CAMDEN CAN

ST PANCRAS & SOMERS TOWN PARTNERSHIP

HEALTHY WEIGHT, HEALTHY LIVES IN ST PANCRAS & SOMERS TOWN

12 INSIGHTS FOR COLLABORATIVE ACTION

Camden

Author: Lana Simpson,
Camden and Islington Public Health

Published: November 2017

With thanks to all of the residents and wider stakeholders on whose contributions and insights this report is based. Particular thanks to the St Pancras and Somers Town Living Centre for their invaluable support; and to colleagues from public health, especially Suhana Begum for her advice and expertise.

CONTENTS

BACKGROUND

The St Pancras and Somers Town Partnership is a three-year project promoting healthy weight and healthy lives in the St Pancras and Somers Town ward of Camden. Extensive insight research has been conducted to explore the barriers to healthy eating and physical activity, and ultimately, the causes of excess weight experienced by residents of the ward.

The purpose of this insight work was to identify key areas for action for the partnership to address, exploring how to shift the local physical, social and economic environment to make eating well and being physically active an easier choice for residents. The insight gathered provides a specific, local context in addition to the existing evidence base, and presents a framework for action by stakeholders spanning a broad range of expertise and spheres of influence. The resulting shift in the local environment, in response to actions taken through the partnership, has the potential not only to promote healthy weight but also to affect a much broader range of health outcomes and support healthier lives.

Over the past 30 years, obesity rates have risen sharply across the UK, with analysis suggesting that by 2050 more than half of the UK population could be obese[1]. Excess weight is clearly associated with a multitude of health conditions such as type 2 diabetes, cancer and heart disease, negatively impacts on individuals' quality of life and ability to earn, and can affect self-esteem and mental health[2, 3]. Additionally, there are clear associations between levels of deprivation and prevalence of excess weight, with childhood obesity rates in the most deprived areas of England more than double that of the least deprived[4]. Rising obesity rates therefore have clear significance for the economy, society and business, and in addition, have important implications for equality[5].

The causes of excess weight are complex, and the rise in prevalence is increasingly understood not simply as an individual behavioural problem, but as a normal response to an abnormal environment; where sedentary behaviour and unhealthy eating habits are increasingly the response to an 'obesogenic' environment. In this context, no single, simple approach will work and instead, evidence points to the importance of an approach that looks across the whole system. This means looking beyond individual diet and activity to understand how the environment we live in makes healthy choices increasingly difficult, and what we can do to change this.

The complexity of the systems and processes which influence maintaining a healthy weight are most clearly articulated in the government's 2007 Foresight Report[1]. This report illustrates healthy weight as the outcome of a complex, interrelated series of determinants which can be categorised under a number of themes. For the purpose of the partnership, we can understand these as follows:

- food availability and consumption
- physical activity and the physical activity environment
- socio-cultural influences and behaviour.

There are multiple drivers within each of these themes that evidence shows influence (positively or negatively) maintaining a healthy weight. A collaborative approach addressing numerous drivers in this system is therefore required. In the context of this partnership, this means engaging with a diverse range of stakeholders (at an individual, local and national level) including local communities.

This insight work fits into the timescale of the partnership (October 2016 to October 2019) as follows:

- **year one:** bringing together residents and other key stakeholders from a range of sectors including the Council, voluntary and community organisations, businesses, health sector and community leads; developing insight into the barriers to physical activity and healthy eating experienced by residents; joint development of plans for a series of initiatives to address key barriers identified
- **year two:** continued joint development and delivery of initiatives using a staged approach throughout years two and three. These initiatives will take an iterative approach to delivery, to maximise learning and provide opportunities to adjust in response to what works well (or less well)
- **year three:** continued joint delivery and review of initiatives; full evaluation of project including analysis of project approach and key outcomes.

EXECUTIVE SUMMARY: 12 INSIGHTS

The following 12 insights highlight key themes arising from this research work. Resident insight forms the basis of each of these, with perspectives from wider stakeholders and existing evidence drawn upon to provide a wider context and direction to findings. These 12 insights form a framework for local action to support healthy weight and healthy lives in St Pancras and Somers Town.

1. There is poor availability of good quality, affordable, healthy food produce in the ward, and a prevalence of unhealthy food outlets, which are seen as being relatively cheap.

2. There is an absence of active marketing and promotion of healthy foods locally.

3. Some existing venues for physical activity in the ward are underused, both for practical reasons (such as affordability) and because of the way they are perceived by residents.

4. Physical activities are viewed as expensive.

5. Limited access to childcare restricts levels of physical activity for parents with young children, and there is demand for more family activities.

6. Elements of the local physical activity environment discourage physical activity:

   a. perceived lack of green space

   b. crime, antisocial behaviour and fears around safety

   c. perceived quality of the environment, including air quality, congestion and noise.

7. There is demand for more community gardening and food growing opportunities in the ward.

8. Residents show a good understanding of what constitutes eating healthily and being physically active.

9. Aspects of the local food culture promote unhealthy food choices:

   a. the influence of family members and peers on eating habits of residents, particularly on children and young people

   b. the influence of 'traditional' cooking methods on healthiness of diets, and knowledge of cooking 'traditional' foods more healthily.

10. Aspects of the physical activity culture promote inactivity or lower levels of physical activity:

    a. an absence of culture promoting outdoor play and physical activity outside the school day

    b. the influence of peers on the physical activity patterns of children and young people in particular

    c. a perceived lack of women-only activities and appropriate venues (for example, spaces where women are confident they cannot be seen by men when exercising) relative to demand.

