

# **Report of the Joint Scrutiny Task and Finish Group on Tackling Childhood Obesity in Suffolk**

**April 2023**

## **Chairman's Foreward**

The Joint Scrutiny Task and Finish Group on Tackling Childhood Obesity was established following a scrutiny review undertaken by the County Council's Health Scrutiny Committee and Education and Children's Services Scrutiny Committee in April 2022. The Group started work in September 2022, chaired by the late Councillor Graham Newman, who had a particular determination that more should be done to tackle the issue of childhood obesity in Suffolk.

Following Graham's untimely death in December 2022, the members of the Group resolved to continue and complete the work he set out for us to do.

The terms of reference, findings and conclusions from our review are set out in the report below, along with our recommendations. A summary of the recommendations is also included at the end of the report for ease of reference.

I would like to thank my fellow members of the Task and Finish Group for their thorough and focused approach to undertaking this investigation and all those who have contributed their time to provide evidence to support this work.

Our recommendations seek to enhance the approach taken by the Council and the multitude of partner agencies who have a critical role to play in working together to tackle this important issue and I urge those to whom the recommendations are made, to give them due consideration.

County Councillor Joanna Spicer  
Chairman of the Scrutiny Task and Finish Group

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## Background

1. Childhood obesity is recognised as a widespread and urgent public health issue. In Suffolk, childhood obesity is a growing concern, with National Childhood Measurement Programme data indicating that the numbers of children who are overweight or obese is continuing to rise. Evidence suggests that obese children and adolescents are not only more likely to become obese adults but are also at increased risk of developing associated physical health problems and psychosocial conditions from an early age. Obesity can have a negative effect on children's emotional health and wellbeing through stigmatisation and low self-esteem which can also lead to poorer levels of educational attainment and impact upon life chances.
2. During 2017/18, Public Health Suffolk worked alongside Public Health England (PHE), Leeds Beckett University and several other Local Authorities to develop and pilot a whole systems approach to tackling obesity. During 2018 workshops were held with partners from across Suffolk to agree priorities for action and these priorities formed the basis of the [Tackling Childhood Obesity in Suffolk Action Plan](#), which was agreed by the Suffolk Health and Wellbeing Board on 26 September 2019.
3. Since the agreement of the action plan, significant work has taken place on a range of initiatives including sugar reduction and healthy eating campaigns and initiatives, school based and early years programmes, initiatives to increase physical activities in schools and countywide, targeted work through OneLife Suffolk and the Tier 2 and Tier 3 child weight management services, and through the universal offer and school nursing service.
4. However, concerns remain about the levels of childhood obesity in Suffolk. The COVID-19 pandemic has impacted on progress and taken focus away from this issue. There are concerns regarding the sustainability of initiatives due to finance and system capacity and the numbers of children overweight or obese in Suffolk continues to increase.
5. On 6 April 2022, the Health Scrutiny Committee considered the work taking place in Suffolk to tackle the issue of childhood weight and obesity. Members of the Education and Children's Services were invited to take part in this discussion. It was evident from this review that this issues surrounding the topic are complex and a whole systems approach is essential to co-ordinate action across a wide range of organisations. In light of this, it was agreed a Joint Task and Finish Group to examine the output from the meeting and to feed ideas into a refresh of the Council's Childhood Obesity Strategy and Action Plan would be the best way forward.
6. As the Group set out on this task, work was already underway, led by the County Council's Public Health Team, to assess future needs and develop options for future service provision. This review has sought to align with this work, with a view to providing recommendations to help inform the development of a refreshed strategy in Spring 2023.

## Terms of Reference

7. From the initial areas identified by the Committees, the Group agreed to focus the review on the following key lines of enquiry:
  - a) **What are the opportunities for promoting and increasing the level of physical activity within Suffolk's schools?**
    - i) To what extent are Suffolk schools participating in the Daily Mile? What are the barriers to participation and how might more schools be encouraged to take part?
    - ii) To what extent do schools get involved with parkrun? Could more be done to link schools to parkrun initiatives?
    - iii) Are there opportunities for District and Borough Councils to support schools to participate in activities such as the Daily Mile and parkrun?
    - iv) How can we incentivise walking to school? Are there initiatives which have been successful elsewhere which could be replicated in Suffolk?
    - v) Why are schools not promoting the benefits of walking to school?
    - vi) What channels are available (other than official/authority messages) to influence children about the benefits of a healthy lifestyle?
    - vii) What role could ambassadors play in helping to promote these messages?
  - b) **To what extent can the data gathered under the National Child Measurement Programme (NCMP) be used to target activities to reduce childhood obesity?**
    - i) How is the data gathered under the NCMP used in Suffolk?
    - ii) Do other authorities use the data differently?
    - iii) What are the legal restrictions on how this data can be used and shared?
    - iv) Do schools have an understanding of the data relating to their school?
    - v) Do professionals who come into contact with parents and children have access to this information?
    - vi) What information is communicated to parents?
  - c) **What opportunities exist to promote and encourage healthy eating in schools?**
    - i) What work has taken place to date with school meal providers to promote healthier and lower sugar options and increase the uptake of school meals (particularly free school meals) and how successful has this been?
    - ii) What work has taken place to increase access to drinking water and reduce unhealthy vending machine options in schools and how successful has this been?

- iii) What barriers have been identified to improving the standard of nutrition in schools?

## **Membership**

8. Members who took part in the Task and Finish Group were Joanna Spicer, Edward Back, Inga Lockington, Sandy Martin and Christine Shaw (Ipswich Borough Council) and the late Councillor Graham Newman.

## **Approach**

9. The Group was established on a task and finish basis, and the review ran from September 2022 to April 2023. The work took place over the course of 7 meetings held on 21 September, 30 September, 1 November and 29 November 2022 and 31 January, 17 February and 17 March 2023.

## **Evidence Received**

10. The Group received evidence from the following:
- Stuart Keeble, Director of Public Health and Communities, SCC
  - Nicki Cooper, Head of Children and Families, SCC Public Health and Communities
  - Michael Hattrell, Health Improvement Lead for Children and Families, SCC Public Health and Communities
  - Karen McCormack, Health Improvement Lead for Children and Families, SCC Public Health and Communities
  - Clare Frewin, Health Improvement Lead for Children and Families, SCC Public Health and Communities
  - Jane Stannard, Schools Engagement Manager, SCC Public Health and Communities
  - Adam Baker, Health Improvement Lead, Physical Activity, SCC Public Health and Communities
  - Mark Bennett, Head of Performance, Partnership and Development (Education and Learning), SCC Children and Young People' Services
  - Christopher Grover, Behaviour Change Manager, SCC Growth Highways and Infrastructure
  - Faye Bentley, Strategic Children's Services Manager (Registered Dietician), Onelife Suffolk
  - Matthew Stevens, Children's Healthy Lifestyles Manager, Onelife Suffolk
  - Liam Swift, Associate Director of Operations, Vertas Ltd.
  - James Payne, Senior Development Officer, CYP and Safeguarding Lead at Active Suffolk
  - Johnny Lee – PE Co-ordinator at Red Oak Primary School and Associate Leader for The Active Learning Trust

- Ali Furlong, Ipswich School Games Organiser, Westbourne Academy and member of the County Suffolk PE and Sport Network Group
  - Lisa Dalton, Coach and School Games Organiser, Thomas Gainsborough School, Great Cornard
11. Details of the written and web based evidence considered by the Group and supporting information is listed at the end of this report.

