

Education and Children's Services Scrutiny Sub-Committee

Monday 28 November 2011

7.00 pm

Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1
2QH

Supplemental Agenda

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REPORT November 2011

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

INTRODUCTION AND BACKGROUND

- 1.1 This is the final report on the review of childhood obesity and sports provision for secondary and primary children. The Education and Children's Services Scrutiny Sub-Committee decided to conduct a review on 12 July 2010. The aim of the review is to make recommendations to the Cabinet for improvements to the education of children on healthy eating and the dangers of obesity, and to examine whether sports provision is adequate.
- 1.2 The review set out to answer these questions in particular:
 - What programmes of study are followed by primary and secondary pupils on nutrition, cooking and healthy lifestyles? Are they adequate?
 - How are pupils consulted with regard to sport and exercise? Is there sufficient variety and accessibility for different interests?
 - What facilities are available to young people and their parents if they acknowledge that they have a weight problem and want help?
 - Are we making best use of London Olympics?
- 1.3 The sub-committee chose this subject because Southwark has very high levels of childhood obesity. The Childhood Measurement Programme weighs Reception Year and Year 6 pupils. We have had nationally the most obese Year 6 pupils for the past 3 years and, despite a small reduction, we are likely to have the highest percentage again for 2009/10.
- 1.4 The sub-committee chose to look at sports provision because of its link with childhood obesity and because during the last administrative year the education representatives on the sub-committee had raised concerns that many children in Southwark schools were not doing the recommended two hours' exercise.

EVIDENCE CONSIDERED

- 2.1 Officers from Southwark Council and Public Health outlined the strategies and initiatives Southwark Councils and Southwark NHS has in place. Many of these are joint initiatives and involve a range of outside partners, including schools.
- 2.2 Officers gave the committee data and insight into the prevalence of obesity in the local and national population. They also gave the committee an overview of government recommendations and relevant reports on obesity and physical activity.
- 2.3 Bacon Colleges schools sport partnership submitted a written report on this innovative and current research on sports and physical activity and its relevance to tackling obesity.
- 2.4 The sub-committee's education representatives gave evidence

- 2.5 Evidence was gathered from the Council Assembly themed debate: 'Sports and Young People'. This included a range of one to one interview conducted through outreach and community council and council assembly debates, deputations and questions.
- 2.6 National and international reports were considered. The sub-committee considered three reports: The GLA report: 'Tipping the scales: Childhood obesity in London' which was published by the Health and Public services committee in April 2011; a Policy exchange report, 'Weighing in' published 2008 and 'A Tale of Two ObesCities', a report published by the City University of New York and the London Metropolitan university.
- 2.7 Academic research on the theme was considered.
- 2.8 The above evidence is considered is summarized in appendix 1

EXECUTIVE SUMMARY

The obesigenic environment

- 3.1 Although some populations are more at risk all children are somewhat at risk in what has been described as the obesigenic environment. The 'obesogenic environment' refers to the role environmental factors play in determining both nutrition and physical activity. Environmental factors operate by determining the availability and consumption of different foodstuffs and the levels of physical activity undertaken by populations.
- 3.2 The whole community' approach, from France, EPODE ('Ensemble, Prévenons l'Obésité Des Enfants', or 'Together, Let's Prevent Childhood Obesity') is the intervention that most focused on tackling the obesogenic environment, with considerable success. Southwark Healthy weight strategy advocates a similar approach on a borough wide level.
- 3.3 Evidence received indicated that the obesogenic environment is most acutely detrimental to populations in deprived areas; for example there are more fast food takeaways and less access to green space in poorer regions of London and Southwark. Leisure facilities can be harder to access for people with limited income, and tend to be less well maintained in poorer areas. Fear of crime can also be a factor in undertaking physical activity, particularly for young people and women. There is also evidence that more high density urban areas are more obesogenic, aside from their relative deprivation, because they are often less walkable and have fewer green spaces.
- 3.4 Evidence from the community emphasised concerns over access to leisure facilities, such as sports facilities in parks, because of safety fears and poor transport links. There was a particularly strong call for outdoor gyms which were perceived as valuable by all the community and particularly young people because they were accessible, free, and safe.

Populations at risk

- 3.5 The evidence received indicated a number of populations at particular risk. Although children of all social economic classes are at risk, those children

who live in deprived areas are significantly more at risk. Children who live in less walkable areas, with less green spaces and parks are also more at risk.

- 3.6 One of the biggest risk factors is having an obese parent. The daughters of obese mothers have a 10-fold greater risk of obesity, and the sons of obese fathers six-fold. It could therefore be most profitable to tackle obese parents in particular, to reduce childhood obesity.¹ There is also growing evidence that most excess weight has already been gained before the child starts school, so preschool initiatives may be most important. The HENRY programme (featured in the 'Weighing in') and the NICE recommendations on maternal health are interventions designed to prevent the development of obesity in babies and toddlers.
- 3.7 The evidence also indicated that families and young people with learning difficulties and mental health problems are also more at risk of obesity. Certain ethnic groups are also more at risk.

Nutrition and Physical Exercise

- 3.8 The evidence received from Bacons College seems to suggest strongly that exercise will not prevent excess weight and obesity in children. However, while research indicates that exercise does not prevent children becoming overweight, once children have gained weight they are less physically active. Obesity leads to inactivity, rather than the other way round.
- 3.9 Studies show that participating in sport increases health and wellbeing. Children who keep active are no lighter, but they are metabolically healthier, which means they are less at risk of heart disease, type 2 diabetes, and high blood pressure.
- 3.10 Metabolic health is a key determinant of good health outcomes. Research shows that the BMI of children who exercise more than 60 minutes per day are no different, but their metabolic risk is substantially less.
- 3.11 In Southwark the Bacons College partnership increased sports participation from 23% to 90% per week, which is a large increase. However children need to do 60 minutes a day exercise to be healthy and many children fall far short of that. Southwark's sports practitioners emphasised in their evidence that both the amount and quality of physical activity needs to increase. Good quality coaching is important to engage and sustain children and young people's participation in sport. Both the Superstar Challenge and the MEND programme also increased the intensity of exercise so that at least 45 minutes was spent on working out. While regular moderate exercise has health benefits, more intensive exercise leads to better outcomes. Both the Superstars Challenge and MEND programme measured weight and BMI of participants, as well as taking children's waist measurement. A reduction in waist measurement is a very good indicator of an improvement in metabolic health.
- 3.12 Studies cited again and again as being effective and value for money (MEND, Superstars Challenge, Bacons College , CATCH & ETODE) demonstrate that the best way to achieve reductions in weight is to combine improved diet with exercise, and an increase in 'health literacy'. This is not

¹ <http://www.earlybirddiabetes.org/findings.php>

just about increasing sports participation and reducing global calorie intake, but about improving the nutritional quality of the food available and children's and families' ability to understand and make more healthy choices. The best foods to boost health are whole grains, fruits and vegetables. These foods have been shown to improve health regardless of weight. However under a quarter of London children are eating a healthy diet. Approaches that link healthy eating with family life for, example cooking lessons and linking urban agriculture to nutritional education, for example in schools, have also proven to be effective.

RECOMMENDATIONS

Early Years prevention

- 4.1 Implement NICE guidance (2010) for maternal obesity 'Weight management for before and after pregnancy'. Local authority leisure and community services should offer women with babies and children the opportunity to take part in a range of physical or recreational activities, that are affordable, accessible, with provision made for women who wish to breastfeed and, where possible, crèche provision
- 4.2 Develop and implement consistent healthy eating and physical activity policies across Southwark Children's Centers and other early year's settings including child minders, private and voluntary nurseries that promote breastfeeding and ensure compatibility with the Early Years Foundation Stage Framework and Caroline Walker Trust nutrition guidelines.
- 4.3 Develop and carefully promote courses using professional chefs on cooking, shopping and nutrition through aspirational marketing to appeal to parents and carers in Sure Start Children's Centers and other early year's settings.
- 4.4 Encourage all nursery staff, including catering staff, to attend under 5's physical activity and nutrition training to support implementation of policies. Extend also to anyone caring for a child under 5.
- 4.5 Implement the 'Eat better, Start better' or HENRY programme in Sure Start Children's Centres, and other early year's settings, and ensure it is embedded in early years practice.
- 4.6 Develop initiatives which target parental obesity of both mothers and fathers as a priority
- 4.7 Undertake a pilot early years local weighing programme with a children's centre. Build on the Health Visitor practice of weighing children at 2 years and use this as a way of particularly targeting at risk parents and children and then signposting them to nutritional and exercise advice & programmes.