11. Lack of time is seen as a barrier to increasing levels of physical activity for many residents.

12. Primary care providers could be better used as a source of advice, referrals and influence.

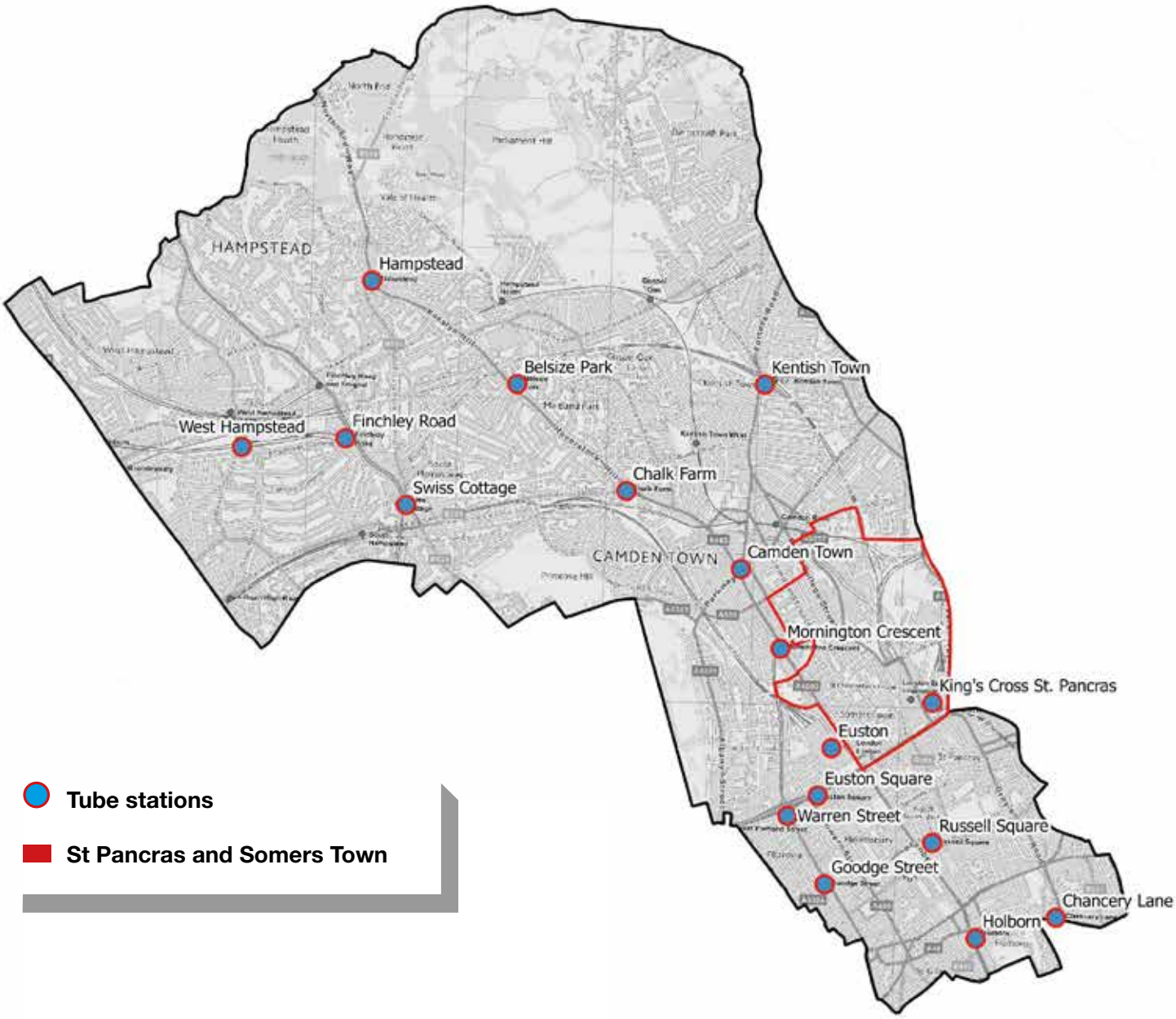
A SNAPSHOT: ST PANCRAS AND SOMERS TOWN

A snapshot: St Pancras and Somers Town

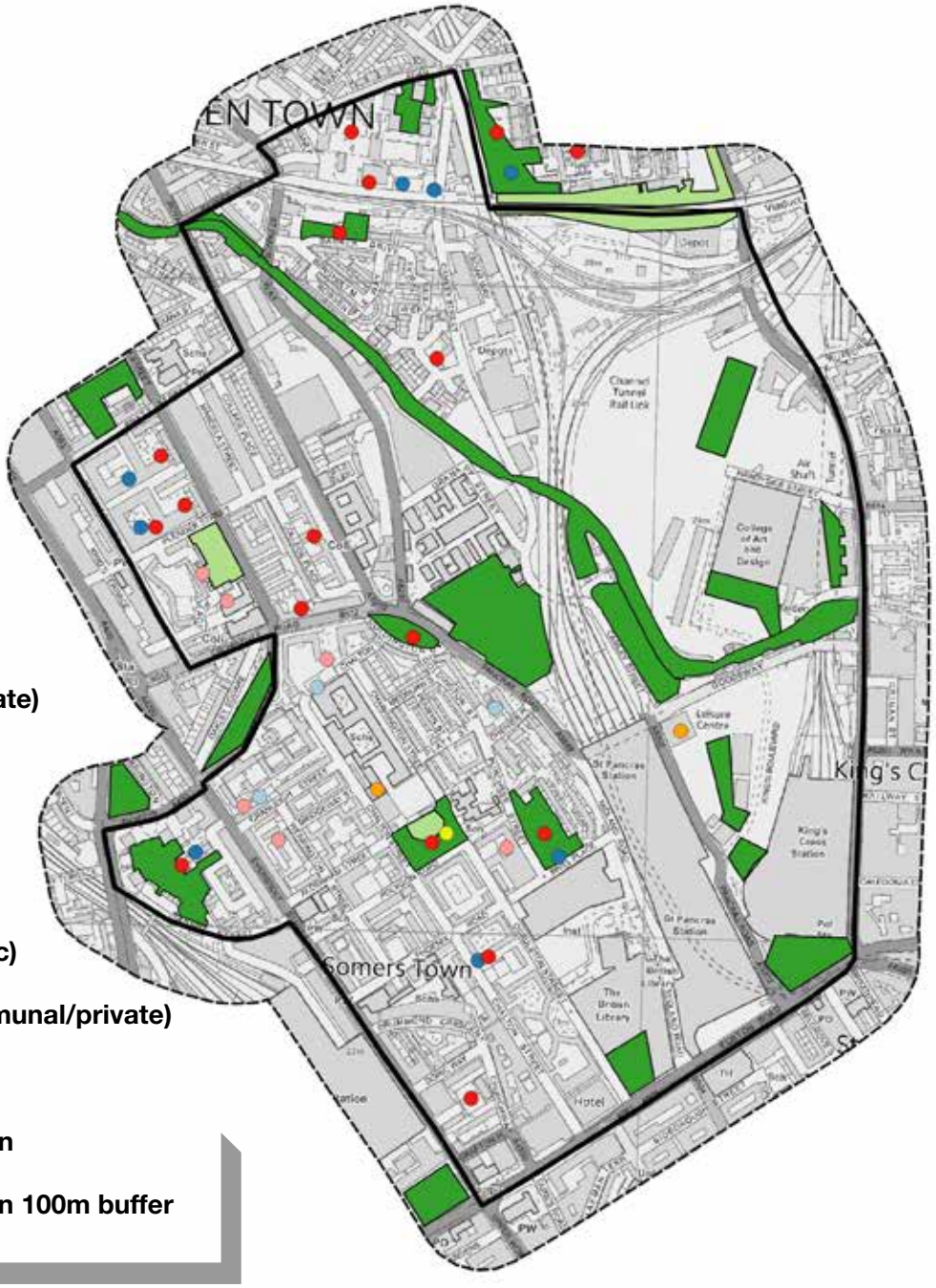
St Pancras and Somers Town was chosen as the delivery area for this partnership based on need (mapped against a wide variety of health-related outcomes) and the opportunities offered within the ward, such as the number of schools, the diversity of voluntary and community organisations and enthusiasm for the partnership.

- Population size (2011)[6]: 13,818 (220,338 Camden).
- Proportion aged under 18 (2011)[6]: 22% (18% Camden).
- Proportion of black and minority ethnic groups (BME) (2011)[6]: 47% (32% Camden).
- The prevalence of overweight and obese adults is 1.5 times the Camden rate (2015)[7]: 51% (34% Camden).
- The prevalence of diabetes is more than double the Camden rate (2015)[7]: 10% (4% Camden).
- The prevalence of overweight and obese children in reception is similar to the Camden rate (2015/16)[4]: 22%.
- The prevalence of overweight and obese children rises significantly by year 6, and is the fourth highest across all Camden wards (2015/16)[4]: 44% (38% Camden).

