

APPENDIX A

# **Childhood obesity and sports provision for secondary and primary children**

Report of the Education and Children's Services  
Scrutiny Sub-committee

March 2012



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## **INTRODUCTION AND BACKGROUND**

- 1.1 This is the final report of 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. Southwark has had nationally the most obese Year 6 pupils for the past three years and, despite a small reduction, is likely to have the highest percentage again for 2009/10.
- 1.4 The sub-committee chose to look at sports provision because of its link with childhood obesity and because during the last administrative year the education representatives on the sub-committee had raised concerns that many children in Southwark schools were not doing the recommended two hours' exercise.

## **EVIDENCE CONSIDERED**

- 2.1 Officers from Southwark Council and Public Health outlined the strategies and initiatives Southwark council and Southwark NHS has in place. Many of these are joint initiatives and involve a range of outside partners, including schools.
- 2.2 Officers gave the sub-committee data and insight into the prevalence of obesity in the local and national population. They also gave the sub-committee an overview of government recommendations and relevant reports on obesity and physical activity.
- 2.3 Bacon's College's schools sport partnership submitted a written report on this innovative and current research on sports and physical activity and its relevance to tackling obesity.
- 2.4 The sub-committee's education representatives gave evidence.
- 2.5 Evidence was gathered from the Council Assembly themed debate: 'Sports and Young People'. This included a range of one to one interviews conducted through outreach and community council and council assembly debates, deputations and questions.

- 2.6 National and international reports were considered. The sub-committee considered three reports: The GLA report: 'Tipping the scales: Childhood obesity in London' which was published by the Health and Public Services Committee in April 2011; a Policy exchange report, ' Weighing in' published 2008 and 'A Tale of Two ObesCities', a report published by the City University of New York and the London Metropolitan university.
- 2.7 Academic research on the theme was also considered.
- 2.8 The above evidence is summarised in appendix 1

## **EXECUTIVE SUMMARY**

### **The obesogenic environment**

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

### **Populations at risk**

- 3.5 The evidence received indicated a number of populations at particular risk. Although children of all social economic classes are at risk, those children who live in deprived areas are significantly more at risk. Children who live in less walkable areas, with less green spaces and parks are also more at risk.
- 3.6 One of the biggest risk factors is having an obese parent. The daughters of obese mothers have a ten-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.<sup>1</sup> There is also growing evidence that most excess weight has already been gained before the child starts school, so pre-school initiatives may be most important. The HENRY programme (featured in the 'Weighing in') and the NICE recommendations on maternal health are interventions designed to prevent the development of obesity in babies and toddlers.

- 3.7 The evidence also indicated that families and young people with learning difficulties and mental health problems are also more at risk of obesity. Certain ethnic groups are also more at risk.

### **Nutrition and Physical Exercise**

- 3.8 The evidence received from Bacon's College seems to suggest strongly that exercise will not prevent excess weight and obesity in children. However, while research indicates that exercise does not prevent children becoming overweight, once children have gained weight they are less physically active. Obesity leads to inactivity, rather than the other way round.
- 3.9 Studies show that participating in sport increases health and wellbeing. Children who keep active are no lighter, but they are metabolically healthier, which means they are less at risk of heart disease, type 2 diabetes, and high blood pressure.
- 3.10 Metabolic health is a key determinant of good health outcomes. Research shows that the body mass index (BMI) of children who exercise more than 60 minutes per day are no different, but their metabolic risk is substantially less.
- 3.11 Bacon's College partnership in seven years ensured schools progressed from 23% of young people participating in two hours' physical education and school sport a week to over 90%, which is significant progress. However children need to do sixty 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 Superstars Challenge and the MEND programme also increased the intensity of exercise so that at least forty-five minutes was spent on working out. While regular moderate exercise has health benefits, more intensive exercise leads to better outcomes. Both the Superstars Challenge and MEND programme measured weight and BMI of participants, as well as taking children's waist measurement. A reduction in waist measurement is a very good indicator of an improvement in metabolic health.
- 3.12 Studies cited again and again as being effective and value for money (MEND, Superstars Challenge, Bacon's 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

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

London children are eating a healthy diet. Approaches that link healthy eating with family life for example cooking lessons and linking urban agriculture to nutritional education, for example in schools, have also proven to be effective.

## **RECOMMENDATIONS**

### **Early Years prevention**

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

### **Schools and the Universal Free School Meals**

#### **A Recommendations for schools**

- 4.8 Ensure a whole school approach to implementing the universal free school meals programme by involving all staff, children, parents, governors and the wider school community in developing a plan.
- 4.9 Promote the uptake of school meals and nutrition based standards by working towards, or achieving, at least the Bronze Food for Life award and ideally the Silver award.

