

CABINET

28 SEPTEMBER 2010

REVIEW OF HEALTHY EATING AMONG CHILDREN AND YOUNG PEOPLE IN MEDWAY

Portfolio Holder: Councillor Les Wicks, Children's Services
Report from: Rose Collinson, Director of Children and Adults
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Author: Teri Reynolds, Overview and Scrutiny Co-ordinator

Summary

This report requests Cabinet to consider the recommendations of the committee's in-depth review of healthy eating among children and young people in Medway.

Please note that the Review (appendix 1) has been circulated separately to Cabinet Members, Group Rooms and is also available at the Council's main receptions and on the Council's website via

<http://democracy.medway.gov.uk/ieListDocuments.aspx?CId=115&MId=2104&Ver=4>

Further copies are also available from the Cabinet Office. Please contact 01634 332509/332008 for further details

1. Budget and Policy Framework

- 1.1 The recommendations of the review are consistent with the Council's Children and Young People's Plan and fall within existing budgets. The recommendations also support the 'be healthy' outcome from the Every Child Matters agenda.
- 1.2 The recommendations should also have a positive impact on the following Local Area Agreement priority, NI56 (obesity among primary school age children in year 6).

2. Background

- 2.1 The Children and Adults Overview and Scrutiny Committee have a responsibility to scrutinise services and policies relating to children and young people throughout Medway. As part of its role it receives performance data on key indicators. Two of these relate to the percentage of children in reception year and year 6 who are obese, which has been a stubborn target and was a concern for the

Committee. The Committee therefore agreed to set up a task group to look at healthy eating amongst all ages of children and young people.

- 2.2 The document (appendix 1) sets out the background to the review and includes key findings, a summary of evidence gained from various sources, information and context drawn from other publications and policies along with the findings of the task group.
- 2.3 During its year of work, the task group has spoken with young people, parents, teachers, early years providers and the Community and Voluntary Sector. The group also visited a Community Allotment Project in Thanet, along with various primary and secondary schools in Medway.
- 2.4 A Diversity Impact Assessment is set out at appendix 2 to the report.

3. Key findings

- 3.1 The task group were impressed by the amount of provision and support available both locally and nationally to help and encourage children and young people, and their families, to follow healthy diets and maintain a healthy weight. However, the task group did identify areas for improvement and development and where increased communication between departments was needed to deliver a more aligned and joined up approach in providing information and support to the public on following a healthy diet.
- 3.2 Section 7 of the document details the recommendations drawn up as a result of the evidence obtained and gives background to the reasons for the recommendations. Some recommendations are for the Cabinet and some are for NHS Medway, which will be considered by the Health Improvement Strategic Change Group.
- 3.3 In summary, the key findings are:
 - The importance of breastfeeding to help reduce the risk of excess weight in later life;
 - Good support for families to encourage healthy, balanced diets at early years;
 - The need to try and increase the uptake of school meals as this provided children and young people with a healthy balanced meal under the nutritional based standards;
 - School dining areas needed to be inviting to help encourage students to eat school meals;
 - The importance of having a joined up approach with various departments and agencies to help support communities to prepare healthy meals and follow a nutritionally balanced diet;
 - There were some gaps in communication internally and externally which would benefit from working more closely together to help deliver support and advice to communities;

- Reducing temptation by preventing fast food outlets from operating near schools, leisure centres and parks – other Councils had introduced planning policies to support this approach;
- The value community allotment projects add in providing families with knowledge of where food comes from, how to grow and cook it and providing affordable, fresh produce for them to use.

4. Children and Adults Overview and Scrutiny Committee

- 4.1 The committee considered this report on 9 September 2010. Members of the task group introduced the report, paying tribute to the tremendous efforts of Headteachers, teachers and catering staff in the schools they had visited which had been very encouraging, despite the difficulties of persuading parents that school meals were a good investment for their children. Tribute was also given to the officers who had supported the task group in its work.
- 4.2 The committee agreed the recommendations as set out in paragraph 9 below.

