

Healthy Weight Strategy EqHIA

Document control

Title of activity:	Havering Healthy Weight Strategy 2024-29: Everybody's business
Lead officer:	Luke Squires, Public Health Practitioner, Public Health Service
Approved by:	
Date completed:	
Scheduled date for review:	2027

Did you seek advice from the Corporate Policy & Diversity team?	Yes
Did you seek advice from the Public Health team?	Yes
Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	No

Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact EqHIA@havering.gov.uk for advice from either the Corporate Diversity or Public Health teams. Please refer to the Guidance in Appendix 1 on how to complete this form.

About your activity

1	Title of activity	Havering Healthy Weight Strategy 2024-29: Everybody's business
2	Type of activity	A new strategy
3	Scope of activity	<p>An EqHIA is being performed to assess the impact of introducing a new strategy to address overweight and obesity in the borough. This strategy sets out the local strategic approach for addressing high levels of overweight and obesity in the borough through a "whole systems approach".</p> <p>There is now sound evidence that shows that where we live influences how and what we eat, and how active we are. The system (those places where we live, work and play) can shape the choices that we make. There are over 100 causes of overweight and obesity in the system that are pushing us towards unhealthy choices.</p> <p>A whole systems approach to obesity prevention means addressing all of the different causes of obesity. Doing this would make the healthy choice the easiest choice.</p> <p>A whole systems approach takes a long time to embed. Once embedded, it takes many years for rates of obesity to fall.</p> <p>During the five-year lifetime of this strategy, we will be (a) embedding changes in the Havering system through an all systems approach, and (b) introducing a place-based approach which means starting with a focus on one neighbourhood in particular, and then expanding to other neighbourhoods in the future. By 2029 we should expect to see:</p> <ul style="list-style-type: none">• An improvement in healthy weight levels in reception aged children across the borough, compared to the national average• An improvement in measures of excess weight among year 6 children in the targeted

		neighbourhood of Gooshays and Heaton wards, compared to statistical neighbours <ul style="list-style-type: none"> The development of places in the borough that promote healthy weight, where the healthy choice is the easiest choice; enabling people to eat healthily and be active. 		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	If the answer to <u>either</u> of these questions is ' YES ', please continue to question 5.	
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	Yes		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes	Please use the Screening tool before you answer this questions	If you answer ' YES ', please continue to question 5.
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO:			

Completed by:	Luke Squires, Public Health Practitioner, Public Health Service
Date:	22/02/2024

The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

Background/context:

The Healthy Weight Strategy 2024-2029: Everybody's businesses outlines the approach of the borough to addressing and preventing obesity. Obesity remains one of the biggest public health challenges of our time with nearly a quarter of children in Havering & England obese or overweight by the time they start primary school rising to one third by the time they leave aged 11. In adults, on average across Havering and England over two thirds of the population are overweight or obese.

Obesity is cutting lives short in Havering. Being overweight or obese can seriously affect physical and mental health as well as quality of life. Obesity is associated with diseases such as type 2 diabetes, cancer, cardiovascular disease, high blood pressure, high cholesterol, dementia, liver conditions and bone and joint problems. The impact of obesity has wider social and economic implications.

The health and economic drivers for addressing the obesity epidemic are clear, and the benefits to length and quality of life significant. The strategy sets out a vision for how Havering, as a place and community, will support its residents to eat healthily, be active and achieve a healthy body weight.

The strategy sets out the local ambition, which is to eradicate childhood obesity within 20 years, going further than the national ambition of halving childhood obesity by 2030.

The aim of this strategy is to build a firm foundation to achieve the 20 year vision . Reversing the current trend of increasing levels of overweight and obesity will take time, and the initial phase of this strategy will mean putting in place a firm foundation. It will mean making tackling obesity everybody's business, and for the many Council services and partners to reshape the environment to make the healthy option the easy option.

We will also start some targeted work that focuses on a specific neighbourhood to address some of the inequalities. Once this work is sufficiently progressed, we plan to replicate this "place-based approach" in other parts of the borough in an ongoing effort to address inequalities.

Over the lifetime of this strategy we will lay down the foundations needed to achieve the 20-year vision in line with the Joint Strategic Needs Assessment chapter on obesity by

- embedding and resourcing a whole systems approach to healthy weight which will underpin and enable the high-level action needed
- developing places that promote healthy weight, where the healthy choice is the easiest choice
- taking a life course approach to supporting individuals to achieve and maintain a healthy weight; with a specific focus on pregnancy and early years.
- prioritising those areas of highest need by taking a place-based approach to reducing overweight and obesity in Gooshays and Heaton wards and gaining learning to inform future action in the borough

By the end of this five-year strategy we expect to see

- A noticeable difference across the borough which promotes healthy weight, and which means that people are more likely to eat healthily, and be more active
- an improvement in rates of healthy weight in school reception aged children, compared to the national average
- An improvement in the rise of excess weight among year 6 children in the targeted neighbourhood of Gooshays and Heaton wards, compared to statistical neighbours

Associated policies/actions to deliver the healthy weight strategy will be subject to individual decisions and EqHIA.

**Expand box as required*

Who will be affected by the activity?

The strategy and associated actions will be targeted across the life course having an effect on the whole population. Some protected characteristics have higher rates of overweight and obesity than average, therefore for the populations with these protected characteristics there may be a larger scope for health benefits.

During the lifetime of this work, the evidence base will be continuously monitored to identify possible changes in those groups who are most likely to experience health inequalities. As well as the growth in the evidence base in regards to what is the most effective method to address obesity and minimise health inequalities.

**Expand box as required*

Protected Characteristic - Age: Consider the full range of age groups

Please tick (✓)
the relevant box:

Positive

✓

Neutral

Negative

Overall impact:

The Healthy Weight Strategy has taken account of the needs of different age groups. Actions planned will have a positive impact on people of all ages, with a particular focus on improving outcomes for children by supporting them to be a healthy weight.

**Expand box as required*

Evidence:

The prevalence of obesity increases with age. National Child Measurement Programme data from 2022/23 demonstrates that in 22.2% of children in Reception Year (aged 4-5) in Havering were overweight or obese, whilst amongst Year 6 children (aged 10-11) prevalence is 40.1%. The most recently available data for adults is from 2021/22 Active Lives Adult Survey which shows that for Havering 60.3% of adults aged 18 – 64 years old are estimated to be overweight or obese. Trend data shows that Havering consistently has one of the highest proportion of adult overweight and obesity in London and is in line with the high national average.

In adults, trend data from the Active Lives Adult Survey estimates obesity and overweight prevalence to be highest in the age cohorts, 55-64 years old, 65-74 years old, 75-84 years old.

As reported in Havering's Obesity Needs Assessment:

- maternal obesity is a risk in the short term to the health of both mother and baby, and also increases the risk that the child and possibly the child's children may be obese;
- breastfeeding reduces the risk of childhood obesity
- a child is more likely to be overweight if he or she has one or more overweight parents;
- obese children are between two and ten times more likely to be obese in adulthood;
- weight is more difficult to lose once gained; and
- Attitudes and behaviours established during childhood shape lifestyle in later life.

The strategic approach to achieving healthy weight for all covers all age groups of the population but place emphasis on giving children the best start in life. Most importantly the introduction of a whole systems approach and addressing the food and physical activity environments will benefit the whole population. However, the third strategic theme has two objectives focusing on giving children the best focusing on the early years.

Adults will be supported with services and appropriate workplace initiatives meanwhile people not in work will benefit from community activities. As a result, intended outcomes are expected to positively impact all age groups whilst aiming specifically to address the increase in obesity levels from birth through childhood.

**Expand box as required*

Sources used:

National Child Measurement Programme

Public Health Outcomes Framework

Havering Obesity Needs Assessment

OHID. 2023/ Public Health Profiles: percentage of adults (aged 18 plus) classified as overweight and obese.

OHID. 2023/ Public Health Profiles: percentage of adults (aged 18 plus) classified as overweight and obese.

