

## **Cabinet – 8 June 2011**

### **Childhood obesity working group**

#### **Report of the Children's and Young People Scrutiny and Performance Panel**

**Portfolio:** Children's Services  
Leisure, Culture and Environment

#### **Report detail**

A working group led by Councillor Ian Robertson was established to consider a number of issues related to childhood obesity in Walsall. Members were highly concerned regarding the alarming rise in the numbers of overweight children, together with an increase in the incidence of type 2 diabetes (NHS Walsall, December 2010). It is also likely that this will cause a significant rise in ill health for this group in later years placing further pressure on health and social care services.

The working group report was presented by Councillor Ian Robertson to the Children's and Young People Scrutiny and Performance Panel at its meeting on 28 April 2011. The Panel voted unanimously to endorse the report and to recommend the proposals as set-out in the report annexed.

#### **Recommendations**

**That**

- 1. to tackle childhood obesity and ensure collective local resources are focused on those areas within the borough with the greatest inequalities using Public Health intelligence including the Children's Healthy Weight Needs Assessment;**
- 2. funding is identified through key partners e.g. Local Authority, to enable full participation in the Food Dudes programme in all 86 Primary Schools in Walsall;**
- 3. Walsall special schools participate in the Food Dudes pilot; this group is identified through Walsall's healthy Weight Strategy as a high risk group;**
- 4. best practice and shared learning from the A\* STAR Active School Travel and Road Safety scheme is implemented in schools throughout the borough, including the establishment of a network of schools;**
- 5. best practice and shared learning from the Bikeability scheme is implemented in schools throughout the borough, including the development of a central training site;**
- 6. commercial sponsors are sought to support the promotion and maintenance of cycle and tow paths for recreation and exercise;**

7. the consultation zone for planning applications for take-aways would be 100m radius for residents/ business and is extended to schools within a 400m radius;
8. schools, Serco and NHS Walsall should be alerted if a planning application is received for a take-away within 400m of a school;
9. the upper floors of existing take-aways should not be approved as locations for Free Schools or Academies;
10. a Health Impact section be included in all council reports;
11. consideration is given to the use of new social media to help in the promotion of healthy lifestyles to young people;
12. the Council and school's require there to be effective communication between kitchen and lunchtime staff to help promote healthy food options;
13. each school has a governor nominated for health;
14. a Walsall Healthy School Awards standard is introduced to engage schools to increase physical activity and improve diet, championed by a Councillor;
15. parents receive a letter at the commencement of their child's primary and secondary school education setting out the school's policy to obesity;
16. nominated points of contact are established and updated where necessary to maintain effective communication between schools and NHS Walsall and other statutory partners in relation to obesity;
17. school dinner portion sizes are appropriate for children at Key Stage 1 and Key Stage 2;
18. the childhood obesity working group be re-established in the new municipal year.

**Author:**

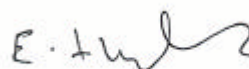


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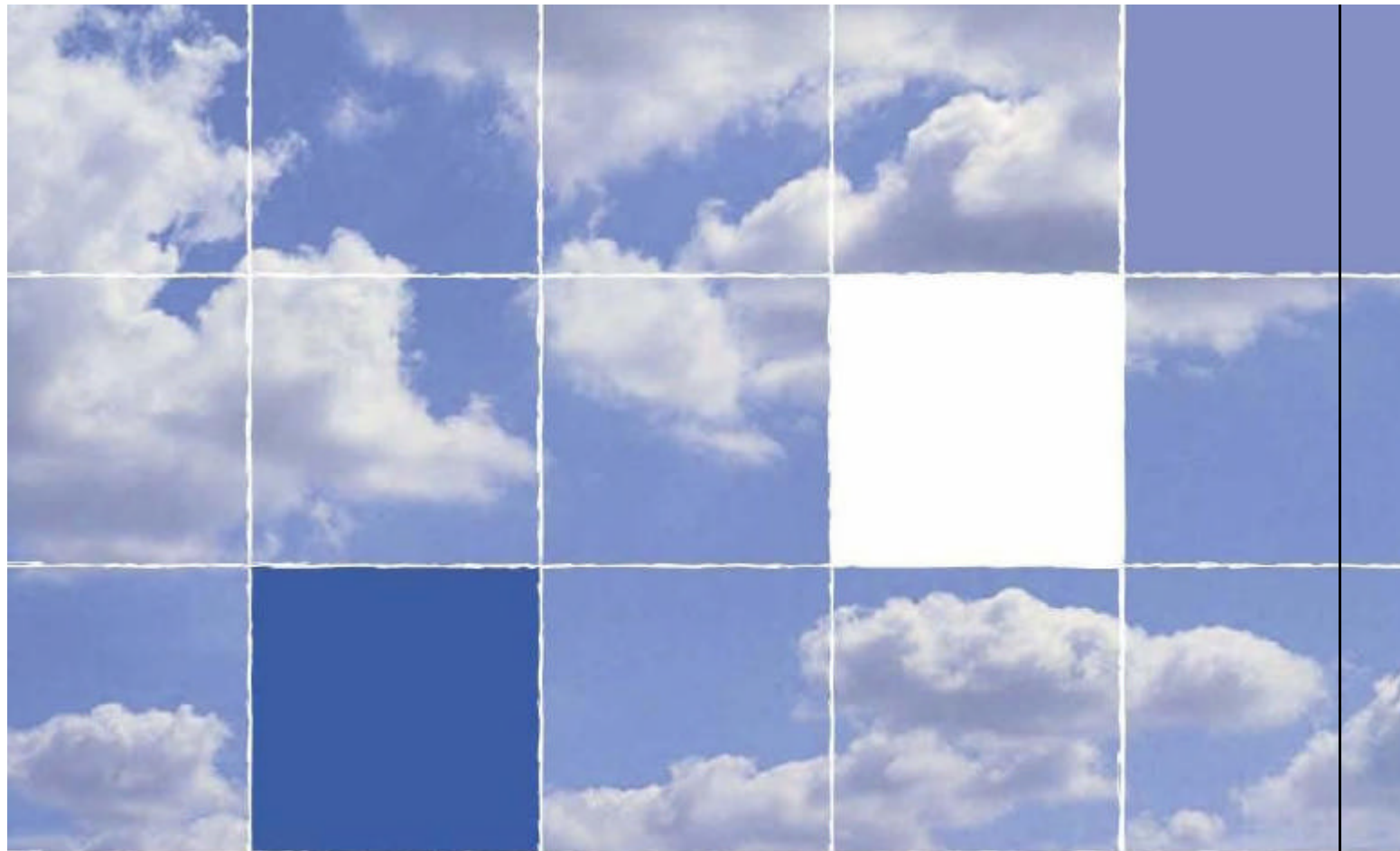
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**Signed:**



