

Education and Children's Services Scrutiny Sub-Committee

Tuesday 16 November 2010
7.00 pm
Town Hall, Peckham Road, London SE5 8UB

Supplemental Agenda

List of Contents

Item No.	Title	Page No.
4.	Minutes To approve as a correct record the Minutes of the open section of the meeting held on 4 October. Minutes are enclosed. Additional information requested on Southwark's conception and abortion rate, during cabinet member questions, is enclosed . Additional information on schools involved in Southwark Olympics is enclosed. Information requested at the last meeting on dangerous dogs is enclosed.	1 - 13
6.	Review of Childhood Obesity and Sports Provision for Secondary and Primary Children Presentation from Dr Ann Marie Connolly, director of public health, on the review. Jin Lim (Consultant in Public Health, NHS Southwark & Southwark Council), Clare Smith (Children's Services), Tim Hetherington (Sports & Physical activity) will be attending. A report is attached. Data on obesity / overweight levels in Southwark schools is also attached as well as information on Southwark Superstars challenge.	14 - 101

Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk
Webpage:

Date: 12 November 2010



EDUCATION AND CHILDREN'S SERVICES SCRUTINY SUB-COMMITTEE

MINUTES of the Education and Children's Services Scrutiny Sub-Committee held on Monday 4 October 2010 at 7.00 pm at Town Hall, Peckham Road, London SE5 8UB

PRESENT: Councillor David Hubber (Chair)
Councillor the Right Revd Emmanuel Oyewole
Councillor Lorraine Lauder MBE
Councillor Adele Morris
Councillor Rosie Shimell
Councillor Althea Smith
Councillor Cleo Soanes
Jane Hole
Sharon Donno

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Julie Timbrell , project manager
Shelly Burke , head of scrutiny
Romi Bowen , strategic director children's services
Pauline Armour, assistant director , children 5 – 11 services and inclusion
Glen Garcia , head of pupil access

1. APOLOGIES

1.1 Apologies for lateness were received from Councillors Rosie Shimell and Althea Smith.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. MINUTES

4.1 The minutes of the meeting held on 12 July 2010 were agreed as an accurate record.

5. CABINET QUESTIONS WITH CLLR CATHERINE MCDONALD - CABINET MEMBER FOR CHILDREN'S SERVICES

- 5.1 Cllr Catherine McDonald, Cabinet member for Children's Services, tabled written answers to questions 1 – 17. [These are attached] The Chair invited members to ask supplementary questions. A member queried why questions 19 to 23 had not received written answers and the cabinet member explained that the last few questions had come in after the deadline, but she would do her best to answer these during the course of the meeting. There were two other queries on questions and it became apparent that one question had gone astray and had not been put to Cllr McDonald, and question 18 had been submitted on time but had inadvertently not received a written answer.
- 5.2 Cllr Adele Morris asked a supplementary query to the written answer given to question 1, commenting that 2 miles is a long distance for a child to travel to school and asked if there are any plans to facilitate transport and avoid the use of cars. The cabinet member for children's services responded they are trying to reduce distances travelled and the 2 miles is the statutory limit but the council endeavours to meet the parent's preference where possible. The council are also trying to make permanent the extra places to build on temporary arrangements.
- 5.3 Cllr Rosie Shimell asked a supplementary query on question 5 and asked the cabinet member how she felt Youth Community Council meetings are working in practice? The Cabinet member commented that the young people participating are able and passionate and she had been impressed with their contribution.
- 5.4 Cllr David Hubber referred to question 4 and asked about the slight drop in numbers of children supported by Social Services following the Southwark Judgement. This was attributed to partly to work done to keep children with their families.
- 5.5 Cllr David Hubber referred to question 5 and asked if social services turnover was reducing? The strategic director for children's services, Romi Bowen, reflected that last year was a difficult year with Baby Peter. Southwark Council did have some vacancies that we could not fill so the Council approached New York. The council also paid extra money to keep people on the front line. We are now looking forward to reforms following the Social Work Task Force report and the current national review of child protection which the government has commissioned and which is being led by Prof Eileen Munro. These reforms should make social work more attractive.

- 5.6 Cllr Adele Morris commented that the recent Crystal Clear youth participation event had been well attended however she queried the appropriateness of a youth worker posing questions. Officers commented that it was difficult to comment without knowing the details but youth workers do sometimes play an advocacy role.
- 5.7 Cllr Adele Norris commented, in relation to the answer given to question 7, that there had been a rise in the number of teenage conceptions. The Cabinet member agreed that had been a small jump but generally there is good progress. Cllr Adele Morris asked about the number of conceptions that lead to live births. The strategic director for children's services commented that the abortion rate in Southwark is high and she can supply the figures to the committee.
- 5.8 Cllr David Hubber asked about plans for the Youth Offending Teams following on from the answer submitted to question 8. The Strategic Director commented that following a review the Council decided that the team should focus more on their enforcement and probationary role – in line with its statutory remit. The Youth Service has now picked up some of the other services formally offered by this team.
- 5.9 A member asked about the implementation of free school meals, following on from question 10. The Cabinet member responded that the Council has invited schools to participate in a proof of concept to ensure the model works. The Cabinet member was asked if she thought this would impact positively on obesity levels. She responded that the provision of one nutritious meal a day was one of the reasons the programme was being implemented and other councils who have done this have increased take up.
- 5.10 A member commented that one of the issues preventing take up is that children do not like the food and will not eat healthy meals. There was a comment that this can be improved by growing food and improving cooking skills.
- 5.11 The Cabinet member was asked about the cost implications and the Cabinet member responded that they had elected on the manifesto which included the pledge. The administration is committed to ensuring every child has one nutritious meal and reducing obesity levels which cross social class.
- 5.12 A supplementary question was asked on question 11, requesting more details on the Council's response to obesity levels. A member asked a specific question on engaging with parents to look at cooking. The Cabinet member responded that a range of healthy eating courses are offered. There was a question on the number of fast food outlets near schools and the Cabinet members indicated that they are working with planning to refuse permission to fast food joints near schools.
- 5.13 Cllr David Hubber drew the attention to the good practice in other boroughs in investing in volunteer mentors to support parents who are struggling with raising their families in challenging circumstances and referred to question 13. The Chair asked if the Cabinet members would consider introducing this in Southwark? The Cabinet member said in principle we could look into this. The Strategic Director said that Southwark does have Homestart which do this and the council does have a funding relationship with this organisation.
- 5.14 Cllr David Hubber referred to question 14 commenting that he and the Cabinet

member recently attended a meeting of Southwark Anti-Homophobic Forum where the main topic was the need to tackle more effectively homophobic bullying in schools. Cllr Hubber commented that he got the impression that the teachers found this difficult and needed more support, particularly if the teachers were gay or lesbian themselves. Could the heads be given more assistance? There is a need for more support so teachers feel more comfortable and are able to be 'out', if they want to. And the same is true for pupils. The cabinet member commented that they are looking at resources and assistance from Stonewall and that we do already have a good programme of PSHE education in schools.

- 5.15 A member asked about school results, referring to question 15, and asked how the vast improvements in the educational results, particularly GCSEs, in Southwark in the past eight years can be maintained and the upward trend continued? The cabinet member responded that schools will be looked at on a case by case basis and we will be working with teachers, heads and governors. We had 28 schools at floor level now there are 6. We will be promoting the ethos of aspiration so that all schools aspire to be outstanding. We also want to support teacher practice so class are delivered to a high standard and are engaging.
- 5.16 Cllr Cleo Soanes referred to question 17 and asked if Southwark schools are safe from Building Schools for the Future cuts? The Cabinet member confirmed that they were.
- 5.17 Cllr Cleo Soanes referred to question 18 and asked if the cabinet member if she thought that making every council home warm dry and safe will have an impact on education. The cabinet member agreed that it would and highlighted the importance of home and a place to do homework.
- 5.18 Members asked if the cabinet member believed that the improvement in educational attainment in Southwark was directly related to increased investment under the Labour Government and are you concerned that cuts in education spending could damage attainment? She responds that she did envisage they would cause damage, and that her aim was to minimise the impact. They are awaiting details from central government. Some things will end and something's the council will do differently. The council is engaged in a broad consultation and is speaking to Community Councils, the Youth Council and Speaker Box.
- 5.19 Concerns were raised about after school programmes and the possibility that schools might cut their extended schools programmes as a result of the cuts. The cabinet member responded that it was difficult to comment with out knowing the scale of the cuts and what will go; furthermore we do not know what the role of the authority will be. There was a query on the number of schools involved in the Olympic 2012 initiative. Officers responded that they would get back to members with this information.
- 5.20 Cllr The Right Revd Emmanuel Oyewole asked if we're encouraging the young people to get involve in criminality by not providing sufficient services and facilities for them. The Cabinet member responded that most young people are not involved in crime; we have a good youth service and diversionary activities.
- 5.21 Members referred to questions 22 and 23 and asked how Councillors are going out to meet/engage the young people in the Borough? The cabinet members

referred to the recent Crystal Clear event, the youth council forums and assured members that they are using engagement to shape the services offered. The strategic director also referred to the 1000 stories collected last year, many of which have been published.

5.22 The Chair thanked the cabinet member for attending.

6. ACADEMIES REPORT

6.1 The academies report circulated with the agenda was briefly presented by Pauline Armour , Assistant Director of 5-11 Services.

7. SCHOOL ADMISSIONS REPORT

7.1 Glen Garcia presented the report circulated. She explained that schools admissions is a complex process and the council makes information available both on the website and through publications. Some parents want face to face support, particularly if they have other complexities such as a child with special needs. One to one support is also often needed to help parents who do not get their first preference initially.

7.2 A member asked if parents can change their application preference? The officer confirmed that this can be changed up until the closing date.

7.3 Members commented that more information and promotion of the parental choice advisors would be good.

7.4 The officer explained that one of the issues is that council officers and teachers cannot give advice, only information. However the parental choice advisors can do this. This is to prevent any prejudicial or undue influence. This is less of an issue at secondary schools but can be a real issue at nursery level when children transfer to primary school.

7.5 This year the council did not circulate applications with initial information filled in as they want to increase online applications and reduce confusion. Last year people sometimes did two applications, both posting and submitting an online application. There was a request form a member for sufficient blank applications to be sent to schools.

7.6 Members emphasised the importance of clear advice so that parents can make realistic choices. Officers explained that they have revamped the publications they produce to help parents and children's with their school choices.

ACTION

Members requested that they receive hard copies by post of Southwark's:

- i) Guide to starting secondary school
- ii) Guide to starting primary school

8. REVIEW OF PARENTING SUPPORT - PART ONE : SCHOOL ADMISSIONS

8.1 The scoping documents circulated were reviewed and it was agreed that the committee agreed would pursue the following :

ACTION

- i) hold interviews with officers and parents representatives and if possible, any governors in a one-off session
- ii) ask the independent members of the sub-committee to submit any evidence they may have, whether anecdotal or not
- ii) request evidence from the Admissions Forum

9. REVIEW OF CHILDHOOD OBESITY AND SPORTS PROVISION FOR SECONDARY AND PRIMARY CHILDREN

8.1 The committee reviewed the scoping document and agreed they would pursue the above topic over the next two meetings.

8.2 Members thought it would be good to look at obesity rates for individual schools. They asked Pauline Armour , Assistant Director of 5-11 Services, if schools varied the amount of sport being offered and if some specialised? The officer confirmed there was variation and specialist sports partnerships. Members commented that it would be interesting to understand how sports programmes impacted on weight.

ACTION

Officers will provide:

- a) A list of obesity rates for Southwark primary and secondary schools
- b) A list of Southwark sports specialist schools

Comparisons will then be made.

Relevant Southwark education and public health officers will be asked to:

- i) provide a presentation on the topic
- ii) Seek out academic research on nutrition & physical activity and its impact on childhood obesity.

10. TRAINING

10.1 The Committee considered safeguarding training form members. It was agreed that if Southwark can do in house training then this will be organised. If this is not possible outside training will be purchased.

11. SOUTHWARK YOUTH COUNCIL

11.1 Southwark Youth Council will be invited to attend a committee meeting. The committee will look into building links with the Youth Council and consider partnership work such as the youth council suggesting topics for review.

12. WORK PROGRAMME

12.1 The new independent safeguarding chair will be invited . There will also be a request for the annual safeguarding report.

CHAIR:

DATED:

London Olympics 2012: engaging schools in Southwark

Get Set 2012: accessing benefits for schools

Get Set London 2012 is the main way for schools to access the range of resources on offer. There are two necessary stages to before accessing Get Set benefits:

1. Register with Get Set (online registration)
2. Apply to join the Get Set Network (access to visits and other benefits)

Get Set 2012 registrations for Southwark on 29.10.10

- ✓ ~45% of Southwark schools have signed up.
- ✓ Only 2 schools have joined the Get Set Network and as such are eligible for Olympic tickets and visits from role models etc

School type (totals)	Registered to Get Set	On Get Set network
Primary schools	47	2
Secondary schools	18	0
FE colleges	1	0
Special schools	4	0

(see end of this document for a list of registered schools)

Registration and network targets

The current target is to have 100% of Southwark schools registered and signed up to Get Set 2012 and the network by Easter 2011.

How will we achieve 100% sign up to Get Set?

The Olympics education steering group has been set up to specifically aim at engaging and communicating with Southwark's schools for London 2012. The group consists of the following members:

- ✓ 14-19 Advisory teacher and Dance Consultant
- ✓ Schools Sports Partnership manager Bacons College
- ✓ Schools Sports partnership, Harris Girls Academy Dulwich
- ✓ Primary School improvement partner, leading on creative curriculum and manager of ASTs - advanced skills Teachers
- ✓ PSHE (Personal Social & Health Education) and anti-bullying adviser

A newsletter has been designed by Bacons College Communications department and will be sent out regularly to schools via Learning Matters and partner contact channels, starting in the **week commencing 1 November 2010**.

Other school related objectives

A number of achievable objectives have been established for schools and the 2012 Olympics. These are currently under development and are as follows:

Olympic Action plans: Schools will be encouraged to develop Olympic action plans reflecting the core values for sustainability beyond 2012

Programme of sporting activity for schools related to Olympics values: Led by the Schools sports partnership, this will be a series of Olympic based sporting activities for schools including the Southwark Schools Olympics (July 2012)

Development of quality PSHE (Personal Social & Health Education) programmes of work reflecting Olympic values: delivery of the Olympic message through the existing PSHE curriculum

Olympic 2012 Dance Challenge: An Olympic take on a yearly dance competition for primary, secondary school groups and youth and community groups.

Events management training for young people accredited via ASDAN CVQ awards: Increase the number of young people gaining nationally recognized accreditation for volunteering at levels 1, 2 and 3 ready for the Olympic volunteering schemes.

List of registered Schools

- Albion Primary School
- Alfred Salter Primary School
- Alleyns Junior School
- Bacons College
- Bellenden Primary School
- Beormund School
- Boutcher CE Primary School
- Brunswick Park Primary School
- Cathedral School of St Saviour and St Mary Overy
- Cavendish School
- Charter School
- Cherry Garden School
- Comber Grove Primary School
- Crampton Primary School
- Dog Kennel Hill Primary School
- Dulwich Hamlet Junior School
- Dulwich Village CE Infant School
- English Martyrs RC Primary School
- Eveline Lowe Primary School
- Friars Primary Foundation School
- Goodrich Community Primary School
- Grange Primary School
- Harris Academy at Peckham
- Harris Academy Bermondsey
- Harris Boys Academy East Dulwich
- Harris Girls Academy
- Herne Hill School
- Ivydale Primary School
- James Allens Girls School
- James Allens Preparatory School

- John Donne Primary School
- Kingsdale School
- Langbourne Primary School
- London Christian School
- Lyndhurst Primary School
- Michael Faraday Primary School
- Peckham Park Primary School
- Pilgrims Way Primary School
- Redriff Primary School
- Robert Browning Primary School
- Rotherhithe Primary School
- Rye Oak Primary School
- Sacred Heart RC School
- Snowsfields Primary School
- Southwark College
- Southwark Park Primary School
- St James CE J&I School
- St Johns RC Primary School
- St Josephs Catholic Junior School
- St Josephs RC Primary School
- St Judes CE Primary School
- St Michael & All Angels CE Academy
- St Michaels RC Secondary School
- St Pauls CE Primary School
- St Saviour and St Olaves School
- Surrey Square Junior School
- The City of London Academy
- The Globe Academy
- Tower Bridge Primary School
- Tuke School

Safer Southwark Partnership: Dog Action Group

The Dog Action Strategy

Introduction

Dogs have been considered man's best friend for thousands of years. The vast majority are sociable, playful, and convey tremendous pleasure to the owner and household. Walking a dog has obvious health benefits, and often facilitates social interaction with the community, whilst recent research has confirmed that owners have lower blood pressure, lower cholesterol, and fewer medical problems. For some people, particularly those who are older and alone "the social support offered by an animal is greater than the support another human could offer."¹

Unfortunately there is another side to the equation, and recent years have witnessed an alarming rise in dog related problems and community concerns. The blame for this does not rest with dogs per se, but with the careless, anti-social, and sometime even dangerous people who keep them.

But whatever the cause, the problems are serious and growing.

In the last five years London hospitals have seen admissions for dog bites increase by 79%, and some attacks have led to fatalities, often of children². Between 2004-2008 dog fights have increased twelve fold³. This activity, dangerous and distressing in itself, also marks our communities through the damage to trees, swings and park benches caused by violent owners coercively training their dogs to savage and fight. The authorities have responded - Met Police seizures of dangerous dogs have witnessed a 24 fold increase in six years, from 43 in 2003 to over 1000 in 2009 - but it has been at a cost. In 2010 the Met Police have allocated £10.5 million for kenneling fees alone.⁴

At the lower end of the scale, but none the less concerning for local communities, is the amount of dog fouling that blights our estates and public areas; the noise nuisance from dogs who have been neglected; or the increasing number of strays allowed to wander the streets because of careless or uncaring owners.

