

Education and Children's Services Scrutiny Sub-Committee

Wednesday 19 October 2011

7.00 pm

Ground Floor Meeting Room G01C - 160 Tooley Street, London SE1 2QH

Membership

Councillor David Hubber (Chair)
Councillor the Right Revd Emmanuel
Oyewole (Vice-Chair)
Councillor Sunil Chopra
Councillor Adele Morris
Councillor Rosie Shimell
Councillor Althea Smith
Councillor Cleo Soanes
Reverend Nicholas Elder
Colin Elliott
Leticia Ojeda
Sharon Donno

Reserves

Councillor Darren Merrill
Councillor Victoria Mills
Councillor Lisa Rajan
Councillor Nick Stanton
Councillor Mark Williams

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Annie Shepperd

Chief Executive

Date: 11 October 2011



Education and Children's Services Scrutiny Sub-Committee

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Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
1.	APOLOGIES	
2.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any personal interests and dispensation in respect of any item of business to be considered at this meeting.	
4.	MINUTES	1 - 10
	To approve as a correct record the Minutes of the open section of the meeting held on 28 June 2011	
	A briefing on apprenticeship programmes was requested at the 11 April 2011 committee meeting and this is circulated with the minutes.	
5.	REVIEW OF PARENTING SUPPORT - PART 2 A : SUPPORT FOR PARENTS - PARENTS & CARERS OF DISABLED CHILDREN	
6.	REVIEW OF PARENTING SUPPORT - PART 2 B : SUPPORT FOR PARENTS - VOLUNTEER SUPPORT	
7.	CHILDHOOD OBESITY AND SPORTS - DRAFT INTERIM REPORT	11 - 47

Item No.	Title	Page No.
8.	UNIVERSAL FREE SCHOOL HEALTHY MEALS PROGRAMME	
9.	ADULT EDUCATION UPDATE	
10.	ROTHERHITHE FREE SCHOOL UPDATE	
11.	WORK PROGRAMME	

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

Date: 11 October 2011



EDUCATION AND CHILDREN'S SERVICES SCRUTINY SUB-COMMITTEE

MINUTES of the Education and Children's Services Scrutiny Sub-Committee held on Tuesday 28 June 2011 at 7.00 pm at Town Hall, Peckham Road, London SE5 8UB

PRESENT: Councillor David Hubber (Chair)
Councillor the Right Revd Emmanuel Oyewole
Councillor Adele Morris
Councillor Althea Smith
Councillor Cleo Soanes
Reverend Nicholas Elder
Colin Elliott
Leticia Ojeda
Sharon Donno

**OTHER MEMBERS
PRESENT:** Councillor Darren Merrill

**OFFICER
SUPPORT:** Glen Garcia : Head of Pupil Access
Rory Patterson : Deputy Director, Specialist Children's Services
Shelley Burke : Head of Scrutiny
Julie Timbrell : Scrutiny Project Manager

1. APOLOGIES

1.1 Apologies for lateness were received from Councillors Emmanuel Oyewole and Cleo Soanes.

1.2 Apologies for absence were received from Councillors Rosie Shimell and Councillor Sunil Chopra, who sent apologies. Councillor Darren Merrill attended as a reserve.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. MINUTES

4.1 The minutes of the meeting held on 11 April 2011 were agreed as an accurate record.

5. REVIEW OF PARENTING SUPPORT - PART 1 : SCHOOL ADMISSIONS REVIEW REPORT

5.1 The committee considered both the results of the questionnaire and an email a couple of parents had sent the chair, alongside the Admissions report that went to OSC at the end of last administrative year.

5.2 Members first discussed the questionnaire and it was noted that many parents found the range of schools' admissions criteria difficult. Officers and members considered this to be an intractable problem, given the national choice agenda.

5.3 It was noted by members that parents scored 'satisfaction with communication received after the offer letter' a little low. Officers explained the school preference service met this need and that having meeting space to see parents in Tooley Street could improve matters.

5.4 Members commented that there was also a lower score given by parents who access special needs schools in a different way if their child has a statement of special needs. Questionnaire respondents requested more information, both for this process and the mainstream process used by parents/cares with a child with special needs but without a statement. Officers were asked to look into this.

5.5 There was a comment by a member that at least one school held their open day after the closing date for applications. This meant one member's child changed her mind, but it was too late. This might be a blip, however this may be a problem this year as there was a report that some schools have opening days advertised in November, after the end of October closing day.

5.6 Officers welcomed the survey and said they had already taken note of the results and comments and started to action; for example they are working to make the Guides easier to navigate and working with the Parent Participation Forum to do this.

5.7 The issue of the number of tests for entry to secondary schools was revisited; it was noted that a reduction to two is an improvement, but not ideal.

5.8 The chair read out the text of the email received from two parents raising issues concerning the admission process. This is pasted in full below:

Dear Mr Hubber

We are aware that you are holding a meeting of the above committee tomorrow evening at Southwark Town Hall, and sincerely hope you will find time to address the following issues that we and many other year 6 parents in Southwark have experienced recently.

Southwark Education Services

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This is the department we turn to for information and advice. Sadly on the many occasions we have telephoned, we have been less than happy with the information provided. For example one operator said "you have until the 31 August to appeal against the school". This is not the case. Last week we called to find out if there were a school in Southwark who used the random allocation process when it came to school admissions. No was the response, he also confirmed this with a manager. When asked about Kingsdale, the operator was only too happy to read out the criteria from the Secondary Schools booklet.

you could hear him almost choking on the words "remaining places would be offered using random allocation process".

THIS IS THE DEPARTMENT THAT ARE SUPPOSED TO HELP AND GUIDE PARENTS THROUGH WHAT CAN BE AN ENORMOUSLY TRAUMATIC TIME!

Now we move on to the schools in Southwark and their different admissions criteria, Kingsdale in particular. Can you explain it?? An representative of the Education Advisory Panel, [xxxxx] visited Dog Kennel Hill School to provide some assistance after the 01 March. This was because SO MANY Southwark children did not receive offers, or received a school offer that was not on their original application. He had visited Kingsdale school the previous day and still could not explain the process to us, as it is complicated at best.

At the moment there are appeals being heard at Kingsdale, and it is only now that we are discovering the waiting list was generated by a priest! Not a computer system, but a man drawing names from three separate pots! Who decided this was a fair and appropriate process and would guarantee authenticity of process?

Having contacted other Local Authorities, it seems that Southwark is the ONLY borough that will offer a place to non-residents UNCONDITIONALLY. I Southwark children who apply to schools in Wandsworth, must sit a test and get a very high score (last year 98.6%) before they are even considered for a school place.

Does this sound/seem fair to you, given that at least 40 children in this borough received absolutely NO OFFER whatsoever, in the knowledge that Kingsdale is catering for many children outside of it's LA!!

We look forward to hearing from you and hope to attend tomorrow's meeting.

5.9 The meeting discussed the following points:

- Parents applying to Kingsdale did not feel the process was clear , transparent or fair
- The query raised by parents via the Southwark switchboard should have been forwarded to the Admissions team as it was too complex to be dealt with by the call centre
- Officers explained that random selection is permissible under the Admissions code

RESOLVED

The Admissions report agreed by OSC will go to the cabinet along with the results of the questionnaire.

Officers undertook to look to improve information given to parents with a child with special needs / a statement of special needs.

6. CHILDHOOD OBESITY AND SPORTS PROVISION REVIEW

6.1 The Chair drew members attention to the three reports considered so far; 'Tipping the Scales', A Tale of Two ObesCities' and 'Weighing In'. The Chair considered it was now time to draw up recommendations based on the evidence received so far.

6.2 Members noted that July's Council Assembly themed meeting is on Sports and Young people. Members stated that it was important that we listen to the evidence and debate on this theme and use this to inform the report. The chair stated that he would be making reference to this report during the debate and he urged other committee members to do the same.

6.3 There was a discussion on submitting a report to the meeting; however members decided that it was too early for this. Officers advised the committee that once the report is agreed it can be submitted to the Council Assembly; there are provisions in the council constitution that allow this. The recent Democracy Commission particularly recommended this, particularly for reports that are on an engaging and important issue for residents.