## **Findings and Recommendations under the terms of reference**

12. In respect of its Terms of reference, the findings and recommendations of the Group are set out in the report that follows. A summary of the recommendations can be found on pages 24 and 25.

## **What are the opportunities for promoting and increasing the level of physical activity within Suffolk's schools?**

### **School/local authority context**

13. In terms of governance, the group noted that 68% of schools in Suffolk are academies and 76% of pupils in Suffolk attend an academy school. This compares nationally to 40% of schools being academies with 53% of pupils attending an academy school. Suffolk schools were currently part of 41 different trusts – 7 being national trusts, 10 operating on a regional level (eg Suffolk, Norfolk and Cambridgeshire) and 24 working within Suffolk. There were a range of mechanisms in place for the local authority to communicate messages across all publicly funded schools, including the Suffolk Headlines weekly bulletin, Suffolk Learning website, local authority maintained representative group, headteacher associations, CEO network, Suffolk Education Partnership and Standards and Excellence partner visits. Teaching School hubs were also in place covering geographical areas of the county.
14. [NHS physical activity guidelines for children and young people](#) state that children and young people aged 5 to 18 years should engage in moderate to vigorous physical activity for an average of at least 60 minutes per day, across the week. This could include all types of activity such as active travel and play as well as organised sport and PE. At least 30 minutes should be delivered in school each day through, for example, active break times, physical exercise lessons (PE), extra-curricular clubs, active lessons or other sport and physical activity, with the remaining 30 minutes supported by parents and carers outside of schools time.
15. The group heard that the benefits of being physically active extended beyond maintaining a healthy weight, with benefits including:
- building confidence and social skills;
  - developing co-ordination;
  - improving concentration, brain activity and learning;
  - strengthening muscles and bones;
  - improved health and fitness;
  - maintaining healthy weight;
  - improving sleep;

- feeling good.
16. The group received data from Sport England Active Lives Children and Young People Survey for the academic year 2021/22 (ages 5-16yrs), showing how activity levels in Suffolk compared, regionally and nationally. Whilst Suffolk was performing broadly in line with other areas of the country, the group noted that less than 50% of the children surveyed were active for the recommended 60 minutes plus a day, and 28.7% were active for less than an average of 30 minutes a day. Children in the most deprived areas tended to be less active than those in the least deprived areas.

**To what extent are Suffolk schools participating in the Daily Mile? What are the barriers to participation and how might more schools be encouraged to take part?**

17. The Daily Mile is a social physical activity encouraging primary school children to be active (run, jog etc) ideally out in the fresh air with their friends, for 15 minutes each day. There is no set up, tidy up or equipment required, children run in their uniform so no kit or changing time is needed, meaning transition between class time and activity time can be smooth. The aim is to improve the physical, social, emotional and mental health of children, regardless of age, ability or personal circumstances.
18. The group was informed that around 100 primary schools were currently registered for the Daily Mile in Suffolk.
19. Public Health and Communities had recently identified funding for a post for 3 days per week (12 months) to support the wider promotion and evaluation of this initiative within Suffolk's primary schools.
20. The importance of support for this activity from school leadership was highlighted as critical in encouraging more schools to get engaged. Often it was seen as a PE initiative, rather than as part of a whole school approach which could provide wider benefits for classroom behaviour, ability to learn and concentration as well as fitness and weight. Practitioners reported some schools had an ethos of empowering teachers to undertake the Daily Mile flexibly, for example, as a mechanism to respond to situations within the classroom, rather than as part of a set daily timetable.

***Recommendation 1: To the Corporate Director of Children and Young People's Services and the Director of Public Health and Communities that:-***

- a) ***work should take place with Active Suffolk to raise awareness of the benefits available to schools and pupils from taking part in the Daily Mile, including promotion of the initiative to school governors and to parents via local media channels.***
- b) ***a target should be set to increase the number of Suffolk's primary schools taking part in the Daily Mile by a minimum of 40% by the end of year 1, 30% in year 2 and 20% in year 3.***

***Recommendation 2: To the Corporate Director of Children and Young People's Services that any proposals for development of new school places should take into account the Department for Education [Guidance: Area guidelines and net capacity](#) standards and guidance on the area of school buildings and grounds, and that every opportunity should be taken***

***to ensure that new developments do not reduce the amount of outdoor space currently available in Suffolk's schools.***

**To what extent do schools get involved with parkrun? Could more be done to link schools to parkrun initiatives?**

21. 'parkrun' is a nationally led, totally free, community event where participants can walk, jog, run, volunteer or spectate. It is 5km and takes place on a Saturday morning. Junior parkrun is 2km, dedicated to 4-14 year olds and their families and takes place every Sunday morning. There are currently over 400 junior parkrun events for children age 4 to 14 taking place in the UK and the Republic of Ireland. All the events are organised by volunteers and participants can sign up on the national parkrun website at: <https://www.parkrun.org.uk/aboutus/>
22. Suffolk had celebrated 10 years of partnership working with parkrun in September 2022, which saw the initiative not only return successfully after the pandemic, but grow with 4 new events in Mildenhall, Haverhill, Stowmarket and Rendlesham. There were 23 parkrun events currently established in Suffolk of which 15 were 5km events and 8 were Junior 2km events. Junior events were currently held in Bury St Edmunds, Stowmarket, Haverhill, Ipswich, Kesgrave, Felixstowe, Great Cornard and Mildenhall with a further event planned to start in the spring of 2023 (Ipswich East).
23. There was no direct involvement by schools with junior parkrun, outside of schools individually choosing to promote the opportunity to pupils to take part. The geographic location of the junior parkruns was a factor in how relevant it would be for schools to promote participation. Whilst the ideal position would be to have junior parkrun events within easy reach of all schools, this would be dependent upon identifying the necessary funding, volunteers and suitable locations to develop them. Some work had taken place to make the connection with parkrun, particularly for those primary schools who do the Daily Mile but more could be done to encourage both primary and secondary schools to promote this activity.

**Are there opportunities for District and Borough Councils to support schools to participate in activities such as the Daily Mile and parkrun?**

24. Practitioners reported that links with District/Borough councils were variable. Identifying commonality of objectives was seen to be a key influence in building good working relationships, and there were some good initiatives in place which had the potential to be replicated more widely.

**Case Study – Multi Skills Leadership and Physical Activity Programme**

The Primary School Multi-Skills Leadership and Physical Activity Programme (<https://www.ipswich.gov.uk/content/ipswich-primary-school-students-helped-their-school-peers-get-more-active>) was quoted as a good example of joint working between District and Borough Councils and schools.

Ipswich and South Suffolk is a diverse area with urban and rural geography and pockets of deprivation.

The Multi-Skills programme is led by Ipswich and South Suffolk School Games Organisers (SGOs) and supported by Active Suffolk and Ipswich Borough Council.



The aim is to support young people to develop new skills such as leadership, organisation and team work as well as working alongside their peers to promote health and wellbeing.

Pupils in Years 5 and 6 are trained to become Leaders and to help the younger pupils in Years 1, 2, 3 and 4 in their school to become better in various activities such as jumping, throwing and running, and to score them for progress. Each activity is designed to get the young person to do a minimum of 30 minutes of physical activity, which when combined with the activity they do in school, gets them to do 60 minutes of activity a day, as per recommended guidelines.

