

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

A Task and Finish Group set up by the HOSC looking at obesity issues in Essex presented its final scrutiny report to the HOSC on 14 April 2016. The Group focussed on preventative measures for pre-birth through to aged 11 and made a total of twenty one recommendations which were directed at one of three separate Cabinet portfolios. The Committee endorsed the report. This report is the initial formal response from the Cabinet Member for Health, as Lead Cabinet Member for this issue, to each recommendation. A further implementation review will be scheduled into the Committee's work programme as indicated against each recommendation.

Recommendation	Owner	Agree Disagree Neutral	Initial Response
<b>EARLY YEARS</b>			
<b><u>Recommendation 1:</u></b> <i>That a breastfeeding support service should continue to be resourced to promote the benefits of breastfeeding either as a standalone service or as part of a more integrated 0-19 service offer.</i>	<u>Owner:</u> Cabinet Member for Health/ Director of Public Health <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation. <b>We are committed, through our current and future commissioned children's contracts, to supporting breastfeeding activities</b> , very much as a service integrated within our overall commissioned children's contracts. This is a core part of their activities and there are performance measures in place in current and future contracts on breastfeeding rates. The new pre-birth to 19 contract from 1/4/17 will include work to further build community resilience, which could include, for example, peer support on issues such as breast feeding where this is needed.
<b><u>Recommendation 2:</u></b> <i>That Health Visitors should maximise their influence over behaviours and environment by taking every opportunity to signpost to other related prevention services. (see Page 12)</i>	<u>Owner:</u> Cabinet Member for Health/ Director of Public Health <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation. <b>The new pre-birth to 19 contract from 1/4/17 will put health visitors in a better position to signpost and grow their influence as part of a more integrated workforce</b> through currently separately contracted children's centres, 0-5 and 5-19 services being combined into a single contract. It is important to note that health visitors are one part of the total early years workforce, and we will expect our new prebirth to 19 provider to work

			with the entire workforce, including nursery nurses, children's centre staff, as well as other new parents as peer supporters, in maximising influence to promote healthy weight behaviours.
<b><i>Recommendation 3:</i></b> <i>A wider and continual promotion of the Healthy Start programme should be established using supermarkets, pharmacists and other relevant retail outlets.</i>	<u>Owner:</u> Cabinet Member for Health/ Director of Public Health <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation and <b>promotion of healthy start is explicitly mentioned in the PB-19 specification. Growing the range of outlets through which Healthy Start and other weight management interventions are promoted is a specific aim of the whole systems approach to obesity</b> currently being piloted in Braintree/Mid Essex. A radical new, place based and environmental approach which looks at how the whole population could be supported for healthy weight behaviour, rather than just resource intensive focus on a few, is essential to tackle population obesity levels.
<b><i>Recommendation 4:</i></b> <i>The focus by Children's Centres to increasingly target their services and use Outreach services to improve access to traditionally hard to reach groups should be encouraged and supported and that appropriate metrics assessing its success should be reported back to the Health Overview and Scrutiny Committee in a years' time.</i>	<u>Owner:</u> Cabinet Member for Health/ Director of Public Health <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation. <b>A core principle of the PB-19 contract from 1/4/17 is to better engage with particular groups at greatest overall risk</b> of not achieving outcomes, including good health and healthy weight. <b>An example of this differentiation is a specific key performance indicator relating to the number of children in the most deprived quintile in Essex who are overweight in reception year</b> who return to a healthy weight at year 6, (as measured through the National Child Measurement Programme).

