

Southwark Healthy Weight Strategy

2009 – 2012

Improving the life chances of Southwark residents by supporting them to eat a balanced diet enjoy physical activity on a regular basis and live and work in an environment that enables them to do this.

Document Control Summary

Rationale	To provide a coherent strategy for achieving Southwark's healthy weight vision.
Strategies to be read in conjunction with this document	<ul style="list-style-type: none">• Southwark's Young People Policy• Southwark Play Strategy• Physical Activity Strategy• Southwark Health Improvement Strategy 2007 –10• Southwark Transport Implementation Strategy• Southwark children and young people's plan
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1. Southwark's Healthy Weight Vision

A healthy weight is vital to physical and mental wellbeing. Over the past decade the prevalence of underweight in the general population has remained relatively stable, while overweight and obesity has almost doubled [18]. The World Health Organisation states that obesity is an epidemic that requires urgent action [18]. In the UK, Derek Wanless specifically highlighted the rising levels of obesity and concomitant increases in co-morbidities as posing a significant threat to the future affordability of the National Health Service [27]. *Choosing Health* cites obesity and tackling weight management as a major strand of work for the health service, local government and general public [6].

The impact of overweight and obesity on the length and quality of life is significant. Overall nearly 9% of all deaths are attributable to excess weight, 10% of all cancer deaths amongst non-smokers and 85% of all hypertension cases; and for each unit increase in body mass index the risk of coronary artery disease more than trebles [5]. Overall, obese adults die eleven years earlier than the general population [5]. The government's commissioning support toolkit for healthy weight interventions estimates the costs in Southwark to the NHS of diseases related to overweight and obesity to be £86.1 million in 2010 and £92.1 million in 2015 [6].

The London Health Observatory estimates that approximately 4,000 deaths, or 7% of all deaths in London in 2003 were attributable to obesity [17]. Of these, 300 were cancer deaths, 450 were due to stroke or raised blood pressure, 600 were caused by angina or heart attack and 250 were caused by diabetes [17]. The relatively small numbers of deaths per year at PCT level make it difficult to produce accurate estimates of deaths due to different causes attributable to obesity. However, 7% of deaths in 2003 in Southwark would equate to 125 deaths due to obesity¹.

Nationally, the Government Office For Science's Foresight report predicts by 2050 nine in ten adults and two thirds of children will be overweight or obese [18]. There is a Public Sector Agreement Target to reduce the proportion of overweight and obese children to 2000 levels in the context of reversing the rising tide of obesity and overweight in the population as a whole, by ensuring that all individuals are able to maintain a healthy weight [6]. *Healthy Weight Healthy Lives* acknowledges that the shift from solely focusing on obesity to a wider concept of a healthy weight throughout the life course requires action to support those who are underweight and at increased risk of health problems, although it's initial focus is on overweight and obesity [4].

Overweight and obesity pose more significant threat to public health than underweight in the UK. However some eating disorders, primarily anorexia nervosa, pose immediate threats to health and life. Obesity is defined as an abnormal or excessive accumulation of body fat, which impairs health [20]. Overweight and obesity occur when more energy is consumed through food and drink than expended through physical activity. At this simple level, a healthy balanced diet and regular physical activity are effective mechanisms for controlling weight at an individual level. However, this energy balance (or imbalance) is influenced by a complex interrelated system of individual, social, economic and political determinants where no one factor dominates [18]. The evidence is clear that successful action to promote a healthy weight will focus on the whole population and will work in partnership to reduce the prevalence of obesity and overweight needed to produce change across these various domains, whilst targeting individual factors at multiple levels and utilising different interventions directed at the same process [18].

Southwark wants to improve the life chances of Southwark residents by supporting them to eat a balanced diet, enjoy physical activity on a regular basis and live and work in an environment that enables them to do this.

¹ Based on office of 2003 deaths of registered Southwark residents.

This will be challenging. Nationally, Southwark has highest rate of obesity amongst year six children with 26% obese compared to an English average of 18.3% and the second highest amongst reception year with 14.4% obese compared to 9.6%². Based on Health Survey for England prevalence rates, 22.1% of Adults in Southwark have a body mass index (BMI) greater than 30kg/m² and 32% have a raised waist circumference [8]. However this is likely to be an underestimation as the borough's population contains large groups at increased risk of overweight and obesity, including Black Africans and Black Caribbeans, those living in socially deprived areas, smokers planning to stop, people with disabilities and those employed in manual professions.

It is recognised that significant work is underway within the borough by a variety of different organisations and through a variety of routes. However, there is a need for co-ordination of work to promote healthy weight and clarity on how initiatives impact on the prevalence of overweight and obesity within the borough. Southwark now needs to take a more strategic approach to promoting a healthy weight through a coherent strategy supported by a robust commissioning plan and with a clear focus on measuring the impact of work.

2. Summary of Evidence

Obesity research is biased towards causes rather than treatment and prevention [18]. There are few good quality control trials and those interventions or programmes, which have been successful in reducing overweight and obesity amongst participants, have not been replicated on large enough scale to evaluate their public health benefit [18].

The National Institute of Clinical Excellence (NICE) has reviewed the evidence with regard to the prevention and treatment of obesity in adults and children. Key findings are:

- Lifestyle programmes can be successful as a primary treatment.
- Programmes which set realistic weight goals; focus on lifestyle changes; address diet and physical activity; offer a variety of approaches; include a component of behaviour change; offer follow up support.
- Drug treatment in adults and children over 12 years who have a significant co-morbidity
- Maintaining a healthy weight through reducing sedentary behaviours.
- Maintaining a healthy weight through a low fat diet, increased consumption of fruit, vegetables and fibre and decreased consumption of sugary drinks, take away food and alcohol.
- Focusing on parental obesity to reduce the risk of obesity and overweight in children.
- Multi-component interventions which include a public health media campaign to increase awareness of what constitutes a healthy diet
- Using social marketing interventions to improve outcomes associated with diet, e.g. fruit and vegetable intake, fat consumption.
- Family-based interventions that target improved weight maintenance in children and adults, focusing on diet and activity, can be effective, at least for the duration of the intervention
- There is limited evidence to suggest workplace based interventions produce long term weight loss
- No studies were identified which considered the provision of water in the workplace, active travel schemes and stair use on weight outcomes
- It is unclear whether interventions are more effective when delivered by multidisciplinary teams
- There is no evidence on the effectiveness of broader environmental interventions on the maintenance of a healthy weight and prevention of obesity

