



Report on results of feasibility consultation

Registered topic: Children's Health: The role of Leisure, Education and Partnerships (No. 99)

The following officers have been consulted about this topic and have provided a response based on their professional knowledge.

Policy Unit Response

It seems a timely piece of work, building on the media interest in children's health (as the proposal outlines) and the work underway to meet the Being Healthy element of Every Child Matters. Children's Services and the Children's Trust Unit may well be developing delivery mechanisms, internally and with partners to promote children's health which this scrutiny work could complement.

Performance Improvements Team Response

Performance Indicators

- The cultural city theme in the community strategy contains success measure – To have the highest levels of participation (per 1000 population) in sport and active lifestyles of any city in the country.
- Healthy City contains measure – Proportion of schools participating in the healthy schools scheme and other health promoting initiatives.
- Sustainable City – reduction of eco-footprint.
- Inclusive City – Reduction in the index of multiple deprivation scores for the areas of York that are in most need.

Community Strategy

This topic would contribute to several of the Community Strategy aims, including:

- Learning – 'To give our children the best start in life...' and 'to encourage and value all forms of creativity and talent';
- Cultural – 'To increase participation in sport, play and active lifestyles'
- Safer – 'To work with others to provide suitable sporting and social alternatives for young adults'.
- Sustainable – 'To significantly reduce the adverse impact on the environment of current lifestyles' (action to deliver healthy and sustainable school travel plans).
- Healthy – 'To ensure that health inequalities are identified and addressed', 'To provide good advice to and strong education programmes to enable people to live a healthy life'.
- Inclusive – 'To implement a multi agency inclusion strategy focusing on reduction of poverty, access to advice, finance and other services.

If the topic involves targeted consultation, which groups, organisations or bodies of consultees do think we should establish contact with and why?

The PCT are accountable for achieving targets that improve the health of our population – Rachel Johns is Director of Public Health at the PCT.

The Active York Partnership are responsible for the Sport and Active Leisure Strategy.

Equalities

Can you see any equalities benefits to pursuing this topic if so would they help us achieve a higher Equalities Standard for York and why?

Access to leisure facilities (including active leisure and sport activities) was a key issue raised by young people in the consultation for the development of an Equality Strategy for the Council – mainly due to the cost of transport involved. Similarly disabled people reported that they were much less likely to take part in a sport or physical activity. The provision of family changing rooms (which for example can assist parents to take their children, and disabled people to have assistance from opposite-sex carers) was cited by 9% of all respondents in a Talkabout survey to encourage them to use sport facilities.

The Acheson Inquiry which reported in 1999 was the most comprehensive investigation into the causes and possible policy responses to health inequalities. The report is lengthy but is available to download from:
<http://www.archive.official-documents.co.uk/document/doh/ih/contents.htm>

I have copied a few comments mentioned in the report to give an indication of the kinds of issues that the report covers in depth to when considering the links between health and inequality generally:

“Overall people from minority ethnic groups are more likely to describe their health as “fair” or “poor” than the ethnic majority”.

“Irish people have higher rates of morbidity as well as mortality.”

“Chinese people consult less with their general practitioner (GP) than whites”

“In a survey of reported physical activity fewer men and women aged 16 to 74 years from minority ethnic groups than from the general population reported levels of activity which would benefit their health. . . . For instance, amongst South Asian men aged 16 to 74 years, 67 per cent of Indians, 72 per cent of Pakistanis, and 75 per cent of Bangladeshis reported that they did not take part in enough physical activity to benefit their health, compared with 59 per cent of men in the general population. For South Asian women, the corresponding figures were 83, 86 and 82 per cent compared with 68 per cent of women in the general population.”

“Perhaps most striking is the number of people from all minority ethnic groups who are living in poverty, as defined by less than half the average income. Just under a third of white households have incomes below this level, compared to a third of Chinese, two-fifths of African Caribbean and Indian households and four-fifths of Pakistani and Bangladeshi households. Minority ethnic groups are also much more likely to be reliant on Income Support. Although the 1991 Census showed a worse socioeconomic profile amongst Irish people, a recent survey shows that there are differences within the Irish, with men born in the Republic of Ireland being more likely to be in social class V than any other group.”

This report did not specifically investigate the link between child health and inequality but its findings would be of interest and relevance to such a scrutiny topic. Recent research, published by the Joseph Rowntree Fund, has considered the impact of the inquiry:

Tackling health inequalities since the Acheson Inquiry
<http://www.jrf.org.uk/knowledge/findings/socialpolicy/363.asp>

Another report published by JRF considers what would be the most effective way of reducing inequalities in health and concludes that:

“Some 1,400 lives would be saved per year amongst those under 15 if child poverty were eradicated (using the Government's relative definition of child poverty). This represents 92% of all 'excess' child deaths in areas of higher than average mortality. . . . Eradication of child poverty has the greatest relative effect (in terms of the proportion of lives saved).”

Reducing health inequalities in Britain
<http://www.jrf.org.uk/knowledge/findings/socialpolicy/980.asp>

Marketing and Communications

The only local media interest to date has been in the Evening Press and has of course concerned the issue of school dinners, and how healthy they could / should be. This has generated a lot of column inches.