This strategy defines what these problems are for Southwark, and puts in place the partnership action required to resolve them. Our objective is to make dog ownership a positive experience for both owner and the community alike. To that end the strategy is pro-dog, within the confines of the law, and against the anti-social behaviour of the small minority who use dogs in such an irresponsible or dangerous way.

¹ BBC website article "Dog Owners Live Healthier Lives" quoting from academic research

² Source GLA, 31 March 2010

³ RSPCA figures

⁴ Figure quoted by Lord Toby Harris, Hansard, 21 June 2010

Partnership Action

In April 2010 the Safer Southwark Partnership established a Dog Action Group to progress action in a co-ordinated way. This group consists of (from the Local Authority) Community Safety, Housing, Parks, Waste Management, and Communications. It also includes the Met Police, RSPCA, and Battersea DCH. A full list of current members and contact details can be located at Annex A.

However, our most important partnerships are with the communities of Southwark and other stakeholders who work with dogs or tackle some of the problems that are being caused. A key feature of the strategy is to provide education and support, as well listening to concerns and responding with robust action when it is appropriate to do so.

Key Principals

- A pro-dog strategy which promotes the value of dogs and encourages responsible ownership
- A strategy which targets action on irresponsible owners, rather than dogs per se.
- In terms of dangerous dogs our main concern is tackling or preventing dangerous deeds, but we will also actively administer the law in relation to banned breeds.
- The Strategy also aspires to the highest standards of best practice, as nationally recognised by the RSPCA

Key Objectives

Promoting responsible ownership

1. To promote responsible ownership through compulsory micro-chipping and to explore a dog registration scheme on Southwark housing estates and RSL properties.
2. To take forward a regular programme of education, chipping and neutering in order to promote responsible ownership and to reduce the problems of strays, dog fouling, and noise. This includes behavioural training for the dogs of accidental owners or those who require additional support.
3. To promote responsible ownership and provide reassurance through a series of media campaigns and action updates

Tacking Irresponsible Owners

4. To put in place new powers to tackle irresponsible owners through the roll out of a Borough wide Dog Control Order
5. To reduce number of dog fouling clean ups or noise call outs through robust enforcement against owners or keepers.
6. To use tenancy enforcement or anti-social behavior legislation against persistently irresponsible owners

Tackling Dangerous Deeds and Banned Breeds

7. To develop Southwark BARK, including comprehensive intelligence gathering, to deter and disrupt dangerous behaviour and to seize dangerous or banned breeds.
8. To take robust action against owners of status or fighting dogs, and all that this involves, through criminal prosecutions, anti-social behaviour legislation or tenancy enforcement, with the aim of banning or preventing them from owning dogs in the future
9. To reduce the supply of dangerous dogs through BARK, neutering programmes, and enforcement against illegal breeding or sales

Meeting National Best Practice

10. To meet the RSPCA gold footprint standard for tackling stray dogs by September 2011 and to meet at least bronze standard for housing, contingency planning and animal welfare by September 2011. This includes training for staff, written protocols, effective partnerships, and clear communication of our policies and services to the public.

Children's Services and Education Scrutiny
16th November 2010

Background Report
Review of childhood obesity and sports provision for secondary and primary children

Content

Summary

1. Southwark context
2. Why is it of concern?
3. What can we do that is effective?
 - Evidence for the prevention and management of obesity
 - Evidence for promoting physical activity
4. What are we doing?
5. Next steps

Appendices

Appendix 1 Initial responses to Scrutiny scoping questions

Appendix 2 Southwark Physical Activity Strategy

Appendix 3 Southwark Healthy Weight Strategy

Appendix 4 Bacon's College Sports Partnership

Appendix 5 Summary list of relevant documentation

Summary

- Southwark has very high levels of childhood obesity. The Childhood Measurement Programme measure Reception Year and Year 6 pupils. We have had nationally the most obese Year 6 pupils for the past 3 years and despite a small reduction, we are likely to have the highest percentage again for 09/10.
- There is a multi agency Southwark Healthy Weight Strategy which sets out the key areas of work. The priorities involve a range of settings and different professionals and communities and focus on prevention in early years; 'shifting the curve' (ie prevention at a population level); targeting population groups 'at greater risk' of obesity; and weight management. The strategy is informed by national guidance, best practice and evidence of what works. For interventions to be effective, they have to be multi-component (ie inputs to include nutrition, physical activity and mental health).
- There is a recognition that we operate in a financially restrained context and that we will not be able to do everything. The emphasis must be on making the most difference (ie 'shifting the curve' at a population level) and whenever opportunities arise, creating synergy and added-value. A key Council priority is the introduction of universal Free School Meals (FSM) for primary school pupils. Evaluations of FSM nationally have indicated that a whole school approach is essential if unhealthy eating behaviour is to be changed. A whole school approach is one that builds on the Healthy Schools Standards (for eg ensuring that health and healthy eating are incorporated into the school curriculum, there are healthy eating policies and pupils, parents, teachers and governors are engaged in the health agenda). Additionally, the 'obesogenic' environment must be addressed ie opportunities for physical activity encouraged (eg walking to school as part of the school transport plan; access to green space) and the proliferation of unhealthy fast food outlets tackled.
- In Southwark, the MEND programme (family based weight management intervention) was run for almost 4 years funded through Big Lottery, various sources of research funding and LPSA pump priming. The programme has been nationally evaluated and locally it has delivered the LPSA 'stretch targets'. With the current resource constraints, the challenge for us is to now incorporate the lessons into on-going programmes such as the Southwark Community Games (SCG), Superstars Challenge obesity programme and the School Sports Partnership's Family Wellbeing programme.
- The central funding for the Healthy Schools Programme is also finishing at the end of March. Current discussions are taking place with schools to develop a locally agreed enhancement model to ensure further work on health and education is taking place and is being evaluated for behavioural

impact on our children and young people. This shall be launched in the Spring term.

- Southwark Leisure and Well Being Team are continuing to provide a host of programmes, through Southwark Community Games and SCG Superstar Challenge Programme, Sport Unlimited and a Young People with Disabilities programme. The funding for the School Sports Coordination is coming to an end at the end of March 2011. The current economic climate is raising a host of questions regarding on going provision and discussions are underway regarding budget pressures and further delivery.
- Leisure centres are currently undergoing major refurbishment: there is investment spread across all the council owned facilities.
- It is clear that there is a strong association between obesity and ethnicity. Further work needs to take place to address this.

1. Southwark context

The national Health Survey for England suggests that the prevalence of childhood obesity is increasing in Southwark across all ages. Local measurements of Reception Year (4 – 5 years old) and Year 6 children (10 – 11 years old) confirm this: for the last 3 years (06/07, 07/08, 08/09) Southwark had the highest obesity rates for Year 6 and the second highest for Year R for the last 2 years (07/08, 08/09). The latest childhood obesity measurements (09/10) indicate 25.7% (Year 6) and 14.8% (Year R) of pupils are obese: there is a slight decrease in obesity in Year 6.

There is an association between children from minority ethnic groups and excess weight: this is reflected both locally and nationally. Obesity levels are highest in deprived, inner-city areas, and among black and minority ethnic groups.

2. Why is it of concern?

Being overweight or obese can increase the risk in adulthood of developing a range of other health problems such as coronary heart disease (CHD), type 2 diabetes, stroke and reduced life expectancy (see Table 1)

The consequences of obesity are not limited to the direct impact on health. Overweight and obesity also have adverse social consequences through discrimination, social exclusion and loss of or lower earnings, and adverse consequences on the wider economy through, for example, working days lost and increased benefit payments.¹

There is also evidence that obese children experience more illness and health related problems in childhood as well as more school absenteeism.²

	Relative risk - women	Relative risk – men
Type 2 diabetes	12.7	5.2
Hypertension	4.2	2.6
Myocardial infarction	3.2	1.5
Colon cancer	2.7	3.0
Angina	1.8	1.8
Gall bladder disease	1.8	1.8
Ovarian cancer	1.7	---
Osteoarthritis	1.4	1.9
Stroke	1.3	1.3

Source: National Audit Office (NAO, 2001) Tackling Obesity in England.
London: The Stationery Office

Table 1: Estimated increased risk for the obese of developing associated diseases

¹ National Obesity Observatory (June 2010) The Economic Burden of Obesity

² Wijga Ah et al Comorbidities of obesity in school children: a cross-sectional study in the PIAMA birth cohort BMC Public Health. 2010; 10: 184

A report by the Royal College of Physicians (1998)³ states that if a person who weighs 100kg loses 10% of their weight, they would see:

- a substantial fall in blood pressure
- a fall of 10% in cholesterol
- a greater than 50% reduction in their risk of developing diabetes
- a 30-40% fall in diabetes related deaths
- a 40-50% fall in obesity related cancer deaths
- a 20-25% fall in total mortality.

3. What can we do that is effective?

The National Institute for Health and Clinical Excellence (NICE) reviews the effectiveness of interventions and produces guidance and recommendations covering the NHS, local authorities and partners, early-years settings, schools, workplaces, self-help, commercial and community settings.

Guidance relevant to childhood obesity include:

[Weight management before, during and after pregnancy](#) Jul 2010

[Prevention of cardiovascular disease](#) Jun 2010

[Promoting physical activity for children and young people](#) Jan 2009

[Maternal and child nutrition](#) Mar 2008

[Physical activity and the environment](#) Jan 2008

[Four commonly used methods to increase physical activity](#) Mar 2006

[Behaviour change](#) Oct 2007

Evidence for prevention and treatment of obesity

In summary, evidence of effectiveness for the prevention and treatment of obesity in children includes:

- 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 included a public health media campaign to increase awareness of what constitutes a healthy diet

³ Royal College of Physicians of London (1998). Clinical Management of Overweight and Obese patients, with particular reference to the use of drugs. London: Royal College of Physicians

- 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

Recent guidance also highlights the importance of addressing the proliferation of fast food outlets⁴.

There is also guidance covering drug treatment and surgical intervention⁵:

- Drug treatment should only be considered;
 - after dietary, exercise and behavioural approaches have been started and evaluated
 - in patients who have not reached their target weight loss or have reached a plateau using dietary, activity and behavioural changes alone and surgical interventions
- Bariatric surgical interventions only in very exceptional circumstances to very severely obese adolescents with serious co-morbidities where other interventions have failed.

Since 1999, the number of under-18s on the obesity drug treatments has risen 15-fold across the UK. Drug treatment is not recommended to under 12s, reviews have identified limitations and side effects.⁶

Evidence for promoting physical activity

The evidence relating to physical activity can be categorised into 3 broad areas: evidence of what works to promote physical activity, evidence of the important role that the physical environment plays, and evidence for behavioural change.

Promoting physical activity NICE has produced a detailed review of the evidence supporting the promotion of physical activity for children and young people⁷. The key recommendations relate to

- Promoting the benefits of physical activity and encouraging participation at national and local levels
- Ensuring high-level strategic policy planning for children and young people supports the physical activity agenda
- Consultation with, and the active involvement of, children and young people

⁴ NICE [Prevention of cardiovascular disease](#) Jun 2010

⁵ NICE [Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children](#) <http://guidance.nice.org.uk/CG43>

⁶ Viner, R.M., Hsia, Y., Neubert., and Wong, I.C.K; Rise in anti-obesity drug prescribing for children and adolescents in the UK: a population-based study. *British Journal of Clinical Pharmacology*. (2009).

⁷ [PH17 Promoting physical activity for children and young people: guidance](#) Jan 2009

- The planning and provision of spaces, facilities and opportunities
- The need for a skilled workforce
- Promoting physically active and sustainable travel

Physical environment There are evidence-based recommendations on how to improve the physical environment to encourage physical activity. They are for NHS and other professionals who have responsibility for the built or natural environment. This includes local transport authorities, transport planners, those working in local authorities and the education, community, voluntary and private sectors. The recommendations cover strategy, policy and plans, transport, public open spaces, buildings and schools.⁸ They include:

- Ensure planning applications for new developments always prioritise the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.
- Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads.
- Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity.
- Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity.

Behaviour change For behaviour change to be effective, the recommendations include⁹:

- To base interventions on a proper assessment of the target group, to understand where they are located and their characteristics
- To work with other organisations and the community itself to decide on and develop initiatives
- To build on the skills and knowledge that already exists in the community, for example, by encouraging networks of people who can support each other
- To take account of – and resolve – problems that prevent people changing their behaviour (for example, the costs involved in taking part in exercise programmes or buying fresh fruit and vegetables, or lack of knowledge about how to make changes)
- To train staff to help people change their behaviour.

4. What are we doing?

Southwark Healthy Weight Strategy

The Southwark Healthy Weight Strategy has set out objectives for 2009-2012.

⁸ [PH8 Physical activity and the environment: guidance](#) Jan 2008

⁹ [PH6 Behaviour change: guidance](#) Oct 2007

There are four strands within the strategy, there are actions for children and young people in each of the strands:

Strand 1: Early intervention

Strand 2: Shifting the curve

Strand 3: Targeting those at risk

Strand 4: Effective treatment

Actions for Early Intervention

- Development and implementation of training programme on delivery of breastfeeding, weaning and nutritional advice to expectant/new mothers
- Using NCMP data to target programmes of support to schools and to potentially expand the SCG Superstars Challenge Programme
- Development of support for secondary schools for the implementation of nutrient based standards
- Ongoing support on implementation of nutrient based standards for school meals to primary schools
- Implementation of Universal Free School Meal (FSM) pilot and extension to all primary schools
- Ensuring a whole school approach to implementing FSM ie ensuring healthier eating is part of the school curriculum, school policies and work with parents, pupils, teachers and governors
- Supporting parents in choosing healthy lifestyles, developing and maintaining Healthy Weight through healthy weight workshops
- Development of healthy eating policy in Sure Start children centres sessions and coordination of healthy schools, extended services and SSCC policies on nutrition
- To ensure that 10% of schools with Healthy School Status (HSS) work towards enhanced HSS for Healthy Eating/Physical Activity (this has been achieved)

Progress for Early intervention

Breastfeeding and Early Years

- Currently all newly qualified and newly appointed Health Visitors receive 2 day training in breastfeeding in 1st yr. Annual update training is given thereafter.
- Breastfeeding mini lectures for students from Kings and Southbank commence on the 11th November 2010.
- There is also breastfeeding awareness training which is geared towards child-minders, support workers, early years staff and health visitor assistants
- Five breastfeeding cafes operate in various community settings in Southwark: two in children centres, one in a family centre, one in a health centre, one in a library. The cafes act as a resource for professionals, antenatal clients and the community.
- 52 volunteer breastfeeding mothers (peer counsellors) have completed the La Leche League peer counsellor-training programme to support other breastfeeding mothers. Most of these volunteers live in most deprived

neighbourhoods and are from different ethnic backgrounds. They are involved in the breastfeeding sessions at the majority of ante natal classes in the trust.

- Ante natal flyers are included in the antenatal packs. Start4life 'Off to the best start' booklets are included in new birth packs. Guys and St Thomas', Kings and Lewisham hospitals include information on the cafes in maternity discharge packs.

Healthy Schools Partnership

- The Healthy Schools Partnership has been working in all schools to develop policy and practice on a range of PSHE related activities, including healthy eating and physical activity. In order to achieve Healthy School status, schools have to provide evidence against a set of National Standards. Currently 86% of schools in Southwark have achieved Healthy School status with a further 25% of schools working on enhanced status.

Sports and Physical activity

- Schools have been involved in the Southwark Community Games, providing additional support to schools (currently 51 schools) and other educational settings in the development of physical activity.
- The Council's community sports team and the PCT's public health team are working together on a pilot project called 'Southwark Superstars Challenge'. So far six schools with the highest obesity rates have been recruited to the programme. The programme introduces intensive physical activity in yr 5 (age 9-10). The 10 week programme runs three times a week for 45 - 50 minutes of physical activity and 10 minutes of nutrition education. At the start and end of the programme children do a fitness test and have their measurements taken. School staff and heads have been very enthusiastic about the programme so far.
- The Community Sports Team are also working with partners on 'Sport Unlimited' which is a programme aimed at children in yr 9 and 10 (age 13-15) to increase their level of participation in sport and physical activity.
- The School Sports Partnership has been working in all maintained schools in Southwark providing advice and guidance on physical activity for the past six years. The two partnerships have been operating out of Bacon's College and Harris Girls Academy East Dulwich. Bacon's College physical activity levels have shown a year on year increase (Appendix 4).
- Dance Challenge 2010 offers training for dance leaders and teachers and developmental support for groups registering for the competition. Dare2Dance will be offering two empowerment days and after school classes in street dance for teenage girls in Southwark during 2011.
- A Healthy Eating policy for children's centres has been developed. This now requires further follow up to ensure centre managers are aware of how to implement it. Audit on healthy eating guidelines carried out in April 2010 and representatives (12 out of 21 Southwark Children Centres) attended a training day on policy development. Level 1 healthy weight training for under 5's will be scheduled for March 2011. A co-ordinated effort is essential to promote the session and increase uptake from key children's centre staff and Early Years workers.
- Work is taking place in schools to support them to use the Change4life campaign. Four networking events have taken place, 68 attendees (30% from schools)

Promoting healthier school meals

- Healthy Schools is supporting the development of a whole school approach to sustainable food. 18% of schools are participating in the Million Meals campaign to increase uptake of school meals (13 primary and 4 secondary).
- Free training and 1:1 support sessions for school cooks are provided with involvement of a food consultant (funded until March 31st). Guidance is currently available for school governors on selecting nutrient analysis software to ensure school lunch menus are compliant with food and nutrient based standards.
- Pooled funding from the PCT and Council has enabled four Change4life networking and workshop events to set up and promote school based community health activities among PSHE and headteachers, extended services, school nurses, school sports coaches, school children, parents and early years.
- Let's get cooking clubs are operating in several primary and secondary schools
- Information and co-ordinated support to raise awareness of healthy schools and services for young people is regularly provided at family fun days and health events throughout the year.

