FOOD

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019

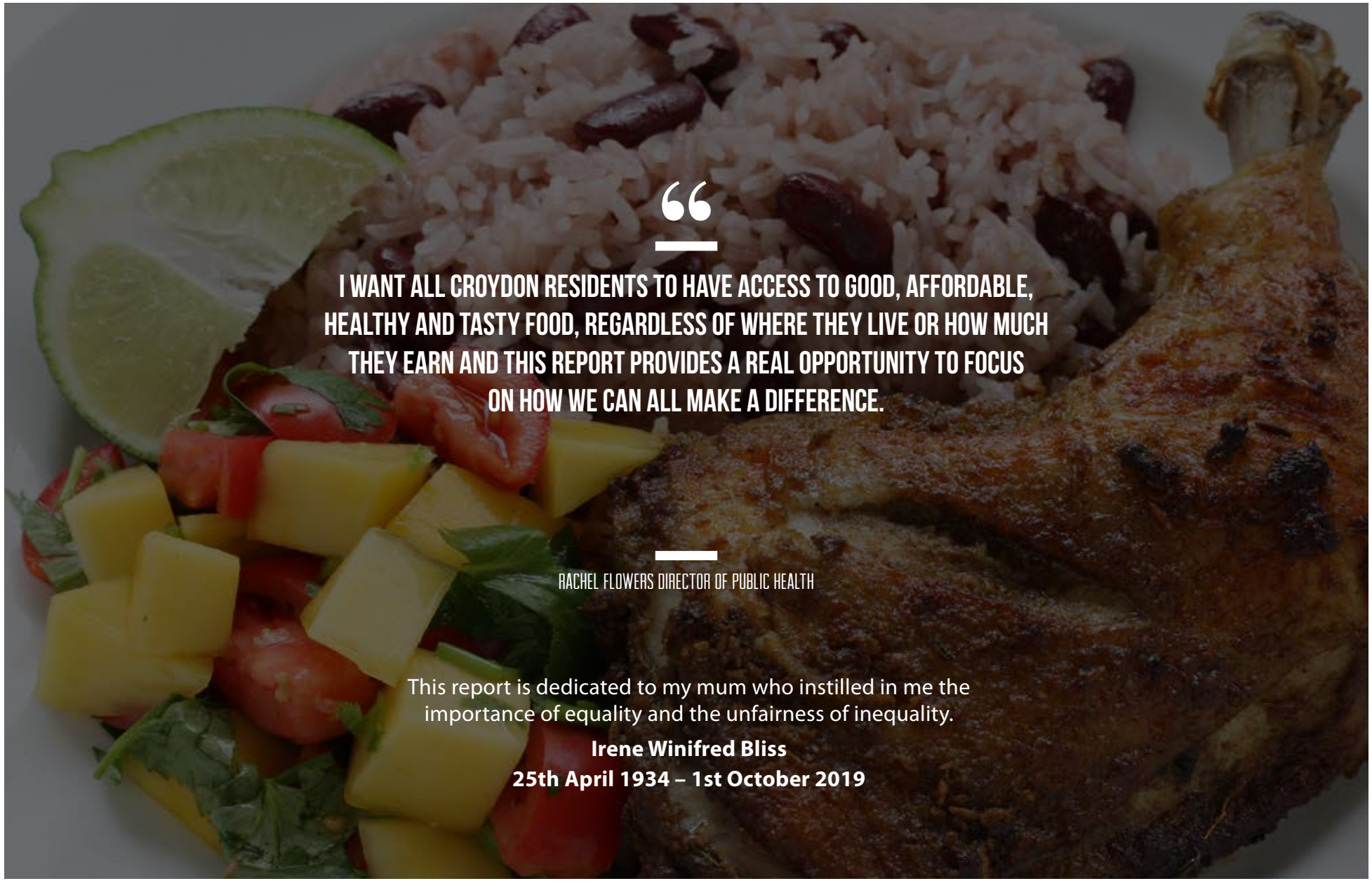








CROYDON
www.croydon.gov.uk
Delivering for Croydon



“

I WANT ALL CROYDON RESIDENTS TO HAVE ACCESS TO GOOD, AFFORDABLE, HEALTHY AND TASTY FOOD, REGARDLESS OF WHERE THEY LIVE OR HOW MUCH THEY EARN AND THIS REPORT PROVIDES A REAL OPPORTUNITY TO FOCUS ON HOW WE CAN ALL MAKE A DIFFERENCE.

RACHEL FLOWERS DIRECTOR OF PUBLIC HEALTH

This report is dedicated to my mum who instilled in me the importance of equality and the unfairness of inequality.

Irene Winifred Bliss

25th April 1934 – 1st October 2019

FOREWORD

by Tony Newman, Leader of the Council

I am delighted to be introducing Rachel Flowers's fourth independent annual public health report.

Rachel and our current administration continue to work together to address the historical inequalities that we have in Croydon. This year she has decided to use her report to start to address some of the complex issues around food. Croydon is a wonderfully diverse borough however we cannot ignore the fact that food affects us all in different ways and inequalities in many of our communities mean that we are seeing an increased number of food banks, food insecurity and lack of access to healthy food. We share Rachel's frustration and welcome her recommendation to Government and The Mayor of London about eliminating the need for food banks across London and the country.

We have declared a commitment to a sustainable growth across the borough and food provides a range of opportunities around this to benefit us all. The food we eat not only impacts on our health but it also impacts on the environment in the way it is produced and transported. Our young people are becoming increasingly concerned about the world they will be inhabiting in the future and food will play a major part on the choices they will be able to make when they become the adults of tomorrow.

This report will give us 'food for thought' in not only making healthy food accessible for all but also suggesting ways we can sustain a culture of providing local healthy produce, at a price that our residents can afford, regardless of what culture or financial status they are living in.
We also need to take responsibility in working towards achieving a positive impact on our environment including the way we recycle our food and waste.





INTRODUCTION

Rachel Flowers, Director of Public Health

Throughout my life it has struck me about the complex, sometimes unspoken, relationship that many of us have with food. As something that is essential for life it makes me angry that in the 21st Century I am still seeing food poverty where people cannot afford enough nutritious food and that many people find that feeding themselves and their family extremely challenging while good food gets thrown away.

Many of us have memories of food, often from our childhood, and for most of us they are good- the wonderful aroma of your mum's chicken soup, eagerly waiting for your grandmother's bread to finish baking in the oven, jerk chicken with your mates, fish and chips as a treat with your dad, samosas made by auntie or your grandad preparing his signature dish at the weekend - which in my grandad's case seemed to often involve beer in the recipe and oh those family gatherings and parties where there was such a wide range of food - some better than others. And for some they are not so good - when there wasn't enough food in the house, where you hated your body because it was too big, too small, not the right shape or you were body shamed.

Food can help foster relationships. It connects us with our heritage and cultural identity. Different types of food, ingredients and styles of cooking vary dramatically between individuals and cultures.

Food is such a complex four letter word. All of us have a relationship with food be it good, bad or so-so which can and does change throughout our life. So I asked people what food means to them and got a wonderful range of answers; **weight loss, weight gain, sustainability, hunger, nourishment, waste, friendship and community**, to name just a few.

I want all Croydon residents to have access to good, affordable, healthy and tasty food, regardless of where they live or how much they earn and this report provides a real opportunity to focus on how we can all make a difference.

So this year my independent report not only celebrates the fantastic food offer in Croydon but also explores the complexity within our system and the associated challenges around obesity, food insecurity and sustainability.

This year, like last, I am making 22 recommendations and this year my six key recommendations are for government, the Mayor of London, businesses, Croydon and our residents.





SIX KEY RECOMMENDATIONS



Government

Mandatory front of the pack food labelling.

Develop a food poverty strategy with the aim of eliminating the need for food banks across the country by 2027.



Food Businesses

All Croydon fast food outlets must sign up to Eat Well Croydon.



Mayor of London

No food banks needed in London by 2024.



Residents

Ditch the large dinner plate for the 9 inch Croydon Plate.



Across Croydon

All 64 GP practices and all departments in Croydon Health Services to receive training around nutrition and weight management.

- Government
- Mayor of London
- Local, Across Croydon
- Food Businesses
- Residents

THE RECOMMENDATIONS

Food Labelling
Mandatory front of the pack food labelling.

Ofsted
Mandatory for Ofsted to include food inspections in their framework.

Early Years
Mandatory for early year settings to join Healthy Early Years London.

Food in the Holidays
Sustain the work of the 2019 Food and Fun project to reduce summer holiday food insecurity and schools to open their halls and kitchens to support the delivery.



Food Poverty Strategy
Develop a food poverty strategy with the aim of eliminating the need for food banks across the country by 2027.

Food Banks
No food banks needed in London by 2024.



- Government
- Mayor of London
- Local, Across Croydon
- Food Businesses
- Residents

THE RECOMMENDATIONS

Education
By the time a child leaves school they should be able to cook from scratch at least 5 different types of savoury meals that they enjoy and are affordable.

Celebrate
Create Croydon Mayor's Community Food Awards to celebrate and recognise the efforts of our local food businesses.

Whole Systems
Create a Good Food Alliance to build a strong and unified food movement that works collaboratively with local residents and members of both the voluntary and private sector.

Food Waste Reduction
Implement a programme to reduce food and packaging waste by 25% by 2025.



Food Growing
Use planning and environmental tools to incorporate food growing and improving physical access to good food in local plans.

Plastic Reduction and Water Consumption
Increase the number of water refill sites across the borough.



- Government
- Mayor of London
- Local, Across Croydon
- Food Businesses
- Residents

THE RECOMMENDATIONS

Tailored Interventions
Ensure that all projects that aim to tackle obesity tailor interventions to specific target groups, including understanding cultural differences.

GP Training
All 64 GP practices and all departments in Croydon Health Services to recieve training around nutrtion and weight management.





Awareness
Develop a central system to capture the number of residents accessing emergency food aid.

Free Fruit
All workplaces provide free fruit and vegetables and implement 'cake on occasion' in the workplace.

Marketing
Borough wide marketing of healthy food - no advertising of unhealthy food as part of council contracts.

- Government
- Mayor of London
- Local, Across Croydon
- Food Businesses
- Residents

THE RECOMMENDATIONS

Eating Disorders
Work is undertaken to understand the prevalence of eating disorders across all ages at a local level.

Business Incentive
Business rate reductions for businesses signed up to Healthy Start, Eat Well Croydon and healthy promotions.





Calorie Control
All restaurants and fast food outlets show the amount of calories for each portion.

Eat Well Croydon
All fast food outlets must sign up to Eat Well Croydon

As part of environmental health checks, issue healthy food inspections.

Portion Control - The Croydon Plate
Ditch the large dinner plate for a 9 inch Croydon plate.



- Government
- Mayor of London
- Local, Across Croydon
- Food Businesses
- Residents



“

FOOD IS SUCH A COMPLEX FOUR LETTER WORD. ALL OF US HAVE A RELATIONSHIP WITH FOOD BE IT GOOD, BAD OR SO-SO WHICH CAN AND DOES CHANGE THROUGHOUT OUR LIFE. SO I ASKED PEOPLE WHAT FOOD MEANS TO THEM AND GOT A WONDERFUL RANGE OF ANSWERS; WEIGHT LOSS, WEIGHT GAIN, SUSTAINABILITY, HUNGER, NOURISHMENT, WASTE, FRIENDSHIP AND COMMUNITY, TO NAME JUST A FEW.

RACHEL FLOWERS DIRECTOR OF PUBLIC HEALTH

CONTENTS

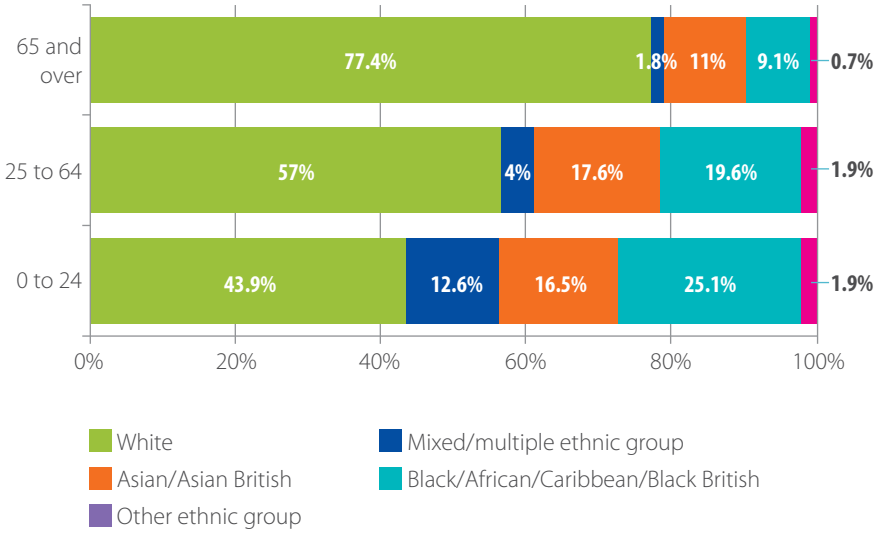
Food Glorious Food	12
Food Poverty and Insecurity	18
Food Throughout Life	24
Diet	32
Body Image and Body Perception	44
Food and Your Mood	47
Weight	48
The Impact of Food and Drink on our Teeth and Gums	56
Fast Food	60
Sustainability	64
Early Experiences Last a Life Time – progress update on last year's report	68

FOOD GLORIOUS FOOD

We live in a multi-cultural society - what does that mean and what does it look like in the context of food?

We only need to take a stroll down our high streets to see the huge variety of food from cultures that span the world. Back in 1086 Croydon was a small market town with 365 inhabitants, since then it has become the second most populated London borough, with 385,346 residents. It also has one of London's biggest retail and commercial centres (1). Did you know that many believe that Croydon's name derives from the Anglo Saxon 'Croh Denu' meaning "Crocus Valley". It is widely believed that Saffron was farmed here in Croydon by the Romans.

Ethnic Group by Age



Source: Croydon Observatory (1)

*Figures may not add to 100% because of rounding.

Croydon has a wonderfully diverse community from many different countries. According to the 2011 census, Croydon has a higher proportion of Black and Minority Ethnic (BME) residents than the national average (1). This has had a hugely positive influence on the range of food available in our shops giving us many opportunities to experiment with ingredients and tastes from around the world. Croydon's current generation of younger adults and children is even more diverse than previous ones. This provides a great opportunity to sow the seed for embracing access to healthy and diverse food within our local shops and markets.

One organisation which is helping us achieve this is Croydon Business Improvement District (BID). It plays an important role in bringing the community and businesses together and the annual food and music festival is just one example of where we can enjoy Croydon's wonderful food offer. Croydon residents can also try different types of food via the fantastic array of independent food businesses, through our local farmers markets and the range of other social events organised by the Council such as the Mela and PRIDE.



CROYDON – CROH DENU - CROCUS VALLEY

In 2015, Croydon's Urban Saffron Farm was launched right in the heart of the town centre, opposite Fairfield Halls where the former council building, Taberner House used to stand. The project was a 'meanwhile' project, making use of a bit of land before building commenced.

Hundreds of people visited, and numerous residents worked on the saffron farm. Nearly 40,000 of its corms (the bulbs from which new crocuses grow) were shared with our community gardens, parks, public spaces and schools. Four years on and new crocuses continue to bloom across the borough creating a Croydon saffron legacy.



Amazing to think what you can do with a little bit of land and a fantastic army of volunteers!

RECOMMENDATION

Create Croydon Mayor's Community Food Awards to celebrate and recognise the efforts of our local food businesses.



A SNAPSHOT OF OUR FOOD COMMUNITY

The community of Croydon provide fantastic and innovative food projects. Here is a taster (pun intended) of just some of those on offer.

FOODIE FRIDAY

'Our programme is aimed at mums who would like to learn how to cook healthy, affordable food for their family. Each week, with the ingredients sourced through Fareshare, our chefs make a quick, healthy and easy meal that can be shared with the family. This has been a huge success with mums remaking the recipes at home and posting the pictures on social media. One of our mum's Candice, often had microwave meals and takeaways and has learnt so much about cooking. Her daughter Leticia, who is 5 years old, has become sugar smart and looks forward to helping her mum within the kitchen, preparing their evening meal. Candice is our ambassador Mum who has learnt, benefited and passed on knowledge to others. The mums love the variety of food their families get to try which they would otherwise not buy due to cost, uncertainty of whether the children would like it and risk of wasting food. We also act as a food bank where mums are able to take shopping home each week which can consist of fruit, vegetables, condiments, nappies and wipes'.

www.guidinghands.org.uk
Info@guidinghands.org.uk





FSE COOK TO TRADE

'The project supports young people aged 11-18 to learn how to grow their own food, to cook a variety of healthy food from different cultures and to gain street trading experience. We help to inspire, raise self-esteem and confidence and want to help young people feel more positive about the opportunities available and to develop local pride in their community. We are based at College Square, East Croydon so come and see the delicious, healthy food the young people of Croydon are cooking for you!'

Leeman Francis: **fseprojectmail@gmail.com**

THE BME FORUM

'The Healthy Living project funded by Croydon Council was set up in 2018 by Croydon Diabetes UK in partnership with the BME forum. It works with people who have diabetes, and those who are at risk of it, by running a series of activities including dietary advice, hands on cooking, weigh-ins, weekly walks, yoga, massage classes and opportunities to get involved in gardening with our partner agency Good Food Matters. Beneficiaries have seen improvements in their BMI, flexibility and confidence in cooking healthy food'.

'THANK YOU FOR THE COOKING CLASS LAST MONTH, I WAS ABLE TO MAKE A VERY HEALTHY CURRY WITH LOTS OF VEGETABLES FOR MY FAMILY AND IT WAS THE FIRST TIME AND WE ALL TRULY ENJOYED IT. I AM NOW COOKING MORE IN THE HOUSE AND AM REGAINING MY CONFIDENCE AS MY WEIGHT IS DROPPING.'

'SONAL THE NUTRITIONIST IS AN ENCYCLOPAEDIA IN HERSELF, SHE IS AMAZING, SUPPORTING AND ADVISING US EVERY TIME, WE LOVE HER.'



GOOD FOOD MATTERS

'We are based in the heart of the New Addington community and are working to help improve resident's diet, help them learn how to grow their own fruit and veg and teach them how to cook healthy and tasty meals on a tight budget. We grow and distribute fruit and vegetables to those most in need and we have a thriving community volunteer and activity programme. We strongly believe in partnerships and are proud to have CALAT, the BME Forum and Croydon Vision amongst the groups who regularly attend sessions'.

"YOU MADE OUR SUMMER - I DON'T KNOW WHAT OR HOW I WOULD HAVE FED OR KEPT THE KIDS OCCUPIED - WE HAVE HAD SUCH A GOOD TIME I DON'T WANT TO GO". LOCAL MUM, SUMMER 2019.

www.goodfoodmatters.org.uk

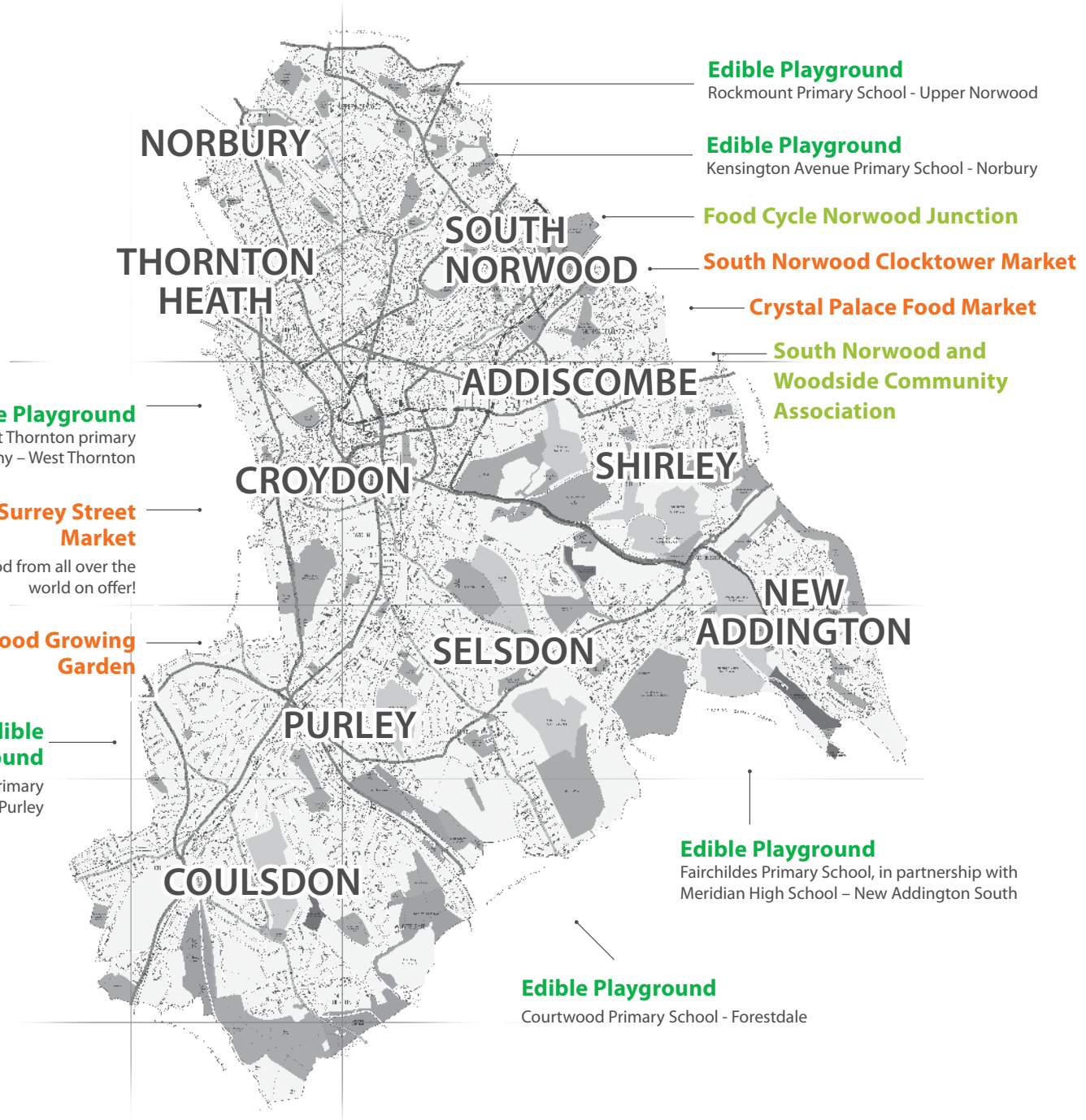
FOOD ACTIVITIES

Croydon has lots of food activities over the borough for residents to enjoy!