## WORKING WITH SCHOOLS

<p><b><u>Recommendation 5:</u></b></p> <p><i>(i) That efforts should continue to increase Universal Infant Free School Meals uptake and that the HOSC should receive an update on progress made in a year's time;</i></p> <p><i>(ii) Schools should be encouraged to positively market Universal Infant Free School Meals all year round and not just at census time;</i></p> <p><i>(iii) Any new pilots to improve uptake, promotion and/or delivery of Universal Infant Free School Meals should start in the most deprived areas which have the lowest uptake.</i></p>	<p><u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor</p> <p><u>Implementation</u></p> <p><u>Review:</u> April 2017</p> <p><u>Impact Review Date:</u> October 2017</p>	<p>Agree</p>	<p>We support this recommendation.</p> <p>(i) There is no longer a statutory requirement for schools to report their % uptake of FSM. However, we will be looking at interventions for schools with the lowest uptake in the most deprived areas and putting in place measures to encourage all eligible pupils to take up the lunch offer. We recognise that UIFSM has given us / schools a 5 year opportunity to develop pupils eating habits at an early stage with the intention to reduce consumption of unhealthier foods found in packed lunches (government research). <b>The development of this has already had a positive impact on uptake in ks2 and should therefore continue into ks3 if managed/supported appropriately.</b> Details of interventions and successes will be included within the update to the HOSC as per the recommendation.</p> <p>(ii) <b>The school meals support and advice service continues to work on initiatives that monitor uptake and provide interventions to support the development and growth of uptake.</b> Current funding mechanisms/criteria are a barrier to schools developing uptake year round – managing the change of this is sensitive and we would suggest collaboration with EPHA (Essex primary heads association) and links with Healthy schools to establish ways to encourage participation evenly across the year and not just at census points.</p> <p>(iii) Work has already begun with the school meals support team on this – <b>this forms part of the support team core performance objectives and progress will be monitored monthly</b> and appropriate intervention/discussion with schools to offer support.</p>
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<p><b><u>Recommendation 6:</u></b> <i>The County Council's Schools Meals Support Service should encourage Local Education Authority maintained schools to further publicise the need for parents to still apply for Free School Meals so that the school receives Pupil Premium Funding for that child.</i></p>	<p><u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	<p>Agree</p>	<p>We support this recommendation. The responsibility for provision is delegated to schools. <b>The school meals support service will continue to work at both individual school level and strategically to support the development of the recommendation.</b> We agree that the application process for FSM has been affected nationally by the UIFSM programme and has proven to be a barrier for pupil premium. We will look at ways to overcome this. We also recognise that stigma can be a reason why pupils/parents don't apply for FSM, even when they are entitled to. To overcome this, schools have, from Key Stage 3, introduced cashless payment systems to remove stigmatisation at the point of sale. The School Meals Department has also developed a toolkit to help schools identify where improvements can be made. However, there is still more work required with all key stakeholders to focus on those not using the service and why.</p>
<p><b><u>Recommendation 7:</u></b> <i>That further influence needs to be exerted by schools and through the Healthy Schools Programme to encourage parents to include healthier choices in packed lunches.</i></p>	<p><u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	<p>Agree</p>	<p>We support this recommendation. <b>This is already a component part of the healthy schools criteria</b> to which we are committed. However, we recognise that <b>further collaboration between the healthy schools team and school meals support team on targeted strategy</b> in areas/schools where performance is not consistent is needed and would enhance the programme and improve overall outcomes.</p>
<p><b><u>Recommendation 8:</u></b> <i>That Universal School Food Standards should apply to academies and free schools in addition to local authority controlled schools.</i></p>	<p><u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor <u>Implementation</u></p>	<p>Agree</p>	<p>We support this recommendation. <b>The government have made this a requirement.</b> Ensuring compliance in academies proves to be more of a challenge – particularly with those schools that have opted out of school meals support. Work to develop this further with the healthy schools team and validation process will be key to supporting the development of this.</p>

	<u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017		
<b><u>Recommendation 9:</u></b> <i>That the School Meals Service Advisor should speak at local/regional School Governor conference(s) (i) to raise the profile of Universal Infant Free School Meals, (ii) encourage further improvement in uptake and (iii) encourage eligible parents still to formally register for entitlement to free school meals so that schools do not lose pupil premium funding.</i>	<u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation. <b>We will make contact with the executive officer for EPHA and governors services</b> to review programmes and establish mechanisms for collaboration.
<b><u>Recommendation 10:</u></b> <i>That leverage should be exerted over those schools applying for, or maintaining, Healthy Schools' status to get them to promote Universal Infant Free School Meals and school meals in Key Stage 2 and beyond.</i>	<u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation. <b>This is already a component part of the healthy schools criteria</b> to which we are committed. However, we recognise that <b>further collaboration between the healthy schools team and school meals support team on targeted strategy</b> in areas/schools where performance is not consistent is needed and would enhance the programme and improve overall outcomes.

**SPORT AND PHYSICAL ACTIVITY**

<p><b>Recommendation 11:</b> <i>There should be a stronger link between the activities supported in schools by Active Essex and the activities promoted under the Healthy Schools Programme.</i></p>	<p><u>Owner:</u> Cabinet Member Education and Lifelong Learning/Head of Active Essex <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	<p>Agree</p>	<p>We support this recommendation and <b>links with Active Essex have been strengthened over this last year</b>. This is evidenced by Active Essex being a core part of the Healthy Schools accreditation/reaccreditation process. <b>There is also Healthy Schools representation on the Active Essex led PE &amp; School Sports stakeholder group</b>. The considerable school sport offer, supported by Active Essex, makes an important contribution to obesity prevention, and a co-ordinated school sport offer, supported by the School Sport Premium and Active Essex's role in guiding schools on how this could best be used, is critical.</p>
<p><b>Recommendation 12:</b> <i>That the role and expertise of Active Essex as an in-house resource for the County Council should be valued and protected as it provides the foundation for leading co-ordinated working with local partners.</i></p>	<p><u>Owner:</u> Cabinet Member Education and Lifelong Learning <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	<p>Agree</p>	<p>We support this recommendation and <b>use Active Essex and its links with schools as a primary route for communicating public health messages on obesity</b>. This is evidenced through using Active Essex schools liaison officers as a route by which to disseminate information on healthy weight initiatives, such as the Daily Mile, where school children run a mile a day.</p>