A SNAPSHOT: ST PANCRAS AND SOMERS TOWN IN CAMDEN

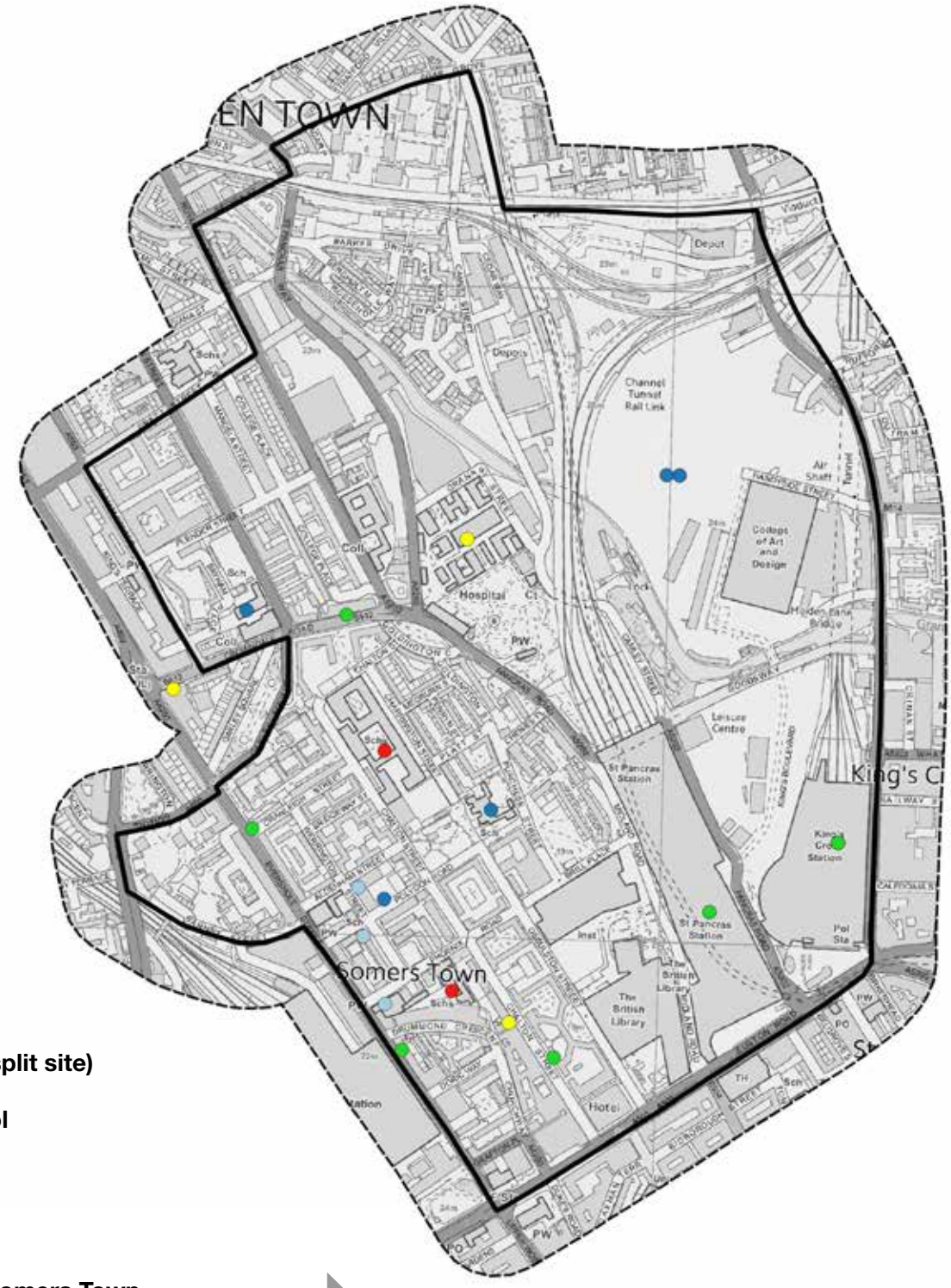


A SNAPSHOT: OPEN, PLAY AND PHYSICAL ACTIVITY SPACES IN ST PANCRAS AND SOMERS TOWN



- Playground (public)
- Playground (communal/private)
- Outdoor gym
- Public open space
- Private open space
- Multi-use games area (public)
- Multi-use games area (communal/private)
- Leisure/sports centre
- St Pancras and Somers Town
- St Pancras and Somers Town 100m buffer

A SNAPSHOT: SCHOOLS, GPS AND CHEMISTS IN ST PANCRAS AND SOMERS TOWN



- Primary school
- Primary school (split site)
- Secondary school
- GP practice
- Chemist
- St Pancras and Somers Town
- St Pancras and Somers Town 100m buffer

METHODOLOGY

A total of 221 residents from St Pancras and Somers Town were engaged in a variety of activities, in addition to wider stakeholders.

This insight report summarises the insight gathered through the following activities:

- **community exhibition:** a week-long exhibition developed by Camden and Islington Public Health and Central St Martins, exploring residents' stories around physical activity in the local area
- **group 'community conversations':** a series of four workshops with 57 ward residents. Each focus group focused on a target audience: 'parents', 'aged 60+', 'mixed gender' and 'women only'
- **one-to-one interviews:** eight one-to-one interviews conducted with ward residents
- **door-to-door surveys:** a total of 108 door-to-door surveys conducted with ward residents
- **school engagement:** three different activities were conducted with schools located in the ward:
  - school council workshops in two primary schools with 20 pupils
  - parents' sessions in two primary schools and one secondary school with 16 parents
  - meetings with school leads from four schools (one secondary and three primary)
- **youth worker-led youth discussions:** discussions with 12 young people aged between 11 and 21 years as part of a healthy eating themed cookery day
- **stakeholder discussions with experts from a variety of fields:** discussions held with a wide range of stakeholders during steering group meetings, additional meetings and correspondence. This included a half-day stakeholder workshop in July 2017.

		Residents engaged through insight	Ward level demographics (2011[6])
Gender	Male	26%	48%
	Female	73%	52%
	Prefer not to say	1%	-
Ethnicity	White (all groups)	41%	51%**
	BME (all groups)	56% (30% Asian and Asian British Bangladeshi)	47% (15% Asian and Asian British Bangladeshi)**
	Prefer not to say	3%	-
Age	0–17/18 years*	20%	22%**
	17/18–64 years	66%	70%**
	65+ years	12%	9%**
	Prefer not to say	2%	-

*0–18 years of age for insight work, 0–17 years of age for ward level demographics
**percentages do not add up to 100% as these are census level estimations

Stakeholders engaged through the partnership to date

Camden Council departments
Public health
Sports and physical activity
Regeneration and place
Health and wellbeing
Sustainability and green space
Market services
Economic development
Strategy and change
Community partnership
Transport strategy
Tenancy services
Early years
Integrated commissioning for children
Complex families
Regulatory services (environmental health)

NHS
Camden CCG
Camden school nursing team
Healthwatch

Schools and children's centres
Edith Neville
St Aloysius
St Mary and St Pancras
Richard Cobden
Frank Barnes
Regent High
Hampden Children's Centre

Voluntary and community sector
The Living Centre
Somers Town Community Association
St Pancras Community Association
Origin Housing
The Francis Crick Institute
Hopscotch Asian Women's Centre
Bengali Workers Association (SURMA)
Training Link
The Skip Garden
Age UK/We Are Ageing Better
Voluntary Action Camden
The Holy Cross Centre Trust

12 INSIGHTS INTO DRIVERS OF OBESITY

The following section details 12 key insights arising from this research work. Resident insight forms the basis of each of these, with perspectives from wider stakeholders and existing evidence drawn upon to provide a wider context and direction to findings.

At the end of each insight section is a series of potential opportunities. These are broad areas of suggested actions in response to the general insight statement. They provide a starting point for the joint development of initiatives through the partnership. However, these are not intended to be an exhaustive list of potential solutions; stakeholders are also invited to consider wider responses to the insight that may not be specified in this report.

For ease of reference, key insights and potential opportunities are categorised according to three headings, informed by the government's Foresight Report[1]:

- food availability and consumption
- physical activity and the physical activity environment,
- socio-cultural influences and behaviour

1

There is poor availability of good quality, affordable, healthy food produce in the ward, and a prevalence of unhealthy food outlets, which are seen as being relatively cheap

The vast majority of residents reported shopping for food outside the ward in large supermarkets – mainly in the Camden Town area: 'I have to go to larger supermarkets as local shops are not so good'[8]. Findings from multiple insight activities suggest that where local shops are used by residents, this is generally a supplement to buying food outside the ward: 'I go to the small local shops for bits and bobs - for example sugar'[8]. Local shops were generally seen as expensive, poor quality and lacking in healthy produce: 'There are no fresh fruit and vegetables locally'[9], 'Corner shops can be expensive and food can be off'[10] and 'I have to go to NISA local but can't find everything I need'[10]. The one supermarket located in the ward was generally perceived as being too expensive and was located in the King's Cross redevelopment area that some residents reported as not being for them: 'We have a . . . big Waitrose if someone is rich!'[11] and 'King's Cross . . . is not for local people'[9].

The prevalence of unhealthy fast food outlets was seen as an issue for many residents: 'There are lots of take-aways. It is easier to buy burgers and chips.' Insight from primary school pupils and young adults in particular highlighted fast or 'junk' foods as an important driver of poor diet: 'Fizzy drinks – once you start it's hard to stop'[12] and 'Fatty food and junk food are everywhere so you get more attached to them'[13] Healthy foods were generally seen to be expensive, and unhealthy (particularly convenience) foods were reported widely as being relatively low cost: 'Good quality healthy foods are very expensive'[14] and 'Take-outs are cheap, hot and popular with kids'[10].

