

Kingston JSNA 2023: Themed Sections: Obesity, Healthy Weight and Physical Activity

Kingston has over 30 parks, numerous sports clubs and an expanding cycle lane network. Yet, overweight in children almost doubles between the first year and last years of primary school¹. In adults, over half of all Kingston residents are overweight² and about one in 16 adults, obese³. Despite being a borough doing well overall on many health indicators at the borough level compared with other areas, about 15% of adults are physically inactive⁴, a factor closely related to weight. The results of these levels of overweight are being seen in a rising rate of diabetes in the borough, with many of the additional over 2,000 cases of diabetes in the borough⁵ over the last decade likely linked to being overweight. The JSNA Top 5 analysis shows that obesity is one the top five risks for both ill health and premature mortality for adults. Diet related conditions also feature for our youngest residents, with 'Child and maternal malnutrition' being one of the top risk factors for ill health in the under 5s, and dental caries, strongly associated with diet, the number one reason for admissions to hospital for those aged 5-19 years.

The Kingston data shows that, across the age groups, overweight and overweight related risks are concentrated in certain areas and in some groups. In children, at the national level, overweight in children is much more common in children living in the more deprived areas compared to the least deprived. Thus, overweight and obesity, and related health conditions, are likely to play a role in the gap in both life expectancy and healthy life expectancy in the borough between the most and least deprived residents.

Everyone's decisions are individual about lifestyle. But personal decisions are affected by our environment – such as whether it is easy and safe to cycle to school or work. Decisions are also affected by other factors, such as advertising and unhealthy food sales, around us. Do our children see adverts for unhealthy snacks and drinks on their way to school? How we are supported, for example to breastfeed, can influence how infants are fed. Whether we have access to safe playgrounds or parks or cycle lanes can influence whether our children will be allowed out to play or how they get to school each day - or if we decide to walk or cycle to work or exercise in the evening. And how those around us act may also influence us – does our council building or our local hospital or leisure centre lead by example and provide healthy food?

1

<https://fingertips.phe.org.uk/search/weight#page/4/gid/1/pat/6/par/E12000007/ati/302/are/E09000021/iid/20602/age/201/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

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<https://fingertips.phe.org.uk/search/weight#page/4/gid/1938133368/pat/6/par/E12000007/ati/302/are/E09000021/iid/93088/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

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<https://fingertips.phe.org.uk/search/obesity#page/4/gid/1/pat/6/par/E12000007/ati/302/are/E09000021/iid/92588/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

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<https://fingertips.phe.org.uk/search/physical%20activity#page/4/gid/1/pat/6/par/E12000007/ati/302/are/E09000021/iid/93015/age/298/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

⁵ Office for Health Improvement and Disparities, Public Health Profiles (Fingertips) for Diabetes prevalence. Online: [link](https://fingertips.phe.org.uk/search/diabetes#page/4/gid/1/pat/6/par/E12000007/ati/302/are/E09000021/iid/241/age/187/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0).
<https://fingertips.phe.org.uk/search/diabetes#page/4/gid/1/pat/6/par/E12000007/ati/302/are/E09000021/iid/241/age/187/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

Not everything in our environment is the responsibility of the council, NHS or partner organisations. Some decisions that affect healthy weight are made at the national or other levels. But the question for the borough is – is the borough doing everything that can be done with the powers and levers it has to support a healthy lifestyle and a healthy weight? Are resources targeted and appropriate for local needs? Is the borough leveraging its resources in a way that best supports health? Could the borough be ever more focussed in using the available resources and powers to make the borough a more health promoting environment?

Impact on residents' health and care services and costs:

Obesity-related ill health not only causes difficulties for the individuals and families affected, but also, in the short, medium and long term adds to costs for council services and NHS services. Such services include mental health services for children and social care costs for adults. In terms of diabetes alone, one estimate suggests that the total amount spent on caring for people with diabetes in social care settings represents 12.67 per cent of the total amount spent on caring for people in residential care, nursing care and home care settings across England⁶. An older study calculated that one in 20 people with diabetes incurs social care costs⁷. Obesity is resulting in potentially overwhelming costs for the healthcare system. For diabetes alone, related in a large part to obesity for Type 2 diabetes, it is widely understood that 10% of the total NHS budget is now being spent on diabetes⁸. The contribution of obesity in the early onset of ill health means that it has a likely important but preventable role in people seeking services earlier than might have been the case. If trends in such obesity related conditions rise, the council care and other services will face potentially overwhelming rises in costs if budgets do not rise at the same rate.

