Bournemouth and Poole

Healthy Weight for Children and Young People Strategy

2011-2015

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Welcome

The Bournemouth and Poole Healthy Weight for Children Strategy has been developed as a local response to the cross-government paper; Healthy Weight, Healthy Lives\(^1\). This was developed as a policy priority to tackle the emerging rise in overweight and obesity observed within our children over the past few decades.\(^2\)

The government paper provides insight into future trends and consequences of obesity. It is estimated that nearly a quarter of people in England are already obese.\(^3\) This could result in a doubling of direct healthcare costs, and an increase in the wider costs to society and business, reaching a possible £49.9 billion by 2050.\(^4\)

*‘Unless we take effective action at population level the rising trend will continue, with nearly 60% of the population potentially obese by 2050’.*

To tackle this public health issue a joint multi-agency strategy has been developed for Healthy Weight for Children across Bournemouth and Poole. The planned actions within this strategy have been developed through the Healthy Weight Strategy Group. The focus is on implementing interventions with positive health outcomes and embedding evidence based practice into a wide range of initiatives within the plan. There is clear recognition of the parts that our families and community, our school environment and our health and leisure opportunities play in contributing to the factors that support maintenance of a lifelong healthy weight for our children and influence the positive lifestyle choices we make.

**Five Strategy Themes for Children in Five Priority Settings**

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\(^1\) Healthy Weight Healthy lives (2008)  
\(^3\) Foresight (2007)  
Driving forward the vision will be a challenge during a time of organisational change. However, excellent progress has been achieved with strong partnerships and many programmes progressing in the priority settings. Future commitment must continue to embed this work. The role of wider partnership working is essential and success lies with everyone playing a part in enabling healthier choices for our children’s future.
1 INTRODUCTION

1.1 The food choices that we make are central to health throughout life. However, the rise in the number of obese people globally is proving to be a major public health concern. The World Health Organisation (1998) describes obesity as ‘the fastest growing non-communicable disease worldwide’.

1.2 Maintaining a healthy weight throughout life is a complex issue with many social, cultural and environmental influences. Food consumption and lifestyle choices for many people have moved toward less healthy diets and more sedentary living. These choices have contributed to the growth in overweight and obesity rates in England. The most recent figures for children show that among those aged 2-15 years, almost one-third (nearly 3 million) are overweight or obese and about one-sixth (almost 1.5 million) are obese.5

1.3 There has been a rapid increase in the number of overweight and obese children in the UK. The short and long-term consequences are likely to have enormous implications for the future health of our children. The National Child Measurement Programme (NCMP) measures the Body Mass Index of Reception and Year 6 children across Bournemouth and Poole. In 2009/10 figures show:

‘9.3 % of Reception and 14.8 % of Year 6 age children are currently obese in Bournemouth and Poole’6

1.4 This strategy, which works alongside the partnership and transport plans within the adult obesity agenda7, will firstly assist local organisations to work together at population level to halt the year on year rise of overweight and obesity in children, through prevention and early intervention. Secondly, the support commissioned for children and families targeted within the population of Bournemouth and Poole will provide those in greater need with specialist advice and support.

2. DEFINITIONS OF HEALTHY WEIGHT

What is ‘Overweight and Obesity’?

2.1 Overweight and obesity are terms used to describe increasing degrees of excess ‘body fatness’. It is important to establish the ranges of weight at which health risks increase.

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6 NCMP. Information Centre for Health and Social Care 2010
7 NHS Bournemouth and Poole Joint Adult Obesity Strategy and Action Plan (2010)
2.2 Overweight and Obesity in children are traditionally categorised by using Body Mass Index (BMI) which is defined as the person’s weight in kilograms divided by the square of their height in metres (kg/m²).

2.3 A child’s BMI is a measure that requires appropriate interpretation, as it is not a direct measure of body fatness, but of weight and so does not distinguish between body fat and mass due to muscular physique. It is recognised that children who are very overweight with a high BMI are much more likely to have adverse risk factor levels and to become obese adults than are thinner children.  

Measurement for Children

2.4 Definitions for children being overweight will vary with gender, development and growth. So the National Institute for Health and Clinical Excellence (NICE) recommend growth reference or BMI charts with specific percentile measurements to define weight categories:

Assessing and Monitoring Individual Children

2.5 The 91st percentile (overweight) and the 98th percentile (obese) of the 1990 UK reference chart are to be used for assessing and monitoring individual children.

2.6 A BMI percentile is a good way of finding out whether a child is a healthy weight and once a child’s BMI has been calculated the BMI percentile range in the National Child Measurement Programme (NCMP) comes in four categories:

1. Under weight is below 2nd BMI Centile
2. Healthy Weight is between 2nd and 90th BMI Centile
3. Overweight is between 91st and up to 97th BMI Centile
4. Very Overweight is at or above the 98th BMI Centile (defined as clinically obese)

Screening Whole Populations

2.7 However, the 85th percentile (overweight) and the 95th percentile (obese) of the 1990 UK reference chart are conventionally used for assessing and monitoring whole populations as shown in the categories below:

1. Underweight is below the 2nd BMI Centile
2. Healthy weight is between the 2nd and 85th BMI Centile
3. Overweight is between 85th Centile up to 95th Centile
4. Very overweight (Obese) is defined as at or above the 95th Centile.

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5 Freedman et al (2009)
6 NICE Clinical Guidance (2006)
3. UNDERSTANDING THE PROBLEM

3.1 In essence overweight and obesity is simply an imbalance between the calories we consume as ‘food and drink’ and those we ‘use up or burn’ when active.

3.2 However, this simplistic view hides a rather more complex and multifaceted explanation. The term ‘obesogenic environment’ refers to the role environmental factors may play in determining both energy intake and expenditure.

3.3 It has been defined as the ‘sum of the influences that the surroundings, opportunities or conditions of life have on promoting obesity in individuals and populations’.

3.4 The term embraces the entire range of social, cultural and infrastructural conditions that influence an individual’s ability to adopt a healthy lifestyle. Many of these issues are outside the scope of the Healthy Weight for Children Strategy and are encompassed within plans such as the adult obesity work, transport planning and the emotional health and wellbeing development.

Factors that Influence Weight Control in Society Today

3.5 Weight is a sensitive issue, especially for parents and evidence suggests that many parents:

- struggle to assess their children’s weight status accurately.
- over estimate activity levels and underestimate the amount of high-fat, high-sugar foods that the child and family eat.
- make no connection between poor diet and low activity levels in their children and long-term health problems.

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10 Foresight (2007)
11 Foresight (2007)
12 Healthy Weight, Healthy Lives (2008)
Factors that Influence Weight Control in Society Today

‘Achieving a cultural shift away from passive to active play and active transport should be seen as a priority because increasing everyday physical activity for children is best achieved and sustained if an integral part of daily routine’

3.6 Even when weight is recognised as an issue by individuals and families, there may be social and psychological conflict which makes it difficult to change behaviour patterns.

‘To tackle this health professionals and people working with children and families need to be skilled in brief intervention approaches to raise awareness and understanding of the importance of healthier food choices for children’

The Health Inequality of ‘Overweight’ and ‘Obesity’

‘Obesity reduces life expectancy by between 3 and 13 years’

3.7 It has long been known that obesity is associated with premature mortality. Obesity increases the risk of a number of diseases including cardiovascular disease and cancer.

15 Healthy Weight, Healthy Lives (2008)
16 National Audit Office (2006)
3.8 The associated health outcomes of childhood obesity are similar to those of adults and include:

- high blood pressure or hypertension
- imbalance of fatty substances in the blood or dyslipidaemia
- abnormally high levels of insulin in the blood or hyperinsulinaemia
- Type Two Diabetes

3.9 Other consequences for very overweight children and young people include\(^{17}\):

- mechanical problems such as back pain and foot strain
- exacerbation of asthma
- psychological problems such as poor self-esteem, being perceived as unattractive, depression, disordered eating and bulimia

3.10 Some of these problems do appear in childhood, whilst others may appear in early adulthood as a consequence of being very overweight as a child. Children of obese parents have a greater risk of becoming overweight as adults and so the most important long-term consequence of being very overweight as a child is its persistence into adulthood and the potential early onset of obesity-related disorders and diseases normally associated with middle age.

*The higher a child’s BMI and the older the child, the more likely they will be overweight or obese as an adult.*\(^ {18}\)

**Benefits of Maintaining a Healthy Weight**

3.11 In children the positive outcomes from achieving and maintaining a healthy weight range from physical and psychological to emotional and social wellbeing, including:

- increasing mobility, energy, confidence and self esteem
- reducing perceptions of bullying and social isolation
- reduced risk of being overweight as an adult.
- reduced risk of developing lifestyle related diseases.
- reducing inequalities in health

\(^{17}\) Healthy Weight, Healthy Lives (2008)

\(^{18}\) Guo SS, Wu W, Chumlea WC, Roche AF (2002)
‘To tackle this effective interventions should focus on the family unit rather than children and adults as individuals’\(^{19}\)

Potential Costs for Overweight and Obese Population Groups

3.12 Nationally, the costs of a growing overweight population are likely to increase over the next few decades. These include health costs such as morbidity and mortality, social costs such as discrimination and exclusion and economic costs that arise from chronic ill health.\(^{20}\)

3.13 The current annual cost to the NHS of diseases where an elevated BMI is a risk factor are estimated to be £17.4 billion, of which overweight and obesity were estimated to account for £4.2 billion. By 2050, it has been estimated that the total NHS costs could rise to £22.9 billion, of which overweight and obesity are predicted to cost the NHS £9.7 billion. The current indirect costs of overweight and obesity are estimated to cost society as much as £15.8 billion. By 2050, it is estimated to rise to £49.9 billion.\(^{21}\)

The Local Costs for Overweight and Obese Population groups

3.14 Area costs for obesity for both primary and secondary care settings have been estimated locally using national estimates\(^{22}\). Annual cost to NHS Bournemouth and Poole for diseases related to overweight & obesity for 2010 are £92.8 million.

‘The economic implications are substantial’

‘Targeted social marketing approaches can contribute to raising awareness, influencing public opinion and resetting social norms and need to exist in parallel with environmental interventions to support and facilitate behaviour change to reduce this cost to society’\(^{23}\)

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\(^{20}\) Foresight (2007)


\(^{22}\) Foresight (2007).

4. **THE PREVALENCE OF OBESITY AND OVERWEIGHT**

The National Picture

4.1 The Health Survey for England (HSE) produces national trends. The percentile classification is shown in Figure 1 and indicates that during the period 1995 to 2002 there was an upward trend in the percentage of obese children.

Figure 1: The percentage of obese males and females aged between 2-15

4.2 The HSE results indicated that the prevalence of obesity increased from 10.4% to 16.1% among boys and from 11.7% to 16.7% among girls.

A National Forecast in Trends for Obesity from 2004 to 2050

4.3 Nationally, it is estimated that the proportion of children who are obese in the under 20 age group will rise to approximately 15% in 2025 and 25% in 2050, with a slightly lower prevalence in boys than in girls.

4.4 By 2050 figures are predicted to be:

‘70% of girls and 55% of boys overweight or obese’

‘35% of boys age 6-10 will be obese, compared to 20% of girls’

‘35% of girls age 11-15 will be obese compared to 23% of boys’

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Figure 2: Future trends in obesity among boys aged under 20 years (2004-2050)\textsuperscript{25}

Figure 3: Future trends in obesity among girls aged under 20 years (2004-2050)\textsuperscript{26}

\textsuperscript{25} Butland et al, 2007; McCormick et al, 2007
\textsuperscript{26} Butland et al, 2007; McCormick et al, 2007
The Local Picture

The Child Measurement Programme (NCMP)

4.5 Bournemouth and Poole participate in the National Child Measurement Programme (NCMP) which was established in 2005.

4.6 The programme weighs and measures children in Reception (aged 4-5) and Year 6 (aged 10-11). The findings are used to inform local planning and delivery of services for children and gathers population-level data to gain a better understanding of local trends. The programme also seeks to engage and involve parents in a family approach to tackle healthy weight in children. From 2009 parents received letters and information about the NCMP programme and the individual results for their child. This raised awareness among parents about the weight of their child and gave the opportunity for parents to easily access school nursing teams for help and advice.

4.7 Individual school data is collected by health professionals, converted in BMI (Body Mass Index) with explicit anonymity and then uploaded onto the National Childhood Obesity Database (NCOD) website.

4.8 BMI is the best way we have to measure the prevalence of obesity at the population level. No specialised equipment is needed and therefore it is easy to measure accurately and consistently across large populations. BMI is also widely used around the world, not just in England, which enables comparisons between countries, regions and population sub-groups. Locally the uptake for the programme has excellent coverage, in 2009/10 there were 93.5% of eligible pupils in Reception and Year 6 measured in Bournemouth and Poole. The higher the coverage the more accurate a local picture can be recorded and established.

4.9 Local NCMP figures for healthy weight are marginally higher than national figures in 2009/10. The local figures show that overall the Reception year percentages for obese pupils have reduced from 9.6% in 2005/06 to 9.3% in 2009/10 and show some annual fluctuation. When the figures are split by Borough, Bournemouth shows a slight increase in Reception obese figures from 9.4% to 10.1% and Poole shows a slight reduction from 9.9% to 8.5%.
Table 1: The recorded uptake and percentages of Reception and Year 6 over a three year period for the weight measurement categories defined in the NCMP programme for both Bournemouth and Poole (see Appendix 4 for chart showing these figures).

<table>
<thead>
<tr>
<th>Percentage</th>
<th>2006/7</th>
<th>2007/8</th>
<th>2008/9</th>
<th>2009/10</th>
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<tbody>
<tr>
<td>Reception</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Uptake</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese</td>
<td>10.40</td>
<td>8.2</td>
<td>8.3</td>
<td>9.3</td>
</tr>
<tr>
<td>Overweight</td>
<td>13.60</td>
<td>13.9</td>
<td>12.5</td>
<td>12.1</td>
</tr>
<tr>
<td>Overweight and Obese</td>
<td>24.00</td>
<td>22.1</td>
<td>20.8</td>
<td>21.4</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>75.3</td>
<td>77.6</td>
<td>78.7</td>
<td>78.1</td>
</tr>
<tr>
<td>Year 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measurement Uptake</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese</td>
<td>15.8</td>
<td>16.3</td>
<td>15.3</td>
<td>14.8</td>
</tr>
<tr>
<td>Overweight</td>
<td>13.3</td>
<td>15</td>
<td>13.4</td>
<td>13.3</td>
</tr>
<tr>
<td>Overweight and Obese</td>
<td>29.1</td>
<td>31.3</td>
<td>28.7</td>
<td>28.2</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>69.9</td>
<td>67.3</td>
<td>70.2</td>
<td>70.7</td>
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Source: NCMP Information Centre for Health and Social Care 2010

4.10 In Year 6 the combined results show no real change, however annual figures show an initial increase over the first three years and then a decline back to the baseline figures for 2005/06. When the figures are split by Borough, Bournemouth shows a slight increase and Poole show a slight decline over the same period. 2009/10 NCMP data shows a higher percentage of obese boys than girls in both age ranges (see Appendix 5).

4.11 Current postcode data mapping suggests there is however a wide variation in overweight and obesity figures when analysed at ward level (see Appendix 7), indicating an association between childhood obesity and health inequality\(^27\). These geographical pockets require targeted support and intervention.

4.12 Figures 4a and 4b: Illustrate the percentage of obese pupils recorded in Reception and Year 6 for both Bournemouth and Poole over a five year period from 2005/6 to 2009/10 alongside the England statistics.

\(^{27}\) Armstrong, A R Dorosty, J J Reilly, P M Emmett (2003)
Source: NCMP Information Centre for Health and Social Care
4.13 They show that the national figures for Reception age are levelling off whereas there has been an increase in Bournemouth Reception figures in 2009/10. Both Bournemouth and Poole Year 6 figures have been consistently lower than the national figures over the four year period 2006 to 2010.

Local Health Inequalities for overweight and obesity

4.14 Broadly speaking there are three types of inequality in health: access to health care, inequalities in health outcomes and determinants of health. There are inequalities in health observed within smaller geographical areas. Locally, the Adult Obesity Strategy recognises the links between health, transport, access to leisure, physical activity and the environment, all of which influence individual weight management. The strategy works across organisational policy to develop a co-ordinated and targeted approach to delivery across wider partnerships for health, planning and transport (see Appendix 10).

Figure 5: The number of obese children by middle super output area (MSOA).

4.15 Figure 5 indicates a varied picture across the local area. Higher numbers of obese children are shown to be recorded in Kinson South, Newtown, Canford Heath East, parts of Hamworthy and Creekmoor compared to figures recorded in Merley and Bearwood, Canford Cliffs, Boscombe East and Bournemouth Central.

28 Building a Healthier Bournemouth and Poole Revised Strategic Plan 2010-2015
29 Joint Adult Obesity Strategy Plan (2010)
30 Battcock, V (2011)
4.16 Figure 6 illustrates a historical estimate based on a model and represents an expected prevalence of children consuming less than 5 portions of fruit and vegetables per day by ward and highlights some similar areas such as Kinson, Hamworthy, Alderney, Strouden Park and Boscombe East. This additional way of looking at population groups is particularly useful for identifying communities at ward level where the population may be less likely to undertake certain health behaviours compared to the average for England. This can prove useful when analysed along with other intelligence sources such as NCMP. With the addition of further sources of local data such as Active Travel we can build a picture of local need. This in turn can help to influence the commissioning of services in targeted population groups that might be more at risk of obesity. These groups may require targeted information, support and intervention within local communities.

Figure 6: An historical estimate based on a model and represents an expected prevalence of children consuming less than five portions of fruit and veg/day by ward.31

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31 Battcock, V (2011) Source: Healthy Lifestyle Survey 2001/2
4.17 Local research\textsuperscript{32} found there is an association between obesity prevalence and deprivation, generally areas of high obesity prevalence correlate with areas of higher amounts of deprivation see chart in Appendix 7. Clusters of fast food outlets also have a tendency to be located in areas of higher deprivation and higher obesity prevalence. Appendix 8 maps display the percentage of obesity prevalence with the fast food outlet distribution overlaid. They show there is a tendency for wards with high obesity prevalence to contain a larger number of fast food outlets whereas Canford Cliffs, Merley and Bearwood, Throop and Muscliff, and Queen’s Park demonstrate areas with low obesity prevalence with fewer fast food premises. Finally wards with a higher uptake of active transport have a tendency to have low obesity prevalence see map in Appendix 9.

5. \textbf{CHOOSING INTERVENTIONS}

\textbf{Identifying Priority Groups}

5.1 In terms of childhood obesity, there is a need to continue to drive forward evidence based interventions that show positive health outcomes. There are many initiatives developed for prevention, treatment and management. The next steps are to continue to review those that are most effective and also to assess which areas would benefit the most from local targeted interventions. A balance needs to be established between a whole-population approach and supporting those ‘individuals at most risk’.

5.2 Research shows that some group types within the population are more at risk of developing obesity related complications and should be considered as priorities for targeting preventative initiatives.\textsuperscript{33} There is some evidence that overweight and obesity is more widespread among certain group types with indicators of lower socio-economic status.

5.3 The Department of Health’s research into family behaviour\textsuperscript{34} in relation to diet and activity describes some population group types who may be more at risk (see Appendix 6):

\begin{itemize}
  \item Struggling parents who lack confidence, knowledge, time and money.
  \item Young parents without knowledge and parenting skills to implement healthy lifestyles.
  \item Affluent families who enjoy indulging in food.
\end{itemize}

5.4 It is important to acknowledge these group types and the messages provided when commissioning local services.

\textsuperscript{32} Battcock, V (2011)
\textsuperscript{33} The Foresight report (2007)
\textsuperscript{34}Healthy Weight, Healthy Lives: Consumer Insight Summary (2008)
6. UNDERSTANDING LEVELS OF PHYSICAL ACTIVITY AMONG CHILDREN

6.1 In 2004, the Chief Medical Officer’s report, ‘At least 5 a week’ established the following recommendations for health enhancing physical activity:

‘Children and young people should achieve a total of at least 60 minutes of at least moderate intensity physical activity each day’

6.2 The previous government demonstrated its continued commitment to PE and Sport by working together to deliver Public Service Agreement (PSA22), indicator five which was:

“Deliver a successful Olympic Games and Paralympics Games with sustainable legacy and get more children and young people taking part in high quality PE and sport”.

“The PE, Sport and Physical Activity Strategy for Young People35 (PESSYP) sets out how young people will access up to five hours of PE and sport in addition to at least 2 hours per week of high quality PE and sport in school for all 5-16 year olds, all children and young people 5-19 will be offered opportunities to participate in a further 3 hours a week of sporting activities provided through schools, FE colleges, clubs and community providers.”

6.3 The impact of this strategy has been significant and can be seen when looking at the trend in national data collated since 2003/4.

6.4 Nationally, data was collected annually and published. As a result local data is currently available on the proportion of children undertaking three hours of PE and school sport per week. For 2010:

- Bournemouth schools provided an average of 126 curriculum minutes of PE for children aged between 5-16 years old compared to a national average of 121 minutes. 54% take part in 3 hours per week with the national average being 51%. 32% of year 12 and 13 take part in 3 hours compared to the national average of 20%.

- Poole schools provided an average of 122 curriculum minutes of PE for children aged between 5-16 years old. 58% take part in 3 hours per week with the national average being 51%.

6.5 It is important to note that the range of activities offered to children during curriculum PE and out of school hours clubs, festivals and competitions has increased in order to cater for the current needs and interests of our children and young people.

35 Bournemouth and Poole Physical Education, Sport and Physical Activity Strategy for Children and Young People (2010)
6.6 In September 2010 a new 3 year Bournemouth and Poole Physical Education, Sport and Physical Activity Strategy (PESSYP Strategy) for Children and Young People was launched. The purpose of launching this second joint strategy is to provide a strategic approach to increase children and young people’s participation in physically active positive activities.

6.7 A link to the full strategy can be found in Appendix 10.

6.8 The ‘Economic Disadvantaged Subsidy’ (see Appendix 1 for information on Poole scheme) funding has enabled 60% of eligible children and young people in Bournemouth access sporting activities where cost was an issue. Unfortunately this funding finishes at the end of the 2011 academic year.

Health Survey England found that ‘as obesity increased among children, enjoyment of physical activity decreased’.

6.9 Health Weight, Healthy Lives (2008) reported that many parents believed their children were already sufficiently active claiming that their children were getting enough exercise during the school day to justify sedentary behaviour at home. In most cases researchers believed that they were confusing high energy levels with high levels of activity. Overweight and obese children often find exercise uncomfortable and embarrassing. As such they may be reluctant to take part in exercise, particularly at school with their peers. Indeed there is some suggestion that the lack of exercise follows, rather than causes, weight gain.\(^{36}\)

6.10 A whole population approach to interventions such as travel incentives to walk and cycle, healthy schools focus on physical activity and healthy eating along with awareness raising promotions such as Change for Life healthy snack schemes can be effective, but also targeted interventions in areas where there is known to be low take up of exercise.