RESOLVED

Draft recommendations will be composed drawing on the evidence received so far and the three reports circulated so far:

- Tipping the scales - London Assembly report
- A tale of two obesCities
- Weighing In.

The chair will work on some draft recommendations and circulate these to the vice chair first, and then the rest of the committee.

The committee will review comments and debate from members, residents and stakeholders on the 'sports and young people' Council Assembly theme.

Officers will be invited to present on the free school meal pilot and work will be done to consider what data is needed to evaluate its impact. Officers will be asked to supply relevant information, background data, and results so far and scope for comparative study.

7. WORK PROGRAMME

- 7.1 The chair referred to the work programme and said he was looking forward to starting part 2 of the scrutiny review into support for parents, following on from the review into School Admissions. The chair reported that he had visited the Parents' Carers Council and he would like to invite them to a meeting so that the committee could discuss support for parents & carers of disabled children. Members also suggested consulting a BME group that works with children with autism, and it was agreed they should also be invited.
- 7.2 The chair went on to talk about a scheme initiated by CSV (Community Service Volunteers) which matches volunteers with families and children on protection plans to give practical advice and support. Information about this had been circulated to the committee last year, and with the papers for this meeting. Rory Patterson reported that Southwark is now engaged with CVS to develop a scheme in partnership with Southwark Council.
- 7.3 One of the education representatives asked if there was a role description for this as she thought that a number of parents who use Children's Centres could be excellent volunteers for this scheme. Officers responded that this is in development. The chair requested information and a presentation on this scheme at the next meeting.
- 7.4 It was noted that Adult Education undertook to report back to the committee in the autumn.
- 7.5 The committee agreed that combining the cabinet member interview with the quarterly visit by Southwark Youth Council and Speaker box would be the best use of time.
- 7.6 January will once again be used as an opportunity to look at Safeguarding and the independent chair will be invited.
- 7.7 Members discussed the planned review into universal free school meals. It was decided that officers will be invited in October and asked to present on progress so far and indicate when they understand evidence on outcomes will be available. Members commented that we need to think about the possibility of children having a healthy school meal and then going out to eat an unhealthy fast food meal after school. Members thought it was important to engage and influence parents.
- 7.8 Members asked officers why certain year groups had been selected to be the first

to received universal free school meals. Officers explained this is because they are rolling out the programme. Members commented that they would like to do comparative studies with schools who have not received this programme in order to measure the outcomes.

- 7.9 Members went on to discuss the impact of Clinical Commissioning on children's health services, such as school nurses. A joint meeting with the Health and Adult Social Care scrutiny committee was muted, however it was agreed that members concerns would be sent to the Chair of this committee.
- 7.10 An education representative noted central government's recent decisions on Early Years provision. He stated that these will have a big impact on preschool and other Early Year's providers. He commented that a written question to the cabinet lead may help address concerns.
- 7.11 The chair recommended that the committee continue to keep an eye on the proposed free school at Rotherhithe. He stated that there is an issue of accountability as there is no direct link to the local authority.
- 7.12 Sharon Donno reported that her commitment as Chair of Southwark Headteachers Executive has now ended and Mr Nick Tildesley will be taking up this role from September. The Chair and committee thanked Sharon for all her hard work and valuable contribution to the committee.

RESOLVED

Review of parenting support – part 2: support for parents

- Invite CSV (Community Service Volunteers) to present on their scheme matching volunteers with families and children on protection plans to give practical advice and support
- Invite Southwark Parent Carers Council to the next meeting
- Seek out and invite other organisations led by parents /carers of disabled children and invite them to attend / give evidence to the scrutiny committee
- Invite parent/cares of disabled children to give evidence on the parenting support theme

Consider new partnership arrangements between public health, children's services, education and the new GP consortiums

Members noted that education school budgets are currently being used to pay for health care and the new partnership arrangements between public health, children's services, education and the new clinical commissioning consortiums need to be aware of this. Members will feed into a review on clinical commissioning being done by the Health and Adult Social Care scrutiny committee and the above comment will be sent to the chair.

Children and Young Peoples Plan with Southwark Youth Council – quarterly & Cabinet member interview

The quarterly review of the Children and Young Peoples Plan with Southwark Youth Council & Speakerbox will be done in conjunction with the Cabinet lead member's interview.

The impact of services changes on the Youth service will be considered.

A written question will be submitted on the impact of services changes on the Youth service

Early Years

A written question will be submitted on the impact of recent changes on Early Years and preschools.

Rotherhithe School

A watching brief will be kept on Rotherhithe School and the possible free school.

Adult Education will be asked for an update following on from the 11 April meeting.

Safeguarding in January

APPRENTICESHIPS IN SOUTHWARK

Introduction

1. Apprenticeships are an important learning pathway for 16-18 year olds and adults. Increased provision of apprenticeships for young people is an important part of Southwark's preparation for the raising of the compulsory participation age in education or training (RPA) from 16 to 17 in 2013 and 18 in 2015.

What are the current apprenticeship opportunities?

2. The table below shows the number of apprenticeship training places which Southwark providers are funded for in 2011/12. These providers account for only a small percentage of Southwark 16-18 residents taking apprenticeships. The majority are doing their training at other providers outside the borough e.g. Lewisham College.

No of apprenticeship learners	Provider	Level 2	Level 3
40	Bosco	39	1
40	Southwark College	23	17
55	Central Training	40	15
100	Springboard Southwark	40	60

Funding for apprenticeships

3. Funding for apprenticeships comes via the National apprenticeship Service (NAS) and the Skills Funding Agency (SFA) for all ages including 16-18 year olds. New Apprentices can already be existing employees so not all apprenticeships are available to those seeking work.

What are we doing as a local authority to promote apprenticeships?

4. We are very committed to promoting apprenticeships through a number of routes. These include:
 - Encourage the recruitment of apprentices by local employers as well as through the Council's contractors and procurement of major works like housing maintenance and repairs for example
 - Recruiting apprentices into our own workforce
 - Continuing the work started through Future Jobs Fund; creating job opportunities in various sectors
 - Promoting apprenticeships with employers through Section 106 agreements. Developers and contractors are required to submit apprenticeship plans for their sites and demonstrate that they will work with local training and apprenticeship providers. The target figure for new developments is 3% of the FTE workforce on site - higher in some cases.
 - Engaging in high profile projects.

Southwark as an employer of apprentices

5. Southwark Council currently employs 14 16-18 apprentices out of 50 apprentices in total. The Council apprentice programme started in 2006, year on year the number of apprenticeships offered has increased. The programme is well promoted through a variety of media and partnership arrangements. These include:

- The council web site
- Colleges and training providers,
- Pre employment preparation and engagement via the Looked after Children service, working with JobCentre Plus, Connexions, Southwark Works, and Transport for London

100 in 100

6. From September 2010 to January 2011 Southwark Council worked in partnership with NAS and Southwark News on a campaign to promote apprenticeships in Southwark. The aim of the campaign was to promote 100 apprenticeship opportunities in 100 days. A launch event was held on 23 September 2010 in Tooley Street aimed at Southwark employers and training providers. Speakers included representatives of NAS, Southwark News and Southwark Council, a local employer and apprentices. Following the launch Southwark News promoted the campaign on a regular basis including material provided by NAS and Southwark Council e.g. case studies of individual Apprentices and of employers who have successfully taken on Apprentices. A closing event took place in February 2011. The campaign was successful as during more than a 100 new apprenticeships were provided for Southwark residents, many of them with new employers.

What more do we need to do?

