AUDIT AND GOVERNANCE COMMITTEE

AGENDA

HARTLEPOOL BOROUGH COUNCIL

Thursday 18 October 2018

at 10.00 am

in Committee Room B
Civic Centre, Hartlepool.

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Belcher, Cook, Hall, Hamilton, Loynes, Tennant and Vacancy.

Standards Co-opted Members; Mr Stan Cronin, Mr Norman Rollo and Ms Clare Wilson.

Parish Council Representatives: Parish Councillor John Littlefair (Hart) and Parish Councillor Don Cameron (Greatham).

Local Police Representative: Superintendent Bev Gill.

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To confirm the minutes of the meeting held on 20 September 2018.

4. **AUDIT ITEMS**

   No items.

5. **STANDARDS ITEMS**

   No items.

6. **STATUTORY SCRUTINY ITEMS**

Health Scrutiny

6.1 Update on Healthy Weight Strategy - *Interim Director of Public Health*

6.2 Independent Complaints Advocacy Service:-

(a) Covering Report - *Statutory Scrutiny Officer*
(b) Update Presentation - *Contracts Manager, Independent Complaints Advocacy Service*

6.3 Investigation into the Provision of Preventative Mental Health Services for Hartlepool Residents - Setting the Scene:-

(a) Covering Report - *Statutory Scrutiny Officer*
(b) Presentation - *Head of Safeguarding and Specialist Services*

6.4 Care Quality Commission Inspection Action Plan progress update – *North Tees and Hartlepool Foundation Trust Representatives*

Crime and Disorder Scrutiny

6.5 Durham Tees Valley Community Rehabilitation Company Limited – Update Presentation:-

(a) Covering report - Statutory Scrutiny Officer
(b) Presentation - *Director of Operations, Durham Tees Valley Community Rehabilitation Company Limited*

6.6 Regulation of Investigatory Powers Act 2000 (RIPA) – *Interim Chief Solicitor*

Other items for consideration

6.7 Appointment to Committees and Forums - *Statutory Scrutiny Officer*

7. **MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

No items.

8. **MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH AND CRIME AND DISORDER**

No items.

9. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

No items.

10. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

No items.

11. **NORTH EAST JOINT HEALTH SCRUTINY UPDATE**

No items.

12. **DURHAM DARLINGTON AND TEESSIDE, HAMBLETON, RICHMONDSHIRE AND WHITBY STP JOINT HEALTH SCRUTINY COMMITTEE**

No items.

13. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

14. **LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006**

EXEMPT ITEMS

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) Order 2006.

15. **STANDARDS ITEMS**

15.1 Consideration of Investigation Report - SC01/2018 – *Interim Chief Solicitor and Monitoring Officer* (para 1)

For information: - Date and time of forthcoming meetings –

Thursday 22 November, 2018 at 10.00 am
Thursday 13 December, 2018 at 10.00 am
Thursday 17 January, 2019 at 10.00 am
Thursday 14 February, 2019 at 10.00 am
Thursday 14 March, 2019 at 10.00 am
Thursday 18 April, 2019 at 10.00 am

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

20 SEPTEMBER 2018

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool.

Present:

Councillor: Brenda Loynes (In the Chair).

Councillors: Sandra Belcher, Rob Cook, Ged Hall, Lesley Hamilton and John Tennant.

Co-opted Members:
Mr Stan Cronin, Mr Norman Rollo and Ms Clare Wilson.
Parish Councillor Don Cameron (Greatham PC).

Officers: John Morton, Assistant Director, Finance and Customer Services
Noel Adamson, Head of Audit and Governance
Tony Hanson, Assistant Director, Environment and Neighbourhood Services
Kate Ainger, Research Officer, Community Safety
Neil Wilson, Interim Assistant Chief Solicitor and Deputy Monitoring Officer
Laura Stones, Scrutiny and Legal Support Officer
David Cosgrove, Democratic Services Team

29. Apologies for Absence

None.

30. Declarations of Interest

None.

31. Minutes of the meeting held on 25 July 2018

Confirmed.

32. Update on Compliance with Public Sector Internal Audit Standards (*Head of Audit and Governance*)

The Head of Audit and Governance updated Members on the progress made complying with Public Sector Internal Audit Standards (PSIAS) and

the result of the recent self-assessment peer review. The final report produced by Stockton and Darlington Internal Audit Service was submitted as an appendix to the report and the included outcome stated that: - "It is my opinion that the service conforms with the standards in all significant aspects and is free to state as much in all of its communications".

An action plan was developed as part of the peer review and this highlighted minor areas of improvement that could be undertaken by Internal Audit to strengthen procedures. All these recommendations had been agreed.

Recommended

That the report be noted and the Audit and Governance Team be congratulated on the very positive outcome.

33. Internal Audit Plan 2018/19 Update (*Head of Audit and Governance)*

The Head of Audit and Governance reported on the progress made to date in completing the internal audit plan for 2018/19. The report set out the details of one school audit (St Hild's) which had been completed together with the recommendations agreed. In relation to the internal audits completed, the Head of Audit and Governance reported that all had been judged as satisfactory with recommendations agreed as appropriate. Details of the current ongoing audits were also reported.

Members referred to the report considered at the previous meeting when a school audit had raised a number of concerns and members requested an update. The Head of Audit and Governance indicated that all the recommendations had been agreed with the new head teacher at the school with most already implemented and the others in hand. The new head teacher had taken the results of the audit very seriously and had taken all the advice and recommendations on board.

Recommended

That the report be noted.

34. Safety Hartlepool Partnership Performance (*Director of Regeneration and Neighbourhoods*)

The Research Officer, Community Safety reported on the up-to-date performance figures for the Safer Hartlepool Partnership for the period 1 April to 30 June 2018. In the reporting period, total recorded crime in Hartlepool showed a slight increase of 3% (+84 offences) in comparison to the same period last year. This was the smallest increase experienced in the Cleveland Police Force area with rises of 12.7% in Redcar, 17.7% in

Middlesbrough and 18.1% in Stockton.

Compared to the same period last year, only two crime categories had experienced significant increases: violence against the person offences, which increased by a quarter and were predominantly centred around the night time economy and public disorder offences which increased by 112%.

It was likely that the increase in violence offences during this quarter were linked to both the World Cup tournament and the prolonged spell of warm weather leading to an increase in alcohol consumption.

Many of the public disorder incidents occurred at takeaway food premises and pubs/bars and were reported after 9.00 pm so were likely to be alcohol related.

Additionally, during this reporting period four schools appear in the data reporting public order offences. These all related to a hoax bomb threat which was sent to local schools in mid-June. These incidents had been recorded as 'Other Offences against the State and Public Order'. The threat was quickly found to be false and had also been sent to schools all over the country.

In contrast most other crime categories showed significant reductions in figures compared to the same period last year. This included vehicle crime (reduced by nearly one third), acquisitive crime (-124 offences), sexual offences (down by one third) and the number of deliberate fires (down by nearly one third).

The Partnership continued to use social media to promote crime prevention messages, particularly around vehicle crime, home security and acquisitive crime, which may account for the reduction in these crime categories.

Compared to the same period in the previous year, the proportion of substance users re-presenting for treatment within 6 months of completing a treatment programme had reduced by almost a quarter; whilst the number of substance misusers successfully completing treatment had increased by 3.4%. Although the percentages were quite high, the cohort is small so small changes to the number of participants causes large percentage changes.

Anti-social behaviour incidents recorded by the Police had reduced by 7.1% (-126 incidents) with reductions in both the Personal and Nuisance categories. The Environmental category showed a small increase of 11 incidents. This reflected the other Force areas which also saw reductions in anti-social behaviour incidents over the reporting period. Deliberate fires had also reduced by 27% (-47 fires). Criminal Damage offences increased by 3 offences compared to the same period in the previous year.

The number of hate incidents reported during the quarter fell by 17 incidents (30.9%). This again reflected the other Force areas which all

recorded reductions in the number of reported hate incidents.

In terms of Youth Offending, there had been two First-Time Entrants to the Criminal Justice System, a reduction of five incidents compared to Q1 of 2017/18. The number of Troubled Families engaged with had increased by 45% to 785 families during Q1. The number of families where results were claimed was 414, which represented an 80% increase compared to the same period last year.

The Research Officer highlighted that some of the detailed figures in the supporting appendices did give rise to seemingly high percentage rises but these should considered against the relatively small cohort to which they often related.

Members commented again on the use of percentages in the figures when they would wish to see details of actual numbers of incidents. Members commented that while reported crime figures may have been reducing, anecdotally, they had evidence that people were simply not reporting crime, particularly racial abuse, as it simply wasn't worth doing; police seldom attended and there were no prosecutions. In terms of prosecutions, members stated that it would be useful to see details of the police detection and prosecution rates to compare the reported figures with those crimes that were actually 'solved'.

A Member also expressed concern in the way the statistics were recorded in that the Member was aware that often only the most serious of a string of offences was recorded for an individual offender. Members also considered that it was essential when these statistics were being considered that a representative from Cleveland Police was present to comment and respond to questions.

The Chair indicated that she supported the comments in relation to the attendance of a police representative and would write seeking their attendance. The Chair also referred to her past comments on reoffending which she considered was exacerbated by prison inmates being released on a Friday afternoon with no money and no access to support services.

Recommended

1. That the report be noted.
2. That the Chair writes to Cleveland Police seeking attendance of their appointed representative, or appropriate substitute, when future meetings consider the quarterly Safer Hartlepool Partnership Performance statistics and/or police related matters to comment and respond to Member questions.

35. To Receive the Minutes of the Meeting of the Health and Wellbeing Board held on 25 June 2018

Received.

36. To Receive an Extract of the Minutes of the Meeting of the Finance and Policy Committee, held on 30 July, 2018, relating to Public Health and Crime and Disorder

Received.

37. To Receive the Minutes of the Meeting of the Tees Valley Health Scrutiny Joint Committee held on 18 June, 2018

Received.

38. To Receive the Minutes of the Meeting of the Safer Hartlepool Partnership held on 13 April and 22 June, 2018

Received.

39. To Receive the Minutes of the Meeting of the North East Joint Health Scrutiny Committee held on 21 June, 2018

Received.

40. Complaint Investigation Report (*Interim Chief Solicitor and Monitoring Officer*)

The Interim Assistant Chief Solicitor and Deputy Monitoring Officer advised Members that it had been his intention to submit a report on a Member complaint investigation to the meeting in compliance with the six month rule for completing such investigations. This, however, had not proven possible. The report had been drafted and circulated to those Members involved for their final comments and at this stage one of the complainants had sought additional time to consider their views. The Interim Assistant Chief Solicitor considered the request to be reasonable, as he had initially given a limited period for response. As such, the report, therefore, had not been completed and the Interim Assistant Chief Solicitor sought the Committee's approval to submit the report to the next meeting acknowledging that this was without the six month period.

Recommended

That the Interim Assistant Chief Solicitor and Deputy Monitoring Officer's comments be noted and endorsed and the finalised report on the complaint investigation submitted to the next meeting of the Committee.

41. Any Other Items which the Chairman Considers are Urgent

None.

The Committee noted that the next meeting would be held on Thursday 18 October 2018 commencing at 10.00 am at the Civic Centre, Hartlepool.

The meeting concluded at 10.35 am.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

18 October 2018

Report of: Interim Director of Public Health

Subject: UPDATE ON HEALTHY WEIGHT STRATEGY

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1. PURPOSE OF REPORT

1.1 To provide the Committee with an update on the Health Weight Strategy as requested by Members at the meeting on 28 June 2018.

2. BACKGROUND INFORMATION

2.1 The Health and Wellbeing Board at its meeting on 14 September received an update on the progress of implementing the 10-year Healthy Weight Strategy for Hartlepool, which was approved and launched in September 2015. The update also set out proposals, and key next steps, for priority actions within the strategy and developed a clear performance and outcomes framework for future delivery of the strategy. The report and appendices are attached.

2.2 The Health and Wellbeing Board noted the progress to date and approved an annual performance and monitoring framework for the strategy be developed, with key priorities and indicators, to ensure engagement and accountability among partners.

3. RECOMMENDATIONS

3.1 The Audit and Governance Committee note the update and seek clarification on any issues, where required.

4. BACKGROUND PAPERS

Update on Healthy Weight Strategy Report to the Health and Wellbeing Board on 14 September 2018.
Minutes of the meeting of the Audit and Governance Committee of 28 June 2018.

5. CONTACT OFFICER:-

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HEALTH AND WELLBEING BOARD

14 September 2018

Report of: Interim Director of Public Health

Subject: UPDATE ON HEALTHY WEIGHT STRATEGY

1. PURPOSE OF REPORT

1.1 To provide the board with an update on the progress of implementing the 10-year Healthy Weight Strategy for Hartlepool, that was approved and launched in September 2015.

1.2 To agree proposals, and key next steps, for priority actions within the strategy and develop a clear performance and outcomes framework for future delivery of the strategy.

2. BACKGROUND

2.1 The Healthy Weight Strategy was developed in September 2015, in response to members of the Health and Wellbeing Board selecting childhood obesity as a key priority for action in Hartlepool. A large stakeholder conference and engagement event on childhood obesity was subsequently held in February 2015 to inform the development of the new strategy, which succeeded and built upon the previous 'Healthy Weight, Healthy Lives' obesity action plan for Hartlepool, which had been in place since 2013.

2.2 The most recent National Childhood Measurement Programme (NCMP) data tells us that 25.5% of reception age children and 39.2% of year 6 children are classified as overweight or obese (3 year pooled average, 2014/15-2016/17). Rates have increased slightly since 2010/11-2012/13 when 24.1% of reception age and 38.7% of year 6 children were of excess weight.

2.3 Looking specifically at childhood obesity rates, recently published figures looking at 5-year combined data, tells us that in Hartlepool 11.4% of reception age children (3rd highest rate in region behind Middlesbrough and Redcar and Cleveland) and 23.8% of year 6 children are classed as obese (highest rate in region).

2.4 The Healthy Weight, Healthy Lives multi-agency steering group continues to meet on a bi-monthly basis to review progress with the Healthy Weight Strategy and contribute to its aims. This report presents a summary of the

key progress made since the last update report in September 2016 and sets out some proposals and next steps over the next 12-36 months.

3. KEY PROGRESS

3.1 At an earlier committee meeting it was recommended that Cleveland Police and other partner organisations consider committing to the North East Better Health at Work Award in order to support this agenda among their staff. Hartlepool Borough Council, Cleveland Fire Brigade, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HAST CCG), Cleveland Police and Harbour Support Services are now signed up to the award scheme. Housing Hartlepool/Vela Group has been involved previously but has not signed up since becoming Thirteen Group.

3.2 **Key progress with Healthy Weight Strategy action plan (Appendix 1):**

Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)

Action 1(a) – Planning and Retail: Trading Standards continue to work with Take Away food providers to support healthier cooking practices such as healthier frying techniques, low salt dispensers and reduced fat/sugar/salt through sharing of recipes and good practice using food analysis of common dishes between different outlets. Most recently, work has been undertaken with Indian takeaway owners to identify use of 'Southampton Colours' which have been linked to hyperactivity in children.

Public Health continue to be consulted on all A5 hot food take away planning applications in relation to the possible health impact and have contributed to the development of a new A5 Hot Food Take Away Policy within the recently published Local Plan.

Action 1(b) – Physical Activity: Hartlepool Borough Council (HBC) has been successful with a bid to the Sport England Families Fund, which has secured approximately £280k over four years from September 2018, to support disadvantaged and vulnerable families to overcome barriers to being physically active and impact on family relationships and mental wellbeing outcomes.