Councillor Eddie Hughes

Chair, Children's and Young People  
Scrutiny and Performance Panel



# **Childhood obesity in Walsall**

**Report by the childhood obesity working  
group**

**To be presented to the Children's & Young People  
Scrutiny Panel – 28 April 2011**



**Walsall Council**



## Chair's Foreword

The working group was established to consider a number of issues related to childhood obesity. Members were highly concerned regarding the alarming rise in the numbers of overweight children together with a rise in associated health issues including an increase in the incidence of type 2 diabetes (NHS Walsall December 2010). It is also likely that this will cause a significant rise in ill health for this group in later years.

The working group has sought to focus its investigation on work currently being undertaken in the borough to tackle these challenges. It has also accessed activity successfully undertaken elsewhere and which could be introduced in the borough in the short, medium and long term to address obesity.

I would like to thank all those who have assisted the working group over the last few months including, the other members of the working group, officers from NHS Walsall, Serco and officers from a range of council services.



*Councillor Ian Robertson  
Lead Member, obesity working group*



*Councillor  
Keith Chambers*



*Councillor Leslie  
Beeley*



*Councillor Oliver  
Bennett*

*Mr Alan McDevitt*

*Parent Governor  
Representative*



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## Introduction

At the July 2010 Children's and Young People Scrutiny and Performance Panel Members were aware that the issue of childhood obesity continued to be a concern for the borough and as a consequence a working group was established. Obesity was identified as a life-long issue so an invitation to the Health Scrutiny and Performance Panel to participate in the working group was also made and accepted.

A list of useful reference websites containing information relating to the information considered by the working group can be found at Appendix 1.

## Terms of Reference

The working group held an initial meeting to consider its terms of reference.

The agreed objectives for the working group this municipal year were:

1. Reduce the prevalence of childhood obesity;
2. Develop recommendations to influence the Healthy Weight Strategy;
3. To improve engagement with other key stakeholders e.g. Planning and Transport;
4. To contribute to the childhood obesity needs assessment being led by Public Health.

## Membership

Councillor Ian Robertson	Lead Member, <i>Labour</i>
Councillor Leslie Beeley	<i>Conservative</i>
Councillor Keith Chambers	<i>Labour</i>
Councillor Oliver Bennett	<i>Conservative</i>
Mr Alan McDevitt	<i>Parent Governor Representative</i>

The working group's investigation was assisted by a number of witnesses:

Susie Gill	Healthy Weight Programme Manager, NHS Walsall
Janet Catto	Health, Wellbeing & Citizenship Manager, Children's Services - Serco
Kevin Gannon	Team Leader – Highways Development Control & Public Rights of Way, Transportation & Forward Planning
Barbara Watt	Consultant in Public Health, NHS Walsall
John Charles	Team Leader – Road Safety & Sustainable Travel
Cathy Draper	Head teacher, Short Heath Primary School
Gary Thornton	Head teacher, Delves Infant & Nursery School
Andrew White	Team Leader – Development Management, Planning
Jackie Groves	Catering Services Manager
Kirsten Moon	Child Poverty Programme Manager
Tracey Anthony	Food Dudes
Pauline Kelly	Food Dudes
Beverley Broll	Assistant Head teacher, Willenhall School Sports College
Emma Little	Willenhall School Sports College
Julia Hill	Assistant Head teacher, Streetly School
Mike Gaffney	Capacity Building Manager, Walsall Partnership
Joanne Hudson	Healthy Weight Children's Lead, NHS Walsall

## Methodology

In order to complete their work the working group held three meetings between January and April 2011.

## Report Format

The report is a summary of the evidence the working group received along with comments and suggestions for future action.

