

Overview and Scrutiny Committee



Title	Agenda											
Date	Thursday 15 June 2023											
Time	5.00 pm											
Venue	Conference Chamber West Suffolk House Western Way Bury St Edmunds, Suffolk, IP33 3YU											
Full Members	<p style="text-align: center;">Chair Sarah Broughton</p> <p style="text-align: center;">Vice Chair Marion Rushbrook</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Conservative Group (7)</td> <td style="width: 30%;">Sarah Broughton Susan Glossop Beccy Hopfensperger Birgitte Mager</td> <td style="width: 30%;">Marion Rushbrook Andrew Smith Andrew Speed</td> </tr> <tr> <td>Independents (4)</td> <td>Tony Brown Dawn Dicker</td> <td>Aaron Luccarini Don Waldron</td> </tr> <tr> <td>Progressive Alliance Grouping (5)</td> <td>Luke Halpin Rowena Lindberg Andrew Martin</td> <td>Kevin Yarrow Julia Wakelam</td> </tr> </table>			Conservative Group (7)	Sarah Broughton Susan Glossop Beccy Hopfensperger Birgitte Mager	Marion Rushbrook Andrew Smith Andrew Speed	Independents (4)	Tony Brown Dawn Dicker	Aaron Luccarini Don Waldron	Progressive Alliance Grouping (5)	Luke Halpin Rowena Lindberg Andrew Martin	Kevin Yarrow Julia Wakelam
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Substitutes	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Conservative Group (4)</td> <td style="width: 30%;">Ian Houlder Margaret Marks</td> <td style="width: 30%;">Sara Mildmay-White Joanna Rayner</td> </tr> <tr> <td>Independents (2)</td> <td>Michael Anderson</td> <td>Tracy Whitehand</td> </tr> <tr> <td>Progressive Alliance Grouping (2)</td> <td>Jon London</td> <td>David Smith</td> </tr> </table>			Conservative Group (4)	Ian Houlder Margaret Marks	Sara Mildmay-White Joanna Rayner	Independents (2)	Michael Anderson	Tracy Whitehand	Progressive Alliance Grouping (2)	Jon London	David Smith
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Interests – declaration and restriction on participation	Members are reminded of their responsibility to declare any disclosable pecuniary interest not entered in the Authority's register or other registerable interest which they have in any item of business on the agenda (subject to the exception for sensitive information) and to leave the meeting prior to discussion and voting on an item.											
Quorum	Six Members											
Committee administrator	Christine Brain Democratic Services Officer (Scrutiny) Telephone 01638 719729 Email democratic.services@westsuffolk.gov.uk											

Public information

Venue	Conference Chamber West Suffolk House Western Way Bury St Edmunds, Suffolk, IP33 3YU
Contact information	Telephone: 01638 719729 Email: democratic.services@westsuffolk.gov.uk Website: www.westsuffolk.gov.uk
Access to agenda and reports before the meeting	The agenda and reports will be available to view at least five clear days before the meeting on our website.
Attendance at meetings	<p>This meeting is being held in person in order to comply with the Local Government Act 1972.</p> <p>Measures have been applied to ensure the health and safety for all persons present at meetings.</p> <p>We may also be required to restrict the number of members of the public able to attend in accordance with the room capacity.</p> <p>If you consider it necessary for you to attend, please let Democratic Services know in advance of the meeting so they can endeavour to accommodate you and advise you of the necessary health and safety precautions that apply to the meeting. For further information about the venue, please visit http://www.westsuffolk.gov.uk/contact-us-cfm</p>
Public participation	<p>Members of the public who live or work in the district are welcome to speak and may ask one question or make a statement of not more than three minutes duration relating to items to be discussed in Part 1 of the agenda only.</p> <p>If a question is asked and answered within three minutes, the person who asked the question may ask a supplementary question that arises from the reply.</p> <p>The Constitution allows that a person who wishes to speak must register at least 15 minutes before the time the meeting is scheduled to start.</p> <p>In accordance with government guidance, the Council has developed general protocols on operating building safely in order to reduce the risk of the spread of coronavirus.</p> <p>We would therefore strongly urge anyone who wishes to register to speak to notify Democratic Services by 9am on the day of the meeting so that advice can be given on the arrangements in place.</p>

	There is an overall time limit of 15 minutes for public speaking, which may be extended at the Chair's discretion.
Accessibility	If you have any difficulties in accessing the meeting, the agenda and accompanying reports, including for reasons of a disability or a protected characteristic, please contact Democratic Services at the earliest opportunity using the contact details provided above in order that we may assist you.
Recording of meetings	<p>The Council may record this meeting and permits members of the public and media to record or broadcast it as well (when the media and public are not lawfully excluded).</p> <p>Any member of the public who attends a meeting and objects to being filmed should advise the Committee Administrator who will instruct that they are not included in the filming.</p>
Personal information	<p>Any personal information processed by West Suffolk Council arising from a request to speak at a public meeting under the Localism Act 2011, will be protected in accordance with the Data Protection Act 2018. For more information on how we do this and your rights in regards to your personal information and how to access it, visit our website: https://www.westsuffolk.gov.uk/Council/Data_and_information/howweuseinformation.cfm or call Customer Services: 01284 763233 and ask to speak to the Information Governance Officer.</p>

Agenda

Procedural matters

1. Substitutes

Any member who is substituting for another member should so indicate, together with the name of the relevant absent member.

2. Apologies for absence

3. Minutes

To confirm the minutes of the meeting held on 9 March 2023 (copy attached).

1 - 8

4. Declarations of interest

Members are reminded of their responsibility to declare any disclosable pecuniary interest or other registerable interest which they have in any item of business on the agenda, **no later than when that item is reached** and to leave the meeting prior to discussion and voting on the item.

5. Announcements from the Chair regarding responses from the Cabinet to reports of the Overview and Scrutiny Committee

Part 1 – public

6. Public participation

Members of the public who live or work in the district are welcome to speak and may ask one question or make a statement of not more than three minutes duration relating to items to be discussed in Part 1 of the agenda only. If a question is asked and answered within three minutes, the person who asked the question may ask a supplementary question that arises from the reply.

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There is an overall limit of 15 minutes for public speaking, which may be extended at the Chair's discretion.

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|------------|---|------------------|
| 7. | Suffolk County Council Health Scrutiny Committee - 19 April 2023 | 9 - 90 |
| | Report number: OAS/WS/23/006 | |
| 8. | Appointments to Outside Scrutiny Bodies | 91 - 96 |
| | Report number: OAS/WS/23/007 | |
| 9. | Cabinet Decisions Plan: 1 June 2023 to 31 May 2024 | 97 - 116 |
| | Report number: OAS/WS/23/008 | |
| 10. | Work programme update 2023 | 117 - 122 |
| | Report number: OAS/WS/23/009 | |

Part 2 – exempt

None

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Overview and Scrutiny Committee

Minutes of a meeting of the **Overview and Scrutiny Committee** held on **Thursday 9 March 2023** at **5.00 pm** in the **Conference Room, Mildenhall Hub**, Sheldrick Way, Mildenhall, Suffolk, IP28 7JX

Present

Councillors

Chair Ian Shipp
Vice Chair Stephen Frost

Mike Chester
Diane Hind
Margaret Marks
David Palmer

Marion Rushbrook
Sarah Stamp
Julia Wakelam

In attendance

Joanna Rayner, Cabinet Member for Leisure, Culture and Community Hubs

207. **Substitutes**

No substitutions were declared.

208. **Apologies for absence**

Apologies for absence were received from Councillors Michael Anderson, Trevor Beckwith, Simon Brown, Patrick Chung, James Lay, Joe Mason and Sarah Pugh.

209. **Minutes**

The minutes of the meeting held on 12 January 2023 were confirmed as correct record and signed by the Chair.

210. **Declarations of interest**

Members' declarations of interest are recorded under the item to which the declaration relates.

211. **Announcements from the Chair regarding responses from the Cabinet to reports of the Overview and Scrutiny Committee**

The Chair informed members he attended Cabinet on 7 February 2023 and presented the Committee's report from its meeting held on 12 January 2023. As per the minutes confirmed above, the Chair updated Cabinet on the scrutiny of Havebury Housing Partnership and the Committee's forward work programme, which were noted by Cabinet.

212. Public participation

No members of the public in attendance had registered to speak.

213. Suffolk County Council Health Scrutiny Committee - 25 January 2023

[Councillor David Palmer arrived at 5.05pm.
Councillor Jo Rayner, Cabinet Member for Leisure, Culture and Community Hubs arrived at 5.10pm.]

[Councillor Jo Rayner declared a non-pecuniary interest as she worked at West Suffolk Hospital].

The Chair agreed to bring this item forward on the agenda to enable the Cabinet Member for Leisure, Culture and Community Hubs to be present to present the Mildenhall Hub post implementation report.

Councillor Margaret Marks, the Council's appointed representative on the Suffolk County Council Health Scrutiny Committee presented report number OAS/WS/23/004, which set out what was considered at its meeting held on 25 January 2023. The primary focus of the meeting was:

- The East of England Ambulance Service.

Attached to the report were the following appendices:

- Appendix 1 – Report from Councillor Marks
- Agenda Item 5a – East of England Ambulance Service
- Agenda Item 5b Evidence Set – East of England Ambulance Service

Councillor Marks informed the Committee this was her last report to the Committee sitting on the Health Scrutiny Committee. In addition to the report, Councillor Marks updated the Committee on Hospitals at Home and the phlebotomy work she had been helping Councillor David Palmer with, in Brandon, which Councillor David Palmer thanked her for at the meeting. She then referred the Committee to the report.

The Committee considered the report in detail and asked questions to which Councillor Marks provided comprehensive responses. In particular discussions were held on phlebotomists and training to take blood; how the EEAST intended to improve the current service; Hospital at Home; and how the Health Scrutiny Committee followed up recommendations with the various health providers.

In response to a question raised clarifying what phlebotomy was, Councillor Marks explained it was taking bloods for testing. Staff were trained in a day on how to draw blood, but they did not stay very long in the job because staff were on the lowest pay scale, and it was all they did. However, it was a good starting point to get a foot on the career ladder in the NHS. Most GP surgeries were unable to keep up with demand, meaning patients then had to travel to another facility to have their blood taken.

In response to a question raised on the EEAST, Councillor Marks explained there was no straight forward answer on how to improve the service. The failings of the EEAST service were due to other parts of the NHS system. An ambulance cannot discharge a patient from the ambulance if a hospital has run out of beds, unless discharging patients at the other end of the NHS service. More work needs to be done on early prevention and not on strategies, which Councillor Jo Rayner (Cabinet Member for Leisure, Culture and Community Hubs) fully supported.

The Chair thanked Councillor Margaret Marks for her reports, knowledge and passion put into representing West Suffolk Council on the Health Scrutiny Committee.

There being no decision required, the Committee **noted** the report presented by Councillor Margaret Marks.

214. **Mildenhall Hub Post Implementation Review**

The Cabinet Member for Leisure, Culture and Community Hubs presented report number: OAS/WS/23/003, which asked the Committee to carry out a post implementation scrutiny review of the Council's involvement in the Mildenhall Hub (the Hub).

The Hub opened to the public in May 2021 and represented a combined public sector investment of over £40m into facilities for Mildenhall and the surrounding area. The Hub was one of several hub projects completed, underway or planned in West Suffolk. The Hub was designed by Concertus Design and Property Consultants and built by R G Carter Construction with project management from Currie and Brown.

The report followed on from an earlier and concluded scrutiny exercise in 2017 by establishing whether or not the Council's own involvement in the project was on track to achieve the desired long-term outcomes. It also sought to identify any remaining actions associated with delivering the original objectives of the project.

This scrutiny review was only a partial examination of the true scope of the Hub project and its outcomes as it represented the perspective of one organisation only (West Suffolk Council). Also, nothing contained in the report represented the views or findings of any other partner organisation unless specifically attributed.

The Cabinet Member welcomed the Committee's support in flagging up some actions to reflect the learning from the first two years of operation. She felt it was important to highlight the impact of future growth within the Hub itself and next door through the planning proposal for West Mildenhall so this could be considered when assessing the Hub's parking and highways arrangements.

The Committee examined the following issues and was asked to make recommendations to Cabinet/Council accordingly:

1. Has the capital project achieved the objectives last set for it by the Council?

2. How has the Hub performed in its first 20 months against its business plan and funding model?
3. What remaining actions are there to deliver the Council's original objectives.

The Cabinet Member explained that in 2017, in addition to financial objectives, there were 10 shared strategic objectives for the project to build the Hub which were agreed by Forest Heath District Council's Overview and Scrutiny Committee and Council, ranging from property objectives through to strategic ambitions. The 10 objectives set out in section 4 of the report had all been met in varying degrees and the expected benefits to make the public estate more efficient and more integrated looked like they were also being met.

The Cabinet Member advised the report contained a typographical error which had been corrected in the online version and an explanation had been emailed to members of the Committee in advance of the meeting.

In the table of capital costs in paragraph 5.7 of the report, all of the individual numbers themselves were correct but these actually added up to a new net capital requirement of £11,420,000 not £11,300,000. This then meant the summary figure for the variance from the 2018 estimate for the net capital requirement, shown on the first line of paragraph 5.9 was £1.3 million and not £1.18 million.

The Committee was reassured that the correct net capital requirement figure of £11.42 million was used to work out the borrowing costs in the revenue impacts table set out in paragraph 5.14 of the report. The error did not affect any of the numbers in the table, including the current overall net revenue position of £7,000, meaning the overall finding of the financial section of the report was unchanged.

The report included information on the baseline position; delivery of strategic objectives (non-financial); impact of new leisure facilities; wider hub concept and other partners' facilities; environmental performance; external recognition; delivery of financial objectives and further actions to implement project objectives.

The Committee scrutinised the report in detail and asked questions to which comprehensive responses were provided. In particular discussions were held on the strategic objectives; the future growth and expansion of the Hub; disabled access and drop-offs; the length of various partner leases; electric vehicle rapid charging points at the old Mildenhall swimming pool site; the old College Heath Road site and progress on transferring it to Barley Homes; the Hub's BREEAM and energy efficiency ratings and general environmental performance and the environmental credentials of 3G pitches.

In response to a question raised on whether 3G pitches were good for the environment, officers explained the operation benefits in that they could be used 365 days a year and financial model but agreed to provide a written response on the environmental credentials.

In response to a question raised on the Hub's energy rating as being "D", officers explained the environmental credentials and the Hub's BREEAM rating which was "good" with an aspiration of being BREEAM "excellent". In relation to whether the Hub was rated as "D" and what this meant in practice, officers agreed to provide a written response.

The Committee went through each of the Cabinet Member's suggested actions in turn. In relation to action 4 the Committee felt the highways audit should be carried out in "late" 2023 and agreed to including the word "late" in the recommendation. This was to ensure that the audit reflected the higher amount of parent traffic in the winter months.

The Committee also discussed the impact of increased pedestrian traffic on vehicles using Mildenhall High Street and suggested that separate representations should be made to the Highway Authority that they consider upgrading the existing zebra crossing on the High Street at the end of Church Walk to a light-controlled crossing.

The Committee also felt that there would be value in a final Overview and Scrutiny review of the Hub in 2026 to ensure the Hub was still on track for meeting its financial objectives by year five of operation.

The Committee agreed that the Hub was an amazing building and the statistics over exceeded itself and its vision.

At the end of the scrutiny review the Committee concluded that the Mildenhall Hub had met the strategic and environmental objectives set for it by Forest Heath District Council in 2018 and was making good progress towards the break-even financial test by year five of its operation.

The Committee then voted on each recommendation in turn as follows:

It was proposed by Councillor Margaret Marks, duly seconded by Councillor Mike Chester, and with the vote being unanimous it was:

RECOMMENDED:

That Cabinet endorses subject to joint-funding and planning consent, adaptations be made to the eastern plaza to:

- **Reduce the walking distance from disabled parking spaces to the eastern entrance;**
- **Create a disabled drop-off;**
- **Future-proof the future expansion of the Hub by providing more disabled parking spaces.**

It was proposed by Councillor Sarah Stamp, duly seconded by Councillor Marion Rushbrook, and with the vote being unanimous it was:

RECOMMENDED:

That Cabinet endorses when any works to the east plaza are complete, investigate, consult on and, if appropriate, introduce a Traffic Regulation Order to regulate the parking on site.

It was proposed by Councillor Ian Shipp, duly seconded by Councillor Marion Rushbrook, and with the vote being unanimous it was:

RECOMMENDED:

That Cabinet endorses the current and future capacity of on-site car parking should be taken into account as part of any proposals for expansion of education capacity at and adjacent to the Hub; and the Council, as Hub landlord, should make submissions to the Local Planning Authority, Highways Authority and/or education partners accordingly on behalf of the partnership.

It was proposed by Councillor Ian Shipp, duly seconded by Councillor Julia Wakelam, and with the vote being unanimous it was:

RECOMMENDED:

That Cabinet endorses the final required highways audit of the Queensway/Sheldrick Way junction be commissioned in late 2023.

It was proposed by Councillor Stephen Frost, duly seconded by Councillor Sarah Stamp, and with the vote being unanimous it was:

RECOMMENDED:

That Cabinet endorses the current and future capacity of the Queensway/Sheldrick Way junction should be taken into account as part of any highway appraisals for the delivery of the West Mildenhall masterplan and/or any proposals for expansion of primary and secondary education capacity at and adjacent to the Hub; and the Council, as Hub landlord, should make submissions to the Local Planning Authority, Highways Authority and/or education partners accordingly on behalf of the partnership.

It was proposed by Councillor Ian Shipp, duly seconded by Councillor Julia Wakelam, and with the vote being unanimous it was:

RECOMMENDED:

That Cabinet makes representation to Suffolk County Council regarding a light-controlled crossing being installed at the zebra crossing in the High Street leading to Church Walk, Mildenhall.

It was proposed by Councillor Stephen Frost, duly seconded by Councillor Mike Chester, and with the vote being unanimous it was:

RECOMMENDED:

That Cabinet endorses a future review on progress against the year five financial test by way of a final report on the Mildenhall Hub Post Implementation Review be included in the Overview and Scrutiny Committee's work programme for 2026, subject to the completion of a scoping / key lines of enquiry exercise being carried out with the Strategic Director.

215. **Work programme update**

The Committee received report number: OAS/WS/23/005, which updated members on the current status of its rolling work programme of items for scrutiny during 2023 (Appendix 1).

There being no decision required, the Committee **noted** the update.

At the close of the meeting, the Chair advised that this meeting was the last Committee meeting in this administration and thanked all members of the Committee, officers for their support, Cabinet Members and guests who had attended over the last four years.

The meeting concluded at 6.20pm

Signed by:

Chair

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Suffolk County Council: Health Scrutiny Committee (19 April 2023)

Report number:	OAS/WS/23/006	
Report to and date(s):	Overview and Scrutiny Committee	15 June 2023
West Suffolk Council Member on the Health Scrutiny Committee:	Councillor Margaret Marks Telephone: 01440 713443 Email: margaret.marks@westsuffolk.gov.uk	

Decisions Plan: This item is not included in the decisions plan.

Wards impacted: Not applicable.

Recommendation: It is recommended that the Overview and Scrutiny Committee:

- 1. Notes the report produced by Councillor Margaret Marks, attached as Appendix 1 to this report.**

1. Context to this report

1.1 Suffolk County Council: Health Scrutiny Committee

- 1.1.1 Councillor Margaret Marks, the Council's appointed representative on the Suffolk County Council Health Scrutiny Committee has prepared a report, attached as **Appendix 1** from the meeting held on 19 April 2023.

2. Proposals within this report

- 2.1 The Committee is asked to note the report prepared by Councillor Margaret Marks.

3. Alternative options that have been considered

- 3.1 None.

4. Consultation and engagement undertaken

- 4.1 None.

5. Risks associated with the proposals

- 5.1 None.

6. Appendices referenced in this report

- 6.1 **Appendix 1** – Report from Councillor Margaret Marks from the meeting of the Suffolk Health Scrutiny Committee held on 19 April 2023 and various appendices

Various appendices from meeting held in June 2022 – (Report number: OAS/WS/22/009)

7. Background documents associated with this report

- 7.1 None.

Report to West Suffolk Overview and Scrutiny Meeting 15 June 2023 following the Suffolk Health Scrutiny Meeting 19 April 2023

Childhood Obesity in Suffolk

As today's Overview and Scrutiny Committee will involve new members, I have appended my Report of 6 April 2022 and attachments, giving context to this follow-up Report.

Following the 2020 Place-based Needs Assessment, identifying a worrying level of childhood obesity in Suffolk, and the publication of Suffolk County Council's Report entitled "Tackling Childhood Obesity in Suffolk", Health Scrutiny set up a Task Group (T&F Group) to consider the issues causing this unprecedented rise in obesity levels and consider ways to reverse this trend.

I have appended the Final Report of the Joint Scrutiny Task and Finish Group (T&F) on Tackling Childhood Obesity, presented at the HOSC by Cllr. Joanna Spicer, who stepped in to take the Chair of this T&F Group following the sad and untimely death of Cllr. Graham Newman. The Committee noted its appreciation to Cllr. Newman for his commitment and enthusiasm in setting up and initially Chairing this T&F Group.

Members of this T&F Group were: Cllr. Joanne Spicer, Cllr. Edward Back, Cllr Inga Lockington, Cllr. Sandy Martin and Cllr. Christine Shaw.

It was evident, not only from the comprehensive T&F Report, but also from the robust discussion, that the challenges and importance of this situation should not be underestimated. The impact on the health of children and the consequential knock-on effect to an already overstretched NHS is critically worrying.

Childhood Obesity is linked, not only with health-related issues such as diabetes, but also with lower levels of academic attainment.

There is little to add to the detail contained in the T&F Report – we know that dietary preferences are determined the moment food is given to a baby and the importance of education to pregnant woman was identified. We know too that weight gain is 80 percent what you eat and 20 percent movement. Poor quality food both in nutritional terms and high sugar/fat levels is cheap and available and is often the first choice for hungry children and tired parents.

Covid and the economic climate contributed to this growing problem, as do on-line games. We know the causes; we know the challenges and we know the consequential and damaging outcomes. We know how these outcomes may be improved but are limited in the actions we can take. Schools and education will have limited impact, the majority of change need to come from home, from families, from food production and availability, and these are undoubtedly the greatest barriers.

So the highlights:

- Failure to accept/recognise that their child is overweight
- Lack of knowledge/acceptance of the potential damage to health and academic attainment
- Lack of funds given as excuse for poor diet
- Lack of knowledge of how to cook
- Lack of understanding of nutritional value of foods
- Hungry children and tired parents – quick fixes of cheap food
- Economic climate
- Stress related eating habits
- Eating environment – children often eat alone in front of TV/Computer
- Lack of exercise
- Lack of desire to change

The Health Scrutiny Committee endorsed the T&F Report and its recommendations and noted that the report would be finalised for presentation to the Suffolk Health and Wellbeing Board in late Spring/Summer 2023, along with the refreshed Childhood Weight Management Strategy and Action Plan. The development of which is being led by the County Council's Public Health team in consultation with a wide range of partners and stakeholders. It is intended that this topic will be revisited by Health Scrutiny at a future meeting.