Free School Meal Pilot

- The Southwark Free Meal programme is going to be piloted in 10 schools from January 2011. All reception and Yr 1 pupils in these schools will have a free school meal. The pilot will be evaluated and implications for a wider roll out will be addressed with a view to ensuring that all primary age pupils receive a free nutritional meal by 2014.
- There is an audit taking place that will inform the development of the universal FSM programme. This audit will also consider the level of support that is required for a whole school approach to healthier eating.

Actions for Shifting the Curve

- Link the strategy to other current strategy documents particularly Sport & Physical Activity, Southwark Food, Play, and Mental Health.
- Increase the training/education opportunities around healthy lifestyles for those who work with families and in the community, with a follow-up process for progress.
- Link with National Social Marketing Campaigns to deliver borough specific messages e.g. Change4Life.

Progress for Shifting the Curve

- There has been significant health input to the development of sports and physical activity strategy for the borough. A needs assessment was carried out involving consultation with local people. Recommendations include support for walking activities, developing and piloting more family based programmes and using the new SSF schools as a focus for healthy living themed programmes, undertaking wider survey work to identify key

motivators and barriers in population, completing an audit of potential voluntary sector providers.

- The PCT is contributing to the revision of the Play Strategy for the borough.
- Three sets of child obesity training were trialled in 2009/10
 - Two one-day sessions on 'An introduction to obesity' were delivered using the MEND training package for staff, facilitated by public health. 37 people attended.
 - Two one-day brief intervention training sessions were delivered locally by London Teaching Public Health Network for people from a wide range of occupational/organisational backgrounds. 40 participants were trained mainly from voluntary and community sector organisations.
 - Two one-day child obesity training sessions were designed and delivered by public health and children's centre nutritionists. These focused on obesity for 'under 5 yrs and pregnant women' and 'over 5yrs'. The courses introduced the topic, and developed staff's knowledge and skills to support families and signpost them to local opportunities. 37 people were trained over the two dates.

For 2010/11 two levels of obesity training have been developed and refined for children as part of the local Health Promotion Training brochure

- Level 1 healthy weight training supports staff working with children and families to explore the causes and consequences of obesity, local care pathways and ways of raising the issue including use of Change 4 Life campaign messages. 17 health professionals have attended this year (health visitors, schools nurses and staff from local community groups).
- Level 2 healthy weight training supports staff to further enhance their skills in providing personalised advice to families, using motivational interviewing techniques and being improving knowledge of nutrition, physical activity and behaviour change.

Action for Targeting those at risk of obesity

- Awareness raising activity with at risk BME groups
- Develop appropriate training options for those working with at risk BME groups
- Identify appropriate interventions for different at risk communities within Southwark
- Enhance primary care response to obesity
- Develop training for primary care on weight management

Progress for Targeting those at risk of obesity

Early in 2009 Southwark supported the voluntary sector to run CHALK (a community based intervention for families with children aged 4-7years) targeting at risk BME groups. Community Action Southwark ran cascade training (developed by London Teaching Public Health Network) for 8 individuals from community groups to deliver the programmes in First Place Children's Centre and Peckham Pulse for their own communities.

Approximately 20 families attended. With funding, CAS would like to run more programmes targeting single fathers through churches.

In late 2009 the National Change4Life team worked with Southwark and Lambeth PCTs to deliver two campaign launch events, one for community leaders and another for staff working with West African groups. Culturally appropriate materials, case studies and recipes were explored and attendees were encouraged to further promote the campaign to their West African communities. As a result of the interest shown and networking, further work has taken place to devise local healthy weight training with an African flavour and has been very well received 23 attended (17 on waiting list).

Public Health delivered a two-day training session on healthy weight for the Somali Refugee Council in November 2009. Subsequent follow-up events have included training up walk leader volunteers.

Online obesity care pathways for adults and children are being promoted to GPs, practice nurses, school nurses, health visitors and child development workers. Pathways ensure up-to-date clinical guidance is embedded as well as local opportunities and contacts for interventions and self help.

Actions for Treatment of Obesity

- Adapt MEND to the needs of the local community, including extending the age range for participants (5-13 yrs old) or develop evidence-based, sustainable nutrition and physical activity interventions for children age 5-13 yrs old. To use lessons to inform development of Superstars Challenge and Family Sports Partnership
- Develop evidence-based, sustainable nutrition and physical activity interventions for children age 14-16 yrs old.
- Develop training for children's workforce, e.g. school nurses, child development workers.
- Scope and cost evidence-based, sustainable nutrition interventions for children with disabilities including providing training for front line staff, e.g. physiotherapists.

Progress for Treatment of Obesity

Public health in partnership with the leisure and wellbeing team successfully delivered the MEND programme (family based weight management intervention) for almost 4 years. The programme evaluated well and helped to meet LPSA 'stretch targets'. Without ongoing funding from external sources the challenge is to now embed what worked well within on-going programmes such as the Southwark Community Games (SCG), Superstars Challenge obesity programme and the School Sports Partnership's Family Wellbeing programme.

On-line child obesity pathway has been promoted across the borough and outreach demonstrations have been targeted to 10 GP practices and 3 locality forums for school nurses, child development workers and health visitors.

See above for training delivered.

A training needs assessment survey has been developed to assess training needs of health professionals on obesity. This will be sent out in Spring 2011 to allow us to target and design training better for 2011/12.

There is now agreed follow-up by school nurses of children with very unhealthy (over and under) weight.

5. Next steps

With tighter resources available, we have to prioritise what's possible, where there is most added value and where there is 'greatest good to the greatest number'. With that in mind, our key priorities (10/11, 11/12) are:

- Draw out the implications of the NICE review of evidence for maternity services to inform commissioning
- Supporting the whole school approach in implementing universal Free School Meals
- Addressing key aspects of the obesogenic environment (fast food outlets and physical environmental factors affecting physical activity levels)
- Using the lessons from MEND to inform the development of Superstars Challenge and Family Sports Partnership
- Improving our understanding of what works with population groups at greater risk
- Consider resource implications for sports and physical activity promotion
- Consider resource implications for Healthy Schools Partnership
- Supporting work on funding (Mayor's Fund , GSTT & Olympics Legacy Fund)

Childhood Obesity and Sports Provision for Secondary and Primary Children
 Review: Children's Service and Education Scrutiny
 Tuesday 16th November 2010

Initial responses to questions from the Scoping Document

1. What programmes of study are followed by primary and secondary pupils on nutrition, cooking, healthy lifestyles? Are they adequate?

- Programmes of Study range from school to school.
- Schools work on Healthy Eating as part of their Science, PSHE and DT lessons. Each school develops this work individually according to their programmes of study and in line with other curriculum commitments. The previous government had stipulated a wish for all secondary schools to have cookery lessons by 2011 and provided free training for Design and Technology teachers on how to integrate cooking into the curriculum. This is currently not the case.
- 86% of schools have provided information about a whole school approach to healthy eating for the Healthy School status, indicating that work is taking place to promote healthy eating with a understanding of nutrition and what constitutes a healthy meal.
- The amount of time allocated to this area of work also varies from school to school. Many schools have an active School Council that are involved in the development of healthy school meals.

2. How are pupils consulted with regard to sport and exercise? Is there sufficient variety and accessibility for different interests?

- The National curriculum for PE provides school staff with an opportunity to work on a range of physical activities. Dance has been introduced to many schools as part of the curriculum and others have piloted a range of activities such as yoga and Tai Kwondo. The latter was initially funded through NRF opportunities and has been successfully financed by schools themselves.
- As part of a whole school approach, the Healthy Schools team advocates strongly that pupils are involved in the decision making process around curriculum and after school activities.
- Unfortunately it is more difficult now to hear what pupils say across the borough as surveys such as the Pupil Voice or SHEU are no longer used.
- Most schools are providing some physical activity after schools with a range of activities but this is dependant upon individual schools also.
- Southwark Community Games provide a range of sporting opportunities inside the school time and additional After School clubs. SCG made a concerted effort to address the range of sports on offer to ensure there was a greater equity and appeal for girls to engage; this was shown to be important and effective as the ratio of girl/boy engagement improved as a result.

3. What facilities are available to young people and their parents if they acknowledge there is a weight problem and want help?

- In the first instance the family GP or school nurse would be most accessible and they will have had access to local training on how to support families on this issue, and informed of the Map of Medicine care pathway to support decision making re treatment.

- A wide range of internet based support and self help is available, and the PCT and Council have both set up links to the government's own Change4Life website which provides useful suggestions for effective behaviour change and links to further support. The Council and PCT have supported schools with several workshops and information to promote use of the campaign with their pupils and parents.
- The National Child Measurement Programme has been running for four years, whereby pupils in reception and Year Six are measured. From this 09/10, school nurses follow up children of very unhealthy weight, providing advice and sign posting to parents.
- Prior to this year, there had been a MEND programme (Mind, Exercise, Nutrition, Do it) whereby a self-referral process was established and parents of obese children could attend, with their child, a twice weekly programme for nine weeks. Funding for this has now ceased. Lessons from the MEND inform the Superstars Challenge and School Sports Partnership programmes.

4. Are we making best use of London Olympics?

- A termly newsletter of sporting and cultural opportunities is being sent to all schools.

All schools are being encouraged to:

- join the Get Set London 2012 network [100% schools by Easter 2011]
- join the Change for life campaign and the WOW campaign [walking to school]
- take part in Dance Challenge 2010 and 2011 [target of at least 40 school and community groups in 2010]
- take part in the Programme of sporting activity for schools related to Olympics values, Led by the Schools sports partnership, this will be a series of Olympic based sporting activities for schools including the Southwark Schools Olympics (July 2012)
- There are currently a series of pilots operating across the country , known as the School Style Olympic Project which bring new sports to young people on school sites. This will involve a series of competitions throughout the terms. This is currently in its early stages, and will develop over the coming months.

Southwark Sport and Physical Activity Strategy

Main Document

November 2009



Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

Table of Contents

1	Introduction and Background	01
2	Sport and Physical activity in Southwark - the current picture	05
	<ul style="list-style-type: none"> • Current Supply • Current Demand 	
3	Issues, challenges and recommendations – a summary	16
	<ul style="list-style-type: none"> • Introduction • Cross Cutting Issues • The Strategy Themes <ul style="list-style-type: none"> ➤ Using physical activity for both the prevention and management of ill-health ➤ Maximising the use of planning policy in providing for sport and physical activity ➤ A network of appropriate places and spaces for sport and physical activity ➤ Improving access and choice for the whole population ➤ Building and maintaining an effective multi-agency delivery system ➤ Maximising the use of London 2012 to promote physical activity ➤ Maximising the impact of all resources 	
4.	Appendices	
	<ul style="list-style-type: none"> Appendix 1 – Consultees Appendix 2 - Strategic Context Appendix 3 - Supply and Demand Detail Appendix 4 – Issues, Priorities and Recommendations in Detail 	
5.	Maps	
	Series of 11 maps available on request	

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

1. Introduction and Background

- 1.1 Strategic Leisure (SL) was commissioned in December 2008 to research and develop a Sport and Physical Activity Strategy for the London Borough of Southwark (LBS) on behalf of Proactive Southwark (the local community sport and physical activity network). The resulting strategy is the result of a short focused period of research comprising desk research and several stakeholder consultation exercises. The strategy covers a four year period and responds to a number of strategic drivers and local opportunities. This report has been produced as a draft for consultation and is supported by a suite of Appendices and Maps. A short summary report is also available.

Brief background

- 1.2 There are many complex contextual challenges facing the Borough, not least its demography. The Borough is the ninth most densely populated borough in London. Current population is estimated at 269,200 and expected to grow significantly during the life of the strategy. The extent of this growth differs across projections but is broadly expected to be in the region of 285,000 by 2012. The borough is densely populated and is subject to substantial population flux. In 2005/06, 21% of the population moved into or out of the borough. Additionally, over one-third of the population is of BME origin, with this proportion increasing significantly among the Under 19 age group. This rises to 67 per cent in the school population where more than 100 languages are spoken and 43 per cent of pupils speak English as a second language. The resident population of those over the age of 64 is also projected to increase. All of these factors have implications for the range and type of opportunities and wider support required to engage resident in sport and physical activity.
- 1.3 In addition to the resident population, Southwark is London's fastest growing tourist quarter and a thriving business location with a flourishing small business sector. Also, more than 40% of the borough is covered by a current or planned regeneration area contributing to making Southwark part of London South Central, connecting the middle of the borough with the City economy. The scale of regeneration schemes is significant. The key schemes in Elephant and Castle, Canada Water, Bermondsey Spa and the Aylesbury Estate are projected to attract investment of up to £3 billion over the next 10 years.

Study aims and objectives

- 1.4 The overall requirement aim of the strategy is to provide a robust, realistic, and detailed action plan for sport and physical activity in the London Borough of Southwark. This is shaped by a number of key objectives, on which the strategy should specifically be based, specifically:
- An appraisal of existing service provision and needs, including an assessment of the suitability and sufficiency of existing programmes;
 - An appraisal of the range of delivery options achievable within the projected revenue and capital budgets of all partners;
 - Consultation with key agencies;
 - Consideration of the development of greater collaborative working;
 - Access in service delivery; and
 - Alignment with other relevant strategies.
- 1.5 The strategy is shaped by seven *strategic themes* and three *challenges* initially developed by the Strategy Management Board¹. Consultation with stakeholders tested the level of support for these and assessed their relevance. The strategic themes were subsequently modified to reflect research findings and to represent the seven priority 'workstreams' for future delivery. Figure 1 provides a summary of the challenges and themes which form the basis of the strategy

¹ The Strategy Management Board was convened to develop the consultants brief for the strategy and includes representatives from the PCT and Southwark Council.

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

Figure 1 - Strategy challenges and themes

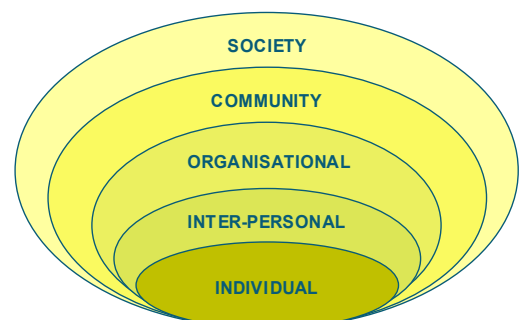
The 3 strategy challenges	The 7 strategic themes
<ul style="list-style-type: none"> • Ensuring ownership of the strategy and action plan by partners • Developing sustainable community sport and physical activity programmes • Developing a prioritised and strategic framework for facility provision 	<ul style="list-style-type: none"> • Using physical activity for both the prevention and management of ill-health • Maximising the use of planning policy in providing for sport and physical activity • Providing a network of appropriate places and spaces for sport and physical activity • Improving access and choice for the whole population • Building and maintaining an effective multi-agency delivery system for sport and physical activity • Maximising the use of London 2012 to promote physical activity • Maximising the impact of all resources

- 1.6 Overall the strategy seeks to increase sport and physical activity participation. Put simply, enabling more people to be more active, more often. Any strategy, to deliver this, needs to consider changing attitudes towards physical activity, increasing awareness of participation benefits in addition to the provision of formal and informal opportunities. Access to appropriate provision that is enjoyable is key. Factors influencing sport and physical activity participation are clearly complex, and include numerous social and economic drivers and settings which are often interrelated. Additionally facilitating participation opportunities is not the responsibility of a single provider or organisation. Developing the strategy therefore required a move away from traditional sport and recreation strategies. As such the strategy has been developed with the involvement of more than 100 stakeholders across the borough (a list of consultees is provided as Appendix 1).
- 1.7 In addition to the core aims and objectives, a number of specific developments were key drivers for the strategy. These include the Building Schools for the Future programme (known locally as Southwark Schools for the Future) a £200m programme to replace or refurbish twelve secondary schools. Maximising the benefits to the wider community of the sports facility elements of these schemes is a key driver for the strategy.
- 1.8 The strategy provides a 'living document'. When completed it will include an action plan with identified key priorities and explicit actions, some baseline data where appropriate and KPIs based on consultation with key partners. Where agreed it details responsibilities and financial implications of delivery. The strategy will also include a monitoring and evaluation framework which should be used to measure and review the impact of the strategy over the course of the next four years.

General considerations

- 1.9 Developing an effective sport and physical activity strategy requires a move away from traditional sport and recreation strategies. Factors influencing sport and physical activity participation are complex. They include numerous social and economic drivers and settings which are often interrelated.
- 1.10 A "social-ecological model" can be used to understand these factors. As shown in Figure 2 this suggests any portfolio of programmes and services need to include intervention on a number of levels. On an individual level, programme activities will focus on changing

Figure 2 - Social ecological model



Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

people's knowledge, attitudes and beliefs. But this may have little impact if inter-personal groups do not reinforce positive behaviour. In addition, if individuals want to change their behaviour but community settings are not appropriate then interventions may have little impact. We have tried to accommodate this line of thinking in undertaking our research.

National strategy and policy context review (Further Detail Appendix 2)

- 1.11 A comprehensive review of national strategy and policies influencing sport and physical activity is provided in the appendices to the full report. This does not include a synopsis of every individual strategy, but focuses more on those providing strong drivers or influences on a Borough level strategy.