7. In order to raise the percentage of 16-18 residents in apprenticeships in Southwark the local authority will continue to work closely with NAS on how to widen availability of apprenticeships for Southwark residents. Issues include:
 - How can more apprenticeships be provided by existing providers within and outside Southwark?
 - Are existing Southwark providers good quality/value for money?
 - Can new apprenticeship providers be commissioned?
 - How can we improve the understanding of the apprenticeship offer through schools and support providers?
 - How can we diversify the range of apprenticeships by level and subject area?
8. Another important way in which Southwark can directly work to increase the number of 16-18 apprenticeships is in preparing 14-16 and 16+ learners so that they are capable of taking on apprenticeships. As apprenticeships are level 2 and 3 qualifications they are not suitable for learners who have not achieved a Level 1 qualification. This means that Southwark needs to continue to commission sufficient provision at Foundation Level (i.e. Entry and Level 1) so that learners will be able to move onto apprenticeships at 16-18. This requires:

Access to Apprenticeships

9. The Government has recently announced new arrangements for preparing learners for apprenticeships called "Access to apprenticeships". This programme will allow apprenticeship training providers to take on learners for three to six months and prepare them for an apprenticeship. The programme is designed for learners who have the potential to undertake an apprenticeship but who are not yet ready to start an apprenticeship because they have been NEET (not in education or employment or training) and have additional learning and or additional social needs. As with the apprenticeship, learners will spend most of their time in the workplace learning on the job and gaining work experience. At the end of six months, at most, learners

are expected to move on to a full employed apprenticeship. Access to apprenticeships replaces Programme Led Apprenticeships (PLAs) where apprenticeship training providers took on learners who did not have an employer. This arrangement was regarded as less desirable than employed status but preferable to NEET status. Southwark was one of the local authorities with the highest number of PLAs in London. The new Access to Apprenticeships programme is intended to be an improved alternative to PLAs as it is for a limited time and designed to lead to a full apprenticeship.

Draft REPORT October 2011

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

1. Introduction and background

1.1 This is the second draft interim 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.

2 Evidence considered so far

Population prevalence

2.1 The 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

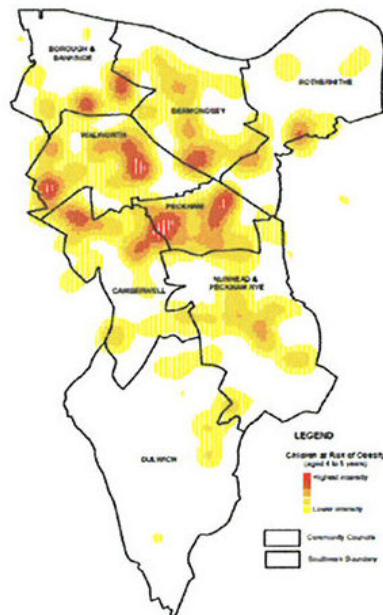
year 6 and 38.9 % of Southwark's children are either overweight or obese by year 6. ¹

- 2.2 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 years (2006/07, 2007/08 and 2008/09) Southwark has had the highest obesity rates for Year 6 and the second highest for Year R for the last 2 years (2007/08 and 2008/09). 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.
- 2.3 Data sets were presented that indicated that as children move from reception to year 6 the percentage of overweight and obese children increases.
- 2.4 Nationally certain ethnic populations are more at risk; obesity is most prevalent in Black or Black British children; 25.3% at year 6. Asian, mixed and other groups are also more at risk with rates between 21 and 22 % at year 6. White children have a rate of 17 % and Chinese children are least at risk with rates of 16%.²
- 2.5 Obesity is related to socio economic deprivation. Data sets by community council area were presented and it was noted that there was a link between obesity and social deprivation. Particular hot spots 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 Prevalence of underweight, healthy weight, overweight and obese children, with associated 95% confidence intervals, by ethnic category, England, 2008/09

Year 6 (10 – 11yrs)



- 2.6 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.
- 2.7 Southwark Officers reported that locally maternal obesity is of concern and is a factor in poorer maternity outcomes and higher infant mortality.

Policy and Intervention in Southwark

Childhood obesity and healthy weight

- 2.8 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 unhealthy fast food outlets tackled.
- 2.9 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).

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

Sport and physical activity

- 2.10 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 people³. The key recommendations relate to:

- 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

2.11 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

2.12 This strategy is due to be refreshed following the Council Assembly themed meeting on "Sports and Young People" – please see paragraph 5 for more details.

2.13 Southwark Leisure and Well Being Team is continuing to provide a host of programmes through Southwark Community Games and SCG Superstar Challenge Programme, Sport Unlimited and a Young People with Disabilities programme. The funding for the School Sports Coordination is coming to an end at the end of March 2011. Officers reported that the current economic climate is raising questions regarding ongoing provision and discussions are underway regarding budget pressures and further delivery. THIS MAY NEED UPDATING BY OFFICERS

2.14 Leisure centres are currently undergoing major refurbishment: there is investment spread across all the council owned facilities.

2.15 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

³ [PH17 Promoting physical activity for children and young people: guidance](#) Jan 2009

the Bacons School Partnership has seen a year on year increase in physical activity.

- 2.16 Public health, in partnership with the leisure and wellbeing team, successfully delivered the MEND programme (family based weight management intervention) for almost four years using lottery funding, which has now ended. The programme evaluated well. Without ongoing funding from external sources the challenge is to now to embed what worked well within on-going programmes such as the Southwark Community Games (SCG), Superstars Challenge obesity programme and the Bacon's School Sports Partnership's Family Wellbeing programme. **MAY NEED UPDATING BY OFFICERS**
- 2.17 '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.
- 2.18** Bacons College has 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 coming to an end in March 2011; however the partnership has secured some funding for the next year. **MAY NEED UPDATING BY OFFICERS**
- 2.19** 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 1 for leaflet**
- 2.20** A 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.

2.21 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.⁴

2.22 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.⁵ 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.

2.23 Officers reported that there is a strong association between obesity and ethnicity. There has been targeted work with communities. This includes a community based intervention for families with children aged 4-7years targeting at risk BME groups. In late 2009 the National Change4Life team worked with Southwark and Lambeth PCTs to deliver two campaign launch events, one for community leaders and another for staff working with West African groups. Public Health delivered a two-day training session on healthy weight for the Somali Refugee Council in November 2009.

2.24 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.

2.25 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

⁴ <http://www.thinkmuscle.com/articles/gaesser/obesity.htm>

⁵ http://www.health.gov/PAguidelines/Report/G3_metabolic.aspx#_Toc199933636

issue in this area particularly around the BME groups. The exact focus is yet to be decided by the community through their discussions.

Schools and free school meals

- 2.26** The Healthy Schools Partnership has been working in all schools to develop policy and practice on a range of PSHE related activities, including healthy eating and physical activity. In order to achieve Healthy School status, schools have to provide evidence against a set of National Standards. Currently 86% of schools in Southwark have achieved Healthy School status with a further 25% of schools working on enhanced status. The central funding for the Healthy Schools Programme is also finishing at the end of March 2011. Current discussions are taking place with schools to develop a locally agreed enhancement model to ensure further work on health and education is taking place and is being evaluated for behavioral impact on our children and young people. This will be launched in the spring term 2011.
MAY NEED UPDATING BY OFFICERS
- 2.27 Healthy Schools is supporting the development of a whole school approach to sustainable food. 18% of schools are participating in the Million Meals campaign to increase uptake of school meals (13 primary and 4 secondary).
- 2.28 Free training and 1:1 support sessions for school cooks are provided with involvement of a food consultant (funded until 31 March 2011). Guidance is currently available for school governors on selecting nutrient analysis software to ensure school lunch menus are compliant with food and nutrient based standards.
- 2.29 It was noted that Southwark's recent commitment to 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.

Physical Environment

- 2.30 There are evidence-based recommendations on how to improve the physical environment to encourage physical activity. They are for NHS and other professionals who have responsibility for the built or natural environment. This includes local transport authorities, transport planners, those working in local authorities and the education, community, voluntary and private sectors. The recommendations cover strategy, policy and plans, transport, public open spaces, buildings and schools.⁶ They include:
- Ensure planning applications for new developments always prioritise the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.

⁶ [PH8 Physical activity and the environment: guidance](#) Jan 2008

- 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.
- 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.

(OFFICERS MAY NEED TO UPDATE MEMBERS ON WHERE AND HOW THESE RECOMMENDATIONS ARE BEING IMPLEMENTED)

- 2.31 Southwark has 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.