Sport and Recreation, within community-based and preventative services, are working with education to develop a school's physical activity 'charter' or offer, which will link to active learning and energiser sessions currently being piloted, the 'daily mile' initiative, and support schools to secure the best outcomes from their Healthy Pupils capital funds[1] and school sports premium.

[1] Healthy Pupils capital fund – £56,685 shared between 16 schools in Hartlepool to help pupils benefit from healthier, more active lifestyles - supporting physical education (PE), after-school activities and healthy eating.

Action 1(c) – Travel and Infrastructure: Hartlepool Cycle Development Plan has been developed. Two cycleway improvement projects completed at Queen's Meadow and Oaksway Enterprise zones. Living Streets 'Walk To' project legacy to support schools in providing walk to school incentives and supporting active travel opportunities. Work underway to establish a series of distance markers on Seaton promenade linked to the 'Move a Mile' initiative so encourage walking and cycling on this stretch. Designs and content being evaluated and work will go out to tender.

Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)

Action 2(a) – Social Marketing and Communications: Greater links and utilisation of HBC social media channels and local press to communicate clear and consistent messages around obesity and healthy lifestyles linked to national Public Health England (PHE) campaigns.

Action 2(b) – Early Intervention: Early Help as a whole operates to reduce the impact of adversity for children and families in the area. The workforce has had up to date awareness training on the impact of healthy eating on children and their families, which is now imbedded in day to day practice. We make every contact count and support children and families to develop healthy lifestyles. Targeted support is offered to children and families where needs are more enhanced from school nursing and health visiting service, within the 0-19 Health Child Programme. Healthy eating and lifestyle is now included into parenting programmes and children's groups, which operates across all Children's Services. The Early Help offer will be available on Hartlepool Now with links to information to support reduction in obesity such as Breastfeeding groups and advice, weaning, healthy diet with links to local and national support groups.

The National Childhood Measurement Screening Programme is targeted at all School Children and identifies those children who are overweight. School Nurses offer targeted support to those children and families. Discussions are underway regarding how the School Nursing Service and Early Help when working with families who need support with weight management and lifestyle issues can work in partnership with community based and prevention services to access further support.

Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)

Action 3(a) – The National Diabetes Prevention Programme (NDPP) and Escape Diabetes Act Now (EDAN) diabetes services: The NDPP commenced in April 2018 and Ingeus were appointed as the national provider. There have been 117 referrals from Hartlepool surgeries (including McKenzie Group Main Practice, Hartfields Medical Centre, Havelock Grange Practice and Wynyard Road Medical Centre) with the first education course commencing on the 7th August 2018, at the Community Hub South. Ingeus are to deliver 4 core

sessions (one per week) then 9 maintenance sessions (one per month), with a check point at 6 months where GP surgeries are informed of progress. No outcome data is available at this time, until the first cohort has been completed.

Coordinators for the Hartlepool Exercise for Life Scheme (HELP) are promoting the NDPP to those referred into HELP for other reasons, where multiple health issues indicate that they may fit the criteria for access. HBC is represented on the HAST Group that regularly discusses the programme and this ensures that as an authority we are supporting the promotion of this national intervention. It has been agreed with the North East Lead on the NDPP service that, where appropriate, we will have a two way referral process that enables sign posting to each of the existing diabetes prevention models to support local residents, i.e.:

- The Sport and Physical Activity Team Help scheme strand; operates
- The EDAN programme, (Escape Diabetes Act Now) this can pick up patients who are at risk of developing Type 2 Diabetes when their HbA1c blood test is outside the strict parameters of the NDDP programme.

In addition to this, those whose commitments prevent them from accessing the times offered on the NDPP can also be catered for, with the HELP scheme able to provide supervised exercise within the weekly (Exercise Referral) programme. This is for those patients who are motivated to increase their physical activity level which is a key message from the NDPP Educators. Weight loss is the primary goal to instigate clinical changes to blood glucose levels. As a service, we have also offered to drop into the maintenance sessions to promote the wide range of HBC physical activity support available throughout the town.

Action 3(b) – Future in Mind and Families Fund - In April 2018 Hartlepool Borough Council was awarded £280,620 grant by Sport England to deliver a four-year project working on bringing families closer together through sport and physical activity. The project aims to respond to the needs of families in the borough and involve them in a range of fun activities that promote good social, mental and physical wellbeing. Recruitment is currently taking place for a full time Project Coordinator and part time Activator to commence employment, it is hoped that these positions will be filled by October 2018. During the summer a couple of family events took place in south of the borough at Summerhill and Brierton Sports Centre. These events were used to consult with families as to their needs and saw over 500 people attending both events. Following feedback and work with partners a delivery programme for the first year has now been devised.

Action 3(c) - Obesity and Maternity Services: Working links with midwifery have been enhanced to identify parents where perinatal weight requires additional consideration. Identifying needs pre birth we are able to offer support to reduce BMI before birth for targeted families. The record of BMI is communicated to the allocated health visitor who can support the family to maintain and manage the changes to support positive weight and decrease

the likelihood of childhood obesity. IT systems are being developed to better support the communication between midwifery and health visiting.
Further development is planned to support families whose needs would sit outside of targeted services to reduce the likelihood of childhood obesity and increase community capacity.

Action 3(d) - Community Hubs: Community Hubs offer a range of services and programming to support the health and wellbeing of Hartlepool, there are on average 24,000 visits per month across all three Community Hubs. The three Community hub sites are developing a Social Prescribing Model and the Hartlepool Community Connector service is a key function within each, supporting individuals to make positive lifestyle changes and access services to improve their health and wellbeing.

i) All three of the Community Hubs: North, South and Central:

- Have established weekly Health Walks and regular Social groups have been well received;
- Engage in the promotion of national health campaigns and the Connector team can contribute to any group sessions that run in the hubs from both the voluntary sector groups and external partners; and
- provide free Motivational 1:1 sessions to all who access the service, in an effort to address a broad range of issues. M.I interviews support to empower the service users to confidently make the necessary behavior changes that they feel matter most to them.

To date, from April, 72 individuals have been signposted to other agencies to address the area which they feel is their priority of need.

ii) The South Hub Connector facilitates, with the support of the library staff, a structured system that permits residents who have experienced a Stroke to have access to a specialist piece of equipment called a 'Motormed'. This is a motor generated machine that enables both arm and leg ambulation, which is recommended by the NHS Stroke team as an ideal level of support to encourage recovery of both physical and psychological improvement. Each service user following an induction has the option to book independent sessions to use this equipment on a weekly basis.

iii) Planned for September - the Sport and Physical Activity Team will implement Locality Teams to each Hub to utilise the time more efficiently of key officers who will be working together to target the hard to reach groups in their specific areas. Increasing outreach work and responding to the views of the residents by means of contact through regular community forums to identify the greatest need in relation to health inequalities and gaps in provision.

Following a successful pilot in summer 2016, Finance and Policy Committee have funded extensions to the 'Filling the Holiday Gap' community ring-fenced grant for Christmas 2017 (£10k), Easter 2018 (£6k) and summer 2018 (£25k).

Further funds have been allocated for Christmas 2018 (£10k), Easter 2019 (£10k) and summer 2019 (£25k).

3.3 An internal audit of obesity management services was carried out on 4 June 2018 with two of the current schemes in operation selected for review: FiiT Hart (family weight management service) and Early Years interventions. The aim of the audit was to ensure that the priorities for the Obesity Management Services were clearly and consistently detailed in the HBC and regional/national policies and strategies and to ensure that the services are provided in accordance with the contract arrangements and in line with identified need. The overall opinion was that satisfactory assurance could be placed on the systems and controls in place at the time of the audit and no further actions were required (report attached at **Appendix B**).

4. FUTURE STRATEGIC DIRECTION

4.1 On 25 June 2018, the government published the second chapter of 'Childhood Obesity: A Plan for Action', which set a new national ambition to half childhood obesity rates by 2030. Within the plan, the government sets out a range of further national measures, including:

- Target to halve the rate of childhood obesity by 2030 but no numerical targets around reducing health inequalities;
- Consult on ending sales of energy drinks to children;
- Consult on 9pm watershed for advertising of high fat/salt/sugar (HFSS) products;
- Better advertising regulation of HFSS products on social media;
- Consult on calorie labeling for the out-of-home food sector; and
- Consult on ending promotions on HFSS products e.g. BOGOF.

4.2 It is reassuring to note that the Hartlepool Healthy Weight Strategy has actions and objectives that align closely with many of these national objectives, and it is hoped that in the coming years there will be continued support and a national focus around each of these topics that will enable Hartlepool to address the issues more effectively at a local level. It is disappointing however, that there is no:

- Cabinet sub-committee or mandatory monitoring of actions across departments;
- Reference to new powers for local government to use health as a licensing objective;
- Mention of a ban on cartoon characters in advertising HFSS products or limiting adverts near schools;
- Target around breast feeding; and
- Announcement around access to effective services for children and families.

4.3 It is recognised that a more detailed performance framework and annual monitoring matrix is required to sit alongside the strategic 10-year action plan

in order to highlight specific progress milestones, identify clear timescales for action, impact and create more ownership and accountability from wider partners and stakeholders around specific areas of the plan. It is proposed that a RAG-rated, annual KPI matrix is created in conjunction with members of the board to clearly demonstrate progress against key local indicators and highlight impact on national targets and statistics.

5. RISK IMPLICATIONS

5.1 There is a risk that without a clear and robust strategy for tacking obesity in Hartlepool, rates may continue to rise in both children and adults, leading to a greater strain on health and social care systems within the Local Authority and the NHS.

6. FINANCIAL CONSIDERATIONS

6.1 In order to fulfil the actions and objectives within the strategy, there will be a need to identify funding sources or access existing budgets for specific projects and initiatives. Where possible, this will be sourced from existing budgets and funding streams, and achieved by more efficient and collaborative working arrangements between partners.

7. EQUALITY AND DIVERSITY CONSIDERATIONS

7.1 There are no equality and diversity considerations arising from this report. The strategy ensures there is support in place for all residents of the Hartlepool borough.

8. STAFF CONSIDERATIONS

8.1 Aspects of the Hartlepool Healthy Weight Strategy require support from the Council workforce and its partners. All staff have a role to play in supporting the obesity agenda and considering the impact of their roles and choices on their personal health and wellbeing as well as that of the wider community.

9. RECOMMENDATIONS

9.1 The Health and Wellbeing Board note the progress to date in implementing the strategy and approve the future strategic direction in line with the national approaches.

9.2 Approve the recommendation to develop an annual performance and monitoring framework for the strategy with key priorities and indicators to ensure engagement and accountability among partners.

10. REASONS FOR RECOMMENDATIONS

10.1 Obesity continues to be a significant Public Health issue in Hartlepool.

11. BACKGROUND PAPERS

Appendix A: Hartlepool Healthy Weight Strategy Action Plan (July 2018)

Appendix B: Obesity Management Audit final report (June 2018)

Appendix C: Childhood Obesity: A Plan for Action Chapter 2. Department for Health, HM Government (2018)
https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2

12. CONTACT OFFICERS

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Healthy Weight Strategy for Hartlepool
10 Year Action Plan (2015-2025)

Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress (as at July 2018)**
(a) Planning and retail: Work with partners to improve access to healthy food options and remove barriers to adopting a healthy diet	Restrictions on advertising of high fat, sugar and salt foods to children	Develop a policy for organisations to follow Restrict food adverts on bus shelters locally and any advertising space within statutory authority control or influence e.g. public transport	Reduced exposure to advertising reducing demand from parents Healthier vending options in Council buildings and leisure facilities	PHE HBC procurement Leisure facilities	Ongoing Timescale to be determined by current contracts and procurement cycles	Regional sugar reduction project targeting early years – regional task and finish group established Exploring bus shelter advertising opportunities across Tees Regional work with Nexus to influence advertising contract
	Develop Healthy Catering Guidelines linked with breastfeeding and Better Health at Work Award	Work with businesses to alter the menus offered to become healthier options, actively support breastfeeding and create a healthier staff working environment Ensure the Healthier Catering guidelines are promoted and followed Guidelines on warming baby and toddler food	Increased breastfeeding initiation and maintenance at 6-8 weeks Catering premises will have low fat, sugar and salt content items across a minimum of 30% of their menus Corporate catering will comply with the guidelines on 90% of occasions	Employers Environmental Health	Ongoing	Better Health at Work Award criteria – healthier catering guidance Continued promotion and awareness of Government Buying Standards for food to workplaces and businesses Work with A5 hot food takeaway businesses around healthier cooking practices – factsheet developed for Chinese takeaway owners and awareness with Indian takeaway owners around illegal food colourings and additives Children's Centres / Early Year's providing advice as

Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress (as at July 2018)**
						part of revised weaning programme
	Develop licensing conditions to reduce the number of fast food catering establishments in areas of high density, including near schools	Audit through food mapping Approved licence conditions Development of hot food takeaway policy as part of Local Plan	Prevent an increase in the number of fast food outlets in the town Control proliferation of fast food outlets and restrict growth in key areas	Planning team	Complete	Hot food takeaway policy RC18 is part of final HBC Local Plan – imposes restrictions on A5 planning permission in areas of high fast food concentration and near to schools with high childhood obesity rates
(b) Physical activity: improve access to green spaces for health and exercise reasons	Increase the capacity of buildings and workplaces to support physical activity	Increased cycle parking / storage Improved shower & locker provision Development of universal and consistent stairs and lifts policy	All new buildings and alterations are compliant with NICE guidance	Employers HBC Planning Developers Road safety team	Ongoing	Active travel and physical activity criteria embedded within Better Health at Work Award for workplaces Community Sports Hub links – Sport England Families Fund
	Increase the availability of green space across Hartlepool for play and recreational use	Identify existing green space Identify existing plans to improve Community involvement in where, what, when and how	Increased green space Improvements to existing green spaces Improvements in physical activity / sedentary behaviour (inactivity rates)	HBC Planning Developers Parks and Countryside team HBC Sport & Recreation	Longer term outcome (2020 onwards as part of Hartlepool Vision)	HBC Playing Pitch Strategy published Policies around green spaces and consideration of the obesogenic environment in new developments are included within HBC Local Plan

Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress (as at July 2018)**
		Consider outdoor activity space/green gyms within new and existing community spaces				
	Support charities and projects which improve aspects of the obesogenic environment such as Living Streets and Sustrans	Community Street Audits to identify barriers to physical activity Development of Cycling Development Plan – link to National Cycling and Walking Strategy Also links with Dementia Friendly Communities	Improvements to built environment resulting from street audits – improved access to waking and physical activity opportunities	Planning and regeneration Road safety team Developers Living Streets Sustrans	Complete	Living Streets Walk To project 2016-18 has concluded – several community street audits produced Cycling Development Plan produced Traffic infrastructure work completed via Access Fund (Truro Drivo-Queen's Meadow, A179) – further projects identified
(c) Travel and infrastructure : create a more supportive environment for cycling and walking to improve rates of active travel in schools, workplaces and communities	Reducing the proportion of Hartlepool adults and children who are sedentary	Engagement with businesses through the Better Health at Work Award Offer sedentary workers physical activity options Cycle repair and training (Bikeability) scheme	Increased use of green space Increased participation in sport and active recreation	Employers HBC Sport & Recreation	Ongoing	Corporate discount scheme for Council leisure facilities launched Move a mile project launched for schools and workplaces – schools charter in development Cycle repair hub established at Summerhill outdoor activity centre
	Utilise LSTF funds to improve cycle route	Target business enterprise zones	Improved cycle provision and links across town	Road safety team Employers Schools Living Streets	Complete	Addressed via Hartlepool Cycle Development Plan (Sustainable Transport Officer) and

Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress (as at July 2018)**
	infrastructure and encourage active travel in workplaces and schools	Develop travel plans for workplaces and schools	Reduced car use, increased rates of active travel	Sustrans		Living Streets Walk To project
	Develop no parking zones around schools in favour of park and stride sites	Extend parking exclusion zones around schools Extend 20mph zones	Improved road safety Increased walking levels in children and parents	Road safety team Living Streets Sustrans	Longer term objective (2020 onwards)	No progress currently

Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress**
(a) Develop a social marketing and communications plan for Hartlepool to promote and facilitate a healthy weight and lifestyle	Develop a public opinion which supports the key actions of strategy	Work with media to create a public opinion shift Work through social media to create a step-change in behaviours	Public will support the actions predominantly rather than oppose them	HBC Public Relations PHE HBC workforce Employers	Ongoing Complete	Links to PHE One You and Change 4 Life campaigns Development of social media channels (Facebook, Twitter) – regular PH messages promoted via HBC social media
	Undertake further insight work with young people on fast food and sugar-sweetened beverages	Work with Youth Parliament and Young People's Participation Team to produce relevant insight	Insight to enable appropriate alternative marketing	HBC Standards, engagement and development team	Ongoing	Initial consultation undertaken with young people as part of Hartlepool obesity conference – further development needed
	Using the	Develop an agreement to	Consistent	Community	Ongoing	Links to PHE One You and

Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress**
	Change 4 Life and Health Trainers to engage and mobilise citizens to make healthier choices	ensure any public body led campaigns and incentives to take part in them, would be compliant with <u>all</u> principles of healthier choices within the Change4Life campaign. Embed agreement across all directorates and other organisations	messages promoting healthier choices across all media from all directorates within the Council and all organisations in Hartlepool	connector team PHE HBC Public Relations		Change 4 Life campaigns
	Embrace new technologies to engage and support individuals with health & wellbeing activities and services	Explore potential of health-related mobile apps and online activity tracking programs for leisure facilities and healthy weight services Explore use of text messaging and social media to communicate key public health messages	Improved monitoring of adult and young people's physical activity Increased motivation for service users	Community connector team Leisure facilities	Complete Ongoing	Directory of weight management and healthy lifestyles apps produced Promotion of Change4Life 'Be Food Smart' app
(b) Ensure obesity is tackled by early intervention through improved training and awareness for front line staff and in	Promote healthy lifestyles within the Hartlepool workforce	Train and support council staff and partners to provide healthy lifestyle information to customers Better Health at Work Award promotion and workplace campaigns	Increased awareness of healthy weight services among staff and service users	HBC Sport & Recreation Employers	Ongoing Ongoing	Health & Exercise Activator recruited to support physical activity provision for workplaces Better Health at Work physical activity criteria throughout all award levels
	Support individual behaviour	Individual behaviour change will be supported by Community	Individuals will receive support to change health	Community Connector team Specialist Weight	Ongoing	Regional MECC steering group established

Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress**
communities	change around diet, physical activity and breastfeeding	Connectors and Advocates Front line practitioners and volunteers will be trained in MECC	behaviours in conjunction with higher tier services	Management Service (SWMS) Employers HBC Sport & Recreation		Action to be supported through the Sport England Families Fund project
	Fiit Hart will continue to provide education to children and families on healthy eating and physical activity	All children and their families who are identified as overweight or very overweight will be offered support from the FiiT Hart team	Childhood obesity prevalence will reduce	Paula Edwards, Sport & Recreation	Ongoing	FiiT Hart family weight management programme established including healthy lifestyle advice, physical activity and cooking skills (pilot) elements
	Training of front line staff on Healthy Weight Management	Key staff trained in weight management, motivational interviewing and brief intervention skills	Staff knowledge & confidence on WM improves	Community Connector team HBC Sport & Recreation Thirteen Group Cleveland Fire Service Cleveland Police	Complete	2-day childhood obesity training provided Links to MECC training offer
	Tackle post-natal baby weight	Support Well Baby clinic attendees	Reduction in obesity rates Improvements to breastfeeding rates	0-19 service Children's centres Mums on the Move programme	Longer term objective	New weaning programme established – obesity awareness training provided to 0-19 service staff
(c) Ensure that tackling obesity is a key priority as part of the planning and implementati	Implement the DHSC Childhood Obesity Plan objective with respect to labelling of	70% of all menus to be compliant with nutritional information as outlined in the PH Responsibility deal	Healthy options will be obvious and priced accordingly	HBC Trading Standards Catering businesses	Longer term objective	

Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress**
on process for the Hartlepool Vision	nutritional information on menus					
	Strengthen the role of health impact assessments in planning applications to ensure the physical environment supports physical activity	Potential health impacts to be assessed on all new developments and projects	New developments / projects to consider impact on obesity and physical activity	HBC Planning	Longer term objective	PHE have provided HIA training regionally

Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress**
(a) Create an integrated pathway of support to improve accessibility into healthy weight services (driven by GPs and Primary Care)	Ensure the care pathways adequately meet the needs of those carrying excess weight	Ensure there is a smooth transition and good links between all obesity service pathways	Service provision will be appropriate to meet the needs of the client group	CCG Tier 2/3 service leads	Complete	Obesity infographic developed in 2017 to highlight tier 2 services – evaluation report produced by Teesside Uni – now in need of updating
	Monitor the efficacy of Family Healthy Weight Programmes for children and adults	Successful programme will be recorded Future of service will be secured	Service provision will be appropriate to meet the needs of the client group	Paula Edwards, HBC	Complete	Pursue opportunities to monitor and sustain family/children's weight management services – link to Sport England Families Fund project

Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress**
	Ensure appropriate Early Years interventions for those with excess weight are in place	Evaluate the needs of this age group Ensure services are in place	Funding and services will be in place as required Care pathways will be complete and adequate	Mel Calvert, HBC Children's Centres	Longer term objective	Links to new early years weaning programme (see below theme 3)
	Secure long term funding for a Tier 3 Weight Management Service	Support the commissioning process to ensure strong links with tier 2 community weight management services	Clear and robust obesity pathway for the client group	Will Smith CCG Specialist Weight Management Service provider	Complete	Action to be revisited based on future commissioning arrangements and CCG plans – new obesity pathway in development (on hold until the successful transfer of T4 commissioning responsibility to CCG)
	Produce guidance for primary care regarding National Child Measurement (NCMP) and adult obesity pathways	Ensure G.P's and primary care staff are aware of the NCMP & adult obesity pathways and referral process Identify and train advocates in GP practices to firm up referral processes	Increase in referrals from Primary care into children's and adult weight management services	Community connector team FiiT Hart team CCG	Complete Longer term objective	
(b) Support schools and children's centres to develop a 'Curriculum for Life' which promotes a	Promote Healthier Weaning	Continuation of weaning programme for Children's Centres and early year's providers	Reduce the proportion of 12 – 18 month olds who exceed the Estimated Average Requirement for Energy intake	Mel Calvert, HBC Children's Centres teams	Ongoing	
	Increase rates of	Increase proportion of excess weight mothers	Increased rates of breastfeeding	Midwifery Health Visiting	Longer term objective	Breastfeeding workshops All about baby programme

Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress**
healthy weight and lifestyle from an early age	breastfeeding	who breastfeed Establish closer links with midwifes and health visitors	Reductions in low birth weight babies	Children's Centres teams		Latch on programme 'Big Latch On' breastfeeding event
	All families with children under 5, who are most at risk of becoming overweight or obese, are identified through key contacts with professionals working with this age group and are referred to appropriate services	Engage family support workers, health visitors and housing staff working with the most at risk families	Increase numbers of the most at risk families and young people who are identified and supported	Health Visiting Children's Centres Early help Social care	Ongoing	Obesity awareness training being rolled out across 0-19 staff
	Ensure healthy weight support is incorporated into the Future in Mind emotional wellbeing programme	Physical activity as a tool for family engagement and improvements in mental health and relationships	Improvements in mental wellbeing in children and families engaged in the programme	Education Psychology Team HBC Public Health Sport & Recreation	March 2019	Links to Families Fund
	Offer support to mothers who are	Further development of the 'Mums on the Move' programme		Midwifery Health Visiting Paula Edwards,	Longer term objective	

Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress**
	excess weight to improve post-partum weight management			Sport & Recreation		
(c) Ensure healthy weight services are part of the vision for the provision of a Hartlepool 'Health and Social Care Plan'	Develop an integrated model of 'community wellness hubs', bringing together a public health offer alongside health and social care services with a whole-family approach	Establish new public health 'offer' Identify and sustain community hub sites and develop offer further with wider partners and stakeholders	More integrated and accessible services Improve take-up of NHS health checks Improved signposting and referrals Improved care and support to those in need	HBC Public Health	Complete	Community Hub sites and initial offer established Sport England Families Fund – Community Sports Hub outcome
	Address the issue of 'holiday hunger' for the most at risk families over school holiday periods	Assess need Develop cost-effective model and pilot project Develop links to the Hartlepool Food Network	Reduced levels of young people suffering under nourishment and malnutrition in school holidays Improved attainment in schools due to reduced 'learning loss'	HBC Public Health Children's Hub JRF	Complete	'Filling the Holiday Gap' community grant scheme established. Pilot completed in summer 2016 followed by summer 2017, Christmas 2017, Easter 2018 and summer 2018 schemes. Funding secured until summer 2019
	Embed healthy weight in the Better Childhood	Healthy weight will be considered as part of the Better Childhood Programme	Children's workforce supported to raise the issue of healthy weight		Longer term objective	

Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead stakeholders**	**Timescales**	**Progress**
	Programme delivery model		Children's workforce enabled to provide families with advice, information and support to maintain a healthy weight			

Internal Audit Report
Obesity Management Services
Final Report Issued: 4th June 2018

Internal Audit is an independent appraisal function that reviews the Council's activities, both financial and non-financial. Internal Audit provides a service to the whole Council in order to provide assurance on the arrangements for risk management, internal control and corporate governance, and to provide advice to support achievement of best practice.

All audit work has been carried out in accordance with the CIPFA Code of Practice for Internal Audit in Local Government in the UK, as reflected in the Internal Audit Manual.

The auditors involved in the work have no links to the subject matter of this audit or relationships with the clients that could compromise the impartiality or objectivity of the work undertaken.

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Audit Summary and Opinion

The overall opinion is that **Satisfactory Assurance** can be provided that the risks identified are well controlled.

The Joint Strategic Needs Assessment (JSNA) and HBC's Healthy Weight Strategy both extensively cover the priorities for Obesity Management. The Council Plan and Health and Wellbeing Strategy are higher level documents and as such don't include specific or detailed performance indicators, targets or priorities for weight management but they do cover themes such as helping children to get the best start in life, people living well, and encouraging more people to live active and healthy lifestyles of which managing weight/obesity would be a part.

There is a Healthy Weight Healthy Lives Partnership in place which helps co-ordinate and bring together all the different steams and aspects of obesity management such as sport and recreation, food schemes, National Childhood Measurement Programme, health visitors, midwife led support for babies and their mothers/families and GP referrals. A wide range of staff are involved in the partnership which has representation from appropriate teams. The partnership has a suitable Terms of Reference (this was not reviewed at this audit as it was viewed at the last audit follow up), meets regularly, minutes meetings and has an action plan which is used to ensure completion of tasks.

Following discussion with the Health Improvement Practitoner for Obesity, two of the current schemes in operation were selected for review, these were: FiiT Hart and Early Years Interventions.

Both services are provided in house and therefore no commissioning has taken place and no contracts are in place to review. The public health budget and reserves supports both services with no grants being received and no restriction on spending through ring fencing of funds.

FiiT Hart:
A small sample of individuals who have engaged with the service following their referral were selected for review. There are no targets set for the number of participants each year/month as engagement with the service is purely voluntary. Outcomes for each individual are personal to their circumstances and might include learning to make healthier food choices, taking more regular

exercise or bringing the whole family in to discuss weight management. Those who chose to engage are entered into an access database and their personal aims/targets/outcomes are noted, along with any purchases made to assist them such as technogym keys, swim sessions, active card for use at the leisure centres in Hartlepool. Continued engagement is monitored and contact is made to keep track of progress (this is noted and scanned onto Iclipse) until the individual either reaches their goal, moves on to not require assistance to reach and/or maintain their goal or decides to no longer engage with the support offered.

At present no follow up action is completed after the individual has reached their goal to ensure they are maintaining their weight/activity/healthy eating, however, following a review of the service that was happening alongside the audit staff had already discussed the possibility of starting to follow up after 6 months and 1 year, this is yet to be implemented.

Only those who engage with the service after contact are recorded on the database, those who do not return calls or turn up to appointments are not recorded anywhere as there is no obligation to access the support offered. The team should perhaps consider recording the number of individuals/families who have been contacted but have chosen not to take up the offer of support to show take up figures.

Performance is recorded on a spreadsheet, Covalent is no longer used to record them (it was prior to April 2017). Performance is no longer reported anywhere as for information reports to Committee have now ceased for all departments. The team should consider if there is any forum, group or manager who needs to receive the performance data for this area and arrange to provide the data as required. No testing was completed to validate the performance figures as funding is not dependant on them and targets are not set for take up.

Early Years Interventions:
There are a number of different schemes in operation which allow pregnant women, new mothers/families and babies to receive a variety of advice and support around health in pregnancy, healthy eating, activity, breastfeeding and weaning to enable them to make healthier choices for them and their babies/children. The schemes operate through Children's Centres and include appointments being offered for all women up to 12 weeks pregnant, appointments being offered for all babies of 4 months old and breastfeeding groups. Identified support can also be provided in the home if required; either Healthy Early Years Coordinator, Health Visitors or Community Nursery Nurses would advise around weaning / healthy eating – this would be recorded on System

1. All of the schemes are voluntary and individuals provided with an appointment are under no obligation to attend and take up the support offered.

The schemes are all evaluated annually with take up numbers being recorded. Assessments to date would indicate high take up of services offered and also show that some of the most vulnerable families are being reached and that advice and support is being acted upon.

Performance is measured through a number of indicators that are part of The Children's and Young People's Plan. Performance is no longer reported to Committee as the taking of for information reports has now ceased. The annual evaluation reports are reported through the Early Help management structures ensuring that managers have all available data on which to base decisions for the future. No testing was completed to validate the performance figures as funding is not dependant on them and targets are not set for take up.

Overall it can be seen that Obesity/Weight Management is taken seriously by HBC and that there are a number of schemes and support in place for those who wish to engage, and where individuals and families do engage there are positive outcomes.

ACTION PLAN

There are no actions required at this time.

HM Government

Childhood obesity: a plan for action

Chapter 2

October 2018

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Contents

Foreword by the Prime Minister

The health and well-being of our children critically determines their opportunities in life.

Today, nothing threatens that more than childhood obesity.

Children who are obese or overweight are increasingly developing type 2 diabetes and liver problems during childhood. They are more likely to experience bullying, low-esteem and a lower quality of life and they are highly likely to go on to become overweight adults at risk of cancer, heart and liver disease. They are also disproportionately from low-income households and black and minority ethnic families.

So when more than one in three children are obese or overweight by the time they leave primary school, and with these numbers only getting worse, it cannot be a question of whether we act to address this, but rather how.

We all have responsibility to work together to support young people in meeting this challenge. Whether we are parents, teachers, businesses, local leaders or health professionals, we must all play a role in helping to improve the health of our children and give future generations the best possible start in life.

I am determined that this Government will lead this national effort.

That is why, in 2016, we published our world-leading childhood obesity plan and why we are now publishing this next instalment.

The actions we are proposing will ensure that, by working together across society, we can improve the nutritional content of the food and drink our children consume, strengthen the information available to parents about those products and change the way that unhealthy food and sugary drinks are promoted.

