

AGENDA MANAGEMENT SHEET

Name of Committee Health Overview And Scrutiny Committee

Date of Committee 5th September 2007

Report Title Review of Childhood Obesity in Warwickshire - Final Report of the Childhood Obesity Panel

Summary The aim of this review was to assess the extent of childhood obesity within the county, the causes of childhood obesity and the consequences of childhood obesity. The review looked at the services of the NHS to see what they did to help reduce the incidence of childhood obesity and also as part of the public health agenda it took into account the services provided by Boroughs and Districts Councils and relevant departments within the County Council.

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Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers None

CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

Other Committees

Local Member(s)

Other Elected Members Cllrs Jerry Roodhouse, Sarah Boad, Helen McCarthy, Raj Randev

Cabinet Member Cllr Bob Stevens

Chief Executive

Legal Sarah Duxbury

- Finance
- Other Chief Officers David Carter, Marion Davis
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION Yes

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

**Health Overview And Scrutiny Committee - 5th September
2007.**

**Review of Childhood Obesity in Warwickshire
Final Report of the Childhood Obesity Panel**

Report of the Performance and Development Directorate

Recommendations

That the committee considers:

1. Considers the final report of the 'Childhood Obesity Panel'
2. Considers the recommendations as laid out in section 19 of the report

1. Introduction

- 1.1 Obesity is one of the major public health issues in the developing world. Its prevalence has tripled in Europe over the last two decades and is now the most common childhood disorder in the EU.
- 1.2 There is an increasing burden on the healthcare system. It was estimated that the economic cost of obesity in 2002 was in the region of £3.3 - £3.7 billion with approximately one-third of cost attributed to sickness absence. A recent report at a Public Health Conference in the West Midlands has now put the cost at £1 billion for the whole of the NHS and the country £7 billion annually.
- 1.3 Tackling obesity has become a Government priority and a number of actions have been outlined in the delivery plan for 'Choosing Health: Making Healthier Choices Easier' for Local Authorities, NHS and individuals.
- 1.4 The panel's aim was to assess the extent of childhood obesity within the county, the causes and consequences of childhood obesity.
- 1.5 Their objective was to understand how childhood obesity is linked with health inequalities, what the health service and the local authorities did to meet the needs of those affected, the implications of children being obese, what could be done to reduce the incidence of childhood obesity and to ensure that the

NHS provided a flexible, appropriate, clinically effective and accessible service.

2. Recommendations

2.1 That the committee considers:

- Considers the final report of the 'Childhood Obesity Panel'
- Considers the recommendations as laid out in section 19 of the report

DAVID CARTER
Strategic Director
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Development Directorate

Shire Hall
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02 August 2007

Review of Childhood Obesity in Warwickshire

Final Report of the Childhood Obesity Panel

September 2007

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Glossary of Terms

BMI	Body Mass Index
CAMHS	Children & Adolescent Mental Health Services
CRB	Criminal Records Bureaux
EU	European Union
GP	General Practitioner
LAA	Local Area Agreement
MEND	Mind, Exercise, Nutrition and Do It
NHS	National Health Service
NSF	National Service Framework
PAC	Physical Activity Consultant
PAYP	Positive about Young People
PE	Physical Education
PCT	Primary Care Trust

Acknowledgements

The Childhood Obesity Panel would like to thank the following people for their support and help with this review:

Ruth Breese & Catherine Wickens Community Dieticians for South Warks Dietetic Service

Mindy Chillery Healthy Schools Coordinator

Carole Edkins Health Improvement Manager, Warwickshire County Council

Christine Grantham Community Dietician George Eliot Hospital

Kevin Hollis Sport & Recreation Manager, Nuneaton & Bedworth Leisure Trust

Helen King Public Health Consultant, Warwickshire PCT

Alan Lindsay Inspector, Physical Education (Southern)

Stan Milewski Senior Road Safety Officer

Sandra Russell Divisional Director, County Caterers

Greg Wells Warwickshire PCT

Executive Summary

Introduction

1. Obesity is one of the major public health issues in the developing world. Its prevalence has tripled in Europe over the last two decades and is now the most common childhood disorder in the EU.
2. There is an increasing burden on the healthcare system. It was estimated that the economic cost of obesity in 2002 was in the region of £3.3 - £3.7 billion with approximately one-third of cost attributed to sickness absence. A recent report at a Public Health Conference in the West Midlands has now put the cost at £1 billion for the whole of the NHS and the country £7 billion annually.
3. Tackling obesity has become a Government priority and a number of actions have been outlined in the delivery plan for 'Choosing Health: Making Healthier Choices Easier' for Local Authorities, NHS and individuals.

Obesity in the West Midlands

4. In recent decades the proportion of children who are overweight or obese has increased in the UK. The latest Health Survey for England suggests that 15.8% of 2-10 year olds in the West Midlands are obese. Trend data would also suggest that the adult level of obesity in both England and the West Midlands has risen considerably. The proportion for both males and females in the West Midlands has remained higher than the England average and the female rate for 2000-2002 is statistically significantly higher than the England average¹. This is a concern when parental obesity is considered the greatest single indicator of overweight and obesity in children.
5. The West Midlands Public Health Conference in May 2007 estimated that if no action is taken that by 2010 the region will have the second highest number of obese boys aged 2 -15 years.

Aims and Objectives of the Panel

6. The panel's aim was to assess the extent of childhood obesity within the county, the causes and consequences of childhood obesity.
7. Their objective was to understand how childhood obesity is linked with health inequalities, what the health service and the local authorities did to meet the needs of those affected, the implications of children being obese, what could be done to reduce the incidence of childhood obesity and to ensure that the NHS provided a flexible, appropriate, clinically effective and accessible service.

¹ West Midlands Public Health Observatory, Health Issues, Size Matters – Tackling Obesity, 2004

Findings of the Panel

- 8 They recognised early on that there are many factors that contribute to childhood obesity and that it could not be resolved by one agency alone and would require a multi faceted approach to reduce the incidence of childhood obesity.
- 9 Clearly there had been some progress to measure and collect information to determine the extent of childhood obesity, but there were gaps in information from the south of the county. It was considered that gaps in the information might be due to some parents opting out from the programme.
- 10 The review indicated the number of school nurses and health visitors are not sufficient to enable them to support measures to combat childhood obesity adequately. They were made aware that children were not being seen by a health worker before going to school and that there was a poor ratio of school nurses to schools and this would impact on identifying children as being overweight or obese and being able to act upon it if they are. .
- 11 Recognise that advising parents and guardians that their child is overweight or obese needed to be handled sensitively.
- 12 They acknowledge there are not enough specialist staff.
- 13 Recognise that GPs also have a valuable role in identifying families that are overweight or obese.
- 14 Recognise that there is already a lot of activity to increase physical activity in schools via 'Healthy Schools' and 'Cycling Schemes'. However, not all the physical activity suggested may appeal to children that are already overweight or obese.
- 15 Were made aware that some schools might be planning to reduce the period for having lunch. The panel consider that this would be a retrograde step and contribute to a more sedentary lifestyle.
- 16 They realise that when a child has been identified as being overweight or obese it is likely that the whole family would gain from advice on the importance of good nutrition to ensure that existing bad habits are not perpetuated.
- 17 They support the activities of Healthy Schools and would like to recommend that funding is found to extend this throughout school life. As part of Healthy Schools encouraging children to walk and cycle to school that they encourage children to participate in the free cycle/kerbside training schemes.
- 18 They would like to encourage cycling and the review has highlighted that it is not always safe for children to cycle. Therefore they would like to support the development of more cycle ways in Warwickshire for all the family to use.
- 19 They were made aware that obese children are likely to have obese parents so would like to encourage employers such as the County, Borough and

District Councils and the NHS to promote physical activity amongst their employees such as lunchtime walks.

- 20 Recognise that reducing childhood obesity is not the responsibility of just the NHS and it is important that the local authorities and the NHS work together.
- 21 The County Council also has a vitally important role via the Healthy Schools programme, school meals and other various activities and again it is important that there is a coordinated approach taken with the PCT.
- 22 Consider that schools should be proactive in taking part in schemes such as Healthy Schools, Cycling Schemes, and promoting activities via Extended Services, which may help reduce the level of childhood obesity.
- 23 They recognise the work being carried out by Nuneaton and Bedworth Leisure Trust.
- 24 Because it is too early to evaluate the progress of the Obesity Strategy launched in June 2007 the panel is planning to reconvene at the end of 2008.

Recommendations

- 1 That the Strategic Director Children, Young People and Families and Warwickshire PCT consider whether the option for parents or guardians to opt out of children being measured can be removed. This will enable the NHS and Local Authorities to better gauge the extent of childhood obesity and determine the specialist services required to reduce childhood obesity.
- 2 That Warwickshire PCT should ensure that measurement information be collected uniformly throughout the county.
- 3 The panel recommend that the pre-school check be reinstated and consider using Sure Start/Children Centres, in conjunction with their health partners, to identify young obese children and families at risk.
- 4 Warwickshire PCT provides sufficient funding to allow the recommended ratio of school nurses to schools (1:5) to be employed.
- 5 Warwickshire PCT provides training to ensure matters relating to overweight and obesity are handled sensitively.
- 6 Warwickshire PCT provides sufficient funding to ensure there is an equitable and consistent access to specialist services (see section 18.7).
- 7 GPs to consider referring obese children as well as adults to specialist services. This will require lowering the age of the exercise referral scheme and GPs to refer to family centred services. This is an opportunity where the PCT and the Local Authorities could work together to deliver this service for families.
- 8 Increasing the opportunities for physical activity at school including walking to school, after school activities and expand the range, to not just sport, but for

instance dancing or skipping. Recognising that school buses can limit activity and have set times to leave at the end of the day, schools should try to maintain or extend lunch breaks and arrange activities during this period.