Convenience was also highlighted as an important driver of decisions around healthy food purchasing. As part of the residents' survey, individuals were asked to rate the importance of several factors in deciding how much fruit and vegetables to eat; 'how easy it is for me to get to the shops' scored most highly, above 'Money I have available', 'Price of fruit and vegetables', 'Knowledge of cooking from scratch', 'Time I have available to prepare and cook' and 'Quality of fruit and vegetables'. This suggests that the lack of convenient, healthy and good quality food in the ward provides a barrier to improved diet for many.

An analysis using the 'Measuring Food Environment' (MFE:Shop) tool was used to score the healthiness of food items available in local food outlets such as off-licences, world food shops, corner shops and one supermarket (not including restaurants, cafes and take-aways). This consisted of a survey to assess and score the 'in-store' food environment across five categories:

- factors that promote healthier foods (such as nutritional labelling and prominent placement of healthier items)
- barriers to healthy food choices (for example promotions on less healthy foods)
- pricing of healthy compared with less healthy food items
- type and availability of different beverages
- type and availability of specific food items[15,16,17].

An analysis was conducted throughout the ward excluding King's Cross and St Pancras stations and the surrounding King's Cross development area, due to both time restraints and knowledge that small station shops are not an affordable option for local residents doing their weekly shop. Waitrose was the one exception to this search area, included as it is the only supermarket in the ward. The results suggest that food outlets in the ward create a food environment that is generally low in healthiness, with the highest MFE:Shop score being achieved by Waitrose supermarket.

The poor availability of affordable and good quality healthy or fresh produce is accompanied by a prevalence of unhealthy food outlets in the ward. There are a variety of estimates of the number of fast food outlets in the ward, varying from nine to two outlets[18,19], this discrepancy being based on differing definitions used for categorising food outlets. Importantly, there is a particular prevalence of fast food outlets around the ward boundary, which are still within easy walking distance of many of the schools. These are not included in ward estimates, being outside the ward boundary. School leads reported a need to have more healthy foods available near schools in the ward, particularly secondary schools where pupils have more independence to buy their own food.

Regarding the perceived high cost of healthy foods, evidence suggests that healthy foods do indeed tend to be more expensive. This is a not a ward-specific issue: 'Cheaper food sources tend to be more energy-dense and nutrient-poor, that is, they provide plentiful calories, especially in the form of fats and sugars, but relatively low levels of vitamins and minerals.'[1] However, it is possible to eat healthily on a budget, and existing initiatives such as Family Kitchen (devised by Islington Council) try to raise awareness of this through their family cookery courses.

Potential opportunities:

- **increase the availability of healthy fresh produce, particularly fruit and vegetables, in the ward and ensure that it:**
  - **– is more affordable than what is currently for sale**
  - **– competes with the cheapness of unhealthy fast food options.**
- **improve the healthiness of existing catering outlets, such as fast food outlets, in the ward**
- **increase the availability of healthy alternatives to unhealthy snack or junk food eaten by pupils outside school hours, on the way to and from school**
- **address the view that healthy food has to be expensive and improve knowledge about how to eat healthily on a budget.**

> "Corner shops can be expensive and food can be off"

There is an absence of active marketing and promotion of healthy foods locally

The active marketing of unhealthy foods was reported by residents from a range of insight activities: 'Supermarkets are clever - for example sweets at the front by the checkout area'[10] and 'The wrong types of food tend to be on offer – for example cakes in NISA'[9]. The prevalence and marketing of unhealthy foods was particularly discussed by the youth group and primary age pupils: 'Fatty food and junk food are everywhere so you get more attached to them'[13], 'An improvement in advertising and distribution of foods directed at children [would help]'[13] and 'Videos and TV adverts make you want to eat junk food'[12]. In addition to this, residents reported that locally available fresh produce was generally poor quality and unappealing: '[I] don't have confidence in how fresh/good the local food is'[9]. This creates a picture of a local food environment that encourages unhealthy food choices over healthier ones.

Existing evidence shows that food marketing does have a significant impact on childhood obesity, with the World Health Organisation (WHO) finding that 'There is unequivocal evidence that childhood obesity is influenced by marketing of foods and non-alcoholic beverage high in saturated fat, salt and/or free sugars'[20]. Consequently, a core recommendation of the WHO Commission on Ending Childhood Obesity is to 'reduce children's exposure to all such marketing'[21]. Promotional marketing, which can be as varied as special offers and discounts, positioning, food presentation and specific promotional activities, has been shown to be effective in influencing the growth of markets as well as brand switching. However, when harnessed to promote healthier food choices it provides a positive opportunity to improve the prevalence of healthy diets.

Increasing the promotion and marketing of healthy foods locally, particularly focusing on foods and venues appealing to children and young adults, is an approach to explore through the partnership. One existing tool is the 'Healthy Catering Commitment', a London-wide initiative that supports food outlets to shift to offer healthier options through committing to changes, such as reduced portion size and levels of saturated fat and salt. This offer is offered to food businesses across the borough but local uptake is shown to be poor, with only two outlets registered in the ward, presenting an opportunity to promote this initiative further.

Potential opportunities:

- **increase availability and promotion of healthy foods in the local area – for example through encouraging local food outlets to offer healthier options**
- **better product placement and marketing both new and existing healthy options.**

PHYSICAL ACTIVITY AND THE PHYSICAL ACTIVITY ENVIRONMENT

3

Some existing venues for physical activity in the ward are underused, both for both for practical reasons (such as affordability) and because of the way they are perceived by residents

Overall, residents reported that the local area is well located for amenities and convenient for travelling further afield: 'You can get anywhere from here'[9], '[there is] good accessibility to shops, schools'[10] and '[I can] walk to most things'[14]. However, an important barrier highlighted was that some venues were seen as inaccessible or not for them, particularly the King's Cross redevelopment area and the Somers Town Community Sports Centre (STCSC): 'Costs are too high [at STCSC]'[9] and 'Somers Town Sports Centre is not friendly'[9].

Insight from wider stakeholders highlights that these two specific venues are under used by local residents. As one stakeholder said: 'In its creation the King's Cross development has brought amazing innovation and opportunity to the area, yet this has seen little if no synergy with the residents of St Pancras and Somers Town; a position that all must work hard to change if we are to truly weave a new urban fabric for all to benefit from.' Several stakeholders highlighted the accessibility issues presented by STCSC for local residents, both in terms of affordability and high levels of usage by student groups, many of who are from outside the ward.

Discussions with school leads suggest that the under-use of these local venues may form part of a wider issue: 'There is resistance around journeys outside of the immediate area and outside of comfort zones' and 'There is a low uptake and involvement in activities that take place outside the school and/or outside the local area'. One school's response was to initiate a regular parent and child trip to Pancras Square swimming pool, led by school staff members to encourage swimming and reduce barriers around visiting new venues. This activity has been highly successful, being well attended and with a waiting list, suggesting that a model of guided physical activity sessions should be explored further. Alternatively, increasing the physical activity offer in already familiar venues, such as schools, could also be beneficial.

The ward demonstrates a higher than average proportion of residents with membership at a Camden leisure centre (17% of ward residents registered as members relative to a Camden average of 12%[22]). Feedback from the Camden sports and physical activity team suggests that this may in part be due to targeted interventions to promote leisure centre usage in this area such as those linked to the Active All Areas programme), in addition to the closeness of the nearest leisure centre, Pancras Square, which is in the middle of the ward. However, existing data also highlights the need to support specific underrepresented groups to use leisure centre services across the borough, particularly BME women, who are underrepresented in both full and concessionary membership uptake[23].

This is especially relevant to the ward, considering the diverse local population.

Potential opportunities:

- address the perception that facilities at King's Cross are 'not for local people' and improve local access to Somers Town Community Sports Centre
- extend the offer of guided activities to underused physical activity locations in and around the ward
- increase the offer of physical activity at schools for families
- actively promote the use of leisure centre services by underrepresented BME women.

PHYSICAL ACTIVITY AND THE PHYSICAL ACTIVITY ENVIRONMENT

4

Physical activities are viewed as expensive

The perceived high cost of physical activities was reported as being a barrier by residents across all insight activities, except children and young adults': 'Classes and sessions can be expensive'[10], 'Gym membership discounts for local residents [would help]'[14] and 'If you are unemployed you can't go to . . . activity places that cost money'[24].