OHID. 2023. Public Health Profiles: reception prevalence of obesity (including severe obesity), 5 years data combined (4-5yrs)

**Expand box as required*

Protected Characteristic - Disability: Consider the full range of disabilities; including physical, mental, sensory and progressive conditions

Please tick (✓)
the relevant box:

Positive	✓	Overall impact: The strategy will be published electronically so that it is fully accessible to people who are partially sighted or blind. The healthy weight strategy has taken account of people living with disabilities and long term conditions. Actions planned are inclusive of the whole population, including people with disabilities and long term conditions. A Tier 2 Weight Management Service for people with
Neutral		
Negative		

		<p>learning disabilities will also be delivered as part of the Healthy Weight Strategy.</p> <p>Reducing obesity prevalence, the overarching aim of the strategy, reduces the risk of developing long term conditions associated with obesity.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>
<p>Evidence:</p> <p>As noted in the Havering Obesity Needs Assessment, a person is more likely to be overweight or obese if he or she has a physical disability, long-term health problem or learning disability. A child is more likely to be overweight if he or she has a limiting illness, particularly a learning disability. The settings in which actions will take place (e.g. schools, community facilities) provide equity of access for people with disabilities and reasonable adaptations will be made as appropriate.</p> <p>The strategic response is inclusive of the whole population including people with disabilities and long term conditions. We expect that the proposed response will have a positive impact on disabled and non-disabled individuals.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>		
<p>Sources used:</p> <p>Havering Obesity Needs Assessment OHID. 2023/ Public Health Profiles: percentage of adults (aged 18 plus) classified as overweight and obese.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>		

Protected Characteristic - Sex/gender: Consider both men and women		
Please tick (✓) the relevant box:		<p>Overall impact:</p> <p>Overweight and obesity affect both men and women. In children the prevalence of overweight and obesity is higher in boys than girls.</p> <p>In adults the prevalence of overweight is higher amongst men, whilst obesity tends to be higher amongst women.</p> <p>The Healthy Weight Strategy system-wide approach to addressing obesity is inclusive of men and women and aim to make the healthy choice the easiest choice. System changes that impact on dietary choices may benefit men more than women whereas system changes that impact on physical activity may benefit women more than men.</p>
Positive	✓	
Neutral		
Negative		

		<i>*Expand box as required</i>
<p>Evidence:</p> <p>There are differences in obesity prevalence depending on gender, data for England shows boys are consistently heavier than girls for both reception age and year 6 age children. Data for England from 2022/23 found:</p> <ul style="list-style-type: none"> For children in reception, the obesity prevalence is 9.3% for boys and 9.0% for girls For children in year 6, the obesity prevalence is 25.1% of boys and 20.1% of girls. <p>In adults, trend data for England from the Active Lives Adult Survey by Sport England demonstrates that men are more likely to be overweight or obese than women. However, women are more likely to be obese than men. Morbid obesity is twice as common in women (%) as it is in men (%).</p> <p>Having a healthy diet is one of the main contributors to maintain a healthy weight. At a local and national level there is too little data to identify the difference in girls' and boys' diets. However, for adults it was found that 28% of adults were eating the recommended five portions of fruit and vegetables a day. However, women were more likely to meet this target (30%) than men (25%).</p> <p>Regular physical activity also contributes towards maintaining a healthy weight. Health survey for England data tells us boys are more likely than girls to meet the recommended levels. Data from the Active Lives Survey tells us men are more likely than women to meet the recommended levels.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>		
<p>Sources used:</p> <p>Havering Obesity Needs Assessment Health Survey for England Active Lives Survey OHID. 2023/ Public Health Profiles: percentage of adults (aged 18 plus) classified as overweight and obese. OHID. 2023. Public Health Profiles: reception prevalence of obesity (including severe obesity), 5 years data combined (4-5yrs) OHID. 2023. Public Health Profiles: year 6 prevalence of obesity (including severe obesity), 5 years data combined (10-11yrs)</p> <p style="text-align: right;"><i>*Expand box as required</i></p>		

Protected Characteristic - Ethnicity/race: Consider the impact on different ethnic groups and nationalities		
<i>Please tick (✓) the relevant box:</i>		<p>Overall impact:</p> <p>There are notable differences in obesity prevalence across different ethnicities in Havering.</p> <p>The approach in this strategy can benefit all ethnicities, but it does not specifically target</p>
Positive	✓	
Neutral		
Negative		

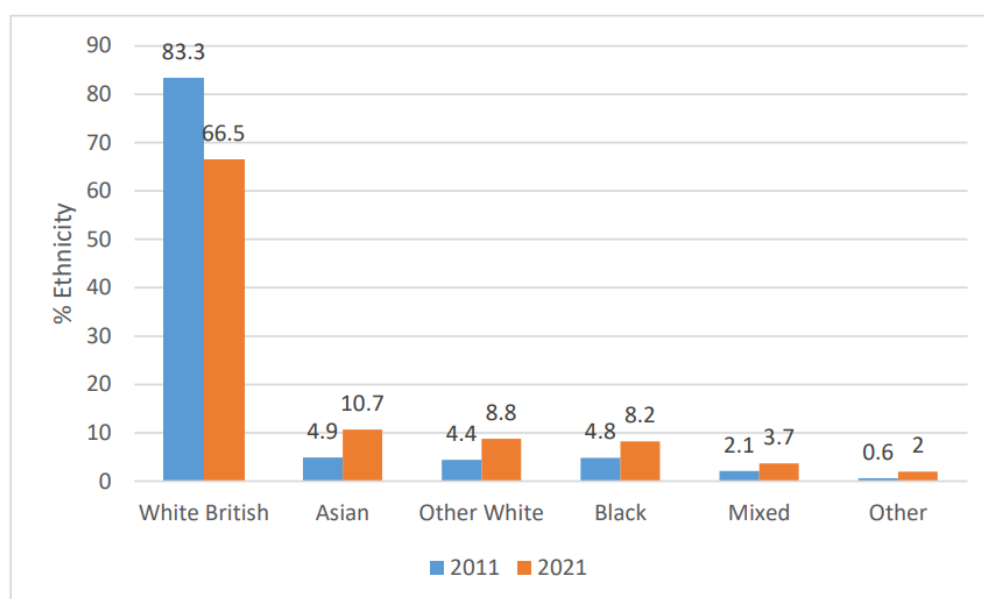
individuals of any ethnicity. The actions that support the strategic approach should target particular ethnicities to minimise the health inequalities experienced due to obesity.

**Expand box as required*

Evidence:

At the 2021 British Census, 66.49% of Havering residents were recorded as white British, this compares to 83.3% in 2011. The next most common ethnic group is Asian, accounting for 10.7% (28,150) of the population, up from 4.9% (11,545) in 2011.

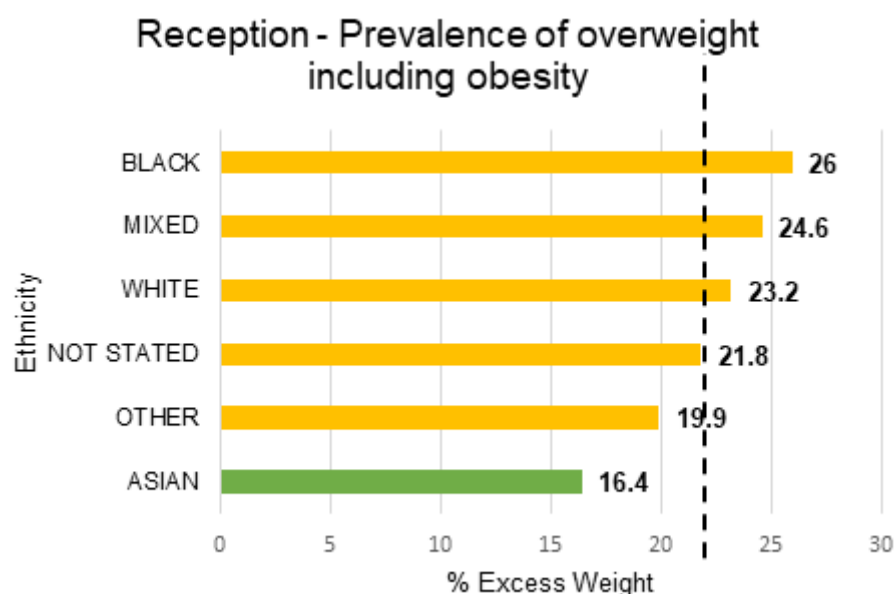
Figure 1 – Havering population in 2011 and 2021 by main ethnic group



