <p>Percentage of EY settings offering recommended amount of indoor and outdoor physically active play increases from baseline. Target = 100%</p>	<p>100%</p> <p>TBA (Dec 2019)</p>	<p>Strategic lead School Effectiveness and SEND</p> <p>Public Health Graduate Trainee</p> <p>Early years/Pre-schools partner</p>	<p>Medium Term</p>	
A7		<p>Increased number of early years settings delivering Forest Schools.</p> <p>(Forest Schools is an approach to increase active outdoor learning in green spaces)</p>	<p>Engagement of Early Years settings with the Forest Schools approach by dedicated worker in Children's services, promoted by school improvement team and early years partners.</p>	<p>Number of Early Years settings delivering Forest schools increases. Target n= 6 settings by March 2021</p>	<p>1 setting</p>	<p>Strategic lead School Effectiveness and SEND</p> <p>Forest Schools Worker</p>	<p>Long term</p>	

**Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight**

Indicator no.	Corresponding action	Outcomes	Activities	Measure	Baseline	Responsible Officer	Delivery Time	RAG
A8		<p>Increase in babies being breastfed at 6-8 weeks.*</p> <p>2016/17 has been taken as a baseline due to data quality issues with 2017/18 data resulting in non-publication. This has been addressed for 2018/19 year. There is an indicative value for 2017/18 of 46.5% (based on first half of the year)</p>	<p>Implement findings from the social marketing research and Breastfeeding Needs Assessment:</p> <p>System wide change as part of an agreed LMS approach to breastfeeding.</p> <p>Develop a digital offer as part of the 0-5 wellbeing programme being piloted to make info more accessible, particularly including sharing around the science behind breastfeeding.</p> <p>Training offer- consistency between professional groups.</p> <p>Support offer consistency of information provided.</p> <p>Involvement of partners and family member in supporting feeding choices.</p> <p>Working to normalise breastfeeding through social media and marketing approach in society through development of a place based approach.</p>	Target= 50% by 2021	<p>47.7% (2016/17)</p> <p>East of England average 49.2% (2016/17)</p> <p>England average 44.4% (2016.17)</p>	Senior Public Health programme Manager	Long term	

\* Research has shown a consistent link with Breastfeeding and later childhood obesity with. Specifically that children that have been breastfed for 4 months or longer are less likely to be obese when they enter school and leading into adolescence. Yan,J., Liu, L., Zhu, Y., Huang, G., & Wang, P.P. (2014) The association between breastfeeding and childhood obesity: a meta-analysis. BMC Public Health, 14 (1), 1267.

**Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight**

Indicator no.	Corresponding action	Outcomes	Activities	Measure	Baseline	Responsible Officer	Delivery Time	RAG
A9		<p>Schools are able to demonstrate an improvement in the physical and emotional wellbeing offer for pupils evidenced through sign up to the Healthy Schools rating scheme and engagement with the Thurrock School Wellbeing Service.</p> <p>(The Healthy Schools rating scheme is a voluntary scheme for schools that recognises and encourages their contribution to supporting pupils' health and wellbeing. Schools will be able to determine how well they are promoting healthy eating and physical activity by completing a self-assessment and receiving a rating based on their answers. They will receive an award for their performance, and information on how they might improve their healthy living policies.)</p>	<p>Schools are enabled through the Healthy Families service, School Wellbeing Service and Public Health WSO support to engage with the voluntary Healthy Schools rating scheme.</p> <ul style="list-style-type: none"> <li>-Self assessments are completed by schools</li> <li>-Awards are received</li> <li>-Schools continue to develop to improve the level of award each year.</li> </ul>	<p>30 % of schools sign up to the Healthy Schools rating scheme in year 1 with a year on year increase to 75% 2022</p> <p>Increase year on year in the number of awards at each level</p> <p>50% of primary schools take up the School wellbeing programme and work with the team to develop a whole school action plan.(19/20)</p>	<p>NA</p> <p>To be established in year 1 once full details of the scheme are released)</p> <p>NA</p>	<p>Senior Public Health programme Manager</p> <p>School Wellbeing Service manager,</p> <p>Operational Lead Healthy Families Service- NELFT</p> <p>Primary Head Teacher partner</p>	Long term	

**Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight**

Indicator no.	Corresponding action	Outcomes	Activities	Measure	Baseline	Responsible Officer	Delivery Time	RAG
A10		Influence the commissioned offer for 16-18 year olds (transition age to adult services) achieving a healthy weight through the creation of a multi-agency action plan.	<p>Conduct an evidence review and user engagement exercise to ascertain need around weight and best practice for the transitional age group (16-18 years).</p> <p>Pilot a service offer with a secondary school through the commissioned provider for school health.</p> <p>Coproduce a service offer for 16-18 year olds with school health provider and adults PH colleagues.</p> <p>Work collaboratively with health improvement colleagues from adult's team to implement any changes around transition recommended as a result of the literature search and user engagement.</p> <p>Ensure learning from the digital project commissioned by adult health improvement is built into the action plan.</p>	<p>An increased proportion of young people are of a Healthy weight in the transition age group through delivery of an Action plan (to be produced 2020/21)</p> <p>Specific outcome measures to be established as part of the action plan process.</p>	NA	<p>Senior Public Health programme Manager</p> <p>Operational Lead Healthy Families Service- NELFT</p> <p>Commissioning Manager Thurrock CCG</p> <p>Public Health Programme Manager –</p>	long Term	

**Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight**

Indicator no.	Corresponding action	Outcomes	Activities	Measure	Baseline	Responsible Officer	Delivery Time	RAG
A11		Increased Active travel to school.	<p>Collaborate with transport colleagues to promote Modeshift stars to schools and increase schools taking part.</p> <p>(Modeshift stars is a national sustainable travel accreditation and recognition for schools that have demonstrated excellence in supporting cycling, walking and other forms of sustainable travel)</p>	80 % of Primary schools taking part in Modeshift stars Active travel scheme.	21 Active 20 lapsed 10- no plans Baseline = 41%	<p>Strategic lead School Effectiveness and SEND</p> <p>Primary Head Teacher partner</p>	Medium term	
A12		Increased physical activity in the school day (outside of PE lessons).	<p>Schools enabled to implement a daily activity initiative such as the Daily Mile by the following teams and individuals through promotion via face to face conversations and troubleshooting issues, articles in the Head Teachers briefing and on SLA online.</p> <p>Active Essex Daily Mile coordinator Public Health Team School Wellbeing Service Commissioned Provider for school health team (Healthy Families)</p>	<p>Number of schools taking part in Daily Mile (or equivalent)</p> <p>50% by March 2020 75% by March 2021</p>	37% (Feb – March 2018)	<p>Operational Lead Healthy Families Service- NELFT</p> <p>Senior Public Health programme Manager</p> <p>School Wellbeing Service manager,</p> <p>Primary Head Teacher partner</p>	Short term	

**Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight**

Indicator no.	Corresponding action	Outcomes	Activities	Measure	Baseline	Responsible Officer	Delivery Time	RAG
A13		Improved nutrition for children from lower income families demonstrated by an increase in the uptake of Free School Meals in those eligible.†	<p>Identify an up to date figure of children eligible (based on family receipt of certain benefits/low income) for free school meals (FSMs )to compare with the number taking up free school meals.</p> <p>Develop and understanding of why eligible families in Thurrock chose not to take up free school meals and create an action plan to influence this (working collaboratively with the school wellbeing service).</p>	The percentage of children who have FSM from those that are eligible increases from the baseline (tbc).	Currently, being explored, TBC Oct 19.	<p>Senior Public Health programme Manager</p> <p>Strategic lead School Effectiveness and SEND</p> <p>Catering and traded services Manager</p>	Medium term	
A14	A3	<p>Improved school lunchtime nutrition of all children through increasing the ratio of school meals to packed lunches and improving the quality of packed lunches.</p> <p>(Evidence base shows that on average school meals are healthier and have an increased nutritional content than most packed lunches‡).</p>	<p>Action to shift the culture of packed lunches to school meals and to encourage more nutritionally balanced packed lunch contents.</p> <p>Increase the uptake of school meals through the Healthy Families 'missions' as part of the school health service revised offer for healthy weight.</p> <p>A joint project between the school health service and the catering services to increase children's uptake of school meals</p>	The Brighter Futures Survey shows an increase in children choosing school meals to an average of 40% across the 3 school year age groups surveyed.	<p>Baseline = 35 % as an average 2017/18 school year data</p> <p>Breakdown: Yr 5 -30% Yr 8- 32% Yr 10-42% (2017/18 school year)</p>	<p>Catering and traded services Manager</p> <p>Operational Lead Healthy Families Service- NELFT</p> <p>Primary Head Teacher partner</p> <p>Senior Public Health programme Manager</p>	Medium term	

† It is estimated that nationally 14% of children that are eligible for FSMs do not take them up and this is estimated at as much as 23% locally. A. Iniesta-Martinez and H. Evans, "Pupils not claiming free school meals," Department for Education, 2012.

