

Obesity and Diabetes Review

Report of the Scrutiny Panel

1 Introduction

- 1.1.** 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.

2 Terms of Reference

- 2.1** Accordingly the 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:

- 1 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.
- 2 To report on and produce a revised action plan, reflecting progress achieved to date and any developments since 2006.

- 2.2** The membership of the Panel is:

Councillors: Arthur Moran (Chair)
Carolyn Andrew
Rachel Bailey (until 13th May 2010)
Chris Beard
Gillian Merry
Christine Tomlinson

- 2.3** 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.
- 2.4** The Panel met on seven occasions and received both oral & and written evidence from a number of officers, both of the Council and the Central & Eastern Cheshire Primary Care Trust. The full list of those who attended is attached as Appendix 1.
- 2.5** 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 focus 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. For completeness, the recommendations of the initial reports are attached as Appendix 2.

3 Executive Summary and Recommendations

- 3.1** Between 2004 and 2006, linked Scrutiny Reports on the incidence of Obesity and Diabetes in Cheshire were published by the former County Council. The Health and Adult Social Care Committee decided that it was important to review progress in Cheshire East towards the implementation of the recommendations from these earlier reports. Accordingly the “Task and Finish” Panel was appointed, with terms of reference as set out in section 2 of the full report. The Panel’s priority was to focus on the more detailed work carried out in schools and through Leisure Services to encourage healthy lifestyles and thereby help to reduce obesity. It is fair to say that a great deal of activity has been successfully led by schools, and that the Central and Eastern Cheshire Primary Care Trust (the PCT) has contributed fully to these initiatives and in addressing the rise in diabetes in the general population. Inevitably, however, the Panel has noted several areas where more remains to be done.
- 3.2** The Panel has looked in great detail at food in schools, and at the opportunities provided by schools, both in and outside curriculum time, to help young people develop good eating and exercise habits. This report reflects the very impressive range of initiatives taken by different Services in the school setting and in the Community. The value of sport and physical activities, and the considerable opportunities open to all for participation in these activities, have featured strongly in the evidence presented to the Panel. In the longer term, all of this effort should have a beneficial effect on reducing the levels of obesity and diabetes, and reducing related illness caused by poor diet and physical inactivity.
- 3.3** It would appear that good practice and lessons learned in schools about healthy lifestyles can translate into the wider family setting, as children “lead by example” and physical and leisure activities are targeted more inclusively at families as a whole.
- 3.4** Measurement of progress since the previous reports has proved more difficult, but the Panel was encouraged to be told of the National Child Measurement Programme, which should progressively provide a data based means of monitoring the incidence of obesity in children. There does however appear to be less evidence available to indicate progress under the “Healthy Weight – Healthy Lives” Strategy introduced by Government, and more needs to be done to address this issue.
- 3.5** The Panel’s work had been immediately preceded by the publication of the Marmot Report on Health Inequalities, and the Panel was pleased to hear of the positive response being made by the PCT, the Council and the Local Strategic Partnership. These issues will feature in this year’s Annual Public Health Report, which will in part address the health inequality dimensions of obesity and diabetes, and should be considered by the full Cheshire East Council.
- 3.6** There do however remain some areas of unfinished work from the earlier reviews, and these are reflected fully in the Panel’s fifteen recommendations, which are set out below. Key aspects of the Panel’s findings in this regard include:
- 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.

3.7 If accepted, the Panel's recommendations will form the basis of an action plan for addressing these specific issues in detail. The Panel wishes to review progress again in 12 – 18 months' time.

3.8 In conclusion, I would like to thank all Members of the Panel for their contribution to the conduct and outcomes of this review. I would also wish to thank the officers of both the Council and the PCT who attended the Panel in person or provided written information and advice, and Democratic Services Scrutiny Team for their support to the Panel's work.

Councillor Arthur Moran
Chairman of the Scrutiny Panel
July 2010

Recommendations

1. That the Panel receive a further report on the current year's National Child Measurement Programme results in 2011.
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.
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.
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.
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.
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.
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.
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.
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.
10. That discussions take place with CEC PCT with a view to extending and standardising the Healthquest Scheme across the whole of the Borough.
11. That further initiatives are put in place to encourage young people to engage in Guiding and Scouting activities.
12. That the Director of Public Health should be invited to present the Annual Public Health Report at a full CE Council meeting.
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.
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.

4 Tackling Obesity – Progress in Schools

- 4.1** 147 of the 149 Cheshire East (CE) Schools have achieved the extended services full core offer which means they have been registered with the Training and Development Agency for schools for providing a defined range of extended services. This represented significant progress towards national targets since 2004, particularly the provision of breakfast clubs and after school activities. A Cheshire East Healthy Children's Centre Award is being developed in the Summer Term 2010.
- 4.2** In addition, 109 out of the 149 CE Schools have been accredited under the "Healthy Schools Initiative" representing 74% Primary Sector, and 55% Secondary (recommendation 2 of the Diabetes Report). The aim remained to achieve 100% accreditation across the Authority. The Panel noted and supported the "healthy eating", "physical activity" and "emotional health and wellbeing" strands of the initiative which were particularly important for mitigating the incidence of obesity amongst young children. The Healthy Schools programme was now moving to an enhanced model phase with defined targets for schools, including the reduction in childhood obesity.
- 4.3** The Panel had been made aware of the National Child Measurement Programme (NCMP). The NCMP was now in its fourth year of operation, and involved all primary sector children in Reception (4 – 5 years old) and year 6 (10 – 11 years old) being weighed and measured by the School Health Service Assistants. The process did not apply to pupils in Special Schools or to the Independent Sector. The weighing and measuring involved 10,000 children in the PCT area annually, and good quality data was being obtained. The aim was to measure at least 85% of pupils, and over 90% was being achieved in CE. Children were classified as one of Underweight/Healthyweight/Overweight/Veryoverweight. The calculation was made using a computer programme, which took account of weight, by relation to age as well as height, to reflect the fact that children were still growing. (The Body Mass Index calculation is simpler for adults as they have stopped growing).
- 4.4** The comparative statistics for the PCT for the initial three years were provided (both national comparisons, and CECPT's peer group) which in summary showed that the area was in a positive position just below the national and regional averages for obesity in both age groups. The 2009/10 data would be published in December.
- 4.5** The Government had now indicated that the NCMP should develop from simply population based data, and that the results for each pupil must be sent to parents each year. Accordingly the PCT and the Council had decided to pilot the feedback process for 2010 in five areas, namely Poynton, Knutsford, Wilmslow, Alderley Edge and Disley, starting with a total of up to 750 pupils in year 6. Letters to parents were sent out in week beginning 22 March, enclosing the national "Change4Life" leaflet, a local advice leaflet on increasing physical activity and the possibility of a referral to the School Nurse. About 50% of the parents concerned would also be sent a questionnaire, the responses to which would be utilised to inform the full roll out of the parents' notifications (10,000 in total) next year. Feedback from parents would be sought again next year, but given the scale of the task, a smaller sample than 50% of parents would receive the questionnaire, and the survey would be targeted to probably only one area.
- 4.6** The Panel was of the view that the NCMP was an excellent indicator of progress towards reducing the levels of childhood obesity, and asked that a further report be made when the current year's results were available in December 2010.

