

# Sport and Physical Activity Strategy, 2013-15

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# CHAPTER 1: Introduction

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## Foreword

The London 2012 Olympic and Paralympics Games were the most eloquent demonstration possible of the power which sport has to transform lives.

They did this in a number of ways; By the wave of emotion in which they swept up communities and individuals throughout the land, by the way in which they introduced people to a newer and wider range of sports than they had perhaps known about before, by the dramatic way in which the Paralympic Games were and will continue to be probably the most powerful engine for social change in attitudes to disabled people that this country has ever seen, and by the way in which the Games displayed a new and confident vision of Britain as a nation which welcomes all and thrives on the diverse traditions which find a home here.

The power to realise the potential which sport has to change lives and society for the better in large part rests locally, in ensuring that sport and the opportunity to take part in and see a wide variety of sports are central to local plans and policies. In fostering a vibrant voluntary and club sector, and ensuring that the intellectual as well as the physical commitment needed to succeed in sport and to produce great sporting performances is recognised and prioritised. In ensuring a co-ordinated approach to sports development in education and strong links between schools and the community sector to facilitate upwards pathways in sport for those with particular talents or interests, in actively promoting an inclusive approach to sport, and in ensuring on-going opportunities to enjoy life to the full by taking part in sport or supporting clubs and teams later in life.

The intellectual, physical and emotional commitments engendered by sport have important benefits in supporting strong educational and personal development, in promoting health and well-being both physically and mentally, in fostering a strong sense of community, belonging and teamwork, and in making somewhere a good place to live, work and do business. Most importantly they do this best when the value of sport and the enjoyment which people can get from sport are prioritised for their own sake. This is certainly our approach in Havering, and I am very glad to introduce our new Sport and Physical Activity Strategy for the borough to enable us to continue to do so in the future.

**Cllr. Andrew Curtin**  
**Cabinet Member for Culture, Towns and Communities**

***“We’ve shared some wonderful days, haven’t we?  
Days when incredible people have performed  
feats we hardly thought possible. Days in the  
Paralympic Games when our minds opened to what  
people can do, to what they can achieve by sheer  
talent and determination.”***

Lord Coe.  
Paralympics Closing Ceremony,  
9th September 2012.

## About the Sport & Physical Activity Strategy

Reflecting that of the Culture Strategy, our Sport & Physical Activity Strategy is driven by the very simple **ambition**:

*“To transform lives through participation in, and enjoyment of, sport and physical activity”*

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The **purpose** of the Sport & Physical Activity Strategy is to: *‘Provide focus and added value to the efforts of everyone involved in the planning and provision of sport & physical activity in Havering, linked to a very clear view of what will be achieved by 2015’.*

The **Objectives and Principles** of our strategy are also based on those of the Culture Strategy:

### **OBJECTIVE 1: Health and Wellbeing**

Support a high standard of mental, physical and emotional health for all by increasing the number of people taking part in sport and Physical Activity and accessing the natural environment.

### **OBJECTIVE 2: Learning and Development**

Support learning opportunities for all, by enabling people to take part in new activities, ensuring development pathways are in place and providing access to coaching, officiating, leadership and club development training

### **OBJECTIVE 3: Towns and Communities**

Enriching our towns and communities, through investment and engagement in sport and physical activity.

### **PRINCIPLE 1: Community Empowerment**

Promote more active engagement in service delivery, from consultation, to volunteering, to devolving services to the local community.

### **PRINCIPLE 2: Work in Partnership**

Continue to work with our partners, internal and external, and regionally across borough boundaries, to achieve shared objectives.

### **PRINCIPLE 3: Inclusion & Cohesion**

Be smarter about collecting information on our customers and communities. Target new audiences and broaden access to our services, breaking down barriers to engagement where these exist, facilitating social progress and improved quality of life.

### **PRINCIPLE 4: Good Value Services**

Continue to develop innovative, modern and efficient methods of service delivery, thereby maintaining the high quality of our services against a backdrop of reduced budgets, and ensuring that activities are evaluated effectively to retain a focus on outcomes for local people.

## CHAPTER 2: The Value of Sport and Physical Activity in Havering

### 2.1 The intrinsic and instrumental value of Sport and Physical Activity

Sport and Physical Activity has both an intrinsic and instrumental value.

The intrinsic value of sport relates to training mind and body to excel and win in the individual's chosen discipline, whether this is a team or an individual pursuit. Participation in, or watching, sport is important for its own sake, for the important variety which it brings to life in Havering, and just because people are capable of great achievements of physical and mental prowess in sport. It should be encouraged for its own sake if people are to live life to the full in our borough.

There is a huge amount of personal discipline and investment required to participate in sport and physical activity, which relates to all our emotions, senses, intellects and bodies. This includes the intellectual commitment and physical skills required to excel, the emotions felt when competing, and the attachment and excitement experienced by both participants and spectators.

The instrumental benefits of participation in and supporting sport and physical activity are many and varied. It can help support a balanced healthy lifestyle and contribute to both mental and physical health. It is an important part of making sure that older people enjoy a high quality of life for longer, it plays a vital role in the education process, encouraging a sense of enquiry, physical articulation and a high-quality experience of life for young people. It is central to fostering a better, more inclusive society, as an inclusive society will not exist unless participation in "mainstream" activities such as sport is accessible to all. Sport can help address crime and community safety issues by engendering a sense of self-worth in participants and providing diversionary activity, and it promotes community cohesion by being a focal point around which all in the community can gather and find a sense of local pride and identity.



#### EXAMPLE:

Community Safety developed a partnership with Play Football, who recently opened a new 5-a-side football centre in Romford. The partnership has resulted in Community Safety accessing free use of pitches during the daytime to provide diversionary activities for those who are on Probation (Adults) or involved with the Drugs and Alcohol service.

## 2.2 The value of Sport and Physical Activity to residents

The last Culture & Leisure residents' survey conducted in 2010 illustrates how residents value the sports and physical activity provision in Havering, and explains the personal and community benefits that participation in such activities bring, for example:

- 98% of residents who participated in sport and physical activity on that day said they would do so again
- 87% of residents said they were satisfied or very satisfied with the sports facility they visited that day
- The survey also captured how participation in sport and physical activity made our residents feel, including:
  - 84% of residents agreed or strongly agreed that it was 'fun and relaxing'
  - 88% of residents agreed or strongly agreed that it made them 'feel fitter and healthier'
  - 60% of residents agreed or strongly agreed that it 'helped them to meet/mix with local people'
  - 66% of residents agreed or strongly agreed that it 'strengthened community spirit', 51% said it made them 'feel part of the community', 53% said it made them 'feel more positive about the borough', and 41% said it made them 'feel safer in Havering'.

The results of the 'Your Council, Your Say' survey in March 2011 showed that the largest proportion of Havering residents felt health services were the most important factor in making the borough a nice place to live. This was closely followed by level of crime, with activities and support for older people and activities for teenagers also featuring in the top 10. The provision of high quality sport and physical activity in the borough, for all ages, and with a focus on healthy lifestyles, makes a significant contribution to each of the above agendas that have been identified as priorities by local residents.

Although a low number of Havering residents aged 16+ (17.5%) took part in the recommended 3x30 minutes of physical activity, Sport England's Active People Survey 2009/10 showed that almost 50% (54% men / 43% women) of borough residents took part in sport or active recreation at least once in the four weeks prior to the survey. In addition the 2010/11 survey showed that 21% of borough residents were members of sports clubs, 13% had received sports tuition in the last 12 months and 13% had taken part in organised competition in the last 12 months.

The most recent Active People satisfaction figures available are for 2009/10 and show 74% of residents satisfied with local provision.

When asked if they would like to do more sport, 53.3% of the residents surveyed indicated they would (Active People Survey 5, Population data: ONS Annual population survey 2011).

Borough residents have the opportunity to take part in sport and physical activity in many different ways. This may be at a local leisure centre for fun, social reasons or to 'get fit', or to follow a developmental, competitive route to strive to reach their personal best. For young people training in competitive sport the discipline and dedication required can impact on the rest of their lives through, for example, learning life skills such as time management, commitment and respect, providing a strong social network, boosting confidence and offering opportunities to travel, while the sport remains an enjoyable, fulfilling activity in its own right.

## 2.3 Our contribution to Living Ambition

In 2008 the Council launched 'Living Ambition', a long term strategy to further improve the quality of life enjoyed by Havering residents, based on five goals – the Environment, Learning, Towns and Communities, Individuals and Value.

Sport and Physical Activity contributes to all five of these Living Ambition goals:



|                              |  |
|------------------------------|--|
| <b>Environment</b>           | Providing well maintained sports facilities and attractive new facilities, including indoor sports centres and outdoor facilities such as sports pitches, courts and outdoor gyms. Encouraging active travel, i.e. walking and cycling, thereby improving the environment and air quality. |
| <b>Learning</b>              | Broadening the range of sports which people can take part in or see, teaching new skills, raising awareness of healthy lifestyles through coaching, officiating, volunteering, leadership and club development training.   |
| <b>Towns and Communities</b> | Ensuring a balance of sporting activities for people to take part in or see locally.   |
| <b>Individuals</b>           | Pursuing inclusion for all in sport, contributing fully to tackling health inequalities and ensuring excellent customer service.   |
| <b>Value</b>                 | Delivering efficient, innovative and high-quality services.  |

## CHAPTER 3: Where are we now?

### 3.1 What facilities and services are provided?

#### Facilities

**Leisure providers, SLM**, operate Hornchurch Sports Centre, Central Park Leisure Centre and Chafford Sports Complex offering activities for all ages from mother and baby swimming to 50+ activity mornings. Central Park Leisure Centre has Inclusive Fitness Initiative (IFI) accreditation (a programme supporting the fitness industry to become more inclusive by catering for the needs of disabled and non-disabled people, as well as raising physical activity participation levels). Hornchurch Sports Centre is actively working towards IFI accreditation. Both Central Park and Hornchurch host the Physical Activity Referral Scheme. SLM has also recently launched an online tool that provides a new way for individuals to get physically active, stay motivated and get results. The online tool provides a range of training plans and video workouts that are available to download and can then be carried out at home, or any other location choice.

**Romford Ice Rink** is the home of the Romford Raiders, Ice Hockey team, junior ice hockey, figure skating and ice dance clubs. However, due to the new Romford Leisure Development that is scheduled to commence construction in 2014 the Ice Rink is likely to not be available for up to two years. At the time of writing this strategy discussions are ongoing with existing user groups about providing temporary provision during this time.

**Hornchurch Stadium** is the host facility for Havering Mayesbrook Athletic Club and AFC Hornchurch

**Outdoor Sports** - the Parks and Open Spaces Team are responsible for managing a wide range of sports pitches, tennis courts, bowling greens, multi-use games areas and outdoor gyms in parks around the borough. See Appendix 1 for a full list of facilities.