‡ Recommendation 5 in section 5.6 in the Thurrock Whole Systems Obesity JSNA product 2017.

**Goal A: Enabling settings, schools and services to contribute to children and young people achieving a healthy weight**

Indicator no.	Corresponding action	Outcomes	Activities	Measure	Baseline	Responsible Officer	Delivery Time	RAG
A15		Increased knowledge and skills to empower children to be able to cook and make healthy choices.	<p>Best practice shared between schools to build healthy meal preparation into the day to day School curriculum.</p> <p>Consistent messages on food and diet provided to pupils using available and reputable resources e.g. British Nutrition Foundation, The Eatwell Guide and PHE Change For Life.</p> <p>School wellbeing audit tool will measure school activity around healthy eating.</p>	No of schools providing evidence of delivering healthy eating messages as part of curriculum N=50% of schools year 1.	Not available, to be established in 19/20 school year.	<p>Primary Headteacher partner</p> <p>School Wellbeing Service manager,</p> <p>Senior Public Health Programme Manager</p>	Medium term	

## Goal B - Increasing the opportunity for positive community influences

**Goal Sponsor:** Kristina Jackson, Chief Executive Officer, Thurrock CVS | **Goal Lead:** Kerry O'Prey, Neighbourhoods and Resident Engagement Manager | **Public Health Support:** Helen Forster, Strategic Lead for Public Health - Place Environment and Communities (PEC)

### Principle outcome:

- coordinated action of a wide range of partners to deliver improvements to nutritional health and physical activity in the Thurrock population

### Objectives:

- the development of community driven health initiatives particularly focusing in areas of deprivation
- a wider range of departments and sectors such as Housing, the Voluntary Sector and local businesses contributing to reducing obesity and improving health

Goal B: Increasing the opportunity for positive Community Influences								
Indicator no	Corresponding action	Outcome	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
B1		Engaging with communities to leverage their ideas on how health initiatives can have a greater impact on a local level and reduce health inequalities.	Development of a citizen's panel to guide and create ideas and initiatives that promote health in local communities across Thurrock.  Funding for initiatives sought through Active Thurrock, Sport England, Public Health England, Local Government Association, supermarket grants, charitable grants etc.	NA	NA	CVS Lead  Public Health Strategic Lead for PEC	Short term  Ongoing	

**Goal B: Increasing the opportunity for positive Community Influences**

Indicator no	Corresponding action	Outcome	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
B2		Increase physical activity levels, access to services for health improvement and knowledge of the whole systems obesity campaign.	<p>Development of a new communications plan that promotes the whole systems obesity agenda including: the hashtag of the whole systems obesity approach/campaign name to be #GetThurrockMoving Use of #GetThurrockMoving across all communications Use already established channels to deliver public facing and professional communications messages. Use national campaigns to highlight local solutions to help #GetThurrockMoving – self-care week, walking month, bike week, one you, NHS health checks etc. Reinvigorate existing campaigns – Health Walks, Shift the Timber, park runs, check your own blood pressure etc. Promote the Stronger Together asset map to encourage participation in local activities. Create a #GetThurrockMoving booklet detailing opportunities across the borough, free programmes, what paid for, healthy eating, recipes, simple exercises with illustrations, where to cycle, healthy walks etc. Securing funding to print new materials and use for paid for sponsored media (targeted Facebook posts)</p>	<p>Quarterly comms on WSO strategic work</p> <p>Measures of social media reach</p>	NA	<p>Council and CCG Comms Team with CVS</p> <p>Housing Engagement</p>	Medium term	

**Goal B: Increasing the opportunity for positive Community Influences**

Indicator no	Corresponding action	Outcome	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
B3	B2	Increase physical activity levels through improving knowledge around where and how people can access facilities and activities near to them through the Asset Map.	<p>Develop a revised community driven Asset Map for Thurrock residents and providers to share local resources communicated through the action B2.</p> <p>The updated Asset Map launched on the 5th August. This is part of the Stronger Together (ST) partnership and assessable by the ST website.</p> <p>Information around the WSO and the CVS role to be given at the Managed Network meetings.</p>	Views of the revised asset map over a 6 month period	NA	CVS Lead	Medium term	
B4	B1	Community voices are represented and drives a place based and asset driven approach to tackling obesity and improving health and wellbeing.	Recruit 5 volunteer WSO community champions from different areas of Thurrock. The WSO Community Champion's role is to represent the community voice in the development of the WSO strategy and linked with the WSO Alliance steering group. The WSO Community Volunteers will help with leafletting, spreading info, sharing on social media channels linking to the communications plan.	<p>Number of volunteers</p> <p>Target is 5 volunteer Community WSO Champions by March 2020.</p>	0 volunteers	CVS Lead	Medium term	
B5		<p>Improve population skills and knowledge about how to access services and advice that supports healthy weight.</p> <p>Links to above outcome</p>	Community Hub core training programme for Hub Volunteers to include accessing and providing digital advice around health improvement for example using eConsult, and online weight management programmes, etc.	Number of volunteers trained with digital health advice	0 volunteers	CVS Lead	Long Term	