Recommended: That the Panel receive a further report on the current year's NCMP results early in 2011.

- 4.7** The previous report (Recommendation 2) proposed that each school should nominate a Parent Governor by the Autumn Term 2007 to promote healthy lifestyles. The Panel was advised that schools were now required to nominate a governor to act as “champion” for pupils’ wellbeing matters, which includes healthy eating and lifestyles. However, it was noted that no data was available to indicate how many such “governor champions” had been appointed by schools in practice.

5 School Meals & Packed Lunches

- 5.1** The Panel welcomed the fact that catering in schools is controlled by strict nutritional standards as set by Government Nutritional Guidelines. These standards are monitored by Cheshire East Catering as the main provider of food in schools. The guidelines recognise that school meals are an important part of achieving a balanced and healthy diet for children, and help them to develop good eating habits. The current uptake of school meals in the Primary sector is 46.74%, and in the Secondary sector it is 37.82%. It is not possible to indicate the proportion of pupils who bring packed lunches, nor is data kept on the proportion of secondary pupils that leave school at lunchtime, presumably to buy meals from commercial outlets. Some secondary schools operate a “stay on site” policy which encourages young people to stay and eat on the school site. The Panel noted that the number of “fast food” outlets within easy reach of school tended to be higher in the more socially deprived areas.
- 5.2** The Schools Food Trust has launched a “million meals” campaign. This campaign signs schools up to increasing the number of school meals purchased, and CE Catering was working jointly with the Council to help to improve performance. The targets were recognised as being very demanding.
- 5.3** With regard to the alternative of packed lunches, the Panel was advised that schools encourage healthy content in lunchboxes, but the level of monitoring varies as it is the school’s remit to recommend but not police the food that parents choose to send for their children, and it may be seen by parents as an unwarranted interference by the “authorities”. It is possible to purchase “healthy packed lunches” in school, which comply with the strictly controlled nutritional guidelines. Some schools provide fridges in which packed lunches can be stored but once again this varies. Environmental Health have run a campaign about storing lunch boxes in which parents were encouraged to purchase insulated bags or small ice packs to keep the food cool but the Authority does not monitor this. The advice is to refrigerate where possible although there are capacity issues, and to keep lunchboxes in cool a room. Ice packs should be used and food consumed within 4 hours.
- 5.4** The Health Improvement Team sends out information to schools regarding temperature control and healthy options for lunchboxes as advised by the Food Standards Agency. The Team also works with the Healthy Schools co-ordinators and the PCT on Food and Health initiatives, visiting schools and talking about healthy choices.
- 5.5** The Panel did, however, note that the size of many school canteens acted as a constraint on the numbers opting for school meals. If all pupils in some schools opted for the school meal, they couldn’t all be physically accommodated in the canteen, even allowing for fast turnaround times of about 20 minutes per sitting (which of itself did not encourage healthy eating). This was particularly the case in older school buildings. The newer schools all benefited from purpose built catering areas, and older schools were able to apply for capital funding to upgrade and extend the catering and canteen areas. This initiative featured as part of the “million meals” campaign. CE Catering actively encourages schools to bid for funding under this programme, and supported them in the outline design of the schemes, because of the beneficial impact which the refurbished facilities had on the take up of school meals. It was recognised that some school premises had physical site constraints which made improvements difficult to achieve.

- 5.6** One issue raised through the previous report was the desirability of allowing at least 45 minutes for the midday meal, to enable it to be taken without rushing and to aid proper digestion. The Panel was concerned that physical site constraints taken with other lunchtime activities could make this difficult. The need for pupils to queue in secondary schools could also be a deterrent to pupils taking the school meal, it being easier to bring a packed lunch which could be consumed without waiting. Pupil surveys have revealed that queuing at lunchtime is a significant concern. Queuing might also encourage the off-site fast food option, which was much less healthy.

Recommended: 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.

- 5.7** Pupils also tended to bring packed lunches because they may be wary of trying the “school dinner” menus. For younger children especially, cost may also be a factor for parents. The price of a school meal is £2.00p per day in Primary, and £2.15p per day in the Secondary sector. However, in high schools there are many different service points offering various items from as little as £1.50p and sandwiches are available from £1, with a healthy packed lunch also costing £2.00 in primary schools. Meal prices were being held at the current levels by CE Catering for the new academic year in September 2010. It was felt that the cost involved was competitive, with the typical school meal including two courses and a drink.
- 5.8** The Panel noted the value of as many children as possible taking the option of a school meal, and that the take up of free school meals may previously have been inhibited by perceptions of a “stigma” in doing so. In order to address this, secondary schools manage the free meal pupils in various ways, mainly by giving them a token to give to the member of staff at the till. Cashless systems for high schools were relatively expensive to install, costing approximately £20,000 per school depending on the location, till points and wiring needed. The secondary schools that have cashless systems have purchased them out of their school budgets. There is to be the introduction of on line payments available to parents from September 2010 which should further simplify the system.
- 5.9** The Panel therefore fully supports the “cashless” provision of meals through plastic cards and online payments, which means pupils in receipt of free meals cannot be identified and the food purchased by children generally can be monitored.

Recommended: That schools be fully encouraged and as far as possible supported to adopt cashless systems so that this becomes available if possible in all CE schools.

- 5.10** The take up of free meals in schools had increased during the year due to a number of factors including improved communication from CE to parents/carers. The Council’s website contains information on free school meal entitlement and also current menus. Menu leaflets are printed biannually and there is one available for every child in Primary, and the preparation of a Secondary leaflet is currently in hand. CE Catering had put a great deal of effort into “marketing” initiatives of this sort. Wherever possible, food supplies were sourced from local producers, using organically grown produce, and visits by pupils to farms helped pupils to learn about healthy food, and reinforce the messages about healthy eating generally. Theme days which were held in schools to promote healthy eating had proved very popular, with a range of different menu options, some provided free of charge to act as an incentive for pupils to try them. The Panel was informed that these initiatives, together with the cashless system and a reduction in the eligibility threshold for free school meal entitlement to income of approximately £16,000 per annum, had led to a marked increase in take up, with the majority of pupils eligible now receiving the free meal. The Panel noted that even a small increase in the threshold led to a significant increase in the numbers taking the free school meal.