5. Director's comments

- 5.1 I welcome this report and the opportunity to highlight the many activities and interventions that are available in Medway for children and young people who want to enjoy the benefits of a healthier lifestyle. We want to encourage and enable the children and young people of Medway to make healthier choices and to have the skills, knowledge and opportunities to improve their health and that of their families.
- 5.2 Obesity levels in Medway are higher than the English average at year 6 and year R. Healthy eating and the links to deprivation are contributions to this and we recognise that there is further work to be done to improve health outcomes. The current economic situation will have an impact, but we are determined to carry on with this work in order to reduce health inequalities across Medway.
- 5.3 The Task Group highlighted examples of good practice in Medway such as the community allotment and the development of the Infant Feeding Programme as a partnership between Children's Centres, Public Health, Midwifery and Health Visiting Services. The Task Group were also impressed with the school meal provision in schools and have highlighted the need to further promote free school meals to the parents and carers of eligible families.
- 5.4 Additionally, the Task Group looked beyond Children's Centres and schools to the wider community for examples of healthy eating. The possibility of a Supplementary Planning Document restricting fast food outlets near schools and in areas of current high outlet density was identified as a result.
- 5.5 Following on from the universally positive endorsement of this review by the Overview and Scrutiny Committee, I would like to support the recommendations made in this report and look forward to working

together with colleagues across the council and the wider partnerships to implement them.

6. Implications for Looked After Children

- 6.1 The outcomes and recommendations of this review help support looked after children and all children in Medway, and their families or carers, to have access to advice and support to follow a healthy and nutritionally balanced diet.

7. Risk management

| Risk | Description | Action to avoid or mitigate risk |
|---|---|--|
| The new Government has stated it wishes the National Healthy Schools Standard (NHSS) to become "schools led". | <p>It is probable that this means:</p> <p>1) Schools will lose their dedicated NHSS support from the Local Authority and central government, notably the Departments of Health and Education</p> <p>2) There will be no further grant funding to allow Medway Council to offer suitable support and resources to schools.</p> <p>Schools will therefore need to determine their own policies and practice which will lead to a fragmentation of approach to all aspects of physical and emotional well-being across Medway.</p> | The Well Being team will offer to take on the designing and co-ordinating Healthy Schools work. This will be arranged via a Service Level Agreement in which schools can purchase bespoke support, including classroom delivery, training for staff and parents, access to resources and administrative services connected with maintaining Healthy School status. Survey evidence indicates that schools will wish to carry on with their work on health and well-being. If all schools currently holding Healthy School status purchase the full Service Level Agreement the income generated will enable the Well Being team to be almost entirely self-funded. |

8. Financial and legal implications

- 8.1 There are no financial implications arising directly from this report. If, as a result of taking the recommendations forward, any additional funding is required, this will be considered alongside other priorities and commitments when considering the overall directorate and Council budget for 2011-2012.
- 8.2 There are no legal implications arising directly from this report. The review document refers to the use of Section 106 Agreements. An agreement under s106 of the Town & Country Planning Act 1990 can only impose requirements that are relevant to planning, necessary to make a proposed development acceptable in planning terms, directly related to the proposed development, fairly and reasonably related in kind and scale to the proposed development and reasonable in all other respects. The Council has a Developer's Contribution Guide, which it has adopted as a supplementary planning document, which sets out when contributions will be sought using s106 Agreements.

8.3 With effect from April 2012 the Government is proposing to transfer PCT local health improvement functions to local authorities with ring fenced funding for health improvement provided to the Director of Public Health who will be accountable to the Secretary of State for Health.

9. Recommendations

9.1 The Cabinet is asked to consider the review and agree the recommendations, as set out below in paragraphs 9.2 (a) – (j) and 9.4 (a) – (g) and note paragraph 9.3:

9.2 The Cabinet is recommended to agree that: -

- (a) the Contract Manager for school catering explore further options to provide low income families with information about free school meals and ask the Benefits Team if it is possible to include leaflets with this information when mailing out to claimants and for schools (headteachers in particular) to further encourage, where possible, families who qualify to take up the free school meals;
- (b) school meal caterers are encouraged to promote school meals such as providing tasting opportunities to encourage children to try food without wastage, promoting school meals in Medway town centres and attending parent evenings;
- (c) when new schools are developed in Medway the buildings are designed and built, where possible, to include dining room facilities to provide a relaxed environment for students to enjoy their lunchtimes;
- (d) schools are developed to include food technology facilities which can also be used for extra curricular activities after school for students and the whole community to help teach young people and families how to cook easy, healthy meals on a budget and that when new schools are built they are designed to encourage activities outside P.E. lessons and provide space for storing bicycles;
- (e) the Portfolio Holder for Children's services write to the Government to request that they maintain the national Healthy Schools programme, explaining its benefits;
- (f) post the completion of current school reorganisations, all schools are encouraged to obtain healthy schools status, if the initiative is continued;
- (g) the Youth Service explore with Medway Youth Parliament the possibility of 'healthy eating' being the subject of a future MYP conference;
- (h) the Council investigate the possibility of developing a Supplementary Planning Document restricting fast food outlets from operating near schools, parks and leisure centres or at areas that are already highly concentrated with fast food outlets;
- (i) schools are encouraged to enforce stay on site policies at lunchtimes to help ensure young people are only buying food in school, which is restricted to nutritional standards;