Tutors in the programme from the Council, SGO's, Active Suffolk, Ipswich Town Community Trust, and sports coaches from the participating primary schools go into each school to train the young leaders on how to deliver the activities and keep track of scores. Schools are given resource cards so the leaders can use these in lunchtime sessions and also progress boards for the school so improved activity results can be recorded. When the children hit a certain number of activities they are rewarded, supported by the Borough Council, and receive a passport allowing them access to activities out of school such as free family swims and family passes for the leisure centres. This enables the pupils to stay active, and also their families, and removes the potential barrier of cost.

The impact has been that pupils want to improve their levels of fitness and attainment, and this was evidenced by their scores. Feedback from parents and teachers suggests pupils have been more positive and confident and want to be engaged and some schools have gone on to train additional leaders.

#### **Top tips**

**Work with key partners** to achieve common objectives

**Make it inclusive** - all the activities are adapted to be inclusive and all the leaders trained to make it inclusive

**Keep it simple** for schools so they can fully engage eg engage with all staff via a zoom meeting, not just the PE leads, or if appropriate attend a staff meeting

**Shout about it** much more!

25. It was generally considered there was an opportunity for District and Borough Councils to do more work with schools for example in connecting them with local clubs and leisure facilities. Work was taking place to try and extend the Multi-Skills Leadership Programme to schools in the Lowestoft area.

**How can we incentivise walking to school? Are there initiatives which have been successful elsewhere which could be replicated in Suffolk? Why are schools not promoting the benefits of active travel to school?**

26. The group received information from the Behaviour Change Manager, SCC Growth, Highways and Infrastructure about the Council's work in encouraging walking and cycling to school. It was noted that from 1 April 2023, this area of

work would move to Public Health and Communities and would be funded by the Public Health grant.

27. The Group received data on school active travel by age, distance and travel mode, and in relation to youth road safety by age and types of injury (all incidence).
28. The Group also received information about road safety interventions for primary school students, which included the Junior Road Safety Officer programme, road safety assemblies, road safety risk and school crossing patrol assessments and Bikeability for pupils in years 5 and 6. It was noted the junior road safety programme was very popular. It was confirmed this programme could be delivered in schools free of charge and officers were keen to involve as many schools as possible.

***Recommendation 3 - To recommend to the SCC Cabinet Member for Education, SEND and Skills that work should take place, on an ongoing basis, to raise awareness of the benefits available to schools and pupils from taking part in the Junior Road Safety Programme, including promotion of the Programme to school governors and to parents via local media channels.***

29. At secondary school level, road safety work was tailored to year groups (eg young drivers), targeted groups such as moped riders and the offer of Bikeability level 3 (for which there had been limited interest).
30. Some targeted work had also taken place with Special Schools such as the Sir Bobby Robson School, supported by c.£40k government funding to purchase specialist cycles. This had some challenges due to the bespoke nature of individual needs and difficulty in knowing how to invest the funding to achieve the best benefit for the most children.
31. The Group discussed provision for children with special educational needs and disabilities more generally and the need for the offer to be fully inclusive. It was recognised that there were some children who were potentially less well catered for and this should be an area for future focus.

***Recommendation 4: To the Suffolk Health and Wellbeing Board that the refreshed "Children's Healthy Weight Strategy" will recognise:***

- a) ***those children with additional needs (physical, developmental, learning, behavioural or sensory) that may need additional support to lead healthy lifestyles and;***
  - b) ***Suffolk's diverse population and social and cultural factors that may impact upon inclusion and access to opportunities to lead a healthy and active lifestyle.***
32. The group also received information about active travel interventions being delivered in primary and secondary schools. It was reported it was challenging to get schools to engage with this work due to other curriculum pressures. Active travel was not seen as a priority for schools and tended to be given a lower profile.
  33. Discussion took place about the School Streets Initiative. These schemes provided temporary restriction on traffic movement at school drop-off and pick up times, resulting in a safer and healthier environment and encouraging active

travel choices. It was noted to implement schemes needed local councillor support and there was a cost of £6-7k approximately for planning and necessary Traffic Regulation Orders. Discussion also took place about the potential for the displaced traffic to impact upon neighbouring areas.

34. Walking buses and bike trains, where an adult walks or supervises a group of children to walk/cycle to school were discussed. However, it was challenging to find sufficient volunteers. One solution might be to pay a member of school support staff additional hours to support the initiative, but this would need to be worthwhile in terms of the benefit derived. There was a perception that whilst some parents may be willing to support this it was less likely they would be willing to take on the responsibility for organising it.
35. The group heard that the “Hiking with a Viking” initiative had been popular, as children were keen to take part. A suggestion was made of talking to the Council’s Arts and Culture Team about opportunities for similar initiatives in Suffolk, effectively promoting arts and culture with young people and getting them active at the same time.

#### **Case Study: Hiking with a Viking**

A Stafford school marked Walk to School Week by inviting a Viking to talk to pupils.

The national campaign encouraged parents and children that can, to ditch the car or the bus for the week, to put their walking shoes on and walk to school.

As part of the campaign, seven primary schools in Stafford also took part in a Theatre in Education Programme to help promote active and sustainable travel.

The fun but educational drama ‘Hiking with the Viking’, helped to highlight the benefits of walking and cycling to school, using public transport and car sharing, whilst also demonstrating the effects of car pollution.

The Hiking with the Viking activity gave children the chance to meet “Ragnor the Bold”, who talked about the benefits of walking to school and keeping fit.

Pupils met him at the school gates and he also did an assembly with them, using the story of the Vikings to encourage children to be more active.

The Co-headteacher said: “Throughout the assembly the children were beaming. Ragnar was fantastic and got all children and staff involved. Lots of smiles and laughter by all.”

36. In response to a question, the group noted that the Behaviour Change Team did not currently have access to the “areas of prevalence” information from the NCMP to be able to target work with schools.

***Recommendation 5 - To encourage closer working between the Active Travel Behaviour Change Team and Public Health and Communities and recommend to the Director of Public Health and Communities that data from the NCMP should be made available to the Behaviour Change Team***

***to enable them to better target their activity related to promotion of active travel to and from schools.***

37. Some of the barriers to walking and cycling to school were discussed, such as parental perceptions around road safety and speeding, personal safety of children walking/cycling alone and practical circumstances such as parents needing to drop children off on their way to work.
38. Finally, the group heard about a scheme whereby children can forgo a bus pass and use the funding to have a bike to get to and from school. However, it was considered this was restrictive in that it was either one or the other. For example, on wet days it was not possible to take the bus on ad hoc basis. The question was raised as to whether there was scope for this scheme to be adapted so that it allowed for a limited number of bus trips per year which may help to increase take up.

**What channels are available (other than official/authority messages) to influence children (and families) about the benefits of a healthy lifestyle?**

39. The Group discussed the potential for messages about healthy lifestyles from sources such as the local authority to be seen as authoritarian and resultingly met with some resistance. The suggestion was made that a national campaign giving some key messages would be helpful.

