
Healthy Weight and Physical Activity Strategy: Review and Refresh 2017-2020

Final Draft

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Our thanks also go to everyone that contributed to the workshops or responded to the online consultation, and to the Community Sport and Physical Activity Network (CSPAN) who have played a key role in driving the 2013-2016 CSPAN action plan.

1.0 Introduction

Welcome to The Royal Borough of Kingston's refresh of the 2013-2016 Healthy Weight and Physical Activity Needs Assessment and Strategy. Considerable progress has been made with achieving the overall recommendations:

- Improve and enhance surveillance of healthy weight and physical activity levels
In Kingston
- Improve and develop partnerships
- Improve communications
- Promoting a healthier weight across the life course
- Reaching a healthier weight across the life course
- Increase participation in physical activity and sport
- Invest in people and places to promote healthy lifestyles

Further detail on progress made with each of these objectives can be found in section 2.

The purpose of this refresh is to provide a summary of progress to date, an update of national and local data, emerging research and guidance, and a new set of refreshed priorities in line with Kingston's Joint Health and Wellbeing Strategy Refresh 2017-2019¹, Destination Kingston 2016-2020², and the South West London Five Year Forward Plan³.

A key focus of this strategy is to support and empower the people of Kingston to tackle lifestyle behaviours leading to poor health later in life, and ensuring children and young people have the best start in life. The way we do things will inevitably alter due to reductions in local authority funding and budget pressures within the NHS. Kingston council has measures in place to become an 'enabling' council by 2020, using an outcomes based budgeting approach. In short, not merely focussed on delivering and commissioning services, but also enabling local people through a whole systems approach to self-care.

¹ Kingston Joint Health and Wellbeing Strategy Refresh, 2017-2019.

² Destination Kingston, 2016-2020.

³ South West London, Five Year Forward Plan (Draft), 2016

Progress with the previous Healthy Weight and Physical Activity Strategy action plan has been made in many areas, however there is still a need to focus on promoting a healthy weight because of the link between obesity and inequalities; excess body weight is markedly higher amongst lower socioeconomic status, and increases the risk of developing chronic diseases⁴.

In Kingston, the health of people is generally better than the England average. Kingston is one of the 20% least deprived local authorities however there are areas of deprivation where a life expectancy is on average 4.7 years lower than the least deprived areas⁵

This refresh provides a strategic focus on a smaller number of priorities that can support long term sustainable change.

1.1 Background

Obesity is defined as an abnormal or excessive fat accumulation that may impair health⁶. Body mass index (BMI) is a measure of healthy weight for height, commonly used to classify overweight and obesity in adults- a person is considered obese if they have a BMI of over 30⁷. The causes of obesity can be simply defined as energy intake exceeding energy output⁸, however it's not something that suddenly happens overnight, obesity develops gradually over time as a result of biological, psychological, social⁹ and environmental factors¹⁰. This makes it a somewhat complex condition requiring a multicomponent approach¹¹.

⁴ DH, Public Health Research Consortium, 2007.

⁵ Kingston upon Thames, Health Profile, 2016

⁶ World Health Organisation (WHO), <http://www.who.int/mediacentre/factsheets/fs311/en/> (accessed December 2016)

⁷ National Institute for Health and Care excellence (NICE). Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. Clinical guidance 43. London: NICE, 2006

⁸ Public Health England (PHE),

<https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2> (accessed December 2016)

⁹ BPS, 2011

¹⁰ Foresight (2007). Government Office for Science. Tackling obesities. Future choices-project report.

<https://www.gov.uk/government/collections/tackling-obesities-future-choices> (accessed December 2016)

¹¹ National Institute for Health and Care excellence (NICE). Preventing excess weight gain. Clinical guidance NG7. London: NICE, 2015.

Serious health consequences including type 2 diabetes, cardiovascular disease and some cancers can develop from being overweight and obese¹², the link between physical inactivity and obesity is well documented, and taking more daily activity can help to maintain a healthy weight and can promote a number of health benefits¹³.

National and local context

It is predicted that by 2050, 60% of adult men, 50% of adult women and 25% of children will be obese, impacting financially on the NHS with forecasts in the excess of £9 billion¹⁰. The Department of Health's policy ***Call to action on obesity in England***¹⁴ set a target to reduce the prevalence of adult obesity by 2020, however, the current prevalence of overweight and obesity amongst adults is 63%¹⁵. Since 2001, steady increases in obesity have been observed (22%-27%), as shown in table 1.

Table 1: Trends in Adult overweight and obesity 2001-2015

Year	Overweight (%)	Obese (%)	Overweight/obese combined (%)	Morbidly obese (%)
2001	39	22	62	1.7
2005	37	23	61	1.8
2010	37	26	63	2.7
2015	36	27	63	2.9

Source: Health Survey for England 2015

Adults

¹² Public Health England (PHE), http://webarchive.nationalarchives.gov.uk/20170110170048/https://www.noo.org.uk/NOO_about_obesity/severe_obesity (accessed December 2016).