Schools and the Universal Free School Meal

A Recommendations for schools

- 4.8 Ensure a whole school approach to implementing the universal free school meals programme by involving all staff, children, parents, governors and the wider school community in developing a plan.
- 4.9 Promote the uptake of school meals and nutrition based standards by working towards, or achieving, at least the Bronze Food for Life award and ideally the Silver award.
- 4.10 Ensure that all primary and secondary school meals are nutritious and tasty at the point of delivery. Promote training for governors, who have responsibility for school meal provision
- 4.11 Promote health literacy in schools throughout the curriculum, including PSHE classes.
- 4.12 Make links between growing food, urban agriculture and nutritional education. Connect with local allotments and city farms. Grow food at the school.
- 4.13 Increase the quantity and quality of sport and physical activity throughout the school day including curriculum, lunchtime and after school.
- 4.14 Provide at least 3 hours of sports provision and that includes a 45 minutes of constant cardio-vascular movement, through developing in house expertise or via Southwarks 'Superstar Challenge'. Time spent travelling to and from the activity should not be counted
- 4.15 Invest in training staff in coaching skills, through in house expertise, linking with outside expertise or via the Bacon's partnership
- 4.16 Encourage active and outdoor play in schools during playtime.
- 4.17 Improve links with voluntary sports clubs and consider providing free or subsidized space and championing their activities

B Recommendations for the Local Authority and partners to support schools

- 4.18 Provide an option for schools to buy in the 'Superstars Challenge' integrating the 'Superstars Challenge' with the free school meal offer may be an ideal opportunity to embed this initiative in schools.
- 4.19 Provide training for governors, who have responsibility for school meal provision, in ensuring tasty meals at the point of delivery, meeting high nutritional standards and an increasing uptake of school meals.
- 4.20 Promote the Food for Life standards to all schools.
- 4.21 Provide an option for schools to buy in coaching from Bacon's College to enable teachers to gain the skills to become effective coaches and understand health literacy.

- 4.22 Work with Bacon's College to ensure that the learning developed by the Bacon's Partnership Health and Wellbeing programme on health literacy is captured and available for schools to utilize through a pack, Inset day, or other suitable method.
- 4.23 Continue to maintain investment in MEND (Mind, Exercise, Nutrition, Do-it!) programme so that children can be referred to this from the child weighing programme, and in other ways
- 4.24 Promote partnership work between sports clubs and schools.
- 4.25 Promote active travel - ensuring every school has a healthy travel plan that encourages active travel i.e. walking and cycling to school
- 4.26 ***Provide pedestrian and cyclist training for schools***
- 4.27 Promote a greater understanding of health through the child weighing programme. Consider screening more effectively for metabolic health by working with school nurses to develop other measures, such as waist measurements. Seek to create a dialogue on this.
- 4.28 Provide schools with details of urban agriculture opportunities including links to allotments and city farms and information on how to link this to nutritional education and physical activity.
- 4.29 Evaluate the Universal Free School Meals programme effectively. There is an international and national need for research that helps identify effective methods to reduce health inequalities and childhood obesity; and that tracks the cost and outcomes of programmes.

Nutrition

- 4.30 Create a healthier environment for our children and young people by restricting the licensing of new hot food takeaways (A5) that sell low nutrient, calorie dense food e.g. within 400m boundary or 10min walking distance of schools, children's centres, youth-centered facilities. High concentrations of fast food outlets are currently in Peckham town centre, Queens Road Peckham, Walworth Road.
- 4.31 Support the development of a greater diversity of local food outlets that sell healthy food, particularly near schools after school so children have better options.
- 4.32 Restrict or place conditions on the licensing of cafes and other food outlets that mainly or exclusively sell food high in calories and low in nutrients. Consider particularly rigorous conditions when outlets are near schools and open during lunch hour or after school.
- 4.33 Use planning and other methods at the local authority's disposal, to promote the establishment of businesses that make available healthy food. For example groceries, market stalls, food cooperatives and supermarkets that sell fruits and vegetables, whole foods etc.
- 4.34 Redefine food safety standards to reflect current threats to health and use environmental health officers to promote healthier eating

- 4.35 Set high standards of nutrition in public spaces e.g. schools, offices, sports centers, day centres and libraries.

Urban agriculture

- 4.36 Promote urban agriculture, for example allotments and city farms. Use the planning process and spatial documents to help this.

Physical activity and sport

- 4.37 Continue with the Southwark Community Games wider programme. Ensure it is additionally targeted at very precise areas of population in local neighbourhoods
- 4.38 Continue to use the LBS Olympic brand to promote physical activity and sport
- 4.39 Collate information on Southwark wide provision of sports and physical activity and publish this widely. Ensure the public can easily access information on provision by Southwark Council, leisure providers, voluntary clubs and private sector providers. Enable this to be accessed on the website and through other portals, using available resources. Link with the LBS Olympic brand
- 4.40 Continue to support the capacity of voluntary sectors organizations and facilitate partnership building, within available resources. Help champion local sports clubs.
- 4.41 Priorities the maintenance and provision of sports facilities in parks and green spaces, particularly green spaces in deprived areas. Where possible increase the provision of outside gyms and other sports facilities. Ensure good urban design so that spaces feel safe and are located near transport hubs.
- 4.42 Maintain Peckham Pulse to a high standard
- 4.43 Promote a diverse range of sports, particularly for women.
- 4.44 Ensure that Fusion invests in lifeguard training for women, as a priority, so it can ensure it only uses female lifeguards for its women only swim sessions. Once this has been achieved Fusion should promote this widely.
- 4.45 Ensure universal sports provision is accessible for disabled people
- 4.46 Ensure planning applications for new developments always priorities the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.
- 4.47 Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads.

- 4.48 Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity; particularly in deprived areas.
- 4.49 Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity.
- 4.50 Promote walking and cycling and other modes of transport involving physical activity in spatial planning documents; particularly in deprived areas.
- 4.51 Incorporate active design codes in neighbourhood planning, housing strategies and building codes

Working with residents at greater risk

- 4.52 Enhancing healthier eating knowledge and behaviour amongst at risk populations, working with relevant geographic and ethnic communities.
- 4.53 Supporting people with learning disabilities and mental ill-health, as well as the carers and staff that work with them to encourage healthy eating and physical activity.

Working with the whole population

- 4.54 When refreshing Southwark's Healthy Weight strategies consider evidence from the whole community approach, from France, EPODE ('Ensemble, Prévenons l'Obésité Des Enfants', or 'Together, Let's Prevent Childhood Obesity') and incorporate that where relevant and possible.
- 4.55 Ensure that links between Southwark's 'Healthy Weight Strategy'; Physical Activity Strategy and Food Strategy are made so that initiatives are mutually strengthening.

DRAFT Appendix 1

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

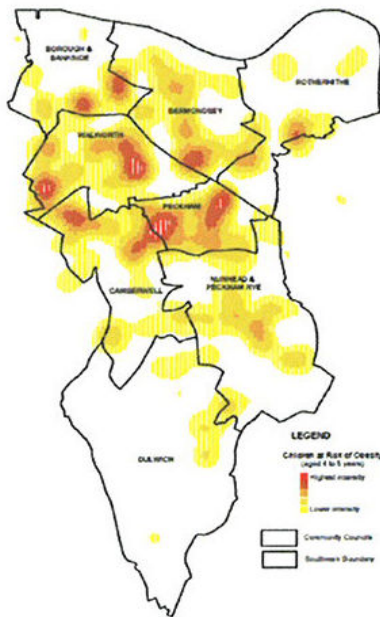
Prevalence of childhood obesity

- 1.1 Sub-committee received evidence on the rates of childhood obesity and its prevalence amongst different segments of the local population. This is a national problem; 32.6 % of children in England are overweight or obese by year 6 and 38.9 % of Southwark's children are either overweight or obese by year 6. ¹
- 1.2 The National Health Survey for England suggests that the prevalence of childhood obesity is increasing in Southwark across all ages. Local measurements of Reception Year (4 – 5 years old) and Year 6 children (10 – 11 years old) confirm this: for the last 3 years² Southwark has had the highest obesity rates for Year 6 and the second highest for Year R for the last 2 years. The most recent Childhood Measurement Programme shows that Southwark has the highest levels of Reception Year obesity nationally. In Reception year pupils 14.8% were obese and a similar proportion (15.0%) were overweight. In year 6, one in four children (25.7%) was obese and 14.5% overweight.
- 1.3 Data sets were presented that indicated that as children move from reception to year 6 the percentage of overweight and obese children increases.
- 1.4 Boys in Southwark are more at risk than girls; at year six 38 % of girls are overweight or obese whereas 43 % of boys are overweight or obese.
- 1.5 Obesity is related to socio economic deprivation. Data sets by community council area were presented which show the link between obesity and social deprivation. Particular hot sports were identified:

¹ Prevalence of underweight, healthy weight, overweight and obese children, with associated 95% confidence intervals, by PCT and SHA, England, 2008/09

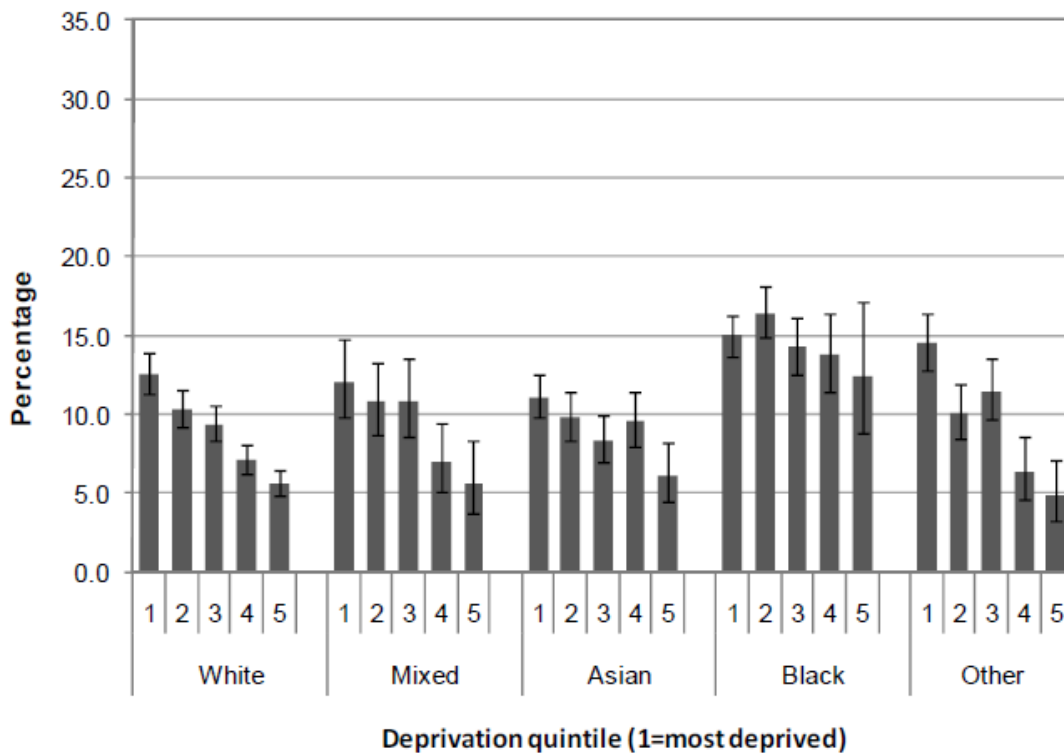
² (2006/07, 2007/08 and 2008/09)

Year 6 (10 – 11yrs)

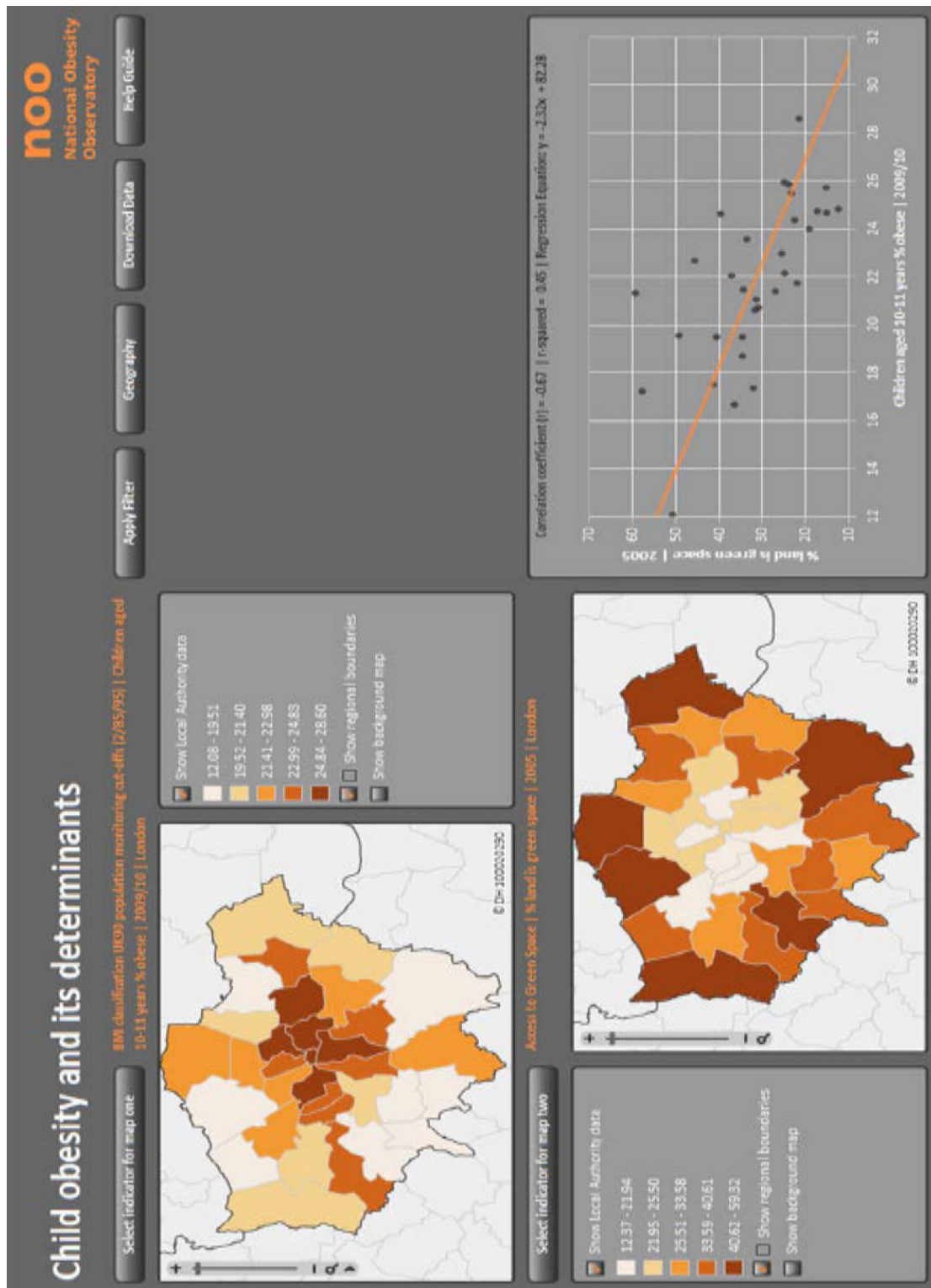


1.6 There is some association with ethnicity but deprivation is a much stronger indicator of population susceptibility.

Figure X: Obesity prevalence among reception year girls by ethnic group and deprivation quintile, London 2008/09
Original source: London Health Observatory



- 1.7 There is a correlation between access to open green space and obesity. The 'A Tale of Two ObesCities' report highlighted the correlation between access to open green space and obesity



Costs

- 2.1 The GLA commissioned a special report on the cost of the obesity epidemic to gather evidence for 'Tipping the Scales'. This research showed that the current generation of obese children (aged 2-15) will cost the London economy £110.8 million per year (2007/08 prices) if they became obese adults. The report also detail the impacts on health [fig 1](#)

Complications of childhood obesity

Psychosocial	Poor self-esteem, anxiety, depression, eating disorders, social isolation, lower educational attainment
Neurological	Pseudotumor cerebri
Endocrine	Insulin resistance, type 2 diabetes, precocious puberty, polycystic ovaries (girls), hypogonadism (boys)
Cardiovascular	Dyslipidemia, hypertension, coagulopathy, chronic inflammation, endothelial dysfunction
Pulmonary	Sleep apnea, asthma, exercise intolerance
Gastrointestinal	Gstroesophageal reflux, steatohepatitis, gallstones, constipation
Renal	Glomerulosclerosis
Musculoskeletal	Slipped capital femoral epiphysis, Blount's disease, forearm fracture, back pain, flat feet

Source: 'Childhood obesity – The shape of things to come', Ludwig, D, New England Journal of Medicine, 357: 23, 2007 Reproduced in 'Tipping the scales'.