Our Edible Playgrounds

To help children understand where there food comes from, the edible playgrounds offer an engaging, multi-sensory way to teach children about growing and eating healthy food.





Surrey Street Market

There are several food markets that run across Croydon, the largest and longest established is Surrey Street Market which has been trading since 1276. The market sells a fantastic array of delicious fresh fruit and vegetables!



Lunch Clubs

There is a strong community in South Norwood and a very active volunteering tradition. There are a number of well-established lunch clubs which provide 3 free meals for the community every week, all on a voluntary basis and (almost all) run on donations of food from local suppliers.

South Norwood Community Kitchen

Every Saturday, a three course lunch, 12pm - 2pm,
South Norwood Baptist Church, 2 Oliver Ave, South Norwood, London SE25 6TY
www.southnorwoodcommunitykitchen.co.uk

Food Cycle Norwood Junction Project –Save food from going to waste, serving tasty meals for people in need of a hot meal and friendship. Every Friday, 7pm, Oasis Academy Rylands, Oakley Road, London SE25 4XG
www.foodcycle.org.uk/location/foodcycle-norwood-junction

South Norwood and Woodside Community Association

Offer a lunch club for older people. They have a relationship with the Shelverdine Goathouse, one of the local pubs which provided a Christmas lunch for the regular group and offered to host a summer lunch as a way to continue the support and welcome older people into the pub.

Crystal Palace Food Market

Started in 2013, initiated by The Crystal Palace Transition Town. The market aims to build and sustain the resilience of the community by:

- Supporting small sustainable farmers and ensuring produce stall holders have organic products.
- Supporting food growers
- Free of charge community stall for members of the community
- Supporting local food producers to cultivate and build their skills

Clocktower Market South Norwood

The market is a mix of craft and food held on the 1st Saturday of the month. The stalls vary but you can often grab some jerk chicken, curried goat, vegetarian options and a selection of meats.



FOOD POVERTY AND INSECURITY

Food poverty has been in the headlines a lot, as has the increasing use of food banks. Over the last few years there has been a change in how poverty impacts people and it is no longer just those people who are in households where no one works. At the time of this report, two thirds of children living in poverty live in a household where at least one parent works (2). A recent survey of 6000 Londoners found that 60% of those experiencing food insecurity were in full or part time work. The combination of low pay, insecure work and high housing and high childcare costs can all contribute towards poverty.

Within Croydon, 8,786 residents live in areas considered to be within the 10% most deprived in the whole country (3), (4). After housing costs, 30% (30,889) of children in Croydon (5), and 17% (10,701) of adults over 60 live in poverty compared to 16.2% in England (6). This will understandably have an impact on what and how people buy their food.

The map illustrates deprivation across the borough with the darker colours demonstrating the most deprived areas. Evidence shows that low income is often linked to a less balanced diet for a range of reasons; availability, and affordability being key.

Food poverty affects people in different ways and has many causes. For some it can be a temporary crisis and for others a long term issue.

19.8% (11,483) of children in Croydon are eligible for and receiving free school meals (7). It is worth noting that free school meals are mainly available to those whose parents are on a specified low income[1]. Evidence suggests that there will be many families who are not eligible for free school meals but are still struggling to feed their children. For many families, the school holidays are extremely difficult as they cannot afford the extra cost (£30-£40 a week) to feed their children and currently there is no statutory provision for children in the holidays.

[1]Eligibility criteria for free school meals: **www.gov.uk/apply-free-school-meals/croydon**

Quality not just quantity

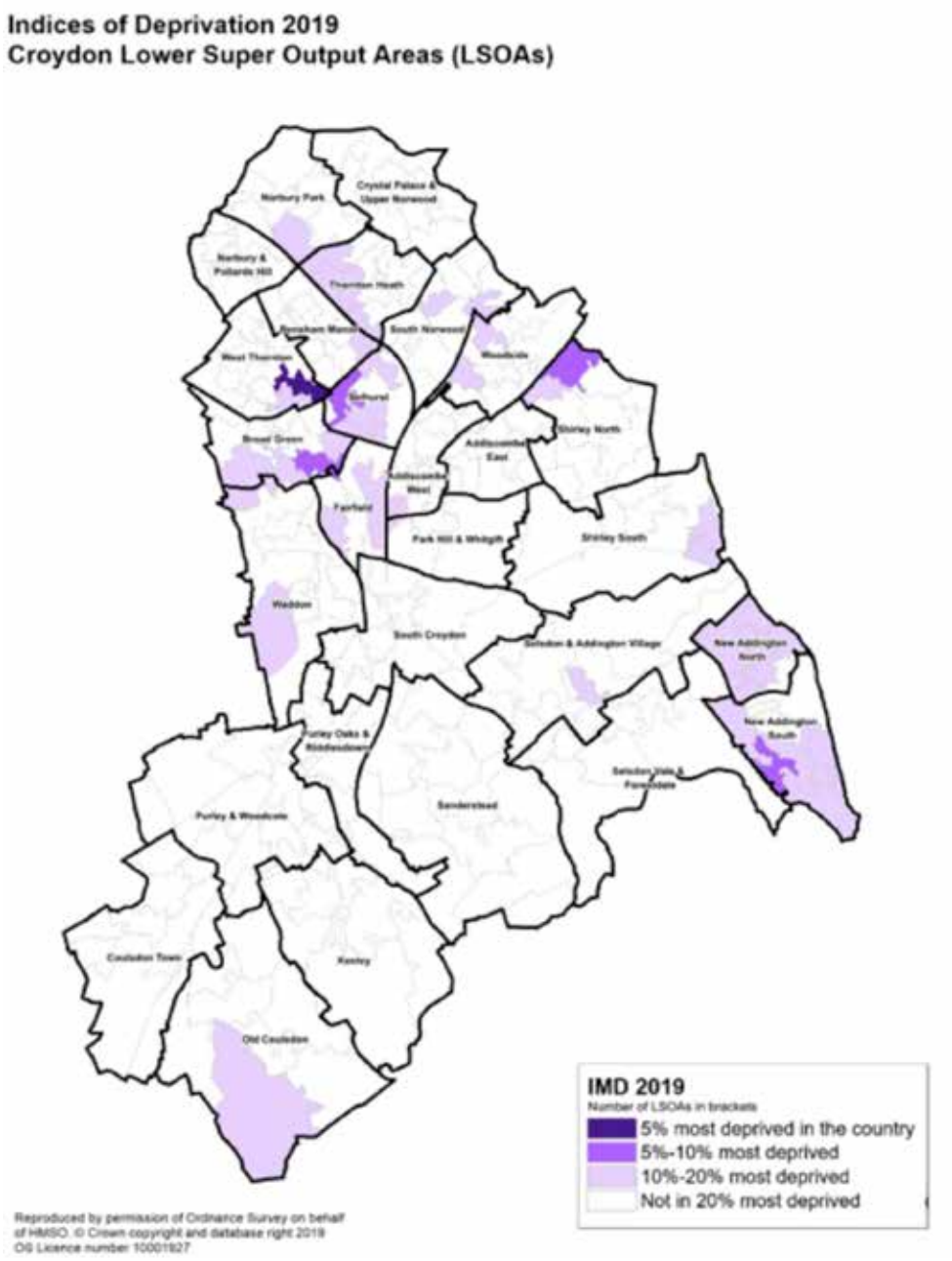
It is important that we consider the quality of food provided to those in need as well as the quantity. It is not just about hunger, but also about being appropriately nourished to attain and maintain health and generally a healthier diet is often deemed more expensive.

HOLIDAY FOOD AND FUN

During the summer of 2019, Croydon Council and Family Action worked in partnership to provide Holiday Food and Fun – a programme of activities and food for children and parents in Croydon. Holiday clubs provide a free meal during the holidays to help those who may go without and help relieve the pressure on many families. They can also help parents continue to work during the holiday, without the financial cost of childcare and more often than not, the clubs provide free activities so children don't miss out.

RECOMMENDATION

Sustain the work of the 2019 Holiday Food and Fun project to reduce summer holiday food insecurity; and schools to open their halls and kitchens to support the delivery.


Indices of Deprivation 2019
Croydon Lower Super Output Areas (LSOAs)
Norbury Park
Crystal Palace & Upper Norwood
Norbury & Pollards Hill
Thornton Heath
Bensham Manor
South Norwood
West Thornton
Woodside
Selhurst
Broad Green
Addiscombe East
Shirley North
Addiscombe West
Fairfield
Park Hill & Whitgift
Shirley South
Waddon
South Croydon
Sheldon & Addington Village
New Addington North
New Addington South
Purley Oaks & Riddlesdown
Selsdon Vale & Forestdale
Sanderstead
Purley & Woodcote
Coulsdon Town
Kenley
Old Coulsdon
IMD 2019
Number of LSOAs in brackets
5% most deprived in the country
5%-10% most deprived
10%-20% most deprived
Not in 20% most deprived
Reproduced by permission of Ordnance Survey on behalf of HMSO. © Crown copyright and database right 2019
OS Licence number 100019227





FOOD POVERTY AND INSECURITY

Food banks

In Croydon, we have a number of food banks and organisations offering food parcels to residents in need. Many of our council services are registered as foodbank referral partners and from April 2018 until August 2019 the councils Gateway service alone received 465 direct referrals from local foodbanks to help residents address the root causes to their crisis. We do not know how many people are actually accessing emergency food aid as we do not have access to one central system to capture the data. This is something I would like to change and is included in my recommendations so that we can understand the real situation here in Croydon.



MANY OF CROYDON'S FOODBANK USERS ARE REFERRED TO COMMUNITY CONNECT/FOOD STOP

Community Connect: The Food Stop uses surplus food to provide access to healthy food for residents as well as additional services and support via Community Connect who offer tailored pathways to employment, improved housing options and financial stability. The aim of Community Connect: Food Stop is to offer a hand up rather than a hand out. For a £3.50 membership fee residents can buy between £15-20 worth of fresh food (fruit, vegetables, meat, dairy and others). There are two food stops, one in New Addington and one in Thornton Heath.

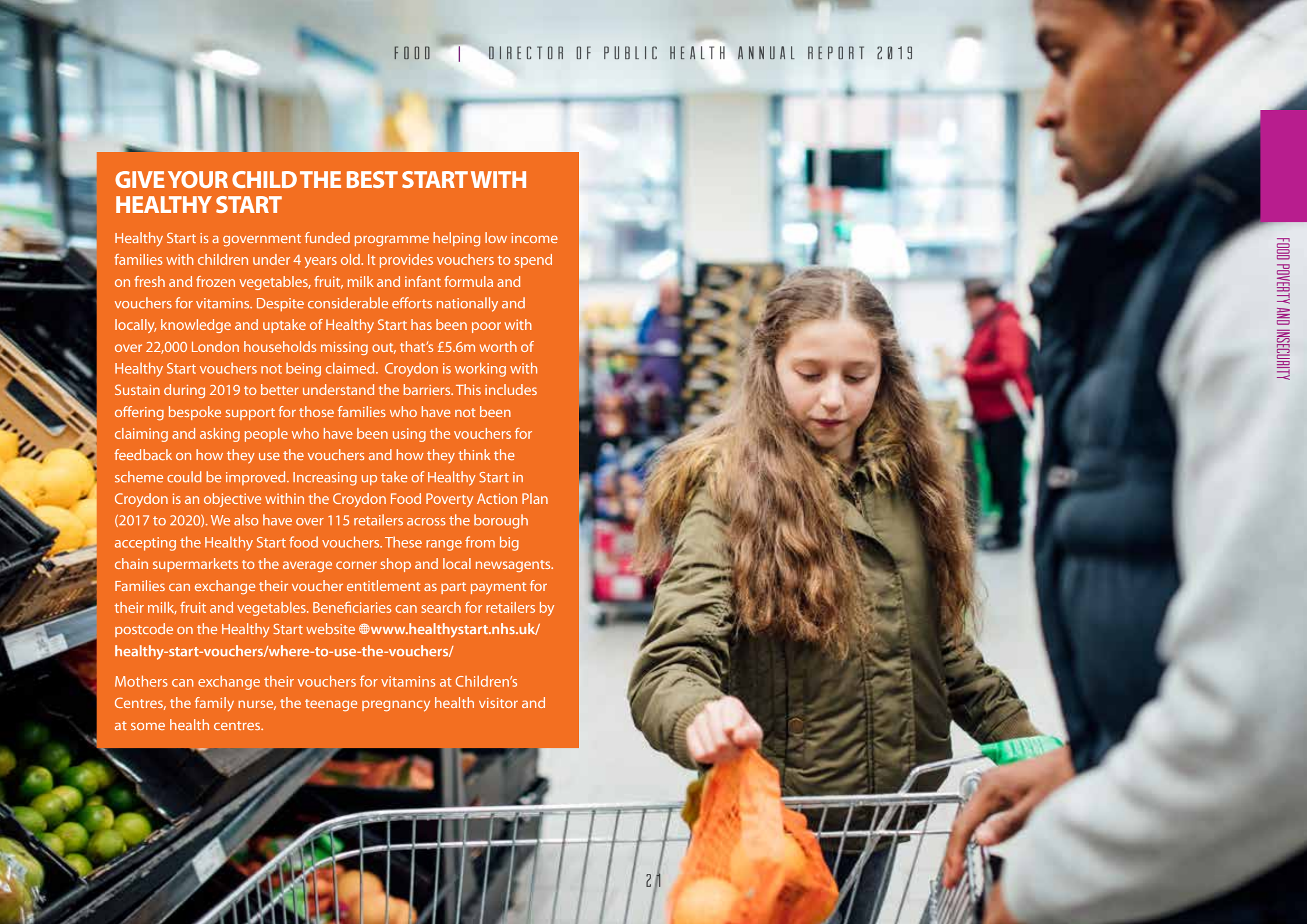


RECOMMENDATION

Develop a central system to capture the number of residents accessing emergency food aid.

Government: Develop a food poverty strategy with the aim of eliminating the need for food banks across the country by 2027.

Mayor of London: No food banks needed in London by 2024.



GIVE YOUR CHILD THE BEST START WITH HEALTHY START

Healthy Start is a government funded programme helping low income families with children under 4 years old. It provides vouchers to spend on fresh and frozen vegetables, fruit, milk and infant formula and vouchers for vitamins. Despite considerable efforts nationally and locally, knowledge and uptake of Healthy Start has been poor with over 22,000 London households missing out, that's £5.6m worth of Healthy Start vouchers not being claimed. Croydon is working with Sustain during 2019 to better understand the barriers. This includes offering bespoke support for those families who have not been claiming and asking people who have been using the vouchers for feedback on how they use the vouchers and how they think the scheme could be improved. Increasing up take of Healthy Start in Croydon is an objective within the Croydon Food Poverty Action Plan (2017 to 2020). We also have over 115 retailers across the borough accepting the Healthy Start food vouchers. These range from big chain supermarkets to the average corner shop and local newsagents. Families can exchange their voucher entitlement as part payment for their milk, fruit and vegetables. Beneficiaries can search for retailers by postcode on the Healthy Start website **www.healthystart.nhs.uk/healthy-start-vouchers/where-to-use-the-vouchers/**

Mothers can exchange their vouchers for vitamins at Children's Centres, the family nurse, the teenage pregnancy health visitor and at some health centres.

FOOD POVERTY AND INSECURITY

The cost

In 2016/17 the average household spent £43.18 per person per week on all food and drink. This includes alcoholic drinks and eating out (8). The percentage of income spend on food continues to be highest for households with the poorest 20%, at 14.3% in 2016/17, although the gap is closing (8). Food is the largest item of household expenditure for low income households, after housing, fuel and power costs.

Do healthy diets have to be expensive?

This is more complex than many people think and it's not really a yes and not really a no – there is an inequality dynamic involved. In 2016 the chair of the Royal College of GPs said fruit and veg were so costly that it was 'unrealistic to expect people on low incomes to eat their five-a-day'. As five-a-day goal is sometimes suggested to be ten-a-day, the food foundation said that those on low incomes would find eating ten portions of fruit and veg a day 'impossible'. There is a complicated relationship between where food can be purchased, if it is bought from a local shop or a supermarket chain, how much can be afforded or carried? It is not just as simple as saying that things can be bought cheaply if, in your area they can't be. And it doesn't matter if you can buy the raw ingredients cheaply if you don't know how to cook them. In many households there are people who haven't had cooking skills passed onto them and this is one of the skills that we need to encourage.

A new report from the institute of economic affairs has shown that rice, pasta and potatoes can, in many places purchased for less than 5p per serving. Apples and pears can be bought for less than 10p and bananas, oranges and grapes cost less than 30p per serving. A serving of 80g of carrots, peas, cabbage or tinned tomatoes costs less than 8p. You can, taken together, have your ten-a-day for less than 60p and a nutritious, although basic, diet for less than £1 a day.

However let's look at the price of other foods. The cheapest ready meals cost at least £1 each. Sugar and fat rich snacks invariably cost more than pears or apples. 80g of crisps is four times more expensive than 80g of banana or broccoli. High sugar drinks don't just cost more than water, but they are typically more expensive than low sugar soft drinks such as sugar-free orange squash or diet lemonade.

Diet versions of most products cost the same as their originals. Skimmed milk costs the same as whole milk, light mayonnaise costs the same as full-fat options and white bread costs the same as brown.

However, when eating out, less healthy options are relatively cheap in comparison to the healthy options, such as a portion of chips compared to purchasing a readymade healthy salad. The cheapest food is less likely to be fresh and higher in calories, which is sometimes more filling.

And here lies one of the challenges around healthy eating. In today's fast paced society we find ourselves looking for fast, convenient and tasty food which can often lead to the abundance of fast food outlets.



RECOMMENDATION

By the time a child leaves school they should be able to cook from scratch at least 5 different types of savoury meals that they enjoy and are affordable.

The charity Sustain, recommend the following actions to develop a local response to food poverty and the factors that drive it. Croydon has currently achieved or is working towards completing all of the 10 recommendations.