**School and College Sports facilities** - a wide range of sports facilities including grass football, rugby and cricket pitches, Artificial Turf Pitches, sports halls, gyms and swimming pools are based on school premises. The majority are open for community use and extensively used by sports clubs, while Abbs Cross Fitness is a commercial Health Club based on a school site.

The range of facilities and types of ownership are shown in the table below:

| Facilities               | Count | Ownership Type |           |                 |           |        |
|--------------------------|-------|----------------|-----------|-----------------|-----------|--------|
|                          |       | Commercial     | Education | Local Authority | Not Known | Others |
| Athletics Tracks         | 1     | 0              | 0         | 1               | 0         | 0      |
| Golf                     | 8     | 6              | 0         | 0               | 0         | 2      |
| Grass Pitches            | 99    | 1              | 53        | 45              | 0         | 0      |
| Health and Fitness Suite | 20    | 5              | 12        | 3               | 0         | 0      |

|  |               |              |               |               |          |              |
|--|---------------|--------------|---------------|---------------|----------|--------------|
| Ice Rinks  | 1             | 0            | 0             | 1             | 0        | 0            |
| Indoor Bowls   | 1             | 1            | 0             | 0             | 0        | 0            |
| Indoor Tennis Centre   | 1             | 1            | 0             | 0             | 0        | 0            |
| Sports Hall  | 38            | 0            | 34            | 3             | 0        | 1            |
| Squash Courts  | 2             | 1            | 0             | 1             | 0        | 0            |
| Swimming Pools   | 16            | 4            | 8             | 4             | 0        | 0            |
| Artificial Grass Pitch   | 8             | 0            | 7             | 1             | 0        | 0            |
| <b>Total</b>   | <b>195</b>    | <b>20</b>    | <b>114</b>    | <b>58</b>     | <b>0</b> | <b>3</b>     |
| <b>London</b>  | <b>5,809</b>  | <b>893</b>   | <b>2,571</b>  | <b>1,603</b>  | <b>0</b> | <b>742</b>   |
| <b>England</b>   | <b>65,826</b> | <b>8,866</b> | <b>30,668</b> | <b>16,966</b> | <b>1</b> | <b>9,325</b> |
| Source: Active Places Power: Year: Jan 2012: Measure: Number of sporting facilities by type of owner |               |              |               |               |          |              |

The accessibility of many of these facilities can be found on 'Disabled Go Havering' which is updated annually.

### **Health and Sports Development Service**

The Health and Sports Development Service is responsible for providing a sports development programme at various venues across the borough. Activities include:

- Delivering a sports and physical activity programme in conjunction with Public Health, including the delivery of:
  - a Physical Activity Referral Scheme (PARS), where primary care practitioners can refer patients with specific medical conditions onto a twelve week exercise programme; and
  - the MEND programme (Mind, Exercise, Nutrition, Do It), a family based programme tackling childhood obesity and healthy lifestyles: and the
  - Walking for Health programme;
- Organising and entering sports events including the Balfour Beatty London Youth Games and Panathlon;
- Working with sports clubs and School Sport Collective to develop sports pathways for young people;
- Driving forward Inclusive and Active 2:
- Representing the borough on the Pro Active East London sub-regional sports partnership;
- Supporting the development of clubs and sports volunteers;
- Working in partnership with Havering Sports Council and supporting the work of Havering Active, the borough's Community Sport and Physical Activity Network (CSPAN);
- Developing new sports facilities; and
- Using marketing tools, including Sport England's Sport Market Segmentation tool, to prioritise target groups and appropriate activity / marketing techniques.



## **Public Health**

Public Health work in partnership with Culture and Leisure to fund the Physical Activity Referral Scheme and MEND programme and, together with the Active Travel team, to promote walking and cycling. From April 2013 Public Health responsibilities will transfer to the Council. This is covered further on page 19.

## **The Havering School Sport Collective,**

The Havering School Sports Collective is chaired by the principals of the two Sports Colleges, Coopers Company & Coborn School and Emerson Park Academy. It has been set up to take the place of the former School Sport Partnerships. School Games Organisers are based in each of the Sports Colleges and every secondary school has a School Games Co-ordinator who is released for a minimum of half a day a week to work with local primary schools.

The Collective has also taken on responsibility for Continuing Professional Development for both secondary and primary schools and is working in partnership with Culture and Leisure on school club links. A full programme of Level 2 School Games is organised with winning schools progressing to represent Havering in the London wide Level 3 Games.

## **Havering Active: Havering's Community Sport and Physical Activity Network (CSPAN)**

The CSPAN structure was initiated by Sport England and in Havering is supported by Pro Active East London. It aims to bring together all providers of sport and physical activity within Havering to ensure a co-ordinated approach to delivery within the borough. Members include SLM (the Council's leisure centre provider), Romford YMCA, Havering Sports Council, the School Sports Collective and chair of Havering's Inclusive and Active steering group, as well as representatives from Havering Council and NHS Havering. All members contribute to a joint action plan. A key aim of the CSPAN is to increase participation in sport and physical activity, and this group will be key to delivering Havering's 2012 Sports Legacy plans.

It is anticipated by Sport England and Pro Active East London that borough funding bids are co-ordinated by the CSPAN. The group submitted a successful Community Investment Fund bid in 2009 to fund the Havering Sports Pathways programme and co-ordinated all borough funding bids for Sport Unlimited. It is expected that applications to Sportivate, a four year Sport England initiative to fund short taster courses for young people ages 14 – 25, will operate in the same way.

## **Havering Sports Council**

Havering Sports Council is the umbrella organisation for voluntary sports clubs within the borough and currently has 62 clubs affiliated (as of August 2012). A strong network of clubs provides a wealth of opportunities for all ages across a wide range of sports. The majority of member clubs are affiliated to their National Governing Body, giving the club access to support, and giving members access to development pathways. The Sports Council also encourages clubs to achieve Clubmark (see below) and to create links with schools.

## **Voluntary sports clubs**

A strong network of voluntary sports clubs caters for all levels of player, from coaching for beginners to providing opportunities to enjoy sport at either a social or competitive level. Many of the Havering teams competing in the Balfour Beatty London Youth Games are supported by local clubs. Club members regularly take part successfully in regional and national competitions, and go on to represent Essex, England and Great Britain. Havering club members are currently national champions or national squad members in a wide range of sports as diverse as athletics, swimming, ice hockey, judo, karate and shooting.

Clubmark is a quality assurance scheme for sports clubs and their junior sections and is endorsed by all the main sporting, youth and education agencies involved in delivery of sport to young people. Built around a set of core criteria, it ensures that all accredited clubs operate to a set of consistent, accepted and adopted minimum operating standards, providing a safe environment for children and young people. Clubs are accredited through their National Governing Body (NGB) or County Sports Partnership. Havering has 50 'Clubmark' clubs covering the following sports:

|              |           |
|--------------|-----------|
| Athletics    | 1         |
| Badminton    | 3         |
| Cricket      | 9         |
| Football     | 12        |
| Golf         | 2         |
| Gymnastics   | 4         |
| Hockey       | 2         |
| Judo         | 1         |
| Netball      | 3         |
| Rugby Union  | 3         |
| Swimming     | 4         |
| Tennis       | 6         |
| <b>Total</b> | <b>50</b> |



## **Havering Disabled Sports Association**

Havering Disabled Sports Association occupies fully adapted premises at the Broxhill Centre in Harold Hill and provides a range of opportunities for disabled people.

## **Spectator Sport**

There are plenty of opportunities to watch sport in the borough, for example: Club football and cricket can be watched in parks all over the borough on a regular basis, AFC Hornchurch plays regular Ryman League fixtures at Hornchurch Stadium, and there are spectator facilities at the Ice Rink and Leisure Centres.

### 3.2 Significant achievements from 2010-12 Sport and Physical Activity Sub strategy

The 2010-12 Sport and Physical Activity Strategy set out an action plan based on ten priorities. The full update forms Appendix 2, but a few of the most significant achievements are listed below:

- 'World Class' Diving facilities opened at Hornchurch Sports Centre.
- A full size Artificial Turf Pitch was opened at Brittons Playing Fields, managed in partnership with Brittons Academy.
- An agreement was signed with Morrisons to progress the new Romford Leisure Centre through to planning stage.
- The 5-a-side centre at King Georges Playing Fields was developed and opened in September 2012.
- Two Sport England Community Investment Fund projects, 'Increasing Physical Activity in Havering' and 'Havering Sporting Pathways' were successfully completed, with all targets met.
- Regular adult activity programmes were sustained and developed.
- Themed events were run around major sporting events including the Commonwealth Games and Football World Cup
- The Healthy Walks programme was sustained, with attendances increasing from 3,368 in 2007/08 to 5,758 in 2009/10 and to 11,423 in 2011/12.
- 30 minute beginner walks were introduced into the Healthy Walks programme.
- Physical Activity Referral Scheme was evaluated, reviewed and sustained.
- 'Havering Active for All' was established as an annual event for disabled people, their families and friends with pathways for regular participation.
- 'Gym and Swim', a programme for disabled young people, was established through partnership with Youth Service and SLM.
- 'Inclusive and Active 2', (the Mayor's strategy to include more disabled Londoners in sport) was adopted by the borough.
- QUEST accreditation (a leisure industry quality kite mark) was achieved for the Health and Sports Development team, Hornchurch Sport Centre and Central Park Leisure Centre.
- Over 200 coaches accessed funding from the Mayor's Legacy Skills fund to gain initial or higher coaching qualifications.
- Funding was received for 18 'Sport Unlimited' programmes and 8 'Sportivate' projects, to encourage 'semi sporty' young people.
- A tennis strategy was developed and the Havering Tennis Forum established.
- High specification accessible changing facilities were developed at Hornchurch Sports Centre.
- SLM Lifecycle investment delivered, including IFI status, and extension to the gym at Central Park Leisure Centre.
- Competitive opportunities for young people were sustained through the Balfour Beatty London Youth Games and Mini Games, Panathlon, Mini London Marathon and School Games.