¹³ Statistics on Obesity, Physical Activity and Diet: England 2015, The NHS Information Centre for Health and Social Care.

¹⁴ Department of Health (2011). Healthy Lives, Healthy People: A call to action on obesity in England.

¹⁵ Health Survey for England 2015: Adult Overweight and Obesity, 2016

In Kingston, the proportion of adults who are overweight or obese (58.2%) is similar to that of the London average (58.4%)¹⁵. In 2015, the proportion of obese adults in Kingston was 14.7%¹⁶, having reduced since our last strategy which produced in 2012, recorded as 16.7%¹⁷. This shows progress has been made since the previous strategy, demonstrating possible local success in halting the rise in obesity in adults.

The Public Health Kingston Adult Lifestyle Survey (2015)¹⁸ included an assessment of local physical activity, which found that, just over 61% of adults were achieving at least 150 minutes of activity per week (in line with the Government guidelines) while approximately 40% were undertaking a range of durations equating to less than 150 minutes of activity across the week. 44.8% of people who responded to the survey spent between 3-7 hours per day being sedentary i.e. sitting or lying down. These figures are not too dissimilar to the most recent data provided by London Sport whereby 26.7% of the local population remain inactive, and 12.7% are insufficiently active. That's around 40% of residents who are not doing enough activity (figure 1)¹⁹. Residents in Kingston upon-Thames are more likely to utilise outdoor space for sport and recreation compared to other parts of London. Since 2014, around 23.6% of residents participate in sport, and with 36.4% of the borough considered green space, this presents an ideal opportunity to increase further participation in sport and encourage physical activity, through targeted outdoor open space activities²⁰. 63.1% of all cardiovascular deaths under the age of 75 in Kingston are considered preventable; a strong argument for improving health through physical activity at all ages²¹.

In the UK it's estimated the direct cost of physical inactivity to the NHS is £1.06 billion²², locally this equates to £14,925,480 per 100,000 adults aged 16 and over (figure 2).

¹⁶ Kingston Public Health. Annual Public Health Report 2015, Eat well, exercise more, drink sensibly. 2015.

¹⁷ Healthy Weight and Physical Activity Needs Assessment 2013-2016

¹⁸ Kingston Public Health Lifestyle Survey, 2015

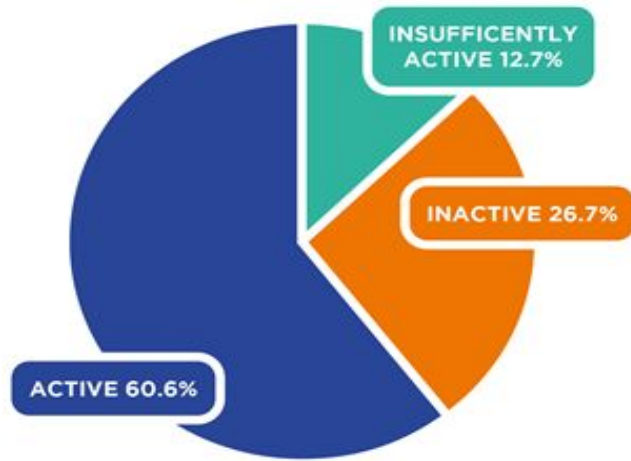
¹⁹ Kingston upon Thames Physical Activity and Sport Profile Borough Profile, 2017

²⁰ Sport England Active Peoples Survey: Local Picture, 2016

²¹ Public Health England: Public Health Outcomes Framework, 2016

²² Public Health England: Severe Obesity, 2016

Figure 1: Percentage of population aged 16+ achieving recommended levels of physical, 2017



Source: Sport England, 2017

Figure 2: Cost of inactivity to Kingston, per 100,000 Adults aged 16+



Source: UK Active, Turning the Tide on Inactivity, 2014

Children

Although the prevalence of overweight and obese children in Kingston is below both the national and regional prevalence, there is still a doubling in prevalence of obesity between Reception and Year 6 in Kingston that is also seen nationally. While the numbers are lower in Kingston, it highlights the importance of continuing to ensure services are targeting children of all ages and preventing the increases in obesity rates as children get older.

Data from the National Child Measurement Programme (NCMP) for 2015/16, indicates that nearly a third (29.9%) of children ages 2-15 were overweight or obese:

- In Kingston, children who are overweight and obese (combined) is 14.2% for reception (table 2) and 29.9% for year 6 (table 3).
- 5.5% of reception children (table 2) and 16.9% of year 6 are obese (table 3).
- These figures are lower than the London averages although at ward level, Kingston has the highest rates of child obesity in areas of high deprivation - Chessington South and North, Hook, Norbiton and Coombe Hill (Year 6 only).