Sustains Recommendation	Achieved	Working Towards
1. Have a comprehensive plan to reduce food poverty which would include these subsequent recommendations.	✓	
2. Have a designated Healthy Start coordinator and an integrated programme of activities to reach a minimum local uptake for 80% uptake.	✓	
3. Increase the prevalence of breastfeeding by working towards Unicef UK Baby Friendly accreditation.	✓	
5. Improve the implementation and uptake of free school meals.	✓	
6. Ensure that all children have access to nutritious food 365 days a year.		✓
4. Take action to ensure that statutory provisions for children are sufficient and used to deliver concrete actions to tackle food poverty.		✓
7. Lead on activities to improve physical access to good food by working with planners, retailers and caterers.		✓
8. Become an accredited London Living Wage employer.	✓	
9. Reinvigorate provision of meals on wheels, developing a 'more than the meal' approach.		✓
10. Minimise the burden of Council Tax payments for residents on low-income.		✓



FOOD FOR THOUGHT

Tips to help you eat on a budget

- Write a shopping list and plan your meals so that all your ingredients are used - don't forget to freeze any unused food.
- Buy frozen fruit and vegetables, they are just as good for you and are sometimes cheaper than the fresh version.
- Cook with beans , lentil and peas – they are cheaper than meat and fish and packed with fibre.
- Cut back on takeaways and try cooking your own meal from scratch - recipes can be found on thechange 4 life website **www.nhs.uk/change4life/recipes**

As a result of the hard work taking place in Croydon to tackle food poverty, we have recently been recognised as being the 2nd best borough (out of 33 London boroughs) for leading the way in tackling food poverty.

FOOD THROUGHOUT LIFE

Food is often a focal point in our lives. It is vital for our physical survival but it is also a source of pleasure and it brings us together, whether for an evening meal, meeting up with friends and family, a celebration, or simply grabbing a sandwich with a colleague. Whenever we eat, whoever we eat with, most of us will think at some point about whether the type of food and how much we are eating is 'good' or 'bad' for us. As we can see from the stories in the press, what we eat, and how much we eat plays a vital role in our health and wellbeing. But the decisions we make about food are not simple and there are many things which influence what we choose or can do.



What affects our view of food and what we prefer to eat?

What we eat is influenced by our health beliefs, which in turn are influenced by our culture, family and wider factors (9).

Our attitudes towards food are also affected by what is called 'learnt behaviours' which we adopt from early childhood. Research has found that 56% of the differences between how quickly people feel full when eating, and 40% of the differences in how much they enjoy food are explained by their learnt behaviours (11). The availability of different foods, parental role modelling, food being used as a reward, television viewing and child parent interactions around food are of vital importance and will have an impact on learnt behaviours (12).

Since the 1940's we have known (13) that what women eat before (and during) pregnancy can have a lasting impact on our children. In my 2018 annual report, Early Experiences Last a Lifetime, I detailed that there is a large and growing body of evidence that good health before pregnancy provides the best start for children and what we eat contributes to this good health (14), (15), (16), (17). A baby's development in the womb is not only linked to their mother's diet while pregnant, but also on the nutrients and fats that have been stored through her lifetime (18), (19). Taking folic acid before pregnancy can prevent some infants from suffering severe problems with the formation of their spine and nerves (20). We also know that women living in the least deprived areas are more likely to take folic acid (21) and using the national rates we have estimated that 1200 babies each year in Croydon have mothers who did not take folic acid before pregnancy.



Pregnancy & infancy (0-4 years)

Childhood & early adolescence (5-14 years)

Childhood & young adulthood (15-25 years)

Working age/ adulthood (26+years)

Retirement & later life (65+ years)

AT DIFFERENT STAGES IN OUR LIVES, OUR REQUIREMENTS FROM FOOD CHANGES

FOOD THROUGHOUT LIFE

Food and pregnancy

You may have heard the phrase "eating for two" while pregnant, but babies don't actually need this (16). We do not need to eat any more in the first six months of pregnancy and we only need an extra 200 calories per day in the third trimester, that's about two slices of buttered toast (17). Eating well during pregnancy is vital (22) as babies in the womb whose mothers don't eat well may have higher risk of diseases in later life such as coronary heart disease, diabetes, stroke and hypertension (23).

Snacks approximately around the 200kcal mark



Toast with butter 40g of porridge with semi skimmed milk and some fruit

Aside from folic acid, there are other vitamins and minerals important for pregnancy. Some people, for example, may need to take more vitamin D. A deficiency in iron in pregnancy can harm the development of the child and a supplement may be advised if women are not getting enough from their diet (24). Other important nutrients in pregnancy include vitamin C and calcium, which can be obtained through a balanced diet (22).

Food, childhood and early adolescence

Babies receive all nutrients they need in the first six months of their life through milk. It is recommended that mothers should exclusively breastfeed for the first six months, if possible (25). While there is clear evidence that breast milk gives babies the best start in life, infant formula can be used (20). Breastfed babies are less likely to be overweight and obese or have type 2 diabetes (26) and it also helps bonding between mothers and their babies (27). The cost to the NHS every year of treating just five types of illnesses linked to babies who were not breastfed is at least £48 million (28).

In England, 74% of mothers start to breastfeed, with 44% breastfeeding at six weeks and only 1% exclusively breastfeeding until six months (29). Older mothers and some BME groups are much more likely to breastfeed, whereas young, white mothers working in routine and manual jobs and who left education early are least likely to breastfeed (28). If more mothers in low income families were supported to breastfeed exclusively during the first six months their babies health inequalities would be reduced (29). In my 2018 annual report a key recommendation was to achieve level 3 of the UNICEF Baby Friendly award and I am delighted that our local health services will be applying to receive this highest level of accreditation for their breastfeeding services in 2020.

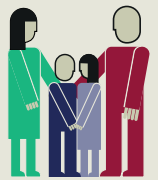
Breastfeeding supports families and communities[19]



Breastfeeding can help to reduce health inequalities for babies and improve their life chances

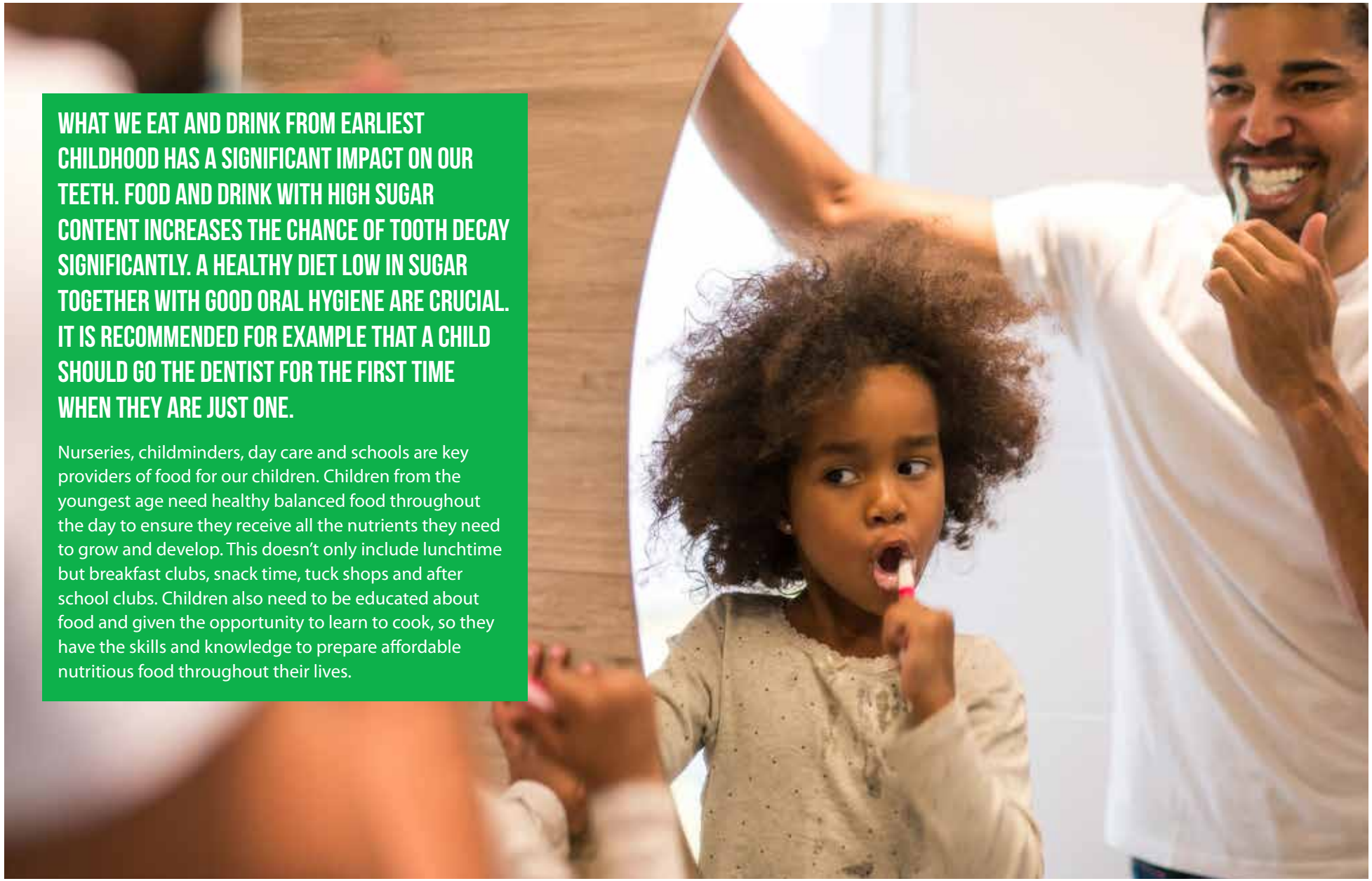


Breastfeeding can support family budgets – less illness and time off work, feeds babies for significantly less



Families benefit from the inherent relationship building that breastfeeding brings

Source: PHE Commissioning Infant feeding service 2016 (30).



WHAT WE EAT AND DRINK FROM EARLIEST CHILDHOOD HAS A SIGNIFICANT IMPACT ON OUR TEETH. FOOD AND DRINK WITH HIGH SUGAR CONTENT INCREASES THE CHANCE OF TOOTH DECAY SIGNIFICANTLY. A HEALTHY DIET LOW IN SUGAR TOGETHER WITH GOOD ORAL HYGIENE ARE CRUCIAL. IT IS RECOMMENDED FOR EXAMPLE THAT A CHILD SHOULD GO THE DENTIST FOR THE FIRST TIME WHEN THEY ARE JUST ONE.

Nurseries, childminders, day care and schools are key providers of food for our children. Children from the youngest age need healthy balanced food throughout the day to ensure they receive all the nutrients they need to grow and develop. This doesn't only include lunchtime but breakfast clubs, snack time, tuck shops and after school clubs. Children also need to be educated about food and given the opportunity to learn to cook, so they have the skills and knowledge to prepare affordable nutritious food throughout their lives.

FOOD THROUGHOUT LIFE

Croydon currently has 7 Food Flagship schools that aim to take a whole school approach to healthy eating and food education and more are being recruited. These schools are working towards moving children and adults away from sweet and fizzy drinks and foods high in fat, salt and sugar. The Flagship schools are helping to entice pupils back to school dining halls and increase the uptake of school meals by offering more nutritious menus and improving the overall dining experience.

As children get older they gain more freedom and have greater choice over the foods they eat. Whether this is on the journey to and from school, walking past newsagents and fast food outlets or during their lunch break. Research among secondary school children found that 80% of pupils ate from shops surrounding their school at least once a week and this increased to 97% among those who were allowed out at lunchtime (30).

Next time you are near a school, take a look at the surroundings and see what is on offer.



ST. MARY'S CATHOLIC PRIMARY TRUST - FOOD FLAGSHIP SCHOOL

As part of the Croydon Food Flagship Programme, St. Mary's became a Food Flagship School in September 2017 and embarked on a 2 year plan to improve food provision and education across the whole school community. They have made some incredible changes such as reducing sugar by 10% in all puddings and main meals (such as sauce based dishes) and on Wednesday's they only have fruit and yoghurt for pudding. The whole school is now water and milk only and they have created a new teaching kitchen for students and families to utilise after school and in the holidays.

RECOMMENDATION

Mandatory for Ofsted to include food inspections in their framework.

Mandatory for early year settings to join Healthy Early Years London.

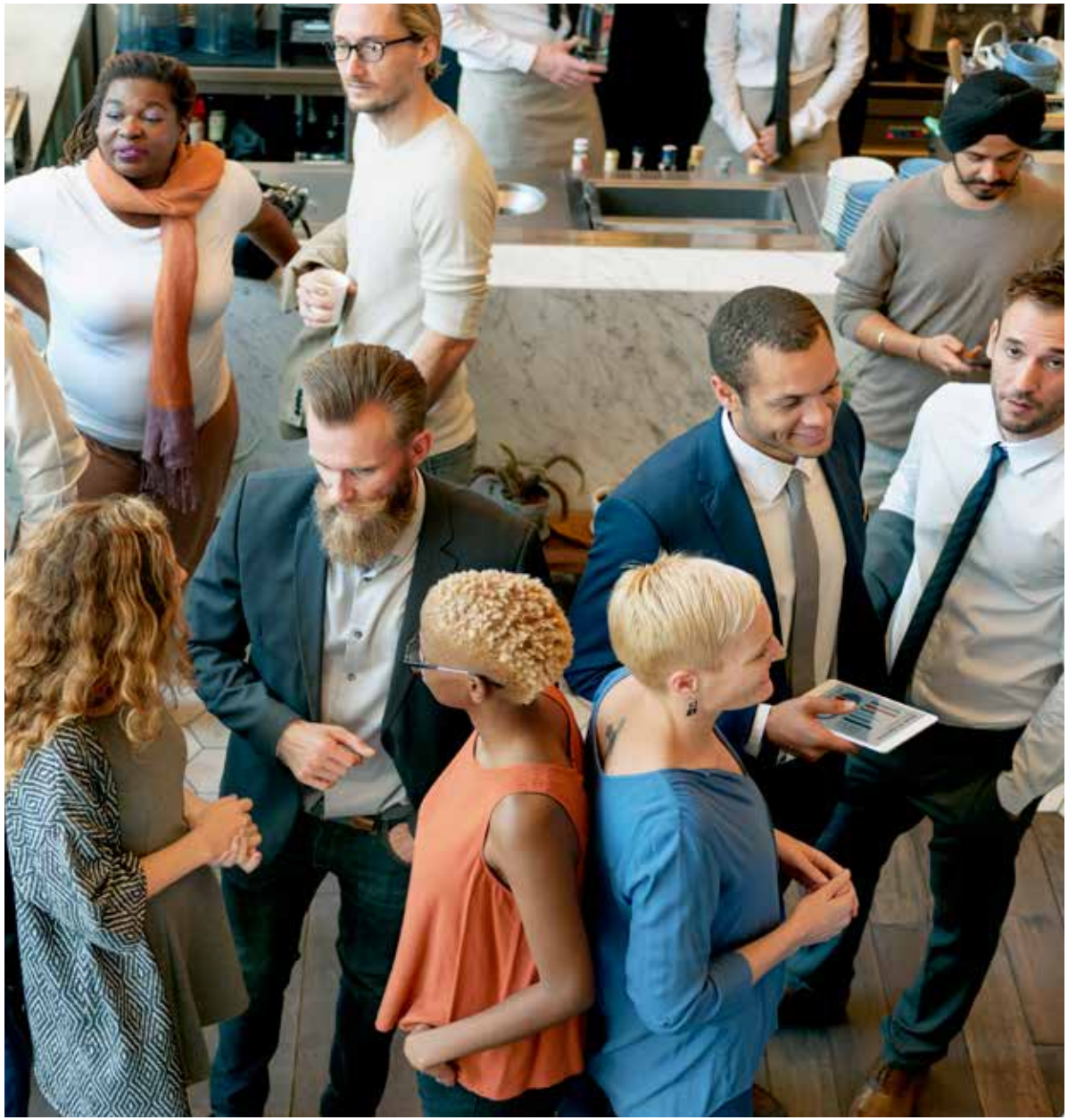
Food and working age adulthood

Croydon has the third highest number of working age adults in London. The 55-59 and 60-64 age groups are predicted to grow the most by 2025 (33).

Starting work and the changing lifestyle that comes with working can change the way we eat. A study found that irregular work hours, a busy lifestyle, low willpower and unappealing food were seen as the main barriers to healthy eating in the workplace (34).

The workplace has been identified as an ideal location to promote healthy lifestyles, including healthy eating. People eat most of their meals during the working day and the benefits of eating healthy at work can result in improved health and attendance (35). One study found that providing free fruit in the workplace, increased the variety of fruit individuals consumed, not only at work but also at home (36).





FOOD THROUGHOUT LIFE

What do you eat at work?

A typical working day may start with the alarm going off and a slight sense of urgency to get ready and on the way to work, regardless if you a 9-5er or on shift work. Do you eat breakfast? For some, breakfast helps them start the day but it is important you eat the right food at breakfast and watch out for the sugary cereals or the lure of the fry up on a regular basis.

Coffee or tea time - how much sugar, milk do you add? What about biscuits? And no that wasn't an offer, do you reach for the biscuits as a reward for doing something at work, maybe even being in work?

So now to lunchtime - do you make time to eat? If so what? A sandwich, something you made at home, a meal deal with a bag of crisps and a snack to keep you going on the last stretch and then home. Sound familiar? Looking back on your day, would you have eaten any fruit or veg or had any water?

A busy work day can sometimes lead to long periods of time without eating. Research has found that those who go longer between meals are more likely to consume extra calories and choose foods high in sugar and fat (37). The office cake culture has also crept in and a recent study found that a third of respondents suggested office cake had led to weight gain (38). We all know how easy it is to reach for the cake or biscuit tin when feeling a bit tired and not only that, it provides an opportunity to have a catch up with a colleague. That said, (and I don't want to ruin everyone's day by suggesting we never have cake in the office) could you keep cakes and sweet treats for special occasions and offer a healthy alternative to cake instead?

For those that work nights or do shift work it can be difficult to eat well, whether it's because quality sleep is lacking or due to the change of shift schedules and the body not adapting to the change in patterns. In the 2013, health survey for England (39), it was reported that shift workers were more likely to experience general ill health and consume less fruit and veg to those who didn't work shifts. A suggestion to help with eating better whilst working a shift is to try having smaller healthy snacks throughout the shift which might help improve alertness, digestion and the temptation to reach for the sweet treats!

Signing up to the healthy workplace charter can support workplaces to improve the food offered to employees. www.london.gov.uk/what-we-do/health/london-healthy-workplace-award/about-london-healthy-workplace-award



RECOMMENDATION

All workplaces provide free fruit and vegetables and implement 'cake on occasion' in the workplace.

Add some fruit, veg and healthy snacks to your working day, why not try some of the suggestions below.

Breakfast: A fruit smoothie, banana on toast, yoghurt and fruit, porridge with fruit.

Mid-morning: A piece of fruit, malt loaf, plain popcorn, crackers

Lunch: A chicken salad sandwich, vegetable soup, or a veggie wrap.

Afternoon: Raw veg sticks with hummus, fruit, small portion of unsalted nuts.

Don't forget to drink your water – keep a reusable water bottle with you and drink throughout the day. You can also find out about the Refill app further on in this report.

Food and menopause

It is important to eat a healthy balanced diet regardless of your life stage but for menopausal and post-menopausal women, a healthy diet can help prevent osteoporosis which is associated with lower levels of oestrogen (which occurs during the menopause) and a healthy diet can also help reduce the risk of cardiovascular disease which increases post menopause (40). Calcium and vitamin D are both important for bone health with vitamin D helping the absorption of calcium from foods. Milk, cheese, yoghurt sesame seeds and dried figs are all good sources of calcium (40). It is also important to cut down on your saturated fats (things like butter and cream) and replace them with unsaturated fats (things like olive oil). As part of the menopause, physiological changes can mean that some women put on weight so it is important to try and eat a healthy balanced diet and to try and keep as active as possible.

Food in later life

The older population have a wealth of food and cooking experience to offer and Croydon has the third highest number of people aged 65 and over in London (33). With age our risk of certain conditions increase and more of us are now living longer. With this in mind, it is important we continue to follow a healthy diet so that our extra years are lived as well as possible and are disease free. It is important to eat a varied diet with plenty of fruit, vegetables, fibre and little salt (41). One in ten people over the age of 65 are at risk of malnutrition or are malnourished (42) and for some older people, eating and drinking enough to maintain their health and wellbeing can be difficult. Tastes change and appetite can also decrease leading to unintended weight loss which can have a serious impact on someone's health. Having smaller meals and snacks can help with appetite loss rather than having three large meals and eating with someone can sometimes help improve appetite. Join a friend or try your local community group or lunch club. **www.ageuk.org.uk/services/in-your-area/**.



DIET

A healthy diet helps reduce the risk of cardiovascular diseases, cancer, diabetes and other conditions linked to obesity (8). The Eatwell Guide is a really useful way of helping us achieve a healthy balanced diet. The Guide is suitable for all ethnic groups, vegetarians and vegans; the only group it isn't suitable for is children under the age of 2, because they have different food needs.