**Active Travel**

6.11 Public Health responsibilities will transfer from the NHS to local authorities over the next four years. For transport, this should mean giving greater priority to healthy active lifestyles through the promotion and enabling of walking and cycling. The daily journeys to and from schools provide an ideal opportunity to put this into practice. Every parent wants the best for their children, especially to see them growing up happy and healthy. Being active every day is one of the best foundations for ensuring better health, which is why walking or cycling to school, wherever possible, is an important part of a healthy lifestyle.

\(^{36}\) Health Weight, Healthy Lives, 2008.
6.12 Most schools now have plans to promote active travel to school and the local authorities have staff that support schools in taking action to motivate their communities. However there are a wide range of forces working against active travel. Rising car ownership and households where both parents need to travel on to work after the school run, coupled with parental choice in school admissions across wider areas and the closure of small schools has led to more children not attending their local school.

6.13 There are numerous benefits to encouraging more active travel to school. They include not only having fewer cars on our streets at peak times and reducing the risks of obesity in young people but also promoting personal independence, fostering an appreciation of lower carbon living and empowering local people to make a positive difference to their own lives and the lives of others. Together these make an essential contribution towards the realisation of sustainable and healthy communities which are the cornerstone responsibilities of local authorities.37

How far can young people realistically be expected to walk or cycle to school?

6.14 Setting a reasonable walking or cycling distance helps identify which young people, who are currently driven to school, could be encouraged to walk or cycle. Evidence, from nine local authorities in the South West, shows that the following range of distances is potentially realistic. The ‘realistic’ distance is derived from School Census data which shows that around 76% of primary and secondary pupils already walk from within this range.

6.15 The ‘Stretch’ distance, derived from School Census data and supported by the Yellow School Bus Commission recommendations, can be used to raise standards when schools are already reaching or exceeding the ‘realistic’ distance.

Table 2
Walking Distance to School: Realistic and Stretch distance targets

<table>
<thead>
<tr>
<th>School Type</th>
<th>‘Realistic’ walking distance</th>
<th>% of young people walking up to the realistic distance</th>
<th>Stretch distance target</th>
<th>% of young people walking between the realistic and stretch distances</th>
<th>% of young people walking beyond the stretch distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>800 metres (1/2 mile)</td>
<td>75.8%</td>
<td>1600 metres (1 mile)</td>
<td>18.5%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Secondary</td>
<td>2000 metres (1 1/4 mile)</td>
<td>90.2%</td>
<td>3200 metres (2 miles)</td>
<td>6.8%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

37 Promoting Active Travel to School October 2010
How can we increase the numbers walking to school?

- Using smarter information about travel patterns to and from schools, such as provided by the School Travel Health Check (see Appendix 9 – Links to related Strategies and Websites).

- Identifying and supporting schools with the most potential for change (i.e. where there are relatively large numbers of young people not walking or cycling within the walking threshold).

- Recognising and highlighting the economic value associated with the shift from car to walk and cycle. Current estimates place an annual £600 return (much of this made up by short and long term health gains) for each pupil making the shift from car to walk or cycle.38

- Provide information for prospective parents about the benefits and potential of active travel before decisions on selecting schools are made to encourage a reduction in the number of “child miles” travelled for the school journey (this is already happening in Poole).

- Ensuring schools continue to feel supported to change the travel behaviour of their young people.

- Working jointly to promote active travel to school enables a more efficient approach to tackling transport and health issues39.

School Travel Health Check

6.16 One successful way of presenting data at the school and young person level is to use the School Travel Health Check (STHC). This takes the School Census Travel Mode Data and processes it to produce school friendly maps, spreadsheets and reports which give a clear indication of the facts from which individuals, schools and policy makers can decide what to do.

6.17 The School Census Travel Mode Data provides an annual snap shot of the usual mode of travel of every young person going to their school or college. By mapping where young people live in relation to their school and knowing their mode of travel we can judge the potential for a shift to more active travel at individual and school level.

6.18 The STHC illustrates and recommends a short term, realistic, target of reducing car use within a realistic walk threshold of the school. The target and supporting evidence is illustrated within the map, spreadsheet and report.

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6.19 The percentage of young people walking within the realistic walk threshold is also RAG rated (Red, Amber or Green) and changes over time shown for all schools in the local authority area. Feedback from the local authorities who commission STHC shows that accurate information, clearly presented is well received by schools and supports lasting change away from car use to active travel. Equally, schools are comfortable sharing school level data amongst their peers and strive to improve on their previous years RAG rating.

6.20 The STHC delivers consistent data between local authorities and so makes comparisons possible from which we can learn the success factors behind schools and local authorities with high levels of active travel.

6.21 Bournemouth has the largest number of pupils who do not attend their nearest school, which makes it more difficult for some pupils to be able to walk. However Table 3 shows that there is still room for improvement by targeting those pupils who live within the walk threshold but come to school by car.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Young people living within the walk to school threshold travelling by car 2009/10</th>
<th>Potential increase in walkers based on encouraging 75% of these to walk</th>
<th>Potential increase by percentage</th>
<th>Extra walking trips per authority per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bournemouth</td>
<td>2,443</td>
<td>1,832</td>
<td>21.5</td>
<td>696,255</td>
</tr>
<tr>
<td>Poole</td>
<td>1,958</td>
<td>1,469</td>
<td>17.3</td>
<td>558,030</td>
</tr>
<tr>
<td>Dorset</td>
<td>3,960</td>
<td>2,970</td>
<td>13.8</td>
<td>1,128,600</td>
</tr>
<tr>
<td>South West Average</td>
<td>3,310</td>
<td>2,482</td>
<td>13.1</td>
<td>943,255</td>
</tr>
</tbody>
</table>

6.22 Figures 7 and 8 show primary and secondary school walking and cycling figures extracted from the School Travel Health Checks over a 3 year period 2007-2010. There is a clear increase in cycling percentage in secondary schools in both Bournemouth and Poole however, this is not reflected in primary school figures. This may be due to a number of reasons such as the need for parental supervision when travelling to and from school at the primary school age.
Figure 7 % of pupils walking to school in Bournemouth and Poole Schools 2007-2010

Figure 8 % of pupils cycling to school in Bournemouth and Poole Schools 2007-2010
6.23 There are a number of secondary schools in Bournemouth who have made a considerable shift towards a pro-cycle culture at school such as Glenmoor, Avonbourne and Portchester School. Portchester School has achieved this cycle culture in numerous ways namely; school leadership, open cycle policy with completed Travel Plan, changes in physical infrastructure allowing safe passage to school mainly off-road, reduction of car parking space to provide dedicated area for secure bike storage and students readily accepting cycling to school as the norm when they start Portchester in Year 7 (for more information on Portchester School see Appendix 1 – Case Studies).

7. TAKING ACTION AT LOCAL LEVEL

7.1 The next chapter takes a more visual snapshot of current activities within Bournemouth and Poole. The chapter takes a life course approach, first with a summary of evidence based interventions within each area.

7.2 Then a visual journey with a mix of people’s experiences and programme descriptions, which follow programmes through Healthy Early Years, schools, community settings and support health care professional provide to advise and support our local community.

7.3 Each section of the chapter gives a feel of some of the projects and also the experiences of local people who have taken part in the programmes. More information can be accessed either through links or references on each project which are outlined in Appendix 1 – Case Studies.
Evidence suggests that 2-5 years is a key stage at which to establish good nutritional and physical activity habits.

- Improvement in food service provision to settings for preschool children.
- Multi component education in preschool years.
- Encouraging parents to be engaged in active play to reduce sedentary behaviour.
- Promoting breast feeding to support healthy weight, the effectiveness increasing with length of time breast feeding takes place.
- There is an association between obesity in childhood and familial, gestational and environmental factors.
- NICE guidance recommends the provision of opportunities, facilities and equipment to encourage children to develop movement skills, tailoring activities according to developmental need.
- NICE guidance recommends the provision of enjoyable play and structured physical activity sessions within preschool.

Source: Healthy Weight, Healthy Lives: A Tool Kit for Developing Local Strategies (2008)
7.5 Progress in developing healthy children in early years

'Very good - I recommend it to all new Mums I meet, as it has enabled me to breastfeed for longer than I intended, which can only be good'.

Breastfeeding support project
Promoting breastfeeding to support healthy weight

"Peer Supporter means socializing, understanding, learning, supporting and helping"

Breast Feeding peer support
Promoting breast feeding to support healthy weight

A project to tackle early prevention of childhood obesity was piloted from Feb 09-March 10 in Poole.

This took the form of a programme of group sessions for obese pregnant women in antenatal weight management. Sessions focussed on dietary advice, physical activity and breastfeeding support.

First time mums particularly enjoyed meeting experienced mums and having the opportunity to hear about their pregnancies and any complications they had suffered as a result of gaining excess weight.

Antenatal Weight Management Pilot

Bournemouth and Poole Bronze Healthy Early Years are schemes for childcare settings (including childminders in Bournemouth) which introduce young children and their families to a healthy friendly lifestyle.

Bournemouth Borough Council have recently introduced a new component to their HEY Scheme - Silver HEY which is divided into 5 sections: Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution and Achieve Economic Wellbeing.

Bronze and Silver Healthy Early Years Schemes

"Parents have told me that their dentist can tell which children in their family have attended the pre-school with the oral health programme as they have less decayed, filled or missing teeth"

Oral Health Programme Poole’s Pre-school settings
Promoting improvement in dietary intake in preschools

A Snack Pack guide was developed in Poole to enable early years’ settings to provide suitable food and drink to meet the needs of children.

Snack Pack
Healthy Eating in Early Years
Schools are well placed to create environments for children and young people who promote good health and wellbeing and enable children to make healthier choices in learning and life. Evidences suggest that:

- Multi component school based interventions can result in cost effective health gain.
- A whole school approach addressing various aspects including the school environment.
- Interventions need to be sustainable so that they are effective long term.
- There is evidence that increasing fruit and vegetable intake and improving school meals and reducing carbonated (high sugar) drinks are effective in improving dietary intake.
- When designing interventions evidence suggests making healthy food choices accessible, affordable and convenient, involve family and peers and addressing personal barriers.
- Targeting groups of inactive children for specific physical activity.

Source: Healthy Weight, Healthy Lives: A Tool Kit for Developing Local Strategies (2008)
7.7 Progress in developing healthy children in schools

"I have encouraged my mum to eat more fruit, especially cantaloupe melon. I tasted it at school"

"What does your smoothie taste like, mine is amazing"

Small Change, Big Impact
Nutrition Intervention
School based nutrition intervention
Tracking Year 4 students until Year 6

Social, emotional and behaviour skills are supported by the family SEAL programme (primary) and SEAL programme (secondary). The resource is intended to supplement the effective work that many schools and settings already have in place.

Social and Emotional Health

"The Project has had an effect on promoting healthier food choices, with students far more willing to try lettuce, courgettes, herbs and other produce when they know it was grown on the allotment!"

Linwood Special School Gardening Club
Whole school sustainability project; working towards Eco School Gold Award

Children in schools across Bournemouth and Poole have enjoyed being part in the Bike It Project, commissioned by Bournemouth and Poole PCT. The project aims to increase active travel to school and to encourage cycling outside of school.

"All the children love the pedal-free bikes which gave many the opportunity to ride on two wheels for the first time"

Bike It Project
Sustainable active travel project including training, cycle skills, cycle maintenance & more. Key Stages 1 and 2.
"We really value the service, there is never any fruit left over. Children and staff are pleased with smaller sized fruit as it is easier for children to eat and handle. The children really enjoy eating carrots."

National Fruit and Vegetable Scheme
Whole school approach to increasing fruit and vegetable uptake Key stage 1

"Firefit shows young people how important it is to stay active and this is such a fun way for them to it."

Firefighter James Goldsmith, FireFit

Work started by the Healthy Schools Plus programme has created a positive boost for Branksome Heath Middle children. Part of the programme saw the installation of the 'Feet off Ground Challenge' and a fitness circuit installed next to the playground.

There has been a vast increase in physical activity during playtime with up to 60-70 children using the challenges at any one time!

Branksome Heath Middle School
Healthy Schools Plus
Whole school approach to increasing physical activity and reducing sedentary behaviours

“Students and pupils have worked hard to start to make healthy choices. The Adventure Club works really well for increasing activity at break time and acting as a reward for good behaviour”

Students have also taken part in Bikeability Training parts 1 and 2 resulting in a couple of students now actively travelling to school."

Longspee Special School
Whole school approach to increasing physical activity and reducing sedentary behaviours

Porchester Secondary School regularly sees 300+ pupils riding to and from school. A combination of an ‘open cycling policy’, completed school travel plan, secure cycle storage, cycle route infra structure and pro-cycling school leadership have helped to create and establish cycling culture at the school.

Porchester Secondary School
Active Travel
Sustainable Active Travel
7.8 What is effective in community settings targeted at children?

Findings suggest that fundamental issues around cost, availability and taste are key considerations for future interventions.

- Home based interventions accompanied by behaviour modification.
- Education campaigns to raise awareness of a healthy diet.
- Food promotion influencing children’s behaviour in a positive way.
- Community ‘5 a day’ promotion in line with the national campaign.
- Targeted behavioural change programmes with tailored advice can improve travel behaviour in motivated subgroups.
- Enhanced access to space for activity combined with supportive information.

Source: Healthy Weight, Healthy Lives: A Tool Kit for Developing Local Strategies (2008)
Progress in developing healthy children and families in communities

“The family circuits have been great fun and Helen showed me things I can do at home to keep fit...it is great having it at the centre as it is free, the children are happy here and we can do it with our friends - we would like more please!”

Circuits Townsend Children’s Centre
Targeted family circuit classes aimed at increasing physical activity

Bournemouth Youth Services offered Parkour & free running sessions weekly during summer 2010. The sessions helped the participants to make healthy choices.

'It makes me feel really good about myself and I just want to get better and better and then I can help others to do it too!’ -

Urban Precision 896
(Bournemouth Youth Service)
Youth Summer activity programme aimed at increasing access to space and increasing physical activity

New facilities have been established at Hamworthy Community Fire Station with the help of NHS Bournemouth and Poole. The Station is set to become a hub of community activity as a safe venue for local groups to meet and health treatments to take place.

Hamworthy Community Fire Station
Improvements to Community Fire Station aimed at providing targeted behavioural change programmes

NHS Bournemouth and Poole have taken an interactive approach in helping parents and children make the right food choices for their lunchboxes through a series of public events, online resources and social networking.

Change 4 Life
National Education campaign aimed at raising awareness of a healthy diet
Nine clusters of 'outdoor gym' equipment have been installed in Poole Park and surrounding areas. The outdoor fitness and activity route has been designed to encourage family exercise in an open, healthy environment.

"The outdoor gym equipment is perfect for my whole family to exercise on together. We have lots of fun, whatever the weather".

**Outdoor Gym Equipment**
Outdoor exercise equipment to enhance space and increase physical activity

Focus on Communities Using Sport is a multi-agency partnership including Dorset Police and Nacro. The scheme has a number of aims including making healthier lifestyle choices and tackling anti-social behaviour to encourage the younger population to be challenged not challenging!

**Focus on Communities Using Sport**
Local sports partnership improving access to space and physical activity whilst encouraging healthy food choices.

An aerial cableway in Canford Heath; climbing frame, rodeo board and tyre swings in Turlin Moor and basket swing and jungle climber in Hamworthy all combine to produce a huge "weeeeee" for children's outdoor play across Poole.

**Playbuilder**
Improvement of outdoor play equipment in order to improve access to space and increase physical activity

"My daughter has tried things here that I could not get her to try at home. She now asks for lasagne for dinner as she likes Naomi’s so much! I have never tried sweet potatoes, now we have them all the time at home".

**Munch Bunch Club**
Townsend Children’s Centre
Community based nutrition intervention positively influencing children’s behaviour
What is effective in community settings led by health care professionals targeted at children?

Evidence suggests that interventions with a greater number of components are more likely to be effective for weight management, improving dietary intake and increasing physical activity.

- Support and advice on physical activity and diet together.
- Moderate or high intensity dietary interventions to reduce fat intake and increase fruit and vegetables.
- Brief counselling or dietary advice by health professionals promoting small changes.
- Educational interventions to increase physical activity (such as walking).
- NICE guidance recommends the provision of food and nutrition interventions targeted at pre-natal women.

Source: Healthy Weight, Healthy Lives: A Tool Kit for Developing Local Strategies (2008)
7.11 Progress in developing healthy children and families in settings led by Health Care Professionals

The NCMP provides advice and support to parents of children who have been part of the measurement programme; via school nursing/GP, telephone support or online resources (Change4Life).

**National Child Measurement Programme**  
Personalised support and advice on physical activity and diet

The 3-19 Obesity Care Pathway is presently undergoing consultation. The Pathway will provide opportunities for early identification and appropriate management of overweight and obesity in young children.

**Children’s Obesity Care Pathway**  
Personalised support and advice on physical activity and diet  
See Appendix 3

"I have been able to make achievable lifestyle changes that are local and inexpensive”

"We have tried to convey to the mothers that it is so important to let the children see them tasting the foods themselves and act as role models”.

**Tickling Tastebuds, Poole**  
Family based nutrition programme giving personalised support and advice on diet and healthy lifestyle choices

"Wiggle Bugs is the best group we have been to, Olivia loves the mix of singing, dancing and climbing on all the exercise equipment, not to mention the healthy snack. A great way to keep fit with fun built in.”

**Wiggle Bugs, Poole**  
Supported by Bournemouth Community Nursery Nurse staff  
Education intervention to increase physical activity with dietary advice
“The advice was simple, easy to follow and realistic...we are now enjoying the health benefits of regular exercise”

**Family Fit 4 Life Programme**  
Personalised support and advice programme around physical activity and diet

The HCP offers every family aged 0-19 yrs a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices - all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

“It’s good to know that support is available every step of the way when you are a new parent”

**Healthy Child Programme**  
Providing personalised advice on developmental stages of a child’s life including family based physical activity and nutrition interventions

Free Health Walks are available in Poole and are run by experienced trained volunteer walk leaders. Many include time at the end for a well earned cuppa and chat!

**Health Walks, Bournemouth and Poole**  
Local Authorities  
Educational interventions to increase physical activity

The Incredible Edibles Tool Kit training has been delivered to Health Professionals and Children’s Centre staff to enable them to deliver workshops and give advice and support to parents undergoing the weaning process with their children.

**Incredible Edibles Weaning Toolkit,**  
**Dorset Food and Health Trust**  
Targeted nutrition intervention to raise awareness of a healthy diet

NCMP data indicates we are starting to see a levelling off in the proportion of children across Bournemouth and Poole who are obese or overweight. The examples highlight some of the excellent projects that have been developed locally to support this achievement.
8. STRATEGY VISION, PRINCIPLES AND OBJECTIVES

8.1 Vision:

*Bournemouth and Poole share a vision to provide:*

- an environment where children and families can access affordable healthy food and opportunities to be physically active.
- children with opportunities to gain skills and confidence to make healthy choices.
- a whole population approach working with different organisations to reduce overweight and obesity.
- extra targeted support for those children and families in most need.

8.2 Strategic Aim

“To initially halt the year on year rise in the proportion of children in Bournemouth and Poole who are obese by 2010/11, with further reductions by 2020”

8.3 Strategic Themes

- Supporting a healthy weight in children.
- Embedding healthier food choices for children and families.
- Ensuring physical activity is built into everyday life.
- Creating incentives for a better, healthier community.
- Providing access to advice and support on maintaining a healthy weight in children and families.

8.4 Strategic Principles

The strategy is based on the following underlying principles:

- Partnership working with relevant agencies to ensure a co-ordinated approach.
- Shared priority and strategic objectives with all partners.
- Agreement by all organisations to provide outcome monitoring information
- The targeting of evidence based services and interventions at key groups with the aim of reducing health inequalities.
• Ensuring that interventions are developed with the involvement of patients and the public

• Driving forward quality evidence based interventions with positive health outcomes, which are monitored and evaluated

9. DEVELOPING PLANS FOR ACTION FOR HEALTHY WEIGHT FOR CHILDREN

9.1 Under these five themes and settings there are already a number of interventions that are operating at a local level that illustrate a small shift towards healthier lifestyles choices locally. The following action plan outlines key evidence based actions for each strategic theme that needs to be delivered in a multiagency arena.

9.2 The draft strategy and action plan have been out to consultation in order to influence future activity. See Appendix 11 for outcomes.
HEALTHY WEIGHT FOR CHILDREN AND YOUNG PEOPLE STRATEGIC ACTION PLAN

This Action Plan has been developed to provide a local framework for action in order to deliver the key themes of the Healthy Weight for Children and Young People Strategy. The plan is a working document and will be reviewed and updated regularly throughout the life of the strategy to reflect new health policies and priorities of the new Coalition Government. The Youth Service and some other programme plans are subject to confirmation pending service restructuring.

Strategic Theme One: Children’s Healthy Growth and Healthy Weight

This chapter focuses on the importance of maintaining a healthy weight for children. Recommended government action follows the life course approach in the action areas below. This will need to develop clear links to children’s social and emotional health and wellbeing and the possible effects on physical health.