- 5.11** However, the food which children consume in school is on average only 17% of their weekly intake, so the outside/family dimension impacts much more directly on the nature of their overall eating habits, and related obesity levels. Nonetheless, there was evidence that pupils entering Secondary schools were increasingly opting for healthy meals, because the messages were “getting through” to primary age children and their parents. Little was known about whether the development of good eating habits in school impacted beneficially on the wider family at weekends. However, there were some indications that children are encouraging parents to take more account of healthy eating, and CE Catering for example went into schools to advise parents about nutrition, and to provide sample menus and help with cookery classes. The picture was therefore becoming more encouraging particularly from a “Think Family” perspective although more remained to be done in the secondary area especially.
- 5.12** The Panel was advised that the large majority of CE schools use CE Catering although this is not a requirement on Schools and some, currently 10 schools choose to be supplied from elsewhere. Provision through CE Catering is under an agreed contract, which is subject to annual roll forward. Where Schools choose an alternative, the supplier is bound to comply with the strict nutritional guidelines as applied to the CE catering contract, but the contracts concerned are generally let on a three year basis.
- 5.13** Where schools choose to make their own arrangements, the duty to comply with school food standards falls to the Governing Body rather than the Local Authority. The Governors must ensure that the standards are being met through effective monitoring of their contract arrangements with their providers.
- 5.14** Schools have to account to CE Catering about how their delegated catering budget is spent and further controls exist through Ofsted, Trading Standards and Environmental Health Officers when they carry out visits to schools.
- 5.15** The Panel welcomed the fact that legislation made in 2008 now controlled the additives and calorific content of drinks sold in vending machines in schools, and that this had removed the worst nutritional problems associated with these machines.
- 5.16** In 2000 the Government had introduced an Obesity Public Service Agreement with the aim of halting the year on year rise in obesity in under 11’s by 2010. The Panel was informed that this Strategy was replaced in January 2008 by “Healthy Weight, Healthy Lives: A Cross Government Strategy for England”. Its stated ambition was “to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight. The initial focus would be on children: by 2020, the aim was to reduce the proportion of overweight and obese children to 2000 levels.” No data is yet available to indicate performance under this and/or the previous strategy. However the Panel considered that the slippage of the target date to 2020 and the lack of clarity of how demanding a target the year 2000 levels would be, were signals that progress was slow.

Recommended: 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.

6 The School Curriculum

- 6.1** The earlier report (Recommendation 5) proposed that Government be lobbied to make cookery lessons compulsory for all secondary school children. Good progress had been made on this, in that all Key Stage 3 students (11 – 14 year olds) are required to have cookery lessons in school, however only 1 hour per week curriculum time is stipulated. This is not really sufficient, as it is inadequate to teach the preparation and cooking of specific meals in one lesson, which means that the process has to be split over at least two classes which are a week apart. It was welcome that the schools' food partnership training is being developed to help a broad range of school staff to demonstrate cookery skills to children.
- 6.2** Similarly the earlier review (Recommendation 7) had commended the use of Gardening Clubs and Allotments at Schools to help raise children's awareness of healthy food and its origins. The Panel was informed that there are 138 Cheshire East schools which participate in growing fruit and vegetables as part of the curriculum, with about half of these having gardening clubs. There are extra activities at lunchtime where children can learn about vegetables and fruit, planting and growing produce from seed. Links are made to the Healthy Schools agenda. The Council's Health Improvement Team have worked with Manor Park School on a successful four year pilot project to construct an allotment on the site of its redundant outdoor swimming pool, which had acted as a catalyst to encourage many other schools to undertake produce growing schemes.
- 6.3** Reference was made to the "ECO Schools" programme, which is run by the Tidy Britain Group. Schools can sign up to the scheme, agree to work towards certain goals, and can be subject to assessment. 126 CE schools are registered with the programme, which covers a number of dimensions – including biodiversity, healthy living and school grounds – all of which are relevant to growing food in schools, and a better understanding of diet and nutrition. However it is not possible to say how many of the 126 schools have included these aspects in their ECO schools work. Groundwork Cheshire continues to support this activity in schools and will deliver training courses to staff at a cost.

7 Physical Activities in Schools and Community Sport Activities

- 7.1** Recommendation 8 of the earlier report had drawn attention to the importance of providing time in school for physical activities including "active playtimes". The Panel was concerned that there remained insufficient time in the school curriculum and a lack of qualified PE teachers needed to improve the levels of physical activities and active playtimes. Also that the reduction in the "competitive" nature of team sports and the selling off of school playing fields could be having an adverse effect on the availability of sporting activities for children. It was reported that CE employed only one full time consultant to support the Healthy Schools/Healthy Lifestyles work and that as restructuring in the Children and Families Services took place the Council was looking to build capacity in the local Healthy Schools Programme
- 7.2** The Panel was informed that the national target is for 2 hours curriculum time for PE and for a further 3 hours of physical education/activity during the school week (the "5 hour offer"). Secondary schools have trained PE/Sports teachers, as do primary schools though the PE co-ordinator may have a multiple role in small schools. Many schools brought in external sports/activity coaching support, including for example the Cheshire Dance project. There were three School Sports Partnerships in CE (based on the former District Council areas) which worked in and with schools to maximise the sporting opportunities for pupils.
- 7.3** Partnership Development Managers (PDM's) are in place across Cheshire East, and are responsible for the delivery of the five hour offer, of which three hours are monitored. The school partnerships are split into three areas – Ruskin Partnership, Sandbach Partnership and Macclesfield Partnership which encompasses all of the Secondary schools and their cluster primary schools. The PDM's are reviewed on their delivery of the "3 hour offer" which is 2 hours within Curriculum and 1 hour out of curriculum time.

- 7.4 Based on a self assessment school sport survey done for the school year 2008/09, the following information on pupil participation is available.

Macclesfield -

-Percentage receiving 2hrs of high quality curriculum PE per week	93%
- Total receiving 3hrs of school-led PE and Sport per week	53%

Crewe and Nantwich

- Percentage receiving 2hrs of high quality curriculum PE per week	93%
- Total receiving 3hrs of school-led PE and Sport per week	55%

Congleton

-Percentage receiving 2hrs of high quality curriculum PE per week	96%
- Total receiving 3hrs of school-led PE and Sport per week	55%

It is evident that participation levels drop off significantly for the non curriculum (voluntary) activities. However funding has now been obtained to support 6 “Olympic Sports Clubs” in CE with the aim of improving performance and the non curriculum activity participation rates.

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

- 7.5 The Panel was also informed about and welcomed the work of the Community Sport and Physical Activity Network (CESPAN). This body exists to change, develop and build on the culture of sport, active recreation and physical activity within the boundaries of Cheshire East, in order to increase current participation across all social groups, particularly by offering additional opportunities for children and young people to participate in sporting activities. This in turn leads to improvements in health and other social and economic benefits. The Membership of the Network represents a very wide range of community interests, including the School Sports Partnerships.
- 7.6 The CESPAN has developed a strategy which is working on the Health strand but is very much integrated into the overall engagement plan with young people. The Network’s monitored and evaluated programmes are independently verified by Manchester Metropolitan University who are responsible for drafting and reporting on the agreed outcomes.
- 7.7 Recommendation 11 of the previous report had argued for the availability of free leisure activities to children during School holidays and the Panel considered progress achieved in this area. The Council’s Sports Development Team has designated slots within the leisure facilities in Cheshire East, which are available for targeted work with children who would not normally engage with sport or active recreation. These are used for a variety of activities available to the children and young people in the local community either free of charge or for a minimal charge (50p). School holiday programmes are available in non term time all year round, and are extensively publicised on the Council’s website.