# Childhood Obesity in Walsall

## The national & local context

The working group heard that nationally in 2008, around one in six boys and girls (aged two to fifteen) were classed as obese, with around one in three overweight or obese. This was an increase since 1995 when one in eight were obese and one in four were overweight or obese.

The proportions of children in Walsall classed as overweight and obese in Reception class have been consistently below regional and national levels. However, overweight and obese levels for Year 6 pupils in Walsall were higher than regional and national levels.

Year Group	Obese		Overweight/Obese	
	%	No	%	No
2009/2010				
Year Reception	10.6%	343	22.5%	726
Year 6	21.6%	663	35.5%	1090

## Obesity & Deprivation

Officers explained that there was evidence of a strong link between deprivation and risk of becoming obese. Almost a third of all children in Walsall live in poverty, and it is likely that the figure has increased over the last two years.

Officers provided evidence based on Indices of Multiple Deprivation 2007 that indicated that Walsall had a significant number of lower super output areas (42%). These are neighbourhoods with a 1,000 minimum population and within Walsall these fall within the 10% and 20% most deprived in England, with the majority in the west of the borough. These areas mirror the areas that experience a high proportion of children living in poverty and income deprived households. The working group heard that a mapping exercise had also demonstrated that it was those areas that experienced the highest levels of obesity in the borough.

The working group highlighted that given the strong links between low income and deprivation and both obesity and children being undernourished and underweight, it would be important to focus resources in those areas with the greatest inequalities.



## **Health Impact**

The working group heard that it is estimated that obesity reduces life expectancy on average by nine years. The most significant long term consequence of childhood obesity is its persistence into adulthood and the early onset of obesity related co-morbidities, including hypertension and type 2 diabetes.

The working group were informed that Public Health, NHS Walsall are carrying out a Children's Healthy Weight Needs Assessment which has identified the importance of early interventions to tackling childhood obesity. Data from Walsall Child Measurement Programme has identified there is a significant rise in obesity levels between Reception and Year 6. Also highlighted to the group were the challenges ahead in relation to influencing schools in the future as they become academies and health targets have been removed from the Ofsted reporting process.

The group were also informed by Public Health of services available for children identified as being overweight or obese through the Childhood Obesity and Overweight Care Pathway. Although treatment programmes are important, universal prevention is essential to reducing childhood obesity.

## **Tackling obesity in Walsall's primary schools**

### **Food Dudes**

The programme promotes the health benefits of fruit and vegetables, including preventing obesity. The working group heard that the programme had been developed by child psychologists and was based on behaviour change theory. The programme has a behavioural goal to increase consumption of fruit and vegetables in primary school children. A key driver is that the adult recommended daily intake is 400g, while the average British daily intake is 250g. The programme seeks to imbed long and lasting change in both children and families.

### **Programme Structure**

The working group heard that the programme is based on the Food Dude 3 Rs: Role Modelling (Food Dudes in battle with General Junk); Rewards and Repeat Tasting and is split into two phases: Phase 1 consists of 16 days where children are introduced to a range of fruit at snack times and lunchtimes at school. This is supplemented through watching a DVD in episodes and progress is monitored through a home chart. Rewards and incentives are also used which are unique and branded. Phase 2 is an ongoing support stage, which includes children being provided with fruit and vegetable snack containers which parents fill and the child brings into school.

### **Evidence of success**

A pilot of the programme was undertaken in some London schools and this resulted in an increase in uptake of nearly 40% in the consumption

of vegetables, with an increase of 64% in the consumption of fruit. Evidence of long-term changed behaviour in Ireland includes 94% of parents reporting that their children were eating more fruit and vegetables at home, with 88% of parents reporting that they themselves were consuming more fruit and vegetables on a daily basis as a result of the programme. Further evidence from Ireland points to sustained increases in fruit and vegetable consumption between one and a half and two and a half years post-intervention.

In those schools participating in the scheme in Wolverhampton, fruit and vegetable consumption increased significantly both at home and school for both the poorest eaters, while there was also an increase in portions consumed by the whole school population. A 20% reduction was also witnessed in unhealthy snack consumption, with evidence suggesting that fruit and vegetables displaced unhealthy snack food in children's diets. In Coventry, the percentage of children consuming fruit and vegetables increased by more than 70%.

In Wolverhampton, other associated benefits have included: cost savings as a result of increase in school meal uptake (18% in Food Dude Schools) and associated raw ingredient purchase savings, in addition to there being less food waste.

### **Long term health Benefits**

The working group heard that the health benefits include large and lasting changes in diet, with the greatest impact being witnessed in the poorest eaters and strong evidence of the behaviour transferring from school to the home, other benefits included an increase in the uptake of school meals.

### **Recognition for the programme**

The programme has won a gold medal at the Chief Medical Officer's Public Health Awards and also featured in the Conservative Party's Green Paper in 2010.

### **Funding and take up of the programme**

The working group heard that the programme has been taken up by all primary schools throughout Ireland, this equates to 3,300 schools and 450,000 children. Funding has been provided by a combination of the EU Commission, the fresh produce industry, the Department of Agriculture, Fisheries and Food and Bord Bia (the Irish Food Board). In addition, the cost of the provision of fruit and vegetables in participating schools was borne by the industry. In England, the total roll out for Wolverhampton between 2009 and 2011 will be eighty-four schools and twenty-thousand children, in Bedford the pilot roll-outs total fourteen schools, while in Coventry the roll out between 2010 and 2012 will total thirty schools and nine thousand children. The scheme costs approximately £36 per child, which includes the one off intervention and ongoing support.