Officer responses to questions from the Scoping Document

3. Officer responses to questions from the Scoping Document

- 3.1 **What programmes of study are followed by primary and secondary pupils on nutrition, cooking, healthy lifestyles? Are they adequate?**
- 3.2 Officers reported that programmes of study range from school to school. Schools work on Healthy Eating as part of their Science, PSHE and Design Technology lessons. Each school develops this work individually according to their programmes of study and in line with other curriculum commitments. The previous government had stipulated a wish for all secondary schools to have cookery lessons by 2011 and provided free training for Design and Technology teachers on how to integrate cooking into the curriculum. This is currently not the case.
- 3.3 86% of schools have provided information about a whole school approach to healthy eating for the Healthy School status, indicating that work is taking place to promote healthy eating with an understanding of nutrition and what constitutes a healthy meal.
- 3.4 The amount of time allocated to this area of work also varies from school to school. Many schools have an active School Council that is involved in the development of healthy school meals.
- 3.5 **How are pupils consulted with regard to sport and exercise? Is there sufficient variety and accessibility for different interests?**
- 3.6 The National Curriculum for PE provides school staff with an opportunity to work on a range of physical activities. Dance has been introduced to many schools as part of the curriculum and others have piloted a range of activities such as yoga and Tai Kwando. The latter was initially funded through NRF opportunities and has been successfully financed by schools themselves.
- 3.7 As part of a whole school approach, the Healthy Schools team advocates strongly that pupils are involved in the decision making process around curriculum and after school activities. Unfortunately it is more difficult now to

hear what pupils say across the borough as surveys such as the Pupil Voice or SHEU are no longer used.

- 3.8 Most schools are providing some physical activity after schools with a range of activities but this is dependant upon individual schools. Southwark Community Games provide a range of sporting opportunities inside the school time and additional After School Clubs. SCG made a concerted effort to address the range of sports on offer to ensure there was a greater equity and appeal for girls to engage with; this was shown to be important and effective as the ratio of girl/boy engagement improved as a result.
- 3.9 **What facilities are available to young people and their parents if they acknowledge there is a weight problem and want help?**
- 3.10 In the first instance the family GP or school nurse would be most accessible and would have had access to local training on how to support families on this issue, and be informed about the Map of Medicine care pathway to support decision making re treatment.
- 3.11 A wide range of internet based support and self help is available, and the PCT and council have both set up links to the government's own Change4Life website which provides useful suggestions for effective behaviour change and links to further support. The council and PCT have supported schools with several workshops and information to promote use of the campaign with their pupils and parents.
- 3.12 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.
- 3.13 Prior to this year, there had been a MEND programme (Mind, Exercise, Nutrition, Do it) whereby a self-referral process was established and parents of obese children could attend, with their child, a twice weekly programme for nine weeks. Funding for this has now ceased. Lessons from the MEND inform the Superstars Challenge and School Sports Partnership programmes.

3.14 Are we making best use of London Olympics? MAY NEED OFFICER UPDATE

- 3.15 A termly newsletter of sporting and cultural opportunities is being sent to all schools. All schools are being encouraged to:
- join the Get Set London 2012 network [100% schools by Easter 2011]
 - join the Change for life campaign and the WOW campaign [walking to school]
 - take part in Dance Challenge 2010 and 2011 [target of at least 40 school and community groups in 2010]
 - take part in the programme of sporting activity for schools related to Olympics values, led by the Schools sports partnership, this will be a series of Olympic based sporting activities for schools including the Southwark Schools Olympics (July 2012)

- 3.16 There are currently a series of pilots operating across the country, known as the School Style Olympic Project which bring new sports to young people on school sites. This will involve a series of competitions throughout the term. This is currently in its early stages, and will develop over the coming months. **MAY NEED OFFICER UPDATE**

4 Evidence given by the sub-committee's education representatives

- 2.32 It was reported that one setting had to do lots of work to improve provision 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. **NEEDS CHECKING WITH KINTORE WAY**
- 2.33 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. **UPDATE FROM OFFICERS ON ANY CURRENT SUPPORT FOR GOVERNORS**
- 2.34 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.
- 2.35 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.
- 2.36 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.

5 Evidence Considered from the Council Assembly Themed Debate: Sports And Young People.

- 5.1 Southwark's Democracy Commission introduced themed debates to council assembly. Prior to those debates taking place the community was consulted on the theme through a number of fora; principally community council meetings and outreach work where one to one interviews were recorded and transcribed. At the meeting members of the public and relevant community groups were encouraged to submit questions on the theme and bring a deputation. Four deputations were received and five questions. There was

also an informal session held where people could contribute to the theme. The Council Assembly held a formal debate and elected members participated through questions, motions and speeches. Evidence is recorded in the paperwork for the Council Assembly meeting on Wednesday 6 July 2011⁷ and in the minutes of the Nunhead and Peckham Rye Community Council meeting on Wednesday 22 June 2011⁸.

5.2 The theme had this focus:

- Showcasing the talents and potential of young people in Southwark
- What sport means to young people, and the capacity of sport to open pathways to broader opportunities and achievements
- How different sectors and partners can work together at a time when budgets are tight to maximise provision and access to sport for young people

5.3 Issues that emerged from the evidence

5.4 Investment in facilities

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.

5.5 Diversity of sports provision for a diverse population

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.

5.6 Safety and cost of travel and using facilities

⁷ <http://moderngov.southwarksites.com/ieListDocuments.aspx?CIId=132&MIId=3751&Ver=4>

⁸ <http://moderngov.southwarksites.com/ieListDocuments.aspx?CIId=177&MIId=3954&Ver=4>

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.

5.7 The need for coordinated information

Residents wanted more information on provision.

5.8 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.

5.9 The added value of sport

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.

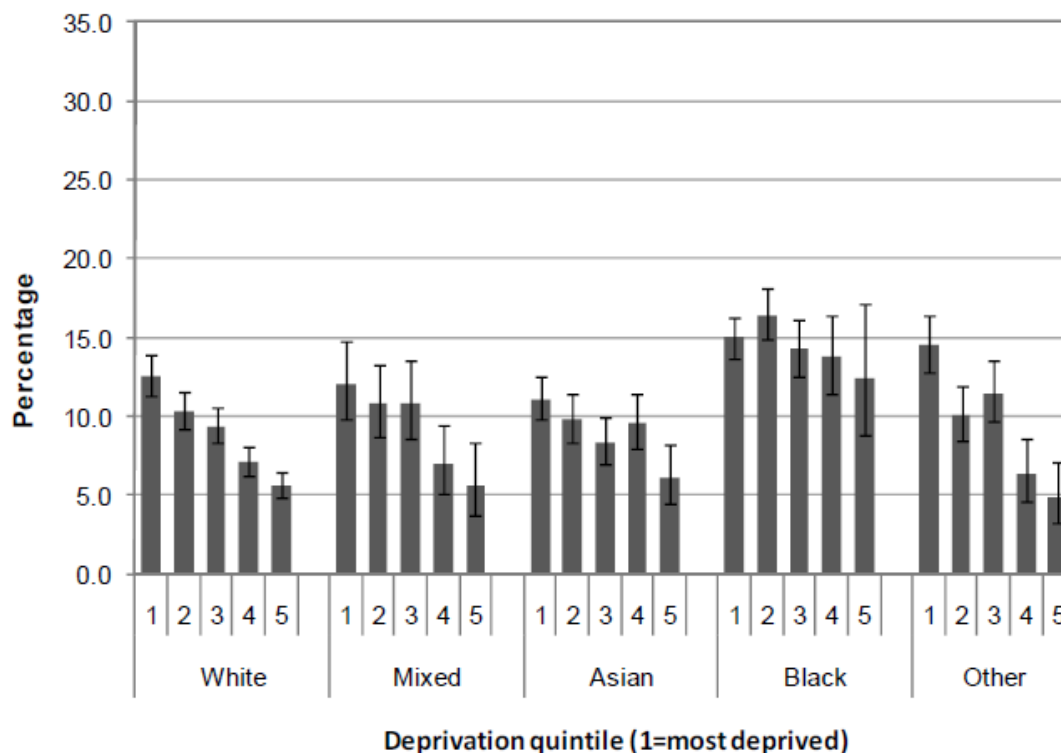
Evidence Considered from National And International Reports

- 6.1 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.