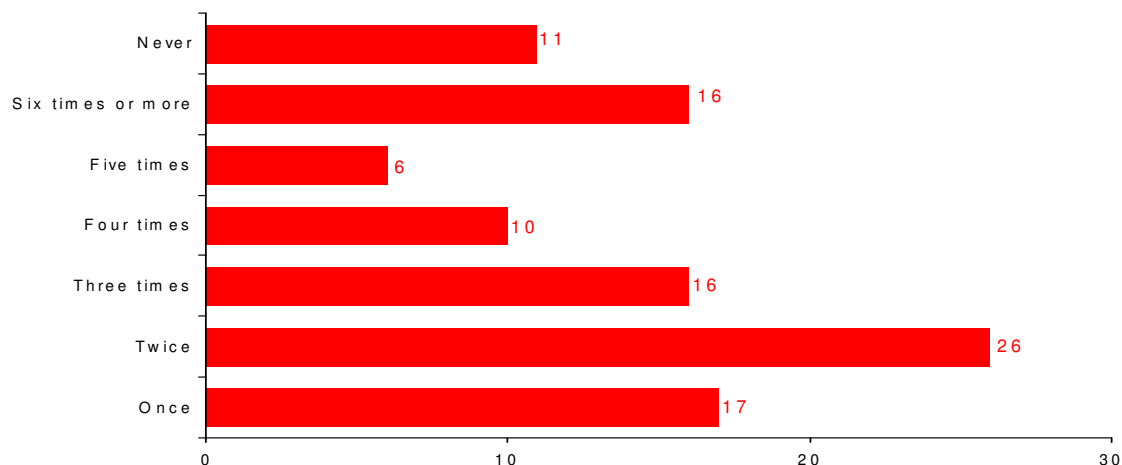
Nationally, there has been a great deal of coverage about the lifestyles of children, and how healthy they could / should be, especially regarding exercise and diet.

The selection of this issue as a scrutiny topic would be, as ever, a story in itself, and should be highlighted by a press release. The issue would be of great interest to local printed and broadcast media, and there are plenty of opportunities for members of the panel to talk to the local media.

Research

In August 2004 panellists were asked how many times in the preceding seven days their children had undertaken sport or a physical activity (including walking) that lasted for at least 60 minutes on each occasion. Overall, 32% of respondents'

children have taken part in an activity four times or more and 59% of respondents have taken part between one and three times. A further 11% have not taken part in any activity.



The Assistant Directors and Key Officers Supporting Scrutiny

The Director of Education has made the following comments:-

1. *Does this overlap with work in your area or another area of the Council you are aware of and if so what?*

This is work that we are currently engaged in with the Healthy City Board and as part of the work on the Children and Young People's Plan and the Education Plan.

2. *Can you see the positive potential in progressing this topic? Please give reasons.*

It is clearly an important issue and, as the proposers suggest, one of immediate concern.

3. *Can you see any immediate pitfalls to progressing this topic?*

We know that much of the data referred to in the proposal is not available (we have been trying to gather it for the Education Plan). There is, for example, no data on obesity and it has proved impossible to establish the kind of benchmarks that are referred to in the proposal. We are working with the Healthy City Board to establish whether we have missed anything but it was commented at a recent meeting that the PCT has much less data than people imagine. Central Government is struggling even more seriously than us. **All the data that we currently have is in the full Education Plan.** The other problem is that our

Healthy Schools Co-ordinator is about to go on maternity leave, and we would struggle to find the capacity to service a scrutiny as we do not have the funding to backfill her position.

4. If the topic were progressed would you encourage officer support from your area?

Please see above. It is very new territory for us and would, perhaps, be more easily dealt with once we are a department of children's services. Clearly decisions have yet to be taken about the composition of the department, but I think that, as a general point, councils are going to have to increase the capacity for gathering management information and increase the scope of the current teams (which have no brief or capacity to gather data on health).

5. Are you aware of existing papers or research documents that might help Members? If so what and could you provide them?

The Education Plan and the Children and Young People's Plan.

The Assistant Director, Lifelong Learning and Leisure, has made the following comments:-

1. Does this overlap with work in your area or another area of the Council you are aware of and if so what?

It fits with the work of Active York who are pursuing active leisure initiatives to increase participation amongst young people.

2. Can you see the positive potential in progressing this topic? Please give reasons.

It is clearly an issue of the highest importance and fits with corporate objectives.

3. Can you see any immediate pitfalls to progressing this topic?

I would have thought it fitted better with the remit of the Healthy City Board and with the Children's Trust rather than duplicating effort through a Council scrutiny.

I would have thought such a complex set of issues was more suited to a long-term partnership approach rather than to a short-term scrutiny review.

4. If the topic were progressed would you encourage officer support from your area?

Yes

5. Are you aware of existing papers or research documents that might help Members? If so what and could you provide them?

There will be an absolutely vast array of research and data on this enormous topic.

The Assistant Director, Environment & Neighbourhoods has made the following comments:-

1. *Does this overlap with work in your area or another area of the Council you are aware of and if so what?*

Yes – sampling of school meals as part of a health eating survey

2. *Can you see the positive potential in progressing this topic? Please give reasons.*

Yes

3. *Can you see any immediate pitfalls to progressing this topic?*

Only in the initial media coverage, as the survey last year showed all North Yorkshire school meals had more than the recommended level of fat and salt

4. *If the topic were progressed would you encourage officer support from your area?*

Yes, from our food unit

5. *Are you aware of existing papers or research documents that might help Members? If so what and could you provide them?*

Healthy eating guidelines

Executive Member response

The Executive Member for Education has made the following comments:-

The Council is about to appoint a Director Designate for Children's Services and whoever is appointed will be looking at all the issues around bringing services for children together right across the piece.

In terms of capacity, officers will have an enormous amount to do to establish the new department. Partnership working will need establishing firmly with the new department.

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For further information please contact the author of the report