***Recommendation 6: To recommend to the Head of Communications and Director of Public Health and Communities that an approach is made to local media to encourage them to undertake a carefully planned local campaign to get people thinking about the benefits of a healthy lifestyle (similar to the “Don’t be a Tosser” campaign), including a social media campaign.***

40. The group also discussed whether there was merit in a campaign being more graphic about the risks associated with being overweight (such as had been used in stop smoking campaigns). It was acknowledged that caution was needed in any messaging used, given the complexity of environmental factors which could influence weight and that the County Council’s communications team and public health colleagues would be best placed to advise on the approach.
41. The Group questioned the role of GPs and whether families may be more willing to take advice from their GP around weight management than from the local authority or other sources. It was acknowledged that GPs were already under significant pressures from workload and some discussion took place about the potential for a shift of resources, to fund some joint working between public health and primary care – for example, putting in place administrative support which enabled NCMP letters to be sent to parents in the name of the GP. This could potentially be extended to wider public health initiatives and messages, targeted at practice populations.
42. The group heard that a pilot had commenced with a GP practice in Felixstowe, but this work had stalled in light of COVID-19. It was noted there were changes taking place across the health and care system following the implementation of Health and Care Act 2022 and it may be worth looking at revisiting work with GPs in light of greater integration between the local authority and NHS.

***Recommendation 7: To the Director of Public Health and Communities to seek support from relevant Integrated Care Board leaders to run a pilot with***

***General Practice to understand the extent to which the involvement of primary care in communicating targeted public health messages to families about healthy weight could help to improve take up of the support offer and potentially serve as a mechanism to support the prevention agenda more widely.***

43. The group heard that although One-Life had been in place for around six years, there was still a lack of awareness amongst professionals working with children and families about the support One-Life could offer. An ideal position would be that all professionals would use their contact with children and families to have conversations around promoting healthy lifestyles, making every intervention count. However, there appeared to be a general reluctance to engage families on the specific issue of weight management, possibly due to the sensitive nature of the conversation.

***Recommendation 8: To members of the Suffolk Health and Wellbeing Board to take action within their own organisation to raise awareness for all their professionals working directly with children and families of the support offer available for families experiencing challenges with weight management and how to access this support.***

**What role could ambassadors play in helping to promote these messages?**

44. The Group noted there was a need for greater awareness of the size and scale and impact of the inactivity epidemic in order to understand why it must be made a priority.
45. The Youth Sport Trust set out a [Strategy](#) to address the issues of the impact of digital technology and the pandemic on children's levels of activity by encouraging as many people as possible to become changemakers to transform attitudes, improve practice and drive policy change. This includes mobilising influencers in all areas of public life to make the decline of physical activity levels a matter of national concern. Councillors and senior leaders across the public sector, school governors, trustees and leaders, all have a role to play in championing physical activity in their local schools and their local communities, and in raising awareness of the importance of being active for the wider health and wellbeing of Suffolk's children and future adults. There is a need for leaders to step forward and be willing to support and drive this change within their own sphere of influence.
46. The Group noted the LGA offer free leadership essentials training to support elected members "Leadership Essentials: sport and physical activity for councillors. Further information can be found at: <https://www.local.gov.uk/sport-and-physical-activity-2022-23>
47. The Group heard how sports ambassadors had been used to inspire children to become more active within schools. This could span further than getting children active, but also inspire them to believe they could achieve by showcasing how struggles and adversity had been overcome to get to the top.

### **Case study – Sports ambassadors at Red Oak Primary School**

The Group received information from the Associate Leader for the Active Learning Trust about the benefits of using sporting ambassadors at Red Oak Primary School in Lowestoft.

This school had looked outward to see how charities could be involved in supporting school sports events and with sponsorship, for example for team kits. They had also worked with local partners such as ITFC.

The school had used sports ambassadors to come into school to talk to pupils about how they had worked their way up in their field of sport, to engage and inspire the children to achieve.

The school had also used inspirational sports people to support other areas of the curriculum. For example, in their writing classes, children had been asked to write a letter to a sports star. Many of the children had received responses to their letters, including signed pictures of their chosen sports star or team.

The school had asked famous athletes to visit the school to help inspire creative writing and had arranged school trips to football matches where children had played the role of Junior Journalist.

### **Additional findings in relation to promoting and increasing the level of physical activity in schools**

48. PE is a national curriculum subject that is compulsory at key stages 1 to 4. The national curriculum identifies the aims of the subject and, broadly, the subject content to be taught at each key stage.
49. Ofsted's [Research Review Series: PE \(18 March 2022\)](#) sets out what high quality PE in schools should look like, but goes on to acknowledge that *"Since there are a wide variety of ways that schools can construct and teach a high quality PE curriculum it is important to recognise there is no single way of achieving high quality PE"*.
50. In discussion with the group, practitioners reported that whilst Ofsted do "deep dives" into specific areas, PE did not come up often. From the experience of practitioners spoken to, school leaders tended to be aware of the expectations about the level of activity expected within schools. However, the approach taken to the delivery of physical activity within the school was generally influenced by the priorities of the individual school and its leadership. It was considered unlikely that schools appreciated how many children were not achieving the recommended level of in school activity.

The group heard that schools were diverse in their approach with some schools being focused on ensuring children sit and work and others being flexible in encouraging activity and movement within or as part of lesson time.

### **Case Study – Red Oak Primary School’s “Pedalling Classroom”**

Red Oak Primary School in Lowestoft was one of the first to set up a pedalling classroom, which received national media coverage in 2018.

30 sets of pedal machines, at a cost £20 each, were purchased using the PE budget for pupils at the school and these were installed under desks so pupils could pedal them during their lessons. Use of the pedals is not compulsory but in general the pupils were reported as welcoming them. The machines feature a display that shows the duration of pedalling, number of revolutions per minute and calorie consumption, with some pupils burning up to 800 calories a day.

Mr Johnny Lee, the PE and Sports Co-ordinator for Red Oak Primary School and Associate Leader of PE and Sports for the Active Learning Trust reported that the mean average for a class of 28 pupils (Year 3, aged 7-8yrs) was the average student burnt approximately 534.5Kcals per school day by using the desk pedals. Other benefits included improvements in academic achievement in reading, writing and maths and improvements in classroom behaviour.

51. Leadership in schools was seen to be vital in facilitating a culture and environment which promotes physical activity and healthy lifestyles to the whole school community (teachers, parents and children). The governance and inspection framework were seen as key drivers to improving focus in this area.
52. Practitioners reported other barriers to promoting physical activity in schools included the time available, workforce capacity and the availability of teachers trained to deliver physical activity. Practitioners expressed concerns there was little initial training or professional development available for teachers in PE. Where CPD was offered, teachers found this difficult to attend due to lack of cover or other barriers within the school environment. Whilst some local authorities still offered CPD via a PE Advisory Service which schools could buy into, this was no longer available in Suffolk. It was considered a countywide CPD offer, or a mandatory physical activity element to School Centred Initial Teacher Training (SCITT) would be a one way to help improve delivery of sport in schools in Suffolk in a sustainable way.
53. On further examination, the Group was informed that School Centred Initial Teacher Training (SCITT) had recently undergone significant national changes to the programme and all SCITT providers had been required to re-apply for accreditation against the new set of teacher training standards. A rigorous re accreditation process was put in place in 2022 and very few providers in the East of England had gained re-accreditation. Suffolk led SCITT had been successful in this. In the new nationally set SCITT programme providers did not have scope to change or add to the programme. However, within the new programme all primary trainees were required to undertake PE training and there was a clear focus on encouraging and supporting healthy lifestyles through regular physical activity. There were also elements around broader wellbeing and physical and mental health within the programme. This was welcomed by the Group.