### 3.3 SWOT analysis

| STRENGTHS   | WEAKNESSES  |
|---|---|
| <p>Good understanding of the value of Sport and Physical Activity within the Council</p> <p>Continued investment in facilities (e.g. Leisure Centre ‘Lifecycle’ programme, new Romford Leisure Centre Development and 5-a-side centre)</p> <p>QUEST accredited Leisure Centres and Health &amp; Sports Development team</p> <p>Strong community engagement record</p> <p>Good resident satisfaction levels</p> <p>Support from sub regional organisations, i.e. Pro Active East London and Interactive</p> <p>Council’s adoption of ‘Inclusive and Active 2’</p> <p>A robust School Sport Collective</p> <p>Strong partnership working with Public Health</p> <p>Havering Sports Council and strong network of voluntary sports clubs</p> <p>Strong volunteer base within the sector</p> <p>Large number of parks and open spaces, including sports pitches, tennis courts, multi-use games areas and outdoor gyms</p> <p>Continuing Parks investment programme (high quality facilities)</p> <p>Enthusiastic and competent staff</p> | <p>Need for better customer information</p> <p>Engagement with hard to reach groups</p> <p>Strong focus on delivery means evaluation could be more effective</p> <p>Resident satisfaction levels, whilst good, could be better</p> <p>A high percentage of residents are inactive. This presents an on-going challenge for the service, but also a significant opportunity to change behaviours and improve health and wellbeing</p> <p>Provision for spectators within indoor sport facilities could be improved</p> <p>Size of Health and Sports Development team presents challenges in capacity to deliver</p> <p>Capacity within sports clubs</p> <p>Inclusive sport opportunities</p> |

| OPPORTUNITIES  | THREATS  |
|--|--|
| <p>2012 Olympic and Paralympic Games Sports Legacy</p> <p>Sport England Focus on creating a 'Sporting Habit for Life', young people, satellite clubs on school sites, and National Governing Body whole sport plans, along with associated funding opportunities for their priorities</p> <p>Commissioning opportunities for sport and physical activity through personalised budgets, day care opportunities, clinical commissioning groups, changes to schools funding &amp; new academies</p> <p>Opportunities through Big Society policies and funding, including philanthropy, volunteering, and voluntary sector capacity building</p> <p>Funding opportunities arising from National Lottery's return to 'original good causes'</p> <p>Strengthen CSPAN and develop further opportunities for partnership working</p> <p>External/partnership funding</p> <p>Havering Active Marketing Campaign</p> <p>Leisure Centres - scope for closer partnership working, and the opportunity to focus more on sports development following review of leisure management contract during the life of this strategy</p> <p>Partnerships with National Governing Bodies</p> <p>S106 planning agreements and Community Infrastructure Levy to fund sports facilities</p> <p>Potential development of a new community leisure facility in the South of the borough, linked to a commercial leisure proposal</p> <p>Increased opportunities for working with Public Health following their transfer to the Council in April 2013</p> <p>New Youth Strategy and opportunities for partnership working with the new Youth Facilitation Team</p> <p>Promotion of Inclusive Sport through National Governing Bodies, clubs &amp; organisations.</p> | <p>Economic climate:</p> <ul style="list-style-type: none"> <li>• Council Funding</li> <li>• Impact of financial / economic situation on clubs / voluntary sector</li> <li>• Impact on Sport England and other funding bodies</li> <li>• Impact on individuals</li> <li>• Less disposable income</li> </ul> <p>An increasing and changing population resulting in increased demand for services impacting on already stretched services, including the Health and Sports Development team</p> <p>Transfer of Public Health responsibilities to the Council, including budget (both threat and opportunity)</p> |

### 3.4 Responding to a changing community

Accurate local demographic data, both current and forecasted, is of great importance in terms of planning and delivering our services to meet the needs and interests of residents. This section provides an overview of our local population and how we will respond to changes, challenges and opportunities.

#### **A Growing Population**

At the time of writing, there are approximately 240,000 people living in Havering, with population projections predicting a 5% increase by the end of this strategy (2015) and a 13% increase by 2021<sup>i</sup>. It is estimated that the population of South Hornchurch will grow the most over the next five years, followed by Brooklands, Harold Wood and Romford Town.

An increasing number of people living in the borough means increasing demand for services, and presents both a challenge and an opportunity for the sector.

#### **An Ageing Population**

The 2011 census calculated the average age for residents in Havering as 40 – the highest average age in London and above the England average. 17.9% of residents were over 65 and 2.6% were over 85. The percentage of older people is due to increase significantly over the next few years. In 2011 there were 1,937 people over 90, by the end of this strategy (2015) there will be 2,496, and by 2021 there will be 3,297 (a 70% increase).

It is increasingly important that this age group be encouraged to adopt, and supported to maintain, a healthy lifestyle. Preventative approaches should be adopted to safeguard their health and enable them to continue an independent lifestyle, living in their own homes.

Havering has a large proportion of older people living alone who would benefit from socialisation and physical activity to maintain mental and physical health, and to address growing concerns around obesity in older populations (a quarter of pensioners in Havering are estimated to be obese).

Maintenance of mobility through exercise must be encouraged to address rising numbers of people hospitalised due to falls. Participation in targeted physical activity programmes could help address isolation and build up social networks as well as impact on emotional and mental health as well as physical inactivity and obesity. Promotion of active travel to those to whom this is practical could also help to overcome the fact that 60% of pensioner households in Havering do not have access to transport.

Since around 49% of residents over 65 have a long term limiting illness it is paramount that safe, appropriate, fun and inclusive sport and physical activity options are available to ensure that these individuals feel able to continue participating in physical activity.





## **An Increasing Number of Children**

The 2011 census found 5.8% of Havering's population were under 5s – the lowest in London (though set to increase by 15% in 2015 and by 23% in 2021). The 5-9 bracket is currently about average for London, but is set to increase significantly over the next few years (from 13,307 in 2011 to 15,157 in 2015 and 18,424 in 2021 – a 38% increase).

An estimated 19% of children are thought to live in poverty in Havering, 27% live in lone-parent families, and approximately 400 families have been categorised as having multiple complex needs, with a further 2,000 families categorised as 'barely coping'. It is therefore vital to continue to work with partners to provide targeted services for children and young people to address differences in need.

1 in 5 children in Havering are obese by the age of 11 (similar to national average) and 12% are obese by the age of 5 (significantly higher than national average). Children in Havering also eat less fruit and vegetables and undertake less physical activity than the national average. This presents a major challenge for the service in the future, to reverse this trend for both current and future generations. Weight management programmes, close partnership working with schools, and delivering physical activity programmes targeted at children and young people will be increasingly important.

## **A More Diverse Community**

The population of Havering is the least ethnically diverse in London, but it is becoming more diverse. The highest ethnic diversity in Havering is amongst young people, with 23% of school pupils in 2011 coming from non-white ethnic backgrounds, primarily Black African descent. Some estimates predict the current percentage of BME residents could grow 21% by 2016 and 40% by 2021<sup>ii</sup>.

Having a good understanding of the diversity of the local community is important for a number of reasons. For instance, physical activity levels are often lower in BME families. There are also differences in health risk levels within BME communities, for example diabetes prevalence is higher for those of Asian and Black ethnicity.

## **Disability**

Approximately 17.5% of working age residents in Havering are disabled<sup>iii</sup>, and approximately 49% of Havering residents aged 65 or older have a limiting long term illness<sup>iv</sup>. Of these 65+ residents with a limiting long term illness, 7,742 also live alone<sup>v</sup>. The JSNA states that this number of disabled people in Havering may increase by 7% over the next ten years, while the number of adults with learning disabilities may increase by the same amount.

This forecast suggests there will be an increase in the number of our service users with physical, learning and sensory disabilities. We need to be proactive in ensuring there is sufficient



understanding and training across the sector so that sports centres and clubs are able to accommodate a higher percentage of disabled people.

Havering has committed to 'Inclusive and Active 2', the Sport and Physical Activity strategy for disabled people in London. This London wide strategy has been created in partnership by the Greater London Authority (GLA), NHS London and Interactive and has a vision of active disabled Londoners. By committing to this, Havering has the support of an Interactive Inclusion Officer to help develop and implement an action plan (attached as Appendix 4). The Inclusive and Active Steering Group and Culture Disability Forum also provide a local network of organisations and sharing of information.

### **Areas of Deprivation**

Indices of Multiple Deprivation combine information about topics such as housing, health and economic circumstances to give an overall indication of the levels of deprivation experienced by people in a local area. Havering is ranked as 200th most deprived out of 354 local authority areas, so it does not appear to be a highly deprived area when compared with other places nationally. However, there are pockets of deprivation across the borough. For older people, Gooshays, Heaton and Brooklands are the wards with the most people experiencing deprivation, while for young people it is Gooshays, Heaton and South Hornchurch. It should also be noted that there are smaller pockets of deprivation (at super output area level) that are not reflected within ward level analysis, but where activities should also be focussed.

People living in areas of greater deprivation on average have lower levels of physical activity, so this data is important for targeting our programmes and marketing services.

### **Health Inequalities**

The health of people living in Havering is mixed compared to the England average. The Health Profile 2011 reports Havering to have an average life expectancy (78.6 years) across inter-borough deprivation quintiles, which is significantly better than the national average. However, Havering residents consume less fruit and vegetables and undertake less physical activity than the national average.

Health inequalities are evident throughout the borough. Variations in health of residents from ward to ward are consistent with the link between deprivation and behavioural risk factors such as poor diet, inactivity and obesity. E.g. life expectancy is 6.2 years lower for men and 4.3 years lower for women in the most deprived area of Havering than in the least deprived area (Slope Index of Inequality 2011).

The health of local residents, and how sport and physical activity contributes to wellbeing, is covered further on page 19.



## Low levels of Physical Activity

Chief Medical Officers' guidelines state that adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous intensity activity.

Sport England's Active People survey, the most comprehensive nationwide survey of participation in sport and active recreation, measures the percentage of people achieving 30 minutes of physical activity, 3 times per week. This data is used to create two reports – Sports England's Sports Participation indicator and the former national performance indicator N18 which includes recreational walking and cycling. The Active People survey identifies Havering as having low participation rates:

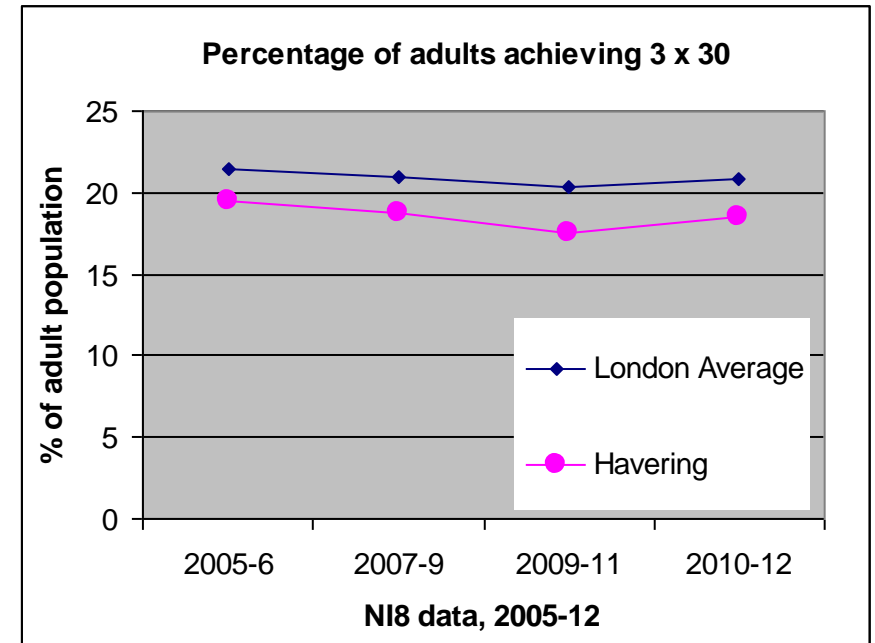
- **Sport England's 3x30 sports participation indicator\***

The initial survey of 1,000 residents, completed in Oct 2006, put Havering at 18.9%. The latest survey of 500 residents completed in Oct 2011, put Havering at 15.3%. (Note that these figures do not include recreational walking or infrequent recreational cycling but does include cycling if done at least once a week at moderate intensity and for at least 30 minutes. It also includes more intense/strenuous walking activities such as power walking, hill trekking, cliff walking and gorge walking)

- **N18 figures (includes recreational walking and cycling)**

The initial survey of 1,000 residents, completed in Oct '06, put Havering at 19.5%. The latest figures of Oct '09 to Oct '11 (Active People Survey 4/5) puts Havering at 17.5%, which is lower than previously and below London and England participation rates. Data suggests 51.8% of adults in Havering do no physical activity.

