

Childhood Obesity

Findings of Overview and Scrutiny
Committee

July – December 2013



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Foreword

It gives me great pleasure to introduce the findings of the Childhood Obesity Review.

It is hoped that this report will be successful in bringing many of the issues surrounding obesity and choosing healthy lifestyles to the forefront.

The aim of the Review was to identify ways the council and its partners can promote healthy lifestyle choices for young people. The key objectives were to develop appropriate recommendations around the prevention of an over-concentration of fast food outlets around school premises, providing support to schools as they work to maintain their commitment to promote healthy choices, and ensure that policies relating to the provision of safe and accessible play areas were effectively implemented.

During the course of this extensive review we have had the benefit of in depth information and evidence from a number of our key partners and many council officers. I would like to thank all of them for their commitment to this project which has been a shared endeavour and for the quality of the information provided to the committee which has enabled us to produce a comprehensive analysis of the issue as well as produce a set of workable recommendations. On a positive note, the Review has demonstrated very clearly that there is a great deal of good work already happening in our Borough. Prime examples of that are: the effective practical and educational work being done in our Childrens Centres; the creative and imaginative way our schools are responding to the challenge of educating our children on the importance of nutrition and physical exercise in developing a healthy and enjoyable lifestyle and the plethora of recreational and sporting opportunities available in our Town.

In conclusion there is much to commend but also areas of weakness that must be addressed if we are to reverse the trend in rising childhood obesity levels. We hope the recommendations made in this report will provide a cohesive framework for improvement. As stated in the report “doing nothing is not an option”.

Councillor Patricia O'Connor
Chair, Overview and Scrutiny Committee



Draft Recommendations – TO BE CONFIRMED

- a) That the Cabinet agree the prioritising of work currently underway to improve the scope of healthy offers by local retailers, specifically within the vicinity of local schools.
- b) That, in the municipal year 2015/16, the Overview and Scrutiny Committee review the childhood obesity levels data from areas that have introduced exclusion zones around schools, to assess evidence of their impact and re-consider the options for such a policy to be introduced in Slough.
- c) That the council work with all schools to encourage the inclusion of cooking classes and nutritional education in the curriculum for all schools in the borough.
- d) That the Slough Headteachers look to prioritise their School Transport Plans, co-ordinating with each other for maximum effect, and raising the profile of the options available to parents.
- e) That the Council, through the Transport Working Party, provide support to the schools for initiatives to improve the use of sustainable travel to and from schools, recognising not only the health benefits, but also the congestion and environmental benefits improved School Transport Plans can have.
- f) That the Council look at its methods of advertising the local leisure offer, particularly the available open spaces for 'unorganised' sporting activities, and include details of how improvements can/have been made when the Overview and Scrutiny Committee review the initial effectiveness of the new Physical Activity and Sport Strategy 2013-15 in autumn 2014.
- g) That a formalised process for information sharing on initiatives to tackle childhood obesity be developed between the CCG, children's centres, health visitors, SBC's Culture and Sport team and schools. This Review recommends that the CCG leads on this, to ensure their engagement, as they would be able to develop an overall picture of health and refer patients to the most appropriate services or initiatives that are available.
- h) That the Overview and Scrutiny Committee receive an update in January 2015 from the CCG on the progress made to implement the areas of work recognised as needing improvement:
 - referrals, and the monitoring of progress through the system following a referral;
 - the introduction of a system of regular health checks for children up to the age of 16 across all surgeries; and
 - the need for closer liaison with Public Health, Health Visitors and School Nurses, and Children's Centres.
- i) That the Overview and Scrutiny Committee write to the Care Quality Commission to request that the new inspection regime for GP practices include assessment of their provision for tackling childhood obesity as it is a contributory factor in so many related serious illnesses.

1 Background

The World Health Organisation (WHO) regards childhood obesity as one of the most serious global public health challenges facing the 21st Century. In England, the latest figures (2011/12) show that 19.2% of children in Year 6 (aged 10-11) were classified as obese, and a further 14.7% as overweight. In the younger age groups, 9.5% of children in Reception (aged 4-5) were classified as obese, with 13.1% as overweight. This means that almost a third of 10-11 year olds and over a fifth of 4-5 year olds were classified as being either overweight or obese nationally. Looking at these figures it is easy to see how childhood obesity could be considered one of the biggest challenges facing the NHS in the future, as the associated health risks increase the pressure on already stretched health services.

Obesity is a known factor in a number of serious illnesses, including:

- Type 2 diabetes
- Heart disease
- Certain types of cancer
- Depression
- High blood pressure
- Stroke

In 2007, the cost to the economy (including the NHS) of people being overweight or obese was an estimated £16 billion, and was predicted to rise to £50 million a year by 2050, if the trend continued (Foresight Tackling Obesity: Future Choices).