This work will support the renewed focus on the prevention of ill-health, which I have asked NHS leaders to develop as a critical part of our long-term plan for the NHS.

It will improve our children's health, enhance their chances in life and, in doing so, also fundamentally reduce the pressures on the health service in the years ahead.

Some of the measures in this document will provoke debate – and we welcome that. But we also know that it will take a determined collective effort to turn the tide against childhood obesity. That is what we must do – for the future wellbeing of our children, our NHS and for the prosperity of the nation as a whole.

Foreword by Secretary of State for Health and Social Care

Every developed nation is facing up the problem of childhood obesity. This is an issue, eventually, no country will be able to ignore. I want us to be the first country in the world to really do something about this and that is why I have set a new national ambition to halve childhood obesity rates by 2030 and significantly reduce the health inequalities that persist.

We know that this isn't going to be easy to do but it is a measure of our ambition and resolve to tackle this issue.

As a parent I know that making the healthiest choices isn't always easy. In fact sometimes it feels very difficult. I think most parents have been in a position where your sleeve gets tugged as your child's eyes get drawn to the sweets or crisps at the checkout or you have to repeatedly resist the calls for Saturday night pizza.

That is why we're bringing forward policies that will make it easier for us all, but particularly for parents, to make healthier choices for their families. I want to see parents empowered to make informed decisions about the food they are buying for their families when eating out. I want to mitigate pester power by preventing stores from pushing unhealthy food at checkouts and helping make healthy food the default option for 'buy one get one free' deals. I want to protect children from advertising that encourages demand for unhealthy food. I want to see the food and advertising industries using their world-leading talents to help all parents find the healthier choice the easier choice.

As a parent it is also difficult to find the time for sport and physical activity – crucial to maintaining a healthy weight. That is why we want to encourage every primary school to adopt an active mile initiative such as the fantastic Daily Mile. Initiatives like this can improve the physical, social, and mental wellbeing of our children – regardless of age, ability or circumstance. Building this kind of activity into daily life and encouraging young people away from their screens will be instrumental in helping achieve our ambition.

Our attitude to food and drink is changing and changing fast – consumers want healthier choices. I am heartened by the progress the food and drink industry have already made in reformulating products and reducing sugar in soft drinks. I am cheered by those forward thinking businesses taking action, and want to make sure others follow their example. We will not shy away from further action if we do not see the progress we need to support parents all across the country to do what every single one of them wants and strives to do - protecting their children's health now and in years to come.

Introduction and summary

Childhood obesity is one of the biggest health problems this country faces. Nearly a quarter of children in England are obese or overweight by the time they start primary school aged five, and this rises to one third by the time they leave aged 11.[1] Our childhood obesity rates mean that the UK is now ranked among the worst in Western Europe.[2]

The burden of childhood obesity is being felt the hardest in more deprived areas with children growing up in low income households more than twice as likely to be obese than those in higher income households.[3] Children from black and minority ethnic families are also more likely than children from white families to be overweight or obese and this inequality gap is increasing.[4] We want to address these disparities to ensure that all children, regardless of background, have the best start in life.

We need to be ambitious if we are to meet and beat the challenge of childhood obesity. Therefore we are setting a **national ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.** Doing so will bring multiple physical health benefits and we aim to reverse the emergence of Type 2 diabetes in children. Achieving this is not going to be easy. It will require us all to get behind this ambition to play our part in making healthier decisions, providing healthier options and creating healthier environments. As Government we are committed to playing our part but recognise that this will require sustained collaboration across the political divide, across society and across public and private sector organisations.

The scale of action we are seeking is justified by the profound health effects of childhood obesity. For overweight or obese children we know that life can be difficult: they are more likely to experience bullying, stigmatisation and low self-esteem.[5] They are more likely to develop Type 2 diabetes in childhood,[6] a condition that was once very rarely seen outside adulthood. They are also far more likely to go on to become obese adults,[7] with a higher risk of developing life threatening conditions such as some forms of cancer, Type 2 diabetes, heart[8] disease and liver disease.[9] Therefore, we have a lot to gain from succeeding in the task ahead and from being ambitious in our approach.

Addressing childhood obesity will also reduce the huge financial costs that obesity places on us as a nation. It is estimated that obesity-related conditions are currently costing the NHS (and therefore every UK tax payer) £6.1 billion per year.[10] The total costs to society of these conditions have been estimated at around £27 billion per year,[11] with some estimates placing this figure much higher.[12] As we celebrate the 70th birthday of the NHS, tackling childhood obesity can help us secure the sustainability of this coveted institution for future generations.

Our food environment is constantly evolving, and offers a growing range of choices of what to eat and when to eat. This supports a thriving food and drink industry, full of innovation and culinary adventure. Maintaining this choice is important, but it is also important to help children and their parents to navigate this environment and be able to easily identify healthy options.

Against this backdrop, all of us - parents, manufacturers, the out of home sector (e.g. restaurants, cafes, takeaways) and retailers, broadcasts, online media, local authorities and schools - must take responsibility for promoting healthy choices. This is not always easy: two thirds of parents are concerned about making sure their families eat a healthy diet.[13] In supporting parents, Government needs to take a balanced approach: considering the steps we can take to create a fair food environment that does not drive excess consumption and which makes the healthy choice the easy choice; whilst ensuring parents are able to choose what food they feed their families and have access to affordable healthy food options.

In August 2016 we laid strong foundations for our fight against childhood obesity with our world-leading *Childhood obesity: a plan for action*. Based on the best evidence, and informed by expert opinion, the plan identified the central issue that must be tackled if we are to reduce obesity: the food and drink children consume needs to be healthier and, for many children, less calorific.

Summary of actions

Our 2016 plan was the start of a conversation, not the end. In the two years since it was published we have seen some important successes, particularly in reformulation of the products our children eat and drink most. However, we have always been clear we would consider where further action was needed, and where sufficient progress was not being delivered. The continuing magnitude of the challenge on childhood obesity means now is the right time to build on the 2016 plan both to cement the action already taken, and to expand our focus into other areas.

Sugar reduction

At the heart of our plan was the ambition to make the food our children eat healthier. Reducing sugar content in the food children eat most was a key part of that. The Soft Drinks Industry Levy (SDIL) was introduced to incentivise industry to reduce the sugar content of soft drinks, and has delivered strong results, with the majority of the soft drink industry reducing the sugar content before the Levy came into force on 6th April 2018. Tesco and Asda have both reformulated their own brand soft drinks to be below the Levy rates.

We also challenged industry to take 20% of sugar out of the food most commonly eaten by children by 2020, with a 5% reduction target for the first year. This has already led to many parts of the food and drink industry removing sugar from their most popular products. For example, Kellogg's have cut between 20%-40% of sugar from their cereals most popular with children; Yoplait have reduced the amount of sugar by 13.2%, and Waitrose have taken 5.5% of sugar out of their confectionery.

Importantly, we have also seen an increasing consumer demand for healthier food and drink as a result of these programmes. Large parts of the food and drink industry have taken this seriously, with many parts of the sector leading the way and there is more reformulation in the pipeline. However, despite some sections of industry meeting the 5% one year progress target, overall the 5% goal has not been achieved.

To ensure we continue to drive progress on sugar reduction:

- HM Treasury will consider the sugar reduction progress achieved in sugary milk drinks as part of its 2020 review of the milk drinks exemption from SDIL. Sugary milk drinks may be included in the SDIL if insufficient progress on reduction has been made.
- We will consult before the end of 2018 on our intention to introduce legislation ending the sale of energy drinks to children.
- We may also consider further use of the tax system to promote healthy food if the voluntary sugar reduction programme does not deliver sufficient progress.

In 2019, Government will look at the level of progress towards a 20% sugar reduction in the foods most commonly eaten by children and will be able to assess if this challenge has been met in 2020. We will not shy away from further action, including mandatory and fiscal levers, if industry is failing to face up to the scale of the problem through voluntary reduction programmes.

Calorie reduction

Childhood obesity is not just about eating too much sugar; it is about the whole diet. We know that on average overweight and obese children are consuming up to 500 extra calories per day.[14] To address this, in 2017 we started work on our calorie reduction programme, which challenges all food and drink companies - whether they are manufacturers, retailers, restaurants or takeaways - to reduce the calories by 20% in a range of everyday foods consumed by children by 2024. This will help make sure children and their families are able to buy healthier food. Government will monitor progress against this target closely once the programme begins, and Government will consider what additional steps could be taken if progress is not delivered.

We are also turning our attention to how we make choices about the food we buy, particularly pre-prepared food, whether it is picking up a takeaway or going out to eat. We think it is crucial that parents and individuals are given the information they need to make the most informed decisions about the food they choose for their families. While some parts of the food and drink industry, such as Subway, are leading the way by including calorie labelling on menus, these remain in the minority.

To ensure we continue to drive progress on calorie reduction and transparent information for parents we will:

- Introduce legislation to mandate consistent calorie labelling for the out of home sector (e.g. restaurants, cafes and takeaways) in England, with a consultation before the end of 2018.
- Explore what additional opportunities leaving the European Union presents for food labelling in England that displays world-leading, simple nutritional information as well as information

on origin and welfare standards. We will continue to work with the devolved administrations to explore the potential for common approaches.

Advertising and promotions

Tackling obesity requires us to look at all factors that influence our food choices. Every day we are presented with constant encouragement and opportunity to eat the least healthy foods. We face numerous decisions about the food we and our children eat created by the advertisements our children see on TV and on-line; the range of foods sold in our local shops or delivered straight to our doors; and the food that is promoted in-store and on-line. All of this is intended to influence the choices we make about the food we buy our children.

In our 2016 plan we committed to updating current marketing restrictions to ensure they reflected the latest dietary advice. This work is underway as Public Health England (PHE) consult on updating the Nutrient Profiling Model, the tool used to define what products can and cannot be shown during children's programming. However, despite strict restrictions around children's TV we know their impact will be limited if they do not reflect their media habits across all the media platforms which they use.

To make more progress to reduce the marketing and promotion of unhealthy food and drink - which we define as products that are high in fat, sugar and salt (HFSS) - we will:

- Consult, before the end of 2018, on introducing a 9pm watershed on TV advertising of HFSS products and similar protection for children viewing adverts online, with the aim of limiting children's exposure to HFSS advertising and driving further reformulation. We will explore options to ensure that any restrictions are proportionate, help to incentivise reformulation in line with the aims of the sugar and calorie reduction programmes, and consider a focus on those products that children consume and most contribute to the problem of childhood obesity.
- Currently online advertising rules are drawn up by the Committee of Advertising Practice, which works alongside the Advertising Standards Authority (ASA), on a self-regulatory basis. We will consider whether this continues to be the right approach for protecting children from the advertising of unhealthy food and drinks, or whether legislation is necessary. We will ensure any further restrictions are designed effectively for the digital space, taking into account how content is consumed online and considering options for enforcement.

Where food is placed in shops and how it is promoted can influence the way we shop and it is more common for HFSS products to be placed in the most prominent places in store and sold on promotion, e.g. with 'buy one get one free' offers. Whilst some retailers have taken the first steps to redressing this by removing confectionary from checkouts or restricting price promotions, we believe that wherever parents shop, they shouldn't be bombarded with promotions for HFSS products. To create this level playing field:

- We intend to ban price promotions, such as buy one get one free and multi-buy offers or unlimited refills of unhealthy foods and drinks in the retail and out of home sector through legislation, consulting before the end of 2018.
- We intend to ban the promotion of unhealthy food and drink by location (at checkouts, the end of aisles and store entrances) in the retail and out of home sector through legislation, consulting before the end of 2018.

Local areas

Where we live also has a huge role to play in tackling childhood obesity, whether it is the way our towns and cities are designed to ensure greater active travel or safe physical activity, or how many fast food outlets can operate near schools. Each local authority already has a range of powers to find local solutions to their own level of childhood obesity but while some are already taking bold action, others are not. We want to make sure that all local authorities are empowered and confident in finding what works for them, whilst learning from local authorities both here and international examples such as Amsterdam that have tackled the problem. To do this we will:

- Develop a trailblazer programme with local authority partners to show what can be achieved within existing powers and understand “what works” in different communities.
- Develop resources that support local authorities who want to use their powers. We will help set out the economic business case for a healthy food environment and provide up to date guidance and training for planning inspectors.

Schools

Schools have a fundamental role to play in helping equip children with the knowledge they need to make healthy choices for themselves, and in creating a healthy environment for children to learn and play. We remain committed to delivering the actions in our 2016 plan which set out our commitment to supporting all children with high quality nutrition and at least 30 minutes of physical activity per day while at school. We have already seen the money raised by the Soft Drinks Industry Levy flowing into schools, funding breakfast clubs for the most disadvantaged children and being invested in PE and school sport. We have also invested significant funding in measures to increase cycling and walking to school. To further support schools in their role we will:

- Be bold in our update of the School Food Standards to reduce sugar consumption. The update will be coupled with detailed guidance to caterers and schools so they are well prepared to adapt to the changes.

- Consult, before the end of 2018, on strengthening the nutrition standards in the Government Buying Standards for Food and Catering Services, to bring them into line with the latest scientific dietary advice.
- Review how the least active children are being engaged in physical activity in and around the school day.
- Promote a national ambition for every primary school to adopt an active mile initiative, such as the Daily Mile.
- Invest over £1.6million during 2018/19 to support cycling and walking to school.

In addition:

- We will consult, before the end of 2018, on our plans to use Healthy Start vouchers to provide additional support to children from lower income families.
- Ofsted is developing a new inspection framework for September 2019. This will consider how schools build knowledge across the whole curriculum and how they support pupils' personal development more broadly, including in relation to healthy behaviours.
- Ofsted will undertake research into what a curriculum that supports good physical development in the early years looks like.

Delivering the national ambition

We are already starting to embed change, and there are many examples of good practice highlighted in this document – from manufacturers leading on voluntary reformulation, to retailers leading the way on location and promotion of unhealthy items, to local authorities taking concerted action, and schools committing to promote healthy lifestyles through active mile initiatives.

However, we are not yet where we need to be. The scale of the challenge means that Government, the food and drink industry, the NHS, local authorities, schools and families all need to play their part in helping to tackle childhood obesity and be ambitious in doing so.

We are confident that the additional actions outlined in this plan will help parents make the best decisions for their families by changing the default in our food environments, so that healthier choices become the easiest choices. Whilst the majority of actions in this plan will relate to England only, we will also continue to work with the devolved administrations to deliver the best outcome for all.

No single action or single plan will help us solve the challenge of childhood obesity on its own. We will continue to review progress made against the measures we have already introduced; the evidence base for action; and the changing face of our food and retail environments.

Alongside this we will continue to invite and listen to views on what actions are needed and why.