<table>
<thead>
<tr>
<th>Action</th>
<th>Milestones for Delivery</th>
<th>Lead Organisation</th>
<th>Monitoring and reporting process</th>
</tr>
</thead>
</table>
| **1.1.1 To ensure that identified Children’s Centres accommodate locally accessible delivery of ante-natal and midwifery services.** | a. The Children’s Centres are engaged and have systems and structures in place to support the midwifery service.  
b. Shared policies are in place with Children’s Centres and CHS teams.  
c. Ante-natal and postnatal midwifery services are delivered in Children’s Centres in Bournemouth and in Poole where appropriate. | RBCHFT and PHFT midwifery services /CHS | Monitored through Bournemouth Children’s Centre quarterly monitoring reports, (E start data) and annual conversations – QA, BBC and OFSTED  
Monitored by CC managers and reported annually in Self Evaluation reports in Borough of Poole |
| **1.1.2. To enable identified Children’s Centres to work in partnership with organisations and midwifery services to support young expectant parents.** | a. Sessions developed to support young expectant parents delivered in Children’s Centres or in other premises as local need determines supported by Children’s Centres.  
b. Children’s Centres to host or promote sessions which support young expectant parents including input from midwives. | LA | Monitored through Bournemouth Children’s Centre quarterly monitoring reports, (E start data) and annual conversations – QA, BBC and OFSTED  
Monitored by CC managers and reported annually in self evaluation reports in BoP |
| **1.1.3. To ensure that early healthy weight advice is provided for all mothers during pregnancy.** | a. All pregnant women are routinely and systematically provided with information and advice on the benefits of a healthy diet.  
b. Healthy Start is promoted to pregnant women. | RBCHFT and PHFT midwifery services | Outlined in HV and midwifery contracts and monitored on request |
<table>
<thead>
<tr>
<th>Action</th>
<th>Milestones for Delivery</th>
<th>Lead Organisation</th>
<th>Monitoring and reporting process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.4. To develop a joint pathway for ante-natal care and 0-3 years child obesity pathway. See Appendix 2.</td>
<td>a. A single pathway to be developed and implemented.</td>
<td>Community Dietetics RBCHFT and PHFT midwifery services</td>
<td>Reported and monitored by Community Dietetics</td>
</tr>
<tr>
<td>1.1.5. To promote Leisure Centre based pre-natal physical activity opportunities.</td>
<td>a. Pre-natal activities in place as part of BH Live</td>
<td>BH Live</td>
<td>BH Live report activity and progress on pre-natal activity</td>
</tr>
<tr>
<td>1.1.6. To provide midwives with training in maternal nutrition and raising the issue of obesity.</td>
<td>a. Training developed and delivered by Community Dietetics service.</td>
<td>Community Dietetic Service</td>
<td>Maintained and reported by Community Dietetic Service</td>
</tr>
<tr>
<td>1.1.7. To ensure that all pregnant women identified with a BMI over 25 are given advice for healthy weight during pregnancy.</td>
<td>a. Defined as a health outcome within core contracts.</td>
<td>RBCHFT and PHFT midwifery services</td>
<td>CHS contract meeting</td>
</tr>
<tr>
<td></td>
<td>b. Integrated into Healthy Child Programme.</td>
<td></td>
<td>Monitored and progress from Dietetic service</td>
</tr>
<tr>
<td></td>
<td>c. Staff training programmes to give this advice in place</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Information and advice is available for all women.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1.8. To provide targeted maternal nutrition programmes during pregnancy for women.</td>
<td>a. Lessons learned from the initial pilot programme evaluation in place</td>
<td>Community Dietetic Service</td>
<td>Community Dietetic Service progress reports Communication team updates on local Comms plan</td>
</tr>
<tr>
<td></td>
<td>b. Review of developing evidence base and recommendations for action complete.</td>
<td>PCT Communications</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Communication plan in place to increase parents’ awareness of the causes of obesity and to encourage lifelong participation in healthy activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Milestones for Delivery</td>
<td>Lead Organisation</td>
<td>Monitoring and reporting process</td>
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<tr>
<td>1.1.9. To ensure the <strong>Baby Friendly</strong> Initiative is implemented within Community Health Services</td>
<td>a. Baby Friendly is outlined in contract.</td>
<td>CHS breastfeeding programme and secondary care</td>
<td>Monthly KPI and activity reporting to commissioners and annual report</td>
</tr>
</tbody>
</table>
| 1.1.10. To deliver the **Healthy Child programme** as part of the services for children and families health visiting service. | a. The health visiting service is delivered to the core requirements in the Healthy Child Programme.  
   b. Consideration of healthy weight for children and families is part of the overall universal assessment.  
   c. Families assessed and visited/supported according to the pathways | CHS health visiting programme | Monthly KPI and activity reporting to commissioners and annual report |
| 1.1.11 To provide ongoing training to support the child and maternal nutrition guidelines implementation. | a. Training sessions developed and delivered. | Community Dietetic Service | Audit of awareness in HV teams to be undertaken in 2011. |
| 1.1.12. To ensure that all Children’s Centres **promote the dietary needs of infants** and young children. | a. Through partnership working aim to ensure all Children’s Centres are working with Health Visitors and Community Health Services as part of the Healthy Child programme.  
   b. Identified Children’s Centres provide opportunities for menu planning which include cooking healthy meals, healthy eating on a low budget and coping with reluctant eaters. | Children’s Centre leads CHS health visiting programme | Monitored through Children’s Centre quarterly monitoring reports. (E slant data) and annual conversations – QA, BBC and OFSTED  
   Monitored by CC managers and reported annually in Self Evaluation reports in Borough of Poole |
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| 1.2.1. To commission a comprehensive coordinated, specialist service to all pregnant and breastfeeding women in line with NICE guidance and best practice. | a. A comprehensive coordinated specialist service to all pregnant and breastfeeding women is in place.  
   b. NICE guidance and service outcomes achieved (monitored within provider services contracts).  
   c. The commissioned service provides routine follow up to all pregnant mothers within 48 hours of discharge. | CHS Breastfeeding Programme/ Public Health and contract review process | Monthly reporting of contacts within 48 hours  
Monthly KPI and activity reporting to commissioners |
| 1.2.2. To promote a culture and environment that encourages and values breastfeeding as the normal way to feed an infant. | a. Establishing UNICEF Baby Friendly throughout the community and work towards full accreditation.  
   b. All health staff have attended the 2 day mandatory breastfeeding training by 2013. | CHS Breastfeeding Programme | a. Reporting through CHS contracts  
b. Attendance at training recorded |
| 1.2.3. To provide a targeted breastfeeding peer support programme led by local mothers. | a. Breastfeeding Peer Support groups are delivered in targeted areas and held within identified Children’s Centres and are supported by a Breastfeeding Support worker.  
   b. A group is accessible in the Poole and Bournemouth areas 5 days a week. | CHS Breastfeeding Programme | Monthly KPI and activity reporting to commissioners  
Baby Friendly annual report |
| 1.2.4. To implement the UNICEF Baby Friendly initiative in line with guidance and best practice. | a. UNICEF Baby Friendly Accreditation is in progress in Bournemouth and Poole.  
   b. Community Health Service achieves Stage 1 in February 2011.  
   Bournemouth Midwifery Led Unit achieves Stage 3 in March 2011.  
   Poole Maternity Unit working towards certificate of commitment | CHS Breastfeeding Programme  
Secondary care | Baby Friendly annual activity report  
CHS contract feedback |
### Theme One: Children’s Healthy Growth and Healthy Weight

#### Objective Two: To commission comprehensive breastfeeding and infant nutrition programmes

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| 1. 2.5. To ensure all Children’s Centres promote the health benefits of breastfeeding and services offered include support groups, including targeted support groups in areas of identified need. | a. All centres promote breastfeeding.  
b. Continue to support the Breastfeeding Support Groups which are in areas of identified need.  
c. Audit of the attendees of the groups. | CHS  
Children’s Centre leads | HV’s collect data on rates of breast feeding and report monthly to commissioners through CHS contract meetings  
Monitored through Children’s Centre quarterly monitoring reports. and annual conversations – QA, BBC and OFSTED  
Monitored by CC managers and reported annually in Self Evaluation reports in Borough of Poole |

#### Theme One: Children’s Healthy Growth and Healthy Weight

#### Objective Three: To support children growing up with a healthy weight through Healthy Early Years (HEY) setting development

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</table>
| 1.3. 1. To ensure that all Children’s Centre Services include evidence based support for parents in ensuring the health and well being of their under 5 and other family members.                                                                                                                                                                                                                                                                                       | a. Children's Centre services running/signposting support for parents in line with Parenting Strategy and Healthy Child Programme objectives.  
b. CHS staff to work with Children’s Centres to increase parents' awareness of the causes of obesity and to encourage lifelong participation in healthy activities through the promotion of national campaigns and social marketing (eg Change 4 Life) websites. | Healthy Child Programme lead                                                                              | Quarterly information/update cascaded to CHS by CC leads  
Childrens Centre updates and progress on Change4Life programmes planned |
| 1.3.2. To provide direct delivery of health promoting opportunities.                                                                                                                                                                                                                                                                                                                                                                                                      | a. Activities reported for Children’s Centres providing health promoting activities.  
b. The number of Family Information events in Bournemouth promoting health and well being support for parents.                                                                                                                                                                                                                     | Bournemouth Early Years  
Poole Early Years                                               | Monitored through Children’s Centre quarterly monitoring reports and annual conversations – QA, BBC and OFSTED  
Monitored by CC managers and reported annually in Self Evaluation reports in BOP.     |
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<tbody>
<tr>
<td>1.3. 3. To develop and implement <strong>Quality Standards for 0-5 years</strong> provision.</td>
</tr>
<tr>
<td>a. The standards for Bournemouth HEY settings are clearly outlined for implementation.</td>
</tr>
<tr>
<td>c. Settings have achieved full accreditation to Bournemouth Quality Standards (BQS).</td>
</tr>
<tr>
<td>d. Poole Pathway to Quality Improvement Scheme developed based on EYFS.</td>
</tr>
<tr>
<td><strong>Lead Organisation</strong></td>
</tr>
<tr>
<td>Bournemouth Early Years</td>
</tr>
<tr>
<td>Poole Early Years</td>
</tr>
<tr>
<td><strong>Monitoring and reporting process</strong></td>
</tr>
<tr>
<td>Monitored through BBC/CS/CLE/ Early Years</td>
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<tbody>
<tr>
<td>1.3. 4. To develop and implement Bournemouth <strong>Silver HEY</strong> standards.</td>
</tr>
<tr>
<td>a. Bronze settings are engaged in Bournemouth Silver HEY.</td>
</tr>
<tr>
<td>b. The settings include Healthy Eating – 5 A Day, Healthy Snacks and Lunch Boxes, Physical Health – daily physical activity and partnership with parents in ensuring their child and family’s health and well-being.</td>
</tr>
<tr>
<td>c. Settings achieve Bournemouth Silver Hey Status.</td>
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<tr>
<td><strong>Lead Organisation</strong></td>
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<tr>
<td>Bournemouth Early Years</td>
</tr>
<tr>
<td><strong>Monitoring and reporting process</strong></td>
</tr>
<tr>
<td>Target in Bournemouth CYP plan</td>
</tr>
<tr>
<td>Monitored through Children and Young People progress reports</td>
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<tr>
<td>Public Health progress reports</td>
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<td>Silver HEY progress reports</td>
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<tbody>
<tr>
<td>1.3. 5. To assess and review the requirements to deliver the development of Bournemouth <strong>Gold HEY standards</strong>.</td>
</tr>
<tr>
<td>a. The review has taken place and recommendations provided for development of Bournemouth Gold HEY.</td>
</tr>
<tr>
<td><strong>Lead Organisation</strong></td>
</tr>
<tr>
<td>Bournemouth Early Years</td>
</tr>
<tr>
<td><strong>Monitoring and reporting process</strong></td>
</tr>
<tr>
<td>Through HEY lead progress reports</td>
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<tbody>
<tr>
<td>1.3. 6. To develop and <strong>deliver training</strong> programmes for HEY practitioners.</td>
</tr>
<tr>
<td>a. Training opportunities are set up and provided to support BQS and HEY. The sessions include dietician input for nutrition and obesity messages and Leap into Life programmes, and for the new physical development activity pack for Poole.</td>
</tr>
<tr>
<td><strong>Lead Organisation</strong></td>
</tr>
<tr>
<td>Bournemouth Early Years</td>
</tr>
<tr>
<td>Community dietetics</td>
</tr>
<tr>
<td>PE Lead</td>
</tr>
<tr>
<td>Poole Early Years</td>
</tr>
<tr>
<td><strong>Monitoring and reporting process</strong></td>
</tr>
<tr>
<td>a. Monitored by Bournemouth Early Years and Poole Early Years</td>
</tr>
<tr>
<td>b. Dorset Food and Health update</td>
</tr>
<tr>
<td>Action</td>
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<tr>
<td>b. Children’s Centres have opportunity to participate in Dorset Food and Health PHAB sessions</td>
</tr>
<tr>
<td>1.3.7. To ensure Poole HEY settings promote evidence based healthy eating programmes.</td>
</tr>
<tr>
<td>1.3.8. To support healthy eating as part of the Poole Oral health programme. To monitor the oral health programme ensuring programme sustainability.</td>
</tr>
<tr>
<td>1.3.9. To embed Healthy Weight Healthy Lives agenda within targeted evidence based parenting strategy programmes for Bournemouth and Poole.</td>
</tr>
<tr>
<td>1.3.10. To support HEY within Poole through Poole Pathway to Quality Improvement Scheme in line with regional and national development and existing standards</td>
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</table>
### Theme One: Children’s Healthy Growth and Healthy Weight

#### Objective Two: To commission comprehensive breastfeeding and infant nutrition programmes

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<tbody>
<tr>
<td>b. New Pathway to Quality Improvement standards for practice in place in Poole pre schools settings and early year’s settings.</td>
<td></td>
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</tr>
<tr>
<td>a. Leisure opportunities in place for Early Years</td>
<td>BH Live</td>
<td>Monthly update on active opportunities through BH Live to Early Years target group</td>
<td></td>
</tr>
<tr>
<td>b. Promotional plans in place to engage Early Years target group</td>
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#### Objective Four: To promote culture and ethos which encourages Healthy Weight Healthy Lives in the school setting

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| 1.4.1. To ensure that all children and young people have access to high quality Personal, Social, Health and Economic Education (PSHE). | a. All schools use Rainbow and Kaleidoscope or equivalent as their core PSHE curriculum.  
b. Children have access to universal, targeted and intensive support as needed. | Bournemouth Children's Learning and Engagement | Monitor through staff networks and school visits.  
Monitor via Head Teachers meetings.  
Report progress to HWHL group |
| 1.4.2. To ensure the National Child Measurement Programme (NCMP) is delivered within all mainstream schools. | a. National Childhood Measurement Programme in place for Reception and Year 6 schools years.  
85% school coverage by year.  
b. Parental support and information systems in place | CHS | Annual reporting of coverage by school year and by school.  
Monitor through CHS contracting. |
| 1.4.3. To review and update all sustainable school travel plans when development is undertaken. | a. School travel contacts in place for each school.  
The sustainable travel plans in place, with implementation plan in progress.  
The travel plan includes associated physical activity in the theme for 2010/11. | Bournemouth Sustainable Travel Officer  
Poole Travel Plan Officer | Reported through Children and Young People and Public Health progress reports |
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<tr>
<td>1.4.4. To ensure the school travel adviser promotes <strong>links to teaching and learning.</strong></td>
<td>a. Increased parents, staff and children are engaged in active travel.</td>
<td>Each school / School Travel</td>
<td>Monitored through school travel health check</td>
</tr>
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</table>
| 1.4.5. To **provide accessible information to parents in Poole** encouraging use of walking, cycling and public transport to school. | a. Interactive Poole web based mapping to be used to enable easy identification of walking/cycling/bus routes from home to school. Health benefits of active travel to be emphasised. (Delivered on a school by school basis to a common standard to be agreed.)  
b. Information available in leaflet form for putting into Admission packs etc. | Poole Accessibility Team | Delivered and monitored by Poole Accessibility Team |
| 1.4.6. To **develop Poole Park and Stride** locations to encourage parents to park away from schools and walk with their children | a. Locations to be identified/ schools to assist with promotion including website links | Each school / Travel Plan Officer- Poole Accessibility Team | Annual monitoring until all schools have facility by Poole Accessibility Team |
| 1.4.7 To provide child pedestrian training. | a. Pedestrian training for year 1 and 4 pupils in place. | Bournemouth Sustainable Travel officer | Through report from Bournemouth School Travel Officer. |
| 1.4.8. To implement **Small Changes Big Impact (SCBI)** primary school nutrition programme to targeted schools. | a. To deliver the SCBI programme according to contract outcomes.  
b. To provide SCBI programme in 2 Bournemouth schools January 2011.  
c. To provide SCBI programme in 1 Poole School Autumn 2010.  
d. To continue to support 2 other Poole schools. | Dorset Food and Health Trust/CHS Dietetic Service | Dorset Food and Health contract quarterly monitoring reports |
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<tr>
<td>e. To engage social marketing principles to increase parents' awareness of the causes of obesity and to encourage lifelong participation in healthy activities.</td>
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</table>
| 1. 4.9. To **evaluate the SCBI Primary School Nutrition programme.** | a. To provide a quarterly report from the providers with outcomes and lessons learned.  
b. To provide an annual report highlighting health outcomes. | Dorset Food and Health Trust/BPCHS Dietetic Service | Dorset Food and Health contract quarterly monitoring reports |
| 1. 4.10. To support the **South West Healthy Schools Plus three year** programme for targeted schools in areas of health inequality. | a. Healthy Weight Healthy Lives is outlined as the local priority for each targeted school.  
b. A plan in place for each school, with HWHL objectives and signed off by the multi agency Healthy Schools steering groups and Quality Assurance groups, with appropriate support identified. | HS steering group  
Public Health | Monitored through Healthy Schools Plus QUAG and website.  
Monitored through Public Health progress reports to HWHL group |
| 1. 4.11. To review the support for **extended services** activities post March 2011. | a. The review has taken place with recommendations for action to include Healthy Weight Healthy Lives. | Extended schools lead | End of project reports delivered for Disadvantage Subsidy activities. |
| 1. 4.12 To support the transition from the **National Healthy Schools Programme** and **Healthy Schools Enhancement Model** to schools led programmes. | a. All schools have access to Healthy Schools toolkits.  
b. All schools have access to steering/strategy groups for healthy schools | Bournemouth Children’s Learning and Engagement  
Poole Health and Wellbeing Group.  
Public Health | Monitor through networks and school visits.  
Monitor through Strategic Health and Education Group (Poole) and Bournemouth HS steering group. |
### Theme One: Children’s Healthy Growth and Healthy Weight

#### Objective Four: To promote culture and ethos which encourages Healthy Weight Healthy Lives in the school setting

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<tr>
<td>1. 4.13. For commissioners and providers of services to children in primary education settings to promote social and emotional wellbeing in line with NICE Public Health guidance 12</td>
<td>The recommendations are incorporated into a. CYP b. school PSHE programmes. c. The HWHL themes are in context with NICE guidance.</td>
<td>Bournemouth CLE Public Health</td>
<td>a. Monitor through annual CYPP review. b. Monitor through staff networks and school visits. c. Review of strategy and action plan needed to ensure in line with NICE guidance 12</td>
</tr>
<tr>
<td>1. 4.14. To ensure that the school setting is fully engaged with the PESPA strategy.</td>
<td>a. Relevant PESPA objectives are integrated into school/academy plans for physical activity.</td>
<td>PE Adviser Lead Head teachers</td>
<td>PESPA strategy on council web page <a href="http://www.bournemouth.gov.uk/education/PESS_and_maps.asp">www.bournemouth.gov.uk/education/PESS_and_maps.asp</a> All schools audited 2010, audit to be repeated Autumn 2011.</td>
</tr>
<tr>
<td>1.4.15. To promote Leisure Centre based physical activity and learning opportunities to school communities.</td>
<td>a. Leisure centre activities in place b. Plans in place to promote to schools</td>
<td>BH Live</td>
<td>Provide updates to lead organisations through BH Live.</td>
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### Theme One: Children’s Healthy Growth and Healthy Weight

#### Objective Five: To develop a culture and ethos which encourages Healthy Weight Healthy Lives in the college and youth settings

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<tbody>
<tr>
<td>1. 5.1. To develop integrated approaches to PSHE in youth settings and schools.</td>
<td>a. Youth settings understand and reinforce the learning in Rainbow and Kaleidoscope or equivalent PSHE curriculum approaches being used in schools.</td>
<td>Bournemouth Children’s Learning and Engagement</td>
<td>Update from Youth Service</td>
</tr>
<tr>
<td>1. 5.2. To ensure promotion of alternative modes of transport to college.</td>
<td>a. To monitor college travel plan review to ensure transport issues are included (provision of cycle storage, public transport, car sharing). b. To link with adult obesity strategy objectives to integrate transport objectives.</td>
<td>Adult obesity strategy Travel advisers LA travel plans</td>
<td>Public Health progress monitoring</td>
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### Theme One: Children’s Healthy Growth and Healthy Weight

**Objective Four:** To promote culture and ethos which encourages Healthy Weight Healthy Lives in the school setting

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<tr>
<td>1. 5.3. To ensure the local youth offer includes sufficient accessible opportunities for young people to participate in physical activity and/or delivery of projects specifically focussed on promoting physical activity amongst young people identified as at risk</td>
<td>a. The revised youth offer includes physical activity opportunities.</td>
<td>Youth Service leads</td>
<td>Measured against local youth offer indicators Poole Children and Young People’s Services Consultation Children and Young People monitoring systems Bournemouth</td>
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<tr>
<td></td>
<td>b. Physical activity projects are provided for young people identified as at risk</td>
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<tr>
<td>1. 5.4. To ensure each youth setting displays quality, evidence based information on Healthy Lifestyle.</td>
<td>a. Each centre has a display/information area dedicated to Healthy Lifestyles.</td>
<td>Youth Service leads</td>
<td>Monitored through Youth Service leads</td>
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<tr>
<td>1. 5.5. To promote D of E award which encourages healthy lifestyle options.</td>
<td>a. Young people recruited and supported to complete the full d of E awards, including the physical and expedition sections</td>
<td>Youth Service leads</td>
<td>Data collected on Youth Service MIS, and DofE MIS, and analysed locally</td>
</tr>
<tr>
<td>1. 5.6. To ensure the targeted programmes of work include positive activities and/or healthy lifestyle.</td>
<td>a. There are targeted programmes per annum, which include an element of Positive Activities and/or Healthy lifestyles within the offer in place in Poole.</td>
<td>Poole Youth Service</td>
<td>Monitored through Youth Service leads</td>
</tr>
<tr>
<td>1. 5.7. The Quay Advice Centre is to develop Healthy Lives Healthy Weight, with a dedicated group of young people.</td>
<td>a. A defined group of young people identified to take forward the selection of appropriate evidence based information available each year.</td>
<td>Poole Youth Service</td>
<td>Monitored through Poole Youth Service</td>
</tr>
<tr>
<td></td>
<td>b. To ensure the satellites have easy access to this material.</td>
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### Theme One: Children’s Healthy Growth and Healthy Weight

**Objective Four:** To promote culture and ethos which encourages Healthy Weight Healthy Lives in the school setting

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<tr>
<td>1. 5.8. A mobile unit to develop work around the Healthy Lifestyle, Healthy weight agenda.</td>
<td>a. 2 projects around the Healthy Lifestyle/weight agenda to be identified and implemented across the borough.</td>
<td>Poole Youth Service</td>
<td>Monitored through Poole Youth Service</td>
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### Strategic Theme Two: Promoting Healthier Food Choices

This chapter focuses on recommendations to promote a healthy balanced diet, which include reducing the amount of fat and sugar in our everyday diet, increasing access to and the amount of fruit and vegetables we consume. The aim is to encourage people in all priority settings to choose the right balance and variety of foods to help obtain the wide range of nutrients to stay healthy throughout life.