Table 2: Overweight and obesity amongst reception age children in Kingston, London, England, 2013-2016

Year	Kingston		London		England	
	Overweight	Obese	Overweight	Obese	Overweight	Obese
2013/14	11.3%	6%	12.3%	10.8%	13.1%	9.5%
2014/15	9.6%	5.6%	12%	10.1%	12.8%	9.1%
2015/16	8.7%	5.5%	11.7%	10.2%	12.8%	9.3%

Source: NCMP 2013-2016

Table 3: Overweight and obesity amongst Year 6 children in Kingston, London, England, 2013-2016

Year	Kingston		London		England	
	Overweight	Obese	Overweight	Obese	Overweight	Obese
2013/14	13.1%	15.4%	15.2%	22.4%	14.4%	19.1%
2014/15	14%	15.8%	14.6%	22.6%	14.2%	19.1%
2015/16	13%	16.9%	14.9%	23.2%	14.3%	19.8%

Source: NCMP 2013-2016

2.0 Evidence base

Policy and guidance updates since 2013:

Royal Borough of Kingston upon Thames Physical Activity and Sport Framework: 2017-2020

This Physical Activity and Sports Framework sets out the agreed approach to the promotion, support and delivery of programmes to increase the levels of physical activity for the local community and particularly to target those who would have a strong health gain from becoming more active.

Sport England: Towards an active nation strategy: 2016-2021

This strategy focuses on greater resources invested in tackling inactivity, to encourage everyone regardless of their age, background or level of ability, to engage in sport and physical activity.

Child Obesity plan: August 2016

The long awaited child obesity plan recommends introducing a soft drinks levy, removing 20% of sugar in products through a voluntary broad structured programme, increasing sport time at school by an extra hour, making school food healthier and expanding breakfast clubs.

Obesity in adults: prevention and lifestyle weight management programmes. Quality standard [QS111] Published date: January 2016

This quality standard covers ways of preventing adults (aged 18 and over) becoming overweight or obese and the provision of tier 2 lifestyle weight management programmes for adults who are overweight or obese.

Obesity in children and young people: prevention and lifestyle weight management programmes. Quality standard [QS94] Published date: July 2015

Covers a range of interventions for lifestyle weight management to prevent children and young people aged under 18 years from becoming overweight or obese. This standard does not cover the clinical assessment and clinical management of obesity in children and young people.

Obesity prevention. NICE Quality Standard [CG43]: updated March 2015

This guideline covers preventing children, young people and adults becoming overweight or obese. It outlines how the NHS, local authorities, early years' settings, schools and workplaces can increase physical activity levels and make dietary improvements among their target populations.

Physical activity: for NHS staff, patients and carers. NICE Quality standard [QS84] Published date: March 2015

This quality standard covers encouraging physical activity in people of all ages who are in contact with the NHS, including staff, patients and carers. It does not cover encouraging physical activity for conditions.

Preventing excess weight gain. NICE Quality standard [NG7] Published date: March 2015

This guideline covers diet and physical activity behaviours to support children, young people and adults to maintain and healthy weight, or prevent excess weight gain. The aim of this guidance is to prevent conditions and diseases such as type 2 diabetes, cardiovascular disease, to improve mental wellbeing, and encourage active travel.

Weight management: lifestyle services for overweight and obese adults. NICE Quality Standard [PH53]. Published date: May 2014

This guideline covers multi-component lifestyle weight management services with the aim to help people lose weight and become more physically active to reduce the risk of diseases associated with obesity. It does not cover pregnant women or adults with a range of complex conditions.

Everybody Active Every Day: Public Health England. Published date: 2014

An evidence-based approach for national and local action to address the physical inactivity epidemic, supporting all sectors to embed physical activity into everyday life, making for an easy, cost effective and normal choice in every community in England Encouraging people to take control of their current and future health.

Obesity: identification, assessment and management. NICE Quality Standard [CG189]. Published date: November 2014.

This guideline covers the identification, assessment and management of obesity in children (aged 2 years and over), young people and adults. It aims to improve the use of bariatric surgery and very-low-calorie diets to help people who are obese to reduce their weight.

Behaviour change: individual approaches. Public health guideline [PH49] Published date: January 2014

This guideline aims to tackle health-damaging behaviours such as lack of physical activity, smoking, poor eating patterns and alcohol misuse, through a number of interventions based around goal setting, planning, monitoring and social support.

NHS England Clinical Commissioning Policy: Complex and Specialised Obesity Surgery. Published date: 2013

This policy outlines the model of care for managing obesity through the following tiers: · Tier 1- Primary care with community advice. Tier 2 - Primary care with community interventions. Tier 3 - A community/primary care based multi-disciplinary team (MDT) to provide an intensive level of input to patients (Tier 3 Weight Management Programme). Tier 4 - Specialist obesity services including surgery.

3.0 Where are we are now in Kingston -an update on progress

Recommendation 1: Improve and enhance surveillance of healthy weight and physical activity levels in Kingston

National Child Measurement Programme (NCMP)

Kingston continues to perform very well in the NCMP on an annual basis. Very high participation rates are achieved (consistently up at 99 %) by the local providers the School Health Team from Your Healthcare. Approximately 3500 children are measured every year and child weight status feedback letters are sent to parents.