Figure 3 – Summary of National, Regional and Local Strategy Influences

National Influences	
<ul style="list-style-type: none"> • Securing Good Health for the Whole Population (2004) – A paper by Derek Wanless • At Least Five a Week (2004) – A report by the Chief Medical Officer • Choosing Activity – A Physical Activity Action Plan (2006) – A report by DoH • Healthy Weights, Healthy Lives – A cross government strategy for England (2008) • Health Challenge England – next steps for choosing health – DoH (2006) • Change 4 Life Campaign • Sport England Strategy 2008-2011 • Sport Playing Its Part (2005) • Before, During and After – Making the Most of the 2012 Games – DCMS (2008) • Taking Part Survey (2006) • Every Child Matters • Gameplan and the Framework for Sport in England (2003) • Understanding Participation in Sport – A systematic review (2005) • Playing to Win – DCME (2007) • Government Campaign for Sport – The 5 Hour Offer 	
Regional Influences	
<ul style="list-style-type: none"> • Living Well in London – The Mayor's Draft Health Inequalities Strategy • The London Plan for Sport and Physical Activity – Working for an Active and Successful Sporting Capital • Pro-Active Central London – Sport and Physical Activity Strategy (2007-2016) • London Sports Forum – Inclusive and Active Action Plan 	
Local Influences	
<ul style="list-style-type: none"> • Community Strategy • Local Area Agreement • Southwark Healthy Weight Strategy • Children and Young People's Plan (incl ECM) • Cultural Strategy • Local Development Framework • Making Good Great (SSF) 	<ul style="list-style-type: none"> • Disability Sport and Physical Activity Action Plan • Major projects, including SSF, area based regeneration • Emerging Strategies including the Extended Services Strategy, Open Space Study and Southwark Health Inequalities Strategy • London 2012 Olympic and Paralympic Pledges • Sustainable Modes of Travel Strategy

- 1.12 The purpose of the context review is to understand more fully the 'environment' in which the sport and physical activity strategy needs to be delivered, the key considerations in terms of aligning and coordinating the priorities and highlight potential issues and opportunities. From our review we can draw the following core considerations for the strategy development:

- Sport and physical activity features as a key part of many local strategies and service plans – this will increase with the emerging development of a number of additional regional and local plans around health improvement and education
- Sport and physical activity contributes to many different aims and objectives – aligning with all of these and producing a cohesive sport and physical activity strategy with a set of agreed objectives and 'buy in' from a range of stakeholders will be challenging
- A number of important strategies, at both a regional level and local level are in development at the time of writing – although we can ensure the sport and physical activity strategy aligns with the emerging priorities of these, there may be potential issues in ensuring a robust fit with all relevant

Proactive SouthwarkSouthwark Sport and Physical Activity Strategy 2009-2013

strategies

- There are a number of major projects and emerging developments across the Borough that offer potential opportunities for improving the sport and physical activity infrastructure – it is important that the strategy provides clarity on how to maximise these.

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

2. Sport and physical activity in Southwark – the current picture (Further Details Appendix 3)

Introduction

- 2.1 In this section we provide a summary of the current picture of sport and physical activity in Southwark. We highlight who is involved in delivering sport and physical activity and some of the key features of 'demand' and 'supply'. Additional to formal facilities, there are a vast number of sport and physical activity programmes, across many different providers currently operational in the borough. We provide an overview of the delivery partners involved and comment on the resources 'expended' on sport and physical activity programmes.
- 2.2 We also provide an overview of the key indicators of participation, and the opportunities that currently exist for participation in sport and physical activity participation. We outline the results of analysis and appraisal undertaken, specifically for those facility or provision types where recognised supply and demand modelling methodologies exist.

Who is involved in providing sport and physical activity?

- 2.3 An audit identifies a diverse range of agencies involved in provision spending in the region of £7m collectively annually. Including individual teams within the Council and PCT there are well over 30 'partners' involved in delivering sport and physical activity initiatives in the Borough. Most of the stakeholders consulted reported they work in partnership with another agency, service, or external partner.

Figure 4 – Snapshot of the range of agencies involved in delivering initiatives

'Agencies' involved in delivering sport and physical activity initiatives	
<ul style="list-style-type: none"> • Southwark Council (various departments) • Fusion Lifestyle • Southwark Health and Social Care PCT (various departments) • Sport Action Zone • Proactive Central London • New Deal for Communities • Sport England • Youth Sport Trust • Learning and Skills Council • Police • Transport for London • Southwark Living Streets • Safer Southwark Partnership (WNF) 	<ul style="list-style-type: none"> • School Sport Partnerships (Bacons/Harris) • Private Schools • Local sports clubs • Local sports leagues • Local sports partnerships and forums • MEND (Mind Exercise Nutrition and Do it - an obesity intervention for young people and families) • Housing Associations • Funders • Southwark Cyclists • 50+ employment link • Millwall FC • The Salmon Centre • National Governing Bodies of Sport • Instructor.com

- 2.4 Some of the findings from our review of the local strategy and policy context are reflected in the mix and diversity of provision on the ground. Specifically, there is clearly a significant amount of facility provision where sport and physical activity opportunities are part of the core offer, but where increasing rates of physical activity participation is not necessarily the primary aim.
- 2.5 While most facilities within Council ownership are managed (directly or through a contract) by the Leisure and Wellbeing, Environment and Housing Directorate, other facilities are managed through other directorates.

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

- 2.6 For example, Youth Services (part of the Education and Children's Services Directorate) operate a number of Youth Centre facilities with dedicated sports facilities. The Damilola Taylor Youth Project is one example providing a three badminton court sports hall and third generation five-a-side football pitch. These facilities support a programme of structured sports activities for young people between the ages of 11 and 19. Additionally, play facilities for children and young people provide outlets for less formal sport and physical activity. These include 11 Adventure Playgrounds across the borough.

The delivery system for sport in Southwark

Governance and Leadership for the strategy

- 2.7 'Proactive Southwark, the local Community Sport and Physical Activity Network (CSPAN) has recently formed. It is anticipated that this network will play a key role in delivering the strategy, through commissioning action and monitoring progress. We have explored the appropriateness of this and arrangements for it to happen effectively as part of the strategy development process.
- 2.8 Undertaking the role of Strategy lead fits within the agreed priority list developed at the recent CSPAN strategy planning event. Collaborative strategic planning leading to enhanced consultation and cohesive partnerships was agreed as a key priority for the network. CSPANs in other local authority areas are increasingly taking on the role as strategy lead. It accords with the terms of reference and the overarching objective of establishing CSPANs.
- 2.9 Proactive Southwark's key objectives are as follows:
- To ensure the effective planning, coordination and delivery of joint priorities for sport and physical activity in Southwark.
 - To establish an agreed mechanism for the prioritisation of the majority of funding applications for sport and physical activity within Southwark.
 - To promote and deliver policy for sport and physical activity which will contribute to, improved health, active living, social inclusion, positive engagement, regeneration and civic pride.
 - To ensure effective partnership working between key agencies involved in delivering services designed to increase sport and physical activity among Southwark residents.
 - Work collaboratively with partners to find and deliver jointly funded opportunities in order to maximise opportunities and resources for sport and physical activity groups in the borough.
 - Use local, national and international evidence on effectiveness, cost and health inequalities to ensure that programmes make the best use of resources and target those most in need.
 - Create a consistent method of data collection, monitoring and evaluation that can be used by all partners to assist in the development of activities and sustainable funding streams.
 - Develop an information system on all local opportunities in sport and physical activity for use by partners and residents.
 - Ensure effective communication in dissemination of Southwark Pro-Active information to local partners, residents and similar programmes in neighbouring boroughs.
 - To act as an advocate for sport and physical activity within Southwark, by influencing and informing decision makers at a local, regional and national level.
 - To lead on delivering activities that meet Local Area Agreement (LAA) and national targets on sport and physical activity.
 - To build a commitment to sport and physical activity in the borough that forms part of a 2012 Olympic legacy in Southwark.

Current Supply

Formal Sports Facilities – Sports Halls, Swimming Pools and Health and Fitness facilities

- 2.10 Our audit of facilities has been compiled using the Sport England Active Places database, review of databases and facility listings held by key stakeholders, consultation findings (stakeholder survey) and the local knowledge of the strategy sponsors. One of the key issues for the strategy (explored in more

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

detail later in this report) relates to the quality and availability of detailed information. Information is limited for some facility types. Additionally, our audit has focused on quantity and some access criteria, rather than providing a comprehensive picture of the quality of provision.

- 2.11 In summary, the collective provision across the Borough is summarised in Figure 5 below. We have also mapped these facilities (see Appendices) to show their distribution.

Figure 5 - Sports Halls, Swimming Pools, Health & Fitness Facility summary

Facility type	Comments
Sports Halls	A total of 55 sports halls identified collectively providing 126 badminton courts. 16 of these facilities are Sports Halls with 4 or more courts. Only 24% of all facilities identified have 'pay and play' access.
Swimming Pools	A total of 22 swimming pools identified. These include learner pools and those provided as part of health clubs. Only 5 facilities across the Borough have 'pay and play' access.
Health and Fitness	A total of 36 health and fitness suites identified collectively providing 1,422 fitness stations. Less than 40% of this provision has 'pay and play' access.

- 2.12 Southwark Council is the principal provider of formal sports facilities across the borough. This includes seven public leisure centres (operated on behalf of the Council by Fusion Lifestyle, a charitable Trust). The 'Investing in Leisure' programme is underway with £12.3m of investment in re-furbishing and developing some of the core facilities on offer. Much of this has been spent at Dulwich Leisure Centre (£5.5m). Camberwell Leisure Centre is due to undergo £1.2m of investment, and the remainder of the funding is earmarked for improvements across the portfolio. There will be new investment to provide a facility for new athletics at Southwark Park, improved synthetic turf facilities. There is also, subject to external funding, for a BMX facility at Burgess Park. Funding has also been agreed from the Youth Capital Fund for upgrading 16 MUGAs across the 8 Community Council areas.
- 2.13 Although Southwark Council is the principal provider, not all provision falls under the Leisure and Wellbeing Service. Facilities are provided through Children's Services, through individual schools and via the Children and Families Service where sport and physical activity form part of the Youth Service and Play provision across the Borough. Playgrounds and play space offer alternative opportunities for children and young people to participate in physical activity. A considerable amount of provision also lies within the private sector, particularly within the Health and Fitness Market. Private Schools also contribute to the overall portfolio of facilities, along with London Southbank University, private sports clubs and some provision operated by major employers in the area. Facilities for sport and physical activity also include those enabling 'informal' participation.

Formal Sports Facilities – Outdoor Sports facilities

- 2.14 We have used the Active Places database supplemented by local consultation to identify the provision of outdoor sports pitches. A full Playing Pitch Assessment using the *Toward A Level Playing Field* guidance² has not been completed as part of this study, but is expected to be part of the planned PPG17 assessment. This is about to be commissioned and will provide a more detailed appraisal and analysis in relation to the adequacy of formal sports pitch provision, in addition to assessments of all open space typologies.

² Toward A Level Playing Field – Guidance published by Sport England on developing local Playing Pitch Strategies

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

Figure 6 - Outdoor Sports Facilities summary

Facility type	Comments
Sports Pitches (natural turf)	58 playing pitch sites identified accommodating 106 sports pitches. Around 66 of these pitches (62%) have 'pay and play' or free public access.
Synthetic Turf Pitches	8 full size synthetic turf pitches. Most have some form of community access. All but one of the pitches is sand based. There are several 5-a-side synthetic pitches across the borough, and a number on Youth Centre sites.
Multi-Use Games Areas (MUGAs)	65 MUGAs including 45 estate and park based facilities with open access.
Specialist sports facilities	Key facilities include an all weather 8-lane athletics arena at Southwark Park, an outdoor cycling velodrome at Herne Hill and a specialist watersports centre at Surrey Docks.

- 2.15 Although the quality of facilities, and a detailed appraisal of access has not been completed as part of our research, we are aware of a number of developments. A number of additional community venues have been developed in recent years through securing external funding. For example, new facilities have been developed at Geraldine Mary Harmsworth Park, Mellish Fields and improvements made to provision at Burgess Park Sports Centre including the development of a Synthetic Turf Pitch.
- 2.16 Increasingly, providers outside of the Leisure 'function' are playing a larger role in facility provision. Current proposals are also in place to improve or re-instate provision at a number of other key sites across the borough and funding is increasingly also being allocated from services outside of Leisure. For example, part of the Youth Capital Programme involved the allocation of £400,000 for refurbishing a series of multi-use games areas. This programme, together with the Youth Opportunity Fund provides up to £700,000 per annum for projects led by Young People.

Informal facilities – Parks, Open Spaces and Play Facilities

- 2.17 While much of the formal sport and physical activity provision accommodated on parks sites (for example pitches, MUGAs) has been included in the figures above, parks and open spaces themselves provide potentially important facilities for less formal participation. We classify them as informal on the basis of the types of activities they (potentially) accommodate. Walking, jogging and cycling are among a range of activities accommodated. Consultation with Parks Managers also highlights activities such as in-line skating, the use of recumbent bikes and nature walks as potentially popular activities in some parks.
- 2.18 Although a Parks and Open Space Strategy is in place (2005-2008) this is based largely on audit data collated during the 2002 borough wide assessment of open space. The strategy makes little reference to the role and function of parks and open spaces in providing for sport, physical activity and health improvement. A summary of major parks and open space provision is summarised in the figure below.

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

Figure 7 - Parks, Open Spaces, Play Area summary

Facility type	Comments ³
Parks and Gardens	79 sites in total including 5 major parks, 41 local parks, 33 squares and gardens
Play Space	12 playgrounds (10 play areas and 2 adventure playgrounds) identified in the Strategy. 9 Adventure Playgrounds and 2 Community Playgrounds operated by Children's and Families Services
Allotments and City Farms	9 sites identified in the Open Space Strategy. Includes 8 allotments sites, some of which have waiting lists and specific residency based access criteria
Green Corridors	38 sites identified, including 8 green links and 30 restricted railway routes

- 2.19 In terms of access, the higher quality sites are located away from the Borough's most deprived areas. The study indicates that there are a number of pockets of deficiency in the north west, north east, eastern and southern parts of the Borough.

Informal facilities – Cycle routes

- 2.20 The Southwark Borough accommodates part of the London Cycle Network (LCN), a programme commenced in 1995. There are 5 recognised LCN routes in Southwark, and a map of these can be accessed via the Council website. Additional to this provision, there are other cycle routes serving local areas of the borough, and a number of projects proposed and under development. Significant investment has been made recently in the cycling network across London. This included an investment of £371,000 in the London Cycle Network in Southwark, funding eight projects including installing signage on some routes and improving the general environment of others. With support from Sustrans the Council is working towards installing signage on all the LCN routes in the Borough.

Southwark School Sports Partnerships

- 2.21 Southwark has over 70 Primaries, with 16 secondary and Academies. There are 2 Schools Sports Partnerships and are led by Harris Girls Academy, East Dulwich and Bacons College in Rotherhithe. In addition there is a Specialist Sports College at the City of London Academy.
- 2.22 The two School Sports Partnership, led nationally by the Youth Sport Trust, service all the schools in the borough through the School Sport Coordinator Programme, which is funded through the DCMS and DCSF. The Ssco's provided a range of support under a number of themes, including ensuring 2 hours of PE for pupils, creating local club links for young people, providing opportunities for young people to learn through leadership, and provide competitive opportunities.

Council led sport and physical activity development initiatives

- 2.23 In line with the offering of other local authorities, Southwark Council operates a sports development programme. A significant element of this is the Community Games programme, a year round programme of sports coaching and competition for young people aged seven to 16 years old. There is also sport related vocational training for teachers and young people aged 16 years and older. It takes place across the eight community council areas in schools, after school clubs, estate and community

³ Taken from 'An Open Space Strategy for Southwark' (Scott Wilson, 2002)

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

settings. A new structure has been put in place to improve the quality and capacity of the programme. This has included the appointment of ten new full time community sports coaches.

- 2.24 The community sports coaches work in dedicated areas of the borough, based on the community council areas. The delivery of coaching consists of school based work, the after school programme and coaching on community venues or housing estates.
- 2.25 The community sports development programme also comprises a dedicated Disability Sport programme, guided by a Disability Sports Action plan for the Borough, and a role in developing participants for the London Youth Games programme.
- 2.26 Through Proactive Southwark, various programmes for adults have been put in place supported by partnership funding from agencies and through the Sport England Community Investment Fund.
- 2.27 The Community Sports Development programme attracts in the region of 9,000–13,000 users a year. A number of internal and external partners are involved in planning and delivery, including the PCT, Police, local sports clubs and Housing Associations.
- 2.28 A range of Council Teams are involved in delivery of opportunities, including the Play Partnership Group and Youth Play Offer Strategy Group.

Council led health and wellbeing programmes

- 2.29 In addition to the more established and traditional sports development offering, the Council has recently invested (and is supported by the PCT) in a programme of free physical activity opportunities for local residents. A Healthy Living Manager is in place to co-ordinate this work-stream which includes fitness qualification training for local residents to teach free exercise classes. The programme includes an educational element where groups are visited and informed about local opportunities and the benefits of physical activity as part of a healthy lifestyle.
- 2.30 Specific initiatives include a programme of ante and post natal exercise classes, Dance Classes, Older Adults Exercise Classes and a Borough wide Walking programme. In the region of 800 residents benefit from the programme, which is part sponsored by Southwark PCT.