- 9 Encourage parents into school for cooking courses via Extended Services. The panel see this as an opportunity for intergenerational activity plus whole family approach plus it would help reduce the need for CRB (Criminal Records Bureau) checks.
- 10 That the Healthy Schools Initiatives such as healthy eating e.g. school meals, five a day, should continue to be supported, as they are already making a difference. The healthy messages are getting back to the children's homes. The panel recommend that additional funding should be found to extend these initiatives for children throughout their school life.
- 11 Schools should be encouraging walking/cycling to school and encourage the take up of free cycle and kerbside training to ensure children understand the importance of walking/cycling to school safely.
- 12 That more cycle ways be developed to encourage family physical activity in a safer environment.
- 13 Employers should be encouraged to promote physical activity amongst their employees. The statutory sector should lead by example.
- 14 County, Borough and District Councils and the PCT work together and consider using existing leisure facilities to promote healthy eating and physical activity for families interested in weight control.
- 15 That all schools be proactive in looking at factors that cause children to be overweight and obese from reception to Year 6.
- 16 That there is a report in 18 months time on the Nuneaton and Bedworth pilot scheme and if successful replicate this across the county (see section 11). Also to consider other pilot schemes such as the Telford and Wrekin PCT and Borough Council project or North Warwickshire Borough Council Community Development Schemes as part of this evaluation.
- 17 The panel reconvenes at the end of 2008 to see how successful the Obesity Strategy has been in meeting the government target of curtailing the rise in childhood obesity.

Review of Childhood Obesity in Warwickshire

The Report of the Childhood Obesity Panel

1. Introduction

- 1.1 Obesity is one of the major public health issues in the developing world. Its prevalence has tripled in Europe over the last two decades and is now the most common childhood disorder in the EU.
- 1.2 There is an increasing burden on the healthcare system. It was estimated that the economic cost of obesity in 2002 was in the region of £3.3 - £3.7 billion with approximately one-third of cost attributed to sickness absence. A recent report at a Public Health Conference in the West Midlands has now put the cost at £1 billion for the whole of the NHS and the country £7 billion annually.
- 1.3 Tackling obesity has become a Government priority and a number of actions have been outlined in the delivery plan for 'Choosing Health: Making Healthier Choices Easier' for Local Authorities, NHS and individuals.

2. Obesity in the West Midlands

- 2.1 In recent decades the proportion of children who are overweight or obese has increased in the UK. The latest Health Survey for England suggests that 15.8% of 2-10 year olds in the West Midlands are obese. Trend data would also suggest that the adult level of obesity in both England and the West Midlands has risen considerably. The proportion for both males and females in the West Midlands has remained higher than the England average and the female rate for 2000-2002 is statistically significantly higher than the England average². This is a concern when parental obesity is considered the greatest single indicator of overweight and obesity in children.
- 2.2 The West Midlands Public Health Conference in May 2007 estimated that if no action is taken that by 2010 the region will have the second highest number of obese boys aged 2 -15 years.

3. Defining Overweight and Obesity

- 3.1 The clinical definition of the optimum weight in adults is based on the Body Mass Index (BMI). It is calculated by dividing weight (in kilograms) by height squared (in metres). Adults with a BMI 25-29.9 are considered overweight and 30 or above are classified obese
- 3.2 Due to complexities of defining optimum weight for children's bodies there is no consensus of BMI criteria for overweight and obesity in childhood. The NHS use BMI reference curves to compare individual children with their peers. Children above the 91st centile are classed as overweight and those above the 98th are considered obese.

² West Midlands Public Health Observatory, Health Issues, Size Matters – Tackling Obesity, 2004

4. The Consequences and Causes of Obesity

- 4.1 The physical and psychosocial consequences of obesity are well documented in 'West Midlands Public Health Observatory Health Issues: Size Matters – Tackling Obesity' (2004) and more recently 'Tackling Child Obesity' (2007).
- 4.2 Obesity is associated with:
- Shorter life expectancy (on average nine years)
 - An increased likelihood of asthma and type 2 diabetes in childhood
 - In later life an increased risk of high blood pressure, coronary heart disease, stroke, osteoarthritis or cancer
- 4.3 In addition obesity is associated with
- Social stigmatisation
 - Reduced quality of life and low self esteem
- 4.4 Like many long-term conditions the pattern of obesity is not evenly distributed across society, research indicates that the most disadvantaged groups are at higher risk, although the pattern is not the same for males and females.
- 4.5 There are differences between ethnic groups for example there is higher level than the national average of obesity in Irish males and with females it is higher amongst Pakistani and Black Caribbean.

5. Aims and Objectives of the Review

- 5.1 The aim of the review was to assess:
- The extent of childhood obesity within the county.
 - The causes of childhood obesity.
 - The consequences of childhood obesity
- 5.2 It involved scrutinising the services of the NHS to see what services they provide to help reduce the incidence of childhood obesity. Also as part of the public health agenda the review looked at the services provided by Boroughs and Districts Councils and relevant departments within the County Council.
- 5.3 The objective was to understand:
- How childhood obesity is linked with health inequalities e.g. possible lower employment prospects, reducing life expectancy.
 - What the health service and the local authorities do to meet the needs of those affected.
 - The implications of children being obese.
 - What needed to be done to reduce the incidence of childhood obesity
- 5.4 Also the panel wanted to ensure that:

- The health service provided a flexible, appropriate, clinically effective and accessible service in response to the needs of those affected.

5.5 The review also took into account equity of access to services in line with the social inclusion agenda.

6. Scope

6.1 In order to achieve the aim set out in paragraph 1, the Childhood Obesity Panel looked at the following:

- Environmental factors that could cause the increase in obesity
- How children are assessed to determine whether they are obese
- How long it took for children to receive treatment
- What specialist services are available in Warwickshire
- Whether there are sufficient number of specialist staff
- Whether there is equity of access and service provision across the county
- What did Local Authorities and other agencies do to help to reduce childhood obesity

6.2 The Panel held its first meeting on the 19th October 2006 and decided to add the following to the Scope:

- (i) To look at existing examples of partnership working to seek opportunities to use partnerships to achieve the aims and objectives
- (ii) To focus on families and not just children - recognised that adults need to set standards for children.
- (iii) The role of physical activity in reducing obesity - identify facilities and opportunities that children and families had to carry out physical activity.
- (iv) Finally how many specialist services were available in Warwickshire

7. How Children's Weight is Measured in Warwickshire

7.1 In Warwickshire child related BMI charts are used using age related reference curves (centiles). These charts compare data of children aged 0-18 years. The 50th centile represents the median at each age. Waist circumference centiles can also be used.

7.2 In an adult's healthy weight the Body Mass Index ranges between 18.5 and 24.9. However in children the BMI changes substantially with age rising steeply in infancy, falling during school and then rising again during adulthood. A child's healthy weight BMI can range from 14 to 25 (0-20 years).

8. Obesity in Warwickshire

8.1 Warwickshire does not vary greatly from the national picture in terms of obesity levels. However, this information indicates there are significant disparities between areas of deprivation and areas of affluence.

Adult Population

8.2 The 2005 Regional Lifestyle Survey showed that across Warwickshire 47.8% of people are either overweight or obese.

Area	Underweight	Normal Weight	Overweight	Obese	Overweight & Obese
North Warks	0.8	45.0	39.8	14.5	54.3
Nuneaton & Bedworth	2.0	43.6	36.9	17.4	54.3
Rugby	1.9	50.4	34.1	13.6	47.7
Stratford	2.3	54.7	31.1	11.9	43.0
Warwick	1.6	55.8	32.0	10.7	42.7
Warwickshire	1.8	50.5	34.3	13.5	47.8

Regional Lifestyle Survey 2005

8.3 The table above breaks down the results by district. Warwick area is below national and county average with 42.7% of people overweight or obese while in both North Warwickshire and Nuneaton & Bedworth 54.3% of people are overweight or obese. This highlights where work needs to be concentrated and corresponds with other health inequalities on those areas.

Children & Young People

8.4 The following information was provided in the Draft Warwickshire Obesity Strategy document. All school children in reception and year 6 were invited to have their BMI measured in the summer of 2006. From the table below it can be seen that the numbers of obese children rise significantly between the first and last years of primary school.

Former PCT Area	Year Group	Female %		Male %		Male & Female %	
		Overweight	Obese	Overweight	Obese	Overweight	Obese
Rugby	Reception	9.8	7.3	13.0	9.0	11.45	8.2
	Year 6	11.8	10.9	12.7	15.9	12.3	13.6
N. Warks	Reception	13.1	7.4	12.8	8.2	12.9	7.8
	Year 6	12.6	15.7	13.4	19.5	13	17.8
S. Warks	Reception	11.8	8.1	12.8	9.0	12.3	8.6
	Year 6	12.9	11.0	14.6	14.2	13.8	12.6

8.5 From these figures it can be seen that almost a third of boys are either overweight or obese by the time they reach year 6, with rates particularly high in North Warwickshire. However, it should be noted that this might change year on year so should be treated with caution.

8.6 The following points were made during the consideration of these facts in the strategy document:-

- (1) Although South Warwickshire had the highest obesity rate at reception class this had changed by Year 6.

- (2) The figures had to be treated cautiously because a lot of children had opted out.
- (3) It was noted that the BMI varied for different age groups.
- (4) The request to measure children BMIs had come halfway through the year and it had not been possible to set up counselling arrangements. This year a counselling programme would be available to advise on dealing with obesity.
- (5) The issue required very sensitive handling, as parents did not like to be told that their children were obese.