***Recommendation 9: To recommend to the Suffolk Health and Wellbeing Board that a countywide summit should be organised for school leaders to showcase innovative approaches and get people talking about the promotion of healthy lifestyles within Suffolk's schools, to identify commonality of objectives and look at how the available funding is, or could, be spent more collaboratively to achieve the best effect in Suffolk.***

***Recommendation 10: To recommend to the Leader of the Council that the County Council should sponsor an award to recognise innovation and success in improving health and wellbeing of children through whole school approaches to leading active and healthy lifestyles within Suffolk schools.***

### **PE and Sport Premium Funding**

54. PE and sport premium funding is a government grant to support schools in ensuring that pupils have access to at least 30 minutes of physical activity during the school day, alongside high-quality PE provision taught by confident and knowledgeable teachers and opportunities to experience and participate in a wide range of sports and physical activities.
55. Schools receive PE and sport premium funding based on the number of pupils in years 1-6. In 2022/23, schools with 16 or fewer eligible pupils received £1,000 per pupil and schools with 17 or more eligible pupils receive £16,000 and an additional £10 payment per pupil. Clear criteria are set out by government on how the funding should and should not be used.
56. Suffolk schools had received several millions of PE and sport premium funding over the 10 years this grant had been in place, but it was difficult to clearly demonstrate what this funding had achieved and the extent to which it had left a sustainable legacy. Practitioners reported that schools were doing variable work and there would be benefit in demonstrating how the funding could be used to best effect and have most impact through sharing of good practice. At the time of receiving evidence, a decision was awaited on next year's grant and schools were being asked to provide information on the impact it would have if this funding was removed.
57. The group heard there was disparity in how schools were using this funding. Whilst there was evidence that some schools were using it to develop sustainable approaches to longer term delivery of PE and sport within their school (for example, CPD for their existing staff in PE) the group heard that some schools had used it for one-off spend.
58. Practitioners also raised concern about the annual late notification of funding for School Games Organisers and PE and Sport Premium from government, which was putting the workforce under stress and making it difficult to manage strategic developments over the medium to long term. A letter had recently been sent to local MPs highlighting these concerns.
59. Subsequently, on 8 March 2023 it was announced £22m would be made available nationally to support two more years of the Schools Games Organiser network and more than £600 million across the same period for the PE and sport premium. The announcement included a raft of other government commitments aimed at improving access to sport and physical activity for children and young people. Further information can be found at:



<https://www.sportengland.org/news/two-year-extensions-school-games-organiser-and-pe-and-sport-premium-funding>

***Recommendation 11: To recommend to the Cabinet Member for Education, SEND and Skills and Corporate Director of Children's Services they should lobby at national level for the effective use of PE and Sport Premium funding spending to be taken into consideration as part of Ofsted inspection within individual schools.***

### **The role of Active Suffolk**

60. There was discussion about the role and governance of Active Suffolk, which received funding from Sport England and, to a lesser extent from County and District and Borough councils. Active Suffolk was currently hosted by East Suffolk District Council and a consortium agreement was in place to spread the risk. The partnership had a Board and was subject to Sport England governance requirements. There was a local authority representative on the Board, which had more recently been an officer from Babergh/Mid Suffolk.
61. A recent review had highlighted the need for Active Suffolk to have a higher profile and should consider how best to showcase the Sport England investment in the county and bring alive for partners the value that could be achieved through better alignment with other locally funded physical activity programmes.

### **To what extent can the data gathered under the National Child Measurement Programme (NCMP) be used to target activities to reduce childhood obesity?**

#### **Context**

62. The National Child Measurement Programme (NCMP) is a nationally mandated public health programme, and part of the government's commitment to dealing with the public health challenge of excess weight. It provides the data for the child excess weight indicators in Public Health Outcomes Framework and is delivered within schools by local authorities. Children are measured in Reception and Year 6. In addition to its national surveillance role, the data can be used to help support and target locally led interventions.
63. The group received the operational guidance, information for schools and standard letters for headteachers, primary care practitioners and parents, which are published on the government's website at: [National Child Measurement Programme Operational Guidance for 2022](#).
64. The NCMP national data shows that the prevalence of overweight and obesity in children aged 4 to 5yrs and 10 to 11yrs (the two year groups measured under the programme) is unacceptably high. The data consistently shows that the number of children living with obesity doubles between reception year and year 6 (from around 10% to around 20%). Additionally, year-on-year, the data has shown that children living with obesity in the most deprived 10% of areas in England are more than twice that in the least deprived 10%. This gap in obesity prevalence by deprivation continues to widen for both reception and year 6, and for those children measured as severely obese, the gap rises to more than 4 times for both year groups.

To find data for District and Borough Council ward level visit: <https://www.gov.uk/government/statistics/child-obesity-and-excess-weight-small-area-level-data#full-publication-update-history> and view the document "Small area NCMP data: electoral ward."

### **How is the data gathered under the NCMP used in Suffolk?**

65. The group was informed by officers from Public Health and Communities that Suffolk schools were contacted with information about the programme and how data would be used at the outset each year. In Suffolk, school assemblies were also used at the start of the year to present information to children and teachers about the programme. Public Health and Communities had developed an animated film to introduce the programme, its purpose, what happens on measuring day, what would happen to the results and the option to opt out, plus information about support available after measurement - [NCMP Suffolk - YouTube](#).
66. The data collated from the NCMP is used in various ways within Suffolk:
67. Each child measured who is categorised as overweight / very overweight is followed up with both a feedback letter and phone call to their parents to discuss options of support for their family (including [OneLife Suffolk](#)).
68. Data taken from the programme is used to highlight areas of concern and profile locations within Suffolk to target for OneLife Suffolk support.
69. School level prevalence is fed back through a digital letter using a comparison with Suffolk average. Those schools of highest concern are offered support programmes through OneLife Suffolk to run a 6 week healthy lifestyle course
70. Data taken from each year also helps to build up valuable profiles to compare progress for both school years.

***Recommendation 12: To recommend to the Director of Public Health and Communities to develop, in consultation with councillors, the availability of accessible and meaningful data and information which enables councillors to provide support and challenge to their local schools and work with their local communities to promote healthy, active children.***

### **Do other authorities use the data differently?**

71. Although the measurements taken are part of the national programme, it is optional for local authorities to feed back to schools, parents and primary care. In some areas, there was no local offer of support.
72. Prior to considering the delivery of the NCMP in Suffolk, the group received a Public Health England (PHE) (2017) report [Learning from local authorities with downward trends in childhood obesity](#). It was evident from this report that the process of completing the NCMP, follow up letters sent to schools, parents and primary care, and the approach to referrals for additional support varied across the local authorities participating in the study. Common themes in authorities with downward trends in childhood obesity included the use of the School Nursing Team to undertake NCMP measurements, and targeted follow-up with parents after the results letter had been sent. These measures were in place in the Suffolk model.