Meanwhile, during recent meeting with Warren Smyth CEO of Abbeycroft, he shared information on the programmes they run, aimed at supporting families on low incomes. This included the families cooking simple, nutritious meals. Feedback indicated that those families who had attended the programme had continued with elements of it – eating better and eating together as a family. He commented that the issue of obesity cannot be overcome by a sledgehammer approach, but by using stealth– encouraging participation.

Whilst the T&F Report identifies the support offered by different agencies, it remains thus, as ever it was, "you can lead a horse to water, but you cannot make it drink.

Councillor Margaret Marks
West Suffolk Council Member on the Health Scrutiny Committee

Appendices attached:

- a) Margaret Marks report of 15 June 2022 and the appendices (Report number: OAS.WS.22.009)
- b) HOSC 19 April 2023 Agenda item 6 pages 25-57

Health Scrutiny Committee

19 April 2023

Final report of the Joint Scrutiny Task and Finish Group on Tackling Childhood Obesity

Summary

1. On 6 April 2022, the Health Scrutiny Committee considered the work taking place in Suffolk to tackle the issue of childhood weight and obesity. Members of the Education and Children's Services were invited to take part in this discussion. It became evident from this review that the issues surrounding the topic are complex, and a whole systems approach is essential to co-ordinate action across a wide range of organisations.
2. In light of this, it was agreed a Joint Task and Finish Group should be established to examine the output from the meeting and to feed ideas into a refresh of the Council's Children's Healthy Weight Strategy which is due to take place in Spring 2023.

Objective

3. The Committee is invited to receive the findings and recommendations of the Joint Scrutiny Task and Finish Group on Tackling Childhood Obesity.
4. The Committee will be joined by members of the Education and Children's Services Scrutiny Committee for consideration of this item.

Scrutiny Focus

5. From the initial areas identified by the Committees in April 2022, the Group agreed to focus the review on the following key lines of enquiry:
 - a) What are the opportunities for promoting and increasing the level of physical activity within Suffolk's schools?
 - i) To what extent are Suffolk schools participating in the Daily Mile? What are the barriers to participation and how might more schools be encouraged to take part?
 - ii) To what extent do schools get involved with parkrun? Could more be done to link schools to parkrun initiatives?
 - iii) Are there opportunities for District and Borough Councils to support schools to participate in activities such as the Daily Mile and parkrun?
 - iv) How can we incentivise walking to school? Are there initiatives which have been successful elsewhere which could be replicated in Suffolk?
 - v) Why are schools not promoting the benefits of walking to school?
 - vi) What channels are available (other than official/authority messages) to influence children about the benefits of a healthy lifestyle?
 - vii) What role could ambassadors play in helping to promote these messages?

- b) To what extent can the data gathered under the National Child Measurement Programme (NCMP) be used to target activities to reduce childhood obesity?
 - i) How is the data gathered under the NCMP used in Suffolk?
 - ii) Do other authorities use the data differently?
 - iii) What are the legal restrictions on how this data can be used and shared?
 - iv) Do schools have an understanding of the data relating to their school?
 - v) Do professionals who come into contact with parents and children have access to this information?
 - vi) What information is communicated to parents?
 - c) What opportunities exist to promote and encourage healthy eating in schools?
 - i) What work has taken place to date with school meal providers to promote healthier and lower sugar options and increase the uptake of school meals (particularly free school meals) and how successful has this been?
 - ii) What work has taken place to increase access to drinking water and reduce unhealthy vending machine options in schools and how successful has this been?
 - iii) What barriers have been identified to improving the standard of nutrition in schools?
6. The Committee is invited to:
- a) receive the findings and recommendations from the Task and Finish Group;
 - b) endorse the recommendations as set out in the report.

Contact details

Theresa Harden, Business Manager (Democratic Services), Email: Theresa.harden@suffolk.gov.uk; Tel: 01473 260866

Background

- 7. Childhood obesity is recognised as a widespread and urgent public health issue. In Suffolk, childhood obesity is a growing concern, with National Childhood Measurement Programme data indicating that the numbers of children who are overweight or obese is continuing to rise. Evidence suggests that obese children and adolescents are not only more likely to become obese adults but are also at increased risk of developing associated physical health problems and psychosocial conditions from an early age. Obesity can have a negative effect on children's emotional health and wellbeing through stigmatisation and low self-esteem which can also lead to poorer levels of educational attainment and impact upon life chances.
- 8. As the Group set out on this task, work was already underway, led by the County Council's Public Health Team, to assess future needs and develop options for

future service provision. This review has sought to align with this work, with a view to providing recommendations to help inform the development of a refreshed strategy in Spring 2023.

9. The Group was established on a task and finish basis, and the review ran from September 2022 to April 2023. The work took place over the course of 7 meetings held on 21 September, 30 September, 1 November and 29 November 2022 and 31 January, 17 February and 17 March 2023.
10. Members who took part in the Task and Finish Group were Councillors Joanna Spicer, Edward Back, Inga Lockington, Sandy Martin and Christine Shaw (Ipswich Borough Council) and the late Councillor Graham Newman.

Main body of evidence

The report of the Joint Scrutiny Task and Finish Group is attached as Appendix 1.

Supporting information

Health Scrutiny Committee (6 April 2022), Agenda Item 5 Childhood Obesity Strategy; Available from:

[https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=\(06-04-2022\),%20Health%20Scrutiny%20Committee](https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=(06-04-2022),%20Health%20Scrutiny%20Committee)

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Report of the Joint Scrutiny Task and Finish Group on Tackling Childhood Obesity in Suffolk

April 2023

Chairman's Foreward

The Joint Scrutiny Task and Finish Group on Tackling Childhood Obesity was established following a scrutiny review undertaken by the County Council's Health Scrutiny Committee and Education and Children's Services Scrutiny Committee in April 2022. The Group started work in September 2022, chaired by the late Councillor Graham Newman, who had a particular determination that more should be done to tackle the issue of childhood obesity in Suffolk.

Following Graham's untimely death in December 2022, the members of the Group resolved to continue and complete the work he set out for us to do.

The terms of reference, findings and conclusions from our review are set out in the report below, along with our recommendations. A summary of the recommendations is also included at the end of the report for ease of reference.

I would like to thank my fellow members of the Task and Finish Group for their thorough and focused approach to undertaking this investigation and all those who have contributed their time to provide evidence to support this work.

Our recommendations seek to enhance the approach taken by the Council and the multitude of partner agencies who have a critical role to play in working together to tackle this important issue and I urge those to whom the recommendations are made, to give them due consideration.

County Councillor Joanna Spicer
Chairman of the Scrutiny Task and Finish Group

Report of the Joint Scrutiny Task and Finish Group on Tackling Childhood Obesity in Suffolk

Background

1. Childhood obesity is recognised as a widespread and urgent public health issue. In Suffolk, childhood obesity is a growing concern, with National Childhood Measurement Programme data indicating that the numbers of children who are overweight or obese is continuing to rise. Evidence suggests that obese children and adolescents are not only more likely to become obese adults but are also at increased risk of developing associated physical health problems and psychosocial conditions from an early age. Obesity can have a negative effect on children's emotional health and wellbeing through stigmatisation and low self-esteem which can also lead to poorer levels of educational attainment and impact upon life chances.
2. During 2017/18, Public Health Suffolk worked alongside Public Health England (PHE), Leeds Beckett University and several other Local Authorities to develop and pilot a whole systems approach to tackling obesity. During 2018 workshops were held with partners from across Suffolk to agree priorities for action and these priorities formed the basis of the [Tackling Childhood Obesity in Suffolk Action Plan](#), which was agreed by the Suffolk Health and Wellbeing Board on 26 September 2019.
3. Since the agreement of the action plan, significant work has taken place on a range of initiatives including sugar reduction and healthy eating campaigns and initiatives, school based and early years programmes, initiatives to increase physical activities in schools and countywide, targeted work through OneLife Suffolk and the Tier 2 and Tier 3 child weight management services, and through the universal offer and school nursing service.
4. However, concerns remain about the levels of childhood obesity in Suffolk. The COVID-19 pandemic has impacted on progress and taken focus away from this issue. There are concerns regarding the sustainability of initiatives due to finance and system capacity and the numbers of children overweight or obese in Suffolk continues to increase.
5. On 6 April 2022, the Health Scrutiny Committee considered the work taking place in Suffolk to tackle the issue of childhood weight and obesity. Members of the Education and Children's Services were invited to take part in this discussion. It was evident from this review that this issues surrounding the topic are complex and a whole systems approach is essential to co-ordinate action across a wide range of organisations. In light of this, it was agreed a Joint Task and Finish Group to examine the output from the meeting and to feed ideas into a refresh of the Council's Childhood Obesity Strategy and Action Plan would be the best way forward.
6. As the Group set out on this task, work was already underway, led by the County Council's Public Health Team, to assess future needs and develop options for future service provision. This review has sought to align with this work, with a view to providing recommendations to help inform the development of a refreshed strategy in Spring 2023.

Terms of Reference

7. From the initial areas identified by the Committees, the Group agreed to focus the review on the following key lines of enquiry:
 - a) **What are the opportunities for promoting and increasing the level of physical activity within Suffolk's schools?**
 - i) To what extent are Suffolk schools participating in the Daily Mile? What are the barriers to participation and how might more schools be encouraged to take part?
 - ii) To what extent do schools get involved with parkrun? Could more be done to link schools to parkrun initiatives?
 - iii) Are there opportunities for District and Borough Councils to support schools to participate in activities such as the Daily Mile and parkrun?
 - iv) How can we incentivise walking to school? Are there initiatives which have been successful elsewhere which could be replicated in Suffolk?
 - v) Why are schools not promoting the benefits of walking to school?
 - vi) What channels are available (other than official/authority messages) to influence children about the benefits of a healthy lifestyle?
 - vii) What role could ambassadors play in helping to promote these messages?
 - b) **To what extent can the data gathered under the National Child Measurement Programme (NCMP) be used to target activities to reduce childhood obesity?**
 - i) How is the data gathered under the NCMP used in Suffolk?
 - ii) Do other authorities use the data differently?
 - iii) What are the legal restrictions on how this data can be used and shared?
 - iv) Do schools have an understanding of the data relating to their school?
 - v) Do professionals who come into contact with parents and children have access to this information?
 - vi) What information is communicated to parents?
 - c) **What opportunities exist to promote and encourage healthy eating in schools?**
 - i) What work has taken place to date with school meal providers to promote healthier and lower sugar options and increase the uptake of school meals (particularly free school meals) and how successful has this been?
 - ii) What work has taken place to increase access to drinking water and reduce unhealthy vending machine options in schools and how successful has this been?

- iii) What barriers have been identified to improving the standard of nutrition in schools?

Membership

8. Members who took part in the Task and Finish Group were Joanna Spicer, Edward Back, Inga Lockington, Sandy Martin and Christine Shaw (Ipswich Borough Council) and the late Councillor Graham Newman.

Approach

9. The Group was established on a task and finish basis, and the review ran from September 2022 to April 2023. The work took place over the course of 7 meetings held on 21 September, 30 September, 1 November and 29 November 2022 and 31 January, 17 February and 17 March 2023.

Evidence Received

10. The Group received evidence from the following:
- Stuart Keeble, Director of Public Health and Communities, SCC
 - Nicki Cooper, Head of Children and Families, SCC Public Health and Communities
 - Michael Hattrell, Health Improvement Lead for Children and Families, SCC Public Health and Communities
 - Karen McCormack, Health Improvement Lead for Children and Families, SCC Public Health and Communities
 - Clare Frewin, Health Improvement Lead for Children and Families, SCC Public Health and Communities
 - Jane Stannard, Schools Engagement Manager, SCC Public Health and Communities
 - Adam Baker, Health Improvement Lead, Physical Activity, SCC Public Health and Communities
 - Mark Bennett, Head of Performance, Partnership and Development (Education and Learning), SCC Children and Young People' Services
 - Christopher Grover, Behaviour Change Manager, SCC Growth Highways and Infrastructure
 - Faye Bentley, Strategic Children's Services Manager (Registered Dietician), Onelife Suffolk
 - Matthew Stevens, Children's Healthy Lifestyles Manager, Onelife Suffolk
 - Liam Swift, Associate Director of Operations, Vertas Ltd.
 - James Payne, Senior Development Officer, CYP and Safeguarding Lead at Active Suffolk
 - Johnny Lee – PE Co-ordinator at Red Oak Primary School and Associate Leader for The Active Learning Trust

- Ali Furlong, Ipswich School Games Organiser, Westbourne Academy and member of the County Suffolk PE and Sport Network Group
 - Lisa Dalton, Coach and School Games Organiser, Thomas Gainsborough School, Great Cornard
11. Details of the written and web based evidence considered by the Group and supporting information is listed at the end of this report.

Findings and Recommendations under the terms of reference

12. In respect of its Terms of reference, the findings and recommendations of the Group are set out in the report that follows. A summary of the recommendations can be found on pages 24 and 25.

What are the opportunities for promoting and increasing the level of physical activity within Suffolk's schools?

School/local authority context

13. In terms of governance, the group noted that 68% of schools in Suffolk are academies and 76% of pupils in Suffolk attend an academy school. This compares nationally to 40% of schools being academies with 53% of pupils attending an academy school. Suffolk schools were currently part of 41 different trusts – 7 being national trusts, 10 operating on a regional level (eg Suffolk, Norfolk and Cambridgeshire) and 24 working within Suffolk. There were a range of mechanisms in place for the local authority to communicate messages across all publicly funded schools, including the Suffolk Headlines weekly bulletin, Suffolk Learning website, local authority maintained representative group, headteacher associations, CEO network, Suffolk Education Partnership and Standards and Excellence partner visits. Teaching School hubs were also in place covering geographical areas of the county.
14. [NHS physical activity guidelines for children and young people](#) state that children and young people aged 5 to 18 years should engage in moderate to vigorous physical activity for an average of at least 60 minutes per day, across the week. This could include all types of activity such as active travel and play as well as organised sport and PE. At least 30 minutes should be delivered in school each day through, for example, active break times, physical exercise lessons (PE), extra-curricular clubs, active lessons or other sport and physical activity, with the remaining 30 minutes supported by parents and carers outside of schools time.
15. The group heard that the benefits of being physically active extended beyond maintaining a healthy weight, with benefits including:
- building confidence and social skills;
 - developing co-ordination;
 - improving concentration, brain activity and learning;
 - strengthening muscles and bones;
 - improved health and fitness;
 - maintaining healthy weight;
 - improving sleep;

- feeling good.
16. The group received data from Sport England Active Lives Children and Young People Survey for the academic year 2021/22 (ages 5-16yrs), showing how activity levels in Suffolk compared, regionally and nationally. Whilst Suffolk was performing broadly in line with other areas of the country, the group noted that less than 50% of the children surveyed were active for the recommended 60 minutes plus a day, and 28.7% were active for less than an average of 30 minutes a day. Children in the most deprived areas tended to be less active than those in the least deprived areas.

To what extent are Suffolk schools participating in the Daily Mile? What are the barriers to participation and how might more schools be encouraged to take part?

17. The Daily Mile is a social physical activity encouraging primary school children to be active (run, jog etc) ideally out in the fresh air with their friends, for 15 minutes each day. There is no set up, tidy up or equipment required, children run in their uniform so no kit or changing time is needed, meaning transition between class time and activity time can be smooth. The aim is to improve the physical, social, emotional and mental health of children, regardless of age, ability or personal circumstances.
18. The group was informed that around 100 primary schools were currently registered for the Daily Mile in Suffolk.
19. Public Health and Communities had recently identified funding for a post for 3 days per week (12 months) to support the wider promotion and evaluation of this initiative within Suffolk's primary schools.
20. The importance of support for this activity from school leadership was highlighted as critical in encouraging more schools to get engaged. Often it was seen as a PE initiative, rather than as part of a whole school approach which could provide wider benefits for classroom behaviour, ability to learn and concentration as well as fitness and weight. Practitioners reported some schools had an ethos of empowering teachers to undertake the Daily Mile flexibly, for example, as a mechanism to respond to situations within the classroom, rather than as part of a set daily timetable.

Recommendation 1: To the Corporate Director of Children and Young People's Services and the Director of Public Health and Communities that:-

- a) ***work should take place with Active Suffolk to raise awareness of the benefits available to schools and pupils from taking part in the Daily Mile, including promotion of the initiative to school governors and to parents via local media channels.***
- b) ***a target should be set to increase the number of Suffolk's primary schools taking part in the Daily Mile by a minimum of 40% by the end of year 1, 30% in year 2 and 20% in year 3.***

Recommendation 2: To the Corporate Director of Children and Young People's Services that any proposals for development of new school places should take into account the Department for Education [Guidance: Area guidelines and net capacity](#) standards and guidance on the area of school buildings and grounds, and that every opportunity should be taken

to ensure that new developments do not reduce the amount of outdoor space currently available in Suffolk's schools.

To what extent do schools get involved with parkrun? Could more be done to link schools to parkrun initiatives?

21. 'parkrun' is a nationally led, totally free, community event where participants can walk, jog, run, volunteer or spectate. It is 5km and takes place on a Saturday morning. Junior parkrun is 2km, dedicated to 4-14 year olds and their families and takes place every Sunday morning. There are currently over 400 junior parkrun events for children age 4 to 14 taking place in the UK and the Republic of Ireland. All the events are organised by volunteers and participants can sign up on the national parkrun website at: <https://www.parkrun.org.uk/aboutus/>
22. Suffolk had celebrated 10 years of partnership working with parkrun in September 2022, which saw the initiative not only return successfully after the pandemic, but grow with 4 new events in Mildenhall, Haverhill, Stowmarket and Rendlesham. There were 23 parkrun events currently established in Suffolk of which 15 were 5km events and 8 were Junior 2km events. Junior events were currently held in Bury St Edmunds, Stowmarket, Haverhill, Ipswich, Kesgrave, Felixstowe, Great Cornard and Mildenhall with a further event planned to start in the spring of 2023 (Ipswich East).
23. There was no direct involvement by schools with junior parkrun, outside of schools individually choosing to promote the opportunity to pupils to take part. The geographic location of the junior parkruns was a factor in how relevant it would be for schools to promote participation. Whilst the ideal position would be to have junior parkrun events within easy reach of all schools, this would be dependent upon identifying the necessary funding, volunteers and suitable locations to develop them. Some work had taken place to make the connection with parkrun, particularly for those primary schools who do the Daily Mile but more could be done to encourage both primary and secondary schools to promote this activity.

Are there opportunities for District and Borough Councils to support schools to participate in activities such as the Daily Mile and parkrun?

24. Practitioners reported that links with District/Borough councils were variable. Identifying commonality of objectives was seen to be a key influence in building good working relationships, and there were some good initiatives in place which had the potential to be replicated more widely.

Case Study – Multi Skills Leadership and Physical Activity Programme

The Primary School Multi-Skills Leadership and Physical Activity Programme (<https://www.ipswich.gov.uk/content/ipswich-primary-school-students-helped-their-school-peers-get-more-active>) was quoted as a good example of joint working between District and Borough Councils and schools.

Ipswich and South Suffolk is a diverse area with urban and rural geography and pockets of deprivation.

The Multi-Skills programme is led by Ipswich and South Suffolk School Games Organisers (SGOs) and supported by Active Suffolk and Ipswich Borough Council.

The aim is to support young people to develop new skills such as leadership, organisation and team work as well as working alongside their peers to promote health and wellbeing.

Pupils in Years 5 and 6 are trained to become Leaders and to help the younger pupils in Years 1, 2, 3 and 4 in their school to become better in various activities such as jumping, throwing and running, and to score them for progress. Each activity is designed to get the young person to do a minimum of 30 minutes of physical activity, which when combined with the activity they do in school, gets them to do 60 minutes of activity a day, as per recommended guidelines.

Tutors in the programme from the Council, SGO's, Active Suffolk, Ipswich Town Community Trust, and sports coaches from the participating primary schools go into each school to train the young leaders on how to deliver the activities and keep track of scores. Schools are given resource cards so the leaders can use these in lunchtime sessions and also progress boards for the school so improved activity results can be recorded. When the children hit a certain number of activities they are rewarded, supported by the Borough Council, and receive a passport allowing them access to activities out of school such as free family swims and family passes for the leisure centres. This enables the pupils to stay active, and also their families, and removes the potential barrier of cost.

The impact has been that pupils want to improve their levels of fitness and attainment, and this was evidenced by their scores. Feedback from parents and teachers suggests pupils have been more positive and confident and want to be engaged and some schools have gone on to train additional leaders.

Top tips

Work with key partners to achieve common objectives

Make it inclusive - all the activities are adapted to be inclusive and all the leaders trained to make it inclusive

Keep it simple for schools so they can fully engage eg engage with all staff via a zoom meeting, not just the PE leads, or if appropriate attend a staff meeting

Shout about it much more!

25. It was generally considered there was an opportunity for District and Borough Councils to do more work with schools for example in connecting them with local clubs and leisure facilities. Work was taking place to try and extend the Multi-Skills Leadership Programme to schools in the Lowestoft area.

How can we incentivise walking to school? Are there initiatives which have been successful elsewhere which could be replicated in Suffolk? Why are schools not promoting the benefits of active travel to school?

26. The group received information from the Behaviour Change Manager, SCC Growth, Highways and Infrastructure about the Council's work in encouraging walking and cycling to school. It was noted that from 1 April 2023, this area of

work would move to Public Health and Communities and would be funded by the Public Health grant.

27. The Group received data on school active travel by age, distance and travel mode, and in relation to youth road safety by age and types of injury (all incidence).
28. The Group also received information about road safety interventions for primary school students, which included the Junior Road Safety Officer programme, road safety assemblies, road safety risk and school crossing patrol assessments and Bikeability for pupils in years 5 and 6. It was noted the junior road safety programme was very popular. It was confirmed this programme could be delivered in schools free of charge and officers were keen to involve as many schools as possible.

Recommendation 3 - To recommend to the SCC Cabinet Member for Education, SEND and Skills that work should take place, on an ongoing basis, to raise awareness of the benefits available to schools and pupils from taking part in the Junior Road Safety Programme, including promotion of the Programme to school governors and to parents via local media channels.

29. At secondary school level, road safety work was tailored to year groups (eg young drivers), targeted groups such as moped riders and the offer of Bikeability level 3 (for which there had been limited interest).
30. Some targeted work had also taken place with Special Schools such as the Sir Bobby Robson School, supported by c.£40k government funding to purchase specialist cycles. This had some challenges due to the bespoke nature of individual needs and difficulty in knowing how to invest the funding to achieve the best benefit for the most children.
31. The Group discussed provision for children with special educational needs and disabilities more generally and the need for the offer to be fully inclusive. It was recognised that there were some children who were potentially less well catered for and this should be an area for future focus.