**Goal B: Increasing the opportunity for positive Community Influences**

Indicator no	Corresponding action	Outcome	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
B6	E2		<p>THLS to provide Making Every Contact Count (MECC) training sessions to Community Hub volunteers. Training up a minimum of 12 digital advisors.</p> <p>MECC uses brief and very brief interventions, delivered whenever the opportunity arises in routine appointments and contacts in order to promote healthy living.</p>	<p>Number of MECC trained</p> <p>Target is for 12 volunteers trained in MECC per year</p>	0 volunteers trained in brief advice in 2018/19	CVS Lead	Medium term	
B7	B1 B2	Reduced health inequalities in the groups where evidence shows that obesity has a greater negative impact: older adults, people with long terms conditions and people with learning or physical disabilities.	Co-develop an annual roadshow of health and wellbeing targeted for people with learning disabilities promoted through the work in action B2.	An annual event	NA	<p>Thurrock Healthy Lifestyle Lead</p> <p>Adult Social Care Lead</p> <p>College Health</p>	Long Term	
B8		A model of sheltered housing which promotes greater health and wellbeing and is demonstrated by activity programmes being delivered at 100% of sheltered housing complexes, and an improvement in self-reported health and quality of life in sheltered housing residents.	<p>Implementation of a new model of sheltered housing to include an activity and social programme that supports independence, social integration and health and wellbeing.</p> <p>Evaluation of the above model to include the impact on health and wellbeing.</p> <p>Roll out of the programme to include residents of the wider community.</p>	Measures outlined in evaluation framework	As per evaluation framework	Sheltered Housing Lead Housing Engagement	Short Term	

**Goal B: Increasing the opportunity for positive Community Influences**

Indicator no	Corresponding action	Outcome	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
B9	D5	Increase physical activity levels in areas of deprivation and contribute to a reduction in the e the inactive population.	Identify and develop activities that provide opportunity for physical activities delivered in open spaces near social housing developments and mixed tenures housing. Deliver a minimum of 4 activity sessions per year targeting children and 16-18 year olds delivered by Active Parks Team.	No of opportunities identified and running  Number of participants attending sessions over 1 year	1 activity in 2018/19.	Housing Engagement  Assistant Director Housing Management Environment and Leisure Lead	Medium Term	
B10		Identify people with a high BMI within workplaces to access services that can support them to improve health.	Development of a brochure for employers outlining a comprehensive workplace health based offer, and emphasising the potential benefits to both themselves and their employees.  Conduct a mapping exercise of prospective employers in Thurrock with whom to attempt engagement with particular focus on high risk occupational groups.  Development of a systematic process for contacting and following up employers to offer support in the way of workplace clinics.  Delivery of health check and smoking cessation clinics within workplaces, along with weight management referrals as appropriate.	Number of employers engaged broken down by size and type of employer Number of referrals to weight management services as a result of a workplace health clinic Number of health checks delivered through workplaces	N/A	Adults Health Improvement Lead  Thurrock Healthy Lifestyle Lead	Medium Term	

## Goal C - Improving the food environment and food choices

**Goal Sponsor:** Andrew Millard, Interim Director of Place | **Goal Lead:** Leigh Nicholson, Strategic Lead for Planning - Development Services | **Public Health**

**Support:** Helen Forster, Strategic Lead for Public Health - Place Environment and Communities (PEC) & PEC Graduate

### Principle outcome:

- improved nutritional quality of the diets of the Thurrock population supported through the environment

### Objectives:

- a healthier food environment in Thurrock
- improved opportunities for access to healthy food