NICE outlines which interventions can be effective for individuals to lose weight and adopt a healthier lifestyle, however focusing solely on the treatment of individuals is not sufficient to

² National Childhood Measurement Programme 2008 results based on Primary Care Trusts in England.

reduce the rising levels of obesity across the entire population. We must combine an effective healthy weight programme targeted to those who are overweight and obese with a universal healthy weight strategy to reduce the average BMI across the entire population. Finally, we need to promote the right balance between treatment and prevention and a key priority is the prevention of overweight and obesity amongst children and young people. Whilst a clear distinction is needed between strategies to promote a healthy weight and programmes to treat obesity, obesity is a remitting relapsing condition and implementing an effective prevention strategy will support treatment [18].

Focusing too much on a single element of the obesity system, or on one population group, is unlikely to be successful in bringing about the scale of change required [18].

2.1 Causes of overweight and obesity

The causes of overweight and obesity are both simple and complex. Excess body fat is caused by more energy being taken in through eating and drinking than is used up through metabolism and physical activity – imbalance between ‘energy in’ and ‘energy out’.

The primary determinants of this energy balance are an individual's biology (genetics) and behaviour (eating and physical activity habits). The Foresight report [18] further examined this and found a “complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain”

The Foresight report identified 7 cross-cutting predominant themes which affect our weight:

- **Biology:** an individual's starting point - the influence of genetics and ill health;
- **Activity environment:** the influence of the environment on an individual's activity behaviour, for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers;
- **Physical Activity:** the type, frequency and intensity of activities an individual carries out, such as cycling vigorously to work every day;
- **Societal influences:** the impact of society, for example the influence of the media, education, peer pressure or culture;
- **Individual psychology:** for example a person's individual psychological drive for particular foods and consumption patterns, or physical activity patterns or preferences;
- **Food environment:** the influence of the food environment on an individual's food choices, for example a decision to eat more fruit and vegetables may be influenced by the availability and quality of fruit and vegetables near home;
- **Food consumption:** the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet.

2.2 Community based programmes to reduce overweight and obesity

The Department of Health is piloting the Healthy Towns initiative in 9 towns. This initiative is based on the French **EPODE Programme – Ensemble, prévenons l'obésité des enfants (France)** The programme involves whole communities with a focus on families with children aged between 5 and 12 years. The programme aims to promote a varied balanced diet, incentivise physical activity, increase knowledge and translate this into action at a family level [12].

3 Programmes for children and early years

A framework has been produced by the Cross-Government Obesity Unit to support local commissioning of services to enable overweight and obese children to move towards and maintain a healthy weight. More information is available in *Healthy Weight, Healthy Lives: Child Weight Management Programme and Training Providers Framework*. [32]. Programmes appointed to the framework include the following:

Carnegie Weight Management (Leeds, England)

Carnegie weight management established by Leeds Metropolitan University offers a variety of approaches aimed at 8 to 17 year olds. These include intensive treatment residential camps for the very obese; community based day camps for moderately obese children and community and after-school clubs for mildly obese, overweight children. Children who attended the residential camp for an average of twenty-nine days lost an average of 6kg, reduced their BMI by an average of 2.4 units and their standard deviation scores by a mean of 0.28 [27].

COCO - Care of Childhood Obesity Clinic (Bristol Royal Hospital for Children, England)

COCO is a hospital-based service for children with morbid obesity. It involves an intense dietary programme and calorie restriction, physical activity and pharmacotherapy. 83% of those attending the clinic reduced their BMI. A pilot study is underway to examine the feasibility of transferring the clinic to primary care in preparation for a full randomised control trial of the two. The study will entail training a practice nurse, community dietician and exercise specialist to deliver the same clinical service in primary care as that offered at the hospital.

WATCH IT – For 8-16 yr olds. The programme offers a holistic, multi-component intervention addressing nutrition, physical activity and emotional wellbeing. The programme is delivered by health trainers offering individualised support to parents and children over 12 months alongside group activity.

MEND – MEND stands for Mind, Exercise, Nutrition and Do it and is a multicomponent community and family-based overweight/obesity treatment programme. The programme is group based, for up to 15 children aged 7-13 each with one parent/carer. There are two, two-hour sessions for ten weeks. Key elements are Mind (eg goal setting, identifying triggers, role modelling), Exercise (expert-delivered physical activity sessions for the children) and Nutrition. MEND also have a programme for 2-4yrs called Mini-MEND and 5-7 year olds.

SCOTT – For 2-19 yr olds. Developed by University of Glasgow. Designed to be mainly directed at children/adolescents requiring more individualised treatment. The programme consists of a core of 10 appointments usually through a health professional, with two for parents only, over 20 or 24 weeks. Parents have the role of participants in the programme as well as facilitators and supporters of the child's chosen goals.

HENRY – Health, Exercise, Nutrition for the Really Young (England)

Based on the Family Partnership Model [21], HENRY focuses on babies, toddlers and early years children. It aims to enhance the skills of health and community practitioners to deliver intervention in five key lifestyle areas: parenting; eating behaviour; nutrition, physical activity; emotional well-being [13].

EMPOWER – Empowering Mothers to Prevent Obesity at Weaning (Leeds and Warwick, England)

Developed by the Royal College of Paediatrics and Child Health Obesity Group, EMPOWER piloted the use of health visitor delivered interventions to prevent infant and early childhood obesity in high risk infants, by promoting a healthy diet and appropriate levels of physical activity as part of the Child Health Promotion Programme. A two-year feasibility study is (24 months): This stage of the study will involve piloting the intervention from amongst sixty-four families and is assessing the feasibility of conducting a randomised control trial at a later stage [24].

ALIVE N KICKING – A programme for 7-11yr olds and 11-16yr olds. Based on segments of 12 weeks, families attend each week for 1 hour compulsory sessions followed by one organised physical activity session each week (normally optional). Activities include education sessions, physical activity programmes and behavioural change workshops. The programme uses group sessions, a 1-1 assessment and information exchanges. A bespoke, prioritised support strategy is devised in conjunction with the whole family.