It was agreed by the working group that all schemes aimed at tackling obesity should operate cohesively, including making use of the focus on this issue in Area Plans. Consideration was also given to collective procurement arrangements that operate between a cluster of schools in Darlaston under the Children's Area Partnership (CAP) that reduce the purchase cost of fruit and vegetables.

### **Food Dudes in Walsall**

In Walsall, Public Health is funding a pilot of Food Dudes for 3000 children, commencing in September 2011. Schools will be included based on levels of obesity, dental health, deprivation, healthy schools status and a range of other health criteria.

Food Dudes are also seeking to develop a cluster of special needs schools in which to undertake a pilot. The working group agreed that it would be important for schools from the borough to be part of the pilot.

### **Funding**

The working group heard that in terms of Big Lottery Funding difficulties existed with the schemes that involved pupil participation during core teaching time. However, the working group agreed that it would be important for funding opportunities to be considered further by officers, particularly given that the scheme effectively took place during normal lunch and snack breaks. Officers also suggested that there may also be some charitable trusts that might support this type of initiative.

The working group stressed the importance of identifying more immediate sources of funding to enable increased participation in the programme. The working group also highlighted the importance of the scheme in tackling both obesity and incidence of children who were undernourished and underweight

### **A\* STARS - Active School Travel & Road Safety Scheme**

The working group met with the Head teachers of Short Heath Primary School and Delves Infant and Nursery School, together with the Team Leader - Road Safety and Sustainable Travel.

The working group heard that the A\*STARS scheme operated at Short Heath Primary School. The scheme was introduced to meet a national health target that by 2020 levels of overweight and obesity in children are reduced to the rates in 2000. National Indicator (NI) 56 relates to obesity among primary school age children in year 6.

Officers explained that A\* STARS was a project targeting schools suffering from high levels of childhood obesity and the lowest levels of walking and cycling in areas of high deprivation. Focusing on twelve schools it targets pupils in years 4 and 5 (over 1,500 children) to increase levels of physical activity and influence travel habits.

The Participating schools were as follows:

Alumwell Junior	Blue Coat Aided Junior
Edgar Stammers Primary	Elmore Green Primary
Little Bloxwich Primary	Moorcroft Wood
St Patrick's Catholic Primary	Pinfold Street JMI
Woodlands Primary	Short Heath Junior
Hatherton Primary	St Bernadette's Primary

Officers explained that in relation to transportation targets, Walsall Council had adopted NI 198 – to reduce car usage on the school journey by 1% per annum until 2011. There is also a Local Transport Plan (LPT2) target for all schools to have an active School Travel Plan by 2011. At present 98% of Walsall Schools have plans.

### **A\* STARS – Partnership working**

The working group heard that the scheme was funded and delivered in partnership with Walsall Council, Walsall NHS and Walsall Children's Trust. Through a range of activities and incentives children are encouraged to walk or cycle more often. Each school has nominated pupils as ambassadors (sheriffs) for the project to support and encourage all pupils in promoting the use of sustainable travel.

### **A\* STAR Sheriffs**

Officers explained that the sheriffs were made up of two pupils per year group in single form entry schools and one per class in multiple entry schools. Sheriffs produce an evidence folder which is a record of all the different activities they undertake in support of the A\* STARS project. This includes a record of where they have encouraged pupils to walk, cycle, use public transport or car share on the journey to and from school; attending meetings with the School Travel Team and being the link between school, pupils, parents and the project team; promoting competitions and awarding prizes, as well as producing promotional and publicity materials.

The project provides the opportunity to combine road safety education with sustainable travel. It also contributes to community cohesion through the engagement and education of parents and the wider family by offering a variety of shared activities and initiatives.

### **Activities & Incentives**

Activities and initiatives include travel diaries; car free days; walking challenges; leisure cycle rides; inter schools quiz; fun/STAR days; Park and Stride/ walking bus; pedestrian and cycle training; cycle storage project; engineering and Lets Walk together. Road safety activities

include child pedestrian training. The working group heard that pupils in years 4 and 5 are issued with an individual diary and a hardback folder. The children then fill in diaries and points are recorded weekly on spreadsheets. Incentives include a range of stationery.

## **Enforcement**

The working group heard that promotional material included a “Forget the car – school’s not that far!” poster. It explains the health and social benefits of children walking or cycling to school. A further poster highlights the purpose of school keep clear markings and the risk of incurring a Penalty Charge Notice.

## **Benefits after first year**

Officers explained that on average for a school these included an increase in walking and cycling levels by 2.75%, while car journeys were reduced by 4.11%. There was also an improvement in levels of fitness and a reduction in obesity. Other benefits include eight members of staff being trained to deliver Bikeability (a cycling proficiency scheme) and a reduction in school gate congestion, fully developed Active School Travel Plans and parental involvement.

## **Performance**

The performance of the scheme is evaluated through the travel diaries, PCT monitoring obesity levels, school census results, feedback evaluation forms, school network meetings and an improved schools action plan.

