

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	Meeting:	Cabinet
2.	Date:	16 October 2013
3.	Title:	Childhood Obesity
4.	Directorate:	Resources

5. Summary

The report provides an overview of the workshop held by a sub-group of the Health Select Commission, with officers from various services in the Council, to consider the re-commissioning of childhood obesity services in Rotherham.

6. Recommendations

- 6.1 That Cabinet receives the report and recommendations.**
- 6.2 That Cabinet agrees to support the regional and national lobby for legislation to support work on healthy weight and reductions in obese and overweight people.**
- 6.3 That Cabinet's response to the recommendations is fed back to OSMB within two months of the report submission.**

7 Proposals and details

7.1 Background to the workshop

A performance update report across all Corporate Plan outcomes to Self Regulation Select Commission on 20.09.2012 showed Outcome No. 21 – “More people are physically active and have a healthy way of life” was rated as red. Following from this a report on Childhood Obesity was then presented by the Head of Health Improvement, Rotherham Public Health on 22.11.2012, with a subsequent referral made to Health Select Commission to consider service re-commissioning.

This resulted in a working group being convened, chaired by Councillor Steele and including Councillors Beaumont, Dalton and Hoddinott to consider this issue.

The workshop was provided with support and evidence by the following officers:

Joanna Saunders	Head of Health Improvement, Rotherham Public Health
Chris Siddall	Sport and Leisure Manager, EDS
Helen Sleigh	Senior Planning Officer, EDS
Kay Denton-Tarn	Healthy Schools Consultant, CYPS
Hayley Mills	Contract Health & Wellbeing Programme Manager, DC Leisure
Diane Woolley	Team Leader (Local Taxation), Resources

This report provides Cabinet with the conclusions from the workshop, which took place over two separate meetings, and makes recommendations with regard to both the service re-commissioning and to wider Council policies which should also be supportive of the work to reduce and mitigate the impact of childhood obesity.

7.2 Rotherham Healthy Weight Framework

Members were provided with the local context for the framework and details of the current services provided through a presentation and supporting briefing paper covering:

- High levels of obesity and overweight adults and children in Rotherham
- Recognition of the innovative approach taken by Rotherham which is recognised as the national benchmark, with NICE (National Institute for Health and Care Excellence) commending the success and comprehensive nature of the framework
- Tiered approach model for both children and adults - from whole population preventative activity up through four tiers (see Table 1, Appendix A)
- Difficulties for behaviour change services which depend largely on the individual's personal commitment and motivation
- Positive local promotional initiatives e.g. with Titans “Tries not Pies”, Maltby Masterchef
- Outcomes for service specifications
- Targets and costs of Tier 2-4 activities
- Participation rates and outcomes for participants
- Measurement of reception and year 6 pupils

The framework brings together strategies to both prevent and treat obesity in the population, and due to the high number of overweight and obese adults and children across Rotherham there is a continued need to provide several services with different levels of intervention for both adults and children.

Members acknowledged the good work being carried out and suggested promoting success stories more widely of children and young people who had done well on the programmes to encourage others.

The importance of effective communication with parents in light of the under-recognition of childhood obesity was emphasised. Statistics show the percentage of overweight and obese children is higher in Year 6 of primary school than in reception, so there needs to be a focus on work with secondary schools to support children when they transfer. More information about services and greater engagement with parents and carers through schools, particularly in primaries where it is easier to engage with them, will reach parents, carers and pupils at a younger age to try and instigate positive changes.

7.3 Services for children

The present services (summarised in Table 2, Appendix A) are contracted to 31 March 2014 and it is proposed to recommission the services again, subject to funding being agreed at the same level of £900k p.a. Targets will be in line with NICE guidance (this will be published towards the end of 2013) and recent DoH best practice guidance. Measures will include:

- numbers accessing services
- numbers successfully completing
- BMI change
- % weight loss
- use of anti-obesity medications
- range of demographic data

It was noted that children and families appear to express a preference for participating in clubs rather than attending Rotherham Institute of Obesity (RIO). The respective balance of services in the two areas and referral criteria will be revisited when determining the new contract specification. Members recognised that these are different tiers in the model but with the importance of individual commitment in self change programmes greater take up of MoreLife clubs might reduce escalation to tier three for some.

Performance reports are produced on an annual basis and monthly reviews take place with providers. There will be greater focus on ensuring the delivery of targets year on year as the previous three-year targets (which are acknowledged as being very challenging) were delivered in four years. Interim contract monitoring and improved data management will be crucial, especially as there is no “benchmark” data to enable us to compare our performance with other areas.