Recommendation 4: To the Suffolk Health and Wellbeing Board that the refreshed "Children's Healthy Weight Strategy" will recognise:

- a) ***those children with additional needs (physical, developmental, learning, behavioural or sensory) that may need additional support to lead healthy lifestyles and;***
 - b) ***Suffolk's diverse population and social and cultural factors that may impact upon inclusion and access to opportunities to lead a healthy and active lifestyle.***
32. The group also received information about active travel interventions being delivered in primary and secondary schools. It was reported it was challenging to get schools to engage with this work due to other curriculum pressures. Active travel was not seen as a priority for schools and tended to be given a lower profile.
 33. Discussion took place about the School Streets Initiative. These schemes provided temporary restriction on traffic movement at school drop-off and pick up times, resulting in a safer and healthier environment and encouraging active

travel choices. It was noted to implement schemes needed local councillor support and there was a cost of £6-7k approximately for planning and necessary Traffic Regulation Orders. Discussion also took place about the potential for the displaced traffic to impact upon neighbouring areas.

34. Walking buses and bike trains, where an adult walks or supervises a group of children to walk/cycle to school were discussed. However, it was challenging to find sufficient volunteers. One solution might be to pay a member of school support staff additional hours to support the initiative, but this would need to be worthwhile in terms of the benefit derived. There was a perception that whilst some parents may be willing to support this it was less likely they would be willing to take on the responsibility for organising it.
35. The group heard that the “Hiking with a Viking” initiative had been popular, as children were keen to take part. A suggestion was made of talking to the Council’s Arts and Culture Team about opportunities for similar initiatives in Suffolk, effectively promoting arts and culture with young people and getting them active at the same time.

Case Study: Hiking with a Viking

A Stafford school marked Walk to School Week by inviting a Viking to talk to pupils.

The national campaign encouraged parents and children that can, to ditch the car or the bus for the week, to put their walking shoes on and walk to school.

As part of the campaign, seven primary schools in Stafford also took part in a Theatre in Education Programme to help promote active and sustainable travel.

The fun but educational drama ‘Hiking with the Viking’, helped to highlight the benefits of walking and cycling to school, using public transport and car sharing, whilst also demonstrating the effects of car pollution.

The Hiking with the Viking activity gave children the chance to meet “Ragnor the Bold”, who talked about the benefits of walking to school and keeping fit.

Pupils met him at the school gates and he also did an assembly with them, using the story of the Vikings to encourage children to be more active.

The Co-headteacher said: “Throughout the assembly the children were beaming. Ragnar was fantastic and got all children and staff involved. Lots of smiles and laughter by all.”

36. In response to a question, the group noted that the Behaviour Change Team did not currently have access to the “areas of prevalence” information from the NCMP to be able to target work with schools.

Recommendation 5 - To encourage closer working between the Active Travel Behaviour Change Team and Public Health and Communities and recommend to the Director of Public Health and Communities that data from the NCMP should be made available to the Behaviour Change Team

to enable them to better target their activity related to promotion of active travel to and from schools.

37. Some of the barriers to walking and cycling to school were discussed, such as parental perceptions around road safety and speeding, personal safety of children walking/cycling alone and practical circumstances such as parents needing to drop children off on their way to work.
38. Finally, the group heard about a scheme whereby children can forgo a bus pass and use the funding to have a bike to get to and from school. However, it was considered this was restrictive in that it was either one or the other. For example, on wet days it was not possible to take the bus on ad hoc basis. The question was raised as to whether there was scope for this scheme to be adapted so that it allowed for a limited number of bus trips per year which may help to increase take up.

What channels are available (other than official/authority messages) to influence children (and families) about the benefits of a healthy lifestyle?

39. The Group discussed the potential for messages about healthy lifestyles from sources such as the local authority to be seen as authoritarian and resultingly met with some resistance. The suggestion was made that a national campaign giving some key messages would be helpful.

Recommendation 6: To recommend to the Head of Communications and Director of Public Health and Communities that an approach is made to local media to encourage them to undertake a carefully planned local campaign to get people thinking about the benefits of a healthy lifestyle (similar to the “Don’t be a Tosser” campaign), including a social media campaign.

40. The group also discussed whether there was merit in a campaign being more graphic about the risks associated with being overweight (such as had been used in stop smoking campaigns). It was acknowledged that caution was needed in any messaging used, given the complexity of environmental factors which could influence weight and that the County Council’s communications team and public health colleagues would be best placed to advise on the approach.
41. The Group questioned the role of GPs and whether families may be more willing to take advice from their GP around weight management than from the local authority or other sources. It was acknowledged that GPs were already under significant pressures from workload and some discussion took place about the potential for a shift of resources, to fund some joint working between public health and primary care – for example, putting in place administrative support which enabled NCMP letters to be sent to parents in the name of the GP. This could potentially be extended to wider public health initiatives and messages, targeted at practice populations.
42. The group heard that a pilot had commenced with a GP practice in Felixstowe, but this work had stalled in light of COVID-19. It was noted there were changes taking place across the health and care system following the implementation of Health and Care Act 2022 and it may be worth looking at revisiting work with GPs in light of greater integration between the local authority and NHS.

Recommendation 7: To the Director of Public Health and Communities to seek support from relevant Integrated Care Board leaders to run a pilot with

General Practice to understand the extent to which the involvement of primary care in communicating targeted public health messages to families about healthy weight could help to improve take up of the support offer and potentially serve as a mechanism to support the prevention agenda more widely.

43. The group heard that although One-Life had been in place for around six years, there was still a lack of awareness amongst professionals working with children and families about the support One-Life could offer. An ideal position would be that all professionals would use their contact with children and families to have conversations around promoting healthy lifestyles, making every intervention count. However, there appeared to be a general reluctance to engage families on the specific issue of weight management, possibly due to the sensitive nature of the conversation.

Recommendation 8: To members of the Suffolk Health and Wellbeing Board to take action within their own organisation to raise awareness for all their professionals working directly with children and families of the support offer available for families experiencing challenges with weight management and how to access this support.

What role could ambassadors play in helping to promote these messages?

44. The Group noted there was a need for greater awareness of the size and scale and impact of the inactivity epidemic in order to understand why it must be made a priority.
45. The Youth Sport Trust set out a [Strategy](#) to address the issues of the impact of digital technology and the pandemic on children's levels of activity by encouraging as many people as possible to become changemakers to transform attitudes, improve practice and drive policy change. This includes mobilising influencers in all areas of public life to make the decline of physical activity levels a matter of national concern. Councillors and senior leaders across the public sector, school governors, trustees and leaders, all have a role to play in championing physical activity in their local schools and their local communities, and in raising awareness of the importance of being active for the wider health and wellbeing of Suffolk's children and future adults. There is a need for leaders to step forward and be willing to support and drive this change within their own sphere of influence.
46. The Group noted the LGA offer free leadership essentials training to support elected members "Leadership Essentials: sport and physical activity for councillors. Further information can be found at: <https://www.local.gov.uk/sport-and-physical-activity-2022-23>
47. The Group heard how sports ambassadors had been used to inspire children to become more active within schools. This could span further than getting children active, but also inspire them to believe they could achieve by showcasing how struggles and adversity had been overcome to get to the top.

Case study – Sports ambassadors at Red Oak Primary School

The Group received information from the Associate Leader for the Active Learning Trust about the benefits of using sporting ambassadors at Red Oak Primary School in Lowestoft.

This school had looked outward to see how charities could be involved in supporting school sports events and with sponsorship, for example for team kits. They had also worked with local partners such as ITFC.

The school had used sports ambassadors to come into school to talk to pupils about how they had worked their way up in their field of sport, to engage and inspire the children to achieve.

The school had also used inspirational sports people to support other areas of the curriculum. For example, in their writing classes, children had been asked to write a letter to a sports star. Many of the children had received responses to their letters, including signed pictures of their chosen sports star or team.

The school had asked famous athletes to visit the school to help inspire creative writing and had arranged school trips to football matches where children had played the role of Junior Journalist.

Additional findings in relation to promoting and increasing the level of physical activity in schools

48. PE is a national curriculum subject that is compulsory at key stages 1 to 4. The national curriculum identifies the aims of the subject and, broadly, the subject content to be taught at each key stage.
49. Ofsted's [Research Review Series: PE \(18 March 2022\)](#) sets out what high quality PE in schools should look like, but goes on to acknowledge that *"Since there are a wide variety of ways that schools can construct and teach a high quality PE curriculum it is important to recognise there is no single way of achieving high quality PE"*.
50. In discussion with the group, practitioners reported that whilst Ofsted do "deep dives" into specific areas, PE did not come up often. From the experience of practitioners spoken to, school leaders tended to be aware of the expectations about the level of activity expected within schools. However, the approach taken to the delivery of physical activity within the school was generally influenced by the priorities of the individual school and its leadership. It was considered unlikely that schools appreciated how many children were not achieving the recommended level of in school activity.

The group heard that schools were diverse in their approach with some schools being focused on ensuring children sit and work and others being flexible in encouraging activity and movement within or as part of lesson time.

Case Study – Red Oak Primary School’s “Pedalling Classroom”

Red Oak Primary School in Lowestoft was one of the first to set up a pedalling classroom, which received national media coverage in 2018.

30 sets of pedal machines, at a cost £20 each, were purchased using the PE budget for pupils at the school and these were installed under desks so pupils could pedal them during their lessons. Use of the pedals is not compulsory but in general the pupils were reported as welcoming them. The machines feature a display that shows the duration of pedalling, number of revolutions per minute and calorie consumption, with some pupils burning up to 800 calories a day.

Mr Johnny Lee, the PE and Sports Co-ordinator for Red Oak Primary School and Associate Leader of PE and Sports for the Active Learning Trust reported that the mean average for a class of 28 pupils (Year 3, aged 7-8yrs) was the average student burnt approximately 534.5Kcals per school day by using the desk pedals. Other benefits included improvements in academic achievement in reading, writing and maths and improvements in classroom behaviour.

51. Leadership in schools was seen to be vital in facilitating a culture and environment which promotes physical activity and healthy lifestyles to the whole school community (teachers, parents and children). The governance and inspection framework were seen as key drivers to improving focus in this area.
52. Practitioners reported other barriers to promoting physical activity in schools included the time available, workforce capacity and the availability of teachers trained to deliver physical activity. Practitioners expressed concerns there was little initial training or professional development available for teachers in PE. Where CPD was offered, teachers found this difficult to attend due to lack of cover or other barriers within the school environment. Whilst some local authorities still offered CPD via a PE Advisory Service which schools could buy into, this was no longer available in Suffolk. It was considered a countywide CPD offer, or a mandatory physical activity element to School Centred Initial Teacher Training (SCITT) would be a one way to help improve delivery of sport in schools in Suffolk in a sustainable way.
53. On further examination, the Group was informed that School Centred Initial Teacher Training (SCITT) had recently undergone significant national changes to the programme and all SCITT providers had been required to re-apply for accreditation against the new set of teacher training standards. A rigorous re accreditation process was put in place in 2022 and very few providers in the East of England had gained re-accreditation. Suffolk led SCITT had been successful in this. In the new nationally set SCITT programme providers did not have scope to change or add to the programme. However, within the new programme all primary trainees were required to undertake PE training and there was a clear focus on encouraging and supporting healthy lifestyles through regular physical activity. There were also elements around broader wellbeing and physical and mental health within the programme. This was welcomed by the Group.

Recommendation 9: To recommend to the Suffolk Health and Wellbeing Board that a countywide summit should be organised for school leaders to showcase innovative approaches and get people talking about the promotion of healthy lifestyles within Suffolk's schools, to identify commonality of objectives and look at how the available funding is, or could, be spent more collaboratively to achieve the best effect in Suffolk.

Recommendation 10: To recommend to the Leader of the Council that the County Council should sponsor an award to recognise innovation and success in improving health and wellbeing of children through whole school approaches to leading active and healthy lifestyles within Suffolk schools.

PE and Sport Premium Funding

54. PE and sport premium funding is a government grant to support schools in ensuring that pupils have access to at least 30 minutes of physical activity during the school day, alongside high-quality PE provision taught by confident and knowledgeable teachers and opportunities to experience and participate in a wide range of sports and physical activities.
55. Schools receive PE and sport premium funding based on the number of pupils in years 1-6. In 2022/23, schools with 16 or fewer eligible pupils received £1,000 per pupil and schools with 17 or more eligible pupils receive £16,000 and an additional £10 payment per pupil. Clear criteria are set out by government on how the funding should and should not be used.
56. Suffolk schools had received several millions of PE and sport premium funding over the 10 years this grant had been in place, but it was difficult to clearly demonstrate what this funding had achieved and the extent to which it had left a sustainable legacy. Practitioners reported that schools were doing variable work and there would be benefit in demonstrating how the funding could be used to best effect and have most impact through sharing of good practice. At the time of receiving evidence, a decision was awaited on next year's grant and schools were being asked to provide information on the impact it would have if this funding was removed.
57. The group heard there was disparity in how schools were using this funding. Whilst there was evidence that some schools were using it to develop sustainable approaches to longer term delivery of PE and sport within their school (for example, CPD for their existing staff in PE) the group heard that some schools had used it for one-off spend.
58. Practitioners also raised concern about the annual late notification of funding for School Games Organisers and PE and Sport Premium from government, which was putting the workforce under stress and making it difficult to manage strategic developments over the medium to long term. A letter had recently been sent to local MPs highlighting these concerns.
59. Subsequently, on 8 March 2023 it was announced £22m would be made available nationally to support two more years of the Schools Games Organiser network and more than £600 million across the same period for the PE and sport premium. The announcement included a raft of other government commitments aimed at improving access to sport and physical activity for children and young people. Further information can be found at:

<https://www.sportengland.org/news/two-year-extensions-school-games-organiser-and-pe-and-sport-premium-funding>

Recommendation 11: To recommend to the Cabinet Member for Education, SEND and Skills and Corporate Director of Children's Services they should lobby at national level for the effective use of PE and Sport Premium funding spending to be taken into consideration as part of Ofsted inspection within individual schools.

The role of Active Suffolk

60. There was discussion about the role and governance of Active Suffolk, which received funding from Sport England and, to a lesser extent from County and District and Borough councils. Active Suffolk was currently hosted by East Suffolk District Council and a consortium agreement was in place to spread the risk. The partnership had a Board and was subject to Sport England governance requirements. There was a local authority representative on the Board, which had more recently been an officer from Babergh/Mid Suffolk.
61. A recent review had highlighted the need for Active Suffolk to have a higher profile and should consider how best to showcase the Sport England investment in the county and bring alive for partners the value that could be achieved through better alignment with other locally funded physical activity programmes.

To what extent can the data gathered under the National Child Measurement Programme (NCMP) be used to target activities to reduce childhood obesity?

Context

62. The National Child Measurement Programme (NCMP) is a nationally mandated public health programme, and part of the government's commitment to dealing with the public health challenge of excess weight. It provides the data for the child excess weight indicators in Public Health Outcomes Framework and is delivered within schools by local authorities. Children are measured in Reception and Year 6. In addition to its national surveillance role, the data can be used to help support and target locally led interventions.
63. The group received the operational guidance, information for schools and standard letters for headteachers, primary care practitioners and parents, which are published on the government's website at: [National Child Measurement Programme Operational Guidance for 2022](#).
64. The NCMP national data shows that the prevalence of overweight and obesity in children aged 4 to 5yrs and 10 to 11yrs (the two year groups measured under the programme) is unacceptably high. The data consistently shows that the number of children living with obesity doubles between reception year and year 6 (from around 10% to around 20%). Additionally, year-on-year, the data has shown that children living with obesity in the most deprived 10% of areas in England are more than twice that in the least deprived 10%. This gap in obesity prevalence by deprivation continues to widen for both reception and year 6, and for those children measured as severely obese, the gap rises to more than 4 times for both year groups.

To find data for District and Borough Council ward level visit: <https://www.gov.uk/government/statistics/child-obesity-and-excess-weight-small-area-level-data#full-publication-update-history> and view the document "Small area NCMP data: electoral ward."

How is the data gathered under the NCMP used in Suffolk?

65. The group was informed by officers from Public Health and Communities that Suffolk schools were contacted with information about the programme and how data would be used at the outset each year. In Suffolk, school assemblies were also used at the start of the year to present information to children and teachers about the programme. Public Health and Communities had developed an animated film to introduce the programme, its purpose, what happens on measuring day, what would happen to the results and the option to opt out, plus information about support available after measurement - [NCMP Suffolk - YouTube](#).
66. The data collated from the NCMP is used in various ways within Suffolk:
67. Each child measured who is categorised as overweight / very overweight is followed up with both a feedback letter and phone call to their parents to discuss options of support for their family (including [OneLife Suffolk](#)).
68. Data taken from the programme is used to highlight areas of concern and profile locations within Suffolk to target for OneLife Suffolk support.
69. School level prevalence is fed back through a digital letter using a comparison with Suffolk average. Those schools of highest concern are offered support programmes through OneLife Suffolk to run a 6 week healthy lifestyle course
70. Data taken from each year also helps to build up valuable profiles to compare progress for both school years.

Recommendation 12: To recommend to the Director of Public Health and Communities to develop, in consultation with councillors, the availability of accessible and meaningful data and information which enables councillors to provide support and challenge to their local schools and work with their local communities to promote healthy, active children.

Do other authorities use the data differently?

71. Although the measurements taken are part of the national programme, it is optional for local authorities to feed back to schools, parents and primary care. In some areas, there was no local offer of support.
72. Prior to considering the delivery of the NCMP in Suffolk, the group received a Public Health England (PHE) (2017) report [Learning from local authorities with downward trends in childhood obesity](#). It was evident from this report that the process of completing the NCMP, follow up letters sent to schools, parents and primary care, and the approach to referrals for additional support varied across the local authorities participating in the study. Common themes in authorities with downward trends in childhood obesity included the use of the School Nursing Team to undertake NCMP measurements, and targeted follow-up with parents after the results letter had been sent. These measures were in place in the Suffolk model.

What are the restrictions on how this data can be used and shared?

73. Each year an opt out letter is sent to both the parent/guardian of the child and to the school to ask permission to conduct the measurements. Parents and schools had the opportunity to opt out at this stage and children could also opt out of being measured on the day. Those not actively opting out were considered to have consented to take part in the programme and for the data to be used as set out in the letter. Within the opt out letter parents also had an opportunity to opt out of being contacted by OneLife Suffolk, if their child was identified as overweight / very overweight.
74. A data sharing agreement is in place between both OneLife Suffolk and the 0-19 School Nursing service for information on overweight / very overweight children to be shared for follow up following measurement.

Do schools have an understanding of the data relating to their school?

75. Because of small numbers of children being measured within some schools, there is difficulty in how information can be shared with schools without potentially identifying individual children. Data is therefore broken down into areas showing prevalence, rather than by individual school.
76. The group received an example of the covering letter and data used for feedback to schools in Suffolk, which followed the three-year aggregated data model. It was noted that the three-year model had been impacted in the last two years due to reduced participation during COVID-19.
77. The group was informed that OneLife Suffolk also received a targeted list of schools (currently 105) based on deprivation and obesity prevalence which enabled them to target programmes of support for schools.

Do professionals who come into contact with parents and children have access to this information?

78. In Suffolk, the results from the programme were saved onto the child's "System-one" record which could be viewed by the Council's 0-19 Children and Young People's Service and the child's GP.
79. Few of the local authorities participating in the PHE research provided feedback to GPs. The national template feedback letter to GP's had been trialled in Suffolk in 2018/19 giving each practice information on the overweight/very overweight prevalence in their area, and contact details for OneLife Suffolk to support their practice. However, no practices had made contact with OneLife so OneLife was now proactively following up practices in areas of high prevalence to ensure they were aware of their services and support opportunities. A pilot project was also being tested through a practice in Felixstowe in partnership with the Integrated Care Service to look at how to improve referrals to the OneLife service. Training had also been offered to GPs on communicating messages about weight to children and families.

What information is communicated to parents?

80. The initial opt out letter sent to parents contained information on the programme, national healthy lifestyle campaigns, a link to the Suffolk NCMP video and information about Onelife Suffolk.
81. After measurement, if the child was found to be overweight or very overweight parents would receive a feedback letter with their child's results and details of OneLife Suffolk. The group received a copy of the letter, which had been edited

locally and tested with parents to create a more engaging communication broaching what was acknowledged to be a difficult and sensitive subject for some.

82. The group raised concern about the clarity of the parental feedback letter, which contained the sentence: *“When looking at children’s growth charts, to see how your child is growing according to their age, sex and height, «FirstName» is thought to be above the healthy range. You can find out how the result was calculated by going to www.nhs.uk/bmi.”*
83. The group considered this communication was ambiguous and would benefit from greater clarity. Whilst acknowledging the wording was from a national template, and the sensitivity of the issue, the group considered the phrase *“above the healthy range”* did not distinguish between weight and/or height, both of which had been referenced in the letter, and could potentially be interpreted as a positive statement.

Recommendation 13: To recommend to the Director of Public Health and Communities that officers should continue to review the wording of the NCMP parental feedback letter in consultation with Suffolk Parent Carer Forum to ensure it is fit for purpose and conveys a clear message.

Opting Out

84. The group received information about a national campaign “Making an Informed Decision – Your Guide to the National Child Measurement Programme” which encouraged parents and schools to opt out of the programme. Key messages from the campaign included the potential for participation in the NCMP to cause harm to children by, for example, damaging a child’s self esteem and body image and potentially leading to eating disorders or other mental health and wellbeing issues.
85. It was currently unclear what impact this campaign might have on participation in the Programme in Suffolk for the coming year.
86. The group questioned the rate to which schools and parents currently opted-out and heard that more schools had opted out during the COVID-19 pandemic for practical reasons but prior to that, only one school in Suffolk had not taken part. It was noted that opt-out rates in Suffolk currently compared well to other local authorities.

Targeted follow up

87. OneLife Suffolk received contact details for those children who were measured to be overweight and very overweight and these were followed up with a phone call to offer support through the OneLife Suffolk support service. This example of targeted follow up reflected the practice of other high performing authorities in the PHE research.
88. The group heard this approach had not been as effective as hoped, and this was reflected nationally. In some instances it had not been possible to make contact with the family, or the family had reacted defensively. One-life had started to contact parents via text message in the first instance to give them notice that they would be contacted and this had helped to increased referrals.
89. Whilst there were some case studies of successes with whole family engagement there were a wide range of complexities which could influence

whether or not the family either accepted the offer of support or were in a position to sustain their engagement through to a successful outcome.

90. It was noted that authorities on a small, primarily urban footprint were likely to find it easier to sustain engagement with their population than a widely dispersed rural authority.
91. The group heard that the future model of service would look at improving the voluntary and community sector offer of initiatives to support families in moving towards a healthier lifestyle. This may benefit from the fact that VCS organisations are already working with families, therefore making engagement around the subject healthy lifestyles easier.

Conclusion

92. The group was generally reassured and impressed with how the NCMP was being delivered in Suffolk. It was evident that the data gathered from the NCMP was being used to target activities and that arrangements in Suffolk were broadly reflective of identified good practice in other authorities.
93. However, whilst acknowledging the NCMP was a nationally directed programme, there was a sense that measuring children in Year 6 was primarily a data driven exercise and potentially a missed opportunity. The group felt that measuring at a younger age (eg Year 2 and Year 4 were suggested), would provide greater opportunities to influence children within the primary school setting, rather than waiting till Year 6, when children were about to embark on their journey to secondary school and the opportunities to influence were significantly reduced.