## **A\* STAR at Short Heath Primary School & Bikeability at Delves Infant & Nursery School**

The Head teacher of Short Heath Primary School explained that the scheme had been successfully introduced at the school. Activities being undertaken include a walking bus for pupils in year 4 and 5, with a bikeability scheme used by year 6 pupils. The working group heard that the school monitors the number of pupils who participate in the walking bus. The school is hoping to start a second walking bus, although this will be subject to the availability of volunteers.

In addition, a transition (primary – secondary) project also produced a transport travel DVD. Other work has included changing access to the school to make it easier for those using alternative travel. For example, reducing car access/ parking outside the school and increasing pedestrian access. The working group heard that the pupils had taken ownership in tackling this issue, with incentives including prizes, pencils, diaries, wallcharts and certificates.

The Head teacher explained that although obesity was still present at the school, the overall level is lower than prior to the commencement of the project. It was clear that a real impact had been witnessed.

The Head teacher of Delves Infant and Nursery School supported the Bikeability Scheme. However, he expressed concerns regarding the resource demand placed on staff in individual schools. He recommended the development of a central site with road junctions marked out with appropriate ratios of staff to children. This would represent a controlled learning environment which would help develop confidence and awareness prior to the use of the roads. The working group agreed it was important to establish the lifestyle choice of using bikes.

### **Funding Bikeability**

The working group heard that work is currently being undertaken to identify different ways of funding bikeability, with a number of grants secured to assist in funding the scheme. A number of schools have expressed interest in its continuation, although they are awaiting confirmation of funding for the next academic year. At present the Road Safety and Sustainable Travel Team have secured funding for the duration of the academic year 2011/12. It is the objective of officers to operate the scheme until 2015.


### **The Future of A\* STAR and Funding**

The working group heard that £100,000 was received to operate the A\* STAR scheme at ten schools within the borough. This included £70,000 committed by NHS Walsall and £28,000 by the Children's Trust. However, the programme and its funding is set to conclude in August 2011. The working group also heard that as a result of funding reductions, the team of council officers responsible for supporting the delivery of the sustainable school travel project had been significantly reduced.

Activity includes restructuring delivery of the Sustainable Travel Service to promote engagement with A\*Stars to all primary schools and continue to work in partnership with Public Health, NHS Walsall linking it with Food Dudes, where appropriate. A bid is also being submitted to the Sustainable Transport Fund aimed at supporting ongoing delivery of the scheme. In addition, alternative sources of funding are being sought, including from schools and efforts made to reduce costs by making resources downloadable.

Officers explained that a bid supported by Public Health, NHS Walsall had been submitted to the Local Sustainable Transport Fund in part to fund A\* STAR beyond the current academic year. The fund's objective is to tackle congestion and develop sustainable transport in the region. It has been decided to submit a bid in conjunction with Centro's £40m bid to the same fund. The working group heard that a successful bid would enable the roll out of the A STAR project across other schools.

### **Options for a more sustainable approach**



The working group agreed that the sharing of good practice would assist in reducing the funding requirements of the scheme. For example, existing A STAR schools could work with other schools and a network could be established. However, it was recognised that Heads and teachers would be unlikely to have the time or opportunity to develop this type of activity. It was proposed that other school staff should be given the opportunity to support the scheme. These staff might then become champions and be able to facilitate the network and deliver better buy-in. It was also proposed that pilot projects could be established and a suite of information resources developed.

It was also agreed that it would be important to be able to convince schools of the benefits of participating in the scheme. For example, it might be effective to attach the scheme to the School Improvement agenda.

### **School Food**

The Head teacher of Delves Infant and Nursery School explained a dual approach is taken to tackling obesity at the school which considers both the mental as well as physical health of pupils. This has led to the development of a range of activity which includes older children working with younger children during lunchtime. This is part of efforts to raise general understanding that establishing a healthy lifestyle is beneficial for the long-term. Work is also undertaken with children to assist them in seeking to introduce healthy lifestyles within their families.

### **School dinners**

Other activity includes the establishment of a school nutrition group. A key part of the group's work has been to seek to gain a better understanding of how children respond to food. This has included inviting parents in to eat school dinners.

The working group heard that at Short Heath the take up of school dinners for those entitled was 19%, with 23% take up at Delves. The Head teacher of Delves explained that a particular challenge exists at the school in relation to BME pupils. For example, many families are up early each morning praying and then preparing food for the rest of the day. As a consequence there is an expectation that children will go home at lunchtime to eat with the rest of the family. The working group heard that 25% of pupils at the school go home to eat at lunchtime.

The working group agreed that there was a stigma associated with receiving a free school meal. However, the Head teachers explained that previous schemes which incentivised families to take up free school meals through the offer of laptops had proved very successful.

The Head teachers of both schools explained that a further challenge exists in relation to the perception of pupils that school dinner was not very appetising. The working group heard that work had been undertaken by both schools in seeking to improve the appearance of food to make it more appealing with different colours and textures.

The working group agreed that it is important to ensure that there is effective communication between kitchen and lunchtime staff to help promote healthy food options.

The Head teacher of Delves School highlighted that irrespective of the quality and appearance of food, the tables and chairs in the dining room were in a poor state and would discourage children from using the facility.