\* **Note: Sport England's 1 x 30 sports participation indicator** - Sport England have now changed their sports participation indicator to 1 x 30 minutes of moderate activity per week. This supports more people to take on and develop a 'Sporting Habit for Life' and can be used to monitor the change from 'inactive' to 'active'. For the period Oct 2011 – Oct 2012, 32.6% of Havering residents were doing at least 30mins of moderate activity per week (below the London average of 36.5).



## Summary

Implications from the current and forecasted demographic makeup require us to:

- Accommodate an increase in demand for services among older people
- Provide appropriate, and increased, targeted provision for the very elderly (90+)
- Increase the number and/or reach of targeted, health related interventions
- Accommodate an increase in demand for services among children, particularly 5-9 year olds
- Accommodate an increase in demand for facilities and activities within South Hornchurch, Romford Town, Harold Wood and Brooklands in order to respond to population growth forecasts
- Increase work with, and promote activities to those who are currently under-represented in terms of their engagement in sport and physical activity, i.e. black and minority ethnic groups, women and disabled people, in order to increase their physical activity
- Provide access to more affordable opportunities in specific wards
- Target initiatives at older people and young people in the wards with greatest number of each
- Improve levels of physical activity among Havering residents across the board in order to reduce obesity and other related health conditions and to improve overall health and wellbeing
- Work in partnership with the NHS to provide condition specific services (through expansion of PARS)
- Ensure activities and facilities are accessible to all, to reduce health inequalities which are strongly linked to social inequalities

The Borough is well placed to address a number of these issues. Providers include: i) the Health and Sports Development team who currently offer targeted activities (including armchair exercise for the elderly, the Physical Activity Referral Scheme, school holiday activity for primary school children and targeted work with specific demographic groups), ii) SLM, who manage the borough's Leisure Centres, and iii) the YMCA, who provide opportunities for the whole community, schools and voluntary sector clubs.



### 3.5 Health and Wellbeing

Due to the central importance of Health and Wellbeing within this strategy, this section looks to cover the area in greater depth.

#### **The health of Havering residents and the importance of physical activity**

Physical activity is widely evidenced to have a protective function in the two predominant causes of premature death in Havering – **Cancer** (45%) and **Cardiovascular disease**<sup>vi</sup> (28%). About 1,200 people in Havering (one in every 200) are diagnosed with some form of cancer each year and more than 600 a year die of the disease, yet most people could significantly reduce their risk of developing cancer by living more healthily.<sup>vii</sup>

**Strokes** represent a major cause of death and disability in Havering, yet they are largely preventable, with many of the risk factors amenable to change through alterations in lifestyle, including physical activity and diet. Similarly, **Hypertension** (coined ‘the silent killer’) can be prevented or improved with physical activity, yet is still more common in Havering (32.1% of adults) than nationally (30.5% of adults).

The **diabetes** prevalence in Havering is in line with London and nationally, with 2008/2009 QOF<sup>viii</sup> data showing 5% of adults (aged 17+), or 9,945 people registered with GPs have diabetes. Projections suggest that diabetes will continue to become more prevalent in Havering, increasing to 6.4% by 2025. Regular physical activity can reduce the risk of developing Type 2 diabetes and metabolic syndrome, and can help those with diabetes to better manage their condition.

Doing aerobic, muscle-strengthening and bone-strengthening physical activity of at least a moderately-intense level can slow the **loss of bone density** that comes with age, and reduces the **risk of falls, musculoskeletal disorders and hip fracture** (which can have life-changing negative effects, especially on older people). More than 1,900 people in Havering are admitted to hospital annually due to a fall.<sup>ix</sup>

Regular physical activity can help keep your thinking, learning, and judgment skills sharp as you age, with some research even suggests it can reduce the onset of **dementia**<sup>x</sup>. Physical activity helps people feel better through **improvement in mood, better sleep, reduced anxiety and enhanced self-perceptions**. Physical activity is also seen as an effective treatment of **clinical depression**.<sup>xi</sup> Approximately 3,760 older people are estimated to have depression in Havering, and this is predicted to rise to 4,146 by 2020<sup>xii</sup>.

Yet despite all of these health benefits and more, Havering residents still have below average levels of physical activity. It must be a priority for the Council, NHS and partners to reverse this trend of inactivity. Even a moderate overall increase in activity levels could result in significant improvements in health. This in turn would lead to improved quality of life and significant savings in health and social care services by reducing preventable illness and supporting people to better manage their conditions. We need to work in partnership with the NHS and Social Care to provide supported pathways into physical activity and encourage these professional to refer and signpost patients/customers, including those identified through NHS Health Checks.

One existing method of referral is the Physical Activity Referral Scheme (PARS), but GPs can also signpost patients to other activities, such as the Healthy Walks programme, specific physical activity programmes delivered by the Health & Sports Development Team, and more mainstream physical activity within the commercial and voluntary sector. Social care professionals should also be able to signpost customers to these activities, for example through social care workers and through the new CarePoint service. We need to ensure health

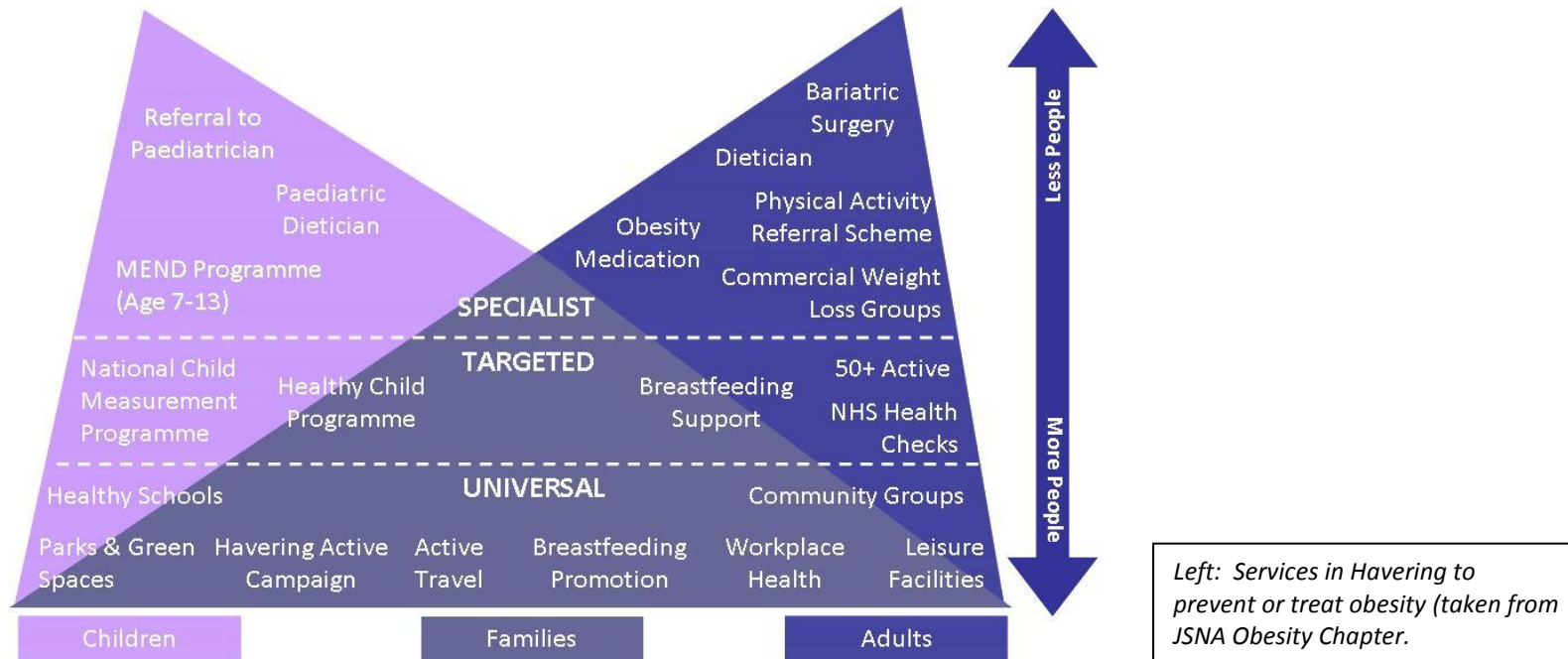
and social care professionals have up to date and easy to access information about these pathways and have the confidence to refer/signpost people to them.

**Tackling Obesity (Priority 4 of Health & Wellbeing Strategy)**

Another priority identified in the Health and Wellbeing Strategy is obesity. An estimated 27.3% of adults in Havering are obese, the third highest in London, and the prevalence of childhood obesity is also high (12% are obese by the age of 5)<sup>xiii</sup>. Obesity increases the risk of several significant diseases including cancer, cardiovascular and diabetes all of which are prevalent in Havering. Obesity alone, and the development of associated disease, places a significant burden on NHS services, has social impacts and reduces people’s quality of life.

Preventative work such as promoting physical activity can help to tackle obesity, whilst having additional health benefits. The JSNA Obesity Chapter identifies a number of initiatives to prevent or treat obesity (see diagram below). The Council’s Health & Sports Development Team delivers the following initiatives referenced in this chapter – MEND, PARS, Havering Active Campaign and Leisure Centre facilities, and it also feeds into many other initiatives, including Parks & Open Spaces and Active Travel.

The MEND programme has proven to be successful in reducing BMI and improving fitness and diet amongst participants, but we know that there are more children out there that could benefit from the programme. We need to continue to work in partnership with schools, health and social care professionals and others to increase participation in the programme.



