

Report to Cabinet

Child Obesity

A Report of the Health & Adult Social Care
Select Committee
July 2018

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Message from the Inquiry Chairman



“On behalf of the inquiry group, I would like to pass on our sincere thanks and appreciation to all those people who gave up their valuable time to talk to us as part of our evidence gathering. Throughout this inquiry, there has been significant national media interest in child obesity which has only strengthened and renewed our belief that this is a crucial and timely issue for everyone.

Whilst recognising there is no simple solution to this very complex area, the inquiry group hopes that this report will enable the Council to play an even greater role in facilitating change through stronger partnership working leading to measurable reductions in child obesity across Bucks over the coming years”.

Brian Roberts, Chairman of the Inquiry Group and the Health & Adult Social Care Select Committee

Examples of national press coverage since January 2018



Members of the Inquiry Group:

- County Councillor Brian Roberts (Chairman)
- County Councillor David Martin
- County Councillor Ralph Bagge
- County Councillor Barbara Gibbs

Purpose of the Report

- To seek the agreement of Buckinghamshire County Council's Cabinet to the report and recommendations of the Health & Adult Social Care Select Committee's Inquiry into Child Obesity.

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Recommendations (1)

Recommendation 1 -

That the Council develops a vision for tackling child obesity – “Everyone’s Responsibility” to include:

Setting-up a Healthy Communities Partnership sub-group to develop a co-ordinated “Child Healthy Eating Action Plan” with a 1-2 year delivery plan which aligns with the Government targets to reduce child obesity.

Recommendation 2 –

That progress on delivery of the action plan be reported to the Health & Wellbeing Board on an annual basis.

Recommendations (2)

Recommendation 3 (as Corporate Parents) –

To develop a healthy eating/cooking section in the induction pack for all Fostering and Adoption Families and signpost to support services.

Recommendation 4 (as Corporate Parents) –

To introduce a dashboard metric to show the proportion of children in care who are obese and overweight with regular reporting to the Corporate Parenting Panel on progress on specific action plans.

Recommendation 5 –

To ensure that the work of the Prevention at Scale pilot be used to shape and inform the work of the Healthy Communities Partnership.

Recommendations (3)

Recommendation 6 -

To explore other innovative approaches to the National Child Measurement Programme, including Manchester's approach and consider the feasibility and benefits of such approaches for Bucks, whilst continuing to deliver the NCMP in accordance with national protocol.

Recommendation 7 –

To develop a “suite of projects with costs” which can be used by the Local Area Forums as part of their Local Priorities Funding discussions. The project list could include a series of cooking workshops for most deprived children to providing gardening tools and seeds for a community allotment.

Recommendations (4)

Recommendation 8 -

To act as the co-ordinator/facilitator of the Healthy Pupils Capital Programme to ensure the money is allocated and used to make a difference. Provide guidance to schools on how the money can be used, based on the Government's guidance.

Recommendation 9 -

To write a letter to the Department for Education in support of introducing the new voluntary healthy rating scheme for primary schools as soon as possible and for it to be used by Ofsted as part of the inspection criteria.

Recommendation 10 -

To support schools to deliver the PSHE curriculum in a consistent and coherent way across Buckinghamshire.

Recommendations (5)

Recommendation 11 -

- a) To create "Child Healthy Eating" ambassadors within the Early Years setting and in schools (with the help of the Early Years Providers and School Liaison Officers) who can drive the key messages around the health benefits of providing healthy food to their local communities;
- b) To develop strong messages for specific communities, for example, Mosques, Churches, GP surgeries, Hospitals (pre-natal and antenatal clinics and maternity wards), Libraries, Parish and Town Councils
- c) Work with the PSHE Leads in schools to devise a training module for Head teachers and School Governors around the importance of healthy eating/cooking and healthy choices in schools in conjunction with those who can deliver this.

Inquiry Scope

The Inquiry was set up to:

- Identify improvements in the system to help meet the Government's target of reducing childhood obesity over the next 10 years;
- Review current strategies and action plans in place to reduce child obesity across the whole system;
- Understand the National Child Measuring Programme and the data that it's reporting;
- Seek an understanding of the strength of lobbying to Government on issues affecting obesity, including the food and drinks industry, green spaces within housing developments;
- Assess current joint initiatives between public health and other key stakeholders;
- Understand the proposed plans for allocating and spending funding available as part of the Healthy Pupils Capital programme;
- The inquiry scope was agreed by the HASC at its 28th November 2017 meeting.