- 7.8 Similarly the provision of free leisure facilities to Cared for children and leisure passes to children receiving free school meals had been advocated in Recommendation 10 of the previous report. The Panel was informed that in Cheshire East there are over 394 “Cared for children” and 100 “care leavers”. A report was submitted in May 2010 to the Cabinet Member for Health and Wellbeing regarding the extension of free use of leisure facilities for Cared for children across Cheshire East. The report sought approval to allow free membership for these children to Cheshire East Council leisure facilities, which will enable this group who are known for having obesity and health issues unhindered access to active recreation. The proposals do not include care leavers at this stage, but may do as the scheme progresses.
- 7.9 The Panel took the view that this was an important initiative, and made the following **interim recommendation** to the Cabinet Member:

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 Panel welcomed the fact that this recommendation was agreed by the Cabinet Member on 14th May 2010.

- 7.10 The Panel was also informed of a further initiative whereby children who receive free school meals will be eligible for the “go4it” subsidy pilot schemes running this year in the north of the Borough in Bollington and Macclesfield, funded under the local Education Improvement Partnership. The go4it programme is a targeted initiative for young people who need assistance or support to engage in physical activity, for example help with playing kit or transport costs which are two major obstacles to participation. The pilots are being run by the Leisure and Play Development Team, and involve guiding and supporting young people into current activity programmes, and possibly including other non sports activities which the children identify, such as dance or art. The aim is to help qualifying children into physical activity of some sort.
- 7.11 It is hoped that the other Education Improvement Partnership Boards in the Borough will also decide to take up the go4it programme, especially as the funding is only for one year and therefore the opportunity is only available in 2010/11. The Panel welcomed these initiatives and noted in particular the fact that all young people under 16 in Cheshire East currently have access to free swimming (see paragraph 7.17 below).
- 7.12 Whilst welcoming all of these programmes, the Panel wished to assess the extent to which these initiatives had led to an increase in sport and leisure activity amongst children. Certain targeted programmes of activity had been monitored and evaluated and demonstrated increased take up amongst children and young people who would not normally engage in sporting activity. These projects which were led by the Sports Development Team included the Family Fun Zone, Sport Unlimited, The Rural Programme and Street Sports schemes. A number of other activities are ongoing but previously without the detailed tracking to measure increased usage. A full list of the available activities in Cheshire East is attached as **Appendix 3**.

- 7.13** The Panel noted that the majority of the sessions were available free of charge, or had a nominal fee of between 50p - £1. Making a small charge helps to sustain the programme, emphasised the value to participants of what is on offer, and is likely to encourage regular attendance and participation. It is also essential, particularly as a large number of the sessions are externally funded, rather than being part of core provision. This in itself raises questions about the funding of future programmes and continuation of delivery.

Recommended: That given the major benefits which these 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.

Community use of school facilities

- 7.14** The Panel reviewed the extent to which school playing fields and other facilities were available for community use during weekends and evenings. There were concerns that Health and Safety and associated insurance considerations, together with the availability of school caretakers outside of normal school hours may be limiting the community use of schools. The Panel sought evidence of the position, and the extent to which the Council is encouraging (and is able to encourage) schools to share facilities with the wider public. It was understood that, in particular Education Improvement Partnerships could make a significant impact, particularly as they had been allocated specific finance to support work with children on after school activities.
- 7.15** Out of the total of 21 secondary schools in CE (plus 4 special schools taking secondary age pupils) there are 8 providing joint use facilities to the local community at evenings and weekends (Poynton, Knutsford, Sandbach, Alsager, Coppenhall (Sir William Stanier Crewe), Shavington, Middlewich and Holmes Chapel). Other secondary schools chose to stay open for community use, but unless they had floodlit facilities, they generally closed by 6pm and did not open at weekends.

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 more use of their assets as a community resource.

- 7.16** The Health and Wellbeing service is supporting the Planning Service in the open spaces strategy. This document will identify and protect the sale of land that is currently used for recreational activities. The service also supports and advises on any planning applications that will have a positive or negative impact on the provision of active recreation. The Panel was advised that the planning authority was taking a robust line on preserving open space wherever possible.
- 7.17** The current figures for the uptake of free swimming particularly among the U16's are that 28,146 children and young people aged 16 or under are registered for the free swim programme (13,725 boys and 14,421 girls). They have taken 110,380 free swims between them since 1st April 2009 (to end of January 2010), an average of 3.9 free swims per registered child). This participation rate ranks Cheshire East as 12th best out of 260 authorities in take up of the scheme performance which is accordingly very welcome.

Recommended: 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.

- 7.18** The Council puts a great deal of effort into the marketing and promotion of these programmes, on a family wide basis. Involving parents in the programme raises awareness of the benefits of outdoor (or out of the home) activities and so encourages them to ensure that children get the benefit of play and exercise, and that the adults join in as well. Whole families are targeted through the Children's Centres so that they can benefit collectively from physical activities and leading more healthy lifestyles, which conveys an impressive "Think Family" approach in the Panel's view.
- 7.19** An article had been included in the School Governors newsletter explaining the range of play, sport and leisure activities which are available in the area. The "Young Ambassadors" scheme managed through the Schools Specialist Sports College Programme (SSP) was designed to promote awareness of these easily accessed activities.
- 7.20** As mentioned above in paragraph 7.6, MMU Cheshire has been evaluating specific elements of the sport and physical activity programme over the last 12 months, and the evidence from this independent verification is that levels of participation have been rising. In September 2009 MMU published a report of its findings on Community Investment Funding Projects 2008-9, a copy of which was provided to the Panel.
- 7.21** More generally, and with regard to the "Think Family" dimension, the Panel reviewed the impact of modern lifestyles on eating and exercise patterns, feeling that many parents had little available time at their disposal to encourage and develop good habits for families. Examples of these constraints were "walking buses" which were dependent on the availability of parent/carer/grandparent volunteers to allow them to happen (as well as road safety considerations); and the time available to parents at home which could be devoted to producing regular and healthy family meals. It was noted that many of the healthy lifestyle initiatives introduced by schools were aimed at mitigating the worst effects of these pressures of modern life.
- 7.22** The Panel's attention was drawn to the "Healthquest" Exercise Referral Scheme, which operated in the Crewe and Nantwich area of Cheshire East. It enabled GP's to refer those who could benefit from more exercise to the Council's Health Improvement Team, where an officer could agree an appropriate range of activities for the patient to try – up to ten weeks of exercise sessions. The cost to the patient of the 10 week programme was the same as the cost of a single prescription, and therefore represented very good value for money. The total number of referrals in 2008-9 was 546 of whom 44 suffered from Diabetes, and 135 were obese. The initiative is partially funded by the PCT, but does not operate in other parts of the borough.

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

- 7.23** The Panel also felt that children should be encouraged to join the Guiding and Scouting movements, as they offered a structured approach to exercise and leisure, and to developing healthy lifestyles. However, the Panel was concerned that Health & Safety considerations and possibly the impact of Child Protection legislation was reducing the "pool" of people coming forward to act as leader in both movements.