## **Early help to vulnerable people to live independently (Priority 1 of Health & Wellbeing Strategy)**

The Health and Wellbeing Strategy focuses on the concept of prevention. By identifying key intervention points, and putting in place appropriate and timely interventions, we can reduce the likelihood of people needing more intensive support from the health and social care system, and ensure people have a healthy, high quality of life. Also underpinning the strategy is recognition that people should be in control of decisions affecting them, be informed and take personal responsibility, e.g. through self-care and direct payments.

Physical activity is a major method of prevention in relation to a number of illnesses, as described above. It also helps people to reduce and/or manage conditions such as diabetes, obesity and muscle and bone strength.

One of the priorities within the Health & Wellbeing Strategy is to provide 'early help to vulnerable people', with a particular focus on older people and ensuring they can live independently for longer. Physical activity can provide a number of mental and physical health benefits for older people, and we already provide a number of targeted activities for these demographic, including tai-chi, armchair exercises and recently, through Activate Havering, a free swimming and racket sport initiative for over 50s. However, we know that there are more people out there that would benefit from support or signposting to activity, which we are unable to identify. We need to work in partnership with the NHS and Adult Social Care to identify those in greatest need/risk but who are currently inactive so we can intervene early.

## **Transfer of Public Health responsibilities**

In our SWOT analysis we identified the transfer of Public Health responsibilities to the Council in April 2013 as both a threat and an opportunity.

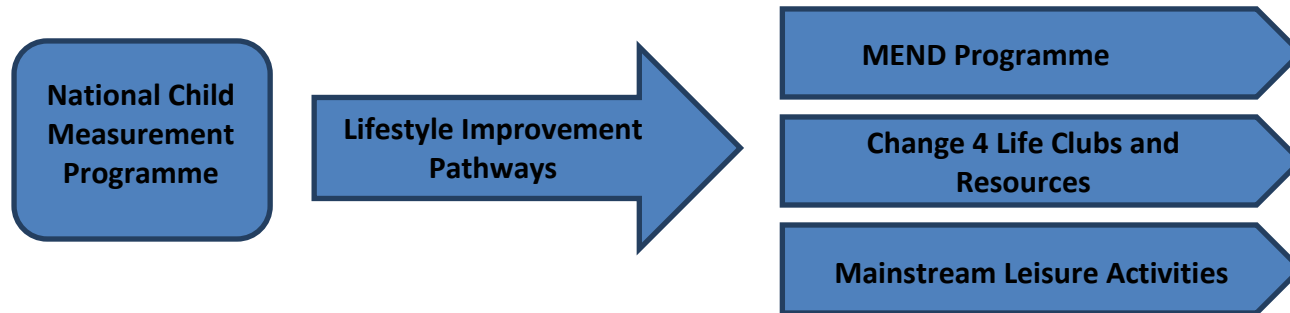
The transfer could be seen as a threat in that strong partnerships have been established with public health which could be lost or weakened in the process of transferring. Another major threat is that current initiatives are discontinued as part of the contract stabilisation process (the process where existing contracts are reviewed and budget assigned accordingly), this is a particular risk for the PARS and MEND programme which are currently funded by Public Health. Both of these programmes have had their success clearly evidenced, and continued investment is essential to ensure long term, cumulative benefits are not lost, therefore we must seek to secure continued funding for both PARS and MEND.

The transfer could also be seen as an opportunity, both for new commissioning opportunities and improved partnership working with the new Public Health function within the Council. A number of Public Health responsibilities transferring are statutory, such as the National Child Measurement Programme and the NHS Health Checks. We will work in partnership with the Clinical Commissioning Groups (CCGs) and Public Health, to strengthen and promote the pathways from these initiatives into physical activity programmes (see next page).

## **National Child Measurement Programme (NCMP)**

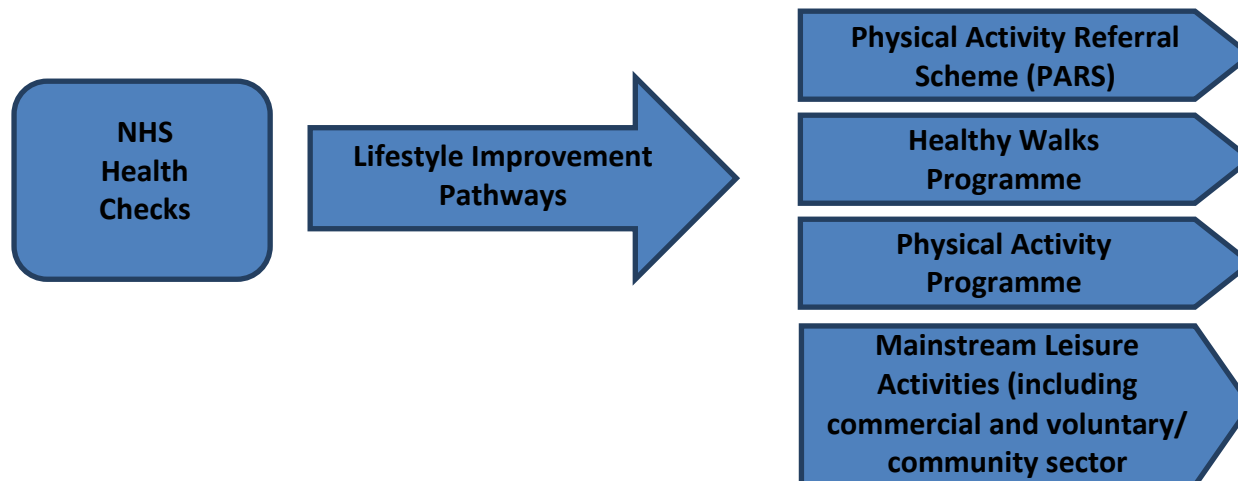
Public Health currently commission the annual NCMP by measuring all children in Reception (age 4–5 yrs) and all children in Year 6 (age 10–11 yrs) in maintained primary schools located within Havering. For Reception year children, NHS Havering commissions the service out to the school nursing team, who collect height and weight data as part of routine check-ups of this year group. For year 6 children, the NHS collects their own data, sending NHS staff into schools to collect height and weight measurements.

After measurement, a feedback letter advises parents on the weight status of their child, and they are provided with a Change4Life booklet, and information advising on local services and options for further support (including MEND).



## **NHS Health Checks**

The national NHS Health Check Programme is defined as ‘a standardised vascular risk assessment and management programme for people in England aged 40 to 74 years and not currently on the CHD or Diabetes registers’. In Havering all eligible people who are registered with a Havering GP will be offered the opportunity to have their vascular risk assessed every five years. GPs assess the physical activity levels of the patients as part of the Health Check process, and can refer or signpost to lifestyle services where appropriate (including PARS). Those at greatest risk will also be recalled for further check-ups.





## **Universal Access – Improving Health & Wellbeing for All**

Whilst we do deliver a number of targeted and personalised physical activity initiatives to priority groups, the focus of our services and strategy is more universal.

We aim to raise the overall health and wellbeing of the whole population of Havering through access to universal services and by promoting increased physical activity for all. This is important not only for the simple reason that we should continuously strive to improve everyone's health & quality of life, but also in the context of the Marmot Review (2010) which describes how focusing solely on the most disadvantaged will not reduce health inequalities sufficiently, and that 'to reduce the steepness of the 'social gradient' in health, actions must be universal – but with a scale and intensity that is proportionate to the level of disadvantage'.



There is a real common sense element to this, based on the concept of prevention - if we only focus on those who are 'most in need', the result will be that the healthy become unhealthy, and the 'most in need' group will continue to grow and become ever more costly. Instead, a more universal focus serves to raise the health and wellbeing of the whole population, as well as that of the priority groups, in a way that will realise benefits in the medium and long term.

"Physical activity needs to be seen as an opportunity – for enjoyment, for improved vitality, for a sense of achievement, for fitness, for optimal weight, and – not least – for health. It needs to be seen as enjoyable, and as fun – not as unnecessary effort" <sup>xiv</sup>.

## **The economic case for investment**

The total bill for physical inactivity has been estimated to be as high as £8.3 billion every year<sup>xv</sup>. There is therefore very compelling economic and clinical evidence for investment in the promotion of physical activity in primary care.

In terms of return on investment, NICE established that a brief intervention for physical activity in primary care costs between £20 and £440 per quality-adjusted life year (QaLY) (when compared with no intervention) with net costs saved per QaLY gained of between £750 and £3,150<sup>xvi</sup>.

It is important that physical activity continue to be recognised as a priority by the CCG, and that the Health & Sports Development team, and other physical activity providers, work in partnership with public health and the CCG to invest in initiatives that increase physical activity levels in Havering, thus improving the health & wellbeing of the population and reducing financial pressures on the NHS and social care.

### 3.6 An overview of strategic national, regional and local documents relevant to the delivery of sport and physical activity

Services for sport and physical activity are provided in the context of a huge range of policies, strategies and national and regional priorities, all of which influence the way in which our provision can develop. Below is an analysis of some of the most important influencers.

#### National Policy

| Organisation/Document              | Focus   |
|------------------------------------|---|
| Sport England Strategy 2012 - 2017 | <p>By 2017 to have transformed sport in England so that sport has become a habit for life for more people and a regular choice for the majority.</p> <p>The strategy aims to:</p> <ul style="list-style-type: none"> <li>• See more people taking on and keeping a sporting habit for life</li> <li>• Create more opportunities for young people</li> <li>• Nurture and develop talent</li> <li>• Provide the right facilities in the right places</li> <li>• Support local authorities and unlock local funding</li> <li>• Ensure real opportunities for communities</li> </ul> <p>As a result, they hope to see:</p> <ul style="list-style-type: none"> <li>• Year on year increase in adults playing sport once a week for at least 30 minutes</li> <li>• Rise in the percentage of 14-25 year olds playing sport once a week</li> <li>• Reduction in the numbers dropping out of sport</li> </ul> |
| Sport England Funding Strategy     | <ul style="list-style-type: none"> <li>• Over £450 million over 4 years allocated to National Governing Bodies to deliver the above outcomes through Whole Sport Plans.</li> <li>• Up to £25 million to create a national network of College Sports Makers</li> <li>• Up to £40 million in the 'Community Sport Activation Fund', to which partners, including local authorities and community groups can bid for matched funding to sustain and increase once a week participation in sport</li> <li>• Access to Education facilities - targeted funding will help open up school facilities for community use</li> <li>• £7 million Lottery funding for Small Grants of £300 to £10,000 (must include 14 – 25 year old target)</li> <li>• Inspired facilities - £50 million Lottery funds between 2011-14 for capital projects in the community</li> </ul>  |