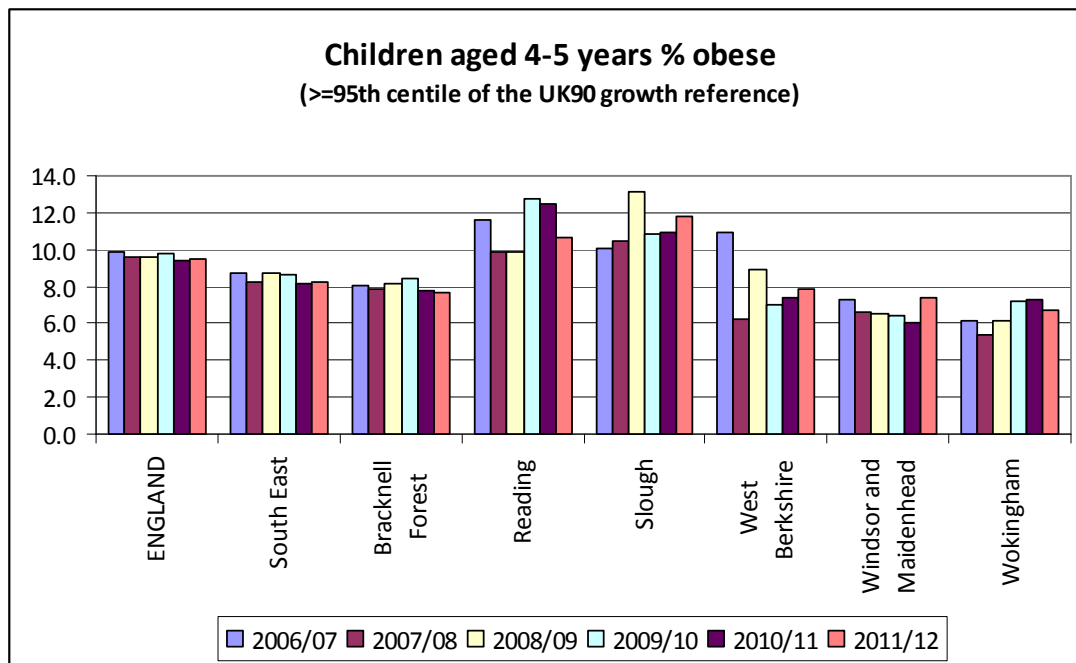
With an increasing concern about the obesity levels in the UK amongst both children and adults, it is important that coordinated efforts are made to tackle the problem at a local level. In recent years the Government has published numerous strategies and guidance on tackling obesity, culminating in Healthy Weight, Healthy Lives: A Cross-Government Strategy for England, published in January 2008.

2 Does Slough have a problem with childhood obesity?

- 2.1 The comparative figures for Slough against the regional and national averages show that the levels of childhood obesity in Slough are a cause for concern, with only the borough of Reading showing consistently similar levels.

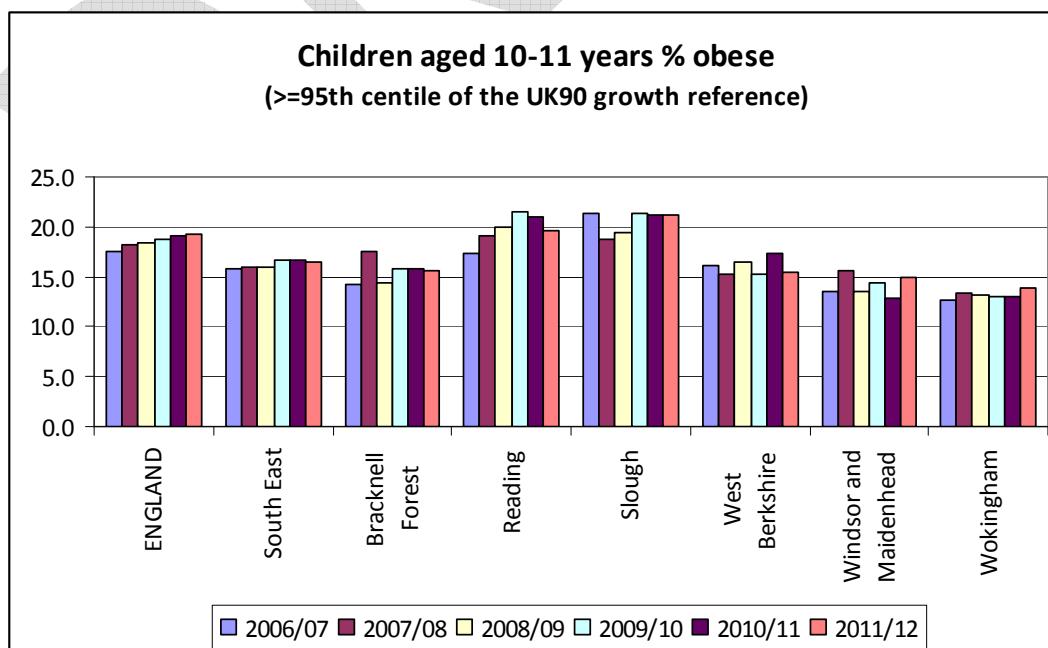
Reception (% classified as obese)

LA	06/07	07/08	08/09	09/10	10/11	11/12	12/13
ENGLAND	9.9	9.6	9.6	9.8	9.4	9.5	9.3
South East	8.7	8.3	8.7	8.7	8.2	8.3	7.9
Bracknell Forest	8.0	7.9	8.2	8.4	7.8	7.7	7.7
Reading	11.6	9.9	9.9	12.7	12.5	10.6	9.8
SLOUGH	10.1	10.5	13.1	10.8	11.0	11.8	12.3
West Berkshire	10.9	6.2	8.9	7.0	7.4	7.9	7.7
RBWM	7.3	6.6	6.5	6.5	6.0	7.4	5.9
Wokingham	6.1	5.4	6.1	7.2	7.2	6.7	6.0



Year 6 (% classified as obese)