Source: Office for National Statistics (ONS), Census 2011 & 2021; Produced by: Havering PHI

There are notable differences in obesity prevalence across racial groups for both children and adults. Differences in weight between racial groups arise due to various factors such as environmental factors, health behaviors, socio-economic status, access to health, social marginalization or discrimination. The definition of ethnic groups is available here <https://www.ethnicity-facts-figures.service.gov.uk/ethnic-groups>

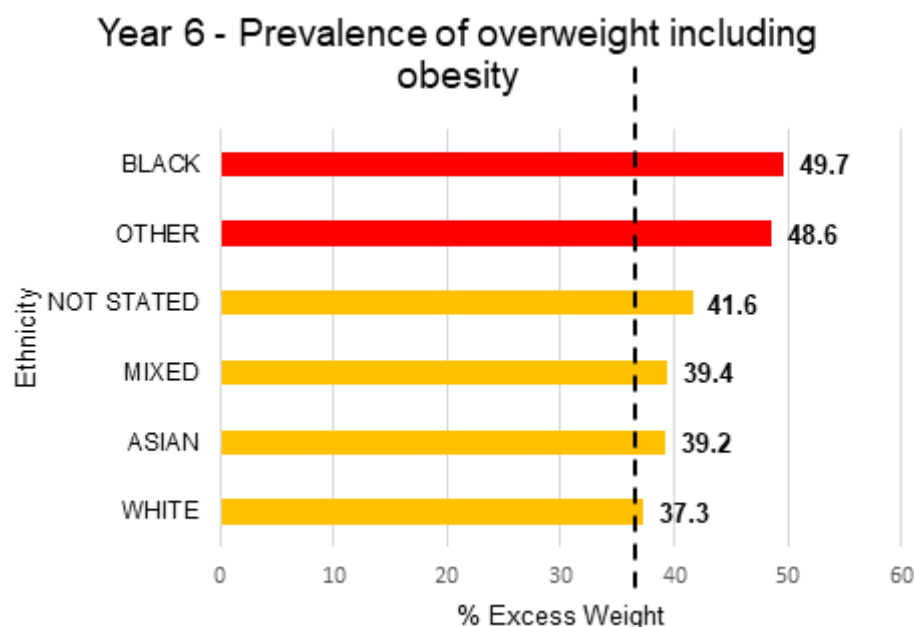
Figure 2: Prevalence (%) by ethnic groups of Reception (aged 4-5) children classified as overweight including obese in Havering, 2022/23



Data Source: National Child Measurement Programme (NCMP) 2022-23.

In 2022/23 reception aged children shows individuals categorised as black ethnicities have the highest prevalence overweight and obesity. Publically available 5-year data on prevalence of obesity in reception aged children shows individuals categorised as black ethnicities have the highest prevalence of obesity.

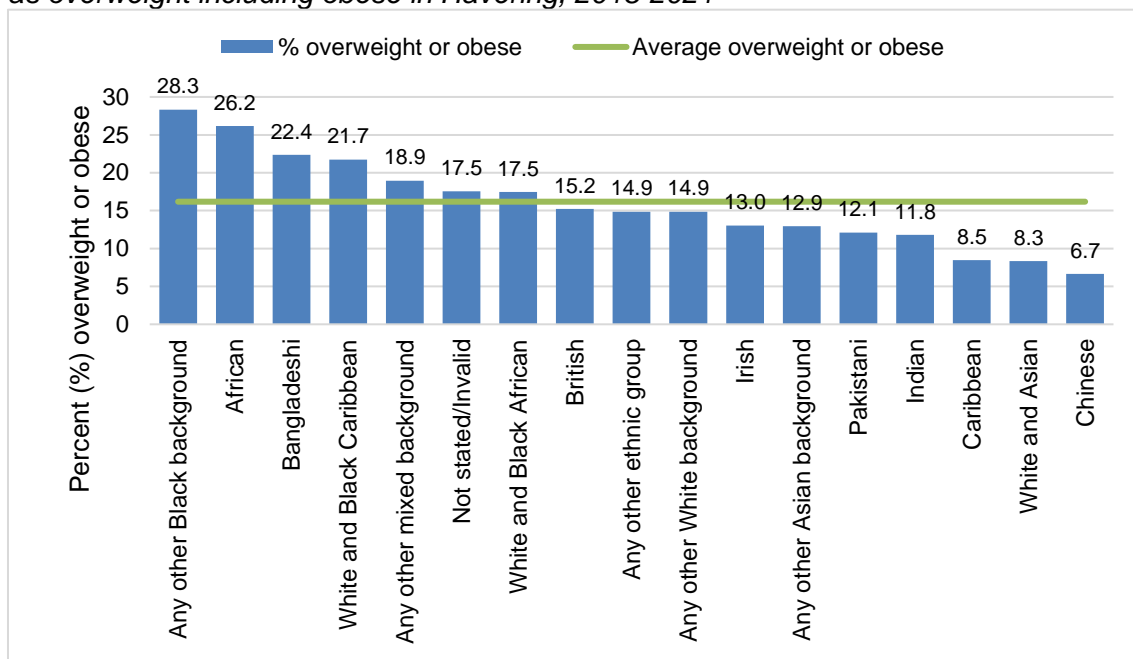
Figure 3: Prevalence (%) by ethnic groups of Year 6(aged 10-11) children classified as overweight including obese in England, 2022/23



Data Source: National Child Measurement Programme (NCMP) 2022-23.

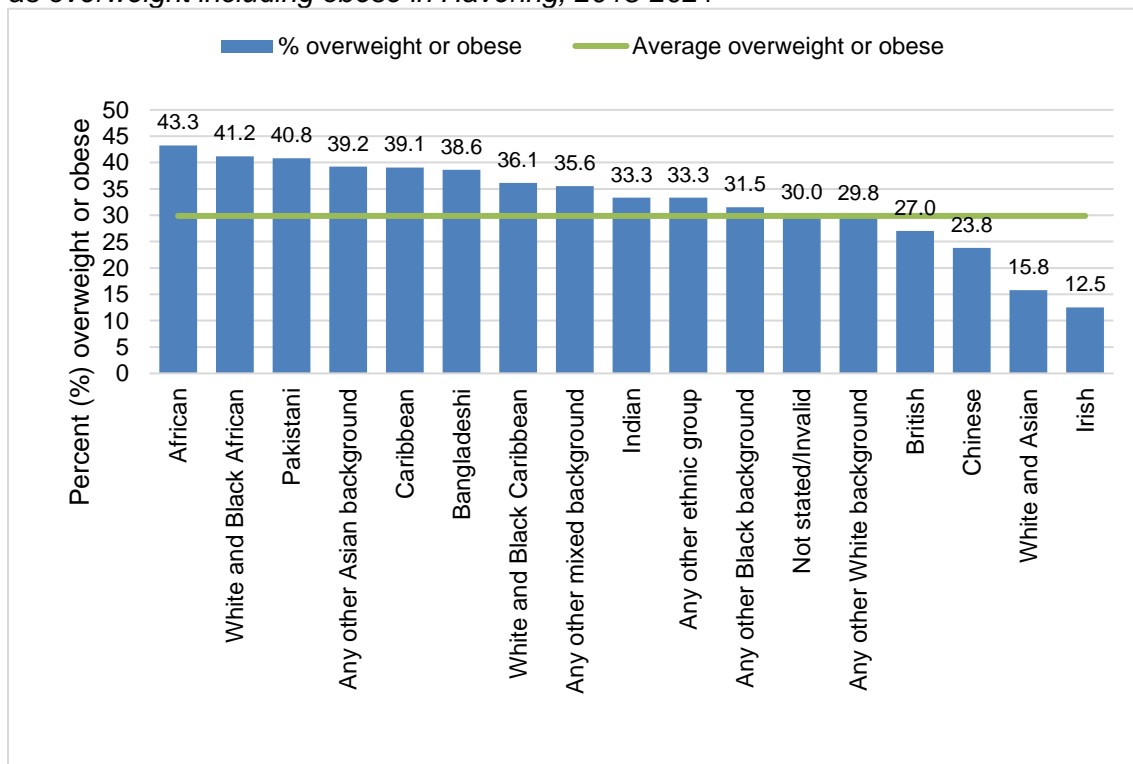
In 2022/23 year 6 aged children shows individuals categorised as black ethnicities have the highest prevalence of overweight and obesity. Publically available 5-year data on prevalence of obesity in year 6 aged children shows individuals categorised as black ethnicities have the highest prevalence of obesity.