4. Strategic Priorities

This strategy is based on the evidence and advice from national bodies on what works and incorporates an assessment of current activities in Southwark which enhance achievement of healthy weight.

Southwark will work to ensure that people who are of an unhealthy weight receive timely access to appropriate, evidence based care and treatment. People who are overweight and at risk of serious complications are supported through personalised, evidence based interventions which support sustained behaviour change. Childhood obesity treatment programmes will work with the whole family and will be commissioned based on NICE guidance and current best practice.

Southwark's Healthy Weight Strategy consists of four strands:

Strand One – Early intervention and prevention.

Strand Two – Shifting the curve of overweight.

Strand Three – Targeting those at risk of an unhealthy weight.

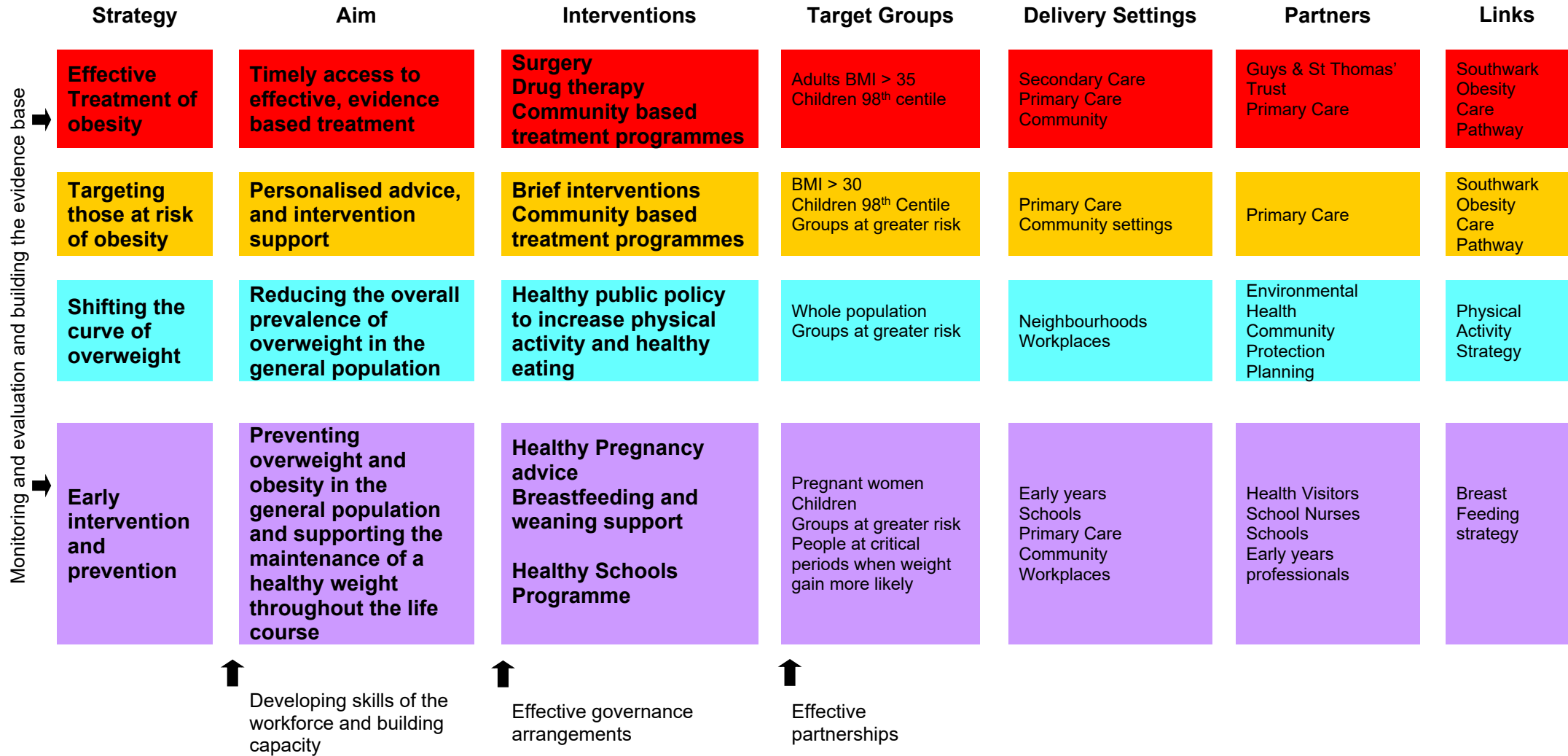
Strand Four – Effective treatment of anorexia, obesity and other weight disorders.

These four strands will be supported by:

- **A programme of monitoring and evaluation, which will contribute to the obesity treatment and prevention evidence base.**
- **A programme of workforce training and development to build capacity throughout the borough.**
- **Effective governance arrangements to ensure that healthy weight strategy group and healthy weight strategy is fit for purpose.**
- **A commitment to developing and nurturing effective partnerships with statutory and third sector organisations.**

We will work to commission interventions based on robust evidence and will work to influence and support our partners to effectively contribute by nurturing partnerships, engaging with local residents and building capacity and skills.

5. Southwark Healthy Weight Strategic Framework



5.1 Strand One – Early intervention and prevention

Aim: Early intervention to prevent overweight and obesity in the general population, with a particular focus on children and supporting the maintenance of a healthy weight throughout the life course.

Once weight is gained it is difficult to lose, thus Southwark will work to prevent overweight and obesity in the general population, with a particular focus on children and supporting the maintenance of a healthy weight throughout the life course. Early intervention and prevention work should not be solely focused in terms of children and young people, as parents, carers and families significantly influence the development of a healthy or unhealthy weight.

Research shows there are a number of critical points across the life course where there may be specific opportunities to influence behaviour. These relate to periods of 'metabolic plasticity' such as pregnancy and menopause or behaviour change such as leaving home or giving up smoking [18]. There is strong evidence that early foetal growth patterns, parental weight, and early childhood nutrition have long-term consequences for later weight. Preschool years (ages 2–5) are a key time for shaping lifelong attitudes and behaviours, and childcare providers can create opportunities for children to be active and develop healthy eating habits, and can act as positive role models.