Recommended: That further initiatives are put in place to encourage young people to engage in these activities.

- 7.24** The Panel was briefed on the "Change4Life" Campaign, in which schools can become involved. Each CE school has been provided with the "Change4Life" pack, but the extent to which schools had engaged was not known. CE Catering was supporting schools wishing to become involved in the Campaign, through publicity in schools and help with school allotments and similar initiatives.

8 Health Inequalities

- 8.1** The review had confirmed the significant value of school based activities in encouraging children and families to lead healthy lives. The Panel therefore asked whether future initiatives should focus more on Primary Schools, to help children understand the value of a healthy lifestyle from an early age and therefore improve the position better for future generations. The Panel recognises that there are significant connections here with the Marmot Review of Health Inequalities, which was published on 12 February 2010, particularly the focus in the Marmot Report on concentrating resources on working with children to improve opportunities and reduce inequalities for the next generation. The Panel had requested information on how CE and the PCT in particular were responding to the Marmot report, across all services, and recognised that the process was ongoing.
- 8.2** The Panel understood that addressing Health Inequalities and the response to Marmot was a key objective of the Local Strategic Partnership, with the workstream being led by the PCT. The PCT's Annual Public Health Report for 2010 was expected to include a full section on addressing the issues raised by Marmot. CE had set up a cross service officer Working Group to support the Council's response to the Report. In addition, the Council was involved in a national project sponsored by the Centre for Public Scrutiny to improve the role of Scrutiny Committees in tackling Health Inequalities. Accordingly the Panel was of the view that CE and Partner organisations had taken appropriate initial action to respond to the Marmot Report, including the obesity and healthy lifestyles aspects, and the priority need to focus on children. It would be important for all Councillors to be aware of these issues.

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

9 Food Labelling and Advertising

- 9.1** Recommendations 12 & 13 of the previous report had encouraged the lobbying of Government to introduce legislation to control food labelling & advertising. The Panel received information on the current position.

Food Labelling and Nutrition – Legal Position

- 9.2** There is currently no general requirement to mark or label food or menus at catering premises with nutritional information. When certain nutritional claims are made on packaged food these trigger a requirement under food labelling regulations to provide certain nutritional labelling in a specific way. Any claims made must be truthful and not misleading.
- 9.3** For example, if a claim is made that a food is an excellent source of protein, at least 20% of the energy value of the food must be provided by protein, and the food must bear the prescribed nutrition labelling in the familiar tabular form that can be seen on some food packaging. Some companies provide this information voluntarily even if they make no specific claims. Catering businesses cannot at present be required to provide nutritional information, nor to limit the amounts of nutrients within portions, nor restrict portion sizes. Such actions would be purely voluntary.

Council Regulatory Services Working with Food Businesses

- 9.4** Councils are the statutory enforcement body for a range of legislation relating to food standards, food safety and food hygiene. This role is carried out by Regulatory Services - Trading Standards and Environmental Health services. Food standards enforcement, including composition and labelling, is carried out by Consumer Protection and Investigations (Trading Standards) in Cheshire East. The focus of enforcement is supporting businesses to comply with legislation.

- 9.5** Formal enforcement action is focused at serious deliberate, and persistent, non compliance. As part of this role, Trading Standards provides food businesses with advice on how to comply with legislative requirements and can play a vital role in protecting the consumer and promoting a healthy economy. The Council's food enforcement officers engage with local businesses during inspections to ensure that nutritional labelling on food is accurate and claims made are not misleading. This enables consumers to make informed choices about the food that they eat. Spot checks are carried out to ensure compliance and the factual accuracy of labelling, and there were related schemes such as "Farm Assured" which enabled consumers to be confident in the content of what they were buying.

Council Regulatory Services and Voluntary Nutritional Declarations at Catering Outlets

- 9.6** Although the provision of calorie and other nutritional declarations at catering outlets is voluntary, there is legislation in place to ensure that any information provided by a business is not misleading. Catering businesses that choose to provide such declarations voluntarily will therefore need to ensure that the declarations are as accurate as possible. Councils acting as home / primary authorities for food businesses can provide guidance on such processes, including acceptable methods for measuring calories and portion control. The Panel raised the issue of concentrating these activities on "fast food" outlets near to schools so as to reduce the risks for children, but this was dependent on the officer resources available to monitor and enforce even voluntary schemes.
- 9.7** The FSA has recently consulted on the development of a voluntary calorie labelling scheme in catering outlets. A voluntary calorie labelling scheme would let people see the number of calories in the food they order when they are eating out - whether they are in restaurants, coffee and sandwich shops, pubs, leisure attractions or staff restaurants. The scheme is still awaited. It should perhaps be noted that food industry has voiced concerns that their involvement in voluntary calorie schemes will subject them to increased, and potentially disproportionate, enforcement action from local authorities.

Healthy Catering Awards

- 9.8** There are a number of healthy catering award schemes currently in operation in the UK. Cheshire East Council operates the *The Golden Apple Award Scheme*, run by the Health Improvement Team and Environmental Health Team. This award recognises businesses in the food service sector which make it easier for children to choose healthier meals when dining out.

Front of Pack Labelling on Pre-Packed Food

- 9.9** On 10 March 2010 the Food Standards Agency (FSA) Board agreed to the implementation of a single approach to front-of-pack (FOP) nutrition labelling that provides 'at a glance' information on labels about the nutritional content of food. Food businesses will be encouraged to use all three elements found by independent research to help UK consumers interpret nutritional information: traffic light colours (red, amber and green), text (high, medium or low) and percentage Guideline Daily Amounts (% GDAs).
- 9.10** Although a growing number of supermarkets and food manufacturers are using traffic light colours on the labels of some products to help consumers make a choice, a number of manufacturers and national retailers prefer to use their own schemes, which means that there is unlikely to be consistency, at least in the short term.

- 9.11** Also in March 2010, The European Parliament voted in a report on a proposed new Front of Pack nutritional labelling regulation, appearing to favour a loose set of general rules. The idea of making traffic light labelling mandatory is therefore ruled out. The shape of the final nutrition labelling legislation is far from finalised. Realistically, it could be years before the information on food packaging actually changes. Larger companies may well have three years to put the new rules into action, but companies with annual turnover or balance sheet under €5m could be given five years. The regulation is likely to lay down only quite general rules on how information should be displayed, and so would allow different countries to keep or adopt national rules.
- 9.12** The Panel noted that enforcement of labelling regulations was confined to factual accuracy only, and not to whether the nutritional content levels (eg salt, sugar) were beneficial or otherwise.

National Voluntary Labelling Agreements at Caterers

- 9.13** Since 2008, the FSA has been working with more than 40 major UK catering chains (including over 5000 public houses) to provide healthier choices for their customers when eating out. The companies involved cover the breadth of the catering industry and include many well known restaurants, pubs, coffee shops and sandwich chains. In addition the Agency is working with workplace caterers and with two of the UK's largest catering suppliers. The commitments vary according to the type of business and food served. They support the FSA priorities to reduce salt, saturated fat and energy intake, to promote healthier options and to provide consumers with more information, for example by changing the ingredients and recipes and using healthier cooking techniques.
- 9.14** The Panel was of the view that progress on the two recommendations of the earlier Review (the regulation of food advertisements and a comprehensive system of food labelling) had been slow. However, it was recognised that advances had been made with the accuracy of the information involved in food labelling, and that the FSA was campaigning strongly on the need for standard formats for the provision of nutritional information.