Tipping the scales – childhood obesity in London

- 6.2 'Tipping the scales: Childhood obesity in London' provides an extensive evidence base of London wide population factors and a comprehensive study of good practice.
- 6.3 Much of the report corroborated the Southwark's officers' evidence, citing evidence that obesity correlated with deprivation, spatiality and demographics.
- 6.4 The report found some association with ethnicity but found deprivation to be 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

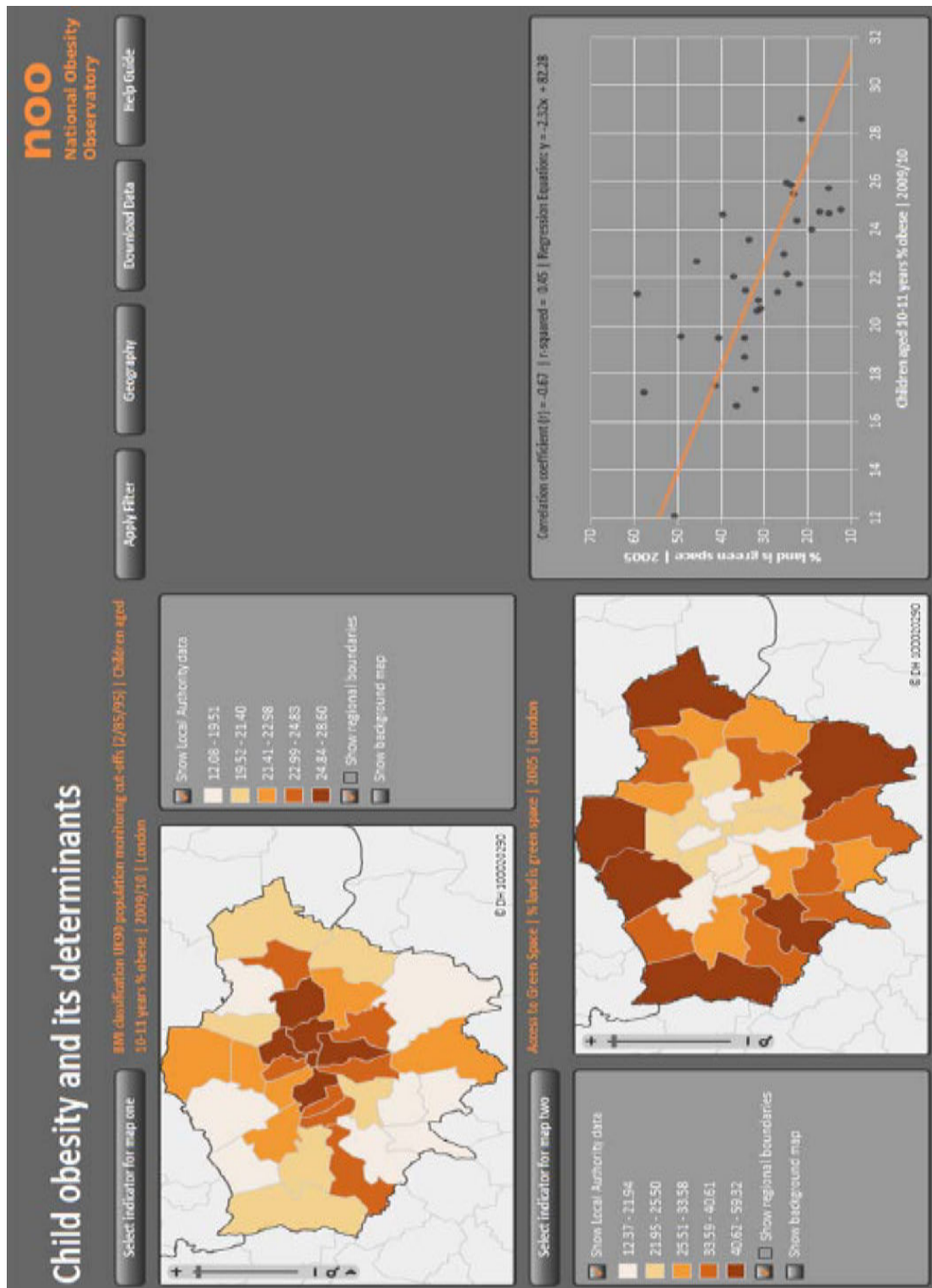


- 6.5 They drew attention to the fact one of the biggest risk factors is parental obesity. Other evidence considered corroborated this finding and emphasised that obese mothers are likely to have obese girls and obese fathers obese sons⁹
- 6.6 The report highlighted evidence that physical activity levels 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

⁹ 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

participated in the recommended 60 minutes of moderate activity every day. These results are in line with the national average. (pg 20) This was one of the original concerns that instigated the scrutiny review.

- 6.7 Evidence was cited about 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, it has been shown that linking food growing to nutritional education and changes in school meals is effective. (page 40)
- 6.8 The report put some additional emphasis on the importance of walkability, the need for safe play and walking routes & the risk of sedentary behaviour (TV in particular).
- 6.9 The report highlighted the correlation between access to open green space and obesity **FIG 4 pg 21**



6.10 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 2.18](#)

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	Gastroesophageal 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'.

6.11 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.¹⁰

6.12 A 'whole community' approach, from France, was featured. 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.

¹⁰ 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.

- Building new sports facilities.
- Introducing walk to school groups.
- Encouraging GPs to identify all overweight children and refer them to a dietician.

6.13 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

'A Tale of Two ObesCities'

6.14 The report looked at municipal responses of London and New York to the obesity crisis. It was conducted jointly by the City University of New York and the London Metropolitan University.

6.15 The report emphasised 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.

6.16 Poor access to nutrient rich food was identified as a cause and it was noted that London wide most children are not eating their 5 a day ¹¹and more deprived communities had less access to fruit and vegetables. The overabundance and aggressive marketing of cheap, nutrient poor, calorie dense food in fast food outlets was indentified as partially problematic. The 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.

6.17 Their research showed 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 is a deterrent to using outside local space. Furthermore the lack of cycling and walking routes hinder more active lifestyles in deprived localities. The 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 walkability, particularly in areas of deprivation. It was recommended that regional and local Housing Strategies should incorporate active design principles.

¹¹ 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

6.18 The 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 had had positive impacts on the children's food health choices and wellbeing. However they noted that the impact of the programme on obesity was not assessed; and stated that assessing the impact of healthier and free school food programmes on obesity should be an important research priority.

6.19 A summary of the recommendations is contained in Appendix 2:

'Weighing in '

- 6.20 'Weighing in' identifies ten effective interventions that cover both healthy eating and physical activity. **These are reproduced at Appendix 3.** The HENRY project is of particular interest as it targets obesity at preschool age. There is growing evidence that most weight gain happens before children attend school.
- 6.21 The report also noted that there needs to be more systematic and rigorous evidence based evaluation of the effectiveness of obesity programmes that looks at both the outcomes and cost effectiveness of programmes.

Considering the evidence

Exercise & diet

- 7.1 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.
- 7.2 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.
- 7.3 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.
- 7.4 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. Southwarks 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.

- 7.5 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 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.

Populations at risk

- 7.6 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.
- 7.7 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.¹² 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.
- 7.8 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.

The obesigenic environment

- 7.9 Although some populations are more at risk all children are somewhat at risk in what has been described as the obesigenic environment. The 'obesigenic environment' refers to the role environmental factors play in determining both nutrition and physical activity. Environmental factors operate by determining

¹² <http://www.earlybirddiabetes.org/findings.php>

the availability and consumption of different foodstuffs and the levels of physical activity undertaken by populations.

- 7.10 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.
- 7.11 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.
- 7.12 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.