Intervention Groups

- Mothers who do not breastfeed - There is some evidence that babies who are not breastfed are more likely to become obese in later childhood [19,2].
- Families in lower socio-economic groups - Mothers from lower socio-economic groups are also more likely to introduce solid foods earlier than recommended and their children are at a greater risk of gaining weight too slowly in infancy and obesity in later childhood [2]. Weaning prior to 4 months is related to rapid weight gain in infancy. Rapid early growth has been linked to greater general and central adiposity at 5 years and may predispose to the development of childhood obesity [25].
- Families with unhealthy eating, physical activity and feeding behaviours - e.g. low consumption of fruit and vegetables in the early years [29]. Parents without the knowledge, skills and resources to provide a healthy diet, time children spend watching television [18].
- Children's centres, schools, health services which need to encourage healthy physical activity and food behaviours in families and support these with healthy policies.
- Pregnant and menopausal women – both are critical periods for weight gain in women.
- People giving up smoking
- Groups at greater risk of unhealthy weight – mental health and learning disability service users, some BME groups, socio-economically deprived groups.

Current Activities

- Early years nutrition and dietetics team working in Children's Centres to deliver health promotion
- Breastfeeding cafes
- Training of lay breastfeeding support workers
- Healthy Schools programme

Strand One – Early intervention and prevention

Objective	Mechanism	Target Group & Setting	Actions	Outcomes	Timescale	Owner & Stakeholders	National & Local Policy / Target links
1.1 Provision of healthy pregnancy advice (Preconception and in utero)	Maintaining a healthy weight and good nutrition throughout pregnancy	Pregnant women	Healthy eating advice for all pregnant women through primary care	Reduction health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth	2010	Primary care Midwifery Health visitors	PSA 2: Reduction in health inequalities NICE Maternal & child nutrition guidance Child Health Promotion Programme
			Identification of risk factors through CHPP and referral to specialist/dietetics for women with a BMI >27				
			Pre-conception advice available Healthy start vitamins available to purchase for those who do not qualify				
			Advice on healthy start incorporated into routine visits by primary care professionals.				
1.2 Breastfeeding and weaning support (Post natal and weaning)	Increasing % of women who initiate and sustain breastfeeding	Pregnant women	Implementation of the Southwark Breastfeeding strategy	2% increase per year in breastfeeding rates	2010	Midwives Health visitors	NI 56 breastfeeding
	Provision of weaning support and advice			All PCT and council owned premises are UNICEF Baby Friendly			
1.3 Maintaining a healthy weight	Healthy early years programme	Children centres	Development of an evidence based healthy early years programme, which focuses on the	Development of a healthy early years programme	2011	Health visitors, community nursery nurses, the child	Integrated Early Years Strategy

Objective	Mechanism	Target Group & Setting	Actions	Outcomes	Timescale	Owner & Stakeholders	National & Local Policy / Target links
throughout early years (early years)	Early years nutrition and health promotion in children centres years settings		development of physical activity and healthy eating and utilises a whole setting approach.	All early years settings to develop, implement and monitor a and physical activity food policy		health promotion programme (CHPP) team and children's centre teams	Every Child Matters Framework
1.4 Preventing overweight in children and young people (school, families and young people)	Work with schools to ensure that they provide opportunities for healthy food and physical activity as well as advice and support on preventing obesity	Schools	Implementation and development of Healthy Schools Programme	100% of schools have achieved Healthy Schools status % increase in school lunch up take	2010	Schools Southwark Council PCT Healthy Schools Programme	LAA NI 52 school lunches School Food Trust
	Work within youth settings and other venues frequented by young people, to ensure that they provide opportunities for healthy food and physical activity as well as advice and support on preventing obesity	Children and young people in non-educational settings	Representation of Youth Service on Healthy Weight Strategy Group Implementation of food and physical activity policies in youth settings	% of children participating in at least two hours of physical activity per week	2010	Youth service	Healthy Southwark Change for life
	Support for families	Families	Provide support (both practical and financial) to develop and maintain community-based initiatives, which aim to make a balanced diet more accessible to people especially those on a low income.	Increased participation	2010	Primary care Children's services Schools Early years settings Public Health	Healthy Weight Healthy Lives

Objective	Mechanism	Target Group & Setting	Actions	Outcomes	Timescale	Owner & Stakeholders	National & Local Policy / Target links
			Development of a parenting strategy				
1.5 Preventing weight gain at critical periods throughout the life course (smoking cessation, parenting, menopause and aging)	Build healthy weight advice into smoking cessation services	Adults and BME groups in smoking cessation services	Develop links between smoking cessation service and weight management services, particularly with smoking cessation aimed at ethnic minority groups who are at increased risk of obesity	% of adults who request support receive healthy weight advice	2011	Smoking cessation Pharmacy Health promotion Dietetics	Healthy Weight Healthy Lives

5.2 Strand Two – Shifting the curve of overweight

Aim: Reducing the overall prevalence of overweight in the general population

While public awareness of the healthy weight agenda appears to be growing, recognition of unhealthy weight remains a significant barrier to healthy weight control [15]. In the mid 1990s a focus developed on eating disorders and the fear of some young women of a healthy weight to identify themselves as overweight. Since then awareness of the need for healthy weight has shifted to those who are overweight and obese. The prevalence of anorexia has remained relatively stable while the prevalence of overweight and obesity has increased dramatically [15].

Urbanisation creates conditions, which promote poor eating habits and inactivity (WHO) and data from the 2008 Childhood Measurement Programme shows that childhood obesity continues to be significantly higher in urban areas than rural. The population mean BMI increased by 1.5kg/m² in men and 1.3kg/m² in women between 1993 and 2006 [4] and this shift towards overweight has been accompanied by a concomitant increase in the proportion of the population who are obese or morbidly obese. Southwark will utilise healthy public policy to reduce the overall prevalence of overweight in the general population. Successfully reducing average BMI across the population will have a dramatic effect in the prevalence of diabetes [18]. The interaction between people and their environment has important consequences for behaviour and the adoption of healthy lifestyles. There are opportunities to shape the built environment and make good use of public spaces, planning and building design.