### Theme Two: Promoting Healthier Food Choices

**Objective One:** To commission targeted healthy food programmes in community settings

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<tbody>
<tr>
<td>2.1.1 To commission delivery of targeted food and health programmes to promote healthy eating and cooking skills for children and parents.</td>
<td>a. Small Change Big Impact (SCBI) programme delivered in 5 schools. Reaching 400 children and support for targeted families. Targeting 48 families per year. b. Contract outcomes delivered for Small Change Big Impact.</td>
<td>Dorset Food and Health Public Health</td>
<td>Dorset Food and Health quarterly contract meeting</td>
</tr>
<tr>
<td>2. 1.2 To ensure Children’s Centre core services include opportunities for parents and children to engage with healthy food programmes.</td>
<td>a. Core services include defined healthy eating opportunities. b. All Children’s Centres provide opportunities for parents and children to engage with evidence based healthy food programmes.</td>
<td>Children Centre leads</td>
<td>Monitored through quarterly reports and annual conversations – QA, BBC ( EY) and OFSTED Monitored by CC managers and reported annually in Self Evaluation reports in Borough of Poole</td>
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<td>Action</td>
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| **2.1.3.** To ensure staff are trained to implement the Healthy Start scheme | a. Healthy Start scheme links made and strengthened by Public Health Locality leads and CHS staff.  
b. Healthy Start information included in HV team meetings. | Midwifery services  
CHS  
Public Health Locality Leads | Uptake of Healthy Start scheme reported by Midwifery services  
Minutes of meetings. CHS contracting |
| **2.1.4.** To ensure the promotion of HWHL is outlined within core contracts for CHS provider services for school nursing and health visiting as part of mainstream services. | a. Contract negotiating rounds have taken place.  
b. Consideration of healthy weight for children and families is part of the overall universal assessment in both services in line with Healthy Child Programme and NCMP.  
c. Provider contract outcomes and performance monitored within quarterly review group of NCMP uptake. | Public Health  
CHS | Monthly reporting of KPI and activity. CHS contracting |
| **2.1.5.** To develop and implement a media profile for HWHL. | a. To undertake 2 radio interviews for HWHL priority areas.  
b. To promote C4L programme with local press/media. | Public Health  
PCT comms | Media profile produced each year |
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| 2.2.1. To promote the Chang4Life Programme (C4L) in targeted communities. | a. The Chang4Life programme is promoted at 6 community events.  
   b. The Chang4Life banners have been displayed at 5 further events.  
   c. Media profile developed for healthy eating and Chang4Life. | Public Health | Evaluation of project by Public Health Loans schedule  
   Media profile produced each year |
| 2. 2.2. To increase the number of opportunities to promote Chang4Life. | a. The areas where Chang4Life is currently being promoted within the community is identified and recorded.  
   b. New venues have been identified for Chang4Life promotion.  
   c. New promotions are in place and delivered.  
   d. The Chang4Life updates are cascaded to partners.  
   e. 4x Chang4Life Healthy Weight training sessions delivered for Children’s Centre, Early Years staff, Healthy Schools co-ordinators.  
   Children’s Centre staff attending Chang4Life healthy eating training cascade their learning to Children’s Centre teams  
   f. NHS Bournemouth and Poole website promotes Chang4Life.  
   g. BH Live Leisure facilities promote Chang4Life through facilities and customer communication pathways | Public Health  
   Public Health | Record of Chang4Life activity  
   CHS Dietetic training evaluations |
### Theme Two: Promoting Healthier Food Choices

#### Objective Two: To promote Healthy Weight Healthy Lives within targeted community settings

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| 2.2.3. To monitor the Change4Life **snack in a box** pilot and review. | a. Monitor the number of Facebook participants over three months  
b. Plan created to support or decommission the site, ensuring Change4Life information is sustained. | Public Health and PCT Comms | Facebook statistics monitored by PCT comms team |

#### Theme Two: Promoting Healthier Food Choices

#### Objective Three: To promote Healthy Weight Healthy Lives choices in school and youth settings

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| 2. 3.1. To ensure that healthy weight remains a priority within schools. | a. 100% of school plans within healthy schools plus contain objectives for HWHL programme.  
b. Presentations are delivered to head teachers  
c. Ensure Healthy Weight agenda is incorporated into Bournemouth health and wellbeing network meetings | Bournemouth Children’s Learning and Engagement  
Poole Health and Education Strategy Group  
Public Health | Bournemouth Healthy Schools steering group and Poole Health and Education Strategy Group monitor |
| 2. 3.2. To align with adult obesity plans to promote healthy food outlets near schools, community food schemes and food retailers. | a. The adult obesity strategy outlines plans for food outlets  
b. The strategic alignment in place with healthy eating and food outlets within the two strategies.  
c. Map created showing fast food outlets in relation to areas of obesity within Bournemouth and Poole | Public Health  
Public Health | Monitored through Public Health strategy progress |
### Theme Two: Promoting Healthier Food Choices

**Objective Three:** To promote Healthy Weight Healthy Lives choices in school and youth settings

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| 2.3.3 To promote **school gardening schemes.** | a. The strategic alignment in place with healthy eating and gardening schemes  
  b. A schools survey created of schools that have gardening schemes. | Public Health | Survey of school gardening schemes and grow it cook it eat it initiatives monitored by Public Health |
| 2.3.4 To promote **healthy snacks and vending machine** outlets within schools in line with existing food standards guidance. | a. Food standards guidance met.  
  b. 100% of schools have healthy eating policy. | LA | Bournemouth Healthy Schools steering group and Poole Health and Education Strategy Group monitor |
| 2.3.5. To promote the **national 5 a day campaign** within schools. | a. The free fruit and vegetable scheme for 4-6 year olds is in place. | Public Health | Public Health progress reports. |
| 2.3.6. To design and implement a healthy weight section within the **School prospectus/health supplement** | a. The health supplement is designed and complete.  
  b. The health supplement had been delivered to school leads and established within the documentation sent to schools. | CHS NCMP lead  
  Public Health | Public Health progress reports. |
| 2.3.7 To design and implement the **NCMP information** for school websites | a. The healthy weight information and NCMP information is established on websites  
  b. NCMP material is available in the healthy weight section of the new NHS Bournemouth and Poole website | Public Health | Public Health progress reports |
<p>| 2.3.8 To ensure that healthy eating <strong>options available at each Youth Centre setting</strong> | a. All coffee bars are selling/making available healthy snacks/drinks | Poole Youth Service | Poole Youth Service progress report |</p>
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| 2.4.1. To ensure balanced school meals are contracted in line with recognised standards and guidance. | a. Each school provides service in line with guidance  
b. Contracts in place. | Bournemouth School Meals Contract Officer/ Poole Executive Catering Manager         | Leads to monitor and report progress                                         |
| 2.4.2. To ensure all schools within the service increase provision of healthy hot school lunches. | a. All Primary Phase schools to provide hot school meals.  
b. Increase in annual uptake of school lunches in line with current criteria set.  
c. All schools promote eligibility for free school meals.  
d. Increase Free School Meal uptake where possible to 100% at each Poole school by 2012. | Bournemouth School Meals Contract Officer/ Poole Executive Catering Manager | Annual school survey  
Children and Young People reporting                                          |
| 2.4.3. To promote healthy lunchbox choices in line with recognised standards. | a. All schools promote School Food Trust, Change4Life and Eatwell advice. | Public Health                                                                      | Public Health progress report                                                |
Strategic Theme Three: To Ensure Physical Activity Is Built Into Every Day Life

This chapter focuses on the aim to promote activity for all, in accordance with the evidence of what works longer term and the recommendations for ‘at least 5 a week’. All programmes within this action plan need to promote everyday participation in physical activity both structured and unstructured, eg: walking, stair climbing, gardening, getting to and from school and other places in daily life. Action should also promote a supportive environment to encourage active travel, use of parks and green spaces outlined in NICE guidance. Population based approaches at local level range from targeting children at home and school through active play and sport, after school activities, and within our communities through, for example, promoting cycling.

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| 3.1.1 To develop priorities identified in the Bournemouth and Poole Play Strategy promoting the health benefits of play for early years and school age children. | a. Links in place with Bournemouth and Poole Play Strategy to feedback progress and link priorities.  
   b. Play areas upgraded.  
   c. Reports provided by play teams on opportunities for play in early years and schools, increasing the challenge of play opportunities through risk management and increasing community acceptance of local play areas. | Public Health  
   LA parks and recreation | Monitored through Bournemouth and Poole Play Partnership  
   Public Health progress report |
| 3.1.2. To ensure Children’s Centres promote active play and physical activity for early years and school age children. | a. Children’s Centres promote physical activity opportunities and community activities.  
   b. Children’s Centres promote local cycle routes.  
   c. Children’s Centres signpost users to community activities which include Change4 Life opportunities, BH Live, Poole leisure services, aerobics for parents, FitKid, safe cycle routes, walking buses. | Children centre leads | Monitored through quarterly reports and annual conversations QA, BBC and OFSTED  
   Monitored by CC managers and reported annually in Self Evaluation reports in Borough of Poole. Information will be accessible through Poole Family Information Service and Directory. |
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<tr>
<td><strong>3.1.3. To ensure that Bournemouth settings engaged in Silver HEY promote the evidence based health benefits of active play and physical activity.</strong>&lt;br&gt;1.3. To ensure that Bournemouth settings engaged in Silver HEY promote the evidence based health benefits of active play and physical activity.</td>
<td>a. Evidence based criteria defined and shared with HEY settings&lt;br&gt;b. Criteria placed within silver HEY to include promotion of the health benefits of active play and physical activity.&lt;br&gt;c. Settings record sharing activity opportunities with parents and families.</td>
<td>Public Health&lt;br&gt;HEY leads</td>
<td>Target in Bournemouth CYP action plan&lt;br&gt;Public Health progress report&lt;br&gt;</td>
</tr>
<tr>
<td><strong>3.1.4. To develop an environment where a range of physical activity opportunities are accessible for children and young people.</strong>&lt;br&gt;1.4. To develop an environment where a range of physical activity opportunities are accessible for children and young people.</td>
<td>a. Have objectives outlined in green infrastructure strategy for SE Dorset.&lt;br&gt;b. Have objectives outlined in the Play Strategy.&lt;br&gt;c. Have objectives outlined in the adult obesity strategy on objectives for the promotion of cycling and 20 mile an hour zones.&lt;br&gt;d. School travel plans include walking and cycling promotion.&lt;br&gt;e. To monitor travel data by school and numbers of children cycling or walking to school.&lt;br&gt;f. Sport England’s Places, People, Play programme is promoted</td>
<td>Borough leads for PE, travel, leisure.&lt;br&gt;Active Dorset</td>
<td>Monitored by play partnership, PESPA strategy&lt;br&gt;Monitoring through CYPIS survey&lt;br&gt;Active Dorset report to Sport England on a quarterly basis and feed into HWHL strategy group&lt;br&gt;</td>
</tr>
<tr>
<td><strong>3.1.5. To ensure that young people are skilled and confident to use other forms of transport in the community setting.</strong>&lt;br&gt;1.5. To ensure that young people are skilled and confident to use other forms of transport in the community setting.</td>
<td>a. To provide cycle promotions in school and deliver Bikeability cycle training in schools.&lt;br&gt;b. To provide Bike It officer to support schools 2008- 2012.</td>
<td>LA travel&lt;br&gt;Public Health</td>
<td>LA travel progress report&lt;br&gt;Public Health Progress report&lt;br&gt;</td>
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**Theme Three: To Ensure Physical Activity Is Built Into Every Day Life**

**Objective One:** To provide opportunities for play and physical activity in community settings
### Theme Three: To Ensure Physical Activity Is Built Into Every Day Life

**Objective One:** To provide opportunities for play and physical activity in community settings

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<td></td>
<td>c. STEP pedestrian training and road safety education programmes in place in Bournemouth.</td>
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### Theme Three: To Ensure Physical Activity Is Built Into Every Day Life

**Objective Two:** To embed the promotion of active play and physical activity for families into the Healthy Child Programme and Community Health Services

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<tr>
<td>3.2.1.</td>
<td>a. Healthy Child Programme task group set up.</td>
<td>Child Health leads and Public Health</td>
<td>CHS Child Health lead progress report</td>
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<td></td>
<td>b. The programme terms of reference and objectives are in place for HWHL.</td>
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<td>3.2.2.</td>
<td>a. The contract negotiation includes support for HWHL.</td>
<td>CHS Public Health</td>
<td>NCMP is in child health programme and school nurse contract. Lifestyle advice is outlined in contracts. Monthly reporting of KPIs in both services to commissioners</td>
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<td></td>
<td>b. Consideration of physical activity and advice for children and families is part of the overall universal assessment in the Healthy Child Programme and NCMP.</td>
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<td></td>
<td>c. The contract monitoring outlines outcomes for delivery and feedback to commissioning review groups.</td>
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### Theme Three: To Ensure Physical Activity Is Built Into Every Day Life

**Objective Two:** To embed the promotion of active play and physical activity for families into the Healthy Child Programme and Community Health Services

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| 3.2.3. Support the development of the Healthy Child programme and Community Health Services in relation to physical activity provision and learning. | a. Identify and establish an action plan with lead organisations how BH Live can support the promotion of physical activity to families into the Healthy Child Programme and Community Health Services.  
   b. Implementation plan in place. | BH Live | BH Live report on progress |

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### Theme Three: To Ensure Physical Activity Is Built Into Every Day Life

**Objective Three:** To promote PE and sports in school and youth settings

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| 3.3.1. To ensure links with PESPA strategy to ‘develop people’ through increasing children and young people’s participation in PE, Sport, PA and volunteering. | a. Strategy links in place to identify and target areas of need and develop good partnership approaches across Children’s Services.  
   b. The % participation in PE, Sport, PA and volunteering is recorded and reported.  
   c. Change4life Clubs running in secondary schools.  
   d. School Games programme in place in primary schools.  
   e. Reduction in the number of Y6 children unable to swim 25 metres by 10% each year. | Public Health LA PE lead  
   PE lead | Strategy management group in place. First action plan report with baseline info circulated Spring 2011. Next update progress report to strategy management group Autumn 2011. Updated data for swimming will be available at the end of the academic year 2011. Registration on ‘Get Set’ web site Objectives monitored through PESPA strategic group and reported to the HWHL strategy group |
### Theme Three: To Ensure Physical Activity Is Built Into Every Day Life

**Objective Three: To promote PE and sports in school and youth settings**

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<tr>
<td>f.</td>
<td>Development of range of Olympic themed events.</td>
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<td>h.</td>
<td>Sporting Ambassadors at main events. Children and Young people represented on user groups.</td>
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<tr>
<td><strong>3.3.3. To ensure links with PESPA strategy to 'develop places' to provide facilities that support the new curriculum and increase awareness of and access to appropriate leisure facilities and community clubs.</strong></td>
<td>a. Strategy links in place to identify and target areas of need and develop good communication and partnership approaches across Children’s Services.</td>
<td>Public Health PE lead PE lead PE lead</td>
<td>Objectives monitored through PESPA strategic group and reported to the HWHL strategy group The local sports and culture offer monitored through the PESPA and Arts Strategies action plans See above re strategy reports. Culture project details can be found on the wave web site <a href="http://www.waveartseducation.org.uk">www.waveartseducation.org.uk</a> This is our Bournemouth and Poole arts education agency.</td>
</tr>
<tr>
<td><strong>3.3.4. To develop an approach to positive activities in youth settings</strong></td>
<td>a. To link with adult obesity strategy and agenda for promotion of activity in youth settings. b. Bournemouth Youth service review of the adult obesity strategy and JSNA and target interventions in place</td>
<td>Public Health Youth Service</td>
<td>Youth Service progress reports.</td>
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<tr>
<td>3.4.1. Continue to assist to deliver and develop <strong>events</strong> to promote physical activity.</td>
<td>a. Support six events such as Festival of Sport and Festival of Running each year.</td>
<td>Recreation Development Borough of Poole</td>
<td>Progress report to HWHL strategy group by Poole Recreation Development</td>
</tr>
<tr>
<td>3.4.2. To work in partnership with local clubs and organisations to develop local <strong>sporting opportunities</strong>.</td>
<td>a. The Active Lifestyles programme is delivered according to objectives and stated outcomes</td>
<td>PE Advisor</td>
<td>Progress report to HWHL group from PE advisor, BH Live, Poole Recreation Development</td>
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<td></td>
<td>b. The BH Live programme is delivered according to objectives and stated outcomes.</td>
<td>BH Live</td>
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<td></td>
<td>c. To deliver the Borough of Poole’s annual Recreation Development Business Plan</td>
<td>Recreation Development Borough of Poole</td>
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<td></td>
<td>d. Active Dorset Interactive map available on line to search for nearest clubs, venues and events</td>
<td>Active Dorset</td>
<td></td>
</tr>
<tr>
<td>3.4.3. To work with <strong>Active Dorset</strong> to promote targeted programme of physical activity.</td>
<td>a. Active Dorset Places, People, Play programmes are in place within community settings:</td>
<td>Active Dorset</td>
<td>Active Dorset will report back to Sport England on a quarterly basis</td>
</tr>
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<td></td>
<td>b. Sportivate established – mass participation programme aimed at establishing a lasting legacy from the 2012 Olympics.</td>
<td>Local Organising Committee (to be established)</td>
<td>Local Organising Committee – report to The Youth Sports Trust</td>
</tr>
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<td>c. The School Games in place, inspired by London 2012 Games – Celebration of competitive sport for children and young people</td>
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<td>3.4.4. To work in partnership with PESPA strategic management group.</td>
<td>a. Support termly meetings and target support to projects when needed e.g. Active Lifestyles Project.</td>
<td>PESPA Strategic group across Poole and Bournemouth led by PE Adviser</td>
<td>PESPA strategy reports</td>
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| 3.4.5. To attract inward investment by **identifying funding partners/sources** and working in partnership with local clubs and organisations. | a. Support successful bids from clubs/organisations.  
b. Update and publish funding guide. | Recreation Development Borough of Poole | Progress report from Poole Recreation Development |
| 3.4.6. To ensure targeted community projects are commissioned in areas of population need. | a. The 3x30 activity programme in Boscombe is in place and monitored by monthly activity. | Public Health | Monthly activity details provided and review in progress. Monitored and reported through Public Health |
| 3.4.7. To ensure local information about activities is readily available. | a. The Local Authority Family/ Children’s Information Service is up to date and promotes HWHL resources.  
b. The Active Dorset interactive website is in place.  
c. The Team Dorset Challenge is in place - a web based tool, which aims to use the Olympic and Paralympic Games to encourage people to adopt a healthier lifestyle, through increased exercise, improved diet and participation in community, cultural and environmental activities  
d. The BH Live website is in place. BH Live provides monthly updates  
e. Borough of Poole activities linked to website | Family Information Service  
Active Dorset  
Active Dorset  
BH Live  
Recreation Development Borough of Poole | Public Health to collate progress  
[www.facts.bournemouth.gov.uk](http://www.facts.bournemouth.gov.uk)  
[www.activedorset.org/](http://www.activedorset.org/)  
[www.teamdorsetchallenge.org](http://www.teamdorsetchallenge.org)  
[www.bic.co.uk/bhlive](http://www.bic.co.uk/bhlive)  
[www.boroughofpoole.com/leisureservices](http://www.boroughofpoole.com/leisureservices) |
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<td>f.</td>
<td>Website linked to borough web page dedicated to PESPA which also has clear links and signposting in place.</td>
<td>PE adviser</td>
<td><a href="http://www.bournemouth.gov.uk/PESS">www.bournemouth.gov.uk/PESS</a> This web page is developing</td>
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<td>g.</td>
<td>Local information is available on Change4Life website.</td>
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| h.     | Local sports club information is available online  
Maps of routes, cycle maps etc will be made available to people via a number of media – paper, centre websites, BoP and BBC websites.                                         |                   |                                                                           |                                                                           |
| i.     | Children’s Centres promote and signpost to community sporting activities                                                                                                                                              |                   |                                                                           |                                                                           |
Theme Four: Creating Incentives For A Better Healthier Community

This chapter focuses a community approach to developing healthy weight healthy lives and brings together much of the work in the other themes through focusing on work developed in particular areas locally. By working with community representatives, groups and settings and engaging communities, consideration can be made to better understand the importance of healthy life choices that may impact on a person’s ability to maintain a lifelong healthy weight. Through tackling the culture and ethos within communities and targeting marketing and media messages, behaviour change approaches will be more effective in creating a positive environment for improved health outcomes for communities.