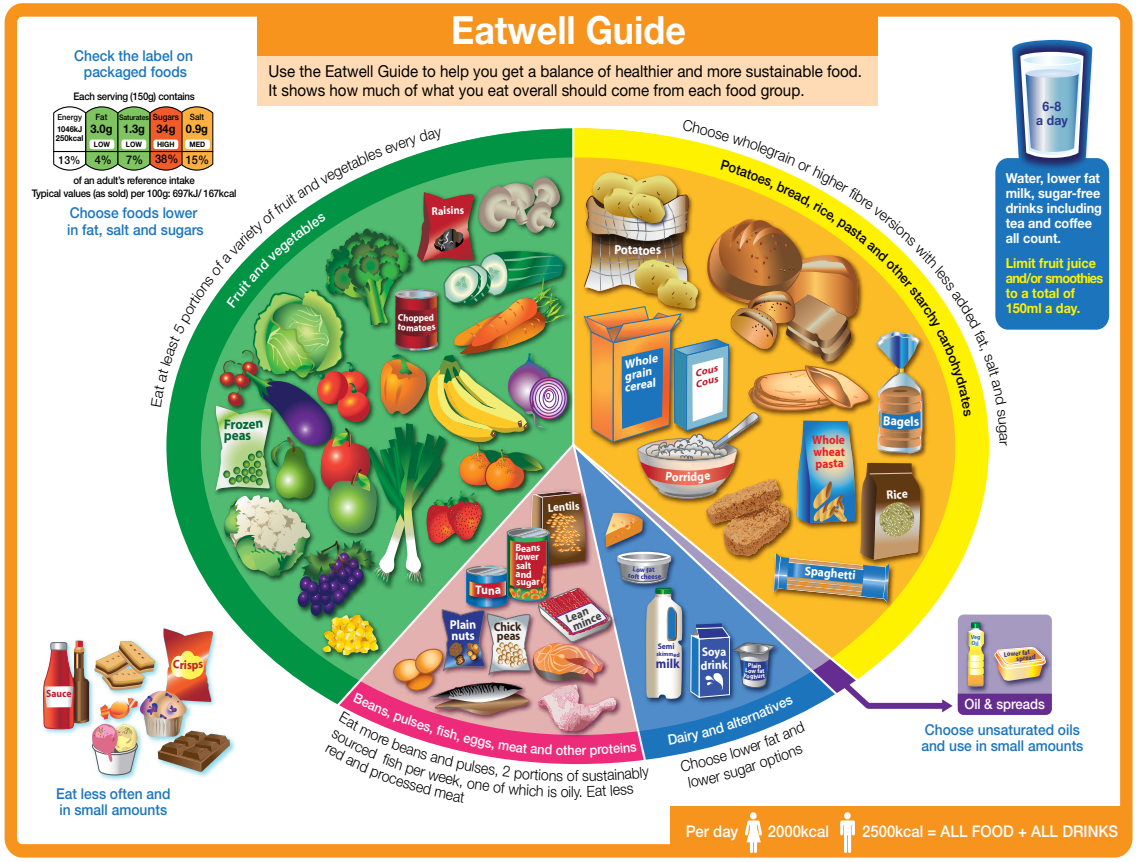
It's recommended that on average men have around 2,500 calories a day and women should have around 2,000 calories a day.

There are lots of different tools out there to help us keep track of the calories in our food, these are some I like:

The One You campaign: 400 600 600

Public Health England's One You campaign offers some top tips to help keep calories on track. They suggest 400 calories for breakfast, 600 calories for lunch and 600 calories for dinner, allowing room for healthy snacks and drinks in between (43).

Why not try using the 400 600 600 and the Eatwell Guide to support your journey to maintaining a healthy weight. You can find out more at: **www.nhs.uk/oneyou**



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

© Crown copyright 2016

Know your portions

With restaurants now offering huge portions, drinks coming in extra-large sizes and snacks sold in king-sized packages, it can be really difficult to know how much to eat. It's also increasingly difficult to avoid eating more at home. The size of dinner plates, glasses and cake tins have all grown over the last 20 years. As it all gets bigger, bigger becomes the new normal. Modern portion sizes on average contain 50-150 extra calories when compared to portions a few decades ago. This extra 100 calories a day can pack on an extra 10 pounds of weight in a year!

Even some meals that look 'normal' in size can add up to an entire day's calorie allowance. A large portion of chips can add up to 1,000 calories, with a drink and a burger added in you can end up having more than 2,000 calories in just one sitting. And this is pretty common, with 96 percent of restaurant meals exceeding recommendations for fat, salt and overall calories (44).

RECOMMENDATION

All restaurants and fast food takeaways show the amount of calories for each portion (as part of Eat Well Croydon).

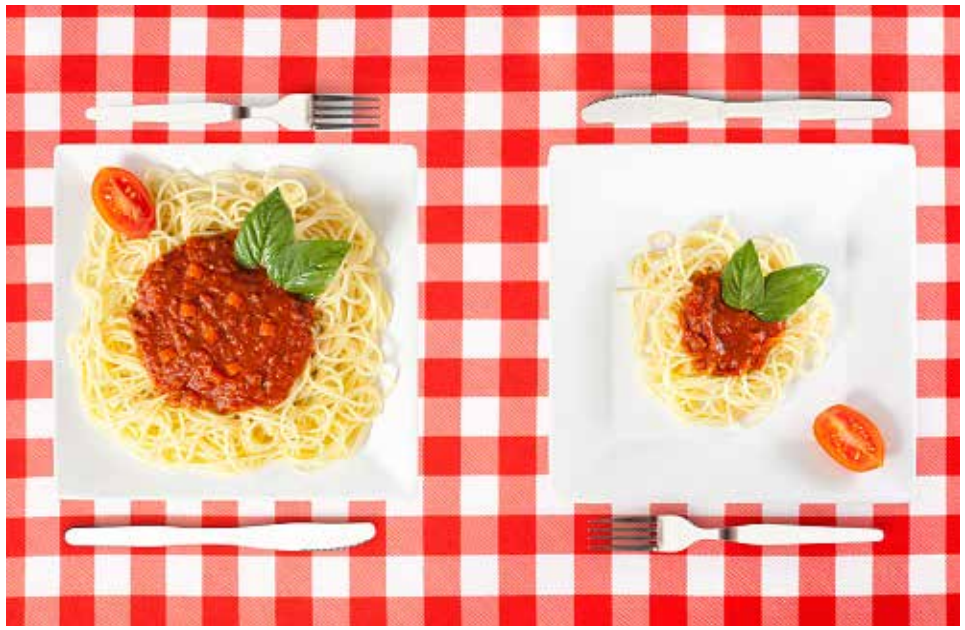
Take a look at the pictures below to see the size a healthy portion should be.

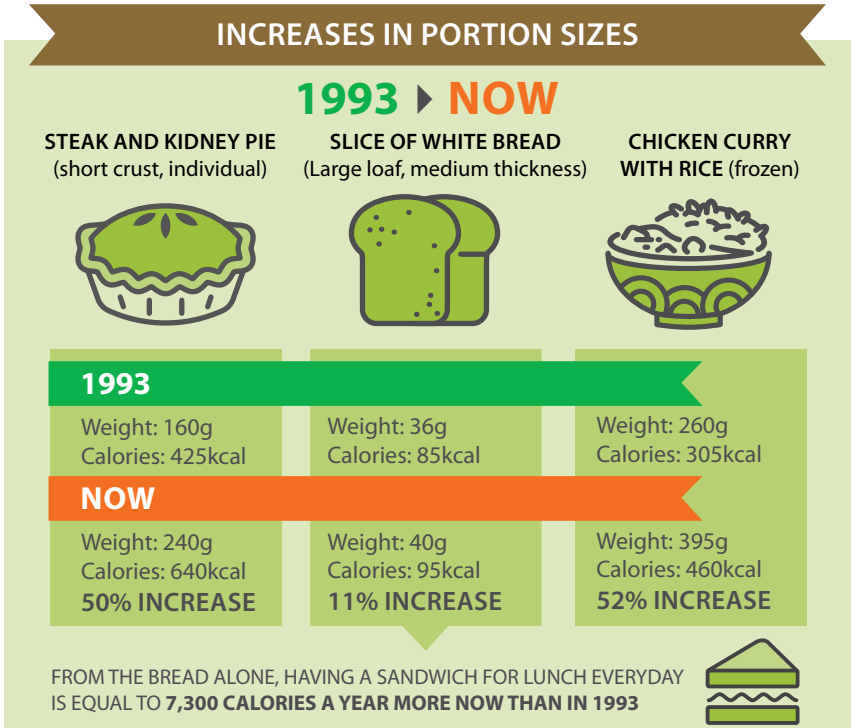


DIET

The Croydon Plate

Growing up, many of us were told to eat everything on our plate - there were lots of reasons why. I am aware of others who never had enough to eat and getting a decent amount of food was a luxury that was to be sought at every opportunity as you never knew when the next meal was. These experiences develop habits that mean plate clearing is expected even when you feel full and with portion sizes increasing over the years so is our calorie intake. It's not just portion sizes increasing but also our tableware such as dinner plates and glasses. In the 1950's the average dinner plate was 9-10 inches, now it is more likely to be 12 inches or larger and the evidence has shown that we tend to consume more food and drink when offered larger sized portions or when using larger plates and glasses (45). And yes plate sizes still tend to be in imperial sizes in the UK.







WHAT SIZE IS YOUR DINNER PLATE?

Why not try the smaller and shallower 9 inch plate, alongside cutlery that holds smaller mouthfuls – you might be surprised how this one small change might have a big impact.

RECOMMENDATION

Ditch the large dinner plate and try a 9 inch plate for your main meal.

FOOD FOR THOUGHT

- Eat with small plates and bowls.
- Eat slowly as it takes around 20 minutes for your stomach to tell your brain you are full.
- Aim to have two portions of vegetables on your plate.
- Turn off the TV so you notice what you are eating.
- Weigh your food and you may be surprised at how much one portion size is.

DIET

Nudge nudge

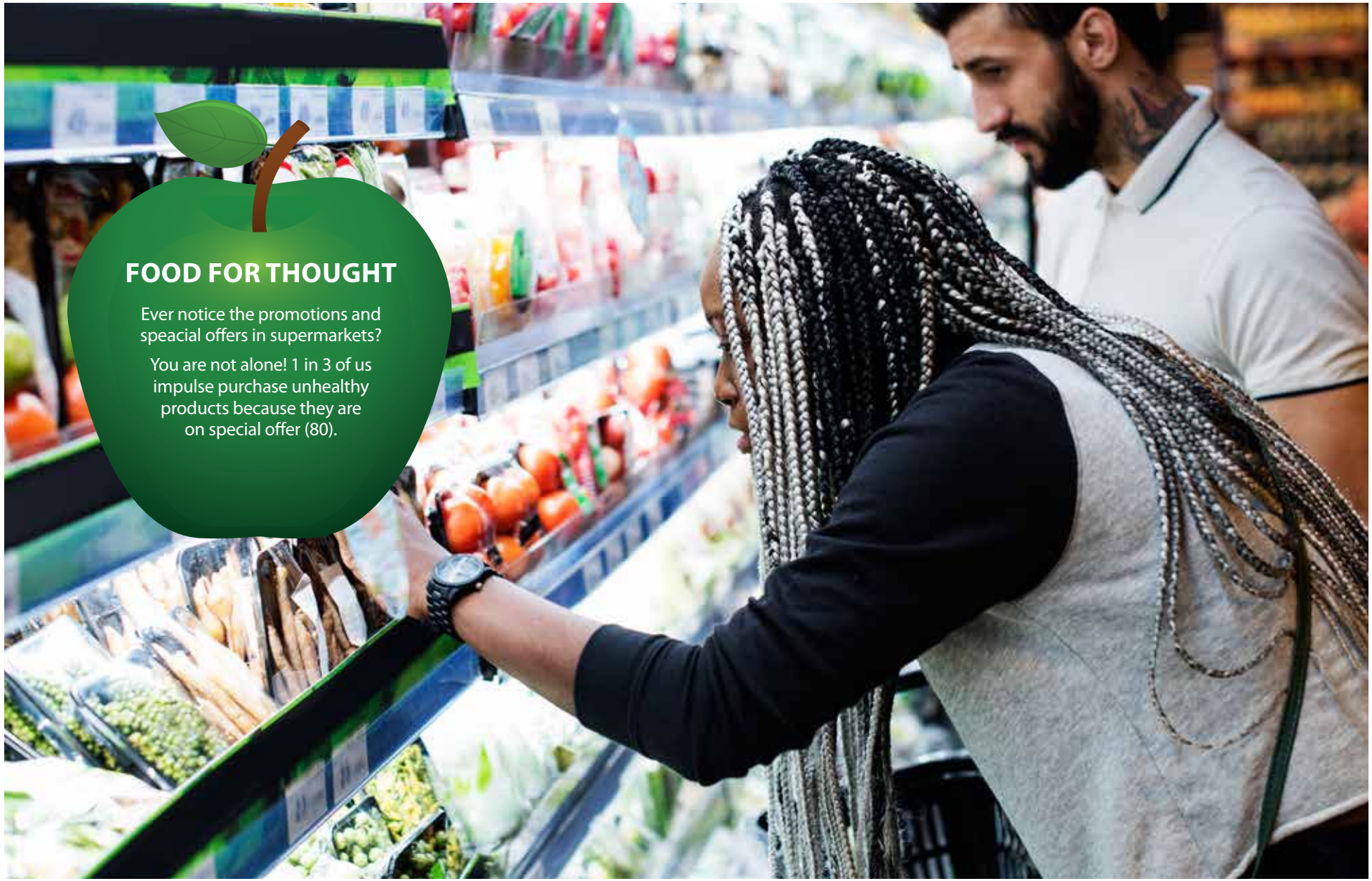
Have you ever thought about what you buy in the food shop? Items placed at eye level may be purchased more frequently than those nearer the floor (46). Thaler and Sunstein (47) state that a 'choice architecture' exists, where outside forces guide a person's decision, like supermarkets putting a specific food at eye level to encourage people to buy it or restaurants serving smaller portion sizes and using smaller plates to give the perception that the portion size hasn't changed. These are known as 'nudges'. Research has shown that nudges can positively increase an individual's healthy food choices (46) and they can be used as a low cost option to improve individual's lifestyle choices. Retailers, such as supermarkets can play a vital role in enabling families and individuals to make healthier choices. According to the Food Standards Agency's criteria, 89.5% of products on display at children's eye level, in UK supermarkets were unhealthy (48).





RECOMMENDATION

Work with food retailers and food outlets to use nudge theory techniques to promote healthier products in the first instance.



FOOD FOR THOUGHT

Ever notice the promotions and speacial offers in supermarkets?

You are not alone! 1 in 3 of us impulse purchase unhealthy products because they are on special offer (80).

DIET

Vegetarian, vegan, flexitarian and pescatarian

I couldn't talk about food without making some reference to the range of dietary choice that cuts across society. Many people either through faith, cultural beliefs or personal choice choose specific diets. As someone who has been vegan and was lacto vegetarian, I felt that I should make reference to these diets and do a little unpacking about some of the types of diets that people have.

Vegetarian - a diet with no meat or fish, some vegetarians may eat dairy products like milk and eggs.

Vegan - a diet with no meat or fish, with no animal products like milk or eggs.

Flexitarian - a semi-vegetarian diet with much less red meat, less chicken, fish and dairy but increased vegetables, beans and plant based food.

Pescatarian - a diet with no meat, but does allow fish.

Vegetarian

A vegetarian diet consists of grains, pulses, legumes, nuts, seeds, fruits and vegetables and other non-animal based foods (49). What many people don't realise is that there are different types of vegetarian diets and I've included four of the main vegetarian types below:-

Lacto Vegetarian:
Eats dairy products but not meat, fish or eggs.

Ovo Vegetarian:
As Lacto but also eats eggs.

Jain Vegetarian:
As Lacto but eats no vegetables which grow underground.

Allium Vegetarian:
As Lacto but eats no onions or garlic.

For more information on the different vegetarian types and exceptions and restrictions please visit **www.vegetarianUK.org**

Vegan

A vegan diet contains only plants and plant based protein e.g. vegetables, grains, beans, nuts and pulses and food made from plants (50) such as bread, rice and pasta. Vegan diets tend to contain a lot of iron but the iron can be harder to digest than that coming from meat. Vitamin B12 which we need to help maintain a healthy nervous system is only found naturally in animal sources so people following vegan diets may need to take supplements. Small amounts of Vitamin B12 are found in cereals, yeast extracts and non-dairy milk (51).

To help regulate the amount of calcium in the body, we need vitamin D, exposure to sunlight is the best way, but you can also get small amounts from breakfast cereals and unsweetened soya drinks (51).

Vegetarian and vegan diets are becoming increasingly popular, partly due to perceived health benefits, the environment and animal welfare (52). The evidence is not clear as to whether one diet is better than the other but what we do know is that by following the Eatwell Guide and eating a heathy balanced diet, we can improve our health.

Flexitarian

44% of people in Britain are willing or have tried eating vegetarian food (53). This gives us a great opportunity to increase the diversity of the food we buy from restaurants and shops. Flexitarians may eat meat but will choose to eat vegetarian associated food as little or as often as they like.



Pescatarian

A pescatarian will eat fish and other seafood's along with pulses, grains and vegetables. Meat is excluded and in some cases dairy is also excluded (54). If we eat a healthy pescatarian diet that includes unprocessed, low sugar, low salt vegetarian type foods and the fish options include lean white fish and fish that contains omega 3, for example, salmon, tuna, mackerel; we are more likely to reduce our risk of living with type 2 diabetes, high blood pressure and heart disease. The pescatarian diet can be linked to a mediterranean diet as it includes fresh fruit and vegetables which is also associated with reducing our risks of living with cardiovascular disease.

Whatever diet you prefer, do your research and be confident you are taking the right amounts of vitamins and minerals. Ever heard the saying 'if you fail to plan you could be planning to fail?' the same goes with your diet. If you plan well and make sure that what you are eating gives you enough calcium, iron and Vitamin B12 you can get all the nutrients you need.

What does the label say?

Knowing whether a food is high or low in fat, salt or sugar can sometimes be tricky. Different shops have different branding and it can all get a bit confusing! **Have you noticed the traffic light system used on some foods?**

Red, amber and green

Colour-coded nutritional information tells you at a glance if the food has high, medium or low amounts of fat, saturated fat, sugars and salt (55):

- red means high
- amber means medium
- green means low

You can also follow the guidelines below to tell you if a food is high or low in fat, saturated fat, salt and sugar – why not take note and check next time you pick up a sandwich.





FOOD FOR THOUGHT

Ingredients are often listed on the back of food packaging and are listed in order of weight. So the main ingredients will always come first. For example if you see butter or cream at the top of the list, then the food will be high in fat.

Total fat

High: more than 17.5g of fat per 100g

Low: 3g of fat or less per 100g

Saturated Fat

High: more than 5g of saturated fat per 100g

Low: 1.5g of saturated fat or less per 100g

Sugars

High: more than 22.5g of total sugars per 100g

Low: 5g of total sugars or less per 100g

Salt

High: more than 1.5g of salt per 100g (or 0.6g sodium)

Low: 0.3g of salt or less per 100g (or 0.1g sodium)

DIET

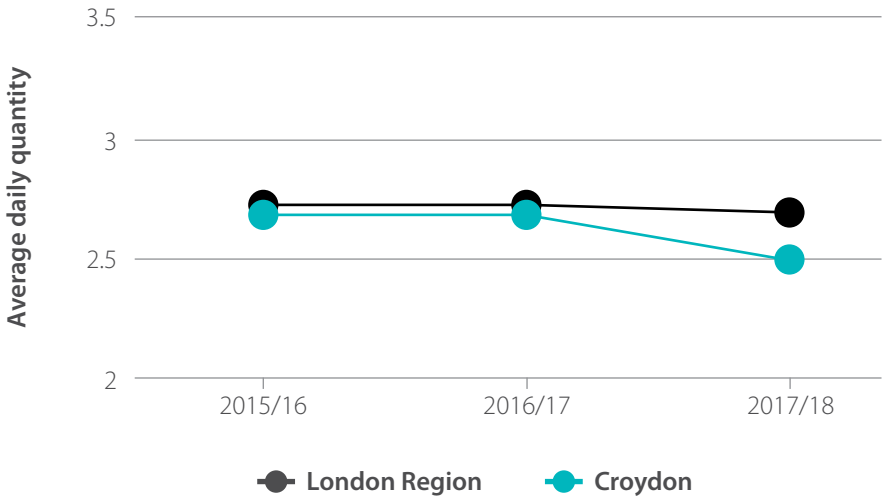
Five a day

Many of us have heard of 'five a day' when it comes to fruit and vegetables, eating plenty of fruit and veg helps reduce our risk of disease and keeps us healthy.