Causes

- 3.1 'A Tale of Two ObesCities' emphasized poverty as a route to obesity and identified four principle pathways; food, physical activity, health care and the lower quality provision of food and exercise in schools in poorer areas.
- 3.2 Officers presented information on NICE (National Institute for Health and Clinical Excellence) guidance and the Foresight report on what works for childhood obesity; both agree that the approaches must address environment, schools, workplaces and families with an emphasis on a multi faceted, holistic approach. The 'obesogenic' environment must be addressed i.e. opportunities for physical activity encouraged (e.g. walking to school as part of the school transport plan; access to green space) and the proliferation of fast food outlets. Environmental factors operate by determining the availability and consumption of different foodstuffs and the levels of physical activity undertaken by populations
- 3.3 The Tipping the Scales report identified poor access to nutrient rich food as a cause and it was noted that London wide most children are not eating their 5 a day ³and more deprived communities had less access to fruit and vegetables. The overabundance and aggressive marketing of cheap, nutrient

³ The Department of Health recommends eating five portions per day. 23 per cent of boys and 24 per cent of girls in London meet this. *Health Survey for England 2008: Volume 1: Physical activity and fitness*, NHS Information Centre, 2009

poor, calorie dense food in fast food outlets was identified as partially problematic.

- 3.4 This report found that poor neighbourhoods have fewer parks, green spaces and recreation centers and those that do exist are more likely to be neglected and have fewer facilities. Community safety and the fear of crime are often a deterrent to using outside local space. Furthermore the lack of cycling and walking routes hinder more active lifestyles in deprived localities.
- 3.5 The Tipping the Scales report highlighted evidence that physical activity levels are very low. They cited evidence from the 2008 Health Survey for England which found only 33 per cent of boys and 24 per cent of girls aged 2-15 in London participated in the recommended 60 minutes of moderate activity every day. These results are in line with the national average. (pg 20)
- 3.6 One of the biggest risk factors is parental obesity. Obese mothers are ten times more likely to have obese girls and obese fathers six times more likely to have obese sons ⁴ Southwark Officers reported that locally maternal obesity is of concern and is a factor in poorer maternity outcomes and higher infant mortality.

The solutions

Southwark Strategy

- 4.1 Southwark has a Healthy Weight Strategy. This has four main strands; early intervention, shifting the curve (i.e. prevention at a population level), weight management and targeting populations at great risk of obesity. This is a multi agency plan which sets out the key areas of work. The priorities involve a range of settings and different professionals and communities. The strategy is informed by national guidance, best practice and evidence of what works. Officers reported that for interventions to be effective, they have to be multi-component (i.e. inputs to include nutrition, physical activity and mental health).

⁴ EarlyBird is a prospective cohort study of healthy children from the age of 5y, which set out 10 years ago to address the three questions. It finds, counter-intuitively, that the average pre-pubertal child is no heavier now than he or she was 20-25 years ago when the children who contributed to the 1990 UK growth standards were measured. The mean BMI of children has risen substantially, but the median very little, suggesting that a sub-group of children has skewed the distribution but not altered its position. Who are these children? New data suggest that the rise in childhood obesity over the past 25y largely involves the daughters of obese mothers and the sons of obese fathers - but not the reverse.² The daughters of obese mothers have a 10-fold greater risk of obesity, and the sons of obese fathers six-fold, but parental obesity does not influence the BMI of the opposite-sex child. Being non-Mendelian, this gender-assortative pattern of transmission is more likely to be behavioural than genetic. It is well established by the age of 5y, but unaffected by birth weight. <http://www.earlybirddiabetes.org/obesity.php> The EarlyBird Diabetes Study

Strategy Plan Priorities 10/11

Strand 1

Early Years prevention

- Maternal health
- Baby Friendly Status / La Leche training / peer support
- Training for early years staff
- Children's centres:
 - Healthy eating policies
 - Physical activity policies

Strand 2

Shifting the curve

- Physical environment
- Whole school approach to promoting Free School Meals
- Working with parents and families
- Physical activity for the most inactive
- Led walks
- Training for community leaders
- Southwark Food Strategy

Strategy Plan Priorities 10/11

Strand 3

Targeting 'at risk'

- Training for at risk BME communities
- Training for providers of LD services
- Health checks for high risk groups
- Training for Primary care on brief interventions

Strand 4

Weight management

- Intervention for families
- Weight management options for adults
- Training for frontline professionals

International strategies

- 5.1 A 'whole community' approach, from France, was featured in the Tipping the Scale reports. EPODE ('Ensemble, Prévenons l'Obésité Des Enfants', or 'Together, Let's Prevent Childhood Obesity') programme has been running for many years across entire towns. The programme – which is part-funded by private sponsors – involves making a wide range of interventions, including:

- Educating children about healthy lifestyles and the consequences of obesity.
 - Improving food in school cafeterias.
 - Providing family breakfasts at schools.
 - Cooking classes for children and parents.
 - Employing sports educators and dieticians in schools.
 - Building new sports facilities.
 - Introducing walk to school groups.
 - Encouraging GPs to identify all overweight children and refer them to a dietician.
- 5.2 In the first two towns where EPODE was introduced, Fleurbaix and Laventie, childhood obesity prevalence fell in 2000-2004 from 14 per cent to 9 per cent after increasing steadily for many years before that. In nearby towns, used for comparison, prevalence continued to rise and by 2004 was double the rate in Fleurbaix and Laventie. The report noted that all of the towns where this approach has been shown to be successful so far are relatively small; introducing it across a large city could prove to be more challenging

Research evidence

- 5.3 The report highlighted a range of national and international interventions that have demonstrated their value. The best value intervention was regulation of television advertising undertaken in Australia at £3.70 per DAY. Other cost effective interventions were LEAP (£50-150 QULY), a programme of interventions to increase physical activity, and MEND (£1,700 QULY), which Southwark has piloted. CATCH a school based programme to promote healthy food choices and physical activity, including classroom education, intensive PE lessons, healthier school food and parental involvement was also a cost effective intervention at US 900 per Quality Adjusted Life year.⁵

Physical Activity and Sport

- 5.4 The NICE recommendations for increasing physical activity emphasise the need to improve the physical environment to encourage physical activity and promote evidence based behavior change. NICE has produced a detailed review of the evidence supporting the promotion of physical activity for children and young people⁶. The key recommendations relate to:

⁵ Summarized from 'Tipping the Scales which draws on their commissioned report on *Childhood obesity in London*, GLA Intelligence Unit, April 2011. Cost-effectiveness has been assessed in terms of the 'cost per Quality Adjusted Life Year' (QALY), a measure of how many additional years of life (adjusted for quality) are gained by the person receiving the intervention. Australian studies use a similar measure of 'Disability Adjusted Life Year' (DALY). The National Institute for Health and Clinical Excellence determines an intervention is cost-effective if it costs less than £20,000 per QALY.

⁶ [PH17 Promoting physical activity for children and young people: guidance](#) Jan 2009

- Promoting the benefits of physical activity and encouraging participation at national and local levels
- Ensuring high-level strategic policy planning for children and young people supports the physical activity agenda
- Consultation with, and the active involvement of, children and young people
- The planning and provision of spaces, facilities and opportunities
- The need for a skilled workforce
- Promoting physically active and sustainable travel

5.5 Southwark has a Physical Activity Strategy. Overall the strategy seeks to increase sport and physical activity participation. Put simply, enabling more people to be more active, more often. It has 6 strategic themes

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

5.6 Leisure centers are currently undergoing major refurbishment: there is investment spread across all the council owned facilities

5.7 Officers highlighted three locally effective interventions. MEND (Mind, Exercise, Do it) was part of a national trial and had been effective at decreasing children's BMI (Body Mass Index) and reducing waist circumference. The 'Superstars Challenge' had been similarly effective. Lastly the Bacons School Partnership has seen a year on year increase in physical activity.