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<td>4.1.1. To develop a media plan, in a range of mediums to target key communities in greater need of support.</td>
<td>a. Media plan in place. Interviews undertaken to inform local groups. b. Media profile developed</td>
<td>Public Health Comms</td>
<td>Media profile and Comms team progress report</td>
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<tr>
<td>4.1.2. To ensure information is available and accessible for local communities.</td>
<td>a. A plan to link modes of travel information to BoP website and schools’ own websites is in place and Southwest Grid for Learning/Merlin. School newsletter and school prospectus information implemented. b. GP NCMP letters and information distributed for each measurement cohort. c. Appropriate information and resources within each setting available. d. Information available through the Family Information Service. e. Healthy Lifestyle information available on NHS Bournemouth and Poole website</td>
<td>CYPIS ICT specialist Public Health Public Health ALL FIS Public Health</td>
<td>Public Health progress report</td>
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### Theme Four: Creating Incentives For A Better Healthier Community

#### Objective One: To develop a Social Marketing Approach to HWHL

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| 4.1.3. To implement the Change4life programme in targeted community settings. | a. Change4Life programme plan in place and implemented  
   b. 6 Roadshows completed.                                                                                                                                  | Public Health Comms              | Public Health progress report                   |
| 4.1.4. To promote healthy weight for children in early years setting    | a. Poole Childcare news and Bournemouth edition of Hand in Hand magazine contain articles focusing on Healthy Weight Healthy Lives information and opportunities available.  
   b. Settings informed of resources through provider information events                                                                                     | Early years leads                | Public Health progress report                   |

### Theme Four: Creating Incentives For A Better Healthier Community

#### Objective Two: To develop a community approach to exercise and healthy eating at Bourne valley

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</table>
| 4.2.1. To ensure strategic links with community development agenda.    | a. Lead areas and needs assessed and identified within Bourne valley.  
   b. Links developed with community/locality leads.  
   c. Work with local community networks to review priorities and engage with the Healthy Weight Healthy Lives agenda.  
   d. Obtain feedback and recommendations for future actions.                                                                                                       | Public Health Community Leads    | Bourne Valley activity reports collated through Public Health |
### Theme Four: Creating Incentives For A Better Healthier Community

#### Objective Two: To develop a community approach to exercise and healthy eating at Bourne valley

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| 4.2.2 To **review progress** on required health outcomes to inform planning and commissioning of services. | a. Key health outcomes within the local community identified and quality indicators defined.  
  
  b. A process to evaluate relevant programmes of work developed and in place. | HWHL group/ Public Health | CHS contracting  
  Public Health progress reporting  
  Community group feedback |

#### Theme Four: Creating Incentives For A Better Healthier Community

#### Objective Three: To develop a community approach to exercise and healthy eating at Townsend

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</table>
| 4.3.1. To **ensure strategic links** with community development agenda. | a. Lead areas and needs assessed and identified within Townsend  
  
  b. Links developed with community/locality leads.  
  
  c. Work with local community networks to review priorities and engage with the Healthy Weight Healthy Lives agenda.  
  
  d. Obtain feedback and recommendations for future actions. | Public Health Community Leads | Public Health report community activity |
| 4.3.2 To **develop and support a local programme of work** to promote physical activity and healthy eating. | a. Required agencies engaged to support key programmes.  
  
  b. Programme of work in place. | HWHL group  
  Area co-ordinator lead | Public Health report community activity |
**Theme Four:** Creating Incentives For A Better Healthier Community

**Objective Three:** To develop a community approach to exercise and healthy eating at Townsend

| 4.3.3. To review progress on required health outcomes to inform planning and commissioning of services. | a. Key health outcomes within the local community identified and quality indicators defined. | HWHL group/ Public Health | Public Health report community activity
|  | b. A programme to evaluate relevant programmes of work developed and in place. |  |
| 4.3.4. To ensure Townsend Children’s Centre promotes and provides opportunities for families to understand the benefits of a healthy lifestyle and diet and to engage in health promoting activities. | a. The number of families attending Munch Bunch Lunch Club Family Meal monitored. | Children’s Centre lead | Children’s Centre reports
|  | b. The number of children attending Family Breakfast monitored. |  |
| 4.3.5. To ensure community engagement and involvement in planning. | a. User involvement systems in place to influence planning. | Public Health LA Community Development | Public health and engagement lead progress report
| 4.3.6. To promote BH Live active and learning opportunities to the Townsend Community. | a. Consultation with lead organisations to identify local needs. | BH Live | BH live monitoring progress
|  | b. Monthly update on active and learning opportunities through BH Live to lead organisations. |  |
Theme five: To Provide Personalised Support For Overweight And Obese Children And Their Families

This theme focuses on what support needs to be provided to ensure people are able to access appropriate advice and information as and when required. Information that is consistent and coordinated across the range of settings, with quality pathways put into place to support those who are at greater risk and so need more specialised support. Strong links with this theme will need to be integrated across all themes and settings to ensure we utilise appropriate access to the programmes within the pathways we develop locally.

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<tr>
<td>5.1.1To establish and implement the 0-3 years pathway for childhood obesity.</td>
<td>a. Front line staff are up to date and aware of the 0-3 pathway system and associated signposting for support and advice.</td>
<td>CHS Public Health Locality Leads Dietetics</td>
<td>Community dietitian currently evaluating how 0-3 pathway is being used in practice by HV teams. Audit of pathway use Record of attendance at training sessions</td>
</tr>
<tr>
<td>5.1.2. To develop, establish and embed the 3-18 years care pathway for overweight and obesity.</td>
<td>b. The draft pathway is finalised with all key stakeholders.</td>
<td>Public Health CHS Dietetics</td>
<td>Community Dietetic and Public Health progress reporting CHS contract monitoring</td>
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<td></td>
<td>b. A consultation on the pathway has taken place with wider audiences and user groups.</td>
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<td></td>
<td>c. The GPs have been engaged in the pathway process through the clinical commissioning group and associated follow up.</td>
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<td>d. Communication processes and cascade training has been developed for the front line staff.</td>
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</tr>
<tr>
<td></td>
<td>a. Communication processes and cascade training has been developed for the front line staff.</td>
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### Theme five: To Provide Personalised Support For Overweight And Obese Children And Their Families

#### Objective One: To design and develop care pathways for overweight and obese children

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<tr>
<th>Action</th>
<th>Milestones for Delivery</th>
<th>Lead Organisation</th>
<th>Monitoring</th>
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<tbody>
<tr>
<td>e. Pathway implemented</td>
<td></td>
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#### 5.1.3. Provide a referral service to BH Live supporting the objectives of the HWHL care pathway.

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<tr>
<th>Action</th>
<th>Milestones for Delivery</th>
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<tbody>
<tr>
<td>a. Develop and establish a specific HWHL referral service in partnership with care pathway leads supporting its aims and objectives.</td>
<td>BH Live</td>
<td>Lead feedback to HWHL group</td>
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#### 5.1.4. To develop Poole Exercise Referral Programme to under 16s

<table>
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<th>Action</th>
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<tbody>
<tr>
<td>a. Develop and establish a specific HWHL referral service</td>
<td>Borough of Poole Recreation Development</td>
<td>Lead feedback to HWHL group</td>
<td></td>
</tr>
<tr>
<td>b. Pathway in place</td>
<td></td>
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### Theme five: To Provide Personalised Support For Overweight And Obese Children And Their Families

#### Objective Two: To provide personal support and follow up as part of the NCMP programme

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<th>Milestones for Delivery</th>
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<tbody>
<tr>
<td>5.2.1. To ensure communication systems are in place to inform schools and parents of the NCMP programme.</td>
<td>a. Letters to schools and parents are reviewed and updated annually and sent out at key communication points throughout the programme.</td>
<td>NCMP steering group/CHS school nursing teams</td>
<td>Through NCMP steering group and Public Health progress report</td>
</tr>
<tr>
<td></td>
<td>b. Result letters are refreshed annually and sent to all eligible parents within the specified timeframe.</td>
<td>NCMP steering group/CHS school nursing teams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Presentations are made to school heads meetings annually to inform and update schools on the NCMP programme.</td>
<td>Public Health</td>
<td></td>
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</tbody>
</table>
Theme five: To Provide Personalised Support For Overweight And Obese Children And Their Families

Objective Two: To provide personal support and follow up as part of the NCMP programme

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<tr>
<td></td>
<td>d. NHS Bournemouth and Poole website hosts NCMP information.</td>
<td>Public Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Task/strategy groups/Children's Trust Boards kept informed of progress, uptake and results.</td>
<td></td>
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<tr>
<td>5.2.2</td>
<td>a. Within the information knowledge of the process, access to support and contact details is clear and communicated through letters to parents.</td>
<td>CHS school nursing teams</td>
<td>Through NCMP steering group Monitor and review parent feedback letters</td>
</tr>
<tr>
<td></td>
<td>b. The school nursing teams have clear links with health information systems/PALS to follow up all communications.</td>
<td>CHS school nursing teams and Public Health</td>
<td>Input of data on CHIS when available</td>
</tr>
<tr>
<td></td>
<td>c. All letters and calls are given a clear response with offer of follow up.</td>
<td></td>
<td>Audit of contacts and follow up actions</td>
</tr>
<tr>
<td>5.2.3</td>
<td>a. Clear links are established with 3-18 care pathway process when a child requires further support.</td>
<td>CHS school nursing teams</td>
<td>Care pathway developed, disseminated and training delivered June 2011</td>
</tr>
<tr>
<td></td>
<td>b. Clear links are established with the PHSE support provided in school if a child identified as overweight or obese required further support for health and wellbeing.</td>
<td>CHS school nursing teams</td>
<td>Audit of adherence to pathway</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bournemouth Children’s Learning and Engagement</td>
<td>Monitor through links with School Nursing</td>
</tr>
<tr>
<td>Theme five: To Provide Personalised Support For Overweight And Obese Children And Their Families</td>
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<td>Objective Two: To provide personal support and follow up as part of the NCMP programme</td>
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<tr>
<td></td>
<td>c. The support provided gives updated information on what programmes are available and link with the healthy weight for children plan.</td>
<td>CHS school nursing teams and Public Health</td>
<td>Monitor outcomes of contacts from parents and number of referrals</td>
</tr>
<tr>
<td></td>
<td>d. Task/strategy groups are routinely kept informed of progress, uptake and results.</td>
<td></td>
<td>Through NCMP steering group</td>
</tr>
<tr>
<td></td>
<td>e. User groups with parents are set up when required to involve parents in planning.</td>
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<th>Theme five: To Provide Personalised Support For Overweight And Obese Children And Their Families</th>
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<tbody>
<tr>
<td>Objective Three: To Integrate the Healthy Child Programme into Healthy Weight for Children</td>
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</tr>
</thead>
<tbody>
<tr>
<td>5.3.1.</td>
<td>To ensure that the Healthy Child Programme supports follow up by school nursing and health visiting teams.</td>
<td>CHS Public Health Locality Leads</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td>a. The Healthy Child Programme task group is in place and established.</td>
<td></td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td>b. The Healthy Child Programme Terms of Reference and work programme are fully integrated into HWHL strategic objectives.</td>
<td></td>
<td>Monthly activity reporting</td>
</tr>
<tr>
<td></td>
<td>c. Systems are in place to provide school nurse drop ins and referrals to school nursing teams.</td>
<td></td>
<td>Audit record keeping</td>
</tr>
<tr>
<td></td>
<td>d. All parental concerns are followed up with a family approach to health and wellbeing and activity documented by CHS teams for contract monitoring purposes.</td>
<td></td>
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<tr>
<td></td>
<td>e. The Healthy Child Programmes outcomes are monitored within contracts review groups.</td>
<td>CHS contracting teams</td>
<td>Through CHS contracting</td>
</tr>
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### 5.3.2. To ensure **safeguarding protocols** are a clear thread throughout the strategy.

- **a.** The developed care pathways have safeguarding recognition and triggers throughout
- **b.** The CAF assessment is integrated into all relevant documents and pathways.

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<tr>
<td></td>
<td>f. The Healthy Child Programme works pan Dorset to share good practice and provides consistency in service provision and measurement of health outcomes.</td>
<td></td>
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<td></td>
<td>5.3.3. To ensure the Healthy Child Programme is <strong>fully engaged in the 3-18 care pathway.</strong></td>
<td>CHS teams</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td>a. The teams are identified as key players within the identification and assessment sections of the care pathway and trained up accordingly.</td>
<td>CHS teams and Community dietetics</td>
<td>Community Dietetics lead monitoring</td>
</tr>
<tr>
<td></td>
<td>b. The teams refer into community dietetics and other identified services within the pathway when required.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>c. Pathway referrals are monitored quarterly for the first year.</td>
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### Theme five: To Provide Personalised Support For Overweight And Obese Children And Their Families

**Objective Four:** To ensure that wider triggers are in place to support children and young peoples emotional health and wellbeing

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</table>
| **5.4.1. To ensure that all children and young people have the opportunities to develop their emotional literacy appropriate to level of need.** | a. The healthy weight for children links to strategies for emotional health and wellbeing.  
   b. Early Years Settings promote PSEE  
   c. All schools are using SEAL or related programmes in whole class, small group or one to one sessions.  
   d. All primary schools offer family SEAL or related programme and the practice is developed in secondary schools. | Public Health  
LA Early Years  
Bournemouth CLE adviser | Public health progress report  
LA progress report to HWHL group |
| **5.4.2. To promote parental engagement with children's learning and wellbeing in settings** | a. Early Years Settings can evidence parental engagement  
   b. To ensure that parents are involved in targeted food and health programmes  
   c. Schools are encouraged to routinely engage parents in a range of physical activity and healthy eating programmes. | Bournemouth and Poole HEY  
Children's Centres  
Public Health | Early Years and Public Health report progress |
10. FUTURE ACTIONS

Outcomes and Monitoring

10.1 The effectiveness of this Strategy and Action Plan needs to be monitored formally within a work programme linked with a clear performance management framework to track progress, and achievement of outcomes, aims and objectives.

10.2 Clear monitoring arrangements for the final strategy and action plan will be developed by the local Healthy Weight for Children Strategic Group to ensure objectives are deliverable and measurable.

10.3 Failure to monitor, set appropriate targets and evaluate local actions is a risk that will undermine the success of this Strategy and associated Action Plan. Without clear progress and monitoring, there is a risk of disengaging the wider partnership within the Strategic Group.

10.4 Changes to local authority performance arrangements have recently been announced which includes the ending of Local Area Agreements and the National indicator Set. However data collections for remaining national indicators will continue unless the Government makes specific announcements on individual indicators. More information on the transition from the National Indicator Set to the new single comprehensive data list will be available from early 2011.

Building Local Capacity

10.5 Key to delivering the Strategy is the importance for staff in a wide range of organisations to understand the role that they play in addressing activity and nutrition. This includes for example staff in the NHS, schools, planning, voluntary and third sector and many more.

10.6 There is a need for staff to access training that addresses the different needs of these staff groups but importantly, it must also recognise how sensitive the issue of weight is and build on the confidence of staff to be able to raise the issues and the know-how to influence behaviour change.

10.7 Ideally, recommendations would include that organisations assess the skills and capabilities of their workforce in addressing activity and nutrition in line with their roles and responsibilities and ensure that the appropriate level of training is made available for staff.

10.8 As well as addressing the training needs of the workforce, there is also a need for greater public awareness of ‘what is overweight’. A lot of media focus in on morbid obesity, meaning that the general public may be unable to recognise less extreme but still important weight problems. Alongside this is a need for consistent messages. C4L as detailed earlier should assist with this.
10.9 A communications plan/approach should be development to underpin all work development as part of the NHS Bournemouth and Poole approach to tackling childhood obesity.

Funding Implications and Challenges

10.10 Many actions required to deliver the vision set out in the Strategy will need resources, through redirection of additional funds. It is recommended that all interventions and services that are proposed or developed as part of implementing this Strategy and Action Plan are fully costed with their funding streams clearly identified and secured.

Timescale for Implementation

10.11 A full timescale for implementation should be developed by the stakeholders within the strategic partnership and detailed in the Healthy Weight for Children Action Plan.

10.12 It is envisaged that this Action Plan should cover a five year period, with an annual appraisal of progress and performance. However, it may be necessary to review the Action Plan on a six monthly basis due to recent and ongoing changes to job roles, National Programmes and re-organisation of services.

11. CONCLUSION

11.1 We have set ourselves a challenging but achievable vision if we recognise and support the aspiration of many people to live long, healthy lives, starting with a healthy childhood. Ultimately maintaining a healthy weight must be the responsibility of the individual but it is our role to make sure those individuals and families have access to opportunities, information and services they need in order to make healthy choices and support healthier lifestyles.

We would like to thank everyone who has taken part in developing this strategy and plans for action.
DEVELOPING HEALTHY CHILDREN IN EARLY YEARS

Breastfeeding

The World Health Organisation and the Department of Health recommend exclusive breastfeeding for the first six months of an infant’s life. Evidence suggests that mothers who breastfeed provide their child with protection against excess weight in later life\(^{40}\) and that their children are less likely to develop type 1 diabetes, and gastric, respiratory and urinary tract infections, and are less likely to suffer from allergies such as eczema or asthma.\(^{41}\) For the mother, there is evidence to suggest that breastfeeding increases the likelihood of returning to their pre-pregnancy weight\(^{42}\).

The National Obesity Support team report 2009 highlighted the Bournemouth and Poole Breastfeeding Service as exemplar. The service is part of Bournemouth and Poole Community Health Services. It is signed up to the UNICEF Baby Friendly process. There are five Breastfeeding support workers and a peer support co-ordinator in the team.

All pregnant women are invited to an antenatal session which focuses on breastfeeding. Sessions are held in local children’s centres with some sessions offered in the evening and weekends to encourage fathers to attend. They are delivered by a locality team of breastfeeding support workers accompanied by a peer supporter and midwives. The service is compliant with NICE PH guidance 11 as all breastfeeding women are contacted within 48 hours of hospital/home birth discharge.

The Service also facilitates Bosom Buddies support groups across the region. Two new groups have been recently started providing a support group five days a week across the locality. Some peers have had further training to work with women in the Hospital Maternity Unit.

All staff receive two days mandatory breastfeeding training followed by an annual update and this has been extended to GPs and Practice Nurses in accordance with UNICEF Baby Friendly.

“I’ve found the Bosom Buddies Group very good. I recommend it to all new mums I meet, as it has enabled me to breastfeed for longer than I intended, which can only be good.”

More than 50 women in Bournemouth and Poole have been trained by the Breastfeeding Support Service as peer supporters since January 2008. Training is underway with a second wave of peer supporters to visit women in their own homes on a voluntary basis, as part of a pilot project.

Evidence suggests that mothers who breastfeed provide their child with protection against excess weight in later life\(^{33}\)

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\(^{41}\) Kramer MS, Kakuma R, (2004)
\(^{42}\) Dewey KG, Heinig MJ, Nommsen LA, (1993)

Contact: Elisabeth Stacey
Title: Breastfeeding Manager
Tel: 0777 0876194
Email: liz-stacey@bp-pct.nhs.uk
DEVELOPING HEALTHY CHILDREN IN EARLY YEARS

Bronze and Silver Healthy Early Years Programme

There is evidence that improvement of food provision to pre-school children leads to a reduction in dietary intake of fat and improved weight outcomes.\(^{43}\) NICE guidance CG43 recommends implementing food procurement guidance from FSA, Caroline Walker Trust\(^{44}\) and the former DfES, in early years settings.

There is also evidence to suggest that 2-5 years is a key age at which to establish good nutritional and physical activity habits, especially when parents are involved. It is particularly effective to encourage parents to engage in active play, and reduce sedentary behaviour. Small but important beneficial effects have been evidenced from education through videos and interactive demonstrations with parents.\(^{45}\)

The Early Years Foundation Stage (EYFS) sets standards for the development, learning and care of children from birth to five. All registered providers of Early Years care are required to use the EYFS statutory framework and it is regulated by OFSTED.

The local Bournemouth and Poole Healthy Early Years (HEY) programme promotes healthy eating to children, parents and staff. Poole settings have access to Snack Pack, a guide to healthy eating in early years. Healthy lunchboxes leaflets are also given to parents. Settings in areas of health inequality used the ‘Chomp’ menu planner and received support from a dedicated catering manager and community dieticians.

Bournemouth settings have access to Caroline Walker training materials and healthy eating training provided by community dieticians. Some interactive cooking sessions have been provided by an Environmental Health Officer.

“Bournemouth HEY is a scheme for childcare settings (including childminders) which introduces young children and their families to a healthy and ecologically friendly lifestyle.”

HEY promotes physical activity to children, parents and staff. Training and Leap into Life resources have been offered to early years providers around delivering a structured physical activity programme. The CCPR 2Move pilot was initially trialled with Poole HEY parents with support from a dedicated physical activity lead. Bournemouth settings have been supported by an instructor from the Littledown Leisure Centre which promoted active nursery sessions to parents. If settings move to the next HEY stage (Silver HEY) they must evidence how parents are shown the importance of play.

Contact: Bournemouth Children’s Information Service
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Web: www.bournemouth.gov.uk/childcare

Studies suggest that 2-5 years is a key age at which to establish good nutritional and physical activity habits, especially when parents are involved\(^{38}\)
DEVELOPING HEALTHY CHILDREN IN EARLY YEARS

Managing Weight Gain in Pregnancy and Beyond

Evidence suggests that maternal obesity has become one of the most commonly occurring risk factors in obstetric practice. Compared to women with a healthy pre-pregnancy weight obesity in pregnancy is associated with an increased risk of a number of serious adverse outcomes, including miscarriage, foetal congenital anomaly, thromboembolism, gestational diabetes, pre-eclampsia, dysfunctional labour, postpartum haemorrhage, wound infections, stillbirth and neonatal death.\(^{46}\)

This initiative was inspired by the “Care pathway for the prevention and management of obesity in children under 3 years” produced by Bournemouth and Poole Community Health Services (see Appendix 2). The pathway identified the link between foetal environment and later obesity in offspring. It also highlighted that maternal pre-pregnancy weight and weight gain throughout pregnancy are associated with later obesity in childhood. It therefore seemed sensible to look at preventing childhood obesity during the antenatal period especially as pregnancy has been highlighted as a particularly receptive time for health promotion (Lawlor 2006).\(^{47}\)

The aims of the project were as follows:

- To minimise weight gain in pregnancy for women with a body mass index (BMI) of 30 or more at their antenatal booking appointment.

- To encourage normal postnatal growth in infants by increasing incidence of breastfeeding and promoting good weaning practice.

- Reinforce awareness of smoking cessation services.

- Motivate families towards longer term healthy living.

Initially attendance at the group was very poor in the first 5 months. This was mainly due to low referral rates and women being unable to attend during the day because of work. Group times were altered and attendance increased.

First time mums particularly enjoyed meeting experienced mums and having the opportunity to hear about their pregnancies and any complications they had suffered as a result of gaining excess weight. Women especially enjoyed the physical activity sessions because they knew they were being run by highly qualified professionals. This increased their confidence in being active during pregnancy and they felt they had gained practical advice on posture and safe exercise.

Women were often disappointed with the small group size which varied from 1-5 people. Some women wanted more individual time with the Dietician although women still wanted the opportunity to attend a group session. Half the women would have preferred to attend weekly sessions rather than twice a month.

The results for weight gain during the project are inconclusive as there were few women for whom we obtained results of weight gain for their entire pregnancy. However all but one woman did not gain more than the target weight gain of up to 7 kg while attending the group sessions. The evidence collected from this project suggests that women are interested in receiving support for weight management in pregnancy even if they have not been entirely clear on the reasons why this is important.

Contact: Feedback, NHS Bournemouth and Poole
Tel: 01202 541400
Fax: 01202 541402
feedback@bp-pct.nhs.uk

Women especially enjoyed the physical activity sessions because they knew they were being run by highly qualified Professionals.
DEVELOPING HEALTHY CHILDREN IN EARLY YEARS

Corpus Christi Pre-School

Corpus Christi pre-School is a privately owned group operating from an area within Corpus Christi Primary School, in the Boscombe, Bournemouth.

The pre-school has fully embraced the Silver Healthy Early Years programme and has achieved unprecedented parental involvement with the programme.

Initially the pre-school wrote an article in their newsletter inviting parents with health skills to be involved. This request produced numerous responses from parents willing to share their skills with the pre-school.

One father is a chef and he came into pre-school in his chef’s outfit with fresh fruit and vegetables and children made fruit salad.

Another parent works in the Environmental Department for the Council and organised a litter pick. The parents evening also reflected the pre-school’s commitment to creating a health promoting ethos and culture focussing on healthy packed lunches.

The children grow various fruit and vegetables at pre-school and are far more willing to try something new if it is from the vegetable patch! Sandra Barrett explained that “we planted, grew and picked our own salad leaves. We washed them, sprinkled them with lemon juice and ate them”

Children were also encouraged to keep a fruit and vegetable diary at home with the involvement of a parent to record how many portions of fruit and vegetables they ate over one week.