Evidence supports this insight and further suggests that perceived cost of physical activity disproportionately affects those with lower household incomes. Research from the Health Survey for England (2007) found that that 21% of men and 25% of women from the lowest quintile household income cited 'lack of money' as a main barrier to physical activity, compared with just 7% of men and 6% of women in the highest quintile[24]. These findings suggest the availability of free and low-cost physical activities is an important driver of physical activity.

There are already a number of free and low-cost physical activity sessions available in the ward, such as those provided by community associations and the 'Active All Areas' project. Leisure centres also offer concessionary memberships and GP-referred 'Exercise on Referral' is available for residents meeting specific criteria. A leisure centre analysis is currently underway to assess the pricing structures of concessionary memberships. The outcome of this could influence both perceived and actual costs of accessing leisure centre services.

Opportunities to extend or better promote existing offers, or provide new free or low-cost physical activities could help address this barrier. Importantly, evidence also points to the value of promoting physical activity beyond more formal exercise, to include less structured activities such as active travel. These activities not only have the potential to appeal to people who would be less likely to engage in typical 'sporting' physical activities (such as gym classes), they are also often associated with being low cost or free and may even save money (such as walking instead of using public transport). Promotion of these can be accompanied by wider changes to urban design that encourage physical activity, such as increased walkability of the local environment[1].

Potential opportunities:

- **increase awareness of existing low-cost and free physical activity opportunities, such as Somers Town Community Cycling project which is organised by Camden Council's transport strategy team and resident-led walking and outdoor gym sessions provided by Camden Council's sports and physical activity team**
- **explore the potential for new free and low-cost opportunities**
- **increase promotion of 'unstructured' free physical activities, such as active travel.**

PHYSICAL ACTIVITY AND THE PHYSICAL ACTIVITY ENVIRONMENT

5

Limited access to childcare restricts levels of physical activity for parents with young children, and there is demand for more family activities

> "Childcare would help me to be more physically active"

Childcare was highlighted as a key barrier to being more physically active by both the parents and women-only focus groups, as well as during discussions in schools with parents: 'Having a small baby makes it difficult – it will be easier when baby starts full time daytime childcare'[8], 'Childcare is the biggest problem',[10] and 'Childcare would help me to be more physically active'[14]. This insight was particularly discussed by women with pre-school children, but was also reported as an issue for those with children of school age when participating in sessions during the evenings and weekends. Some residents suggested that increased provision of family activities would act as one solution to this barrier: 'Activities for parents and kids to take part in together (would help)'[14].

The wider evidence base supports this insight, with the Health Survey for England (2007) reporting that *'Caring for children or older people'* was cited as a main barrier to physical activity by both men and women, most commonly by those between 25 and 44 years of age [25]. This barrier was reported more frequently by women (25% of those surveyed) than men (13% of those surveyed) [25]. Having recognised this issue, Camden Council's sports and physical activity team has explored several initiatives including piloting a free family leisure centre membership to develop understanding of how a subsidised universal physical activity, suitable for families, can help to increase and sustain physical activity levels. Learning around the impact of subsidised offers, particularly in the context of a family approach, will be used to steer future programmes such as the development of the new leisure centre contract (starting in 2020).

Potential opportunities:

- improve the offer of childcare during physical activity sessions that have parents or carers as specific target groups, for example by offering a creche
- improve the offer of physical activities during the school day where childcare needs will be lowest for people with school-age children
- increase the offer of family physical activities across a range of settings.

PHYSICAL ACTIVITY AND THE PHYSICAL ACTIVITY ENVIRONMENT

6

Elements of the local physical activity environment discourage physical activity:

a. perceived lack of green space
b. crime, antisocial behaviour and fears around safety
c. perceived quality of the environment, including air quality, congestion and noise

Generally, residents highlighted a perceived lack of green and open space in the ward: '[there is] not much green space'[10] and '[There are] very few parks', although this was mixed with some reporting: '[My local area] has good open spaces and parks'[26] and 'It's a good area. I take my children to local parks'[26]. More consistently, residents reported the negative impact of crime and antisocial behaviour (ASB), notably dog fouling, on use of open space and levels of physical activity: 'You want to take kids to the park but there are lots of people who are smoking'[14], 'Somers Town park is not clean . . . you can't sit, you can't walk because people are putting a dog there'[11] and 'Making the community more safe [would help make people be more active]'[10]. Views of safety in the local area were also highlighted as a key issue: '[It's] not safe after dark'[14] and 'I'm never going to let my daughter by herself go somewhere because it is dangerous'[8].

Pollution – including air, dust, general and noise pollution – was widely mentioned as an issue during resident insight, presenting a barrier to utilising outdoor public space: 'There is lots of traffic'[8], 'Too much dust stops me from doing more'[26] and 'Pollution, noise and scaffolding from building works [are an issue]'[9].

Resident insight around open space, crime, perceived safety and ASB correlate with the priority areas highlighted through the Somers Town Community Investment Programme consultation process, which included:

- **community safety** to ensure new buildings and spaces are designed to reduce opportunities for crime and ASB
- **open space** to improve the quality of public open space to ensure it meets the needs of local people and, if possible, increase the amount of public open space.

Research shows that many aspects of the physical environment influence levels of physical activity, including the type and quantity of green space, perceived and actual safety, and neighbourhood and building design[1]. For example, evidence highlights links between lower levels of physical activity and fear of a neighbourhood, particularly in studies focusing on children, women, and older adults[27].

There is a total of 140 hectares of public open space in the ward, averaging 7m² per capita (well below the Camden average of 22m² of public space per capita)[28]. Official data suggests that the ward actually has slightly better availability of local, small and pocket public open space than the Camden

average[28], but access to larger areas of open space is significantly lower than for wards such as Hampstead Town and Regent's Park. This supports insight from wider stakeholders that St Pancras and Somers Town's green space is characterised by two small neighbourhood parks and a large number of smaller pockets of open spaces on housing estates. There is definitely the potential for some of these smaller spaces to be better used, which could increase perception of how 'green' the ward feels as well as promote increased use of open space by residents.

Initiatives that address levels of actual or perceived crime and ASB, and allay fears around safety in the ward have the potential to increase use of open space and confidence travelling to venues after dark, consequently increasing levels of physical activity. However, the complex nature of such initiatives needs to be recognised. Linking to existing work delivered by community safety teams in the ward is one important step; additionally, initiatives that address crime, ASB and concerns around safety in a more indirect manner should also be considered. For example, an initiative that aims to increase use of open spaces could also improve perceived safety, as the space becomes busier, which could in turn reduce actual levels of crime and ASB.

Concern around air quality and the implications for public health are of increasing relevance nationwide, particularly in urban areas and for people with increased vulnerability, for example older people or people with cardiovascular and respiratory diseases[27]. Whilst this is a complex issue requiring action at a national and London level, there are more local actions such as encouraging active travel, school policies to prevent idling of vehicles outside venues and other methods to reduce congestion, such as the Healthy School Streets initiative offered by the council's transport strategy team, which would have a positive impact[29].

Potential opportunities:

- improve the quality of public open space in the ward, which could in turn support:
  - improved resident motivation to access green and open space, for example by promoting better use of small, underused open spaces
  - better perception of the safety of public open spaces
- build on existing work in the ward around crime and ASB – for example developing closer links with community safety teams
- promote increased uptake of initiatives to reduce traffic and congestion in the ward – for example Healthy School Streets.

> "You want to take kids to the park but there are lots of people who are smoking"

PHYSICAL ACTIVITY AND THE PHYSICAL ACTIVITY ENVIRONMENT

7

There is demand for more community gardening and food growing opportunities in the ward

> "There are lots of spaces in communal flats - these could be used better"

An interest in increased opportunities for community gardening and food growing, and using existing spaces in the ward, arose in many insight activities: 'We would like more space to grow our own vegetables'[8] and '[I] would like gardening space to grow vegetables – to have a big box in the middle of flats where everyone can take part'[9]. Resident insight highlights that there are existing spaces in the ward that could be used for this purpose: 'There are lots of spaces in communal flats – these could be used better'[8]. Social isolation and community cohesion in the ward was also discussed, particularly in the older resident community conversation: 'Choosing to have time alone is different from having to have time alone' and 'Isolation [is an issue]'[9].