Hospital admissions:

There has been a large increase in hospital admissions where obesity is a factor for Kingston. A decade ago, there were 251 hospital admissions per 100,000 population in 2013/14. This had increased to 1,027 per 100,000 in 2019/20. For hospital admissions directly attributable to obesity, the Kingston rate doubled between 2017/18 to 2019/20 from 13/100,000 per year to 28/100,000 per year.

Childhood and weight:

In childhood, being overweight or obese is associated with asthma, early onset type-2 diabetes and cardiovascular risk factors. Some mental health conditions such as depression, low self esteem and behavioural problems¹⁰ are also linked to childhood obesity. Poor diet is also associated with poor oral health. As the data has shown, dental caries are the number one reason for child hospital admissions in Kingston for those aged between 5 and 19 years. Obesity is not found equally across the borough. Likewise, good health in our children is not equal across Kingston. Not only that, the scientific literature says that childhood obesity is a strong predictor for obesity in adulthood and, thus, future health.

⁶ <https://www.diabetesfrail.org/wp-content/uploads/2015/07/ldop-behind-closed-doors.pdf>

⁷ https://www.diabetes.org.uk/resources-s3/2017-11/diabetes_in_the_uk_2010.pdf

⁸ Diabetes UK, "The cost of Diabetes" Report. Published: January 2014. Online: [link](https://www.diabetes.org.uk/resources-s3/2017-11/diabetes%20uk%20cost%20of%20diabetes%20report.pdf), <https://www.diabetes.org.uk/resources-s3/2017-11/diabetes%20uk%20cost%20of%20diabetes%20report.pdf>

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<https://app.powerbi.com/view?r=eyJrIjoieVIMTAxM2ItMzQ1Ni00ZmUxLTg0MzAtYTRjMmM5MjVjZjNhliwidCl6ljUwZjYwNzFmLWJiZmUtNDaxYS04ODAzLTU3Mzc0OGU2MjllMjIiImMiOjhh9>

¹⁰ <http://healthsurvey.hscic.gov.uk/media/78619/HSE17-Adult-Child-BMI-rep.pdf>

Early Years

The first years of life are critical in establishing good nutrition and physical activity behaviours that reduce the risk of developing obesity. Exclusive breastfeeding for the first six months of life, followed by the introduction of appropriate complementary foods, is a significant factor in reducing the risk of obesity¹¹. Spending on effective early years (i.e. prenatal to five years old) interventions delivers a greater return on investment than most other public programmes¹². Supporting women to achieve and maintain a healthy weight for themselves before, during and after pregnancy and for their families is an important part of reducing childhood obesity¹³.

Kingston is one of the boroughs with the highest breastfeeding prevalence at 6-8 weeks after birth across London¹⁴. Kingston's Health Visiting service, provided by Your Healthcare CIC, continues to embed UNICEF Baby Friendly Initiative (BFI) principles and has recently achieved a Full Level 3 UNICEF Baby Friendly accreditation¹⁵ in its recent revalidation. The BFI accreditation involves evidence-based standards for maternity, health visiting, neonatal and children's centres services to embed¹⁶. In its commitment to increase breastfeeding rates and improve care for all mothers in Kingston, Kingston's Infant Feeding Partnership have prioritised achieving level 3 UNICEF Baby Friendly accreditation across all services and across the whole borough.

Kingston has also introduced the Maternal Early Childhood Sustained Home-visiting (MESCH)¹⁷ and HENRY¹⁸ programmes to support families to achieve a healthy weight for their children, amongst other activities.

A current gap in Kingston is the low uptake of the 'Healthy Start' scheme (funds to support healthy eating for low income families). The uptake for this in April 2023 in Kingston was about 59% and the national uptake is currently sitting at 64.8%¹⁹. Some targeted work has been done in this area, but further promotion of this offer needs to be built into future communication and engagement.