### **What are the restrictions on how this data can be used and shared?**

73. Each year an opt out letter is sent to both the parent/guardian of the child and to the school to ask permission to conduct the measurements. Parents and schools had the opportunity to opt out at this stage and children could also opt out of being measured on the day. Those not actively opting out were considered to have consented to take part in the programme and for the data to be used as set out in the letter. Within the opt out letter parents also had an opportunity to opt out of being contacted by OneLife Suffolk, if their child was identified as overweight / very overweight.
74. A data sharing agreement is in place between both OneLife Suffolk and the 0-19 School Nursing service for information on overweight / very overweight children to be shared for follow up following measurement.

### **Do schools have an understanding of the data relating to their school?**

75. Because of small numbers of children being measured within some schools, there is difficulty in how information can be shared with schools without potentially identifying individual children. Data is therefore broken down into areas showing prevalence, rather than by individual school.
76. The group received an example of the covering letter and data used for feedback to schools in Suffolk, which followed the three-year aggregated data model. It was noted that the three-year model had been impacted in the last two years due to reduced participation during COVID-19.
77. The group was informed that OneLife Suffolk also received a targeted list of schools (currently 105) based on deprivation and obesity prevalence which enabled them to target programmes of support for schools.

### **Do professionals who come into contact with parents and children have access to this information?**

78. In Suffolk, the results from the programme were saved onto the child's "System-one" record which could be viewed by the Council's 0-19 Children and Young People's Service and the child's GP.
79. Few of the local authorities participating in the PHE research provided feedback to GPs. The national template feedback letter to GP's had been trialled in Suffolk in 2018/19 giving each practice information on the overweight/very overweight prevalence in their area, and contact details for OneLife Suffolk to support their practice. However, no practices had made contact with OneLife so OneLife was now proactively following up practices in areas of high prevalence to ensure they were aware of their services and support opportunities. A pilot project was also being tested through a practice in Felixstowe in partnership with the Integrated Care Service to look at how to improve referrals to the OneLife service. Training had also been offered to GPs on communicating messages about weight to children and families.

### **What information is communicated to parents?**

80. The initial opt out letter sent to parents contained information on the programme, national healthy lifestyle campaigns, a link to the Suffolk NCMP video and information about Onelife Suffolk.
81. After measurement, if the child was found to be overweight or very overweight parents would receive a feedback letter with their child's results and details of OneLife Suffolk. The group received a copy of the letter, which had been edited

locally and tested with parents to create a more engaging communication broaching what was acknowledged to be a difficult and sensitive subject for some.

82. The group raised concern about the clarity of the parental feedback letter, which contained the sentence: *“When looking at children’s growth charts, to see how your child is growing according to their age, sex and height, «FirstName» is thought to be above the healthy range. You can find out how the result was calculated by going to [www.nhs.uk/bmi](http://www.nhs.uk/bmi).”*
83. The group considered this communication was ambiguous and would benefit from greater clarity. Whilst acknowledging the wording was from a national template, and the sensitivity of the issue, the group considered the phrase *“above the healthy range”* did not distinguish between weight and/or height, both of which had been referenced in the letter, and could potentially be interpreted as a positive statement.

***Recommendation 13: To recommend to the Director of Public Health and Communities that officers should continue to review the wording of the NCMP parental feedback letter in consultation with Suffolk Parent Carer Forum to ensure it is fit for purpose and conveys a clear message.***

### **Opting Out**

84. The group received information about a national campaign “Making an Informed Decision – Your Guide to the National Child Measurement Programme” which encouraged parents and schools to opt out of the programme. Key messages from the campaign included the potential for participation in the NCMP to cause harm to children by, for example, damaging a child’s self esteem and body image and potentially leading to eating disorders or other mental health and wellbeing issues.
85. It was currently unclear what impact this campaign might have on participation in the Programme in Suffolk for the coming year.
86. The group questioned the rate to which schools and parents currently opted-out and heard that more schools had opted out during the COVID-19 pandemic for practical reasons but prior to that, only one school in Suffolk had not taken part. It was noted that opt-out rates in Suffolk currently compared well to other local authorities.

### **Targeted follow up**

87. OneLife Suffolk received contact details for those children who were measured to be overweight and very overweight and these were followed up with a phone call to offer support through the OneLife Suffolk support service. This example of targeted follow up reflected the practice of other high performing authorities in the PHE research.
88. The group heard this approach had not been as effective as hoped, and this was reflected nationally. In some instances it had not been possible to make contact with the family, or the family had reacted defensively. One-life had started to contact parents via text message in the first instance to give them notice that they would be contacted and this had helped to increased referrals.
89. Whilst there were some case studies of successes with whole family engagement there were a wide range of complexities which could influence

whether or not the family either accepted the offer of support or were in a position to sustain their engagement through to a successful outcome.

90. It was noted that authorities on a small, primarily urban footprint were likely to find it easier to sustain engagement with their population than a widely dispersed rural authority.
91. The group heard that the future model of service would look at improving the voluntary and community sector offer of initiatives to support families in moving towards a healthier lifestyle. This may benefit from the fact that VCS organisations are already working with families, therefore making engagement around the subject healthy lifestyles easier.

### **Conclusion**

92. The group was generally reassured and impressed with how the NCMP was being delivered in Suffolk. It was evident that the data gathered from the NCMP was being used to target activities and that arrangements in Suffolk were broadly reflective of identified good practice in other authorities.
93. However, whilst acknowledging the NCMP was a nationally directed programme, there was a sense that measuring children in Year 6 was primarily a data driven exercise and potentially a missed opportunity. The group felt that measuring at a younger age (eg Year 2 and Year 4 were suggested), would provide greater opportunities to influence children within the primary school setting, rather than waiting till Year 6, when children were about to embark on their journey to secondary school and the opportunities to influence were significantly reduced.

### **What opportunities exist to promote and encourage healthy eating in schools?**

#### **Context**

94. The revised standards for school food came into force on 1 January 2015 and are set out in the [requirements for School Food Regulations 2014](#).
95. The government encourages all schools to promote healthy eating and provide healthy, tasty and nutritious food and drink. Compliance with the [requirements for School Food Regulations 2014](#) is mandatory for publicly funded schools including academies and free schools. These school food standards are to ensure that food provided to pupils in school is nutritious and of high quality; to promote good nutritional health in all pupils; protect those who are nutritionally vulnerable and to promote good eating behaviour.
96. A summary of the standards and a practical guide are available at [school food standards: resources for schools](#).
97. The regulations set out the requirements for school lunches provided to registered pupils, whether on the school premises or not, and to any other person on the school premises.
98. The regulations also set out the requirements for food and drink other than lunch, provided to pupils on and off school premises (eg on a school trip) up to 6pm, including breakfast clubs, tuck shops, mid-morning break, vending and after school clubs.

**What work has taken place to date with school meal providers to promote healthier and lower sugar options and increase the uptake of school meals (particularly free school meals) and how successful has this been?**

99. The Group heard from Public Health and Communities that work to promote healthy eating in Suffolk's schools was an ongoing challenge. One-Life Suffolk had run campaigns in schools to improve healthy diets and work had also taken place with school meal providers to reduce the levels of sugar and salt. However, the impetus was upon schools to continue this work and this was inconsistent. A number of schools had taken place in the keep smiling campaign to improve children's oral health.
100. The Group received data on the take up of free school meals and were generally impressed in the increase in take-up. The number of children in Suffolk whose parents had applied for free school meals and were confirmed as eligible was currently 24,128 (as at 1 November 2022). This was an increase of 51.5% since 1 March 2020. There had been an 234% increase in eligible families since 2018. In Suffolk 21.9% of children in primary schools and 20.3% in secondary schools were currently known to be eligible for free school meals. The Group suggested it would be useful to have an understanding of the number of children who were eligible but did not take up free school meals, but this information was not available.