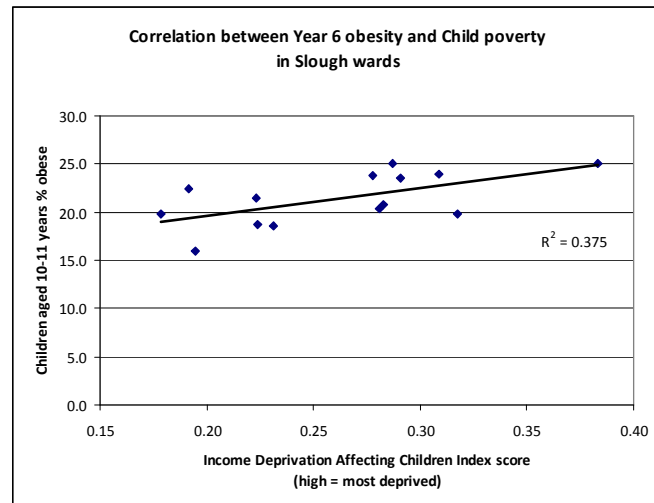
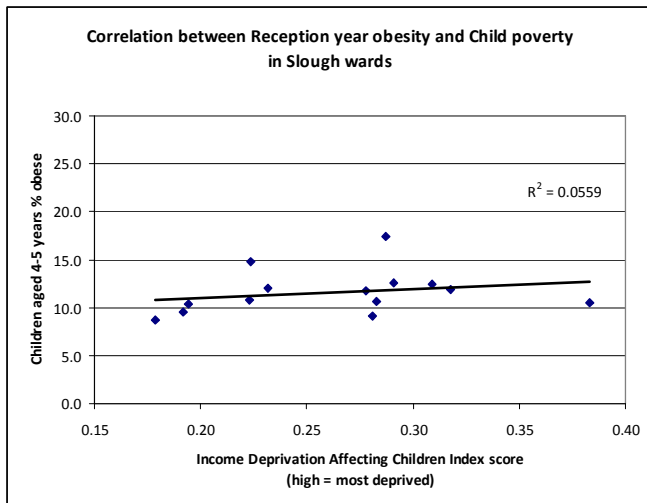
LA	06/07	07/08	08/09	09/10	10/11	11/12	12/13
ENGLAND	17.5	18.3	18.3	18.7	19.0	19.2	18.9
South East	15.9	16.1	16.0	16.6	16.6	16.5	16.0
Bracknell Forest	14.3	17.5	14.5	15.9	15.9	15.7	15.5
Reading	17.3	19.1	19.9	21.6	21.0	19.6	18.8
SLOUGH	21.3	18.8	19.4	21.4	21.2	21.3	20.9
West Berkshire	16.2	15.3	16.5	15.2	17.4	15.5	14.3
RBWM	13.6	15.6	13.5	14.4	12.8	14.9	12.3
Wokingham	12.8	13.4	13.1	12.9	12.9	13.9	12.9



National Child Measurement Programme 2009/10 to 2011/12 – prevalence of obesity by school year and electoral ward of child residence.

	Reception (age 4-5 years)				
	Number measured	Number obese	% obese	95% confidence limits	
				Lower	Upper
Colnbrook with Poyle	172	30	17.4%	12.5%	23.8%
Kedermister	271	40	14.8%	11.0%	19.5%
Baylis and Stoke	486	61	12.6%	9.9%	15.8%
Central	451	56	12.4%	9.7%	15.8%
Haymill	324	39	12.0%	8.9%	16.0%
Britwell	396	47	11.9%	9.0%	15.4%
Wexham Lea	417	49	11.8%	9.0%	15.2%
Farnham	351	38	10.8%	8.0%	14.5%
Cippenham Meadows	444	47	10.6%	8.1%	13.8%
Chalvey	426	45	10.6%	8.0%	13.8%
Upton	291	30	10.3%	7.3%	14.3%
Langley St Marys	188	18	9.6%	6.1%	14.6%
Foxborough	283	26	9.2%	6.3%	13.1%
Cippenham Green	335	29	8.7%	6.1%	12.2%

	Year 6 (age 10-11)				
	Number measured	Number obese	% obese	95% confidence limits	
				Lower	Upper
Chalvey	296	74	25.0%	20.4%	30.2%
Colnbrook with Poyle	148	37	25.0%	18.7%	32.5%
Central	346	83	24.0%	19.8%	28.8%
Wexham Lea	417	99	23.7%	19.9%	28.1%
Baylis and Stoke	428	101	23.6%	19.8%	27.8%
Langley St Marys	209	47	22.5%	17.4%	28.6%
Farnham	350	75	21.4%	17.5%	26.0%
Cippenham Meadows	384	80	20.8%	17.1%	25.2%
Foxborough	285	58	20.4%	16.1%	25.4%
Cippenham Green	293	58	19.8%	15.6%	24.7%
Britwell	354	70	19.8%	16.0%	24.2%
Kedermister	309	58	18.8%	14.8%	23.5%
Haymill	285	53	18.6%	14.5%	23.5%
Upton	213	34	16.0%	11.7%	21.5%



- 2.2 With the National Child Measurement Programme figures 2009/10 to 2011/12 showing the prevalence of obesity by school year based on child residence, there is a mixed result in terms of correlating deprivation levels with obesity, although there appears to be a trend. Although imperfect, this data uses the best available information and conclusions can be made based on the reasonable probability that there is a relationship between the levels of childhood obesity and deprivation.
- 2.3 There are a number of factors present in the demographics of Slough which, while not direct causes, could make the child population of Slough more susceptible to obesity. It is recognised that ethnicity (specifically from Asian and Black groups) and higher levels of deprivation generally correlate with higher rates of childhood obesity, with both instances making the likelihood of a higher prevalence in Slough possible (NOO, 2012). However, there are other factors that have an influence on levels of obesity (both positive and negative): media, social interaction, psychological, economic, nutrition, activity levels, infrastructure, biological, and medical. Whilst genetic factors influence the susceptibility of an individual child to obesity, environmental, psychological, social and cultural factors, lifestyle preferences and behavioural habits are all thought to play a part in determining the prevalence of obesity.
- 2.4 The figures presented above demonstrate that there are significant levels of obesity amongst the child population in Slough. With obesity being a known factor in a number of associated serious illnesses, and the future health of the population of Slough as a whole at risk as well as the ability of the local health service to cope, it is clear that more work must be done to tackle this growing problem in its earliest stages.

3 **What options are there to alter the physical environment?**

- 3.1 At its meeting on 27 November 2012, the Council resolved the following:

“that the health and well being priorities of the Sustainable Community Strategy (2011) and other relevant national and regional guidance in relation to improving the health of children be expanded by considering ways to prevent any new premises with A5 from opening within 300-500 metres of any school within the Slough borough borders and that consideration of the issue takes place through referral to the O&S Committee for Member input and appropriate recommendations be made to the Planning Committee on new policy.”

- 3.2 There are currently 90 A5 classed hot food takeaway premises in Slough. These premises differ in purpose from restaurants and cafes (class A3), drinking establishments (class A4) and shops (class A1). A class A5 hot food takeaway is an establishment whose primary business

is the sale of hot food for consumption off the premises. A map showing the current locations of takeaways in relation to the borough's secondary schools is attached as Appendix B.