Intervention Groups

- **Whole population**
- **Children and early years (see Strand 1)**
- **Groups at greater risk (BME Groups (See strand 3), Most deprived wards)**

Current activities

- Active Living officers from the Council offer free physical activity sessions.
- Southwark Council's Community Games programme provides free sports coaching and competition for 8 to 16 year olds throughout the year.
- Training is offered to local people learning how to lead community-based activities such as Healthy Walks, Chair Based Exercise and Exercise to Music.
- Southwark Healthy Walks programme
- Free swimming for under 16s and over 60s

Strand Two – Shifting the curve of overweight

Objective	Mechanism	Target Group	Actions	Outcomes	Timescale	Owner & Stakeholders	National & Local Policy / Target links
2.1 Ensure all settings support people to enjoy a healthy balanced diet and regular physical activity	Healthy early years programme	Early years	Development and implementation of programme	% of children centres participating in programme	2009	Public health Health visitors Early years	
	National healthy schools programme	School aged children	Continuation of programme	% of pupils attending a Healthy School		Public health Schools	
	Healthy hospital, community and care home programme	Vulnerable groups	Development settings policy developed			Public Health LD service SLAM	
	Healthy workplace programme	Employees	A healthy workplace policy developed	A healthy workplace policy developed and implemented for all NHS and LA premises		Southwark PCT Southwark Council	
2.2 Improve the diets of Southwark Residents	Implementation of a Southwark Food Strategy	Southwark residents	Identification of food deserts Development and implementation of local campaign	Reduction in the difference in children's DFM scores at 5 and 12 Portions of fruit and vegetables consumed daily	2010	Southwark PCT Southwark Council	
		Children and Young People BME groups Top quintile most deprived wards					
		Retailers					

Objective	Mechanism	Target Group	Actions	Outcomes	Timescale	Owner & Stakeholders	National & Local Policy / Target links
		Workforce				communities Local businesses	
2.3 Increase activity in everyday life amongst children and young people	Provision of quality play space, promotion of unstructured play availability of structured activity and sport	Children and young people in 5 most deprived wards	Review of Southwark's Play Strategy Development of physical activity plan Appointment of borough PA lead	% of children and young people doing 5 hours physical activity a week 16% of children travelling to school by car (from baseline of 22% 2007) (LAA 198)	2011	CSPAN Southwark physical activity groups Young Southwark	NI 57 participation in physical education and sport school travel Southwark Play Strategy
2.4 Increase activity in everyday life amongst adults	Minimisation of environmental barriers to physical activity	Southwark residents	Appointment of borough PA lead Engagement with local residents to identify barriers to physical activity and audit completed	% of adults engaging in physical activity	2010	Environmental Sustainability Partnership CSPAN Southwark physical activity groups	National Service Framework for Coronary Heart Disease NI 8 Cleaner Greener Southwark Southwark Transport Implementation Strategy
	Reduced car use	Car users	Promotion of cycle schemes and walking	8.5% reduction in per capital in CO2 emissions from baseline of 7.1 tonnes (LAA 8.18)	2011	Environmental Sustainability Partnership Planning	NI 8 adult participation in sport
			Provision of safe bicycle storage				
			Traffic calming measures				
Personalised travel plans							
							Southwark Transport

Objective	Mechanism	Target Group	Actions	Outcomes	Timescale	Owner & Stakeholders	National & Local Policy / Target links
	Promotion of walking	Adults		Increase in number of travel plans	2009	Public Health	Implementation Strategy
			Public sign posting	Review of public signposting in the borough	2010	Planning	Environmental Health Planning
2.5 Ensure that public spaces are conducive to and supportive of physical activity and a healthy lifestyle.	Policy and planning	Southwark residents	Public lighting	Reduced BMI levels in areas where there are particularly high levels of health inequality	2010	Public Health Environmental Health Business and Planning Safer Southwark	NICE Guidance Promoting physical activity in the workplace
			Crime and disorder				
			Clean streets				
			Green spaces				
			Traffic				
			Public signage				
2.6 Utilise social marketing approaches to promote evidence based lifestyle changes	Social marketing campaigns	BME groups Top quintile most deprived wards Parents	Develop social marketing strategy which supports national campaigns	Increased awareness among families of the health problems associated with obesity.	January 2009	Communications Public Health	National Centre for Social Marketing
2.7. Ensure that Housing and Regeneration Strategies support people to live in environments that promote physical activity and access to healthy food	Policy and Planning	Those living in social housing and in major regeneration areas	Health Impact Assessment of new strategies and area action plans	More people living in areas planned by council are able to participate in daily physical activities	January 2012 and ongoing	Housing and Regeneration	Mayors London Plan

5.3 Strand Three – Targeting those at risk of obesity

Aim: Personalised advice, intervention and support for those at risk of obesity

Southwark Health and Social Care will ensure that people who are overweight and at risk of obesity will receive personalised advice, interventions and support. Advice, treatment and care will take account of people's needs, preferences and readiness to change.

Intervention Groups

- **People attending primary care who are overweight** - Many adults attending primary care are overweight and may be at risk of diseases such as cardiovascular disease or diabetes. They may also have established diseases and be receiving treatment but require help to support them to lose weight
- **Young people who are overweight** - While 26% of young people are obese there is also a large community of children who are currently overweight and at risk of moving to the more dangerous category of obese. There is need to support such young people to manage a healthier approach and assist with the maintenance of a healthier weight.
- **People with mental ill health** - Several well-conducted studies have demonstrated that people with a severe and enduring mental illness (SMI) have an increased risk of overweight and obesity than the general population, due to low levels of physical activity, poor diet and the side effects of anti-psychotic medication [1,3]. A North American study found people with SMI has two and a half times the prevalence of obesity as the general population [26]. It is difficult to state accurately exact numbers but based on these studies and local data approximately 1,134 people with schizophrenia live in Southwark and of these, 624 may be obese.
- **People with Learning Disabilities** - Obesity appears to be more common among people with learning disabilities. [30]. Health checks have shown that people with learning disabilities had a higher rate of obesity (35%) than the general population (22%) [31].
- **People from some BME groups** - The available data shows wide variation in obesity prevalence rates in different ethnic groups. It shows males from minority ethnic groups appear to have markedly lower obesity prevalence rates than those in the general population. Black African and Bangladeshi females appear to have higher obesity prevalence rates than the general population. Prevalence was highest in Black African (39%), Black Caribbean (32%), and Pakistani (28%) women. Black African children appear to have the highest levels of obesity (32% of boys and 28% of girls), followed by Black Caribbean children (27% of boys and 21% of girls), and Bangladeshi children (24% of boys and 21% of girls). Pakistani and Irish boys also appear to have high levels of obesity with an obesity prevalence of 21% and 20% respectively.
- **People living in income deprived households** - Obesity is also slightly more common in children from socioeconomically deprived families, although the reasons for this are not clear. Obesity is more common among women (but not men) from socioeconomically deprived areas. In 2003 the prevalence of obesity among women was lower in managerial and professional households (18.7%) and in intermediate households (19.6%) than in routine and manual households (29.0%)