Southwark Health and Social Care (PCT) led programmes

- 2.31 Southwark PCT directly, or via funding partners and commissioning arrangements, delivers a number of physical activity programmes across the Borough, including a GP Referral Scheme in partnership with Fusion Lifestyles and a number of awareness raising programmes. These encompass programmes targeted specifically for the management of ill health, and a range wider public awareness initiatives and other prevention based programmes. The PCT is currently finalising its Healthy Weight Strategy and Health Inequalities Strategy. In addition a physical activity needs assessment has been commissioned. These workstreams, together with the recommendations of this strategy will identify additional priorities and actions and subsequent programmes and projects to address them.

Other Initiatives on a local level

- 2.32 In completing an audit of local provision we have collected a significant amount of information about a range of initiatives operating in Southwark. Some of these are national initiatives operating locally within the borough. Others are locally developed, funded and managed projects. Stakeholders we consulted found it difficult to categorise many of these initiatives using a fixed list of 'types of intervention'. In many cases initiatives cut across types or have a number of key objectives.
- 2.33 Our audit identified over 100 initiatives across the borough. Some of the programmes above are included in this number. In the figure below we outline some of the programmes and initiatives operating in the borough. These include examples of structured national programmes operated locally, and those developed specifically as a result of local demand.

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

Figure 8 – Example sport and physical activity initiatives

Service / Initiative	Comments
Sport Unlimited	National scheme managed in the Borough by Proactive Central CSP – covers whole borough and targets ‘semi-sporty’ young people across a range of settings (predominantly education)
HEAL (Healthy Eating, Active Living)	Healthy Walks and other healthy living projects operating from Burgess Park and other venues and targeting communities in Walworth, Peckham and Camberwell
Recycled Teenagers run by the Carl Campbell Dance Company	Contemporary Caribbean Dance activities for the Over 55, sessions at Peckham Pulse Leisure centre but targeting the whole community
Kickstart	Using sport to help prevent youth offending; football, boxing and gym sessions across a range of facilities in the Borough. Run jointly with Millwall Football Club
Rough Cricket programme	Informal cricket programme operated by <i>1st Framework</i> across the Borough targeting all ages and cultures
Estate Based Football and Street Dance activities	Run by Jubilee Hall Clubs Ltd across the a number of target areas for young people
Surrey Docks Farm	Gardening activities targeting socially disadvantaged communities in Bermondsey and Rotherhithe

- 2.34 A range of initiatives operate across the borough, including some of those detailed above, which although not driven exclusively by an objective to increase physical activity participation can help make a positive contribution. These include the work of the Council’s Transport Planning Team which runs a number of initiatives to increase travel awareness and offer cycle training. The team lead on travel plans for workplaces and schools, ensuring that new developments can be accessed via sustainable travel modes.

Schools

- 2.35 Sport and Physical activity is a key part of education and learning and are important providers of sport and physical activity opportunities. Schools have a duty to ‘foster enjoyment’ and through the curriculum and out of hours learning programmes play a key role in stimulating, nurturing and developing participation in sport and physical activity. Ensuring schools are well supported in delivering this role should continue to be a key priority. There are clearly issues in how this can best be resourced and managed. In Southwark this can be a challenge given the diverse arrangements in place (mix of Voluntary, Academies, Foundation Schools). The Council does not directly control any secondary schools which makes the Schools Sports partnerships particularly important in delivering a large element of the Government’s 5 hour offer pledge for Sport.

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

Sports clubs

- 2.36 It is not known how many sports clubs there are in the Southwark Borough. The Council club database comprises 70 clubs and we have used this as the basis for the consultation to inform our recommendations. However, we estimate there are significantly more than this. For example, the Local Area Data published by the Football Association highlights almost 100 football clubs alone. Club make up, operational requirements and access to facilities varies from club to club. Community football clubs in the main rely on Council facilities to provide for competition and training needs. At the time of writing sports club questionnaires were still being received. We did not have a sufficient sample from which to draw robust findings relating to resources, average membership or other key audit findings. However, issues and priorities have been identified, based on the views of around 30 sports clubs. These are included within our analysis and thematic summaries in the following chapter.

Current demand

- 2.37 We have reviewed the results of a number of data sets to build a picture of demand. These include a review of the general demographic make up of the Borough and consideration of this in relation to the findings of research into participation characteristics.

Demographic review – implications for sport and physical activity participation

- 2.38 A review of the Borough demography suggests there are many complex challenges for sport and physical activity. With a population of approximately 266,400, and one in five of the total population being below the age of 15, it has a relatively young population. The borough's population is set to rise to 285,000 by 2011 and some projections place population growth anyway between 280,000 and 340,000 in 20 years time. Clearly this has implications for planning services in the future.
- 2.39 Almost 40% of the borough population is from a black or minority ethnic community. This rises to 67% in the school population where more than 100 languages are spoken, and 43% of pupils speak English as a second language. This has implications for the profile of the future population, and given the obesity statistics (see later in this section) there are implications and clear challenges for some types of provision, particularly awareness campaigns. Consultation with Health Sector Staff also identifies challenges with differing levels of 'cultural acceptance' of being overweight or obese.

Active Peoples Survey – adult participation in sport and physical activity

- 2.40 The Sport England Active People Survey is a comprehensive telephone interview based survey into the adult populations sport and physical activity participation habits. The first 'run' of the survey (2005/06) involved interviews with a representative sample of 1000 residents of each local authority district in the country. This has been followed by a second survey (2007/08) of 500 residents in each local authority area. The survey collects information relating to six key performance indicators (KPIs), providing useful information about the 'demand' for sport and physical activity in Southwark. The survey also provides context in terms of comparing the performance of Southwark with other local authorities. Survey results for each KPI are summarised in
- 2.41 Figure below.
- 2.42 Regular participation in sport and active recreation is defined as taking part on at least three days a week in moderate intensity sport and active recreation (at least 12 days in the last 4 weeks) for at least 30 minutes continuously in any one session. Participation includes recreational walking and cycling. The other KPIs provide an indication of the levels of volunteering, club membership, the percentage of those receiving some form of tuition (such as formal coaching) and the percentage of adults involved in competitive sport.
- 2.43 Results of the two surveys provide an indication of the overall participation rate for Southwark adults, and show an emerging trend in relation to increases or decreases over the last two years. We highlight positive changes to results in green, and negative changes in red in the figure below.

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

Figure 9 - Active Peoples Survey results

Key Performance Indicator	Active People Survey 1	Active People Survey 2
KPI1 Participation	18.4%	22.1%
KPI2 Volunteering	2.2%	3.8%
KPI3 Club Membership	21.8%	21.0%
KPI4 Tuition	16.4%	18.5%
KPI5 Competition	10.7%	12.3%
KPI6 Satisfaction	59.6%	58.2%

- 2.44 The Active People's Survey 1 results showed significant divergence in participation across gender and disability, and participation among women is particularly low. The results provide some indication of target audiences for future programme focus.
- 2.45 The Survey 2 results show positive changes in all but two of the indicators. While there have been increases in overall adult participation, a detailed breakdown of data is not available for sub-groups within the overall sample. As a result the survey findings do not show whether the increase is due to a general increase across the whole population, or a significant increase in participation among low performing populations. Although the results are positive in respect of participation, the reasons for this increase are not clear. For example, it is not clear from our audit whether any of the increase is attributable to a shift in focus by the main providers, additional resources or specific initiatives targeted at low participatory groups.
- 2.46 Participation estimates for Middle Order Super Output Areas have been mapped by Sport England. Based on the overall Borough results, it is estimated that there is a significant zone of low participation across the Peckham Community Council area and large parts of the Walworth and Camberwell Community Council areas. The map also shows estimated low participation across South Bermondsey.

Sport England Market Segmentation (Adult)

- 2.47 Sport England has developed a segmentation model to help understand the attitudes, motivators and perceived barriers to sports participation. The model is made up of nineteen 'sporting' segments based on the results of the Active Peoples survey, Taking Part Surveys and relevant external data sources. These segments have been allocated a segment name to reflect the key characteristics of people within them. The model can be used to help develop tailored interventions, communicate more effectively with target markets and better understand participation in the context of life-stages and life-cycles.
- 2.48 The segmentation model results for Southwark highlight a number of key considerations for the sport and physical activity strategy. These results, together with the implications of the Active Peoples results and findings of the local Physical Activity needs assessment should be used to target interventions more effectively.
- 2.49 The segmentation statistics highlight some key issues for planning future services in Southwark. Just 41.7% of the adult population in Southwark belong to segments which are more likely than average to participate in sport and physical activity. In England as a whole, 59.5% of the population are found to be in these segments. At the same time, 58.3% of the Southwark adult population belong to segments which are less likely than average to participate. This compares to 40.7% of the population across England as a whole.
- 2.50 Southwark has significantly higher percentage (more than double) of pub league team mates than the national population. 16.9% of adults are estimated to fall within this market segment. A review of the lifestyle characteristics of this group is key in the development of future programmes, particularly

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

drawing on the characteristics of the active participants within this segment. This segment profile suggests the social aspects of sport and recreation are important and likely key drivers to participation. Team sports, especially football are likely to be popular with this segment. In terms of addressing non participants among the segment, help with childcare and better facilities are highlighted as key factors.

- 2.51 The *Older Working Women* segment is another where significantly more residents in Southwark fall than the national average. This segment is less likely to have taken part in organised competition or be a member of a sports club. Participants among this segment are more likely to participate in walking. A large number in this segment are not interested in participating in sport, or have difficulty finding the time. In terms of addressing non participation among this group, longer opening hours and cheaper admission fees would help.

Young people's participation in sport and physical activity – school sport survey

- 2.52 The School Sport Survey provides an indication of the levels of activity among school age children. There are obvious limitations to the use of this data as an indicator, as the survey covers participation in physical education and school sport only. The survey is based on all schools included within a school sport partnership. In Southwark, all schools are included within this framework. As it is an annual survey, the results provide some indication of trends in participation.
- 2.53 Within the Harris Academy Partnership, 83% of pupils overall participated in two hours of PE and school sport weekly. This figure is higher among Years 1-6 but low among Year 10 and 11 (only 47%). The results for Bacons School Partnership show 90% of pupils overall participating in two hours of PE and sport. These results compare favourably with the national target of 85%.
- 2.54 The survey results provide a useful indication of where additional support may be required. In particular, individual schools within each partnership with particularly low participation figures may benefit from more targeted after schools programmes. The national results show clearly that the older age groups require more 'top up' time, or out of school provision to make up the two hours of sport.
- 2.55 The School Sport Survey also collects data around the numbers of pupils actively involved in sports volunteering and leadership activity. Results reported for Southwark suggest 8% of pupils are activity involved. This is below the national figure of 13%.

National Child Measurement Programme 2007/2008

- 2.56 The report summarises the results of the Government's national programme of weight measurement in children. It highlights the prevalence of 'underweight', 'healthy weight', 'overweight' and 'obese' children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). The national results show that 22.6% of children are either overweight or obese. The results on a local level show Southwark has the highest prevalence of childhood obesity in the country. Over 27% of Reception aged children and more than 40% of Year 6 children are overweight or obese.

Health Mapping

- 2.57 A number of mapping exercises have been undertaken by the local PCT. These include mapping the hotspots of children at risk of obesity (Year 6 and Reception Age children). Both maps show similar pictures of the potential risk of obesity among children. They are useful in targeting specific activity to tackle these indices and should be used alongside the results of the physical activity needs assessment in identifying targeting of resources.
- 2.58 The maps show high intensity of risk in the Borough and Bankside, Walworth, Bermondsey and Peckham Community Council areas. Pockets of moderate levels of intensity of risk are evidenced in the Camberwell, Rotherhithe and Nunhead and Peckham Rye Community Council areas. There are also pockets of risk in the other areas. Generally the risk of obesity appears to be greatest in areas of high deprivation. In areas where there is little recorded deprivation, such as parts of the Dulwich Community Council area, there is a low risk of childhood obesity.

Proactive Southwark

Southwark Sport and Physical Activity Strategy 2009-2013

- 2.59 A map has also been produced to indicate the prevalence of Strokes across the Borough. There is less of a pattern across the Borough in terms of synergy with deprived areas. There is an estimated high prevalence among adults in at least one area within each of the eight Community Council areas.

Deprivation mapping

- 2.60 A map of Super Output Areas by the Indices of Multiple Deprivation Index (2007) also highlights some potential challenges for the promotion and delivery of physical activity programmes. The north of the Borough is generally more deprived than the south. There are Super Output Areas (SOAs) in the 10% most deprived of all SOAs in England in the Wards of East Walworth, Peckham, Nunhead, The Lane and Rotherhithe. In the case of Camberwell Green Ward, all SOAs are in the top 30% of deprived SOAs. Village and East Dulwich Wards have the least prevalence of deprivation.

Resource Mapping

- 2.61 Any strategy needs to take stock of the resources available. Part of our consultation therefore sought to build an audit of resources expended on providing sport and physical activity interventions. At an early stage it was apparent that a comprehensive audit was not going to be achievable within the parameters of the strategy development.

Spend on sport and physical activity

- 2.62 A rough estimate based on our audit is that in the region of £7million is spent annually on the sport and physical activity related facilities, programmes, services, and projects. This includes estimated expenditure on improving parks and allocations from service budgets where the core priority is not sport and physical activity. Education spend (in terms of an estimate of the cost of operating school sports facilities, and the resources required for the School Sport Coordinator programme) is not included within this figure. The sports budget for the University is also discounted from this figure, with some of the resource expended on supporting students and projects across a wider area than Southwark. This figure is obviously subject to fluctuation dependent on securing annual budgets and the leveraging in of external funding and figures are based on predominantly revenue funding, i.e. the resources required to run specific development and awareness programmes, and operate facilities.
- 2.63 This figure is likely to be significantly less than the true expenditure on sport and physical activity. It does not include any allowance for the financial equivalent of volunteer time, or the expenditure from sports clubs and many private providers. In most cases the cost of providing these services is offset with income. The estimate does not include additional resources that are spent through national programmes such as the Change 4 Life campaign, where posters and other awareness initiatives are operating within the Borough.
- 2.64 It is estimated (based on the above figure) that in the region of £26 per resident per year is spent on providing services, facilities, programmes and other initiatives related to physical activity. Of this, it is estimated that in the region of 3% is spent on programmes to prevent or manage ill-health, or increase awareness of the benefits of physical activity. We have based this on the estimated PCT funding allocated to all Health led projects.
- 2.65 Through our audit we also sought to collect information about the 'source' of funding. On a basic level we have tried to build a picture of the extent to which resources for sport and physical activity related provision is core funding, or made up of short term external sources.
- 2.66 Our audit provides a snapshot only of which areas of the borough, and which population groups are the key beneficiaries. The same finding relates to the type of activity funded. In some cases this is because resources are spent on facilities, and are not necessarily geographically targeted.

Proactive SouthwarkSouthwark Sport and Physical Activity Strategy 2009-2013

Summary

- 2.67 It is clear from our audit that current provision is diverse. The list of agencies and partners involved is also extensive. To a large extent this confirms the findings of our context review, with a range of 'uses' of sport and physical activity. The emerging issues, explored in more detail in the next section, is that although there is significant provision, much of it is not as part of a co-ordinated strategic approach.

3 Issues, challenges and recommendations – a summary

Introduction

- 3.1 In the previous sections of this report we have provided a brief overview of the key drivers for the strategy, the context within which the strategy will need to be delivered and an overview of the current provision. More detail will be provided in the final report appendices. In this section of the report we summarise the key issues, challenges and priority recommendations. We do this based on a 'business appraisal' approach – put simply a review of the readiness or suitability of current structures to address the agreed Strategy Themes in the context of the current picture and key strategic context. We draw on the research completed, and consider the results in relation to the strategy scope as driven by the strategy themes and challenges identified in the original brief.

The Strategy Themes

- 3.2 In undertaking our research to develop the strategy, we tested the support for a number of proposed strategy themes. We did this using a number of consultation exercises. Specifically we sought to establish whether the themes reflected the key priority areas where effort should be placed. Both the initial planning workshop and stakeholder questionnaire involved 'voting' on these themes, an opportunity to question their relevance and an ability to shape revised themes to shape the scope of the strategy. We also considered whether there was a common understanding of the themes and the extent to which progress in delivering action could be easily measured.
- 3.3 We found widespread support in general for the strategy themes in relation to the priority areas on which they focused. Some feedback was received relating to clarity of some themes, potentially misleading wording, and the ability of wider stakeholders to gain a clear view of what the strategy is trying to achieve. As a result the seven themes were re-worded as detailed in the figure below.

Figure 10 - Revised Strategy Themes

Revised Strategy Themes
Using physical activity for both the prevention and management of ill-health
Improving access and choice for the whole population
Maximising the use of planning policy in providing for sport and physical activity
Providing a network of appropriate places and spaces for sport and physical activity
Building and maintaining an effective multi-agency delivery system for sport and physical activity
Maximising the use of 2012 to promote physical activity
Maximising the impact of all resources

- 3.4 These themes provide the framework for the strategy. Although they broadly cover the same priorities as those originally proposed, community safety is not as explicit within one single theme as was originally proposed. This is not because it is not seen as important, but instead it underpins many of the themes, particularly priorities around providing a network of appropriate settings for physical activity and improving access.
- 3.5 We summarise the issues, challenges and priority recommendations relating to each one in the remainder of this section of the report.

Proactive Southwark

Sport and Physical Activity Strategy 2009-2013

Cross cutting issues

- 3.6 We identified **communication, information, evaluation** and **community safety** as four 'cross-cutting' issues which underpin all of the strategy themes. These are very much inter-linked, and cannot necessarily be addressed in isolation. For example, effective communication is required to share information and maximise learning from evaluation. Addressing these cross-cutting themes is critical to successfully developing and delivering focussed actions to address the seven strategy themes. Recommendations relating to these cross-cutting themes are made within those detailed for each theme.