- 3.3 With this level of A5 premises already established in the borough and their locations, consideration needed to be given to the likely number of new premises the introduction of an exclusion zone would impact, and therefore what level of impact such a policy would have on childhood obesity levels.
- 3.4 In assessing the potential scope for such a restrictive policy, relevant factors included:
- the stay on-site policies operated by all schools for pupils up to Year 11;
 - data from the School Food Survey which suggests that 16% of the sample secondary group currently visited a takeaway once a week; and
 - the range of other outlets such a policy would not restrict which also sold unhealthy items such as ice cream vans, newsagents, supermarkets and petrol stations.
- 3.5 The introduction of restrictions on A5 (hot food takeaways) near schools has been implemented in a number of areas across the country. Most of the areas are clustered in London, West Midlands and North West, with no areas outside of London in the South East. With the possible exception of Worcester, the authorities are urban areas characterised by high levels of deprivation¹.
- 3.6 The authorities in these cases have used the planning system in a number of different ways to restrict A5 premises: some have used supplementary planning documents (SPD) and some have used other planning documents such as local plans or development management policies (DPD). Any policy put in place must be consistent with the National Planning Policy Framework (NPPF) which states that: 'The planning system can play an important role in...creating healthy, inclusive communities' (NPPF paragraph 69), but is not more specific than that.
- 3.7 The use of exclusion zones has been considered for:
- shopping centres
 - high streets
 - primary schools
 - secondary schools/sixth form colleges
 - youth facilities/community centres
 - playing fields/parks/children's play areas
 - leisure centres
- 3.8 However, the primary areas for restrictions has been around primary and secondary schools, generally a restriction zone of 400 metres. Some authorities have only applied the restriction zone to secondary schools on the basis that primary school pupils are not permitted to leave school grounds at lunchtimes.
- 3.9 London Borough of Tower Hamlets
In 2010, Tower Hamlets undertook a Scrutiny Review on reducing childhood obesity through the promotion of healthy eating by increasing the availability of, and access to, healthy food choices and reducing the availability of, and access to, food that are high in fat, sugar and salt. The recommendations coming out of this Review included the development of an evidence base to underpin the introduction of policies for the management of an over-concentration of fast-food outlets, and in particular restrictions of an over-concentration of fast-food outlets within the vicinity of schools.

¹ Obesity-based policies to restrict hot food takeaways: progress by local planning authorities in England (www.medway.gov.uk, 21 January 2013)

The Healthy Spatial Planning Project (part of Tower Hamlets' Healthy Borough Programme) 'Tackling the Takeaways: A New Policy to Address Fast-Food Outlets in Tower Hamlets,' which followed the Scrutiny Review, set out the evidence base for the introduction of such a policy, and looked to establish a robust development management framework for managing the number and location of hot food takeaways, as well as recommending approaches for integrating health issues into planning policy. This was in line with the Marmot Review as well as the Government's Healthy Weight, Health Lives which called for 'local authorities [to] use existing planning powers to control more carefully the number and location of fast-food outlets in their local areas.'

3.10 London Borough of Barking and Dagenham (LBBD)

The LBBD introduced an SPD in 2010 called Saturation Point: addressing the health impacts of hot food takeaways. Whilst an SPD does not have the same status as a Development Plan, it is an important material consideration in the determination of planning applications. The borough decided that it wanted to champion the creation of a built environment which makes healthier choices easier, including the availability of healthy food.

The SPD is aimed at reducing the risk of obesity amongst the borough's population, and in particular children, by:

- reducing prevalence and clustering of hot food takeaway shops, especially those in proximity to schools, parks and local youth amenities such as leisure centres;
- seeking developer contributions from new takeaways towards initiatives to tackle obesity (£1000 through a section 106 agreement);
- working with hot food takeaways to improve the nutritional value of the food they sell; and
- improving the opportunities to access healthy food in new developments.

In order to achieve this, planning permission for new hot food takeaways (use class A5) will not be granted in the hot food takeaway zone (within 400m of the boundary of a primary or secondary school in the borough).

3.11 Research conducted by Final Draft Consultancy² found that at least nine of the local authorities who had implemented such policies had cited them (amongst other reasons) in refusing applications for hot food takeaways. Of these, five had had their policies tested successfully on appeal (another local authority was going through the appeal process). However, it is not possible to know how many fast food takeaway applications have been rejected on the grounds of obesity-influenced policies, but it is believed that between 40-50 have been rejected using policies designed to restrict the number of outlets in a particular area.

3.12 Whilst there have been mixed results in terms of planning decisions taken using the restriction policy in the London Boroughs of Tower Hamlets and Barking and Dagenham; there is also, so far, limited evidence of a positive impact on levels of childhood obesity as the tables below demonstrate. However, the introduction of such zones is a relatively new approach, the impact of which may take several years to show, and there is still a sense that such a policy in combination with other approaches such as nutritional education, would assist with improving the levels of childhood obesity in an area.

² Obesity-based policies to restrict hot food takeaways: progress by local planning authorities in England (www.medway.gov.uk, 21 January 2013)

3.13 Obesity Rates – London Borough of Tower Hamlets (Source: www.hscic.gov.uk)

2009/10			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured
Reception	11.3% (1.2%)	13.3% (1.3%)	2,560
Year 6	15.6% (1.4%)	25.7% (1.7%)	2,422

2010/11 (by school postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	11.2% (1.2%)	12.7% (1.2%)	2,881 (94%)
Year 6	14.2% (1.4%)	25.6% (1.8%)	2,409 (90%)

2010/11 (by home postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	11.3% (1.2%)	12.7% (1.2%)	2,865 (94%)
Year 6	14.4% (1.4%)	25.8% (1.8%)	2,347 (90%)

2011/12 (by school postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	10.8% (1.2%)	13.1% (1.3%)	2,774 (91.9%)
Year 6	15.1% (1.4%)	25.1% (1.7%)	2,506 (90.4%)

2011/12 (by home postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured
Reception	11% (1.2%)	13% (1.3%)	2,753
Year 6	15.1% (1.4%)	25.3% (1.7%)	2,429