Figure 4: Prevalence (%) by ethnic groups of Reception (aged 4-5) aged children classified as overweight including obese in Havering, 2018-2021



Data Source: National Child Measurement Programme (NCMP) 2018-21, Office for Health Improvement & Disparities. Analysis by Havering PHI 2022

Figure 5: Prevalence (%) by ethnic groups of Year 6 (aged 10-11) aged children classified as overweight including obese in Havering, 2018-2021



Data Source: National Child Measurement Programme (NCMP) 2018-21, Office for Health Improvement & Disparities. Analysis by Havering PHI 2022

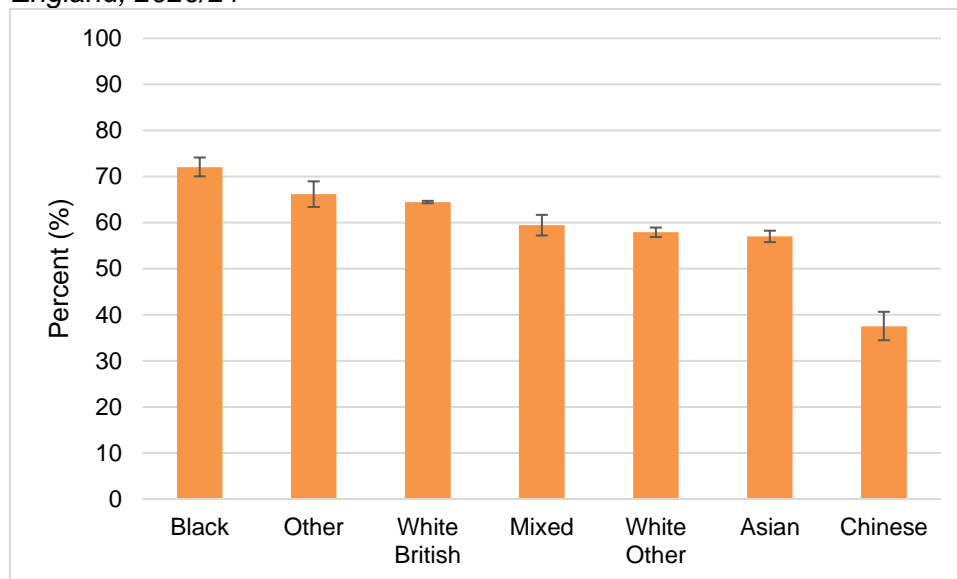
The more detailed local data analysis illustrate differences in prevalence across ethnicities for both reception age and year 6 children. At reception age individuals

with another black background, African, Bangladeshi and White and Black Caribbean ethnicity have the highest prevalence. At year 6 age individuals with an African, White and Black African, Pakistani or any other black background ethnicity have the highest prevalence. Of the 17 different ethnicities, 7 are above average at Reception age but at Year 6 Age, 13 are above average. For all ethnicities there is a fluctuation in the number of people in each category therefore it is important to reflect local numbers against national statistics.

Adult

Obesity by ethnic group

Figure 6: Prevalence (%) of adults (18+) classified as overweight or obese by ethnic group, England, 2020/21

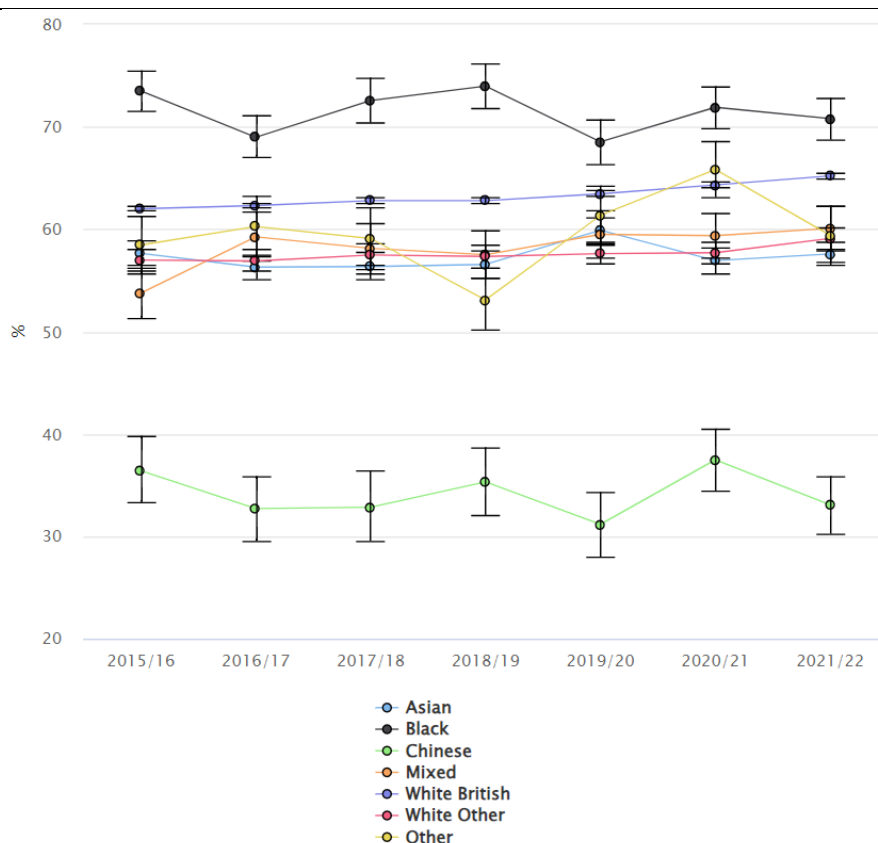


Data Source: Sport England 2019-20 Active Lives Adult Survey, Office for Health Improvement & Disparities. Public Health Profiles. 2022

Evidence from figure X demonstrates there are significant disparities in the prevalence of overweight and obesity between ethnic groups at a national level. Adults of black ethnic origin have the highest prevalence (67%) out of all ethnic groups. This is closely followed by White British Adults (63%).

Figure 7: Prevalence (%) of adults (18+) classified as overweight or obese by ethnic group, England, 2015-22

Trend data for overweight and obesity in adults shows, the highest prevalence is found with individuals of black ethnicity, with individuals of white British ethnicity followed closely behind.



**Expand box as required*

Sources used:

Havering Council. 2022. Census 2021 Briefing #3: Ethnic group, national identity, language and religion. <https://www.haveringdata.net/wp-content/uploads/2023/01/Census-2021-Topic-Summary-Ethnic-group-national-identity-language-religion.pdf>

OHID. 2023. Public Health Profiles: reception prevalence of obesity (including severe obesity), 5 years data combined (4-5yrs)

OHID. 2023. Public Health Profiles: year 6 prevalence of obesity (including severe obesity), 5 years data combined (10-11yrs)

OHID. 2023/ Public Health Profiles: percentage of adults (aged 18 plus) classified as overweight and obese.

Sankar, P., Cho, M. K., Condit, C. M., Hunt, L. M., Koenig, B., Marshall, P., ... & Spicer, P. (2004). Genetic research and health disparities. *Jama*, 291(24), 2985-2989.

**Expand box as required*

Protected Characteristic - Religion/fait: Consider people from different religions or beliefs including those with no religion or belief

Please tick (✓)
the relevant box:

Overall impact:

Positive		There are no known inequalities in healthy weight between different religions. Planned actions are inclusive of people from all religions or beliefs, including those with no religion or belief.
Neutral	✓	
Negative		

**Expand box as required*

Evidence:
The Havering Obesity Needs Assessment identifies groups at greater risk of becoming overweight or obese. People of different religions are not identified as an at risk group.

Actions planned in the Healthy Weight strategy will benefit people from all religions or beliefs, including those with no religion or belief.

**Expand box as required*

Sources used:

Havering Obesity Needs Assessment
OHID. 2023/ Public Health Profiles: percentage of adults (aged 18 plus) classified as overweight and obese.