**What work has taken place to increase access to drinking water and reduce unhealthy vending machine options in schools and how successful has this been?**

101. Under the school food standards, the supply of drinking water must be provided free of charge at all times to registered pupils on the school premises.
102. The use of vending machines in schools was discussed, along with the potential for vending machines to bring additional funds into the school budget. Officers reported they had tried to map the use of vending machines in schools through questionnaires but this was reliant upon the schools finding the time to complete a response and this was not seen by schools as a priority.

**What barriers have been identified to improving the standard of nutrition in schools?**

103. The group received evidence from the Associate Director of Operations for Vertas, about the role of Vertas in school catering in Suffolk. It was noted that whilst the notional cost of a meal was £2.30, the true cost of delivering a meal would depend upon the size of the school and there was a need to deliver a certain number of meals in order to break even. Increasing the take-up of school meals was therefore important consideration.
104. There were some examples of local initiatives in place, such as a school which had asked to use its local farm shop for supplies for their kitchen, which Vertas had agreed to on the basis of a matched price. Discussion also took place about the [Food for Life](#) scheme, which provides support to schools in providing healthy school meals and an awards package providing support and resources to apply for and achieve a Food for Life quality mark.
105. A member of the group had attended a school lunch at a local primary school and reported that the food had been bland, potentially due to the sugar and salt reduction. The group considered whether this could be an issue in itself as

children were less like to want to eat a school meal if the food was bland and there was a need to be reasonable to strike the right balance.

106. A selection of primary and secondary school websites were visited. Most schools published their hot food menu and some schools also provide a packed lunch menu. From the sites visited, only a few schools provided any advice on their website about what food should be bought into school.
107. The DfE [checklist for headteachers](#) sets out a list of actions for overcoming barriers and improving healthy eating in schools, including leading the change from the top; getting the contract right, concentrating on the things that children care about (the food itself, the canteen environment, their social life during the lunch break, the price) and supporting a whole school approach to healthy eating.

### **The role of Relationships, Sex Education and Health Education in Schools (RHSE)**

108. The Group received a report compiled by the Schools Engagement Manager, Public Health and Communities, which set out what schools are required to provide under the RHSE curriculum in respect of healthy eating.
109. The Department for Education issued statutory guidance in relation to Relationships Education, Relationships & Sex Education and Health Education (RSHE) which came into effect from September 2020. Due to lost time because of COVID-19, the DfE had allowed schools extra time to prepare for this and for most Suffolk schools, this meant that the teaching had to begin by April 2021, with most Suffolk schools completing their first full academic year of RSHE teaching last year (Sep 2021 – July 2022).
110. Healthy Eating and Physical Health & Fitness are both encompassed under Health Education. By the end of primary school, pupils should know:

#### *Physical health and fitness*

- a) the characteristics and mental and physical benefits of an active lifestyle.
- b) the importance of building regular exercise into daily and weekly routines and how to achieve this; for example walking or cycling to school, a daily active mile or other forms of regular, vigorous exercise.
- c) the risks associated with an inactive lifestyle (including obesity).
- d) how and when to seek support including which adults to speak to in school if they are worried about their health.

#### *Healthy eating*

- e) what constitutes a healthy diet (including understanding calories and other nutritional content).
- f) the principles of planning and preparing a range of healthy meals.
- g) the characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health).

111. This was designed to lay the foundations for more advanced learning at secondary school, where the guidance set out that pupils should know:

*Physical health and fitness*

- a) the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress.
- b) the characteristics and evidence of what constitutes a healthy lifestyle, maintaining a healthy weight, including the links between an inactive lifestyle and ill health, including cancer and cardiovascular ill-health.
- c) about the science relating to blood, organ and stem cell donation.

*Healthy eating*

- d) how to maintain healthy eating and the links between a poor diet and health risks, including tooth decay and cancer.

112. How and when schools choose to teach these elements is at their discretion.

113. Most Suffolk schools buy in ready made schemes of work for PSHE/RSHE, whilst others either plan their own bespoke programmes as standalone provision or in addition to their chosen scheme of work. Public Health & Communities provided a Schools RSHE Portal as a free resource for all Suffolk schools (including the fee-paying sector) to support schools to meet the statutory guidance. However, it was not possible to know exactly what was being delivered within the 360 schools within Suffolk.

114. The Group was concerned there were no specific professional teaching qualifications for this area of the curriculum. Discussion took place about the merits of writing to school governors to raise awareness of the importance of delivering a good RHSE curriculum, in underpinning the wider health and wellbeing of pupils. However, this was balanced with an acknowledgement that governors and indeed headteachers were already juggling a heavy workload and were often focused on those areas upon which they would be inspected or judged.

***Recommendation 14: To recommend to the Cabinet Member for Education, SEND and Skills and the Corporate Director of Children's Services that opportunities should be sought to lobby for the effectiveness of delivery of RHSE in schools to be rated as part of Ofsted inspections.***



## Summary of Recommendations

<b>Recommendation to:</b>	<b>Nos.</b>
<i>Director of Public Health and Communities (DPH)</i>	1, 5, 6, 7, 12, 13
<i>Corporate Director of Children and Young People's Services</i>	1, 2, 11, 14
<i>SCC Cabinet Member for Education, SEND and Skills</i>	3, 11, 14
<i>Suffolk Health and Wellbeing Board</i>	4, 8, 9
<i>County Council's Head of Communications</i>	6
<i>Leader of the County Council</i>	10

**Recommendation 1:** To the Corporate Director of Children and Young People's Services and the Director of Public Health and Communities that:-

- a) work should take place with Active Suffolk to raise awareness of the benefits available to schools and pupils from taking part in the Daily Mile, including promotion of the initiative to school governors and to parents via local media channels.
- b) a target should be set to increase the number of Suffolk's primary schools taking part in the Daily Mile by a minimum of 40% by the end of year 1, 30% in year 2 and 20% in year 3.

**Recommendation 2:** To the Corporate Director of Children and Young People's Services that any proposals for development of new school places should take into account the Department for Education [Guidance: Area guidelines and net capacity](#) standards and guidance on the area of school buildings and grounds, and that every opportunity should be taken to ensure that new developments do not reduce the amount of outdoor space currently available in Suffolk's schools.

**Recommendation 3:** To recommend to the SCC Cabinet Member for Education, SEND and Skills that work should take place, on an ongoing basis, to raise awareness of the benefits available to schools and pupils from taking part in the Junior Road Safety Programme, including promotion of the Programme to school governors and to parents via local media channels.

**Recommendation 4:** To the Suffolk Health and Wellbeing Board that the refreshed "Children's Healthy Weight Strategy" will recognise:

- a) those children with additional needs (physical, developmental, learning, behavioural or sensory) that may need additional support to lead healthy lifestyles and;
- b) Suffolk's diverse population and social and cultural factors that may impact upon inclusion and access to opportunities to lead a healthy and active lifestyle.

**Recommendation 5:** To encourage closer working between the Active Travel Behaviour Change Team and Public Health and Communities and recommend to the Director of Public Health and Communities that data from the NCMP should be made available to the Behaviour Change Team to enable them to better target their activity related to promotion of active travel to and from schools.