Microsoft Word
Document

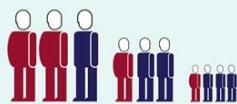
Methodology

- Evidence gathering meetings were held between 30 January – 5 March 2018 with the following people/teams:
 - Sarah Preston, Public Health Principal
 - Lucie Smith, Public Health Practitioner (Adv)
 - April Brett, Public Health Principal
 - Jenny Chapman, Head of 0-19 Healthy Child Programme services
 - Susie Mitchell, School Nurse Locality Lead
 - Karen Collett, Headteacher, St. Mary's School, Haddenham
 - Tracey Ironmonger, Assistant Director of Public Health
 - Michael Brown, Founding Director, Empower to Cook
 - Heidi James, Empower to Cook
 - Steve Ross, seconded to Empower to Cook from Janssen UK
- Following a request for information, written evidence was submitted by the District Councils, the County Council's Fostering & Adoption team and the County Council's Finance team.
- Desk top research to provide national context alongside research into current strategies available on this topic.

National Context

- Nearly a third of children aged 2 to 15 are overweight or obese. Reducing obesity levels will save lives as obesity doubles the risk of dying prematurely.
- Obesity and being overweight are linked to a wide range of diseases, notably diabetes (type 2), asthma, hypertension, cancer, heart disease and stroke.
- Obesity rates are highest among children from the most deprived areas. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well off counterparts and by age 11, they are three times as likely.
- The Government published its Childhood Obesity Plan in 2016 with the aim of reducing England's rate of childhood obesity within the next 10 years.
- The Government recognised the importance of school nursing in the public health strategy "Healthy Lives, Healthy People" and committed to developing a new vision.
- The National Child Measurement Programme (NCMP) involves the annual measurement of the height and weight of children in reception and Year 6 and the return of the data to the Health and Social Care Information Centre.

Why is obesity an issue?



It's widespread

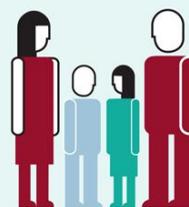
Two thirds of adults, **a quarter** of 2–10 year olds and **one third** of 11–15 year olds are overweight or obese



Prevalence remains high

Overweight and obesity in adults is predicted to reach **70% by 2034**

More adults and children are now severely obese



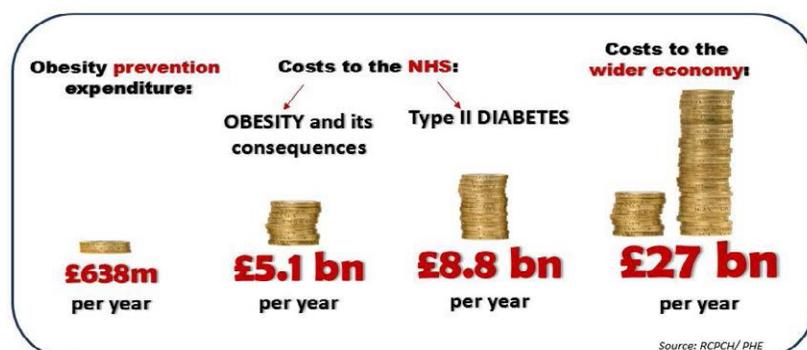
Consequences are costly

A high BMI...

- is costly to health and social care
- has wider economic and societal impacts

Costs of Obesity

Treating obesity and its consequences costs the NHS £5.1bn every year. The wider costs of obesity to society are estimated to be around three times this amount. By contrast, the UK spends only around £638 million on obesity prevention programmes.



Local Context

- Public Health has a statutory duty to deliver the National Child Measurement Programme and also commissions services to support children who are overweight and obese;
- There has been an increase in pregnant women who are obese or overweight which puts the new born child at risk through their own behaviours;
- Supporting and educating parents during the early formative years of a child's life so that they provide healthy choices for young children;
- Local Members have a role to play within their community and also as a corporate parent for looked after children in Bucks;
- Obesity is linked to areas of deprivation so there is a need to target interventions to those areas;
- Schools have a key role to play in providing support and education so that children can make healthy choices.
- Whilst recognising that tackling obesity is a complex issue which does not fall to one area in particular, this report focusses on healthy eating rather than physical activity as this has been given prominence already through the "Active Bucks" initiative.

Key Finding – Strategy into Action

During the evidence gathering, we were sighted on various national and local strategies which have been developed to either specifically tackle child obesity (for example: the Government’s “Brave and Bold” 10 year strategy) or strategies that touch on activities which could impact on reducing obesity (for example: the Council’s Healthy Eating Strategy and the Joint Strategic Needs Assessment) – See Appendices.

Whilst acknowledging the need for overarching strategies, we felt that there was a lack of a specific action plan to tackle the issue in a co-ordinated, whole system and holistic way. It has been widely recognised that reducing child obesity cannot be down to one part of the system – it needs to be owned by everyone and driven by those organisations most able to make the difference.

Key Finding – Strategy into Action (2)

The Healthy Communities Partnership (HCP) is the County strategic partnership with responsibility for overseeing the delivery of the prevention priorities in the Health & Wellbeing Strategy (HWB). The HCP also identifies and takes action on priorities where there are gaps or where high level partnership support can add value to existing work programmes.

We heard that the Health & Wellbeing Board priorities are centred around Place, Reducing Inequalities and Mental Health. Tackling and reducing obesity touches on all these areas and we feel it should be driven through the work of the HCP.