Members requested the opportunity for Health Select Commission to be consulted on the contract specification and criteria prior to the commencement of the commissioning process. Once services have been commissioned the provider(s) will be invited to give a presentation about their services and development plans to HSC.

7.4 Whole Population Prevention Activity

Public Health work closely with providers, partners and other services such as Leisure and Green Spaces as part of the Whole Population Prevention Activity underpinning the four tiers in the model. Members were interested in exploring additional areas that could contribute to preventive activity and stressed the importance of connectivity across the Council with wider policies linking in to support reducing childhood obesity.

Examples of positive work already in place are outlined below:

- Rotherham has received funding of £68,462.48p from the Sportivate grant over the past 3 years. This gives 14-25 year-olds who are semi-sporty access to six-to-eight weeks of free or subsidised coaching in a range of sports. The age range has been reduced from September to include 11-13 year-olds and there has to be an exit route.
- In Rotherham the markets have a reconfigured layout with a healthier food focus.
- Numerous activities take place in Rotherham such as: school holidays programmes which link with Parishes (nominal fee aiming to cover costs), Mega active programme (£5 full day, some activities free), free swimming for U8s, School events/annual festivals e.g. Herringthorpe Stadium, outreach, 14+ Sport England 3 year programme (£150k) for people with a disability.
- Specific work on obesity includes:
 - Targeted outreach by RIO regarding disabled young people and obesity at Kelford School – this is outside the weight management contract activity.
 - Support for exit routes from weight management services, including support/signposting to commercial and local authority leisure services with discounted access for weight management clients.
- DC Leisure sell a range of fruit in the café at Rotherham Leisure Centre, along with healthy options which are listed on a traffic light system based on fat and salt content. However fruit is not available in the other centres and DCL do not currently have a healthy vending policy for their four centres.
- In the Council's emerging Local Plan, policy proposals are currently being considered that promote a mix of uses within town, district and local centres but limit hot food takeaways within a defined centre to 10% of ground floor units. The draft policy also promotes the separation of hot food takeaways by the location of two non-food establishments between them.
- Diet and exercise are well promoted through the Healthy Schools workstream with a range of policies on the HS website such as:
 - Rotherham Food in Schools Model Policy and Guidance with sections on healthier vending, provision of fruit and vegetables, break time snacks, lunches
 - Creating a Healthy Packed Lunch Policy
 - Physical Activity Policy

An overview of the wider issues considered by Members is set out below.

Planning

A review of local planning authorities earlier in the year by the LGiU found that over 20 have exclusion zone policies (draft or adopted) designed to ban new hot food takeaways from opening in close proximity to schools and other facilities such as leisure centres and parks. Members supported the introduction of a 400m exclusion zone for new fast food take away businesses near schools in Rotherham as a measure to support reducing childhood obesity and wondered whether this could potentially be 800m. This recommendation for an exclusion zone has been fed back to EDS to comply with the consultation period for the Rotherham Local Plan Sites and Policies Document, which ran from 20 May to 29 July 2013.

Leisure and Green Spaces

New two-year Government funding for primary schools to improve school sport and physical activity as part of the Olympic legacy was announced last March. This will be for schoolteachers for CPD e.g. training or specialist coaching, or for activities – and will be approximately £9,000 p.a. per primary school with an average of 250 young people. It will be Ofsted assessed, starting from September, and schools will have to include details of their sports offer on their websites. The money is ring fenced and paid to the LA who distributes it, but schools may choose how they spend it.

Rotherham Active Partnership (RAP) has held meetings with providers/headteachers and is planning further meetings for September with headteachers in clusters. RAP are working up an offer for deliverers going into primary schools covering impact, quality assurance, what can be measured and safety (equipment/qualified staff). The intention is to upskill staff and devise bespoke courses to ensure sustainability.

Schools

The following points relating to schools and school policies were raised and Members requested that these be fed back to CYPS DLT for information and consideration, particularly catering policies for new schools such as those at Waverley.

- Encourage all schools to have on-site policies for students at lunch time.
- Promote the Rotherham school meal service as the meals are good quality and meet nutritional standards.
- Seek greater integration of the weight loss programmes with the Rotherham school meal service in order to support children who are seeking to lose weight.
- Encourage take up of free school meals (FSM) as eligible families are not always taking them up. The Government is currently considering how FSM will operate alongside Universal Credit and this could also impact on future take up.
- Provide more information about services and encourage greater engagement with parents through schools:
 - in primaries, thereby reaching people at a younger age to try and instigate positive changes.
 - in secondaries to support overweight pupils.