Goal C: Improving the food environment and nutrition choices								
Indicator no	Corresponding action	Outcomes	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
C1	B1	Improved nutrition in Thurrock residents through community schemes which promotes healthy food or the sharing of food locally, including the sharing of resources and ideas.	<p>Develop a healthy food sharing network within community forums.</p> <p>Identify healthy food/food sharing schemes or networks that Thurrock stakeholders and/or community groups can join or develop at a local level.</p>	1 healthy food sharing network is set up within the Thurrock community.	0	Public Health Strategic Lead for PEC	Long Term	
C2		Prevent new fast food takeaways arising.	<p>Prepare Thurrock's Local Plan and a Supplementary Planning Document with statutory requirements around the local food environment, incorporating policy options which act as a lever to:</p> <ul style="list-style-type: none"> <li>limit the numbers of hot food takeaways in areas of highest proliferation</li> <li>enable access to affordable nutritious food purchase via</li> </ul>	<p>A policy is in place to address the food environment.</p> <p>The number of planning applications for Hot Food Takeaways (A5 use) has declined year on year, with the first year being used as the baseline.</p>	TBC	<p>Strategic Lead for Planning</p> <p>Planning and Transport Lead</p> <p>Public Health Strategic Lead for PEC</p>	Long Term +	

### Goal C: Improving the food environment and nutrition choices

Indicator no	Corresponding action	Outcomes	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
			active travel e.g. provision of local food shops within walking distance of residential developments • protect and provide local allotments and land for the community to grow food independently and communally					
<b>C3</b>		New built environments created through regeneration activity that are designed proactively to shape healthier food environments or ability to be physically active.	Use Health Impact Assessments from Public Health and developers to inform planning decisions which promote access to healthy food and opportunities for growing food e.g. provision of nearby supermarkets/food shops and cooking and growing space.	100% of developments eligible for a HIA have received an assessment and recommendations for improving the food environment where applicable and this has been recorded on the PEC HIA log.	0	Strategic Lead for Planning  Planning and Transport Lead	Long Term +	
<b>C4</b>		Thriving local town markets which offer fresh and nutritious food.  Local businesses which are engaged with and taking part in the healthy eating and obesity reduction agenda in Thurrock.	Economic Development will liaise with and support local market operators to identify ways of increasing the offer of nutritious food at town centre markets.  Promote healthy food environments to local businesses and start-ups; including food standards and schemes which address issues such as healthy eating, food poverty and food waste distribution.	Year on year growth of town market selling fresh and nutritious food (by number of market stalls) until saturation point.  Year on year growth of businesses engaged with healthy eating, food poverty and food waste distribution (by number of businesses and start-ups).	TBC  0	Economic Development Officer	Long term	

**Goal C: Improving the food environment and nutrition choices**

Indicator no	Corresponding action	Outcomes	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
C5		Food and consumer standards that promote healthy food options and eating habits to consumers in Thurrock.	Trading Standards to consider proposal options for regional trading standards projects around food standards and/or nutrition labelling.	1 options and analysis exercise carried out and where identified, an option put towards the regional trading standards group.	0	Trading Standards Lead  Trading Standards Manager	Long term	Red
C6		A self-sustaining community allotment providing fresh local produce whilst also improving social cohesion and physical activity levels.	Work with community groups to develop a community growing scheme at Grangewaters.	Getting a scheme established	NA	CVS Lead e	Medium Term	Yellow
C7		A reduction in food poverty and healthy eating inequalities in private housing (Food poverty is not just about cost but relates to food storage and preparation),	Well Homes project to continue to reduce barriers to preparing healthy and balanced meals at home by providing kitchen appliances in private sector housing (where needed) and signposting to family cooking lessons.	Number of homes supported through Well Homes per year	0	Private Sector Housing Lead  Principal Environmental Health Officer, Private Housing	Short term	Yellow
C8		Resident's access to fresh food and knowledge of how to prepare fresh food is increased contributing to a reduction in food poverty and healthy eating inequalities.	Work with Local Area Coordinators (LACs), Parks Engagement Team, and community forums to identify ways of sharing food and healthy eating/preparation ideas amongst the community, particularly within economically deprived communities.	NA	NA	Public Health Strategic Lead for PEC  Public Health Graduate Trainee for PEC	Medium term	Red

**Goal C: Improving the food environment and nutrition choices**

<b>Indicator no</b>	<b>Corresponding action</b>	<b>Outcomes</b>	<b>Activity</b>	<b>Measure</b>	<b>Baseline</b>	<b>Responsible Officer (RO)</b>	<b>Delivery Time</b>	<b>RAG</b>
<b>C9</b>	<b>A3</b> <b>B14</b>	Increase availability for healthier food choices for in workplaces, schools and colleges.	<p>Review what is in place now in schools, colleges and workplaces, starting with Thurrock Council, in terms of food provision and relevant policies in place.</p> <p>Develop workplace/educational setting policies that facilitate the consumption of healthy food e.g. healthy vending machines, facilities for heating and consuming meals made at home, smart working, wider health and wellbeing and mental health support than can influence eating habits and workplace culture.</p>	NA	NA	<p>Strategic Lead for HR</p> <p>Public Health Graduate Trainee for PEC</p> <p>Public Health Strategic Lead for PEC</p>	Medium Term	