Older Children (5-19 years)

Childhood obesity and excess weight are significant health issues for children and their families²⁰. Obesity is linked with a range of adverse physical, mental health and societal outcomes, and children living with obesity are at a greater risk of being overweight and having life-limiting comorbidities in adulthood²¹. Nationally, obesity prevalence is highest among children living in the most deprived areas, with children more than twice as likely to be living with obesity than those living in the least deprived areas²². The 2021/22 'NCMP' (schools height and weight measurement) data shows that in Kingston around 1 in 6 children (16.8%) in the Reception Year (aged 4-5 years) were overweight or living with obesity. Levels of excess weight nearly double while children are in primary school. In Year 6 (aged

¹¹ "Feeding in the First Year of Life - GOV.UK." [Link](#). Accessed 11 May. 2023.

¹² "The London Plan." [Link](#). Accessed 11 May. 2023.

¹³ Public Health England, "Maternity high impact area 3: Supporting healthy weight...". Published December 2020, [link](#). Accessed 11 May. 2023.

¹⁴ OHID, "Child and Maternal Health Data -." [Link](#). Accessed 15 May. 2023.

¹⁵ <https://www.unicef.org.uk/babyfriendly/accreditation/>

¹⁶ UNICEF Baby Friendly standards. [Link](#); accessed 15 May 2023.

¹⁷ Early Childhood Connect, About MESCH. [Link](#), accessed: May 2023.

¹⁸ HENRY Programme, [link](#). Accessed May 2023.

¹⁹ Healthy Start Uptake Data, April 2023. [Link](#). Accessed 16 May. 2023.

²⁰ "Childhood obesity: applying All Our Health - GOV.UK." 7 Apr. 2022, [link](#). Accessed 11 May. 2023.

²¹ "Interventions to prevent obesity in school-aged children 6-18 years." 19 Oct. 2022, [link](#). Accessed 11 May. 2023.

²² "Obesity statistics - The House of Commons Library - UK Parliament." 12 Jan. 2023, [link](#). Accessed 15 May. 2023.

²³ "Latest obesity figures for England" - NHS Digital, [link](#). Accessed 15 May 2023.

10-11 years), almost 1 in 3 children (29.8%) were overweight or living with obesity. While Kingston's children show better (lower) levels of being overweight than most other London boroughs, children being overweight is a significant issue for the borough.

Figure 1: Overweight (including obesity) in Year 6 children, Kingston, 2006-2021

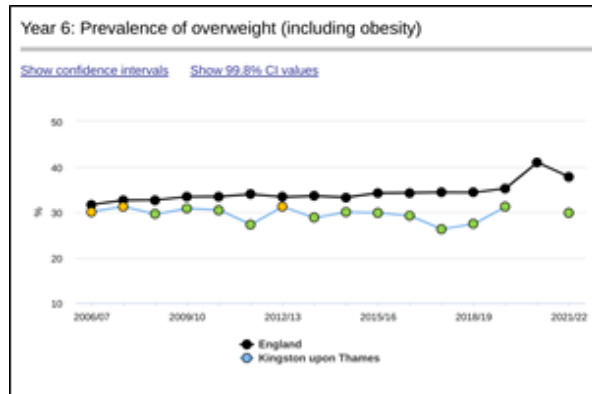
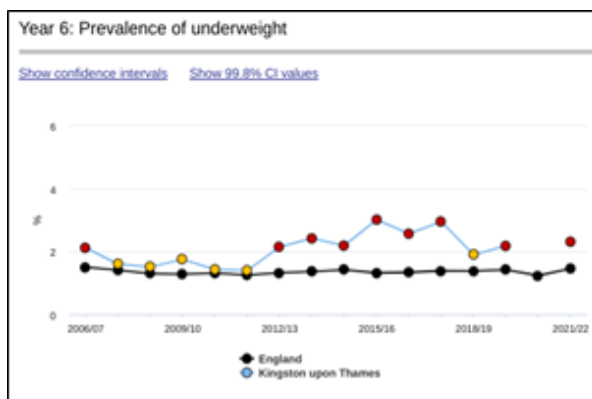


Figure 2: Underweight in Kingston 2006/7-2021/22



While Kingston does have around one in three Year 6 children being overweight (approximately 1,200 children), Kingston is also an outlier for significantly higher levels of underweight children than other London boroughs for children in this year group but numbers for underweight are much lower (40 children identified in 21/22)25.