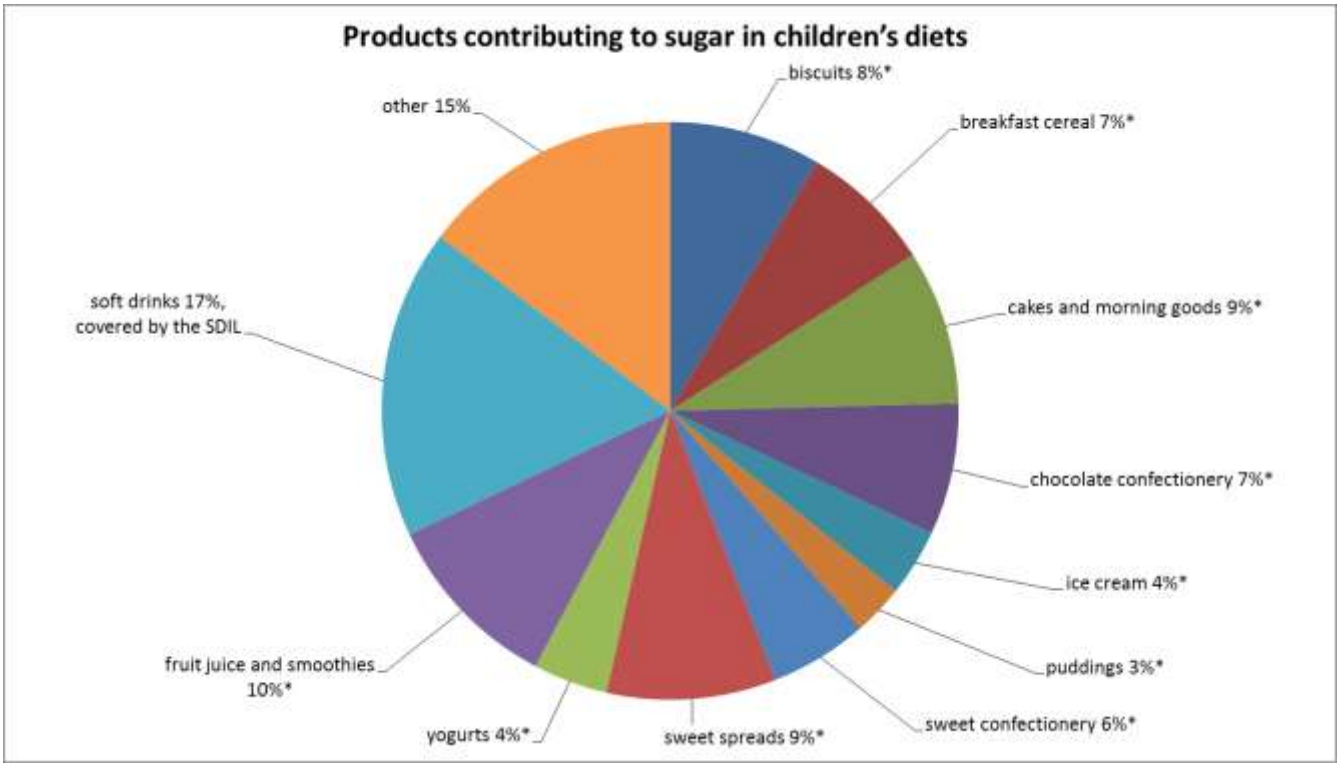
1. Sugar reduction

Children are currently consuming up to three times more sugar than is recommended.[15] The need for Government to act to reduce the amount of sugar our children consume is clear and formed the basis of our 2016 plan. The Soft Drinks Industry Levy (SDIL) was designed to tackle the largest contributor of sugar in children's diets by instructing soft drink manufacturers to reduce the sugar in their drinks or pay the Levy - with the drinks highest in sugar being taxed at a higher rate. The early response has been very encouraging, with around half of all drinks that would otherwise have been within scope of the Levy reducing their sugar content before it even came into force. Companies like Lucozade Ribena Suntory cut the sugar in their products by 50%. Overall, soft drinks produced by retailers and manufacturers have reduced their sales weighted average (SWA) for sugar by 11%.

In addition to the SDIL, the sugar reduction programme challenged all sectors of the food and drink industry, including retailers, manufacturers and the out of home sector (e.g. restaurants, cafes and takeaways) to reduce the amount of sugar in the foods most commonly eaten by children by 20% by 2020. The chart below shows the largest contributors of sugar in children's diets. The food and drink industry have three options to help them do this – reformulating foods to reduce sugar levels, providing smaller portions, or encouraging consumers to purchase lower or no sugar products.

Overall, industry has delivered a 2% reduction in sugar content across these foods.[16] This does not meet our 5% year one target, but we are pleased to see that reductions in yogurts and fromage frais, breakfast cereals, and sweet spreads and sauces have all met or exceeded the 5% sugar reduction ambition. We also know that there is more product reformulation in the pipeline that is not yet captured in the data. Overall, we continue to believe that the voluntary approach is the right one to meet the 20% ambition by 2020. However, PHE will continue to monitor sugar levels and the Government will evaluate progress once again in 2019. We will not shy away from further action, including mandatory and fiscal leavers if necessary.

PHE have also published voluntary sugar reduction guidelines for fruit and vegetable juices and milk-based drinks with added sugar. These drinks currently fall outside the scope of the Levy, as unsweetened juices do not contain added sugar and milk based drinks are a source of calcium and other nutrients. However, these drinks are a large contributor of sugar and calories to our children's diets, particularly given some of the larger portion sizes available.



**These categories are included in PHE's sugar reduction programme*

'Other' consists of: Pasta, rice, pizza and other miscellaneous cereals; White and wholemeal bread; Other milk and cream; Meat and meat products; Vegetables and potatoes; Dry weight beverages; Soup, manufactured/retail and homemade; Savoury sauces, pickles, gravies and condiments.

Source: National Diet and Nutrition Survey (NDNS), years 7 and 8 (2014/15 - 2015/16)

For juices, the drinks industry is expected to reduce the sugar in blended juice based drinks by 5% and cap the serving size of all juice based drinks to 150 calories by 2021. For milk based drinks, industry is expected to reduce the sugar by 20% and cap single servings to 300 calories by 2021, with an initial target of reducing sugar by 10% by 2020. PHE will monitor and report on industry's progress. **HM Treasury will consider the sugar reduction progress achieved in sugary milk drinks as part of its 2020 review of the milk drinks exemption from SDIL. Sugary milk drinks may be included in the SDIL if insufficient progress on reduction has been made.**

As part of the next phase of the sugar reduction programme we will review the scope for reformulation of product ranges aimed exclusively at babies and young children. PHE will review the evidence and publish their approach in 2019.

We may also consider further use of the tax system to promote healthy food if the voluntary sugar reduction programme does not deliver sufficient progress

Energy drinks

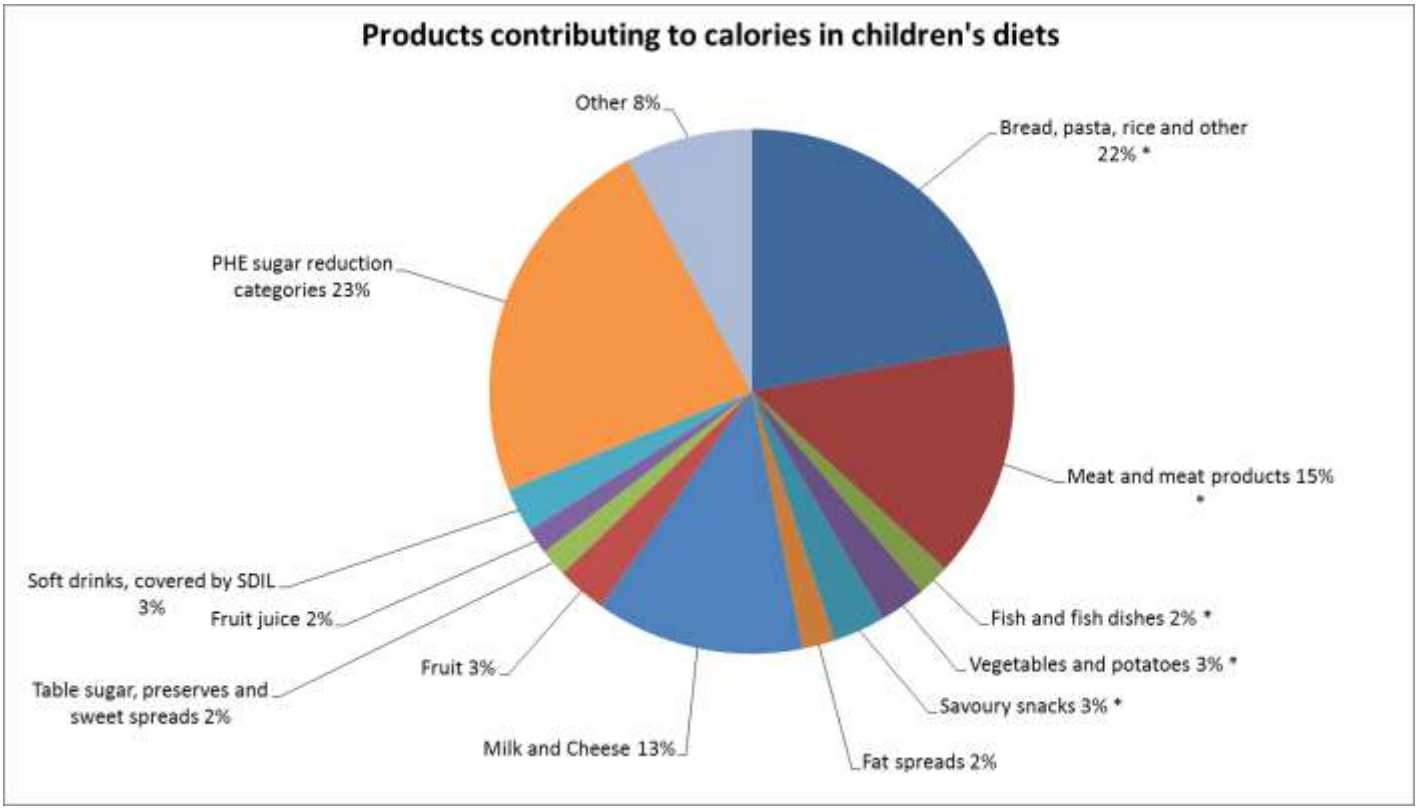
While strong progress has been made as part of the Soft Drinks Industry Levy, we are concerned about the impact that high-caffeine energy drinks are having on the levels of caffeine and sugar that our children consume. Manufacturers currently have to label all energy drinks containing over 150mg of caffeine as 'unsuitable for children.' Regular consumption of caffeinated energy drinks has been linked with adverse health outcomes for children such as headaches, sleeping problems, irritation and tiredness.[17] [18] Energy drinks are often high in sugar as well as caffeine, and may contain more sugar than full-sugar soft drinks,[19] and are therefore a contributor to both obesity in children and dental problems.

Despite growing concern about the effect that consumption of energy drinks has on the health and behaviour of children and young people, research suggests that nearly 70% of UK adolescents (aged 10-17 years old) consume energy drinks, and that those who do so are drinking on average 50% more than the EU average for that age group.[20] Evidence tells us that one of the reasons energy drinks are so appealing to children is that they are often cheaper than other soft drinks; in some outlets it is possible to buy four 250ml cans of energy drink for £1.[21]

Many larger retailers and supermarkets have followed Waitrose in voluntarily introducing a ban on the sale of energy drinks to children. We applaud their positive action in this space. However, there are large numbers of retailers who have not imposed such a restriction. It is important for us to create a level playing field for businesses so that retailers that take action on this issue are not disadvantaged, and to stop children from simply switching from one retail outlet to another to buy energy drinks. **We will therefore consult before the end of 2018 on our intention to introduce legislation to end the sale of energy drinks to children by all retailers.**

2. Calorie reduction

While our focus rightly started with sugar, we know that on average overweight and obese children are consuming up to 500 extra calories per day.[22] Therefore to succeed in reducing childhood obesity rates we need to reduce calories from all types of food, not just those that come from sugary products. That is why in 2017 we began to focus on calories. We announced our calorie reduction programme – which challenges the food and drink industry to reduce calories in a range of everyday foods most commonly eaten by children by 20% by 2024. The chart below shows the categories that contribute most to children's calorie intake. Our sugar and calorie reduction programmes will, together, apply to foods which account for around 50% of children's overall calorie intake.



** Some products within these categories are included in PHE's calorie reduction programme but the categories do not map to the product categories used in the National Diet and Nutrition survey.*

'Other' consists of: Other meat, meat products and dishes; Oily fish; Other potato dishes; Nuts and seeds; Dry weight beverages; Soup, manufactured/retail and homemade; Savoury sauces, pickles, gravies and condiments.

Source: National Diet and Nutrition Survey (NDNS), years 7 and 8 (2014/15 - 2015/16)

To deliver the calorie reduction programme, PHE will carry out in-depth engagement with stakeholders from the food industry, health charities and think-tanks, to develop category specific guidelines, which will be published in mid-2019. PHE will monitor and report on

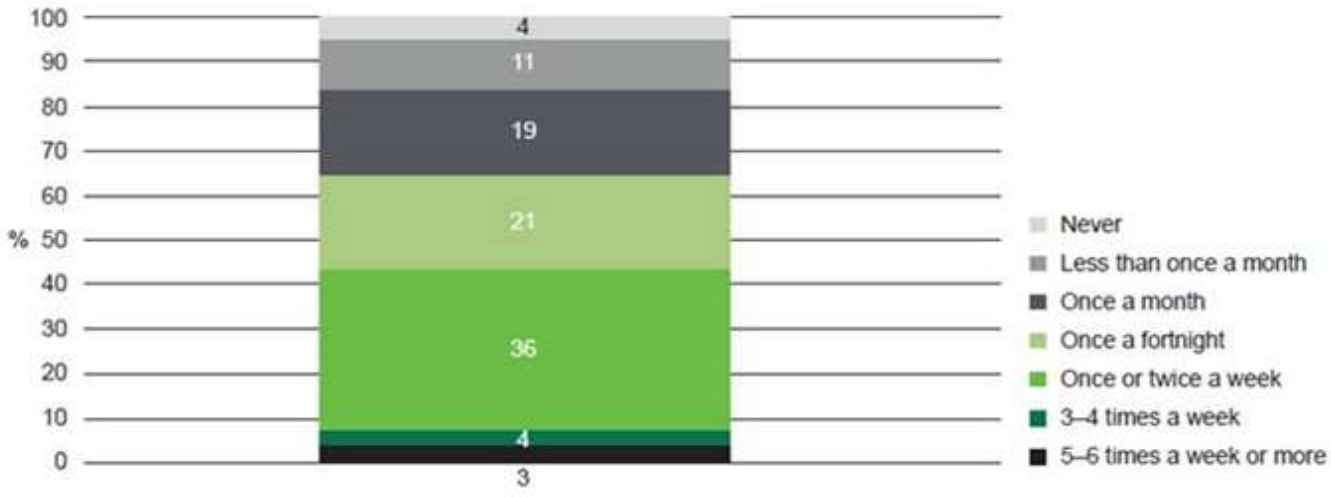
progress annually so we can assess progress and will continue to support children and families across England to choose healthier meals, snacks and drinks, and to stay within recommended calorie guidelines, through its Change4Life and One You campaigns.

However, we recognise that public understanding of calories can often be limited and information on calories can be hard to understand. Most of the major manufacturers and retailers have now adopted our voluntary front-of-pack nutritional labelling scheme on pre-packaged foods. A recent survey from Diabetes UK found that 'almost nine in ten people agree that the traffic light labelling system helps people make informed decisions about the food they buy.'[23] The UK's ability to introduce changes to our labelling system currently depends on EU legislation; we **therefore remain committed to exploring what additional opportunities leaving the European Union presents for food labelling** in England that displays world-leading, simple nutritional information as well as information on origin and welfare standards. We will continue to work with the devolved administrations to explore the potential for common approaches.

We know that a significant proportion of the food people eat is consumed outside of the home; recent surveys tell us that 96% of people eat out, and 43% do so at least once or twice a week.[24] People are also eating out more often; in 2014, 75% of people said they had eaten out or bought takeaway food in the past week, compared to 69% in 2010.[25] In March 2017, Cancer Research reported that the UK population consumes more than a 100 million takeaways and ready-made meals in a week.[26]

The consumption of fast food and takeaways is particularly prevalent among families; evidence from 2016 indicates that 68% of households with children under 16 had eaten takeaways in the last month, compared with only 49% of adult-only households.[27] We know that overweight and obesity is often caused by consuming a relatively small amount of excess calories on a daily basis.[28] As evidence suggests people dining out consume 200 more calories per day than when eating at home,[29] it is therefore clear that looking at how to reduce the amount people consume when eating food made outside the home needs to be a significant part of efforts to tackle childhood obesity.