5.8 Public health, in partnership with the leisure and wellbeing team, successfully delivered the MEND programme (family based weight management intervention) this family based intervention for 7-13 year olds who are overweight or obese is documented to be an effective weight management programme for children. Approximately 150 families have graduated from a MEND programme in Southwark over the last 5 years. Without mainstream funding the extent of delivery varies year to year. In 2011/12 Jubilee Halls charity ran a programme in the summer term. The PCT has agreed to run a further two programmes starting January and May. Benefits to children attending generally include reduced BMI and waist measurements, as well as increased knowledge and improved behaviour on both physical activity and healthy eating scores. Parents are encouraged to make changes as a family as well as supporting the individual child

- 5.9 'Southwark Superstars Challenge' is a pilot project. So far six schools with the highest obesity rates have been recruited to the programme. The programme introduces intensive physical activity in yr 5 (age 9-10). The 10 week programme runs three times a week for 45 - 50 minutes of physical activity and 10 minutes of nutrition education. At the start and end of the programme children do fitness tests and have their measurements taken. School staff and heads have been very enthusiastic about the programme; impact to date has been highly successful
- 5.10 Bacons College had a physical education and school sports partnership team. In seven years the partnership ensured schools progressed from 23% of young people participating in two hours' physical education and school sport a week to over 90%. The college has developed a Health and Wellbeing programme that integrates some of the learning from MEND and promotes "health literacy". The programme's emphasis is on working with schools to increase the coaching skills of teachers in PE and introducing the Health and Wellbeing programme in sustainable way. The funding for the School Sports Coordination is came to an end in March 2011, but there may be some residual capacity to take forward some of the work; particularly
- 5.11 Bacon's College presented evidence about their programme promoting Health Literacy. This is relatively new concept in health promotion. It is used as a composite term to describe a range of outcomes to health education and communication activities. From this perspective, health education is directed towards improving health literacy .Through the 'Health and Wellbeing Programme' they look to promote renewed attention to the role of health education, physical education and communication in health promotion, within the context of the 'health and wellbeing' of the family unit. The 'Health and Wellbeing Programme' is designed to use simple health messages to bring about a sustainable change in attitude to physical activity and ensure families have the ability to make educated decisions on eating habits. See appendix 2 for leaflet
- 5.12 The funding for the School Sports Coordination is came to an end in March 2011, but there may be some residual capacity to take forward some of the work; particularly around sports coaching for primary schools and the health literacy programme
- 5.13 The report submitted by Bacon's College made some key points about exercise and obesity:
- Promoting exercise is a good idea, but if you want to tackle the obesity epidemic it is not the solution. Weight loss is not a key benefit from exercise. Foregoing a small sandwich was as effective as a one-hour run.
 - You cannot exercise your way out of the obesity epidemic. It would take an enormous intervention in physical exercise.
 - It is important for policymakers to realize that if they want to promote weight loss in overweight and obese people, the most effective way is through healthy eating and diets.

- However, the report says, exercise protects against heart disease, type 2 diabetes, osteoporosis and high blood pressure.

5.14 Studies show that those people who exercise regularly are less at risk of diabetes, heart disease and high blood pressure; they are thus more likely to be 'metabolically healthy'. Metabolic fitness can be defined in terms of how the human body responds to the hormone insulin. Healthy bodies tend to have excellent glucose tolerance, normal blood pressures, and heart-healthy blood lipid profiles.⁷

5.15 There is only very limited data available for children, however the studies available are consistent with the findings in adults, namely that higher levels of activity and fitness are associated with reduced risk of metabolic syndrome.⁸ Metabolic syndrome is a name for a group of risk factors that occur together and increase the risk of coronary artery disease, stroke and type 2 diabetes. It is often associated with extra weight, particularly around the middle and upper parts of the body

Olympics

5.16 The Olympics work in Southwark that focuses specifically on young people includes Young persons volunteering; Cultural offer for young people (including dance); Get Set network to support communications in schools; Sports related engagement opportunities; participation with regional initiatives such as Sportivate, London Youth Games, Us Girls; Coaching qualifications for young people with disabilities; Social networking communications; and sports outreach to youth groups.

5.17 In addition to this activity £2M pounds has been invested in capital projects to promote activity and sport including refurbishment/development of the following sites: Bethwin Sports, Burgess Park BMX Track, Camberwell Leisure Centre Sports Hall, Herne Hill Velodrome, Homestall Road Sports Ground Development, Outdoor disability multi-sports court, Peckham Pulse Pool Hoist, Peckham Rye Pitches & changing rooms, Southwark Park Sports complex, Trinity College Centre Outdoor sports area.

5.18 Other work that will support the wider population to be more active around the Olympics includes development of the online Get Active London directory, active travel promotions, Change4Life campaign, and potentially follow-on from the Health Factor Challenge which ran in 2011.

Schools

5.19 Southwark's recent commitment to universal free school meals will be part of a whole school approach to reducing childhood obesity. The 'whole school approach' emphasises engaging with pupils, teachers and parents, embedding healthy eating in the curriculum, encouraging healthy behaviour in and out of school and linking transports plans with the physical environment and the food strategy

⁷ <http://www.thinkmuscle.com/articles/gaesser/obesity.htm>

⁸ http://www.health.gov/PAguidelines/Report/G3_metabolic.aspx#_Toc199933636

- 5.20 The 'A Tale of Two ObesCities' report advocated a universal school meals programme providing free, nutritious and tasty school meals. They called for linking this to nutrition education and the engagement of parents in school food programmes. They cited evidence from Hull England that this programme had positive impacts on the children's food health choices and wellbeing.
- 5.21 The National Child Measurement Programme has been running for four years, whereby pupils in reception and Year Six are measured. From this, school nurses follow up children of very unhealthy weight, providing advice and sign posting to parents

Nutrition

- 5.22 The 'A Tale of Two ObesCities' report advocated redefining food safety standards to reflect current threats to health and using Boroughs' Environmental Health Officers to promote healthier eating. There were recommendations to use planning instruments to restrict fast food outlets and promote supermarkets, groceries, and food cooperatives that promote fruit, vegetables and other healthy food.
- 5.23 The Tipping the Scales report noted the importance of nutritious food and access to quality ingredients. The report noted the while there is little evidence that food growing projects, on their own, influence children's diets, but it has been shown that linking food growing to nutritional education and changes in school meals is effective. (page 40)
- 5.24 Southwark is considering developing a fast food outlet strategy aimed at limiting the saturation by reducing the number of new outlets in certain areas and promoting healthier menus at existing outlets and there is some ongoing consultation work as part of the Peckham and Nunhead Area Action Plan.

The physical environment

- 5.25 The 'A Tale of Two ObesCities' report advocated increasing access and the safety of places, such as parks, where people can be physically active. They stated that urban agriculture is a sustainable and health promoting use of green space. The report recommended that local authorities promote cycling and walk ability, particularly in areas of deprivation. It was recommended that regional and local Housing Strategies should incorporate active design principles.
- 5.26 Officers gave evidence-based recommendations on how to improve the physical environment to encourage physical activity.⁹ They include:
- Ensure planning applications for new developments always priorities the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.
 - Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads.

⁹ [PH8 Physical activity and the environment: guidance](#) Jan 2008

- Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity.
- Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity.

Population targeted work

- 5.27 Online obesity care pathways for adults and children are being promoted to GPs, practice nurses, school nurses, health visitors and child development workers. Pathways ensure that up-to-date clinical guidance is embedded as well as local opportunities and contacts for interventions and self help.
- 5.28 The council is currently also working with community members (community volunteers) in Peckham and Faraday who will facilitate the gathering of information from their peers on local social issues as well as possible solutions. One area that they may potentially explore in this pilot could be around child healthy eating/weight as data shows that this is a prevalent issue in this area particularly around the BME groups. The exact focus is yet to be decided by the community through their discussions.

Summary of consultations with southwark residents and partners

Evidence from the Council Assembly Themed Debate: Sports and Young People

Investment in facilities

- 6.1 The outdoor gym at Burgess Park was hugely popular with residents, particularly young people. Many people praised it as a wonderful idea as it was free, accessible and brought people together. There were many calls for more outdoor gyms. Planned investment in the BMX Park, and new cricket and football pitches, were all welcomed. There was a call for refurbishment of Peckham Pulse. There was a request for the Camberwell pool to be extended and a diving pool installed.

Diversity of sports provision for a diverse population

- 6.2 Many people said that there should be more of a range of provision; particularly for girls and that there was too much emphasis on football. A number of residents commented that girls were not participating enough in sports. Residents wanted to know what the council was doing to involve disabled people in sports. Muslim women requested female guards at women only swimming sessions, and pointed out that without these they would not use the provision.

Safety and cost of travel and using facilities

- 6.3 Residents highlighted feeling safe and being able to travel confidently and cheaply at night as important, particularly for young people. They asked officers to consider that when providing and designing facilities and pay particular consideration to safety when travelling at night

The need for coordinated information

- 6.4 Residents wanted more information on provision. The role and importance of voluntary clubs and the support that they need to thrive Clubs wanted a variety of support, including assistance with capacity building to access funds, assisting with partnership work with schools, and recognition and appreciation of the success that many young people had achieved and the good work of clubs in enabling this.

The added value of sport

- 6.5 Young people, adults and clubs all emphasised the health, social and psychological benefits of sport, saying that it promoted maturity, self discipline and self esteem and contributed to social cohesion.