### REGULATION, PLANNING AND ENFORCEMENT

<p><b>Recommendation 13:</b> <i>Further efforts to drive and expand the Tuck-in scheme should be encouraged with local Environmental Health Officers further incentivised to increase take-up.</i></p>	<p><u>Owner:</u> Cabinet Member for Health/Environmental Health <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	<p>Agree</p>	<p>We support this recommendation <b>subject to the following specific criteria:</b></p> <ul style="list-style-type: none"> <li>i) That there is robust ongoing evaluation of the Tuck In scheme;</li> <li>ii) Clear outcome data shows that a change has been made to healthier cooking practices and that this is sustained over time through regular external inspection/validation;</li> <li>iii) That the scheme is supported by District, Borough and City Councils who support the scheme with required resource following the start up investment made from the Essex Public Health budget; and</li> <li>iv) That the explicit <i>Tuck In</i> criterion of reduced portion sizes is</li> </ul>
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			promoted,
<b>Recommendation 14:</b> <i>That all planning areas and Public Health departments across Essex should promote low fat, sugar and salt in all takeaways.</i>	<u>Owner:</u> Cabinet Member for Health/Environmental Health <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	<b>The Tuck In project described above is the vehicle by which this recommendation, which we support, can be established.</b>
<b>Recommendation 15:</b> <i>That Public Health should be a material planning consideration for all business/commercial planning applications for food outlets lodged at each planning authority.</i>	<u>Owner:</u> Cabinet Member for Health/Environmental Health <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation, but need to recognise that planning applications are a District, Borough and City Authority function not a County Council one. However, there is considerable scope for ECC to work with other Essex LAs in support of this agenda, as evidenced in the Braintree whole system approach. There is an absence of a useful precedent where the outcome of a food outlet's planning applications has been significantly influenced on public health grounds. However, this is a key part of the place based approach which the emerging Essex Public Health Strategy, and the Braintree whole systems approach to obesity, is trying to address. Agreeing a co-ordinated, systemic approach to obesity creates greater potential for future planning outcomes to be more supportive of efforts to reduce obesity

### AN ALL-SYSTEMS APPROACH

<b>Recommendation 16:</b> <i>The outcomes from the Live Well Child Whole Community Approach pilot in Braintree need to be monitored and, if there is</i>	<u>Owner:</u> Cabinet Member for Health/Director of Public Health	Agree	We support this recommendation. Evidence is clear that a whole system approach to obesity, such as that being piloted in Braintree, is critical to addressing the population obesity problem. <b>Robust evaluation of the Braintree pilot outcomes, process measures</b>
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<p><i>improvement, then it must be extended elsewhere, concentrating initially on those areas that have the highest rates of childhood obesity – namely Basildon, Castle Point, Harlow and Tendring.</i></p>	<p><u>Implementation Review:</u> October 2016 <u>Impact Review Date:</u> April 2017</p>		<p><b>and replicability to other areas must be a core part of this project</b> if it is to succeed in demonstrating reduced obesity level in Braintree and thereby roll out to other areas. This programme will feature a number of themed sub programmes on specific risk factors for obesity, including reducing screen time/sedentary time as an important risk factor for obesity.</p>
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### INTEGRATION AND PARTNERSHIP WORKING

<p><b><u>Recommendation 17:</u></b> <i>That the Group are encouraged by the potential of social prescriptions and request that its establishment pan Essex, albeit using different models, continues to be supported.</i></p>	<p><u>Owner:</u> Cabinet Member for Corporate, Communities and Customers/Director of Public Health <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	<p>Agree</p>	<p>We support this recommendation. <b>Social prescription programmes are part of a wider programme of effort in which all obesity stakeholders need to invest</b> to build community resilience in health promoting behaviours. This is a core principle of the emerging Essex Public Health Strategy; future commissioning of obesity related services will need to support more of a population based approach, harnessing the considerable resource within communities and rely less on intensive face to face weight management programmes directly commissioned by ECC, which service only a small proportion of the population who are overweight or have multiple obesity risk factors.</p>
<p><b><u>Recommendation 18:</u></b> <i>That any commissioned projects to reduce or prevent obesity should make use of local social prescribing programmes, and that those local social prescribing programmes should support signposting and referral to local sources of help with obesity reducing behaviours - such as local walking, exercise, cooking, environmental and commercial weight</i></p>	<p><u>Owner:</u> Cabinet Member for Corporate, Communities and Customers/Director of Public Health <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	<p>Agree</p>	<p>We support this recommendation and again <b>highlight the role of social prescribing programmes in signposting and referring to a range of community options which support healthy weight management.</b> The real potential of social prescribing programmes lies as much, if not more, in developing local social networks to support healthy weight behaviours, as in referral to current structured health promotion programmes. Weight management must become a daily routine activity supported by social networks, not one or two hours out of a week in the face of an obesity promoting environment.</p>