Oral Health

Dental caries were the number one reason for child admissions to hospital for children aged 5-19 years in Kingston between 2017-18 to 2020-2126. A 2015 PHE local authority level data evidence summary, and a further 2019 analysis27 of individual child level data investigated the relationship between dental caries and obesity. These reports showed higher rates of dental caries in children with obesity compared with those of a healthy weight, even when deprivation was considered. Inpatient admission data shows children from households in more disadvantaged areas (deciles 2-5) and decile 6 having the largest number of hospital admissions28. The most deprived ward, Norbiton, had the highest rates of hospitalisation, with approximately 25% higher admissions than the area with the second highest admissions (St James' ward)29. Data on inequalities published for England, indicated that children living in the most deprived areas are three times more likely to experience dental decay than those living in the least deprived areas30.

Adults (20-69 years):

Adult weight and physical activity:

The overall obesity rates in England are rising and the prevalence of being overweight or obese is higher in men than females, the data shows that women are more likely to be

obese³¹. Overweight, obesity and physical inactivity are important public health challenges in Kingston, as they are in many other parts of the world. According to 2021/22 data, 57.2% of adults in Kingston are overweight, compared to the national average in England (63.8%)^{32 33}. In Kingston, the latest data from GP records shows that 10,240 adults in the borough were recorded as being obese in 2021/22. The data also indicates that obesity levels are highest among the more deprived areas of the borough. Body Mass Index (BMI), high fasting glucose and poor diet are among the factors identified as being key risk factors for ill health in adults in Kingston. Closely related to obesity risk, 15% of adults in Kingston were physically inactive in 2021/22³⁴, which is lower than the national average of (22.3%)³⁵.

Poor diet and physical inactivity are leading risk factors for overweight and obesity, which significantly increase the risk of developing conditions (some which also feature in the Kingston Top 5 causes of ill health and mortality) including type 2 diabetes, some cancers, cardiovascular and liver disease, dementia and mental health conditions³⁶. Cancer Research UK has highlighted the role of obesity in cancer, second only to tobacco as a cause, and a growing risk factor³⁷. Obesity can also impact day-to-day living as a result of breathing difficulties, tiredness and joint pain.

In Kingston, the number of adults who use outdoor space for exercise and health reasons are significantly higher than the London and England rates and have been increasing in recent years.³⁸ Nevertheless, there is still room for improvement as the highest rates in the country are 37% of the local population using outdoor space for exercise.

²⁴ Public Health Profiles for Obesity (Fingertips), <https://fingertips.phe.org.uk/search/excess%20weight#page/4/gid/1938132920/pat/6/par/E12000007/ati/402/are/E09000021/iid/20602/age/201/sex/4/cat/-1/cto/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

²⁵ OHID, Public Health Profiles (Fingertips). Year 6, prevalence of underweight 2021/22. Online: [link](#).

²⁶ NHS Digital, Unpublished data (2022), [link](#).

²⁷ NHS Digital, Hospital Episode Statistics, [link](#).

²⁸ NHS Digital, Hospital Episode Statistics, [link](#).

²⁹ OHID, Local Health data, [link](#).

³⁰ Oral Health in Children in London, Briefing Document, 2022, [Link](#).

Inequalities and overweight in adults:

National data suggest a link between deprivation and highest rates of adult overweight and obesity³⁹. From 2022 onwards, with the national 'cost of living crisis', in which food and other basic costs have risen while incomes have not, is likely to have put additional pressure on the lowest income households in the borough.

In Kingston, the Good Food Group has come together, a partnership of 28 organisations that provide food support and wider wrap-around support (e.g. advocacy, mental health support, signposting etc). Food support is wide-reaching and includes pantries, foodbanks, community meals, cooking classes, food growing spaces, and access to and redistribution of surplus. It also partners closely with Kingston University and Public Health to work strategically together to tackle health inequalities across the borough and to evaluate impact. Together, the Good Food Group is working on a Healthy Weight Strategy for the borough, which is due to be published by the end of 2023.