An additional year 3 weighing and measuring programme ran for two consecutive years in 2014/15 and 2015/16. Data was collected from over 3000 children, child weight status feedback letters were sent to all parents whose children participated. The results have been analysed and over 600 pupils (20.5%) were carrying excess weight across Kingston. This has significantly contributed to programme planning for obesity prevention and treatment services over the past three years, however due to funding cuts this project has now been decommissioned.

BMI in Adults, including antenatal women

Kingston Hospital's maternity services data system is now set up to audit BMI at booking for pregnant women. Annual data is reported into the Maternal Obesity Action Group to aid planning of weight management services for women.

Physical Activity

As part of the implementation for the strategy and associated re-structure of the CSPAN, five sub-groups were created in the areas of; healthy weight, physical activity, cycling, inclusive sport and environment. A quarterly reporting tool has been established which enables members to monitor the progress they are making towards the actions identified in each recommendation and how they are contributing towards achieving the outcomes of the overall strategy.

We have developed stronger partnerships with our London Sport partners to produce the Kingston Infographic which was launched in 2016 providing insight into a range of physical activity/sport/health indicators profiling the local picture.

Recommendation 2: Improve and develop partnerships

Maternal Obesity Action Group (MOAG)

Kingston's Maternal Obesity Action Group was set up in 2013. Members include stakeholders from across Primary and Secondary Care, the wider community and Public Health working in maternity services up to the child's first year of life. The group has met 3 to 4 times a year and as a result numerous surveys, staff training, and services have been piloted and implemented to help improve services for overweight and obese women pre, during and following pregnancy in Kingston.

Staywell (Age Concern)

Working with Staywell (Age Concern in Kingston), a cycling option has been incorporated into the "Fit as a Fiddle" programme for the elderly, targeting harder to reach older people in the Borough. This runs alongside the existing offer of Nordic Walking, Aquarobics and "Chair Active", offering led rides around the Borough and has been encouragingly popular, particularly amongst people who used to cycle regularly when younger.

Leisure Providers

Places for People Leisure and South West London YMCA continue to offer a significant choice of activities across the lifespan as well as family based and pre and post school activities. Stronger links have been established with community health, working more collaboratively with public health by contributing towards health and wellbeing outcomes in the delivery of programmes such as Get Active Exercise on Referral, NHS Health Checks, National Diabetes Prevention Programme, along with other projects for people with long-term health conditions.

Recommendation 3: Improve communications

GP Physical Activity Clinical Champions

We partnered with Public Health England to deliver the GP Physical Activity Clinical Champions programme to GPs and health professionals in Kingston to improve understanding of physical activity's potential for prevention and treatment, and increase confidence in delivering brief interventions to patients as a method of clinical care. Over 100 health professionals have received training so far.

Public Health Communications

Kingston's public health team developed a directory of healthy lifestyle services and programmes in the borough, for residents to access free of charge, or at a subsidised rate. The Healthy Lifestyles helpline was also created to provide confidential support.

Kingston's Child Weight Management care-pathway (including safeguarding guidance) has been developed and disseminated across Kingston. It is regularly updated and distributed in local child obesity training to GPs, School Nurses, Kingston Hospital Paediatric department and children's services.

Communication methods

A comprehensive communications plan was developed by the Public Health team with the aim to contribute to local and national campaigns, through various channels including social media, the council website, digital displays, local media and events.

Refer-All Database

The Refer-All Database was launched in January 2016 with a number of lifestyle services configured into the web based management system, i.e. Get Active, weight management, stop smoking, alcohol and Better Bones programmes. GPs and healthcare professionals can directly refer into services via the secure online referral system, and residents can self-refer for selected programmes.

Recommendation 4: Promoting a healthier weight across the life course (key recommendations for the prevention of obesity)

Best Start in Life

Huge progress has been made with the Baby Friendly Initiative, with Your Healthcare achieving level two and currently working towards level three, and Kingston Hospital have achieved stage one and are working towards stage two.

Cook and Eat

Within the Children Centres, Family Learning were commissioned to deliver 6 Cook and Eat programmes per year between 2013-2016. This provided an opportunity for vulnerable families to develop cooking skills, and improve knowledge on healthy and sustainable meals for the whole family. Unfortunately, due to year on year savings and austerity, funding has not been able to continue.

Healthy Schools Kingston

Healthy Schools London was reinstated in Kingston in November 2013, and since then momentum has continued. Today, 86% of school are registered (45 schools), with 22 schools who hold a current bronze award. A further 7 school have progressed to achieving silvers awards, and 2 schools- one primary and one secondary school with Gold.

Food

For vulnerable adult groups with mental health problems and the homelessness, there are Cook and Eat sessions providing an opportunity to improve cooking skills and improve access to food. Public Health continue to provide training and support for providers delivering this programme.