Reported eating out behaviour of individuals over 16 years 2016



Source: Food Standards Agency. (2017) Food and You survey, Wave 4.

Many businesses, such as Caffé Nero and Pizza Express, already provide nutritional information on their websites to help consumers make informed choices about the food they buy. However, only a few, for example JD Wetherspoon, provide this information at the point of choice (e.g. on menus or menu boards). It is estimated that only one quarter of the food we purchase to eat outside the home has calorie labelling at the point of choice.[30] Where this information is present, it is often provided in inconsistent ways.

There is strong public demand for this to change. A large majority (79%) of people agree that menus should include the number of calories in food and drinks.[31] A recent survey from Diabetes UK showed that around 60% of the public said that calorie labelling on food menus would make it more likely that they would buy food from a restaurant, café or takeaway.[32]

To provide the public with the nutritional information they need to make healthier choices wherever they choose to eat **we will introduce legislation to mandate consistent calorie labelling in England for the out of home sector**. Evidence suggests[33] that contextual information, for example displaying the calorie content as a percentage of daily calorie requirements, using colour coding, or including information on sugar, fat and salt content, may further help consumers make healthier choices. Therefore, we will consult, before the end of 2018, on the best way of implementing calorie labelling, including opportunities to display additional contextual information to help consumers understand calories and make healthier choices when eating food prepared outside the home. We recognise that the compliance burden associated with this policy may be disproportionately high for micro-businesses. Therefore, we will consult on whether micro-businesses should be excluded or given a longer implementation period. We also intend to provide guidance and methodology to help businesses calculate calorie information.

Labelling is just one part of the product packaging. Emerging evidence suggests that using other forms of marketing and promotion such as brand equity and licensed characters and

celebrities on product packaging can influence children's food choices and children's intake and preference for high sugar foods.[34] [35] [36]

There are no current plans to place a ban on using brand equity and licensed characters, cartoon characters and celebrities to promote HFSS products. The NIHR Obesity Policy Research Unit will continue to review the evidence base of the effect of marketing and advertising on children, including in these areas.

As well as capturing products that contribute to high sugar and calorie intake, over consumption of salt increases the risk of high blood pressure which in turn increases the risk of cardiovascular disease. Later this year, we will review the latest industry progress on salt reformulation to see if more can be done to reduce salt intakes in future years.

3. Advertising and promotions

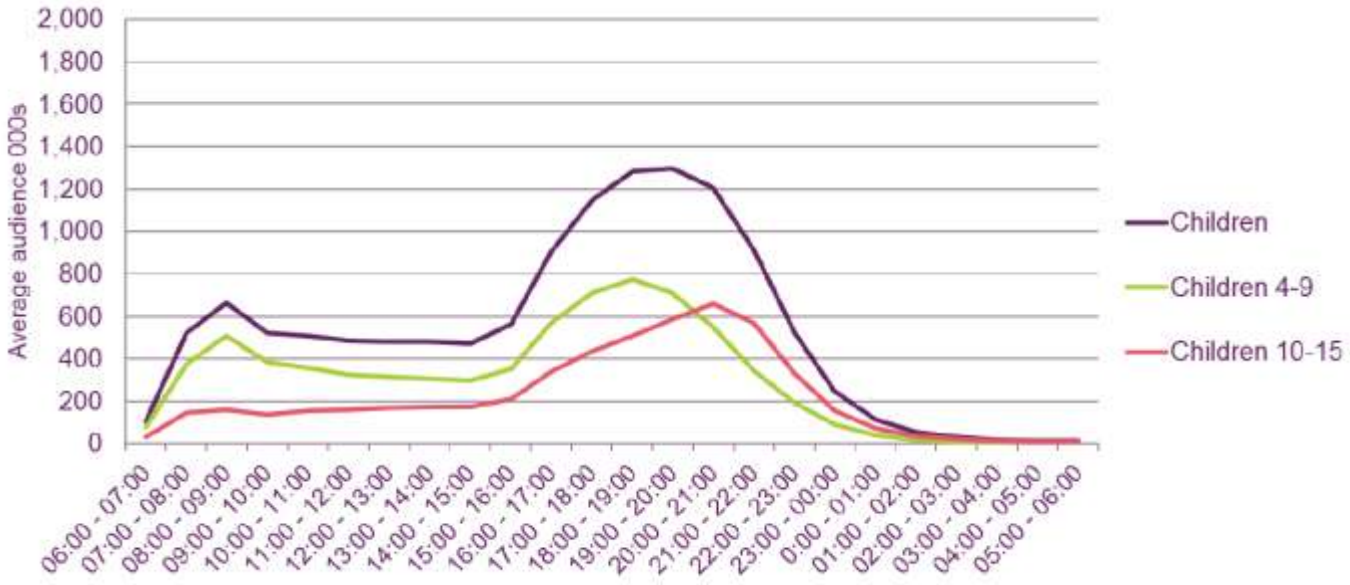
Advertising

The evidence shows that exposure to food advertising can have both an immediate and longer-term impact on children's health, by encouraging greater consumption immediately after watching the advert and altering children's food preferences.[37] [38] [39] [40] Furthermore, several reviews have concluded that these effects are significant and independent of other influences.[41] [42] Over time we know that small daily increases in children's calorie intakes will lead to weight gain, obesity and future ill health.

To protect children from this exposure the UK currently places strong restrictions on the advertising of high fat, salt or sugar (HFSS) products. Strict new rules came into effect in July 2017 banning the advertising of HFSS food or drink products in children's media - content that is directed to, or likely to appeal to children. These restrictions complement similar measures already in place for broadcast media (television and radio) where advertising of HFSS products is prohibited during, before and after programmes commissioned for, principally directed at, or likely particularly to appeal to children (children's programming). This is in addition to rules that apply across broadcast media that adverts must not be used to condone or encourage poor nutritional habits, unhealthy lifestyles or use of pester power. There are also specific content restrictions on adverts for HFSS foods. Together, these restrictions mean that irrespective of the time shown, HFSS products cannot be deliberately targeted at children; limiting marketing tactics such as the use of character or celebrity endorsements, promotional offers with appeal to children, or nutritional claims.

TV remains our children's main form of media. They watch on average 14 hours of TV each week.[43] However, children do not just watch programming aimed at them. Half of children's viewing takes place during adult commercial programming where restrictions are weaker.[44] Recent data shows that the number of children watching TV peaks between 6-9pm, when popular family programmes typically dominate, leaving children exposed to HFSS advertising.

Average 2016 audience, by day part and age: total TV



Source: BARB, 2016. Live viewing. Sourced from Ofcom (2017). Children and Parents: media use and attitudes report.

We also know that, despite TV's continued popularity, many more children are spending more time online, through devices including smartphones and tablets. We think it is important to consider giving children the same level of protection against HFSS adverts regardless of the media platform with which they are engaging.

We think more could be done to build on current restrictions to deliver this protection. Our ambition is to see further advertising restrictions applied which limit children's exposure to HFSS advertising, incentivise reformulation, and ensure that the healthiest of products are advertised freely across all programming. We also want to put control back into parents' hands by making it clearer for them when and where HFSS adverts can and cannot be shown, so that they can make the best choices for their children.

We will consult, before the end of 2018, on introducing a 9pm watershed on TV advertising of HFSS products and similar protection for children viewing adverts online, with the aim of limiting children's exposure to HFSS advertising and driving further reformulation. We will explore options to ensure that any restrictions are proportionate, help to incentivise reformulation in line with the aims of the sugar and calorie reduction programmes, and consider a focus on those products that children consume and most contribute to the problem of childhood obesity.

Currently online advertising rules are drawn up by the Committee of Advertising Practice, which works alongside the Advertising Standards Authority (ASA), on a self-regulatory basis. We will consider whether this continues to be the right approach to protect children from advertising of

unhealthy food and drinks, or whether legislation is necessary. We will ensure any further restrictions are designed effectively for the digital space, taking into account how content is consumed online and considering options for enforcement.

Promotions

Marketing goes beyond the advertisements that children and their families see on TV and online. How food and drink is promoted to us when we are buying food – whether doing our weekly shop in a supermarket, picking up a few bits from a local corner shop or shopping on-line can lead us to purchase more than we need. This is a particular problem when it comes to the promotion of unhealthy food. We have the highest level of promotions in Europe and 40% of what we spend on food and drink is on promotion.[45]

Promotions, both by price and location, can impact on the food purchases we make whether online or in a shop. Evidence from PHE shows us that we are more likely to see price promotions such as 'buy one get one free' (BOGOFs) and multi-buy offers for unhealthy food products compared to other food.[46] Such promotions increase the amount of food and drink people buy by around one fifth.[47] This can lead to stockpiling and overconsumption of unhealthy products.

Where this food is located within shops can have a significant impact on what we purchase.[48] [49] Locations such as end-of-aisle displays and checkouts are used to promote unhealthy food items. Evidence shows us that this can increase sales. For example, end-of-aisle displays can increase sales of carbonated drinks by over 50%.[50] This type of promotion can particularly impact on parents through 'pester power'.[51] Parents may not realise the extent to which their purchases are driven by prompts from children, but evidence suggests that twice as many purchases are triggered by children than parents are aware of.[52] Furthermore, most of the items requested by children tend to be unhealthy foods and 70% of parents purchased at least one food item requested by a child during a shopping trip.[53] We must act to support parents.

Some retailers, such as Lidl and Aldi, have changed the way that unhealthy food and drink items are located or sold on promotion in their stores, but few retailers take this responsible approach. The approach needs to apply across the whole retail sector, to ensure that all are operating to the same rules and that shoppers are able to access healthier food on promotion, wherever they shop.

We intend to ban price promotions, such as buy one get one free and multi-buy offers (BOGOFs) or unlimited refills of unhealthy foods and drinks in the retail and out of home sector through legislation. In doing so, we aim to stop promotions that encourage bulk buying and over consumption of unhealthy products. It is not our intention to make food for families eating out as a treat more expensive so offers such as 'kids eat free' are not withinscope.

Advertising and promotions

We intend to ban the promotion of unhealthy food and drink by location (at checkouts and the end of aisles and store entrances) in the retail and out of home sector through legislation. We will seek to extend a similar approach to online shopping and the out of home sector ahead of checkout.

We will consult on both proposals before the end of 2018 to address the best way to implement these policies and whether there should be exclusions for small businesses, shops with limited space, and specialist retailers. We will also consider how the restrictions on price promotions will apply in the out of home sector to target children's over consumption.

4. Local areas

As well as addressing the content, advertising and promotion of food at national level, we want to ensure that the places our children live, learn and play are promoting a healthy lifestyle. Across England, there are excellent examples of ambitious local approaches to tackling childhood obesity, including in Southwark, Manchester, Lambeth and Blackpool. But many local authorities are struggling to tackle the complexity of the childhood obesity challenge.

Challenges vary across local areas but many local authorities face common issues, including a proliferation of fast food outlets on high streets and near schools;[54] less active travel;[55] limited access to green spaces[56] and physical activity; and unhealthy food marketing dominating many public spaces.[57] These factors create an environment that makes it harder for children and their families to make healthy choices, particularly in some of our most deprived areas.

Local authorities have a range of powers and opportunities to create healthier environments. They have the power to develop planning policies to limit the opening of additional fast food outlets close to schools and in areas of over-concentration; prioritise active travel in transport plans and deliver walking and cycling infrastructure through Local Cycling and Walking Infrastructure Plans; and ensure access to quality green space to promote physical activity. They can also offer professional training, parenting support, social marketing campaigns and weight management services. They can partner with leisure and sport facilities to offer accessible physical activity opportunities.

Case study: Blackpool Council

In partnership with Food Active, Blackpool developed the Local Authority Declaration on Healthy Weight, a strategic commitment across the council to reduce unhealthy weight and protect health, which was adopted in 2016.

Blackpool has since held a Healthy Weight Summit resulting in over 20 pledges of action across public, voluntary and private sectors.

The city also offered healthier food choices by introducing healthier vending and catering guidelines and a Healthier Choices award which over 100 establishments have achieved.

It also delivered family weight management service Making Changes and a healthy lifestyles programme for all Year 4 children Fit2Go and encouraging active travel in partnership with Living Streets.

Blackpool also works closely with schools, developing healthy lunchbox guidance and delivering Food Active's GULP (Give up loving pop) campaign, challenging schools to reduce children's sugary drink intake. Running since 2015, this year's 21-day challenge will reach 3,000 Year 4 & 5 children.

Case study: Derbyshire County Council

Derbyshire has a range of measures to tackle child obesity and aim to make the healthier choice, the easier choice.

Through the HENRY programme for pre-school children; the Forest Schools programme promoting outdoor activity; weight management services for over 16s and additional support for Looked After Children to get physically active, Derbyshire offers support throughout childhood.

The council also works with Active Derbyshire which offers opportunities to get active including free health walks and Jog Derbyshire which has 6,500 participants.

To improve the local food offer, Derbyshire developed the Heart of Derbyshire scheme with a set of pledges, including use of healthier ingredients and controlling portion sizes. So far 197 takeaways have signed up while all council catered schools and nurseries have achieved a Gold Award.

In 2015, the Be Portion Size Wise campaign was introduced, challenging locals to reduce their portions. Residents were supported with resources including tips on dining out and had the chance to win healthy eating prizes.

We understand there is real ambition among local authorities to tackle childhood obesity but there are very real obstacles. While there are a number of pioneering local authorities taking bold action, many are not, with existing powers not being fully realised and disparities in action across different areas.

To help address these challenges, **we will develop a trailblazer programme with local authority partners to show what can be achieved within existing powers and understand "what works" in different communities.** This three year programme will involve a small number of local authorities working intensively with a delivery partner and with central Government support to be ambitious in addressing childhood obesity. We will look to the experience of pioneering local authorities and international examples such as Amsterdam to identify key areas of learning.[58] Participating local authorities will focus on inequalities and ethnic disparities and will share this learning and best practice to support all local authorities to take action. We aim to significantly increase the proportion of local authorities actively combatting childhood obesity over the next five years.

We recognise that national resources and interventions will also help local authorities to use their powers. In 2017 the National Planning Practice Guidance was updated to outline the role that planning can have in reducing obesity by limiting over-concentration of fast food takeaways, particularly around schools.[59] Local authorities want to use these powers[60] and have a range of tools to support them but local leaders have told us it is difficult to put these powers into practice. For example, the evidence they need to support their planning decisions and make them resilient to appeals can be difficult and expensive to obtain. We want to see more local authorities using these powers. So we will **develop resources that support local authorities who want to use their powers. We will help set out the economic business case for a healthy food environment and provide up to date guidance and training for planning inspectors.**

Exposure to the natural environment and green space is associated with lower levels of obesity and higher levels of physical activity,[61] but there is unequal access across the population, with those living in the most deprived areas less likely to live in the greenest areas.[62] The Government's 25 Year Environment Plan[63] promotes a sustainable natural environment as a pathway to good health and wellbeing. **In 2019 we will define a set of standards to demonstrate what "good" green infrastructure looks like.**

As part of their responsibility for public health, local authorities deliver the National Child Measurement Programme (NCMP), which measures the height and weight of Reception and Year 6 children at all mainstream state-maintained schools (including academies) in England. The NCMP provides robust data to inform national and local policy and commissioning decisions, presents the opportunity to engage parents of overweight and obese children and provides Government with a national picture of childhood obesity over the long term which is an invaluable resource to measure progress. Evidence shows us that while parents find it difficult to recognise when their children are overweight or obese, the majority (87%)[64] appreciate being given feedback on the weight status of their children, which the NCMP provides. **Therefore, we will continue the NCMP for children in Reception and Year 6.**

The NCMP also gives local authorities the opportunity to connect parents with health and care professionals and local weight management services to help them support their children to achieve and maintain a healthy weight. We know the confidence of health and care professionals in supporting children with their weight is vital. Therefore **we will provide health and care professionals with the latest training and tools to better support children, young people and families to reduce obesity, including a digital family weight management service.**

The NHS has an important role in tackling childhood obesity at both a local and national level. This includes preventative initiatives such as NHS England's Heathy New Towns programme which involves over 50,000 homes and is using the environment to incentivise physical activity for children, through digital innovation and healthy routes for walking and cycling. It also includes action to create healthier environments in NHS premises by curbing the sale of unhealthy foods and drink which has seen positive results including a 45% reduction of sugary drink sales in 2017.