9. Dr. Greg Wells - "Overweight and Obesity in Warwickshire Schools"

- 9.1 Dr. Greg Wells was invited to give a presentation on "Overweight and Obesity in Warwickshire schools" obtained from information that was collected via a national programme. The intention is to use this information to inform local strategy.
- 9.2 Nationally the response had been quite poor, but the response rate for Warwickshire had been better at 80%.
- 9.3 Reception and Year 6 figures were examined separately, but the overweight and obese proportions were combined. Any schools with fewer than 6 pupils in a class were excluded from the programme.
- 9.4 The initial findings indicate that there were few schools with relatively high proportions of overweight or obese children in Warwickshire. Greg Wells considered that these results indicate that any strategy should concentrate on reducing rates in all schools rather than concentrating on a small number of individual ones. However, the strategy should take into account that there may be geographical areas that may require more work.
- 9.5 Greg Wells concluded that there was little difference in proportions of children found to be overweight or obese in the North or South of Warwickshire despite most literature suggesting that obesity is linked to deprivation. However, this should be regarded with some caution, because the measurements in the south of the county have tended to be less complete for both years, so may be subject to change. The recommendation was that the strategy should tackle obesity in schools generally and also that there should be uniformity in collection of information for both north and south of the county.
- 9.6 This approach would support recent research conducted by the Food Standards Agency (July 2007). It indicates that nutrition, access to food and cooking skills are not worse in poorer families, but the whole population are not eating as healthily as they should be.

10. The Causes of Childhood Obesity

10.1 The causes of childhood obesity are well documented and there are several factors³ that are considered the cause of children being overweight or obese such as:

- High intake of energy dense foods,
- Low levels of physical activity and
- Sedentary lifestyle
- Poor provision of leisure facilities
- Lack of attractive green & play space
- Super size promotions offering larger size portions as value for money

10.2 Ruth Breese and Catherine Wickens (Community Dieticians for South Warwickshire Dietetic Service) made the panel aware that also if one or both parents are obese that the child is more likely to be obese and successful interventions are where the whole family is involved. Weight gain can be controlled by healthy eating, physical activity and psycho-social and family issues. However, they stressed that any intervention needs to take into account that the child still needs food to grow.

10.3 They provided information of the partnership approaches that are being taken to tackle childhood obesity. The Mind, Exercise, Nutrition and do it!! (MEND) initiative is a nine week programme for overweight and obese children and their parents/guardians. Participants have three months free access to a leisure centre, psychologist, fitness instructor and dietician. It costs approx £500 per family to run. Although it may be considered quite costly the programme produces positive results. The recent findings from the pilot indicate that children on the programme have reduced their BMI by one unit over six months from enrolment on the course⁴.

NB Telford & Wrekin PCT with the Borough Council has implemented a similar scheme YW8, a family based weight management project. The children and their families attend weekly sessions for 12 weeks involving fun activities to improve fitness, nutrition and self esteem. The project also provides families with practical and simple advice to enable them to make long-term lifestyle changes. This project earned a top national award 'The 2006 Primary Care Award for Excellence in Weight Management for Children and Adolescents'.

10.4 In Warwickshire the following initiatives have been taken. The majority involve partnership working with County Council, Borough & District Councils and Warwickshire Primary Care Trust (PCT):

- Production on an Obesity Strategy
- Standards for school meals and food other than lunch
- Healthy School Status being rolled out across all schools

³ International Obesity Task force (2004) Obesity in children and young people a crisis in public health
www.ietf.org

⁴ www.idea.gov.uk (30/05/07)

- Programmes for encouraging Breastfeeding
 - Activities via Warwickshire Food for Health and Physical Activity Groups
 - Local leisure initiatives such as Nuneaton and Bedworth Leisure Trust
 - Care Pathways are being updated and agreed
- 10.5 There are local treatment options, but these are not implemented uniformly across the county, which include:
- School Health Team/CAMHS (Children & Adolescent Mental Health Services),
 - One to one Dietetic Outpatients Service,
 - Some referrals to a specialist clinic at University Hospital Coventry & Warwickshire.
- 10.6 The next step for the panel was to look specifically at a project in Warwickshire, which was working towards reducing childhood obesity and a visit was arranged to look at the activities of the Nuneaton & Bedworth Leisure Trust.

11. Nuneaton & Bedworth Leisure Trust & Dietetic Service

- 11.1 The Nuneaton and Bedworth Leisure Trust with its partners is tackling childhood obesity through a number of ways through various members of the Sport and Recreation Team.
- **7-11 Ready 4 Anything** – Based at Bedworth Healthy Living Centre with fun health games and activities session implemented by the Physical Activity Consultant (PAC), which started in May 2006. It is open to the whole community aged 7-11 years and costs £2.30 per session. Professionals including Dieticians and School Nurses have adopted this scheme as part of the ‘Children’s Obesity Care Pathway’. New referrals and participants attend each week. It has an average class of 15 children and there are plans to train more members of the Leisure Trust to deliver sessions at a further two sites – Pringles Leisure Centre and Jubilee Sports Centre.
 - **14-18 Second 2 None** – Gym based exercise class. This is again open to anyone in the community aged 14-18 years and is free. Children can be referred onto the scheme via Connexions, Youth Offending Team, Youth Inclusion, Physiotherapists, Dieticians and School Nurses. Since linking with schools coordinators attendances have doubled. There are plans to expand this service to the Bedworth Healthy Living Centre at weekends.
 - **One 2 One Consultations** – Physical Activity Consultants provide consultations with overweight and obese children to motivate, signpost and monitor their progress. Children can be referred via any local service with the consent of the parent or guardian including self referral.
 - **Educational Sessions** – Both the Physical Activity Consultants and the Health and Well-being Officer deliver education session topics including nutrition, exercise and Active Lifestyles. These are delivered in schools, community groups, local schemes and health promotion projects.

- **Family Fit Club** – funding was awarded to tackle obesity in children 8-16 years. Key partners were identified to refer families onto the programme. The aim was to encourage and promote physical activity, increase knowledge and awareness of the need for a healthy diet as well as motivating, monitoring and providing support for families. It started as a short pilot in March 2007. An evaluation was conducted before, during and after the pilot, which has shown it has been successful and has made a valued contribution to the lives of all the participants. A second course is planned for September 2007, which promises to be more interactive with 50% more contact time for participants during each session.
- **Quality Sports Coaching** – coaching at schools during term time at Breakfast Clubs, Curriculum Sessions, lunchtime and After Schools Clubs. There is also coaching provided at Leisure Centres and Local Community Centres. The sessions do not only encourage physical activity but also look at healthy eating.
- **Playscheme and Trust Daycare** – operate during all school holidays for 5-11 year olds. The aim is to develop play in a safe and secure environment. During the four week summer break the Playscheme and Day Care received over 15,000 attendances. They encourage a healthy balance of quiet time, sports and games to promote active lifestyles and the desire to play independently. The dietetic service in Nuneaton and Bedworth has provided training for Leisure Trust Staff on healthy balanced eating and this is being delivered to exercise groups. Free fresh fruit is provided and there is a healthy tuck shop that sells only organic products.

11.2 The panel was given the following information at the visit:

- a) BMI for 8 yr olds should be in the range 9 -13.
- b) The severity and frequency of obesity is increasing with whole families being affected.
- c) Excessive weight is linked to social deprivation.
- d) Excessive weight is more often attributable to lifestyle than any genetic cause.
- e) It is easy to focus on the physical aspects of being overweight and forget that it can cause mental health problems. There is an issue of cause and effect here.
- f) The number of school nurses has been reduced over the last few years. The ratio of nurses to schools is 1:6.
- g) Dieticians and nurses may identify weight issues amongst children, but are not empowered to act upon the information obtained from BMI measuring only. However, at other times there are processes to refer children when necessary.
- h) General Practitioners are empowered to refer overweight children for help and advice.
- i) It is not practical for dieticians to revisit schools to check-up on children assessed previously. It must be assumed that healthy living initiatives will work.
- j) With more resources more children would be seen more frequently.

11.3 The Trust provided the following information about its activities

- The Nuneaton and Bedworth provision is unique in the county.
- The Trust run programmes for children aged 7-11 years with a focus on cardiovascular and muscular exercise. Courses are also educational with fun lessons on lifestyle and diet.
- Plus gym based exercise for young people
- Parents are not directly involved in the Leisure Trust courses, but can be assessed when they deliver and collect their children.
- Children on exercise programmes do compete against each other. This is considered good.
- PAYP (Positive about Young People) “Chips and Sport” (summer play scheme) may seem to give out a bad message but any activity is considered good.
- There is a focus on primary schools as there is more control over diet and lifestyles.
- Children’s play areas in Nuneaton and Bedworth are being refurbished to encourage children to play more outside.
- The 2012 Olympics should serve to raise the profile of sport.

11.4 The panel raised the following points:-

- (1) There had been a lot of excellent work in Nuneaton and it could only be good for children to come into contact with the enthusiasm that had been apparent during the visit.
- (2) There had been no indication of the cost involved. However this should be easy to identify and it was agreed that this information should be obtained. A report was made available to the panel giving costs and activity to date (**See Appendix A**).
- (3) It was recognised that some children refused to join in with physical activity and it was proposed that Alan Lindsay, Inspector – Physical Education and Mindy Chillery Healthy Schools Coordinator, should be invited to the next meeting of the Panel.
- (4) It was also suggested that Sandra Russell, Divisional Director County Caterers should be invited to the next meeting to discuss the school meals service in Warwickshire.