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|   | <ul style="list-style-type: none"> <li>• Inclusive Sport Fund – £8m Lottery funding targeted at Disability Sports projects for adults aged 16+</li> <li>• Sportsmatch – £3m Exchequer funding to match fund new commercial sponsorship</li> <li>• Protecting Playing Fields - £10 million Lottery funding between 2011-14.</li> </ul>  |
| Places People Play<br>(Mass participation project being delivered by Sport England in partnership with the British Olympic Association, the British Paralympic Association and with the support of LOCOG) | <ol style="list-style-type: none"> <li>1) Aims to transform places people play sport through: <ul style="list-style-type: none"> <li>• Iconic Facilities</li> <li>• Inspired Facilities</li> <li>• Protecting Playing Fields</li> </ul> </li> <li>2) Aims to inspire people to make sport happen at local level, embedding the Olympic and Paralympic values in grassroots sport, through Sport Makers</li> <li>3) Aims to create sporting opportunities and challenges that give everyone the chance to become part of the mass participation legacy, through <ul style="list-style-type: none"> <li>• Gold Challenge</li> <li>• Sportivate</li> </ul> </li> <li>4) Disability Legacy – the disability programme is in the early stages of development</li> </ol> |
| National Governing Bodies   | 46 National Governing Bodies are working with Sport England on Whole Sport Plans including targets to grow, sustain and excel. The next round of plans will start at age 14 and aim to create a lifelong sporting habit, underpinned by a tough new performance regime with payment for results.   |
| Youth Sport Trust   | <ul style="list-style-type: none"> <li>• Sporting Start – to give every child a sporting start in life through high quality PE and Sport in primary schools</li> <li>• Sporting Chance – to ensure all young people have a sporting chance by developing opportunities for those with special educational needs and disabilities</li> <li>• Sporting Best – to support all young people to achieve their sporting best in school and their personal best in life</li> <li>• School Games</li> <li>• Sky Sports Living for Sport – uses sport stars and skills to improve young people’s lives</li> <li>• Change 4Life Clubs – designed to increase physical activity levels in less active</li> </ul>  |
| Department of Culture, Media and Sport (DCMS)   | <p>Sporting priorities in its Business plan are focused around creating a sporting legacy from the Olympic and Paralympic Games, including:</p> <ul style="list-style-type: none"> <li>• Encouraging competitive sport in schools through the School Games</li> <li>• Delivering the mass participation Places people Play strategy</li> </ul>   |

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| <p>Start Active, Stay Active: a report on physical activity for health from the four home countries' Chief Medical Officers</p> | <p>This is the first time UK-wide physical activity guidelines have been produced and will help to ensure consistent messaging across the four countries. This report also represents the first time guidelines have been produced in the UK for early years (under-fives) as well as sedentary behaviour, for which there is now evidence that this is an independent risk factor for ill health.</p>  |
| <p>Department of Health – 'Be Active, Be Healthy'</p>   | <p>Focuses on the fact that moderate Physical Activity can bring about major health benefits, contributing to achieving reductions in conditions including coronary heart disease, type 2 diabetes, obesity, hypertension, depression and anxiety.<br/>Aims to deliver a world-class infrastructure for Physical Activity</p>   |
| <p>Department of Health: 'Let's Get Moving' programme - Physical Activity Care Pathway, Feb 2010</p>                            | <p>Physical Activity Care pathway based on principles of NICE guidance 2006. Endorses the delivery of brief interventions for physical activity in primary care as both clinically and cost effective in the long term</p>  |
| <p>National Healthy Weight Healthy Lives Strategy</p>   | <p>Four of five themes link to physical activity:</p> <ul style="list-style-type: none"> <li>• Children and Young People,</li> <li>• Building Physical Activity into Our Lives</li> <li>• Creating Incentives for Better Health</li> <li>• Personalised Support for Overweight Individuals.</li> </ul>  |
| <p>Department for Children, Schools and Families (DCSF) 'Every Child Matters'</p>   | <p>Every Child should have the support they need to:</p> <ul style="list-style-type: none"> <li>• Be healthy</li> <li>• Stay safe</li> <li>• Enjoy and achieve</li> <li>• Make a positive contribution</li> <li>• Achieve economic well-being</li> </ul>  |
| <p>Equality Act 2010 and Public Sector Equality Duty</p>  | <p>1) The Equality Act replaces previous anti-discrimination laws, it prohibits unfair treatment in the workplace, when providing goods and services, in education and by associations (such as private clubs), and covers nine protected characteristics:</p> <ul style="list-style-type: none"> <li>• age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.</li> </ul> <p>2) Public Sector Equality Duty:</p> <ol style="list-style-type: none"> <li>i) eliminate unlawful discrimination, harassment and victimisation</li> <li>ii) advance equality of opportunity between different groups</li> <li>iii) foster good relations between different groups</li> </ol> |

## Regional Policy

| Organisation/Document  | Focus  |
|--|--|
| Sub-regional Sport and Physical Activity Partnerships – Pro Active East London | <p>Vision: To improve the health and wellbeing of East Londoners, provide strategic co-ordination and contribute to the London 2012 legacy through community sport and physical activity</p> <p>Goals:</p> <ul style="list-style-type: none"> <li>• Widen access to sport and PA</li> <li>• Improve health and wellbeing</li> <li>• Strengthening organisations and partnerships</li> <li>• Enhance education and skills</li> <li>• Develop sporting pathways</li> <li>• Development and support of CSPANs</li> </ul>  |
| Interactive – Inclusive and Active 2   | <p>Mission: To create a society where being active is an intrinsic part of a disabled person's life and disabled people are at the heart of sport in London.</p> <p>Goals:</p> <ul style="list-style-type: none"> <li>• Advocate disability equality in sport</li> <li>• Influence those who govern sport to view disabled people as equals</li> <li>• Support those who provide sport to turn their commitment to equality into a reality</li> <li>• Enable disabled people to view being active as a viable lifestyle opportunity for them</li> <li>• Place disabled people at the heart of sport in London</li> </ul> |
| Mayor of London's Transport Strategy   | <p>The role of boroughs in delivering the Mayor's Transport Strategy are laid out in the Local Implementation Plan.</p> <p>The goal to 'enhance the quality of life for all Londoners includes 'facilitating an increase in walking and cycling'</p>   |
| Lee Valley Regional Park Authority – Olympic Project                           | <p>Operation of and development programmes:</p> <p>Lee Valley White Water Centre (re-opening 2013)</p> <p>Lee Valley Velo Park and BMX track (expected to open late autumn 2013)</p> <p>Eton Manor (expected to open early 2014)</p>   |

## Local Policy

| Organisation/Document   | Focus   |
|---|---|
| <p>'Fair to All' LBH Single Equality Scheme 2010-13 (updated November 2011)</p> | <ul style="list-style-type: none"> <li>• Sets out the Council's equality objectives</li> <li>• Communicates the Council's commitment and priorities</li> <li>• Meets the Council's legal duties in Equality Act 2010 and Public Sector Equality Duty</li> </ul> <p>Equality Objectives:</p> <ul style="list-style-type: none"> <li>• Knowing our communities and equality mapping</li> <li>• Place shaping, leadership, partnership and organisational commitment</li> <li>• Community engagement and satisfaction</li> <li>• Responsive services and customer care</li> <li>• A modern and diverse workforce</li> </ul>  |
| <p>Joint Strategic Needs Assessment</p>   | <p>The JSNA informs the development of the health and wellbeing strategy, which in turn drives the development of commissioning within local areas. The JSNA uses local data to try and answer key questions about the Borough and draws attention to issues that may need particular attention in commissioning local services. The document tries to address questions such as:</p> <ul style="list-style-type: none"> <li>• How is Havering's population changing?</li> <li>• What does this mean for future services?</li> <li>• How does health in Havering differ from other areas?</li> <li>• What are the main inequalities in health within the borough?</li> <li>• Where can we invest time and resources to make the biggest difference?</li> </ul> <p>And looks specifically at the following groups in detail:</p> <ul style="list-style-type: none"> <li>• Children and Young People</li> <li>• Older People</li> <li>• Disabilities, learning difficulties and mental health.</li> </ul> |
| <p>Youth Vision (Youth Strategy to follow in March 2013)</p>                    | <p>The vision of the new youth service strategy describes a shift in emphasis, away from the idea of a youth service, and towards 'services for young people' which focus on a 'more collaborative, creative and sustainable approach'. The strategy for delivering services for young people centres around a new framework of engagement – the Havering Assets Framework – which all people working with children and young people can contribute to and develop. The strategy explains that having a number of assets can help young people 'be</p>  |

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|   | <p>safe, social and successful’ (these are described in the document).</p> <p>The vision paper recognises that already ‘much activity with young people within the Borough takes place through provision provided and commissioned by Culture and Leisure including sport and physical activity’.</p> <p>The creation of the new ‘Youth Facilitation Team’ based in Culture and Leisure will provide opportunities for improved partnership working and delivery of activities for young people in the area of sport and physical activity.</p> |
| Parks and Open Spaces Strategy                                      | <p>The Parks &amp; Open Spaces strategy shares the same objectives as our Sport and Physical Activity strategy. Havering’s parks and open spaces provide a wealth of opportunity for the playing and development of sport in Havering. These opportunities range from playing pitches, multi-use games areas, changing accommodation, courts and spaces for events and development programmes.</p>  |
| Play Strategy   | <p>The Play Strategy has similar objectives to our Sport and Physical Activity strategy. Play is fundamentally important to the quality of life, enjoyment and health of children.</p> <p>The physical activity involved in most play provides exercise, promotes physical coordination and develops skills for the growing child.</p>  |
| Safeguarding policies for Children and Vulnerable Adults            | <p>Safeguarding is a top priority for the Council, and the Health &amp; Sports Development service whether commissioning, delivering or supporting services which involve contact with vulnerable people.</p>   |
| Prevention Strategies for Children’s Services and Adult Social Care | <p>A strategic shift towards prevention and early intervention has been recognised to lead to a better quality of life for individuals and lead to reduced health and social care service costs. The concept of prevention is now fully incorporated into the strategic planning of social care and within the Health &amp; Wellbeing Strategy.</p> <p>The Health &amp; Sports Development Service has a key part to play particularly in regard to ‘primary prevention’ and ‘secondary prevention’ / ‘early intervention’.</p>                 |
| Health & Wellbeing Strategy   | <p>The Health and Wellbeing Strategy provides the basis for all health and social care commissioning in the borough, representing a joint and robust process of prioritisation of local issues.</p> <p>The concept of prevention is fundamental to the strategy, as is a recognition that people should be in control of decisions affecting them, be informed and take personal responsibility, for example through self-care and the use of direct payments.</p>  |