What opportunities exist to promote and encourage healthy eating in schools?

Context

94. The revised standards for school food came into force on 1 January 2015 and are set out in the [requirements for School Food Regulations 2014](#).
95. The government encourages all schools to promote healthy eating and provide healthy, tasty and nutritious food and drink. Compliance with the [requirements for School Food Regulations 2014](#) is mandatory for publicly funded schools including academies and free schools. These school food standards are to ensure that food provided to pupils in school is nutritious and of high quality; to promote good nutritional health in all pupils; protect those who are nutritionally vulnerable and to promote good eating behaviour.
96. A summary of the standards and a practical guide are available at [school food standards: resources for schools](#).
97. The regulations set out the requirements for school lunches provided to registered pupils, whether on the school premises or not, and to any other person on the school premises.
98. The regulations also set out the requirements for food and drink other than lunch, provided to pupils on and off school premises (eg on a school trip) up to 6pm, including breakfast clubs, tuck shops, mid-morning break, vending and after school clubs.

What work has taken place to date with school meal providers to promote healthier and lower sugar options and increase the uptake of school meals (particularly free school meals) and how successful has this been?

99. The Group heard from Public Health and Communities that work to promote healthy eating in Suffolk's schools was an ongoing challenge. One-Life Suffolk had run campaigns in schools to improve healthy diets and work had also taken place with school meal providers to reduce the levels of sugar and salt. However, the impetus was upon schools to continue this work and this was inconsistent. A number of schools had taken place in the keep smiling campaign to improve children's oral health.
100. The Group received data on the take up of free school meals and were generally impressed in the increase in take-up. The number of children in Suffolk whose parents had applied for free school meals and were confirmed as eligible was currently 24,128 (as at 1 November 2022). This was an increase of 51.5% since 1 March 2020. There had been an 234% increase in eligible families since 2018. In Suffolk 21.9% of children in primary schools and 20.3% in secondary schools were currently known to be eligible for free school meals. The Group suggested it would be useful to have an understanding of the number of children who were eligible but did not take up free school meals, but this information was not available.

What work has taken place to increase access to drinking water and reduce unhealthy vending machine options in schools and how successful has this been?

101. Under the school food standards, the supply of drinking water must be provided free of charge at all times to registered pupils on the school premises.
102. The use of vending machines in schools was discussed, along with the potential for vending machines to bring additional funds into the school budget. Officers reported they had tried to map the use of vending machines in schools through questionnaires but this was reliant upon the schools finding the time to complete a response and this was not seen by schools as a priority.

What barriers have been identified to improving the standard of nutrition in schools?

103. The group received evidence from the Associate Director of Operations for Vertas, about the role of Vertas in school catering in Suffolk. It was noted that whilst the notional cost of a meal was £2.30, the true cost of delivering a meal would depend upon the size of the school and there was a need to deliver a certain number of meals in order to break even. Increasing the take-up of school meals was therefore important consideration.
104. There were some examples of local initiatives in place, such as a school which had asked to use its local farm shop for supplies for their kitchen, which Vertas had agreed to on the basis of a matched price. Discussion also took place about the [Food for Life](#) scheme, which provides support to schools in providing healthy school meals and an awards package providing support and resources to apply for and achieve a Food for Life quality mark.
105. A member of the group had attended a school lunch at a local primary school and reported that the food had been bland, potentially due to the sugar and salt reduction. The group considered whether this could be an issue in itself as

children were less like to want to eat a school meal if the food was bland and there was a need to be reasonable to strike the right balance.

106. A selection of primary and secondary school websites were visited. Most schools published their hot food menu and some schools also provide a packed lunch menu. From the sites visited, only a few schools provided any advice on their website about what food should be bought into school.
107. The DfE [checklist for headteachers](#) sets out a list of actions for overcoming barriers and improving healthy eating in schools, including leading the change from the top; getting the contract right, concentrating on the things that children care about (the food itself, the canteen environment, their social life during the lunch break, the price) and supporting a whole school approach to healthy eating.

The role of Relationships, Sex Education and Health Education in Schools (RHSE)

108. The Group received a report compiled by the Schools Engagement Manager, Public Health and Communities, which set out what schools are required to provide under the RHSE curriculum in respect of healthy eating.
109. The Department for Education issued statutory guidance in relation to Relationships Education, Relationships & Sex Education and Health Education (RSHE) which came into effect from September 2020. Due to lost time because of COVID-19, the DfE had allowed schools extra time to prepare for this and for most Suffolk schools, this meant that the teaching had to begin by April 2021, with most Suffolk schools completing their first full academic year of RSHE teaching last year (Sep 2021 – July 2022).
110. Healthy Eating and Physical Health & Fitness are both encompassed under Health Education. By the end of primary school, pupils should know:

Physical health and fitness

- a) the characteristics and mental and physical benefits of an active lifestyle.
- b) the importance of building regular exercise into daily and weekly routines and how to achieve this; for example walking or cycling to school, a daily active mile or other forms of regular, vigorous exercise.
- c) the risks associated with an inactive lifestyle (including obesity).
- d) how and when to seek support including which adults to speak to in school if they are worried about their health.

Healthy eating

- e) what constitutes a healthy diet (including understanding calories and other nutritional content).
- f) the principles of planning and preparing a range of healthy meals.
- g) the characteristics of a poor diet and risks associated with unhealthy eating (including, for example, obesity and tooth decay) and other behaviours (e.g. the impact of alcohol on diet or health).

111. This was designed to lay the foundations for more advanced learning at secondary school, where the guidance set out that pupils should know:

Physical health and fitness

- a) the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress.
- b) the characteristics and evidence of what constitutes a healthy lifestyle, maintaining a healthy weight, including the links between an inactive lifestyle and ill health, including cancer and cardiovascular ill-health.
- c) about the science relating to blood, organ and stem cell donation.

Healthy eating

- d) how to maintain healthy eating and the links between a poor diet and health risks, including tooth decay and cancer.

112. How and when schools choose to teach these elements is at their discretion.

113. Most Suffolk schools buy in ready made schemes of work for PSHE/RSHE, whilst others either plan their own bespoke programmes as standalone provision or in addition to their chosen scheme of work. Public Health & Communities provided a Schools RSHE Portal as a free resource for all Suffolk schools (including the fee-paying sector) to support schools to meet the statutory guidance. However, it was not possible to know exactly what was being delivered within the 360 schools within Suffolk.

114. The Group was concerned there were no specific professional teaching qualifications for this area of the curriculum. Discussion took place about the merits of writing to school governors to raise awareness of the importance of delivering a good RHSE curriculum, in underpinning the wider health and wellbeing of pupils. However, this was balanced with an acknowledgement that governors and indeed headteachers were already juggling a heavy workload and were often focused on those areas upon which they would be inspected or judged.

Recommendation 14: To recommend to the Cabinet Member for Education, SEND and Skills and the Corporate Director of Children's Services that opportunities should be sought to lobby for the effectiveness of delivery of RHSE in schools to be rated as part of Ofsted inspections.

Summary of Recommendations

Recommendation to:	Nos.
<i>Director of Public Health and Communities (DPH)</i>	1, 5, 6, 7, 12, 13
<i>Corporate Director of Children and Young People's Services</i>	1, 2, 11, 14
<i>SCC Cabinet Member for Education, SEND and Skills</i>	3, 11, 14
<i>Suffolk Health and Wellbeing Board</i>	4, 8, 9
<i>County Council's Head of Communications</i>	6
<i>Leader of the County Council</i>	10

Recommendation 1: To the Corporate Director of Children and Young People's Services and the Director of Public Health and Communities that:-

- a) work should take place with Active Suffolk to raise awareness of the benefits available to schools and pupils from taking part in the Daily Mile, including promotion of the initiative to school governors and to parents via local media channels.
- b) a target should be set to increase the number of Suffolk's primary schools taking part in the Daily Mile by a minimum of 40% by the end of year 1, 30% in year 2 and 20% in year 3.

Recommendation 2: To the Corporate Director of Children and Young People's Services that any proposals for development of new school places should take into account the Department for Education [Guidance: Area guidelines and net capacity](#) standards and guidance on the area of school buildings and grounds, and that every opportunity should be taken to ensure that new developments do not reduce the amount of outdoor space currently available in Suffolk's schools.

Recommendation 3: To recommend to the SCC Cabinet Member for Education, SEND and Skills that work should take place, on an ongoing basis, to raise awareness of the benefits available to schools and pupils from taking part in the Junior Road Safety Programme, including promotion of the Programme to school governors and to parents via local media channels.

Recommendation 4: To the Suffolk Health and Wellbeing Board that the refreshed "Children's Healthy Weight Strategy" will recognise:

- a) those children with additional needs (physical, developmental, learning, behavioural or sensory) that may need additional support to lead healthy lifestyles and;
- b) Suffolk's diverse population and social and cultural factors that may impact upon inclusion and access to opportunities to lead a healthy and active lifestyle.

Recommendation 5: To encourage closer working between the Active Travel Behaviour Change Team and Public Health and Communities and recommend to the Director of Public Health and Communities that data from the NCMP should be made available to the Behaviour Change Team to enable them to better target their activity related to promotion of active travel to and from schools.

Recommendation 6: To recommend to the Head of Communications and Director of Public Health and Communities that an approach is made to local media to encourage them to undertake a carefully planned local campaign to get people thinking about the

benefits of a healthy lifestyle (similar to the “Don’t be a Tosser” campaign), including a social media campaign.

Recommendation 7: To the Director of Public Health and Communities to seek support from relevant Integrated Care Board leaders to run a pilot with General Practice to understand the extent to which the involvement of primary care in communicating targeted public health messages to families about healthy weight could help to improve take up of the support offer and potentially serve as a mechanism to support the prevention agenda more widely.

Recommendation 8: To members of the Suffolk Health and Wellbeing Board to take action within their own organisation to raise awareness for all their professionals working directly with children and families of the support offer available for families experiencing challenges with weight management and how to access this support.

Recommendation 9: To recommend to the Suffolk Health and Wellbeing Board that a countywide summit should be organised for school leaders to showcase innovative approaches and get people talking about the promotion of healthy lifestyles within Suffolk’s schools, to identify commonality of objectives and look at how the available funding is, or could, be spent more collaboratively to achieve the best effect in Suffolk.

Recommendation 10: To recommend to the Leader of the Council that the County Council should sponsor an award to recognise innovation and success in improving health and wellbeing of children through whole school approaches to leading active and healthy lifestyles within Suffolk schools.

Recommendation 11: To recommend to the Cabinet Member for Education, SEND and Skills and Corporate Director of Children’s Services that they should lobby at national level for the effective use of PE and Sport Premium funding spending to be taken into consideration as part of Ofsted inspection within individual schools.

Recommendation 12: To recommend to the Director of Public Health and Communities to develop, in consultation with councillors, the availability of accessible and meaningful data and information which enables councillors to provide support and challenge to their local schools and work with their local communities to promote healthy, active children.

Recommendation 13: To recommend to the Director of Public Health and Communities that officers should continue to review the wording of the NCMP parental feedback letter in consultation with Suffolk Parent Carer Forum to ensure it is fit for purpose and conveys a clear message.

Recommendation 14: To recommend to the Cabinet Member for Education, SEND and Skills and the Corporate Director of Children’s Services that opportunities should be sought to lobby for the effectiveness of delivery of RHSE in schools to be rated as part of Ofsted inspections.

Summary of written and web based evidence received:

Department for Education (20 July 2018) Standards and guidance on the area of school buildings and grounds and the number of pupils places available in mainstream school buildings; <https://www.gov.uk/government/publications/area-guidelines-and-net-capacity>

Department for Education (7 February 2021) Guidance checklist for headteachers – Actions that improve school food culture and increase take-up of school dinners; <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/checklist-for-headteachers>

Department for Education (August 2021) Guidance on School Food in England – summarises how legislation applies to food provided within schools in England, and the role of school governing bodies. <https://www.gov.uk/government/publications/standards-for-school-food-in-england/school-food-in-england>

DfE (last updated 7 February 2023) Guidance: School food standards: resources for schools; <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools>

Eats Autumn/Winter 2022 menu - <https://www.eats-catering.co.uk/wp-content/uploads/2022/10/Eats-AutumnWinter-Menu-2022-1.pdf>

Education and Skills Funding Agency (last updated 23 February 2023); Guidance on PE and sport premium ; conditions of grant 2022-23; <https://www.gov.uk/government/publications/pe-and-sport-premium-conditions-of-grant-2022-to-2023>

Food for Life Schools Award; <https://www.foodforlife.org.uk/schools>

Ipswich Borough Council (15 February 2022) – Ipswich primary school students helped by their school peers to get more active; <https://www.ipswich.gov.uk/content/ipswich-primary-school-students-helped-their-school-peers-get-more-active>

NHS BMI healthy weight calculator; <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

NHS Physical activity guidelines for children and young people (12 November 2021); <https://www.nhs.uk/live-well/exercise/exercise-guidelines/physical-activity-guidelines-children-and-young-people/>

Office for Health Improvement and Disparities (last updated 6 February 2023) Guidance on National Child Measurement Programme : operational guidance; <https://www.gov.uk/government/publications/national-child-measurement-programme-operational-guidance>

Ofsted Research and analysis : Research review series: PE (18 March 2022); <https://www.youthsporttrust.org/about/what-we-do/our-strategy>

Onelife Suffolk; <https://onelifesuffolk.co.uk/>

parkrun UK; <https://www.parkrun.org.uk/aboutus/>

Public Health England (PHE) (2017) – Learning from local authorities with downward trends in childhood obesity;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/937623/Learning_from_local_authorities_Report.pdf

Public Health Suffolk - animated video for promoting the NCMP programme to both families and professionals. [NCMP Suffolk - YouTube](#)

Sport England; Active Lives Survey; <https://www.sportengland.org/research-and-data/data/active-lives?>

Sport England: Two-year extensions to School Games Organiser and PE and Sport Premium Funding (8 March 2023); <https://www.youthsporttrust.org/about/what-we-do/our-strategy>

The public information about school meals in Suffolk can be found here:

<https://www.suffolk.gov.uk/children-families-and-learning/schools/school-meals-uniforms-and-trips/school-meals/> and here [Eats website](#)

UK Statutory Instruments 2014 No 1603 - Requirements for School Food Regulations 2014, available from:

<https://www.legislation.gov.uk/uksi/2014/1603/contents/made>

Youth Sport Trust 2023-35 Strategy; <https://www.youthsporttrust.org/about/what-we-do/our-strategy>

Supporting Information

Health Scrutiny Committee (6 April 2022), Agenda Item 5 Childhood Obesity Strategy; Available from:

[https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=\(06-04-2022\),%20Health%20Scrutiny%20Committee](https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=(06-04-2022),%20Health%20Scrutiny%20Committee)

Healthy Suffolk (2021); [Tackling Obesity in Suffolk](#).

Suffolk Safeguarding Partnership (January 2020); [Safeguarding Response to Obesity when Neglect is an Issue](#).

Suffolk Health and Wellbeing Board (26 September 2019); Agenda Item 7 [Healthy Weight in Childhood and the Whole Systems Approach to Obesity](#).

Public Health England (25 July 2019); [PHE Whole systems approach to obesity guidance](#).

[Suffolk JSNA State of Suffolk report on Obesity](#) provided by Suffolk County Council Public Health and Communities Department.

[Tackling Obesity: Future Choices Foresight](#) report from the Government Office for Science, 2007.

[Active Suffolk; Active Lives Survey Academic Year 2020/21 Report](#) (9 December 2021).

Glossary

Active Suffolk is one of 43 Active Partnership across England. It is a not for profit organisation funded primarily by Sport England and which also receives funding from local authorities in Suffolk. Active Suffolk works with a wide range of partners including local authorities, national governing bodies, the education and health sector and VCOS. For further information see: <https://www.activesuffolk.org/about-us>

School Games is funded by Sport England and delivered by the Youth Sport Trust, on behalf of a number of Government Departments. The School Games is a framework delivered locally by a national network of School Games Organisers who collaborate with their schools and Active Partnerships to create meaningful opportunities.

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**REPORT FOR WEST SUFFOLK OVERVIEW AND SCRUTINY
16 JUNE 2022
HEALTH SCRUTINY COMMITTEE: 6 APRIL 2022
CHILDHOOD OBESITY**

In order to understand the magnitude of this problem, I refer you to the statistics on Pages 25 and 26 of **Evidence Set 1** attached. Whilst we compare favourably with the national figure, the upward trajectory of this trend remains concerning.

I refer you particularly to Table 2, P25, and the comparison percentage overweight and obese Reception year in Suffolk at 19.8% and the measurements at year six at 30.8% and again in Table 3 (Reception only no year 6 comparison) where there has been a year-on-year increase.

These increases are despite multi-agency strategies implemented to try to address the problem and no doubt exacerbated by Covid.

Fundamentally, “move more and eat less” is the only effective weight management strategy. Sadly, junk food tastes nice, is easily accessible, is fulfilling and is cheap. Educating children to understand what they like to eat will adversely affect their long-term health, is like telling a 16-year-old that one third of his salary needs to go into a pension pot to secure his future. They simply do not have that visibility and it is clear that all the tried and tested strategies, whilst they may reduce the impact, they have not significantly changed the landscape on childhood obesity.

Parents who work are often tired and stressed and it is an easy win to put an equally tired, hungry child in front of the TV with a packet of crisps or sweets whilst some fast food is microwaved, or Deliveroo drops off the super-sized pizza. Today’s fast-moving society does not allow parents the luxury of time and attempts to educate them on the benefits of healthy eating is often not welcome. Especially now with the additional worry of cost-of-living increases. Junk food generally costs less and is easily available.

There are additional pressures and challenges with parents who live apart. Food often used as a treat and attempts by one parent to control diets may be ignored by the other.

In recent years there has been a move to target manufacturers to reduce sugar in their products and I questioned why only sugar, why not fat? I was informed that sugar was an easy win.

Fifty percent of schools in Suffolk have adopted The Daily Mile approach – but again, this is mandated, and my belief is that you need to find an activity that they “want” to do, or this simply becomes a chore. However, the evidence does suggest that in those schools who participated in The Daily Mile, those children participating gained less weight (I can find no statistical evidence to show if this was significant).

The report noted that six out of 10 children did not meet the physical activity guidelines of one hour of activity a day.

The current Strategies being tried are detailed in **Evidence Set 1** attached. The comment on P24, item 20 is equally concerning "*Nationally, there is very limited evidence base of "what works" and it would be helpful to develop a consistent approach to evaluating projects locally, which collates all of the findings.* One questions why this has not been implemented to date.

There really is no easy solution to this problem. It almost requires an individualised approach as what works for one family/child, may not work for another. Ultimately there has to be a desire and motivation to change.

The Committee has determined to set up a Task and Finish Group to review these findings and look at possible alternative strategies.

I attach the **DRAFT proposals of the Health Scrutiny Committee**, but I know that they would welcome any suggestions to feed into the Task and Finish Group which may be helpful in reducing the impact of this obesity crisis.

Margaret Marks

Attached:

Agenda Item 5 – Childhood Obesity Strategy Action Plan Attendance list
Agenda Item 5 – Childhood Obesity Strategy and Action Plan P15- 19
Evidence Set 1 – Childhood Obesity Strategy and Action Plan P21-32
Suffolk CC - Tackling Childhood Obesity in Suffolk 2019-2023
HOSC - DRAFT Recommendations

Health Scrutiny Committee

6 April 2022

Childhood Obesity Strategy and Action Plan

Summary

1. This report considers the progress and implementation of the whole system approach to childhood obesity including Suffolk's Childhood Obesity Strategy and Action Plan. It sets out and responds to the questions raised in the scrutiny focus section below, and provides details of the Strategy, its aims and priorities and key areas of work. Evidence to support this work is referenced within this report.

Objective of Scrutiny

2. The objective of this item is to provide an opportunity to consider the work taking place to tackle the issue of childhood weight management and obesity in Suffolk following the agreement of a whole systems approach and action plan in September 2019, with a view to identifying what is working well and where improvements could be made to accelerate progress.

Scrutiny Focus

3. The scope of this scrutiny has been developed to provide the Committee with information to come to a view on the following key questions:
 - a) What are the priorities in the current Strategy? What is working well and what could be improved?
 - b) What has been the impact of COVID-19 on the success of the Strategy?
 - c) To what extent are the current initiatives sustainable?
 - d) What does the data tell us about which children are most likely to be affected by being overweight (in terms of geography, socio-economic or other factors?)
 - e) What has been learnt from the Amsterdam pilot project taking place in Lowestoft and Brandon?
 - f) What levers do anchor organisations have which could assist in accelerating progress in addressing the rising levels of childhood obesity in Suffolk? Are there levers which are not currently being used?
 - g) Are there opportunities to seek delegation of policy decisions through a county deal?
 - h) What influence can be bought to bear by planning authorities? Are there examples of good practice elsewhere in the Country?
 - i) What influence can be bought to bear on schools to make educating for healthy weight a priority?

- j) Are there examples of good practice in schools which could be promoted more widely?
 - k) To what extent do we understand the views of local communities about healthy weight?
 - l) What can be done to refresh the “healthy eating” messages?
 - m) What are the next steps for refreshing this work, given the current strategy runs to 2023?
 - n) How will co-production be used to inform the new Strategy/refresh?
4. Having considered the information, the Committee may wish to:
- a) comment on the information received;
 - b) agree to set up a Joint Task and Finish Group to explore specific issues in more depth;
 - c) make recommendations to system leaders and/or the Suffolk Health and Wellbeing Board;
 - d) seek to influence partner organisations;
 - e) request further information.

Contact details

Theresa Harden, Business Manager (Democratic Services); Email: Theresa.harden@suffolk.gov.uk; Telephone: 01473 260855

Background

5. Childhood obesity is recognised as a widespread and urgent public health issue. In Suffolk, childhood obesity is a growing concern, with National Childhood Measurement Programme data indicating that the numbers of children who are overweight or obese is continuing to rise. Evidence suggests that obese children and adolescents are not only more likely to become obese adults but are also at increased risk of developing associated physical health problems and psychosocial conditions from an early age. Obesity can have a negative effect on children’s emotional health and wellbeing through stigmatisation and low self-esteem which can also lead to poorer levels of educational attainment and impact upon life chances.
6. During 2017/18, Public Health Suffolk worked alongside Public Health England (PHE), Leeds Beckett University and several other Local Authorities to develop and pilot a whole systems approach to obesity. The National [PHE Whole systems approach to obesity guidance](#) was published on 25 July 2019. This guidance provides a set of resources designed to support local authorities with implementing a whole systems approach to address obesity and promote a healthy weight at a local level.
7. During 2018 two stakeholder workshops were held with partners from across Suffolk asking participants to identify causes and actions being taken to address childhood obesity. A core working group including the NHS, education, leisure, public health, district and borough councils and the voluntary sector examined the causal map and actions from the two workshops, alongside the evidence

presented in the Suffolk Joint Strategic Needs Assessment (JSNA) and agreed priorities for action. These priorities formed the basis of the [Tackling Childhood Obesity in Suffolk Action Plan](#) (see Agenda Item 7 – Appendix 1), which was agreed by the Suffolk Health and Wellbeing Board on 26 September 2019. The report makes the case for a whole systems approach to tackling childhood obesity, bringing together health, education, social care, planning, housing, transport and business, to make better use of resources and identify opportunities to support children and families at key points to help prevent obesity and receive timely support to maintain healthy lifestyles.

