



Notice of meeting of

Health Overview & Scrutiny Committee

To: Councillors Alexander (Chair), Aspden, Fraser, Sue Galloway, Simpson-Laing, Sunderland and Wiseman (Vice-Chair)

Date: Monday, 29 March 2010

Time: 5.00 pm

Venue: The Guildhall, York

AGENDA

- 1. Declarations of Interest** (Pages 3 - 4)
At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.
- 2. Minutes** (Pages 5 - 10)
To approve and sign the minutes of the last meeting of the Committee held on 3 March 2010.
- 3. Public Participation**
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00 pm on Friday 26 March 2010**.
- 4. Work Plan 2010** (Pages 11 - 12)
Members are asked to review the Committee's work plan for 2010.

5. Presentation on Transforming Community Services

The Committee have requested an update on progress around Transforming Community Services whereby NHS North Yorkshire and York (the PCT) divests itself of the provider side of the organization. This provider side includes community nursing services and mental health services, including inpatient and community based services. The Committee previously received information on the process around the future provision of mental health care at its meeting on 23rd September 2009.

Representatives of NHS North Yorkshire & York will be in attendance at the meeting to give a PowerPoint presentation on this subject.

6. Presentation on the Individual Funding Request Panel for NHS North Yorkshire and York

Dr D Geddes is the medical director for NHS North Yorkshire and York. He has responsibility for the clinical governance of the Individual Funding Request Panel which makes funding decisions for patient care that may lie outside national or local commissioning policies. Dr Geddes will describe the work the panel does, how the panel reaches its decisions, and how the patients are supported through the process, from request to appeal.

7. Information Report on Women's Low Secure Unit, Clifton (Pages 13 - 20)

This briefing note provides the Committee with information on the proposals for a Women's Low Secure Unit in Clifton. It is for information only and a representative of NHS North Yorkshire & York will be in attendance at the meeting to answer any questions the Committee may have. The role of the Health Overview and Scrutiny Committee in the context of this briefing note is to comment on service need and not on planning related matters.

8. Interim Report of the Childhood Obesity Task Group (Pages 21 - 100)

The purpose of this report is to present members of the Health Overview and Scrutiny Committee with information received to date on the Childhood Obesity Review.

9. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officer:

Name: Jill Pickering

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- Email – jill.pickering@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

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Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE**Agenda item I: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

Councillor Fraser	Governor of York Hospitals NHS Foundation Trust; Member of the retired section of Unison; Member of the retired section of UNITE the TGWU ACTS section Member of York Healthy City Board.
Councillor Simpson-Laing	Member of Unison An employee of Relate Works for the Disabilities Trust
Councillor Wiseman	Member of York Healthy City Board. Governor of York Hospitals NHS Foundation Trust.

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City of York Council

Committee Minutes

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	3 MARCH 2010
PRESENT	COUNCILLORS ALEXANDER (CHAIR), FRASER, SUE GALLOWAY, SIMPSON-LAING AND WISEMAN (VICE-CHAIR)
IN ATTENDANCE	ANNIE THOMPSON - LINKS CAROLYN MURPHY - LINKS JOHN YATES – OLDER PEOPLE’S ASSEMBLY GEORGE WOOD – OLDER PEOPLE’S ASSEMBLY GRAHAM PURDY – NHS NORTH YORKSHIRE & YORK MARGARET JACKSON – YORK HOSPITAL DEBBIE MITCHELL – CITY OF YORK COUNCIL NIGEL BURCHELL – CITY OF YORK COUNCIL
APOLOGIES	COUNCILLORS ASPDEN AND SUNDERLAND

46. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda.

Councillor Wiseman confirmed her reappointment as a Governor of York Hospitals Foundation Trust as a public member and she requested the addition of this to her list of standing declarations.

47. ALDERMAN JACK ARCHER

The Chair reported the recent death of Alderman Jack Archer. Members wished to place on record their appreciation for Jack’s work and commitment to the authority over many years and their sadness at his death.

48. MINUTES

RESOLVED: That the minutes of meetings of the Committee held on 2 December 2009, and 13 and 20 January 2010 be approved and signed by the Chair as correct records.

49. PUBLIC PARTICIPATION

It was reported that there had been one registration to speak at the meeting under the Council’s Public Participation Scheme.

John Yates, spoke as a representative of the Older People's Assembly in relation to Agenda item 5 (Update on Dental Services in York). He referred to colleagues on the Assembly who had been blind since childhood who had asked that elderly blind and partially sighted people should be allocated dentists as near to their home as possible. They had been given a dentist on the other side of the city, which had not been on a bus route; luckily they had since found an NHS dentist within a short walk.

John went onto point out that this should be seen as a broader issue in relation to blind, disabled and elderly people and the difficulties they faced in attending medical and dental appointments some distance from their home. He suggested a question on disabilities and a request from the PCT for a postcode might assist in allocating services nearer to a persons home.

50. WORK PLAN 2010

The Chair gave a verbal update in respect of ongoing changes at York Hospital in relation to the Back Pain Management Group and use of the exceptions panel to evaluate cases. He confirmed that he had requested a presentation from NHS North Yorkshire and York at the Scrutiny Committee's next meeting on 29 March to update Members. He stated that he had also requested additional information in relation to how changes in hospital service levels were passed onto the Scrutiny Committee.

The Scrutiny Officer confirmed that the LINKs Public Awareness and Consultation Report on end of life care would not be available for the meeting on 29 March so this would be slipped to the May meeting. She also confirmed that arrangements for an additional meeting in July would be left until after the Annual Meeting to take account of any new members of the Committee.

Members referred to the presentation/update on Mental Health Transfers scheduled for the May meeting and in view of recent changes they suggested that an earlier update may be more appropriate. It was agreed that this should be brought forward to the March meeting.

RESOLVED: That the draft Work Plan be approved subject to the amendments detailed above and the May (TBC) meeting being held on Wednesday 19 May 2010 at 5.00pm. ¹.

REASON: To update the Committee on their Work Plan for the forthcoming year.

Action Required

1. Update Committees Work Plan.

TW

51. UPDATE ON DENTAL SERVICES IN YORK

The Committee considered a report, which provided Members with an update, on the provision of NHS dental services in York.

The report detailed the following:

- Number of new patients seen in 2009/10 by quarter
- Access – new patients assigned to a dentist
- Demand for NHS Primary Care Dentistry
- Waiting times
- Supply of Primary Dental Services
- Future Plans

Lorraine Naylor, Assistant Director – Primary Care, was in attendance to present the paper and answer any questions. She confirmed that there were just over 5000 dental patients registered in the York area and that the PCT were to shortly go out to procure investment in NHS dentists in the area. She questioned the most suitable location for siting additional dentists and confirmed that there appeared to be an underprovision in the Acomb area. She also confirmed that if patients had any special needs they could identify a particular dental practice however there could be additional waiting time involved.

Members referred to the apparent significant deterioration in the length of time patients spent on the waiting list. From previous reports it appeared that anyone requiring a NHS dentist had to wait between 1 and 6 months but that the majority now had to wait over 12 months. Lorraine Naylor confirmed that she would examine this discrepancy and clarify the details with the Scrutiny Officer, for circulation to Members. ¹

Members also questioned the accuracy of the waiting list, as it was understood that some names still appeared on the list although they had been allocated dentists. It was confirmed that everyone on the waiting list was shortly to be contacted to ascertain their current position and that the list was to be put online to make it much more accessible and to ensure that you could view your position on it.

In relation to sites for additional NHS dentists Members felt that a map showing both NHS and private dental provision over the whole area was required to enable them to make informed suggestions.

- RESOLVED:
- i) That the dental update from NHS North Yorkshire and York be noted;
 - ii) That a further update on dental provision in York be provided for the 19 May meeting of the Committee to include comparative data showing overall trends. ²

REASON: In order to carry out their duty to promote the health needs of the people they represent.

Action Required

1. Circulate details to Members. TW
2. Request comparison details for inclusion in May update. TW

52. UPDATE ON RECOMMENDATIONS ARISING FROM THE LOCAL INVOLVEMENT NETWORKS (LINKS) REPORT ON NEUROLOGICAL SERVICES AND AN UPDATE ON LINKS REPORT WRITING PROTOCOL

Consideration was given to a report, which presented Members with a response from LINKs regarding queries in relation to the recommendations arising from their report on Neurological Services.

It was reported that the LINK Steering Group had discussed the Committee's request and that they had now devised an alternative approach to monitoring the number of Home Care staff that had undergone training to care for people with neurological conditions.

The report also referred to LINKs development of a protocol to improve the process of identifying and agreeing issues for inquiry through to the production and presentation of their final reports. The protocol set out the method by which reports would be written and issued and defined the roles and responsibilities of different agencies.

The LINKs Co-ordinator reported that their training information in relation to training for Home Care had been indicated as best practice by the Department of Health. Reference was also made to a Bright Ideas grant and a request was made to register a vote.

- RESOLVED:
- i) That the contents of the letter at Annex A of the report be noted.
 - ii) That the Committee note the LINKs Report Writing Protocol at Annex B of the report.

REASON: To enable the Health Overview and Scrutiny Committee to keep up to date with the work of the York LINK and continue to build a positive relationship with them.

53. FINANCE AND PERFORMANCE IN ADULT SOCIAL SERVICES 2009/10 - UPDATE

Consideration was given to a report which provided an update of the 2009/10 position for both finance and performance in Adult Social Services, the main area covered by the Committee.

It was currently projected that Adult Social Services would overspend by £1.7m and that the underlying cause still related to increases in Direct Payment take up, costs related to Home Care, Mental Health placements, residential and nursing placements and rising costs at Elderly People's Homes.

Officers confirmed that all non essential expenditure had been cut back which included not filling vacant posts, staff training and attendance at Conferences etc.

In answer to Members questions on the present rate of increase Officers confirmed that it was hoped that reablement work would start to slow down demand.

RESOLVED: That the update report be noted.

REASON: To keep the Committee updated on finance and performance in Adult Social Services.

CLLR J ALEXANDER, Chair

[The meeting started at 5.00 pm and finished at 5.45 pm].

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Health Overview & Scrutiny Committee Work Plan 2010

Meeting Date	Work Programme
3 March 2010	<ol style="list-style-type: none"> 1. Third Quarter Monitoring Report 2. Quarterly Update from the Primary Care Trust on Dental Provision in York 3. LINKs Public Awareness & Consultation (PACE) report – neurological services – update on recommendation to Committee
29 March 2010	<ol style="list-style-type: none"> 1. Interim Report on the Childhood Obesity Scrutiny Review 2. Presentation on Transforming Community Services 3. Presentation on 'The Individual funding request panel for NHS North Yorkshire and York.' 4. Information Report on Women's Low Secure Unit, Clifton
19 April 2010	<ol style="list-style-type: none"> 1. Meeting of the Childhood Obesity Task Group
19 th May 2010	<ol style="list-style-type: none"> 1. Final Report of the Childhood Obesity Task Group 2. LINKs Public Awareness & Consultation (PACE) report – end of life care 3. Update on Dental Provision in York
7 th July 2010	<ol style="list-style-type: none"> 1. 2009/10 Year End Outturn Report & Proposals for Corporate Priorities 2. Presentation from LINKs regarding their Annual Report & work plan for the forthcoming year (2010/11) 3. Annual Report from relevant Local Strategic Partners 4. Update on NHS North Yorkshire & York's Universal Services Review (post maternity)
July (TBC)	<ol style="list-style-type: none"> 1. Update on Recommendations Arising from the Dementia Review 2. Quarterly Update from the Primary Care Trust on Dental Provision in York
22 nd September 2010 (provisional)	<ol style="list-style-type: none"> 1. Quarter 1 Monitoring Report & Report on Attendance of the Executive Member
1 st December 2010 (provisional)	<ol style="list-style-type: none"> 1. Quarter 2 Monitoring Report
19 th January 2011 (provisional)	
2 March 2011 (provisional)	<ol style="list-style-type: none"> 1. Quarter 3 Monitoring Report & Annual Report from the LSP Chairs

In addition to the above NHS North Yorkshire & York have also offered presentations on the following:

1. Presentation on how Specialised Commissioning Group (SCG) works (David Cockayne)
2. Presentation on their 5 year Strategic Plan (David Cockayne)
3. Presentation on Joint Strategic Needs Assessment (JSNA)

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DRAFT PAPER

Outline Business case – women’s low secure unit, York

Introduction

This Outline Business Case (OBC) is prepared by NHS North Yorkshire and York and makes proposals for the development of a new women’s low secure service on the site of Clifton House in York.

It has been established that there is a gap in the provision of low secure care for women nationally and the NHS Plan supported the development of a strategic approach to women’s secure services. Currently women who require specialist low secure care are often placed outside of Yorkshire and Humber, many within the independent sector. This can result in accessibility problems for friends and relatives as well as a high cost of care.

This proposed development of a female low secure unit in York has been discussed at the Yorkshire Strategy Group meetings and neighbouring PCT commissioners as part of a major piece of work around the development of specialist services for women. This document therefore presents proposal for developing women’s low secure facilities on the Clifton House site.

Current Forensic Psychiatry service

The North Yorkshire Forensic Psychiatry service was established in 1997. It is currently part of the Mental Health services within the provider services of North Yorkshire and York Community & Mental Health Service (NYYCMHS).

The Forensic Psychiatry service provides care and treatment for mentally disordered offenders and those who have similar needs. The service aims to adhere to the guiding principles of the Reed committee report of 1992. The service is based at Clifton House, York with facilities located throughout the locality. The services provided are summarised below.

Service	Bed numbers
Low secure (assessment & treatment) - Westerdale	11
Forensic rehabilitation - Riverfields	13
Semi independent flat -	1
Staffed community house - Field View	4 male beds
Unstaffed community house – Elmfield Terrace	4 male beds

Strategic case - Case for change

A number of national reports have been produced that act as drivers for change underlying the need to develop Women's Low Secure services. They support the change for:

- Providing NHS services to support Forensic Mental Health patients inappropriately placed within the Criminal Justice System and Prisons.
- Providing gender-specific services that recognise the differences in behaviours and care requirements for women.
- Providing services that address national concerns of safety for Women in mixed sex services.
- Recognising that models of care for women's services need to be localised where maintaining contact with family and friends will support the rehabilitation process.

In accordance with the National Strategy for Women, the Yorkshire Strategy document *Forensic Services For Women* was published. This outlines a four-year plan to develop a network of services across the region to meet the needs of women who require forensic mental health care. A key recommendation was the need to undertake detailed needs assessment of women in low secure provision in order to inform service development.

Following this, the low secure mental health strategy for Yorkshire and the Humber region (Foundation Document) was published in 2009. This document was developed in the context of national guidance as outlined above and also focused on the regional context derived from the Yorkshire and Humber Low Secure Report (2006). The key findings of this report are:

- Commissioning arrangements for low security were different in each locality within the catchment area.
- Different commissioning systems existed for medium and low secure services, and this caused problems in ensuring service users were placed at the right level of security.
- There was no capacity to plan strategically across the catchment area.
- There was patchy or non-existent NHS provision for women with personality disorders.
- There was a consistent understanding amongst commissioners about what fell under the rubric of 'low security'; however there were wide variations in the type, nature and quality of environments being offered by providers.
- The project found no relationship between the quality of clinical care and the occupied bed day price in different units in the independent sector.
- The nature and quality of service being provided by NHS units was fairly consistent but meaningful comparative costs for NHS low secure beds were generally not available.

- Local case management arrangements were inconsistent across the catchment group area. Ineffective case management arrangements were felt to contribute to extended and unnecessary lengths of stay for service users in secure care.

As a result of the report, the Yorkshire & Humber region revised its commissioning arrangements for specialist services in order to address the issues identified.

The commissioning arrangements of Low Secure Services are currently in a transitional period from local PCT commissioning to regional collaborative commissioning hosted by Barnsley PCT through the Specialist Commissioning Group (SCG). The SCG commissions Specialist services on behalf of 14 PCTs and members include PCT Chief Executives and Director's of the representative PCTs.

The terms of reference include commissioning for high cost, low volume specialist services for populations of 1,000,000 and over. As a result their focus is on sourcing sub regional services that will provide for greater populations than local commissioners historically focussed their attentions on. In relation to Women's Low Secure services, one of the aims of the Specialist Commissioner Group is to provide a service that is better value for money than currently provided in the Independent Sector and that the economic downturn inevitably focuses commissioners to look for cost savings to be made but quality of service maintained or improved. This is a key focus of this OBC.

In order to understand the nature and extent of services to be provided, between November 2008 and February 2009, 63 women detained in conditions of low security across Yorkshire and Humber were reviewed. The review comprised a collateral review of clinical records, interviews with clinical team members and an interview with the service-user. The female population were categorised with the following diagnoses:

- Mental Illness - 37%
- Personality Disorder - 22%
- Mental Illness/Personality Disorder – 27%
- Learning Disability – 14%

The proposal for the Low Secure Unit is for the provision of services for all of these diagnoses apart from learning disability. In this respect there are currently 54 patients of which are within the target market for this development.

The implications from the figures produced are that there is a distinct lack of NHS facilities within the Yorkshire region for women's low secure services. The impact this will have is that the cost is likely to be higher than NHS services, with a lower quality of care outcomes and less integration throughout the care pathway, which will have an effect on quality and length of rehabilitation.

It is crucial that services for women with complex needs should be provided as part of a pathway of care. There have been a number of service developments

to improve that pathway, which has included a high support service, developed at a site in York as part of the step down service from low secure care.

This development of a Yorkshire and Humber Female Low Secure Unit in York would operate in conjunction with the high support service and enhance the existing North Yorkshire Forensic Psychiatry Service in providing an integrated care pathway for regional services in the expectation of improving the quality of the service and providing the best opportunity for patient rehabilitation.

The proposed development of a female low secure unit in York has been progressed in consultation and with support from the SCG and has also been discussed at the Yorkshire Strategy Group Meetings and neighbouring PCT commissioners as part of a major piece of work around the development of specialist services for women.

Future activity and service requirements

The service model focuses on re-provision of services for these patients. These are:

- Personality Disorder - A younger group of women under 30 years of age, who have a primary diagnosis of personality disorder, are often abusing substances and have a recent history of violence to others as well as harm to themselves. This group of women appears to require more restrictive management. They are less likely to be in caring roles but are vulnerable to abuse from proximate and intimate relationships.
- Mental Illness - Another group identified by the survey were women with an average age of 40 who had long contact with mental health services in the community and hospital settings, who had a primary label of serious mental illness, often with coexisting disorders. These women had often suffered loss, had endured abuse or become isolated from their social and personal networks. A combination of the effects of their illness leading them to act dangerously towards others and a restricted ability to care for themselves and others has led to them finding it hard to reintegrate into open settings. Many of the women were assessed as not being ready or able to have less support or restriction but many wanted more freedom.
- Screening & Assessment of Mental Health needs – models of care for women that will ensure that they are placed in the appropriate care environment for their needs. Both the Bradley Report (April 2009) and the Corston Report (2007) highlight the need for robust screening for mental health problems in prison and the need for speedy transfers to hospital, as well as the need for a strategy for management of personality disorder in health and criminal justice settings.