## Goal D - Improving the physical activity environment and getting the inactive active

**Goal Sponsor:** Julie Rogers, Environment and Highways Director | **Goal Lead:** Jahur Ali, Environment and Leisure Lead | **Public Health Support:** Sue Bradish, Senior Public Health programme Manager in Place, Environment and Communities

### Principle outcome:

- increase in the proportion of physically active adults and children in Thurrock

### Objectives:

- improvements to the physical environment in the Borough that promote physical activity and wellbeing
- active travel prioritised in transport and planning policies
- reduction in the inactive population

Goal D - Improving the physical activity environment and getting the inactive active								
Indicator no	Corresponding action	Outcomes	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
D1	B3	<p>Built environments that can promote health either through physical activity or access to healthier food choices</p> <p>Developers to have an understanding of Health Impact Assessment requirements and are able to demonstrate this in development applications. Contributes to Goal 2 Objective 2A (Health and Wellbeing Plan) Create spaces that make it easy to exercise and be active</p>	To produce an updated Thurrock Design Guide which identifies health and wellbeing as an integral part of planning.	Quality Assurance of planning applications that identify Design Guide principles	An updated Design Guide	<p>Planning Lead</p> <p>Place, Environment and Communities Lead</p>	Short term	

### Goal D - Improving the physical activity environment and getting the inactive active

Indicator no	Corresponding action	Outcomes	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
D2		Increased physical activity levels through improvements in perceived safety and satisfaction within outdoor and green spaces, with a focus on areas of greater deprivation or greater crime to encourage people to use their local spaces.	Crime prevention initiatives to include (but not limited to): Park rangers based within parks across Thurrock Preventative and enforcement action to address littering in relation to Nitrous Oxide canisters 'Report' campaign in areas where antisocial behaviour is of concern Town Centre Teams will provide increased visibility and deterrents in Grays, Ockendon and Stanford Le Hope.	Utilisation of outdoor space for exercise/health reasons  Measures of crime in parks	Utilisation of outdoor space for exercise/health reasons 36.9% (CI 15.5% to 58.3%)§	Sports & Leisure Policy Manager  Recreation and Leisure Lead  Community Safety Lead	Medium term	
D3		Increased physical activity levels through increases and improvements to the quality of local sports facilities, green spaces and pitch and play provision. Target for four new 3G football pitches in Thurrock by 2022.	Fund and implement four new 3G football pitches in Thurrock. Ensure current provision is fit for purpose and make improvements	Number of new 3G pitches in line with the Recreation and Leisure strategic plan.	Three 3G pitches as of July 2019	Sports & Leisure Policy Manager  Recreation and Leisure Lead	Long Term	
D4		Increased and improved sports and leisure facility infrastructure in Thurrock.	Thurrock Council's Regeneration, Environment and Planning departments seeking opportunities within large scale projects (such as Schools) to include sports and leisure infrastructure that can be used by the local community.	Integrated facilities highlighted in planned developments	NA	Sports and Leisure Policy Manager  Planning Lead	Long Term	

§ Source: Natural England: Monitor of Engagement with the Natural Environment (MENE) survey

**Goal D - Improving the physical activity environment and getting the inactive active**

Indicator no	Corresponding action	Outcomes	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
D5	B2	Increased proportion of the population active travelling (cycling and walking) through policies/ strategies and range of activities that facilitate active travel in Thurrock.	Needs assessment of active travel (walking and cycling in the borough) Infrastructure study in Thurrock of the active travel facilities Development of a new Transport Strategy that will maximise opportunities for active travel with appropriate infrastructure (e.g. cycle lanes, cycle parking) and ensure these are prioritised over car transport as part of designing safe and attractive neighbourhoods. Link promotion of findings of Needs Assessment and new Transport strategy to the #GetThurrockMoving campaign through coms South Essex Active Travel (SEAT) Cycle Hub Improved infrastructure around travelling Cycle Hub opened in June 19 and promoted using WSO coms Way marking that signposts active travellers to various points in the area, provided in Tilbury and Stanford.	Proportion of the population who walk or cycle as a means of active travel  Target is increase by 0.5% per year	1.1% of adults cycling 3 times or more each week (2016/17) 21.6% of adults walking 3 times or more per week (2016/17)	Planning and Transport Lead  Principal Transport planner/ Active Travel  Place, Environment and Communities	Long term	