Current activities

MEND programme on two sites

Health promotion interventions in deprived wards, MOT outreach nurses, Exercise on Referral programme, childrens centres nutritionists

Adult and children's online obesity care pathways for use by anyone working with NHS patients

Primary Care dietetic service

Strand Three– Targeting those at risk of obesity

Objective	Intervention	Target Group	Actions	Outcomes	Timescale	Owner & Stakeholders	National & Local Policy / Target links
3.1 Evidence based interventions for overweight children	Provision of brief interventions for overweight children	Children BMI > 91 st centile	Development of service specification Stimulation of market	No rise in childhood obesity from 2008	2009	Commissioning	NICE National Service Framework for Children, Young People and Maternity Services
3.2 Provision of brief interventions for overweight adults	Choosing health through pharmacy	Adults BMI > 30	Direct referral to exercise on prescription by pharmacists	Proportion of people maintaining weight loss on completion of weight management programme	2009	Commissioning Medicine's Management	NHS choices
	List of NICE compliant self-help, commercial and community weight management programmes		Development, implementation and monitoring of list of preferred providers				Choosing health through pharmacy: a programme for pharmaceutical public health 2005 - 2015
3.3 Targeting at risk groups	Develop wider opportunities for people with learning difficulties to engage in physical activity and healthy eating	Learning disability	Work with learning disability service to implement a health promotion strategy	10% increase in people on the MH and LD register receive an annual health check and who have a comprehensive health plan from 2008 baseline	Dec 2009	Learning Disability Service Service Users Commissioning South London Mental Health Trust Commissioning Southwark Mind Service Users	Valuing People Now
		Adults with severe and enduring mental illness	Work with mental health trust evaluate the MH promotion strategy				Mental Health NSF

Objective	Intervention	Target Group	Actions	Outcomes	Timescale	Owner & Stakeholders	National & Local Policy / Target links
	Monitor the weight of people with learning disability and mental health problems	People with learning disabilities	Work with LD and MH services to ensure that weight maintenance plans are included as part of their treatment plans.	100% of people on QoF with an identified LD or mental illness have their BMI recorded.	2010	Primary Care Mental Health Trust Learning Disability Service	
		Mental health service users					
	Provision of targeted interventions	BME groups	Work with social marketing institute to develop social marketing campaign		2009	Social Marketing Institute	Healthy Weight Healthy Lives
			Target weight management interventions at high risk BME groups				National Service Framework for Diabetes
3.4 Engaging primary care in the obesity agenda	Obesity prevention available in primary care	Practice based commissioning clusters	Work with General Practices to develop obesity prevention activities appropriate to their practice population	<p>Increase in recording of adults weight by GPs</p> <p>Improved access to overweight and obesity management services in primary care.</p>	2009	Primary Care Public Health Commissioning	

5.4 Strand Four – Effective Treatment of an Unhealthy Weight

Aim: Timely access to effective, evidence based treatment

Southwark Health and Social Care will ensure that people who are of an unhealthy weight have timely access to effective, evidence based treatment. Lifestyle, pharmacological and surgical treatments for obesity will be commissioned on the basis of NICE guidance.

Intervention Groups

Interventions contained within this strand are for adults with a BMI greater than 35kg/m² and children with a BMI above the 98th centile. These interventions differ from those contained in Strand 3 in that they are obesity treatment with measurable clinical outcomes and require referral and involvement from the patient's general practitioner.

- **Overweight and Obese Adults** - There are approximately 115,700 men and 111,800 women in Southwark who are obese (BMI greater than 30)³. Surgery is first-line option (instead of lifestyle interventions or drug treatment) for adults with a BMI of more than 50 kg/m² for whom surgery is appropriate. Pharmacological treatment will only be considered once dietary, exercise and behavioural approaches have been initiated (NICE). Prescribing will follow current NICE guidance.

Bariatric surgery is recommended for adults who have:

- A BMI of <40 kg/m², or between 35 kg/m² and 40 kg/m² and other significant disease that could be improved if they lost weight.
- Tried all appropriate non-surgical measures but have failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months.
- Been receiving or will receive intensive management in a specialist obesity service.
- Been deemed fit for anaesthesia and surgery.
- Committed to the need for long-term follow-up.

- **Overweight and Obese Children and young people** - The national childhood measurement programme annually measures the height and weight of all reception and year 6 school children. Southwark has a significantly higher prevalence of overweight and obesity in reception and year 6 children than London and England.