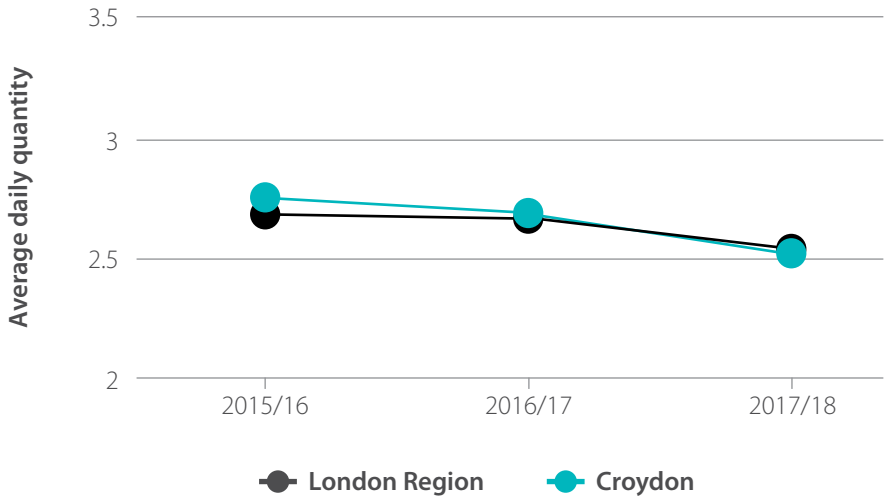
In 2017/18 the average number of portions of vegetables consumed daily by adults (16+ years) in Croydon was 2.48, this is lower than both the London average of 2.68 and the national average of 2.65 (56). The average number of portions of fruit consumed daily by adults (16+ years) in Croydon was 2.51. This is the same as the national average (2.51) and similar to London at 2.54 (56). What we also know is that people in the north of the borough are less likely to eat fruit and vegetables than those living in the south of the borough.



Average number of portions of vegetable consumed daily (adults) for Croydon



Average number of portions of fruit consumed daily (adults) for Croydon



This map illustrates that the north and east of the borough have the highest numbers of residents who are likely to eat fruit, three or less days per week.

Log on to **www.nhs.uk/change4life/food-facts/five-a-day** for more information on how to get your five a day.

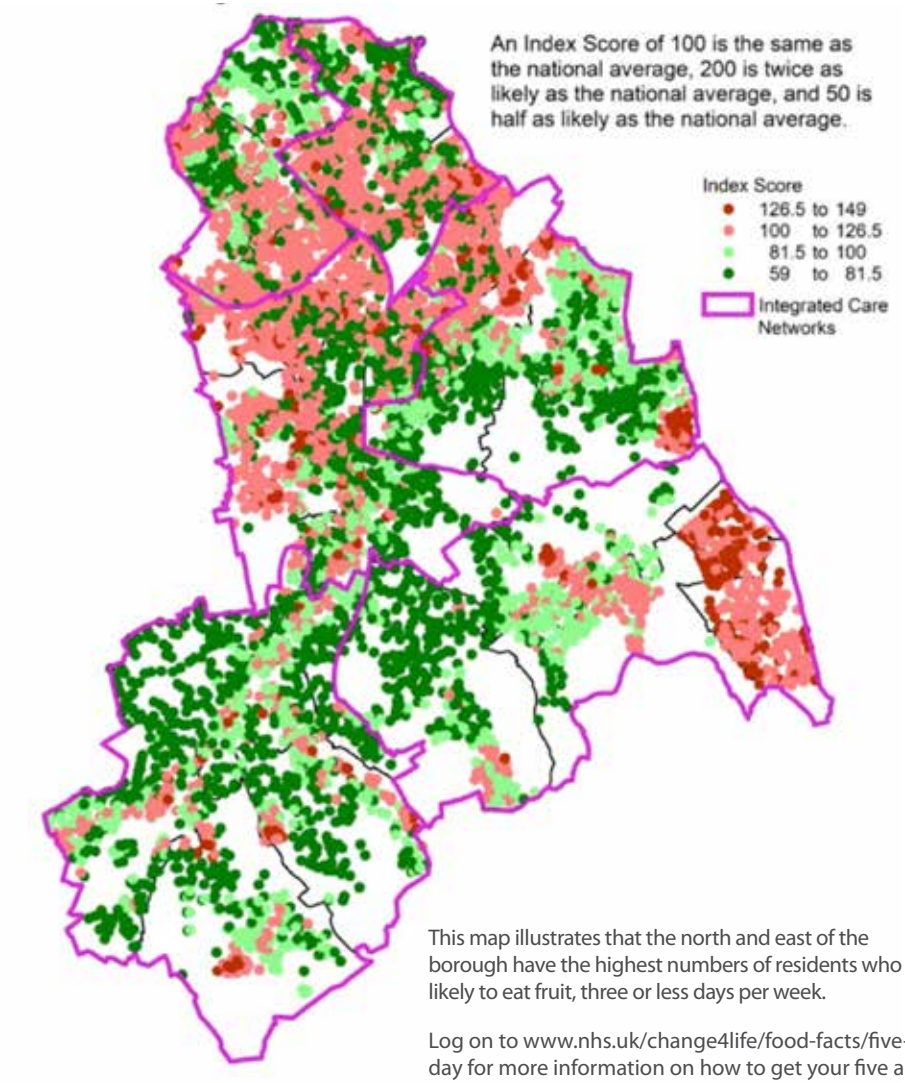




SCHOOL MARKETPLACE – Come and get your fruit and veg!

Every year, pupils from schools in Croydon, come together to sell their very own fresh fruit, vegetables, jams and herbs at the School Marketplace in Croydon Clocktower. The children spend much of the year cultivating fruit and vegetables, in preparation for the market day. It is a fantastic way for the school children to learn about where food comes from but to also learn entrepreneurial skills.

Likelihood of eating fruit 3 or less days per week ACORN Wellbeing 2018



This map illustrates that the north and east of the borough have the highest numbers of residents who are likely to eat fruit, three or less days per week.

Log on to www.nhs.uk/change4life/food-facts/five-a-day for more information on how to get your five a day.

Reproduced by permission of ordnance Survey on behalf of HMSO. © Crown copyright and database right 2019 OS Licence number 10001927

DIET

Alcohol

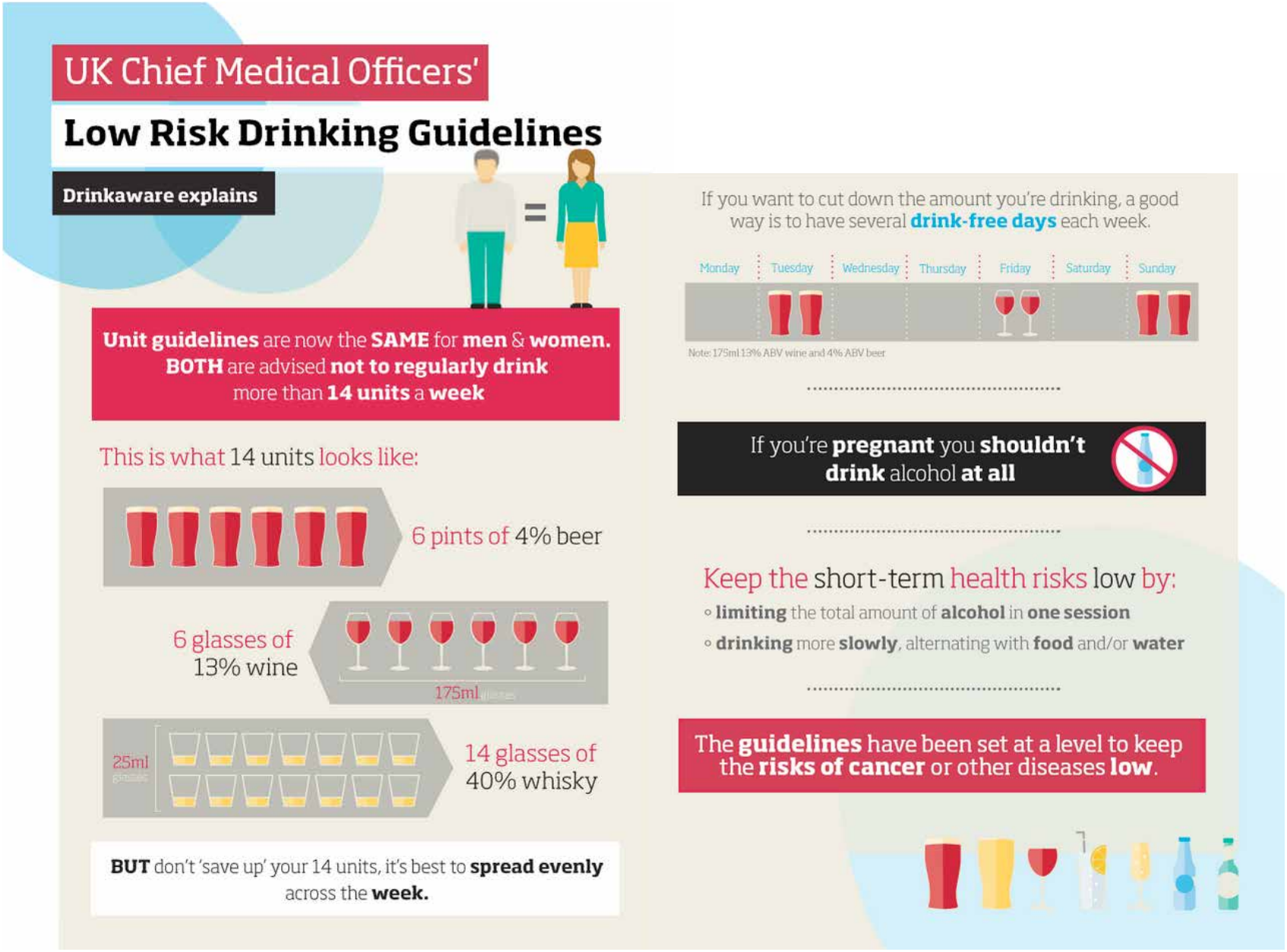
If you regularly drink above the recommended amount, you may find it has a noticeable impact on your waistline. A standard glass of wine (175ml) has the same calories as a Cadbury chocolate mini roll (126kcal) and a pint of 5% strength beer is the same calories as 1 packet of McCoy's salted crisps (215kcal).

Liquid calories: You can find how many unit and calories are in your drinks at
www.drinkaware.co.uk/understand-your-drinking/unit-calculator

Drinking above recommended levels also increases a range of health risks including hypertension, stroke, heart and liver disease, pancreatitis, depression, anxiety and insomnia. In addition, the most recent review of evidence suggests that the protective effects of alcohol at low levels (i.e. to heart health) have been over-estimated. Alcohol is also associated with a wide range of criminal and anti-social behaviour, particularly public drunkenness and street drinking, violence, domestic violence, injury and deaths and casualties due to road traffic accidents. Evidence suggests that there are inequalities in the distribution of harm and costs from alcohol misuse with around 40% of the total costs arising from the 20% most deprived areas (57). The burden of alcohol misuse is not limited to deprived groups but alcohol harm is experienced more by these groups. In fact, lower socioeconomic groups often report lower levels of average consumption, yet show greater susceptibility to the harmful effects of alcohol and are more likely to die or suffer from a disease relating to their alcohol use. This is particularly true for mortality from chronic liver disease. This gives rise to what has been termed the 'alcohol harm paradox' whereby disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol-related harm than more affluent populations (57).

In Croydon, there are a significant number of local residents who are drinking alcohol at levels potentially harmful to health. Estimates from Public Health England are that 19.2% of the adult population are drinking over the recommended units each week (58). Croydon is estimated to have approximately 3,402 or so dependent drinkers (just over 1.18% of the local population) (59).

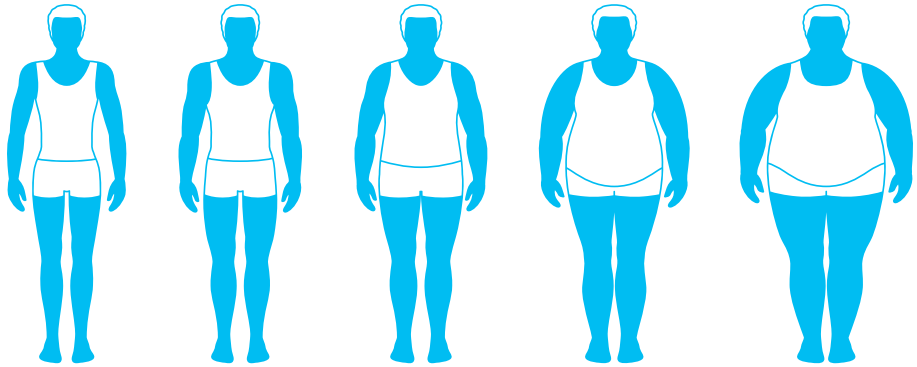




Source: Image courtesy of **Drinkaware.co.uk**

BODY IMAGE AND BODY PERCEPTION

Body image develops over time and can be influenced by a range of different things like family beliefs, friends, social media, advertising and cultural beliefs. There is also the social norm and expectations. How you feel about the way you look and the way you see yourself can vary from one person to another and amongst different cultures. It has been reported that children as young as eight years old give accounts of body dissatisfaction that are similar to those of adult women (60). The influence society can have on how someone feels about their body image can often be internalised, causing lowered body image and reduced self-esteem.



There is evidence that some people from different cultures have different perspectives and views around body image. There is not one universal ideal body image since preferences can vary throughout the world and for some cultures they celebrate the person's body regardless of the appearance but more about what the body can achieve.

However, body image can also be seen as the ideal body weight and there is a healthy weight recommended for each of us, based on our height as mentioned in the 'weight' section of this report.

An example of the differences between cultures can be found in a study by Lambeth Council Public Health (2009). They reported that a large proportion of residents did not recognise the concept of being overweight, and were shocked to learn from their doctor that they were obese or overweight and believed that they naturally had large body sizes (61). Others responding to the survey did not wish health professionals to compare their weight to what they considered a 'white standard'. The survey also suggested that some residents preferred slim bodies and others believed that slim bodies were desirable but not realistic.



In the same study, the majority of communities, regarded large children as healthy children and thin children as unhealthy children.

We need to be mindful and respectful of the way different cultures view body image and what constitutes towards a healthy body weight, especially when helping families change their behaviours. A targeted intervention for a specific target group may have a greater impact on changing behaviours.

How our sex affects food choices

Being male or female can also have an effect on what we eat and how we view food and weight. Women will tend to divide food into two groups: "healthy foods" and "junk foods" (62). Females tend to link junk food with, among other things, weight gain, pleasure, friends, independence, and guilt; while consumption of healthy food is associated with weight loss, parents and being at home. In general, women experience more food-related conflict than men in that they like fattening foods but think that they should not eat them and are more likely to be dissatisfied with their body weight and shape than men (63). This is not to say that men do not have similar struggles with food choices or body image or suffer with the pressure of society to be 'manly' and to look a certain way, more recently the pressure is for young males to be lean and muscular to fit a 'masculine' stereotype.

Social media can have a strong influence on our food choices and our views on the ideal body image. Many social media apps now involve the use of images as a way of communicating as opposed to text, this can encourage people to focus on image above anything else and does not always present the reality.

RECOMMENDATION

Ensure that all projects that aim to tackle obesity tailor interventions to specific target groups, including understanding cultural differences.



BODY IMAGE AND BODY PERCEPTION

Sexual identity and health

A growing body of evidence shows that sexual identity and gender identity can have a big impact on an individual's health. Lesbian, and bisexual women are more likely than heterosexual women to smoke (64) (65) (66), drink alcohol excessively (67) (68), live with poor mental health (69) and be overweight or obese (70). Taken together these raise the risk of chronic health conditions including diabetes, high blood pressure, heart disease, and some cancers (71).

We do not know for certain why this is the case. It may be due to diet. Some studies have shown that lesbians older than 50 years of age are less likely to meet the recommendation of five or more servings of fruits and vegetables per day (68). Bisexual women are more likely than heterosexual women to not eat breakfast, to eat out at restaurants, to engage in unhealthy weight control behaviours (including laxative use, vomiting, and diet pills) and binge eating, but they are less likely than heterosexual women to eat fast food. Living in rural areas may also have further adverse implications on the health of lesbian and bisexual women in that they experience less social support and lack of community, as well as more health risk behaviours (72) (73). Although lesbian and bisexual women report more engagement with aerobic exercise per week, they also report sitting an average of 4-5 hours/week more than heterosexual women.

Men who identify as bisexual are more likely to be underweight or very overweight (BMI ≥ 35.0 kg/m2) than heterosexual men (74). Gay men are significantly less likely to drink regular fizzy drinks, but they are also more likely to frequently eat at restaurants. In terms of physical activity, gay men are less likely than heterosexual men to engage in moderate physical activity or strengthening activity. Gay men are also more likely to engage in unhealthy weight control behaviours including binge eating and are less likely to feel satisfied with their body than heterosexual men.

There has been very little research looking at the diet of transgender and gender non-conforming people. A large-scale study of college students found that overeating and attempts to compensate by under eating are higher among transgender students than cisgender, gay or heterosexual students (75). This may be because some transgender people experience distress in relation to features of their biological sex that are inconsistent with their gender identity. Extreme weight loss strategies among TGNC people may therefore be a means to reduce undesired, or develop desired, gender features (75), (76). The evidence is limited for all the groups we have mentioned because we have only been recording sexual identity since 2008. I am leading a formal review of the health needs of LGBT members of the Croydon community, which we will publish in due course.

Croydon FOOD FLAGSHIP

In 2014, Croydon became a Food Flagship borough. Growing food, learning to cook healthier food, and understanding the importance of a balanced, nutritious diet in preventing obesity were the principal aims of the programme. The programme delivered a range of projects to different communities across the borough and achieved significant success with key projects achieving and, in some cases, exceeding targets. Good Food Matters delivered catering and horticultural courses to over 300 residents, with 4/5 residents stating their diets had become healthier as a result. The Community Gardening project trained 22 residents as Master Gardeners who committed over 1000 hours of volunteering and 80 social prescription referrals were made. A fantastic amount of work took place in our schools resulting in infant school meal uptake increasing from 81% to 85.2% and key stage 2 meal uptake increasing from 53% to 64.5%. This was described as the best uptake in the country. 30 start-up food businesses also received support to help develop their healthy food business and £25,000 was invested in supporting community projects such as cooking and nutrition lessons for a BME group, specifically aimed at women out of work.

The commitment to support families to live long and healthier lives has continued over the past 5 years with initiatives such as Sugar Smart and the Local Declaration on Sugar Reduction and Healthier Food continuing to drive this agenda forward.

FOOD AND YOUR MOOD

There is evidence to suggest that food not only affects your physical health but also your mental health (64). Have you ever had one of those days where you start on the sweet treats early and then feel sluggish so go back for more? Or perhaps you have eaten lots more fruit and veg and have far more energy?

Food can have a direct immediate impact on our mood. Although not all studies on the subject are consistent, a recent systematic review of all the evidence has shown that the following diets can make you feel happier more often (77):

- A vegetable-based diet.
- A glycaemic load-based diet which selects food that will have minimal alteration to your glucose levels.
- A very low carbohydrate diet (ketogenic).
- A paleo diet based on meat, fish, veg and fruit and excludes any processed food.

Whilst we know eating our fruit and veg can help us feel better, on the other hand a self-reinforcing cycle can develop whereby obesity and binge eating can lead to low mood which in turn results in further over consumption and ever worsening mood (79).

Just as behaviours learnt in childhood can cause obesity in later life, obesity early on, predisposes to the later development of depressive symptoms, especially amongst the young and female (80). But while obesity can predispose to low mood, the reverse is also true. Low mood and anxiety can increase the risk of gaining weight. Although weight gain is best predicted amongst women by decreases in leisure time and physical activity, in men, weight gain over a year is best predicted by anxiety scores. Put simply, the more anxious, the greater the risk of unwanted weight gain (81).

This relationship may partly be explained by the hormone leptin. Leptin is an appetite suppressor made by fat cells. Recent studies suggest a novel role for this hormone in the regulation of mood and emotion (82). Low levels of leptin have been found to be associated with depressive behaviours and increased appetite. Indeed, leptin appears to display antidepressant-like efficacy. Both leptin insufficiency and leptin resistance may therefore contribute to low mood.



WEIGHT

Whether what we weigh is healthy or not is connected to our height. The recommended method to measure your weight is through the body mass index (BMI) score which is calculated using both your height and weight.

For most adults, a BMI of:

18.5 or less	Means you're underweight
18.5 to 24.9	Means you're a healthy weight
25 to 29.9	Means you're overweight
30 to 39.9	Means you're obese
40 or above	Means you're severely obese

If you would like to know if your current body weight is in the healthy range, you can try the BMI calculator: **www.nhs.uk/live-well/healthy-weight/bmi-calculator**

You can use the BMI calculator to determine whether someone is overweight or obese but it is worth noting that the BMI is not used to definitively classify whether a person is overweight or obese as someone who is very muscular may have a high BMI without having excess fat. Waist circumference can be used as an additional measure.