The Healthier Catering Commitment works with retailers to ensure healthier food options are available on the high street. This is an area Kingston has had particular success with over the years, with The Good Food report awarding Kingston maximum points in 2016.

Recommendation 5: Reaching a healthier weight across the life course (key recommendations for the treatment of obesity)

Maternal

Substantial progress has been made in developing and determining the service requirements for Kingston's women of childbearing age. Numerous surveys conducted with midwives, pregnant women and parents of under-fives have helped identify the needs and priorities. Raising the issue of weight pre, during and after pregnancy training was commissioned for two consecutive years, delivering 6 sessions and reaching 66 medical and health professionals working in Kingston to improve confidence and knowledge when talking about weight with women.

A universal pilot postnatal weight management programme (Beyond the Bump) was commissioned, developed and ran for two years (2015-2016) in Children's Centres across the borough, reaching approximately 100 women. Due to funding restraints, this service has been discontinued. Potential to train local staff to deliver this programme in the future.

Children and Young People

Kingston Factor community child weight management schemes have continued to run for the last 3 years. It has reached over a 100 children and families and achieved clinically effective changes in BMI and growth, improvements in dietary choices and mealtime habits, physical activity levels, increased parental confidence in feeding their child and self-esteem in young people. Funding restraints in 2016 have required an overview of the service provided and a more targeted approach is being implemented utilising the clinical data from the NCMP and conducting proactive parent feedback calls with those identified above a healthy weight.

Adults

Kingston's By-referral adult weight management scheme was set up in 2014 to increase the accessibility and availability of free or low cost community weight management programmes to Kingston residents. The service provides a choice of 5 schemes (Weigh-2-Go, Slimming World-referral, Weight Watchers-referral, Get Active and Fit as a Fiddle) to adults with a BMI greater than 28kg/m², or more than 25kg/m² if they have conditions that place them at greater risk of weight related illnesses. Hundreds of adults access these schemes in Kingston every year with many achieving between a clinically effective 3-5% average weight

loss. A promotional campaign called 'Why Weight?' commenced in 2015 to increase referrals, these services predominantly attract woman so further work is required to engage men in joining weight management services.

A Tier 3 business case for a community specialist adult weight management service was prepared and submitted to KCCG in 2014 it has been reviewed and considered a couple of times by the Delivery Group but due to funding restraints it has not progressed further. Public Health will continue to pursue this as it is essential to help manage complex and severe obesity cases in Kingston.

Recommendation 6: Increase participation in physical activity and sport

Cycling

As part of the Kingston Get Active Exercise Referral programme, a 12 week Cycle skills pilot was first offered to patients in the autumn 2016 at the Kingsmeadow athletic track with professional cycle instructors and qualified coaches. Attendees complete a minimum of 1 session per week for 4 weeks to build their confidence. To work on core skills, they also complete a specific gym exercise programme at the same venue. This scheme will be fully rolled out in 2017.

Through our TfL funded Bikeability programme, the Sustainable Transport team offer free cycle training to all schools in the Borough taking children from learning to ride a bike (Level 1) to becoming confident enough to cycle safely on the road (Level 3). During 2016/17 more than 1,700 children have been trained across Kingston and Sutton.

Our AFC funded 'Aiming High' programme is targeted at Special Educational Needs (SEN) children, again teaching them cycle skills and increasing their independence. Around 50 children are trained each year.

ParkFit

The ParkFit programme targets inactive residents to become more active through outdoor sessions across Kingston, at no charge. Sessions include Yoga, Bootcamp, Abs Bums Tums, and Superhero fitness (for 3-7 year olds). 1595 people have accessed these sessions over a period of 18 months, of which 28% were previously inactive.

Walking

The Active4Health CSPAN sub-group and KVA (Kingston Voluntary Action) launched Kingston's first ever Walking Festival. The festival brought together local organisations and diverse community groups offering a range of opportunities to suit different tastes, ages and abilities for people to enjoy better health through walking in Kingston.

We commissioned a range of programmes to create greater opportunities and accessibility for socially disadvantaged communities, such as the Active Travel for Health project which succeeded in engaging residents in Norbiton and Malden Manor. Through a variety of visible and varied activities, comprehensive communications and rigorous partnership building, we delivered a unique project, providing skills and support to families to enable better engagement in walking and cycling activities.

StreetGames

Our StreetGames project (variety of fun activities combined with developing wider life skills, leadership and sport qualifications) was delivered in Norbiton and Chessington, and has engaged with nearly 200 young people in physical activity and sport sessions, with a legacy of 25 girls completing a Young Leaders Award.

Recommendation 7: Invest in people and places to promote healthy lifestyles

Green Spaces Strategy 2015-2021

A number of projects are in progress to deliver the themes, mainly concentrating around the installation of new play equipment, new paths and fitness trails, new benches and litter bins. In addition a number of funding applications aim to look to improve recreational opportunities and sporting facilities along with community building and plans for a training centre, run by an environmental charity.