Evidence given by the sub-committee's education representatives

- 6.6 It was reported that one setting had to do lots of work to improve provision of nursery meals because the outside caterer providing lunches prepared the food hours in advance. The lunches were often insipid tasting and then children chose the tastier bits, which may not be the healthiest parts of the meal. Moreover sometimes the food at delivery point had little resemblance to the menu description. Moving the provision in-house and concentrating on the food at delivery point greatly increased the nutritional content and children's satisfaction.
- 6.7 The majority of primary schools prepare meals on site; either with in-house staff or external caterers. Three schools have meals produced off site, by other local schools.
- 6.8 There was concern that that responsibility for school meal provision has now moved to the governors and that it might not be realistic for them to adequately monitor this.
- 6.9 The head teacher representative commented that weight data for 3 year olds would be helpful. Officers commented that 4 years ago the government started to require that children are measured at reception and year 6. This is a national programme and enables comparisons to be made. The potential for undertaking a local weighing programme using school nurses was discussed by the sub-committee.
- 6.10 Kintore Way's children's centre had offered courses on cooking, shopping and nutrition, but it had a very low take up by parents and carers. However when much of the course was rebranded, and a professional chef employed to deliver the content, parents found this much more appealing. Making the course more aspirational proved very effective.
- 6.11 There was concern that school recreation time was used as a time to punish children and that this had an adverse impact on activity levels. Alongside this schools have moved away from an afternoon of sports. The national curriculum changed the priorities of schools meaning that sports provision is now much more the choice of heads.



BACON'S
COLLEGE
SPORTS PARTNERSHIP



HEALTH CHAMPION

Name

Class



My PE Days Are:

.....
.....

My PE Kit Is:

.....
.....

I Attend After School Clubs On:

.....
.....

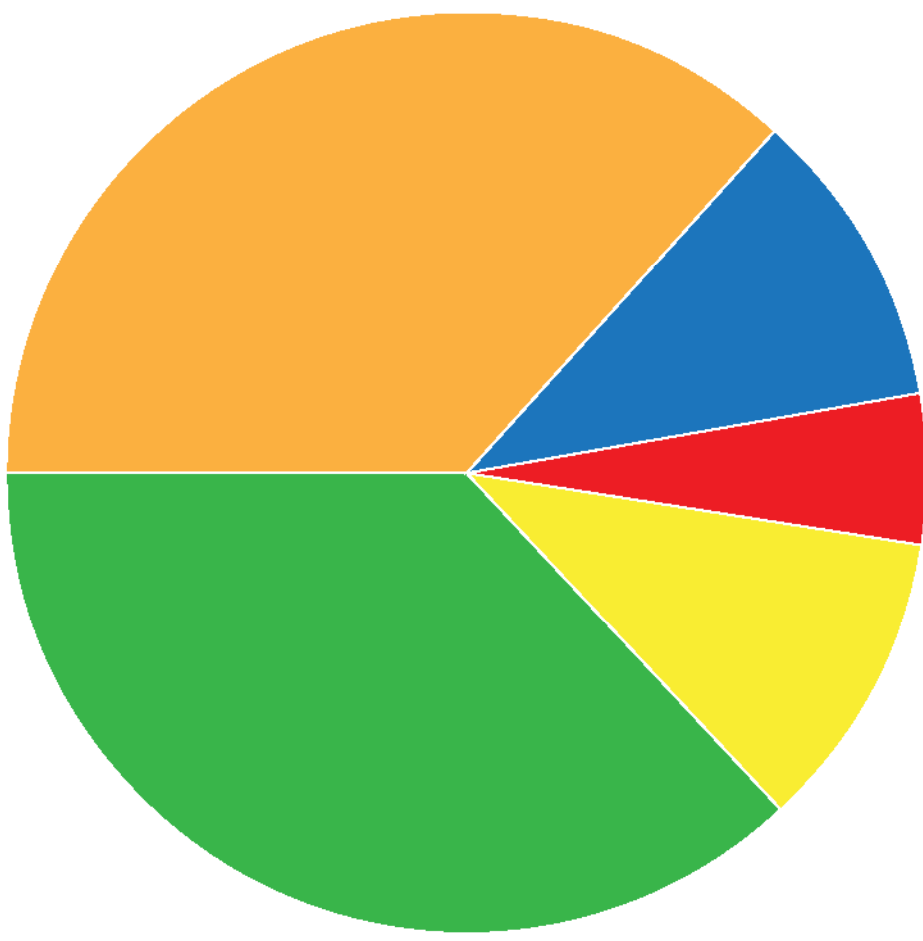
The Community Clubs I Attend:

.....
.....

What Does Healthy Mean To Me:

.....
.....

Create your healthy plate by cutting out the food items found on page 14 and place them on to the five food groups below.



Name The Five Food Groups:

1. 3.
2. 4.
5.



GO

Carbohydrates:

Are our bodies energisers, they give our bodies all the energy we need to carry out our everyday activities.

Fats and Sugars:

Are also energisers, but wear off quickly and if we have more than we need can lead us to putting on weight.

GLOW

Fruit and Vegetables:

These are our glow foods they keep our insides and outsides healthy.

Have you ever heard the saying, "eat your carrots, they help you see in the dark?" It is true - fruit and vegetables are full of vitamins and minerals, which help our hair shine, skin stay smooth and our eyes sparkle.

GROW

Protein and Dairy:

Are our grow foods. These help our bodies grow big and strong. Protein develops our muscles and helps repair injuries. Protein is full of calcium which makes our bones and teeth grow and keep them hard and strong.

Can you help Mike and his friends improve their performance by improving their diets?

Mike wants to be a professional marathon runner. He has a problem though - he never finishes the race. No one can understand why, as he leads the race up until the last two miles. He then complains that he is too tired to continue.

What foods can Mike eat to help him complete a race?

Jack is an up and coming BMX racing star. Last week he had a nasty crash and broke his leg. The doctor says he needs lots of rest.

What foods will Jack need to get him back racing again as quickly as possible?

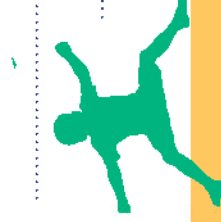
Rapunzel is a famous beauty queen. She is currently out of work as people are saying she has lost her sparkle.

What foods can Rapunzel eat to regain her sparkle?

Meet Alisha and Ronnie!

Here's the latest new activity! Help Alisha or Ronnie make smart choices for their meals throughout the day. You'll see how what they choose affects their "balance of good health".

www.foodfactoflife.org.uk



Plan a menu for Mike or one of his friends

Breakfast

.....

.....

Snack

.....

.....

Lunch

.....

.....

Snack

.....

.....

Dinner

.....

.....



Pitta Pizza

This easy snack idea is ideal for when the kids are hungry and you need to make something speedy and healthy.

Serves: 4

Preparation time: 5 mins

Cooking time: 8 mins

Approx cost for recipe: £1.08

- 4 wholemeal pita breads
- 4 teaspoons tomato puree
- 4 medium tomatoes, sliced
- 2 teaspoons dried mixed Italian herbs
- Ground black pepper

1. Preheat the oven to 190°C, fan oven 170°C, gas mark 5.

2. Spread 1 teaspoon of tomato puree over one side of each pita bread. Arrange on a baking sheet and top with the sliced tomatoes. Sprinkle with the mixed herbs.

3. Transfer to the oven and bake for 6-8 minutes.

Tip 1: If you prefer, cook these under a medium-hot grill for 4-5 minutes.

Tip 2: For an easy variation, omit the sliced tomatoes and scatter a 227g can of drained pineapple chunks in natural juice over the top of the pitas, then add 80g of chopped cooked ham. Bake or grill as above.

Checkout more great recipes at...

www.mhs.uk/Change4Life/Pages/lunch-recipe-book.aspx

Bogeyman Soup

This gorgeous green soup is full of vegetables!

Serves: 4

Preparation time: 15 mins

Cooking time: 25 mins

Approx cost for recipe: £1.08

Approx cost per serving: 45p

- 2 leeks, washed and sliced
- 250g broccoli, broken into florets
- 250g potatoes, peeled and chopped
- 600ml (1 pint) vegetable or chicken stock
- 100g spinach, washed
- 300ml (½ pint) semi-skimmed milk
- Ground black pepper

1. Put the leeks, broccoli and potatoes into a large saucepan and add the stock.

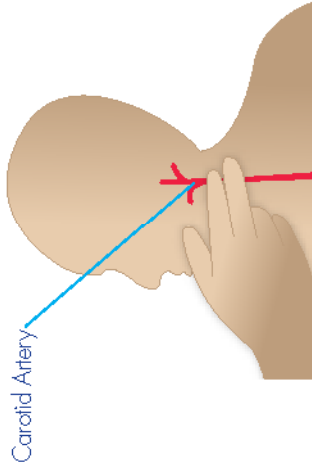
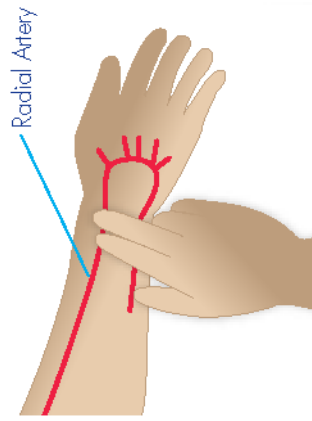
2. Heat until just boiling, then turn the heat down. Cook over a low heat with the lid on for 15-20 minutes, or until the potatoes are tender.