3.14 Obesity Rates – London Borough of Barking and Dagenham (Source: www.hscic.gov.uk)

2009/10			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured
Reception	13.6 % (1.3%)	14.1% (1.3%)	2,734
Year 6	15.7% (1.6%)	23.6% (1.8%)	2,048

2010/11 (by school postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	14% (1.2%)	13.8% (1.2%)	2,957 (94.7%)
Year 6	17% (1.6%)	24.2% (24.2%)	2,124 (90%)

2010/11 (by home postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	13.8% (1.2%)	13.9% (1.2%)	3,023 (94.7%)
Year 6	17% (1.6%)	24.3% (1.8%)	2,151 (90%)

2011/12 (by school postcode)			
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	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured (participation rate)
Reception	12.9% (1.2%)	13.7% (1.2%)	3,143 (95.4%)
Year 6	15.3% (1.5%)	26.9% (1.9%)	2,188 (93.4%)

2011/12 (by home postcode)			
	Overweight (95% confidence interval)	Obese (95% confidence interval)	Numbers Measured
Reception	12.9% (1.2%)	13.5% (1.2%)	3,237
Year 6	15.4% (1.5%)	26.9% (1.8%)	2,281

- 3.15 The Slough Borough Council Planning Committee recently agreed that there would be no immediate review of the existing planning documents for Slough. As a result of this, the introduction of a planning policy restricting A5 premises around schools would not be added to the Local Plan, but would be produced as a SPD, which would carry less weight, based on the NPPF stated above. An SPD would also be subject to public consultation and an Equalities Impact Assessment to ensure that it does not have a disproportionate effect upon certain groups.
- 3.16 The map attached as Appendix C shows what the introduction of a restriction zone of 500m around all schools in the Borough of Slough would look like. This demonstrates the significant impact such a policy would have on the introduction of new A5 business to the borough, and although they are criticised for having a negative impact on healthy eating, hot food takeaway premises contribute to the local economy, providing local employment and bring diversity to the High Street and neighbourhood shopping centres.
- 3.17 A smaller restriction zone would limit the impact on businesses, but also potentially limit the impact on obesity levels. With schools in the borough operating stay on-site policies for pupils up to Year 11 a policy which looks to restrict opening times for these premises between 3 p.m. and 4.30 p.m. during term time might be more effective.
- 3.18 Other programmes of work which could be linked with in order to tackle the issue of restricting child access to hot food takeaways include the Catering for Health Award (run in conjunction with neighbouring authorities) which provides opportunities to work with local businesses around the inclusion of healthy menu choices, adopting healthier catering practices which involve reducing the fat, sugar and salt content in the food they serve. So far this scheme has been targeted at businesses in the town centre, but has the potential to be rolled out across the borough.
- 3.19 The Food Hygiene Scheme would also be a programme of work that could be linked to working with businesses to improve the offer of healthy choices available. A further option, which could be linked to the Catering for Health Award or Food Hygiene Scheme, is the development of a voluntary code setting out certain expected standards of promoting healthy choices on the menu.
- 3.20 In reviewing the location of A5 takeaways in the borough the Committee also had to take into account the need to balance health needs with the economic needs of the borough's residents. The limited evidence of such a policy proving effective nationally at tackling levels of childhood obesity currently along with the level of existing businesses within the potential exclusion zone which would not be impacted by the proposed changes also had to be taken into account. It was agreed, on balance, that the impact on child access to hot food takeaways would be minimal, and therefore it would not be suitable to introduce such a policy to Slough at the current time. However, the work with local businesses to improve their healthy offer should be

broadened so that children frequently those establishments had more opportunity to make a healthy choice.

Recommendations

- a) That the Cabinet agree the prioritising of work currently underway to improve the scope of healthy offers by local retailers, specifically within the vicinity of local schools.
- b) That, in the municipal year 2015/16, the Overview and Scrutiny Committee review the childhood obesity levels data from areas that have introduced exclusion zones around schools, to assess evidence of their impact and re-consider the options for such a policy to be introduced in Slough.

4 What is the role of schools and how can we support them?

- 4.1 Schools are a key component of the battle against childhood obesity, and therefore, the priority level they give this issue can have a direct influence on the obesity levels of students under their care.
- 4.2 All schools have a delegated budget to cover school catering arrangements. Within Slough there are a mix of catering services providing services to schools covering packed lunch only schools, dining centres where food is transported from one site to another, and those who have full production kitchens. Under current arrangements, this breaks down as:
 - Central contract (between Cambridge Education and ISS Education) – 16 school (1 packed lunch only)
 - In house – 7 schools
 - Director contract provider (Catering Academy, ABM Catering, ISS Education, Surrey Commercial Services, St Bernards Secondary) – 8 schools (1 packed lunch only)
- 4.3 The system is further complicated, with schools able to use different providers for individual services e.g. the school themselves may run a breakfast club, one company the lunchtime service, and another the after school club. In the borough, there are 18 breakfast clubs and 10 after school clubs run through the primary schools, and the complexity of the system makes monitoring the overall picture difficult.
- 4.4 Under the central contract, a typical meal offered to children includes:
 - a main meal consisting of starchy carbohydrate, protein portion and at least one portion of vegetables;
 - a choice of 4-6 salad items (children help themselves);
 - a choice of either fruit, yoghurt, cheese and crackers or main dessert e.g. cake; and
 - milk or water.

This meal costs a paying parent £1.75-2.00. Some schools have introduced a cashless system, where parents can pay online or in advance via cheque, which mitigates the risk of the child using cash meant for a school meal on snack foods outside of school (although, it should be noted that this risk is considerably higher in secondary school age children).
- 4.5 In October 2013 the government announced plans to introduce universal school meals for all Key Stage 1 children (Reception to Year 2), with the expectation that this would save families approximately £400 per year. This move is welcomed, although there will be logistical challenges for some schools that do not have the capacity in their facilities to accommodate the numbers of students this plan covers, and this is something that needs to be monitored closely as this policy comes into effect.