As described in more detail in insight 6, the ward's open and green space consists of two small neighbourhood parks and a large number of smaller pockets of open spaces. These smaller, particularly estate-based spaces have the potential to be better used for food growing and gardening. Evidence suggests there are health benefits to community gardening initiatives, ranging from improved mental wellbeing, opportunities for increased physical activity, to improved social interactions and community cohesion, which is particularly relevant considering that the ward exhibits a 'very high' risk of loneliness. Camden as a whole is defined as 'medium' risk [30, 31]. Existing ward-specific activities addressing social isolation include the 'We Are Ageing Better' project in addition to other targeted initiatives from the Council and the voluntary and community sector. The introduction of community gardening initiatives therefore has implications for increasing levels of physical activity, in addition to addressing social isolation and community cohesion, especially ifaimed at specific target groups.

Potential opportunities:

- identify which spaces are underused and could be used for food growing and gardening
- increase local food-growing projects.

PHYSICAL ACTIVITY AND THE PHYSICAL ACTIVITY ENVIRONMENT

8

Residents show a good understanding of what constitutes eating healthily and being physically active

In general, residents demonstrated a good knowledge and understanding of what constitutes a healthy diet and sufficient levels of physical activity, with a healthy lifestyle described as: 'To exercise, eating a lot of vegetables and fruit and drink[ing] a lot of water and not too much sugar!'[11] and 'Everything is exercise really, it's not just going to the gym . . . even walking is exercise'[11]. This was also reflected in insights from primary school age children who described eating healthily as, 'Eating fruits and vegetables, not eating too many things with lots of sugar like sweets and chocolates'[12], and 'Eat the right amount of food and with the right amount of nutrients'[12]. They described being physically active as: 'Running, jogging, sports, playing games, healthy, exercise, [being] hydrated, [using my] bicycle instead of car'[12] and 'Exercise . . . fresh air, 60 minutes of exercise per day if you are a kid'[12]. Furthermore, survey results suggest that residents generally saw eating well and being physically active as being important to them, and were generally confident they would succeed should they decide to make changes to have a healthier lifestyle.

This insight tallies with existing evidence that suggests 'Most people know that eating fatty foods in excess is generally bad for them while taking exercise is generally beneficial'[1]. However, evidence also demonstrates a common disparity between desire to be healthy and desire to eat unhealthy foods and be less active[1]. This is known as 'psychological conflict' or 'ambivalence'[1]. Therefore, action under the partnership should not primarily focus on improving residents' knowledge about what eating healthily and being physically active means or in building general confidence in ability to make changes. It should instead focus on the motivation to change and develop healthier dietary and physical activity behaviours.

Potential opportunity:

- **existing and new initiatives that promote increased physical activity and healthy eating should focus on supporting motivation to change, rather than solely supporting knowledge and information on what being healthy means.**

SOCIO-CULTURAL INFLUENCES AND BEHAVIOUR

9

Aspects of the local food culture promote unhealthy food choices:

a. the influence of family members and peers on eating habits of residents, particularly on children and young people

b. the influence of 'traditional' cooking methods on healthiness of diets, and knowledge of cooking 'traditional' foods more healthily

Cultures around food are an important driver of dietary decisions for many in the ward – spanning cultural, peer and family influences. The impact of family and friends' habits and expectations was highlighted as a challenge across different insight activities:

'My husband wants rice and curry – so I have to cook twice if I need healthy food as he won't eat it'[10], 'Children often don't like fruit and vegetables'[14] and 'if I make it too healthy they [friends and family] won't like it'[24]. This was particularly highlighted by young people and children, in terms peer and family influences on what they choose to eat and what is available to them: 'If there's lots of sweet food at home it's harder to choose the healthy option'[12], 'If you're at home you're more than likely to eat what your parents make and if they're not prone to making healthier decisions you just eat what they make'[13] and 'After school everyone goes to the chip shop and you kinda want some too'[13]. This insight demonstrates the importance of addressing peer and family cultural influences on eating – and the potential for using this as a strong enabler for change: 'I've talked to my mum and now we plan meals together so we both know what we want'[13].

The impact of food culture specific to particular ethnic groups also arose through insight work. Residents included individuals from a broad range of ethnicities, with those from 'Asian or Asian British: Bangladeshi' backgrounds and 'Black, African, Caribbean and Black British: African' backgrounds particularly highly represented. Insight, primarily from the parents and women-only focus groups, suggests that 'traditional' cooking methods are seen as a barrier to eating more healthily, specifically Bangladeshi and Somali foods: 'Traditional food involves lots of frying'[10], 'Somali diet – lots of oil and sugar and ghee in particular'[10] and 'Traditional [Bangladeshi] foods are oily and overcooked'[10]. Lack of knowledge about how to cook healthily was also discussed as a barrier in many of the focus groups: '[Healthy food is] new to cook – what would work and also taste good?'[14] and 'People may not know how to cook healthily or have run out of ideas'[10]. It is, however, important to consider that different minority ethnic groups do not have homogenous food practices, and also that practices are not entirely homogenous within ethnic groups. Factors such as socio-economic status and generation also influence individual preferences and habits: '[I] do not just cook traditional foods – [I] also cook other types of food'[10].

Evidence supports the importance of social norms and perceptions of others' expectations in driving dietary decisions. This extends to family and peer influences and beyond, including factors such as workplace cultures and the impact of media[1]. In particular, evidence highlights that organisations (across a range of settings such as work, education and health) have an important role in promoting healthy behaviours, such as through incentives for active travel and access to healthy, affordable foods[1].

There is limited evidence on the impact of 'traditional' cooking practices on health outcomes of ethnic groups, due to the diverse nature of food differences both within and between different minority ethnic populations. However, small studies do provide some insight, for example, one found that Somali populations reported consuming high proportions of rice, pasta and red meat, with the primary driver for these dietary decisions being that fruit and vegetables were traditionally associated with poverty[32]. Evidence suggests that successful initiatives to better understand and influence the food habits of ethnic minority populations need to consider a broad range of factors, such as specific ethnicity, age, gender, socio-economic status, religion and level of acculturation[33, 34]. Initiatives that focus on highlighting existing positive food practices, and prioritise a family-centred early years approach are suggested to be key[34].

Potential opportunities:

- promote a shift in culture in early years, school and youth settings to encourage healthy eating, for example through School Health Champions delivered by Camden Council's health and wellbeing team (a peer-led initiative to influence the physical activity and healthy eating culture in school settings)
- explore opportunities to promote a shift in culture beyond households with children and young people (for example through workplace initiatives)
- increase knowledge of cooking 'traditional' foods more healthily, particularly Bangladeshi and Somali foods (for example through the Somali Family Kitchen programme delivered by Camden Council's health and wellbeing team).

> "After school everyone goes to the chip shop and you kinda want some too"

Aspects of the physical activity culture promote inactivity or lower levels of physical activity:

a. An absence of culture promoting outdoor play and physical activity outside the school day

b. The influence of peers on the physical activity patterns of children and young people in particular

c. A perceived lack of women-only activities and appropriate venues (for example, spaces where women are confident they cannot be seen by men when exercising) relative to demand.

The culture around physical activity was highlighted as an important barrier for many residents, with peer pressure being particularly relevant to young adults and children: 'Sometimes people laugh at you and make you feel embarrassed'[13], 'When you are in the park doing exercise and see others not doing exercise – this makes you want to stop doing exercise'[12]. Children and young people also reported a general absence of culture promoting active play and outdoor physical activity outside school: 'If my friends play on their Xbox this will stop me from being active as I want to play together'[12], 'If you are watching lots of tv/computer games it can make physical activity less appealing'[12] and 'You're too lazy to go out – like you're not really bothered and instead you'll watch Netflix or something like that'[13].

The importance of women-only activities and venues with appropriate facilities was raised by residents, particularly by women from BME groups: 'Mixed gender sessions are a barrier'[14], '[I would like] more women-only sessions'[8] and '[Swimming pool] windows need to be covered'[10]. Findings also highlighted the importance of scheduling women-only physical activity sessions that allow for family and childcare commitments: 'Timings of sessions, for example out of school hours, can be difficult for parents'[10].