The service models have been constructed to ensure a holistic service to patients to include social care as well as clinical treatment to ensure better outcomes in terms of rehabilitation and quality of care. The service model also

responds to strategic direction in providing a service for women within the criminal justice system to be assessed for their mental health needs to ensure they are placed in the appropriate care setting, an innovation supported by commissioners.

A report produced by Laing & Buisson in 2006 called 'Analysis and Projections of Independent Healthcare Markets in England 2007-2012' investigated forecast changes in activity within healthcare markets including Mental Health markets.

The report identified that demand for mental health hospitals (occupied beds) will continue to rise at a similar rate to the last five years (2% per annum), driven by demand for secure hospital services, while demand for acute, short term inpatient treatment will remain stable.

The demand for secure services will continue to be driven by a trend towards placing individuals with severe mental health problems in more appropriate settings (*Mental Health and Specialist Care Services Market Report 2006*, Laing & Buisson). The components of this trend will continue to be:

- government policy in favour of providing mental health care in facilities that are well suited to the needs of patients, as articulated in the National Service Framework for Mental Health;
- greater caution amongst mental health professionals when discharging patients from a secure environment, within the more risk averse culture which has emerged in recent years;
- preference of mental health professionals to place patients in settings which cater for their special needs (driven in part by pioneering development of specialist facilities in the independent sector);
- transfer of some people with severe mental illness to hospitals from the prison system.

The report also states that the NHS will continue to build in-house capacity, particularly for medium and low secure treatment. These principles have been considered when evaluating the physical capacity requirements of the scheme.

Economic Case

Option Appraisal – Non-financial

A number of options were considered by the business case team and a final short list of three options was taken forward to be appraised more fully. The short list of options was:

Ref	Description	Summary Content
1	Do Nothing	Provision of 22 low secure female beds to continue to be provided within Independent Sector organisations within the Yorkshire & Humber Region
2	New Build on Clifton House Site (Location A – Rosedale land)	Provision of 22 low secure female inpatient beds to be provided on the Clifton House site (Rosedale Land) adjacent to the current male low secure service. Development of a new 4 bed assessment ward for assessment of patients to determine appropriate care setting for their needs. To be provided as part of the development on the Clifton House site as above
3	New Build on Local Authority owned land	Provision of 22 low secure female inpatient beds to be provided on Local Authority land not yet identified by the service. Development of a new 4 bed assessment ward for assessment of patients to determine appropriate care setting for their needs. To be provided as part of the development on Local Authority land as above. The unit will be a stand alone unit.

A workshop was held on the 20th October 2009 to evaluate the qualitative benefits associated with each option. The results of this appraisal are summarised below.

Ref	Benefit Criteria Group	Weight %	Option 1 Do Nothing		Option 2 New Build – Clifton House		Option 3 New Build – Local Authority	
			Score	WXS	Score	WXS	Score	WXS
1	Clinical Quality & Integration	23	2	46	9	207	7	161
2	Operational/ Environment	19	5	95	9	171	9	171

Ref	Benefit Criteria Group	Weight %	Option 1 Do Nothing		Option 2 New Build – Clifton House		Option 3 New Build – Local Authority	
			Score	WxS	Score	WxS	Score	WxS
3	Access to Services	16	2	32	6	96	6	96
4	Efficiency	15	1	15	8	120	6	90
5	Staff Recruitment/ Training	15	2	30	8	120	8	120
6	Sustainability/ Flexibility	12	6	72	8	96	7	84
	Total	100.0		290		810		722
	Rank			③		①		②

The preferred non-financial option was option 2 – a new build on the site of Clifton House. This project is now proceeding via the Outline Business case presented.

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Health Overview & Scrutiny Committee
Report of the Interim Head of Civic, Legal & Democratic Services

29th March 2010

Interim Report of the Childhood Obesity Task Group

Summary

1. The purpose of this report is to present Members of the Health Overview & Scrutiny Committee with information received by the Task Group to date on the Childhood Obesity Review.

Background

2. Councillor Susan Galloway originally registered this topic in July 2009 following concerns raised at a Committee meeting in relation to two of the National Performance Indicators (NPI); namely:
 - NPI55 – obesity among primary school age children in reception year
 - NPI56 – obesity among primary school age children in Year 6
3. A feasibility study and proposed remit were submitted to the Health Overview & Scrutiny Committee in September 2009 and after due consideration it was agreed to proceed with this scrutiny review based on the following remit:

Aim

4. To address whether current service provision is effectively reducing childhood obesity in the city.

Key Objectives

- i. To look at statistical evidence collected by the School Health Team in relation to NPI55 and NPI56 to discover the extent of childhood obesity in the City
- ii. To explore the impact of current initiatives such as healthy eating, 5 a day and 30 minutes of exercise 5 times a week etc on tackling obesity
- iii. To explore external factors that may contribute to childhood obesity
- iv. To learn more about the All Together Better Programme and the Healthy Weight, Active Lives Strategic Implementation Group and the methods they are using to reduce childhood obesity
- v. To look at the continuity of services into adulthood

- vi. To explore how monies are spent on tackling obesity.
- 5. Information regarding the Task Group membership and a list of the documentation received to date is at Annex A to this report. However, not all of the documentation received has been attached to this report but the annexes entirely reflect the information received.
- 6. At a meeting of the Task Group on 1st March 2010 Councillor Siân Wiseman was appointed as Chair of the Task Group.

Consultation

- 7. Representatives of NHS North Yorkshire & York, York Hospitals Foundation Trust and City of York Council Officers have provided information to the Task Group so far.

Information Gathered

- 8. The information gathered to date is set out below under the heading of the relevant Key Objective. A breakdown of what information was required for each of the Key Objectives was set out in a scoping report dated 2nd December 2009.

First Key Objective

(i) To look at statistical evidence collected by the School Health Team in relation to NPI55 & NPI56 to discover the extent of childhood obesity in the City

Information Gathered

- 9. At a meeting of the full Health Overview & Scrutiny Committee on 2nd December 2009 the Health Improvement Manager (obesity) at NHS North Yorkshire and York, supported by the Associate Director of Public Health and Locality Director for York, The Children’s Trust Unit Manager and colleagues from CYC and York Hospital, gave a presentation to Members on Key Objective (i) of the remit; this is attached at Annex B to this report.
- 10. The main issues covered in the presentation were:
 - Children’s Trust Units & Tackling Obesity through Partnerships
 - Healthy Weight, Active Lives Sub-Group
 - Local Data from the National Child Measurement Programme (NCMP)
- 11. Figure 1 below shows the latest available data from the national child measurement programme

Figure 1

National Child Measurement Programme (NCMP) Data - York			
	2006/07	2007/08	2008/09
	Obese	Obese	Obese
Year 6	15.6	16.6	16.7
Reception	8.4	8.2	6.7

12. As can be seen from the table in Figure 1 above, obesity in Year 6 has risen 0.1% from last year and decreased 1.5% in Reception year. A different cohort of children is used each year so the figures do not relate to the same children year on year.
13. Members also received an example of the letter sent to parents of children recently measured as part of the National Child Measurement Programme and a copy of the Children & Young People's Plan 2009-2012.

General Comments

14. Discussions between the Task Group, the Health Improvement Manager (obesity) at NHS North Yorkshire and York and the Associate Director of Public Health ensued and the following issues were raised:
 - When we think about obesity in children, what society determines as normal is actually likely to be a child who is heading towards becoming overweight
 - There were many and complex reasons that influenced childhood obesity including food consumption, food production, societal influences, individual psychology, biology, individual activity and activity environment, difference in socio-economic factors, lifestyles, children being driven to school and poor bus services in rural areas leading to more car journeys.
 - Statistics presented for reception and Year 6 children could not be presented by individual school, as the information would become too personal, possibly making some children identifiable, due to the small size of some schools.
 - The validity of the information on school clusters within the presentation.
 - It was later confirmed via e-mail from the Health Improvement Manager (obesity) at NHS North Yorkshire and York, supported by the Associate Director of Public Health that the secondary schools (school clusters) listed in the presentation were linked to a number of feeder schools (primary schools) and Annex C to this report refers. The data in Annex C did not indicate that students at the feeder schools, aligned under each of the secondary schools, actually attended the secondary schools, it just indicated how they were grouped. Therefore it would not be true to say that the Canon Lee school cluster had the highest level of overweight or obese students, but it does mean it can be said that the feeder schools aligned under the secondary school do have a higher prevalence of overweight/obesity than the other school clusters.
 - Members asked for confirmation as to the source of the data in Annex C and the Health Improvement Manager (obesity) at NHS North Yorkshire and York confirmed that the list was from the School Sports Partnership Coordinator for the Ebor Partnership. This led to concerns from Members that the data was skewed and subsequent targeting could, therefore, be flawed. The Health Improvement Manager (obesity) at NHS North Yorkshire and York confirmed the data was still analysed on an individual school basis and that it should not be too difficult to regroup the schools

according to true primary feeder schools and associated secondary schools rather than as sports clusters.

- Members commented that data from Independent Schools was absent.

Second Key Objective

(ii) To explore the impact of current initiatives such as healthy eating, 5 a day and 30 minutes of exercise 5 times a week etc on tackling obesity

Information Gathered

Presentation from the PE & School Sports Consultant

15. Members received a presentation and information from the PE & School Sport Consultant who is also the Healthy Weight Active Lives Delivery Plan Lead Officer and the MEND (MIND, Exercise, Nutrition, Do it!) York Programme Manager¹ regarding the impact that initiatives such as PE (Physical Education) provision have on childhood obesity. This information is attached at Annex D to this report.
16. The PE & School Sport Consultant highlighted the following challenges in addressing the incidence of childhood obesity in York:
 - There was no named individual lead for Childhood Obesity within City of York Council (CYC)
 - There were very few targeted initiatives that were about intervention, most were about universal provision
 - Current provision/initiatives tended to be short term
17. She suggested the following developments may help in addressing the incidences of childhood obesity within the city:
 - Have a dedicated Lead Officer for Childhood Obesity within CYC
 - There should be clear pathways and long term planning of provisions/initiatives
 - There should be a revision of commissioning from the NHS

General Comments on the presentation

18. Discussions between the Task Group and the PE & School Sport Consultant ensued and the following points were raised:
 - The PE & School Sport Consultant said there was little specific information available from schools on childhood obesity. Schools were reluctant to single out students because of their weight and most measures were aimed at all children rather than solely targeting those that were overweight. It was therefore difficult to measure the impact that PE had on childhood obesity.

¹ Information regarding the Healthy Weight, Active Lives Initiative and MEND is detailed under Key Objective (iv) within this report.

- The percentage of children in the 5 to 16 year age bracket completing 2 hours of PE was satisfactory but the length of time exercising within the sessions was questionable. For example, the Task Group had anecdotal evidence that one school had a two hour swimming slot in their timetable but only 30 minutes of this was spent swimming, the rest was travelling and changing time.
- The PE & School Sport Consultant said there was a successful school club links framework in place, which assisted recreational clubs and schools to link thereby encouraging younger people to undertake exercise outside of school PE lessons. The number of links between external clubs and schools had increased from 5 in 2006 to 13 per school at the present time. However both the PE & School Sport Consultant and the Task Group felt that more work needed to be done to increase the number of links.
- School PE is now a mix of traditional and non-traditional activities, which has encouraged more students to become involved. It can also encourage further participation outside of the school curriculum. However, there was some concern from Members that continuity could be lost as students frequently only had the chance to do a particular sport for one term.
- Members of the Task Group believed that the cost of many out of school sporting activities/lessons could be very expensive and may preclude some children from taking part.
- The PE & School Sport Consultant said that there had been a positive uptake in under 16 free swimming passes (Annex D refers), especially among 11 and 12 year old children. Despite this, Members were concerned that the figures were only for registering for a pass and did not quantify how many had collected their passes and how many were actually using them. Currently, the data for this was not available.
- The PE & School Sport Consultant confirmed that there was no statutory requirement for secondary schools to provide swimming lessons and therefore swimming was predominantly linked with primary schools. Primary schools received approximately £30 per annum per child for swimming but this was not ring-fenced. Additionally, for those schools who had to travel any distance to their nearest pool further costs were incurred for coach hire. The expensive cost of hiring a coach to transport children to their nearest pool also made it difficult for some schools to provide swimming lessons for their students without asking for financial contributions from parents. It was noted by the Task Group, however, that all primary schools bar one offered swimming as part of the curriculum but sometimes only for a few weeks in a year.
- Arising from the discussions on swimming Members of the Task Group commented that there was a shortage of useable pools both within school time and out of school time. The PE & School Sport Consultant confirmed there was ongoing work taking place to support private pools to bring their standards up to the level required for school use. Some schools currently use

private pools for curriculum swimming as the community pools are used by all York residents, which can lead to timetabling difficulties.

19. The Task Group raised concerns that many children could still not swim by the time they went to Secondary School and anecdotal evidence indicated that in a class of 40 Year 6 children only 4 could swim a length.

Information Received on School Meals

20. The Task Group also received information from the Contracts Officer and the Assistant Director of resources (Learning, Culture & Children's Services) on school meals and the possible impact these were having on childhood obesity. This information is attached at Annexes E, E1 and E2 to this report.

General Comments on Information Received on School Meals

21. Members of the Task Group discussed the information received and made the following observations:

- Whilst nutrition was a key part of school meals, the biggest perceived issue in York was around cost.
- From the information provided it appeared that the nutritional content of the meals was well balanced. However, the Task Group had concerns that the protein and non-starch polysaccharide (NSP) content were high and were interested to know whether this had any impact on childhood obesity. The Assistant Director of Resources (LCCS) and the Health Improvement Manager from NHS North Yorkshire & York were asked to look at this and after consultation the Contracts Officer for School Meals received the following response from North Yorkshire County Caterers:

'...protein levels are higher than they need to be (as the British diet is in general) because whilst we have reduced quantities of meat a little; parents and children judge value for money on the size of the meat portion i.e. 1 large fish finger or 1 sausage is not seen as good value. Without sufficient meat and/or wholegrain products and pulses it would be impossible to meet the stringent standards for iron and zinc.

NSP levels are high because we use a lot of pulses in the vegetarian option and in order to ensure sufficient levels of zinc we add wholemeal flour, oats and seeds ...'

Discussion suggested that different schools had different rules in relation to serving second portions and the Task Group felt that this needed to be more controlled. An e-mail received after the meeting contained the following response from North Yorkshire County Caterers:

'Normally cooks would serve any left over food as seconds as there are always some children who need feeding and will eat anything. The problem arises with those children who should not be having seconds but it is for individual schools to decide what they wish us to do on this and advise.'

22. Members of the Task Group believed that schools and parents should encourage further take up of school meals. They believed that school meals were healthier and more balanced nutritionally than pack ups, which often contained chocolate and crisps.

Third Key Objective

(iii) To explore external factors that may contribute to childhood obesity

23. So far Members of the Task Group have received three presentations/briefing papers in relation to this key objective and these are detailed below:

Presentation from the School Travel Plan Co-ordinator

24. The School Travel Plan Co-ordinator confirmed that childhood obesity had become a major health issue nationally. Combined with this is the fact that many children do not have the opportunity to take regular exercise. Travelling actively to school (walking, cycling & mini scooter) provided an opportunity for children to take some of the 60 minutes activity a day that they needed to stay healthy.
25. School travel plans provide a framework, within which is set out a series of practical steps for reducing car use, increasing the opportunity for children to travel actively to school and improving children's safety on their journey to school. In their writing, the whole school community is consulted.
26. The presentation given to the Task Group gave further detail on what a travel plan was, what kind of measures a travel plan can include and how a school can promote its travel plan. It also looked at the role the School travel Plan Co-ordinator played in developing travel plans with schools and promoting active travel activities.
27. It was confirmed that there was a Government target for Local Authorities to deliver travel plans in 100% of schools in the city by March 2011, however there was no obligation on the school to produce travel plans.

General Comments on the Presentation given by the School Travel Plan Co-ordinator

28. Members of the Task Group discussed the presentation given by the School Travel Plan Co-ordinator and made the following observations:
- Many parents drove their children to school, dropping them en route to work. There were difficulties in re-educating parents in relation to the benefits of walking and cycling. The Task Group also felt that school staff needed to be encouraged to promote walking and cycling to school as healthy alternatives to being driven.
 - Children living outside the ring road may have to cross the bypass to reach school and there were few safe ways to do this. Neither did the Task Group believe that many parents would allow their children to cycle this route to school. The geographic make up of the city and the positioning of the ring

road meant that some children were always driven to school no matter what their age.

- The idea of making walking and/or cycling part of the school day was discussed. With willing volunteers (either parents or school staff) activities such as nature trails could be organised to demonstrate that walking can be interesting and that there are plenty of discoveries to make on the way, especially for younger children.
- Walking buses were good but there were difficulties in sustaining these, as there were very few volunteers to assist with them.
- Some children were taken and picked up from school by childminders. At the moment the School Travel Plan Co-ordinators only consulted with schools and parents and not with childminders. Members felt that there was an opening to include child minders as consultees in school travel plan reviews and to encourage them to either walk or cycle with the children they looked after.

Briefing Note presented by the Early Years Childcare Manager

29. The Early Years Childcare Manager provided a briefing note to Members in relation to healthy food and exercise in the day nurseries in York; this is attached at Annex F to this report. The Chair of the National Day Nurseries Association in York was also in attendance at the meeting of the Task Group on 1st March 2010.
30. The briefing note stated that Ofsted do not inspect against Healthy Eating in nurseries, however recently they have shown interest and asked questions around this area.
31. The Chair of the National Day Nurseries Association in York confirmed that until 2003 all nurseries were required to have a proper kitchen and to provide home cooked meals on site; this was no longer the case.

General Comments on the Briefing Note presented by the Early Years Childcare Manager

32. The Task Group welcomed the information received and was very pleased to learn that healthy meals were being served in the day nurseries in York. However, they acknowledged that not all children in the city attended day nurseries.
33. The Task Group felt that the day nurseries in York were providing good healthy meals and plenty of exercise for the children in attendance. They also welcomed the fact that children sat at a table for proper meals.
34. Discussions ensued and the Chair of the local National Day Nurseries Association Network confirmed that he believed an integral part of a good nursery was its kitchen. Many nursery kitchens in the city were 100% organic with many not keeping deep fat fryers. Five a day had been nursery policy for many years.