**Expand box as required*

Protected Characteristic - Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual		
<i>Please tick (✓) the relevant box:</i>		Overall impact: The strategic approach is inclusive of people from all sexual orientations. There are no known inequalities in healthy weight between people of different sexual orientations.
Positive		
Neutral	✓	
Negative		

**Expand box as required*

Evidence:

The approach planned in the healthy weight strategy will benefit people from all sexual orientations.

The Havering Obesity Needs Assessment identifies groups at greater risk of becoming overweight or obese. Sexual orientation is not identified as having any impact on inequalities related to healthy weight. However, we must consider that higher percentages of LGBTQ+ people have mental health conditions versus the general population. Stonewall commissioned YouGov in 2018 to carry out a survey asking more than 5,000 lesbian, gay, bisexual and trans (LGBT) people across England, Scotland and

Wales about their life in Britain today. 52% said they've experienced depression in the last year, compared to in the general population, aged 18+, GP recorded depression was 11.8% in Havering in 2022/23. A two-way association has been identified between mental health problems and obesity, with conditions such as depression often leading to weight gain and obesity leading to depression.

There are approximately 4,000 people in Havering identifying as either gay, lesbian or bisexual. This is a significant number but proportionately less than the London and England averages.

Table 1.

Table: Estimated number and percentage of persons by sexual orientation, Havering, London and England

Sexual Orientation	Number	%	London	England
Heterosexual or straight	201,700	97.2%	88.9%	93.3%
Gay or lesbian	2,800	1.3%	2.6%	1.6%
Bisexual	1,100	0.5%	1.2%	1.1%
Other	-		0.7%	0.7%
Don't know or refuse	1,200	0.6%	6.5%	3.3%

**Expand box as required*

Sources used:

Havering Obesity Needs Assessment

OHID. 2023/ Public Health Profiles: percentage of adults (aged 18 plus) classified as overweight and obese.

OHID. 2023/ Public Health Profiles: Depression: QOF Prevalence (18+ years)

[Tackling obesity: empowering adults and children to live healthier lives](#)

Office for National Statistics: Annual Population Survey

[YouGov LGBT in Britain - Health \(2018\)](#)

**Expand box as required*

Protected Characteristic - Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓) the relevant box:

Positive		Overall impact: There is limited research on the impact of gender reassignment and maintaining a healthy weight but some considerations are shown below. People who are seeking gender reassignment surgery or whose gender identity is different from their gender at birth are not identified as an at risk group. The approach planned in the healthy weight strategy will benefit people from all genders.
Neutral	✓	
Negative		

		<i>*Expand box as required</i>																											
<p>Evidence:</p> <p>The Havering Obesity Needs Assessment identifies groups at greater risk of becoming overweight or obese. People who are seeking gender reassignment surgery or whose gender identity is different from their gender at birth are not identified as an at risk group. The approach planned in the healthy weight strategy will benefit people from all genders. There is limited research, but we need to consider the risk of weight gain in people taking Gender affirming Hormone Therapy (GAHT) or the requirement for people to have a BMI of <25 if they wish to undergo gender reassignment surgery who may need increased support to maintain a healthy weight</p> <p>According to Census 2021 data there are over 1,000 residents aged over 16 in Havering who can be classified as transgender.</p> <p>Table 2. Detailed breakdown of gender identity in Havering for residents aged 16 and over</p> <table> <tr> <th>Gender Identity</th><th>Number</th><th>Percentage</th></tr> <tr> <td>Gender identity the same as sex registered at birth</td><td>196,462</td><td>93.67%</td></tr> <tr> <td>Gender identity different from sex registered at birth but no specific identity given</td><td>528</td><td>0.25%</td></tr> <tr> <td>Trans woman</td><td>228</td><td>0.11%</td></tr> <tr> <td>Trans man</td><td>212</td><td>0.10%</td></tr> <tr> <td>Non-binary</td><td>60</td><td>0.03%</td></tr> <tr> <td>All other gender identities</td><td>39</td><td>0.02%</td></tr> <tr> <td>Not answered</td><td>12,201</td><td>5.82%</td></tr> <tr> <td>Total</td><td>209,730</td><td>100.00%</td></tr> </table>			Gender Identity	Number	Percentage	Gender identity the same as sex registered at birth	196,462	93.67%	Gender identity different from sex registered at birth but no specific identity given	528	0.25%	Trans woman	228	0.11%	Trans man	212	0.10%	Non-binary	60	0.03%	All other gender identities	39	0.02%	Not answered	12,201	5.82%	Total	209,730	100.00%
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<i>*Expand box as required</i>																													

Protected Characteristic - Marriage/civil partnership: Consider people in a marriage or civil partnership		
Please tick (✓) the relevant box:		<p>Overall impact:</p> <p>The strategic approach is inclusive of people of all relationship types. There are no known inequalities in healthy weight between people in different relationship types.</p>
Positive		
Neutral	✓	
Negative		

		<i>*Expand box as required</i>
Evidence: <p>The Havering Obesity Needs Assessment identifies groups at greater risk of becoming overweight or obese. Being in a marriage or in civil partnership is not known to have any impact on inequalities related to healthy weight. The strategy will continue to monitor the evidence base to identify if there are any changes in the at-risk groups.</p> <p>The approach planned in the healthy weight strategy will benefit people of all relationships.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>		
Sources used: <p>Havering Obesity Needs Assessment</p> <p style="text-align: right;"><i>*Expand box as required</i></p>		

Protected Characteristic - Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave		
<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive	<input checked="" type="checkbox"/>	<p>Maternal obesity presents a short and long term risk to the health of both mother and child. If adverse health effects were to occur this may impact the health of an individual on maternity or paternity leave.</p> <p>The approach in the healthy weight strategy places great emphasis on supporting women effectively during pregnancy and maternity.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>
Neutral	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Evidence: <p>Women who are obese when they become pregnant have increased risks to their own and their babies' health. Women are more likely to experience complications in labour and their children have increased risks of obesity in childhood and adulthood and other health conditions later in life</p> <p>As evidenced in the Havering Obesity Needs Assessment:</p> <ul style="list-style-type: none"> Maternal obesity rate have doubled from 7.6% in 1989 to 15.6% to 2007. 		

- Obese women spend an average of 4.83 more days in hospital and the increased levels of complications in pregnancy and interventions in labour represent a 5-fold increase in cost of antenatal care.

The approach in the healthy weight strategy acknowledges the significant impact of maternal obesity on a child becoming obese. As such the approach in the healthy weight strategy has a particular emphasis on pregnancy and maternity. Additionally, the approach towards addressing the wider food environment, would affect the eating behavior of all groups, including women at childbearing age. Therefore, we can expect a positive impact from the proposed approach on maternal obesity rates, and a knock-on positive impact on the associated risks with maternal obesity.

Data for England for 2020 shows that at the start of pregnancy 46% of women are at a healthy weight, 28% of women are overweight and 22% of women are obese

**Expand box as required*

Sources used:

[PHE. 2020. Maternity high impact area 3: Supporting healthy weight before and between pregnancies](#)

Havering Obesity Needs Assessment

**Expand box as required*

Socio-economic status: Consider those who are from low income or financially excluded backgrounds

Please tick (✓)
the relevant box:

Positive

✓

Neutral

Negative

Overall impact:

A person is more likely to be overweight or obese if he or she lives in a disadvantaged community. The strategy acknowledges this and aims to have a positive impact on people from all socioeconomic statuses with a specific focus on those in disadvantaged areas.

**Expand box as required*

Evidence:

National evidence for England found that rates of obesity are highest in areas of greatest disadvantage, children growing up in these areas are more at risk of obesity.

Figures 8 and 9 show the rates of excess weight among Havering children by ward and figure 10 shows levels of disadvantage by ward. The highest rates of excess weight among children in reception year (ages 4-5) are in Gooshays, Heaton, South Hornchurch and Rush green & Crowlands wards. For children in year 6 (ages 10-11), the wards with the highest rates of excess weight are Beam Park, Rainham and Wennington followed closed by Gooshays and Hacton. The maps illustrate the association between higher levels of excess weight and wards of greater disadvantage.