Recommended: 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.

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

10 Diabetes

- 10.1** The previous review report (recommendation 10) had highlighted the imbalance across Cheshire of access to consultants with an interest in Diabetes. The Panel was updated on this, with particular reference to Leighton and Macclesfield Hospitals. There is now a clinical network in place across Central and Eastern Cheshire where 3 consultants from Macclesfield and Leighton hospitals work together to provide access to specialist secondary care services. For the majority of patients the emphasis is now much more on primary care, with most cases being addressed through a multi – disciplinary team. Following diagnosis an appointment to see a consultant is arranged within 2 weeks, sooner if urgent. Thereafter the case is managed through the GP practice and the specialist diabetic nurses, at a range of local venues. The previous problems of patients having to wait up to 18 months for a follow-up outpatients appointment have been addressed, and waiting times for seeing a member of the specialist team is currently an average of 37 days, again sooner if urgent.

- 10.2** Similarly, concerns had previously been raised about “cancellation by the Hospital” appointments figures for these two Hospitals, and the Panel was advised about the current position. Following the commissioning of the community facing diabetes specialist nursing service, the issues of cancellation had been addressed. Only patients with complex needs requiring hospital based services are now referred with the majority of care delivered in local settings with primary and community staff working in partnership with patients to support self management and care. The 2009-10 rate of cancellation of appointments for diabetic patients by the hospital was 10.4% across Cheshire East. As at March 2010, 8.4% of patients at Mid Cheshire hospital and 10.46% of patients at East Cheshire hospital failed to fulfil their diabetes outpatient appointments.
- 10.3** Significant progress had been made with the availability of digital retinal screening (recommendation 6) and the NSF targets were being achieved. There is now a comprehensive diabetic retinopathy service provided for the patients of Central and Eastern Cheshire, led by a consultant ophthalmologist. Although the service is managed centrally, screening is carried out locally to the patient, on at least an annual basis. The providers of the screening service are inviting 100% of all eligible patients annually.
- 10.4** The availability of specialist Diabetic Podiatrists had featured as a concern in the initial report, particularly in Eastern Cheshire, but a comprehensive service was now provided. Low risk patients receive regular foot checks from trained professionals in primary care, in either a clinic or if necessary at home on an annual basis. There is an incentive scheme in place via the Quality and Outcome Framework (QOF) which supports this process and ensures that patients are reviewed at least once every 15 months. Medium risk patients are seen every three to six months by the Community Podiatry Team. High risk patients receive care from specialist podiatrists within community care guidelines, and if necessary (eg. through ulceration) are admitted to be treated in hospital. The guidelines require that these patients are reviewed every one to three months.
- 10.5** The importance of effective screening to assist early diagnosis of diabetes had been raised at length in the initial report, and the Panel received an update on the present position with the Screening Guidelines. The PCT had issued very detailed Diabetes Guidance for practitioners in April 2008, based on Diabetes UK recommendations and fully compliant with the NICE Guidance. The PCT guidance was being reviewed currently, particularly with regard to Type 2 Diabetes, as the NICE guidelines in this area had recently been reissued.
- 10.6** The PCT Guidance on screening was aimed at potential diabetes sufferers, and focussed on defined high risk groups (rather than the population as a whole) with a recommendation that screening took place every three years (more often for some categories). GP’s maintained registers of patients who were at risk, and once diagnosed patients were seen regularly depending on their individual symptoms. All GP practices had a lead clinician and a diabetic nurse specialist, and all diabetic patients were reviewed annually and at least every 15 months in accordance with the QOF requirements. Recent reviews of performance show that primary care clinicians in Central and Eastern Cheshire are amongst the best performers in relation to achievement of QOF targets. It is probable that this was supported by an additional incentive scheme agreed between the CECPT and GP’s in 2008/9 to move beyond the QOF targets to secure even better outcomes for patients with diabetes.
- 10.7** The possibility of Pharmacies offering basic blood glucose screening as an alternative to GP Surgeries had previously been proposed (recommendation 3). However, the PCT does not encourage pharmacies to carry out screening, as this is done more effectively through GP’s, although it was recognised that some pharmacies continued to offer the service to the public. There is currently no incentive for pharmacies to undertake screening as the service has been commissioned from general practices.

- 10.8** A key recommendation (9) from the earlier review report was that each GP Practice should have at least 1 Clinician who had undertaken specialist diabetic training. The Panel had reviewed the question of how many specialist trained nurses were available and whether there were sufficient such specialists or a shortfall.
- 10.9** The Panel was informed that the community diabetic specialist team works in partnership with general practice providing regular support and education to identified individuals who provide care for their practice population. All GP practices had a lead clinician and a Practice Nurse with a diabetes specialist interest, and all diabetic patients were reviewed annually as a matter of routine and at least every 15 months in accordance with the QOF requirements.
- 10.10** The amount of Information available and the levels of patient awareness of their illness and treatment had been covered previously (recommendation 6) and the Panel reviewed the literature now available to patients and in what ways is it accessed. The PCT has developed a resource pack for patients in partnership with the Hospitals Trusts. Included in the pack is information relating to managing blood glucose, diet, foot health, insulin adjustment and Keto acidosis. The information is offered to all patients on diagnosis, and is in a standardised comprehensive format as advised by Diabetes UK. The Panel also noted other initiatives designed to help patients following diagnosis, such as visits to local supermarkets, organised jointly by them and the local diabetes clinic, to help with choice of foods. The Panel felt this was a valuable and practical approach to informing patients as a follow up to simply reading the literature.
- 10.11** The Panel also explored to what extent should young people in particular be targeted to raise awareness of the implications of diabetes and the lifestyle factors involved. Members were advised that preventative work is carried out through the Health Promotion service, aimed at both teenagers and younger children. Children already diagnosed with diabetes were supported in school by the Children's Diabetic Nurses.
- 10.12** The Panel considered that there were strong connections to be made here with the childhood obesity aspects of the Review, and encouraging healthy lifestyles.

Recommended: 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.