35. The Task Group believed that the evidence presented in Annex F of this report suggested that parents of children attending day nurseries were kept fully informed of what their children were eating, the Task Group had not yet seen evidence that this continued when the children started Primary School. This led to discussions that further work may need to take place to promote the continuation of healthy eating habits into Primary Schools. The Task Group felt that, in their experience, once children reached 6 or 7 years of age it was difficult to change their eating habits.
36. This led to a discussion on pack ups and the fact that these were given to children more widely when they started primary school, sometimes due to a cost factor rather than through choice. However, it was felt that if very young children were given pack ups then they needed adequate time and supervision to eat them.
37. He felt that the culture of 'pack ups' had not helped as many parents still included crisps and chocolate biscuits on a daily basis. He also had concerns regarding the standard of meals provided in primary schools within the city.

Presentation from a representative of the Youth Service

38. In the context of work going on within Young People's Services the Task Group received a presentation on how our changing way of life contributes to an unhealthy lifestyle and potential obesity problems for young people today this covered the following points:
- Driving to school
 - Fear of going out
 - Fast food generation
 - Parental short cuts
 - Commercially targeted
 - Body image
 - Cyber bullying
39. A copy of this presentation is attached at Annex G to this report.

General Comments on the Presentation from a Representative of the Youth Service

40. Members of the Task Group and the representative of the Youth Service discussed the presentation in detail. The following points came out of the discussion:
- It was not unusual for both parents to be out at work all day, work long hours and commute. This led to less time being available for cooking meals, thus more ready prepared food was eaten which tended to be less healthy.
 - Those young people who were perceived as less able often took comfort in food, many with resultant weight problems. It was also acknowledged that it was easy for many young people to 'hide away and play computer games'

and this resulted in many younger people being less active than they ever had been before.

Other comments

41. As a result of the information presented and the discussions had in relation to key objective (iii), it was acknowledged that there had been significant changes in lifestyles in the past 60 years and there had been a vast increase in the number of people who were either overweight or obese. Prior to 1950 there had been little or no food waste and all meals were home cooked. There were also less ready prepared meals available.
42. The Task Group felt that buy one get one free offers in supermarkets encouraged people to buy more food than they required.
43. The Task Group was interested to learn about how much food waste there was in York.²
44. Generally they believed that there needed to be a 'food culture' change (not just in terms of waste) but in what food both children and adults ate and how it was prepared.

Fourth Key Objective

(iv) To learn more about the All Together Better Programme and The Healthy Weight, Active Lives Strategic Implementation Group and the methods they are using to reduce childhood obesity³

45. Further information on this key objective will be provided to the Task Group at their next meeting. The information collected and discussed so far is presented below.

Information Gathered

Healthy Weight Active Lives

46. The PE and School Sport Consultant successfully applied for Local Strategic Partnership funding to set up the Healthy Weight, Active Lives Delivery Plan (HWALDP). The HWALDP is a partnership between Sport & Active Leisure (the lead partner), Altogether Better, CYC Food Safety Unit and York City Knights Rugby Club. The HWALDP reports to the Local Strategic Partnership and to the Healthy Weight Active Lives Strategic Implementation Group.

MEND

47. The MEND programme (Mind, Exercise, Nutrition, Do it!) is led by the PE Consultant from Sport & Active Leisure and is a targeted self-referral programme. It is a community and family based programme for overweight

² Currently no link has been established between childhood obesity and food waste and further pursuit of this would be outside the remit of the Task Group

³ The scoping report for this review (dated 2nd December 2009) also asked that information be included on the MEND (Mind, Exercise, Nutrition, Do it!) programme.

and obese children aged between 7 and 13 and their families. The programme places emphasis on (M)ind, (E)xercise and (N)utrition, (D)o it! It combines all the elements known to be vital in treating and preventing obesity in children, including family involvement, practical education in nutrition and diet, increasing physical activity and behavioural change.

48. MEND was chosen as a viable programme due to its clinical success and national profile. It is a relatively cost effective and straightforward programme to set up and run. It does, however, require intensive resources to deliver. Each place on the programme is valued at £400 and the course is delivered for free to referring families.
49. MEND has so far run two successful programmes supporting and re-educating children and their families to become happier, healthier and fitter. The first programmes were located as close as possible to identified NHS hotspots for childhood obesity in York. All children that have taken part so far have had successful outcomes. For example, the average cm waist measurement reduced by 5cm during the first programme.
50. At a recent Ofsted review of the York programme the inspector reported to MEND staff that this type of early intervention was successful due to the relationships that develop between the delivery staff and the families attending. The third programme started in January 2010 and 11 families were expected to take part.
51. Funding for the programme finishes in December 2010 but 4 more sessions have been funded. There is also a MEND programme for 2 to 4 year olds and for 5 to 7 year olds.
52. The greatest challenge for MEND is recruiting families to 'self refer' to the programme and so far none of the programmes have been full. It is known that 40% of the families who sign up to the programme then decide not to attend with the most common reason for non-attendance being, 'the child does not want to attend' or 'the child is too upset to attend'. However families that do attend report significant changes in their child and in their family's behaviour leading to an overall improvement in health.

York City Knights Foundation 'Get Active' Programme

53. The York City Knights Foundation 'Get Active' programme has also been running an educational assembly for Year Six children in all local primary schools to highlight the importance of a healthy lifestyle. Each class will also be able to take part in a series of exercise sessions to promote the benefits of regular exercise.

General Comments

54. The Task Group discussed the information received and felt that there had been significant publicity of the MEND programme through newspaper articles, radio interviews and the Theatre Royal brochure. It was suggested that more identification and encouragement to participate through schools and GPs might help to increase take-up.

55. Both the PE & School Sport Consultant and the Task Group believed there was an assumption that average weight equals a healthy weight; this was not necessarily the case.
56. The PE & School Sport Consultant confirmed that due to the temporary nature of funding arrangements there was little chance that MEND or similar initiatives would extend into adulthood.
57. All believed that educating parents was key to preventing childhood obesity.

Fifth Key Objective

(iv) To look at the continuity of services into adulthood

58. The Task Group have yet to fully investigate this key objective but to date they have received some synthetic data (which may not be accurate) relating to adult obesity. It is an estimate from 2005 and 2007 data. This is attached at Annex H to this report.

Next Steps

59. Members of the Task Group have received a vast amount of information to date some of which they are seeking clarification on for their next meeting, this includes:
- Further information on school meals (uptake in secondary schools, an example menu from a secondary school, popular food choices)
 - Further information on Physical Activity and Physical Education within schools
60. The Task Group have requested the following information for their next meeting:
- Healthy Schools Initiative
 - Further information on the external factors that can contribute to childhood obesity
 - Cooking healthily courses
 - The All Together Better Programme (including a comparison with Scarborough) and other initiatives
 - Healthy Weight Active Lives Strategic Implementation Group
 - The continuity of services into adulthood
 - Whether monies spent on the various initiatives are being used to the best advantage
 - Information on what other Local Authorities are doing in relation to childhood obesity
61. It is also hoped that a representative of the Food Standards Agency will be present at or provide information for the next meeting in relation to supermarket labelling.

Options

62. There are no options associated with this report it is for information only.

Analysis

63. Members of the Task Group still need to further clarify some of the evidence received and some of the comments and observations made in order to clearly set out what impact they have on childhood obesity.

Corporate Strategy 2009/2012

64. This report and the review being undertaken are directly linked to the 'Healthy City' theme of the Corporate Strategy 2009/2012.

Implications

65. **Financial** – There is a small amount of funding available within the scrutiny budget to carry out reviews. There are no other financial implications associated with this report; however implications may arise as the review progresses.

66. **Human Resources** – There are no Human Resources implications associated with the recommendations within this report.

67. **Legal** – There are no direct legal implications associated with the recommendations within this report; however implications may arise as the review progresses.

68. There are no known equalities, property, crime & disorder or other implications associated with the recommendations in this report.

Risk Management

69. In compliance with the Council's risk management strategy there are no known risks associated with the recommendations in this report.

Recommendations

70. Members are asked to note the interim report and confirm the next steps set out in paragraphs 59 to 61 of this report.

Reason: In order to progress this review

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**Interim Report
Approved**

✓

Date 19.03.2010

Specialist Implications Officer(s)

None

Wards Affected:

All ✓

For further information please contact the author of the report

Background Papers:

Childhood Obesity Scoping Report – 02.12.2009

Annexes

- Annex A** Task Group membership, schedule of meetings and papers received
- Annex B** Presentation to the Full Committee
- Annex C** Information on school Clusters
- Annex D** PE Provision Information
- Annex E** Briefing Note on the School Meals Service
- Annex E1** Tables A, B & C (associated with the briefing note on the School Meals Service)
- Annex E2** Appendices A & B (associated with the briefing note on the School Meals Service)
- Annex F** Briefing Note on How Day Nurseries in York Contribute to Healthy Food and Exercise
- Annex G** Presentation from the Youth Service
- Annex H** Synthetic data on Adult Obesity

List of Documentation Received to Date

Annex A

Document Name	Date	Provider	Notes
PowerPoint Presentation	02.12.2009	Health Improvement Manager (obesity) at NHS North Yorkshire and York, Associate Director of Public Health and Locality Director for York, The Children's Trust Unit Manager and colleagues from CYC and York Hospital	Background information, childhood obesity statistics, Children's Trust Units, tackling obesity through Partnerships, Healthy Weight, Active Lives Sub-Group, local data from the National Child Measurement Programme (NCMP)
North Yorkshire & York Healthy Weight, active Lives Strategy 2009-2010	02.12.2009	Health Improvement Manager (Obesity) – NHS North Yorkshire & York	A copy of this was available for Members to view at the meeting on 02.12.2009. The Scrutiny Officer has a copy if required.
Childhood Obesity	02.12.2009	Centre for Public Scrutiny Publication	Library Monitor – Childhood Obesity
The Children & Young People's Plan 2009-2012	02.12.2009	Children's Trust Unit Manager	Children & Young People's Plan for the City of York
Leaflet	02.12.2009	NHS Publication	Top Tips for Top Kids – Leaflet about eating well, moving more and living longer
Letter	02.12.2009	NHS North Yorkshire & York	Example letter sent to parents on the National Child Measurement Programme
Letter	02.12.2009	Children's Trust Unit Manager	Letter received from family who had attended the MEND programme
E-mail	07.12.2009	School Travel Plan Co-ordinator	E-mail sent to Cllr Sue Galloway regarding School Travel Plans
Jorvick School Sports Partnerships Data	18.12.2009	Health Improvement Manager (Obesity) – NHS North Yorkshire & York	Jorvick & Oaklands Sports Clusters
Healthy Weight; Healthy Lives	18.12.2010	Health Improvement Manager	Consumer Insight Survey

List of Documentation Received to Date

Document Name	Date	Provider	Notes
		(Obesity) – NHS North Yorkshire & York	
Foresight Report	18.12.2010	Health Improvement Manager (Obesity) – NHS North Yorkshire & York	Tackling Obesities: Future Choices Project Report
Ebor School Sports Partnership	20.01.2010	Health Improvement Manager (Obesity) – NHS North Yorkshire & York	Explanation of School Clusters
Healthy Weight Active Lives	27.01.2010	PE & School Sport Consultant	Information re: MEND, Food Labelling & Composition Awareness Training, Get Active & Altogether Better
York PESSYP 2008/09	27.01.2010	PE & School Sport Consultant	Trends of the city with relation to a variety of school sport indicators
Good News	27.01.2010	PE & School Sport Consultant	2010-2011 Physical Activity Campaign Information
Adult Participation in Physical Activity	27.01.2010	PE & School Sport Consultant	Background Report for the Task Group
Addressing Childhood Obesity	27.01.2010	PE & School Sport Consultant	PowerPoint Presentation
Letter to Scrutiny Officer & Task Group	27.01.2010	PE & School Sport Consultant	Information on the impact that initiatives such as PE provision, Healthy Eating, 5 a day have had on childhood obesity
Swimming Information	27.01.2010	PE & School Sport Consultant	Data on swimming uptake (under 16s)
City of York School Meals Arrangements	27.01.2010	Contracts Office & Assistant Director of Resources (LCCS)	School meal contract arrangements for schools in York
Briefing Note	27.01.2010	Contracts Officer & Assistant Director of Resources (LCCS)	Statistics on school meal uptake annually since 2003 & corresponding prices. Typical menu and nutritional content of such school meals annually since 2003

List of Documentation Received to Date

Document Name	Date	Provider	Notes
School Food Trust Information	27.01.2010	Contracts Officer & Assistant Director of Resources (LCCS)	Food based-standards information
Nutrition Plans/Charts	27.01.2010	Contracts Officer & Assistant Director of Resources (LCCS)	Nutrition Chart/Plan for secondary & primary schools– North Yorkshire County Caterers
Menu Choices	27.01.2010	Contracts Officer & Assistant Director of Resources (LCCS)	Menu cycles with costs (secondary & primary)
E-Mail	08.02.2010	Health Improvement Manager (Obesity) – NHS North Yorkshire & York	Synthetic Data on adult obesity
E-Mail	19.02.2010	Contracts Officer & Assistant Director of Resources (LCCS)	Clarifications arising from the Task Group meeting on 27.01.2010 in relation to school meals
Briefing Paper	01.03.2010	Early Years Childcare Manager	How day nurseries contribute to healthy for & exercise
PowerPoint Presentation	01.03.2010	School Travel Plan Co-ordinator	School Travel Plans
PowerPoint Presentation	01.03.2010	Head Of Young People's Service, Access And Inclusion, Learning Culture & Children's Services	Young People's Services & Obesity – external factors that may contribute to childhood obesity
Healthy Schools Initiative	27.01.2010 & 19.04.2010	Healthy Schools and Risky Behaviour Consultant	Information on the Healthy Schools Programme

Members of the Task Group:
 Councillor Susan Galloway
 Councillor Tracey Simpson-Laing
 Councillor Siân Wiseman

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Scrutiny Committee

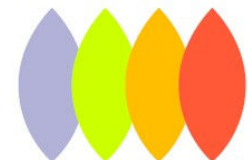
Childhood Obesity

Judy Kent - Children's Trust Unit Manager City of York Council

Rachel Johns - Associate Director of Public Health and Locality Director for York

Greg McGrath - Health Improvement Manager NHS NYY

Kathryn Yeoman - Deputy Directorate Manager for Child Health



Overview

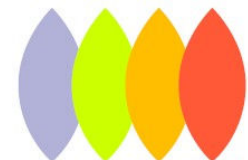
Obesity: a complex system

Tackling Obesity through Partnerships

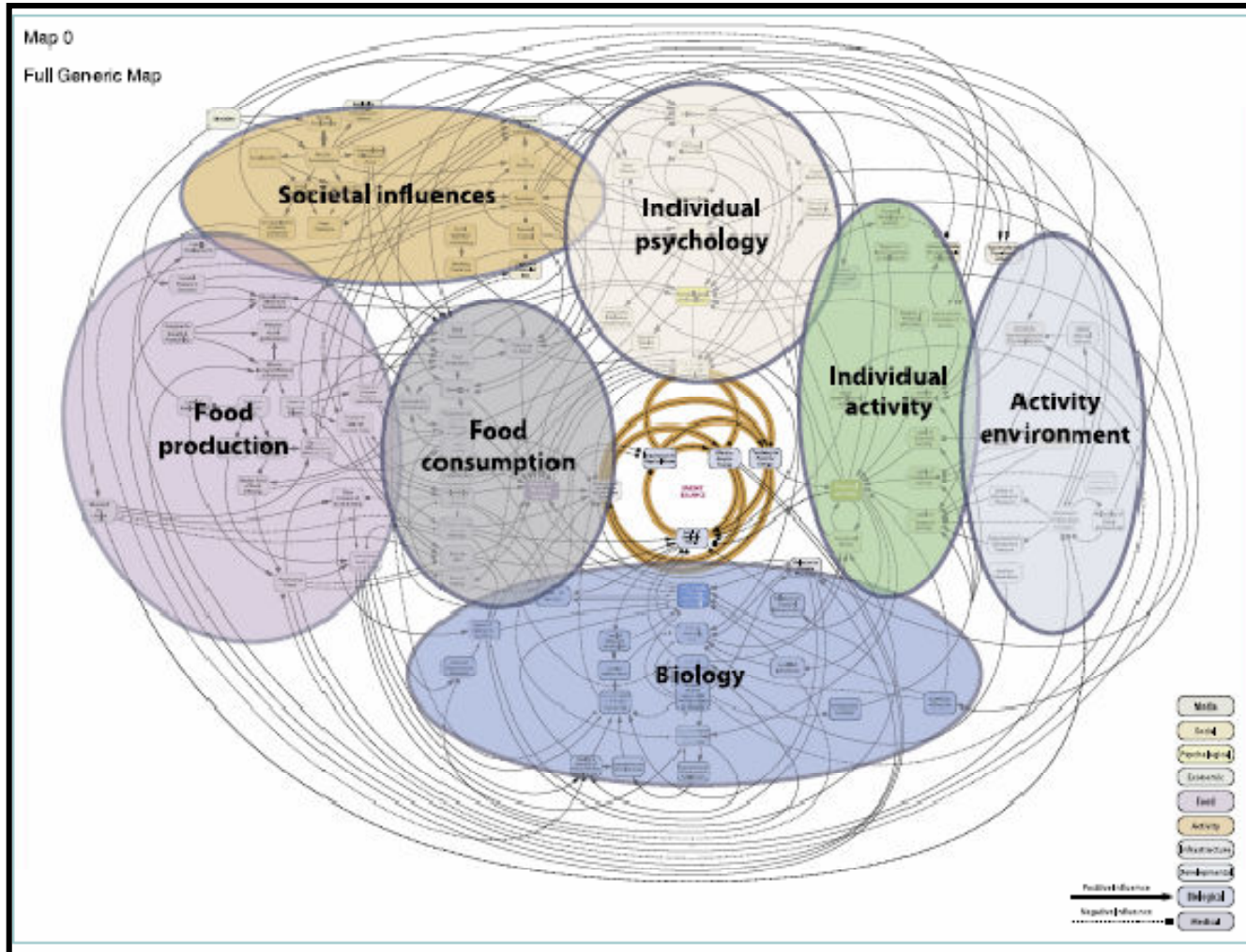
- Children's Trusts
- Children and Young People's Plan 2009-2012
- Partnership planning structure

Local Data from the National Child Measurement Programme

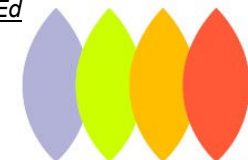
- NCMP
- Obesity prevalence in Reception and Year 6
- Local insight and clusters



Complex multifaceted system of determinants

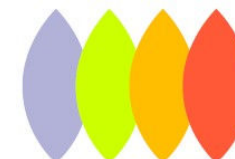


Foresight (2007) Tackling Obesities: Future choices – Project report 2nd Ed



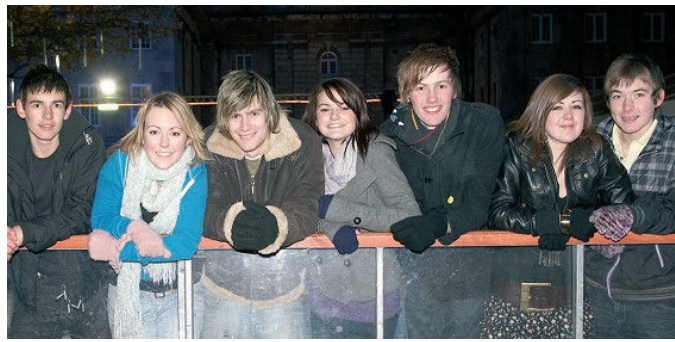
Tackling Obesity through Partnerships

Judy Kent





Children's Partnership Planning Arrangements



Children's Trusts

- ▶ 2001 Victoria Climbié
- ▶ 2003 Every Child Matters – national framework for change
- ▶ Children's Trusts
- ▶ 5 Outcomes:
 - ▶ Healthy
 - ▶ Safe
 - ▶ Positive contribution
 - ▶ Enjoy and achieve
 - ▶ Economic well-being



Children's Trusts – a set of arrangements...