**Goal D - Improving the physical activity environment and getting the inactive active**

<b>Indicator no</b>	<b>Corresponding action</b>	<b>Outcomes</b>	<b>Activity</b>	<b>Measure</b>	<b>Baseline</b>	<b>Responsible Officer (RO)</b>	<b>Delivery Time</b>	<b>RAG</b>
D6		<p>Reduced inactive population by 2000 people per year through the Active Thurrock strategic work.</p> <p>The inactive population aged 19+ is 26.7% or 33,921 people (based on the population of 19 – 90+ year olds in 2018 ONS Sub-national projections).</p>	<p>Active Thurrock to provide grants to local programmes/ sports that encourage the local population to get active</p> <p>Sports and Leisure to provide the Active Parks programme and other local interventions.</p>	<p>Active Lives survey</p> <p>Target 2000 people per year (equivalent to 5% improvement)</p>	<p>No of inactive people in Thurrock</p>	<p>Sports &amp; Leisure Policy Manager</p> <p>Recreation and Leisure Lead</p> <p>Active Thurrock</p>	<p>Long term</p>	
D7		<p>Address health inequalities caused by obesity through seeking and awarding new funding that will increase opportunities for physical activity in residents specifically in areas of higher levels of inactivity or deprivation.</p>	<p>To secure new funding and resources from sources such as Sport England, CLLD and Big Lottery to deliver WSO and wider Recreation and Leisure objectives and get people active, engaged and improve their physical and mental wellbeing specifically in the areas of Thurrock with lower activity levels or greater deprivation.</p>	<p>Additional funding opportunities applied for.</p>	<p>Initial funding received through Active Essex for small targeted projects.</p>	<p>Sports &amp; Leisure Policy Manager</p> <p>Recreation and Leisure Lead</p> <p>CVS Lead</p> <p>Public Health Lead</p>	<p>Long Term</p>	

## Goal E - Improving identification and management of obesity

**Goal Sponsor:** Ian Stidston, Director Thurrock Clinical Commissioning Group | **Goal Lead:** Stevie Attree, Commissioner, Thurrock CCG | **Public Health Support:** Faith Stow, Public Health Programme Manager

### Principle outcome:

- identify in order to support more adults in Thurrock who are overweight or obese

### Objectives:

- improve identification and management of obesity including awareness and signposting resulting in increased referrals into services that can support a healthy weight
- improved join up and signposting between all services to maximise potential outcomes for the population of Thurrock
- improve education in the prevention of obesity
- local weight management services that are equitable

**Goal E: Improving identification and management of obesity**

<b>Indicator no</b>	<b>Corresponding action</b>	<b>Outcomes</b>	<b>Activity</b>	<b>Measure</b>	<b>Baseline</b>	<b>Responsible Officer (RO)</b>	<b>Delivery Time</b>	<b>RAG</b>
E1		<p>Improved recording of obesity (in adults above 18+ in Thurrock) to enable conversations with patients in achieving a healthy weight.</p> <p>Overall recording of obesity increased to at least 10.8% from 9.8% to bring closer to the expected prevalence of 29% of obesity by March 2020.</p>	<p>Carry out analysis population BMI distribution of adults above 18 years using GP practice records. Show BMI distribution by age, GP practice and locality in order to understand the recording variation.</p> <p>Develop a template in SystmOne (GP systems) to will prompt recording of weight and BMI.</p> <p>Carry out an audit on how BMI is recorded within GP Practices to understand recording methods and develop a best practice protocol. Include identification of obesity on the GP Profile Card through BMI associated QOF indicators to encourage primary care to record BMI.</p> <p>Cleanse and improve prevalence data of obesity in partnership with Primary Care to improve BMI, height and weight measurements and recording practices.</p>	<p>QOF records of BMI</p> <p>Practice data from SystmOne</p> <p>Recording of BMI &gt;25</p>	Baseline BMI distribution to be established	<p>Health Intelligence Officer</p> <p>Healthcare Public Health Lead</p> <p>Commissioner, Thurrock CCG</p>	Medium term	