- 4.10 Ensure that all primary and secondary school meals are nutritious and tasty at the point of delivery. Promote training for governors, who have responsibility for school meal provision
- 4.11 Promote health literacy in schools throughout the curriculum, including PSHE classes.
- 4.12 Make links between growing food, urban agriculture and nutritional education. Connect with local allotments and city farms. Grow food at the school.
- 4.13 Increase the quantity and quality of sport and physical activity throughout the school day including curriculum, lunchtime and after school.
- 4.14 Provide at least three hours of sports provision that includes forty-five minutes of constant cardio-vascular movement, through developing in house expertise or via Southwark's 'Superstars Challenge'. Time spent travelling to and from the activity should not be counted.
- 4.15 Invest in training staff in coaching skills, through in house expertise, linking with outside expertise or via the Bacon's partnership
- 4.16 Encourage active and outdoor play in schools during playtime.
- 4.17 Improve links with voluntary sports clubs and consider providing free or subsidised space and championing their activities

## **B Recommendations for the Local Authority and partners to support schools**

- 4.18 Provide an option for schools to buy in the 'Superstars Challenge'; integrating the 'Superstars Challenge' with the free school meal offer may be an ideal opportunity to embed this initiative in schools.
- 4.19 Provide training for governors, who have responsibility for school meal provision, in ensuring tasty meals at the point of delivery, meeting high nutritional standards and an increasing uptake of school meals.
- 4.20 Promote the Food for Life standards to all schools.
- 4.21 Provide an option for schools to buy in coaching from Bacon's College to enable teachers to gain the skills to become effective coaches and understand health literacy.
- 4.22 Work with Bacon's College to ensure that the learning developed by the Bacon's Partnership Health and Wellbeing programme on health literacy is captured and available for schools to utilise through a pack, Inset day, or other suitable method.
- 4.23 Continue to maintain investment in MEND (Mind, Exercise, Nutrition, Do-it!) programme so that children can be referred to this from the child weighing programme, and in other ways
- 4.24 Promote partnership work between sports clubs and schools.

- 4.25 Promote active travel - ensuring every school has a healthy travel plan that encourages active travel i.e. walking and cycling to school.
- 4.26 Provide pedestrian and cyclist training for schools.
- 4.27 Promote a greater understanding of health through the child weighing programme. Consider screening more effectively for metabolic health by working with school nurses to develop other measures, such as waist measurements. Seek to create a dialogue on this.
- 4.28 Provide schools with details of urban agriculture opportunities including links to allotments and city farms and information on how to link this to nutritional education and physical activity.
- 4.29 Evaluate the Universal Free School Meals programme effectively. There is an international and national need for research that helps identify effective methods to reduce health inequalities and childhood obesity; and that tracks the cost and outcomes of programmes.

### **Nutrition**

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

### **Urban agriculture**

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



## Physical activity and sport

- 4.37 Continue with the Southwark Community Games wider programme. Ensure it is additionally targeted at very precise areas of population in local neighbourhoods.
- 4.38 Continue to use the LBS Olympic brand to promote physical activity and sport.
- 4.39 Collate information on Southwark-wide provision of sports and physical activity and publish this widely. Ensure the public can easily access information on provision by Southwark Council, leisure providers, voluntary clubs and private sector providers. Enable this to be accessed on the website and through other portals, using available resources. Link with the LBS Olympic brand.
- 4.40 Continue to support the capacity of voluntary sector organisations and facilitate partnership building, within available resources. Help champion local sports clubs.
- 4.41 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.
- 4.42 Maintain Peckham Pulse to a high standard.
- 4.43 Promote a diverse range of sports, particularly for women.
- 4.44 Ensure that Fusion invests in lifeguard training for women, as a priority, so it can ensure that it only uses female lifeguards for its women-only swim sessions. Once this has been achieved Fusion should promote this widely.
- 4.45 Ensure universal sports provision is accessible for disabled people
- 4.46 Ensure planning applications for new developments always prioritises the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.
- 4.47 Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads.
- 4.48 Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity; particularly in deprived areas.
- 4.49 Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity.
- 4.50 Promote walking and cycling and other modes of transport involving physical activity in spatial planning documents; particularly in deprived areas.

- 4.51 Incorporate active design codes in neighbourhood planning, housing strategies and building codes.

#### **Working with residents at greater risk**

- 4.52 Enhance healthier eating knowledge and behaviour amongst at risk populations, working with relevant geographic and ethnic communities.

- 4.53 Support people with learning disabilities and mental ill-health, as well as the carers and staff that work with them to encourage healthy eating and physical activity.

#### **Working with the whole population**

- 4.54 When refreshing Southwark's Healthy Weight strategies, consider evidence from the whole community approach, from France, EPODE ('Ensemble, Prévenons l'Obésité Des Enfants', or 'Together, Let's Prevent Childhood Obesity') and incorporate that where relevant and possible.

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

### **APPENDICES**

- Appendix 1 Considering the evidence: review of childhood obesity and sports provision for secondary and primary children

- Appendix 2 Bacon's Health and Wellbeing leaflet