³¹ Baker, Carol, House of Commons Library, Obesity Statistics. Published January 2023, [link](#). Accessed 10 May 2023

³² Baker, Carol, House of Commons Library, Obesity Statistics. Published January 2023, [link](#). Accessed 10 May 2023

³³ Public Health Profiles by Local Authority (Fingertips), [link](#).

³⁴

<https://fingertips.phe.org.uk/search/inactivity#page/4/gid/1/pat/6/par/E12000007/ati/302/are/E09000021/iid/93015/age/298/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

³⁵ Public Health Profiles, Physical Activity profile, [link](#). Accessed May 2023.

³⁶ NHS England, Obesity - Causes, [link](#). Accessed May 2023.

³⁷ <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/obesity-weight-and-cancer>

³⁸

https://fingertips.phe.org.uk/search/he%20weighted%20estimate%20of%20the%20proportion%20of%20residents%20in%20each%20area%20taking%20a%20visit%20to%20the%20natural%20environment%20for%20health%20or%20exercise%20purposes#page/3/gid/1/pat/6/par/E12000007/ati/302/are/E09000021/iid/11601/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0_car-ao-0

³⁹ Office of Health Improvement & Disparities (OHIP) *Public Health Data, Obesity Profile*. Available at:

<https://fingertips.phe.org.uk/profile/national-child-measurement-programme>.

Diabetes:

There is an estimated threefold increase in the development of diabetes associated with being overweight and a sevenfold increase in those with obesity⁴⁰. Numbers of people in Kingston with diabetes is showing an upward trend, with 9,378 Kingston residents recorded with diabetes in 21/22, up over 2,000 people in a decade from 7,142 in 2012/13⁴¹.

In Kingston, diabetes prevalence varies by ethnic groups. The JSNA data from the NHS South West London ICB⁴² shows that diabetes was highest in the Asian population in 2022. However, in terms of numbers of cases and ethnic groups, there are more diabetes cases in the white population for the same year. Nationally, about 90% of people with diabetes have type 2 diabetes. Age and ethnicity increase the risk of type 2 diabetes. Type 2 diabetes is two to four times more likely in people of South Asian descent and African-Caribbean or Black African descent. Age is also a contributing factor, with an increased risk for those who are white and over 40 or over 25 if of African-Caribbean, Black African, Chinese or South Asian ethnicity⁴³.

Healthwatch Kingston, working with Diabetes UK, sought the views of local people with diabetes (between October - November 2021) to help services work better for the people who use them. A report was published, reflecting participants' views which included perceived inconsistencies between GP surgeries in the way diabetic conditions were being treated and supported. Better communication for those with diabetes was cited as necessary, not least to alleviate anxiety but also to ensure information was consistent and supported residents with diabetes. The complexities of coexisting conditions was also noted, with links between Diabetes and poor mental health⁴⁴.

Obesity and climate:

Data shows that the obesity epidemic contributes to global warming through increased energy consumption, physical inactivity and nutritional transition⁴⁵. The use of transport, which accounts for 14% of global greenhouse gas emissions, contributes to a sedentary lifestyle and impacts people's lifestyles.^{46,47} Food waste has a huge impact on the environment as well as people's health. Tackling the food waste problem and the costs of obesity by redistribution of healthier foods and food education can save money and improve people's health⁴⁸. A healthier diet and better use of food and leftovers can also reduce food waste, contributing to borough waste and climate goals.

Back pain

Back pain is the top cause of ill health for adults (20-69 years) in Kingston (1,752 adult residents)⁴⁹. While back pain can have many causes, data shows obesity can also be a risk factor. Research has shown that the prevalence of back pain found in people with higher BMI compared with those at normal or underweight BMI showed a gradual increase with each BMI increment⁵⁰. Inactivity (which can also be linked to overweight) has also been linked to back pain⁵¹.

The association of lower back pain and obesity has been considered in several studies. Two meta-analysis studies showed that overweight and obesity increase the risk of both low back pain (LBP) and lumbar radicular pain. For LBP, the associations have been stronger in women compared with men, however, for lumbar radicular pain, no gender difference has been found⁵². In a longitudinal study into the role of overweight and obesity in lower back disorders among men, it was found that being overweight or obese in early adulthood as well as during the life course increases the risk of LBP among men. The survey authors concluded that, with a current global obesity epidemic, there should be an emphasis on preventive measures starting at youth and, also, measures implemented for preventing further weight gain during the life course⁵³.