Make a Splash

We delivered the 'Make a Splash', a Mayor of London funded project that offers mobile swimming pools to Boroughs for a 12 week programme to provide free swimming lessons to children and discounted community rates. Chessington Sports Centre was selected as a suitable venue in an area of high deprivation, with high levels of childhood obesity.

Indoor Sports and Leisure Facilities Strategy 2016-2028

The Kingston Indoor Sports and Leisure Facilities Strategy was approved and adopted by the Growth Committee in October 2016. Recommendations suggest Kingston replaces its four existing ageing leisure centres, with Health and Wellbeing Hubs. For example, the leisure centre will be the initial design principle, with added features such as a GP Surgery, Pharmacy, Community Services such as a library, adult education, youth services all under one roof.

4.0 Consultation

Stakeholders and partners

The consultation phase took place between February 2017-June 2017, involving engagement with stakeholders and partners across healthcare, education, sports & leisure, communities, commercial service providers, disabilities and older people. A joint workshop was held with London Sport who were commissioned to develop the 'Kingston Physical Activity and Sports Framework', to share and celebrate our success with the 2013-2016 Healthy Weight and Physical Activity Strategy, and to identify new priorities for Kingston. Key themes emerged from this workshop as seen in table 4.

Table 4: Key themes from the workshop

Responses	
Training and education	A need for training particularly around: <ul style="list-style-type: none">▪ Cooking skills, planning, budgeting (during pregnancy and early years)▪ Food growing

	<ul style="list-style-type: none"> ▪ Holistic approach to obesity (incorporating mental health and physical activity) ▪ In a workshop format.
Schools	<ul style="list-style-type: none"> ▪ Continue with Healthy Schools Kingston ▪ Look at challenges around school food and influence those not in the central school food contract ▪ Bring schools and partners together to improve food standards ▪ Effective use of the Public health responsibility deal.
CSPAN	<ul style="list-style-type: none"> ▪ Disability group runs well and historically the most effective sub group ▪ Cycling subgroup served its purpose well but should potentially now be expanded to Active Travel ▪ CSPAN Leadership needs reviewing, potential to ask independent organisation to chair but should be someone who sits on the Health and Wellbeing Board (HWB) ▪ Reduce CSPAN action plan to something smaller ▪ Partners need to recognise what they will get out of the membership/ attendance at meetings as well as the contributions they can make ▪ Consider the format and frequency of meetings – possibly make them more dynamic and less frequent ▪ Consider the purpose and knowledge sharing aspects.

Electronic surveys were created through Survey Monkey in two parts: part 1 to recognise achievements, learning points and new priorities and part 2, to consider how these newly agreed priorities might best be monitored and what governance structure would be best to support them and drive forwards continued innovation and success. Responses from the part 1 survey can be found in table 5, and responses from part 2 can be found in table 6. Full details of the agreed priorities can be found in section 5.

Table 5: E-survey results, part 1

Responses	
What works?	<ul style="list-style-type: none"> ▪ Better Bones Service ▪ Get Active continues to be a very good service - easy to access, flexible ▪ Antenatal classes offered to targeted groups and 5 breastfeeding drops in are widely spread over Kingston ▪ Fit as a Fiddle delivered activity and weight loss programmes to 1000's of people over 50.
What do you think our new priorities should focus on?	<ul style="list-style-type: none"> ▪ Targeting the inactive, including children and older people ▪ Exercise based programmes that incorporate healthy eating, cooking skills, and are available out of working hours ▪ Fun, accessible exercise opportunities for children in local parks and leisure centres, combined with healthy eating advice ▪ Healthy cooking skills for parents and people with chronic diseases

	<ul style="list-style-type: none"> ▪ Breastfeeding because of the lifetime benefits to all the family ▪ Implementing the Baby Friendly Initiative standards in the community and hospital.
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Table 6: E-survey results, part 2

Responses		Rate
Ranking of top 3 priorities	1. Adopting a whole systems approach to tackling overweight, obesity and inactivity	78%
	2. Accessible physical activity programmes for adults incorporating healthy eating/cooking skills	40%
	3. Partners working together to pool resources and avoid duplication	34%
Is the current CSPAN structure the right body to drive the refreshed Strategy?	Yes- healthy weight and physical activity have obvious links and should continue in this way	67%
How do you feel the current CSPAN governance structure should be led?	<ul style="list-style-type: none"> ▪ Councillor Chair with support from Council Officers 	45%
	<ul style="list-style-type: none"> ▪ Independent Chair from a partner that sits on the Health and Wellbeing Board. 	45%
Do you think this refreshed Strategy could be incorporated into a wider Health Improvement Strategy for Kingston?	Yes- this would help to raise the profile and build wider networks	56%

Various surveys and focus groups have been conducted over the years with young people, adults and older people to obtain views on healthy lifestyles, awareness of public health programmes and expectation/need. Feedback and testimonials are collected as a standard from service users participating in public health programmes. This data is used to measure impact and success, to identify any gaps in services, inform commissioning decisions, and look at areas for improvement.