Emerging recommendations

8.1 Early Years prevention

- 8.2 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. This could include swimming, organized walks, cycling or dancing. Activities need to be affordable and available at times that are suitable for women with older children as well as those with babies. Where possible, affordable childcare (for example, a crèche) should be provided and provision made for women who wish to breastfeed.
- 8.3 Develop and implement consistent healthy eating and physical activity policies across Southwark Children's Centres that promote breastfeeding and ensure compatibility with the Early Years Foundation Stage Framework and Caroline Walker Trust nutrition guidelines.
- 8.4 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 Centres and other early years settings.

- 8.5 Give active encouragement for all nursery staff to attend under 5's healthy weight training to support implementation of policies. Extend also to anyone caring for a child under 5 (there may be a high proportion of children being looked after by unregistered child minders e.g. family members).
- 8.6 Implement the HENRY programme in Sure Start Children's Centres, and other early years settings by promoting the e-learning course material and ensuring it is embedded in early years practice.
- 8.7 Develop initiatives which target parental obesity of both mothers and fathers as a priority.
- 8.8 Consider the potential for undertaking a local weighing programme using school nurses to weigh children in early years.

Schools and Free school meal pilot

- 8.9 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. A whole school food policy should promote the uptake of school meals and nutrition based standards; increase the quantity and quality of sport and physical activity; promote healthy behaviours and environments and sustainability issues. This could include more curriculum time devoted to sport, more investment in training staff in coaching skills, improving links with voluntary sports clubs, support of PSHE lessons to promote health literacy, cooking classes, farm trips, and breakfast clubs, grow cook and eat clubs, lunchbox policy, stay on site lunchtime policy etc.
- 8.10 Promote family based interventions, such as cooking and exercise clubs.
- 8.11 The 'Superstars Challenge' ensured that children received 3 hours of sports provision and that included 45 minutes of constant cardio-vascular movement. Time spent travelling to and from the activity was not counted, whereas this usually can be. Officers reported it took time to negotiate this level of provision with schools as this was 3 hours less academic time delivered. Integrating the 'Superstars Challenge' with the free school meal offer may be an ideal opportunity for embedding this initiative in schools.
- 8.12 Work with Bacons College to enable teachers to gain the skills to become effective coaches and understand health literacy
- 8.13 Promote a greater understanding of health through the child weighing programme. Consider screening more effectively for metabolic health by taking waist measurements etc.
- 8.14 Evaluate the 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.

Diet and Nutrition

- 8.15 Ensure that all primary and secondary school meals are nutritious and tasty at the point of delivery. Provide training for governors, who have responsibility for school meal provision. **Take additional measures** ??
- 8.16 Teach cookery in schools
- 8.17 Promote health literacy in schools
- 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-centered 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.
- 8.19 Restrict or place conditions on the licensing of cafes 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
- 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.
- 8.21 Redefine food safety standards to reflect current threats to health and use environmental health officers to promote healthier eating
- 8.22 Set high standards of nutrition in public spaces i.e. schools, offices, sports centres, day centres and libraries.

Urban agriculture

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

Physical activity and sport

- 8.24 Ensure there is delivery of high quality physical activity and school sports throughout the borough and that schools are asked to report on levels of engagement in physical activity and sports as measures of health and wellbeing.
- 8.25 Continue with Southwark Community Games wider programme. Ensure it is additionally targeted at very precise areas of population in local neighbourhoods and that the link with sport and physical activity are part of

the London 2012 brand. This should be linked into the LBS Olympic Delivery Board, and the Health Factor Steering Group.

- 8.26 The NICE recommendations and the Bacons partnership emphasise that for sport to be effective it needs to be fun and of high quality; coaches need the right level of skills. Ensure that all school can get sports coaching for relevant teachers. Encourage active and outdoor play in schools during playtime.
- 8.27 Ensure that Bacons College Health and Wellbeing programme is utilised effectively to promote health literacy in schools.
- 8.28 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.
- 8.29 Continue to support the capacity of voluntary sectors organisations and facilitate partnership building, within available resources. Help champion local sports clubs.
- 8.30 Promote partnership work between sports clubs and schools.
- 8.31 Promoting active travel - ensuring every school has a healthy transport plan that encourages active travel i.e. walking and cycling to school
- 8.32 Prioritise 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.
- 8.33 Promote a diverse range of sports, particularly for women
- 8.34 Ensure sports provision is accessible for disabled people
- 8.35 Promote walking and cycling in spatial planning documents, particularly in deprived areas.
- 8.36 Incorporate active design codes in neighbourhood planning, housing strategies and building codes

Working with populations at greater risk

- 8.37 Enhancing healthier eating knowledge and behaviours amongst at risk populations, working with relevant geographic and ethnic communities.
- 8.38 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 behaviours.

- 8.39 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.
- 8.40 Ensure that links between Southwark's 'Healthy Weight Strategy'; Physical Activity Strategy and Food Strategy are made so that initiatives are mutually strengthening.



BACON'S
COLLEGE
SPORTS PARTNERSHIP



HEALTH CHAMPION

Name

Class



My PE Days Are:

.....
.....

My PE Kit Is:

.....
.....

I Attend After School Clubs On:

.....
.....

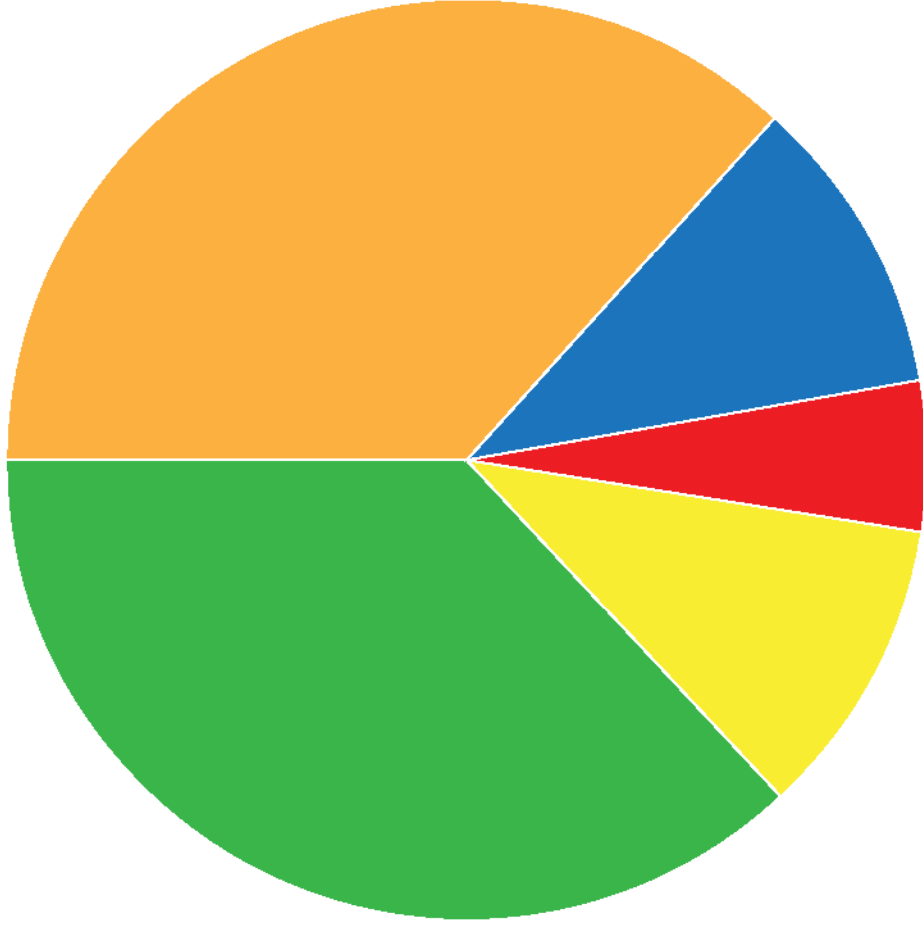
The Community Clubs I Attend:

.....
.....

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.
2.
3.
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?

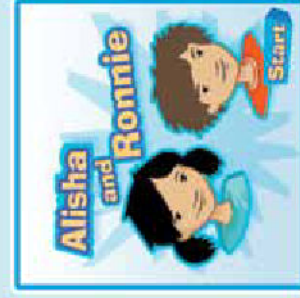
Rapunzel is a famous beauty queen. She is currently out of work as people are saying she has lost her sparkle.