Issues and Recommendations for the Seven Strategy Themes

- 3.7 We provide the findings of in relation to each of the seven themes in the remainder of this section. These relate to the issues, challenges and priorities emerging from an appraisal of the current provision. In some cases issues and priorities relate to more than one of the themes. There is also a natural relationship and inter-dependency across the themes. For example, getting the planning policy right will potentially lead to an improved network of places and spaces for sport and physical activity. It is therefore important that in developing a detailed action plan, all of the themes are addressed.
- 3.8 More detailed discussion and exploration of the issues relating to each of the seven themes will be provided as an appendix to the final report. This includes examples of issues to provide additional context. For the purposes of this report we provide a brief summary of the issues and recommendations to address these.

Proactive Southwark
Sport and Physical Activity Strategy 2009-2013

Using physical activity for both the prevention and management of ill-health

3.9 This theme recognises the importance of sport and physical activity in contributing to existing and emerging strategies for preventing and managing ill-health. Any recommendations or actions relating to this theme need to align with the emerging strategies, particularly the Health Inequalities Strategy and Healthy Weight Strategy.

<i>Issue</i>	<i>Recommendations</i>
<i>Limited co-ordinated research on where physical activity can make the greatest impact on ill-health</i>	<ul style="list-style-type: none"> ▪ Commission a physical activity needs assessment (currently underway) ▪ Use the Sport England Market Segmentation Data and mapping, Active Peoples results (when sub-group statistics are available) alongside the results of the above assessment to target specific projects ▪ Apply predictive modelling to gauge potential impact of physical activity on different conditions for the Southwark population
<i>Child hood obesity statistics show Southwark has highest prevalence of childhood obesity in England</i>	<ul style="list-style-type: none"> ▪ Develop and pilot more family based programmes ▪ Use the new SSF schools as a focus for healthy living themed programmes utilising the new facilities that are developed
<i>Potentially low awareness of key health messages around physical activity</i>	<ul style="list-style-type: none"> ▪ Undertake wider survey work could be undertaken to inform this – potential to use the citizens panel ▪ Monitor and analyse responsiveness to key health messages such as the Change for Life campaign in terms of the uptake of physical activity for families and children ▪ Ensure opportunities for delivering physical activity messages are mapped and systematically refreshed and supported where possible with a face to face interaction encouraging behaviour change. ▪ Use the Sport England Market Segmentation Data and mapping to identify key motivators and participation drivers and barriers. Use this to produce a list of potential marketing actions.
<i>Limited review and evaluation of current health management programmes</i>	<ul style="list-style-type: none"> ▪ Review the core GP referral offering in the context of the demographics of the borough, market segmentation data and the potential to offer a greater range and choice of GP referred activity - – this should include the promotion of Active Travel (walking and cycling within appropriate organised provision) ▪ Maximise the use of new facilities developed through Building Schools for the Future programme
<i>The Voluntary and Community Sector is potentially under-utilised as a key deliverer of sport and physical activity programmes</i>	<ul style="list-style-type: none"> ▪ Conduct more research is undertaken to complete a 'fit for purpose' audit of potential voluntary sector providers to help assess suitability for commissioning, and gaps in skills, capacity and resources – set a target around strengthening the role of the VCS in delivery.

Proactive Southwark
Sport and Physical Activity Strategy 2009-2013

Improving access and choice for the whole population

3.10 Improving access and choice has been identified as specific theme on its own. However, the importance of effective work-streams under this theme to the delivery of others cannot be underestimated. The need to ensure access to facilities, and recommendations for improving this are highlighted in the providing places and spaces theme. Targeting specific populations and prioritising who these are is mentioned within the management and prevention of ill-health theme. For the purposes of identifying specific issues and priorities, and making recommendations, we focus on information, the promotion of services and comment on the range and type of provision currently available.

Issue	Recommendations
<i>Limited sharing of information – fragmented arrangements, general lack of quality information</i>	<ul style="list-style-type: none"> Developing and maintaining a shared information database becomes a core role for either an existing officer, or as part of a new post. A job appraisal exercise should be carried out to assess the potential for this function to be part of the Funding Officer role, and should consider the current capacity role of the local CVS.
<i>Existing opportunities for ‘joined-up’ information systems are not utilised consistently</i>	<ul style="list-style-type: none"> Audit existing ‘data bases’ and ‘customer’ information systems e.g. leisure cards Extend concessionary pricing and loyalty card scheme to young people
<i>Dissemination of information and the promotion of current opportunities for physical activity is fragmented</i>	<ul style="list-style-type: none"> Undertake further discussion with the Libraries Service to use the ENGAGE database to publish information about local providers Use CSPAN to increase awareness and buy in to the Active Web-Portal Explore the opportunity to pilot some additional targeted information dissemination. SMS text messaging could also be used in monitoring and evaluation to ‘track’ the impact of involvement in some activities over a longer period Undertake a small feasibility study to assess the relevance of producing local area ‘Physical Activity Maps’ for areas of Southwark - this could be piloted in one of the Community Council areas.
<i>Targeting the whole population but maintaining specific focus on priority groups within</i>	<ul style="list-style-type: none"> Set a number of KPIs around engagement of low participatory groups as identified by the Active People Survey and Market Segmentation data (in addition to a ‘global’ figure for increasing participation by 1% per annum) Trial test more family-centred approaches. These could build on the success of the MEND programme, but could include ‘Healthy Home Tutor’ based projects providing home based physical activity and healthy eating activities

Proactive Southwark

Sport and Physical Activity Strategy 2009-2013

<i>Issue</i>	<i>Recommendations</i>
<p><i>Targeting the whole population but maintaining specific focus on priority groups within (contd)</i></p>	<ul style="list-style-type: none"> ▪ Review the capability to produce promotional materials and deliver activities in different languages as appropriate to the population of Southwark ▪ Pilot a model of a socially focused sports club as an exit route to one of the Sport Unlimited activities ▪ Continue to deliver the Disability Action Plan ▪ Co-ordination of the various datasets, and specific mapping exercises. Specifically, a co-ordinated mapping exercise overlaying several datasets relating to obesity, deprivation and low participation rates would help clarify priorities for geographical targeting ▪ Further consultation with sports clubs and public and voluntary sector providers to assess access and equality across hiring and priority use policies

Proactive Southwark

Sport and Physical Activity Strategy 2009-2013

Maximising the use of planning policy in providing for sport and Physical activity

- 3.11 Effective Planning Policy is key to ensuring that sport and physical activity services benefit from development and inward investment in the borough. It is also important to ensure that any potential resources gained from Section 106 monies or other planning gain is allocated appropriately.

<i>Issue</i>	<i>Recommendations</i>
<i>Out of date Open Space Strategy (2002) which is not compliant with PPG17 and does not explicitly assess quantity, quality and access for sport and physical activity</i>	<ul style="list-style-type: none"> ▪ Include assessment of open spaces and other relevant typologies as resources for physical activity within PPG17 assessment - this will require the assessing access and quality of sites from this perspective. Use the information collected during the strategy to inform the PPG17 assessment of Indoor Sports Facilities and to use the PPG17 to clarify the facilities framework for the Borough.
<i>No local provision standards for sport, recreation and open space – potentially limits monies achievable from the planning process</i>	<ul style="list-style-type: none"> ▪ Include local provision standards in the PPG17 assessment. These should be typology specific, take account of the different population groups (e.g. age) and involve different standards across specified geographical areas (e.g. Community Council Areas).
<i>Potentially strong SPD in place, but limited awareness or process for using resulting developer contributions</i>	<ul style="list-style-type: none"> ▪ Develop a framework or hierarchy of priority projects for allocation of Section 106 funding for Sports Development – to include provision to expand existing programmes to meet the requirements of the individual developments
<i>Limited sport and physical activity stakeholder involvement in 'Project Bank'</i>	<ul style="list-style-type: none"> ▪ Explore a role for CSPAN in advising on the allocation of funding to Project Bank proposals relating to sport and physical activity

Proactive Southwark
Sport and Physical Activity Strategy 2009-2013

Providing a network of appropriate places and spaces for sport and physical activity

- 3.12 Providing a network of appropriate places and spaces for sport links to other themes, particularly work in promoting choice and access for all residents. For facilities such as parks and open spaces, the recommendations and actions delivered under the planning related theme are also key.

<i>Issue</i>	<i>Recommendations</i>
<i>Quantitative deficiencies in sports halls, limited data on access and poor perceptions of quality</i>	<ul style="list-style-type: none"> ▪ Use the findings of the analysis completed as part of this strategy to inform the PPG17 study and produce - the output should be a clear prioritised framework for facilities across all typologies ▪ Additional research into user profiles of public leisure centres in Southwark and neighbouring authorities ▪ Use the current discussions through the Chief Leisure Officers network to explore imported/exported demand at leisure centres
<i>Maximising the impact of the Leisure Investment Programme and ensuring it is delivered on time</i>	<ul style="list-style-type: none"> ▪ Ensure the programme is well managed, delivered on time and the impact on participation is measured
<i>Maximising the impact of SSF facilities for community benefit in the context of the key educational transformation priorities and site spatial issues</i>	<ul style="list-style-type: none"> ▪ Formalise arrangements for community use at the new sites (and appropriate existing schools) - to be undertaken in consultation with the Local Education Partnership (LEP) and involve consideration of the management of the Council's Leisure Facility Portfolio and the emerging Extended Schools Strategy. ▪ Develop collective targets (for the LEP and Children's Services) around community use ▪ Conduct further consultation with NGBs to identify facility development priorities, investment opportunities. ▪ Work with the LEP and the Client Design Advisor to provide specialist sports facility advice to support individual schools in developing their design briefs. ▪ Subject to the findings of the physical activity needs assessment, it is proposed that the SSF schools could provide a local Healthy Lifestyle focus rather than a more traditional approach to facilities management of sports facilities. This would potentially align well with the core objectives and mechanisms highlighted in the emerging Healthy Weights Strategy and Extended Schools Agenda.
<i>SSF – site specific issues: Notre Dame School</i>	<ul style="list-style-type: none"> ▪ Further investigate the potential to develop facilities jointly with London Southbank University and replacement Elephant and Castle Leisure Centre. This could include consideration to an 8 badminton court hall. Also regeneration projects in the Canada Water /Rotherhithe area.

Proactive Southwark
Sport and Physical Activity Strategy 2009-2013

<i>Issue</i>	<i>Recommendations</i>
<p><i>Maximising the use of existing school sites in light of the diverse arrangements (VA schools, academies, foundation schools)</i></p>	<ul style="list-style-type: none"> ▪ Develop the extended school strategy – this recommendation links to involvement of Extended Services Manager on CSPAN and developing the 5 hour offer. Investigate a school governor involvement in CSPAN
<p><i>Incomplete picture of the role of parks and open spaces in providing for sport and physical activity</i></p>	<ul style="list-style-type: none"> ▪ Share and make greater use of parks user profiling data across relevant services. Specifically there is a potential value in this data informing investment from the Cleaner Greener Safer Programme. ▪ Use data collected from user profiling to build a clearer picture of parks use across the Borough. Some profiling techniques are being used within the Heritage Lottery Fund's Parks for People programme which might be applicable ▪ Evaluate some initiatives have been run involving tai-chi at parks, involving tai-chi, family/picnic zones, dog free zones, trim trails/green gym s etc We recommend these initiatives are evaluated, to assess their impact on leading to regular participation.
<p><i>The street scene is under-utilised and active promotion as a resource for sport and physical activity is limited</i></p>	<ul style="list-style-type: none"> ▪ Undertake additional research to identify suitable cycling and walking routes across the Borough - – identify the Council lead and ensure they are represented on Proactive Southwark – this should build on the work of the Council's Transport Planning Team (including School and Workplace travel plans) ▪ Improve the promotion of cycle routes ▪ Undertake more detailed mapping of street scene facilities / opportunities for physical activity
<p><i>MUGAs and other informal outdoor facilities (particularly for Young People) are in need of improving</i></p>	<ul style="list-style-type: none"> ▪ Investment in 16 MUGAs across the 8 Community Council Areas ▪ Investment in BMX facilities at Burgess Park ▪ Investment in other outdoor facilities and playspace
<p><i>Limited involvement in planning and delivery of non-traditional facilities for sport and physical activity</i></p>	<ul style="list-style-type: none"> ▪ Evaluate and share findings of current library based/led projects promoting physical activity ▪ Pilot a small number of projects in partnership with the Chamber of Commerce (who are members of CSPAN) to test workplace initiatives across a range of small and medium businesses to develop a model that could be rolled out more widely

Proactive Southwark
Sport and Physical Activity Strategy 2009-2013

Building and maintaining an effective multi-agency delivery system for sport and physical activity

3.13 Through our research we have attempted to take stock of all 'partners' involved in delivering sport and physical activity programmes, services or projects and build a picture of how the collective 'business' works. The issues below relate to the coordination of services provided by a diverse range of providers.

<i>Issue</i>	<i>Recommendations</i>
<i>Lack of a sport and physical activity strategy for 10 years presents a challenge to ensuring 'buy into a shared strategy for the next 4 years</i>	<ul style="list-style-type: none"> ▪ All wider stakeholders are consulted about the recommendations made in this draft report – obtain agreement and buy in from stakeholders and partners, including specifically: <ul style="list-style-type: none"> ▪ Council Executive ▪ LSP (relevant theme boards) ▪ NHS Southwark ▪ Secure Memorandum of Understanding with all Proactive Southwark Stakeholders ▪ A wider 'virtual' CSPAN is considered to engage deliverers and stakeholders who may be engaged in 'collaborative advantage' rather than as partners
<i>Ensuring CSPAN is 'fit for purpose' to lead the delivery of the strategy</i>	<ul style="list-style-type: none"> ▪ A representative from Planning is invited to join the Strategic Group and the Extended Services Manager be recruited to the Delivery Group ▪ The development of an internal Council Physical Activity Group to provide more structure for all services involved, to include a Council 'Champion'/lead ▪ Additional resources are earmarked for evaluation. We suggest an external consultant or critical friend should play a role in ensuring objective evaluation ▪ Ensure the current Disability Sport Action Plan and Proactive Southwark Disability sub-group continue to deliver
<i>Potential gaps in the workforce needed to deliver the strategy and related programmes and services</i>	<ul style="list-style-type: none"> ▪ Develop appropriate registers and pathways for all coaches/leaders that are required to support activity
<i>The need for formal monitoring, evaluation and progress review of the strategy</i>	<ul style="list-style-type: none"> ▪ Implement formal monitoring and progress reporting, and it is suggested that the recommendations are 'RAGed' on a quarterly basis. ▪ Formal annual reporting and review

Proactive Southwark
Sport and Physical Activity Strategy 2009-2013

Relatively low level of resource expenditure and reliance on external short-term funding

- Further research to build on existing audit to identify current expenditure, source and timescales
- Consider a dedicated Funding Officer post
- Examine commissioning arrangements for physical activity programmes to inform the above

Maximising the use of London 2012 to promote physical activity

- 3.14 The 2012 Olympic and Paralympic Games offer a potentially once in a lifetime opportunity to showcase sport. The Council has a vision for involvement in the 2012 Olympic and Paralympic Games and creating a legacy. It has also assembled an Olympics Member and Officer Group. This group leads on the Council's involvement with the Cultural Olympiad initiative, a London Organising Committee of the Olympic and Paralympic Games (LOCOG) sponsored programme launched in September 2008 to develop a four year celebration designed to engage the widest range of people across the UK in cultural activities.

<i>Issue</i>	<i>Recommendations</i>
<i>Lack of clarity of the opportunities the Olympics and Paralympics present on a local level for promoting physical activity</i>	<ul style="list-style-type: none"> ▪ Review a number of the Council's current programmes to identify opportunities to embed a Games theme. The Community Games programme presents one example as does the London Youth Games (annual event) where there is the potential for linkages with the wider Cultural activity programme (e.g. dance) and reflecting some of the range of Olympic sports within the offering. ▪ CSPAN be involved in identifying potential Olympic themed projects.
<i>Maximising the impact of the Olympics and Paralympics may not align with other Sport and Physical Activity strategy themes</i>	<ul style="list-style-type: none"> ▪ Include non-sport physical activity within the wider cultural offering across the work plan being developed. We are aware of the 'Big Dance' project and other arts based programmes which might provide a basis for this. The '5 hour offer' programme of activities is also being developed and clarified at the time of writing. There maybe potential to include an Olympic theme to cut across the sporting and cultural elements of this
<i>The need for Stakeholders to maximise the opportunities presented by London 2012</i>	<ul style="list-style-type: none"> ▪ PCT to investigate the opportunity for whole family involvement in physical activity and use the Olympics as a motivator for their siblings ▪ Liaise with NGB's to support and raise awareness around 2012 with their local clubs ▪ Southwark Council members and Officer group need to promote and disseminate the 2012 work plan across the whole of the borough

Proactive Southwark
Sport and Physical Activity Strategy 2009-2013

Maximising the impact of all resources

3.15 As with the theme around access and choice, the need to maximise the impact of all resources expended on sport and physical activity programmes and initiatives is key to many of the other proposed priorities.