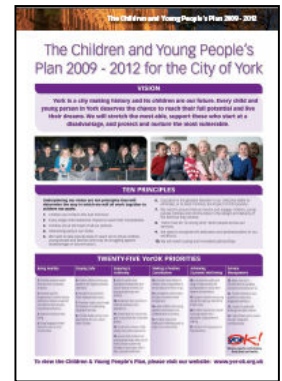
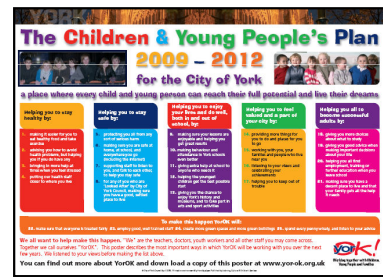
- ▶ (Legal basis Children Act 2004 / subsequent guidance)
- ▶ Children's Commissioner
- ▶ Director / Lead Member for Children's Services
- ▶ Duty to: cooperate; safeguard and promote welfare of children; set up local Safeguarding Children Boards
- ▶ Provision for indexes / databases to enable better information sharing;
- ▶ Single Children & Young People's Plan
- ▶ Joint Inspection Framework / Joint Area Reviews
- ▶ Duty to promote educational achievement of children in care

A Children's Trust is about:

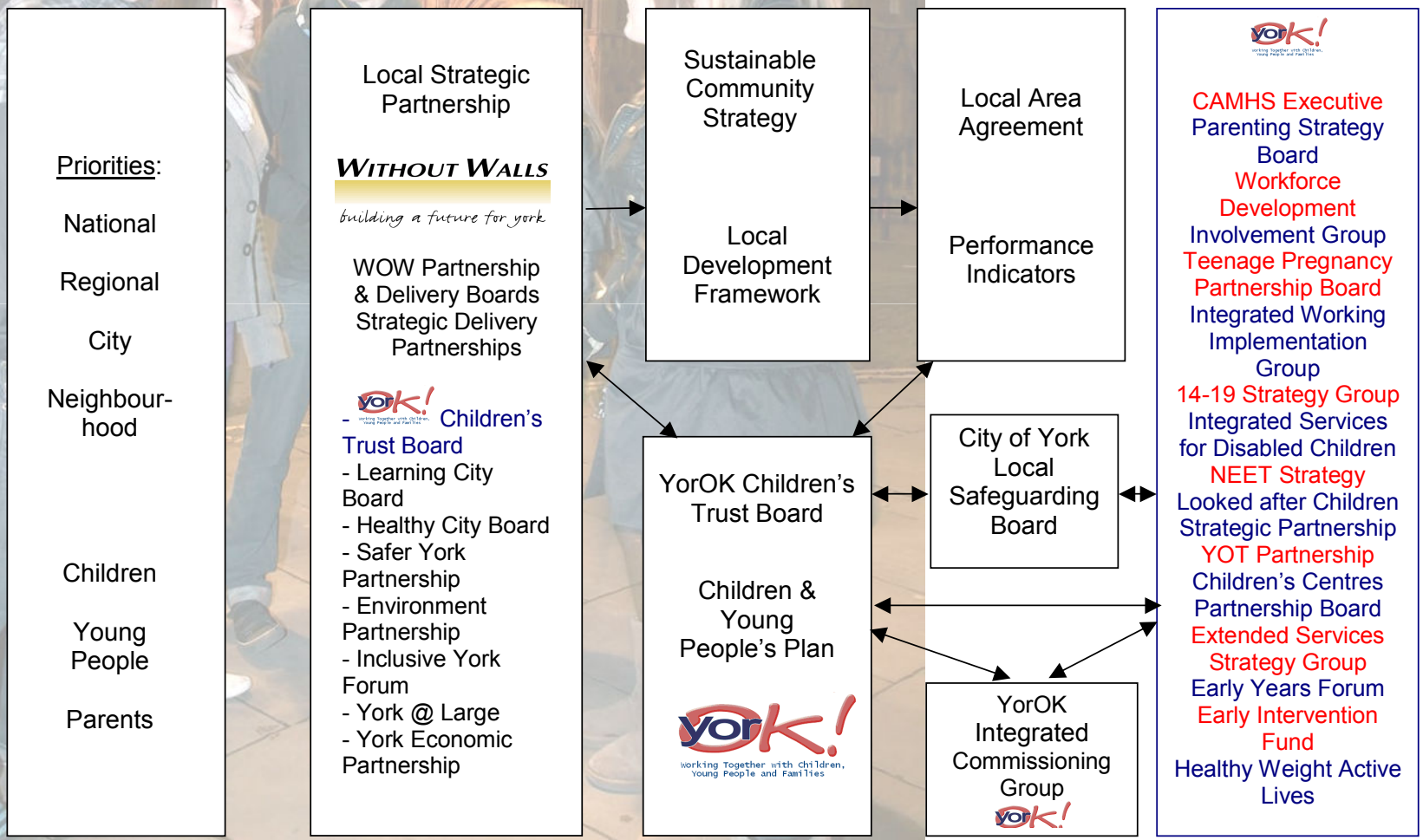
- ▶ Shared vision
- ▶ Children & Young People's Plan (CYPP) – strategic, local priorities, actions & delivery
- ▶ Improving outcomes – 0-19+ (25)
- ▶ Partnerships
- ▶ Prevention and early intervention
- ▶ Integration: governance, strategy, planning, commissioning, provision, process, workforce...
- ▶ YorOK – Children's Trust Unit

CYPP 2009-12

- ▶ Multi-agency plan
- ▶ High level, strategic, vision
- ▶ Consultation (www.yor-ok.org.uk)
- ▶ Outcome focussed
- ▶ Priorities & how we will deliver them
- ▶ How we will monitor progress
- ▶ Spending plans



Partnership Planning Structure



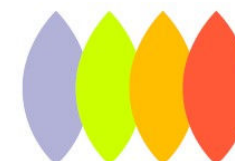
Healthy Weight Active Lives sub-group

- ▶ New partnership forum – PCT Lead
- ▶ Focus – to reduce child obesity
- ▶ LAA Indicators (NI 55 Reception / NI 56 Year 6)
- ▶ HWAL strategy and action plan

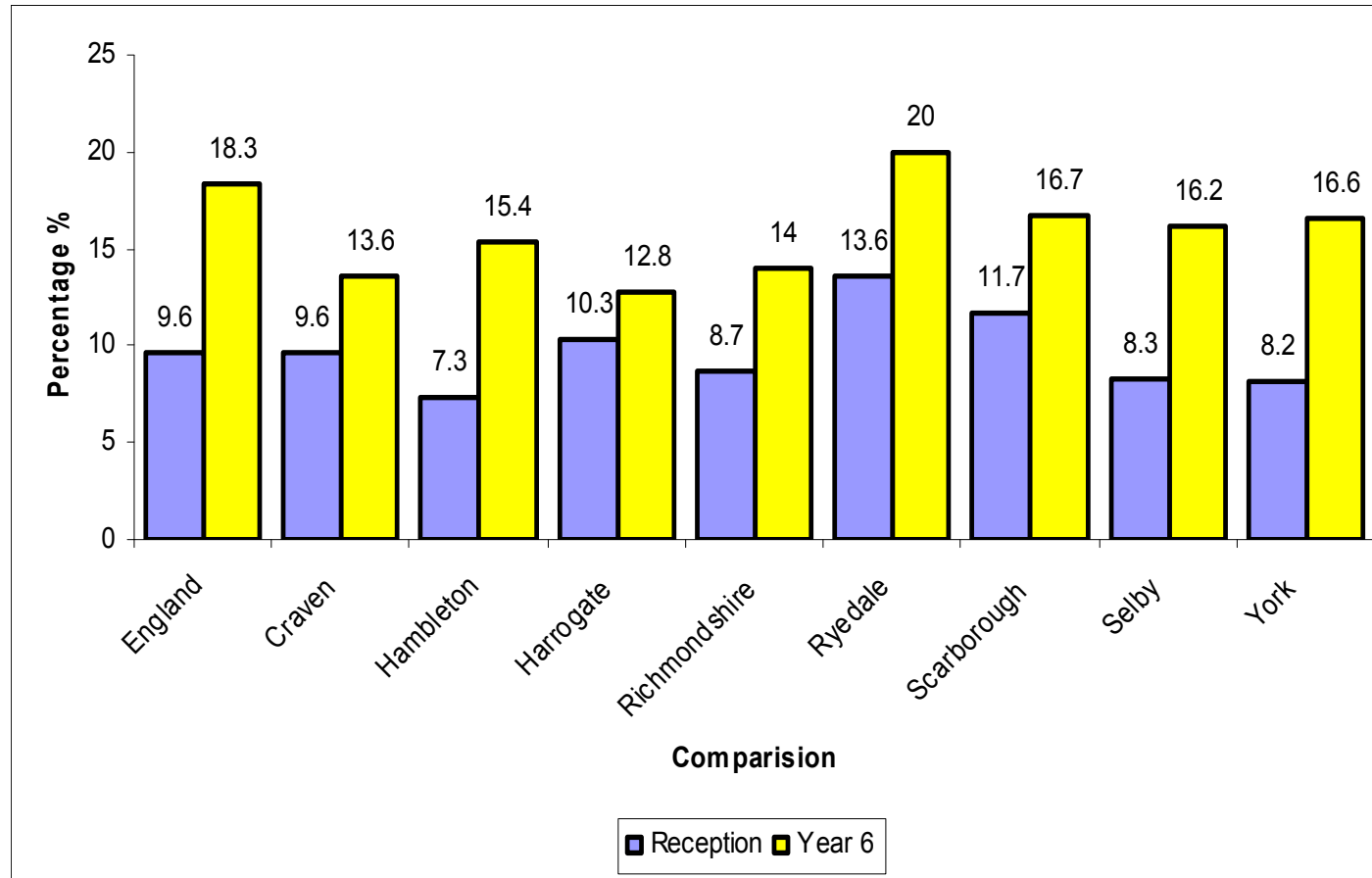


Local Data from the National Child Measurement Programme

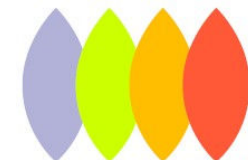
Greg McGrath



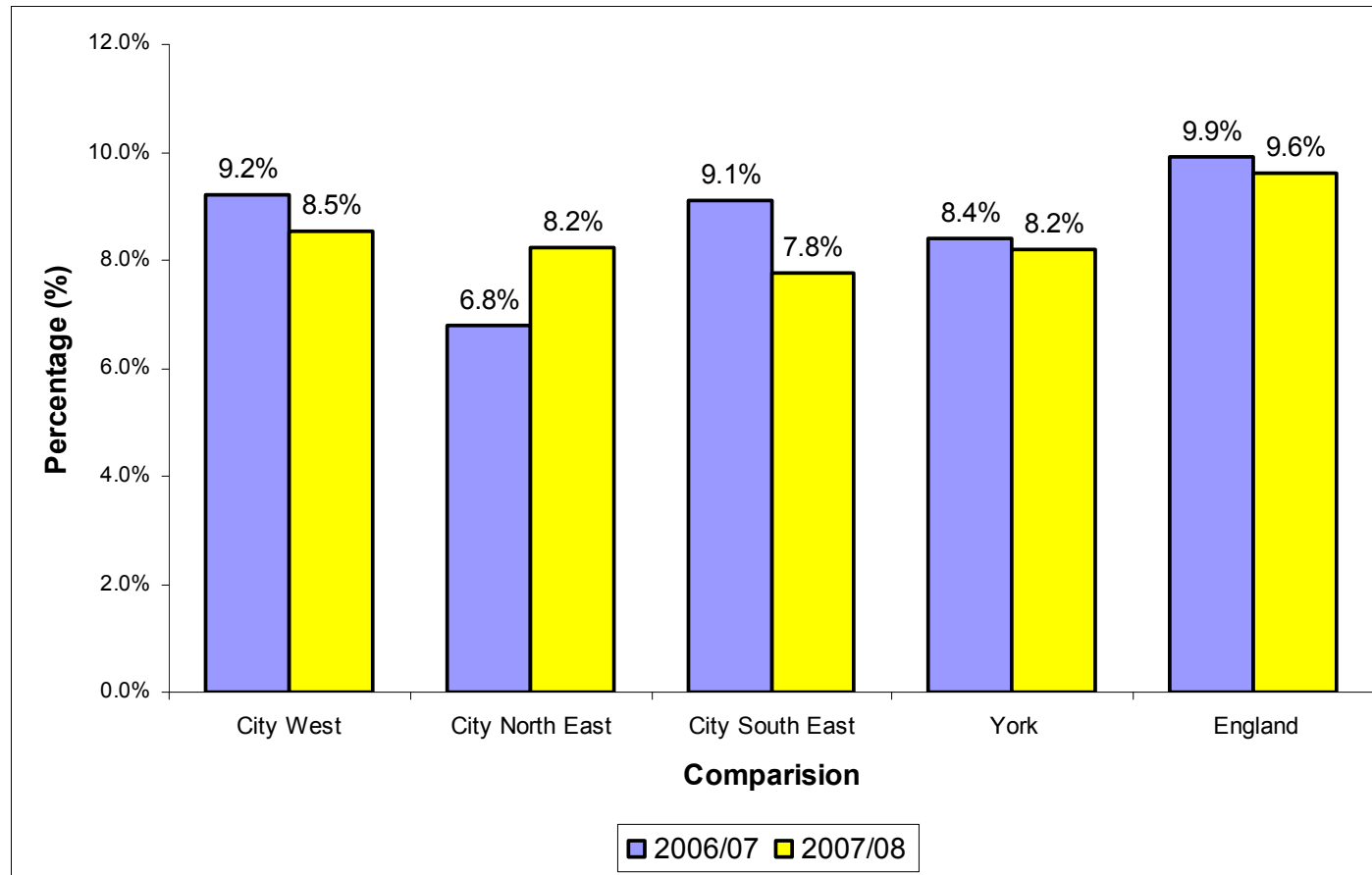
NCMP, District level prevalence 2007/08 – all children at risk of being obese



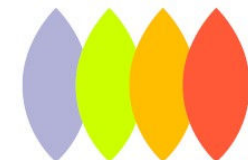
Public Health Intelligence, NHS NYY 2009. Childhood Obesity in North Yorkshire and York. Results from the collection of height and weight measurements in Year 6 and Reception children 2007/08



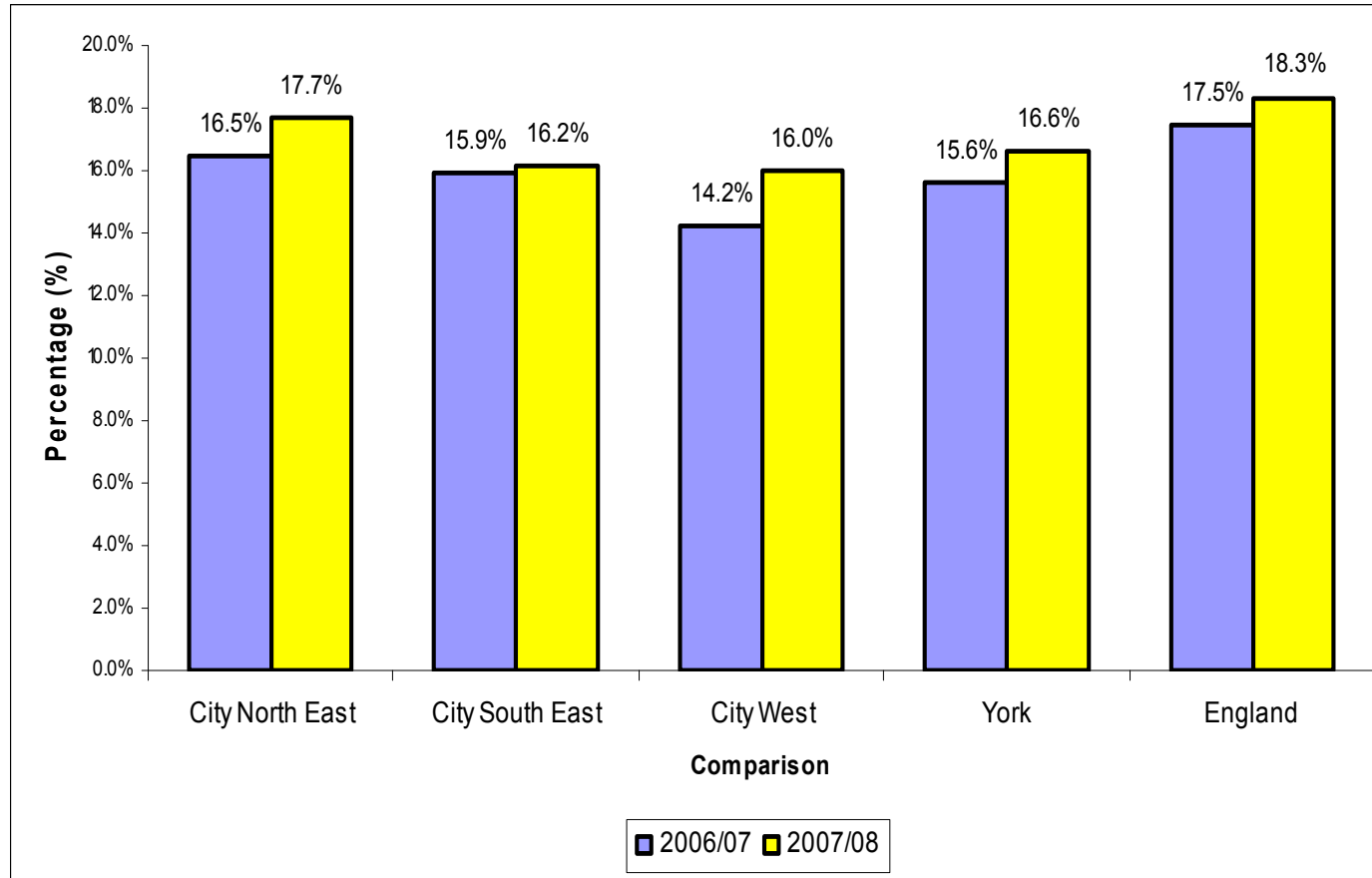
NCMP, Children's Services Locality / York / England 2006/7 – 2007/8 - Obesity in Reception Year