Kingston Young People’s Health and Wellbeing Survey

In 2015, the Kingston Young People’s Health and Wellbeing Survey developed by the Schools Health Education Unit (SHEU) was carried out to obtain pupils views on healthy lifestyles. Key findings from 4581 pupils between the age of 10 and 15 are summarised in table 7.

Table 7: SHEU survey findings of young people’s views on healthy lifestyles

Key themes	Percentage
Pupils who reported wanting to lose weight	36% of year 8 boys 52% of year 8 girls 30% of year 10 boys 68% of year 10 girls
Pupils who said they worry ‘quite often’ or ‘very often’ about their weight	29%
Pupils receiving lessons/videos/discussions around healthy food and nutrition in the last 12 months	78% of year 7 pupils 68% of year 9 and 10 boys 63% of year 9 girls 50% of year 10 girls
Pupils who exercised at least 5 times per week in the last week	26%
Pupils who exercised between 2-4 times per week in the last week	61%
Pupils who exercised at least once a week in the last week	13%
Pupils who walk to school	46%
Pupils who cycle to school	7%

Visited a park or open space during their leisure time within the last 4 weeks	78%
Top barriers to exercise	
Costs too much	29% of year 8 36% year 10
Not available in my area	28% of year 8 34% year 10
I can't get there	22% year 8
I don't have time	29% of year 10

Further survey analysis found a number of associations:

- Enjoyment of exercise declines with age and more so in girls
- 74% of girls who missed breakfast said they would like to lose weight, and are less likely to find nutrition and healthy food lessons 'quite' or 'very useful'
- Pupils who said they would like to lose weight were less likely to enjoy exercise
- 71% of pupils who had at least 5 a day said they were active after school most days, and likely to have had lessons about healthy food in the last 12 months

Kingston Lifestyle Survey

The [Kingston Lifestyle Survey 2015](#) was conducted by Kingston's Public Health department, and consulted with 1,565 adults (aged 18 years and over) either through telephone interviews or an online survey. The aim of this survey was to provide a baseline for monitoring the impact of the lifestyle services and to gather the views of Kingston residents that can be used to plan new services.

Table 8: Awareness, use and recommendation to use the local Public Health Services

Public Health Service	Percentage		
	Aware	Used	Recommend

Kick-It (Stop Smoking Service)	11.6%	17.0%	15.2%
NHS Health Check	7.6%	38.0%	33.3%
Adult Weight Management (commercial programmes)	6.5%	6.5%	4.3%
Change for Life	6.4%	8.8%	7.7%
Weigh 2 Go	5.6%	10.0%	8.8%
Get Active Exercise on Referral	5.4%	10.5%	10.5%
Fit as a Fiddle	4.2%	8.3%	8.3%
Kingston Community Wellbeing Service	4.2%	6.7%	6.7%
Alcohol Support	4.1%	1.7%	1.7%
Desmond	3.9%	5.5%	5.5%
Parkrun	3.8%	3.7%	3.7%
Kingston Young People Substance Misuse Service	3.8%	1.9%	1.9%
Healthy Start (Healthy Eating)	3.5%	6.0%	6.0%
Factor Program	3.4%	4.2%	4.2%
Mental Health First Aid Courses	3.4%	10.4%	8.3%
Active Gardening	3.2%	4.4%	4.4%
Cook & Eat	3.2%	4.4%	4.4%
Falls Prevention Service	3.2%	6.7%	6.7%
Walking Away from Diabetes	3.1%	2.3%	2.3%

Expert Patients Advice Programme (Long Term Conditions)	2.7%	13.2%	13.2%
Fuel Poverty Prevention Service	2.6%	5.4%	5.4%
Reduce-Your-risk (Cardiac prevention)	2.4%	5.9%	5.9%
English for Health Club	2.3%	3.1%	3.1%
Total number of responses	100.0%	10.1%	9.2%

Residents were asked to identify the public health programmes and services they were aware of and if they had used and recommended using them to others. Table 8 shows that on average only 10% of the people who are aware of a public health service go on to using it and only 9.2% of those using it would go on to recommending it. This table also shows that not many people were aware of local services and programmes provided by the Public Health Department and highlight the need for improved marketing of the local programmes and better communication with the public. Table 9 shows the responses around physical activity and healthy weight service expectations.