8. The strategy aims to:
 - a) identify key opportunities and evidence-based approaches that would deliver better health outcomes and reduce health inequalities;
 - b) build capacity within organisations that would improve sustainability of services and embed a culture of promoting healthy weight;
 - c) promote and advance collaboration that would develop multi-disciplinary working and allow a co-ordinated approach to system wide change, in order that tackling obesity is on everyone's agenda and each recognises the important contribution they make; and
 - d) reduce health inequalities and improve the health of the Suffolk population by enabling practitioners to focus on those most in need through the creation of the right conditions.
9. The strategy identifies three priorities for action:
 - a) Improve access to affordable, healthier food for children, young people and their families by creating healthy food and drink environments both in and out of home;
 - b) Improve access to safe environments that encourage physical activity participation by children, young people and their families, including active travel;
 - c) Improve support to children and young people to maintain healthy lifestyle behaviours that promote health and wellbeing.
10. Under each of the priorities a range of specific actions were identified, with lead organisations, targets and timescales. The strategy and detailed action plan can be found under the Supporting Information section in Evidence Set 1.
11. As well as agreeing the whole system action plan, the Health and Wellbeing Board approved a 10 point Suffolk Sugar Reduction Plan. This plan can also be found within the supporting information in Evidence Set 1. Public Health Suffolk, in conjunction with Suffolk Community Foundation, offered grants of up to £1000 to support the work of voluntary and community organisations to deliver work to support those who live and work in Suffolk. The fund was open to groups including Parent Teacher Associations and community groups which could encourage a reduction in sugar intake and a healthier lifestyle.
12. Public Health Suffolk also developed a framework based on the Amsterdam community model, with colleagues and partners in Lowestoft and Brandon, with a view to implementing a whole system, place-based approach to healthy weight in 2 wards. The Amsterdam approach is an internationally recognised place-based approach to obesity which, since its inception in 2013, has reported

significant improvements in the numbers of children overweight and obese. The approach recognises the immediate and more distant influences on the behaviours of the individual, their family, and community, from age, sex and constitution, living and working conditions, to socioeconomic, cultural and environmental conditions. Further information on the Amsterdam approach including a video link is provided within the supporting information in Evidence Set 1.

13. In May 2019, Suffolk hosted a two-day workshop at which the academic team from Amsterdam presented their work and facilitated debate about a Suffolk approach. This event was organised by Leeds Beckett University and OneLife Suffolk and was attended by senior leaders from across the system.
14. Since the agreement of the action plan, significant work has taken place on a range of initiatives including sugar reduction and healthy eating campaigns and initiatives, school based and early years programmes, initiatives to increase physical activities in schools and countywide, targeted work through OneLife Suffolk and the Tier 2 and Tier 3 child weight management services, and through the universal offer and school nursing service.
15. However, concerns remain about the levels of childhood obesity in Suffolk. The COVID-19 pandemic has impacted on progress and taken focus away from this issue. There are concerns regarding the sustainability of initiatives due to finance and system capacity. The numbers of children overweight or obese in Suffolk continues to increase and data from the [Active Lives Survey](#) shows a high proportion of children still do not meet the recommended [physical activity guidelines for children and young people](#). The current OneLife Suffolk contract is due to end in September 2023 and work is underway to assess future needs and develop options for future service provision. This includes a programme of engagement, consultation and coproduction. Consideration also needs to be given to a refresh of the Strategy and what the future child weight management offer in Suffolk should look like.
16. The Health Scrutiny Committee will be joined by members of the Education and Children's Services Scrutiny Committee for this agenda item.

Main body of evidence

The following information has been provided to support this review:

Evidence Set 1 has been provided by Suffolk County Council Public Health and Communities Health Improvement Team in response to the key areas for investigation set out at paragraph 3 above.

The following representatives have been invited to attend the meeting to address questions from the Committee on the day:

- Carnegie Professor of Exercise and Obesity, Leeds Beckett University
- Consultant, Public Health and Communities, SCC
- Schools Engagement Coordinator, Public Health and Communities, SCC
- Physical Activity Team Manager, Public Health and Communities, SCC
- Health Improvement Commissioner – Public Health and Communities, SCC
- Behaviour Change Manager, Transport, Growth Highways and Infrastructure, SCC

- Deputy Director of Transformation: Children and Young People, SCC/Clinical Commissioning Groups
- Designated Safeguarding Nurse, Ipswich and East CCG
- Strategic Children Services Manager, One Life Suffolk
- Senior Development Officer, Active Suffolk
- Head of Communities, East Suffolk Council
- Strategic Director, AbbeyCroft Leisure

Supporting Information

Healthy Suffolk (2021); [Tackling Obesity in Suffolk](#).

Suffolk Safeguarding Partnership (January 2020); [Safeguarding Response to Obesity when Neglect is an Issue](#).

Suffolk Health and Wellbeing Board (26 September 2019); Agenda Item 7 [Healthy Weight in Childhood and the Whole Systems Approach to Obesity](#).

Public Health England (25 July 2019); [PHE Whole systems approach to obesity guidance](#).

[Suffolk JSNA State of Suffolk report on Obesity](#) provided by Suffolk County Council Public Health and Communities Department.

[Tackling Obesity: Future Choices Foresight](#) report from the Government Office for Science, 2007.

[Active Suffolk; Active Lives Survey Academic Year 2020/21 Report](#) (9 December 2021).

[NHS Physical activity guidelines for children and young people](#) (Reviewed 12 November 2021).

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Health Scrutiny Committee – 6 April 2022

Agenda Item 5 – Childhood Obesity Strategy and Action Plan

Attendance:

Suffolk County Council

- Stuart Keeble, Director of Public Health and Communities
- Allan Cadzow, Corporate Director of Children and Young People’s Services
- Nicki Cooper, Senior Health Improvement Commissioner (CYP), Public Health and Communities
- Karen McCormack, Health Improvement Commissioner, Public Health and Communities
- Michael Hattrell – Health Improvement Commissioner – Public Health and Communities
- Jane Stannard – Schools Engagement Coordinator, Public Health and Communities
- Cameron Clow – Planning Officer
- Sharon Jarrett – Head of CYP and Risk Behaviours
- Adam Baker - Physical Activity Team Manager, Public Health and Communities.
- Sharon Payne – Behaviour Change Manager – Transport, Growth Highways and Infrastructure

External Witnesses

- Paul Gately – Carnegie Professor of Exercise and Obesity, Leeds Beckett University
- Faye Bentley – Strategic Children Services Manager, One Life Suffolk
- Caroline Holt – Designated Safeguarding Nurse, Ipswich and East CCG
- James Payne – Senior Development Officer, Active Suffolk
- Karen Points – Strategic Director, AbbeyCroft Leisure
- Helen Bowles, Maternity and Neonatal Transformation Programme Manager, Suffolk and North-East Essex LMNS

SCC Cabinet Members

- Councillor Andrew Reid, Cabinet Member for Public Health and Protection
- Councillor Rachel Hood, Cabinet Member for Education, SEND and Skills
- Councillor James Reeder, Cabinet Member for Children and Young People’s Services

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Health Scrutiny Committee

6 April 2022

Childhood Obesity Strategy and action plan

Information in this report was produced on behalf of:

Director or Assistant Director:	Stuart Keeble, Director of Public Health and Communities, stuart.keeble@suffolk.gov.uk
By:	Nicki Cooper, Senior Health Improvement Commissioner, Public Health and Communities, nicki.cooper@suffolk.gov.uk
	Karen McCormack, Health Improvement Commissioner, Public Health and Communities, karen.mccormack@suffolk.gov.uk
	Martin Seymour, Interim Deputy Director of Public Health, Public Health and Communities, martin.seymour2@suffolk.gov.uk
Date Submitted:	22 March 2022

Introduction

- The following information has been provided to respond specifically to the questions set out in paragraph 3 of the covering report.

What are the priorities in the current strategy?

What is working well and what could be improved?

Strategic Priority 1: Improve access to affordable, healthier food for children, young people, and their families by creating healthy food and drink environments both in and out of home.

2. Working Well:

- Sugar Reduction – through the Sugar Smart campaigns, Sugar Reduction Fund, reduction of sugar in school meals.
- Healthy Eating – Eat Out Eat Well/Take Out Eat Well schemes, cooking classes for parents, HENRY (Healthy Eating & Nutrition in the Really Young) programme in Children’s centres, development of the Suffolk Food Plan, links to the emerging Poverty Strategy and Food Justice Plan, initiatives with food banks and social supermarkets.
- School Programmes – OneLife Suffolk universal weight management offer to schools, the Holiday Activity Fund, Relationships, Sex and Health

Education (RSHE) curriculum, support to schools and supervised brushing schemes in primary schools.

- d) Start 4 Life – Suffolk breast feeding app, increased rates of breastfeeding, oral healthy focus in the early years.

3. Concerns:

- a) Sustainability of initiatives owing to system prioritisation and system capacity, realising the potential for wider system partners to work collaboratively over time to address overweight and obesity.
- b) Progress affected by COVID-19 pandemic
- c) Overweight and obesity levels increasing during pandemic
- d) The recent and forthcoming rises in cost-of-living expenses such as food, fuel and heating, and changes to national insurance payments, are likely to make it more difficult for some families to make healthy diet and food choices.

4. Areas of Focus:

- a) Further exploration as to how the wider Suffolk system can address the obesogenic environment, looking at wider opportunities to improve the food environment and promote affordable healthy food. This includes addressing the concerns such as the number and location of fast food take aways and clear messaging about healthy diet.

Strategic Priority 2: Improve access to safe environments that encourage physical activity participation by children, young people, and their families, including active travel

5. Working well:

- a) Interventions within Children and Young People Settings including the promotion of the daily mile in schools, walk to school week, junior park run, Sammy the Sea Squirt book, Movement and Mental Health Zcards, Doorstep Sport and Healthy Movers. Physical Activity alone cannot solve the problem, but the wider benefits of children and young people being active, include better mental health, improved confidence and motivation, creating a holistic approach to healthy lifestyle, that will support children and young people becoming healthier adults.
- b) County initiatives including the Keep Suffolk Moving Campaign, Active travel initiatives and Bikeability training. Public Health in Planning guidance has been drafted and is currently being tested by Babergh and Mid Suffolk Councils.

6. Concerns:

- a) High proportion of children who do not meet recommended physical activity guidelines (in Suffolk almost 6 in every 10 children). The pandemic has exacerbated this.

7. Areas of Focus:

- a) Evidence shows that children and young people who are more active have more confidence, higher self-esteem, less anxiety and stress and better social skills. Positive attitudes towards physical activity have also been associated with children being happier. There is also an association between

physical activity and academic achievement, improved concentration, and attention. We have a focus on providing more opportunities for children to walk, run and play and to promote active travel.

Strategic Priority 3: Improve support to children and young people to maintain healthy lifestyle behaviours that promote health and wellbeing

8. Working well:

- a) Targeted work – OneLife Suffolk (OLS) schools programme, Tier 2 (targeted community group programme) child weight management service and the pilot Tier 3 (specialist community treatment) child weight management service.
- b) Universal Offer – Making Every Contact Count (MECC) train the trainer programme to heads of school kitchens, delivery of the National Child Measurement Programme (NCMP) and support provided to families through the school nursing service.

9. Concerns:

- a) Current OLS contract is due to end September 2023. Co-production and engagement underway to reimagine future child weight management offer, along with other services currently provided by OLS. Tier 3 service is a pilot until April 2023 and future funding is uncertain.
- b) The number of children in the reception year across Suffolk who are classified under the National Child Measurement Programme (NCMP) as extremely obese has increased in recent years. The data suggests that this has more than doubled between 2019-20 and 2020-21 though this should be treated with caution owing to data collection issues owing to COVID-19 (see table 3).

10. Areas of Focus:

- a) Engaging partners, stakeholders, families, children and young people in the healthy behaviours consultation to inform future service delivery. Further develop a joint health/social care/public health commissioning arrangement for child weight management provision.

What has been the impact of COVID-19 on the success of the Strategy?

11. The pandemic has stalled the implementation of some initiatives in the action plan and system working. Key leaders, managers, officers, and partners have been directly involved in the Covid-19 response, reducing availability and capacity.
12. However, there has been satisfactory progress in some smaller and local projects such as Healthy Movers; and we have had the opportunity to try out some innovative ideas such as digital delivery of Tier 2 and Tier 3 child weight management programmes.
13. We have also produced a blueprint for place working in Lowestoft (and potentially other localities) through the Shaping Places for Healthier Lives bid process.
14. The Shaping Places for Healthier Lives (SPHL) fund is a joint grant programme with the Local Government Association and the Health Foundation, for councils to work with partners from their local area to improve health and address health inequalities.

15. Suffolk's bid got to the final round (discovery phase) of the bidding process with 11 other local authorities (there were over 100 initial applications); unfortunately, we were not successful in securing the funding, which went to just 5 local authorities.
16. The problem that we sought to address through the grant programme was: The deprivation gap in childhood weight in Lowestoft through a whole system approach to addressing the environmental influences that affect healthy eating and physical activity amongst children and young people.
17. Looking ahead, the Strategy would benefit from dedicated champions at a political and system leadership level. The champions would be able to articulate the Suffolk narrative around approach to childhood obesity, make links across organisations, services and other themes linked to children, young people and families. They would also advocate for resource, where appropriate.

To what extent are the current initiatives sustainable?

18. There is dedicated officer time within the Public Health team to support the whole system approach, the strategy and partnership working. The work spans the individual, the community, and the system, so is wide ranging. Lowestoft Community Partnership are an example of how working across the system is a positive approach, they have set childhood obesity as a priority with a commitment to work with us and other system partners to create environments to address the issue. The Public Health and Communities team also work with One Life Suffolk to oversee the delivery and performance of the child weight management services.
19. The key to success of the whole system approach to obesity is collaborative and co-ordinated working with partners across the system and in places. This is dynamic and ever-changing depending on personnel, priorities and opportunities to engage the community. Therefore, consistency is not always possible. So, there is a balance between making gains when we can and pausing initiatives if needed.
20. There are already many initiatives in Suffolk which link to childhood obesity, which the Public Health and Communities team continue to map. Nationally, there is a very limited evidence base of 'what works' and it would be helpful to develop a consistent approach to evaluating projects locally, which collates all of the findings. We also need to acknowledge that the complex nature of obesity, means that we need to evaluate approaches and initiatives differently. Over the last 3 years we have been working with Leeds Beckett University on research bids to grant funding bodies including the Medical Research Council. These bids have incorporated new ways of mapping the obesogenic environment through data as well as innovative evaluation frameworks for whole system approaches. To date, unfortunately, no new funding has become available.
21. We need a sustained plan of work, and some elements of the work will need to be repeated such as sugar reduction and healthy eating campaigns. There are also opportunities to tighten our links and communications to national campaigns. There is a strategic responsibility of the Council to support initiatives and raise the profile of healthy behaviours.

What does the data tell us about which children are most likely to be affected by being overweight (in terms of geography, socio-economic or other factors?)

22. Measurements are taken from the National Child Measurement Programme (NCMP), which is a nationally mandated public health programme. Children are measured in Reception Year (aged 4 to 5) and Year 6 (aged 10 to 11) in mainstream state-maintained schools in England. NCMP data enables local areas to plan services to tackle child obesity and monitor progress.

The latest data for Suffolk is taken from the NCMP for 2019-20:

Table 1: National Child Measurement Programme data 2019-20.

Area	Overweight Recep (%)	Overweight Year 6 (%)	Obese Recep (%)	Obese Year 6 (%)	Severely Obese Recep Year (%)	Severely Obese Year 6 (%)	Number of children measured Recep	Number of children measured Year 6
Suffolk	12.9	13.1	8.7	18.6	1.9	4.0	4155	7405
East of England	12.8	13.6	9.0	19.0	2.1	3.9	42060	57420
England	13.1	14.1	9.9	21.0	2.5	4.7	399470	491138

23. Evidence from NCMP suggests that the prevalence of childhood obesity is strongly correlated with socioeconomic status and is highest among children living in the most deprived areas. A child living in the most deprived 10% of areas in England today is more than twice as likely to be obese than a child living in the least deprived 10% of areas in England (NHS Digital, 2022).
24. Local data from Suffolk shows that more deprived areas such as Ipswich and the former Forest Heath Council area have higher levels of overweight and very overweight children compared to more affluent areas.

Table 2 - National Child Measurement Programme data from 2018-19

Area	Reception year Overweight and Obese combined (%)	Year 6 Overweight and Obese combined (%)
East of England	21	31.4
England	22.6	34.3
Babergh	20.6	29.8
Forest Heath	23.5	31.1
Ipswich	22.2	33.9
Mid Suffolk	20.6	28
St. Edmundsbury	20.4	29.5
Suffolk	19.8	30.3
Suffolk Coastal	19.2	30.8
Waveney	13.2	27.1

* Due to COVID-19 and data quality measurements this was the latest Suffolk data to breakdown local areas.

25. Due to the Covid-19 restrictions during 2020-21, and difficulties in completing the measurements due to limited access to schools, the NCMP national team have

only been able to produce a limited dataset. However, in Suffolk, we have published data for Reception year.

Table 3: National Child Measurement comparison data – reception only

Date	Area	Under weight Recep	Health Weight Recep	Over weight Recep	Obese Reception	Severely Obese Recep Year	Overweight and Obese combined Recep	Number of children measured Recep
2020-21	Suffolk	0.4	69.8	15.2	10.1	4.5	29.7	6210
2019-20	Suffolk	0.7	77.7	12.9	8.7	1.9	21.6	4155
2018-19	Suffolk	1.0%	79.2%	11.7%	8.1%	1.8%	19.8%	7489

26. Suffolk's Reception year data shows an increase from 21.6% (CI 20.4-22.9) in 2019/20 to 29.7% (CI 28.6-30.9) in 2020/21.
27. However, as alluded to above, participation for Reception Year was 71% (17/11/2021 data report), and we have previously recorded 97-98% participation so levels may have been more balanced with previous participation levels.

What has been learnt from the Amsterdam pilot project taking place in Lowestoft and Brandon?

28. There has been fantastic engagement and partnership working with East Suffolk Council, Lowestoft Community Partnership and Lowestoft Rising. Initially a framework for a school's approach was developed in collaboration with partners, but developing the Shaping Places for Healthier Lives offer, has provided us with a blueprint for system working in Kirkley and Harbour Wards, and has allowed us to develop in-depth knowledge of the local area, residents and the system that supports them. The development of system maps and community insight has aided this work. The Amsterdam work has been impacted by the pandemic, resources and focus has been directed towards the COVID-19 response but the priority for addressing childhood obesity remains key across the system partners and now is an opportunity to refocus that priority and reinvigorate the momentum and identify figure heads at a political and senior leader level.

What levers do anchor organisations have which could assist in accelerating progress in addressing the rising levels of childhood obesity in Suffolk? Are there levers which are not currently being used?

29. As a Suffolk system, we need to improve the health and wellbeing of all children by making sure that everyone can get affordable, healthy food and has the opportunity to run and play.
30. Our anchor institutions can build and develop options and opportunities for families which affect how healthy and active we are. See [Thinking Differently Anchors - September \(sneeics.org.uk\)](https://www.sneeics.org.uk). Anchor organisations can acknowledge childhood obesity as a priority and as everyone's issue/concern. If we create a systematic approach of acknowledgement and ownership of the issue, we create a systematic response.

31. Our anchor organisations have many levers to improve children's health and wellbeing. Identifying and using these levers is integral to the whole system approach to obesity. As described above, this is a dynamic process.
32. One example of organisations using their levers is the funding and commissioning of the Tier 3 pilot service, which is a collaborative arrangement with the CCGs in East and West Suffolk.
33. The Lowestoft Community Partnership identified childhood obesity as a priority and the Public Health and Communities teams work alongside them to support this priority. The local councillors and the East Suffolk Councils community team have been instrumental in developing the approach and working with their residents to implement projects to support this.
34. Public Health and Communities have also worked with East Suffolk Council to jointly fund the Healthy Movers project in 8 early years settings in Lowestoft. Healthy Movers is designed to support the development of physical literacy in children aged 2-5 years old. It consists of physical resources and training to develop the knowledge, skills and confidence young children need to develop physically, socially and emotionally. The project also promotes school readiness and social mobility. It is delivered by the Youth Sports Trust. The Early Years team in Suffolk County Council have played a pivotal role in facilitating the recruitment of the early year's settings.

Are there opportunities to seek delegation of policy decisions through a county deal?

35. Suffolk is one of nine areas invited to negotiate an early County Deal. It is currently in the early stages of this negotiation, which could result in a range of powers being devolved, dependant on the level of devolution achieved. These could include pooling delivery of certain public services, control of local transport functions and devolution of the adult education budget. These could provide a useful avenue for moving this work forward. Being aware of how other areas have used this to leverage policy change will be something we can monitor and take learning from moving forward.
36. There are examples of how devolved powers can support a call for action with Childhood Obesity. In 2018, the Mayor of London, Sadiq Khan, brought together a London Child Obesity Taskforce, which was made up of experts and professionals with a diverse set of experiences and perspectives who worked to develop 'Every Child a Healthy Weight – Ten Ambitions for London, to identify what actions were needed for London's Children to be a healthy weight:

[Every Child a Healthy Weight \(London.gov.uk\)](https://www.london.gov.uk/what-we-do/our-services/child-obesity)

What influence can be bought to bear by planning authorities? Are there examples of good practice elsewhere in the Country?

37. There is a national policy framework and robust evidence on healthy places that cleverly designed built environment can support local communities lead healthier lifestyle, thus enable opportunities to have a good quality and happy life. Planning can play a crucial role to facilitate and enable healthy living despite its limitations. Based on national and regional evidence and best practice, Suffolk Public Health Guidance for Planning has been developed in close working with SCC and District planning colleagues and to be finalised in April 2022. The webpage can be found here [Public Health and Planning - Healthy Suffolk](#).

38. It sets out a series of key public health principles and aspirations across seven domains – active travel, air quality, food and healthy choices, housing development and design, local economy and employment, quality open space and neighbourhood and community spaces. The guidance will be used as a set of expectations both from developers and planners to improve health and reduce inequalities among local population.

What influence can be brought to bear on schools to make educating for healthy weight a priority?