11.5 The panel expressed an interest in knowing what activities relating to reducing childhood obesity were taking place in other Boroughs and Districts within Warwickshire and the following information was obtained:

- a) North Warwickshire Borough Council, Community Development Division is working with key partners to reduce obesity in North Warwickshire. For children they have local schemes such as ‘Tumble Time’ for 0-4 yr olds and ‘Playschemes’ for 5-11 yr olds. They have also held a Young People’s Health Event focusing on body image and self esteem.
- b) The Ken Marriott Leisure Centre has received money from the Big Lottery Fund to run a MEND pilot.
- c) Stratford-on-Avon District Council had a holiday scheme for children and participated in the joint County Sports Partnership Scheme.
- d) Warwick District Council had nothing specific but was again involved with the joint County Sports Partnership Scheme.

12. Transforming School Meals

- 12.1 Sandra Russell (Divisional Director, County Caterers) provided a presentation and brought the panel a leaflet given to children showing examples of school meals that could be available throughout the winter months in Warwickshire.
- 12.2 The County Council, eight years earlier, had undertaken a ten-year programme of improvements to school meals. This started in primary schools but did not involve huge changes. However, the number of choices originally offered to primary school pupils was reduced when it was found that the pupils were being overawed.
- 12.3 In 2000 the responsibility for procuring school meals was delegated to schools. It is not mandatory for schools to have hot meals, but most schools have chosen to have them.
- 12.4 Following years of striving for savings in the school meals service, the service is in the early stages of being rebuilt. Healthy school meals provision is part of the Healthy Schools agenda.
- 12.5 There was a reaction against the new school meals as a result of reports in newspapers and on television but numbers were rising again. There would be bigger changes in secondary school meals, which may result in short term problems.
- 12.6 Sandra Russell considered that for the service to be successful, it was essential to capture the hearts and minds of head teachers and parents. Secondary schools will be more challenging, but this should become easier as the primary school children who were already used to the arrangements transferred to secondary education.
- 12.7 The Service provides 37% of primary school pupils with meals. The uptake in schools increases for special event meals (e.g. Christmas meal).
- 12.8 The Service provided meals to over half of the county schools and of those 60% offered a cashless system with payment by cheque. Payment over the Internet was also available in three schools. Facilities also existed for payment to be made on a daily basis where necessary.
- 12.9 The charge to parents for a meal was £1.55. In addition the Service made a charge to schools for moving furniture and transport costs. The amount spent on food for each meal was 56p.
- 12.10 Menus were circulated to parents and were also available on the website including vegetarian meals to enable parents to exercise choice. Specialist diets can be provided to reflect religious needs. The meals provided at least two of the five portions a day of fruit/vegetables.
- 12.11 The Service mainly cook meals in the schools' kitchens, but for those schools that did not have kitchens, meals were provided from a "mother" kitchen and transported to those schools.
- 12.12 For some pupils, school meals offer them the opportunity to try different food to that eaten at home and introduces them to the social skills of eating at a table with knives and forks.

- 12.13 Different catering styles are used to fit in with the particular needs of schools. In one style pupils sit in small “family” groups around tables with seniors serving the food at the tables.
- 12.14 There had been complaints that choices ran out before the end of servings. A pilot system is in operation in some schools where teachers go through the menu with pupils so they can order their choices in advance. The pupils are given a coloured wristband, which they exchange for their meal.
- 12.15 The Service was involved in a project with the Brunswick Healthy Eating Centre and provided six cooking lessons to parents.
- 12.16 There have been discussions with the local farming community with a view of establishing a very small pilot in the local procurement of vegetables. However because of European Union procurement rules it could be problematic. Although individual schools would be too small to be affected by these rules, the County Council acting on behalf of schools would be considered a single buying unit and because of its size would probably have to abide by these rules.

13. Physical Activity in Schools

- 13.1 Alan Lindsey provided the panel with a presentation about physical activity in schools with information on the Warwickshire Partnership Physical Activity Strategy (**See Appendix B**).
- 13.2 Alan Lindsey works closely with the Borough and District Councils and Mindy Chillery (Healthy Schools Coordinator) who provided a presentation later in the panel meeting. There was a natural liaison with the schools extended services section.
- 13.3 There is now a big focus on physical activity in school and this would feature in the national curriculum review.
- 13.4 Physical education teachers around the county are of a high quality. The panel raised a concern that some children might try to avoid physical activity in school. Alan Lindsey assured them that the teachers would question letters from parents excusing their children from P.E. lessons. Some schools still expect children who are excused for particular lessons to bring their P.E. kit with them and change into it. This avoids the situations where children excuse themselves just because they are too embarrassed to change, because they are overweight.
- 13.5 The first Government target indicated that 75% of children should receive two hours of high quality P.E. per week and this would rise to 80% in 2008. The aspiration for 2010 is two hours in the curriculum and two to three hours outside. Prime Minister Gordon Brown recently confirmed his intention to encourage schools to have five hours of PE each week. Although, at the moment, there was a requirement for two hours of P.E. in a week, Alan Lindsey said he would not necessarily push for this if one-and-a-half hours of higher quality P.E. was being offered
- 13.6 The panel should not assume that the best sports provision was being offered by the Sports Colleges

- 13.7 The 2012 Olympics offered an opportunity to secure capital funding. Also in August 2007 the UK Schools Games were coming to Coventry.
- 13.8 Physical activity for children is important because it improved their power of concentration throughout the day and therefore also impacted upon academic achievement. Also competition is healthy

14. Healthy Schools

- 14.1 Mindy Chillery provided the panel with a presentation on Healthy Schools Status. She has been in post since 1999 and 190 schools were engaged in Healthy School's Status, covering an age range from 5 to 18 years.
- 14.2 The programme was not statutory but the fact that 79% of schools wanted to be involved was a good selling point. The schools were encouraged to achieve Healthy School Status using the whole school approach. There were four themes to achieving Healthy School Status
- Healthy eating
 - Physical activity
 - Emotional health and well-being
 - Personal and social health education
- 14.3 Although Healthy School Status was a first step towards tackling obesity, it was not considered a solution on its own.
- 14.4 It was necessary as a first step to create links between the various interested parties and thereby establish an infrastructure in schools.
- 14.5 She was concerned that there was a danger of turning young people off by labelling them as overweight and obese. Care should be taken in targeting the obese as there was a danger that this would prove to be counterproductive.
- 14.6 It was recognised that providing healthy school meals would not, of itself, be successful if there were unhealthy alternatives easily available from vending machines or school tuck shops.
- 14.7 Since this presentation Ruth Breese (Community Dietician) has been appointed as a School Food Ambassador, which will bring together catering, food & public health and education.

15. Helen King – NHS Initiatives in Warwickshire

- 15.1 Helen King (Public Health Consultant) provided the panel with information from the NHS perspective and the following points arose during the presentation:-
- 15.2 The Choosing Health agenda commenced eighteen months earlier with partnership working in schools as well as with Sure Starts and Children Centres.

- 15.3 The National Service Frameworks (NSF) involved a joint planning and commissioning framework for children, young people and maternity services. The NSFs have been signed off by a range of departments nationally, such as the Department of Health and Department of Education.
- 15.4 'Every Child Matters' was also another piece of policy affecting the drive against childhood obesity.
- 15.5 The commissioning framework for health and well-being was at consultation stage and the intention is that the NHS will work with colleagues so that there was joint planning and this should avoid working in isolation.
- 15.6 The Warwickshire Obesity Strategy was launched in June 2007 and is linked to Local Area Agreements and community plans. The strategy has identified needs, evidence base for interventions, pathways settings, partnerships and resources.
- 15.7 Under health improvement, NHS national initiatives have been involved in influencing the legislation on advertising. Relevant government departments have been brought together under a cross government campaign to reduce obesity. Working with industry the Faculty of Public Health has carried out research on issues such as weight loss guide.
- 15.8 Local health improvement has been targeted on where people live to make an impact. Health Visitors are promoting the benefits of breastfeeding and good nutrition. There has been the promotion of a '5 a day' at schools via the fruit and vegetable scheme. School nurses are provided to look after a cluster of schools, but at the moment the nurses are covering more schools than would be recommended.
- 15.9 As part of the Obesity Strategy the local health economy is currently developing a comprehensive care pathway to combat obesity, which provides a model for prevention and treatment. This is provided via primary, secondary and tertiary services. Whilst developing care pathways for children and young people it has become apparent that there is a need for increased capacity, additional resources and adequate information.

16. Sports and Leisure Facilities in Warwickshire

- 16.1 The panel were interested in what access there was to sports and leisure facilities in Warwickshire. The mapping exercise has identified that there are facilities in all areas of the county, but in North Warwickshire there are fewer facilities with a wide range of activities. The residents in rural localities are more likely to have difficulty in accessing these facilities unless they have a car or good public transport.
- 16.2 This raises the question on what innovative alternatives could be suggested to promote physical activity. For a list of facilities - **See Appendix C**

17. Warwickshire Cycling Schemes & Safer Routes to Schools

- 17.1 The panel invited Stan Milewski and Laura Allan from Environment and Economy Directorate to give a presentation to the Panel about Warwickshire Cycling Schemes and Safer Routes to School. The panel were interested to know whether children had the opportunity to take part in training schemes that would encourage independence and promote physical activity such as walking or cycling. This arose from a perception that parents may not allow their children to play outside out of concern for their safety.