“The setting has a Healthy Early Years Award and children have an unusually good understanding of healthy eating and the importance of outdoor exercise. They grow fruit and vegetables and enjoy trying a range of food”
Stephanie Matthews, Ofsted Inspector, Jan 2010

Contact: Sandra Barritt
Corpus Christ Pre-school
Tel: 01202 427397

James and Thomas (and big brother) enjoyed keeping the fruit and veg diary.

They actually got competitive about who had eaten the most!

Reece said
"We’re not allowed salty stuff here, are we?"

Milli said
"My dad takes those melon pips out for me"
DEVELOPING HEALTHY CHILDREN IN EARLY YEARS

Healthy Early Years: Snack Pack

Poole’s Healthy Early Years Programme has developed a Healthy Eating Resource the ‘Snack Pack’. It was developed in partnership with contributions from Bournemouth and Poole PCT, Oral Health Promotion and Borough of Poole Localities and Childcare.

It is based on Snacka’tivity, developed by the Community Dieticians from NHS Forth Valley.

The pack has three sections:

- Guidelines for Snack Time, including sample menus and suggestion portion size.
- Guidelines on Toothbrushing including information on storage and hygiene.
- Recipe suggestions for ‘Happy Snacking for Healthy Teeth and Tums’.

The snack guidelines enabled managers, leaders and staff of all early years settings to provide suitable food and drink to meet the needs of children in their care and to ensure that snack time is a positive healthy experience. The guidelines also serve as a framework for working towards the Every Child Matters 5 Outcomes for Children.

“We found the Snack pack resource really useful. The children have used and re-used the laminated sheets and the menu planners have given us lots of ideas for healthy snacks”

The aim of the ‘Happy Snacking for Healthy teeth and Tums’ is to promote good practice in food provision at snack time and to promote healthy food preparation practices.

The Snack Pack has proved to be a valued resource and has been widely used throughout Poole childcare providers. It has also been produced as a laminated resource and used at childcare provider cluster group meetings by the Borough of Poole.

The Snack Pack has been an integral part of another Healthy Early Years Programme – the ‘Oral Health Project’ (see Appendix 1 – Case Studies).

Contact: Localities & Childcare
Tel: 01202 261923
Email: localities@poole.gov.uk

To help children develop healthy eating patterns from an early it is important that the food and eating patterns they are exposed to – both at home and outside home, are those which promote positive attitudes to good nutrition”
DEVELOPING HEALTHY CHILDREN IN EARLY YEARS

Oral Health Programme

Evidence suggests that children with obesity and overweight have increased prevalence of dental caries in both primary and permanent teeth compared to normal weight children. In addition, obese and overweight children had a frequent preference to sweet and fatty food snacks compared to children with normal weight. Evidence is also gathering around the impact of socioeconomic disadvantage on childhood oral health and frequency of decayed, filled or missing teeth (dmf).

An oral health initiative ‘The Oral Health Programme’ (tooth brushing) in early years settings has just come to an end in NHS Bournemouth & Poole (working in partnership with Borough of Poole, Dorset Healthcare NHS Foundation Trust Dental Health Promoting Team) and was commissioned in order to address differences recorded in Reception age children across the Borough of Poole.

Frequent provision of new toothbrushes, toothpaste and attractive Toothbrush storage buses by the Oral Health Promoter minimized workload for pre-school manager’s personnel and encouraged adherence to the programme.

The associated Healthy Snack Pack contained healthy snack ideas and toothbrushing standards which provided a safe framework the toothbrushing and healthy eating in these pre-schools (see Appendix 1 – Case Studies). Nursery personnel also received training from the Dental Health Promoter linking good oral health practice to healthy eating habits. This further strengthened links to the Healthy Early Years Programme (HEY!) that operates in targeted pre-school settings throughout Poole.

The programme is now complete and has left a lasting legacy of good oral health practice. Out of the initial 12 pre-school settings recruited 9 intend to carry on brushing without financial support from NHS Bournemouth and Poole. Anecdotal evidence would also suggest that the whole pre-school community has fully embraced the programme with some cultural shift being achieved towards long lasting good oral health practice.

Contact: Feedback, NHS Bournemouth and Poole
Tel: 01202 541400
Fax: 01202 541402 feedback@bp-pct.nhs.uk

48 Sharma A, Hedge AM, (2009)
Evidence suggests that children who are overweight or very overweight have an increase prevalence of decayed, filled or missing teeth.
DEVELOPING HEALTHY CHILDREN IN EARLY YEARS

Silver Healthy Early Years: St Clements Pre-School

St Clements Pre-school is a privately owned group which operates in the church hall close to the local first school. It serves the local community and has an enclosed outdoor area.

The pre-school was one of the initial pilot settings for HEY and it has continued to promote healthy lifestyles and work towards obtaining the Bournemouth Silver HEY status. It provides daily physical activity both indoors and outside.

As part of Silver HEY children were supported in making healthy lunchbox choices prior to moving up to school. Furthermore they were given pots of healthy food samples such as banana chips, pumpkin seeds and organic rice cakes to take home to taste to encourage parents to take an interest in the many healthy options available.

The setting established a self selection fruit snack bar and children bring a piece of fruit daily and they have the opportunity to chop, peel and explore what they are eating, which is essential in establishing a positive relationship with healthy food.

Parents are also given a 1 to 1 personal induction to form and build good partnerships. They are kept well informed throughout their child’s attendance.

Contact: Bournemouth Children’s Information Service
Tel: 01202 456222
Email: cis@bournemouth.gov.uk
Web: www.bournemouth.gov.uk/childcare

Children are successfully learning about healthy lifestyles through daily routines and planned activities. They are able to help themselves to a self serve snack time, pouring their water from a dispenser, and choosing and chopping their own fruit.

Ofsted Sept 2009
DEVELOPING HEALTHY CHILDREN IN EARLY YEARS

Small Change, Big Impact

During their school years, children often develop life-long patterns of behaviour that affect their ability to keep a healthy weight. Schools play an important role in this by providing opportunities for children to be active and to develop healthy eating habits. There is some evidence that school based interventions can result in cost-effective health gains.\(^{50}\)

Furthermore, when designing interventions evidence suggest that young people feel effective nutrition interventions would make healthy food choices accessible, convenient and cheap in schools, involve family and peers and address personal barriers to healthy eating, such as preferences for fast food in terms of taste and perceived lack of will-power.\(^{51}\)

It is also known that habitual breakfast consumption is associated with healthy BMI and higher physical activity levels in school children. These positive health behaviours and outcomes support the encouragement of regular breakfast eating in this age group.\(^ {52}\)

NHS Bournemouth and Poole has commissioned a local specialist charitable trust to deliver a school based healthy eating intervention that involves the whole school community (Dorset Food and Health Trust – Small Change – Big Impact) over a three year period starting in September 2009.

Small Change, Big Impact is working with eight schools during a 3 year period, targeting four schools in year one and four schools in year two. The project targets Year 4 students (8-9 year olds) and will track them until the age of 11 (Year 6). The project will work with an estimated cohort of 400-480 students.

More intensive work with 48 children led by a registered dietician, providing intervention in the family’s own home is being carried out and is based upon the following criteria; the child is either overweight or obese and/or the child has self reported poor dietary habits coupled with familial obesity.

Children and families are engaged in the project along with key stakeholders in the schools (eg Headteachers, Healthy Schools Co-ordinator) through a range of promotional activities, including discussion groups on school food policy, healthy pack lunchbox workshops, and parent meetings to talk about school dinners, parent and student practice cookery sessions, health promotion at schools fetes/fairs.

Initial qualitative and quantitative data indicates positive outcomes of the project.

Contact: Dorset Food and Health Trust
Tel: 849111
Email: office@dorsetfoodhealth.co.uk

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\(^{52}\) Sandercock C, Voss c and Dye L, (2010)

Studies suggest that school-based interventions can result in cost-effective health gains.\(^{41}\)
DEVELOPING HEALTHY CHILDREN IN SCHOOLS

Longspee Special School

All pupils who attend Longspee Special School have statements of special educational need for severe behavioural, emotional and social difficulties (BESD). The majority have related difficulties such as Autistic Spectrum Disorder, Asperger’s Syndrome, speech, language and communication needs, conduct difficulties, oppositional disorders and moderate learning difficulties. Nearly all pupils are boys. There are 35 children on role and the school has a satellite unit less than 2 miles away, in Poole.

Students and staff have worked hard to increase student’s knowledge of healthy lifestyle choices. The school’s catchment is wide with children travelling from the outskirts of Poole, Bournemouth and Dorset, therefore students generally travel to school by bus. Recently the school has worked towards getting some of the students who live within the threshold distance to travel actively to school. 20 children have completed Bikeability bike training at Level 1 and 12 children have completed Bikeability bike training at Level 2, all children are aged between 11 and 14 years. 2 to 3 children now travel to school by bike and 2 children walk. This is a tremendous achievement for students given the impulsive behavioural problems experienced by some.

On Wednesday afternoons the school runs an ‘Adventure Club’. The Club starts during the day and carries on after school and offers activities such as water sports and caving. The school uses the Adventure Club to reward good behaviour and hard work and to encourage physical activity. A member of staff also takes a couple of children fishing twice a week.

"The students really benefit from the Adventure Club. We use it to increase physical activity at break times and as an incentive for good behaviour"

Speech and language is delivered through Healthy Eating cookery sessions. The school has 3 groups that cook each week. Recipes range from fruit salad to a full turkey roast! Parental involvement will increase in January 2011 as the school are hoping to advertise ‘cooking on a budget’ sessions to encourage home cooking and increase parents cooking skills.

In January 2011 students in Key Stage 1 and 2 will be experiencing Yoga!

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Longspee Special School
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The Healthy Schools Programme is intended to deliver real benefits in the improvement in health and reduced health inequalities, raised pupil achievement, more social inclusion and closer working between health and education.
Developing Healthy Children in Schools

Linwood School Gardening Club

Linwood School is a large school that caters for pupils with a very wide range of special needs, including pupils with severe, profound and multiple learning difficulties. There are also a high proportion of pupils with autistic spectrum disorders often with social, emotional and behavioural difficulties.

Last summer the school started a project, with permission from the Headteacher, to use a small area of the school's garden as an allotment measuring 5m x 12m. The project leader was Mr Graham Martin, Science Lead. The school shared the labour of clearing the plot between Year 5 and Year 11, pupils all of whom wanted to be involved. Clearing the plot took some time but was completed by the Autumn Term. The plot was then excavated all set for assembling raised beds, ready for planning by pupils in April. All classes in the school have to share a bed which encourages inclusion.

The school has noted a vast improvement in the behaviour of some of their pupils who have come to be completely passionate about the whole project.

The Project has also had an effect on promoting healthier food choices, with students far more willing to try lettuce, courgettes, herbs and other produce when they know it was grown on the allotment! Many of the schools students had little understanding about where food came from, so they have been on a very steep learning curve.

“I would recommend using pupil power as far as possible and also asking students for ideas and involve them in decision making as it helps with ownership.”

Graham Martin

The school is aiming towards becoming an Eco School and this will go a long way to helping them secure the coveted Gold Award in the future.

Contact: Sue Bridle
Linwood Special School
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The Healthy Schools Programme recognises encouraging young people to adopt healthy eating habits is a challenging task, but tackling the issue within a special school setting, where pupils may face a range of individual complex learning difficulties can make that challenge even greater
Developing Healthy Children in Schools

Bike It Project

For general health benefits from a physically active lifestyle, children and young people should achieve a total of at least 60 minutes of at least moderate intensity physical activity each day. At least twice a week this should include activities to improve bone health, muscular strength and flexibility. Studies suggest that older children and young adults multi-component interventions including school based activities appear to be more effective than stand-alone interventions. Evidence therefore emphasizes the importance of involving multi-component initiatives in order to achieve and sustain a change in lifestyle behaviour.

NHS Bournemouth and Poole have commissioning Sustrans to deliver the Bike It Initiative to promote cycling to school for 5-11 year olds in schools throughout Bournemouth and Poole. The project aims to increase levels of cycling to/from school and recreational cycling through a range of cycling promotion, training and cycle storage initiatives.

Bike It works directly with schools who want to increase levels of cycling. They do this by helping schools to make the case for cycling in their school travel plans; they support cycling champions in schools and demonstrate that cycling is a popular choice amongst children and their parents. The aim is to create a procycling culture in a school which continues long after the Bike It officer has left and for children to continue to cycle as they get older.

At the start of the project ten schools had no cycle storage and few of the children cycled to school. One year on and many of the 12 schools have new cycle shelters, fleets of balance bikes and an increased number of children and parents are cycling to school on a regular basis. Many children have become confident cyclist, as well as developing independence, environmental awareness and health related skills. During the Spring Term 2010 alone the Bike It Officer worked with 6,724 children, 42% of activities recorded being an hour-long Bike It activity Session, lesson or club activity.

The majority of the Bike It schools have now reached bronze level of Sustrans School Mark scheme which aims to sustain progress once Bike It Officers move on to support new schools in the locality. Some schools are now working towards the Silver School Mark Award.

Contact: Sustrans Bike It Officer
01202 262031
07827 927541
jason.falconer@sustrans.org.uk

Cycling wakes me up and I feel good when I start my lessons.

It’s good to be able to store your bike without it getting nicked.

Bike It: Giving children the skills and confidence to travel by bike.
Developing Healthy Children in Schools

Portchester Secondary School

Portchester School is a 11-16 Boys Community Secondary School. It has a specialism as a Sports College. The school completed a School Travel Plan in February 2005 and the school operates an open cycling policy, which means that the school puts no constraints on boys cycling to school. However, they prefer boys to have completed their Phase 2 Cycle Training Course.

The school is an excellent exemplar of a school that has embraced and positively reinforced a pro-cycling culture. They see over 300 cycles in their cycle storage every day and fundamentally boys enjoy cycling to school and readily accept cycling as the norm when they start Portchester in Year 7.

Approximately 8 years ago, a large proportion of the main school car park was sectioned off as a dedicated cycle storage area, thus reducing the amount of car parking facilities at the school. This enterprising move has paid dividends in creating the pro-cycling culture at the school. Since then there have been many developments that support cycling to school such as; secure fencing around cycle storage facility, new covered cycle storage facility for staff, teachers visit feeder schools on feeder days and promote cycling to Portchester from Year 7, new ‘Links to School’ cycle routes infrastructure over Kings Park which has been installed over Summer 2010 and a new dedicated link that takes the whole school community to the front of the school.

The New Year will see further developments and commitment to active travel with the provision of extra cycle storage and planned link at the other side of the school.

“Fundamentally, Portchester boys enjoy cycling to school.”

The percentage of students cycling to school has steadily risen from 32.6% in 2007/08 to 38.4% in 2009/10. They also have a large number of students walking to school with 26% in 2007/08 increasing to 33.5% in 2009/2010.

Sustainable School Travel
Tel: 01202 454652

Cycling Officer
Tel: 01202 451194

“Students pursue all aspects of healthy lifestyle with rigour because of the specialist sports activities and excellent and nutritious meals”.
C Rodney, Ofsted Inspector, 2009
Developing Healthy Children in Schools

Branksome Heath Middle – Feet off the Ground Project

Having worked closely with the Healthy Schools Programme Manager to achieve the Healthy Schools Plus Award, Branksome Heath Middle have built upon these strong foundations encouraging the children to take part in:

- More activity in school
- More travel to school out of the car
- Extra curricular activity
- ‘5 a day’ in their lunch

The grant that the school received for the Healthy Schools Plus project went towards the installation of a ‘Feet off Ground Challenge’ and a ‘Fitness Circuit’ adjacent to the playground.

Both of these have seen great benefits to the school with up to 60-70 children on the activities at any one time creating more space for the rest of the children to enjoy the playground area.

They have seen an increase in the number of children using the challenge increase again this year with the addition of a further challenge purchased from their own budget which they call ‘the tyre challenge’.

The children coming into school in September have described these facilities as “The best part of the school”!

They have seen an improvement in the number of children riding their bikes and scooters to school. Even with the cold and wet weather they have seen 25 – 30 whereas a year ago they only had 5 – 10. The start of the year in September saw 35 – 40 regularly cycling and this is above their targets set with the Bike It Officer and Walk to School officer as part of the Bike It programme and School Travel Plan respectively.

They have had another successful Health week with a report in the Daily Echo. All children were able to take part in physical challenges including: climbing wall, team building activities as well as their own fitness challenge and feet off ground trail because of the funding made available from the Healthy Schools plus project.

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They engage in many extra-curricular sporting activities, which keep them fit and healthy. Pupils thoroughly enjoy the challenge of the ‘feet off the ground’ apparatus in their playground, where feet must stay on the equipment for as long as they can. Activity of this kind has led to the higher award of Healthy Schools Plus Status.” J Sims, Ofsted Inspector, 2010
Developing Healthy Children in Schools

Dorset Fire and Rescue: FireFit Scheme

Dorset Fire and Rescue have recently launched a new scheme to get youngsters fit. FireFit was launched at Malmesbury Park Primary School in January 2010. The pupils had great fun and took part in team relays with a fireman as their leader. They did obstacle relays (one with a sombrero), and the best one was a relay rolling a hose out, hitting with a big mallet and going through some tyres. All the children received a certificate for taking part.

FireFit is run by real firefighters from Springbourne. They are available to go out and about in the Bournemouth area to provide an hour’s firefighting fitness for schools, voluntary groups and youth organisations. The idea behind the scheme is to show children the kinds of fitness activities firefighters do and what recruits would have to do in order to become firefighters.

Firefighter James Goldsmith from Springbourne fire station said “We devised this scheme in order to give young people a chance to experience firefighting fitness activities. It is really important for young people to stay active and this is such a fun way for them to do it”.

Contact: Emily Cheeseman, Communication Officer, Dorset Fire and Rescue Service HQ, Peverell Avenue West, Poundbury, Dorchester, BH1 3SU
Tel: 01305 252612
email: emily.cheeseman@dorsetfire.gov.uk

Firefighters are required to stay fit as part of their role, this scheme is an innovative way of taking this fitness and related activities into our communities.
Developing Healthy Children in Schools

Disadvantage Subsidy in Poole

‘Go For It’

Additional ring-fenced standards funds, known as the Disadvantage Subsidy, was made available to schools by the previous government. In Poole it was branded ‘Go for it’!

The aim of the subsidy was to support and create opportunities for economically disadvantaged children and young people to participate in a range of out-of-school activities alongside their peers. The objectives were to improve the attainment and well-being of eligible pupils and contribute to underpinning strategies.

The funding was intended to help schools provide further access to the varied menu of activities element of extended services by encouraging economically disadvantaged pupils to participate in activities throughout the year. In Poole, eligible pupils were identified to be those on free school meals (FSM) and children in care (CIC) although local clusters of schools had the flexibility to identify their own additional criteria as appropriate to their local needs.

Every school reported positive feedback from the pupils and/or their parents/carers, teachers/TAs or from the activity provider. The evidence indicates that all the children and young people in this study sample had experienced significant positive outcomes.

Activities accessed using the Go for It funding included dance, football coaching, cookery classes, dodgeball, trampolining and gymnastics.

The evidence indicates that all the children and young people in this study sample had experienced significant positive outcomes. It is recognised that the impact achieved for some of the children and young people might be a result of a range of interventions, including access to positive activities. However, the findings show a clear, positive impact has been observed even for those pupils who received no intervention other than activities funded through the Disadvantage Subsidy. This shows that there is a correlation between engagement in positive activities and improved outcomes that result in higher attainment, improvements in confidence, self esteem, behaviour in school, attendance.

Contact:
Contact: Localities & Childcare
Tel: 01202 261923
Email: localities@poole.gov.uk

“ I really enjoyed the dance... especially when we did it as a show. I want to do cookery next with my friend. ”

He had never been out of the house in the dark in his entire life and now he can’t wait to go to cubs (even on dark nights). He has gained so much confidence he now gives most things a go – parent.
Developing Healthy Children in Schools

National Fruit and Veg Scheme

The School Fruit and Vegetable Scheme is a national government programme entitling all children aged four to six in infant, primary and special Local Education Authority maintained schools to a free piece of fruit or vegetable each school day.

Children may be given an apple, pear, banana, satsuma, carrot, some cherry tomatoes or other fruit or vegetable – it depends what's in season. Research shows that the School Fruit and Vegetable Scheme is very popular with schools and parents, with 96 per cent of eligible schools choosing to take part.55

The School Fruit and Vegetable Scheme is part of the national 5 A DAY programme. On average, children in England eat only two portions a day. Many children eat fewer than that. A national survey found that one in five children didn’t eat any fruit at all in a week.56

The Scheme has undergone several evaluations the last being undertaken in 2007. Conclusions have stated that on the basis of a full-scale evaluation of the SFVS, it did significantly impact on children’s fruit consumption, but that it did not have any wider impact on diet, and that increased consumption was not sustained when children’s participation in the scheme came to an end.”57

Many schools across Bournemouth and Poole have addressed the issue of sustained involvement of older children by offering the same service provided by the SFVS for a small remuneration. A small number of schools have raised funds through fetes and other community events to provide free fruit and veg for older children in the school that no longer qualify for the scheme.

“We really value the service. There is never any fruit or veg leftover. The children really like the smaller carrots as they fit in their hands nicely.”

All schools across Bournemouth and Poole take part in the scheme and from anecdotal feedback it would appear that schools value the service provided. Many schools have commented that there are never any leftovers and that children really enjoy the fruit and vegetables provided. There have been some problems with the scheme over the years the majority of which have been communication with the providers, but these seem to have worked themselves out and the scheme now runs efficiently.

Contact: Feedback, NHS Bournemouth and Poole
Tel: 01202 541400
Fax: 01202 541402
feedback@bp-pct.nhs.uk

57 Sandie Schagen, Sarah Blenkinsop, Ian Schagen, et al, 2005
Developing Healthy Children and Families in Communities

Family Circuits at Townsend Children’s Centre

During July and August 2010 Helen Ryder, Fitness Instructor had been offering family circuits on the playing field near Townsend Children's Centre. The sessions were free for families with staff on hand to help with younger children. The sessions were very much about exercising for fun as a family and Helen was gentle on beginners! The session has progressed during the Autumn to a ‘Boot Camp’ to kick start those ready for a more intensive exercise experience!

The Family Circuits form just part of a Healthy Lifestyle initiative running at the Children’s Centre. Other activities include a Family Breakfast Club, Munch Bunch Lunch Club, Fit Kid sessions for children, grow your own fruit and vegetable club, old style Sports Day for all the family and use of Fit for Life campaign materials.

"The family circuits have been great fun and Helen has shown me things I can do at home to keep fit without needing to spend lots of money at a sports centre.

