

CHESHIRE EAST COUNCIL

REPORT TO: CABINET

Date of Meeting:	20 December 2010
Report of:	Director of Adults, Community, Health and Wellbeing Services Director of Children's Services
Subject/Title:	Obesity and Diabetes Review Update
Portfolio Holder:	Cllr Hilda Gaddum Cllr Andrew Knowles

1.0 Report Summary

- 1.1 This report updates the Cabinet with the initial responses from the Portfolio Holders for Health and Wellbeing and Children and Families and the Primary Care Trust, to the recommendations of the Scrutiny Review Panel set up to look at Obesity and Diabetes

2.0 Decision Requested

- 2.1 That:

(a) Cabinet notes the progress achieved since the Review was undertaken, but also that more remains to be done;

(b) the responses of the Portfolio Holders and the PCT be considered by the Scrutiny Panel in due course;

3.0 Reasons for Recommendations

- 3.1 To progress the findings of the Scrutiny Review Panel which are aimed at addressing the rise in Obesity and Diabetes and reducing the health and financial impacts of this rise.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 All

6.0 Policy Implications including - Climate change - Health

6.1 The recommendations are aimed at improving health outcomes.

7.0 Financial Implications (Authorised by the Borough Treasurer)

7.1 Not known at this stage.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 There is no statutory obligation on Cheshire East Council to take any action in respect of Obesity and Diabetes. Any work done is therefore discretionary.

9.0 Risk Management

9.1 The most significant risk is that the budgetary pressures faced by the PCT and Council, will impact upon the services provided that can prevent and reduce the levels of obesity and diabetes within children and young people. The need to reduce budgets in the short term could increase health costs in the long term if the numbers of children and young people growing into adulthood with these conditions is not reduced.

10.0 Background and Options

10.1 In 2004 and 2006 the former Cheshire County Council had published two separate but linked scrutiny reports on "Tackling Diabetes in Cheshire" and "Tackling Obesity in Cheshire". Both documents contained a series of recommendations amounting to an Action Plan. The Diabetes report was reviewed in 2006 and although significant progress had been made, further work was required on many of the issues raised in the two reviews.

10.2 Accordingly the Cheshire East Health and Adult Social Care Scrutiny Committee on 18th November 2009 decided that a "Task & Finish" Panel should be appointed to review the progress in Cheshire East arising from the earlier reports. The terms of reference for the Panel were:

To review the outcomes and recommendations from the Scrutiny Report on Diabetes (2004) and Tackling Obesity in Cheshire (concluded in 2006) taking into account:

- a) Ongoing performance in Cheshire East on the detection, access to services and preventative element of the NHS National Framework for Diabetes (with particular reference to Type 2 Diabetes)
- b) The effectiveness of various initiatives on children's eating habits undertaken in Cheshire East by the relevant agencies and schools.

- c) The “Think Family” strategy currently being developed by Cheshire East Council and partner organisations.

To report on and produce a revised action plan, reflecting progress achieved to date and any developments since 2006.

- 10.3 The Panel commenced its work in February 2010 with the aim of reporting to the July Meeting of the Health and Adult Social Care Scrutiny Committee. The Panel met on seven occasions and received both oral & written evidence from a number of officers, both of the Council and the Central & Eastern Cheshire Primary Care Trust.
- 10.4 The methodology adopted by the Panel was the careful review of the recommendations from both of the original reports (including recommendations from a review on “Food in Schools” carried out by the former Central Cheshire Local Health Scrutiny Committee) and the review of the Diabetes Action Plan in 2006. The objective was to concentrate on those aspects of the previous reviews, which still required further attention, with regard to obesity. The focus was very much on work with children and younger people, particularly in the school setting.
- 10.5 The areas of unfinished work from the earlier reviews are reflected fully in the Panel’s fifteen recommendations, which are set out in the appendix. The main aspects of the Panel’s findings in this regard may be summarised as follows:
 - a) The importance for a balanced diet of encouraging pupils to take the option of the school meal, including free school meals eligibility
 - b) Pressure on pupils’ time in school and the physical constraints of some school canteens which can impact adversely on the ease of opportunity to take school meals
 - c) The value of schools trying to achieve more participation in physical activities outside curriculum time
 - d) Making school related facilities more open to the local community whenever possible
 - e) The dependence of many exercise and activity programmes on “one – off” opportunistic funding, rather than being consolidated in core programmes, which may impact on longer term viability especially in the current economic climate
 - f) The lack of progress nationally towards a single regulated system of food labelling and nutritional information