In relation to the new funding for primary schools mentioned above the key points are to:

- Encourage headteachers to support the meetings and listen to advice from providers in order to maximize the impact of the funding.
- Encourage schools to adopt the QA standards developed by Rotherham Active Partnership.
- Ensure monitoring data required by Sport England is provided by School Games Organisers to South Yorkshire Sport.

Health implications

One issue discussed was to strengthen the requirement for authors to show awareness of the health implications of their proposals in reports to Members, possibly via a health impact assessment. Currently report authors should address this under the policy and performance implications and links to corporate plan priorities. Potential tension does exist between economic policy to stimulate local business growth and public health policy.

Business rate incentives

As many areas of the borough lack greengrocers selling fresh produce Members asked for information about possible business rate incentives that might attract new businesses.

Finance verified that business rates cannot be varied according to the specific type of business as they are based on rateable values set by the District Valuer's Office in Sheffield and charged in accordance with Government legislation. In terms of attracting greengrocers, or any other type of business, there is currently a Small Business Rate Relief Scheme. This scheme currently allows 100% relief to businesses who occupy only one property in England with a rateable value of less than £6000 and a sliding scale for properties with a rateable value between £6000 and £12000. However, the legislation is only in place until 31/3/14 and it is not known at present if it will continue after that date.

7.5 Recommendations

- 1 The balance of activities commissioned for children between clubs and RIO should be reviewed as there appears to be an expressed preference for attendance at the clubs.
- 2 Establish interim contract monitoring and improved data management for obesity services once recommissioned.
- 3 Promote more individual success stories of children and young people who have done well on the programmes to encourage others.
- 4 Consider including targets for referrals to weight management programmes as part of the new specification for school nurses.
- 5 Provide more information about services and encourage greater engagement with parents through schools, particularly in primaries, to reach children at a younger age.
- 6 Continue to promote whole family interventions and free activities such as walking initiatives and park runs.
- 7 Promote Rothercard more extensively to encourage increased participation in activities.
- 8 Explore the feasibility of introducing a healthy vending policy in DCL leisure centres.
- 9 Introduce a 400m exclusion zone for new fast food takeaway businesses near schools in Rotherham.
- 10 Strengthen the requirement for report authors to show awareness of the health implications of their proposals.
- 11 That Cabinet be asked to support the regional and national lobby for legislation to support work on healthy weight and reductions in obese and overweight people.
- 12 Forward the points relating to schools in 7.4 to CYPS DLT for information and consideration.

8. Finance

The services will be commissioned commencing in April 2014 for three years (with the potential to run for up to five years) through funding from the ring-fenced Public Health Grant. At present the Public Health Grant is ring-fenced until the end of the 2015-16 financial year.

9. Risks and Uncertainties

Obesity is widely seen as one of the major public health challenges. Failure to have effective services in place would lead to a higher number of overweight and obese children and young people, resulting in increasing levels of ill health such as cardiovascular disease, diabetes and cancer.

10. Policy and Performance Agenda Implications

Work to reduce and mitigate the impact of childhood obesity in Rotherham is central to Corporate Plan Outcome No. 21 - More people are physically active and have a healthy way of life. Healthy Lifestyles is a core workstream of the Health and Wellbeing Strategy, with obesity being one of the six priority issues.

11. Background Papers and Consultation

“Corporate Plan Outcomes” - Report to Self Regulation Select Commission 20.09.2012 (Minute 21)

“Childhood Obesity” - Report to Self Regulation Select Commission 22.11.2012 (Minute 43)

Briefing for Members on Rotherham’s Healthy Weight Framework Services, May 2013

Notes of sub-group meetings on 3 May 2013 and 17 June 2014

LGIU Briefing Obesity, hot food takeaways and planning: Salford and beyond, June 2013