School leads highlighted that, for many families in the local area, there is a lack of culture around playing outside in part caused by parental fear of children getting cold and unwell. They also reiterated findings around the importance of women-only physical activities: 'Women-only activities are very useful as some women will not attend mixed sessions'. This corresponds with sources such as the report of the Bangladeshi health and wellbeing scrutiny

panel, which sets a series of recommendations for action to improve health outcomes in Camden's Bangladeshi community[35]. Recommendations specific to Bangladeshi women included women-only sessions in leisure centres at appropriate times, for example during school hours, and outdoor gyms with more privacy. There are a number of women-only physical activity sessions currently offered in the ward, for example through the Active All Areas project, women-only swimming sessions and voluntary and community centre-led initiatives.

> "If my friends play on their Xbox this will stop me from being active as I want to play together"

Potential opportunities:

- promote a shift in culture to encourage outdoor play for children and young people, for example through supporting the development of Play Streets, a resident-led initiative to enable children to play out on the streets where they live
- promote a shift in peer culture to encourage increased physical activity in school and youth settings, for example School Health Champions organised by Camden Council's health and wellbeing team
- increase awareness of existing women-only physical activity initiatives and explore the need for further initiatives to be offered. Women-only sessions should be offered at times that are appropriate for target groups, for example, mostly within school hours and in venues appropriate to specific needs.

Lack of time is seen as a barrier to increasing levels of physical activity for many residents

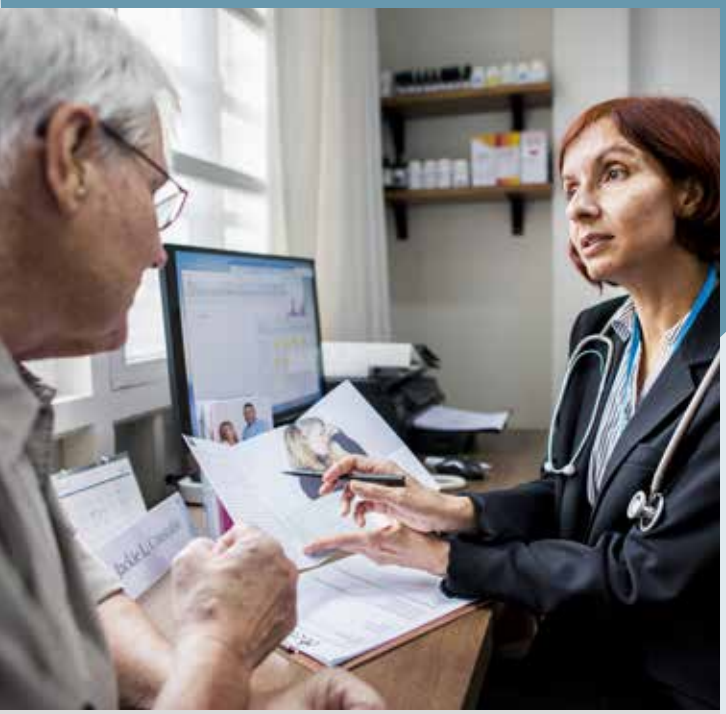
Results from the residents' survey show that 'having more time' was cited most frequently as the factor that would make physical activity more important to residents, and would also increase residents' confidence in their ability to increase activity levels. This finding tallies with insight from other activities, where perceived lack of time was seen as a key barrier: 'Work gets in the way (of being physically active)'[14] and 'Finding time as a parent can be hard'[8]. In particular, residents highlighted that finding time to be more physically active was challenging due to conflicting commitments, such as looking after school-aged children and work schedules: '[I] can only really do things when children are at school'[14] and '[I'm] not much doing activity . . . it's quite a bit hard because . . . if you have work, you've got kids, you have to spend time with them, even they have to do the homework and sort of things, it's quite busy'[11].

Existing evidence supports the finding that perceived lack of time can act as a barrier to maintaining a healthy weight[1]. Results from the Health Survey for England (2007) found that more than 70% of adults cited work commitments and lack of leisure time as the most common barriers to doing more physical activity[25]. Addressing the perception that physical activity has to be time-consuming and inconvenient is therefore important, as highlighted through Public Health England's One You campaign: 'Just 10 minutes at a time can be really good for you'[36]. This campaign promotes the health benefits of 10 minutes per day of moderate physical activity, such as a brisk walk, with an aim to encourage inactive individuals to take initial steps towards the minimum guidelines of 150 minutes of moderate physical activity a week[36].

Potential opportunities:

- ensure that existing physical activity sessions are offered at times that best fit target residents' needs, for example, during school hours for parents with children of school age
- better promote and increase availability of non-scheduled physical activity initiatives that can fit into busy lives, for example, using an outdoor gym
- further promote uptake of active travel as a convenient and time-saving form of physical activity
- promote the key message that even small amounts of physical activity can have a big impact on health.

Primary care providers could be better used as a source of advice, referrals and influence



Insight suggests that residents would be open to getting advice from their doctors about healthy lifestyles: 'Should the doctor say "you better go to the gym" . . . doctor getting the good advice . . . so people accept what doctor says'[11]. Furthermore, insight suggests that advice from GPs could be particularly useful for residents from specific minority ethnic groups due to cultural perceptions around the importance and role of GPs: 'Yeah, it's [the GP is] very good for advice . . . in our culture'[11], as well as for those with English as a second language: 'Getting information – this could be improved. Word of mouth is best. For example, GPs – I would listen to my GP if they gave advice'[14].

Primary care has an important role in the management of excess weight, in particular for risk assessment and signposting to weight management and broader health improvement services, such as physical activity opportunities. However, evidence suggests that starting conversations about obesity can be a challenge for healthcare practitioners. This in turn presents a barrier to their involvement, with one research paper finding that: 'Conversations about obesity remain a challenge to many GPs not just because of time management and fears of causing upset but also because they may trigger lengthy discussion of dietary details but without practitioner confidence that the conversation might alter patient behaviour'[37]. It is also suggested that patients are likely to be more open to getting advice from their healthcare professionals than GPs may think, with one research paper finding that: 'A brief opportunistic intervention by physicians to motivate weight loss in unselected patients who are obese was highly acceptable to patients'[38].

Emerging evidence supports the benefit of brief, GP-led opportunistic interventions as an effective way to support weight loss[38]. Furthermore, the opportunities for promoting healthy weight in primary care extend beyond GPs alone, to include other staff working in medical practices, such as allied health professionals and reception staff, and beyond, to settings such as pharmacies.

Potential opportunities:

- **support primary care staff (not just GPs) in a range of settings to be more confident raising the topic of excess weight with patients and make referrals to appropriate services including those that are specific to the local area**
- **forge stronger links between primary care providers and other organisations providing health improvement services, such as exercise classes and cookery sessions.**

NEXT STEPS

The 12 insights detailed in this report highlight key themes that would benefit from local action. Over the next two years, the partnership will support the joint development and delivery of a series of initiatives, each addressing one or more of the insights. These will range in format from large initiatives with many partners and wide-reaching influence, to smaller actions under an umbrella theme.

Moving from gathering and understanding insight to taking informed action takes involvement from individuals across all levels of the system – including council departments, schools and early years settings, voluntary and community organisations, the health sector, businesses and more – recognising that we all have the ability to make a difference in promoting healthy weight and healthy lives.

The call to action:

This partnership exists to support links across different organisations and sectors to enable steps (small or large) that shift the local environment, making eating healthily and being physically active the easier choice. Stakeholders are invited to consider the following questions to help further focus on opportunities for action in St Pancras and Somers Town:

- **what resources and opportunities could be used – in existing, upcoming or potential work – to take action against some of these identified insights?**
- **what levers and areas of influence are available to support action?**
- **who are the key partners who need to be involved, and what skills and expertise could they bring?**

Individuals and organisations are also invited to develop ideas outside of the framework of the partnership, as this report can also function as a stand-alone resource to prompt and guide action.

Evaluation

The partnership will continually reflect on progress, in order to maximise learning and increase the potential success of individual initiatives and the overall approach taken. A detailed evaluation will also be conducted, with a full evaluation report due at the end of 2019. This will address the following two broad questions:

- does the partnership lead to population level improvements in physical activity and diet in the ward in people at risk of poorer health outcomes?
- how does the partnership develop insight into a whole systems approach to obesity prevention? What learning can be taken to inform the partnership in future work, broader Camden-wide service developments and ways of working?