- (j) the Council investigate the opportunity of adding a requirement for contributions to allotment provision, where appropriate, to the Developer Contribution Guide Supplementary Planning Document.

9.3 NHS Medway's Health Improvement Strategic Change Group is recommended to agree that: -

- (a) the Public Health Directorate work with Health Visitors and the Family Nurse Partnership to ensure they are referring and signposting to the breastfeeding peer support programme and Sure Start Centres which often provide sessions and support relating to breast feeding, weaning and healthy eating for young children;
- (b) the Public Health Directorate be encouraged to develop the allotment in Gillingham using the best practice identified at the Windmill Community Allotment Project in Thanet and that it be used, along with the produce grown there, for community cookery programmes and learning to grow your own.

9.4 The Cabinet and the Health Improvement Strategic Change Group are recommended to agree that: -

- (a) the Public Health Directorate work with early years providers who are delivering healthy eating related sessions to children and their families, to ensure they are delivering the correct nutritional information;
- (b) the Healthy Schools Team and Public Health Directorate develop a more co-ordinated approach to working together with schools;
- (c) Social Regeneration and the Public health Directorate work together to help provide families with information and support on how to eat healthily, particularly on a low budget. Some of this work should focus specifically to help young people to make informed healthy choices;
- (d) the Youth Service work the Public Health Directorate and in particular, ensure youth workers access the Healthy Weight Team for their expertise in ensuring they are providing accurate, coherent advice on healthy eating and healthy lifestyles;
- (e) the Public Health Directorate work with GPs in particular, but also leisure centres and schools, to be more proactive in either referring or signposting to public health services, such as MEND;
- (f) all of Medway's leisure centres work more closely with Public Health, with particular focus on the following issues: -
 - a. to make better choices on the healthy options in vending machines (learning from ways in which this has been done in schools and hospitals) and in the cafes;
 - b. to offer and advertise free water;
 - c. to ensure leisure centres are able to sign-post children, young people and their families to public health services for advice on nutrition and healthy lifestyles;

- d. to provide, where possible, space for Public Health Directorate to operate in leisure centres to give advice and guidance;
- (g) the Public Health Directorate are invited to participate in developing relevant and appropriate pages on the mixit website (<http://www.medway.gov.uk/mixitindex.htm>) to provide young people with further information and sign-posting about healthy eating and healthy lifestyles.

10. Suggested reasons for decision

- 10.1 The review identified good provision and support available both locally and nationally to help and encourage children and young people to follow healthy diets and maintain a healthy weight recommendations have been identified to benefit improvement. However, the purpose of the recommendations are designed to progress the areas that could benefit from improvement or development, along with increased communication between departments to become more 'joined up' in providing information and support on healthy diets.

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Background papers

There is a list of background reference documents at the back of the attached review document.

Diversity Impact Assessment: Screening Form – Appendix 2

| | | | |
|---|--|--|------------------|
| Directorate | Name of Function or Policy or Major Service Change | | |
| Public Health | Healthy Eating | | |
| Officer responsible for assessment | | Date of assessment | New or existing? |
| Nicky Ling (lead) Teri Hemmings | | 11 August 2010 | Existing |
| Defining what is being assessed | | | |
| 1. Briefly describe the purpose and objectives | <ul style="list-style-type: none"> • increase the number of children and young people following a healthy, nutritionally balanced diet; • children and young people maintaining a healthy weight; • improving long term health outcomes | | |
| 2. Who is intended to benefit, and in what way? | All children and young people in Medway. | | |
| 3. What outcomes are wanted? | Children and young people having the best start in life. | | |
| 4. What factors/forces could contribute/detract from the outcomes? | <u>Contribute:</u> <ul style="list-style-type: none"> • Expertise among professionals and community support. • Joint priority among partners (LAA target) • Funding • Increased awareness of Councillors | <u>Detract:</u> <ul style="list-style-type: none"> • Complex organisational and partnership delivery • Lack of uptake and engagement and resistance to change • Lack of awareness of link to bad diet and poor health | |
| 5. Who are the main stakeholders? | PCT, Council, Schools, Children Centres, CVS, National Government, everyone! | | |
| 6. Who implements this and who is responsible? | Public Health Team (healthy weight), Schools, Youth Services, | | |