12. Contact

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Appendix A

1 Rotherham Healthy Weight Framework (summarised version)

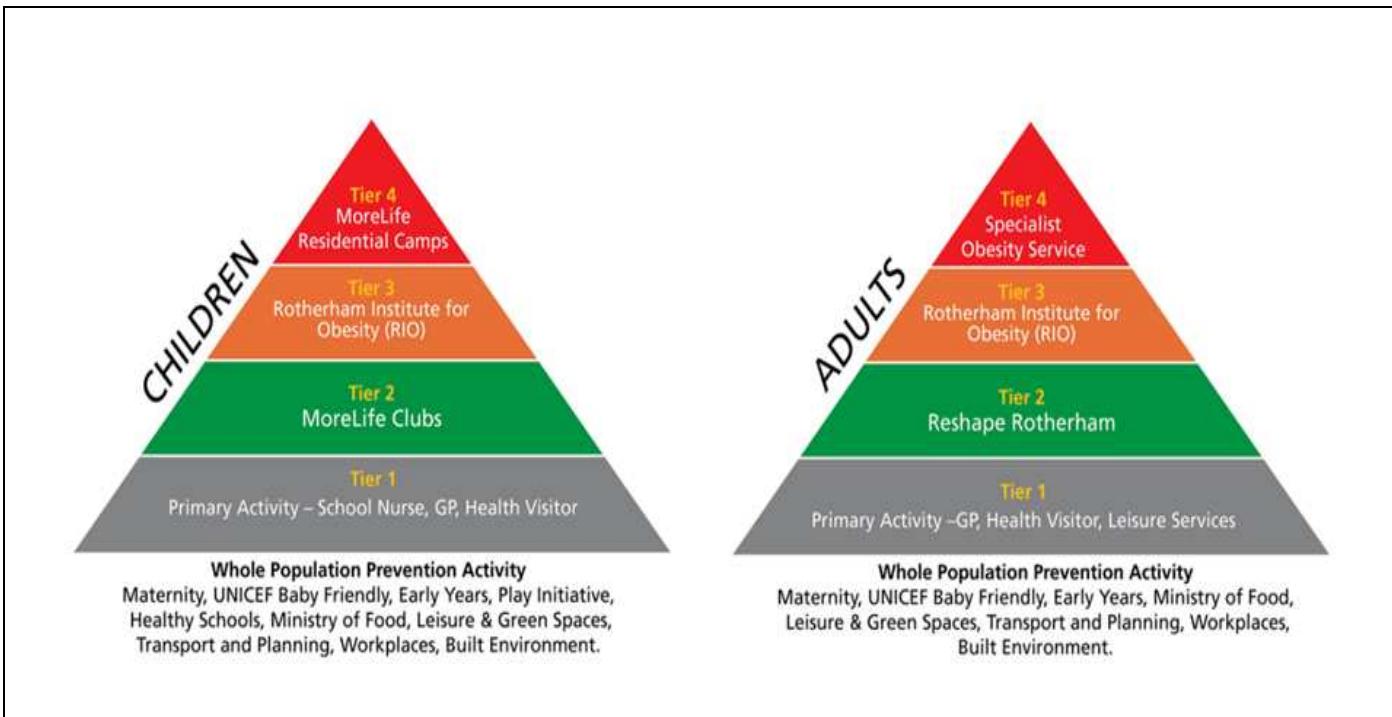


Table 2 Children's Services

Service and Description	Funding 2013/14	Indicative Annual outcome target
<p>Tier 2 Children - More Life Clubs</p> <ul style="list-style-type: none"> Delivered by DC Leisure at all leisure centres across Rotherham Overweight/obese children (>85th centile), aged 8-17 years, and their parents/carers 12 weekly sessions of diet, physical activity and behaviour change Self-referral from family, referral from school, health professional A parent or carer must accompany each child to every session 	£170k	293 successes
<p>Tier 3 Children - Rotherham Institute for Obesity (RIO)</p> <ul style="list-style-type: none"> Obese children aged < 18 years (BMI centile >99.6th or BMI centile > 95th with increased risks) Team led by a GP specialising in obesity, includes access to dietician, specialist nurses, physical activity leaders, talking therapists and health trainers Referral from school nurse, other health professional, family GP 	£167k	200 successes
<p>Tier 4 Children - More Life Weight Management Camp</p> <ul style="list-style-type: none"> Delivered at Woodhouse Grove School, Leeds Obese children (>96th centile), aged 8-17 years Residential camp focusing on lifestyle change, increasing fitness, weight loss and fun Referral via RIO, who will work with child and family to decide most appropriate course of support and eligibility for the camp 	Cost is around £3,200 per child, numbers have varied.	20 successes

Note - Funding for adult and children's Tier 3 services is combined and allocated to reflect higher levels of adult activity and lower levels of child activity than originally anticipated.