Warwickshire Cycling Schemes

- 17.2 There are five cycling initiatives in Warwickshire - "Cycling Skills", "Cycle Awareness Training", "Adult Training", "Workplace" and "Family/Individual/Group". Cycling is promoted as a fun and healthy activity.
- 17.3 Cycle training was offered free to all schools in Warwickshire and there was a 75% uptake. The cycle awareness training prepared children for using the road and was provided to fit in with schools' timetables. Stan Milewski stressed that children should not be encouraged to cycle on the road before 8 or 9 years old. If children failed to obtain the standard required to cycle safely on the road their parents were informed and more training was offered.
- 17.4 The County Council also works with big employer organisations such as the Post Office, IBM and Conoco to provide workplace cycle training. Various courses are provided for members of the general public who wished to return to cycling. Training is also provided on a family basis.
- 17.5 Professional Team Instructors are employed and monitored by the County Council to provide training to ROSPA standards.
- 17.6 In 1999, when the initiative was introduced, they had trained 900 cyclists. This has risen to 3,554 in 2006.
- 17.7 It was felt that the training had contributed greatly to reducing cycling accidents. Cyclist injuries had reduced from a base of 227 to 141 and the figures for child cyclist injuries had reduced from 63 to 30.

Kerbside Pedestrian Training

- 17.8 The Kerbside Pedestrian Training is based on 6 to 10 sessions and a dedicated team of co-ordinators delivered training in the community to children.
- 17.9 This training was piloted in Camp Hill in 1999 and was then offered to other schools after two years. There are now 55 schools participating in the scheme. In the current academic year 4,500 children have undertaken kerbside pedestrian training.
- 17.10 Again it was felt that this training has helped contribute to the reduction of pedestrian casualties. All pedestrian casualties have reduced from 282 to 200 and child pedestrian casualties have come down from 148 to 52.

Safer Routes to School

- 17.11 The panel were informed that government finance was made available for 'Safer Routes to School'. Work takes place in schools to help them develop their school travel plans by consulting with stakeholders. Surveys are conducted with parents and children.
- 17.12 The aim is to promote more physical activity by encouraging parents and children to walk to schools rather than travelling by car by using principles of park and walk, walking buses and cycling. The scheme was as much about reducing dependency on the car as being a healthy initiative.
- 17.13 Of the 270 Warwickshire schools, 113 had travel plans in place. An incentive for a school to adopt a school travel plan was that it would attract a capital grant of £3,750 plus a £5 per pupil for primary schools and £5,000 plus £5 per pupil for secondary schools. A further incentive was that the school travel plan was a requirement for Healthy School accreditation.
- 17.14 Some children do not always have these choices, as schools are not necessarily close to home. Cycling may not be an option particularly in rural schools that may require a child to travel down narrow winding country roads.
- 17.15 Substantial funding is available under Safer Routes to School to widen footpaths, to provide cycle ways and to upgrade existing crossings to the new toucan crossing.
- 17.16 Approximately 25% of schools have not taken up the scheme. It was considered that this might be due to the constraint of having to hold the scheme during school hours and the possible impact on the school curriculum/day. However, schools could choose to have out of school schemes in the holidays or during lunchtimes.
- 17.17 The panel were made aware that there were problems in taking bikes to rural schools and other locations were used. If children take a bike to school they are encouraged to push their bikes and not ride them to cycle training sessions.
- 17.18 At the end of the presentation a suggestion was made by the panel that there should be a recommendation that Healthy Schools should offer cycle training and possibly using the, Children's University, as an outlet.

18. Conclusion

- 18.1 The panel's aim was to assess the extent of childhood obesity within the county, the causes of childhood obesity and the consequences of childhood obesity.
- 18.2 Their objective was to understand how childhood obesity is linked with health inequalities, what the health service and the local authorities did to meet the needs of those affected, the implications of children being obese, what could be done to reduce the incidence of childhood obesity and to ensure that the NHS provided a flexible, appropriate, clinically effective and accessible service.
- 18.3 The panel recognised early on that there are many factors that contribute to childhood obesity and that it could not be resolved by one agency alone and

would require a multi faceted approach to reduce the incidence of childhood obesity.

- 18.4 Clearly there had been some progress to measure and collect information to determine the extent of childhood obesity, but there were gaps in information from the south of the county. It was considered that gaps in the information might be due to some parents opting out from the programme. The panel would like to stress that everyone has a responsibility to ensure that children are healthy and take measures to reduce the prevalence of obesity and would actively encourage parents to have their children measured. Also that Warwickshire PCT should strive to ensure that information is collected uniformly from both the north and south of the county. **(See Recommendations 19.1 – 19.2)**
- 18.5 The review indicated the number of school nurses and health visitors are not sufficient to enable them to support measures to combat childhood obesity adequately. The panel considers that pre school checks should be reinstated via Children Centres/Sure Starts schemes. This would help identify children that may become overweight or obese and families could get advice at an earlier stage. This review also showed that there was a poor ratio of school nurses to schools and this could cause difficulties in providing sufficient time to identify children as being overweight or obese and being able to act upon it if they are. The panel would like to recommend that Warwickshire PCT should consider providing more funding to combat childhood obesity especially as it is now recognised as a major public health concern. **(See Recommendations 19.3 – 19.4)**
- 18.6 The panel recognise that advising parents and guardians that their child is overweight or obese should be handled sensitively and would recommend that training should be provided to those that deliver these services. This would ensure that the families concerned are motivated to change rather than be discouraged. **(See Recommendation 19.5)**
- 18.7 The panel acknowledge there is not enough specialist staff available such as paediatricians or dieticians and would recommend that funding is made available to provide sufficient numbers of specialist staff, especially if we want to ensure that health problems by being obese are not realised. **(See Recommendation 19.6)**
- 18.8 The panel recognise that GPs also have a valuable role in identifying families that are overweight or obese. The panel consider that GPs should also consider referring children, as well as adults, to appropriate care pathways and family centred services at an early stage. **(See Recommendation 19.7)**
- 18.9 The panel recognise that there is already a lot of activity to increase physical activity in schools via 'Healthy Schools' and 'Cycling Schemes'. However, not all the physical activity suggested may appeal to children that are already overweight or obese. The panel would like to recommend that the existing schemes consider alternative forms of physical activity such as dancing. This could be provided via the Extended Services. **(See Recommendation 19.8)**

- 18.10 The panel were also made aware that some schools might be planning to reduce the period for having lunch. The panel consider that this would be a retrograde step and contribute to a more sedentary lifestyle. It recommends that lunchtimes should not be just for eating, but an opportunity for children to be encouraged to participate in physical and other activities. **(See Recommendation 19.9)**
- 18.11 The panel recognises that when a child has been identified as being overweight or obese it is likely that the whole family would gain from advice on the importance of good nutrition to ensure that existing bad habits are not perpetuated. The panel would like to recommend that parents are encouraged to attend cooking skills classes via Extended Services. **(See Recommendation 19.10)**
- 18.12 The panel support the activities of Healthy Schools and would like to recommend that funding is found to extend this throughout school life. As part of Healthy Schools, they also want to encourage children to walk and cycle to school and therefore would recommend that children participate in the free cycle/kerbside training schemes. **(See Recommendation 19.11)**
- 18.13 The panel would like to encourage cycling and the review has highlighted that it is not always safe for children to cycle. Therefore they would like to support the development of more cycle ways in Warwickshire for all the family to use. **(See Recommendation 19.12)**
- 18.14 The panel have been made aware that obese children are likely to have obese parents so would like to encourage employers such as the County, Borough and District Councils and the NHS to promote physical activity amongst their employees such as lunchtime walks. **(See Recommendation 19.12)**
- 18.15 The panel recognise that reducing childhood obesity is not the responsibility of just the NHS and it is important that the local authorities and the NHS work together. The panel would like to recommend that the PCT, County, Borough and District Councils work together. This could be a coordinated service with the PCT providing information and advice and the Local Authorities making their leisure facilities available to families, similar to the Telford and Wrekin PCT and Borough Council YW8 a family based weight management project. **(See Recommendation 19.13)**
- 18.16 The County Council also has a vitally important role via the Healthy Schools programme, school meals and other various activities and again it is important that there is a coordinated approach taken with the PCT. The panel recommend that measures to reduce childhood obesity could be developed further through the LAA.
- 18.17 The panel would also like to recommend that schools should be proactive in taking part in schemes such as Healthy Schools, Cycling Schemes, and promoting activities via Extended Services, which may help reduce the level of childhood obesity. **(See Recommendation 19.15)**

- 18.18 Finally the panel recognises the work being carried out by Nuneaton and Bedworth Leisure Trust and that it is too early to report fully on how successful it has been. The panel would therefore like to recommend that the Leisure Trust reports its findings in eighteen months time and if successful suggest that this could be replicated across the county. **(See Recommendation 19.16)**
- 18.19 The panel should reconvene at the end of 2008 to evaluate the progress of the Obesity Strategy in Warwickshire. **(See Recommendation 19.17)**

19. Recommendations

The panel recommend:

- 19.1 That the Strategic Director from Children Young People and Families and Warwickshire PCT consider whether the option for parents or guardians to opt out of children being measured could be removed. This will enable the NHS and Local Authorities to gauge the extent of childhood obesity and determine the specialist services required to reduce childhood obesity.
- 19.2 That Warwickshire PCT should ensure that measurement information is collected uniformly throughout the county.
- 19.3 Out of concerns that children are not seeing a health worker before going to school the panel recommend that the pre-school check be reinstated. Another possibility would be to use Sure Starts/Children Centres, in conjunction with their health partners, to identify young obese children and families at risk.
- 19.4 Warwickshire PCT provides sufficient funding to allow the recommended ratio of school nurses to schools (1:5) to be employed.
- 19.5 Warwickshire PCT provides training to those that deliver these services to ensure matters relating to overweight and obesity are handled sensitively.
- 19.6 Warwickshire PCT provides sufficient funding to ensure there is an equitable and consistent access to specialist services (see 18.7).
- 19.7 GPs to consider referring obese children as well adults to specialist services. This will require lowering the age of the exercise referral scheme and GPs to refer to family centred services. This is an opportunity where the PCT and the Local Authorities could work together to deliver this service for families.
- 19.8 Increasing the opportunities for physical activity at school including walking to school, after school activities and expand the range, to not just sport, but dancing or skipping. Recognising that school buses can limit activity and have set times to leave at the end of the day, schools should try to maintain or extend lunch breaks and arrange activities during this period.
- 19.9 Encourage parents into school for cooking courses via Extended Services. The panel see this as an opportunity for intergenerational activity plus whole

family approach plus it would help reduce the need for CRB (Criminal Records Bureau) checks.