⁴⁰ [Managing obesity in people with type 2 diabetes | RCP Journals](#)

⁴¹ <https://fingertips.phe.org.uk/search/diabetes#page/4/gid/1/pat/6/par/E12000007/ati/402/are/E09000021/iid/241/age/187/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁴² NHS SWL ICB, <https://susi.sharepoint.com/sites/swl>, unpublished

⁴³ Diabetes UK, Diabetes Risk Factors, [link](#). Accessed 17 May 2023

⁴⁴ Healthwatch Kingston, Pulse check report: Neurodiversity and health and care services, March 2022: <https://www.healthwatchkingston.org.uk/report/2022-03-24/healthwatch-kingston-pulse-check-report-neurodiversity-and-health-and-care>

⁴⁵ Koch CA, Sharda P, Patel J, Gubbi S, Bansal R, Bartel MJ. Climate Change and Obesity. *Horm Metab Res.* 2021 Sep;53(9):575-587. doi: 10.1055/a-1533-2861. Epub 2021 Sep 8. PMID: 34496408; PMCID: PMC8440046.

⁴⁶ Pojani D, Stead D. Sustainable urban transport in the developing world: beyond megacities. *Sustainability.* 2015;7:7784-7805.

⁴⁷ Koch CA, Sharda P, Patel J, Gubbi S, Bansal R, Bartel MJ. Climate Change and Obesity. *Horm Metab Res.* 2021 Sep;53(9):575-587. doi: 10.1055/a-1533-2861. Epub 2021 Sep 8. PMID: 34496408; PMCID: PMC8440046.

⁴⁸ How tackling food waste can support public health, [link](#).

⁴⁹ The Global Burden of Disease (GBD) study, 2019. [Link](#).

⁵⁰ Su, C.A., Kusin, D.J., Li, S.Q., Ahn, U.M. and Ahn, N.U. (2018). The Association Between Body Mass Index and the

Older Adults (70+ years)

The prevalence of overweight and obesity broadly increases with age, peaking in mid- to later life (45-74 years). National data shows that almost three-quarters of people aged 65-74 years are overweight or obese⁵⁴. The demographics of people with diabetes in Kingston vary, but the condition is more common among older people and those from certain ethnic groups. According to the most recent data available, the prevalence of diabetes in Kingston is highest among men and rates are higher among South Asian and African-Caribbean populations than among white populations⁵⁵.

Obesity and heart disease

Heart disease is a significant health concern in Kingston, as it is across the UK. Ischaemic heart disease is by far the biggest overall contributory factor for both ill-health and death amongst older residents (70+ years) in Kingston⁵⁶. Factors that may contribute to the prevalence of heart disease in Kingston include smoking, physical inactivity, and poor diet⁵⁷.

Preventing heart disease requires a multi-faceted approach that includes promoting healthy lifestyle behaviours, improving access to healthy foods, and ensuring access to quality healthcare. Public health interventions aimed at reducing smoking rates, increasing physical activity, and promoting healthy eating habits can all help to reduce the prevalence of heart disease in Kingston. Additionally, efforts to reduce health inequalities and ensure that all residents have access to quality healthcare can also play an important role in preventing heart disease.

The risk of developing heart disease increases with age. The ageing population is rapidly increasing as we live longer, which is why there needs to be a wider response to the needs and wants of older people⁵⁸. The British Regional Heart Study funded by the British Heart Foundation (BHF) has shown that, from the age of 50, most people gradually become less active. But those who are active into older age see a reduced risk of developing heart and circulatory diseases. As well as confirming the advantages of activity, many of the study's findings show that stopping smoking, eating a healthy diet and avoiding obesity have

heart-health benefits whatever your age. And these things can improve the quality of life for older people⁵⁹.

We have a gap in life expectancy in Kingston between the most and least deprived - this means that many of our poorest residents do not get to enjoy life in old age - and some may have a life of less good health.