<i>Issue</i>	<i>Recommendations</i>
<i>Incomplete information about the resources expended on sport and physical activity</i>	<ul style="list-style-type: none"> Review and assess ability to bend current spend and consider incorporating this function in current staff time or the creation of an officer to investigate potential funding Review current resources both internal and externally
<i>Duplication of effort and resource expenditure</i>	<ul style="list-style-type: none"> Developing and maintaining a shared information database (a core role for either an existing officer, or as part of a new post). A job appraisal exercise should be carried out to assess the potential for this function to be part of the Funding Officer role, and should consider the current capacity role of the local CVS
<i>Potentially high number of 'free' activities with limited potential sustainability</i>	<ul style="list-style-type: none"> Undertake further research to assess the impact of free provision, specifically relating to sustained participation
<i>Maximising the impact of the Leisure Investment Programme and ensuring it is delivered on time</i>	<ul style="list-style-type: none"> Ensure the programme is well managed, delivered on time and the impact on participation is measured
<i>Ensuring consistent quality across a diverse range of provider</i>	<ul style="list-style-type: none"> There may be some scope to develop a local quality accreditation. This could carry a CSPAN endorsement and include a suite of basic criteria (e.g. CRB checks)
<i>No structured or coordinated effort to maximise external funding sources</i>	<ul style="list-style-type: none"> Consideration to appointing a Funding Officer Council to review its approach to grant aid including maximising the use of Discretionary Rate relief for sports clubs with their own facilities Consider linking grant aid to a 'quality mark' for sports clubs and other providers
<i>Engaging local residents in coaching and providing regular coaching opportunities</i>	<ul style="list-style-type: none"> Develop a central, shared database of coaches - this should prioritise suitable local coaches More research into creating pathways for young coaches - the Workforce Development subgroup of the CSPAN should play a key role in this
<i>Limited outcome focused evaluation</i>	<ul style="list-style-type: none"> Further research is conducted to compile a more accurate picture of resource expenditure. We have suggested this could form part of a new Funding Officers role Use a Social Return on Investment method to identify the benefits of sport and physical activity to other services

Proactive SouthwarkSport and Physical Activity Strategy 2009-2013

Next Steps

- 3.16 This report provides a summary of the findings, in relation to issues and recommendations, of the research and consultation undertaken to date. The report is intended as a consultation draft for stakeholders to comment on the proposed recommendations. A number of workshops are being planned to develop an action plan following agreement on the recommendations.

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
This strategy replaces	Southwark Obesity Prevention and Management Strategy 2007-2010
Ownership	Dr Ann Marie Connolly – Director of Public Health
Authorship	Kirsten Watters – Public Health Specialty Registrar
Consultation	
Ratification	
Version	1
Date of Issue	April 2009
Review date	December 2012

Contents

Section	Content	Page
1	Southwark's healthy weight vision	4
2	Summary of evidence	5
2.1	Causes of overweight and obesity	6
2.2	Community based programmes to reduce overweight and obesity	6
3	Programmes for children and early years	7
4	Strategic priorities	9
5	Strategic framework	10
5.1	Strand One - Early intervention and prevention	11
5.2	Strand Two - Shifting the curve of overweight	15
5.3	Strand Three - Targeting those at risk of an unhealthy weight	19
5.4	Strand Four - Effective treatment of weight disorders.	22
6	Supporting actions and enablers	24
6.1	Monitoring and evaluation	24
6.2	Building capacity	25
6.3	Effective governance	26
6.4	Strong partnerships	26
Appendices	Appendix A: Classification of overweight and obesity in adults	27
	Appendix B: Classification of overweight and obesity in children	28
	Appendix C: Associated strategies and targets	29
	Glossary	31
	References	32

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.

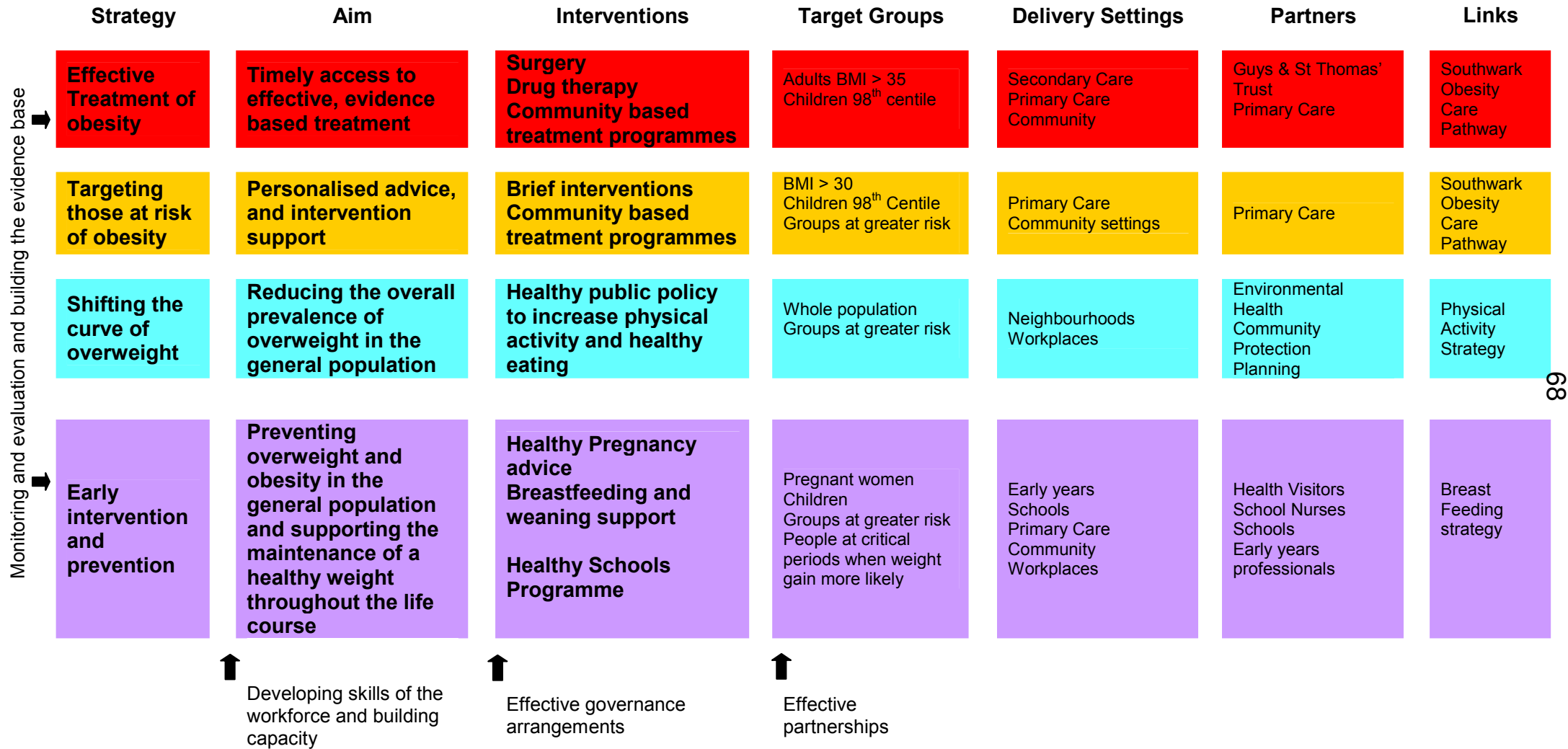
Strand Four – Effective treatment of anorexia, obesity and other weight disorders.

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

70

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	2010	Schools Southwark Council PCT Healthy Schools Programme	LAA
				% increase in school lunch up take			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	% of children participating in at least two hours of physical activity per week	2010	Youth service	Healthy Southwark Change for life
		Implementation of food and physical activity policies in youth settings					
	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 NI 8 adult participation in sport Southwark Transport
			Promotion of cycle schemes and walking	8.5% reduction in per capital in CO2 emissions from baseline of 7.1 tonnes (LAA 8.18)			
	Provision of safe bicycle storage						
	Traffic calming measures Personalised travel plans						
Reduced car use	Car users				Environmental Sustainability Partnership Planning		

75

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 Choosing health through pharmacy: a programme for pharmaceutical public health 2005 - 2015
	List of NICE compliant self-help, commercial and community weight management programmes		Development, implementation and monitoring of list of preferred providers				
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	Valuing People Now
		Adults with severe and enduring mental illness	Work with mental health trust evaluate the MH promotion strategy			South London Mental Health Trust Commissioning Southwark Mind Service Users	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	Increase in recording of adults weight by GPs Improved access to overweight and obesity management services in primary care.	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

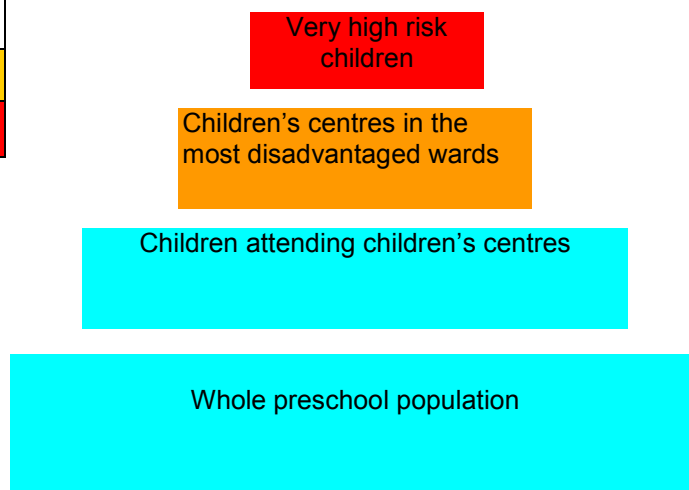
Waist circumference provides an indication of the distribution of fat within the body and a high waist circumference is a well established risk factor for a number of obesity related conditions. Waist circumference is also a more accurate predictor of overweight and obesity in some populations.

	Increased risk	Significantly increased
Male	>94cm	>102cm
Female	>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.

References

1. Abbott J, Corry P, Gale E, Gough S, Gournay K, et al. A. *Running on Empty: Building Momentum to Improve Well-Being in Severe Mental Illness*. London: SANE, 2005
2. Armstrong J, Dorosty AR, Reilly JJ, Emmett PM. *Coexistence of social inequalities in under nutrition and obesity in pre-school children*. Archives of Disease in Childhood. 2003;88: 671–5.
3. Ascher-Svanum H, Stensland M, Zhao Z, Kinon B. *Acute weight gain, gender and therapeutic responses to antipsychotics in the treatment of patients with schizophrenia*. BMJ Psychiatry 2005; 5:3.<http://www.biomedcentral.com/1471-244x/5/3> (accessed 11 nov 2008).
4. Cross-Government Obesity Unit, Department of Health and Department of Children, Schools and Families. *Healthy Weight, Healthy Lives: A Cross Government Strategy for England*. London. Department of Health, 2008.
5. Cross-Government Obesity Unit, Department of Health and Department of Children, Schools and Families. *Healthy Weight, Healthy Lives: Commissioning Weight Management Services for Children and Young People*. London. Department of Health, 2008.
6. Department of Health. *Choosing Health: Making Healthier Choices Easier*. The Stationery Office, 2004.
7. The Department of Health (DH) and Department for Children Schools and Families (DCSF) national Child
8. Department of Health. Health Survey for England
9. Department of Health. *National Service Framework for Children, Young People and Maternity Services: Core Standards*. London: Department of Health 2004.
10. Department of Health. *National Service Framework for Diabetes: Standards*. London: Department of Health 2001.
11. Department of Health. *National Service Framework for Coronary Heart Disease: Modern Standards and Service Models*. London: Department of Health 2000.
12. European Public Health Alliance <http://www.eph.org/a/3149>
13. Health, Exercise and Nutrition for the Really Young www.henry.org.uk
14. Hirani, V. *Chapter 6: Anthropometric measures, overweight, and obesity* in Sproston, K. and Primatesta, P. (eds) *Health Survey for England 2003. Volume 2: Risk factors for cardiovascular disease*, The Stationery Office, London 2004.
15. Johnson F, Cooke L, Croker H. et al. *Changing perceptions of weight in Great Britain: comparison of two population surveys*. BMJ 2008;337:a494
16. Kipping RR, Jago R, Lawlor DA. *Obesity in Children Part 1: Epidemiology, measurement, risk factors and screening*. BMJ 2008;337:a1834
17. London Health Observatory
18. McPherson K, Marsh T, Brown M. *Tackling Obesities: Future Choices – Modelling Future Trends in Obesity & Their Impact on Health*. Government Office for Science 2007
19. Michels KB, Willett WC, Graubard BI et al. A longitudinal study of infant feeding and obesity throughout life course. *International Journal of Obesity* (2007); 31: 1078–1085.
20. National Institute of Clinical Excellence. *Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children*. National Institute of Clinical Excellence December 2004
21. National Institute of Health, National Heart, Lung and Blood Institute. *Clinical guidelines on the identification, evaluation and treatment of overweight and obesity in Adults. The evidence report*. National Institute of Health, 1998.
22. Northamptonshire Family Partnership. *The Family Partnership Model*. Northamptonshire: Northamptonshire Local Children's Safeguarding Board. http://www.changeforchildren.co.uk/uploads/Northants_Family_Partnership_Leaflet.pdf (accessed 1 Dec 2008).
23. Office of National Statistics deaths by borough and ward 2003.
24. Royal College of Paediatrics and Child Health. *Empowering Mothers to Prevent Obesity at Weaning*. Warwick: University of Warwick, 2007 http://www2.warwick.ac.uk/fac/med/staff/barlow/empower_research_summary.doc (accessed 18 Dec 2008).
25. Stettler Z, Zemel BS, Kumanykia S, Stallings VA. *Infant Weight Gain and childhood overweight status in a multi-centre cohort study*. Paediatrics. 2002;109:671-5.
26. Susce MT. *Obesity and associated complications in patients with severe mental illnesses: a cross-sectional survey*. The Journal of clinical psychiatry; 2005;66:167-73
27. Young KM, Northern JJ, Lister KM, Drummond JA, O'Brien WH. *A meta-analysis of family-behavioural weight loss treatments for children*. Clinical Psychology Review 2007;27:240-9.
28. Wanless D. *Securing Good Health for the Whole Population*. London. Department of Health, 2004.

29. Wardle, J. *Eating Behaviour and Obesity. Short Scientific Review. Foresight Tackling Obesities: Future Choices*. Obesity Reviews, 8 (Supplement 1):73-75.
30. Marshall D, McConkey R, Moore G. Obesity in people with intellectual disabilities: the impact of nurse-led health screenings and health promotion activities J Adv Nurs (2003);41(2):147- 53.
31. Kerr, M. Improving the general health of people with learning disabilities. Advances in Psychiatric Treatment (2004); 10: 200-206
- 32 Cross-government Obesity Unit. Healthy Weight, Healthy Lives: Child Weight Management Programme and Training Providers Framework

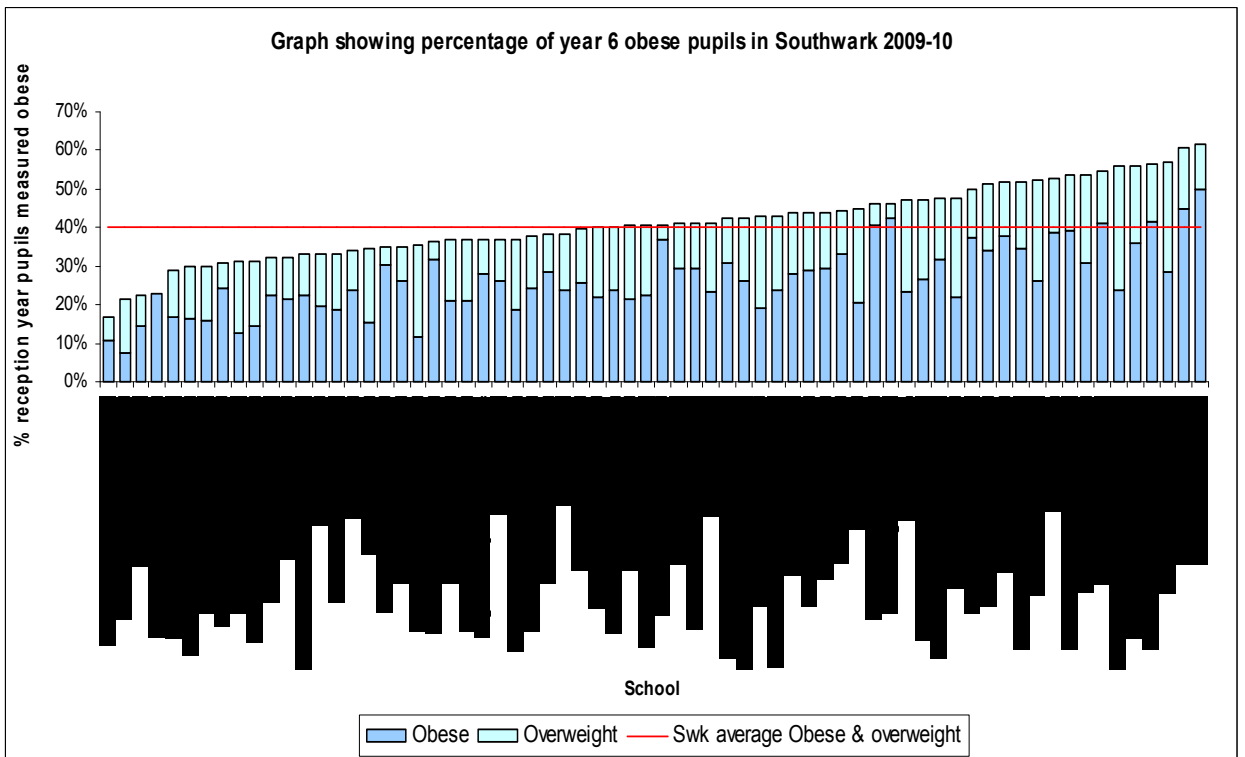
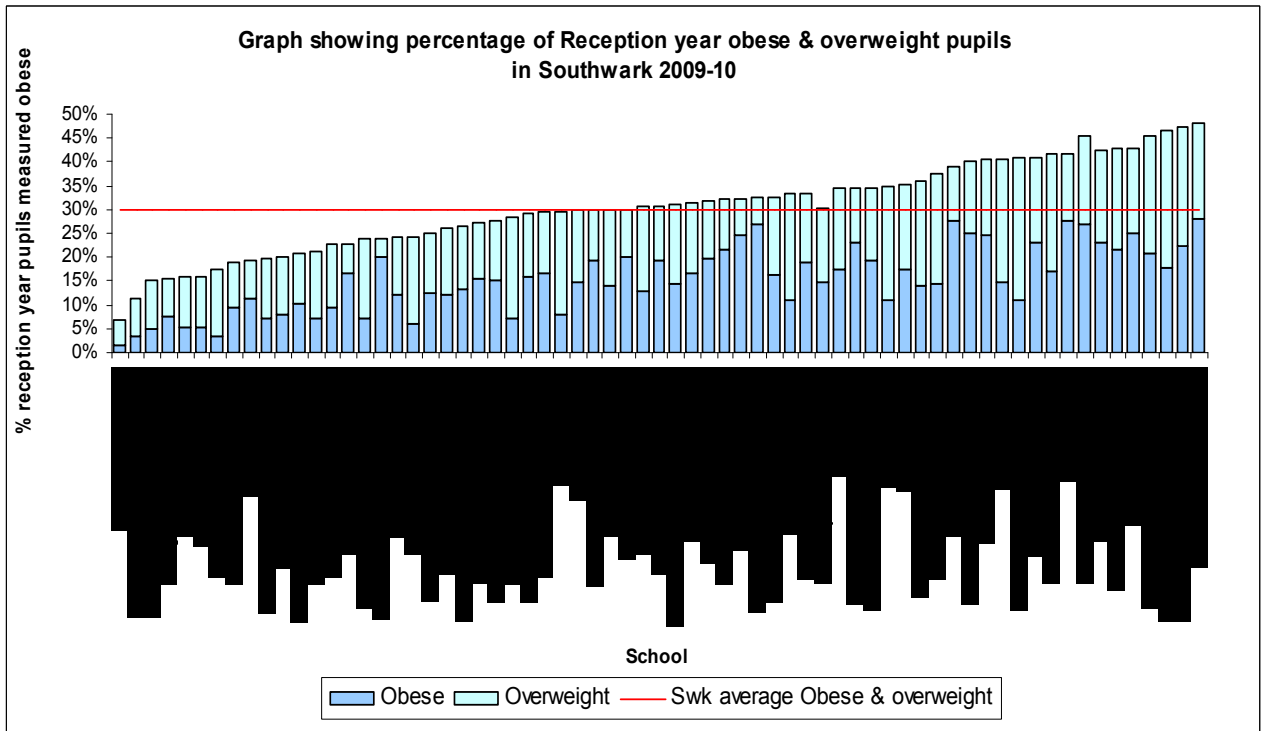
Annual PE and Sport Survey 2008-2009 Results