This tracks wider than the NHS and all of the public sector should be leading by example in ensuring a healthy food environment for children and parents on their premises. To offer healthier food and drink options, many public sector buildings apply the Government Buying Standards for Food and Catering Services (GBSF). The standards are mandatory for central Government buildings and hospitals, with the wider public sector, such as leisure centres and schools, being encouraged to use them. We will support local authorities, schools and hospitals, to adopt the GBSF to help ensure that children have the healthiest food available throughout the public sector. **We plan to consult, before the end of 2018, on strengthening the nutrition standards in the GBSF, to bring them into line with the latest scientific dietary advice.**

5. Schools

Schools have an important role in defining habits and helping their pupils make healthier choices. We know that obesity rates double during the primary school years[65] and increase further in secondary school.[66] We must ensure that schools are equipping children with the knowledge they need to lead healthy lifestyles and creating environments which encourage their pupils to eat healthily and be physically active.

A healthy, balanced diet is important for a child's development. The School Food Standards were introduced to make sure food provided to pupils is nutritious and of high quality, by setting requirements for all food and drink provided in schools. Compliance with the School Food Standards is a legal requirement for the majority of schools, including all maintained schools. Academies and free schools are required to comply with the Standards by virtue of their funding agreements, with the exception of a proportion that we expect to comply voluntarily. Government will ensure all schools are aware of their responsibility for quality nutrition.

In 2016, we committed to update the School Food Standards in light of the latest advice on nutrition which revised the recommended daily intake of sugar and fibre. **Our update to the standards will be bold on reducing sugar consumption and will be coupled with detailed guidance to caterers and schools so they are well prepared to adapt to the changes**.

With children in lower income households more likely to be obese, we have considered how the Government can continue to help families that sometimes struggle to give their children a healthy diet. The Government currently delivers the Healthy Food Schemes - Healthy Start, School Fruit and Vegetable and the Nursery Milk schemes - which aim to provide children with nutritional support and to encourage good eating habits from an early age. But we think we can make these schemes work even better. To do this **we will consult, before the end of 2018, on our plans to use Healthy Start vouchers to provide additional support to children from lower income families, who are at greater risk of obesity.** Healthy Start vouchers can be exchanged for fruit, vegetables and milk and are accepted by a wide range of retailers.

Regular physical activity has been linked not only to improved physical health but also improved mental wellbeing and academic attainment.[67] The Chief Medical Officer recommends all school-aged children get at least 60 minutes of physical activity every day – but we know only approximately one in five achieve this.[68] The Government's Sporting Future strategy[69] set out a new approach to sport and physical activity, with a clear focus on engaging the least active. This direction has been supported by key investments announced in our 2016 plan using revenue from the Soft Drinks Industry Levy and Sport England's 'Towards an Active Nation.' While we can be proud of this significant investment, we need to ensure that it is reaching the least active children. We want to do more to support schools in this regard. Therefore we will work across Government to review how the least active children are being engaged in physical activity in and around the school day. The review will consider how the Primary PE and Sport Premium is being used, to help ensure that our investment contributes towards helping all children to lead active lives.

We recommend that during the school day, schools should be responsible for delivering at least 30 minutes of the total recommended 60 daily minutes of moderate to vigorous physical activity for children and young people.[70] For many schools it can be difficult to identify the right opportunities to meet this recommendation. Active mile initiatives provide a simple means of significantly contributing to this recommendation and early research has suggested such schemes can deliver on well-established links between physical activity, and improved wellbeing and educational attainment.[71] Therefore **we will promote a national ambition for every primary school to adopt an active mile initiative, such as the Daily Mile**. Schools will have the flexibility to do so in a way that best suits their facilities and students and we will review how the Primary PE and Sport Premium can be used to support it.

Case study: Active Mile

Using increased physical activity to improve pupil fitness, increase concentration and improve levels of attainment was the catalyst for Thornhill Primary to implement an active mile into the school day. The school was keen for the active mile to be inclusive for all pupils, in particular, pupils with wheelchairs and walking frames. The school playground already had a heart line marked out and pupils and staff walk, jog or run a route around the heart equivalent to a mile every day. Teachers have discretion on when to complete the active mile and often use it to combat lack of attention or concentration in class.

Since implementing this initiative, the pupils are engaging in increased daily physical activity and improvements have been noted in levels of fitness, classroom behaviour and attendance levels.

"Pupils, staff and parents recognise the positive impact it has on the whole school." Mrs Amanda Benton, Head teacher

Our plans to introduce a healthy rating scheme for schools, outlined in the 2016 Childhood Obesity plan, will ensure that schools have a framework for self-evaluation for promoting healthy eating and physical activity during the school day.

As well as encouraging children to be active while in school, travel to and from school can also be used as an opportunity to increase children's physical activity levels. During 2018/19 the Government will be investing an additional £620,000 of funding in the Walk to School project, a highly successful programme[72] delivered by Living Streets which aims to increase the number of children walking to school. The funding will support the delivery of the Government's Cycling and Walking Investment Strategy target to increase the percentage of children aged 5 to 10 years old that usually walk to school to 55% in 2025. The Government will also invest an additional £1 million during 2018/19 to expand Bikeability, the national cycling training programme for schoolchildren, in order to support secondary school children to cycle safely and confidently on local roads.

A broad and balanced school curriculum should provide opportunities for pupils to develop knowledge and understanding of a range of health related matters. For example, as part of the national science curriculum, pupils learn how eating food and getting exercise keeps them healthy; as part of the Design and Technology curriculum pupils learn how to cook, and how to

feed themselves a varied and balanced diet; and in PE, pupils not only participate in sports and physical activity, but are taught the long term health benefits of physical activity.

As part of Ofsted school inspections, inspectors currently evaluate how well schools support pupils so that children are able to explain accurately and confidently how to keep themselves healthy, including through making informed choices about healthy eating and physical fitness. This evaluation contributes to a graded judgement on pupils' personal development, behaviour and welfare. **Ofsted is developing a new framework for September 2019. This will consider how schools build knowledge across the whole curriculum and how they support pupils' personal development more broadly, including in relation to healthy behaviours.**

Addressing the increase in obesity amongst school age children is important, but for some children, the habits and behaviours that result in obesity are embedded in the early years. To help address this, **Ofsted will undertake research into what a curriculum that supports good physical development in the early years looks like**. This will explore the full range of development, including what children are taught about their bodies - for example the importance of sleep and healthy eating.

6. Conclusion

Our ambition is a bold but simple one. We will halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. We all have a lot to gain by beating obesity and it is vital for us all to work together to achieve this, particularly to support parents, especially in the most deprived families and areas, to help their children have the best start in life. We believe that the evidence-based actions we propose will do this by encouraging healthier choices and making these more readily available and identifiable to parents.

Taken together, the actions in this plan and the ones we already have in train from 2016, are world leading. However, we remain committed to reviewing what more can be done to make sure we meet our ambition of halving childhood obesity and will continue to monitor progress and emerging evidence carefully. Where progress is not being delivered, we will consider what further action can be taken to help us to achieve what no other country in the world has yet achieved: success in tackling childhood obesity.

[1] NHS Digital. (2017). National Child Measurement Programme 2016/17
[2] OECD. (2017). Health at a glance 2017: OECD Indicators. Paris: OECD Publishing.
[3] NHS Digital. (2017). National Child Measurement Programme 2016/17
[4] Public Health Analysis of the NHS Digital. National Child Measurement Programme 2015/16
[5] Gatineau M, Dent M. (2011). Obesity and mental health. National Obesity Observatory: Oxford UK.
[6] Abbasi A, Juszczyk, D, et al. (2017). Body mass index and incident type 1 and type 2 diabetes in children and young adults: a retrospective cohort study. Journal of the Endocrine Society, 1(5), 524-537.
[7] Simmonds, M, Llewellyn et al. (2016). Predicting adult obesity from childhood obesity: a systematic review and meta analysis. Obesity reviews, 17(2), 95-107.
[8] Guh et al. (2009). The incidence of co-morbities related to obesity and overweight: a systematic review and meta- analysis. BMC Public Health, 9(1), 88.
[9] Scheen, A J. (2002). Obesity and liver disease. Best Practice & Research Clinical Endocrinology and Metabolism, 14(4), 703-716.
[10] Public Health England. (2018). Health Matters: Obesity and the food environment. Available at: https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment--2
[11] McPherson, K, Marsh, T. (2007). Modelling Future Trends in Obesity and the Impact on Health. Foresight Tackling Obesities: Future Choices. Available at: https://www.gov.uk/government/publications/reducing-obesity-modelling-future-trends
[12] McKinsey Global Institute. (2014). Overcoming obesity: An initial economic analysis. Available at: https://www.mckinsey.com/~/media/McKinsey/Business%20Functions/Economic%20Studies%20TEMP/Our%20Insights/How%20the%20world%20could%20better%20fight%20obesity/MGI_Overcoming_obesity_Full_report.ashx
[13] Public Health England. (2018). Calorie Reduction: The scope and ambition for action: Available at: https://www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action
[14] Amounts differ by age and gender, please see: Public Health England. (2018). Calorie Reduction: The scope and ambition for action: Available at https://www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action
[15] Food Standards Agency and Public Health England (2016). National Diet and Nutrition Survey Results from Years 5 and 6 (combined) of the Rolling Programme (2012/13-2013/14).
[16] Public Health England. (2018) Sugar reduction : report on first year progress: Available at https://www.gov.uk/government/publications/sugar-reduction-report-on-first-year-progress
[17] Huhtinen H eat al. (2013) Adolescents' use of energy drinks and caffeine induced complaints in Finland. The European Journal of Public Health, 23(1), 123-150.
[18] Koivusilta, L et al (2016). Energy drink consumption, health complaints and late bedtime amoung young adolescents. International journal of public health, 61(3), 299-306.
[19] Kantar World Panel. (2017). Database of Products.
[20] Zucconi, S et al. (2013). Gathering consumption data on specific consumer groups of energy drinks. EFSA Supporting publications, 10(3).
[21] Visram, S et al. (2017). Children and young people's perceptions of energy drinks: A qualitative study: PloS one, 12(11).
[22] Amounts differ by age and gender, please see: Public Health England. (2018). Calorie reduction: The scope and ambition for action. Available at: https://www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action
[23] Diabetes UK used term of 'traffic lights.' UK Government ref to this scheme as the current voluntary colour coded front-of-pack labelling scheme. Diabetes UK. (2018). Public views on food labelling survey. ComRes interviewed 2,121 UK adults online, aged 18+ between 12-14th Jan 2018. Data were weight to be demographically representative of all UK adults by age, gender, region and social grade. ComRes is a member of the British Polling Council and abides by its rules.
[24] Food Standards Agency. (2016). Food and You survey. Available at: https://www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action
[25] Food Standards Agency. (2010). Food and You survey. Available at: https://www.food.gov.uk/sites/default/files/media/document/food-and-you-2010-main-report.pdf and Food Standards Agency. 2014). Food and You survey. Available at: https://www.food.gov.uk/sites/default/files/media/document/food-and-you-2014-uk-bulletin-3_0.pdf
[26] Cancer Research UK. (2017). A Weighty Issue. Available at: http://www.cancerresearchuk.org/sites/default/files/a_weighty_issue.pdf
[27] Food Standards Agency. (2016). Food and You survey. Available at: https://www.food.gov.uk/sites/default/files/media/document/food-and-you-w4-combined-report_0.pdf
[28] Public Health England. (2018). Calorie reduction: The scope and ambition for action. Available at: https://www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action

[29] Nguyen and Powell. (2014). The impact of restaurant composition among US adults: effects on energy and nutrient intakes. Public Health Nutrition 17(11) 2445-52.
[30] Department of Health and Social Care internal analysis (2018). Based on market coverage of business that participated in the Responsibility Deal (RD) and therefoe provide calorie labelling for their menu items. (Please note the RD is no longer a live policy, information is still available online at: http://webarchive.nationalarchives.gov.uk/20130104155639/http://responsibilitydeal.dh.gov.uk/)
[31] Public Health England. (2018). Calorie reduction: The scope and ambition for action. Available at: https://www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action
[32] Diabetes UK. (2018). Public Views on food labelling survey. ComRes interviewed 2,121 UK adults online, aged 18+_ between 12th -14th Jan 2018. Data were weighted to be demographically representative of all UK adults by age, gender, region and social grade. ComRes is a member of the British Polling Council and abides by its rules.
[33] Crockett RA et al. (2018). Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. Cochrane Database of Systematic Reviews.
[34] Kotler, J. A. eta al. (2012). The influence of media characters on children's food choices. Journal of Health Communication. 17:8, 886-898.
[35] Wasink, B. et al. (2012). Can branding improve school lunches? Arch Pediatr Adolsec Med. 116(10), 967-968.
[36] Roberto, C.A et al. (2010). Influence of licensed characters on children's taste and snack preferences. Pediatrics, 126(1), 88-93.
[37] Cairns, G, Hasting G et al. (2013). Systematic reviews of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary. Appetite 1(62), 209-15.
[38] Boyland EJ et al. (2016). Advertising as a cue to consume: a systematic review and met-analysis of the effects of acute exposure to unhealthy food and no-alcoholic beverage advertising on intake in children and adults, 2. The American Journal of Clinical Nutrition. 20:103(2), 519-33.
[39] Harris JL, et al. (2009). Priming effects of television food advertising on eating behaviour. Health Psychology. 28(4), 404.
[40] Norman J. Kelly B et al. (2016). The impact of marketing and advertising on food behaviours: evaluating the evidence for a causal relationship. Current Nutrition Reports. 5(3), 139-49.
[41] Hastings G, et al. (2003). Review of the research on the effects of food promotion to children. Food Standards Agency.
[42] Cairns, G, Angus K, Hastings G. (2009). The extent, nature and effects of food promotion to children: a review of the evidence to December 2008. World Health Organization, WHO Press.
[43] Ofcom (2017). Children and Parents: Media Use and Attitudes report. Available at: https://www.ofcom.org.uk/__data/assets/pdf_file/0020/108182/children-parents-media-use-attitudes-2017.pdf
[44] Ofcom. (2017). Children and Parents: Media Use and Attitudes report. Available at: https://www.ofcom.org.uk/__data/assets/pdf_file/0020/108182/children-parents-media-use-attitudes-2017.pdf
[45] Public Health England. (2015). Sugar reduction: the evidence for action. Available at: https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action
[46] Public Health England. (2015). Sugar reduction: the evidence for action. Available at: https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action
[47] Public Health England. (2015). Sugar reduction: the evidence for action. Available at: https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action
[48] Larson. (2006). Journal of Food Distribution Research. Core Principles for Supermarket Aisle Management.
[49] Nakamura et al. (2014). Sales impact of displaying alcoholic and non-alcoholic beverages in end-of-aisle locations: An observational study. Social Science & Medicine.
[50] Nakamura et al. (2014). Sales impact of displaying alcoholic and non-alcoholic beverages in end-of-aisle locations: An observational study. Social Science & Medicine.
[51] Marshall D, O'Donohoe S, Kline S. (2007). Families, food and pester power: beyond the blame game. Journal of Consumer Behaviour. 1:6(4), 164-81.
[52] Ebster C, Wagner U, Neumueller D. (2009). Children's influences on in-store purchases. Journal of Retailing and Consumer Services. 31;16(2), 145-54.
[53] Campbell S, James EL et al. (2012). A mixed-method examination of food marketing directed towards children in Australian supermarkets. Health promotion international. 15;29(2), 267-77.
[54] Public Health England. (2018). Obesity and the environment: regulation the growth of fast food outlets. And Public Health England. (2018). Healthy High Street: good place making in an urban setting.
[55] Department for Transport National Travel Surey.
[56] Department for Environment Food and Rural Affairs. (2017). Evidence Statement on the links between natural environments and human health. And. World Health Organization. (2016). Urban green spaces and health.