Local Initiatives - Healthy Lifestyles

Kingston has a range of lifestyle and healthy weight offers⁶⁰. However, a further review of the offers (and referral to and uptake of, including by specific user groups such as those indicated in the 'Geographies' JSNAS report eg people in areas of high deprivation, poor health hotspots, certain ethnicities and also people with severe mental illness under 75 years⁶¹), together with the factors that influence diet and physical activity, compared with local need and geographical location of offers would be required to understand any gaps in local provision and to further understand the factors between the high levels of overweight in the borough.

⁵¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8767074/>

⁵² Frilander H, Solovieva S, Mutanen P, et al Role of overweight and obesity in low back disorders among men: a longitudinal study with a life course approach, [link in BMJ](#).

⁵³ Frilander H, Solovieva S, Mutanen P, et al Role of overweight and obesity in low back disorders among men: a longitudinal study with a life course approach, [link in BMJ](#).

⁵⁴ Baker, Carol, House of Commons Library, Obesity Statistics. Published January 2023, [link](#). Accessed 10 May 2023

⁵⁵ Diabetes UK, Ethnicity and Type 2 Diabetes, [link](#). Accessed 17 May 2023

⁵⁶ The Global Burden of Disease (GBD) study, 2019. [Link](#).

⁵⁷ The Global Burden of Disease (GBD) study, 2019. [Link](#).

⁵⁸ WHO, 'Ageing and Health'. Published, October 2022, [link](#).

⁵⁹ British Heart Foundation, "The British Regional Heart Study – heart disease and disability in later life", Start date - 1 October 2019, [link](#). Accessed May 2023.

⁶⁰ Royal Borough of Kingston Webpages, 'Get Active', [link](#). Accessed May 2023.

⁶¹ To note that people with Severe Mental Illness in Kingston have a high rate of excess death before the age of 75 years. The role of obesity is not separated out with in this. See data here:

<https://fingertips.phe.org.uk/profile/MH-JSNA/data#page/3/gid/1938132924/pat/6/par/E12000007/ati/402/are/E09000021/iid/93582/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1>

⁶² <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>

Recommendations:

1. Continue to develop local breastfeeding support and building on good progress with the Baby Friendly Initiative in Kingston
2. Further promotion of the 'Healthy Start' scheme as part of future communication and engagement and more targeted work to increase the uptake. Review best practice in other areas that have higher take up.
3. Carry out targeted work promoting physical activity and healthy diet to reduce increasing levels of overweight in schools (and surrounding areas) with high levels of increasing overweight between Reception and Year 6
4. Schools – all schools to support to implement 30 minute daily physical activity for all children as per the National Plan of Action on Child Obesity⁶² and further encourage uptake of the Daily Mile where not already adopted
5. Continue to expand the 'Play Streets' initiative to increase physical activity opportunities while supporting social cohesion
6. Expand oral health promotion offer in Kingston Schools and Early Years settings to reduce levels of dental caries hospital admissions
7. Expand borough level physical activity offer for early years and school age children with a focus on areas on higher deprivation
8. Ensure all new developments have adequate and easily accessible green play space for both young children and teenagers
9. Review levels of mental wellbeing support in schools in relation to need regarding healthy weight and body dysmorphia and possible eating disorders
10. Work with Transport planners to ensure that safe ways to actively travel are available in areas of high overweight
11. Review eating and drink offers for staff and residents/ patients in all local government and NHS facilities in Kingston to lead by example with 'healthy eating' promotion
12. Work in partnership across the borough to support people identified at high risk of diabetes in accessing and taking up healthy lifestyle measures and activities (including reviewing acceptability and access to these offers to ensure that they match local need) Increase promotion and uptake of the 'Diabetes 9 checks' to improve health of people with diabetes in Kingston
13. Work with RBK Waste Services and other teams in partnership to reduce food waste and food associated carbon emissions while promoting healthy eating
14. Promote physical activity related activities and volunteering opportunities to maximise wellbeing and community, and support local green areas (and link these opportunities to physical activity promotion) - with a focus in areas of higher overweight and areas of premature mortality
15. Work in partnership with Parks and Green Spaces Teams and Kingston partners to try and get a daily offer physical activity offer in all Kingston green spaces - consider piloting in highest weight/ deprivation areas to start
16. Back pain: undertake a review of the Kingston offer of back pain services and local support to ensure that the offer meets the local need and are linked to the available preventive offers where appropriate (Back Pain having been identified as the highest cause of ill health in adults in Kingston)
17. Consider implementing evidence based 'brief interventions;' in General Practice to provide healthy weight advice. See example from Oxford⁶³.
18. Continue improving safety on roads and implement segregated cycle ways, where possible, for active travel.
19. Review data on who does/ doesn't use Kingston's existing lifestyle and healthy weight services e.g. by geographical area/ age/ sex/ condition (where possible, eg severe mental illness) etc and consider reorienting offer to meet local needs (ie check offers are available in high overweight areas)