- 19.10 That the Healthy Schools Initiatives such as healthy eating e.g. school meals, five a day, should continue to be supported, as they are already making a difference. The healthy messages are getting back to the children's homes. The panel recommend that additional funding should be found to extend these initiatives for children throughout their school life.
- 19.11 Schools should be encouraging walking/cycling to school and encourage the take up of free cycle and kerbside training to ensure children understand the importance of walking/cycling to school safely.
- 19.12 That more cycle ways be developed to encourage family physical activity in a safer environment.
- 19.13 Employers should be encouraged to promote physical activity amongst their employees. The statutory sector should lead by example.
- 19.14 County, Borough and District Councils and the PCT work together and consider using existing leisure facilities to promote healthy eating and physical activity for families interested in weight control.
- 19.15 That all schools be proactive in looking at factors that cause children to be overweight and obese from reception to Year 6.
- 19.16 That there is a report in 18 months time on the Nuneaton and Bedworth pilot scheme and if successful replicate this across the county. Also to consider other pilot schemes such as the Telford and Wrekin PCT and Borough Council project or North Warwickshire Borough Council Community Development Schemes as part of this evaluation.
- 19.17 The panel reconvenes at the end of 2008 to see how successful the Obesity Strategy has been in meeting the government target of curtailing the rise in childhood obesity.

Tackling Childhood Obesity - In Nuneaton & Bedworth

This report highlights the positive work implemented and delivered by Nuneaton & Bedworth Leisure Trust (NBLT) with its partners in tackling the childhood obesity issue. This is achieved in a number of ways through various members of the Sport & Recreation Team.

- **7-11 Ready 4 Anything** - Fun health games & activities session implemented by the Physical Activity Consultant (PAC) that commenced in May 2006. This session is open to the whole community, aged 7-11 years and is based at Bedworth Healthy Living Centre. Professionals including Dieticians and School nurses have adopted this scheme as part of their 'Children's Obesity Care Pathway'. New referrals and participants attend each week, with an average class size of 15 children. A course has been organised to train a further 9 members of the Leisure Trust to deliver these sessions at a further two leisure sites, Pingles Leisure Centre and Jubilee Sports Centre.

1. What does the pilot cost each year to run?

Initial Equipment cost per Centre: £1,200

Staffing; 2 x Instructors per session @ £40 over 26 weeks: £1040.

Promotion: £600

First year cost Total: £2,840 Continual yearly cost: £1,432 plus depreciation of equipment around £400 per year.

2. How long was the pilot for and how long does it have left to run?

The pilot ran for 6 months.

3. What plans are there after the pilot finishes?

Once the pilot had proven to be successful, three more regular classes were set up across the Leisure and Sports Centres within Nuneaton and Bedworth.

4. Are there any plans to go countywide?

We would like to see these sessions provided and would be happy to share good practice or manage delivery.

- **NWPCT Referral Care Pathway** – As mentioned above the Ready for Anything session is part of the North Warwickshire Primary Care Trust's (NWPCT) 'Referral Care Pathway' for overweight and obese children in North Warwickshire, working closely with Dieticians, School Nurses and Health Promotion Specialists. Children are sign posted to local activities that will increase their physical activity and help reduce the harmful effects of being overweight.

- **14-18 Second 2 None** - Gym based exercise class. This session is open to anyone within the community aged 14-18 years. Referrals onto the scheme are received from professionals including Connections, Youth Offending Team, Youth Inclusion, Physiotherapists, Dieticians and School nurses. Since linking with the extended Schools Coordinators attendances have doubled and new young people join each week. As well as the Jubilee Sports Centre session, the possibility is being investigated, of expanding this service to run over the weekend at Bedworth Healthy Living Centre.

1. What does the pilot cost each year to run?

Equipment cost per Centre: £400.
 Staffing; 1 x Instructor per session @ £20 over 52 weeks: £1040
 Promotion: £600
 First year cost Total: £2040 Continual yearly cost: £1432 plus depreciation of around £400 per year.

2. How long was the pilot for and how long does it have left to run?

The pilot ran for 12 months.

3. What plans are there after the pilot finishes?

Once the pilot proved to be successful, the session was established as a regular activity. We are now looking to provide these classes at two more of our Centres.

4. Are there any plans to go countywide?

We would like to see these sessions provided and would be happy to share good practise or manage delivery.

- **One2one Consultations** - The Physical Activity Consultant conducts these consultations with overweight and obese children to motivate, signpost and monitor their progress. This can cover various issues from nutrition to home activity. Children can be referred to the PAC via any local service with the consent of a parent or guardian including self-referral.

1. What does the pilot cost each year to run?

Approximate Costings

1 x Consultant (includes on costs)	£25,000
Mileage (x 2 projects)	£1,500 (local N&B travel only)
Admin, marketing, mobile phone etc.	£5,000
Equipment including I.T.	£4,000

Total per annum £35,500

(after initial consultations with young people and one to one sessions we look to establish group work where we can then cater for up to 8/10 individuals at a time)

3. How long was the pilot for and how long does it have left to run?

The pilot ran for 12 months.

4. What plans are there after the pilot finishes?

The scheme proved so successful that the position was made permanent and a second Consultant was employed.

5. Are there any plans to go countywide?

We would like to see these sessions provided and would be happy to share good practise or manage delivery.

- **Educational Sessions** – Both the PAC and Health & Well Being Officer deliver education sessions topics including nutrition, exercise and Active Lifestyles. These are delivered in Schools, Community Groups, Local Schemes and Health Promotion projects.
 - The PAC has delivered 6 sessions this term, to over 90 children in total.
 - The Health & Well Being Officer has delivered 2 sessions for the Scouts with ages ranging from 8-16 years old. Sessions incorporated healthy eating and physical activity to help them achieve a 'Healthy Lifestyle Badge' and 47 children and young people were present.

- **Family Fit Club** – This is due to start early January 2007. HiWeb funding has been awarded to tackle childhood obesity in young people aged 8 – 16 years old. However, we are looking at the whole family to get involved. Key partners have been identified to refer families onto the programme, including Paediatric Dieticians, School Nurses, Community Dieticians and Children Centres. Educating the parents so that this project leaves a lasting legacy and understanding with the extended family. The aim of the project is to;
 - Encourage and promote physical activity
 - Increase knowledge and awareness of the need for a healthy diet by promoting healthy eating
 - Monitoring, support and motivation of families

1. What does the pilot cost each year to run?

Step-O-Meter packs (32 pieces in a pack)

Health promotion and educational Step-O-Meter pack, to provide equipment for the child and their parents / siblings – to encourage whole family to be more active.

= 1 @ £229 each
= £229.00 plus VAT

Physical Activity promotion package for NBLT facilities

Passport to Leisure Cards for entire family unit, Family Swimming Sessions, Ready for Anything Classes, FUNdamental Frankie Fun Days, Sports Specific Sessions, other sessions as set up over the year etc.

= £600.00 per family annually (x 10 children)
= £6000.00

Rewards – Strettons activity days

One-day adventure and outdoor pursuits activities as a reward for the children's continued participation and achievement.

Costs for 10 children and 4 staff, transport costs for mini bus there and back, and additional costs associated with a healthy lunch provision.

= £500.00 per day (x 2 days, one at 6 months and one at 12months)

= £1000.00

Transport budget

Needed in case of occasional transport limitations to families.

= £400.00

One-to-one consultations and monitoring / evaluation costs

Physical Activity Consultant – health advice and motivation sessions and monitoring

Health & Well Being Officer – statistical analysis

= £100 per month on staffing time

= £1200.00 in total for project

3. How long was the pilot for and how long does it have left to run?

The pilot will run for 12 months and has 11 months left to run.

4. What plans are there after the pilot finishes?

If the participants are willing and able to complete the 12 month programme and we find that we have made a positive impact then we will look to deliver additional schemes.

5. Are there any plans to go countywide?

We would like to see these sessions provided and would be happy to share good practise or manage delivery.

- **Quality Sports Coaching** – coaching at schools during term time at Breakfast Clubs, Curriculum Sessions, lunch time sessions and After School Clubs also coaching at Leisure Centres and Local Community Centres. Within all sessions not only encouraging physical Activity but also educating on health eating.

For NBLT deliver we would need to appreciate travel and distances between venues as this would impact upon costings and whether the delivery can be undertaken by 2-4 employees. Costs to cover coaching hours and equipment would need to be filtered into consideration and also hire costs which differentiate.

- **Playscheme and Trust Daycare** - operate for 5-11 year olds within Nuneaton and Bedworth during all school holidays (except Christmas). The aim of the schemes is to develop play in a safe and secure environment, encouraging future attitude changes towards the benefits of play and active lifestyles. Trust Day Care predominantly promotes

play and also acts as a childcare service unlike Playschemes. This summer Playscheme and Day Care received over 15,000 attendances during the four-week summer break.