Current Provision

- Bariatric Surgery
- Pharmacological treatment
- MEND programme on two sites
- Adult and children's online obesity care pathways for use by anyone working with NHS patients

³ Southwark prevalence estimates based on 2007 mid year census population, using Health Survey for England prevalence rates

Strand Four – Effective Treatment of an Unhealthy Weight

Objective	Intervention	Target Group	Actions	Outcomes	Timescale	Owner & Stakeholders	National & Local Policy / Target links
4.1 Timely access to appropriate care for obese adults	Obesity care pathway	Adults BMI > 35	Review of effectiveness of obesity care pathway	Reduced obesity levels in patients who have BMI>30 (or 28 in Asian populations)	2010	Secondary Care Public Health	NICE Obesity guidance
4.2 Effective commissioning of surgical interventions for obesity	Service specification	Adults BMI > 40 kg/m ² or 35 kg/m ² - 40 kg/m ² plus significant co-morbidity	Development of a service specification for surgical interventions	Referral to specialist bariatric surgeon within 12weeks	2010	Commissioning Secondary Care	NICE Obesity guidance
4.3 Effective and evidence based prescribing of obesity drugs	Implementation of prescribing guidelines for obesity drugs	Adults with a BMI of 27.0 kg/m ² or more plus associated risk factors or BMI > 30.0 kg/m ²	Audit of current prescribing Development of guidelines	NICE compliant prescribing in primary care	2009	Medicines Management GPs	NICE Obesity guidance
4.4 Timely access to appropriate care for obese children	Obesity care pathway	Children with BMI at or above 98th centile	Development of obesity care pathway for children	Improved diet and nutrition, promote healthy weight and increase levels of physical activity in overweight or obese patients		Commissioning Secondary Care Primary Care	NICE Obesity guidance
4.5 Effective commissioning of community interventions for the treatment childhood obesity	Service specifications for children's obesity treatment programmes	Children with BMI at or above 98th centile	Development of a service specification for childhood obesity treatment programmes		2009	Commissioning Public Health Children's Services	NSF for Children, Young People and Maternity Services NICE Obesity guidance

6. Supporting actions and enablers

6.1 Monitoring and evaluation

Aim: To implement a programme of monitoring of the levels of obesity and use of services in adults and children throughout the time period of the strategy to assess progress towards its aims and objectives and to contribute to evidence based of obesity prevention and promotion of a healthy weight

Objective	Mechanism	Target and setting	Actions	Outcomes	Owner & stakeholders	Links to national targets
Measure the impact of strategies to reduce the prevalence of overweight and obesity amongst 0 – 11 year olds	National childhood measurement programme	Reception year and year 6 in schools	Support for School Nursing in data collection Increase capacity in school nurse team to increase coverage	CHMP data 2008/09 with 80% coverage for reception year and year 6	Public Health School nursing	LAA NI 55 obesity in Reception LAA NI 56 obesity in Year 6
80% of practises record BMI data at ward level to measure the impact of initiatives to prevent, reduce the prevalence of overweight and obesity amongst	QOF indicator OB1	Adults	Set up regular collection and analysis of QOF data on BMI and attribute to wards	Prevalence of overweight (BMI 25-30 kg/m.sq.) and obesity (BMI 30 kg/m.sq.) in the general adult population by age	Primary Care	
Ensure effective mechanisms are in place to feedback the results of local surveys into obesity work streams.	Obesity strategy groups	Community	Establish system	Local intelligence is use to improve healthy weight work	Public health intelligence	
Progress on the implementation of clinical guidance is regularly reviewed and the results are used to improve services	NICE Audit	Secondary and primary care	Establish system	Benchmark of compliance with NICE and an improvement target for next year agreed and a plan development and agreed.	Obesity strategy Group	Clinical governance
All community based healthy eating and physical activity programmes are evaluated and the results are feedback to the Obesity Strategy Group	Roll out of evaluation tools	Community	Validated evaluation tools used to assess healthy eating and physical activity interventions	All activities are evaluated using standardised and validated tools	Obesity Strategy Group	
All programmes are evaluated using standardised methodologies.	Implementation of national standards and methodologies.	Community	Work with DH and National Institute of Social Marketing Centre to implement standardised evaluation methods.	Standardised evaluation tools implemented and results centrally collated	Obesity Strategy Group Public Health Intelligence	Healthy Weight, Healthy Lives
The strategy is inclusive	Equality impact assessment	Strategy	Conduct equality impact assessment	Equality impact assessment completed and recommendations incorporated	Obesity Strategy Group	

6.2 Building capacity

Aim: To develop the skills of the workforce within Southwark and increase the capacity of individual and organisations to contribute to the healthy weight agenda

The PCT will develop the skills of the workforce within Southwark and increase the capacity of individual and organisations to contribute to the healthy weight agenda. Some will need general training (for example, in health promotion), while those who provide interventions for obesity (such as dietary treatment and physical training) will need more specialised training.

Objective	Mechanism	Target and setting	Actions	Outcomes	Owner & stakeholders	Links to national targets
Local workforce from the PCT and all partner agencies know how to raise the subject of healthy weight and can give appropriate advice on healthy eating and increasing physical activity, as well as the health risks of obesity	Induction training	NHS and LA Workforce	Implementation of obesity induction session	All staff achieve KSF workforce competence Communication Level 2 and can communicate with individuals about how they can improve their health and wellbeing so they can develop healthy behaviours and lifestyles.	Training and education	NICE
All staff are aware of their role in contributing to the healthy weight agenda	Induction training Road shows	NHS, LA and third sector Workforce	Mapping of obesity work to Knowledge and Skills Framework and inclusion in individual staff and teamwork plans.	All relevant teams and staff have healthy weight included in their work plans	Training and education	Knowledge and Skills Framework
Training in counselling and motivational techniques for primary care staff	Specialised training	NHS Workforce	Develop a specialised training package	Staff trained	Training and education	
Development of pharmacists skills in providing brief interventions and weight management advice	Local Enhanced Services	Pharmacists	Specialised training	Pharmacists trained	Medicine's Management Commissioning	Choosing health through pharmacy: a programme for pharmaceutical public health 2005 - 2015
Healthy Weight Resources are available for professionals	Specialised resources	NHS, LA and third sector workforce	Development and distribution of resources for professionals	Specialised resources in place and their use is monitored and evaluated	Training and education and resource library	Healthy Weight, Healthy Lives
Appropriate training is given to the third sector so that they understand their contribution to the obesity agenda as well as the health risks of obesity and are able to give appropriate advice on healthy eating and increasing physical activity	Training	Third sector	Development of training package	Key third sector groups access training	Training and education and resource library	Healthy Weight, Healthy Lives