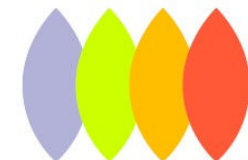
Public Health Intelligence. NHS NYY 2009. Childhood Obesity in North Yorkshire and York. Results from the collection of height and weight measurements in Year 6 and Reception children 2007/08



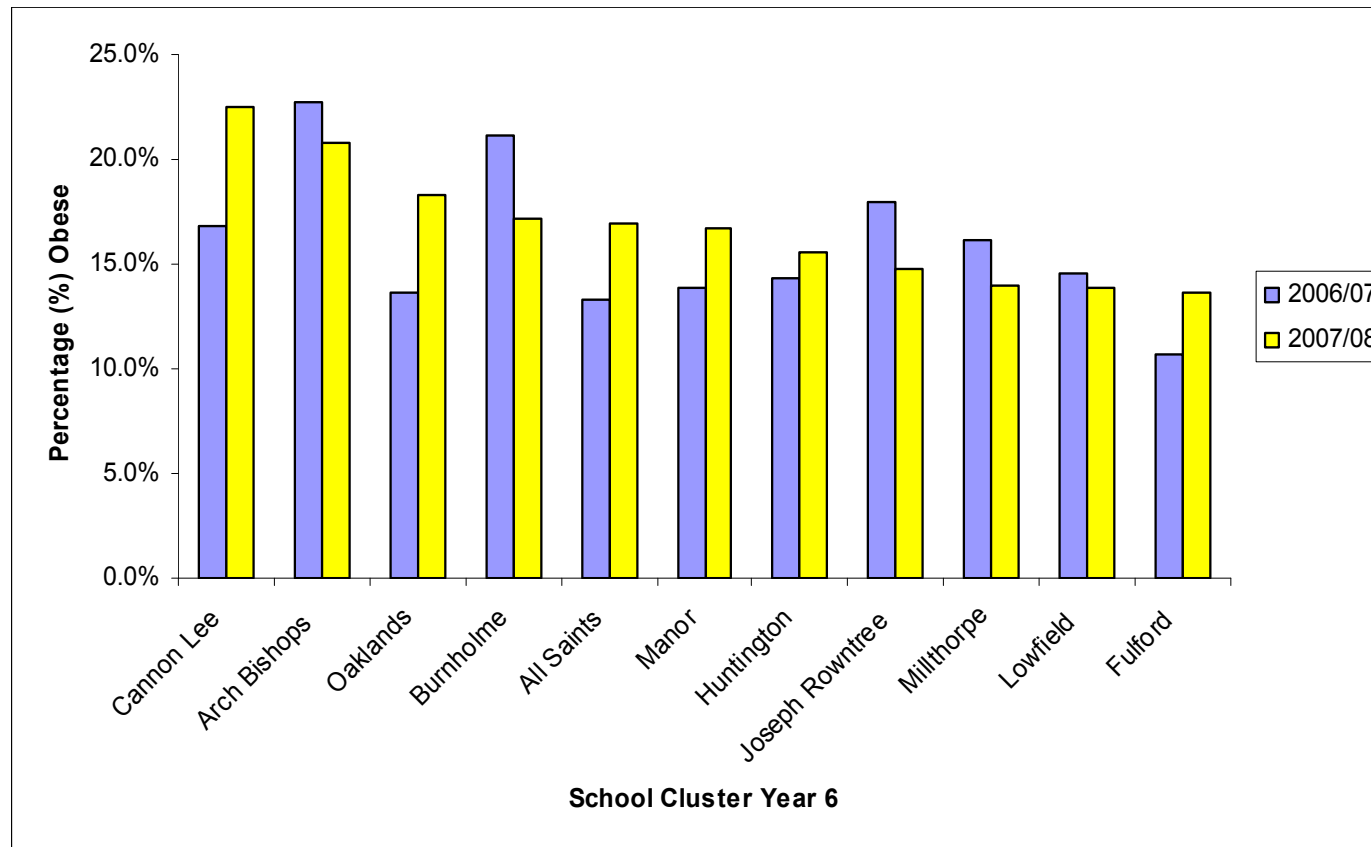
NCMP, Children's Services Locality / York / England. 2006/7 – 2007/8 Obesity in Year 6



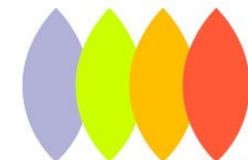
Public Health Intelligence, NHS NYY 2009. Childhood Obesity in North Yorkshire and York, Results from the collection of height and weight measurements in Year 6 and Reception children 2007/08



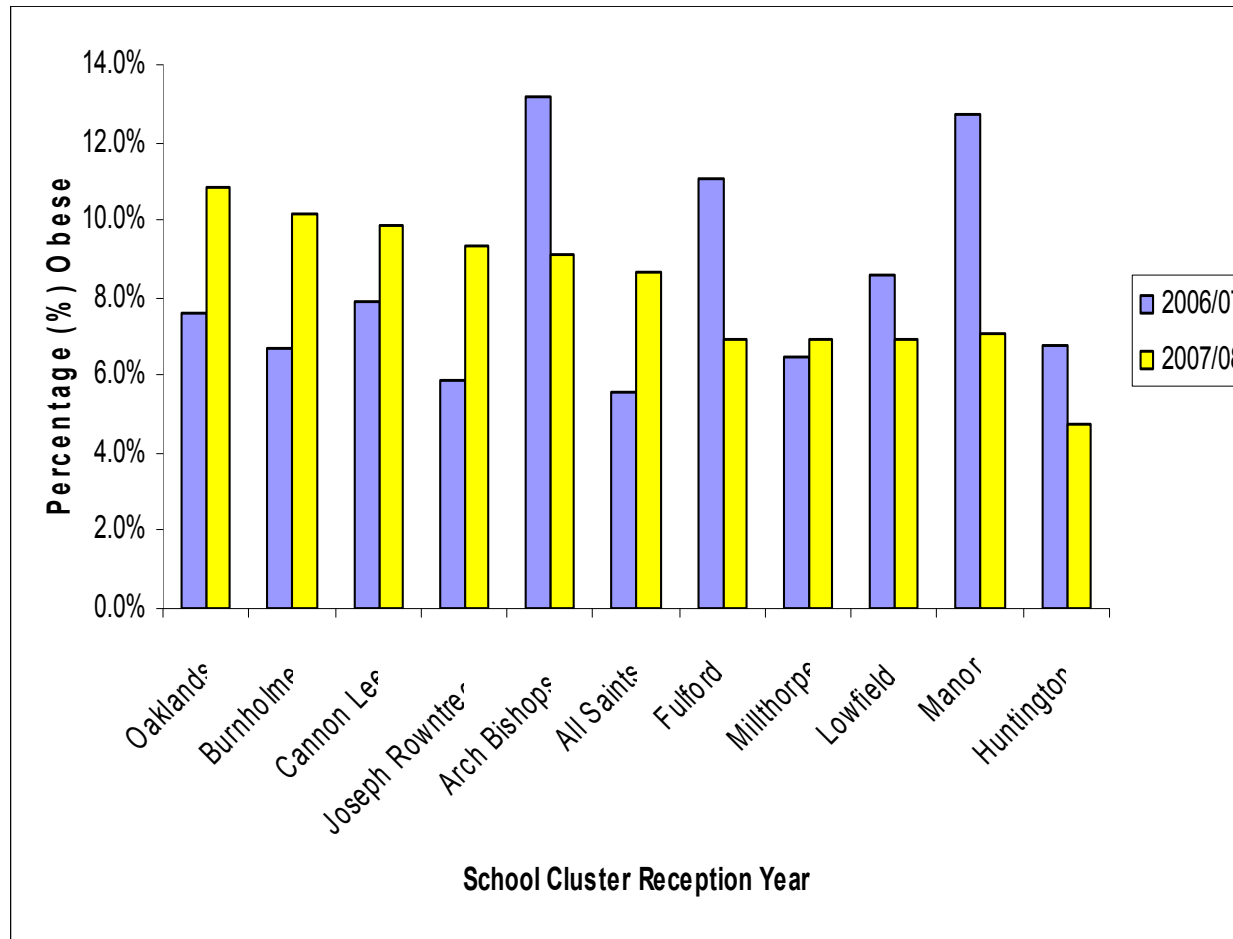
NCMP, School Cluster 2006/07 – 2007/08 Obesity in Year 6



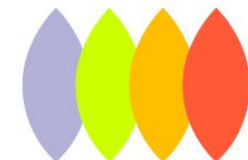
Public Health Intelligence, NHS NYY 2009. Childhood Obesity in North Yorkshire and York. Results from the collection of height and weight measurements in Year 6 and Reception children 2007/08



NCMP, School Cluster 2006/7 – 2007/8 Obesity in Reception Year



Public Health Intelligence, NHS NYY 2009. Childhood Obesity in North Yorkshire and York, Results from the collection of height and weight measurements in Year 6 and Reception children 2007/08

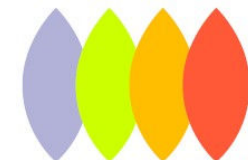


Children's service localities level prevalence and total numbers – all children at risk of being overweight or obese

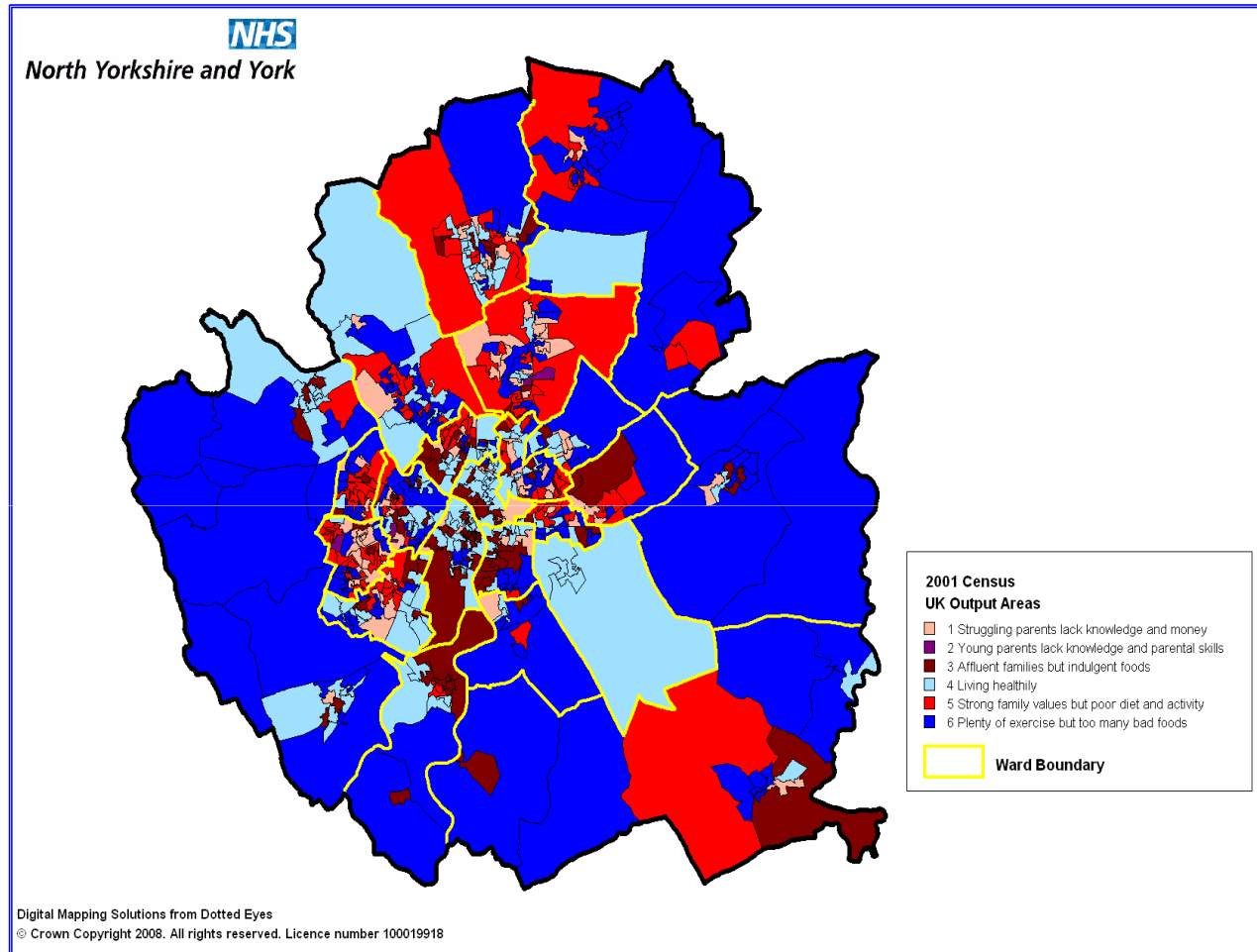
Reception Overweight or obese			
Children's Service Locality	Number Obese or Overweight	No. Measured	%
City North East	138	584	23.6
City South East	118	553	21.3
City West	108	468	23.1
Total	364 (Over 233) (Obese 131)	1605	22.7

Year 6 Overweight or obese			
Children's Service Locality	Number Obese or Overweight	No. Measured	%
City North East	156	583	26.8
City South East	156	551	28.3
City West	165	512	32.2
Total	477 (Over 203) (Obese 274)	1646	29.1

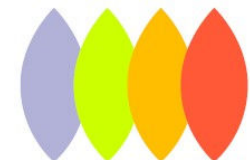
Coverage (Target is 85%)	Coverage (Target is 85%)
% 2006/07	% 2007/08
91.5%	91.9%



Healthy Weight, Healthy Lives Market Segmentation - York

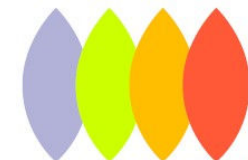


Department of Health (2008) Healthy Weight, Healthy Lives Market Segmentation and mapping



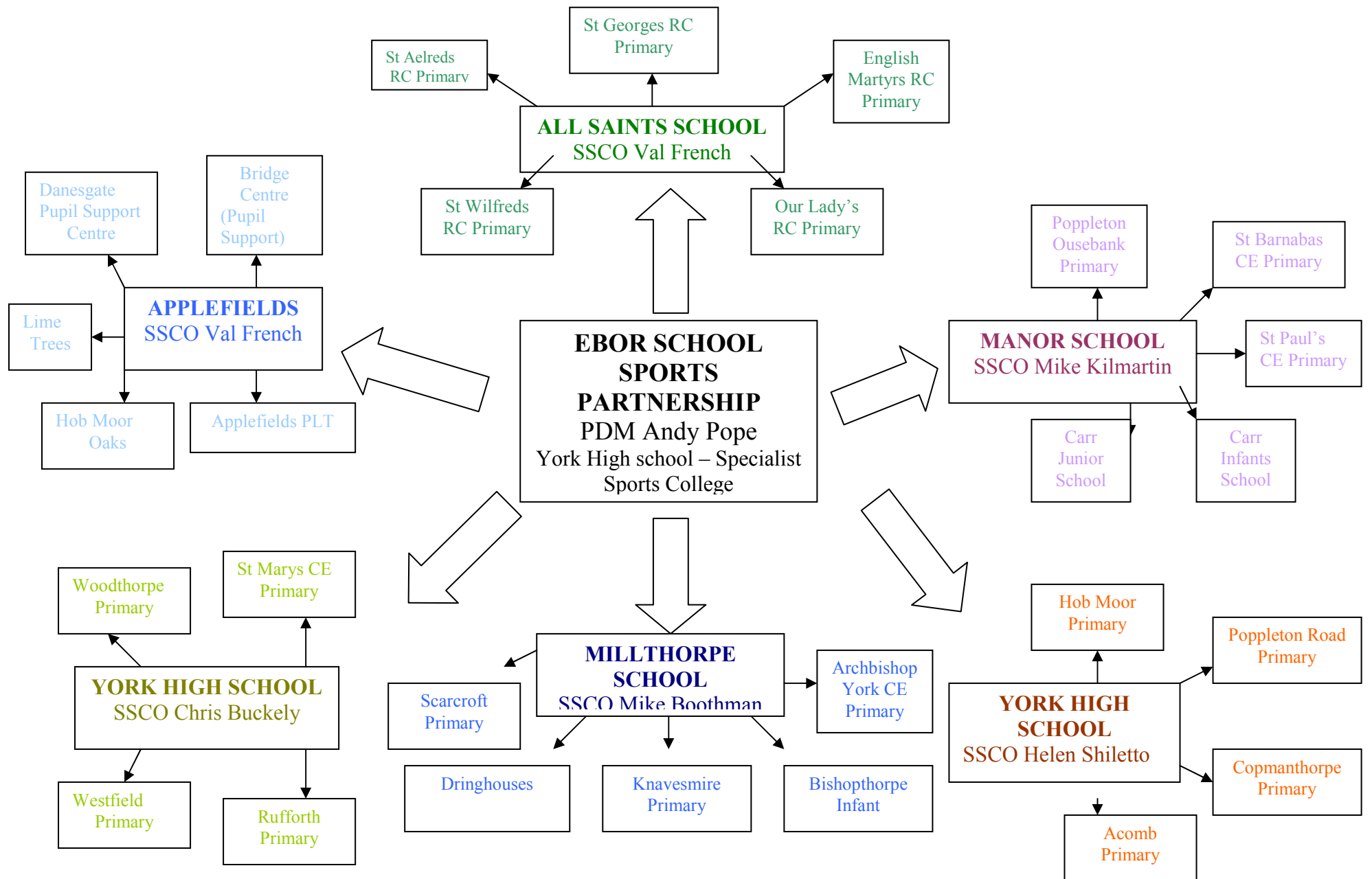
Modelled Estimates of Families with Children Aged 2-10 in York			National Sample
Dominant Cluster	Number	Percent	Percent
1. Struggling parents lack knowledge and money	1,374	11%	13%
2. Young parents lack knowledge and parental skills	55	0.4%	11%
3. Affluent families but indulgent food	1,589	12%	13%
4. Living healthily	2,856	22%	21%
5. Strong family values but poor diet and activity	3,317	26%	27%
6. Plenty of exercise but too many bad foods	3,614	28%	15%
Total	12,805		

Department of Health (2008) Healthy Weight, Healthy Lives Market Segmentation and mapping



Thank You





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PE Provision Information

Information on the impact that PE provision has on childhood obesity

1. There has been an increase in % of children and young people doing 2 hours of PE from 2008 (84%) to 2009 (87%) by 3%. From 2006(79%) – 2008(94%) there was an increase of 15% in the number of children doing 2 hours of PE and school sport per week; Figure 1 of this annex shows trends within the city with relation to a variety of school sport indicators
2. Currently 44% of children participate in 3 hours high quality PE and school sport.
3. There has been a shift in national priorities from only 2 hours within and beyond the curriculum towards the 5 hour offer, which includes 2 hours curriculum and 3 hours of extended school and community provision. This move towards five hours of PE and school sport is also moving more towards World Health recommendations that children are active for an hour each day.
4. It is worth remembering that PE is Physical Education and part of the curriculum and not pure sport. Therefore some lessons may not require physical participation and the intensity of physical activities is lower when children and young people are learning new skills. Physical activity levels are then unable to be assured to contribute towards the required exertion levels and time requirements to contribute towards weight loss in children. However PE does contribute towards the societal expectation that being physically active is part of life and that exposure to a variety of sports in school increases the likelihood of an individual child finding a sport or physical activity that they enjoy.
5. Curriculum PE is in place for educational purposes and not to address obesity in children.
6. Since 2005 there has been a steady increase in number of minutes offered for curriculum PE by 14.5 minutes. Within schools there has been a steady increase in the number of activities offered by nearly five activities per year on average per school. The types of activities included into school timetables has seen children be involved in deciding what activities they would like to try. School PE is now more of a mixture of traditional and non traditional sports and physical activities. Increasing the variety offered means a broader exposure rate to children and increase in the likelihood of continued or additional participation in a new chosen sport. For example dance and martial arts have seen a great rise in the number of after school clubs and participation rates in children as a result of the work of the two School Sports Partnerships.