This evaluation will be achieved through a combination of quantitative analysis (of existing data sets as well as data collected specifically for the partnership) and qualitative insight from residents and a wider range of stakeholders. There is currently no gold standard for the evaluation of whole systems approaches to obesity, and as such, the partnership evaluation will focus on recommendations from the government's Foresight report[1] combined with a model of behaviour change designed to support the development of effective interventions[39].

The borough-wide context

The partnership sits in one of five priorities of the Camden's Health and Wellbeing Strategy (Living Well, Working Together, 2016–19)[40]. It is one of two partnerships managed by the Camden and Islington Public Health team, both of which take a whole systems approach to obesity. The second partnership is the Healthy Weight, Healthy Lives Partnership. This was set up as a sub-group of the Health and Wellbeing Board specifically to engage people in Camden who are able to influence a greater number of Camden residents, including senior leaders from across the borough. The two partnerships provide cohesive action on healthy weight and healthy lives across Camden, under the umbrella identity of 'Camden Can'.

REFERENCES

1. Government Office for Science. (2007) Tackling Obesities: future choices – project report [online]. Available from: foresight.gov.uk/Obesity/obesity_final/Index.html
2. Department of Health. (2011) Healthy Lives, Healthy People. A call to action on obesity in England, London [online]. Available from: gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england
3. NHS Digital. (2016) Statistics on Obesity, Physical Activity and Diet – England, 2016 [online]. Available from: digital.nhs.uk/catalogue/PUB20562
4. NHS Digital (2016). National Child Measurement Programme 2015–16 [online]. Available from: digital.nhs.uk/catalogue/PUB22269
5. Marmot, M. *(2010) Fair society, healthy lives: the Marmot review: strategic review of health inequalities in England post-2010* [online]. Available from: instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
6. Office for National Statistics (2011). Census 2011 Population by Age, UK Districts [online]. Available from: data.london.gov.uk/dataset/census-2011-population-age-uk-districts
7. GP Public Health dataset, 2015
8. Resident insight: parents' sessions in schools
9. Resident insight: aged 60+ community conversations
10. Resident insight: parents' community conversations
11. Resident insight: one-to-one interviews
12. Resident insight: school council workshops
13. Resident insight: youth worker-led discussions
14. Resident insight: women's only community conversations
15. Tyrrell, R., Greenhalgh, F., Hodgson, S., Wills, W., Mathers, J., Adamson, A. and Lake, A. (2017). Food environments of young people: linking individual behaviour to environmental context. *Journal of Public Health*, 39(1), 95–104
16. Lake, A., Burgoine, T., Stamp, E. and Grieve, R. (2012). The foodscape: classification and field validation of secondary data sources across urban/rural and socio-economic classifications in England. *International Journal of Behavioural Nutrition and Physical Activity*, 9(1), 37
17. Lake, A., Burgoine, T., Greenhalgh, F., Stamp, E. and Tyrrell, R. (2010). The Foodscape: classification and field validation of secondary data sources. *Health & Place* 16(4), 666–673
18. Public Health England. (2013) Obesity and the environment briefing: regulating the growth of fast food outlets [online]. Available from: gov.uk/government/publications/obesity-and-the-environment-briefing-regulating-the-growth-of-fast-food-outlets
19. Analysis of retail survey data undertaken by Camden regeneration and place team (2015)
20. World Health Organisation. (2016) Tackling food marketing to children in a digital world: trans-disciplinary perspectives. Children's rights, evidence of impact, methodological challenges, regulatory options and policy implications for the WHO European Region [online]. Available from: euro.who.int/__data/assets/pdf_file/0017/322226/Tackling-food-marketing-children-digital-world-trans-disciplinary-perspectives-en.pdf?ua=1
21. World Health Organisation. (2016). Report of the Commission on Ending Childhood Obesity [online]. Available from: who.int/end-childhood-obesity/publications/echo-report/en/
22. Analysis of Greenwich Leisure Limited (GLL) data completed by GLL (2017)
23. Analysis of Greenwich Leisure Limited data undertaken by Camden and Islington public health team (2017)

24. Resident insight: mixed gender community conversation

25. NHS Digital. (2008). Health Survey for England 2007: Healthy lifestyles: knowledge, attitudes and behaviour [online]. Available from: digital.nhs.uk/catalogue/PUB00415

26. Resident insight: door-to-door surveys

27. Department for Environment Food and Rural Affairs; Public Health England. *(2017) Air Quality: A Briefing for Directors of Public Health* [online]. Available from: laqm.defra.gov.uk/assets/63091defraairqualityguide9web.pdf

28. Greenspace Information for Greater London CIC. (2017) Areas of deficiency in access to public open space [online]. Available from: gigl.org.uk/open-spaces/areas-of-deficiency-in-access-to-public-open-space/

29. National Institute for Health and Care Excellence. (2017) Air pollution: outdoor air quality and health [online]. Available from: nice.org.uk/guidance/ng70/resources/air-pollution-outdoor-air-quality-and-health-pdf-1837627509445

30. Zick, C. D., Smith, K. R., Kowaleski-Jones, L., Uno, C. and Merrill, B. (2013) Harvesting more than vegetables: the potential weight control benefits of community gardening. *American Journal of Public Health*,103(6), 1110–1115

31. Office for National Statistics. (2015) Log odds of loneliness for those aged 65 and over [online]. Available from: data.london.gov.uk/dataset/probability-of-loneliness-for-those-aged-65-and-over

32. McEwen, A., Straus, L. and Croker, H. (2009) Dietary beliefs and behaviour of a UK Somali population, *Journal of Human Nutrition and Dietetics*, 22 (2)116-121.

33. Lucas, A., Murray, E. and Kinra, S. (2013) Health beliefs of UK South Asians related to lifestyle diseases: a review of qualitative literature, *Journal of Obesity*, 2013:827674

34. Chowbey, P, and Harrop, D (2016). Healthy eating in UK minority ethnic households: influences and way forward. Race Equality Foundation [online]. Available from: shura.shu.ac.uk/12926/

35. Healthwatch Camden. (2016) Final Report – Learning from Camden's diverse Bangladeshi community to drive and sustain improvements in their health and wellbeing [online]. Available from: healthwatchcamden.co.uk/resources/final-report-learning-camden%E2%80%99s-diverse-bangladeshi-community-drive-and-sustain

36. Public Health England. (2017) Active 10; Because There's Only One You [online]. Available from: nhs.uk/oneyou/active10/home

37. Pryke, R. G., Hughes, C., A., and Blackburn, M. (2015) Addressing barriers for GPs in obesity management: The RCGP Nutrition Group. *British Journal of Obesity*, 1:9-13

38. Aveyard P., Lewis A., Tearne S., Hood, K., Christian-Brown, A., Adab, P., Begh, R., Jolly, K., Daley, A., Farley, A., Lycett, D., Nickless, A., Yu, L., Y., Reta, L., Webber, L., Pimpin, L. and Jebb, S. (2016) Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial. *The Lancet*, 388: 2492-500

39. Michie, S., van Stralen, M., and West R. (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6:42

40. Camden's Joint Health and Wellbeing Strategy 2016–18: Living well, working Together, [online]. Available from: camden.gov.uk/jhws

With thanks to Amelia A Lake (Reader in Public Health Nutrition, Teesside University, School of Science, Engineering and Design) for generously sharing the MFE: Shop tool and to Marina Chrysou for providing many of the photos used in this report.

CAMDEN CAN

ST PANCRAS & SOMERS TOWN PARTNERSHIP

CONTACT US

For more information about this insight report or the St Pancras and Somers Town Partnership more widely, please contact Lana Simpson (Camden and Islington Public Health):

020 7527 1081

CIPHAdmin@islington.gov.uk

Camden and Islington Public Health,
Camden town hall, Judd Street, London WC1H 9JE

For the electronic version of the report please click on the **'St Pancras and Somers Town Partnership'** tab at: **camden.gov.uk/camdencan**

Produced by Camden Creative Services 2017. 2916.3

Camden