**Recommendation 6:** To recommend to the Head of Communications and Director of Public Health and Communities that an approach is made to local media to encourage them to undertake a carefully planned local campaign to get people thinking about the

benefits of a healthy lifestyle (similar to the “Don’t be a Tosser” campaign), including a social media campaign.

**Recommendation 7:** To the Director of Public Health and Communities to seek support from relevant Integrated Care Board leaders to run a pilot with General Practice to understand the extent to which the involvement of primary care in communicating targeted public health messages to families about healthy weight could help to improve take up of the support offer and potentially serve as a mechanism to support the prevention agenda more widely.

**Recommendation 8:** To members of the Suffolk Health and Wellbeing Board to take action within their own organisation to raise awareness for all their professionals working directly with children and families of the support offer available for families experiencing challenges with weight management and how to access this support.

**Recommendation 9:** To recommend to the Suffolk Health and Wellbeing Board that a countywide summit should be organised for school leaders to showcase innovative approaches and get people talking about the promotion of healthy lifestyles within Suffolk’s schools, to identify commonality of objectives and look at how the available funding is, or could, be spent more collaboratively to achieve the best effect in Suffolk.

**Recommendation 10:** To recommend to the Leader of the Council that the County Council should sponsor an award to recognise innovation and success in improving health and wellbeing of children through whole school approaches to leading active and healthy lifestyles within Suffolk schools.

**Recommendation 11:** To recommend to the Cabinet Member for Education, SEND and Skills and Corporate Director of Children’s Services that they should lobby at national level for the effective use of PE and Sport Premium funding spending to be taken into consideration as part of Ofsted inspection within individual schools.

**Recommendation 12:** To recommend to the Director of Public Health and Communities to develop, in consultation with councillors, the availability of accessible and meaningful data and information which enables councillors to provide support and challenge to their local schools and work with their local communities to promote healthy, active children.

**Recommendation 13:** To recommend to the Director of Public Health and Communities that officers should continue to review the wording of the NCMP parental feedback letter in consultation with Suffolk Parent Carer Forum to ensure it is fit for purpose and conveys a clear message.

**Recommendation 14:** To recommend to the Cabinet Member for Education, SEND and Skills and the Corporate Director of Children’s Services that opportunities should be sought to lobby for the effectiveness of delivery of RHSE in schools to be rated as part of Ofsted inspections.

## Summary of written and web based evidence received:

Department for Education (20 July 2018) Standards and guidance on the area of school buildings and grounds and the number of pupils places available in mainstream school buildings; <https://www.gov.uk/government/publications/area-guidelines-and-net-capacity>

Department for Education (7 February 2021) Guidance checklist for headteachers – Actions that improve school food culture and increase take-up of school dinners; <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/checklist-for-headteachers>

Department for Education (August 2021) Guidance on School Food in England – summarises how legislation applies to food provided within schools in England, and the role of school governing bodies. <https://www.gov.uk/government/publications/standards-for-school-food-in-england/school-food-in-england>

DfE (last updated 7 February 2023) Guidance: School food standards: resources for schools; <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools>

Eats Autumn/Winter 2022 menu - <https://www.eats-catering.co.uk/wp-content/uploads/2022/10/Eats-AutumnWinter-Menu-2022-1.pdf>

Education and Skills Funding Agency (last updated 23 February 2023); Guidance on PE and sport premium ; conditions of grant 2022-23; <https://www.gov.uk/government/publications/pe-and-sport-premium-conditions-of-grant-2022-to-2023>

Food for Life Schools Award; <https://www.foodforlife.org.uk/schools>

Ipswich Borough Council (15 February 2022) – Ipswich primary school students helped by their school peers to get more active; <https://www.ipswich.gov.uk/content/ipswich-primary-school-students-helped-their-school-peers-get-more-active>

NHS BMI healthy weight calculator; <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

NHS Physical activity guidelines for children and young people (12 November 2021); <https://www.nhs.uk/live-well/exercise/exercise-guidelines/physical-activity-guidelines-children-and-young-people/>

Office for Health Improvement and Disparities (last updated 6 February 2023) Guidance on National Child Measurement Programme : operational guidance; <https://www.gov.uk/government/publications/national-child-measurement-programme-operational-guidance>

Ofsted Research and analysis : Research review series: PE (18 March 2022); <https://www.youthsporttrust.org/about/what-we-do/our-strategy>

Onelife Suffolk; <https://onelifesuffolk.co.uk/>

parkrun UK; <https://www.parkrun.org.uk/aboutus/>

Public Health England (PHE) (2017) – Learning from local authorities with downward trends in childhood obesity;  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/937623/Learning\\_from\\_local\\_authorities\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/937623/Learning_from_local_authorities_Report.pdf)

Public Health Suffolk - animated video for promoting the NCMP programme to both families and professionals. [NCMP Suffolk - YouTube](#)

Sport England; Active Lives Survey; <https://www.sportengland.org/research-and-data/data/active-lives?>

Sport England: Two-year extensions to School Games Organiser and PE and Sport Premium Funding (8 March 2023); <https://www.youthsporttrust.org/about/what-we-do/our-strategy>

The public information about school meals in Suffolk can be found here: <https://www.suffolk.gov.uk/children-families-and-learning/schools/school-meals-uniforms-and-trips/school-meals/> and here [Eats website](#)

UK Statutory Instruments 2014 No 1603 - Requirements for School Food Regulations 2014, available from:  
<https://www.legislation.gov.uk/ukSI/2014/1603/contents/made>

Youth Sport Trust 2023-35 Strategy; <https://www.youthsporttrust.org/about/what-we-do/our-strategy>

## **Supporting Information**

Health Scrutiny Committee (6 April 2022), Agenda Item 5 Childhood Obesity Strategy; Available from:  
[https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=\(06-04-2022\),%20Health%20Scrutiny%20Committee](https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=(06-04-2022),%20Health%20Scrutiny%20Committee)

Healthy Suffolk (2021); [Tackling Obesity in Suffolk.](#)

Suffolk Safeguarding Partnership (January 2020); [Safeguarding Response to Obesity when Neglect is an Issue.](#)

Suffolk Health and Wellbeing Board (26 September 2019); Agenda Item 7 [Healthy Weight in Childhood and the Whole Systems Approach to Obesity.](#)

Public Health England (25 July 2019); [PHE Whole systems approach to obesity guidance.](#)

[Suffolk JSNA State of Suffolk report on Obesity](#) provided by Suffolk County Council Public Health and Communities Department.

[Tackling Obesity: Future Choices Foresight](#) report from the Government Office for Science, 2007.

[Active Suffolk; Active Lives Survey Academic Year 2020/21 Report](#) (9 December 2021).

## **Glossary**

Active Suffolk is one of 43 Active Partnership across England. It is a not for profit organisation funded primarily by Sport England and which also receives funding from local authorities in Suffolk. Active Suffolk works with a wide range of partners including local authorities, national governing bodies, the education and health sector and VCOS. For further information see: <https://www.activesuffolk.org/about-us>

School Games is funded by Sport England and delivered by the Youth Sport Trust, on behalf of a number of Government Departments. The School Games is a framework delivered locally by a national network of School Games Organisers who collaborate with their schools and Active Partnerships to create meaningful opportunities.

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