- All elements of play are encouraged from active educational play and imaginative play to relaxation and creative play. The Playscheme and Daycare play an important role in helping towards the growing problem of obesity amongst children and ensuring positive lifestyle changes are continued into later life.
- There is a healthy balance of quiet time and sports and games encouraging both active lifestyles and the desire to play independently. Specific activities that are incorporated into all schemes include;
 - Free fresh fruit for all children during all Playscheme and Daycare sessions.
 - Healthy tuck-shop selling only organic products in line with the healthy schools agenda. Products from the company Organix are purchased which promote the 'No Junk Promise'. Organix used NBLT Playschemes as a scheme of best practice during their promotion event at Leisure Industry Week this year at the NEC, encouraging parents to send children to Playscheme and Daycare with healthy snacks and educating families about the importance of play so that this is practiced and extended to the home life.
 - Healthy balance of sports, games and free play throughout all sessions, giving children the opportunity to be active.
 - **Quality Sports Coaching** (delivered by the Fundamental Sports Coach as well as our other Sports specific & relief coaches) in a range of sports allowing children to have a go and develop an interest. The 'Sport Exit Route Programme' is then utilised to signpost children onto specific clubs to encourage future participation.
 - Health and Wellbeing talks and activity sessions around the benefits of healthy diets and the importance of active lifestyles.
 - Physical Activity Consultant sessions highlighting why children should be fit and healthy and educating children in a fun and enjoyable way.
- The healthy eating and free fruit was a great success. The free fruit was made possible through funding received from the Health Improvement Group (HiWeb) one of the 'Local Strategic Partnership' Theme Groups. Table 1 depicts the comments made by parents and highlights how effective the scheme has been in changing the attitudes of the children attending schemes as well as their parents.

Cost for the 4 week playscheme was £2,400 to provide free fruit to over 14,000 young people aged 5 to 11 years. Additional to these costs were educational delivery and games and activities to reinforce the message. Parents were also involved again to educate and promote the benefits. This was included through the NBLT, but can be replicated.

Customer satisfaction survey analysis – Fruit initiative

10 questionnaires were handed out at each site every day, in total 205 were returned.

	Yes (%)	No (%)
Do you think the healthy eating campaign is a good idea	99	1
Has the scheme made a difference to how many pieces of fruit and vegetables your child eats per day	56	44
Has the scheme made a difference to how your child feels about healthy food and snacks	38	62
Has the scheme made you more aware of healthy eating	39	61
Has the scheme resulted in you making any changes at home	17	83

Has the scheme made a difference to how your child feels about healthy food and snacks?

More aware of healthy food
Wants to try organic food
Eating more fruit
More conscious about fruit intake
Asked for more variety at home
Very rare they ask for junk food now
Asks for fruit at home regularly now.
Prefer fruit to sweets now
Seeing other children eating it encourages them
Like telling me they've been eating extra fruit on Playscheme
They enjoy working out how much fruit they eat
Learned more about how healthy food is good for you
Wants to eat more fruit to be healthy

Has the scheme resulted in you making any changes at home?

Eating more fruit at home
Buying more fruit when I go shopping
Think about it more
My children eat fruit and veg everyday now

Table 1

- **Great Escape** - is an activity programme for 12-16 year olds and encourages young people to participate in physically active activities. These activities include climbing, water sports, ice skating and sports sessions based at Etone Sports Centre.

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Warwickshire Partnership
Physical Activity Strategy

Action Plan
2006 - 2009

“More People, More Active, More Often”

The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

1. Physical Activity in the workplace

Our goal is to:

- Encourage and support employers to engage and motivate staff to be more physically active
- Encourage and promote physical activity with people in mid-life and beyond
- Increase percentage of adults undertaking 30 minutes' moderate physical activity 5 times a week or more (LAA)

Action	Activities	Organisations Involved (lead in bold)	Monitoring / Evaluation	Time-scale
To develop a Workplace Policy Template around Physical activity	Review existing provision for physical activities within Public Sector workplaces	WCC and NHS Warks	Opportunities for participation in public sector workplaces	April 06
	Agree what is needed in Workplace Policy <ul style="list-style-type: none"> • Information provision – benefits of activity • Information – opportunities available • Skills / role of staff – Heath Champion • Training for staff • Consider use of the wider community • Consider the provision of facilities to enhance uptake of activities 	NHS Warks	Feedback from participating workplaces re: pack	
	Link Template to existing policies / initiatives, Sport England's Everyday Sport and Warwickshire College's learning well materials	NHS Warks Warwickshire College		
	Draft Workplace Policy Template	NHS Warks / Warks College		May 06
	Agree template with partners	NHS Warks Warwickshire Physical Activity Strategy Group (WPASG)	Changes made to template according to group recommendations	June 06

The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

	Pilot combination of template with Learning Well materials	Warks College Leisure Centres together with 2 identified workplaces	Increase in number of employees active	Oct – Dec 06
	Evaluate pilot	NHS Warks and Warwickshire College Leisure Centre Staff	Changes made to pilot template to ensure sustainability	December 06
	Roll out Workplace Policy Template if appropriate	Warwickshire College NHS Warwickshire Leisure Centres WPASG	Number of workplaces promoting activity Number of employees increasing their physical activity	January 07 onwards
	Develop a Training programme for “Health Champions” (if required)		Establish need	

The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

To encourage people in mid-life to be more physically active on a regular basis in the community	Develop a Community directory / resource detailing physical activity opportunities available –linked to WCC – Community Information Database (CID)	WPASG – task group GWSP WSHPS NBLT NHS Warwickshire WCC – Community Information Database	Number of “hits” on site Number of new visitors to site Number of schemes detailed on site Promotion of site Number of healthcare professionals using site to refer clients to activities	Winter 2006 Onwards
	Local Sport networks to be established in each District to co-ordinate the delivery of sport and active recreation	LA NGB SSP GWSP	Local sport networks established	By April 2006
	Local Sport Networks to prepare local action plans to increase participation in sport and active recreation	LA NGB SSP GWSP	1% increase in adults participating in at least 30 minutes moderate intensity sport and active recreation on 3 or more days a week (baseline Active people survey – Warwickshire 22.6%)	Annual
	Pilot the “50+ Challenge Yourself” in the Rugby area	WSHPS Rugby Council of Voluntary Service KMLC Physical Activity providers in Rugby Borough	People trying new activities Maintenance of increased activity at full evaluation	Launch Nov 06. Interim evaluation March 07, July 07. Full evaluation Nov 07

The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

<p>To develop and expand the Warwickshire GP Exercise Referral Scheme (PACE) across the county.</p>	<p>To increase the number of clients referred onto the Scheme. To increase the number of practices signed up to the Scheme, aiming for 100% by 2010. To fulfil the key guiding principles of the 'Exercise Referral Systems: a National Quality Assurance Framework' (DOH 2001). To aim to work towards the National Institute for Health and Clinical Excellence, Public Health Intervention, Guidance 2. Widening of the Physical Activity Recommendation/Referral Schemes.</p>	<p>WSHPS NHS Warwickshire District and Borough Councils Leisure Trusts Primary Care Teams Leisure Centres signed up to Scheme, in Warwickshire.</p>	<p>To monitor the Scheme, through auditing, the number of clients being referred on to the Scheme, the number of GP Practices signed up to the Scheme, the monitoring/ evaluation returns of the Scheme.</p>	<p>Annual evaluation – April 2007</p>
<p>To encourage more active and healthy travel to Warwickshire workplaces</p>	<p>Feedback to businesses writing travel plans that they include facilities to enable staff to travel by active modes. Suggest actions for workplaces to promote active and healthy means of travel to their staff.</p>	<p>WCC Various businesses</p>	<p>Number of business travel plans containing an action/s to provide facilities/ promote more active travel.</p>	<p>Annual evaluation – April 2007</p>

2. Physical Activity in with Children & Young People in Schools and beyond

Our goal is to:

- **Encourage and promote physical activity with children and young people in schools and beyond**
- **Extend opportunities for physical activities within and around schools and the local community**

The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

- **To halt the year on year rise in obesity in children under 11 by 2010 (LAA)**
- **To increase the number of schools with School Travel Plans (LAA)**

Action	Activities	Organisations Involved (lead in bold)	Monitoring / Evaluation	Timescale
Extend opportunities for physical activity within and beyond school	Develop or link in with schemes e.g. Brain gym, Fit for Learning etc., to encourage physical activity in supporting cognitive development by: <ul style="list-style-type: none"> • Running one further ‘learning on the move course’ in March 2007 • Developing a series of training modules for school based training 	WCC & SSPs	County course runs and training modules are in place and being accessed by schools	March 2007
	Ensure at least 85% of all 5-16 year olds have access to a minimum of 2 hours of high quality PE and school sport through: <ul style="list-style-type: none"> • increasing the range of physical activities and opportunities available for all pupils • targeting groups of young people who are less active with appropriate support and opportunity to engage them confidently • support and nurture effective links between schools and clubs • local sport clubs to work towards club accreditation standards 	WCC		July 2008
		SSPs	Annual audit carried out by SSPs	July 2007
		SSPs	Annual audit carried out by SSPs	July 2007
		GWSP & LAs		
		GWSP & LAs		
		SSPs & GWSP	Annual audit carried out by SSPs	September 2007
	Ensure a sporting competition framework is in	WCC SSPs	Plans in existence & some sports	September 2007