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|   | <p>The priorities are:</p> <p>Priority 1: Early help for vulnerable people to live independently for longer<br/> Priority 2: Improved identification and support for people with dementia<br/> Priority 3: Earlier detection of cancer<br/> Priority 4: Tackling obesity<br/> Priority 5: Better integrated care for the 'frail elderly' population<br/> Priority 6: Better integrated care for vulnerable children<br/> Priority 7: Reducing avoidable hospital admissions<br/> Priority 8: Improve the quality of services to ensure patient experience and long-term health outcomes are the best they can be</p>  |
| <p>Public Health Outcomes Framework, January 2012</p> | <p>The Outcomes Framework introduces the outcomes public health want to achieve and the indicators that will help us understand how well we are achieving this.</p> <p>The framework is based on two high-level outcomes: i) Increased healthy life expectancy (taking account of the health quality as well as length of life) and ii) Reduced differences in life expectancy (through greater improvements in more disadvantaged communities).</p> <p>These indicators are then grouped into four 'domains': i) improving the wider determinants of health; ii) health improvement; iii) health protection, and iv) healthcare public health and preventing premature mortality.</p> <p>Sport and Physical Activity contribute to a number of these indicators, including:</p> <ul style="list-style-type: none"> <li>• excess weight in 4-5 and 10-11 year olds</li> <li>• excess weight in adults</li> <li>• proportion of physically active and inactive adults</li> <li>• recorded diabetes</li> <li>• self-reported wellbeing</li> <li>• falls and injuries in the over 65s</li> <li>• mortality from all cardiovascular diseases</li> <li>• mortality from causes considered preventable</li> <li>• health-related quality of life for older people</li> <li>• hip fractures in over 65s</li> </ul> |

## CHAPTER 4: Our Action Plan, 2013-15

Our action plan is based on our three objectives:

1. Health and Wellbeing
2. Learning and Personal Development
3. Towns and Communities

### Objective 1: Health and Wellbeing

**Support a high standard of mental, physical and emotional health for all by increasing the number of people taking part in sport and Physical Activity and accessing the natural environment.**

| Action   | 2012 Baseline   | 2015 Target   | Culture Strategy Principle |
|--|---|---|----------------------------|
| Strengthen and develop Havering Active (CSPAN) and deliver action plan   | In process of reforming CSPAN with new chair and senior representation  | Strong, functioning CSPAN with representation at senior level   | 1,2,3,4                    |
| Provide, co-ordinate and promote a diverse range of quality Sport and PA opportunities for all ages including: <ul style="list-style-type: none"> <li>• Adult activity programmes</li> <li>• Targeted (demographic and geographical) activity programmes</li> <li>• Dance activities</li> <li>• Competitive activities for all age groups</li> </ul> | Limited adult activity programmes run by PA Co-ordinators (externally funded) on a largely self-financing basis | Funding secured<br>Programmes continued and developed<br>Classes developed and continued  | 1,2,3,4                    |
|  | Targeted activity programmes run in priority areas by PA Co-ordinators (externally funded)                      | Customer Insight and up to date demographic information used to establish priority groups and feed into annual Health and Wellbeing Service Plan<br>Funding secured<br>Programmes continued and developed | 1,2,3,4                    |
|  | Current programme of 10 dance classes per week with average class size of 16                                    | Maintain programme of minimum of 10 classes and increase enrolments to an average class size of 20  | 1,2,3,4                    |

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|   | Borough teams participating in 47 out of 53 sports (including 6 'development' sports in Balfour Beatty London Youth Games. (89%) | With the anticipated growth in the number of competitions, teams entered in at least 90% sports.  | 1,2,3,4 |
|   | 35 teams supported by volunteer coaches and managers from local sports clubs.  | A minimum of 50% teams supported by volunteers from local 'Clubmark' club   | 1,2,3,4 |
|   | Four schools involved with Panathlon   | School involvement increased by two each year   | 1,2,3,4 |
|   | Full Squad in London Mini Marathon   | Maintain full squad   | 1,2,3,4 |
|   | 'Havering World Cup' and 'Havering Euro 2012' established  | Competitions in conjunction with major sporting events maintained and developed   | 1,2,3,4 |
| Maintain and improve satisfaction ratings at Borough Leisure Centres  | National Benchmarking Scheme (NBS) data  | Year on year percentage improvement, based on NBS data.   | 1,2,3,4 |
| Aim to increase attendances at Borough Leisure Centres  | National Benchmarking Scheme (NBS) data  | Year on year increase based on NBS data.  | 1,2,3,4 |
| Monitor opportunities available through National Governing Body programmes to drive up participation of inactive adults, which will contribute to the health agenda.                      | Current activity programmes in conjunction with Rounders England, England Netball, Essex CCC and Essex LTA.                      | Opportunities monitored and a minimum of 4 programmes linked to NGB initiatives offered each year.  | 1,2,3,4 |
| Develop dance opportunities through the Music Hub at Havering Music School by enhancing partnership working between the Queens Theatre, Arts organisations and the wider cultural sector. | Music Hub established in 2012  | Evidence of strong partnerships and joint projects with Music Hub partners  | 2       |
| Review, deliver and operate the Physical Activity Referral Scheme on behalf of Public Health (subject to funding agreement)   | Funding in place until March 2013. Currently awaiting funding decision from Public Health.                                       | <ul style="list-style-type: none"> <li>• Funding secured to continue scheme</li> <li>• Scheme reviewed and developed</li> <li>• Scheme running at full capacity and achieving targets set by Public Health/CCG</li> </ul> | 1,2,3,4 |
| Review, deliver and operate the MEND programme on behalf of Public Health (subject to funding)  | Funding secured to run 2 programmes each school term   | Subject to securing funding, two programmes to continue to run per  | 1,2,3,4 |



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| agreement)  | until March 2013   | school term  |         |
| Identify sources of funding to enable specific Physical Activity programmes to be continued and developed post 2012.  | Current Performance Review Grant / PCT funding for Physical Activity Co-ordinators and programmes runs out in March 2012   | That alternative sources of funding are identified to enable specific Physical Activity programmes to be continued and developed post 2012.  | 2,4     |
| Maintain and expand the Healthy Walks Programme   | Successful programme run by volunteers and co-ordinated by PA Co-ordinator – 6 walks per week, 11,423 attendances in 2011/12 and 20+ walk leaders  | <ul style="list-style-type: none"> <li>• Funding secured to continue Co-ordinator role</li> <li>• Number of 30 minute walks increased</li> <li>• Walk Leader training run each year and number of qualified walk leaders maintained</li> </ul>   | 1,2,3,4 |
| Explore all external funding opportunities to continue the current physical activity programmes   | Ongoing  | Funding secured and programmes continued and developed   | 1,2,3,4 |
| Maximise use of the 'Havering Active' Campaign for marketing and publicity, (including website, newsletters, facebook and twitter) for promotion of: <ul style="list-style-type: none"> <li>• Healthy Lifestyles message</li> <li>• Facilities and opportunities</li> </ul> | <ul style="list-style-type: none"> <li>• Web site maintained</li> <li>• Electronic newsletter produced,</li> <li>• Facebook (21 followers)</li> <li>• Twitter accounts (89 followers)</li> <li>• Seasonal campaigns implemented</li> </ul> | <ul style="list-style-type: none"> <li>• Weekly update of website</li> <li>• Website hits increased to xx</li> <li>• Minimum of one Facebook update and one Tweet per week</li> <li>• Facebook followers increased to 100</li> <li>• Twitter followers increased to 300</li> <li>• Seasonal campaigns continued</li> </ul> | 1,2,3,4 |
| Encourage all clubs and organisations to register with 'Get Active London' to promote their facilities and activities, ensuring that anyone entering a Havering postcode in the activity finder locates an activity in Havering.  | Agreement with Get Active London in effect from April 2012. Initial data submitted   | All borough clubs, venues and activities included in Get Active London activity finder   | 1,2,3,4 |
| Engage with hard to reach groups through working with organisations and individuals from the disability, women's, 50+ and BME communities   | Inclusive and Active 2 Steering group in place. Strong partnerships with individuals on women's and 50+ projects. Initial contact with BME Forum.  | Maintain existing and develop new partnerships   | 1,2,3,4 |
| Deliver the Inclusive and Active 2 action plan  | Havering Inclusively Active  | Inclusive and Active 2 steering group  | 1,2,3,4 |

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| (Appendix 4), including the integration of disabled people into sports clubs.  | Steering group re-launched as Inclusive and Active 2 Steering Group                                | established and functioning. Action plan delivered  |         |
| Maintain Quest accreditation for the Health and Sports Development team  | Health and Sports Development team accredited in excellent category.                               | Achieve revised Quest accreditation in 2013. Then, using this score as baseline, improve score in 2015 assessment.  | 1,2,3,4 |
| Health and Sports Development to work in partnership with the School Sport Collective and others to develop sporting pathways, including talent pathways for young people, and establish further school/club links.  | Health and Sports Development Co-ordinator sits on SSC Steering group.                             | Evidence of strong partnerships with joint initiatives  | 1,2,3,4 |
| Engage with sports clubs to ensure they have all the support necessary to gain Clubmark accreditation and be eligible to be part of their governing body development programme   | Currently 41 of the junior sports clubs based in Havering have Clubmark accreditation              | Increase of 5 clubs per year  | 1,2,3,4 |
| Develop and implement the Olympic Sports Legacy for Havering (Appendix 3)  | Action plan developed  | Key actions delivered and Sports Legacy for Havering on track.  | 1,2,3,4 |
| Maximise opportunities for Havering residents to benefit from sports development programmes based in and around the Olympic Park, as outlined in the 2012 Sports Legacy paper (Appendix 3). To include: Swimming, Basketball, Hockey, Cycling, Handball, Canoeing/Kayaking, Volleyball | Facilities due to open between autumn 2013 (White Water Centre and Velo Park) to 2014 (Eton Manor) | Borough residents using Olympic Park facilities and young people linked to NGB development programmes   | 1,2,3,4 |
| Establish a list of priority sports and engage with a minimum of 6 National Governing Bodies and maximise benefits of their whole sport plans within Havering  | Athletics, Swimming, Tennis, Ice Hockey and Ice Skating currently established as priority sports.  | Six priority sports established and strong links with National Governing Bodies established.  | 1,2,3,4 |
| Reflect on priority sports over the lifespan of the strategy   | NGB Whole Sport Plan details and priorities due to be available December 2012                      | Further priority sports established based on NGB Whole Sport Plans and resources, local need and demand and linked to Health and Wellbeing annual Service Plan. | 1,2,3,4 |
| Continue to work with the Amateur Swimming Association, English Ice Hockey Association and National Ice Skating Association to ensure the best possible use is made of the Romford Leisure   | Discussions initiated.   | National Governing Body backed development programmes in place in the Romford leisure Development.  | 2,4     |