Figure 8. Percentage of excess weight among children aged 4-5 by ward 2019/20-2022/23

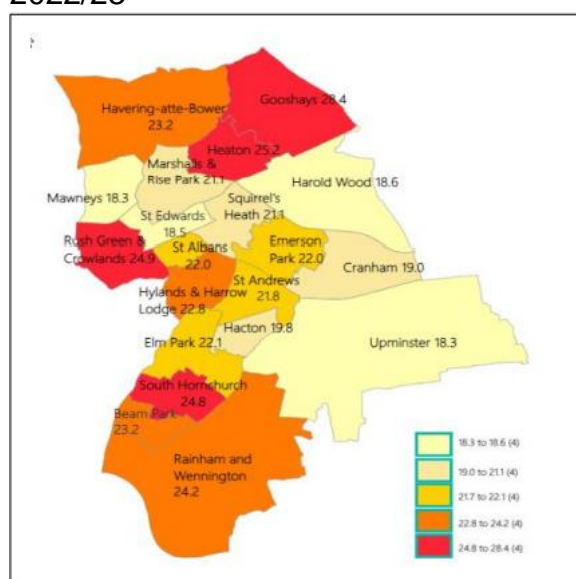


Figure 9. Percentage of excess weight among children aged 10-11 by ward, 2019/20-2022/23

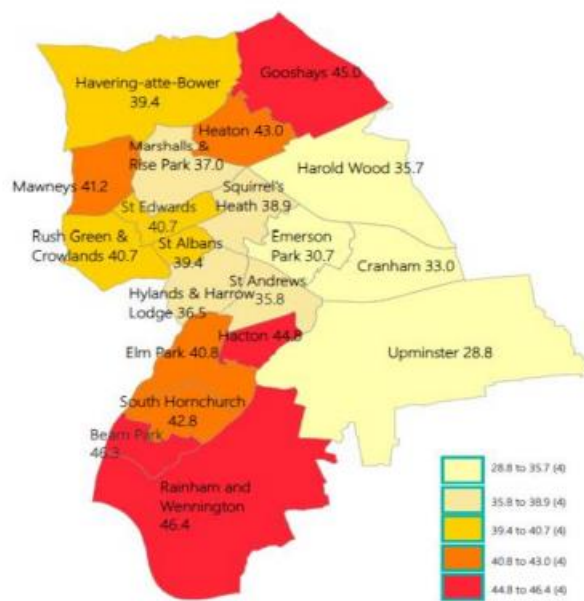
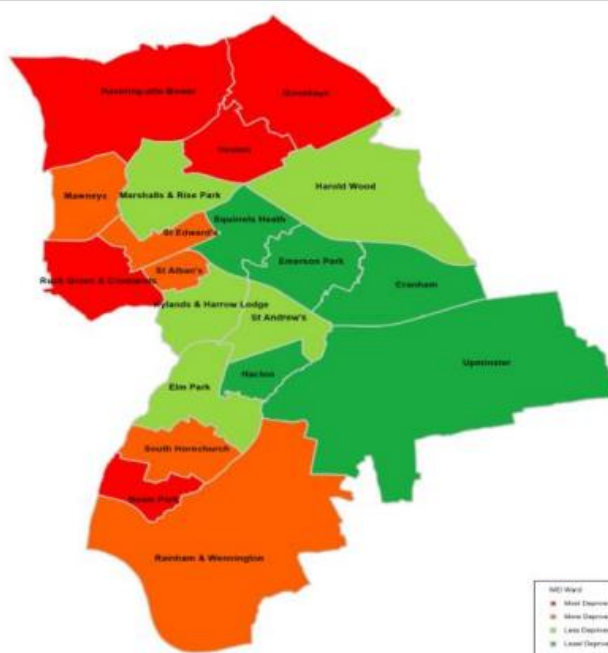


Figure 10. Map of Havering showing the English Indices of Deprivation 2019



The Havering Obesity Needs Assessment identifies an association between obesity and area disadvantage. Obesity prevalence in children is strongly correlated with disadvantage, with prevalence in the most disadvantaged decile being about twice that in the least disadvantaged for both Reception and Year 6 children.

The Strategic approach proposes to focus on Harold Hill specially Gooshays and Heaton wards, a particular disadvantaged neighbourhood with high levels of obesity in which the system is currently focused on supporting. If successful, this approach would be repeated in other areas of the borough to continuously improve the health inequalities experienced due to obesity.

**Expand box as required*

Sources used:

Havering Obesity Needs Assessment

OHID. 2023. Public Health Profiles: reception prevalence of obesity (including severe obesity), 5 years data combined (4-5yrs)

OHID. 2023. Public Health Profiles: year 6 prevalence of obesity (including severe obesity), 5 years data combined (10-11yrs)

OHID. 2023/ Public Health Profiles: percentage of adults (aged 18 plus) classified as overweight and obese.

[NHS Digital. 2022 Health Survey for England, 2021 part 1.](#)

[English indices of deprivation 2019](#)

**Expand box as required*

Health & Wellbeing Impact:

Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity?

Please tick (✓) all the relevant boxes that apply:

Positive

✓

Neutral

Negative

Overall impact:

The Healthy Weight Strategy: Everybody's Business will have a positive impact on the health and wellbeing of all Havering residents. This impact is clearly outlined in the strategy document as local strategic outcomes.

These include:

- Embedding changes through an all systems place-based approach for the whole Borough
- Introducing an enhanced and targeted neighbourhood-level place based approach to address inequalities, starting with the neighbourhood of Gooshays and Heaton wards initially, and expanding to other neighbourhoods in the future

By 2029 we should expect to see:

- An improvement in healthy weight levels in reception aged children across the borough, compared to the national average
- An improvement in measures of excess weight among year 6 children in the targeted neighbourhood of Gooshays and Heaton wards, compared to statistical neighbours
- The development of places in the borough that promote

healthy weight, where the healthy choice is the easiest choice; enabling people to eat healthily and be active with the foundations laid to achieve the twenty-year vision of eradicating childhood obesity

**Expand box as required*

Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box

Yes

☐

No

☒

Evidence:

Obesity is a global problem, with adult obesity having increased in every country over the past four decades. Most countries in the G20 have seen an increase of 11%-25% in rates of obesity. No country has reversed increases in obesity; although some cities are using methods to help curb its rise.

In 2021/22, it was estimated that 60% of adult residents in Havering were overweight or obese (collectively referred to as excess weight). This was higher than the London average (56%) but lower than the England average (63%). For the period 2022/23, 25.2% of Havering children in year 6 (aged 10-11 years old) were obese, and 14.9% were overweight. Prevalence and trend data for Havering shows that levels of overweight and obesity in Havering are similar to the London and England averages with rates rising everywhere. The London region has one of the highest prevalence of overweight and obesity for children in the country. For Havering children in year 6 childhood obesity has increased by 20% over the last 15 years. Evidence suggests that where children are obese at age 10-14, 80% will become obese as adults.

There are inequalities in overweight and obesity prevalence in children and adults, as described for each of the protected characteristics in this document however, we also need to acknowledge the intersectionality of these protected characteristics that could put someone at an even higher risk of obesity for example, women are more likely to be obese than men but black ethnic groups have the highest rates of excess weight as do those aged 45-74 and those living in a disadvantaged areas of the borough so coupling these risk factors together multiplies the risk of obesity.

Obesity causes long-term illnesses and cuts lives short. Children with obesity are more likely to experience a range of health problems during childhood. This can lead to prolonged periods of illness and a shorter life expectancy compared with children of a healthy weight. Children living with obesity are now beginning to develop associated physical diseases previously usually only seen in adults like type 2 diabetes and fatty liver disease. In adult's obesity can reduce life expectancy by an average of three years or by 8-10 years with severe obesity, obesity is the second biggest preventable cause of cancer in the UK after smoking and increases your chances of developing dementia and poor mental health.

It is a common misconception that individuals are completely in control of their own weight and that an overweight problem is entirely the result of personal choices. However, we have not all collectively consciously decided to eat more and move less, over recent years it has become increasingly evident that obesity is a much more complex issue, and one that is caused by multiple factors that interact with each other; the modern-day changes in the circumstances where we live, work and play that now make us more likely to opt for unhealthy options of foods and less likely to be physically active. Living in a place where

the circumstances make it more difficult to make healthier choices has been described as akin to pushing a ball uphill. An individual can be motivated and knowledgeable about making changes to achieve a healthy weight, but circumstances make it harder to do so. In short, it is largely the circumstances where we live, known as 'the system', that has resulted in the increasing rates of overweight and obesity. To be effective in changing population weight levels, the circumstances (the system/environmental determinants) needs also to change; to one that makes healthier choices the easier choices; in effect the hill needs to be removed.

