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RE: NHS must prioritise health of children and young people

Viner [1] provides a compelling and timely insight into the health of our children and the importance of enhancing the current status quo, for few could argue the moral and economic rationale for looking after the children, our future. One key part of children's lives is education. It is pertinent to bring in a hotly debated topic, Physical Education and School Sport (PESS).

The growing political interest in sport, echoed in education, highlighted the potential of PESS to contribute to broader political policy objectives. Consequently, back in 2002, the New Labour government decided to make PESS one of its policy priorities. The launch of the national PESS and Club Links (PESSCL) strategy in 2002 represented a major political and financial commitment by the Labour government to the creation of a ground-breaking infrastructure for PESS. The rationale was that all children, whatever their circumstances or abilities, should be able to participate in and enjoy PESS [2].

Despite this, under the Conservative-Liberal Democrat coalition government of 2010 and the majority Conservative government in place today, the sporting landscape changed significantly and abruptly over the period of a year [3]. The new coalition government announced the end of the PESSCL strategy and introduced a new investment in PESS through the PE and Sport Premium for primary schools. This involved the distribution of over £450 million directly to primary school head teachers to improve PESS between 2013 and 2016.

This investment and outsourcing of PESS has resulted in the rise of a new type of external provider. The decentralization of decision-making on this investment to head teachers has seen a range of willing external providers that include small businesses, charities, social entrepreneurs and professional football clubs, whom compete for PESS funding [4].

This is important, as organised PESS may have been central to disengaging many of our long-term inactive people from any form of exercise [5]. Moreover, very little is known about the impact or potential of PESS, whilst at the same time having a vast array of outsourced providers delivering experiences through sport to many children who may not like sport, which could contribute to inactivity in the present and future generations [6].

Without wishing to denigrate the value of PESS to children's current and future health outcomes, without empirical evidence, assumptions that primary school PESS can help tackle major lifestyle diseases appear amplified [6]. In agreement with the editorial, my intention is to add PESS to the debate. As with the call for action, given change and evidence, the flip-side to the status quo is a PESS programme that is at least playing a positive contributing part of children's health.

References -

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