- g) The value of investment in preventative measures and promoting healthy lifestyles which has a positive impact on reducing the longer term risks of being diagnosed with diabetes.

10.6 The Appendix outlines the responses of the PCT and relevant Cheshire East Services to the recommendations.

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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Appendix One

Recommendations and comment from the respective Portfolio Holders and the Primary Care Trust.

1. That the Panel receive a further report on the current year's National Child Measurement Programme results in 2011.

The PCT will be happy to share the results when received – they are due to be published in December and we will summarise soon afterwards. (PCT comment)

2. That secondary schools be encouraged to ensure that lunchtime arrangements are structured so that pupils are offered a reasonable time to consume their meal, and the need for queuing is reduced and ideally avoided.

Schools have been encouraged to use their work for the 'Healthy Schools' award to improve the lunchtime experience for their young people and increase the up take of school meals, by sharing ideas and good practice around how this can be achieved. This has been facilitated through their EIP clusters and monitored through the school completing an annual review of progress and validation visits which were part of the local 'Healthy Schools' programme process. Unfortunately the Healthy Schools Initiative has been ended as a result Government funding reviews and schools will need to now integrate healthy eating into main curriculum activities.

Schools would be further encouraged through PSHE education to understand the benefit of healthy eating and increased physical activity. There will be

clusters of specialist teachers' meetings where this can be developed further as part of their preventative work.

3. That schools be fully encouraged and as far as possible supported to adopt cashless systems for the payment of school meals so that this becomes available if possible in all CE schools.

Some schools have cashless systems which work well and allow the school/catering service and parents information on food choices. It also promotes the up take of free school meals as there is no difference on purchasing a meal through a cashless system, however they are quite expensive to install and this could be prohibitive for some schools (£20,000). To date 6 of the 13 high schools have the cashless system in place with a further school planning to implement it next year. One primary school has gone cashless.

4. That further work should be undertaken with the PCT to identify data which would indicate the degree of progress made under the Government's 'Healthy Weight, Healthy Living' Strategy.

Although there is some data available through GPs this is not sufficiently robust to use for monitoring purposes. As the PCT has not prioritized obesity it is unlikely that we will be allocating resources to improve coverage. (PCT comment)

5. That further work be undertaken to improve the non-curriculum participation rates in PE and Sport through the Partnership Development Managers and specific initiatives, and a report on progress be made in 12-18 months time.

Work is currently taking place with community based Action Leisure session. These are now taking place in school lunch time breaks through a phased implementation process. There were some 850 attendees over a period of 7 weeks. A further detailed report will be produced in 12 months.

6. The Panel has considered in depth the benefits which sport and physical activity bring to leading healthy lifestyles. The Panel has reviewed the range of play, sport and physical exercise opportunities available to children and young people in particular, and is of the view that the Council should be doing everything possible to improve access to these activities. The Panel has taken into account the Council's responsibilities as "corporate parent", including the need to provide free access to sport and physical activities for its Cared for young people, and recommends that the current programmes are developed to maximise these opportunities.

The Health and Wellbeing Service will continue to provide services and activities for children and young people to engage them in active recreation. Opportunities to improve provision and to improve access to sites and facilities will be initiated whenever resources allow.