6.3 Effective governance

Aim: The strategy group is fit for purpose

Objective	Mechanism	Target and setting	Actions	Outcomes	Owner & stakeholders	Links to national targets
Clear consistent messages are communicated about a healthy weight and the work of the PCT and LA to promote it	Communication strategy	Public	Develop communications plan		Communications	Change for life
The strategy group has a clear, purpose with measurable objectives and effective reporting mechanisms	Terms of reference	Strategy groups	Review terms of reference	Clear terms of reference adopted	Strategy group	
The strategy is jointly owned and understood by the PCT and LA	Local strategic partnership	PCT, LA and its partners	Consider stakeholder event	Successful implementation of strategy	Strategy group	
The strategy is integrated with all relevant strategies and work programmes	Terms of reference	PCT, LA and its partners	Reporting mechanisms		Strategy group	

6.4 Strong Partnerships

Aim: The group is supported by effective partnerships, which can cope with multiple lines of accountability

Objective	Mechanism	Target and setting	Actions	Outcomes	Owner & stakeholders	Links to national targets
Southwark Healthy Weight Strategy is supported by effective partnerships with the statutory and third sector	Audit	Stakeholders	Review of partnerships using Verona benchmark	Increased awareness among partner services necessary to support first contact service providers, helping achieve a more integrated service	Strategy group	Verona benchmark

Appendix A: Classification of overweight and obesity in adults

Body mass index

Obesity is typically measured in adults for epidemiological purposes using Body Mass Index (BMI). This measure has been found to correlate well with adiposity, which has been shown to be a risk factor for a variety of clinical conditions [20]. Key cut-off points are used to designate people who are underweight, healthy weight, overweight, obese and super-obese.

BMI Classification	Waist circumference			Co-morbidities present
	Low	High	Very high	
Overweight 25–29.9	General advice on healthy weight And lifestyle	Diet and physical activity	Diet and physical activity	Diet and physical activity; Consider drugs
Obesity 1 30–34.9	Diet and physical activity	Diet and physical activity	Diet and physical activity	Diet and physical activity; consider drugs
Obesity 2 35–39.9	Diet and physical activity; consider Drugs	Diet and physical activity; consider drugs	Diet and physical activity; Consider drugs	Diet and physical activity; consider drugs; consider surgery
Obesity 3 40 or more	Diet and physical activity; consider drugs; consider surgery	Diet and physical activity; consider drugs; consider surgery	Diet and physical activity; consider drugs; consider surgery	Diet and physical activity; consider drugs; consider surgery

Waist circumference

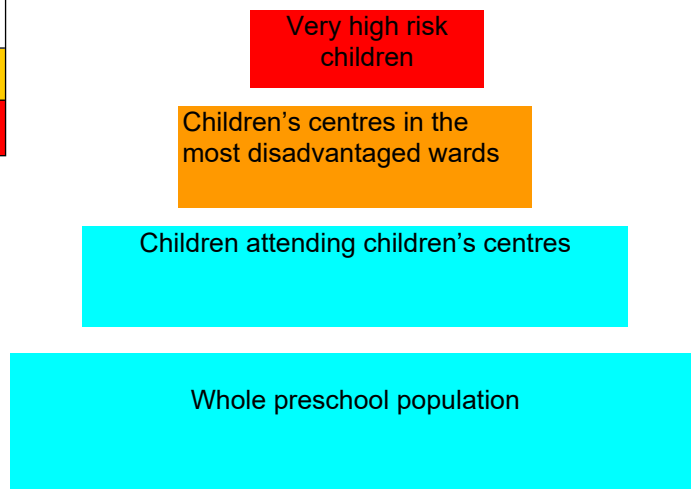
Waist circumference provides an indication of the distribution of fat within the body and a high waist circumference is a well established risk factor for a number of obesity related conditions. Waist circumference is also a more accurate predicator of overweight and obesity in some populations.

	Increased risk	Significantly increased
Male	>94cm	>102cm
Femal	>80cm	>88cm

Appendix B: Classification of overweight and obesity in children

NICE guidance states that BMI should be used as a practical estimate of overweight and obesity in children and young people and should be related to the UK 1990 BMI charts to give age and gender specific information. It recommends that BMI should be interpreted with caution as it is not a direct measure of adiposity [20] and adds that waist circumference should not be used as a routine measure of overweight and obesity but may be used to give additional information on the risk of developing other long-term health problems [20]. While the NICE guideline development group considered there to be a lack of an evidence to support specific cut-offs with regard to overweight and obesity designations in children and young people it recommended the following pragmatic indicators:

Centile	Designation
≥ 91 st Centile	Overweight
≥ 98 th Centile	Obese



Appendix C: Associated strategies and targets

Strategy	Accountable Body	Objectives
Healthy lives, brighter futures The strategy for children and young people's health	Department of Health Department of Children, Schools and Families	New document published February 2009
Public Service Agreement	Department of Health Department of Children, Schools and Families Department for Culture, Sports and Media	Halt the year on year rise in obesity among children under 11 by 2010 (from 2002-04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole.
National Service Framework for children, Young People and Maternity Services [6]	Department of Health	Children and young people who are overweight are referred to appropriate services such as family orientated therapy and exercise.
National Service Framework for Diabetes [11]	Department of Health	Develop, implement and monitor strategies to reduce the risk of developing type 2 diabetes in the population as a whole and to reduce the inequalities in the risk of developing type 2 diabetes.
National Service Framework for Coronary Heart Disease [10]	Department of Health	Develop, implement and monitor strategies to reduce the prevalence of coronary risk factors in the population, and reduce inequalities in risks of developing heart disease.
NHS Cancer Plan	Department of Health	Both set targets to increase access to and the consumption of fruit and vegetables
Delivering Choosing Health	Department of Health	Development of a comprehensive care pathway for obesity, providing a model for prevention and treatment by December 2005.
Our Health, Our Care, Our Say: a new direction for community services (2006)	Department of Health	Greater service integration with a wider access to services closer to patients' homes.
Local Authority Agreement Target	Southwark Alliance	Obesity in children Year 6
World Class Commissioning	Southwark Health and Social care	Obesity in children Year 6

Glossary

Stakeholder – any individual, group or organisation that influences the outcomes detailed in the Healthy Weight Strategy.

Commissioners - the agencies with the budgets and responsibilities for making and implementing strategic service development decisions on behalf of service users.

Providers - the agencies with services, which can be purchased by the commissioner to meet the needs of, service users.

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