3. Add the spinach and cook gently for another 2-3 minutes, until the leaves wilt down.

4. Blend the soup to a puree using a hand-held stick blender, or transfer it to a food processor or blender and whizz until smooth. Add the milk and reheat gently, seasoning with ground black pepper. Serve.

Tip 1: Cover, cool and refrigerate the soup, using it within 3 days of making it, and re-heating it thoroughly when ready to serve.

Tip 2: Use vegetable or chicken stock cubes, or concentrated stock from a jar, following the instructions to make it up to the correct strength for 600ml (1 pint) of water



Resting

1.
 2.
 3.
- Average

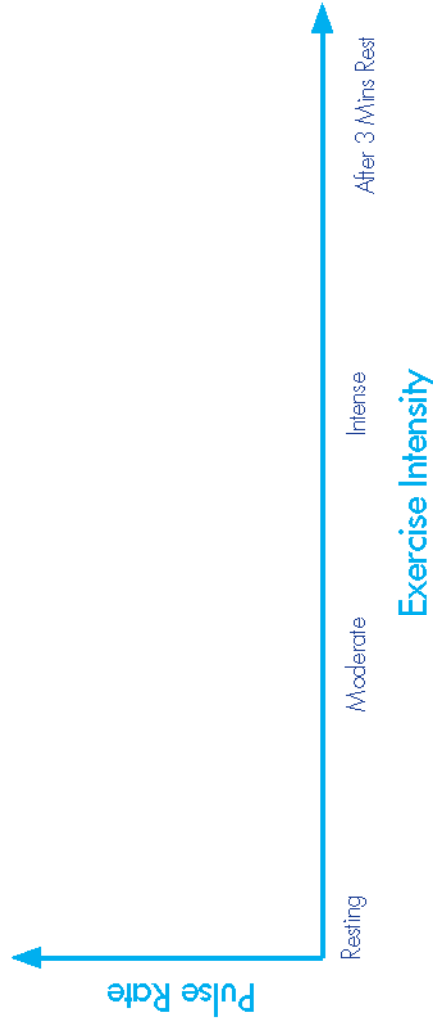
After Moderate Exercise

1.
 2.
 3.
- Average

After Intense Exercise

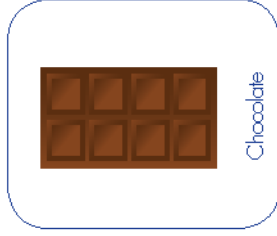
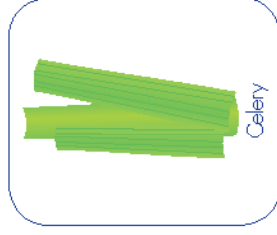
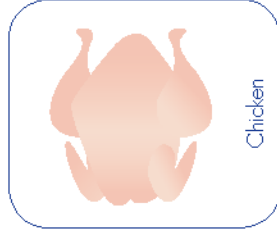
1.
 2.
 3.
- Average

After 3 Minutes Rest

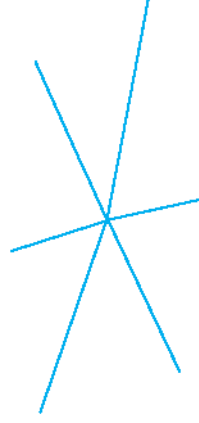


Rank these in order:

Which ones give us the most energy per 100g?



Can you think of reasons why these people need different amounts of energy?



Why is portion size important?

1.
2.
3.

Ibrahim saw that Bacon's School Sports Partnership was running trials for their development centre. He decided he wanted to try out, but his nerves nearly got the better of him as he didn't think he was good enough. After speaking to his teacher, he thought, "Why not, what have I got to lose?"

Ibrahim went along and met Mr Baltacha, Director of Football, who once played in a world cup and is one of the best football coaches in the country.

Ibrahim had a fantastic day making lots of new friends and was really glad he came. He didn't get into the advanced sessions but received a letter telling how he did in the trials.

Please see the letter opposite.

Dear Ibrahim,

We are going to offer you a place in the academy. However, before the summer camp you must improve your fitness and attitude.

The reasons are shown below:

Technical ability	Rank
Footwork - both feet	10/10
Dribbling - both feet	10/10
Close ball control/turning	10/10
Passing accuracy	8/10

Your touch and close control were exceptional. Overall 10/10.

Physical and Mental	Rank
Focus	3/10
Attitude to training/self discipline	2/10
Speed	4/10
Agility	4/10
Strength	6/10

This area of your game needs work and your fitness levels are low. Overall 5/10.

Your fitness levels affected your game performance. In the first 15 minutes you were very impressive and controlled the game, but after this you seemed puffed out and struggled to stay in the game.

Ibrahim, at this time, we can offer you a place on the advanced football academy but you will need to improve in the areas above to succeed in the Academy

Yours Sincerely

Sergei Baltacha
(Director of Football)

Ibrahim decided he wanted to make some changes to his lifestyle so he could improve his fitness levels. Ibrahim decided that the best way to do this was to make changes to his activity levels and nutrition intake, one small step at a time.

Week	Nutrition/ Lifestyle	Duration	Times per week	Total exercise for the week
Week 1	<ul style="list-style-type: none"> In the first week Ibrahim looked at his current exercise and nutrition levels. 3 fruit and vegetables 7 unhealthy snacks Football at lunch 	Per day 30 mins	Over the week 3 x week	1 1/2 hrs
Week 2	<ul style="list-style-type: none"> 4 Fruit and vegetables. 6 Unhealthy snacks. Swapped Sweets for healthy snack Football at lunch Joined football after school club Walked to school with big sister 	Per day 30 mins 1hr 10 mins	Over the week 3 x week 1 x week 2 x week	2hrs 40 min
Week 3	<ul style="list-style-type: none"> 5 Fruit and vegetables. 4 Unhealthy snacks. Swapped Sweets for healthy snack. Helping his parents do the shopping to create more balanced food plates Football at lunch Joined football after school club Walked to school with big sister Joined another sports after school club 	Per day 30 mins 1hr 10 mins 1hr	Over the week 3 x week 1 x week 3 x week 1 x week	4hrs

So far Ibrahim is active for 4hrs a week, can you get him up to seven hours by week 5? Complete the last two weeks to help Ibrahim reach his goal of joining the Academy.

Week 4				
Week 5				

What's your Goal?

Week	Activity	Duration	How many times a week	Total Exercise
Week 1	What are you doing at the moment?			
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				
Week 7				