20. Review existing lifestyle and healthy weight services on the outcomes of service users and against best practice outlined in the NICE guideline on Obesity: identification, assessment and management⁶⁴.
21. Include in all new strategies, such as Leisure, Transport and others, ways to make it easier for people to be more physically active in Kingston.
22. Build on signposting by all council, NHS, pharmacies and other services to local exercise opportunities and advice on healthy eating. As part of this, consider building on GP Physical Activity Champion training⁶⁵
23. Consider linking campaign messaging on alcohol with messaging on healthy weight (ie calorie content of alcoholic drinks)
24. Healthy Active Ageing for Older people: ensure that appropriate offers for older people are available in all parts of Kingston, with a focus in areas in places with poorer health in older people, to stay active. Consider timing and location of offers and other considerations to make it attractive and also possibly linking to volunteering. Consider suggestions related to the 'Age Friendly Communities' guidance⁶⁶.
25. Improve assets using available development investment and other resources to allow free or low-cost exercise in the borough: parks, heritage sites (include specific exercise promotion components eg guided walks/ runs/ distance markings etc), targeting investment to the areas of highest need and consider both small and large green spaces within close reach of target residential housing
26. Ensure all new developments have adequate and easily accessible green outdoor space for adults of all ages and health status. Service areas (Council and partners) should ensure that their offers meet the standards as set out in guidance from the National Institute for Health and Clinical Excellence (NICE) in relation to obesity and physical activity. The NICE recommendations include some of the following areas: identification and management of obesity,⁶⁷ physical activity and the environment,⁶⁸ physical activity, walking and cycling,⁶⁹ physical activity in the workplace,⁷⁰ and physical activity for children and young people⁷¹.

⁶³ <https://pubmed.ncbi.nlm.nih.gov/27789061/>

⁶⁴ <https://www.nice.org.uk/guidance/cg189/chapter/Recommendations>

⁶⁵ <https://ukhsa.blog.gov.uk/2018/06/21/clinical-champions-embedding-physical-activity-into-routine-clinical-care/>

⁶⁶ <https://ageing-better.org.uk/age-friendly-communities/eight-domains>

⁶⁷ National Institute for Health and Clinical Excellence (NICE) Guidance, "Obesity: identification, assessment and management". Published, November 2014; last updated: July 2023. Online: [link](#).

Guidance <https://www.nice.org.uk/guidance/cg189/chapter/Recommendations#generic-principles-of-care>

⁶⁸ NICE Guidance, "Physical Activity and the Environment". Published: March 2018. Online: [link](#).

<https://www.nice.org.uk/guidance/ng90> NICE guideline [NG90] Published: 22 March 2018.

⁶⁹ NICE Guidelines, "Physical activity, walking and cycling". Published: November 2012. Online:

[link" https://www.nice.org.uk/guidance/ph41/chapter/recommendations#:~:text=This%20guidance%20considers%20walking%20and%20exploring%20parks%20or%20the%20countryside.](https://www.nice.org.uk/guidance/ph41/chapter/recommendations#:~:text=This%20guidance%20considers%20walking%20and%20exploring%20parks%20or%20the%20countryside.)

⁷⁰ NICE Guidelines, "Physical activity in the workplace". Published: May 2008. Online: [link](#).

Public health guideline [PH13] Published: 28 May 2008 <https://www.nice.org.uk/guidance/ph13>

⁷¹ NICE Guideline, "Physical activity for children and young people". Published: January 2009. Online: [link](#). Public health guideline [PH17] Published: 28 January 2009

<https://www.nice.org.uk/guidance/ph17/chapter/1-Recommendations#recommendation-6-responding-to-children-and-young-people>