- 4.6 There is an annual School Food Survey undertaken across Slough to collect data on the following:
- school meal uptake;
 - number of Free School Meals;
 - compliance with food and nutrient standards;
 - what pupils choose from the school catering services (school meals); and
 - what pupils are provided with by their parents (packed lunches).
- 4.7 The latest information available for this Review was from 2011/12, which indicated that across the borough, an average 35% of children had a school meal, compared with a national average of 46.3%. The 2011 Census results indicated that 2389 (20%) of pupils within the surveyed schools were entitled to Free School Meals (FSM), but that in 2011/12 only 75% of those pupils took up this offer. The reasons as to why some children do not take up the offer of FSM are not known, however, the council is in the process of rolling out a software package across all schools (all but one had signed up) which would simplify the process for parents to check eligibility and apply for FSM.
- 4.8 The School Food Survey is a good snapshot of children's food choices and trends of choice when compared over several years (data goes back to 2007); and allows for the sharing of best practice, provides evidence to Ofsted and Healthy Schools, and most importantly allows for targeted programmes of work as well as guiding early years services such as packed lunch workshops for those entering Reception.
- 4.9 There are a number of projects specifically linked to the School Food Survey, including:
- Mission Healthy Eating – a programme of work specifically aimed at improving the nutritional quality of packed lunches and promoting school meal uptake
 - Food Awareness Week
 - Catering for Health
 - Lunchtucker Trial
 - Packed Lunch workshops
- Other sessions known to occur in schools include cookery workshops, coffee mornings for parents with guest speakers and parent/toddler sessions. Appendix D of this report sets out the various Public Health programmes of work for improving the nutritional health of children in Slough.
- 4.10 Nationally there have been a number of steps taken to improve the standards of food in schools. The Labour Government introduced food and nutrient-based standards which were phased in from 2006-2009, which were meant for all schools and covered all meal services including breakfast and after school clubs. Unfortunately, under the Coalition Government, new academies and free schools have been exempt from following this legislation. However, the recent publication of the School Food Plan has looked to rectify this and includes an action plan for head teachers across all types of school on how to transform what children are eating at school and how they learn about food; specifically cooking is being made part of the national curriculum up to the age of 14.

Recommendation

- c) That the council work with all schools to encourage the inclusion of cooking classes and nutritional education in the curriculum for all schools in the borough.

5 The need to encourage greater physical activity

- 5.1 There is well established evidence indicating that there are a number of incentives and barriers affecting children and young people's choice and opportunity to engage in sport and physical activity generally.
- 5.2 In younger children, up to the age of eight, an element of 'fun' is a strong incentive; and evidence shows that children in this age group enjoy playing sport more if they have started early and have support from their parents and peers. The barriers for this age group include:
- gender and cultural stereotyping about the appropriateness of some sports for particular genders by parents and peers;
 - costs of participation in organised sports (both time and money);
 - physical activities becoming more technical and performance orientated, making them less 'fun';
 - dislike of a focus on team sports;
 - poor quality of places to play;
 - intimidation from older children;
 - perceived stranger danger (by both parents and children); and/or
 - risk of personal accidents (perceived by both parents and children).
- 5.3 For older children, there are a number of factors which are likely to encourage participation in physical activity and sport:
- social and family influences – such as the social sanctioning of activities by peers providing opportunities to gain social standing, as well as having active and supportive parents and siblings;
 - enjoyment of an activity;
 - socialisation – including the opportunity to extend friendship networks beyond school;
 - intrinsic and extrinsic rewards – such as achieving a socially desirable body type, or receiving praise and encouragement which helps with self confidence and the development of a positive self identity).
- However, this age group also experiences barriers, such as:
- social pressure to conform;
 - negative experience of the school environment – such as inappropriate PE kit and discomfort about sharing showers, changing rooms etc.
 - negative experiences of sports facilities – public spaces such as gyms or exercises classes could be intimidating;
 - having to perform in public;
 - a fear of forced competition;
 - a fear of sexual or racial harassment;
 - intimidation from older children; and/or
 - a fear of rival gangs in an area.
- 5.4 These incentives and barriers demonstrate the need for a number of approaches to encouraging more engagement in physical activity and sport across all age groups, as there is no one single solution. An example of a programme could be:
- Offering opportunities to undertake physical activity without the need for an organised sport setting is getting children to walk and cycle more as a means of transport, embedding physical activity into their daily routines.*
- Incentives:*
- *personal freedom and independence*
 - *enjoyment and fun with friends; and/or*
 - *opportunity to explore local neighbourhoods with their friends or alone.*

Barriers:

- *children's and parents' fear of traffic – particularly evident in the after school period;*
- *parental restrictions on independent movement;*
- *school influence over cycling policy and storage facilities; and/or*
- *adult disapproval of children playing outside.*

- 5.5 Within schools, there is a lot of work taking place to increase the number of Physical Education (PE) and sport opportunities for young people in the borough. The Slough Schools Sports Network (SSSN) helps schools to provide an ethos of PE and healthy lifestyles, engaging all young people in physical activity; as well as aiming to ensure that the PE experience is of a suitably high quality.
- 5.6 The SSSN's primary role is the delivery of the School Games programme, a central Government agenda, providing a unique opportunity to motivate and inspire young people to take part in competitive sport. This programme is managed through four levels of activity:
- Level 1 – sporting competition for all students in school through intra-school competition
 - Level 2 – individuals and teams are selected to represent their schools in local inter-school competitions
 - Level 3 – the county/area will stage multi-sport Sainsbury's School Games festivals as a culmination of year-round school sport competition
 - Level 4 – the Sainsbury's School Games finals: a national multi-sport event where the most talented young people in the UK are selected through National Governing Bodies of Sport elite youth programmes.
- 5.7 In 2012/13 in Slough this meant:
- 35 competitive events run over the year (14% increase on the first year)
 - 20 different sports offered (25% increase on the first year)
 - Years 1 to 13 offer of competition
 - The highest level of competition entries at Level 2 (both primary and secondary)
 - Winning 39% of Level 3 county competitions – the most in Berkshire (9% increase on the first year)
- 5.8 The levels of competition across this programme of work are varied, providing opportunities not only for sporty children, but also those new to competing and those who are less able. With the SSSN engaging over 5000 young people at Level 2 and Level 3 events, not including the thousands of children taking part in Level 1 activity within their own schools, the last 18 months has shown a huge level of success. The SSSN is only funded to work with Years 3 to 13, but the importance of maximising physical activity opportunities for Reception and Year 1 children has meant the provision of services to these years, and only further underlines the importance of sustaining this programme in the battle against childhood obesity in Slough.
- 5.9 The SSSN is a key player in linking the physical activity work taking place in schools with that in local clubs and community provision.
- 5.10 Outside of school hours, there are a number of opportunities for children and young people to engage in physical activity:
- there are over 90 formally established sports clubs in the borough and immediate surrounding area, which operate junior clubs who cater for children five years and above;
 - the borough's leisure centres have comprehensive programmes of activities, including Swim Skool and tennis programmes (including school holiday programmes);