39. Teaching about healthy eating is a requirement within statutory Relationship Sex and Health Education (RSHE) curriculum. This covers what constitutes a healthy diet (calories/nutritional content), principles of planning and preparing healthy meals and the characteristics of a poor diet and associated risks – including tooth decay, cancer, and obesity.
40. Implementation of the RSHE curriculum is assessed during OFSTED inspections.
41. The Schools Engagement Co-ordinator based in the Public Health and Communities Team supports Suffolk schools to implement the RSHE curriculum. This includes training, focus events, one to one discussions and promotion of the schools Portal which holds a huge number of resources that schools can access to support teaching.

Are there examples of good practice in schools which could be promoted more widely?

42. The Daily Mile™ encourages primary school children to either jog or run for around 15 minutes every school day which on average equates to approximately one mile and is in addition to scheduled physical education lessons and timetabled break times. In Suffolk around 50% of primary schools are signed-up to The Daily Mile. While growth has slowed over time it is encouraging to note that 30 new schools signed up to the Daily Mile during the COVID-19 pandemic.
43. Research, published in the International Journal of Obesity, compared children attending schools who participated in The Daily Mile with children who attended schools who did not do the Daily Mile. Over 12-months, children in both sets of schools gained weight but those who attended The Daily Mile schools gained less weight than children who attended the Control schools.
44. There are good practice examples which are available to schools via the School's Portal, which were part of a mapping exercise around healthy eating, and gardening/growing projects – these are still being explored but will be promoted more widely as required.

To what extent do we understand the views of local communities about childhood weight management?

45. To date we have undertaken 2 pieces of community engagement. In Brandon, we worked with Healthwatch Suffolk to understand barriers to a healthy lifestyle. We looked to build a response from professionals, parents and young people. This took the form of online questionnaires, due to the pandemic restrictions at the time. In Lowestoft, we worked with C3 Collaborating for Health, using their CHESS (Community Health Engagement Survey Solutions) Tool to gather the views of the community about lifestyle, exercise, healthy eating, and their environment. This approach involved recruiting community members, and then walking with them through their communities to gather information in the form of

surveys from the CHES Tool, but also gathering anecdotal and qualitative data from the conversations that were had. Currently the public health and communities' team is working with partners, families, parents, and young people to gather their views and ideas about healthy lifestyle services as part of the 'reimagining healthy behaviours' programme.

46. This work includes the review of barriers to families to have healthier behaviours but also gain a greater understanding of what support they would need to be ready for sustainable changes.
47. This work will inform the shape and style of future service delivery beyond the One Life Suffolk contract. We need to understand the communities we work with better and allow them to help shape the response to the issue.
48. The whole system approach to obesity includes our individual relationships with food and diet. This can be an emotive topic and many people report experiencing weight stigma. We have worked with Professor Stuart Flint, a national expert on weight stigma, to explore our use of language and to frame our approach during the community consultations, so that we can avoid further stigma and increase engagement. We have also worked with Wednesdays Child, a local eating disorders charity, to sense check the narrative

What can be done to refresh the “healthy eating” message?

49. Unhealthy food options are in the spotlight. Aggressive advertising aimed at children and fun promotions in supermarkets cast unhealthy options in a starring role in children's minds. Healthier food options get lost in the background or are pushed entirely offstage. We need to set the stage for health for all children, by consistently promoting and sharing simple, clear healthy eating messages. We also need to give more support for regulations on advertising and marketing practices targeted at children.
50. As referred to above, we need to develop a consistent and simple local communication campaign with clear messaging including portion size, fruit and vegetables. The messaging also needs to incorporate what we have learned from our community engagement. We can continue to use national resources e.g., NHS Better Health and promote those more widely. In addition, we will investigate levers around advertising that local anchor organisations have e.g., bus shelters.

What are the next steps for refreshing this work, given the current strategy runs to 2023?

51. Current strategy plans are underway. We aim to utilise the PHE (Public Health England) Whole System Approach model in completing this as used in the initial development of the strategy. Analysing the current effect of the existing strategy, looking at what actions have been successful and sustainable, what have we learned from what has not worked. The refresh will have 3 strands to it.
 - a) Strategic workshop – bringing system leaders together to understand and utilise their levers to help create the high-level system change that is needed. This will include leaders across the statutory, voluntary and private sectors
 - b) Elected Members Workshop – bringing together elected members across all forms of local government, County, District, Parish councils, to understand and use their levers to create change across the political system

- c) Operational Workshop – providing a workshop for those who work with families and children, to understand what is happening in that space and what we could do moving forward. This will include stakeholders from statutory, voluntary and private sectors
 - d) Family intervention – utilising information gathered from existing insight work. Working with services like OneLife Suffolk to engage with families and gain a better understanding of their barriers and ideas on what as a system we can do to better support and ensure that they are part of this journey is tackling childhood obesity.
52. We plan to use external partners to facilitate the workshops. The findings from all 3 strands will be collated and themed and actions agreed.

How will co-production be used to inform the new Strategy/refresh?

53. Co-production across the system and with communities will be integral to the refreshed action plan. Co-production will be embedded within the refresh, as highlighted in action we will be working with colleagues and stakeholders to develop this through facilitated workshops and with parents/carers and children through a variety of mediums e.g., surveys, interviews etc.

Officer recommendations

54. The Committee may wish to consider the following areas for potential recommendations:
- a) Identify the barriers of having elected members and system leaders to act as champions for this programme of work.
 - b) How can we better align and sustain our resources including, people, funding and opportunities, across the wider Suffolk system.
 - c) To consider how best to balance targeted place-based approaches, such as that in Lowestoft and Brandon with the need to tackle childhood obesity at a county level.
 - d) Are we, as public sector partners, doing enough to address the wider determinants of obesity and creating opportunities for children to run and play, including the promotion of active travel and improve the food environment including access to affordable healthy food?
 - e) Consider how recent and future rises in the cost of living influence diet, lifestyle, and healthy eating, and encourage the wider system to seek to mitigate some of the impact.
 - f) Encourage colleagues across the Suffolk system to engage in the consultation on re-imagining our approaches to Health Behaviours and to scrutinise this work going forward.

Glossary

CHES tool – Community Health Engagement Survey Solutions

CYP – Children and Young People

HENRY – Healthy Eating and Nutrition in the Really Young (HENRY) is a universal parenting programme. It is for parents of children between the ages of 0 and 5. It is delivered in children’s centres and aims to improve outcomes for both children and their parents, including improved diet, increased physical activity and improved parental skills and emotional wellbeing.

MECC – Making Every Contact Count

NCMP – National Child Measurement Programme

Obesity –The NHS defines obesity as a person who is very overweight, with a lot of body fat and a BMI above 30.

OLS – One Life Suffolk

RSHE – Relationship, Sex and Health Education

SNEE ICS – Suffolk and North East Essex Integrated Care System

The Daily Mile - the Daily Mile is physical activity and health and well-being in a social, outdoors context.

Tier 2 weight management services - Tier 2 services are delivered by local community weight management services, that provide community-based diet, nutrition, lifestyle and behaviour change advice, normally in a group setting environment.

Tier 3 weight management services - specialist weight management clinics that provide non-surgical intensive medical management with an MDT approach.

Supporting information

Suffolk Health and Wellbeing Board (26 September 2019); Agenda Item 7 [Healthy Weight in Childhood and the Whole Systems Approach to Obesity](#) includes:

- a) “Tackling Childhood Obesity in Suffolk 2019-23” – a whole system approach to tackle childhood obesity in Suffolk to achieve the long term aims of reducing the prevalence of overweight and obese children and young people, improving health and decreasing health inequalities; and
- b) Ten Point Suffolk Sugar Reduction Plan – Appendix 2, Agenda Item 7.

[Suffolk JSNA State of Suffolk report on Obesity](#) provided by Suffolk County Council Public Health and Communities Department.

Public Health England (25 July 2019). [PHE Whole systems approach to obesity guidance](#).

The Amsterdam Healthy Weight Approach, UNICEF 2020 [report](#) and video [presentation](#) from Karen den Hertog (19.07.2019) The King’s Fund.

The Active Lives Survey on physical activity levels amongst children and young people in Suffolk <https://www.activesuffolk.org/uploads/children-and-young-people-active-lives-survey-academic-year-202021.pdf?v=1639390370>.

[Physical activity guidelines for children and young people - NHS \(www.nhs.uk\)](#).

The National Child Measurement Programme (NCMP) for England for the 2019/20 school year and has been provided by NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme>

Suffolk Public Health in Planning guidance 2021 [Public Health and Planning - Healthy Suffolk](#).

Shaping Places for Healthier Lives - <https://youtu.be/F20Axf2zAwU>.

Lowestoft System Map Shaping Places for Healthier Lives:

- a) Overarching Map: <https://bit.ly/3wkQrPD>

b) With Barriers: <https://bit.ly/3vagby7>

[Thinking Differently Anchors - September \(sneeics.org.uk\) 2021](#)

[Every Child a Healthy Weight: Ten Ambitions for London. Sustain. Online at Every Child a Healthy Weight \(London.gov.uk\)](#)



Tackling Childhood Obesity in Suffolk

A whole system approach to tackle childhood obesity in Suffolk to achieve the long term aims of reducing the prevalence of overweight and obese children and young people, improving health and decreasing health inequalities.



Working together with:

Suffolk County Council

Ipswich and East CCG

West Suffolk CCG

Gt Yarmouth and Waveney CCG

One Life Suffolk

Ipswich Hospital (ESNEFT)

West Suffolk Hospital

James Paget University Hospital

CYP Suffolk

East Coast Community Health Care

Mid Suffolk and Babergh District Council

West Suffolk Council

East Suffolk Council

Ipswich Borough Council

Community Action Suffolk

Suffolk Community Foundation

Voluntary / Community Services

Leisure Providers

Introduction

Tackling childhood obesity effectively will require the development of a sustained 'whole systems approach', which seeks to link together many of the influencing factors on obesity and requires co-ordinated action and integration across multiple sectors. By working together with health, education, social care, planning, housing, transport and business we can bring about major change to combat childhood obesity, making better use of resources and improving health and wellbeing. Working across multiple areas will help us to identify the opportunities to support children, young people and their families at key points during their childhood to help prevent obesity and offer timely support to achieve and maintain a healthy weight.



Why do we need a whole system approach to tackle childhood obesity?

There is no single approach for bringing about major system change. Instead, success depends on identifying the most crucial components and having a strong understanding of what is needed to create and implement the culture, networks and environment for them to flourish. By utilising a whole system approach to tackle childhood obesity, we will be able to make a difference in what is an increasingly complex and challenging landscape involving many sectors with competing priorities and resource pressures.

The World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century. Obese children and adolescents are not only more likely to become obese adults¹ but are also at an increased risk of developing associated physical health problems and psychosocial conditions from an early age²⁻⁴. Obesity can have a negative effect on children's emotional wellbeing through stigmatisation and low self-esteem, which may lead to poorer levels of educational attainment⁵. There is increased prevalence of obesity among children and young people who are the most deprived in society and the difference in childhood obesity levels between the least and most deprived continues to widen⁶. There is also increasing evidence of a link between obesity in children and educational attainment. It has been suggested that children who are obese are 50% less likely to get into higher education and are less likely to complete a degree, whereas those with healthier lifestyle behaviours perform better academically⁷.

Suffolk data

In Suffolk, the National Child Measurement Programme (NCMP) for 2017/18 identified that 11.7% of reception children were overweight and 8.8% obese, compared to Year 6 where 14.3% were overweight and 17.1% obese⁸. Recent trend data shows that there has been no significant change in levels of excess weight (overweight and obesity) in children in reception and year 6, figures 1 and 2 respectively. Measures are now available that show the prevalence of severe obesity in children; in Suffolk this equates to 2.2% of reception children (England: 2.4%) and 3.0% in year 6 (England: 4.2%). It is important that the trend in severe obesity is monitored and reduced as this could have implications for the future health and potentially earlier onset of lifestyle related conditions, such as type 2 diabetes⁹

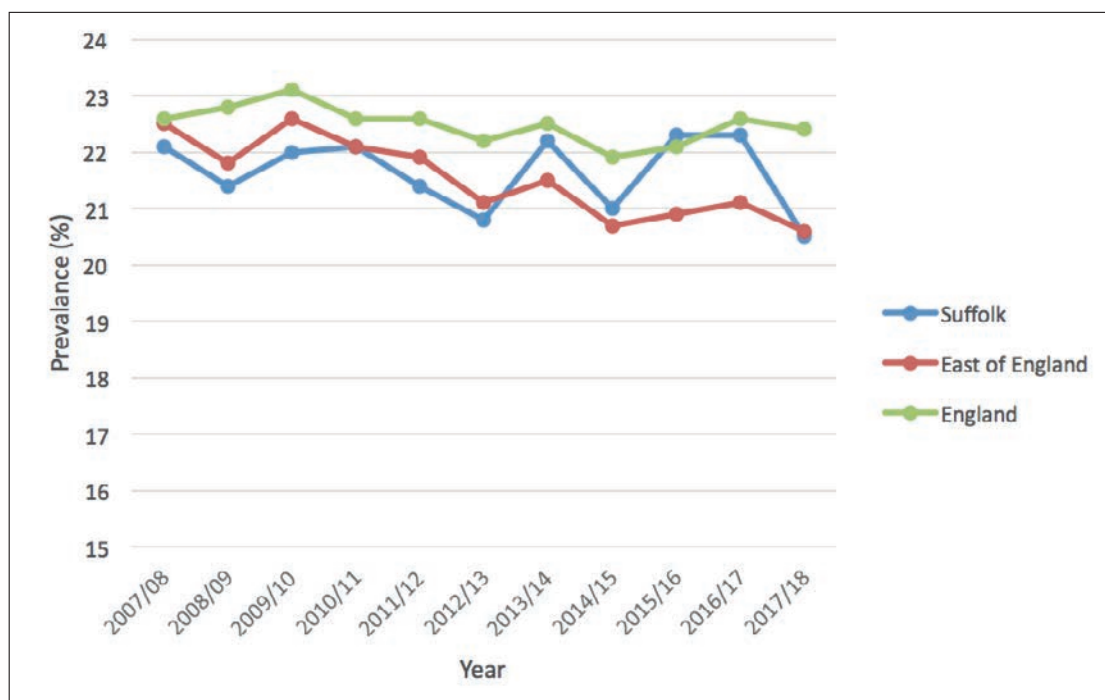


Figure 1. Percentage of Reception children measured with excess weight (overweight and obese) – 2007/08 – 2017/18.

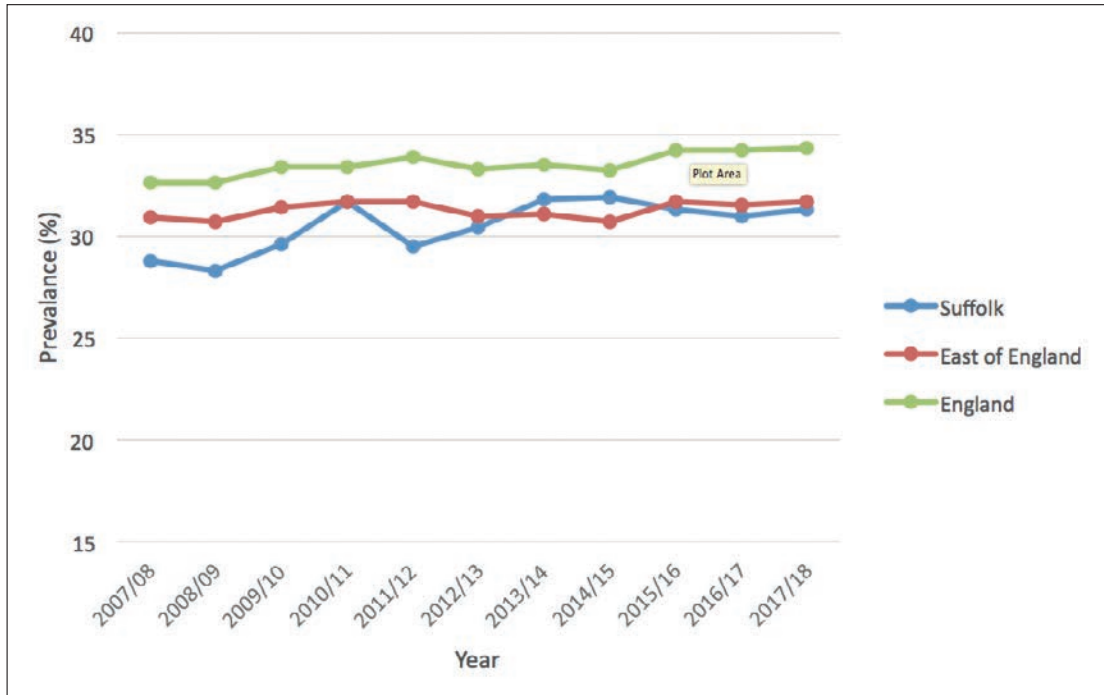


Figure 2. Percentage of Year 6 children measured with excess weight (overweight and obese) – 2007/08 – 2017/18.

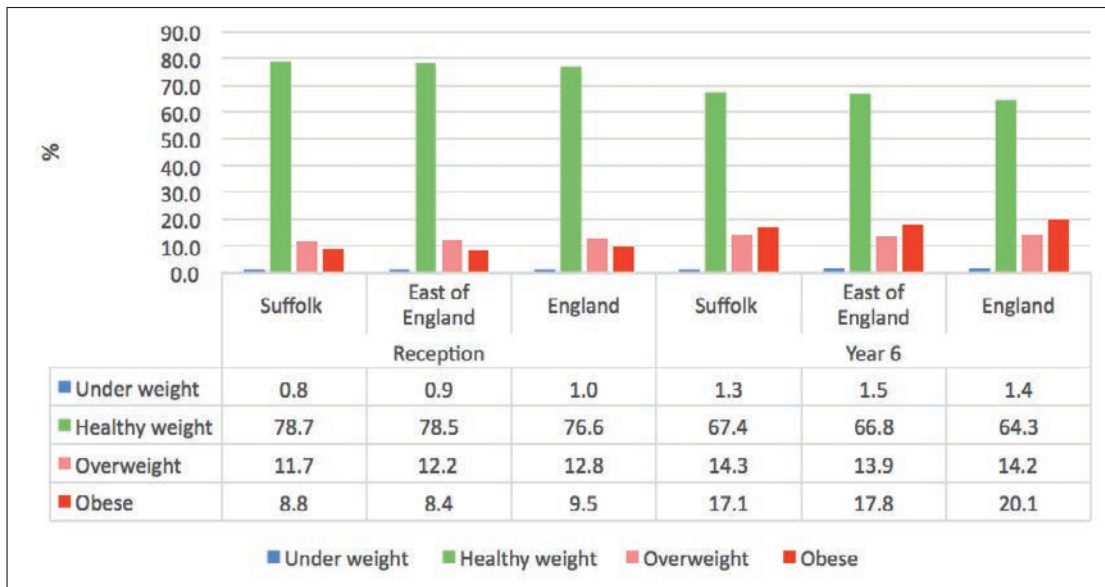


Figure 3. Percentage of children by school year and NCMP weight category, 2017-18

The scope of this strategy

We have the opportunity in Suffolk to build on national government initiatives and guidance from PHE, NICE and other organisations that have been implemented to tackle the urgent issue of childhood obesity. These include the recent government guidance highlighted in the “Childhood obesity: a plan for action”¹⁰ and the recent update “Childhood obesity: a plan for action, chapter 2”¹¹, and “Childhood Obesity: Time for Action”¹². Key themes from these reports include but are not limited to:

- A whole systems approach
- Marketing and advertising to children
- Food education and environment – including price promotions, labelling and takeaways
- Early years and schools
- Fiscal measures – including the soft drinks industry levy and sugar reduction
- Support for children living with obesity
- Attitudes to obesity

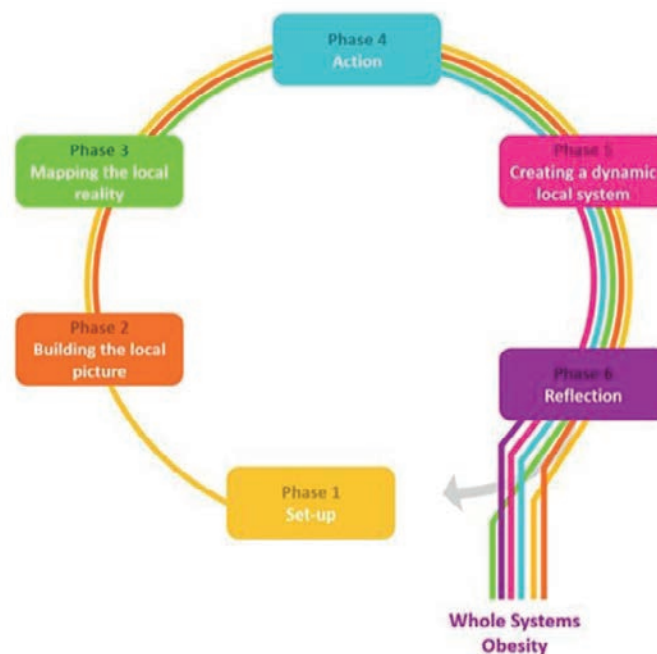


Figure 4. Phases of the whole systems approach.

By adopting a local systems approach to tackling childhood obesity, it is expected that this shared system strategy will deliver in four main areas:

- identify key opportunities and evidence-based approaches that would deliver better health outcomes and reduce health inequalities;
- build capacity within organisations that would improve sustainability of services and embed a culture of promoting healthy weight;
- promote and advance collaboration that would develop multi-disciplinary working and allow a coordinated approach to system wide change, in order that tackling obesity is on everyone’s agenda and each recognises the important contribution they make and reduce health inequalities and improve the health of the Suffolk population by enabling practitioners to focus on those most in need through the creation of the right conditions (a functioning system).

Tackling Childhood obesity in Suffolk - Priorities for action

Priority 1:

Improve access to affordable, healthier food for children young people and their families by creating healthy food and drink environments both in and out of home.

Priority 2:

Improve access to safe environments that encourage physical activity participation by children, young people and their families, including active travel.

Priority 3:

Improve support to children and young people to maintain healthy lifestyle behaviours that promote health and wellbeing

Priority 1:

Improve access to affordable, healthier food for children young people and their families by creating healthy food and drink environments both in and out of home.