### **Other challenges**

The working group agreed that it would be important to educate parents. However, while some nutrition groups have been successful in encouraging pupil's to opt for healthier meals it remains very difficult to engage hard to reach parents. There were frequent examples of parents complaining if only healthy options are available.

The working group heard that there is still resistance from some parents who push chips through gates to children at lunchtime. A further challenge existed in that many pupils want quick-to-eat food as this allowed them to get back to socialising with their friends. The working group considered the use of a disadvantage subsidy for free schools meals to send parents on cookery courses which could be undertaken with children to ensure that they are maintained and embedded within the family's lifestyle. The working group agreed that it would be important to focus on pupils at Key Stage 2.

### **School meal portion sizes**

The working group heard that parents are currently charged the same amount for school meals from aged 4 – 11, with the children being served the same portion size.

The working group felt it would be important for 4 year olds to be served a smaller portion size to ensure they do not overeat. The working group suggested that a Key Stage 2 and Key Stage 1 price could be considered.

### **Role for Governors**

The working group also agreed that it would be important to consider the use of a school link governor nominated for health. This should be included on the governor training agenda.

### **Walsall Healthy Schools Award**

The working group agreed that it would be important to consider the introduction of higher standards than those set by Government or Ofsted in Walsall for tackling obesity. The standard could be set jointly by NHS Walsall, the Council and Serco with the award made by the Mayor to give it further status.



## **Environment**

### **Travel: Reducing Car Usage and Increasing Use of Public Transport**

Officers explained that the main objective of travel planning was to reduce single car occupancy to create a sustainable and healthy future.

The Local Transport Plan target is 30% of employees should be involved with travel planning and travel sustainability over three years.

The benefits of this strategy were reduced congestion, improved road safety, an improved environment and improved health and fitness of employees. In addition, the strategy assists with the council's environment agenda.

The working group heard that the strategy is devised in a number of ways, including using a staff travel survey and promotion of current sustainable travel initiatives. One of these is 'TravelWise'.

Officers explained that this was a national initiative to encourage schools and employers to reduce single car occupancy. The scheme aims to raise awareness of the environmental, health, economic and social effects of car use. It also seeks to change attitudes towards car use, promote more sustainable modes of travel and lifestyles which require less travel, as well as encouraging action to change travel behaviour and reduce unnecessary car use.

### **Benefits and Barriers of joining Travelwise**

The working group heard that participation in the scheme entitles individuals to benefits including discounted travel from West Midlands Travel and Centro, as well as free membership to the council's car sharing scheme.

Officers explained that a number of barriers to success existed, these included apathy, lack of resources, poor infrastructure and a lack of support from bus companies.

### **Sustainable transport planning**

The working group heard that the council's Highways, Development and Control (HDC) service worked with the council's Planning Authority to deliver sustainable transport plans. For example, it is now a requirement for companies who undertake residential developments to provide a travel plan. This might take the effect of new occupiers being provided with a welcome pack which details local public transport provision, in some cases developers pay £350 towards the cost of bus travel for six months. The working group agreed with officers that if you provide individuals with the option of public transport they will try it and may then use it more frequently.

### **Active Travel**

## **Bike User Group (BUG)**

The working group heard that while bike users recognise the savings that can be made using this mode of transport, concerns are frequently expressed that the roads aren't safe.

## **Cycle Paths**

The working group was pleased to note that the Cycling Strategy for the next four years is to seek to identify new routes to link with the local centres and extend existing routes.

## **Maintaining cycle paths**

The working group heard concerns regarding problems, including muggings and littering, experienced on certain cycle paths and this risked discouraging use. Officers provided guidance that while there were increasing levels of surveillance along cycle routes, there was not a structured maintenance programme. However, sites are cleansed as requested by Street Pride. The working group also highlighted the importance of promoting walking and canal towpaths. The working group suggested that consideration could be given to seeking sponsorship of cycle routes or towpaths. This could include inviting a supermarket to sponsor a cycle route.

## **Food**

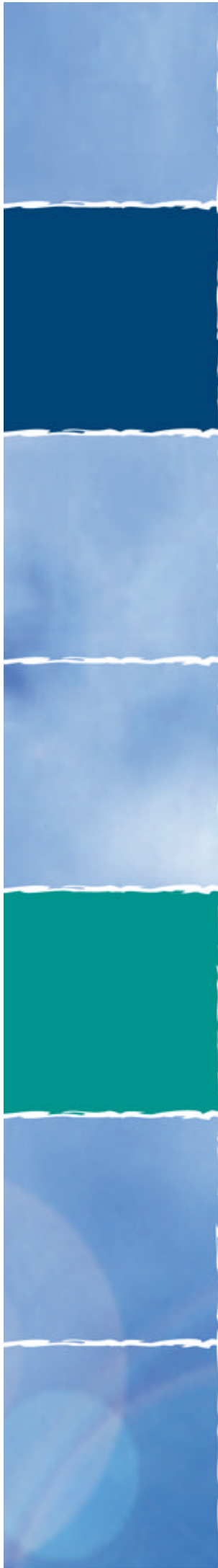
### **Fast food take-aways near schools**

The working group heard that the council's planning department received on average three to four applications for take-aways each week. Officers explained that it was necessary to provide evidence of a legitimate planning argument that existed against the proposed location of a take-away near a school. If not, the council might find the decision to oppose permission is contested by a third party.