**Goal E: Improving identification and management of obesity**

<b>Indicator no</b>	<b>Corresponding action</b>	<b>Outcomes</b>	<b>Activity</b>	<b>Measure</b>	<b>Baseline</b>	<b>Responsible Officer (RO)</b>	<b>Delivery Time</b>	<b>RAG</b>
E2		<p>Primary and Secondary Care easily refer patients into healthy lifestyle programmes.</p> <p>A 5% increase in referrals who start a Tier 2 weight management programme by March 2020.</p>	<p>Review Making Every Contact Count (MECC) training package and include new resources e.g. Digital Weight Management and Self-care resources (when available). (MECC supports professionals and practitioners to have meaningful conversations with their patient about having a healthy weight.)</p> <p>Provide MECC training to Primary and Secondary Care staff.</p> <p>Through practice visits, THLS will support use of resources/training, and good practice in the recording of BMI (part of Best Practice NHS Health Checks).</p> <p>NHS Health Checks to generate automated referrals into healthy lifestyle programmes.</p> <p>Develop electronic referrals from BTUH into healthy lifestyle services across the mid and south STP footprint.</p>	<p>Delivery of 5 MECC sessions in 2019/20</p> <p>Development of electronic referral systems</p>	1 MECC training session in 2018/19	<p>Thurrock Healthy Lifestyle Lead</p> <p>Population Health Lead (STP)</p>	Medium term	

**Goal E: Improving identification and management of obesity**

Indicator no	Corresponding action	Outcomes	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
E3		Improved join up and signposting between all services to improve population health.	<p>Development of a reporting template and consistent codes for SMI Physical Health Checks to include BMI recording and onward referral to weight management support where required.</p> <p>Public Health and NHS Commissioners to address referral pathways between weight management and healthy lifestyle services and the following services: Mental Health Services Diabetes Prevention Programme (NDPP) Community Health services (NELFT)</p>	Reporting templates live on Mobius and SystemOne which incorporate all required elements.	NA	<p>Commissioner, Thurrock CCG</p> <p>Strategic Lead, Public Health</p>	Medium term	
E4		Reduce BMI in identified individuals and reduce health inequalities in the borough associated with obesity.	<p>Tier 2 Weight Management Programmes for adults to provide a varied range of options including physical activity programmes and a new digital healthy lifestyle intervention. Marketing of programmes to target different groups across Thurrock including males and those in more deprived areas.</p> <p>Carry out service evaluation at mid-term.</p>	<p>A 5% increase males accessing tier 2 programmes</p> <p>A 5% increase in the proportion of adults accessing tier 2 programmes from most deprived areas.</p> <p>Maintain proportion of participants from ethnic minorities being at least 13%.</p>	<p>27% males in 2018/19</p> <p>Adults from most deprived areas 22.5% in 2018/19.</p> <p>15% BME ethnicities accessing in 2018/19</p>	Public Health Programme Manager	Short term	

**Goal E: Improving identification and management of obesity**

<b>Indicator no</b>	<b>Corresponding action</b>	<b>Outcomes</b>	<b>Activity</b>	<b>Measure</b>	<b>Baseline</b>	<b>Responsible Officer (RO)</b>	<b>Delivery Time</b>	<b>RAG</b>
E5		Reduce obesity prevalence through the development of a sustainable prevention and treatment model for healthy weight for Thurrock adults based on population needs.	<ol style="list-style-type: none"> <li>1. Analysis of population need in Thurrock – model the met and unmet need</li> <li>2. Outcomes analysis of the Tier 3 weight management service</li> <li>3. Undertake a wider review of Weight Management provision and the interdependencies with tier 1 to 3 provision to ensure services are effective, cost effective and serving all groups in the borough.</li> <li>4. Create a governance structure to support delivery of goal E actions</li> <li>5. Based on the above address any gaps and implement solutions to deliver a sustainable prevention and treatment model in accordance with local need for now and the future.</li> </ol>	New service model developed and implemented	NA	<p>Commissioner, Thurrock CCG</p> <p>Public Health Programme Manager</p>	Long term	

**Goal E: Improving identification and management of obesity**

Indicator no	Corresponding action	Outcomes	Activity	Measure	Baseline	Responsible Officer (RO)	Delivery Time	RAG
E6		<p>Improved confidence in managing personal health leading better health outcomes and self-care ability such as sustained weight loss or maintenance.</p> <p><i>Evidence shows that healthcare services contribute towards only 10% of health whilst behaviour contributes 40%.</i></p>	<ol style="list-style-type: none"> <li>1. Completion of a self-care JSNA at STP Level.</li> <li>2. Development of a protocol with commissioned services (e.g. Slimming World, Exercise on Referral) taking on an agreement approach between service provider and service user that sets out the expectations of the individual and the support the service is able to provide with the understanding of an end date or point.</li> <li>3. The protocol will include improved exit support such as signposting or referrals into universal services.</li> <li>4. Exit protocol included within contract service specifications.</li> </ol>	Protocol developed and services signed up	NA	<p>Commissioner, Thurrock CCG</p> <p>Public Health Programme Manager</p>	Long term	