7. Voluntary club sector links to schools have also increased from 5 clubs in 2006 to 13 clubs on average per school. This has meant that children and young people are more exposed to voluntary sport and it increases the likelihood that children will continue to be active into adult life as they are part of a community voluntary club, which tend to have role models participating throughout the club. The Sport and Active Leisure team is strongly supporting this aspect of school sport and has recently published guidance for schools and clubs to develop more sustainable links to each other.
8. Data about children and young people's participation at leisure centres is currently unavailable. This data is not able to be extrapolated from user numbers in CYC facilities and is also not available from the private leisure providers in the city. However, since the launch of free swimming for Under 16's there is data in the sign up rate and also participation rates for 2009; Figures 2, 3 and 4 of this annex show some basic figures and information. In summary there are 11,141 number of children and young people who have signed up for a free swimming card. 3880 is number of children from identified York postcodes who are in a NHS defined area that requires obesity management programmes. The data is unable to show how many children regularly use their card (i.e. every week) so the data is unable to show any contribution towards reducing childhood obesity levels. Information collected doesn't monitor the health status of children so there is no measure of whether an improvement in health is required. One positive element the data reveals is that 11 year olds have the highest sign up and participation rate for free swimming from all U16 age groups.

Figure 1

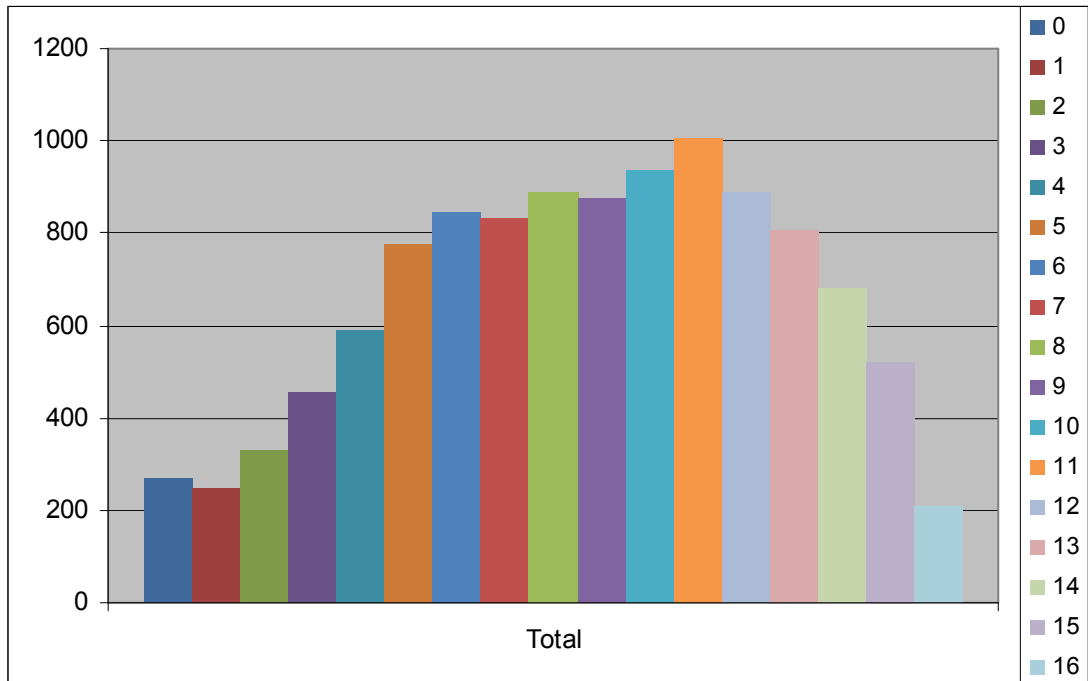
Trends of the city with relation to a variety of school sport indicators

York PESSYP ¹ 2008/09	Jorvik	Jorvik	Jorvik	Jorvik	Ebor	Ebor	Ebor	Ebor	Ebor	2006	2007	2008	2009
	2006	2007	2008	2009	2005	2006	2007	2008	2009	York	York	York	York
Total PE Curriculum Minutes	104	113	115	116	105	107	118	121	123	105	115	118	119.5
% of 5-16 year olds doing 2 hours High Quality PE within and beyond curriculum (PSA Target)	69%	90%	93%	n/a	70%	72%	90%	95%	n/a	71%	90%	94%	n/a
% of 5 - 16 year olds doing 2 hours HQ PE				83%					91%			84%	87%
% of 5 -16 year olds doing 3 hours HQ PE and school sport				44%					46%				46%
% of 5 - 19 year olds doing 3 hours HQ PE and school sport				42%					45%				44%
% Pupils (5 - 16 yr old) involved in intra school competition	68%	69%	73%	86%	14%	52%	44%	50%	55%	60%	56.50%	61.50%	70.50%
% Pupils (5 - 19 yr old) involved in intra school competition				82%					54%				68%
% Pupils (7-16 yr old) involved regular intra school competition				24%					24%				24%
% Pupils (7-19 yr old) involved regular intra school competition				24%					23%				23.50%
% Hosting a sports day	100%	100%	100%	100%		93%	94%	94%	100%	97%	97%	97%	100%
% Pupils (5-16 yr old) involved in inter school competition	35%	37%	45%	50%	38%	42%	42%	32%	34%	39%	39.50%	38.50%	42%
% Pupils (5-19 yr old) involved in inter school competition				47%					33%				40%
% Pupils (7-16 yr old) involved in regular inter school competition				20%					17%				18.50%
% Pupils (7-19 yr old) involved in regular inter school competition				19%					17%				18%
Number of activities offered to pupils (average)	14.69	17.82	18.54	19.77	16.7	15.5	16.7	18.2	20.06	15.1	17.26	18.35	19.92
Number of school club links (average)	5.79	10.5	12	12.5	5.47	5.76	7.01	13.3	13.55	5.77	8.79	12.67	13
% Pupils participate in a sport, dance or multiskill club with links to school (6 - 16 yr old)	24%	27%	28%	41%	20%	37%	24%	37%	44%	31%	25.50%	32.50%	42.50%
% Pupils participate in a sport, dance or multiskill club with links to school (6 - 19 yr old)				39%					42%				40.50%
% Registered as gifted and talented (10 - 16 yr old)	6%	6%	9%	12%	6%	6%	7%	9%	9%	6%	6.50%	9%	10.50%
% Registered as Gifted and Talented (10 - 19 yr old)				11%					9%				10%
% Involved in sports volunteering and leadership (5 - 19 yr old)		11%	13%	22%			6%	9%	16%				
% Involved in sports volunteering and leadership (7 - 19 yr old)	4%					6%				5%			
% Involved in sports volunteering and leadership (14 - 19 yr old)					13%						8.50%	11%	19%

¹ Physical Education Sport Strategy for Young People

Figure 2

Free Swimming Programme Data January 2009 – December 2009
Uptake by age group of U16 free swimming



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Grand Total
Total	270	247	330	453	591	776	843	831	890	874	934	1005	886	805	680	518	208	11141

Figure 3

Free U16 uptake for Clifton postcode – identified as a high need for obesity intervention

Postcode Sector	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Grand Total
YO30	1			1								1						3
YO30 1	3	3	5	6	3	7	18	12	9	10	7	5	8	9	6	5	2	118
YO30 2	1	1		2	1	3	1	4	1	3		2	1		2			22
YO30 4	1	7	4	8	14	13	17	22	18	16	24	11	13	17	9	6	4	204
YO30 5	12	14	18	19	23	29	43	31	32	32	53	43	30	26	22	15	7	449
YO30 6	12	13	11	28	23	36	32	32	45	42	53	59	58	44	72	42	20	622
YO30 7	2	3		2	5	8	6	3	7	4	8	3	7	3	6	2		69
YO305FX								1										1
YO305QQ			1															1
YO305QX												1						1
YO305RT						1												1
YO305XQ				1														1
YO306BA							1											1
YO306JZ								1										1
YO307DQ					1													1
YO309HG														1				1
Grand Total	32	41	39	66	70	98	117	105	114	107	145	125	117	100	117	70	33	1496

Figure 4

Free U16 uptake for Westfield postcode – identified as a high need for obesity intervention

Postcode Sector	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Grand Total
YO24 1	10	4	10	20	20	24	31	27	31	43	36	32	37	31	15	7	6	384
YO24 2	16	16	15	24	22	36	38	55	47	32	51	60	41	42	42	26	13	576
YO24 3	20	22	31	29	42	58	57	60	73	70	76	74	88	81	58	47	24	910
YO24 4	14	12	21	16	35	32	37	37	35	38	36	43	35	28	21	12	9	461
YO24 5						1		1	2								1	5
YO241BD							1		1		1							3
YO241DP												1						1
YO241EW					1													1
YO241JJ							1						1					2
YO241LN												1						1
YO241NB													1					1
YO242LP														1				1
YO242PB			1										1					2
YO242PD						1												1
YO242PN					1									1				2
YO242PP			1															1
YO242TJ							1											1
YO242TU					1													1
YO243AE															1			1
YO243AG				1														1
YO243AZ									1									1
YO243DD											1							1
YO243EB						1												1
YO243EE						1												1
YO243GH														1				1
YO243HL														1				1
YO243NF													1					1
YO244AY						1												1
YO244EU															1			1
YO244HA						1												1
YO244HD								1										1
YO244HH								1										1
YO244HR													1					1
YO244JB													1					1
YO244JD									1				1			1		3
YO244LZ	1							1	1			1						4
YO244RD		1																1
YO244SF					1													1
YO247EP																1		1
YO24V 3								1										1
YO30	1			1									1					3
Grand Total	62	55	79	91	123	156	166	183	193	183	201	213	209	185	138	94	53	2384

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Briefing note to the Childhood Obesity Scrutiny Review on the School Meals Service

Statistics on School Meal Uptake annually since 2003 and corresponding prices

Tables A, B & C are attached at Annex E1

Appendix A & B are at Annex E2 to this report

1. A list of York's school meals arrangements is given in **Table A**. **Table B** shows total take up and selling prices for schools in the local-authority procured catering contract with North Yorkshire County Caterers. Schools are not identified in take up information released into the public domain because of commercial confidentiality and also because reasons for varying take up are wide ranging. These can include:
 - school lunch clubs which do not always allow pupils time for a school meal
 - some schools require payment a term or half a term in advance to reduce time and expense of cash collection
 - some schools insist paying pupils have a school meal every day or not at all
 - whether or not pupils like what is on the menu – popularity of a dish can vary greatly from school to school
 - a cook's aptitude for producing appealing meals (cooks pay is banded according to the number of meals they prepare, and their hours generally reduce if take up falls)
 - dining room capacity - some headteachers are able to make lunchtime a social occasion, learning to eat tidily at a table with cutlery and an opportunity to try different foods; others have to get pupils in and out as quickly as possible
 - the importance a headteacher places on having a school lunch – some schools offer staff a free lunch when they eat with the pupils
 - sometimes take up is low for no discernable reason
 - figures are not adjusted to take into account exclusion or any other type of absence such as study leave, which obviously reduces secondary school take-up, or phased starts in Nursery/Reception classes.
2. Therefore the average for all contract schools has been given for each year, together with the range of take up. This includes the Free School Meal take-up from each January school census snapshot, for which schools are allocated funding based on the number of their pupils who have successfully applied for Free School Meals. However this funding is not ring-fenced and therefore no financial incentive for schools to ensure the free school meals are actually taken.
3. Schools outside the contract have only reported figures to the LA since 2007/08, and these are summarized at **Table C** by financial year, as reported

to the Schools Food Trust.

The typical menu and nutritional content of such school meals annually since 2003.

4. Legislation required nutritional standards and analysis from September 2008 for primary schools and September 2009 for secondary schools. Prior to 2008, school menus followed the School Food Trust's Food-Based Standards, following interim standards from September 2006, fully implemented September 2007 (**Appendix A**). These which required that protein, fruit and vegetables were served every day, limited the amount of fat used and for meals to be low sugar and low sodium. From approximately 2003 onwards, prior to the implementation of the Food-Based Standards and Jamie Oliver's campaign, North Yorkshire County Caterers had already limited the amount of processed foods, removing items such as turkey twizzlers and turkey dinosaurs from their menus.
5. North Yorkshire County Caterers work with a nutritionist who advises on menu compilation and can suggest particular foods to boost certain nutrients, for instance including edamame beans to boost zinc levels. NYCC's nutritional analysis generated by their 'Saffron' industry database and menus from Autumn term 2009 are attached (**Appendix B**). To meet this analysis of planned provision in line with nutritional standards, correct age-appropriate portion sizes must be adhered to, which is the cooks' responsibility. The CYC School Catering Monitoring Officer monitors school meals provision in all catering contract schools, PFI schools and other schools who choose to buy-in the monitoring service. Portion size and menu adherence are two of the key criteria checked. The contractor for the PFI schools also uses the same system for their nutritional analysis.
6. The meals are two courses. Desserts have changed from stodgy puddings to fruit-based desserts. Fresh fruit is also offered every day. All the recipes have been re-developed to lower fat and sugar content – eg using honey and molasses as sweeteners, 'concealing' fruit such as the pears in Chocolate Fudge Cake.
7. Intermittent packed lunches provided by the contractor (for school visits etc) would aim to meet the food-based standards. It is unlikely a portable packed lunch could meet all the nutritional guidelines owing to the relatively high carbohydrate content of sandwiches and their limitations in providing sufficient protein, for example. Each school sets their own guidelines on what pupils can or cannot bring in their lunchboxes.

Additional information

8. The Client Catering Manager and Monitoring Officer take part in the Healthy Schools Group Quality Assurance Group and advise on the food element when assessing schools' applications for Healthy Schools Status.

City of York - School Meals arrangements as a

Annex E1
Table A

Primary and Secondary Schools	School Meal arrangements
Acomb Primary	Contract
Applefields School	Contract
Archbishop of York's CE Junior	Contract
Badger Hill Primary	Contract
Bishopthorpe Infant	Contract
Burton Green Primary	Contract
Carr Infant	Contract
Carr Junior	Contract
Clifton Green Primary	Contract
Clifton Without Junior	Contract
Copmanthorpe Primary	Contract
Derwent Infant	Contract
Derwent Junior	Contract
Dringhouses Primary	Contract
Dunnington CE Primary	Contract
Elvington CE Primary	Contract
English Martyrs' RC Primary	Contract
Fishergate Primary	Contract
Haxby Road Primary	Dolce
Headlands Primary	Contract
Hempland Primary	Contract
Heworth CE Primary	Contract
Hob Moor Oaks	PFI Chartwells
Hob Moor Primary	PFI Chartwells
Huntington Primary	Dolce
Knavesmire Primary	Contract
Lakeside Primary	Contract
Lord Deramore's Primary	Contract
Naburn CE Primary	Contract
New Earswick Primary	SLA
Osaldwick Primary	Contract
Our Lady's RC Primary	Contract
Park Grove Primary	Contract
Poppleton Ousebank Primary	Contract
Poppleton Road Primary	Contract
Ralph Butterfield Primary	Own
Rawcliffe Infant	Contract
Robert Wilkinson Primary	Own
Rufforth Primary	Contract
Scarcroft Primary	Contract
Skelton Primary	Contract
St Aelred's RC Primary	Contract
St Barnabas' CE Primary	PFI Chartwells
St George's RC Primary	Contract
St Lawrence's CE Primary	Contract
St Mary's CE Primary	Contract
St Oswald's CE Primary	PFI Chartwells
St Paul's CE Primary	Contract
St Wilfrid's RC Primary	Contract
St. Paul's Nursery	Contract
Stockton on the Forest Primary	Contract
Tang Hall Primary	Contract
Westfield Primary	SLA
Wheldrake CE Primary	Contract
Wigginton Primary	Contract
Woodthorpe Primary	SLA
Yearsley Grove Primary	SLA

Primary School Summary

Authority-procured school catering contract	45
Service Level Agreement*	4
Private Finance Initiative Schools with catering sub-contracted to Chartwells by Sewells, the PFI contractor	4
Other contractor procured direct by school	2
Own arrangements (in house)	2
Total	57

Secondary Schools	School Meal arrangements
All Saints RC	Contract
Archbishop Holgate's CE	SLA
Burnholme Community College	Own
Canon Lee	Contract
Fulford	SLA
Huntington	SLA
Joseph Rowntree	SLA
Manor	Contract
Millthorpe	Contract
York High	Contract

Summary for secondary schools	
No in authority-procured catering contract	5
No with Service Level Agreement*	4
Own arrangements (in house)	1
Total	10

Notes

- 1 Indicated joining the Catering Contract 2010-2015
2 Indicated leaving Catering Contract July 2010

Contract = Authority-procured contract currently with North Yorkshire County Caterers

SLA = Service Level Agreement arranged by a school with North Yorkshire County Council direct. Each school is responsible for any profit or loss that their school meals service makes. This provides a financial incentive for schools with SLAs to encourage take up of pupil paid, pupil free and staff paid meals to try to ensure the service at least breaks even. Whilst most SLA schools take up achieves the local authority's average or above, this is not the case for all of them. Schools with own in-house provision achieved above the 2008/09 LA average of 32.9% for primary and special schools, 29.7% secondary schools.