Aim	Specific action	How it will be measured	Lead organisation	Timescale
1.a Improve knowledge and understanding of the impact of sugar on health through effective health promotion.	I - Deliver a social marketing campaign that asks children and young people to commit to giving up or reducing their consumption of sugary drinks.	Record uptake and review number of schools involved at quarterly performance meetings.	OneLife Suffolk	February 2019
	II - Promote Change4Life Sugar Swaps encouraging more children and their families to make four simple Sugar Swaps to tackle different 'sugar occasions' in the day: e.g. The Breakfast Swap, the Drink Swap, the After-School Swap, and the Pudding Swap.	Record uptake and review number of young people making sugar swaps captured through One Life School Programme questionnaire.	OneLife Suffolk	February 2019
	III - Support local organisations across Suffolk to become "Sugar Smart" and develop their own campaigns and initiatives to reduce sugar consumption.	Number of applications for sugar reduction fund.	Public Health	June 2019
1.b Increase access to healthier options enabling a lower or reduced sugar option to be made	I - Work with school meal providers to provide healthier and lower sugar options and to increase the uptake of school meals, particularly for those entitled to Free School Meals.	Reduced levels of sugar in school meal providers menus.	Public Health	April 2019
	II - Increase uptake of the Eat Out Eat Well healthier food award in cafes, restaurants and other family friendly food business that promote healthier food preparation practices, including reducing sugar in food and providing healthier options for children.	Number of businesses achieving healthier eating award (restaurants, café)	Public Health	March 2020
	II - Implement a Take Out Eat Well award, that rewards takeaway food businesses for reducing sugar, fat and salt content and promotes healthier choices to customers, particularly focussing on takeaways located near to schools or family-based attractions.	Number of businesses achieving healthier eating award (fast food)	Public Health	March 2020
	V - Increase access to drinking water in schools and where vending machines are in use access to healthier and lower sugar food and drink options are available.	Number of schools offering access to water and modifying vending machine options.	One Life Suffolk	August 2019

1.c Continue to develop and deliver prevention messages at scale	I - Increase brief intervention advice training (e.g. Making Every Contact Count) for all those working with children, young people and their families.	Number of health professionals attending MECC training through One Life healthy school awards.	OneLife	August 2019
	II - Ensure we provide healthy lifestyles advice within the educational settings to deliver key health and wellbeing prevention messages.	Number of educational settings involved in One Life healthy school programmes.	OneLife Suffolk and Public Health	August 2019
	III - Improve children's oral health education and support health professionals to provide preventative advice.	Number of children participating in 'keep Suffolk smiling' (KSS) and KSS schools programme.	Public Health	August 2019
	IV - Engage with children and young people to develop their own sugar reduction campaigns and initiatives.	Number of applications to Suffolk foundation.	Suffolk Foundation	May 2019
	V - Improve public awareness, mass media and informational campaigns and social marketing on healthy/unhealthy eating and beverages	Number of campaigns promoted to public.	Public Health / One Life Suffolk	December 2019
1.d Increase the proportion of mothers breastfeeding and introduce solids from 6 months	I - Support acute and community providers to achieve UNICEF Breastfeeding Friendly Accreditation level 3.	Stage of accreditation Community and Acute providers reach.	Public Health	February 2019
	II - Launch and promote a Suffolk breastfeeding app.	% of mothers breastfeeding at initiation, new birth visit and 6-8-week check.	0-19 provider	September 2019
	III - Work with 0-19 service provider to identify best practice around introducing solid food to infants and then implement findings	% of Early Years providers compliant with nutritional standards	Early Help/ Children's Centres	September 2019
1.e Implement a consistent approach to healthy food within Early Years settings	I - Evaluated programmes in place to increase practical food skills, awareness and knowledge of parents/carers to enable them and young children to make healthy choices	% of Early Years providers compliant with nutritional standards	Early Help/ Children's Centres	September 2019



1.f Improve nutrition education and understanding for children and young people	I - Establish school/community-based health and nutrition and cooking skills schemes	Number of schemes running in Suffolk.	Localities and Partnerships Team	September 2019
	II - Increase the number of children who engage with school growing/ gardening projects e.g. Food for Life/Food for Thought	Number of schools/ children who engage with growing/ gardening projects e.g. Food for Life/ Food for Thought	Public Health / One Life	August 2020
	III - Support schools to improve governance about food knowledge and cooking skills. By ensuring the revised School Food Plan is delivered in all educational settings	Number of schools delivering school food plan.	Public Health	August 2020
	IV - Develop and implement a food education programme for looked after children/leaving care and foster carers/adoptive parents	Food education programme for looked after children/leaving care and foster carers/ adoptive parents developed.	Public Health/ CiC nurses	August 2020
	V - Implement a healthy schools programme for both physical activity and healthy eating	Number of schools recruited to One Life programme.	OneLife Suffolk	August 2019
1.g Increase access to healthier food and drink options	I – Support implementation of standards for food and beverages available in schools, including those brought in by children e.g. SSB/energy drinks policy in schools using updated Food Standards, Ofsted Framework (healthy behaviours) and strengthened by Government Buying Standards for Food and Beverages (GBSF).	Developed standards for food and beverages available in schools.	Public Health / One Life Suffolk	September 2019
	II – Increase accessibility in deprived areas to free healthy food available during school holidays including food banks.	Number of people accessing programmes such as 'Fit and Fed'.	Localities and Partnerships Team	September 2019
	III - Increase access to healthier vending options in public institutions, particularly in those settings where there are a high proportion of children, young people and their families amongst the visitors/customers	Number of vending machines adopting healthier options.	One Life Suffolk / Public Health	December 2019
	IV - Promote to children, young people and their families those venues that achieve healthier food awards.	Develop promotion campaign for venues that achieve healthier food award.	Public Health	August 2019
	V - Develop a Suffolk Food Charter that supports the creation of a healthy food environment	Suffolk food charter developed.	Public Health	August 2019

Priority 2:

Improve access to safe environments that encourage physical activity participation by children, young people and their families, including active travel.

Aim	Specific action	How it will be measured	Lead organisation	Timescale
2.a Reduce sedentary behaviour in school and at home	I – Undertake an evaluation of the Active Movement project currently being delivered in Waveney to assess its impact on sedentary behaviour in the classroom and its potential to be rolled-out/promoted more widely to schools across Suffolk.	Changes in activity levels and changes in grip test measurements	Most Active County (MAC)	October 2019
2.b Support children and families to be more active through recreation, travel and play	I - Increase the number of schools in Suffolk delivering the Daily Mile programme.	Number of schools registered for the Daily Mile	MAC	Ongoing
	II - Sustain and extend Fit and Fed provision to impact on holiday hunger, isolation and inactivity.	No. of Fit and Fed sessions delivered. No. of locations. No. of meals served. No. of hours activity delivered.	MAC	September 2019
	III – Assess the impact of the Move It pilot project which offers the opportunity for people to borrow sports and outdoor game equipment from their local library, with a view to rolling it out more widely if it's a success.	Evaluation of programme to measure its effectiveness and uptake.	Library service	September 2019
	IV – Engage with planning teams to understand how mechanisms like CIL and s106 could be better utilised to support the development of sport and physical activity.	Planning teams engaged. Long-term – increased CIL, S106 funding allocated to sport	MAC	July 2019 then ongoing
	V – Utilising the Suffolk-wide Sports Facilities Framework, ensure the facility offer responds to the activity needs of local communities including widening access to school sports facilities for the community where appropriate.	Through county sports facilities framework group	MAC	Ongoing
	VI - Develop and support physical activity programmes which support the needs of children with excess weight.	Part of the One Life community programme offer that is review quarterly for outcomes.	One Life	Ongoing

2.c Continue to support strategies to make walking and cycling the default choice for short journeys	I - Promote active travel to school programmes to increase the number of children and young people walking and cycling to school, including consideration of Sustainable Modes of Travel to School (SMOTS) Strategy. –	Schools signing up to Modeshift STARS and the number of schools going on to achieve a STARS accreditation. Monitoring data from the Modeshift STARS travel plans for pupils on methods of travel to school	SCC Transport Strategy	Ongoing
	II - Increase the number of children that receive Bikeability training.	Number of children receiving Bikeability training and number of schools involved	Mike Motteram	Ongoing
	III – Increase involvement in national campaigns and recognised awareness days such as walk/cycle to school weeks.	Number of campaigns delivered	MAC	Ongoing
	IV - Develop or update school travel policies and engage with local districts/ boroughs to include car parking policies in and around schools	Number of local districts / boroughs engaged, and policies being developed	SCC Transport Strategy	Ongoing
	V - Develop local policy/ community support for active travel programmes	Development of policy	SCC Transport Strategy	Ongoing
	VI – Ensure public health considered in all policies – including active travel for children, young people and their families is embedded in local transport plans	Review of policies	SCC Transport Strategy	Ongoing
2.d Increase the use of outdoor green space for physical activity	I - Support actions to increase local participation in improving the physical environment that would encourage children and young people to be physically active	Monitor participation levels of children based on district and boroughs	District and Borough Councils	Ongoing
	II – Develop a planning protocol to support Public Health’s involvement in the planning process.	Public Health protocol in place	Public Health	December 2019
	III – Influence Suffolk Design to ensure physical activity and active travel are integral to the emerging Suffolk Design Guide.	Inclusion of physical activity as an important consideration in Suffolk design Guide	MAC	Ongoing
	III – Grow the number of parkrun, Great Run Local and junior parkrun events across Suffolk and the number of people participating in them.	No. of parkruns, Great Run Local and junior parkruns. No. of participants	MAC	Ongoing

2.e Ensure an appropriately skilled, paid and volunteer workforce	I - Increase the number of professionals who have received brief intervention training on physical activity and deliver advice, particularly those in healthcare/childcare/education settings	No. of MECC trained individuals Health and social care Childcare Education	Public Health	Ongoing
	II – Influence teaching practice to more effectively develop the building blocks for an active lifestyle amongst primary aged children	Development of workforce strategy for Suffolk	MAC	August 2020
	III – Integrate a physical activity focus in to the annual International Festival of Learning held at West Suffolk College	Physical activity incorporated in IFL programme	MAC	June 2019

Priority 3:

Improve support to children and young people to maintain healthy lifestyle behaviours that promote health and wellbeing

Aim	Specific action	How it will be measured	Lead organisation	Timescale
3.a Support families to achieve and maintain healthy lifestyles	I - Increase the number of schools that adopt a whole school approach to healthy lifestyles	Number of schools engaged with the integrated healthy lifestyle service for: MECC training Healthy lifestyles prevention programme PSHE/school assembly healthy lifestyle NHS health checks	OneLife Suffolk	Ongoing
	II - Increase the number of children, young people and their families accessing family-based weight management delivered in the community	Number of children who complete a tier 2 weight management programme in the community	OneLife Suffolk	March 2019
	III - Increase the number of parents and carers accessing weight management support	Number of adults (parents/carers) who complete a tier 2 weight management programme	OneLife Suffolk	March 2019

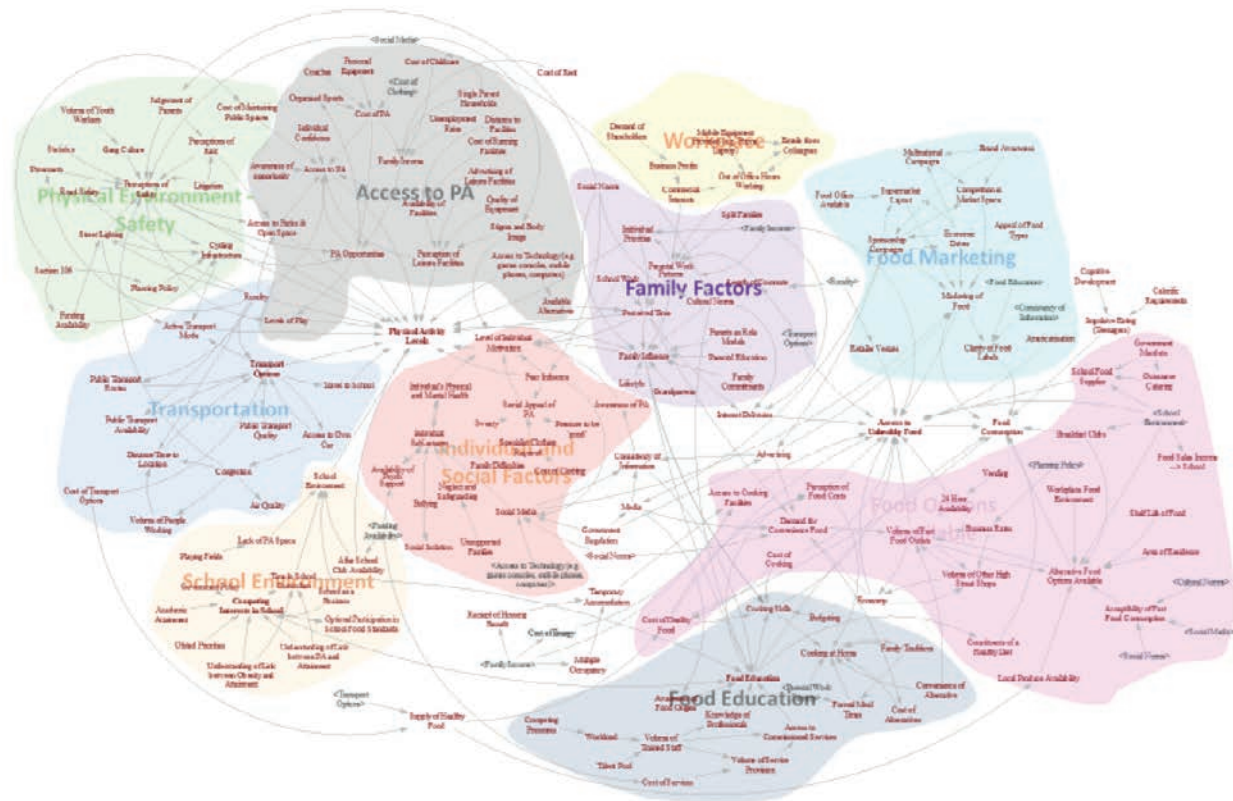


3.b Promote a healthy school environment and support all educational settings (from early years to college) to implement approaches that support healthy lifestyles for their pupils	I - Increase the number of schools that adopt a whole school approach to healthy lifestyles	Number of schools engaged with the integrated healthy lifestyle service for: MECC training Healthy lifestyles prevention programme PSHE/school assembly healthy lifestyle NHS health checks	OneLife Suffolk	Ongoing
	II - Increase the number of PHSE/school assemblies delivered by OLS to deliver key health and wellbeing prevention messages	Number of PSHE lessons/school assemblies delivered on healthy lifestyle	OneLife Suffolk	Ongoing
	III - Increase referrals for child weight management support identified through NCMP	Number of referrals to OneLife Suffolk child weight management	CYP / Public Health	September 2019
	IV - Implement a MECC train the trainer programme for heads of kitchens	MECC train the trainer programme for heads of kitchens begun.	OneLife Suffolk	December 2019

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Appendix 1



Appendix 2

Priorities for action 18/19

In order to capitalise on current national policies and public interest in sugar reduction, it was agreed that year one (18/19) of this programme of work would focus on priority one and in particular, sugar reduction.

Sugar intake in all population groups is higher than the 5% of total dietary energy intake recommended by the Scientific Advisory Committee on Nutrition. Consumptions of sugar and sugar sweetened beverages (SSBs) is particularly high in school age children, but also tends to be highest among the most disadvantaged. Strategies such as the 20% sugary drinks levy and associated reformulation of drinks is expected to have an effect on sugar intake, however no single action will be effective in reducing sugar consumption.

We therefore have the opportunity to build on national policy and campaigns to increase the impact in Suffolk to positively affect the health and wellbeing of our children. A 10 point Suffolk sugar reduction action plan has been developed (table 1) and submitted to the Health and Wellbeing Board for information (May 2018).

Table 1. Year 1 Priorities for action (2018/19) – Suffolk sugar reduction plan.

Improve knowledge and understanding of the impact of sugar on health through effective health promotion

- 1a. Deliver a social marketing campaign that asks children and young people to commit to giving up sugary drinks for 21 days in an attempt to break the habit.
- 1b. Promote Change4Life Sugar Swaps encouraging more children and their families to make four simple Sugar Swaps to tackle different ‘sugar occasions’ in the day: e.g. The Breakfast Swap: e.g. sugary cereal for plain cereal; The Drink Swap: e.g. from sugary drinks to sugar-free or no-added-sugar drinks; The After-School Swap: e.g. from muffins to fruited teacake and The Pudding Swap: e.g. from ice cream to low-fat lower-sugar yoghurt
- 1c. Support local organisations across Suffolk to become “Sugar Smart” and develop their own campaigns and initiatives to reduce sugar consumption.

Increase access to healthier options enabling a lower or reduced sugar option to be made

2. Work with school meal providers to reduce the sugar content of their menus and to increase the uptake of school meals, particularly for those entitled to Free School Meals.
3. Encourage organisations who provide food to children, young people and their families to provide healthier and lower sugar options e.g. school breakfast/after school clubs; PTA events.
- 4a. Increase uptake of the Eat Out Eat Well healthier food award in cafes, restaurants and other family friendly food business that promote healthier food preparation practices, including reducing sugar in food and providing healthier options for children.
- 4b. Implement a Take Out Eat Well award that rewards takeaway food businesses for reducing sugar, fat and salt content and promotes healthier choices to customers, particularly focussing on takeaways located near to schools or family-based attractions.
5. Increase access to drinking water and where vending machines are in use access to healthier and lower sugar food and drink options are available.



Embed prevention messages at scale

6. Increase brief intervention advice training (e.g. Making Every Contact Count) for all those working with children, young people and their families.
7. Ensure healthy lifestyles advice is embedded within the educational settings to deliver key health and wellbeing prevention messages.
8. Improve children's oral health education and support health professionals to provide preventative advice.
9. Work with early years services to promote healthier food and drink choices, from the point where solid foods are introduced.
10. Engage with children and young people to develop their own sugar reduction campaigns and initiatives.

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Health Scrutiny Committee – 6 April 2022

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Agenda Item 5 – Childhood Obesity Strategy and Action Plan

The Committee:

1. Thanked the Panel for their attendance and valuable contributions to the Committees' discussion of this topic;
2. Acknowledged the wide range of factors affecting childhood obesity levels, noted that the pandemic had significantly worsened the situation, and recognised that a sustained "whole systems approach" as adopted in Suffolk's Childhood Obesity Strategy 2019-2023 is essential to coordinate action across multiple sectors.
3. Agreed that due to the complexity of the subject and wide range of ideas and recommendations made by members that the best way to take these forward is to set up a separate group to examine the output from the meeting and to feed into an update of the Council's Childhood Obesity Strategy and Action Plan

The Committee recommended:

4. A joint (Health/Education and Children's Services) Scrutiny Task and Finish Group should be established, consisting of 5 councillors preferably who had been involved in the scrutiny of the topic, to work with officers in developing the refreshed Strategy. Councillors interested in taking part should contact the Business Manager (Democratic Services) in the first instance;
5. In developing its terms of reference, the Task and Finish Group should consider the following themes:
 - a) Communication – do parents know what support and advice is available to them (e.g. the OneLife Suffolk offer); how to make campaigns and messaging simple and engaging; opportunities to raise the profile of the offer through, for example, community events and networks; the role of councillors in getting key messages and information out to target communities;
 - b) How will co-production be used to inform the new strategy and who should be involved (for example: primary care, school meals provision, leisure centres, local planning, educational professionals);
 - c) The potential for role models or ambassadors for healthy lifestyles (for example: Ipswich Town Football Club, other sports and athletics clubs, high profile businesses, sports people, leading councillors in Suffolk);
 - d) Look at examples across the country - what are the most effective childhood obesity interventions (locally, nationally, internationally) tried by others and to what extent could any be effectively replicated in Suffolk;
 - e) Lessons learned from the Amsterdam pilot projects in Brandon and Lowestoft to date, and what is planned going forward;
 - f) How to promote healthy dietary habits (such as avoiding sweetened drinks) in early years, such as the HENRY Project (Childrens Centres and

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Family Hubs) and programmes for new mothers (NHS/ Social Services/ Libraries)

- g) How to incentivise schools to make healthy children a priority, for example
 - include healthy lifestyles in RSHE modules, promote in-school and external sports clubs and engage with the Duke of Edinburgh programme;
 - h) The committee and panel agreed that the basic DfE minimum physical education standard of 2 hours weekly is too little for all ages - what actions can be taken to increase exercise time into the school day and raise its importance in the national curriculum;
 - i) Work with schools to effect behaviour change in travel to school - link with local authority work to improve walking and cycling routes, the Junior Road Safety Officer programme and Suffolk Highways;
 - j) Linkages between mental wellbeing and obesity - recognise that activity is helpful to those with ADHD for example, and increases happiness levels;
 - k) Daily exercise and activity – how to make it readily available, accessible, exciting, affordable;
 - l) Initiatives to address food poverty and help parents with their own health issues such as better access to fresh food and cookery classes – are the opportunities publicised and taken up;
 - m) How to make tackling childhood obesity a consideration in wider policy making (identifying the public sector levers such as strategic and local planning).
6. The Committee requested an information bulletin setting out the prevalence of childhood obesity across the Waveney area, based on NCMP data.



Appointments to Outside Scrutiny Bodies

Report number:	OAS/WS/23/007	
Report to and date(s):	Overview and Scrutiny Committee	15 June 2023
Chair of the Committee	Councillor Sarah Broughton Chair of Overview and Scrutiny Telephone: 07929 305787 Email: sarah.broughton@westsuffolk.gov.uk	
Lead officers:	<p>Ben Smith Business Partner (Governance) Telephone: 01284 757101 Email: ben.smith@westsuffolk.gov.uk</p> <p>Christine Brain Democratic Services Officer (Scrutiny) Telephone: 01638 719729 Email: christine.brain@westsuffolk.gov.uk</p>	

Decisions Plan: This item is not included in the Decisions Plan

Wards impacted: Not applicable.

Recommendation: It is recommended that the Overview and Scrutiny Committee:

- 1. Appoints one Member, and one Substitute Member from the Overview and Committee to sit on the Suffolk Health Scrutiny Committee for the term of the 2023-2027 administration.**

1. Context to this report

- 1.1 The Suffolk County Council Health Scrutiny Committee requires that the representatives from the district/borough councils be drawn from their respective Overview and Scrutiny Committees. The appointment of the West Suffolk Council representative, and substitute representative, is therefore considered and made by the Overview and Scrutiny Committee at its first meeting post-election.
- 1.2 The Committee's appointed representative on the Suffolk Health Scrutiny Committee will report their findings back to future meetings of the Overview and Scrutiny Committee.

2. Proposals within this report

- 2.1 **Appointments to the Suffolk County Council Health Scrutiny Committee**
- 2.1.1 The Health Scrutiny Committee is responsible for scrutinising wellbeing and health services across the county. The committee has 10 members in total, five county councillors and one co-opted representative from each of the District and Borough Councils in Suffolk. These councillors are from across political groups and are not members of their Council's Cabinet Committee.
- 2.1.2 The committee has established a Joint Health Scrutiny Committee with Essex Health Overview and Scrutiny Committee, on a task and finish group basis, to scrutinise issues relating to the implementation of the NHS Suffolk and North-East Essex Sustainability and Transformation Plan (STP). The joint committee consists of four representatives from Suffolk and four representatives from Essex.
- 2.1.3 The Overview and Scrutiny Committee is asked to appoint for a four-year term one member, and one substitute member from its full membership to serve on the Suffolk County Council's Health Scrutiny Committee.
- 2.1.4 Attached at **Appendix 1** to this report is an extract from the Suffolk County Council's Constitution, which sets out the terms of reference for the Health Scrutiny Committee.