- a number of voluntary sector agencies offer activity programmes for children and young people;
- there are over 70 play areas in the borough for informal activity;
- there are eight multi-use games areas (MUGAs) in the borough for informal activity;
- there are two skate parks in the borough;
- there are over 60 pitches and courts available in the borough for both formal and informal activity;
- a number of satellite sports clubs are planned to be established on school sites over the next two years, offering greater opportunity for children to take part in organised activity outside of school time in a secure community-based environment;
- initiatives such as Door Step Sports Clubs, Chances for Change, Healthy Lifestyle Clubs, Walk and Talk etc. will also widen the offer to children and families helping them to become more active;
- free taster sessions were made available at local sports clubs throughout October 2013 (information around the take up of this offer was not available at the time of writing this report); and
- Play Day and Urban Action events offer the opportunity for children and young people to take part in new sports and physical activity.

5.11 The Physical Activity and Sport Working Group was formed in 2012 to bring together services and agencies looking to address the low participation rates in physical activity locally. This work has culminated in the development of the Slough Physical Activity and Sport Strategy, setting out the following vision:

“Sport and physical activity is adopted as a habit for life for all Slough residents – more people, more active, more often.”

5.12 This Strategy was published in December 2013 and sets out a challenging programme of work around:

- ensuring that the sporting and physical activity opportunities available in the town meet the needs of the entire community through their lives;
- targeting those groups and communities with greater health risks and shift from sedentary behaviour to a more active lifestyle;
- enabling local people to choose to build physical activity and sport into their daily lives, through equipping them with information about local opportunities and encouraging them to take responsibility for their own, and others’ physical activity levels based upon the behaviour changes social marketing approach advocated by Public Health England;
- developing a mix of indoor and outdoor facilities for sport and physical activity that encourages access and supports the identified needs of the population; and
- enabling those key partners involved in sport and physical activity from the public, private, education and voluntary sectors, particularly GPs and public health staff, to work together effectively to make the best use of evidence and resources.

5.13 With all programmes of work to tackle childhood obesity, a collective approach is key; and Public Health involvement plays central part in drawing together the various strands into a holistic approach. Therefore, it is exciting to see the launch of the Lets Get Going programme in Slough. Following on the heels of the successful engagement of Slough’s schools in the People Health’s Trust Healthy Lifestyles programme, Lets Get Going will be targeting schools based on their National Child Measurement Programme (NCMP) data and obesity levels. Provided through Berkshire Youth, the initial phase of the programme will be rolled out in three schools, offering a 10 week, holistic programme looking at nutrition, physical activity, behavioural change and after-school healthy lifestyles clubs aimed at children with behavioural

and/or weight issues, as well as children with normal weight who can use the programme to enhance their fitness and activity.

- 5.14 Whilst the above recognises the work that is taking place to improve organised and sporadic sport uptake, there needs to be a greater focus on how we can bring greater physical activity levels to general daily activities. Whilst there is a general perception that parents unnecessarily driving their children to school is a national problem, the levels in Slough are a particular problem, with national figures demonstrating that during the morning peak travel time one in five journeys is taking a child to school, but in Slough this is one in three journeys. Those who make these journeys over a short distance and are not going on to another destination (such as work) should be the target of school transport plans to use sustainable alternative modes of travel.
- 5.15 Having reviewed the scale of work taking place to increase activity levels amongst children in the borough, this Committee believes there are two aspects which are key to future success:
- increasing the level of activity in a child's every day life; and
 - improved marketing of the leisure offer available in the borough to increase uptake.

Recommendations

- d) That the Slough Headteachers look to prioritise their School Transport Plans, co-ordinating with each other for maximum effect, and raising the profile of the options available to parents.
- j) That the Council, through the Transport Working Party, provide support to the schools for initiatives to improve the use of sustainable travel to and from schools, recognising not only the health benefits, but also the congestion and environmental benefits improved School Transport Plans can have.
- k) That the Council look at its methods of advertising the local leisure offer, particularly the available open spaces for 'unorganised' sporting activities, and include details of how improvements can/have been made when the Overview and Scrutiny Committee review the initial effectiveness of the new Physical Activity and Sport Strategy 2013-15 in autumn 2014.

6 What role can GPs and other primary care professionals play in tackling childhood obesity?

- 6.1 A January 2013 report from the Royal College of Physicians called on the medical profession to lead from the front in delivering a solution to the issue of obesity (both child and adult), with GPs playing 'a pivotal role not just in obesity prevention, but also in management.'³ The underlying principle of this approach is around making every contact count.
- 6.2 However, whilst it is understood that there have been discussions within the Slough Clinical Commissioning Group (CCG) about the levels of childhood obesity in Slough, at present, they are not involved with any specific programmes of work, and this is a recognisably neglected area of work in primary care.
- 6.3 The CCG has recognised that there are a number of areas where they should be looking to strengthen practices, including:

³ Royal College of Physicians, Action on Obesity: Comprehensive Care for All, Report of a Working Party (January 2013) p.40

- referrals, and the monitoring of progress through the system following a referral;
- the introduction of a system of regular health checks for children up to the age of 16 across all surgeries;
- the need for closer liaison with Public Health, Health Visitors and School Nurses, and Children's Centres.