Mum of 2"

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Studies indicate that encouraging parents to engage in a significant way in active play, can result in a reduction of sedentary behaviour.38
Developing Healthy Children and Families in Communities

Urban Precision 896

Bournemouth Youth services have run Parkour and free running sessions weekly throughout the school summer holiday 2010.

Targeted at ‘not yet engaged’ young people, who had identified this as an unexplored interest. Young people were coached in training and using equipment, practising to a high level, and then taking up opportunities to reflect on, and make healthy changes to their lifestyles.

The project has led those involved to reflect on activity choice that impacts on a healthy lifestyle – this in turn has led the young people to stop and think about their personal fitness, exercise and diet. The sessions also helped to raise self confidence and self-esteem.

Initially the project was slow to recruit but as word of mouth spread a large regular committed group formed and remain engaged with support.

“... The art of parkour is about getting from place to place in the most efficient way possible, learning how to quickly navigate obstacles with the body.

It makes me feel really good about myself and I just want to get better and better and then I can help others to do it too!"

Contact:
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Tel: 01202 426905 email: The.896.Coffee.bar@bournemouth.gov.uk
Developing Healthy Children and Families in Communities

Hamworthy Community Fire Station

Hamworthy Community Fire Station recently opened its doors to the public to officially launch the refurbished facilities, which will firmly place the station at the heart of community activity. The refurbishment is a result of collaborative working with NHS Bournemouth and Poole.

Dorset Fire and Rescue Service Chief Fire Officer, Darran Gunter said: "Dorset Fire and Rescue are delighted to be able to share these facilities and Hamworthy fire station with NHS Bournemouth and Poole. Hamworthy community fire station is used by many local groups as a safe place to meet, these refurbished buildings offer a wider service to the local community and allow Dorset Fire and Rescue, along with the NHS to make Hamworthy safer, happier and healthier."

Leading a healthy lifestyle is more than about what you eat, but a collection of activities, such as socialising, group membership and motivation. A healthy attitude and activity in the form of hobbies and pastimes contributes to a healthier lifestyle and it is for this reason that it is important the station is used as a hub of activity for local groups to meet, extending the local services available to the population of Hamworthy and going some way towards improving people’s health.

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Discovery Court Business Centre
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Hamworthy Fire Station will be used as a hub of activity for local groups to meet in a safe and healthy environment.
Developing Healthy Children and Families in Communities

Change4Life

Change4Life (C4L) is a society-wide movement that aims to prevent people from becoming overweight by encouraging them to eat well and move more. The initiative was launched in 2009 supported by the Department of Health, bringing together health and education professionals, industry and the third sector, with the initial shared aims to improve children's diet and levels of activity, so reducing the threat to their health and happiness.

The main messages of the campaign are 'Eat well, move more, live longer' and focus on the healthy eating and physical activity messages.

The initial stages targeted families and young children aged 0-11 years and those who are pregnant or planning to become pregnant and particularly those whose current behaviours and attitudes indicate that their children are at increased risk of excess weight gain. These families, grouped into distinct 'clusters', using a method that combined qualitative and quantitative techniques, account for approximately 64% of all families and are biased towards low income groups.\(^{58}\)

The national C4L marketing programme has been developing activities and providing resources for health care professionals to disseminate.

There are clear messages in the following areas to support local initiatives such as

- structured mealtimes,
- shopping and cooking,
- portion size,
- improved food literacy,
- sedentary activity,
- outdoor play and active travel.

The campaign provides a multitude of incentives (such as handbooks, questionnaires, wall charts, Facebook web content etc) that people can use to help them change their own behaviour.

C4L is based on a substantial body of research and insight, combining the academic evidence base with consumer market research.

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\(^{58}\) Department of Health, Healthy Weight, Healthy Lives, Consumer Insight Summary (2004)
Developing Healthy Children and Families in Communities

Change4Life

NHS Bournemouth and Poole were successful in their C4L funding bid, focusing on promoting healthy packed lunches to primary school children and their families and incorporating a ‘Snack in a Box’ facebook support site.

Evidence suggests that only 1% of primary school children’s packed lunches meet the nutritional standards set for school meals in England. Bournemouth and Poole are part of the South West Healthy Schools Plus Pilot which targets schools with the greatest health inequalities and has a focus on reducing obesity levels in the under 11’s as part of the Local Area Agreement. Certain schools in the scheme had identified promoting healthier lunchboxes as a process which could help towards reducing obesity and lead to healthier behaviours and lifestyle.

The bid involved running interactive road shows in targeted areas to promote C4L and to support families in making healthy choices for their lunch boxes. With the support of Bournemouth and Poole Community Services Dieticians and local chefs the road show offered interactive tasting sessions and offered information about the C4L behaviour tips. The road show was offered to support schools to achieve their identified target health behaviour outcomes.

The roadshow produced a giveaway recipe book to promote the C4L programme in order to reinforce its behaviour messages, to encourage families to try new healthy recipes and to keep a record of new foods they had tasted. The aim was to increase family knowledge and confidence in producing a healthy lunchbox.

Snack in a Box produced a facebook network in an attempt to build a local community for a peer support network around lunchboxes. The aim of the Snack in the Box on facebook was for members of the community to spread awareness within their own social networks and attract new members and to swop healthy eating new recipes and ideas.

The events were complimented by the editorial in the local newspapers. NHS Bournemouth and Poole worked with the Daily Echo to explore ways to help people make their lunch boxes healthier, through editorial and the publication of recipes.

Outcomes include an increased amount of fruit and vegetables in lunchboxes, the reduction of salt and fat through the reduction of crisps and treats, a greater understanding of portion sizes, increased support and education around healthier lunchbox options, increased confidence in producing healthy lunchboxes.

More than 300 children and families received targeted information, advice, and support and 120 children took part in fruit kebab making at a Family Festival.
Developing Healthy Children and Families in Communities

Poole outdoor fitness and activity

A new outdoor fitness and activity route was opened in Poole in April 2009, designed to encourage exercise in an open, healthy environment. Nine clusters of 'outdoor gym' equipment have been installed at 6 locations around the lake in Poole Park, close to the slipway car park at Baiter, and near the car park and opposite the play area at Whitecliff.

New 2km and 5km routes have been developed through three open spaces with clusters of equipment installed in various locations. Equipment ranges from Tai-Chi spinners and rowing machines to sit ups and balancing bars, the installations are designed to attract all ages and abilities.

Bronze plaques have been set in the ground alongside equipment marking 400m distances along two routes, 2km around Poole Park boating Lake and 5km through Poole Park, Baiter and Whitecliff. Information boards will also be installed at four locations.

The concept of an outdoor gym for Poole Park was developed with the Friends of Poole Park and the Green Gym Company, whose continued support over several years has helped define and deliver the end product.

Contact:
Borough of Poole Leisure Services
Northmead House
30-32 Northmead Drive
Creekmoor
Poole
BH17 7RP
Tel: 01202 621323

Marathon runner Cllr Peter Adams, cabinet portfolio holder for leisure at the Borough of Poole, said: “The new gym equipment has created a real buzz in the park”.

“The outdoor gym equipment is perfect for my whole family to exercise on together. We have lots of fun, whatever the weather.”

Mum and Dad
Developing Healthy Children and Families in Communities

Focus on Communities using Sport

Focus on Communities Using Sport is a multi-agency project involving Dorset Police, Borough of Poole Leisure Services, Youth Services and NACRO.

The scheme has a number of aims which include promoting local youth to achieve and generate healthier lifestyles by being healthy and safe whilst enjoying and achieving making a positive contribution to the economic well being of every child.

In 2005 a number of Police officers were working in a particularly large estate in Poole, where anti-social behaviour had caused a number of residents concerns. Whilst carrying out policing of the area it became apparent that bridges needed to be built between the police and the younger population and, more importantly, the young people voiced that they wanted to feel part of the communities in which they lived. Local officers challenged a group to a football match in return for the team to complete a community project, thereby putting something back into the community.

The community project was a success with a group of individuals cleaning and painting over their previous artwork and clearing of litter in the local hang out area, which was often avoided by local residents. The resulting football match was not favourable to the police with them losing 4-2!

Police Sergeant Guy Nicholas felt that if the project were to be successful in one area then it would work at a number of areas within and around Poole. He was successful in obtaining a small grant from Poole Together Safe Partnership, which enabled him to send 10 police officers on a FA Level One football-coaching course. Following the course the officers engaged with the local youngsters in Poole and eight teams would compete for the winter League of 2005/06.

Teams receive regular coaching and monthly league nights in return for completing community projects (this in effect was their subs for playing). A number of community projects have taken place since.

Focus now has over 20 active teams within their summer league 2008. During this summer Focus had a very successful first ever beach soccer event in Sandbanks, which attracted our highest numbers to date. The project has now rolled out in Bournemouth with support from Bournemouth Borough Council and has enjoyed the same success.

For further information contact:
Guy Nicholas
Guy.Nicholas@dorset.pnn.police.uk

"Volunteering for FOCUS gave me a new focus, and an opportunity to do what I enjoy most. I felt wanted and my team won" Young volunteer. NACRO Dorset.
Developing Healthy Children and Families in Communities
Playbuilder

Play England helped local authority playbuilders and play pathfinders to deliver £235m investment in play.

The goal was to transform local areas into innovative and adventurous play spaces.

Local authorities were funded to provide 30 brand new exciting adventure playgrounds, and up to 3,500 new or refurbished play areas for children to enjoy across the country.

Funding enabled local authorities to work more closely with children, families and communities using the sites. Local authorities were also expected to demonstrate how their new play spaces were sustainable when it comes to the ongoing maintenance.

This programme was a major part of the Labour government’s national Play Strategy, launched in April 2008.

Wave 1 play pathfinders and playbuilders were selected in April 2008; Wave 2 play pathfinders and playbuilders were offered funding from April 2009.

Both Bournemouth and Poole has seen considerable investment in the play areas offered to children and young people with many youngsters enjoying brand new or refurbishment resources.

Some of the play areas have been designed to be in keeping with the surrounding environment, using wooden adventure style play equipment with a number of additional play sculptures being placed around the park to encourage natural play.

“I like playing at the park now it has been changed. The slide is really fast and the swing bucket makes me feel sick!”

Contact:
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The first priority of each project was to identify and talk with school children, other users, neighbours and other local interest groups to establish their needs, wishes and any concerns.
Developing Healthy Children and Families in Communities

Munch Bunch Lunch Club Townsend Children’s Centre

Every month at Townsend Children’s Centre staff take it in turns to cook a healthy homemade hot lunch for visiting families. On average 15 families attend and are encouraged to sit around the table together with their family to share a meal.

Children are encouraged to set the table and clear away after. Recipes of the food cooked are given out which includes a rough estimate on cost of ingredients. The club has been a real success and recently a parent volunteered to make homemade vegetable soup for everyone. It went down a treat and she shared the recipe with all participants.

The Munch Bunch Lunch Club forms just part of a Healthy Lifestyle initiative running at the Children’s Centre. Other activities include a Family Circuits, Fit Kid sessions for children, Grow your own fruit and vegetable club, old style Sports Day for all the family and use of Fit for Life campaign materials.

Breakfast Club: For the past year the Centre has opened up at 8am for family breakfast. They offer cereals and toast and fruit for families for a small donation. During term times they have on average 7 families who come daily before their child’s nursery sessions starts. The nursery staff have notice the positive effect that eating a good breakfast has had on some children’s concentration behaviour.

Contact:
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Jewell Road
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Tel : 01202 720472

My daughter has tried things here that I could not get her to try at home. She eats so well here, it is the novelty of eating with her friends.

Amina one of our parent volunteers has recently qualified as a chef and will be working with Simon to produce monthly menu’s giving families ideas for low cost healthy options for feeding the family.
Developing Healthy Children and Families in settings led by Health Care Professionals

National Child Measurement Programme

Trends forecast a rise in obesity. The National Child Measurement Programme is part of the government's Healthy Weight, Healthy Lives strategy to reverse this rising tide of obesity and overweight in our population and also helps people (often parents) recognise overweight and obesity.

The Department of Health require Primary Care Trusts to routinely collect height and weight measurements from all school children in the Reception Year and in Year 6 through the National Child Measurement Programme, which is in its fifth year. NHS Bournemouth and Poole participate in this programme. The figures are converted into BMI (Body Mass Index) by Primary Care Trusts for the purpose of population monitoring in order to provide the best possible health services. From 2009 parents routinely receive feedback on the results of their child’s height and weight measurement and are offered support in tackling these issues if they so wish.

Although the local NCMP statistics are slightly better than national figures, there is no room for complacency as there is a wide variation when drilling down to ward level.

This data can be used to help local areas understand the prevalence of child obesity in their area, and help identify the need of the local population. This surveillance data also allows us to analyse and monitor trends in growth patterns and obesity.

“Since seeing the dietician, we have tried to cook and eat a lot healthier as a family by cooking home fresh cooked food rather than processed.”

If parents are concerned at any stage they can contact the NHS Health Information Team for further advice. If more detailed support is needed the NHS Health Information Team will then refer the parent to a School Nurse. The School Nurse will offer the family further support and guidance. If necessary, the School Nurse may then refer the family to their GP, a paediatrician or dietician if deemed appropriate.

Parents may decide to contact their GP independently if they are concerned about their child’s weight.

Contact:

NHS Bournemouth and Poole
Canford House
Discovery Court Business Centre
551-553 Wallisdown Road
Poole
BH12 5AG
Tel: 01202 541400
Fax: 01202 541402

feedback@bp-pct.nhs.uk

Participation in the programme has increased year on year since it was first introduced in 2005 and now more than a million pupils take part.
Developing Healthy Children and Families in settings led by Health Care Professionals

Obesity Care Pathway

The Obesity Care Pathway was established following a case audit of a child who was very overweight. It highlighted that there was a gap in service provision, as there was no agreed pathway for the management of obesity in the 3-19 age group.

A pathway for the prevention and management of obesity in children under three years was agreed and disseminated in 2010. Whilst many Primary Care Trusts had similar obesity pathways, those pathways frequently used the age groups 0-2 years and over 2 years. The age cut-off for our local pathway of three years was specifically chosen due to the fact that there is a great correlation between parental weight and the child’s future obesity risk up until age of three years. After this age the child’s own weight becomes of great significance.

A working group led by Public Health, Dietetic services, Safeguarding lead, School Nursing and Health Visiting teams has established a draft pathway which has now been shared with a range of other stakeholders (Local Authority leads and representatives for Social Services and Education, Leisure Services, Youth Services, Healthy School leads, Community and Secondary Care Paediatricians). The final pathway should be completed by March 2011.

The pathway will assist professionals to rate the level of obesity and define the appropriate pathway and action to be taken. Throughout the pathway are key triggers that would indicate safeguarding concerns that should be taken further. There are currently a limited amount of tier two specialist obesity services for children who are overweight but a wide range of universal services which families can utilise.

The pathway, along with supporting documentation, will help practitioners to work with families to identify motivators for change and help set them goals to achieve the changes required, making the most of opportunities for active play and increased family physical activity.

There is now a clear definition of the types of further assessment required for very overweight children and triggers for referral to secondary care Paediatric consultants.

Training for community health services staff, children's centres, early years providers, education services and other key providers of family services is being planned to support awareness of the pathway and implementation.

See Appendix 2 – Care Pathway for Overweight and Obese Children 0-3 years and Appendix 3 – Care Pathway for Overweight and Obese Children 3-19 years.

Contact:

Sam Leonard
Head of Nutrition and Dietetics (East Dorset Community* and Poole Hospital Dietetics)
Parkstone Health Centre
Mansfield Rd
Poole
BH14 0DJ
Tel 01202 733323
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Healthy Child Programme

The Healthy Child Programme is an early intervention and prevention public health programme that is central to the universal service offered to children and families. Although the scope of the programme is inclusive from ages of 0-19, the focus is primarily on the 0-5 age group. The programme provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes.

The HCP offers every family a programme of screening tests, immunisations, developmental reviews and information and guidance to support parenting and healthy choices - all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

The programme supports two fundamental principles, namely:

• All families should be entitled to personalised access to the Healthy Child Programme, in pregnancy and the first years of life, through a well-trained early intervention and prevention team led by a health visitor, and

• Services should be individually tailored, providing different levels of support and provision according to level of need and in a range of settings including the home when required.

The Bournemouth and Poole HCP aims to improve the health and well-being of all children, and begins in early pregnancy and ends in adulthood. This document focuses on the first five years of life, with local ongoing work to look at the school age period. The programme supports the national recommendations of:

• supporting a model of ‘progressive universalism’ – a core programme for all children, with additional services for children and families with particular needs and risks

• encouraging partnership working between different agencies on local service development (e.g. general practice and children’s centres)

• focusing services on changing public health priorities – obesity, breastfeeding, social and emotional development

Bournemouth and Poole HCP is offered by primary health care teams through the work of health visitors, GPs, paediatricians, practice nurses, and school health services. All families are offered the core, universal service and based on assessed needs some families will be offered more intensive, targeted interventions to support their identified needs.

Contact:

NHS Bournemouth and Poole
Canford House
Discovery Court Business Centre
551-553 Wallisdown Road
BH12 5AG
Tel: 01202 541400

feedback@bp-pct.nhs.uk

The HCP offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices
Developing Healthy Children and Families in settings led by Health Care Professionals

Incredible Edibles

Dorset Food and Health Trust have researched and produced a weaning tool kit that is used by professionals which aims to help them deliver weaning advice to parents who are going through the process.

The tool kit produced for Health Visitors and Children’s Centre staff consists of photocopiable pages for parents and there is a set of 4 stand alone booklets that are given to parents to support them through the different stages of weaning.

Initially research was conducted through consultation with health professionals about what information they wanted to have access to in order to aid the weaning process. The research included looking at current publications available and comparing those to what health professionals feedback that they wanted.

The main theme that came out of the research was that health professionals wanted some practical tools to be able to use with new parents to show how easy weaning was and why it was important to rely less on pre-packed ‘baby’ foods.

The Tool Kit has 7 main sections, covering the following topics:-

1. Diet and Health.
2. Kitchen safety and hygiene.
3. Getting started with weaning.
4. Dental health.
5. Family meal times.
6. Feeding problems and food refusal.
7. Recipe file.

After initial evaluation, the toolkit was received as outstanding. Bournemouth and Poole PCT commissioned Dorset Food and Health Trust to deliver the Incredible Edible Took Kit training to Health Visitors and associated health professionals across Bournemouth and Poole.

The resources are well used by Health Visitors and Nursery Nurses in order to support parents with fussy eaters, in weaning and preschool talks and when talking to parents about dental care and healthy choices.

Contact:

Dorset Food and Health Trust
Tel: 01202 849111
Email: office@dorsetfoodhealth.co.uk

Practical sessions were trialled and simplified in light of feedback and more practical sessions were added as a result of the feedback from parents and professionals.
Developing Healthy Children and Families in settings led by Health Care Professionals

Tickling Taste buds

‘Tickling Tastebuds’ was a course run for parents who required a wider knowledge base about feeding their families. The course was aimed at parents with minimal qualifications who would benefit from the involvement with Adult Learning with a view to further education. The course was delivered by both Health and Education in a local school. The course and crèche were free and numerous resources were supplied including a cookery book for parents to keep.

Poole Adult Learning and West Locality Health Visiting Team worked together to provide an integrated service for local families, greatly supported by Poole Community Dietetic Services. Local Health Visiting Teams were able to target suitable families for the course to ensure that resources were delivered to those most in need.

The course ran for 7 weeks at Hillbourne First School from 12.30-14.30pm. The school was able to provide a classroom, kitchen and crèche room facilities.

The overall aims of the course were to:
- Enable parents to make food more healthy, in less time, using less money.
- Provide parents with ideas for fun food making activities at home.
- Explore easy life style changes that could help parents and children.
- Provide food tips and ideas.
- Give parents ideas about encouraging family members to try new foods.
- Bring a fun element into preparing simple family meals and
- Enjoy cooking with more confidence.

“\nWe have realised that encouraging family members to try new foods, including the mothers themselves is an important part of family healthy eating.

The sessions were delivered in a variety of ways to meet the needs of the parents who had a variety of learning styles: such as practical cooking, quizzes, games, literature, leaflets and handouts, recipes, cookery books, website details, group discussion and a personalised approach. The group has also able to offer an incentive of free swim passes to a local sports centre.

The ‘Tickling Tastebuds’ Course proved to be a success in identifying local targeted families with a clear need for practical cooking skills and food related information. At the end of the course parents were clearly able to demonstrate an increase in their confidence and knowledge base around the subject of feeding their families healthily. This empowerment has been key in enabling families to make changes that impact positively upon their wellbeing. This was supported by the decision of 4 members of the group who found new confidence to further their education.

Contact:
Email: Health Visits at the Harvey Practice healthvisitors.harveypractice@dorset.nhs.uk
Email: Adult Education infopal@poole.gov.uk

At the end of the course parents were clearly able to demonstrate an increase in their confidence and knowledge base around the subject of feeding their families healthily.
Developing Healthy Children and Families in settings led by Health Care Professionals

Wiggle Bugs

Wiggle Bugs is a free physical activity session for children from walking to pre-school age. It is funded by Poole Children’s Centre and The Co Op and delivered by Bournemouth and Poole Community Health Staff (Community Nursery Nurses).

The aim of Wiggle Bugs is to target hard to reach and vulnerable families by offering a safe and secure environment within which pre-school children can learn and have fun. Physical activity and healthy eating are the primary focus of the group. Children and parents are offered healthy snacks whilst attending the group and parents are also offered healthy eating advice and information to take home.

Over an 8 week programme children are given the opportunity to complete different physical activity circuits in order to develop control over their bodies and the way they move, increasing their confidence in the fundamental movement principles (balance, agility and co-ordination). Resources include:-

‘A’ frames, balance boards, tunnels, soft climbing equipment, ladders, slides, stepping stones, trampolines, posting

boards, balance tracks, cargo nets, hurdles, parachute, soft balls and ribbon sticks.

Wiggle Bugs is the best group we have been to, my daughter loves the mix of singing, dancing and climbing on all the exercise equipment, not to mention the healthy snack. A great way to keep fit with fun built in.

Anecdotal evidence collected from parents and children that have participated in the group have been very positive. There has been particular reference to the unique mix of physical activities, singing and healthy snacks which appears to be very appealing to both children and parents alike. Some parents have also reported that they have found that the programme has enabled them to ‘get out of the house’ and make new friends and socialise their children with other children of the same age, something that they wouldn’t have done without Wiggle Bugs.

