

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

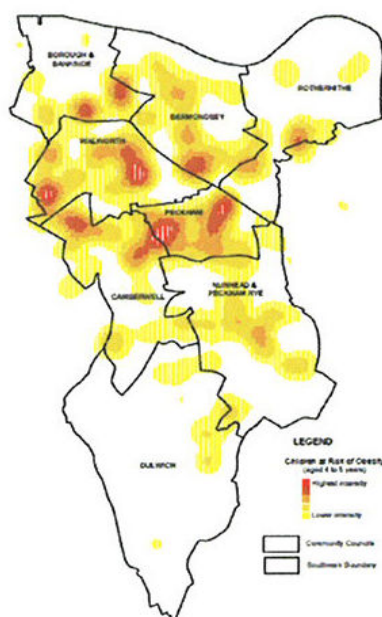
year 6 and 38.9 % of Southwark's children are either overweight or obese by year 6. ¹

- 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.

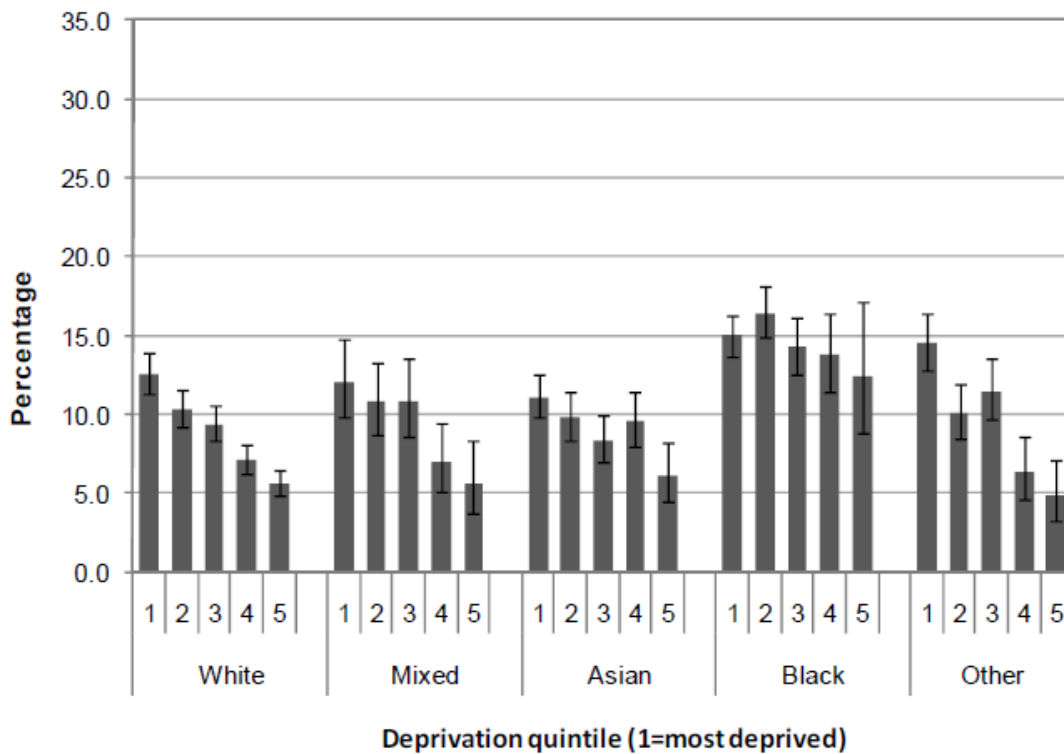
Evidence Considered from National And International Reports