- 2.1.5 The Health Scrutiny Committee meets four times a year. Below are the dates currently scheduled for 2023 to 2024:

12 July 2023	Endeavour House, 8 Russell Road, Ipswich	10am
11 October 2023	Endeavour House, 8 Russell Road, Ipswich	10am
24 January 2024	Endeavour House, 8 Russell Road, Ipswich	10am
17 April 2024	Endeavour House, 8 Russell Road, Ipswich	10am

3. Alternative options that have been considered

- 3.1 Not applicable.

4. Consultation and engagement undertaken

- 4.1 Not applicable.

5. Risks associated with the proposals

- 5.1 Not applicable.

6. Appendices referenced in this report

- 6.1 Appendix 1 – Extract from Suffolk County Council Constitution – Terms of Reference for the Health Scrutiny Committee.

7. Background documents associated with this report

- 7.1 Council Annual General Meeting – Review of representation on outside bodies (Report number: [AGM/WS/23/002](#))

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Extract from the Suffolk County Council Constitution

Part 1

Health Scrutiny Committee

- 10.13 The Council will appoint a Health Scrutiny Committee to review and scrutinise, in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, matters relating to the health service in Suffolk and to make reports and recommendations on such matters in accordance with the regulations.
- 10.14 The role of the Health Scrutiny Committee will be to invite and consider comments from interested parties. Interested parties will include:
- local patient and carer organisations,
 - Local Healthwatch organisations,
 - the Health and Wellbeing Board,
 - NHS Trusts in Suffolk,
 - consultations on substantial variation
- These representations will help to develop a forward work programme and will be included in any matters to be considered.
- 10.15 The Health Scrutiny Committee has responsibility for the scrutiny of wellbeing and health services across the county and may review and scrutinise any matter relating to the planning, provision and operation of health services in the county.
- 10.16 The Health Scrutiny Committee may establish joint arrangements for the scrutiny of health matters, including the appointment of a joint committee, with one or more local authorities, to exercise the functions relevant to the Health Scrutiny Committee.
- 10.17 The Health Scrutiny Committee may make reports and recommendations to the appropriate person(s) or body, on any matter that it has reviewed or scrutinised.
- 10.18 The Health Scrutiny Committee must be consulted where any responsible person (defined in the regulations) has under consideration any proposal for a substantial development of the health service in the county, or for a substantial variation. The Committee may report to the Secretary of State if it is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed, where it is not satisfied with any reasons given for not consulting, and where it considers that the proposal would not be in the best interests of the health service in the county.
- 10.19 The Health Scrutiny Committee may establish such task and finish groups and, where appropriate, appoint the Chairman from within the membership of the Health Scrutiny Committee but with such other membership as it sees fit, to undertake scrutiny on a task and finish basis.

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Cabinet Decisions Plan: 1 June 2023 to 31 May 2024

Report number:	OAS/WS/23/008	
Report to and date(s):	Overview and Scrutiny Committee	15 June 2023
Cabinet member:	Councillor Cliff Waterman (Leader) Tel: 01284 757001 Email: cliff.waterman@westsuffolk.gov.uk	
Lead officer:	Christine Brain Democratic Services Officer (Scrutiny) Tel: 01638 719729 Email: christine.brain@westsuffolk.gov.uk	

Decisions Plan: This report refers to items which are listed in the Cabinet’s Decisions Plan.

Wards impacted: All wards.

Recommendation: It is recommended that the Overview and Scrutiny Committee:

1. Peruses the Decisions Plan for items on which they would like to receive further information on, or which they feel might benefit from the Committee’s involvement during the coming year: or
2. Notes the contents of the report.

1. Context to this report

1.1 Holding the Cabinet to Account

1.2 Part of the Overview and Scrutiny Committee's role is to hold the Cabinet to account for the discharge of its functions (*paragraph 7.2.5 of [Article 7 of the Constitution](#)*). The principal elements by which it will do this is as follows:

- (a) Scrutinising decisions which the Cabinet is planning to take, as set out in the Decisions Plan, or of which proper notice is given (*including decisions referred to it in accordance with paragraph 6.6.2 of Article 6 of the Constitution*).
- (b) Scrutinising decisions of the Cabinet and individual Portfolio Holders before they are implemented and if necessary, using the "call-in" mechanism to require the decision taker to reconsider the earlier decision.
- (c) Scrutinising decisions of the Cabinet or Portfolio Holders after they have been implemented as part of a wider review.

2. Proposals within this report

2.1 Attached as **Appendix 1** is the most recently published version of the Decisions Plan to be considered by Cabinet for the period 1 June 2023 to 31 May 2024.

2.2 Members are invited to peruse the Decisions Plan for items on which they would like to receive further information on, or which they feel might benefit from the Committee's involvement during the coming year.

2.3 Members are asked to note that the Performance and Audit Scrutiny Committee, in most instances will receive reports on Financial, Audit and Governance related items published in the Decisions Plan.

3. Alternative options that have been considered

3.1 Not applicable.

4. Consultation and engagement undertaken

4.1 Not applicable.

5. Risks associated with the proposals

5.1 Not applicable.

6. Appendices referenced in this report

6.1 **Appendix 1** – Decisions Plan: 1 June 2023 to 31 May 2024

7. Background documents associated with this report

7.1 Not applicable.

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Decisions Plan

Key Decisions and other executive decisions to be considered.

Date: 1 June 2023 to 31 May 2024

Publication Date: 12 May 2023

The following plan shows both the key decisions and other decisions/matters taken in private, that the Cabinet, portfolio holders, joint committees or officers under delegated authority, are intending to take up to 31 May 2024. This table is updated on a monthly rolling basis and provides at least 28 clear days' notice of the consideration of any key decisions and of the taking of any items in private.

Executive decisions are taken at public meetings of the Cabinet and by other bodies/individuals provided with executive decision-making powers. Some decisions and items may be taken in private during the parts of the meeting at which the public may be excluded, when it is likely that confidential or exempt information may be disclosed. This is indicated on the relevant meeting agenda and in the 'Reason for taking the item in private' column relevant to each item detailed on the plan.

Members of the public may wish to:

- make enquiries in respect of any of the intended decisions listed below; or
- receive copies of any of the documents in the public domain listed below; or
- receive copies of any other documents in the public domain relevant to those matters listed below which may be submitted to the decision taker; or
- make representations in relation to why meetings to consider the listed items intended for consideration in private should be open to the public.

In all instances, contact should be made with the named officer in the first instance, either on the telephone number listed against their name, or via email using the format firstname.surname@westsuffolk.gov.uk or via West Suffolk Council, West Suffolk House, Western Way, Bury St Edmunds IP33 3YU.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
13/06/23 Page 102	<p>Review and Appointment to Cabinet Panels/Working Groups/Joint Committees</p> <p>The Cabinet will be asked to review and appoint to panels/working groups/joint committees.</p>	Not applicable	(D)	Cabinet	Leader of the Council 01284 757001	<p>Jen Eves Director (HR, Governance and Regulatory) 01284 757015</p> <p>Teresa Halliday Service Manager (Legal and Governance) 01284 757144</p>	Report to Cabinet.
13/06/23	<p>Revenues Collection Performance and Write Offs</p> <p>The Cabinet will be asked to consider writing-off outstanding debts, as detailed in the exempt appendices.</p>	Exempt appendices: paragraphs 1 and 2	(KD) (a)	Cabinet	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with exempt appendices attached.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
18/07/23 Page 103	<p>West Suffolk Annual Report 2022 to 2023 The Cabinet will be asked to consider and approve the West Suffolk Annual Report 2022 to 2023, which will previously have been considered by the Overview and Scrutiny Committee. Contained within the Annual Report is highlights from the Council's Annual Environmental Statement.</p>	Not applicable	(D)	Cabinet	Leader of the Council 01284 757001	Ian Gallin Chief Executive 01284 757001	Report to Cabinet, with draft Annual Report attached.
18/07/23	<p>Environment and Climate Change Action Plans: 2023 Update In July 2020, the Cabinet agreed an action plan, designed to implement</p>	Not applicable	(D)	Cabinet	Portfolio Holder to be confirmed.	Jill Korwin Strategic Director 01284 757252	Report to Cabinet, with action plan attached.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
Page 104	the recommendations of its Environment and Climate Change Taskforce, and for it to be taken forward by officers and overseen by Cabinet. Cabinet also agreed to a review of progress against the actions. The Cabinet will be asked to consider progress to date.						
19/09/23	Annual Treasury Management and Financial Resilience Report (2022 to 2023) The Cabinet will be asked to consider the recommendations of the Performance and Audit Scrutiny Committee regarding seeking	Not applicable	(R) – Council 26/09/23	Cabinet/ Council	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and Council.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
	approval for the Annual Treasury Management and Financial Resilience Report for 2022 to 2023.						
19/09/23 Page 105	<p>Treasury Management Report – June 2023</p> <p>The Cabinet will be asked to consider the recommendations of the Performance and Audit Scrutiny Committee regarding seeking approval for the financial resilience activities between 1 April 2023 and 30 June 2023.</p>	Not applicable	(R) – Council 26/09/23	Cabinet/ Council	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and Council.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
19/09/23 Page 106	<p>Revenues Collection Performance and Write Offs</p> <p>The Cabinet will be asked to consider writing-off outstanding debts, as detailed in the exempt appendices.</p>	Exempt appendices: paragraphs 1 and 2	(KD) (a)	Cabinet	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with exempt appendices attached.
05/12/23	<p>Council Tax Base for Tax Setting Purposes 2024 to 2025</p> <p>The Cabinet will be asked to recommend to Council the basis of the formal calculation for the Council Tax Base for West Suffolk Council for the financial year 2024 to 2025.</p>	Not applicable	(R) – Council 19/12/23	Cabinet/ Council	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with recommendations to Council.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
05/12/23 Page 107	Local Council Tax Reduction Scheme 2024 to 2025 The Cabinet will be asked to consider proposals for potential revisions to the Local Council Tax Reduction Scheme prior to seeking its approval by Council.	Not applicable	(R) – Council 19/12/23	Cabinet/ Council	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with recommendations to Council.
05/12/23	Delivering a Sustainable Medium-Term Budget The Cabinet will be asked to consider rec's of the Performance and Audit Scrutiny Committee for recommending to Council on proposals for achieving a sustainable budget in 2024 to 2025 and in the medium term.	Not applicable	(R) – Council 19/12/23	Cabinet/ Council	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and Council.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
05/12/23 Page 108	Treasury Management Report – September 2023 The Cabinet will be asked to consider the recommendations of the Performance and Audit Scrutiny Committee regarding seeking approval for the financial resilience activities between 1 April 2023 and 30 September 2023.	Not applicable	(R) – Council 19/12/23	Cabinet/ Council	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and Council.
05/12/23	Revenues Collection Performance and Write Offs The Cabinet will be asked to consider writing-off outstanding debts, as detailed in the exempt appendices.	Exempt appendices: paragraphs 1 and 2	(KD) (a)	Cabinet	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with exempt appendices attached.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
06/02/24 Page 109	Community Chest Grants 2024 to 2025 The Cabinet will be asked to consider recommendations in respect of the levels of funding (if any) to be awarded to applicants to the Community Chest funding scheme for 2024 to 2025.	Not applicable	(KD) (a)	Cabinet	Portfolio Holder to be confirmed.	Davina Howes Director (Families and Communities) 01284 757070	Report to Cabinet.
06/02/24	Delivering a Sustainable Medium-Term Budget The Cabinet will be asked to consider recommendations of the Performance and Audit Scrutiny Committee for recommending to Council on proposals for achieving a sustainable	Not applicable	(R) – Council 20/02/24 Unless separate proposals are recommended by Cabinet, consider-	Cabinet/ Council	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and Council.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
Page 110	budget in 2024 to 2025 and in the medium term.		ation by Council will take place as part of the budget setting paper on 20/02/24				
06/02/24	Budget and Council Tax Setting 2024 to 2025 and Medium-Term Financial Strategy 2024 to 2028 The Cabinet will be asked to consider the proposals for the 2024 to 2025 budget and Medium-Term Financial Strategy 2024 to 2028 for West Suffolk Council, prior to its approval by Council. This report includes the	Not applicable	(KD) (e)– in relation to fees and charges element where proposed increases will be more than five percent (R) – Council 20/02/24	Cabinet/ Council	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with recommendations to Council.

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
Page 111	<p>Minimum Revenues Provision (MRP) Policy and Prudential Indicators, and also the outcomes of the Council's review of its fees and charges.</p> <p>The fees and charges have been reviewed in accordance with the Council's Fees and Charges Policy, which has resulted in proposed increases to some. Where the proposed increase is greater than five percent, this constitutes a Key Decision. The Cabinet will consider the proposals as part of its consideration of this report.</p>		<p>Unless separate proposals are recommended by Cabinet, consideration by Council will take place as part of the separate budget setting paper on 20/02/24</p>				

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
06/02/24 Page 112	<p>Financial Resilience - Strategy Statement 2024 to 2025 and Treasury Management Code of Practice</p> <p>The Cabinet will be asked to recommend to Council, approval of the Strategy Statement 2024 to 2025 and Treasury Management Code of Practice for West Suffolk Council, which must be undertaken before the start of each financial year.</p>	Not applicable	(R) – Council 20/02/24	Cabinet/ Council	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny Committee to Cabinet and Council.
06/02/24	<p>Treasury Management Report – December 2023</p> <p>The Cabinet will be asked to consider the</p>	Not applicable	(R) – Council 20/02/24	Cabinet/ Council	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Recommendations of the Performance and Audit Scrutiny

Expected decision date	Subject and purpose of decision	Reason for taking item in private (see Note 1 for relevant exempt paragraphs)	Decision (D), Key Decision (KD) or Rec (R) to Council on date (see Note 2 for Key Decision definitions)	Decision taker (see Note 3 for membership)	Portfolio holder contact details	Lead officer contact details	Documents to be submitted
Page 11	recommendations of the Performance and Audit Scrutiny Committee regarding seeking approval for the financial resilience activities between 1 April 2023 and 31 December 2023.						Committee to Cabinet and Council.
12/03/24	<p>Revenues Collection Performance and Write Offs</p> <p>The Cabinet will be asked to consider writing-off outstanding debts, as detailed in the exempt appendices.</p>	Exempt appendices: paragraphs 1 and 2	(KD) (a)	Cabinet	Portfolio Holder to be confirmed.	Rachael Mann Director (Resources and Property) 01638 719245	Report to Cabinet with exempt appendices attached.

Note 1: Definition of exempt information and relevant paragraphs of the Local Government Act 1972

In accordance with Section 100(A)(4) of the Local Government Act 1972 (as amended)

The public may be excluded from all or part of the meeting during the consideration of items of business on the grounds that it involves the likely disclosure of exempt information defined in Schedule 12(A) of the Act, as follows:

1. Information relating to any individual.
 2. Information which is likely to reveal the identity of an individual.
 3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
 4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
Information which reveals that the authority proposes –
 - a. to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - b. to make an order or direction under any enactment.
- Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

In accordance with Section 100A(3) (a) and (b) of the Local Government Act 1972 (as amended)

Confidential information is also not for public access, but the difference between this and exempt information is that a Government department, legal opinion or the court has prohibited its disclosure in the public domain. Should confidential information require consideration in private, this will be detailed in this Decisions Plan.

Note 2: Key decision definition

A key decision is an executive decision that either:

- a. Results in new expenditure, or a reduced income or savings of more than £100,000 in any one year that has not otherwise been included in the Council's revenue or capital budgets.
- b. Comprises or includes the making, approval or publication of a draft or final scheme, which is not a routine business decision, that may require, either directly or in the event of objections, the approval of a Minister of the Crown.
- c. Results in the formation of a new company, limited liability partnership or joint venture.
- d. Has a potentially detrimental impact on communities outside of West Suffolk District.
- e. Is a decision that is significant in terms of its effect on communities living or working in a definable local community in the District, or on one or more wards, in that it will:
 - i. Have a long-term, lasting impact on that community; or
 - ii. Restrict the ability of individual businesses or residents in that area to undertake particular activities; or
 - iii. Removes the provision of a service or facility for that community; or
 - iv. Increases the charges payable by members of the community to provide a service or facility by more than 5%; or
 - v. Have the potential to create significant local controversy or reputational damage to the Council
 - vi. A matter that the decision maker considers to be a key decision.
- f. Any matters that fall under the scope of e. above must be subject to consultation with the local Member(s) in Wards that are likely to be impacted by the decision prior to the decision being made.

Note 3: Membership of bodies making key decisions

a. Membership of West Suffolk Council's Cabinet and their portfolios

The Leader of the Council will be elected at the Annual Meeting of Council on 23 May 2023, and where if practicable, the Cabinet and their portfolios will be announced.

b. Membership of the Anglia Revenues Partnership Joint Committee (made up of Breckland Council, East Cambridgeshire District Council, East Suffolk Council, Fenland District Council and West Suffolk Council)

Membership to be confirmed in due course.

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Jennifer Eves
Director (Human Resources, Governance and Regulatory)
Date: 12 May 2023



Scrutiny Work Programme 2023 Update

Report number:	OAS/WS/23/009	
Report to and date(s):	Overview and Scrutiny Committee	15 June 2023
Chair of the Committee:	Councillor Sarah Broughton Chair of Overview and Scrutiny Telephone: Email: sarah.broughton@westsuffolk.gov.uk	
Lead officer(s):	Christine Brain Democratic Services Officer (Scrutiny) Telephone: 01638 719729 Email: christine.brain@westsuffolk.gov.uk	

Decisions Plan: This item is not included in the decisions plan.

Wards impacted: Not applicable.

Recommendation: It is recommended that Overview and Scrutiny Committee:

- 1. Reviews and notes the current status of topics currently scheduled in its rolling work programme for 2023, attached at Appendix 1.**

1. Context to this report

1.1 Scrutiny Rolling Work Programme

- 1.1.1 The Committee has a rolling work programme whereby suggestions for scrutiny reviews are brought to each meeting, following the completion of the work programme suggestion form, and if accepted, are timetabled to report to a future meeting.
- 1.1.2 The work programme also leaves space for Call-ins and Councillor Calls for Action.
- 1.1.3 The current position of the work programme, including any Task and Finish Group(s) or Review Group(s), and items currently agreed is attached at **Appendix 1**.

2. Proposals within this report

2.1 Scrutiny Rolling Work Programme

- 2.1.1 The Committee is asked to note the current status of its rolling work programme attached at **Appendix 1**.

3. Appendices referenced in this report

- 3.1 Appendix 1 – Scrutiny Work Programme 2023

4. Background documents associated with this report

- 4.1 None

West Suffolk Council

Overview and Scrutiny Committee: Rolling Work Programme (2023 to 2024)

The Committee has a rolling work programme, whereby suggestions for scrutiny reviews are brought to each meeting, and if accepted, are timetabled to report to a future meeting. The work programme also leaves space for Call-ins and Councillor Calls for Action.

Description	Lead Member - Officer	Details
20 July 2023 (Time: 5.00pm)		
Venue: West Suffolk House, Western Way, Bury St Edmunds		
Decisions Plan	Leader of the Council	To receive information on forthcoming decisions to be considered by the Cabinet.
Work Programme	Chair of the Committee	To receive suggestions for scrutiny reviews, appoint Task and Finish Groups for these reviews and indicate review timescales.
21 September 2023 (Time: 5.00pm)		
Venue: West Suffolk House, Western Way, Bury St Edmunds		
Community Safety Partnership Report	Cabinet Member for Families and Communities	To review the work of the Partnership on an annual basis (West Suffolk Community Safety Partnership)
Suffolk County Council: Health Scrutiny Committee	To be confirmed.	To receive an update from the Council's appointed representative on discussions held by the Suffolk Health Scrutiny Committee on 12 July 2023.
Suffolk County Council: Police and Crime Panel	To be confirmed	To receive an update from the Council's appointed representative on discussions held by the Suffolk Police and Crime Panel on 14 July 2023
Decisions Plan	Leader of the Council	To receive information on forthcoming decisions to be considered by the Cabinet.
Work Programme	Chair of the Committee	To receive suggestions for scrutiny reviews, appoint Task and Finish Groups for these reviews and indicate review timescales.
9 November 2023 (Time: 5.00pm)		
Venue: West Suffolk House, Western Way, Bury St Edmunds		
Suffolk County Council: Police and Crime Panel	To be confirmed	To receive an update from the Council's appointed representative on discussions held by the Suffolk Police and Crime Panel on 6 October 2023

Description	Lead Member - Officer	Details
Suffolk County Council: Health Scrutiny Committee	To be confirmed	To receive an update from the Council's appointed representative on discussions held by the Suffolk Health Scrutiny Committee on 11 October 2023.
Decisions Plan	Leader of the Council	To receive information on forthcoming decisions to be considered by the Cabinet.
Work Programme	Chair of the Committee	To receive suggestions for scrutiny reviews, appoint Task and Finish Groups for these reviews and indicate review timescales.
18 January 2024 (Time: 5.00pm)		
Venue: West Suffolk House, Western Way, Bury St Edmunds		
Decisions Plan	Leader of the Council	To receive information on forthcoming decisions to be considered by the Cabinet.
Work Programme	Chair of the Committee	To receive suggestions for scrutiny reviews, appoint Task and Finish Groups for these reviews and indicate review timescales.
17 March 2024 (Time: 5.00pm)		
Venue: West Suffolk House, Western Way, Bury St Edmunds		
Suffolk County Council: Health Scrutiny Committee	To be confirmed	To receive an update from the Council's appointed representative on discussions held by the Suffolk Health Scrutiny Committee on 24 January 2024.
Suffolk County Council: Police and Crime Panel	To be confirmed	To receive an update from the Council's appointed representative on discussions held by the Suffolk Police and Crime Panel on 26 January 2024.
Decisions Plan	Leader of the Council	To receive information on forthcoming decisions to be considered by the Cabinet.
Work Programme	Chair of the Committee	To receive suggestions for scrutiny reviews, appoint Task and Finish Groups for these reviews and indicate review timescales.
Future Item(s) for Review		

Description	Lead Member - Officer	Details
Mildenhall Hub	Cabinet Member for Leisure	Cabinet endorsed a future review on progress against the year five financial test by way of a final report on the Mildenhall Hub Post Implementation Review be included in the Overview and Scrutiny Committee's work programme for 2026 , subject to the completion of a scoping / key lines of enquiry exercise being carried out with the Strategic Director.

Current position of Overview and Scrutiny Working Groups

	Title	Purpose	Start Date (Established)	Members Appointed	Estimated End date
1.	Modern Day Slavery Working Group	<p>A Working Group was established in November 2020 to carry out a review of the West Suffolk Council statement and approach to modern-day slavery.</p> <p>(The government announced in September 2020 new guidance which requires councils to report on their activities in relation to modern day slavery. More guidance is awaited from government. Once this has been published, the Working Group will convene its first meeting).</p> <p>Update: Queens Speech 2022 – Modern Slavery Bill – reducing modern slavery in the supply chain. Once the Bill has progressed and more detail is published, the Working Group will convene its first meeting.</p>	Not yet met.	<p>Councillors:</p> <p>Diane Hind Mike Chester Vacancy</p>	