Particularly surprising has been the lack of communication between GPs and the rest of the system looking to deal with this problem. This Review has been impressed by the co-ordination between Public Health, schools, council physical activity programmes and Health Visitors, but this communication appears to have broken down in relation to GPs, which is very concerning.

- 6.4 One positive step has been that the Slough CCG has recently launched a website for parents in Slough (www.childhealthslough.com) with the aim of introducing information on childhood obesity for parents. The Slough CCG is also considering the provision of leaflets in GP surgery waiting rooms, and organising events to engage with parents on the issue, but these seem to have involved little input from other services looking to inform parents on children's health. These initiatives provide perfect opportunities to engage with the Children's Centres and other partners working to tackle this problem, and ensure that the approach is effectively marketed for maximum impact.
- 6.5 Across Slough, the 10 children's centres provide a 'one-stop shop' for local neighbourhood services for families and young children. As well as providing facilities for health visitors and other programmes of work, the children's centres offer direct services which can impact on levels of childhood obesity in the borough:
- health services, ante-natal and post-natal support (stressing the importance of breastfeeding and weaning programmes), Healthy Start vitamins and Food Bank vouchers;
 - Stay and Play groups, Play and Learn groups and targeted Family Learning;
 - flexible childcare with education for children from three months, providing meals for children throughout the day;
 - help and advice on a wide range of family matters such as budget management, or support to apply for grants for cooking apparatus for the family home;
 - healthy eating workshops and cookery classes for feeding a family, providing role model practice to assist parents in caring for their children; and
 - adult education and training, plus advice and guidance for adults seeking employment.
- 6.6 The support, and access to families, that children's centres provide is essential to the early identification of risks, and the establishment of good habits which can help obesity as a child develops. The children's centres have extensive access to families, providing 15 hours of free nursery education for the most disadvantaged two-year olds in the borough. This two-year old programme includes the provision of free meals and allows for bespoke family learning programmes to be developed through engagement with the families. These family learning programmes can address a number of specific issues relating to parenting capacity and other family and environmental issues that may be affecting the children's wellbeing and development, including factors that may lead to unhealthy eating habits later on.
- 6.7 All the children's centres in the borough have signed up to the Smiling for Life initiative, which promotes healthy snacks, as well as the Catering for Life Award that covers the provision of healthier food choices. The national Early Years Foundation Stage framework, which all of the centres follow in supporting children from birth to five years, teaches children about healthy eating choices and the importance of physical exercise. In addition to these programmes, all the children's centres have signed up to the Slough Walks and Talks initiative for 2014, aimed at getting children to be more active in their every day lives.

- 6.8 6,500 under fives are registered with the borough's children's centres; this is out of a total of approximately 13,000 under fives across the borough. Therefore, advertising the services of the children's centres is important to increase the uptake by families, and this could potentially sit alongside registration with GPs.
- 6.9 Health Visitors, whose numbers are increasing, work closely with the children's centres, using their facilities to provide services in an environment that is familiar and safe for families. The Healthy Child Programme delivered by Health Visitors provides services covering pregnancy through the first five years of life. This care begins with ante-natal classes, run by Heatherwood and Wexham Park Hospital Trust, where there is an emphasis on health during pregnancy and breastfeeding; this is then followed by post-natal groups continuing the work around breastfeeding, and then advice on weaning and nutrition, as well as the social and psychological development of the child. Whilst general information around ante-natal classes indicates that health after birth is covered within ante-natal classes there is a lack of confidence that this is the case. This Review believes that every contact should count in the battle against childhood obesity, and ante-natal classes are a good opportunity to begin the education process for new parents, with simple leaflets on the importance of the mother's health when breastfeeding etc.
- 6.10 Health Visitors also work closely with School Nurses who undertake the child measurement programme in Years 1 and 6, providing the national data informing borough-wide decisions around the provision of services; as well as offering regular weighing and dietary advice and the general promotion of healthy lifestyles.
- 6.11 Both Health Visitors and School Nurses are able to refer those identified with a need to specific weight management programmes, or directly to community dietitians or GPs, CAMHS, or community paediatricians if the case involves complex development issues in relation to obesity. The data around the levels of referral were not available for this Review, and this would have been useful to understand the uptake on services from those identified as being in need.

Recommendations

- l) That a formalised process for information sharing on initiatives to tackle childhood obesity be developed between the CCG, children's centres, health visitors, SBC's Culture and Sport team and schools. This Review recommends that the CCG leads on this, to ensure their engagement, as they would be able to develop an overall picture of health and refer patients to the most appropriate services or initiatives that are available.
- m) That the Overview and Scrutiny Committee receive an update in January 2015 from the CCG on the progress made to implement the areas of work recognised as needing improvement:
- referrals, and the monitoring of progress through the system following a referral;
 - the introduction of a system of regular health checks for children up to the age of 16 across all surgeries; and
 - the need for closer liaison with Public Health, Health Visitors and School Nurses, and Children's Centres.
- n) That the Overview and Scrutiny Committee write to the Care Quality Commission to request that the new inspection regime for GP practices include assessment of their provision for tackling childhood obesity as it is a contributory factor in so many related serious illnesses.

7 **Conclusions**

In discussing this issue, we recognise that this is highly sensitive, and there is still an element of stigma which may stop people seeking help for themselves and/or their children, there is one clear message that has come out of this Review, and that is that doing nothing is not an option.

In focusing on what could make the maximum impact on the levels of childhood obesity in Slough there appears to be a triangle of factors:

- Family eating practices and the nutritive quality of the food being consumed (cooked meals vs. takeaways)
- Physical activity levels
- Parental obesity (obese parents are 40% more likely to have obese children)

The involvement of all key partners is crucial to helping create the capability amongst individuals and families to help themselves, and making every single contact count in this is vital.

The recently released figures for the National Child Measurement Programme 2012/13 indicate cause for cautious optimism that the good work being done in primary schools has not just stopped the rise in the levels of obesity, but is actually beginning to reduce it. However, the same set of results show a further rise in obesity levels at Reception, and demonstrate the need to look again at how our services in the early years are still in need of improvement; it is hoped that the recommendations proposed in this report can contribute to this improvement going forward.