In 2019 Public Health England (now Office for Health Improvement and Disparities (OHID)) went on to publish guidance on how to develop a whole a systems approach for tackling obesity. It describes the role of the local authority as the facilitator; being in a uniquely influential position to (a) lead communities and local partners to tackle obesity, and (b) in shaping the local area. The guidance recommends working through a six step circular process which is refreshed as the system is developed and moves forward.

It is recommended that the Council and NHS work with stakeholders, including residents, to convene and implement a Borough-level place-based whole systems approach for tackling obesity in the borough, and develop an action plan that addresses the multiple causes of obesity, as well as providing support for those who are looking to lose weight. The aim should be to reshape the places where people live, work and play so that these places become health promoting environments. This whole systems approach will also address inequalities by the Council and NHS working with stakeholders, including residents, to develop a more intensive neighbourhood-level place-based whole system approach where there are inequalities in rates of obesity coupled with greater disadvantage. It is further recommended that the place-based approach commences with a focus on Heaton and Gooshays wards. Both wards consistently have some of the highest levels of childhood obesity, higher numbers of children and higher proportions of Free School Meal recipients, and there are opportunities to embed a place based approach into existing Council and NHS programmes. It is also recommended that the learning should be taken from implementing the intensive neighbourhood-level place based approach in Heaton and Gooshays wards and so provide learning for a second and subsequent waves of neighbourhood-level place-based approaches in the Borough in the future.

**Expand box as required*

Sources used:

1. [Tackling obesity: government strategy](#)
2. [Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight](#)
3. The Havering Healthy Weight Strategy 2024-2029: Everybody's Business
4. The Havering Obesity Health Needs Assessment (OHNA) 2024

**Expand box as required*

Health & Wellbeing Screening Tool

Will the activity/service/policy/procedure affect any of the following characteristics? Please tick/check the boxes below




The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Personal circumstances YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Access to services/facilities/amenities YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/> Diet <input checked="" type="checkbox"/> Exercise and physical activity <input type="checkbox"/> Smoking <input type="checkbox"/> Exposure to passive smoking <input type="checkbox"/> Alcohol intake <input type="checkbox"/> Dependency on prescription drugs <input type="checkbox"/> Illicit drug and substance use <input type="checkbox"/> Risky Sexual behaviour <input type="checkbox"/> Other health-related behaviours, such as tooth-brushing, bathing, and wound care	<input type="checkbox"/> Structure and cohesion of family unit <input checked="" type="checkbox"/> Parenting <input checked="" type="checkbox"/> Childhood development <input checked="" type="checkbox"/> Life skills <input type="checkbox"/> Personal safety <input type="checkbox"/> Employment status <input type="checkbox"/> Working conditions <input checked="" type="checkbox"/> Level of income, including benefits <input type="checkbox"/> Level of disposable income <input type="checkbox"/> Housing tenure <input type="checkbox"/> Housing conditions <input type="checkbox"/> Educational attainment <input type="checkbox"/> Skills levels including literacy and numeracy	<input checked="" type="checkbox"/> to Employment opportunities <input checked="" type="checkbox"/> to Workplaces <input checked="" type="checkbox"/> to Housing <input checked="" type="checkbox"/> to Shops (to supply basic needs) <input checked="" type="checkbox"/> to Community facilities <input checked="" type="checkbox"/> to Public transport <input checked="" type="checkbox"/> to Education <input checked="" type="checkbox"/> to Training and skills development <input checked="" type="checkbox"/> to Healthcare <input checked="" type="checkbox"/> to Social services <input checked="" type="checkbox"/> to Childcare <input checked="" type="checkbox"/> to Respite care <input checked="" type="checkbox"/> to Leisure and recreation services and facilities
Social Factors YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Economic Factors YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Environmental Factors YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Social contact <input type="checkbox"/> Social support <input checked="" type="checkbox"/> Neighbourliness <input type="checkbox"/> Participation in the community <input type="checkbox"/> Membership of community groups <input checked="" type="checkbox"/> Reputation of community/area <input type="checkbox"/> Participation in public affairs <input type="checkbox"/> Level of crime and disorder <input type="checkbox"/> Fear of crime and disorder <input type="checkbox"/> Level of antisocial behaviour <input type="checkbox"/> Fear of antisocial behaviour <input type="checkbox"/> Discrimination <input type="checkbox"/> Fear of discrimination <input type="checkbox"/> Public safety measures <input checked="" type="checkbox"/> Road safety measures	<input checked="" type="checkbox"/> Creation of wealth <input type="checkbox"/> Distribution of wealth <input type="checkbox"/> Retention of wealth in local area/economy <input type="checkbox"/> Distribution of income <input type="checkbox"/> Business activity <input type="checkbox"/> Job creation <input type="checkbox"/> Availability of employment opportunities <input type="checkbox"/> Quality of employment opportunities <input type="checkbox"/> Availability of education opportunities <input type="checkbox"/> Quality of education opportunities <input type="checkbox"/> Availability of training and skills development opportunities <input type="checkbox"/> Quality of training and skills development opportunities <input type="checkbox"/> Technological development <input type="checkbox"/> Amount of traffic congestion	<input checked="" type="checkbox"/> Air quality <input type="checkbox"/> Water quality <input type="checkbox"/> Soil quality/Level of contamination/Odour <input type="checkbox"/> Noise levels <input type="checkbox"/> Vibration <input type="checkbox"/> Hazards <input type="checkbox"/> Land use <input type="checkbox"/> Natural habitats <input type="checkbox"/> Biodiversity <input checked="" type="checkbox"/> Landscape, including green and open spaces <input checked="" type="checkbox"/> Townscape, including civic areas and public realm <input type="checkbox"/> Use/consumption of natural resources <input type="checkbox"/> Energy use: CO2/other greenhouse gas emissions <input type="checkbox"/> Solid waste management <input type="checkbox"/> Public transport infrastructure

Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

✓	1. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u>		Proceed with implementation of your activity
	2. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u>		COMPLETE SECTION 5: Complete action plan with measures to mitigate the and finalise the EqHIA negative impact
	3. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level		Stop and remove the activity or revise the activity thoroughly . Complete an EqHIA on the revised proposal.

EqHIA Action Plan

The real value of completing an EqHIA comes from the identifying the actions that can be taken to eliminate/minimise **negative** impacts and enhance/optimize positive impacts. In this section you should list the specific actions that set out how you will address any **negative** equality and health & wellbeing impacts you have identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
Age	<p>By 2029 we should expect to see:</p> <ul style="list-style-type: none"> An improvement in healthy weight levels in reception aged children across the borough, compared to the national average An improvement in measures of excess weight among year 6 children in the targeted neighbourhood of Gooshays and Heaton wards, compared to statistical neighbours 	<p>Expansion of school superzones</p> <p>Introduce Healthier Business Scheme (Healthier Catering Commitment, Breastfeeding welcome and water refill scheme)</p> <p>Increase the number of school streets starting from 10</p> <p>Pilot working with schools to open facilities before and after school and during school holidays</p>	<p>Outcomes include</p> <p>(a) embedding changes in the Havering system through an all systems approach</p> <p>(b) introducing a place-based approach which means starting with a focus on one neighbourhood in particular, and then expanding to other neighbourhoods in the future.</p>	5 years, annual reviews and quarterly progress monitoring updates.	Luke Squires, Public Health Practitioner