Table B showing Contract Pupil take up and Free School Meals Eligibility 2003 - 2009

Academic Year	2003/04		2004/05		2005/06		2006/07		2007/08		2008/09	
Criteria	Primary and Special Schools and St Paul's Nursery	Secondary Schools	Primary and Special Schools and St Paul's Nursery	Secondary Schools	Primary and Special Schools and St Paul's Nursery	Secondary Schools	Primary and Special Schools and St Paul's Nursery	Secondary Schools	Primary and Special Schools and St Paul's Nursery	Secondary Schools	Primary and Special Schools and St Paul's Nursery	Secondary Schools
Selling price / Secondary Notional Free Meal Allowance	£1.42	£1.56	£1.52	£1.61	£1.60	£1.70	£1.75	£1.87	£1.90	£2.05	£2.05	£2.15
Pupil take up	36%	31%	34%	33%	33%	30%	35%	26%	34%	26%	34%	28%
Take Up Range in schools	19% - 64%	-	16%-66%	-	20%-63%	-	16%-62%	19%-36%	13%-59%	15%-37%	17%-64%	18%-38%
FSM Take up (Jan census) - all sch	-	-	85%	75%	81%	69%	77%	68%	77%	79%	78%	71%
FSM Take Up Range - all schools	-	-	30%-100%	58%-98%	50%-100%	50%-97%	40%-100%	43%-100%	25%-100%	48%-98%	25%-100%	54%-100%

Notes

2009/10 Selling prices: £2.15 primary and special; £2.30 Secondary

Secondary School Take Up is based on cash taken divided by the Secondary Notional Free School Meal Allowance for that year. This includes paying adults. There is anecdotal evidence that more pupils buy food than this but spend less.

At end of 2005/06 a secondary school with high take up left contract

Table C showing take up information for schools outside the contract - by financial year as reported to the Schools Food Trust

Criteria	2007/08		2008/09	
	Primary/Special Schools	Secondary Schools	Primary/Special Schools	Secondary Schools
No of schools	11	5	11	5
Pupil take up	34%	32%	31%	32%

Food-based standards

The interim food-based standards for school lunches set minimum requirements for healthier food and restrictions on less healthy food served at lunchtimes. The food-based standards for all school food other than lunches (2007) were introduced to complement the standards for school lunches. For further information please see 'A guide to introducing the Government's new food-based standards for all school food other than lunches'.

<http://www.schoolfoodtrust.org.uk/resources/2007a>

After receiving feedback on the first set of regulations, some changes were made to the food-based standards for school lunches and the School Food Trust released 'A revised guide to the Government's new food-based standards for school lunches'.

<http://www.schoolfoodtrust.org.uk/resources/2007b>

The food-based standards for school lunches apply to:

- all school lunch services, including hot, cold and packed lunch services provided on a school day.

The food-based standards for school food other than lunch apply to all food provision up to 6pm, including:

- breakfast clubs
- mid-morning break services
- vending machines
- tuck shops
- after school snacks and meals.








Food-based standards

Key to symbols

-  food or food groups that must be provided
-  food or food groups where the frequency or amount provided is restricted
-  food or food groups that are no longer allowed

What are the food-based standards?

This table summarises the food-based standards for school lunches (interim and final*) and school food other than lunches. It shows which of the standards will and will not apply once the nutrient-based standards are adopted. It also shows which of the standards apply across the whole school day.

Food/food groups	Interim food-based standards for school lunches from 2006 (revised 2007)	Food-based standards for school food other than lunches from 2007	Final food-based standards for school lunches from 2008 (primary) and 2009 (secondary)
Fruit and vegetables 	Not less than two portions per day per pupil must be provided; at least one should be vegetables or salad and at least one should be fruit	Fruit and/or vegetables must be provided at all school food outlets	Not less than two portions per day per pupil must be provided; at least one should be vegetables or salad and at least one should be fruit
Meat, fish and other non-dairy sources of protein 	A food from this group must be provided on a daily basis	No standard	No standard
Red meat 	Red meat must be provided at least twice per week in primary schools and at least three times per week in secondary schools	No standard	No standard
Fish 	Fish must be provided at least once per week in primary schools and at least twice per week in secondary schools	No standard	No standard
Oily fish 	Oily fish such as mackerel or salmon must be provided at least once every three weeks	No standard	Oily fish such as mackerel or salmon must be provided at least once every three weeks

* Please see Appendix 1 for a table of the final food-based standards



Food/food groups	Interim food-based standards for school lunches from 2006 (revised 2007)	Food-based standards for school food other than lunches from 2007	Final food-based standards for school lunches from 2008 (primary) and 2009 (secondary)
Meat products – categorised and restricted	● A meat product (manufactured or homemade) from each of the four groups below may be provided no more than once per fortnight across the school day, providing the meat product also meets the standards for minimum meat content and does not contain any prohibited offal*: Group 1: Burger, hamburger, chopped meat, corned meat; Group 2: Sausage, sausage meat, link, chipolata, luncheon meat; Group 3: Individual meat pie, meat pudding, Melton Mowbray pie, game pie, Scottish (or Scotch) pie, pasty or pastie, bridie, sausage roll; Group 4: Any other shaped or coated meat product		
Starchy food	● A food from this group must be provided on a daily basis	No standard	No standard
	● Starchy food cooked in fat or oil should not be provided more than three times a week across the school day		
	Every day that a starchy food cooked in fat or oil is provided, a starchy food not cooked in fat or oil should also be provided		
Bread	● Bread with no added fat or oil must be provided on a daily basis	No standard	Bread with no added fat or oil must be provided on a daily basis
Deep-fried food – restricted	● No more than two deep-fried food items, such as chips and batter-coated products, in a single week across the school day		
Milk and dairy food	● A food from this group should be available on a daily basis	No standard	No standard

* Meat Products (England) Regulations 2003 www.opsi.gov.uk/si/si2003/20032075.htm

Food-based standards

Food/food groups	Interim food-based standards for school lunches from 2006 (revised 2007)	Food-based standards for school food other than lunches from 2007	Final food-based standards for school lunches from 2008 (primary) and 2009 (secondary)
Salt and condiments – restricted	● No salt shall be available to add to food after the cooking process is complete. Salt shall not be provided at tables or service counters		
	Condiments, such as ketchup and mayonnaise, may only be available in sachets or in individual portions of not more than 10g or 1 teaspoonful		
Snacks – restricted	● Snacks such as crisps must not be provided. Nuts [†] , seeds, vegetables and fruit with no added salt, sugar or fat are allowed. Dried fruit may contain up to 0.5% vegetable oil as a glazing agent		
	Savoury crackers and breadsticks can only be served with fruit, vegetables or dairy food as part of school lunch	Savoury crackers and breadsticks must not be provided	Savoury crackers and breadsticks can only be served with fruit, vegetables or dairy food as part of school lunch
No confectionery	● Confectionery such as chocolate bars, chocolate coated or flavoured biscuits, sweets or cereal bars must not be provided		
Cakes and biscuits – restricted	● Cakes and biscuits are allowed at lunchtime but must not contain any confectionery	Cakes and biscuits must not be provided	Cakes and biscuits are allowed at lunchtime but must not contain any confectionery
Drinking water	● Free, fresh drinking water should be provided at all times		
Healthier drinks	● The only drinks permitted during the school day are plain water (still or sparkling); skimmed, semi-skimmed or lactose-reduced milk; fruit juice; vegetable juice; plain soya, rice, or oat drinks enriched with calcium; plain fermented milk (e.g. yoghurt) drinks; combination drinks; flavoured milk. Please see the drinks table in Appendix 2 for guidance on composition, ingredients, additives and flavourings Tea, coffee and low-calorie hot chocolate are also permitted Note: The School Food Trust strongly encourages schools to provide drinks that are unsweetened, unfortified and additive free, and is currently developing a voluntary Code of Practice to support this		

[†] Be aware of nut allergies. Always refer back to the school and catering policies regarding nuts. Many schools are finding that cases of allergies from peanuts (as well as milk and eggs) are on the increase. The Anaphylaxis Campaign states that even the most extreme form of allergy – anaphylaxis – is manageable in schools and cross contamination can be significantly lowered by washing hands with soap after eating and handling nuts. We recommend you visit the www.allergyinschools.co.uk website for accurate and reliable information on managing allergies in schools.

North Yorkshire County Caterers

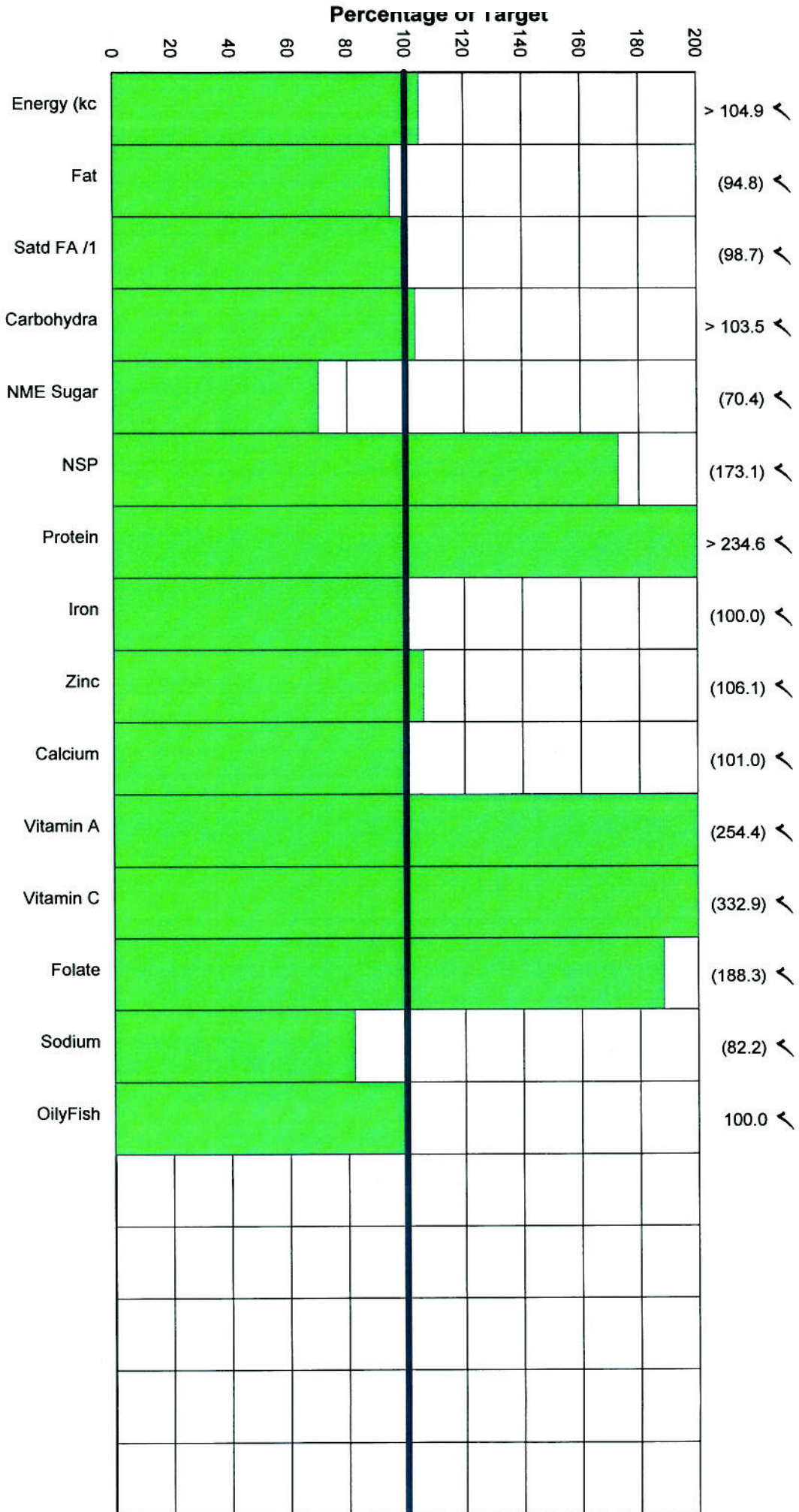
Nutrition Chart - Nutrition Plan

Annex 2
 Nutrition Plan: sa09

Secondary Autumn 09

Nutrition Rule: Sec Lunch

Secondary Lunch



North Yorkshire County Caterers

Menu Cycle (5 Menus)

25 Jun 2009
11:22
nutrition

Nutrition Plan: sa09wk1

Secondary Autumn 09 week 1

Menu Course	Secondary Autumn 09 wk1	Secondary Autumn 09 wk1	Secondary Autumn 09 wk1	Secondary Autumn 09 wk1	Secondary Autumn 09 wk1
	Monday	Tuesday	Wednesday	Thursday	Friday

Hot Meal Choice	Savoury Mince & Dumplings E [10] Tuna Pasta Bake BH [25]	Pan Fried Chicken and Peppers with Brown Rice [20] Pork Char siu with Noodles T [20]	Roast Beef and Yorkshire Pudding [25] Gravy T [25] Turkey Koroma [25]	Pork Casserole [20] Chicken Enchiladas E [20]	Battered Fish [25] Nasi Goreng Rice With Pork (Indonesian) T [25]
Vegetarian	Vegetable Balti Curry Rice [25]	Vegetarian Lasagne [20]	Courgette Provencale E [10]	Macaroni Cheese T [20]	Moroccan Chick Pea Stew E [10]
Jacket	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]
Vegetables	Carrots Sliced Fresh - Secondary [50] Peas - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Broccoli Fresh - Secondary [50] Cabbage Fresh - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Cauliflower Fresh - Secondary [50] Green Beans Sliced - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Broccoli Fresh - Secondary [50] Mixed Swede & Carrot [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Peas - Secondary [50] Mixed Vegetables - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]
Carbohydrates	Parsley Potatoes - Secondary [10]	New Potatoes - Secondary [20]	Rice - Secondary [25] Roast Potatoes Ware - Secondary [35]	Poppye Mash - Secondary [20]	Chipped Potatoes - Secondary [35]
Sandwiches	secondary sandwich selection [30]	secondary sandwich selection [30]	secondary sandwich selection [30]	secondary sandwich selection [30]	secondary sandwich selection [30]
Dessert	Oaty Apple Crumble [30] Custard [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]	Chocolate Berry Sponge [30] Chocolate Sauce - Secondary [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]	Cheesecake [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]	Rice pudding with peaches [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]	Fruits of the Forest Foo [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]
Drinks	Drinks Secondary [55]	Drinks Secondary [55]	Drinks Secondary [55]	Drinks Secondary [55]	Drinks Secondary [55]

North Yorkshire County Caterers

Menu Cycle (5 Menus)

25 Jun 2009
11:22

nutrition

Appendix 2 Nutrition Plan: sa09wk2

Secondary Autumn 09 week 2

Menu Course Secondary Autumn 09 wk 2 Secondary Autumn 09 wk 2 Secondary Autumn 09 wk 2 Secondary Autumn 09 wk 2 Secondary Autumn 09 wk 2

Monday Tuesday Wednesday Thursday Friday

Hot Meal Choice	Sausage, Mash and Gravy [20] Spaghetti Bolognaise E [30]	Minced Beef Hot Pot [30] Salmon Bake [20] Bread Dough E [20] Mixed Salad - Secondary [20]	Roast Chicken & Stuffing and Gravy T [20] Lamb Keema with Rice E [30]	Spanish Meatballs [20] Bacon Leek & Cheese Bake [20]	Breaded Fish [25] Chicken Chow Mein [25]
Vegetarian	Cauliflower And Sweet Lentil Curry T [10]	Chinese Stir Fry & Noodles [10]	Cheese & Tomato Quiche [10]	Pasta Pomodoro [20]	Butternut Squash Risotto E [10]
Jacket	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]
Vegetables	Broccoli Fresh - Secondary [50] Mashed Swede - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Peas - Secondary [50] Carrots Sliced Fresh - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Broccoli Fresh - Secondary [50] Cabbage Fresh - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Cauliflower Fresh - Secondary [50] Mixed Vegetables - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Cauliflower Fresh - Secondary [50] Peas - Secondary [50] Carrots Sliced Fresh - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]
Carbohydrates	Rice - Secondary [10]	Noodles - Secondary [10]	Potato Wedges Ware - Secondary [20]	Rice - Secondary [20]	Chipped Potatoes - Secondary [20]
Sandwiches	secondary sandwich selection [30]	secondary sandwich selection [30]	secondary sandwich selection [30]	secondary sandwich selection [30]	secondary sandwich selection [30]
Dessert	Pineapple Upside Down [30] Custard [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]	Oaty Rhubarb Crumble [30] Custard [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]	Fresh Fruit Salad & Yoghurt [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]	Banana & Chocolate Sponge [30] Chocolate Custard [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]	Apricot Bar [30] Custard [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]
Drinks	Drinks Secondary [55]	Drinks Secondary [55]	Drinks Secondary [55]	Drinks Secondary [55]	Drinks Secondary [55]

North Yorkshire County Caterers

Menu Cycle (5 Menus)

25 Jun 2009
11:22

nutrition

Nutrition Plan: sa09wks3 Secondary Autumn 09 week 3

Menu Course	Secondary Autumn 09 wk 3	Secondary Autumn 09 wk 3	Secondary Autumn 09 wk 3	Secondary Autumn 09 wk 3	Secondary Autumn 09 wk 3
	Monday	Tuesday	Wednesday	Thursday	Friday