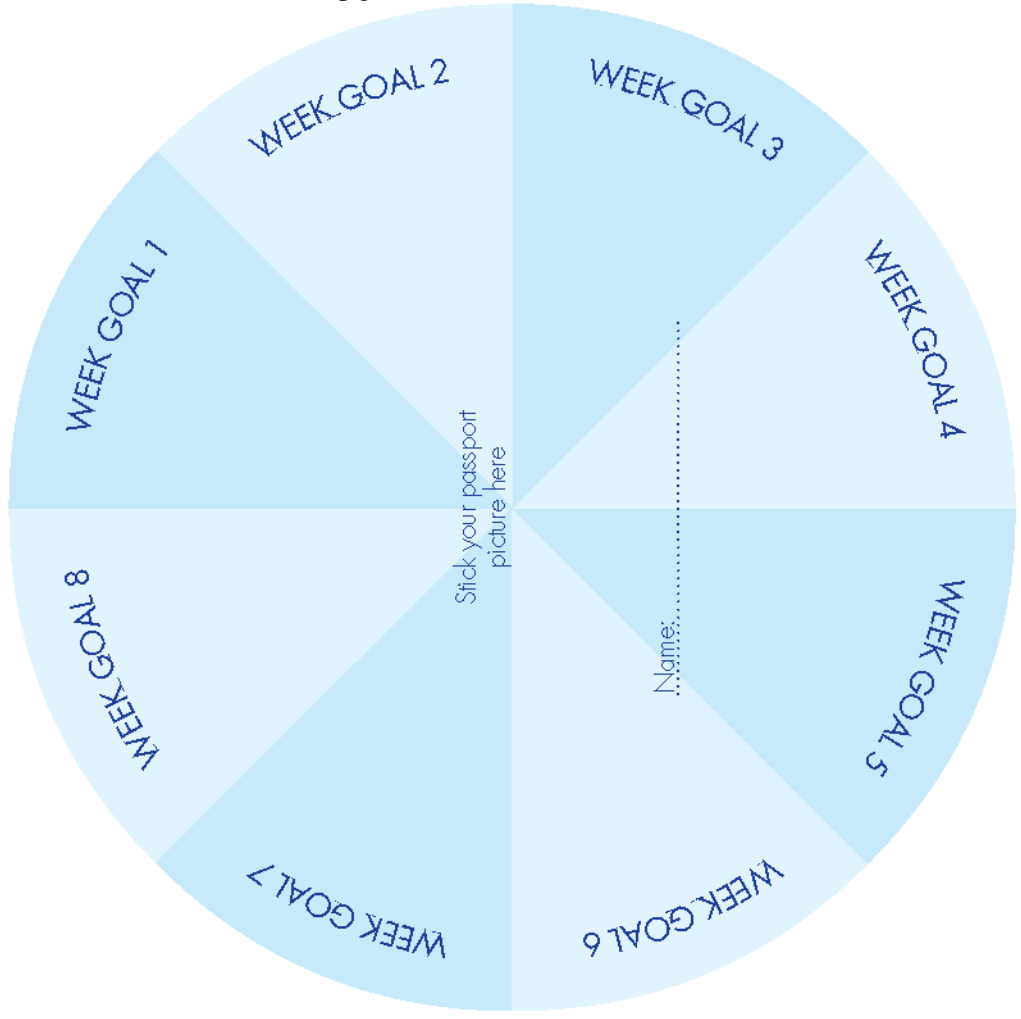
All measures per 100g	Low - a healthy choice	Medium - ok most of the time	High - only eat occasionally
Sugars	5g or less	5.1g - 15g less	More than 15g
Fats	5g or less	5.1g - 15g less. 1-20g	More than 20g
Saturates	1.5 or less	1.6 - 5g	More than 5g
Salt	0.30g or less	0.31-1.5g	More than 1.5g

Traffic light labels on food make it easier to choose healthy options. To apply traffic lights to a product, look at the '100g' information panel on the pack and use the grid to make a healthier choice.



My Goal Achievement Chart

To help you make healthy lifestyle changes we are going to set ourselves personal goals each week, one nutrition goal and one exercise goal.



REVIEW OF CHILDHOOD OBESITY AND SPORTS PROVISION FOR SECONDARY AND PRIMARY CHILDREN (NOVEMBER 2011)

The review sets out emerging recommendation for comment:

Paragraph 8.18

Create a healthier environment for our children and young people by restricting the licensing of new hot food takeaways e.g. within 400m boundary or 10min walking distance of schools, children's centres, youth-centred facilities. High concentrations of fast food outlets are currently in Peckham town centre, Queens Road Peckham, Walworth Road. Other London boroughs have been very effective in their planning restrictions (e.g. www.barking-dagenham.gov.uk/2-press-release/press-release-menu.cfm?item_code=3761), supporting more healthy eating opportunities, greater diversity of local outlets as well as reducing litter and anti social behaviour.

Planning Policy response:

We have recently consulted on the 'Towards a Preferred Option' draft Peckham Area Action Plan (AAP). The final AAP will have specific area policies which will be used alongside the strategic overarching policies in our adopted Core Strategy (2011) as well as some of our saved Southwark Plan policies.

The 'Towards a Preferred Option' consultation document set out in Policy 3 – Hot Food Takeaways – three options. Based upon the feedback we received through the first stage of consultation of the draft AAP (Issues and Options consultation) which raised concern about the number of takeaways in the town centre, we considered whether we should restrict the amount and the location of hot food takeaways (A5) and we now need to decide what the most effective approach should be which will need to be informed by a robust evidence base.

Option 1 included putting a restriction on the number of hot food takeaways in the town centre and/or within other protected shopping frontages and local centres. We have the option of applying this just to Rye Lane and Peckham High Street where there is a higher number of takeaway units or we could also apply this to the shopping frontages in the wider area to prevent the problem from arising elsewhere in the future. One possibility is that we could set a policy to say there should not be more than two units as hot food takeaways in all of the parades outside of Rye Lane.

Option 2 would restrict hot food takeaways to be located around schools, introducing an exclusion zone. This approach has been implemented at two other London Boroughs.

Option 3 would continue with our existing policy (saved Southwark Plan Policy 1.9 see below) and not restrict hot food takeaways and assess them in line with amenity and development management policies in the Southwark Plan. We have acknowledged that not all hot food takeaway shops sell unhealthy food.

The document has been through a public consultation period, and we are now considering the responses which will inform the preparation of the next stage of the draft AAP – Preferred Options.

With regard to Option 1 we have already proposed this approach in two protected shopping parades at Canada Water which is set out in the draft Canada Water Area Action Plan Policy 3. Draft Policy 3 maintains the status of Albion Street and Lower Road as "protected shopping frontages" and a mix of uses needs to be provided in

line with Policy 1.9 of the Southwark Plan. It also introduces a limit on the number of A5 uses.

This policy sets out the following:

We will maintain the status of Albion Street and Lower Road as “protected shopping frontages” which should provide a mix of uses. There should not be more than two units in hot food takeaway use (A5 Class Use) in either the Albion Street frontage or in any one of the six parades which comprise the Lower Road frontage.

The shops on both Albion Street and Lower Road currently provide day-to-day convenience facilities for local people and passing trade. Policy 1.9 of the Southwark Plan is intended to ensure that at least 50% of the shopping units in the frontages on Albion Street and Lower Road stay in retail (A1 Class Use) and we propose to maintain that.

During consultation many people raised concerns about the number of hot food takeaways (A5 Class Use) on Lower Road and Albion Street. In both streets, there is a relatively high proportion of units in use as takeaways. In Albion Street there are two takeaway restaurants and in Lower Road there are more, including 5 units in the first section of the frontage between nos. 226 and 290 Lower Road. Cumulatively, hot food takeaways can have a negative impact on local residents and on the retail vitality of the parade. Our policy would restrict further growth of hot food takeaways.

With regard to Option 2 – it may be difficult to provide robust evidence to support a policy of this nature. Availability of fast food in the school “fringe” – roughly within ten minutes’ walk from the school gates – is one factor identified by a number of reports as potentially contributing to childhood obesity. American research (Currie et al. 2009) found that having a fast food outlet within close proximity (within 0.1 miles) of a school increases the probability of obesity by 5.2 per cent. There was no significant effect of having an outlet 0.25 or 0.50 miles from a school and the effects of fast food access were found to be greater for girls. The authors concluded that policies restricting access to fast food near schools could have significant effects on obesity among school children. However, UK (Dolton 2009) and Australian (Crawford 2008) research has found little evidence that exposure to fast food outlets in local neighbourhoods increases the risk of obesity. Dolton concludes that in the UK, proximity does not have an impact on childhood obesity and is not related to prevalence.

Therefore, we need to undertake further work to identify whether there is robust evidence available to support the approach of implementing a ‘saturation’ zone around schools. The preferred options for the AAP will be out for consultation in February 2012.

Paragraph 8.20

Use planning and other methods at the local authority’s disposal, to promote the establishment of businesses that make available healthy food. For example groceries, market stalls, food cooperatives and supermarkets that sell fruits and vegetables, whole foods etc.

Planning Policy response: Support

Our planning policies support the provision of new markets. Markets can play a significant role in regeneration as part of the retail economy of the borough. The Council recognises that street traders are small business operators and therefore

supports their development wherever possible. To maximise this contribution the Council needs to take a more coordinated approach to both new developments and revitalising existing markets as part of regeneration schemes.

We have set out in the draft Canada Water AAP and the consultation document 'Towards a Preferred Option' draft Peckham AAP planning policies which support the provision of new markets.

Paragraph 8.23

Promote urban agriculture, for example allotments. Where possible link this with schools and nutritional education.

Planning Policy response: Support

We have planning policies which support urban agriculture. We have set out in Core Strategy Strategic Policy 11 'Open Spaces and Wildlife' that we will protect woodland and trees and improve the overall greenness of places, including through promoting green corridors, gardens and local food growing.

The policy states that Local food growing and composting help promote healthy lifestyles and reduce the environmental impact of food consumption. We are looking at ways to encourage local food growing and composting in Southwark, including how existing spaces may be used. It will be important for new development to include opportunities for local food growing, community gardening and composting where possible..

We have also set out in the 'Towards a Preferred Option' draft Peckham AAP the objective of promoting a network of high quality and easy to access open spaces that serve a range of functions, including recreation and children's play, sports facilities, nature conservation and food growing.

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