## **Consultation**

The working group heard that following receipt of a planning application for a take-away, a consultation exercise is undertaken covering the area of a 100m radius from the proposed site.

The working group heard that NHS Walsall would propose increasing the general consultation zone to 400m. Officers agreed that this could be considered, although a balance would have to be achieved in relation to the commitment of resources to this activity and consider that consulting with schools within 400m of a takeaway would be more achievable.



It was proposed by the working group that schools, school governors, Serco and NHS Walsall should be alerted if a planning application for a take-away within 400m of the school was received. It was also acknowledged by the working group that there was a need for schools to be proactive in responding to planning applications where they have objections. For example, if the school and Serco were able to demonstrate the correlation between a particular take-away proposal and increasing obesity levels in the locality.

The working group also proposed that serious consideration should be given to not permitting the upper floors of existing take-aways to be approved as locations for Free schools or academies. However, the working group acknowledged that each case would be considered on its own planning merits.

### **Take aways in District & Town Centres**

The working group heard that take-aways attract a significant amount of trade to district centres. However, officers work closely with district-centred based businesses on planning issues. Officers also explained that it was possible to make planning objections based on likely levels of litter that will be created and the likelihood of anti-social behaviour (ASB).

### **Monitoring the Health Impact of the Council's strategy**

The working group proposed that a Health Impact section should be included in all council reports and should be led by Public Health. This would have a similar function to the Equality and Financial Implication and other sections that are used at present.

### **Tackling Obesity in Secondary Schools**

#### **Willenhall School Sports College**

The working group heard that a number of projects which include both pupils and staff. These include gender specific fitness sessions which had been requested by pupils, while there were also extra curricular fitness sessions. Other schemes include pre-prom fitness and yoga and pilates based pre-exam sessions. The Bentley CAP have also shared the cost of a physical activity advisor, provided by NHS Walsall Community Health.

The school representatives felt that there has been collective buy-in from the CAP and health has been made a priority, with seven-hundred and fifty pupils now taking part in a least one extra curricular activity per week.

The working group heard that the Fun4Life Programme is being supported through the provision of a low cost venue at Willenhall School. Parents must attend this programme with their children and the importance of parental support and participation has also been recognised with parents from Fun4Life families receiving a discount if they attend fitness sessions at the Willenhall School Community Venue.

## **Intervention**

The Assistant Head teacher of the school expressed concerns regarding the prevalence of obesity which she felt was greater today than at any point in her experience of the previous twenty –nine years.

The working group agreed that a preventative approach to tackling obesity in schools could prove effective. For example, letters could be sent out to parents of pupils at the start of their primary and secondary school education which set out the school's policy on obesity. This information would also include guidance regarding the support provided and would also be aimed to minimise the upset caused when letters are received advising a parent that their child is overweight or obese.

## **Streetly School**

The working group heard that the school had introduced a successful programme of physical exercise and establishing healthy eating habits. In addition, fruit and vegetables are also introduced into pupil's diets as a replacement for elements of meat-based school dinners. The school also has a packed lunch policy which recommends what parents should include.

## **Communication**

The working group agreed that school pupils represented a captive audience who should be encouraged to demand a change in family health lifestyles from their parents.

The working group agreed that it would be important for effective communication between partner organisations in tackling obesity. For example, in the sharing of obesity data between schools and NHS Walsall, as well as consistent points of contact for information regarding available treatment pathways.

## **Social Media**

The working group agreed that consideration should be given to the use of new social media, including Facebook, to help promote healthy lifestyles to young people. This might include a link to the Fun-4-Life website.

## Recommendations

### That

1. to tackle childhood obesity and ensure collective local resources are focused on those areas within the borough with the greatest inequalities using Public Health intelligence including the Children's Healthy Weight Needs Assessment;
2. funding is identified through key partners e.g. Local Authority, to enable full participation in the Food Dudes programme in all 86 Primary Schools in Walsall;
3. Walsall special schools participate in the Food Dudes pilot; this group is identified through Walsall's healthy Weight Strategy as a high risk group;
4. best practice and shared learning from the A\* STAR Active School Travel and Road Safety scheme is implemented in schools throughout the borough, including the establishment of a network of schools;
5. best practice and shared learning from the Bikeability scheme is implemented in schools throughout the borough, including the development of a central training site;
6. commercial sponsors are sought to support the promotion and maintenance of cycle and tow paths for recreation and exercise;
7. the consultation zone for planning applications for take-aways would be 100m radius for residents/ business and is extended to schools within a 400m radius;
8. schools, Serco and NHS Walsall should be alerted if a planning application is received for a take-away within 400m of a school;
9. the upper floors of existing take-aways should not be approved as locations for Free Schools or Academies;
10. a Health Impact section be included in all council reports, led by Public Health;
11. consideration is given to the use of new social media to help in the promotion of healthy lifestyles to young people;
12. the Council and school's require there to be effective communication between kitchen and lunchtime staff to help promote healthy food options;
13. each school has a governor nominated for health;