Why are some of us underweight?

Sometimes if we are not feeling well, stressed or experience a period of time where we don't get to eat regular meals, we may lose weight. There are eating disorders that mean we become and remain underweight. There are some medications we take that may cause us to lose weight and some people are naturally underweight even though they eat a good varied diet. If we are underweight for a period of time it can affect our health. We could experience nutritional difficulties, weakened immune system and fertility problems (83). There are times throughout our lives, especially as we get older, we may lose our appetite and eat less; and yet it is important we should still aim to maintain a healthy weight throughout our life. There are healthy ways to gain weight by eating regular small meals and regular healthy snacks. Eating with friends and regular exercise can also boost our appetite. Walking is a great way to maintain a regular exercise routine. Keeping active lowers our risk of heart disease and stroke even if we are underweight.

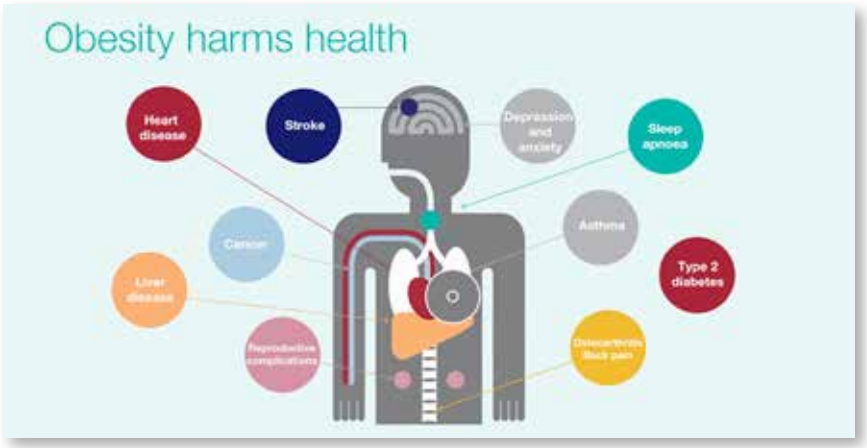


Why do some of us become overweight and obese?

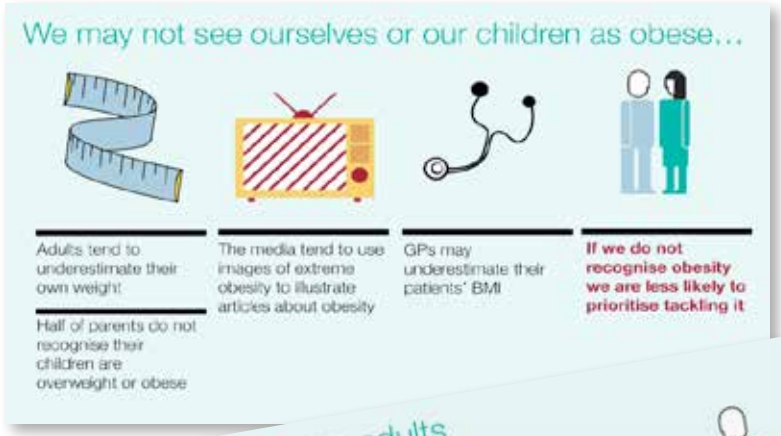
Quite simply, we put on weight when the amount of calories (food and drink) we consume exceed those which we use (through everyday life). A key contributor to the imbalance is the food we eat. If we do not balance the amount we eat with the energy we use, then most of us will put on weight.

So what does obesity mean?

Someone who is very overweight with a lot of body fat, is described as obese (84). It is estimated that obesity is responsible for more than 30,000 deaths each year in the UK and on average an individual loses 9 years of life if they are obese (85).



Source: Public Health England; Adult Obesity: applying All Our Health (111)







WEIGHT

Overweight and obesity in Croydon

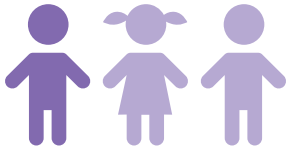
Weight is measured in children at school in reception (aged 4-5) and year 6 (aged 10-11). In Croydon, slightly more than one in five children (21.9%) aged 4-5 are overweight or obese. By the time they reach the ages of 10-11, this increases to just greater than one in three children (37.9%) (86).

The prevalence of overweight and obese children in Croydon overall is similar to the average across London. While reception year prevalence has remained fairly constant over time, the proportion of year 6 children measuring as overweight and obese is increasing. This is not just happening in Croydon, it is happening across England.

There is some variation across the borough, with high levels of excess weight being concentrated in the north of the borough in year 6 children but more spread out across the borough in reception year children (87).

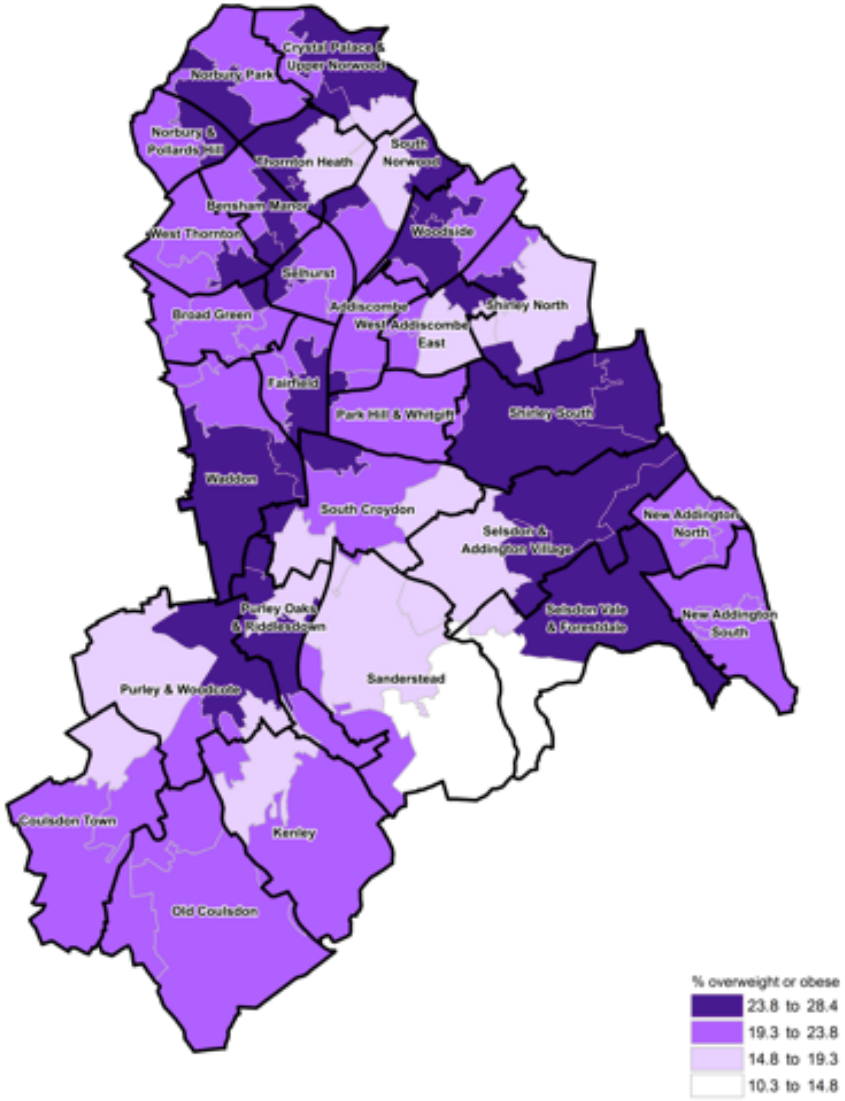


1 IN 5 CHILDREN
IN RECEPTION YEAR IS OVERWEIGHT OR OBESE



1 IN 3 CHILDREN
IN YEAR 6 IS OVERWEIGHT OR OBESE

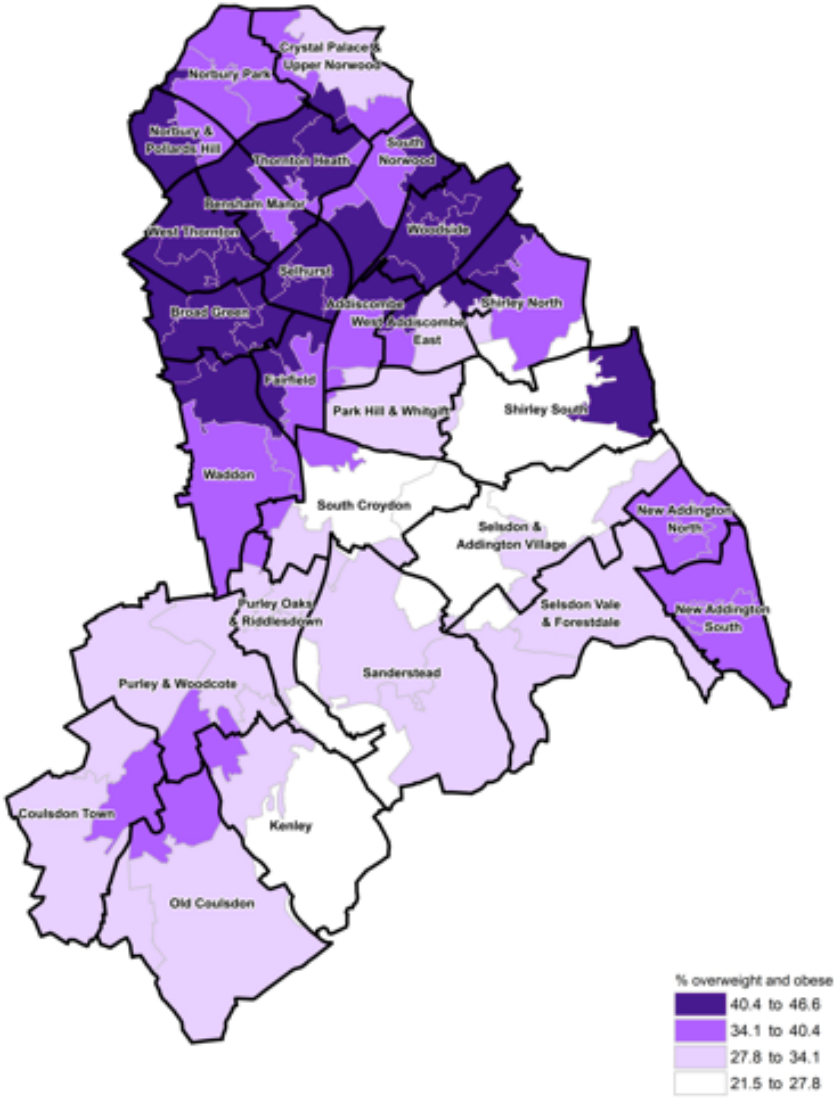
Prevalence of overweight and obese reception age in Croydon.
NCMP small area data, 2015-2018



Reproduced by permission of ordnance Survey on behalf of HMSO. © Crown copyright and database right 2019
OS Licence number 10001927

Prevalence of overweight and obese year 6 age children in Croydon.

NCMP small area data, 2015-2018



Reproduced by permission of ordnance Survey on behalf of HMSO.
© Crown copyright and database right 2019
OS Licence number 10001927







WEIGHT

Almost two in every three adults (62.7%) are estimated as overweight or obese in Croydon. This is higher than the London average (55.9%) but similar to the national figure of 62% (88). Being overweight or obese is becoming the social norm and the prevalence of obesity is twice as likely for those living in a deprived area (89). Obesity is a complex, multifaceted problem which has many drivers including the environment, genetics, behaviour and culture.

As you would guess, there is not a one size fits all approach but a whole systems approach is needed to truly tackle obesity across the population, locally and nationally. We must work together to make the healthy food choice the easy choice and the population's health needs to be taken into account in every policy and decision.

The complexity of the problem is illustrated with the Foresight Obesity Systems Map (90), highlighting the interaction between all of the issues that can cause obesity.

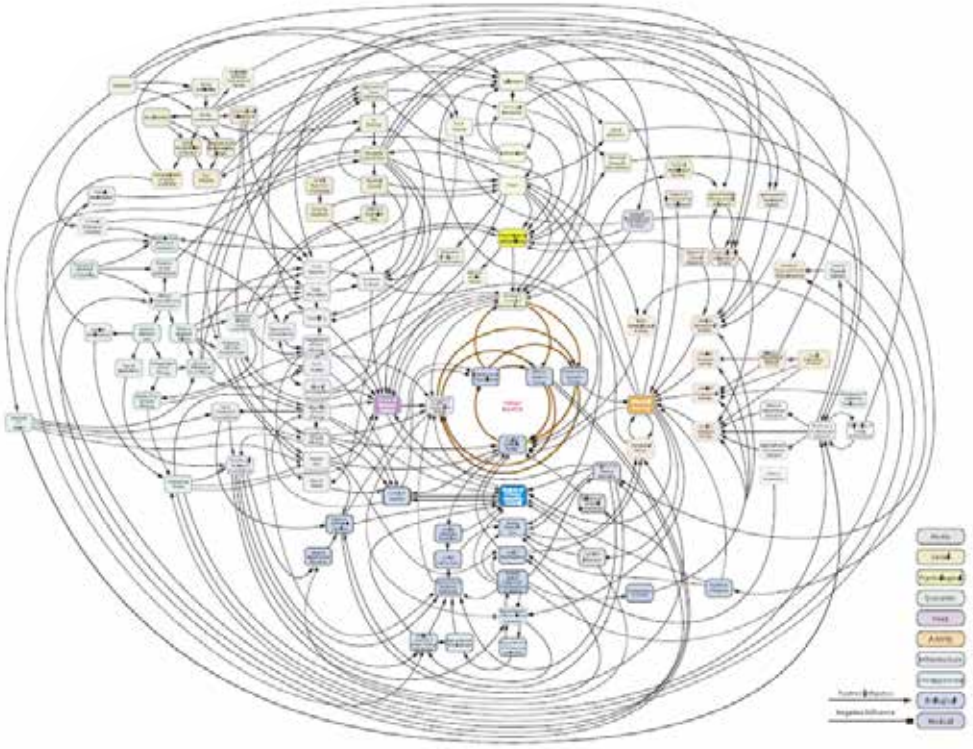
IS IT ALL IN THE GENES?

Over the last five decades society has fundamentally changed. The jobs we do, the patterns of our working hours, the production and availability of our food and our modes of transport have altered. These societal changes have exposed an underlying biological tendency, for many people, to both put on weight and maintain the weight gain as a consequence of a modern lifestyle (90). It is important to say that whilst for some individuals, their genetics may make losing weight more difficult, it is not impossible.



A complex issue

Foresight: Obesity System Map



Source: Foresight Tackling Obesities:Future Choices - Project Report (90).



Live Well Croydon

Live Well Croydon is a free local healthy lifestyle service to help support residents (16+ years) to look after their health and wellbeing. The programme focuses on diet and unhealthy weight, alcohol intake, physical inactivity and smoking in addition to sexual health advice and support for mental health and wellbeing.

As part of the Live Well programme there is an interactive website 'Just Be Croydon' which provides top tips on healthy eating and also a short health MOT to help you take that first step to improving your health and wellbeing. You can join the other 24,000 UK residents who have visited the website and the 4,000 residents who have already completed the health MOT at **www.justbecroydon.org.uk**

Live Well also offers 12 months of one to one support with a Live Well Advisor for residents with greater health needs, along with tailored advice and goal setting to help keep residents on track with their progress. Contact: the Live Well team at **livewell@croydon.gov.uk** or call **0800 0198570**.

What is being done to help?

Nationally there is an aim to half childhood obesity rates by 2030 and the first childhood obesity plan was produced in 2016 followed by a second chapter in 2018. One of the plan's key recommendations was to tackle the advertising and marketing of unhealthy food. A report published by Cancer Research UK found that young people who recalled seeing junk food adverts every day were more than twice as likely to be obese (91). This study also found that food marketing increases the likelihood of junk food consumption in teenagers (91).

The great news for us is that Transport for London have recently banned unhealthy food and drink advertisements on the entire TfL network. Public Health England published its guide 'whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight' (92) and the Mayor of London outlined key actions to improve the quality of food in London in his 2018 Food Strategy.

Reversing the trend in the way we eat as a society is incredibly hard and requires everyone to work together to have the greatest impact. Croydon took a whole systems approach to obesity in its Child Healthy Weight Action Plan (2017-2020) and has recognised the need to extend this approach to all ages going forward. Overseeing the action plan is the All Ages Healthy Weight Partnership Steering Group which includes representation from Croydon Clinical Commissioning Group, Public Health Croydon and local community groups. The membership is being expanded to include town planning, transport, and housing and other departments that represent the 'wider determinants'.

My recommendations in this report will inform the action planning at a Croydon workshop on system wide approaches to healthy weight planned for early December 2019.

RECOMMENDATION

All 64 GP practices and all departments in Croydon Health Services to receive training around nutrition and weight management.

Furthermore, an all age's healthy weight pathway on a page has been developed to guide health professionals in signposting to appropriate support and services. Practitioners across Croydon are now utilising this pathway and further developments are expected, adding links to local services and programmes.

Croydon's All Ages Healthy Weight Pathway for staff - to aid signposting and referral

COMMUNITY – ALL AGES
All adults, families and children are encouraged to participate in universal healthy lifestyle activities and are encouraged to access:
Just Be Croydon, Physical activity finder, Connect for Health, Parks and Open Spaces, Leisure Centres, Children's Centres, Sugar Smart

UNIVERSAL PREVENTION SERVICES

- **0-4 years: Health Visiting, Early Help Hubs, Children Centres**
- **5-15 years: GP, School Nursing, School Health & Wellbeing Services**
- **16+ years: Just Be, GP (inc.social prescribing)**

PRECONCEPTION HEALTH

PREGNANCY

Weight concern identified (for example children 91 st centile, adults BMI 25 and over, Malnutrition Universal Screening Tool identifies risk)
Overweight or Underweight: use brief intervention/motivational interviewing skills to raise the issue.

Children (under 4 years)	Children (4 to 16 years)	Adults (services available from 16)	Adults (services available from 18)	Preconception & Pregnancy
Croydon Health Service - dietetic support **Under weight** Under 2 years: weight 2 centiles below the length centile 2-4 years: BMI < 2nd centile **Overweight** Under 2 years: weight 2 centiles above the length centile 2-4 years: BMI > 91st centile	Palace for Life Tier 2 weight management programme (Healthy Eagles) BMI >91st centile Croydon Health Service - dietetic support BMI < 2nd centile Child and adolescent mental heath services Eating disorders	Live Well Overweight (BMI plus 2 unhealthy behaviours) Croydon Health Service - dietetic support Acute weight loss MUST = 4 Nutritional problems during pregnancy BMI 30–35 with CHD risk factors BMI >35 no other risk factors Complex diabetes SLAM Eating disorders	National Diabetes prevention programme Blood test in pre-diabetic range Community diabetes service Dietitian support for complex type 2 and non-complex type 1 diabetes; diabetes education courses MDT support and consideration for bariatric surgery BMI >35 with other significant diseases/co-morbidities BMI >40	Live Well Pregnant or 1yr post-natal and overweight

Eating disorders

No one has to drink alcohol, smoke cigarettes or misuse substances but everyone has to eat to stay alive. Everyone's relationship with food is different and some people have 'disordered eating'. An estimated 725,000 people in the UK are affected by an eating disorder (93). In general, eating disorders start in childhood or adolescence (94).

What is an eating disorder?

- Eating disorders are serious, highly complex psychological illnesses, which develop over a long period of time, usually as a result of one or a combination of factors.
- They can affect anyone regardless of gender, sexual orientation, age, race, class, culture or faith.
- Like self-harm, eating disorders are not learned behaviour. They are coping mechanisms for underlying distressing issues which are characterised by severe disturbances in eating behaviour.
- Eating disorders have the highest mortality rate of any mental illness.
- Eating disorders are co-morbid, which means they usually exist with other psychological conditions, e.g. depression, OCD or other anxiety disorders.

Types of eating disorders

DSM–5* diagnostic criteria

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder
- Pica
- Other specified feeding or eating disorder (OSFED)
- Unspecified feeding or eating disorder (UFED).

DSA-5 the Diagnostic and statistical manual of mental disorders, 5th edition

Non-DSM-5* diagnostic criteria

- Bigorexia aka (megarexia, muscle dysmorphia)
- Orthorexia nervosa
- Eating disorders not otherwise specified (EDNOS) replaced by OSFED

(atypical anorexia, bulimia nervosa and binge eating of low frequency and/or limited duration, purging disorder and night feeding syndrome) and FED (reserved for those who do not meet the OSFED criteria).