| | | |
|--|--|---|
| Assessing impact | | |
| 7. Are there concerns that there <u>could</u> be a differential impact due to <i>racial groups</i>? | YES | The prevalence of obesity appears to be higher in BME groups according to National Child Measurement Programme (NCMP) data for Medway. BME children and young people tend to have access to specialist support and ethnically appropriate food at schools. Information is available in various languages also. However, general healthy eating principals are applicable to all groups. |
| | NO | |
| What evidence exists for this? | BME groups account for 12% of children measured for the NCMP. The small population size limits conclusions that can be drawn from the programme results. | |

| | | |
|---|--|---|
| 8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i> ? | YES | Obesity appears to be more common among people with learning disabilities (35%) than in the general population (22%). Children and young people with a disability would have access to school health services, which would include advice and support on healthy diets. However, general healthy eating principals are applicable to all groups. |
| | NO | |
| What evidence exists for this? | There is no population level data on people with physical disabilities due to the practicalities of weighing and measuring them. Only children who can stand on weighing scales and height measures are weighed as part of the NCMP. | |
| 9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i> ? | YES | General healthy eating principals are applicable to all groups. |
| | NO | |
| What evidence exists for this? | | |
| 10. Are there concerns there <u>could</u> be a differential impact due to <i>sexual orientation</i> ? | YES | General healthy eating principals are applicable to all groups. |
| | NO | |
| What evidence exists for this? | | |
| 11. Are there concerns there <u>could</u> be a have a differential impact due to <i>religion or belief</i> ? | YES | General healthy eating principals are applicable to all groups. School caterers provide for special diets. |
| | NO | |
| What evidence exists for this? | | |
| 12. Are there concerns there <u>could</u> be a differential impact due to people's <i>age</i> ? | YES | The Healthy Eating Review relates to healthy eating in children but general healthy eating principals are applicable to all age groups. |
| | NO | |
| What evidence exists for this? | | |
| 13. Are there concerns that there <u>could</u> be a differential impact due to <i>being trans-gendered or transsexual</i> ? | YES | General healthy eating principals are applicable to all groups. |
| | NO | |
| What evidence exists for this? | | |

| | | |
|--|---|--|
| 14. Are there any <i>other</i> groups that would find it difficult to access/make use of the function (e.g. people with caring responsibilities or dependants, those with an offending past, or people living in rural areas)? | YES | Those with low educational attainment and/or low income are more likely to have a poor diet. Low income families have access to free school meals. Help is provided for parents with reading and writing difficulties to fill out the claim form for free school meals. Children Centres also work particularly with low income families and provide support in relation to healthy diets and breastfeeding. Health trainer services commissioned by Public Health to support communities access health interventions. |
| | NO | |
| What evidence exists for this? | Health Survey for England, 2007 National Diet and Nutrition Survey | |
| 15. Are there concerns there <u>could</u> be a have a differential impact due to <i>multiple discriminations</i> (e.g. disability <u>and</u> age)? | YES | Support and intervention would be the same – as above. |
| | NO | |
| What evidence exists for this? | | |

| | | |
|---|---|--|
| Conclusions & recommendation | | |
| 16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact? | YES | There is support, plans and programmes in place to help encourage healthy eating amongst different groups. Public Health Nutritionists within the Healthy Weight team are able to provide advice to specific groups as required. |
| | NO | |
| 17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason? | YES | No adverse impact. |
| | NO | |
| Recommendation to proceed to a full impact assessment? | | |
| NO | This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case. | |
| NO, BUT ... | What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)? | Minor modifications necessary (e.g. change of 'he' to 'he or she', re-analysis of way routine statistics are reported) |
| YES | Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes) | |

| Action plan to make Minor modifications | | |
|--|--|----------------------------|
| Outcome | Actions (with date of completion) | Officer responsible |
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| Planning ahead: Reminders for the next review | | |
|--|-------------|--|
| Date of next review | | |
| Areas to check at next review (e.g. new census information, new legislation due) | | |
| Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time? | | |
| Signed (completing officer/service manager) | Date | |
| Signed (service manager/Assistant Director) | Date | |