- 14. a Walsall Healthy School Awards standard is introduced to engage schools to increase physical activity and improve diet, championed by a Councillor;**
- 15. parents receive a letter at the commencement of their child's primary and secondary school education setting out the school's policy to obesity;**
- 16. nominated points of contact are established and updated where necessary to maintain effective communication between schools and NHS Walsall and other statutory partners in relation to obesity;**
- 17. school dinner portion sizes are appropriate for children at Key Stage 1 and Key Stage 2;**
- 18. the childhood obesity working group be re-established in the new municipal year.**

<b>Work Group Name:</b>	Childhood Obesity
<b>Panel:</b>	Children's & Young People Scrutiny & Performance Panel
<b>Municipal Year:</b>	2010 - 2011
<b>Lead Member:</b>	Cllr Robertson
<b>Lead Officer:</b>	Susie Gill
<b>Support Officer:</b>	Matt Underhill
<b>Membership:</b>	Cllr I Robertson (lead Member); Cllr K Chambers; Mr A. McDevitt; Cllr L Beeley; Cllr O Bennett

1.	<b>Context</b>																				
	<p>Nationally in 2008, around 1 in 6 boys and girls (aged 2 to 15) were classed as obese, and around 1 in 3 were overweight or obese. This is an increase since 1995 when 1 in 8 were obese and 1 in 4 were overweight or obese.</p> <p>The proportions of children in Walsall classed as overweight and obese in Reception class have been consistently below regional and national levels. However, Walsall Year 6 overweight and obesity levels are higher than regional and national levels.</p> <table><tr><th>Year Group</th><th colspan="2">Obese</th><th colspan="2">Overweight/Obese</th></tr><tr><th>2009/2010</th><th>%</th><th>No</th><th>%</th><th>No</th></tr><tr><td>YR</td><td>10.6%</td><td>343</td><td>22.5%</td><td>726</td></tr><tr><td>Y6</td><td>21.6%</td><td>663</td><td>35.5%</td><td>1090</td></tr></table> <p>There is a strong link between deprivation and the risk of becoming obese. Over a quarter of children in Walsall live in poverty, this figure has increased over the last 2 years.</p> <p>The health impact of obesity is well documented. It is estimated that obesity reduces life expectancy, on average, by 9 years.</p> <p>The most significant long term consequence of childhood obesity is its persistence into adulthood and the early onset of obesity- related co-morbidities such as hypertension and type 2 diabetes.</p>	Year Group	Obese		Overweight/Obese		2009/2010	%	No	%	No	YR	10.6%	343	22.5%	726	Y6	21.6%	663	35.5%	1090
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2.	<b>Objectives</b>																				
	<ol style="list-style-type: none"><li>2. Reduce the prevalence of childhood obesity</li><li>3. To improve engagement with other key stakeholders e.g. Planning and Transport</li><li>4. To contribute to the childhood obesity needs assessment being lead by Public Health</li><li>5. Investigate how other local authorities tackle childhood obesity e.g.</li></ol>																				

	Dudley's Healthy Town initiative 6. Develop recommendations to influence the Healthy Weight Strategy for Walsall
<b>3.</b>	<b>Scope</b>
	Included: All children and families in Walsall targeting high risk groups; <ul style="list-style-type: none"> <li>▪ Lower socio-economic status groups/areas</li> <li>▪ African-Caribbean people and Pakistani women</li> <li>▪ Children, particularly those with overweight parents</li> <li>▪ Children with physical or learning disabilities</li> </ul>
<b>6.</b>	<b>Equalities Implications</b>
	A childhood obesity needs assessment is currently being undertaken.
<b>4.</b>	<b>Who else will you want to take part?</b>
	Transport and Planning Regeneration SERCO Primary Head Teachers Secondary Head Teachers School Catering Services (including private non LA providers) Children Services Greenspaces Black Country Chamber of Commerce Voluntary Sector
<b>5.</b>	<b>Timescales &amp; Reporting Schedule</b>
	To report back to the Panel at its meeting on 28/04/11
<b>6.</b>	<b>Risk factors</b>
	<ul style="list-style-type: none"> <li>• The future of School meals</li> <li>• Healthy Schools Programme</li> <li>• Schools Sports Partnership</li> <li>• Ofsted framework</li> <li>• Economic Climate</li> <li>• Free swimming</li> </ul>



## Appendix 1

### Useful reference websites:

[www.fooddudes.co.uk](http://www.fooddudes.co.uk)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4084184](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4084184)

[www.nhs.uk/change4life](http://www.nhs.uk/change4life)

[www.nhs.uk/start4life](http://www.nhs.uk/start4life)

[www.noo.org.uk](http://www.noo.org.uk)

[www.ic.nhs.uk/ncmp](http://www.ic.nhs.uk/ncmp)

[www.obesitylearningcentre-nhf.org.uk](http://www.obesitylearningcentre-nhf.org.uk)

[www.fun4life.org.uk](http://www.fun4life.org.uk)

[www.walsallcommunityhealth.nhs.uk/lifestyle-services/physical-activity](http://www.walsallcommunityhealth.nhs.uk/lifestyle-services/physical-activity)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH\\_4122399](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_4122399)

<http://www.schooltravelwise.org.uk>

[www.walkit.com](http://www.walkit.com)

[www.schoolfoodtrust.org.uk](http://www.schoolfoodtrust.org.uk)