Bust the myths – these are not true!

- **Only women get eating disorders - people of any gender identity can get an eating disorder.**
- **Eating disorders are a modern disease - there is reference to eating disorders 1000 or years ago.**
- **People who develop eating disorders are attention seeking or copying others - there is absolutely no evidence of this.**
- **It's a young person's illness - you can get an eating disorder at any age.**

The 2007 UK household survey found that 6.4% of adults screened positive for a possible eating disorder and at 9.2%, women were more likely than men (3.5%) to have an eating disorder. The prevalence of having an eating disorder decreased with age, with 20.3% of women aged 16-24 having an eating disorder, compared to 0.9% of women aged 75 and over (95). In 2013, Public Health England estimated that 5,464 young people in Croydon (aged 16-24 years) may have an eating disorder (95). Currently there is a lack of data on the prevalence of eating disorders which spans the whole age range.



RECOMMENDATION

Work is undertaken to understand the prevalence of eating disorders across all ages at a local level.

THE IMPACT OF FOOD AND DRINK ON OUR TEETH AND GUMS

Healthy teeth and gums are important to our general health and wellbeing. If we do not look after our teeth and gums we can experience discomfort, pain and eventually loss of function (96). These can all impact on eating, speaking, sleeping, family life, and ability to go to school or work.

Children in Croydon have high levels of tooth decay compared to London and England. 28.5% of 5 year olds in Croydon had one or more decayed, missing or filled teeth in 2016/2017 and improvements are not happening at the same rate as London or England (97).

Less children in Croydon go to the dentist than the national average (98). Children go to the dentist for free and I would encourage all parents to take up this offer from when their children reach their first birthday. I would also encourage parents to make a Sugar Smart pledge or use the free water offer from businesses or organisations in the refill campaign.

During the past 2 years (2018/19 and 2017/18) adults in Croydon attended dentist appointments slightly more often (47%) than adults in London (44%) and slightly less than England (50%) (99). The 2009 Adult Dental Health Survey showed that people from managerial and professional occupation households had better oral health (91%) compared with people from routine and manual occupation households (79%) (100).

We have an all age approach to oral health in Croydon and a system wide steering group supporting a local action plan. Examples of the local actions are oral health promotion in schools and pre-school services and regular surveys of the health of children in Croydon. Most of these activities are combined with advice on a healthy diet. The make every contact count principle can play a key role in the provision of prevention activities for oral disease.

King's Dental Service provides oral health promotion for Croydon. They are commissioned by NHS England and deliver training for staff including staff working in residential homes.



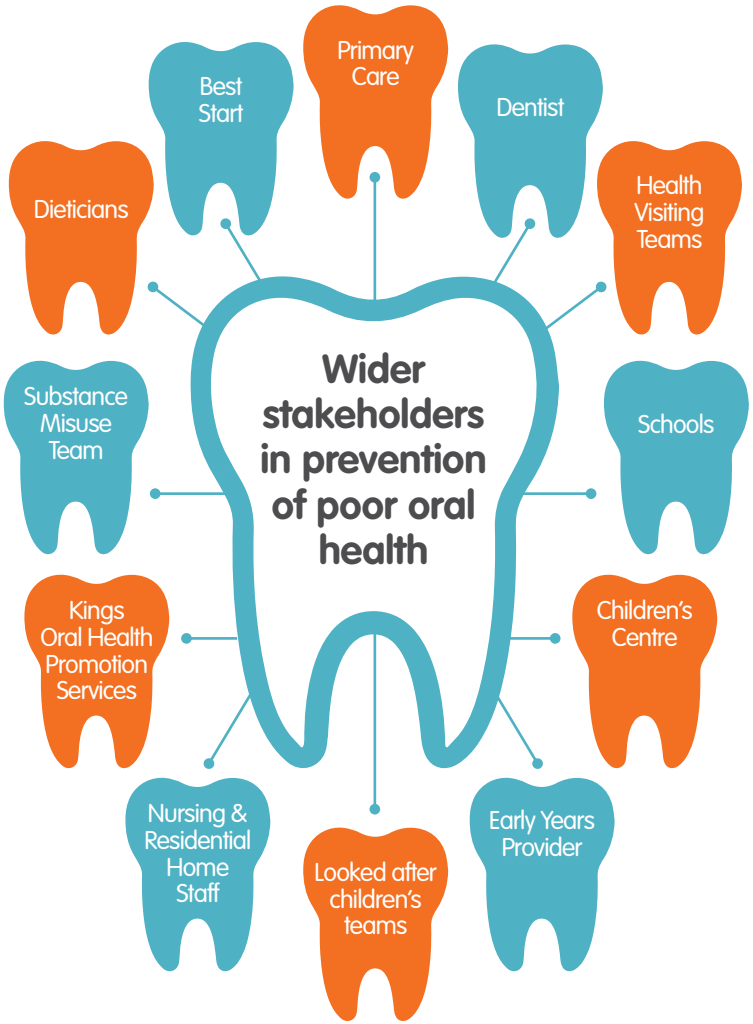




Oral health disease is fundamentally preventable (101) if we incorporate a healthy diet to our lifestyle. Oral diseases are also associated with coronary heart disease, diabetes, rheumatoid arthritis and adverse pregnancy outcomes (100).

Good oral health is an essential component of 'active ageing'. Oral health in adults and the elderly has improved over the past 30 years so many of us aged 50+ may experience retention of teeth compared to our older relatives, friends and peers (102). Oral health in care homes appears to be more difficult to manage in general. Croydon's oral health steering group have identified the local need for our older people and are training staff within nursing homes in addition to staff who work with children and adults in primary care and in the community.





THE IMPACT OF FOOD AND DRINK ON OUR TEETH AND GUMS

Croydon is a SUGAR SMART borough which is a national campaign led by the Jamie Oliver Foundation and supported by Sustain. Through our support of this campaign we want to raise public awareness of the levels of sugar in food and drink and its health impact. We also want to promote a healthier food environment across all parts of the Borough so people can make healthier, less sugary food and drink choices.

We encourage schools, workplaces, restaurants, businesses and organisations to take action on sugar by signing pledges to make simple changes to their food and drink offer. To date we have over 180 SUGAR SMART commitments from schools, early year settings, public and private business, community groups and individuals. If you would like to make a pledge or you need any help or ideas about becoming SUGAR SMART please take a look on our local website **https://www.croydon.gov.uk/healthsocial/phealth/sugar-smart/get-involved-make-your-pledge**

If you would like to take further action there are lots of ideas for running campaigns, quizzes to educate children, and menus to support reduced sugar. **www.sugarsmartuk.org**



THE IMPACT OF FOOD AND DRINK ON OUR TEETH AND GUMS

Local declaration on sugar reduction and healthier food

We are currently working towards signing the declaration and committing to tackling six different actions across six different areas. The six areas we are working on are:

Area 1 **Tackle advertising and sponsorship**

Area 2 **Improve the food controlled or influenced by the council and support the public and voluntary sectors to improve their food offer**

Area 3 **Reduce prominence of sugary drinks and actively promote free drinking water**

Area 4 **Support businesses and organisations to improve their food**

Area 5 **Public events**

Area 6 **Raise public awareness**

Actions include continuing support to existing initiatives which will help us to sustain and improve access to sustainable healthy food. We have already made progress at improving the food controlled by the Council through the staff café joining Sugar Smart and offering drinking water at eye level and increasing the offer of less sugary options. Within 2 months of going Sugar Smart the manager of the café reported that sales of water increased, including the purchase of healthy alternatives.



This is our commitment to you but we cannot do this on our own. What could your commitment be?

Sugar? No thanks I am sweet enough



4	6	9.5
17.1g in 380ml	24.8g in 500 ml	38.4g in 400ml

RECOMMENDATION

Borough wide marketing of healthy food - no advertising of unhealthy food as part of council contracts.

FAST FOOD

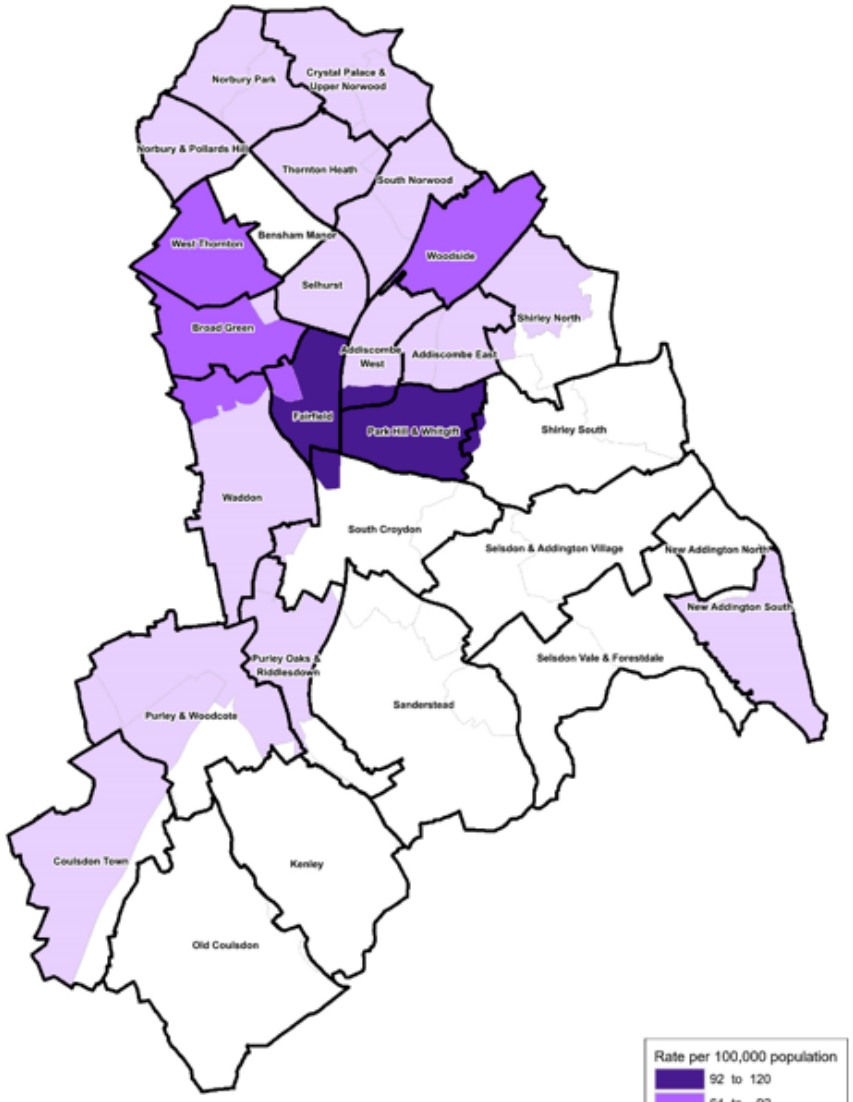
The easy availability of unhealthy food makes it particularly difficult for people to eat a healthy balanced diet and maintain a healthy weight. On average, there are more fast food outlets in deprived areas than in more affluent areas. Croydon has 394 fast food outlets with the rate of 102.8 per 100'000 people, sitting in the top 10 of the London boroughs for highest density of fast food outlets (103). The map illustrates the number of fast food outlets within Croydon, the highest density is in the town centre and towards the north of the borough. The highest numbers are in the more deprived areas. Residents living in areas of deprivation may struggle to afford or have access to the food needed for a healthy balanced diet. New Addington has been identified as a food desert which means it is poorly served by shops selling healthy fresh products at a fair price (104).

There are certain things we can do to help improve the fast food situation, NICE recommend that Environmental Health Officers, Trading Standards, Local Government Planning departments and Trading Standard Officers can take action by using bylaws to regulate opening times of fast food takeaways, particularly those close to schools. In addition they suggest limiting the number of takeaways in any given area, and help owners of takeaway foods improve the nutrition of the food offered (105). The Mayor of London has also outlined key actions to improve the quality of food in London in his 2018 Food Strategy and improving the food environment is a key component of taking a whole systems approach to obesity (92).

RECOMMENDATION

Business rate reductions for businesses signed up to health initiatives and promotions such as: Healthy Start and Eat Well Croydon.

Fast food outlets (as at December 2017)
Rate per 100,000 population



Reproduced by permission of Ordnance Survey on behalf of HMSO. © Crown copyright and database right 2018
OS Licence number 10001927

FAST FOOD

What are we currently doing to improve the situation?

Within Croydon Council's Local Plan we have restricted any new fast food outlets within 400 metres of schools, this is due to be replicated across London. However, this does not impact existing premises and we know that fast food outlets sell quick, accessible, cheap, high fat and high sugar foods, which can have a significant impact on the young people of Croydon's health (106). In a bid to improve the food offer in our current fast food outlets, we have the Eat Well Croydon scheme. Eat Well Croydon is a voluntary scheme based on the principle that small changes to food preparation, cooking methods and options can make a big difference to support residents to have a healthy choice. We currently have 38 businesses signed up to the scheme.

If you are a food business and want to make the healthy choice the easy choice for our residents, you can join Eat Well Croydon
deborah@diethealth.co.uk 07754467918

RECOMMENDATION

All fast food outlets must sign up to Eat Well Croydon.
As part of environmental health checks, issue Healthy Food Inspections.





FAST FOOD

Small changes can make a big difference

Congratulations to the 38 Croydon food businesses that have been accredited by Eat Well Croydon.

Soul Vegan

Standing out like a beacon of health and colour, Soul Vegan proudly and confidently brightens up College Square, central Croydon with their beautiful and hearty food served with love and a smile. Soul vegan provide a healthy, tasty, enjoyable alternative to meat based foods. They also try to reduce waste and maximise the use of environmentally friendly packaging.



Bruschetta

Beautiful salads and healthy pizza choices served with passion.



Cafe Tresor

Fantastic food with choices that go on and on. Customers can always choose something different but always know they can eat well!



FAST FOOD

GOOD FOOD RETAIL

Croydon is working on improving the retail offer in our Borough and is developing a Good Food Retail Plan with the support of the Greater London Authority and Sustain. Part of the plan is to help develop our local markets to provide healthy, tasty and good food whilst also supporting start up traders.

SCHOOL SUPERZONE

A superzone has been set up around 1 secondary school in West Croydon to see if we can improve the environment within walking distance of the school, so that our young people can access healthier choices. An analysis on the area was conducted which identified local issues around air pollution, proximity of fast food outlets and traffic accidents. The chosen school is also situated in the most deprived LOWER SOCIO OUTPUT AREA of all of the secondary schools in Croydon. The actions range from improvements to the fast food offer, exploring how we can establish greenways and green links to schools from bus/tram stops and to run an air quality campaign to raise awareness among parents and pupils.

RECOMMENDATION

Create a Good Food Alliance to build a strong and unified food movement that works collaboratively with local residents and members of both the voluntary and private sector.

Did you know we have Boxpark in Croydon?

Boxpark is a food park made out of refitted shipping containers and offers over 30 unique food businesses, situated next to East Croydon Station.



SUSTAINABILITY

What are we currently doing to improve the situation?

Sustainability is a broad concept and can cover many different aspects. For some it is about eating healthy and home grown food, for others it is reducing food waste and considering the impact we have on the environment. Sustainable Food Cities have usefully thought about food across six key areas:

1. Promoting healthy and sustainable food to the public
2. Tackling food poverty, diet-related ill health and access to affordable healthy food
3. Building community food knowledge, skills, resources and projects
4. Promoting a vibrant and diverse sustainable food economy
5. Transforming catering and food procurement
6. Reducing waste and the ecological footprint of the food system

Food waste

An astonishing seven million tonnes of food is discarded every year in the UK, about one third of the food produced (107). A vast amount of this food waste could have been eaten and what's more if the food waste is not separated from recyclable waste, it will damage other materials that could have been recycled. When food waste is recycled it creates electricity and fertiliser for farmers to use to grow more food, when food waste isn't recycled it goes to an Energy Recovery Facility where it is burnt and the nutritional benefits are lost.

Food packaging

Food packaging can help protect food and keep it fresh and therefore prevents food waste, however a large amount of packaging is purely cosmetic and generates a huge amount of waste. Getting rid of the packaging even when it is recycled correctly also costs a lot of money. Join us in lobbying government for stricter rules on packaging!

Use by and best before – so what is the difference?

The use by date is the most important date, food can be eaten until the use by date but not recommended after the use by date (95), to prevent risk of food poisoning.

The best before date is not about safety but is about the quality of the food, for example the flavour and texture might not be as good after the best before date but would still be okay to eat (108).

RECOMMENDATION

Implement a programme to reduce food and packaging waste by 25% by 2025.



Food and the environment

The large quantities of meat and dairy consumed around the world is having an impact on our environment. By making some small adjustments to what we eat can have a significant impact on the environment, specifically climate change (109). Why not try 'meat free Mondays', as it suggests, you don't eat meat on Mondays! You could also reduce your carbon footprint by buying from one of the many local shops we have here in Croydon.







SUSTAINABILITY

8 glasses a day

It is recommended to have 6-8 glasses of water a day to keep hydrated, help digestion, help temperature control and for our brain to work well. To help you drink more water, Croydon has signed up to becoming a Refill Borough working with local partners, Sustain and City to Sea. Refill is a national tap water campaign encouraging local shops, businesses and organisations to give access to free drinking water to members of the public. Not only will this help us to increase our water consumption, it will also help reduce our single use of plastic by reusing our water bottles. This is in line with the Mayor of London's Food Strategy target, to reduce single use plastic.

You can download the Refill app now to see where your local refill stations are or if you are a businesses you can sign up to offer free drinking water. Our Sugar Smart campaign includes pledges to increase drinking water as a preferred option to sugary drinks, why not pledge and sign up to the Refill app now! **www.refill.org.uk**



Food growing

Growing your own food has many benefits, it's cheaper than buying from a shop, you have your own organic produce on your doorstep and not only will your home grown veg be fresher and more nutritious, you can even reduce your carbon footprint by reducing the food miles of what you eat (109). Croydon Council has 17 allotment sites across the borough and 6 community gardens so if you don't have space at home, you can try one of these. **www.croydon.gov.uk/leisure/parksandopenspaces/allotments**

Croydon is undergoing a huge regeneration programme with 29,490 new homes planned over the next 10 years and a new £1.5bn retail outlet. These developments provide an opportunity to encourage everyone to grow food or reap the rewards of food growing. Roof top gardens, green walls and fruit trees in and around our streets not only look aesthetically pleasing but can also contribute towards improving air quality and resident's mental health and wellbeing (110).





CROYDON URBAN MUSHROOMS – CR'OYSTERS

Croydon Urban Mushrooms is an operation that collects waste coffee grounds from local outlets and reuses them as a substrate to grow tasty and nutritious oyster mushrooms. The Croydon oyster mushrooms or Cr'oysters are sold to cafes, restaurants and households.



RECOMMENDATION

Use planning and environmental tools to incorporate food growing and improving physical access to good food in local plans.



West Croydon Station Energy Garden

We are lucky to have so many green spaces in Croydon (127 parks and green spaces in fact) but you can also find edible plants and flowers growing in spaces you might not expect. Check out West Croydon Station for example, Croydon Transition Town and other community groups have created a wonderful energy garden that offers large planters, insect hotels and a living wall – helping improve air quality and reduce noise pollution.

Where could we apply this model elsewhere?

EARLY EXPERIENCES LAST A LIFE TIME
– PROGRESS UPDATE ON LAST YEAR'S REPORT

We have been very busy this year implementing the 34 recommendations in my 2018 Public Health Report: Early Experiences Last a Life time. I would like to take this opportunity to report back on the highlights so far.

An enormous amount of work has be done to implement my top four recommendations: review, revise and join up the maternal mental health pathways from the community, and primary care, through midwifery and health visiting and other partners by 2019. This work culminated in a workshop attended by over a 100 people in July and is informing action plans and bids for funding going forwards.

Breastfeeding is good for children's health and good support is key. I am delighted that our local health services will be applying to receive the highest level of accreditation for their breastfeeding services in 2020. I was also delighted to see the relaunch of Croydon's breastfeeding peer support team earlier this year.







A new and innovative partnership group is taking forward my recommendation to increase the percentage of children receiving the MMR vacine.

The percentage of children receiving their health visiting development checks continues to increase. As Director of Public Health I am committed to ensuring that this vital support in early childhood continues to improve.

EARLY EXPERIENCES LAST A LIFE TIME – PROGRESS UPDATE ON LAST YEAR'S REPORT

Our Sugar Smart campaign has been going from strength to strength this year with more early years providers signing up to becoming Sugar Smart.



The implementation of our locality approach with teams, including health visitors based together in the community, will achieve my recommendation that parents who need additional support know what options are on offer and where to access them.