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| Development, for recreational and performance sport   |   |   |         |
| Work in partnership with the Clinical Commissioning Groups (CCGs) and with regard to Public Health principles to strengthen and promote the physical activity pathways from the National Child Measurement Programme and the NHS Health Checks. | No engagement with Clinical Commissioning Groups  | <ul style="list-style-type: none"> <li>• Engagement with CCG</li> <li>• Support/endorsement from CCG</li> <li>• Buy in from CCG</li> </ul>  | 1,2,3,4 |
| Seek to secure continued funding for PARS and MEND as part of the transfer of Public Health responsibilities.   | Funded until March 2013   | <ul style="list-style-type: none"> <li>• Funding secured</li> <li>• Programmes sustained and developed</li> </ul>   | 1,2,3,4 |
| Work in partnership with the NHS and Adult Social Care to identify those in greatest need/risk but who are currently inactive, to allow early intervention.   | <ul style="list-style-type: none"> <li>• Links with primary care practitioners through PARS</li> <li>• Adult PA programme in place</li> </ul> | <ul style="list-style-type: none"> <li>• Existing links with primary care practitioners maintained and more signed up to PARS</li> <li>• Strong links with adult social care developed</li> <li>• Level of provision sustained and developed</li> </ul> | 1,2,3,4 |
| Continue to work in partnership with schools, health and social care professionals and others to increase participation in the MEND programme.  | Funded until March 2013   | <ul style="list-style-type: none"> <li>• Funding secured</li> <li>• Increased number of referrers</li> <li>• Programmes operating at full capacity</li> </ul>   | 1,2,3,4 |
| Ensure health and social care professionals have up to date and easy to access information about physical activity pathways and have the confidence to refer/signpost people to them.   | Specific marketing materials in the process of being developed  | <ul style="list-style-type: none"> <li>• Marketing materials available in and being used in all GP surgeries and Health Centres</li> <li>• New partnerships developed</li> <li>• PARS operating at full capacity</li> </ul>                             | 1,2,3,4 |
| Culture & Leisure and Regeneration to work together to develop initiatives around cycling, walking and active travel.   | Joint working on Walk to Work week. At discussion stage on cycling projects.  | Further walking and cycle initiatives pursued and in place.   | 1,2,3,4 |

## Objective 2: Learning and Personal Development

Support learning opportunities for all age groups by enabling people to take part in new activities, by ensuring development pathways are in place and by ensuring access to coaching, officiating, leadership and club development training.

| Action   | 2012 Baseline  | 2015 Target   | Culture Strategy Principle |
|--|--|---|----------------------------|
| With key partners contribute to developing new ways of delivering informal Adult learning Opportunities across the borough   | Initial discussions held and scoping report produced   | New ways of delivering informal Adult Learning opportunities established, supported by strong partnership working   | 1,2,3,4                    |
| Continue to offer a full programme of Ballroom and Latin American dance  | Current programme of 7 classes per week with average class size of 18, monthly social evenings, weekly tea dances and termly intergenerational tea dance.                      | Maintain programme of minimum of 7 classes and increase enrolments to an average class size of 20. maintain social evenings, tea dances and intergenerational opportunities.  | 1,2,3,4                    |
| Secure funding to continue to offer a programme of adult Sport and Physical Activity classes   | Current funding until March 2012   | Funding secured and programme continued and developed   | 1,2,3,4                    |
| Increase the number of sports clubs and organisations taking up disability awareness training offered by Culture and Leisure and Interactive   | Take up by one club in 2012  | 24 clubs/organisations to have taken up training opportunities (8 per year)   | 1,2,3                      |
| In conjunction with Pro Active East London ensure access to a range of coach, official, leader, volunteer and club development education opportunities in or within easy reach of Havering, including Safeguarding Children and First Aid. | Local courses promoted and courses provided in borough as and when required  | Continue to ensure access to a range of generic coach, official, leader, volunteer and club development education opportunities in or within easy reach of Havering,  | 1,2,3,4                    |
| Promote volunteering opportunities, identify volunteers (including those inspired by 2012) and work in conjunction with HAVCO and Havering Sports Council to try to utilise their talents and enthusiasm on an ongoing basis               | Volunteering highlighted with Havering Sports Council and discussed as an agenda item  | Formal partnership between HAVCO and Havering Sports Council established.<br>New volunteers introduced into 10 sports clubs.  | 1,2,3,4                    |
| In conjunction with Pro Active East London, National Governing Bodies, SLM and schools, ensure access to a range of sports specific coaching and officiating courses are run in or within easy reach of Havering.                          | A range of coaching courses offered to teachers by the School Sports Collective.<br>Sports specific Leaders awards offered to young people by Havering College and a number of | Havering residents to have access to a minimum of six NGB (Level 1 or 2) coaching courses and a minimum of four sports specific leaders awards per year, (50% linked to linked to priority sports) with volunteering opportunities. | 1,2,3,4                    |

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|  | <p>sports clubs.<br/> London wide coach education opportunities promoted on Pro – Active website<br/> Drummond Education operates out of Hornchurch Sports Centre<br/> Swimming, Diving and Lifesaving courses run at SLM centres</p> |   |                |
| <p>Schools to ensure that children and young people have the opportunity to develop foundation skills as a solid base for sport</p>                    | <p>Offered in the majority of schools</p>   | <p>Programme co-ordinated by School Sports Collective</p>   | <p>1,2,3,4</p> |
| <p>Programme of high quality sport and physical education to be offered in all schools.</p>  | <p>Offered in the majority of schools</p>   | <p>Programme of high quality sport and physical education offered in all schools</p>                                      | <p>1,2,3,4</p> |
| <p>Continue to support the London Youth Games, raising aspirations, encouraging teamwork and providing pathways upwards in sport for young people.</p> | <p>Havering is the most successful borough in London Youth Games history, winning the Jubilee Trophy at the first ever London Youth Games in 1977 and winning the overall champion's title on 15 occasions since.</p>                 | <p>Continue to engage high numbers of young people, and achieve high levels of success, across the breadth of sports.</p> | <p>1,2,3,4</p> |

### Objective 3: Towns and Communities

Enriching our towns and communities, through investment and engagement in sport and physical activity.

| Action  | 2012 Baseline  | 2015 Target   | Culture Strategy Principle |
|---|--|---|----------------------------|
| Maintain Quest accreditation for Leisure Centres  | Hornchurch Sports Centre and Central Park Leisure Centre both accredited   | Achieve revised Quest accreditation in 2013 and maintain accreditation in subsequent years.                         | 1,2,3,4                    |
| Maintain IFI status for Central Park Leisure Centre and gain accreditation for Hornchurch Sports Centre   | Central Park Leisure Centre accredited and Hornchurch Sports Centre actively working towards, with support from Interactive  | Hornchurch Sports Centre to achieve IFI status during 2013<br>Central Park Leisure Centre to maintain accreditation | 1,2,3,4                    |
| Maintain and improve current facilities   | Leisure Centre investment programme agreed   | Leisure Centre investment programme delivered   | 2,3,4                      |
| Maintain and improve satisfaction ratings   | National Benchmarking Scheme (NBS) data  | Year on year percentage improvement, based on NBS data.   |                            |
| Deliver a new leisure facility in Romford, subject to planning  | Plans developed to deliver new centre  | A new leisure facility in Romford open to the public, subject to planning   | 1,2,3,4                    |
| Deliver a new 5-a-side centre in Romford and work closely with the operators to ensure maximum benefit from community use   | Centre opened in October 2012  | 5-a-side Centre operating at full capacity<br>Maximum benefits from community use                                   | 1,2,3,4                    |
| With Parks and Open Spaces service encourage the development of facilities for sport and active recreation, including children's playgrounds, sports pitches, tennis courts, ball courts and outdoor gyms | Health and Sports Development Team consulted on development of sports facilities in parks.   | Input into the development of sports facilities in parks maintained.  | 1,3,4                      |
| Investigate the feasibility of new or improved sports and leisure facilities Rainham / South Hornchurch   | Strategic need identified.   | Action plan developed and agreed to provide new leisure centre in south of borough.                                 | 1,2,3,4                    |
| Work with Regeneration to encourage the development of infrastructure for walking, cycling and active travel  | Joint working on: <ul style="list-style-type: none"> <li>• Walk to Work Week,</li> <li>• Walk to School Week</li> <li>• Workplace Walking programme</li> <li>• Family Cycling</li> </ul> | Continue to work jointly and develop existing and new projects.   | 1,2,3,4                    |

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| Introduce targeted youth sport initiatives to assist with the prevention of anti-social behaviour  |                                      | Partnerships developed, including with: <ul style="list-style-type: none"> <li>• Youth Service</li> <li>• Children's Services</li> <li>• Youth Offending Team</li> <li>• Police</li> <li>• Probation Service</li> <li>• Community Football and programmes in place.</li> </ul> | 1,2,3,4 |
| Culture & Leisure to monitor developments with Sport England's Community Club initiative and work in partnership with schools to ensure approaches are made to appropriate National Governing Bodies re. Community Clubs and associated capital investment opportunities | Community Club Initiative announced. | Community Clubs in place at 50% of Havering secondary schools.   | 1,2,3,4 |
| Work in partnership with schools and NGBs to identify potential facility developments and funding sources  |                                      | Projects and funding identified.   | 1,2,3,4 |
| Work with the Parks & Open Spaces team to create new outdoor sports facilities at Broxhill   | Broxhill project in planning stages  | Facilities designed, approved and completed.   | 1,2,3,4 |

i Interim 2011-based Subnational Population Projections

ii Projected Ethnicity Growth in Havering, London & Outer London Boroughs 2011-2021. Round Population Group Projections, Greater London Authority, 2010 (14).

iii Working Age People with Disabilities, Annual Population Survey: Department for Work and Pensions, (2012).

iv Limiting Long Term Illness in Havering, Census: Office of National Statistics, (2001).

v Residents Aged 65+, Living Alone with LTLI, POPPI, (2012). Available online at [www.poppi.org.uk](http://www.poppi.org.uk)

vi The cardiovascular disease category includes heart attack, chronic ischaemic heart disease and stroke.

vii Havering's Health & Wellbeing Strategy, 2012-14, in Priority 3: Earlier Detection of Cancer

viii Quality and Outcomes Framework, National Health Service Information Centre for Health and Social Care, 2008/09

ix Havering's Health & Wellbeing Strategy, 2012-14, on p12.

x Physical Exercise as a Preventive or Disease-Modifying Treatment of Dementia and Brain Aging. J. E. Ahlskog, Y. E. Geda, N. R. Graff-Radford, R. C. Petersen. Mayo Clinic Proceedings, 2011; 86 (9): 876

xi At Least Five A Week: Evidence on the Impact of Physical Activity and its Relationship to Health, Department of Health, 2004

xii Havering's Health & Wellbeing Strategy, 2012-14, on p12.

<sup>xiii</sup> Havering's Health & Wellbeing Strategy, 2012-14, in Priority 4: Tackling Obesity.

xiv At Least Five A Week: Evidence on the Impact of Physical Activity and its Relationship to Health, Department of Health, 2004

xv Let's Get Moving – A physical activity care pathway, Commissioning Guidance, Department of Health, 2012

xvi Let's Get Moving – A physical activity care pathway, Commissioning Guidance, Department of Health, 2012