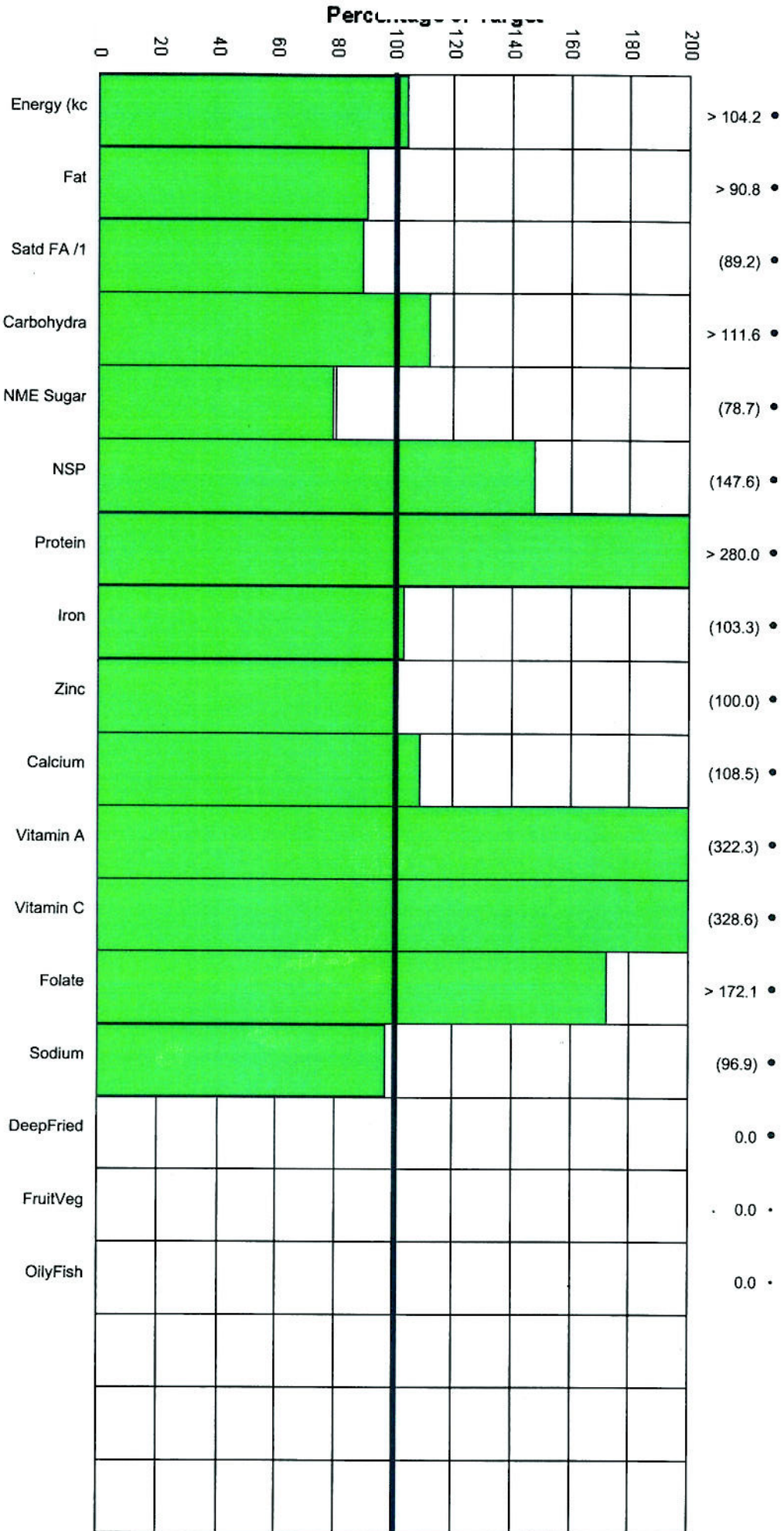
Hot Meal Choice	Minced Beef Pie [20] Gravy T [20] Sweet & Sour Pork [20]	Chicken & Vegetable Casserole E [30] Minced Beef Lasagne [10]	Salmon & Fish Pie New E [30] Chicken Tikka Masala E [15]	Roast Pork & Apple Sauce [20] Gravy T [20] Beef Chilli [20]	Fish Goujons [25] Beef Tagliatelle [20]
Vegetarian	Roast Tomato & Basil Pasta [20]	Spinach and Sweet Potato Curry & Rice E [20]	Pasta and Bean Bake [15]	Vegetarian Shepherds Pie [20]	Wholemeal Pizza Slice T [15]
Veget	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]	Jacket Potato & Fillings T [10]
Vegetables	Broccoli Fresh - Secondary [50] Carrots Sliced Fresh - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Sweetcorn - Secondary [50] Washed Swede, Carrots & Parsnip [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Broccoli Fresh - Secondary [50] Red Cabbage - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Green Beans Sliced - Secondary [50] Roasted Vegetables [50] Edamame Beans [34] Mixed Salad - Secondary [20]	Peas - Secondary [50] Broccoli Fresh - Secondary [50] Edamame Beans [34] Mixed Salad - Secondary [20]
Carbohydrates	Rice - Secondary [20] Lyonnaise Potatoes E [20]	Rice - Secondary [20] Creamed Potatoes Ware - Secondary [30]	Rice - Secondary [15]	Rice - Secondary [20] New Potatoes - Secondary [20]	Chipped Potatoes - Secondary [40]
Sandwiches	secondary sandwich selection [30]	secondary sandwich selection [30]	secondary sandwich selection [30]	secondary sandwich selection [30]	secondary sandwich selection [30]
Dessert	Lemon Steamed Sponge E [30] Custard [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]	Fresh Fruit Salad & Yoghurt [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]	Oaty Peach & Apricot Crumble [30] Custard [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] secondary traybakes [5]	Treacle & Date Sponge [30] Custard [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]	Fruity Gingerbread [30] Custard [30] Fresh Fruit Salad [12] Yoghurt Mixed - Secondary [25] Fresh Fruit - Secondary E [5] secondary traybakes [20]
Drinks	Drinks Secondary [55]	Drinks Secondary [55]	Drinks Secondary [55]	Drinks Secondary [55]	Drinks Secondary [55]

North Yorkshire County Caterers

Nutrition Chart - Nutrition Plan

21 May 2009
15:00
nutrition

Nutrition Plan: pca09
Nutrition Rule: Prim Lunch
Autumn 09 Choice
Primary Lunch



North Yorkshire County Caterers

10 Jun 2009
10:38

Menu Cycle With Costs (5 Menus)

nutrition

Nutrition Plan: **pca09w1 Autumn 09 Choice w1**

Menu Course Autumn 09 Choice w1 Autumn 09 Choice w1 Autumn 09 Choice w1 Autumn 09 Choice w1 Autumn 09 Choice w1 Friday Average

	Monday	Tuesday	Wednesday	Thursday	Friday	Average
Hot Meal Choice	Fish Fingers [90]	Beef Stew and Dumplings [80]	Chicken Korma [90]	Lasagne [90]	Sausages [90] Yorkshire Pudding [90] Gravy [90]	
Vegetarian	Cheese, Potato & Leek Bake [10]	Vegetarian Shepherds Pie [20]	Vegetarian Bolognaise [10]	H/M Veggie Burger [10]	Roasted Vegetable Pasta [10]	
Vegetables	Baked Beans [100]	Cabbage Fresh [100]	Raita [100]	Vegetable Sticks [100]	Mashed Carrots and Swede Fresh [100] Green Beans Sliced [100]	
Carbohydrates	Potato Wedges Fresh [100] Poppy Seed Bread accp [100]	Creamed Potatoes Prepared [80]	Brown Rice [100]	H/M Garlic Bread [100]	Parsley Potatoes [90] H/M Wholemeal Bread Acc't [100]	
Dessert	Oaty Apple Crumble [86] Custard Pouring [86] Yoghurt Mixed [7] Fresh Fruit [7]	Pears with Chocolate Custard [86] Yoghurt Mixed [7] Fresh Fruit [7]	Chevy Oat & Seed Bars with Cheese [86] Yoghurt Mixed [7] Fresh Fruit [7]	Sultana Sponge [86] Custard Pouring [86] Yoghurt Mixed [7] Fresh Fruit [7]	Arctic Roll and Mandarins [86] Yoghurt Mixed [7] Fresh Fruit [7]	
Bread		Pitta Bread Acc't [100]	Naan Bread [100]			
Cost Per Head:	0.64	0.58	0.71	0.59	0.54	0.61

North Yorkshire County Caterers

Menu Cycle With Costs (5 Menus)

10 Jun 2009

10:38

nutrition

Nutrition Plan: **pca09w2** Autumn 09 Choice w2

Menu Course Autumn 09 Choice w2
Monday

Autumn 09 Choice w2
Tuesday

Autumn 09 Choice w2
Wednesday

Autumn 09 Choice w2
Thursday

Autumn 09 Choice w2 Friday

Average

	Monday	Tuesday	Wednesday	Thursday	Friday	Average
Hot Meal Choice	French bread Pizza [90]	Turkey & Sweetcorn Pie [80]	Savoury Minced Beef Jacket Potato [80]	Roast Chicken [90] Gravy [90]	Battered Fish [90] Tomato Ketchup [90]	
Vegetarian	Two Bean Simmer Pot [110]	Veggie Pasta [20]	Mushroom & Bean Stroganoff [20] Brown Rice [20]	Italian Chick Pea and Pasta Stew [10]	Sweet Potato & Veg Bake [110]	
/vegetables	Peas [100] Sweetcorn [100]	Carrots Sliced Fresh [100] Green Beans Sliced [100]	Mixed Vegetables [100] Broccoli Fresh [100]	Carrots Sliced Fresh [100] Cauliflower Fresh [100]	Peas [100] Grated Carrot [100]	
Carbohydrates	Potato Wedges Fresh [100] H/M Wholemeal Bread Acct [100]	Parsley Potatoes [80]	H/M Tomato Bread Acct [100]	Creamed Potatoes Prepared [90]	Chipped Potatoes [100] Wholemeal Bread Sliced Acct [100]	
Dessert	Sticky Date & Apple Bars [72] Yoghurt Mixed [14] Fresh Fruit [14]	Chocolate Orange Sponge [86] Custard Pouring [86] Yoghurt Mixed [7] Fresh Fruit [7]	Berry Muffin [86] Yoghurt Mixed [7] Fresh Fruit [7]	Peach Crisp [86] Custard Pouring [86] Yoghurt Mixed [7] Fresh Fruit [7]	Yoghurt Mixed [80] Fruit Platter 2 [20]	
Bread		Crusty White Bread Acct [100]		H/M Garlic Bread Acct [100]		
Cost Per Head:	0.45	0.45	0.70	0.57	0.63	0.56

North Yorkshire County Caterers

Menu Cycle With Costs (5 Menus)

10 Jun 2009
10:38
nutrition

Nutrition Plan: **pca09w3** Autumn 09 Choice w3

Menu Course Autumn 09 Choice w3 Monday Tuesday Wednesday Thursday Friday Average

Hot Meal Choice	Cheese Catherine Wheel [90]	Chicken In Tomato Sauce [80]	Salmon <i>Chickadee</i> [80]	Minced Beef Tortilla Wrap [80]	Savoury Meatballs [90]	
Vegetarian	Lemony Tuna Spaghetti [110]	Vegetable Hot Pot [20]	Chick Pea Pita Pocket [20]	Macaroni Cheese [20]	Fruity Barbecue Sauce [90]	
Vegetables	Broccoli Frozen [100] Ratatouille [100]	Peas [100] Sweetcorn [100]	Green Salad [100] Coleslaw [100]	Sweetcorn [100] Broccoli Fresh [100]	Green Beans Sliced [100] Carrots Sliced Fresh [100]	
Carbohydrates	Jacket Potato [90]	Noodles [100] H/M Wholemeal Bread Acct [100]	Chipped Potatoes [100] H/M Sunflower Seed Bread Acct [100]	Potato Wedges Fresh [100]	Pasta Spirals [100]	
Dessert	Rice Pudding with Peaches [86] Yoghurt Mixed [7] Fresh Fruit [7]	Banana Brownies [86] Yoghurt Mixed [7] Fresh Fruit [7]	Marble Sponge [86] <i>Choc Sauce</i> Yoghurt Mixed [7] Fresh Fruit [7]	Fresh Fruit Salad with Yoghurt [80] Yoghurt Mixed [10] Fresh Fruit [10]	Fruity Gingerbread [86] Custard Pouring [86] Yoghurt Mixed [7] Fresh Fruit [7]	
Bread	H/M Garlic Bread Acct [100]			H/M Herbie Bread Acct [100]	Pitta Bread Acct [100]	
Cost Per Head:	0.68	0.58	0.70	0.83	0.57	0.67

BRIEFING PAPER

1ST MARCH 2010 CHILD OBSESTY

How day nurseries in York contribute to Healthy Food and Exercise

Background information

There are currently 43 day nurseries operating across the city. Most are operated by private providers, others are operated under voluntary management arrangements and there is one that is operating under the extended school legislation and is governed under the school governance. All of the nurseries are registered under Ofsted for full day-care. Ofsted do not inspect against Healthy Eating in nurseries, however recently they have shown interest and asked questions around this area.

Method used for evidence gathering

The Early Years and Children's Centre Service undertook a telephone questionnaire to establish a greater understanding of the way in which the different daycare settings offer meals and outdoor opportunities for children who attend their provision. An analysis was undertaken to establish the ways in which healthy eating and physical exercise was offered across each of the day-care settings. In total 42 settings made themselves available to answer the nine questions. All of the questions were fully answered and some offered additional comments. These are included in this briefing paper. Anonymity for the settings was agreed in order that they could be frank and open.

The analysis

Of the 42 nurseries that replied, 37 provided hot meals; the remainder asked families to provide packed lunches for their children although they were prepared to heat up food such as soup. Of the 37 nurseries most had cooks/chefs who held cooking qualifications that included child nutrition, a small minority did not employ cooks and nursery staff carried out this task.

Over 95 % of the nurseries had Healthy Eating policies, these policies made reference to monitoring levels of sugar, salt and fat. However they also showed that nursery providers understood the necessity of providing young children with sufficient calories during the day to meet their requirements. Many of the Healthy Eating policies showed that the majority of food cooked on the premises, was 'cooked from scratch' and statements included reference to not providing pre-prepared food from cash and carry outlets. Where hot food was offered on a campus site, for example, a school site, a central canteen provided meals for the nurseries.

About 60 % of nurseries answered that most of their food was locally sourced where possible. There were also references to the importance of mealtimes being 'social events' where children were served meals at tables with tablecloths and flowers in the centre of the table and staff sitting and interacting with the children. The requirements of individual children were also catered for, these could include reference to allergies or parental beliefs or cultural needs.

All nurseries provide snacks during the day, which include fresh fruit, toast, scones, teacakes, home made grenola bars. In some nurseries these are offered at set times and in others, there is a café-bar arrangements so that the children can help themselves whenever they feel hungry.

Recently the government has altered advice about providing semi-skimmed milk for children over 2 years of age. Only 50 % of nurseries had received this advice, mostly through the milk provider, the advice had not come down from the Department of Health to Early Years Departments in Local Authorities.

All nurseries replied that the children were currently or in the immediate future, planting and growing food. Some nurseries have taken advantage of a grant known as Quality and Access Capital to provide or enhance growing areas such as raised beds to cultivate a wide variety of crops. These crops include peas, beans, potatoes, carrots, sweet corn, strawberries and butternut squash (with varying success). These crops were harvested and children helped to prepare the vegetables before eating them.

Also over 60% of nurseries have areas set aside for 'kitchen gardens' One nursery has chickens in the outside area and others are investigating this opportunity.

All children have the opportunity to play outside on a daily basis and are encouraged by staff to do so. They also have quiet spaces or rooms in which they can rest or sleep.

Conclusion

This full survey shows that in the City of York, the promotion of healthy lifestyles for children is taken seriously by the day nurseries.

This picture compares well to some other local authority areas where similar surveys have shown a differing picture.

The survey also shows that the provision of main meals., lunch and tea varies considerably in the way in which they are offered. Although menus varied there was insufficient time in this exercise to go into greater detail. Parents are given information about meal times and all are required by Ofsted to provide parents with copies of the menus as part of their registration requirements.

One nursery has received a Gold Award from the soil association that has required them to evidence a high level of food cooked from scratch and food from local organically grown sources.

The survey does not highlight the complexity faced by cooks in the demands of offering an increasing demand for catering for children who have allergies.

Further reading.

Research report on nursery food. www.soilassociation.org link Georgie Porgie Pudding and Pie. Please note this is a 120 page document and has been funded with links to a commercial food company providing organic baby food. However it highlights the importance of good food in full day-care settings.

Fat and getting fatter

Why

The changing picture

The paradox of time.

The triple whammy.

The fear factor.

Sale of playing fields.

Lack of ethical professional sports.

The world virtual.

Fast food.

The changing picture

- Children and young people are seen as a legitimate market.
- Family structures and lifestyles very different.
- Messages about bodies
- Lazy parents lazy children

Paradox of time

- The more time saving appliances, dish washer, Hoover, microwave...
- The less time we all have.
- Must not waste time
- But how do we use time ?

The triple whammy

- Our media chums would have us believe that on every street corner we can find a group of feckless hoodies, with predatory pedophiles lurking in the shadows protected by anonymous CCTV voyeurs’.

Fear factor

- Six pack, size 10, hair gel, body smell
- Odd relationships with food
- Celebrity, image, distorted reality
- X factor and ridicule
- less tolerance,
- cyber bullying.

Competition and sport

- Sale of playing fields
- Teachers good will
- Anti competition
- Professional sport lacks ethical standards
- Play to a level or not at all

The virtual world

- Computer screens
- Facebook
- Pretending is easier

Fast food fast living

- Fast food
- TV dinners
- From harvest to plate
- Patience a lost art,
- immediate gratification,

A gap has emerged
between those that are active and thought of as attractive
and those perceived less able,
resulting in food and weight problems.

What might we do

Increase opportunities to be active without being ridicule.

Encourage education leaders that competition with humility is as important as academic achievements

Open our school kitchens on the weekend for a community café. Healthy cheap food, lesson in cooking for the family

Recognise our community champions and grow this army of support stars

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NYY Adult Obesity Estimates

England

	2003-05	2007
Obese (BMI >30)	22.8%	24.0%
Morbidly Obese (BMI >40)	1.9%	1.8%

NYY 2003-05 (split by district)

	NYY	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby	York
Obese (BMI >30)	21.9%	22.2%	23.7%	21.5%	28.5%	26.1%	24.1%	25.0%	22.2%
Morbidly Obese (BMI >40)	1.8%	1.9%	2.0%	1.8%	2.4%	2.2%	2.0%	2.1%	1.9%

NYY 2007 (split by district)

	NYY	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby	York
Obese (BMI >30)	23.1%	23.4%	24.9%	22.6%	30.0%	27.5%	25.4%	26.3%	23.4%
Morbidly Obese (BMI >40)	1.7%	1.8%	1.9%	1.7%	2.3%	2.1%	1.9%	2.0%	1.8%

POPULATIONS

	NYY	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby	York
Registered Population (aged 16+)	666,510	49,068	70,744	132,334	35,087	41,153	99,465	59,751	178,908
Resident Population (aged 16+) *	652,041	46,315	71,465	130,350	41,821	44,091	90,260	65,311	162,428

* Sum of 5 yr age groups, 80% of group 15-19 used in calculation

NYY NUMBERS (Registered)

	NYY	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby	York
Obese (BMI >30)	163,661	11,466	17,649	29,949	10,526	11,306	25,233	15,724	41,808
Morbidly Obese (BMI >40)	12,275	860	1,324	2,246	789	848	1,892	1,179	3,136

NYY NUMBERS (Resident)

	NYY	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby	York
Obese (BMI >30)	160,853	10,823	17,829	29,500	12,546	12,113	22,898	17,187	37,957
Morbidly Obese (BMI >40)	12,064	812	1,337	2,213	941	909	1,717	1,289	2,847

Data Source: 2003-05 synthetic estimates, 2007 HSE, Exeter registered population May 2009, ONS Mid-year estimates resident population 2007

ESTIMATES

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