Table 9: Provision of public health programmes and services expected by residents of Kingston

Physical activity	Healthy weight
More programmes for healthy walking	Greater access to support dietitians for weight management
More free exercise, sports, activity programmes for school age children/arranged through schools	More adult weight management services (free)
Activities & fitness programmes for older people	Diet and nutrition education in schools for pupils, and information packs for parents

Playground facilities for children in areas of higher deprivation	Healthy eating, help and support with exercise programme
Women's only exercise	Cookery course for healthy eating on a budget
13-16 year olds should be encouraged to partake in more exercise, and there should be more emphasis on free sports.	Weight management within school setting
School lessons to include the theory of physical activity	Eating disorder support for young people from age 11 and upwards
Exercise programmes should be better publicised	They need to advertise the weight loss campaigns better as rarely see the adverts/ it's very hard to get an appointment at our local GP.
Accessible roads to encourage walking, and cycling	Help and guidance for parents in healthy eating and more awareness in schools
Free swimming/gym membership- cheaper options for all to access	Sessions along with counselling to support you in losing weight.
Affordable access to local youth clubs, sports and activities for children and young people	Early intervention for overweight and obesity in young children

Review of services for older people

The Public Health Department of the Royal Borough of Kingston commissioned the Faculty of Health, Social Care and Education at Kingston University to review the public health services for residents aged over 65 years, through focus groups with service users. Data was collected between November 2014 and March 2015. 190 participants were invited to take part, 27 accepted and attended the focus groups.

Key recommendations:

Bone health

- Post programme support for participants that want to continue with their activities and social sessions

Fit as a Fiddle recommendations

- To reduce the time spent on nutritional advice or tailor sessions more appropriately
- Provide taster sessions
- Replace drop outs with people from the waiting list
- To encourage men to participate

Get Active recommendations

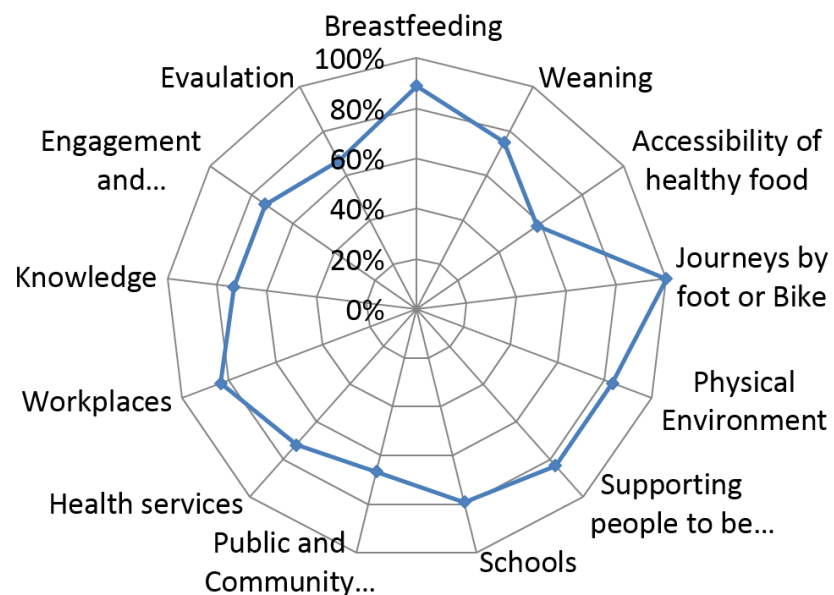
- Inform practice nurses who do NHS Health Checks about the programme
- Clear simple information about how to join a course
- Clear information about leisure centre cards
- Information and support about how to continue exercising after the course finishes

To summarise, residents felt there was a lack of clear information about how frequently the programmes are run, who is eligible to attend programmes and how many programmes residents are permitted to undertake.

5.0 Priorities for 2017-2020

In 2016, London boroughs were required to complete a Sector Led Improvement process for childhood obesity to help assess priorities. Kingston scored most highly on physical activity priorities such as journeys by foot and by bike (which reflected the London wide picture). We scored least well on access to good food again mirroring London but therefore highlighting this as a key priority going forwards. It also recognised the benefits of the whole systems approach which suggests Kingston is on the right lines with the CSPAN provided obesity and overweight doesn't become lost in the process.

Figure 3: Sector led improvement process for childhood obesity



Strategic objectives: local priorities for action

The main outcomes from the workshop, electronic surveys, and data collected from local resident surveys, service user feedback and local needs assessments were used to identify key priorities for Kingston in encouraging a healthy weight, and tackling lifestyle behaviours leading to poor health.

Outcomes from the focus groups and electronic consultations identified key priorities as:

Priority 1: Adopting a whole systems approach to tackling overweight, obesity and inactivity

Priority 2: Accessible physical activity programmes for adults incorporating healthy eating/cooking skills

Priority 3: Partners working together to pool resources and avoid duplication

Priority 4: Promoting best start in life (pregnancy, breastfeeding, healthy start, early years)

Priority 5: Accessible physical activity and healthy eating sessions for children in the community (green spaces, leisure centres)

Priority 6: Training and education for workforce (MECC, motivational interviewing, lifestyle topics)

Priority 7: Develop the food partnership to ensure improved access to good food

Priority 8: Continue with Healthy Schools Kingston