The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

	place for all major activities to provide clear and supported pathways for those young people wishing to participate as well as routes of progression for talented performers	GWSP LAs	competition structures trialled	
Promote active travel within schools	Working with schools to complete School Travel Plans to encourage walking and cycling as more active and healthier methods of travelling to school.	WCC	All schools to have a STP by 2010. 48 schools per year (this is an interim LAA target which will be replaced summer 2007)	March 2010
Support young people to increase their levels of activity	Develop Personal Health Guides for young people Link to PSHE / Healthy Schools Increase number of schools with Healthy Schools Status <ul style="list-style-type: none"> • 50%of Schools by Summer 2007 • 67%of schools by Summer 2008 • 92%of schools by Summer 2009 	WCC	Healthy Schools Team monitoring	Summer 2007 Summer 2008 Summer 2009
Professional development for teachers / other staff	Training to equip teachers and other adults with the confidence and competence to be able to identify and support children in increasing physical activity opportunities and in particular those who may be at risk of obesity	WCC SSPs GWSP LA's		Summer 2007

The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

3. Physical Activity within the Early Years.

Our goal is to:

- Encourage and promote physical activity with families and young children within early years and other settings
- Extend opportunities for physical activities within early years settings

Action	Activities	Organisations Involved (lead in bold)	Monitoring / Evaluation	Timescale
Raise profile of physical activity on agenda of early years settings	Convene task-group and identify other partners to support this work Task Group Partners are: Warwickshire County Council (WCC), Warwickshire Specialist Health Promotion Service (WSHPS), Sure Start, Children’s Centres, NHS Warwickshire, Stratford District Council (SDC), Nuneaton and Bedworth Leisure Trust (NBLT), Disability Inclusion Sensory and Communication Service (DISC’s)	Early Years and Physical Activity Task Group PCT	Meetings held quarterly – minutes available Progress against action plan Feedback to WPASG	First meeting - July 2006 Then quarterly

The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

	<p>Establish Information currently available regarding benefits of physical activity to early years</p> <p>Develop and distribute information leaflet aimed at parents/carers and staff on the benefits of physical activity for early years</p>	<p>Nuneaton & Bedworth Leisure Trust Task Group (see above)</p>	<p>Review of info available</p> <ul style="list-style-type: none"> - Development and distribution of leaflet - Number of people using information - Evaluation of usefulness 	<p>Winter 2006</p> <p>Autumn 2007</p> <p>Autumn 2008</p> <p>Spring 2009</p>
	<p>Establish training needs for early years staff in all settings on benefits / importance / types of physical activity / supporting children / families to be more active</p> <p>Identify and signpost to learning opportunities training for early years staff</p> <p>Identify gaps in leaning opportunities and training programme's for early years staff and others working with early years settings</p>	<p>WCC and Task Group</p>	<p>Review of training available</p> <ul style="list-style-type: none"> - Production of directory of learning opportunities & training - Gaps identified 	<p>Winter 2006</p> <p>Summer 2007</p>
	<p>Link with School Physical Activity Campaigns – Walk to School Week / Sure Start Week / National Play Day</p> <p>Adapt and encourage early years settings to participate in campaigns linked to above within Early Years settings (campaign to run May / June 2007)</p>	<p>WCC, WSHPS, Early Years Settings, WHPSS, LAs</p>	<ul style="list-style-type: none"> - Number of settings participating - Number of people participating - Evaluation of campaign 	<p>May / June 2007</p> <p>May / June 2007</p>

The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

	Link with Warwickshire Food for Health Group – to raise profile of physical activity and healthy eating for early years	Task Group Food for Health Group	To be developed	
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The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

Action	Activities	Organisations Involved (lead in capitals)	Monitoring / Evaluation	Timescale
Extend opportunities for physical activity in early years settings	Physical activity providers and early years settings to work together to offer increased physical activity opportunities to early years <ul style="list-style-type: none"> • Activities to be offered within early years settings and in local community (e.g. use of green spaces / leisure centres) (Awaiting information from Amanda from the Early Years Team)	Healthy Living Network District / Borough Council Leisure Services Providers of physical activities Early years settings Task group	To be developed	
	Establish location of Green Flag open spaces in Warwickshire and publicise	Task Group	Location of Green Flag Spaces identified Promotion and awareness of spaces	Autumn 2006 Summer 2007
	Support providers of childcare / early years staff in sign-posting to appropriate activity opportunities through the Early Years Education and Childcare centres in each area. Promote physical activities for early years on Community directory / resource detailing physical activity opportunities available –linked to WCC – Community Information Database (CID)	Task Group WCC Physical Activity Strategy Group – Task Group (see Action 1)	To be developed Development of site Number of schemes using site Number of “hits” on site	Site under development – Winter 2006

The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

4. Physical Activity through Walking

Our goal is to:

- Assist in the support of Walking the Way to Health Schemes through the Walking in Warwickshire Network
- Promote Walking as a means of enhancing physical activity levels

Action	Activities	Organisations Involved (lead in bold)	Monitoring / Evaluation	Timescale
To assist in the support of Walking the Way to Health Schemes through the Walking in Warwickshire Network	To establish a county network group (Walking in Warwickshire Network) to offer opportunities for support, networking, sharing of good practice, information and training and information on funding opportunities	Walking for Health Groups WCC WSHPS NBLT SDC Age Concern, Warks NHS Warks CA	Attendance at meetings / minutes Progress against Action Plan Feedback to PA Strategy Group Evaluation of effectiveness of network Evaluation of Schemes	Initial Partner agencies meeting May 2006 1 st Warwickshire Walking Network to meet June 2006 Then 3 monthly
	To offer practical support to schemes in county where appropriate e.g. with training, information provision, marketing etc	Via Warwickshire Walking Network and key partners (WCC, NBLT, WSHPS)	Evaluation of effectiveness of network Scheme questionnaire	Ongoing Evaluation questionnaires carried out 3 times per year
	To increase opportunities for Walking in Warwickshire and thus number of people walking for health	Via Warwickshire Walking Network and key partners (WCC, NBLT, WSHPS)	Scheme questionnaire - Evaluation of	Baseline questionnaire for walkers and

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			Physical activity levels of walkers / no. of walkers	Evaluation questionnaires carried out 3 times per year
To promote Walking as a means of enhancing physical activity levels	To publicise Walking Schemes on Community directory / resource detailing physical activity opportunities available – linked to WCC – Community Information Database (CID) and LA web-site's	Physical Activity Strategy Group – Task Group (see Action 1) Walking in Warwickshire Network and key partners (WCC, NBLT, WSHPS)	Development of site Number of schemes using site Number of "hits" on site	Site under development – Winter 2006
To offer advice as best practice example in Warwickshire	Offer advice and information, on an as and when basis to other walking for health schemes and walking groups	Agencies involved in network on as and when needed basis	Evaluation of effectiveness of network	Ongoing

The Action Plan will focus on four key goals for 2006 – 2007. (Key to abbreviations is located on back page).

The Physical Activity Strategy for Warwickshire has been developed by a multi-agency, county-wide group.

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Abbreviations:

CA	Countryside Agency
BHF	British Heart Foundation
DISCs	Disability Inclusion Sensory and Communication Service
GWSP	Greater Warwickshire Sport Partnership
KMLC	Ken Marriott Leisure Centre, Rugby
LA's	Local Authorities
RBC	Rugby Borough Council
NBLT	Nuneaton and Bedworth Leisure Trust
NWBC	North Warwickshire Borough Council
SSP	School Sports Partnership
NHS Warwickshire	NHS Warwickshire (Warwickshire Primary Care Trust)
WCC	Warwickshire County Council
WHPSS	Warwickshire Health Promoting Schools Scheme
WPASG	Warwickshire Physical Activity Strategy Group
WSHPS	Warwickshire Specialist Health Promotion Service

Appendix C

Council Leisure Centres in Warwickshire

North Warwickshire Borough Council

Polesworth Sport Centre Dordon Road Dordon Tamworth Staffs B78 1QT	Arley Sports Centre Oak Avenue Old Arley Coventry CV7 8FN
Atherstone Leisure complex Long Street Atherstone North Warwickshire CV9 1AX	Coleshill Leisure Centre Park Road Coleshill Birmingham B46 3LA

Nuneaton & Bedworth Borough Council

Pingles Leisure Centre Avenue Road Nuneaton Warwickshire CV11 4LX	Bedworth Leisure Centre Coventry Road Bedworth Warwickshire CV12 8NN
Jubilee Sports Centre Greenmoor Road Nuneaton Warwickshire CV10 7EZ	Etone Sports Centre Leicester Road Nuneaton Warwickshire CV11 6AD

Rugby Borough Council

The Ken Marriott Leisure Centre
Bruce Williams Way
Rugby
CV22 5LJ

Stratford on Avon District Council

Stratford Leisure & Visitor Centre Bridgefoot Stratford on Avon Warwickshire CV37 6YY	Studley Leisure Centre Pool Road Studley Warwickshire B80 7QU
Southam Leisure Centre Welsh Road West Southam Leamington Spa CV47 0JW	Shipston Leisure Centre Darlingscote Road Shipston on Stour CV36 4DX

Warwick District Council

Abbey Fields Swimming Pool Bridge Street Kenilworth CV8 1BP	Castle Farm Recreation Centre Fishponds Road Kenilworth CV8 1EY
St Nicholas Park Leisure Centre Banbury Road Warwick CV34 4QY	Newbold Comyn Leisure Centre Newbold Terrace East Leamington Spa CV32 4EW
Meadows Community Sports Centre Kenilworth School Leyes Lane Kenilworth CV8 2DA	John Atkinson Sports Centre Myton School Myton Road Warwick
Sydenham Sports Centre Campion School Sydenham Drive Sydenham Leamington Spa CV31 1QH	