- 10.13** Attention had been drawn in the previous work (recommendation 8) to inconsistencies in practice across Cheshire about no advice being given to patients for the disposal of sharps, particularly that at the point of prescription patients should be asked whether they required a sharps container as opposed to relying on the patient to request one. The current practice in Cheshire East was that all patients who need them are offered and provided with sharps bins on prescription along with clear instructions relating to safe disposal and collection. 85 of the 92 pharmacies in the CECPT area accept the boxes for disposal. If the District Nurse is attending, they provide additional help and advice.
- 10.14** The Panel reviewed the extent to which the issue of Diabetes was being addressed effectively by public services, whether the level of public awareness had improved since 2004, and are there any ongoing problem areas, revealed by performance information.
- 10.15** The PCT confirmed that the number of diabetic patients is still increasing in the CECPT area, in line with the national trend. Currently the prevalence rate is 4.1% in the PCT. The total number of patients registered with diabetes is 20,144 in CE, of whom 2558 are type 1 and 17,586 are type 2. The increase was likely to continue, in part due to more effective screening procedures, together with the rise in elderly population and lifestyles. The proportion of these patients who would require insulin was also increasing.
- 10.16** Lastly, Care Plans and Handheld Records (recommendation 7 of the earlier report) were valued by many patients as they involved them in the management of their condition. The

use of handheld records was however patchy in Cheshire East, and more guidance was due to be published by Diabetes UK on their application. The Panel noted that they were relatively expensive to maintain, and could be overtaken by the introduction nationally of NHS electronic summary care records. The Care Plan was the preferred method of planning the longer term care provision for patients. Patients requiring Insulin kept their own Blood Sugar Monitoring Book.

11 Conclusion

- 11.1** Given the comprehensive ground covered by the initial reports on Obesity and Diabetes, one major challenge facing the Review Panel has been to identify and focus on those aspects of the previous recommendations which still require further attention. Overall, it is fair to say that a great deal has been accomplished since 2004-6 in seeking to tackle the rise in obesity and the incidence of diabetes. However it is far from clear to what extent these initiatives and activities have had an impact on the levels of obesity in particular in the population.
- 11.2** Some degree of reassurance can be found in the higher levels of awareness among younger children of the risks which run with a poor diet and failure to exercise, and the benefits of a more healthy lifestyle. It will be important to translate this awareness more into the family setting as well as in schools. The Panel hopes that the fifteen further recommendations made as a result of this review will be addressed and will contribute to an improving situation. The Panel intend to revisit key aspects of these recommendations in 12-18 months time to review progress.

LIST OF ATTENDEES

22nd February

Janet Smith (PSHE Advisor and Healthy Schools Officer) provided information on schools.

9th March

Jane Branson (CECPCT, Assistant Director of Public Health) explained the National Child Measurement Programme.

Sheila Woolstencroft (Health Improvement Manager) covered Healthy Lifestyles and Physical Activity.

22nd March

Malkia Ibbotson (CECPCT Commissioning Manager – Long Term Conditions) and Dr Phyu Wai (Diabetes Consultant) addressed the Diabetes issues.

Mark Wheelton (Leisure and Green Spaces Manager) and Geoff Beadle (Leisure and Play Development Manager) covered access to sport, physical activity and leisure.

8th April

Sharon Alldread (Head of Catering – Cheshire East Catering) covered meals provision in schools.

Kay Roberts (Consumer Protection and Investigations Manager – Cheshire East Trading Standards) advised on Food Labelling and Advertising.

Officer support to the Panel was provided by Mike Flynn of the Democratic Services Scrutiny Team.

Scrutiny Review - Tackling Obesity in Cheshire - 22.11.2006

Recommendations

1. That the proposed County Council Award recognising nurseries and pre schools providing healthy food and promoting healthy lifestyles be supported and promoted widely to encourage the provision of healthy food and the promotion of healthy lifestyles and all appropriate organisations be encouraged to achieve the Award. Consideration should be given to making the award as widespread as possible so that child minders were also eligible to achieve the Award;
2. That each school be encouraged to nominate by the Autumn Term 2007 a Parent Governor to be responsible for promoting healthy lifestyles throughout their school and the Director of Children's Services be recommended to consider holding a Governor's conference on healthy lifestyles to promote this new responsibility;
3. That the recommendations of the scrutiny review on Food in Schools (attached as Appendix A) conducted by the Central Cheshire Local Health Scrutiny Committee be supported and the Panel recommends that these be circulated and adopted throughout Cheshire and that the County Council's Children's Services Scrutiny Select Committee be recommended to review progress in the near future;
4. That when Extended Schools are introduced consideration be given as to how healthy lifestyles can be endorsed through Extended School provision as this may mean some children and young people having the majority of their nutrition provided at schools. The Panel recommends that the nutritional guidelines which apply to school meals should apply to any meal provision made in Extended Schools;
5. That the provision of cookery lessons in secondary schools be supported and Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to make cookery lessons compulsory for all secondary school children;
6. That County Business Services be urged to support the provision of locally produced food to schools where possible;
7. That the County and Borough Councils and Primary Care Trusts work together to investigate ways in which children can learn about food including its origins through gardening clubs and allotments at school; information on good examples be made available to schools who should be encouraged to share best practice and look at ways to develop gardening opportunities in more urban schools where land is available;
8. That local authorities, health partners and other organisations should work together to look at innovative ways to introduce physical activities into schools to achieve the target of two hours per week as part of the school curriculum, alongside this, consideration also be given to introducing "active playtimes" whereby children are encouraged to spend lunch and break times in active play such as football and skipping;
9. The introduction of data collection regarding children's weight and height was welcomed. However, it was important that data, once collected, should be analysed and appropriate interventions made once trends were identified to address any issues and adequate resources should be allocated to enable such interventions to take place;
10. That District Councils be urged to consider the provision of free leisure facilities for Looked After Children as a way of enabling them to lead healthier lifestyles. Consideration should be given to introducing a free leisure pass to those children who are eligible for free school meals through a partnership arrangement involving Local Authorities and health;

11. That the Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to consider the introduction of a range of free activities to all school age children to be made available during the school holidays as a way of addressing the rise in obesity and to ensure that activities are available to all children regardless of families' income levels;
12. That as the regulation of food advertisements does not appear to be working effectively then Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to introduce legislation;
13. That Cheshire Members of Parliament and the Local Government Association be urged to lobby the Government to introduce one single comprehensive system of food labelling guidance on all processed foods to reduce confusion and provide clarity;
14. That the County Council's Children's Services Scrutiny Select Committee be invited to consider this report to ensure that its recommendations are progressed.

Scrutiny Review - Tackling Diabetes in Cheshire - 01.12.2004

Recommendations

1. All Local Authorities in Cheshire be encouraged to take every opportunity to draw attention to the risk of developing diabetes and its accompanying complications which arise from unhealthy life-styles and to the personal responsibility which falls upon individuals to reduce those risks.
2. All Cheshire Schools be signed-up and accredited under the Healthy Schools Initiative within two years.
3. The Local Education Authority commend to Cheshire Schools the introduction of joint programmes for pupils, parents and carers on Healthy Eating
4. Firm and consistent guidelines on screening be agreed by the PCTs and Health professionals across Cheshire for implementation without further delay
5. All retail pharmacies in Cheshire consider offering basic blood glucose screening services
6. The Local Optometric Committee be urged to make as much progress as quickly as possible on meeting the NSF targets on digital eye screening and to put in place a strategy for keeping patients and their carers informed as to where and when services will be available
7. The clients of Services provided by the Cheshire Local Authorities be encouraged to take advantage of screening services
8. Diabetes UK leaflets and other relevant literature be issued to all patients upon diagnosis.
9. Information on on-going care management be available in a range of formats.
10. The County Council provide awareness-raising and training to its Care and other appropriate staff in the treatment of diabetic episodes.
11. Patients should be provided with a care plan should they so choose.
12. All patients be issued with a regular supply of Sharps containers.
13. Health-care professionals should accept and dispose of used containers.
14. Clear instructions should be issued to patients and carers on the disposal of Sharps