loss groups.			
<p><b><u>Recommendation 19:</u></b></p> <p>(i) <i>That common branding be developed to link all healthy living initiatives and related prevention programmes to make them highly visible and easily identifiable;</i></p> <p>(ii) <i>That learning from the Live Well Child Whole Community Approach pilot in Braintree (see Recommendation 16) be used to inform the convening of a multi-agency Obesity Summit for Essex as part of a co-ordinated and integrated drive to tackle obesity.</i></p> <p>(iii) <i>That, as part of (ii) above, the County Council reasserts its commitment to tackling obesity through a vision statement to which every council service and all public sector partners commit;</i></p> <p>(iv) <i>That, as part of (iii) above, this report and recommendations herein be included as part of a County Council Childhood Obesity Strategy to be developed by the Cabinet Member for Health.</i></p>	<p><u>Owner:</u> Cabinet Member for Health/Director of Public Health <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	Neutral	<p>(i) <b>We must focus and build on the existing trusted national Change 4 Life brand</b> and the extensive insight work which informed its original development.</p> <p>(ii) When sufficient results on outcomes and process are available, these should be widely shared and used as a catalyst to stimulate wider application of the whole system approach to obesity, which could be via an obesity summit.</p> <p>(iii) <b>Any vision statement must be supported by a robust programme of implementation.</b> This programme of implementation needs to be driven by the outcomes and process of the Braintree whole system approach pilot.</p> <p>(iv) We will await the national childhood obesity strategy, which will undoubtedly inform the activities undertaken by ECC and partners to support healthy weight.</p>
<p><b><u>Recommendation 20:</u></b></p> <p>(i) <i>That Public Health explores opportunities for joint working with local celebrities to provide a high profile focal point for the promotion of</i></p>	<p><u>Owner:</u> Cabinet Member for Health/Director of Public Health <u>Implementation</u></p>	Agree	<p>(i) We support this recommendation and <b>should make use of appropriate local celebrities who are able to commit to supporting the specific programmes of work</b> to which the County Council and partners are committed.</p> <p>(ii) We support the government's commitment to introducing a</p>

<p><i>future obesity campaigns and (ii) That Public Health explores the local opportunities for investing the proceeds from a Sugar Tax to encourage greater participation in sport and physical exercise.</i></p>	<p><u>Review Date:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>		<p>sugar tax and to investing the revenue raised from it on increasing the funding for sport in primary schools. However, ECC will need to be guided by national policy, which will determine the role that Local Authorities have relative to national government in implementing this policy. Obesity is a societal problem with a society wide cost. Investment should not be confined to the County Council, which has primary commissioning responsibility for obesity prevention and first line weight management, because the burden of obesity is distributed across the public sector and society more generally. The funding which will be coming to Essex via the Sustainability and Transformation Plans (STP) being developed in conjunction with the Clinical Commissioning Groups is an opportunity to be grasped.</p>
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<b>THE ROLE OF THE PUBLIC HEALTH TEAM</b>			
<p><b><u>Recommendation 21:</u></b> (i) <i>Public Health programmes to encourage healthy lifestyles can save the NHS and Essex County Council significant sums of money by reducing avoidable health and social care costs and the Group requests that the Public Health Team continues to receive the resources necessary to further develop and expand their prevention programmes.</i> (ii) <i>The County Council should maximise the opportunity to fully utilise the potential of the in-house Public Health expertise and</i></p>	<p><u>Owner:</u> Cabinet Member for Health/Director of Public Health <u>Implementation Review Date:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	Agree	<p>(i) We support this recommendation. Overweight and obesity a will remain a public health priority in Essex and plans to make most efficient use of limited existing resources, and grow the total resource available, will be maximised. (ii) We support this recommendation, and current innovative work on supporting work place health, including the ECC workforce, such as development of healthy lifestyle apps, which include weight management, <b>are a part of existing ECC workplace health plans.</b></p>

<p><i>resource, increase its profile internally with employees encouraging them, for example, to become health champions, and transform the culture of the organisation so that the prevention agenda is incorporated into everyday considerations and decision-making.</i></p>			
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