	<ul style="list-style-type: none"> The development of places in the borough that promote healthy weight, where the healthy choice is the easiest choice; enabling people to eat healthily and be active. 	<p>Introduce a policy for all schools and colleges to have scooter and cycle parking</p> <p>Remove no ball game signs from Council estates</p> <p>Publicise the new refreshed Healthy Early Years Programme and encourage settings to participate. Increase the number of early years settings registered on the new Healthy Early Years London Programme</p> <p>Publicise the new refreshed Healthy Schools Programme and encourage schools to participate. Increase the number of schools registered on the new Healthy Schools London Programme</p>	<p>The following indicators will be monitored periodically:</p> <ol style="list-style-type: none"> 1. Breastfeeding at 6-8 weeks 2. Child excess weight in 4-5yrs old (reception age) 3. Child excess weight in 10-11yrs old (year 6 age) 4. Number of children meeting physical activity guidelines 5. Number of adults eating '5 a day' 6. Number of adults meeting physical activity guidelines 7. Percentage of adults classed as having excess weight 		
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		<p>Promote water only schools</p> <p>Increase the uptake of school meals (including free school meals)</p> <p>Develop local evaluation of the school meals programme by GLA</p> <p>Pilot a Tier 2 CYP parental Weight Management Service.</p> <p>Coordinate a T&F group to develop and pilot a weight mgmt referral pathway linking with the NCMP in Harold Hill, Romford and Rainham (Trial a new NCMP feedback approach)</p> <p>Maintain sports collective programme</p> <p>Increase the number of schools taking part in Travel for Life (formerly TFL STARS) programme</p>	<p>8. Percentage of adults classed as obese</p> <p>9. Effective partnership working, including an annual assessment of the system response in accordance with the 'What Good Looks Like' guide</p>		
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		<p>Junior Citizen Day (held at the end of the school year with the Council, TFL and primary schools). Include a healthy eating message in as part of their return from the school day at the end of next year</p> <p>Active travel embedded into school travel plans</p> <p>Work with Community Safety on Serious Youth Violence work</p>			
Pregnancy, maternity and paternity	<p>By 2029 we should expect to see:</p> <ul style="list-style-type: none"> An improvement in healthy weight levels in reception aged children across the borough, compared to the national average 	<p>In line with new NICE guidance due 2024, undertake an initial review and development of antenatal healthy weight offer</p> <p>Work with partners to</p>	<p>Outcomes include</p> <p>(a) embedding changes in the Havering system through an all systems approach</p> <p>(b) introducing a place-based approach which</p>	5 years, annual reviews and quarterly progress monitoring updates.	Luke Squires, Public Health Practitioner

	<ul style="list-style-type: none"> An improvement in measures of excess weight among year 6 children in the targeted neighbourhood of Gooshays and Heaton wards, compared to statistical neighbours The development of places in the borough that promote healthy weight, where the healthy choice is the easiest choice; enabling people to eat healthily and be active. 	<p>increase sign up to Breast Feeding (BF) welcome scheme. Including key venues such as Council owned premises and popular private sector outlets</p> <p>Establish clear, consistent information about healthy weight in pregnancy across mutually agreed platforms (e.g. Joy App, Baby Buddy app)</p> <p>Delivery of starting solid food workshops</p> <p>Review Starting Solid Foods workshop content (to include comparison with HENRY Starting Solids session)</p> <p>Deliver a Henry 0-5 service Weight Management Service in addition to the Adult T2 WMS.</p> <p>Pilot a targeted HENRY 0-5 programme for Early Pregnancy Pathway families</p>	<p>means starting with a focus on one neighbourhood in particular, and then expanding to other neighbourhoods in the future.</p> <p>The following indicators will be monitored periodically:</p> <ol style="list-style-type: none"> 1. Breastfeeding at 6-8 weeks 2. Child excess weight in 4-5yrs old (reception age) 3. Child excess weight in 10-11yrs old (year 6 age) 4. Number of children meeting physical activity guidelines 5. Number of adults eating '5 a day' 6. Number of adults meeting physical activity guidelines 7. Percentage of adults classed as having excess weight 8. Percentage of adults classed as obese 9. Effective partnership working, including an 		
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		<p>To offer and to build the buggy walk programme, currently 1</p> <p>To identify Children and Young People at high risk of overweight and obesity using risk stratification</p> <p>All eligible services (Children's Centres, Health Visiting, Maternity and Neonatal) to achieve and/or maintain Baby Friendly Initiative Stage 1 as a minimum</p> <p>Improve system-wide collation and reporting of infant feeding data</p> <p>Increase provision of breastfeeding support sessions (including Early Help/HV and Latch On sessions) to at least 5 per week (min. 1 on each day Mon-Fri)</p> <p>Review breastfeeding peer support offer with a view to developing a</p>	<p>annual assessment of the system response in accordance with the 'What Good Looks Like' guide</p>		
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		<p>funding bid to enhance this service and better support volunteers</p> <p>Young Mum and Parent groups to support breastfeeding – Havering Volunteering Centre (HVC)</p> <p>Increase the uptake of Healthy Start within the Borough</p> <p>Introduce ban on HFSS and Infant Feeding in the new advertising contract</p> <p>Explore options for creating and sustaining delivery of family cooking workshops (in partnership with voluntary sector)e.g. family food champions</p> <p>Review the Early Years Oral Health offer to ensure opportunities to incorporate healthy weight promotion are maximised</p>			
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Disability	<p>By 2029 we should expect to see:</p> <ul style="list-style-type: none"> • An improvement in healthy weight levels in reception aged children across the borough, compared to the national average • An improvement in measures of excess weight among year 6 children in the targeted neighbourhood of Gooshays and Heaton wards, compared to statistical neighbours • The development of places in the borough that promote healthy weight, where the healthy choice is the easiest choice; enabling people to eat healthily and be active. 	Work with LBH CTLD team to develop a Tier 2 Weight Management Service (WMS) for adults with a learning disability	<p>Outcomes include</p> <p>(a) embedding changes in the Havering system through an all systems approach</p> <p>(b) introducing a place-based approach which means starting with a focus on one neighbourhood in particular, and then expanding to other neighbourhoods in the future.</p> <p>The following indicators will be monitored periodically:</p> <ol style="list-style-type: none"> 1. Breastfeeding at 6-8 weeks 2. Child excess weight in 4-5yrs old (reception age) 3. Child excess weight in 10-11yrs old (year 6 age) 4. Number of children meeting physical activity guidelines 5. Number of adults eating '5 a day' 6. Number of adults meeting physical activity guidelines 	5 years, annual reviews and quarterly progress monitoring updates	Luke Squires, Public Health Practitioner
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			<p>7. Percentage of adults classed as having excess weight</p> <p>8. Percentage of adults classed as obese</p> <p>9. Effective partnership working, including an annual assessment of the system response in accordance with the 'What Good Looks Like' guide</p>		
SES	<p>By 2029 we should expect to see:</p> <ul style="list-style-type: none"> An improvement in healthy weight levels in reception aged children across the borough, compared to the national average An improvement in measures of excess weight among year 6 children in the targeted neighbourhood of Gooshays and Heaton wards, compared to statistical neighbours The development of places in the borough that promote healthy weight, where the healthy choice is the easiest 	<p>To develop Harold Hill High Street to make the healthy option the easiest</p> <p>Review planning policies to encourage healthy affordable outlets</p> <p>Maintain the food pantry and consider how to strategically revamp the approach</p> <p>Council estates to be improved to encourage physical activity</p> <p>Regeneration; North Street - Romford Ring Road - Future Years</p>	<p>Outcomes include</p> <p>(a) embedding changes in the Havering system through an all systems approach</p> <p>(b) introducing a place-based approach which means starting with a focus on one neighbourhood in particular, and then expanding to other neighbourhoods in the future.</p> <p>The following indicators will be monitored periodically:</p> <ol style="list-style-type: none"> Breastfeeding at 6-8 weeks Child excess weight in 4-5yrs old (reception) 	5 years, annual reviews and quarterly progress monitoring updates	Luke Squires, Public Health Practitioner

	choice; enabling people to eat healthily and be active.		age) 3. Child excess weight in 10-11yrs old (year 6 age) 4. Number of children meeting physical activity guidelines 5. Number of adults eating '5 a day' 6. Number of adults meeting physical activity guidelines 7. Percentage of adults classed as having excess weight 8. Percentage of adults classed as obese 9. Effective partnership working, including an annual assessment of the system response in accordance with the 'What Good Looks Like' guide		
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EqHIA Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

Review:

Scheduled date of review: February 2027

Lead Officer conducting the review: Public Health Specialist, Healthy Weight

**Expand box as required*