15. An annual review be available to all those diagnosed with diabetes; primary care services should ensure that basic annual checks are always carried out on time irrespective of whether there are consultant shortages or other problems with outpatient appointments.
16. The annual review cover the areas listed in the Diabetes UK leaflet "What Diabetes Care to Expect".
17. Decisions not to implement National Institute for Clinical Excellence (NICE) guidelines, for what ever reason, be kept under review
18. To ensure consistency in developing both guidelines and practice, a communications network be established by the PCTs for the development of diabetic services across Cheshire
19. A central register of on-going training of Health professionals be maintained in order to identify areas where additional specialist input is needed.
20. PCTs bear in mind the desirability that every General Practice has someone with specialist diabetic training when assessing practices under the new GP contract.
21. The balance of availability of consultants at the three Cheshire Acute Hospitals be addressed immediately.
22. The Cheshire PCTs and Local Authorities be asked to report further in 12 months time on the implementation of the Local Delivery Strategy and progress on effecting changes to lifestyles.

Review of the Diabetes Action Plan - March 2006

Recommendations

1. The Director of Children's Services ensure that Schools be encouraged to attain full National Healthy School Status and that appropriate officer support is available to support schools in this endeavour;
2. the Tackling Obesity Scrutiny Panel continue to monitor the implementation of the National Healthy School Status throughout Cheshire, with particular emphasis on the core theme relating to healthy eating;
3. the Local Pharmaceutical Committee encourage local pharmacies to offer basic blood glucose screening services;
4. Cheshire West and Ellesmere Port and Neston PCTs be urged to reconsider their decision not to fund the revenue costs of the new digital camera based screening scheme;
5. the County Care Manager be asked to report back to the County Health Scrutiny Sub-Committee on progress which will ensure that the Clients of Services provided by the County Council be encouraged to take advantage of screening services and as part of facilitating this, awareness raising and training be provided to Care and other appropriate staff in the management of diabetic episodes;
6. PCTs ensure that the literature issued to all patients upon diagnosis is standardised across all PCTs and covers all areas listed in the "Diabetes UK" Literature;
7. PCTs be encouraged to adopt as best practice the handheld care record system as operated within Eastern Cheshire;
8. all PCTs ensure that at the point of diagnosis all patients are given clear instructions for the disposal of any sharp items and health care professionals accept and dispose of used containers - and accordingly Central and Eastern Cheshire PCTs be urged to adopt the procedures for Sharps Disposal as operating within West Cheshire for immediate

implementation, specifically ensuring that at the point of prescription patients are asked whether they require a Sharps container (as opposed to relying on the patient to request one);

9. all PCTs throughout Cheshire move as quickly as possible to having at least one clinician who has undertaken Specialist Diabetic Training in each GP practice;
10. PCTs address as a priority the imbalance in Consultant cover across Cheshire to ensure equitable service provision;
11. PCTs ensure that clear communications systems exist to enable patients with routine queries about their care to receive advice from an appropriate specialist within a short timescale and that all patients are clear at the point of diagnosis on how to access such advice;
12. The Meals on Wheels service be encouraged to make clients aware of the low calorie alternatives; and the County Health Scrutiny Sub-Committee monitor the implementation of these recommendations alongside the recommendations arising out of the work of the Tackling Obesity Panel when it reports in Summer 2006

ACTIVITY PROGRAMMES

The information in this Appendix details work programmes or activities that are identified through various strategies which relate to Sport and Physical activity, Obesity and Mental health.

1. Volunteering

Active members - 61
Streetgames Young people program
1651 hours in 2009
10 Volunteers achieved V50 award
Young Ambassadors - School partnerships programme

2. Funding

Cycling Bid	- Bikability for young people aged 8-14 years
Aim High	- Tackling Health Inequalities for disabled children.
Community Sports coaches	- Community program's
Go4it	- Disadvantaged YP –opportunities for activities and support
Community Casback Scheme	- Street sports Programme
Football League Trust	- Street Sport programme

3. Street sports

7159 attendance to-date over 15 community venues in targeted deprivation wards

4. Community Events

Bob Fields BMX, Play Day, Play builders Primary school Town sports	
Nantwich Town Football Festival, Holiday schemes	
Open doors weekend	1600 people engaged
Cheshire Cross Country	700
Recognition awards	260
Sport relief	420
Carnival	60

5. Sports Unlimited

5268 Attendance – 70% retained of CE
Aged 11-19

6. 2012 Legacy and Beyond

Inspire mark
Get set programme – Schools
Cultural Olympiad
Young Ambassadors programme

7. Club Development

School club links document
Club Newsletter
381 Clubs registered on CWSP database

8. Partnership Youth Games

2009 Two Authorities competed with 400 Children participating
2010 New Games format July 3rd

9. Talented Athlete Identification Scheme

15 registered
Free access to LA facilities if criteria met
Testing taken place with 50% of participants.

10. Community Sport Coach Programme

Active Bodies (parents-mostly Mums)	
Active Life	Engaging the over 55s. Back to Sport!
Adlington Primary School	Developing skills to move into secondary PE.
Alderley Edge Primary School LTC	FUNDamentals Development
CADS (SeaShell Trust Project)	Integrated activities for children and YP of all abilities.
Disley Primary School LTC:	Developing skills to move into secondary PE.
Full of Life:	Lifelong learning. Engaging the over 55s. Back to Sport!
Gateway Project:	Team work skills to help development toward Duke Of Edinburgh Bronze Award.
Lacey Green Primary School LTC	FUNDamentals Development
MEND (parents-all Mums)	Healthy lives awareness and weight management
Youth Safety Project	Crime reduction/prevention programme.
Various Lunch times programmes	
Various Breakfast clubs	
Cre8 youth Group	
Dads group	Demonstrating play and sport for Dads

11. Cif Funded Projects

Sport For All
Family Sports Hubs over 1100 attendances (50 families involved)

12. Sport Forums

18 National recognised Sports

13. Non Sport Forums

45 Groups representing Disability, Neighbourhoods, BME, Statutory services internal and external, Health panels, partnership working developing a joined up approach to delivering leisure and play opportunities.

14. Community Play Programme

Play Outreach Programme 570 attendees over 4 week period
Free play provision promoting physical activity in a fun environment

15. Play after School Club Programmes

3 venues attracted 1128 attendances
Supporting the development of play for families and young children

16. National Play day 2009

Over 3000 people

18. Play Ranger project

814 for the summer scheme
1785 attended over the year

Tackling bullying and improper use of fixed play area, engaging with young people and helping to develop social and behavioural skills. This scheme encourages participation and physical activity.

19. Playbuilder sites

11 Sites built or refurbished in year 1