Where possible additional support and provision has been provided out of school hours, but apart from a facilitator in the form of a Sports development officer this is still not core funded. All the finance for these activities are mainly

funded by External grants or voluntary organisations which means that provision is not sustainable in the long run if grants are unobtainable.

A scheme has been launched to enable cared for children to access the leisure facilities throughout Cheshire East free of charge. Registration started in September 2010.

7. That given the major benefits which the sport and physical activity programmes bring to healthy lifestyles, they be supported and if possible developed and as far as possible brought within the Council's core programmes.

Free swimming for children and young people ran for 17 months and was only stopped when Government funding was withdrawn. The sport and leisure development projects and programmes which have been extended to a wider audience, are still mainly supported by External grants. They will be very dependent upon the work of the Leisure and play development team's success in generating additional funding. Because of the Council's financial circumstances no commitment has been made about core funding of posts required or future revenue budgets.

8. The Panel was of the opinion that more could be done to enable school facilities to be made available to the public and recommends that schools be actively encouraged by the Council to develop these opportunities, their engagement with local communities and to make much more use of their assets as a community resource.

The Extended Services Core Offer aims to improve outcomes for all children, young people and their families, with a focus on narrowing the achievement gap, improving life chances and targeting support effectively to the most vulnerable who are at risk of poor outcomes.

The Government target set for all schools to provide access to a core offer of extended services by 2010, has been achieved in Cheshire East.

Since April 2009, the Extended Services Sustainability Grant has been devolved to Education Improvement Partnerships (EIPs), funding being released by the LA on the approval of a Cluster Plan. In 2009-10 a Sustainability Grant of £844,970 was devolved to EIPs. In 2010-11 the Sustainability Grant totals £1,103,673.

Over the next academic year all schools will be encouraged to audit existing Extended Provision as part of an annual review process.

A significant number of schools have already embraced a more open door and community inclusive approach in addition to the formal Extended Services agenda, covering the use of their facilities. The Children's Services Department has already made efforts to impress upon all agents and external partners that more cooperative and sharing arrangements is the way the Corporate body and Department wants to work towards.

9. That in view of the outstanding success of free swimming and the importance of this activity to physical wellbeing, the Panel recommends that the programme is extended wherever possible and maintained in the future for young and old alike.

The Council extended free swimming for one month (to the end of August 2010) for children and young people after the Government funding ended. Free swimming for over 60s ended on July 31st 2010.

10. That discussions take place with CEC PCT with a view to extending and standardising the Healthquest Scheme across the whole of the Borough.

Crewe and District Borough Council and the PCT worked together to establish the scheme with the GPs and health professionals. It is now provided by the Council and the PCT make a small contribution. Physical Activity is not a PCT priority and it is unlikely that we would be able to find the capacity to assist in extending the scheme or the resources to make an additional contribution. (PCT comment)

11. That further initiatives are put in place to encourage young people to engage in Guiding and Scouting activities.

The Health and Wellbeing Service will work with guiding and scouting organisations to establish how best to achieve this.

12. That the Director of Public Health should be invited to present the Annual Public Health Report at a full CE Council meeting.

The Director of Public Health attended Council on 14th October.

13. That further lobbying be undertaken through the Local Government Association and other appropriate channels to seek one single system of food labelling guidance to reduce confusion and provide clarity, particularly for those with dietary needs such as people with Diabetes and Coeliac disease.

The Council will influence at regional, sub regional and local level for changes in labelling. The Health Improvement team, Environmental Health and Trading Standards are well placed to lobby for Government changes.

14. That the Panel receive a further report on progress with Food Labelling and Advertising in 12 – 18 months time.

15. That further emphasis and resources are placed by the PCT on the prevention and education work amongst younger people with a particular emphasis on avoiding the increasing risks of diabetes deriving from bad diet and lack of physical exercise.

Due to limited resources and being below average for obesity and above average for poor diet and physical activity this has not been identified as a priority area. (PCT comment)