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.

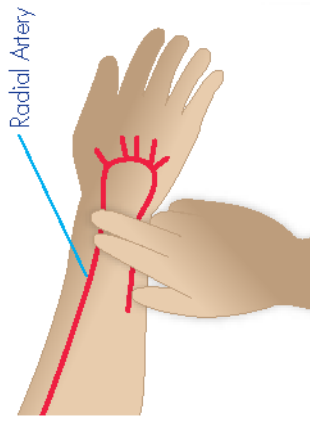
2. Heat until just boiling, then turn the heat down. Cook over a low heat with the lid on for 15-20 minutes, or until the potatoes are tender.

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

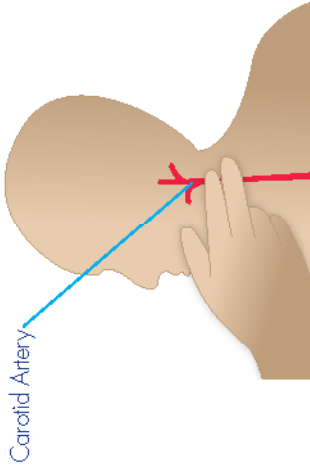
4. Blend the soup to a puree using a hand-held stick blender, or transfer it to a food processor or blender and whizz until smooth. Add the milk and reheat gently, seasoning with ground black pepper. Serve.

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



Radial Artery



Carotid Artery

Resting

1.
 2.
 3.
- Average

After Moderate Exercise

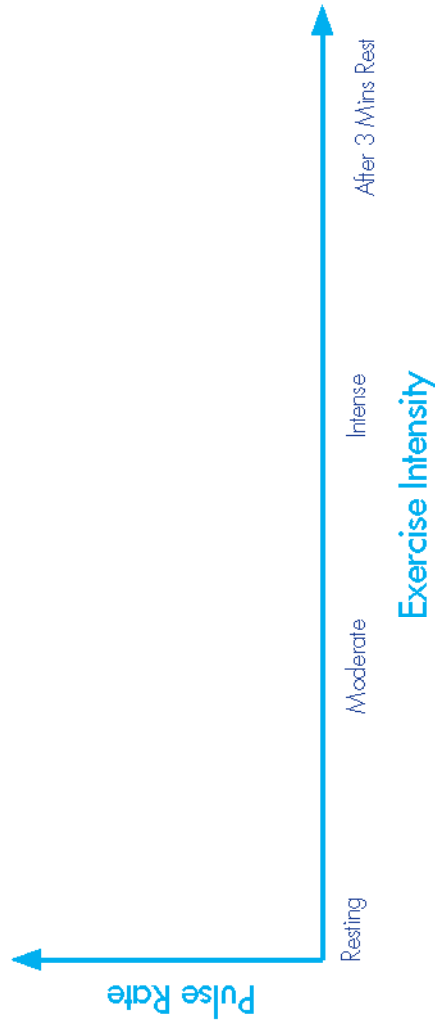
1.
 2.
 3.
- Average

After Intense Exercise

1.
 2.
 3.
- Average

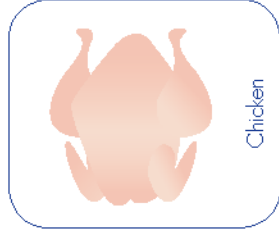
After 3 Minutes Rest

1.
 2.
 3.
- Average

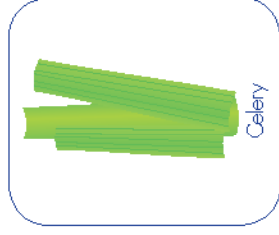


Rank these in order:

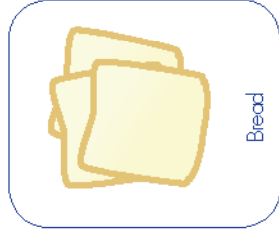
Which ones give us the most energy per 100g?



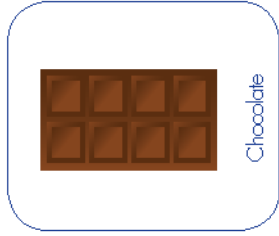
Chicken



Celery

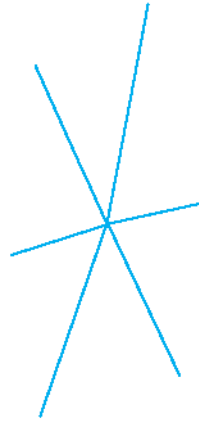
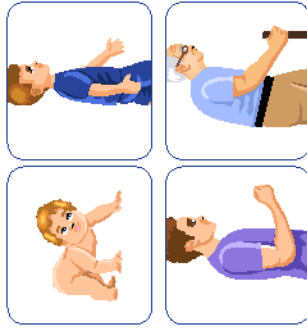


Bread



Chocolate

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.