I am very pleased to report that we have agreed Borough wide principles for a trauma informed workforce that will deliver my top four recommendations that health visitors, midwives and the wider workforce be trained in Adverse Childhood Experiences.



In April we agreed a partnership action plan to improve the oral health of Croydon residents. A key element is implementing my recommendation to increase the number of one year olds who go to the dentist.

I would like to thank all those who have contributed to the development and writing of my report especially Ash Brown, Bevoly Fearon, Jack Bedeman, George Miller, Carol Lewis, Ellen Schwartz and Rachel Tilford.

REFERENCES

1. Croydon Observatory. Borough Profile. ***Croydon Observatory.*** [Online] 2018. https://www.croydonobservatory.org/borough-profile/.

2. Child Poverty Action Group. Child Poverty in Croydon - A briefing for London's councillors. [Online] 2018. https://seancreighton1947.files.wordpress.com/2018/12/croydon-cpag-briefing.pdf.

3. Ministry of House, Communities and Local Goverment. English indices of deprivation 2019. ***National Statistics.*** [Online] September 2019. https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019.

4. Office for National Statistics. Lower layer Super Output Area population estimates (supporting information). [Online] 2017. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates .

5. End Child Poverty. Child Poverty . [Online] 2019. http://www.endchildpoverty.org.uk/poverty-in-your-area-2019/.

6. PHE. Public Health Profiles - Older people in deprivation. ***PHE Fingertips.*** [Online] 2015. https://fingertips.phe.org.uk/search/POVERTY#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000008/iid/93279/age/214/sex/4.

7. Department for Education. Schools, pupils and their characteristics: January 2018. ***National Statistics.*** [Online] 2018. https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2018.

8. NHS. Statistics on Obesity, Physical Activity and Diet, England . [Online] 2019. https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/statistics-on-obesity-physical-activity-and-diet-england-2019/part-6-diet#food-and-drink-expenditure-and-purchases.

9. Sustain. Aim to be waste free. ***Sustain: alliance for better food and farming.*** [Online] 2019. https://www.sustainweb.org/sustainablefood/aiming_to_be_waste_free/.

10. Furia, Andrea C., et al. ***College Students' Motivation to Achieve and Maintain a Healthy Weight.*** s.l. : American Journal of Health Behavior, 2009, Vol. 33. 256-263(8).

11. Wardle, J et al. ***Gender differences in food choice: The contribution of health beliefs and dieting.*** 2, s.l. : Annals of Behavioral Medicine, 2004, Vol. 27. 107-116.

12. Wardle, Jane and Carnell, Susan. ***Measuring behavioural susceptibility to obesity: Validation of the child eating behaviour questionnaire.*** 1, s.l. : Journal of Child Psychology and Psychiatry, 2007, Vol. 48. 104-113.

13. Campbell, K and Crawford, D. ***Family food environments as determinants of preschool-aged children's eating behaviours: implications for obesity prevention policy. A review.*** s.l. : Australian Journal of Nutrition and Dietetics, 2001, Vol. 58:1.

14. Schulz, C. L. ***The Dutch Hunger Winter and the developmental origins of health and disease.*** 39, s.l. : PNAS, 2010, Vol. 107. 16757-16758.

15. PHE. Making the Case for Preconception Care. Planning and preparation for pregnancy to improve maternal and child health outcomes. [Online] 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729018/making_the_case_for_preconception_care.pdf/.

16. NIHR. Better Beginnings Improving Health for Pregnancy. [Online] https://www.dc.nihr.ac.uk/themed-reviews/health-in-pregnancy-research.htm.

17. Stephenson, H., et al. ***Before the beginning: nutrition and lifestyle in the preconception period and its importance for future health.*** s.l. : Lancet, 2018, Vol. 391. 1830-1841.

18. National Institute for Health and Care Excellence. *Pre-conception advice and management.* Scenario: advice for all women. 2017.

19. Barker, M., et al. *Intervention strategies to improve nutrition and health.* 1853 -1864, s.l. : The Lancet, 2018, Vol. 391.

20. Fleming, T.P., et al. *Origins of lifetime health around the time of conception: causes and consequences.* 1842-1852, s.l. : The Lancet, 2018, Vol. 391.

21. De-Regil, L. M, et al. *Effects and safety of periconceptional oral folate supplementation for preventing birth defects.* s.l. : Cochrane Review, 2015.

22. PHE. Health of women before and during pregnancy: health behaviours, risk factors and inequalities; an initial analysis of the maternity services dataset antenatal booking. [Online] 2018. https://assets.publishing.service.gov.uk/government/uploads/ system/ uploads/attachment_data/file/727735/Health_of_ women_before_and_during_ pregnancy_national_analysis_ of_the_MSDS_booking_data.pdf..

23. NHS. Your pregnancy and baby guide: having a healthy diet in pregnancy. [Online] 2017. https://www.nhs.uk/conditions/pregnancy-and-baby/healthy-pregnancy-diet/.

24. Barker, D,J,P. 2,. I*n utero programming of chronic disease.* 115-128, s.l. : Clinical Science, 1998, Vol. 95.

25. Iglesias, L., Canals, J. and Arija, V. *Effects of prenatal iron status on child neurodevelopment and behavior: A systematic review.* 1604-1614, s.l. : Critical Reviews in Food Science and Nutrition., 2018, Vol. 58.

26. NHS. Your pregnancy and baby guide. [Online] 2017. https://www.nhs.uk/conditions/pregnancy-and-baby/benefits-breastfeeding.

27. NHS. What to feed young children. NHS. [Online] 2017. https://www.nhs.uk/conditions/pregnancy-and-baby/understanding-food-groups/.

28. Horta, B., Loret de Mola, C. and Victoria, C. *Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure and type 2 diabetes: a systematic review and meta-analysis.* s.l. : Acta Paediatrica, 2015, Vol. 104. 30-37.

29. PHE. *Early Years High Impact Area 3:* Breastfeeding. 2016.

30. PHE. Commissioning infant feeding services: infographics part 1. [Online] 2016. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534160/Commissioning_infant_feeding_services_infographics__Part_1_.pdf.

31. World Health Organisation. Gloabal strategy for infancy and young child feeding. [Online] 2002. http://www.who.int/nutrition/topics/global_strategy/en/.

32. *The School Fringe: What pupils buy and eat from shops surrounding secondary schools.* **Sinclair S., and Winkler, J. T. s.l.** : Nutrition Policy Unit; London Metropolitan University, 2008.

33. Rachel Flowers, Public Health Croydon. *Annual Public Health Report. 2017.*

34. Lopez-Azpiazu., Isabel, et al. *Perceived barriers of, and benefits to, healthy eating reported by a Spanish national sample.* 2, s.l. : Cambridge University, 1999, Vol. 2. 209-215.

35. Black, C. Working for a healthier tomorrow. Dame Carol Black's review of the health of Britains working age population. [Online] 2008. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf.

36. Amelia A. Lake, et al. *Exploring the dynamics of a free fruit at work intervention.* 839, s.l. : BMC Public Health, 2016, Vol. 16.

37. Mancino, L., Kinsey, J. *Is dietary knowledge enough? Hunger, stress and other roadblock to health eating.* s.l. : U.S Department of Agriculture, 2008.

38. Walker, Lou. *It's time to rethink office cake.* 2018.

REFERENCES

39. NHS. Health Survey for England. [Online] 2013. https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2013.

40. British Nutrition Foundation. *Menopause. British Nutrition Foundation.* [Online] 2018. https://www.nutrition.org.uk/healthyliving/lifestages/menopause.html?limit=1&start=2.

41. British Nutrition Foundation. Healthy Ageing. [Online] 2018. https://www.nutrition.org.uk/healthyliving/healthyageing/top-tips-for-healthy-ageing.html.

42. Malnutrition Task Force. Eating and drinking well in later life. *Malnutrition Task Force.* [Online] 2019. https://www.malnutritiontaskforce.org.uk/.

43. PHE. Keep Track Of Calories. *One You.* [Online] 2019. https://www.nhs.uk/oneyou/for-your-body/eat-better/keep-track-of-calories-400-600-600/.

44. Wu HW, Sturm R. *What's on the menu? A review of the energy and nutritional content of US chain restaurant menus.* 1, Santa Monica : Public Health Nurtrition, 2012, Vol. 16. 87-96.

45. Marteau, M, T., Hollands, J, G., Shemitt, I., Jebb, A, S. *Downsizing: policy options to reduce portion sizes to help tackle obesitys.* l. : BMJ, 2015, Vol. 351.

46. Arno, A and Thomas, S. *The efficacy of nudge theory strategies in influencing adult dietary behaviour: a systematic review and meta-analysis.* 16, s.l. : BMC Public Health, 2016. 676.

47. Thaler, Richard and Sunstein, Cass. *Nudge improving decisions about health, wealth and happiness.* London : Penguin Books, 2008.

48. Royal Society For Public Health. Health on the shelf. RSPH. [Online] 2019. https://www.rsph.org.uk/our-work/policy/obesity/health-on-the-shelf.html.

49. VegUK. *Vegetarian Types.* s.l. : The Raghuvanshi Association in Croydon, 2019.

50. NHS. Live Well Eat Well. [Online] 2018. https://www.nhs.uk/live-well/eat-well/the-vegan-diet/.

51. British Asssociation of UK Dietians. *Plant Based Diet.* [Online] 2017. https://www.bda.uk.com/foodfacts/plant-based_diet.

52. Tong, T., Y et al. *BMJ.* [Online] 4 September 2019. [Cited: 18 September 2019.] https://www.bmj.com/content/366/bmj.l4897.

53. Dibb, S. and Salazar, E. Eating Better. [Online] May 2017. [Cited: 1 September 2019.] https://www.eating-better.org/uploads/Documents/2017/Eating%20Better_The%20future%20of%20eating%20is%20flexitarian.pdf.

54. Delaney, E. What is a Pescatarian Diet? BBC GoodFood. [Online] [Cited: 17 September 2019.] https://www.bbcgoodfood.com/howto/guide/what-pescatarian-diet.

55. NHS. Food Labels. *Live Well.* [Online] 2018. https://www.nhs.uk/live-well/eat-well/how-to-read-food-labels/.

56. PHE. Local Authority Health Profiles. *Public Health Profiles Fruit Consumption.* [Online] 2017/2018. https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132694/pat/6/par/E12000007/ati/102/are/E09000008.

57. PHE. The public health burden of alcohol: evidence review. [Online] 2018. https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review.

58. PHE. Public Health Profiles. *PHE Fingertips.* [Online] 2014. https://fingertips.phe.org.uk/search/14%20units%20of#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000008/iid/92778/age/168/sex/4.

59. PHE. Alcohol Dependence Prevalence in England. [Online] 2018. https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england.

60. Grogan, S and Wainwright N. *Growing up in the culture of slenderness: Girls' experiences of body dissatisfaction.* 6, s.l. : Women's Studies International Forum, 1996, Vol. 19. 665-673.

61. Cunningham, V. (Lambeth Public Health). *Lambeth Ethnic Research.* s.l. : Lambeth Council, 2009.

62. Chapmana, Gwen and Maclean, Heather. *"Junk food" and "healthy food": meanings of food in adolescent women's culture.* 3, s.l. : Journal of Nutrition Education ,, 1993, Vol. 25. 108-113.

63. Rolls, B. J., Fedoroff, I. C. and & Guthrie, J. F. *Gender differences in eating behavior and body weight regulation.* s.l. : Health Psychology, 1991, Vol. 10(2). 133-142.

64. Farmer GW, Jabson JM, Bucholz KK, Bowen DJ. *A population-based study of cardiovascular disease risk in sexual minority women*.. s.l. : Am J Public Health. , 2013, Vols. 103:1845–1850.

65. Przedworski JM, McAlpine D, Karaca-Mandic P, VanKim NA. *Health and health risks among sexual minority women: an examination of three subgroups*. s.l. : Am J Public Health., 2014, Vols. 104(6):1045–1047.

66. Fredriksen-Goldsen KI, Kim HJ, Barkan SE, Muraco A, Hoy-Ellis CP. *Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study* s.l. : Am J Public Health., 2013, Vols. 103(10):1802–1809.

67. Boehmer, U., Miao, X., Linkletter, C., and Clark, A, M. *Adult health behaviors over the life course by sexual orientation.* 103(10):1802–1809. s.l. : Am J Public Health., 2012, Vols. 102:292–300.

68. Dilley JA, Simmons KW, Boysun MJ, Pizacani BA, Stark MJ. *Demonstrating the importance of feasibility of including sexual orientation in public health surveys: Health disparities in the Pacific Northwest.* s.l. : Am J Public Health, 2009, Vols. ;99(10):1–8.

69. Fredriksen-Goldsen KI, Kim HJ, Barkan SE, Balsam KF, Mincer SL. *Disparities in health-related quality of life: A comparison of lesbians and bisexual women.* s.l. : Am J Public Health, 2010, Vols. 100(11):2255–2261.

70. Boehmer U, Bowen DJ, Bauer GR. *Overweight and obesity in sexual-minority women: evidence from population-based data.* s.l. : Am J Public Health. , 2007, Vols. 97(6):1134–40.

71. National Institutes of Health. *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults--The Evidence Report.* s.l. : Obes Res. Suppl 2. Vol. 6., 1998.

72. Comerford SA, Henson-Stroud MM, Sionainn C, Wheeler E. *Crone Songs: Voices of Lesbian Elders on Aging in a Rural Environment.* s.l.: ffilia, 2004, Vols. 19(4):418–436.

73. Austin EL, Irwin Ja *Health Behaviors and Health Care Utilization of Southern Lesbians.* s.l.:Women's Heal Issues, 2010, Vols. 20(3):178–184.

74. Melissa N. Laska, Nicole A. VanKim, Darin J. Erickson, Katherine Lust, Marla E. Eisenberg, B. R. Simon Rosser,. *Disparities in Weight and Weight Behaviors by Sexual Orientation in College Students.* s.l. : Am J Public Health, 2015, Vol. 105(1): 111.

75. Diemer EW, Grant JD, Munn-Chernoff MA, Patterson DA, Duncan AE. *Gender Identity, Sexual Orientation, and Eating-Related Pathology in a National Sample of College Students.* s.l. : J Adolesc Health, 2005, Vols. Aug; 57(2):144-9.

76. Watson RJ, Veale JF, Saewyc EM. *Disordered eating behaviors among transgender youth: Probability profiles from risk and protective factors.* s.l. : Int J Eat Disord, 2017, Vols. 0(5):515-522.

REFERENCES

77. Mind. Food and Mood. ***Mind for better mental health.*** [Online] 2019. https://youtu.be/CSHO9VdVRfg.

78. Arab, Arman, et al. ***The association between diet and mood: A systematic review of current literature.*** 1872-7123, s.l. : Psychiatry research, 2019, Vol. 271. 428-437.

79. Singh, Minati. ***Mood, food, and obesity.*** s.l. : Frontiers in Psychology, 2014, Vol. 5.

80. Merwe, M-T van der. P***sychological correlates of obesity in women.*** s.l. International Journal of Obesity , 2007, Vol. 31. pages S14–S18.

81. Chiriboga, D. E., et al. *Gender Differences in Predictors of Body Weight and Body Weight Change in Healthy Adults.* 137-145, s.l. : Obesity, 2008, Vol. 16.

82. Xin-YunLu. *The leptin hypothesis of depression: a potential link between mood disorders and obesity?* 6, s.l. Current Opinion in Pharmacology, 2007, Vol. 7. 648-652.

83. NHS. Underweight Adults. ***Live Well.*** [Online] 2017. [Cited: 25 September 2019.] https://www.nhs.uk/live-well/healthy-weight/advice-for-underweight-adults/.

84. NHS. Obesity . ***Health A to Z.*** [Online] May 2019. https://www.nhs.uk/conditions/obesity/#.

85. PHE. Health Matters: Obesity and the Food Environment. [Online] March 2017. [Cited: 8 July 2019.] https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2..

86. PHE. Child and Maternal Health. ***Fingertips.*** [Online] 2017/18. https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133258/pat/6/par/E12000007/ati/102/are/E09000008.

87. NHS. Child obesity and excess weight: small area level data. [Online] March 2017. https://www.gov.uk/government/statistics/child-obesity-and-excess-weight-small-area-level-data.

88. PHE. Percentage of adults (aged 18+) classified as overweight or obese. ***Local Authority Health Profiles.*** [Online] 2017/2018. https://fingertips.phe.org.uk/profile/health-profiles/data#page/4/gid/1938132694/pat/6/par/E12000007/ati/102/are/E09000008/iid/93088/age/168/sex/4.

89. Rachel Flowers (ADPH), Margie Van Dijk (PHE) and Paul Plant (PHE). Association of Directors of Public Health. ***What Good Healthy Weight for all ages Looks Like.*** s.l. : PHE, 2019.

90. Goverment Office for Science. Foresight Tackling Obesities: Future Choices - Project Report. ***Goverment Offlce for Science.*** [Online] 2007. [Cited: 10 July 2019.] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf.

91. Cancer Research UK. *New evidence on TV marketing and junk food consumption amongst 11-19 year olds 10 years after broadcast regulations. 2018.*

92. PHE. Whole systems approach to obesity: A guide to local approaches to promoting a healthy weight. [Online] 2019. assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf.

93. BEAT. The Costs of Eating Disorders – Social, Health and Economic Report. [Online] February 2015. https://www.readkong.com/static/db/69/db695e9863ca72dc6d1653c3614c1da8/9fada62b6bcd/the-costs-of-eating-disorders-social-health-and-economic-4571626.pdf.

94. NHS. Adult psychiatric morbidity in England 2007. ***The Information Centre for Health and Social Care.*** [Online] 2007. https://files.digital.nhs.uk/publicationimport/pub02xxx/pub02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf.

95. PHE. Prevalence of potential eating disorders among young people. ***Public Health Profiles.*** [Online] 2013. https://fingertips.phe.org.uk/search/eating%20disorders#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000008/iid/91146/age/164/sex/4.

96. National Institute for Health and Care Excellence. Oral Health: Local Authorities and Partners. [Online] 2014. https://www.nice.org.uk/guidance/ph55, 2014.

97. PHE. National Dental Epidemiology Programme for England: oral health survey of five-year-old children. [Online] 2016/17. www.nwph.net/dentalhealth/survey-results%205(16_17).aspx.

98. PHE. Hospital Episode Statistics: Extractions data, 0-19 year olds, 2011/12 to 2016/17. [Online] 2016/2017. http://www.nwph.net/dentalhealth/Extractions_270317.aspx.

99. NHS Digital. NHS Dental Statistics for England 2018-19. [Online] 2018. ps://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2018-19-annual-report-pas.

100. National Institute for Health and Care Excellence. Oral health: local authorities and partners. Public health guideline [PH55]. [Online] 2014. www.nice.org.uk/guidance/ph55/chapter/4-considerations.

101. PHE. Delivering better oral health – an evidence based toolkit for prevention. [Online] 2017. tps://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention.

102. PHE. Oral health of older people in England. [Online] January 2016. https://www.gov.uk/government/publications/oral-health-of-older-people-in-england-and-wales.

103. PHE. Fast Food Outlets. [Online] 2017. https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england.

104. Kellog's. Can everyone access affordable, nutritious food? Kellogg's. [Online] 2018. https://kelloggsfooddeserts.co.uk/.

105. National Institute for Health and Excellence. Strategy, policy and commissioning for diet. [Online] 2019. ttps://pathways.nice.org.uk/pathways/diet#content=view-node%3Anodes-standards-for-take-aways-and-food-outlets&path=view%3A/pathways/diet/strategy-policy-and-commissioning-for-diet.xml.

106. Bagwell, S. *The role of independent fast food outlets in obesogenic environments: a case study of East London in the UK.* s.l. : Environment and Planning, 2011, Vol. 43. 2217-2236.

107. The Waste and Resources Action Programe (WRAP). Food and Drink. [Online] 2019. http://www.wrap.org.uk/food-drink.

108. Food Standard Agency. Best before and use by dates. *Food Standards Agency*. [Online] 2019. https://www.food.gov.uk/safety-hygiene/best-before-and-use-by-dates.

109. Very Edible Gardens. Why grow food? *Very Edible Gardens*. [Online] https://www.veryediblegardens.com.au/iveg/why-grow-food/.

110. The Royal Horticultural Society. Green Wallks. *RHS Inspiring everyone to grow*. [Online] 2019. https://www.rhs.org.uk/advice/profile?pid=547.

111. PHE. Adult Obesity: applying All Our Health. [Online] June 2019. https://www.gov.uk/government/publications/adult-obesity-applying-all-our-health/adult-obesity-applying-all-our-health.

CROYDON
www.croydon.gov.uk

Delivering
for Croydon