Further information:
Eleanor Fairclough and Emmeline Godfrey
Community Nursery Nurses
North Bournemouth Local Office
27 Slades Farm Road
Bournemouth, BH10 4ES
Tel: 456790
Email: eleanor.fairclough@bp-pct.nhs.uk

Children really enjoy the mix of singing, physical activity and a healthy snack.
Developing Healthy Children and Families in settings led by Health Care Professionals

Family Fit 4 Life

Family Fit 4 Life was a 12 week health, fitness and wellbeing programme designed to help families enjoy a healthier lifestyle and manage their weight more effectively now and for the future. Based at the Littledown Leisure Centre, the programme, included support, information and activities. The programme cost £25.

The twelve weeks included:

- Use of the Littledown Centre leisure and fitness facilities.
- Regular group seminars providing hints and tips on how to take simple steps to creating a healthier lifestyle.
- A range of take away healthy living information to support individuals achieving healthy living goals.
- Web based and email support to help guide.
- Opportunities to share support and ideas with other parents.

Family Fit 4 Life was suitable for those people who live in Bournemouth or Poole, who wanted to make lifestyle changes, one or more members of their family would benefit from losing weight and the minimum of one member of the family is under 16 years of age.

“...

Contact:
Littledown Centre,
Chaseside
Bournemouth
BH7 7DX
Tel: 01202 417600

The main aim of the programme was for the participant/s to have engage in health improvement activities and understand how they can be independently active, eat healthily, manage their weight effectively and achieve their own behavioural change.
Developing Healthy Children and Families in settings led by Health Care Professionals

Health Walks

Free Health Walks are available across Bournemouth and Poole, led by both the local authorities.

**Bournemouth**

Bournemouth Parks and Countryside team runs a programme of guided walks, Monday Morning Meanders, and Wednesday Wanders and organises various events throughout the year.

A Tree Trail leaflet is available, which interprets some of the trees found in Lower and Central Gardens.

There are also free orienteering courses at Kings Park and at the Littledown Centre.

**Poole**

A number of different walks are on offer across the Borough of Poole. Currently walks of up to 3km are being led every Tuesday, Thursday, Friday and Saturdays. Walks are run from numerous locations and are all set at an easy or easy to moderate level. All walks are led by experienced trained volunteer Walk Leaders and offer a great social opportunity keep fit and have fun!

The walks are supported by recreation Development Poole. All walks are free and are suitable for all ages and ability. Under 16’s should be accompanied by an adult.

All walks are featured on the website www.wfh.naturalengland.org.uk. (see Appendix 10 Useful links)

There are guided walks and orienteering courses at Upton House and Poole Park. The Borough of Poole works in partnership with the Walking for Health Initiative and trains volunteers to lead walks across the Borough.

Recreation Development Team
Tel: 261312
Email: recreation.development@poole.gov.uk

I have met a lot of nice people on the guided walks. It’s a very friendly group.

Walking for Health encourages more people to become physically active in their local communities
Care Pathway for the prevention and management of obesity in children under 3s

**BMI <30kg/m²**

- Screening of maternal BMI pre-pregnancy or at 12 weeks or 1st contact with midwife
- If diagnosed with gestational diabetes refer to specialist services
- Usual care

**BMI >30kg/m²**

- Refer to dietetic service
- Monitor weight
- Promote smoking cessation
- Promotion of breastfeeding
- Communicate BMI to health visitor

**Monitor Growth of infant / child**

- 0-24 months: Plot weight and length on UK90 growth centile charts or UK-WHO growth charts for infants born after 11/05/09.
- >24-36 months: Take weight and height, calculate BMI. Plot BMI on UK90 BMI centile charts or UK-WHO BMI centile charts for infants born after 11/05/09

**0-24 months:**
- Upward crossing of weight across >2 major centiles
- OR: Weight < 99.6th centile
- OR: weight < 2 major centiles above length
- <24-36 months: BMI <91st centile

**1 or more parent obese**

- Yes
  - LOW RISK
  - Routine care
- No
  - MEDIUM RISK
  - Monitor growth.

**>24-36 months:**
- Upward crossing of weight across >2 major centiles
- OR: Weight > 99.6th centile
- OR: weight > 2 major centiles above length
- >24-36 months: BMI <91st centile

**1 or more parent obese**

- Yes
  - HIGH RISK
  - Follow Action Plan
- No

**NOTE:** figures 1 -11 correspond to the relevant section of the background notes
**Care Pathway for Overweight and Obese Children 3 – 18 Years**

**IDENTIFICATION via:**
- Healthy Child Programme
- National Child Measurement Programme
- Opportunistic
- Concern raised by professionals working with children and young people

**SAFEGUARDING ISSUES (see Appendix B)**
Consider if there may be wider safeguarding issues throughout and use Common Assessment Framework (CAF) as required - Team around child/Family (TAF/TAC) – Considering the needs of parents (See Appendix C)

**BASIC ASSESSMENT TO RAISE ISSUES** (See Appendix A)
1. BMI using calculator (5-16yr) or WHO Growth Charts, 2009 (3-4yrs) [www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx](http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx)
2. Consider presenting symptoms
3. Consider possible underlying co-morbidities 
   (see letter to GP/paediatrician)
4. Psychosocial distress (low self esteem, bullying)
5. Lifestyle – diet and physical activity
6. Environmental, family and social factors
7. Growth and pubertal stage
8. Involvement of other agencies (consider consent)
9. Motivation and readiness to change

**LEVEL 0**
- Information and offer of future support, in accordance with Healthy Child Programme
- Provide information on healthy eating and physical activity according to age. Signpost local activities as appropriate. Provide ‘Top Tips For Kids’ leaflet from Change4Life [www.nhs.uk/change4life](http://www.nhs.uk/change4life)
- If NOT ready to change and BMI 91st – 99.6th centile provide contact details of relevant health professional for support when ready
  - BMI > 99.6th MUST consider safeguarding

**LEVEL 1 (and 2)**
- Brief Intervention/Prevention Services and Targeted Weight Mgt
  - (Health Visitor, School Nurse, Practice Nurse, other trained workers)
  - For all services
  - Assess – discuss current lifestyle
  - Advise – use DH ‘Why weight matters’ and ‘Change4Life’
  - Agree – establish SMART goals
  - Assist/Arrange – signposting to local activities (see list local services)
  - Provide follow up – in 1-3 months as appropriate
  - Reassess after 6 months (feedback to GP)
  - Progressing – signpost to local activities
  - No progress – ensure GP copied in and aware, consider need for Level 3 intervention if >99.6
  - Refer to Community Dietitian
  - Consider Safeguarding and multi-agency meeting

**LEVEL 2**
- Targeted Services
  - BH Live Healthy
  - Weight Healthy
  - Lives 8-13yrs referral Programme
  - See Appendix G
  - Targeted Schools Programme for 8-10yrs
  - See Appendix H

**LEVEL 3**
- Age 3 – 15.9 years refer to PHT paediatrician for assessment and management
- Assess co-morbidities and possible aetiology
- Refer to children’s / community dietitian

**MAINTENANCE**
- Progress to this stage once achieved weight management goals. Ongoing monitoring of weight for 6 months to ensure child is supported and referred back into pathway if progress not sustained

**BMI < 91st CENTILE**
- One or NO co-morbidities and READY to change *
  - *(If co-morbidity is diabetes or more than one co-morbidity refer to LEVEL 3)*

**BMI 91st – 99.6th CENTILE**
- One or NO co-morbidities and READY to change *
  - *(If co-morbidity is diabetes or more than one co-morbidity refer to LEVEL 3)*

**BMI ≥ 99.6 CENTILE but < 4 S.D**
- NO co-morbidities and READY to change

**BMI > 99.6 CENTILE with co-morbidities or BMI greater than 4 SD from the mean line (see BMI charts)**
- Send referral letter to GP See Appendix D
  - (Unless meets Community Paediatricians criteria See Appendix D.(1))
- Clinical assessment for co-morbidity by GP See Appendix E
  - For >98th CENTILE
  - Lipid Profile, Fasting glucose levels
  - LFTs
  - See BMI charts

**LEVEL 3**
- Age 16-18 yrs with Endocrine/Diabetes problems refer to Endocrinologist at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust or Poole Hospital NHS Foundation Trust

**Appendix 3**
Appendix 4

Chart showing percentage of obese pupils in Bournemouth and Poole 2005-2010

NHS Bournemouth & Poole

Data Source: NCMP data  Information Centre for Health and Social Care
Appendix 5

Charts showing the 2009/10 percentage of overweight and obese pupils by gender

Source: NCMP Information Centre for Health and Social Care 2010
### Healthy Weight, Healthy Lives: Consumer Insight Summary on Population Group Types

<table>
<thead>
<tr>
<th>Cluster 1</th>
<th>Cluster 2</th>
<th>Cluster 3</th>
<th>Cluster 4</th>
<th>Cluster 5</th>
<th>Cluster 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Struggling parents who lack confidence, knowledge, time and money.</td>
<td>Young parents who lack the knowledge and parenting skills to implement a healthy lifestyle.</td>
<td>Affluent families, who enjoy indulging in food.</td>
<td>Already living a healthy lifestyle.</td>
<td>Strong family values and parenting skills but need to make changes to their diet and activity levels.</td>
</tr>
<tr>
<td><strong>family diet</strong></td>
<td>Seek convenience, eat for comfort, struggle to cook healthily from scratch.</td>
<td>Children fussy eaters, rely on convenience foods.</td>
<td>Enjoy food, heavy snackers, parents watching weight.</td>
<td>Strong interest in healthy diet.</td>
<td>Strong parental control but diet rich in energy-dense foods and portion size an issue.</td>
</tr>
<tr>
<td><strong>Physical activity</strong></td>
<td>Seen as costly, time-consuming and not enjoyable. High levels of sedentary behaviour.</td>
<td>No interest in increasing activity levels because parents perceive children to be active.</td>
<td>Believe family is active, no barriers to child’s activity except confidence.</td>
<td>Family active although believe children not confident doing exercise.</td>
<td>Know they need to do more: time, money, self-confidence seen as barriers.</td>
</tr>
<tr>
<td><strong>Weight status</strong></td>
<td>Mothers obese and overweight.</td>
<td>Families obese and overweight. Fail to recognise children’s weight status.</td>
<td>Families obese and overweight. Low recognition of children’s weight status.</td>
<td>Below average levels of obesity and overweight.</td>
<td>Parental obesity levels above average, children below.</td>
</tr>
<tr>
<td><strong>Demographic</strong></td>
<td>Low income, likely to be single parents.</td>
<td>Young, single parents, low income.</td>
<td>Affluent parents of all ages, households vary in size.</td>
<td>Affluent older parents, larger families.</td>
<td>Range of parental ages, single parent families.</td>
</tr>
<tr>
<td><strong>Intent to change</strong></td>
<td>High, but fear of being judged and lack of confidence are powerful barriers.</td>
<td>Currently low due to lack of knowledge, but willing to accept help once alerted to risks.</td>
<td>Low intent to change and likely to deny that problems exist.</td>
<td>Low intent to change but already leading a healthy lifestyle.</td>
<td>Low intent on diet but significant intent to change on physical activity.</td>
</tr>
<tr>
<td><strong>Potential task</strong></td>
<td>Build confidence, increase knowledge and provide cheap convenient diet solutions.</td>
<td>Increase understanding of risks of current lifestyle and develop parenting skills.</td>
<td>Encourage recognition of problem and awareness of true exercise and snacking levels.</td>
<td>Learn from successful techniques used by cluster.</td>
<td>Focus on increasing activity levels and educate on portion size.</td>
</tr>
</tbody>
</table>
The chart shows the association between the percentage of Year 6 children who are obese in each ward, plotted against deprivation score according to the Index of Multiple Deprivation 2007. Although there is a high degree of variability between ward deprivation score and the proportion of obese children, the black line indicates a trend of association – the more deprived a ward the greater the chance it will have a greater proportion of children who are obese.

Appendix 7

Childhood Obesity and Index of Multiple Deprivation 2007 by Ward

The chart shows the association between the percentage of Year 6 children who are obese in each ward, plotted against deprivation score according to the Index of Multiple Deprivation 2007. Although there is a high degree of variability between ward deprivation score and the proportion of obese children, the black line indicates a trend of association – the more deprived a ward the greater the chance it will have a greater proportion of children who are obese.

59 Battcock, V (2011)
Appendix 8

Fast food outlets distribution and relationships with IMD and Year 6 obesity prevalence\textsuperscript{60}.

\textsuperscript{60} Battcock, V (2011)

Map of the IMD score for each ward with the fast food outlet distribution overlaid.

Map of fast food outlet location and percentage prevalence of obesity in Yr 6 (NCMP 2008/2009)
Physically active travel (PAT), physically inactive travel and Year 6 obesity prevalence in Poole

When examining the relationship between physically active transport (PAT) there are examples linking high PAT with low IMD (Index of Multiple Deprivation). However, there are also wards which display anomalous patterns. Similarly there are both supporting and contradictory results within the physically inactive travel (PIT) and IMD maps. When regarding PIT and obesity there are positive correlations, however they are less pronounced, and there are more anomalies to this correlation.
Related Strategies, Programmes and Websites

There are a number of guidance documents and national and local programmes that support the childhood obesity agenda, including:

Local strategies and plans

Bournemouth and Poole Joint Adult Obesity Strategy and Action Plan 2010-15
Children and Young People’s Plans for Bournemouth
Children and Young People’s Plans for Poole
Poole Open Spaces Strategy
Bournemouth and Poole Play Strategy
Bournemouth and Poole Physical Education, Sport and Physical Activity Strategy for Children and Young People (PESPA)
Leisure Services Strategy
Poole 0-19 Participation Strategy
Poole 13 -19yrs Strategy
Sustainable Community Strategy
Sustainable Travel Strategy - Poole
Community Safety Strategy
Local Strategic Plan
Joint Bournemouth and Poole Arts Plan
Healthy School Meals
Emotional Health & Well-being guidance (including NHS Bournemouth and Poole CAMHS Strategy, Anti-Bullying Strategy
Bournemouth Healthy Early Years Programme;

National Strategies, Documents and Programmes

Healthy Weight, Healthy Lives;
Healthy Lives, Brighter Futures;
NHS Choices;
Change 4 Life;
National Child Measurement Programme (NCMP);
Healthy Schools and Healthy Schools Plus;
National Youth Agency’s Good Practice Guidance for Healthy Youth Work;
NICE Clinical Guidance 43
Childcare Act, 2006 in particular - Information Duty to provide information on activities
The Children Act, 1989 and 2004
The Disability Discrimination Act, 1995
Be active, be healthy: a plan for getting the nation moving, Department of Health (2009)
Building brighter futures: next steps for the children’s workforce, Department for Children, Schools and Families (2008)
Change4Life, Department of Health (2008)
Children’s Environment and Health Strategy, Health Protection Agency March 2009
Choosing Health, 2004
Cleaner, Safer, greener public spaces, DCLG
Walk for Health
Healthy Weight For Children and Young People Strategy Consultation

The draft strategy and an accompanying questionnaire were disseminated to a wide audience throughout January-March 2011 through a variety of means, in order to inform the action plan and partners.

11.1 The information was disseminated:

- on the PCT, Bournemouth 2026 and Poole Partnership websites
- through presentations
- via email to partners to cascade through their distribution lists
- through the Health Information Shop
- at public Family Information Events
- at focus groups and school groups with individual and group feedback
- through one to one surveys

11.2 Circulation included:

- Bournemouth and Poole Council Members
- Bournemouth and Poole Children’s Trusts
- Bournemouth and Poole Partnerships
- PCT GP’s, Health Visitors, School Nurses and stakeholders
- NHS Bournemouth and Poole Public Involvement Network
- Bournemouth and Poole Head Teachers and Governors
- Healthy Schools co-ordinators and PE teachers
- General public in Boscombe shopping centre, Health Information Shop, Healthpoint, JP Morgan
- Childminders
- Pre-schools and Nurseries
- Children’s Centres
- Out of School providers
- Youth Centres
- Poole Youth Forum
- Bournemouth Young Carers
- Dorset Race Equality Council
- Poole Special Needs Forum
- Poole Parents Voice Forum
University PE and Nutrition Students
• Bridging Communities and Faithworks members
• Fernheath Play Association
• Hamworthy Middle School
• Hillview Primary Year 2
• St Aldhelms Middle School parents

11.3 There were 117 electronic responses about the strategy and 312 Change4Life more general questionnaires which included single replies and amalgamated group feedback. There were common themes identified across the ages.

11.4 Information was also used from the Poole Children and Young People’s Services consultation January 2011 which reached 12% of the 5-19 population. The Poole consultation highlighted differences according to gender and age of the young person.

**Feedback**

11.5 95% of respondents agreed with the aim of the strategy.

11.6 Out of the five priorities promoting physical activity and healthy eating were the most popular, with people less keen to support incentives and advice on weight management.

11.7 Of the 312 Change4Life questionnaires only 108 claimed they knew what a healthy weight for children was and out of these most could not accurately describe how to check. This supports the strategy aim to promote a healthy weight for children and families.

11.8 220 had heard of the national Change4Life programme, which shows the social marketing tool is visible, but there is still scope for more promotion to raise awareness of the support.

**Barriers identified to eating well and moving more**

11.9 Lack of parental motivation and encouragement; authority; role modelling; time; knowledge.

11.10 All ages agreed that TV, computing and sedentary activities were barriers.

11.11 Doing activities with others- friends/ family is seen as important and a barrier if not available. Peer pressure is seen as a motivator for both positive and negative choices.

11.12 Laziness and lack of motivation combined with convenience eg fast food was acknowledged as an issue.
11.13 Marketing - the appeal and taste of less healthy options and the expense of healthier options.

11.14 Bullying and stress was mentioned by a few respondents.

11.15 Lack of time.

11.16 Lack of knowledge.

The consultation highlighted the following needs which are being addressed in the plan:

Parental support and education

is being addressed through Ante-natal work, Children’s Centres, Healthy Child Programme, breastfeeding support, parenting programmes, road safety, targeted food and health programmes in schools and community settings, Bournemouth HEY, adult obesity strategy, NCMP and care pathways and Family Information Events.

Providing local activities

is being addressed through developing an environment where a range of activities are accessible including park upgrades, developed in consultation with local community.

Local information

is being promoted through Children’s Centres, Early Years, schools, youth centres, Family Information Services, NHS Bournemouth and Poole, BH Live, Borough of Poole Recreation Development, Active Dorset and community development.

Marketing of healthy choices and information

is being addressed through Change4Life promotion and creation of a media plan.

Motivating and role modelling

is being addressed by ensuring professionals have the skills to support people eg– ante-natal, breastfeeding, Healthy Start, Healthy Child Programme, Healthy Weight, Healthy Lives raising the issue training for Early Years and schools, PE.

• Knowledge around cooking and recipes

is being addressed through Children’s Centres, Early Years, Schools, Youth Centres, Change4Life promotion, targeted food programmes in schools, the media, and community development.
Recommendations from Poole Children and Young People’s Services Consultation Jan 11

11.17 The Poole participation strategy steering group is now reviewing how the recommendations arising from their consultation can be addressed through the various borough strategies and action plans, including the Healthy Weight Strategy future action planning to help

- acknowledge the importance of parks and open spaces to 5 – 19 year olds by ensuring children and young people’s views are taken into account in the development of parks and open spaces, and activities provided.
- ensure that areas of Poole where children and young people walk and / or meet are well lit.
- focus on promoting and improving road safety, particularly outside schools.
- ensure more opportunities are available for dance, drama, music and arts and for young people to go to the gym.
- work with bus companies to explore bus fares and how to interact with teenagers.
- develop girl’s projects focusing on self esteem, appearance and health with 13- 19 year olds.
- promote services more effectively in schools.
- schools to continue to develop different ways for young people to ask for support from school staff.
- school nursing service to explore ways to engage young men.
- explore social networking sites as a mechanism for communicating with teenagers and continue to develop the website.
- Review information, advice and support services for those aged 12+.
- Continue the development of ways for children and young people to have their voices heard in the planning, delivery and evaluation of services.
References


   www.bis.gov.uk/foresight/publications/reports


   www.bournemouthandpoole.nhs.uk/aboutus/clinical-policies


   www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf

    www.bis.gov.uk/foresight/publications/reports

    www.bis.gov.uk/foresight/publications/reports


[www.poole.gov.uk/downloads/assets/PESPA_Strategy_Bournemouth_and_Poole_April_2010_-_March_2013_2.pdf](http://www.poole.gov.uk/downloads/assets/PESPA_Strategy_Bournemouth_and_Poole_April_2010_-_March_2013_2.pdf)


37. Dr Gabriel Scally, South West Regional Director of Public Health and Emma Sheridan Chair of ModeShift Foreword in *Promoting Active Travel to School: Progress and Potential October 2010*.  


<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Description</th>
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<tbody>
<tr>
<td>BBC</td>
<td>Bournemouth Borough Council</td>
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<tr>
<td>BESD</td>
<td>Behavioural, emotional and social difficulties</td>
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<td>BMI</td>
<td>Body Mass Index</td>
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<td>BPCHS</td>
<td>Bournemouth and Poole Community Health Services</td>
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<tr>
<td>C4L</td>
<td>Change 4 Life</td>
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<td>CCPR</td>
<td>Central Council of Physical Recreation</td>
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<td>CHS</td>
<td>Community Health Services</td>
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<tr>
<td>CIC</td>
<td>Children in Care</td>
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<tr>
<td>CLE</td>
<td>Children’s Learning and Engagement</td>
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<td>COMMS</td>
<td>Communications</td>
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<td>CYPIS ICT</td>
<td>Children and Young Peoples Integrated Services ICT</td>
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<td>DFHT</td>
<td>Dorset Food Health Trust</td>
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<td>DMF</td>
<td>Decayed, missing or filled teeth</td>
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<td>EYFS</td>
<td>Early Years Foundation Stage</td>
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<td>FOCUS</td>
<td>Focus on Communities Using Sport</td>
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<td>Free school meals</td>
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<td>Healthy Early Years</td>
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<td>HSE</td>
<td>Health Survey for England</td>
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<td>HWHL</td>
<td>Healthy Weight, Healthy Lives</td>
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<td>LA</td>
<td>Local Authority</td>
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<tr>
<td>MSOPA</td>
<td>Middle Super Output Area</td>
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<td>NACRO</td>
<td>National Association for the Care and Resettlement of offenders</td>
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<td>NCMP</td>
<td>National Child Measurement Programme</td>
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<td>NCOD</td>
<td>National Child Obesity Database</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>National Institute for Health and Clinical Excellence</td>
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<td>OFSTED</td>
<td>Office for Standards in Education</td>
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<tr>
<td>PESSYP</td>
<td>PE, Sport and Physical Activity Strategy for Young People</td>
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<td>Poole Hospital Foundation Trust</td>
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<td>PHSCE</td>
<td>Personal Health</td>
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<td>Public Service Agreement</td>
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<td>Red, Amber Green rating</td>
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<td>United Nations Children’s Fund</td>
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