- 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

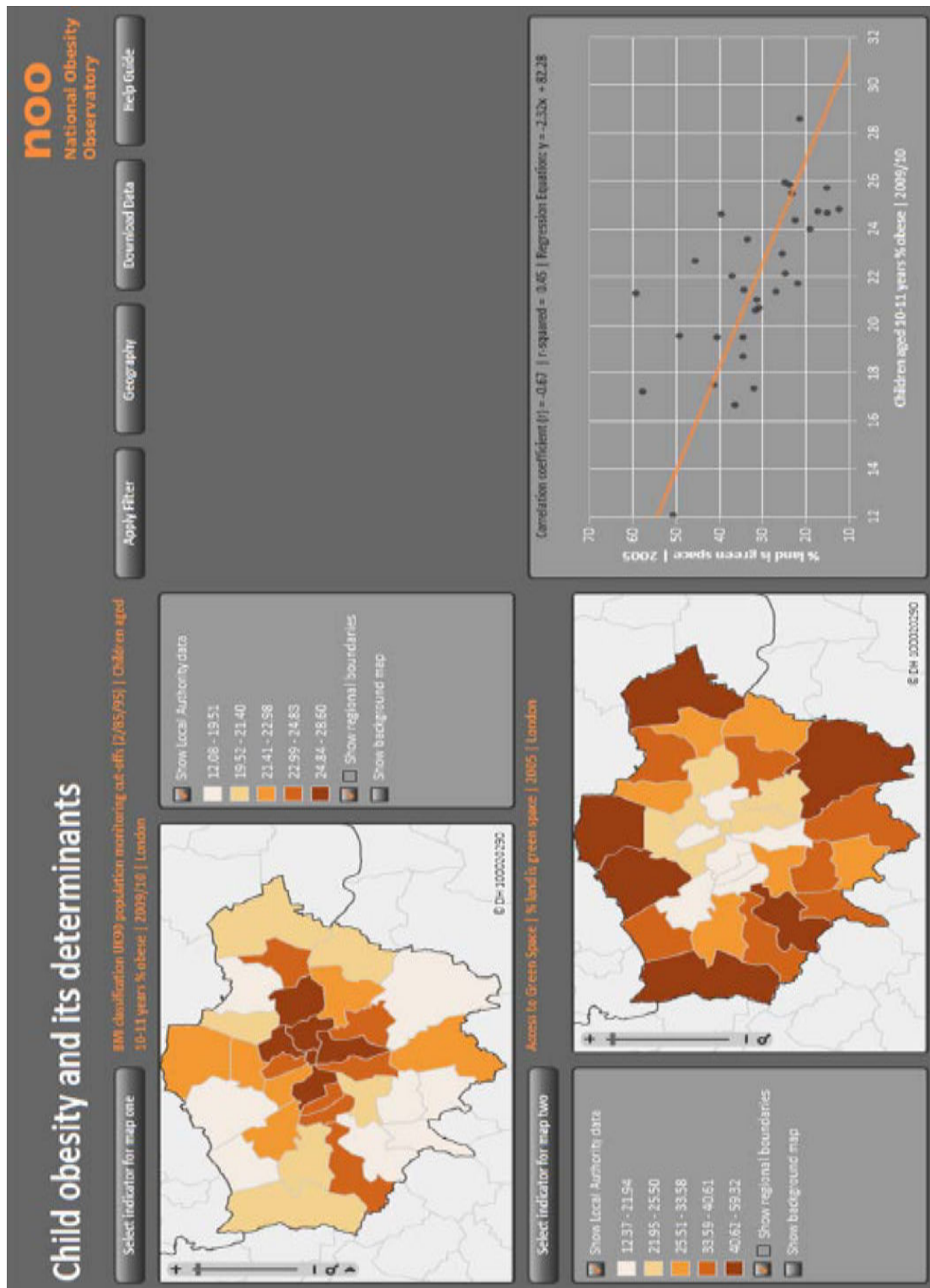


- 6.5 They drew attention to the fact one of the biggest risk factors is parental obesity. Other evidence considered corroborated this finding and emphasised that obese mothers are likely to have obese girls and obese fathers obese sons⁹
- 6.6 The report highlighted evidence that physical activity levels 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. Southwark's sports practitioners emphasised in their evidence that both the amount and quality of physical activity needs to increase. Good quality coaching is important to engage and sustain children and young people's participation in sport. Both the Superstar Challenge and the MEND

programme also increased the intensity of exercise so that at least 45 minutes was spent on working out. While regular moderate exercise has health benefits, more intensive exercise leads to better outcomes. Both the Superstars Challenge and MEND programme measured weight and BMI of participants, as well as taking children's waist measurement. A reduction in waist measurement is a very good indicator of an improvement in metabolic health.

- 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.