Partnership name: **Bacons**

Partnership URN number: **99018408**



[Click to go to Contents page](#)



Fact Sheet 14

Name of Project/ Service

Superstar Challenge

The Superstar Challenge is a sporting event organised by Southwark Community Games and the PCT, which is based on the BBC Superstars programme. In the televised edition athletes compete against each other in a wide range of sports collecting points according to their score or time and the winner is the man or woman with the highest total.

We have adapted this scheme to produce an innovative programme for young people (aged 9-10 - year five pupils) who are overweight or obese. The project initially engaged four schools with classes of between 20 - 30 pupils who participated in series of exercise and fitness challenges for ten weeks, which intended to get them faster, stronger and fitter as well as improving their diet, knowledge, behaviour and focus. In 2010 we increased this intake to 6 schools.

Aims – Why do we do it or it set up?

This programme has been introduced as a result of the National Child Measurement programme 07/08 which showed that in year six, 26% of Southwark children were obese (the national average was 18.3%) and 16% were overweight. On this evidence the estimated number of Southwark children aged 1-15 whose body mass index is above the 95th centile (obese), based on the 2007 Census mid year population shows that there are in total over 8000 children who are obese in the borough.

The recent national obesity strategy “healthy weight, healthy lives” states that the cause of obesity is a ‘positive’ imbalance between energy consumed (food and drink) and energy expended (exercise).

It is because of these distressing results that this programme has been developed to help tackle these issues through specific exercise sessions, team work, and teaching nutrition and life skills to help children make the right decision, through working with nutritionists, head teachers and school nurses.

The aim is to halt the year on year rise in levels of obesity among children aged nine and ten yrs in Southwark by 2011.

Brief Description i.e. location, users, nature of the project/service, frequency of events

The programme will be run by the Southwark Community Games team with guidance and support from The Healthy Schools Team and PCT nutritionists. The SCG staff are highly trained and qualified coaches in a multitude of sports as well as being tutors for Sports Leader UK. They will run the entire exercise programme as well as over see the nutritional content with support from head teachers and school nurses.

Impact/ out comes (i.e. what has it achieved/ 09/10 and 10/11

09/10

- Four schools sessions were initiated, the results were very positive. Comber Grove showed a marked impact over the 10 weeks of the programme with an average of 2.9cm per child lost from their waist circumference

10/11

- Six Schools were involved in the second tranche from January –March. Robert Browning Primary School class lost 34.5cm from total waist circumference this programme (Jan - Mar), meaning the collective children who have been weighed all 4 times have lost 50cm in total since September or 2.6cm per child which is positive and significant
- Five schools are continuing with the programme in the Spring Term.
- Beyond September however there is a requirement for the programme to be specifically funded in order to become sustainable. Programme is currently funded solely through own budget

Lead Contact – Paul Stokes , Community Sport Manager. paul.stokes@southwark.gov.uk

Superstar challenge

Have you got what it takes?

What is The Superstar Challenge?

The Southwark Community Games Superstar Challenge is a sporting event organised by Southwark Community Games and the PCT, which is based on the BBC Superstars programme. In the televised edition athletes compete against each other in a wide range of sports collecting points according to their score or time and the winner is the man or woman with the highest total.

We have adapted this scheme to produce an innovative programme for young people (aged 9-10 - year five pupils) who are overweight or obese. The project initially engaged four schools with classes of between 20 - 30 pupils who participated in series of exercise and fitness challenges for ten weeks, which intended to get them faster, stronger and fitter as well as improving their diet. In 2010 we increased this intake to 6 schools.

Why have we created The Superstar Challenge?

This programme has been introduced as a result of the National Child Measurement programme 07/08 which showed that in year six, 26% of children were obese (the national average was 18.3%) and 16% were overweight in the borough of Southwark. On this evidence the estimated number of Southwark children aged 1-15 whose body mass index is above the 95th centile (obese), based on the 2007 Census mid year population shows that there are in total 8000 children who are obese in the borough. The recent national obesity strategy “healthy weight, healthy lives” states that the cause of obesity is a ‘positive’ imbalance between energy consumed (food and drink) and energy expended (exercise).

It is because of these distressing results that this programme has been developed to help tackle these issues through specific exercise sessions, team work, and teaching nutrition and life skills to help children make the right decision, through working with nutritionists, head teachers and school nurses.

The aim is to halt the year on year rise in levels of obesity among children aged nine and ten yrs in Southwark by 2011.

How will it work?

The programme has three main factors to help tackle obesity in children, increasing physical activity (and reducing inactivity); dietary education and changing the way children think about food and exercise.

The “model” has eight elemental challenges:



Superstar challenge

Circuit parlauf -relay where the pair or team has to cover the distance. With only 1 runner running per team at a time, this will be incorporated in a circuit task.

Agility test - the ABCs (agility, balance, co-ordination and speed) a series of tasks to test and challenge the participants.

Speed bounce - using the standard speed bounce equipment. Participants see how many bounces they can achieve over a set time, normally 30secs.

Skill circuit - similar to agility circuit. A series of tasks/test to challenge and test participants skill level.

Tug of war - participants in a team aiming to pull the rope across the line which would determine a winner

Standing long jump – participants jump as far as possible from a standing position.

Chest push/ javelin - Participants pushing a 1kg medicine ball from their chest aiming to get good distance on the push / participants aiming to throw the foam javelin as far as they can.

30m sprint - participants aiming to run as fast as they can over 30m.

These challenges are then tested in a competition format involving all 30 young people in the class, no one will be excluded.

Prior to this competition will be a ten week training regime combining exercise sessions with nutrition workshops and activities. Each week three, one hour sessions will be delivered to the class, consisting of nutritional elements with food diaries as well strength and aerobic fitness with the aim of working towards the eight challenges.

During week one and ten waist measurements will be taken and calculated collectively as a class to show progression over the training period. After the ten weeks there will be a superstars final involving all four schools competing against each other in the eight challenges. This cycle of training will then be repeated over the year in ten week phases with the sessions increasing in intensity and difficulty so that there is clear progression and weight loss over the year.

Who will run the programme?



Superstar challenge

The programme will be run by the Southwark Community Games team with guidance and support from Healthy Schools and PCT nutritionists. The SCG staff are highly trained and qualified coaches in a multitude of sports as well as being tutors for Sports Leader UK. They will run the entire exercise programme as well as oversee the nutritional content with support from head teachers and school nurses.

Costs of Programme:

Per School:

SCG Coaching Time*: £45 per hour X 3 hours per week X 9 weeks = 1215

Equipment purchase and repair = £250

Competition day = £1800 / 6 = £300

Project Management and administration = £1000

Total = £2765

Total Cost to date = £27650

Cost to deliver Summer Programme X Six Schools = £16590

*Includes two qualified coaches, transport, training and development, uniform, telephone costs.

The First Results September 09 – December 09

4 Schools involved - Based on the Healthy Southwark Heights and Weights Measurements

Comber Grove - Camberwell

St Josephs - Rotherhithe

Robert Browning - Walworth

John Dunne - Nunhead and Peckham Rye

Impact to date has been highly successful.

Comber Grove showed a marked impact over the 10 weeks of the programme with an average of 2.9cm per child lost from their waist circumference. This was a 53cm over the 18 children weighed. 10 out of the 18 children were obese and 3 were overweight.

Robert Browning - Ten children out of the class of 22 were measured as overweight and obese. Over the course of their 7 week programme there was an average waist circumference loss of 0.5cm and BMI average loss of 0.4.

St Josephs – Seven children from the 24 class members were overweight, and visually many of the children were small or slim. Over the course of the 10 weeks the average waist circumference grew by 0.6cm.

John Donne – The results for the BMI and waist measurements were fairly inconclusive over the 10 weeks however our measurements showed that the class consisted of one child who was obese and two children who were overweight out of 23. This school will not be included in the next programme



Superstar challenge

The 2 most successful schools will continue.

The Second Results January 2010 to March 2010.

Comber Grove School and Robert Browning School continued with the programme and we introduced four additional schools chosen from a needs based analysis of the Heights and Weights Survey for Southwark, across different geographical areas of the borough.

The programme ran from 18th January and concluded with a Competition Day on 24th March at City of London Academy in Bermondsey.

Comber Grove class has an average class BMI of 22, classifying it as obese. Over the 2010 programme the results are:

- Overall class waist circumference down 16cm
- Average waist circumference down 0.9cm per child
- Overall class BMI down 0.9
- Average BMI down 0.1
- Overall class weight up 10.5kg
- Average weight up 0.6kg

These results are significant and continuing in the right direction if not quite as staggering as the first term. When considering the progress since the initiation of the programme in September of those who have been measured four times since beginning this group has lost 66.5 cm from total waist circumference which crudely equates to 4.2cm per child. As a group their average BMI has remained stable only insignificantly rising by 0.1 per child in 7 months.

Robert Browning class has an average class BMI of 19, which is within the healthy range. However nine of the 22 children in the class are overweight or obese.

- Overall class waist circumference down 35.5cm
- Average waist circumference down 1.7cm per child
- Overall class BMI down 3.1
- Average BMI down 0.15
- Overall class weight up 19kg
- Average weight up 0.9kg

The class lost 34.5cm from total waist circumference this programme (Jan - Mar), meaning the collective children who have been weighed all 4 times have lost 50cm in total since September or 2.6cm per child which is positive and significant. Also the class has lost 9.7 BMI in total equating to 0.5 BMI points per child in the same period.

Friars on the positive side the collective class's waist circumference was reduced by a whopping 69.5 cm which is an average of 3.7cm per child.



Superstar challenge

- Overall class waist circumference down 69.5cm
- Average waist circumference down 3.7cm per child
- Overall class BMI up 8.3
- Average BMI up 0.4
- Overall class weight up 23.1kg
- Average weight up 1.2kg

BMI rose by 8.3 for whole class which is an average of 0.4 each child. This put the class average BMI as 18.6 which is deemed as in healthy range. This result shows a significant change in body shape without significant change in BMI. 3 of the 5 overweight / obese children put on 8.8 kg over the course, the most obese of these children put on 4kg of that which may be an individual issue.

Langbourne

- Overall class waist circumference down 42cm
- Average waist circumference down 0.9 cm per child
- Overall class BMI up 8.2
- Average BMI up 0.3
- Overall class weight up 24kg
- Average weight up 0.9kg

The class as a group lost 42cm from waist circumference which equates to 1.6 cm per child, which is very good. The class put on 24kg which is 0.9 kg per child which coupled with an increase in height meant that BMI as a class rose by 0.3 per child, which is fairly insignificant but does show a change in body shape.

There are some reservations about data collection in this group as about half the class were measured as shrinking in height over the 9 weeks, which is impossible for this age group, this throws out the BMI measurements slightly, the above results therefore include some guestimates using the other data. The largest children also did not appear to lose any significant weight, however this is to be expected over this short time period.

Snowfield are certainly worthy of the programme as they have 8 obese children, 2 over weight and as a first, one underweight child in the class of 20.

- Overall class waist circumference up 74.3cm
- Average waist circumference up 4.6cm per child
- Overall class BMI down 0.4
- Average BMI stayed the same
- Overall class weight up 13.8kg
- Average weight up 0.9kg

The class average is in the overweight category, with a BMI of 19.9, however over the course of the programme the class put on a total of 13.8kg, or 0.9 kg per child, added 74.3cm to their waist circumference which is significant and is 4.6cm per child,



Superstar challenge

however their class BMI has hardly changed, just -0.4 over the class. It's difficult to ascertain what change factors are influencing this result and its hard to pull anything significant apart from their body shapes are changing but not necessarily detrimentally. Anecdotal evidence from the SCG tutors indicated that this class had noticeably poor coordination and motor skills and found basic physical activities difficult in comparison with other children in there age range. This evidence was compounded by the results of the Competition day whereby the class finishes last in 6 of the 8 challenges, and second from last in the remaining two.

Peter Hills class was a unique challenge and posed multifaceted issued.

- Overall class waist circumference down 6.6cm
- Average waist circumference down 0.6cm per child
- Overall class BMI down 3.6
- Average BMI down 0.3
- Overall class weight up 12.7
- Average weight up 1.1kg

Overall the class is on average classed as overweight with a BMI of 19.3, the class in total put on 12.7kg, 6.6 cm to waist circumference and BMI rose by 3.6, however per child this is fairly insignificant. This class had significant behavioral problems which were outlined from the beginning, the children were very disruptive to the flow of the sessions. When the diet and nutrition elements were introduced anecdotal evidence from the SCG tutor showed that a link between a extremely poor diet and this behavior. Many children missed breakfast which affected their concentration or had bad food choices. Progress was hampered also when the roof to the sports hall was condemned resulting in a loss of two weeks. Elisabeth Down – Peter Hills Primary School *“The instructors are to be commended for working in difficult circumstance; they have had to work with a class with particularly challenging behaviours.”*

Learning Points to date

- The programme will need to run for 2 to 3 terms at least, to see significant changes in behaviour and weight
- School buy-in to the programme needs to be more robust and long term
- Head teacher involvement would add value to the programme's objectives
- Clear exit routes for those would want to continue activity
- Parental involvement is vital to long term success
- Cherry picking off those children with the greatest need to sign post into more concentrated programme
-

Next Steps – The programme could continue through current funding streams for an additional term with the same intake then will cease without funding.



This page is intentionally blank.

**Children's Services and Education Scrutiny Sub-Committee 2010/2011
Distribution List**

	Copies		Copies
<u>Members and Reserves</u>			
Councillor David Hubber (Chair)	1		
Councillor The Right Revd Emmanuel Oyewole (Vice-Chair)	1		
Councillor Lorraine Lauder	1		
Councillor Adele Morris	1		
Councillor Rosie Shimell	1		
Councillor Althea Smith	1		
Councillor Cleo Soanes	1		
Councillor Patrick Diamond (Reserve)	1		
Councillor Vikki Mills (Reserve)			
Councillor Martin Seaton (Reserve)			
Councillor Nick Stanton (Reserve)	1		
Councillor Geoffrey Thornton (Reserve)	1		
<u>Education Representatives</u>			
Revd Nicholas Elder	1		
<u>Other Members</u>			
Councillor Catherine McDonald	1		
Councillor Lisa Rajan	1		
Libraries [Albion / Dulwich / Newington / Local Studies]	6		
<u>Council Officers</u>			
Scrutiny Team [spares]	6		
Shelley Burke, Head of Overview & Scrutiny	1		
Romi Bowen, Director of Children's Services	1		
Terry Parkin, Deputy Director of Children's Services	1		
Rory Patterson, Assistant Director of Specialist Children's Services and Safeguarding	1		
Mike Smith, Assistant Director of Community Services	1		
Elaine Allegretti, Children's Trust Development Manager, Children's Services	1		
Pauline Armour, Assistant Director of Access & Inclusion	1		
Eleanor Parkin, Departmental Co-ordinator, Children's Services	1		
Jane Baily , Assistant Director for Young People	1		
Sarah Feasey, Principal Lawyer, Strategic Services	1		
		TOTAL DISTRIBUTION	38