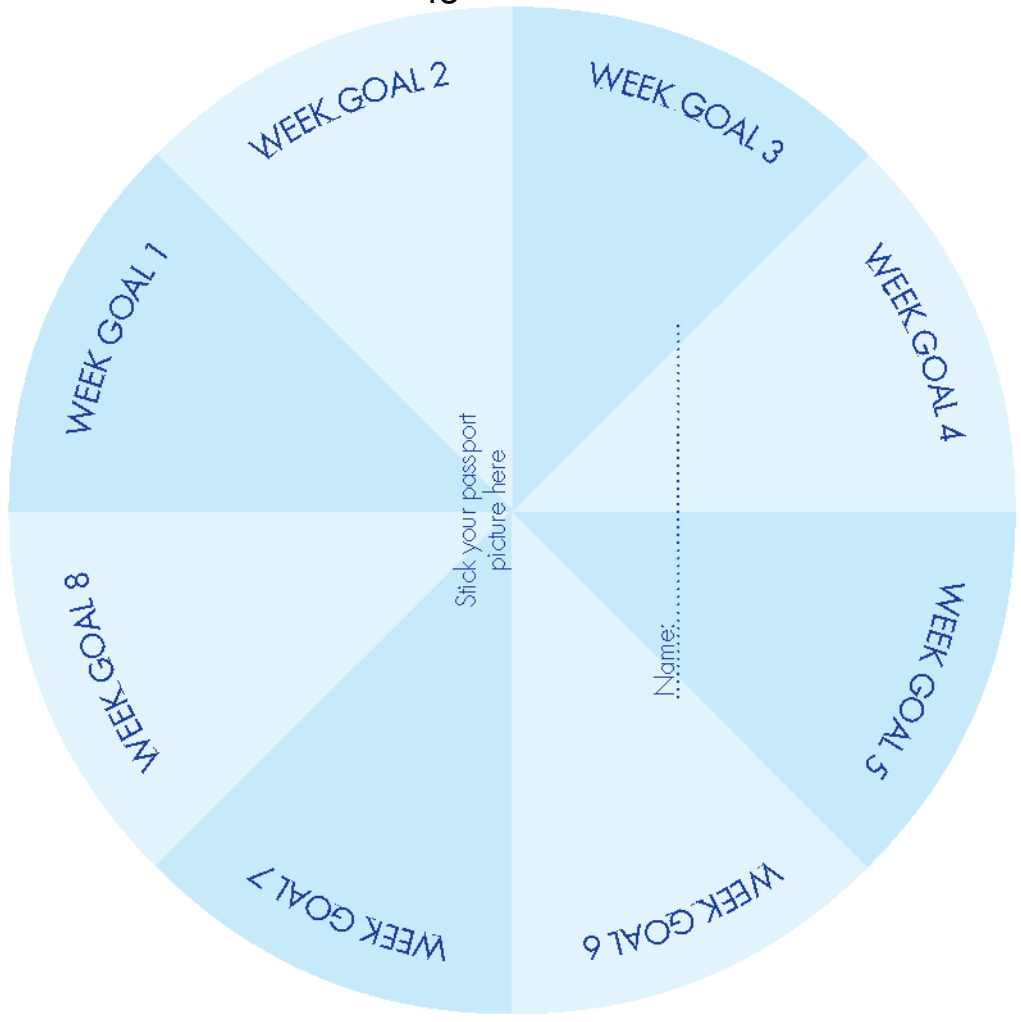


Table 3. Summary of Recommendations by Sector

Recommendations	Key Actors	
	London	New York
Land use and planning		
1. Use zoning authority, land use review and other municipal authority to limit access to fast food and the promotion of unhealthy foods to children. 2. Use zoning, tax incentives, and publicly owned property to increase the availability of healthy, affordable, and culturally appropriate foods in neighborhoods where it is limited. 3. Incorporate active design principles into building codes, housing strategies, and neighborhood planning.	Mayor's London Plan London Councils Mayor, HCA	Dept of City Planning, Mayor, City Council
Food		
4. Set standards for municipal purchase of food in public agencies and leverage economies of scale to promote food systems that support economic, environmental, and human health. 5. Redefine food safety standards to reflect current threats to health and use the municipal food safety workforce to promote healthier eating.	Mayor London Councils London boroughs' environmental health officers	Mayor, Dept of Health, , Board of Health, food businesses, consumers
Parks and green space		
6. Promote and support urban agriculture as a sustainable and health promoting use of green space. 7. Increase access to and safety of places where people can be physically active.	Mayor and Metropolitan Police	Mayor, Dept of Parks and recreation, advocates
Transportation and Physical Activity		
8. Promote walking and cycling in neighborhoods with high levels of childhood and adult obesity.	Mayor and TfL London Council	Mayor, Dept of Transportation, Metro Transport Authority
Schools		
9. Implement a universal school meals program with nutritional standards that promote health 10. Provide drinking water in schools by improving infrastructure for tap water delivery and bathrooms	Department for Children, Schools and Families. London Councils	NYC and State Depts of Education; food, parents and youth advocacy groups
Research and training		
11. Promote research that helps cities understand how to best address health inequalities and childhood obesity by: <ul style="list-style-type: none"> • Developing and improving the data systems that monitor childhood obesity so that cities can track and report citywide prevalence as well as information about social, economic, and geographic disparities; • Tracking the cost and outcomes of municipal policies and programs that address childhood obesity and disseminate this work internationally; • Documenting the adverse impact of food marketing practices on children and designing and evaluating strategies to reduce this influence; • Finding the best ways to prepare health providers, educators and others to reduce childhood obesity; and • Using urban planning as a tool for assessing and changing the built environment to promote health. 	NHS/PCTs London Health Commission London Health Observatory London Met Academics	Mayor, Dept of Health, universities, researchers

Scheme Name	Target Group	Focus	Methods	Scale	Funding & Costs	Impact
MEND (Mind Exercise Nutrition... Do It!)	Children (7-13 years old)	Exercise Diet Behaviour Change	Education	Biggest non-clinical obesity intervention in the world - 300 schemes all over the UK, and exported to Australia and Denmark	The Big Lottery Fund and Sainsbury's. £200-450 per household	Proven to drive improvements in key health outcomes at 12 months such as BMI, waist circumference, increased participation in and uptake of physical activity and reduced sedentary behaviour, as well as improved self-esteem. A trial demonstrated that participants in the programme achieved a waist circumference of 4.3cm less than the control group and had a 1.9 kg/m2 lower BMI after 6 months. It also found that positive benefits were sustained, although reduced, after 12 months.
LEAP (Local Exercise Action Pilots)	All	Exercise	Education Exercise Classes Motivational Interviewing	10,433 participants across ten sites in England	The DASH, the Countryside agency, and Sport England. £50 - £3,400 per participant	Average increase in physical activity equivalent to around 75 minutes of brisk walking a week. 80% of LEAP participants who were sedentary at the start of the project and 63% of those who were lightly active moved up at least one physical activity category.
Well@Work	Adults (20-65 years old)	Exercise	Advice Incentives	Well@Work reached up to 10,000 employees in 32 workplaces across England in the two year trial (2006-2007). Well-being pilots for 4,000 NHS staff were launched in 10 NHS Trusts across England in 2008.	British Heart Foundation and Active England. £150 per participant	Proven to help improve employees' health and bring benefits through fewer absences and an engaged workforce. Specific outcomes: <ul style="list-style-type: none"> • Those taking part in the pedometer challenges increased their weekly step counts by a third; • People taking part in active travel schemes spent an extra 24 minutes walking or cycling to and from work (on average); • Use of the workplace stairs increased by 28% following initiatives such as posters; • Participants upped their intake of fruit and vegetables, with an additional 11 percent who began meeting their five plus a day requirements; • Employers also reported a boost in staff morale.
Bike It	Children	Active travel	Education	In four years of operation Bike It has rapidly expanded to 32 staff addressing almost 400 schools in England and Wales, and around 70,000 children will benefit from Bike It during the 2008 - 9 academic year.	The Bike Hub, the Big Lottery fund, DfT and DASH. £6000 per school	A survey of 50 Bike It schools in summer 2007 showed that everyday cycling had more than trebled from 3% to 10% of journeys; weekly cycling had increased from 10% to 27%, and 25% of pupils had started cycling for the first time. Bike It is working with over 30 schools across a range of London Boroughs. The number of pupils cycling every day has trebled from 3% to 9% of school journeys. The number of pupils who never cycle fell from 81% to 68%.

Travel Smart	All	Active travel	Individualised Travel Marketing	315,000 households have been targeted in 21 pilot projects, with 3 current projects targeting 25,000 households over 3 years.	Active England Projected costs of £25 per household	Projects have achieved relative reductions in car driver trips of 6% to 14%, with increases of 5% to 45% in walking and 14% to 75% in cycling. Recent evaluations have shown increases in active travel of 7 to 28 minutes each week and the shift from car travel to walking, cycling and public transport resulted in a 15% increase in average daily exposure to physically active forms of travel.
The National Cycle Network	All	Active travel	Infrastructure	At the end of 2007, 12,000 miles of routes and local links had been established, with roughly one-third traffic-free and two-thirds minor rural roads and traffic-calmed urban streets.	DFI Costs approaching £1per capita per annum	78% of users self-report increased physical activity levels as a result of their local routes. 42% claim to be walking or cycling more than a year previously, and a third plan to walk or cycle more in future.
COCO (Care of Childhood Obesity Clinic)	Children	Exercise, Diet, Pharmacotherapy, and Bariatric Surgery	Techniques delivered by dietitians, health and exercise specialists	140-150 children per year	NHS	83% success rate according to measures developed to determine progress against expected falls in BMI (set against 28% drop-out rate).
Tackling Obesity with HENRY	Pre-school children	Diet	Training for Sure Start Nursery Practitioners	672 practitioners to date	Child Growth Foundation, Royal College of Paediatrics and Child Health, DCSF and DH £575 k in Government funding	High approval ratings for the training programme and positive early feedback from parents.
WATCH IT!	Children (8-16 year olds)	Exercise Diet	Education Motivational Interviewing	20 staff members, operating out of 12 clinics across Leeds	Neighbourhood Renewal funding, Leeds Primary Care research Consortium and Leeds PCT £467 - £2450 per child (2005 figures)	Most individuals showed significantly decreased BMI at six months and reported improved nutrition, decreased self-harm and increased self-confidence. Qualitative research indicated significant appreciation of the service, with particular benefits coming from the development of friendships with children experiencing similar problems.
Vitality	All	Exercise	Incentives	Globally, 1.5 million people are enrolled in the Vitality programme. In the UK 254 gyms are participating, covering upto 39,000 people and generating over 260,000 gym visits a month.	ProHealth Members who go to the gym incur healthcare costs which are on average 38% less than those who don't.	The number of ProHealth gym members increased by 63% (excluding new members joining specifically because of the offer). The average number of gym visits per week almost doubled, and the proportion of people going more than twice a week more than tripled to 49%. A recent study of the South Africa programme showed that highly engaged members experience significantly lower costs per patient, shorter stays in hospital and fewer admissions.

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