[57] Local Government Association. (2018). Call for crackdown on 'trojan' telephone boxes amid 900 per cent rise in some areas. Available at: https://www.local.gov.uk/about/news/lga-call-crackdown-trojan-telephone-boxes-amid-900-cent-rise-some-areas
[58] Including Public Health England and Leeds Beckett University's Whole Systems Obesity; Mayor of London's Food Flagship Programme; Department of Health Healthy Towns; NHS England's Healthy New Towns; Sport England's Local Delivery Pilots.
[59] Ministry of Housing, Communities & Local Government. (2017). National Planning Practice Guidance, health and wellbeing.
[60] Local Government Association. (2016) Tipping the scales: Case studies on the use of planning powers to limit hot food takeaways. And NHS England. (2018). Healthy by design: The Healthy New Towns Network Prospectus.
[61] Department for Environment Food and Rural Affairs. (2017). Evidence Statement on the links between natural environments and human health. And. World Health Organization. 92016). Urban green spaces and health.
[62] Institute of Health Equity. (2014). Local Action on health inequalities: Improving access to green spaces.
[63] Department for Environment, Food and Rural Affairs. (2018) 25 Year Environment Plan. Available at: https://www.gov.uk/government/publications/25-year-environment-plan
[64] Falconer C L et al. (2014). The benefits and harms of providing parents with ewight and feedback as part of the national child measurement programme: a prospective cohort study. BMC Public Health. 14:549.
[65] NHS Digital. (2017). National Child Measurement Programme 2016/17
[66] NHS Digital. (2017). National Child Measurement Programme 2016/17.
[67] Sullivan R A et al. (2017). The Association of Physical Activity and Academic Behaviour: A systematic Review. Journal of School Health.
[68] NHS Digital. (2017). Health Survey for England. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2016
[69] HM Government. (2015). Sporting Future: A new strategy for an active nation. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf
[70] Note: the remainder should be supported by parents and carers outside school time.
[71] Chesham R A et al. (2018). The Daily Mile makes primary school children more active less sedentary and improves their fitness and body composition: a quasi- experimental pilot study. BMC Medicine 16(64).
[72] Department for Transport. (2017) Cycling and Walking Investment Strategy.

AUDIT AND GOVERNANCE COMMITTEE

18 October 2018

Report of: Statutory Scrutiny Officer

Subject: INDEPENDANT COMPLAINTS ADVOCACY SERVICE

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1. PURPOSE OF REPORT

1.1 To introduce the Contacts Manager from the North East NHS Independent Complaints Advocacy Service (ICA) who will be in attendance at today's meeting to provide the Committee with an update in relation to the level and type of complaints from Hartlepool residents being dealt with by the service.

2. BACKGROUND INFORMATION

2.1 The Audit and Governance Committee, at its meeting on the 14 March 2018, was introduced to the work of the ICA, as a provider of free, confidential and independent advocacy support to people wishing to raise a complaint about their NHS funded treatment or care.

2.2 The Committee noted with interest the level and types of complaints dealt with by the ICA and welcomed the benefits of a support service of this type and requested that an update be provided on a quarterly basis.

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3. RECOMMENDATIONS

3.1 The Audit and Governance Committee note the update and seek clarification on any issues, where required.

BACKGROUND PAPERS

No background papers were used in the preparation of this report.

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Audit and Governance Committee

18 October 2018

Report of: Statutory Scrutiny Officer

Subject: INVESTIGATION INTO THE PROVISION OF PREVENTATIVE MENTAL HEALTH SERVICES FOR HARTLEPOOL RESIDENTS: SETTING THE SCENE - COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To inform Members that a 'setting the scene' presentation will be given a today's meeting in relation to the Committee's investigation into 'the provision of preventative mental health services for Hartlpeool residents'.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Committee on 25 July 2018, Members agreed the Scope and Terms of Reference for their forthcoming investigation.

2.2 Subsequently, 'set the scene' presentation will be given at today's meeting as a starting point for the investigation, providing the Committee with details in relation to:-

i) Need / demand for services across all areas of mental health (now and in the future);
ii) The effect of wider determinants on mental health (i.e. social and environmental factors);
iii) The types / categories of services available;
iv) The link between mental health and physical health;
v) Progress against the recommendations of the Hartlepool Implementation Plan for the 'No Health without Mental Health' National Strategy (2015-2018); and
vi) The potential implications of proposals for high level service change on the future provision of mental health services (i.e. through Sustainability and Transformation Partnership / Integrated Care System proposals).

2.3 The Committee will also be looking to agree a definition of preventative mental health services for the purposes of the investigation.

2.4 The next stages of the investigation will focus on specific areas as follows:

- 13 December 2018 – Children and Young People's Services
- 17 January 2019 – Working Age Services
- 14 March 2019 – Older People's Services

*with recognition that 'Dying Well' relates to all age groups.

3. RECOMMENDATION

3.1 It is recommended that the Members of the Audit and Governance Committee consider the evidence presented as a starting point for their investigation and seek clarification on any relevant issues where required.

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BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

(i) Report of the Statutory Scrutiny Officer entitled 'Preventative Mental Health Services in Hartlepool' Presented to the Audit and Governance Committee on 25 July 2018

AUDIT AND GOVERNANCE COMMITTEE

18 October 2018

Report of: Statutory Scrutiny Officer

Subject: DURHAM TEES VALLEY COMMUNITY REHABILITATION COMPANY LIMITED – UPDATE PRESENTATION

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1. PURPOSE OF REPORT

1.1 To introduce the Director of Operations from the Durham Tees Valley Community Rehabilitation Company Limited (CRC) who will be in attendance at today's meeting to provide the Committee with an update in relation to the activities of the company.

2. BACKGROUND INFORMATION

2.1 In fulfilling its role as Hartlepool Borough Council's Crime and Disorder Committee, under the requirements of the Police and Justice Act 2006, the Audit and Governance Committee at its meeting on the 28 June 2018 received an update on the implementation of Hartlepool's Community Safety Plan 2017-20. In considering the information provided, the Committee requested that a representative from the CRC be invited to a future meeting to provide clarification in relation to:

- The role and remit of the CRC.
- The performance outcomes and effectiveness of CRC since their creation.
- A number of specific concerns raised by the Committee regarding the impact of the depletion of probation services covering Hartlepool.
- The challenges the CRC faced and how they have been dealt with.
- Potential challenges going forward and how they are to be responded to.

2.2 In response to the Committees request, the CRC's Operation Manager (John Graham) will be attendance at today's meeting.

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3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee note the information provided by the CRC and seek clarification on any issues, where required.

BACKGROUND PAPERS

No background papers were used in the preparation of this report.

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AUDIT AND GOVERNANCE COMMITTEE

18 October 2018

Report of: Interim Chief Solicitor

Subject: REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA)

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1. PURPOSE OF REPORT

1.1 To give an annual report to members on activities relating to surveillance by the Council and policies under the Regulation of Investigatory Powers Act 2011.

2. BACKGROUND RIPA

2.1 Hartlepool Borough Council has powers under the Regulation of Investigatory Powers Act 2000 (RIPA) to conduct authorised covert surveillance.

2.2 This report is submitted to members as a result of the requirement to report to members under paragraph 4.47 of the Covert Surveillance and Property Interference Revised Code of Practice (August 2018) which states that:

Elected members of a local authority should review the authority's use of the 1997 Act and the 2000 Act and set the policy at least once a year. They should also consider internal reports on use of the 1997 Act and the 2000 Act on a regular basis to ensure that it is being used consistently with the local authority's policy and that the policy remains fit for purpose.

Members were previously updated via performance and risks reports submitted quarterly to Finance and Policy Committee. However following a review of the Council's arrangements it was considered more appropriate for use of RIPA provisions to be reported to this Committee. Further reports will be submitted annually whether or not there has been any authorised surveillance.

3. BACKGROUND

3.1 All directed surveillances (covert, but not intrusive), use of covert human intelligence sources (CHIS) and acquisition of Communication's data require

authorisation by a senior Council officer and the exercise of the powers is subject to review. The controls are in place in accordance with the Human Rights Act, particularly the right to respect for family and private life.

3.2 The Investigatory Powers Commissioner's Office (IPCO) now oversees the Council's exercise of surveillance powers under RIPA. This was formerly undertaken by the Office of Surveillance Commissioners (OSC).

3.3 A confidential database of authorised surveillances is maintained, charting relevant details, reviews and cancellations.

3.4 Substantial changes were made to the powers of Local Authorities to conduct directed surveillance and the use of human intelligence sources under the Protection of Freedoms Act 2012.

3.5 As from 1 November 2012 Local Authorities may only use their powers under the Regulation of Investigatory Powers Act 2000 to prevent or detect criminal offences punishable by a minimum term of 6 months in prison (or if related to underage sale of alcohol and tobacco – not relevant to this Council). The amendment to the 2000 Act came into force on 1 November 2012.

3.6 Examples of where authorisations could be sought are serious criminal damage, dangerous waste dumping and serious or serial benefit fraud. The surveillance must also be necessary and proportionate. The 2012 changes mean that authorisations cannot be granted for directed surveillance for e.g. littering, dog control, fly posting.

3.7 As from 1 November 2012 any RIPA surveillance which the Council wishes to authorise must be approved by an authorising officer at the council and also be approved by a Magistrate; where a Local Authority wishes to seek to carry out a directed surveillance or make use of a human intelligence source the Council must apply to a single Justice of the Peace.

3.8 The Home Office have issued guidance to Local Authorities and to Magistrates on the approval process.

4. RIPA AUTHORISATIONS

4.1 In the period 2017/2018:

Communications Data	2
CHIS	Nil
Directed Surveillance	Nil

5. INSPECTIONS

5.1 No inspection of the Council's procedures has taken place by the OSC (now IPCO) in the past year, the previous inspection took place in 2015.

5.2 The inspector in 2015 recommended various changes to practices as follows:-

1) Establish a 'Central Record of Authorisations' in a spreadsheet format – this recommendation has been fully discharged. In addition to a hard copy record there is also a formatted and computerised spreadsheet which is fully compliant with the Code of Practice for Covert Surveillance and Property Interference.

2) Reorganise RIPA management – again this recommendation has been fully discharged in that following the inspection from July 2012, the Council radically altered the structure of those officers responsible for the governance of RIPA. The Chief Solicitor being appointed as the 'Senior Responsible Officer' and the Solicitor (Constitutional & Administrative) acting as the 'RIPA Co-ordinator'. However following recent departmental changes, the RIPA Co-ordinator role will now be carried out by the Legal and Democratic Services Manager.

3) Raise RIPA awareness within the Council – it is noted that this recommendation has been partially discharged. It is further recognised there has been some raising of awareness within the Council through the Intranet, the 'newsline' publication and by cascading information. However, it is suggested this should follow a more regular format.

4) Reduce the number of authorising officers and ensure all are suitably trained – the inspection report indicates *'this recommendation has been largely discharged'*. The number of authorising officers has been reduced from nineteen to five. It is noted that three of the five authorising officers have been trained and although the Chief Executive was not the recipient of training within the Council, she has received training through her previous employer. However, see recommendation below, there is clearly a need for ongoing but proportionate training to take place.

5) Establish a corporate RIPA training programme and ensure the issues highlighted in this report are addressed – it was considered that this recommendation had been discharged as a corporate training programme had been established. However, given the minimal use of RIPA it was indicated to the Assistant Surveillance Commissioner that such a training programme needs to be focussed and proportionate.

6) Amend the corporate policy and procedure documents – again, it is noted that this recommendation has been discharged.

7) Ensure that Elected Members are kept informed of RIPA usage – it was recognised that reports had been presented to Members immediately following the receipt of an inspection report. However, there were no procedures in place '*for the regular reporting required by the Code of Practice for Covert Surveillance and Property Interference'.* Following this recommendation Members have been updated via performance and risks reports submitted quarterly to Finance and Policy Committee. However due to a change in arrangements Members will now be updated via this Committee (see para 2.2 above)

4.2 For the inspection year 2016-2017 the Chief Surveillance Commissioner, Lord Judge, in his Annual Report decided that for non-unitary councils, where statutory powers have not been used at all, or very rarely during the previous 3 years, any inspection process should begin with a "desktop" examination of papers following a request by an Inspector or Assistant Surveillance Commissioner for material. The Council have recently received a request from IPCO regarding a 'desktop' examination and await their findings as to whether a full inspection is required.

6. SURVEILLANCE POLICY

6.1 The Council's RIPA Policy is available on the Council's intranet. The main amendment made is to include further guidance in relation to the use of social media when carrying out an investigation. No other amendments are currently proposed other than minor amendments to reflect change in council personnel and reference to updated Home Office Guidance.

7. ACTIVITY IN THE CURRENT YEAR

7.1 Looking forward, the Council's procedures continue to be strengthened in the light of best practice, while noting that corporately authorisation process is very rarely appropriate or necessary.

7.2 Training for authorising officers and other key officers continues to be undertaken.

7.3 Awareness of RIPA to continue to be raised across the Council.

7.4 A RIPA update has been sent to relevant officers.

7.5 Information continues to be made available on the RIPA pages of the Council's intranet and internet.

8. RECOMMENDATIONS

8.1 To note the report.

9. REASONS FOR RECOMMENDATIONS

9.1 To enable the Council to operate the RIPA system effectively and as required by law and guidance.

10. CONTACT OFFICER

10.1 Hayley Martin
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AUDIT AND GOVERNANCE COMMITTEE

18 October 2018

Report of: Statutory Scrutiny Officer

Subject: APPOINTMENT TO COMMITTEES AND FORUMS

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1. PURPOSE OF THE REPORT

1.1 To make appointments to the remaining vacant positions on the Committees / Forums where Audit and Governance Committee members have a role.

2. BACKGROUND

2.1 The Committee at its meeting in June made a series of appointments to the various committees and forums where Audit and Governance members have a role but there were a number of vacant positions outstanding. Members are requested, therefore, to nominate representative Councillors from this Committee to the two following positions. The members already appointed are also detailed.

2.2 Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee – Councillor Loynes, Hall and 1 vacancy.

Safer Hartlepool Partnership as a non-voting observer – 1 vacancy.

3. RECOMMENDATIONS

3.1 That Members nominate to the two vacancies detailed above.

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BACKGROUND PAPERS:-

HBC Constitution Part 7; Appointments to Outside organisations and other bodies.