Key Finding – Strategy into Action (3)

Recommendation 1

That the Council develops a vision for tackling child obesity – “Everyone’s Responsibility” to include:

- Setting-up a Healthy Communities Partnership sub-group to develop a co-ordinated “Child Healthy Eating Action Plan” with a 1-2 year delivery plan which aligns with the Government targets to reduce child obesity.

Recommendation 2

- Progress on delivery of the action plan to be reported to the Health & Wellbeing Board on an annual basis.

Key Finding – “Tools” to aid delivery

We acknowledge the key role that local authorities have in helping to deliver the Government’s targets around reducing child obesity but as stated previously it has to be a whole system approach.

This section of the report focusses on the following and provides recommendations in each area.

- Role of Local Authority as Corporate Parent
- Role of Public Health as Commissioners and Influencers
- Role of Members as Community Leaders
- Strength of Lobbying to make the change happen
- Partnership working to facilitate change

Key Finding – Role of the Local Authority as Corporate Parent (1)

We received written evidence from the Council's fostering team which states that there is no specific policy around healthy eating although "carers are expected to provide children with an appropriate healthy diet that meet an individual child's needs. Children in care receive regular medicals which includes the monitoring of their weight and diet as needed. If there were an issue, carers would be given direct advice from the medical professional".

As Corporate Parents, we felt that the Council should do all within its power to promote healthy eating and physical activity to our foster carers and parents adopting children and that we should encourage them, and their children, to take part in cooking for fun initiatives which should be offered to them as part of their induction. We also felt that a measure should be introduced to monitor the trend and provide further interventions if required.

Recommendation 3 –

To develop a healthy eating/cooking section in the induction pack for all Fostering and Adoption Families and signpost to support services

Key Finding – Role of the Local Authority as Corporate Parent (2)

Recommendation 4 -

To introduce a dashboard metric to show the proportion of children in care who are obese and overweight with regular reporting to the Corporate Parenting Panel on progress on specific action plans

Key Finding – Role of the Local Authority (2)

We felt that the Council's social workers had a vital role to play in identifying those most in need of targeted interventions and whilst this area of work was out of scope for this inquiry, we felt that Public Health could work with social workers to raise awareness of obesity and to empower them to have potentially difficult conversations with parents and carers.

Key Finding - Role of Public Health as Commissioners and Influencers (1)

We heard from the Public Health team and the Head of the 0-19 Child Programme services about the key role the early years setting plays in supporting parents to ensure children have the best start on life. From birth to starting school, there are a number of initiatives in Buckinghamshire to help babies and infants get the nutrition they need. For example, breastfeeding programmes and weaning support and advice.

The Public Health team also commissions a number of services aimed at supporting children who have been identified as being obese or overweight. We heard about the new Integrated Lifestyle service which came into effect on 1 April 2018 and provides a single point of access for services including weight management.

We heard that the Council is part of the Local Government Association (LGA) Prevention at Scale pilot. The challenge of reaching, engaging and motivating residents to change their lifestyle behaviours has been identified by Public Health as a focus for Prevention at Scale.

Key finding - Role of Public Health as Commissioners and Influencers (2)

This will include developing a multi-agency whole system approach, raising awareness of the information and support available, engaging priority groups and mobilising communities.

In conjunction with recommendation 1, we would like to see the work of the pilot used to shape and inform the work of the Healthy Communities Partnership sub-group in developing the action plan for tackling and reducing obesity.

Recommendation 5 –

To ensure that the work of the Prevention at Scale pilot be used to shape and inform the work of the Healthy Communities Partnership.

Key finding - Role of Public Health as Commissioners and Influencers (3)

We heard that the delivery of the National Child Measuring Programme (NCMP) is one of the statutory public health duties that transitioned to local authorities in April 2013. The programme aims to provide robust health surveillance data on child weight status to understand prevalence and trends at local and national levels.

The results of the NCMP have informed the Joint Strategic Needs Assessment and underpinned the planning and commissioning decisions for children who are obese and overweight.

We recognise that the NCMP applies to every state-maintained primary and middle school, including academy and free-schools but it does not include children attending other education settings, such as independent schools, pupil referral units or those being educated at home.

Key finding - National Child Measuring Programme (1)

The most recent National Child Measuring Programme (NCMP) data for 2016-17 shows the following:

	Overweight		Obese		Overweight and obese combined	
	Reception	Year 6	Reception	Year 6	Reception	Year 6
England	13%	14.3%	9.6%	20%	22.6%	34.2%
South East	12.9%	13.7%	8.5%	16.9%	21.4%	30.6%
Bucks	11.5%	12.6%	6.5%	14.4%	18%	26.9%

National Child Measuring Programme (2)

The data for Bucks consistently shows that prevalence of obesity doubles between Reception and Year 6 (from an average of around 9% to around 19%).

As part of our desk research, we listened to the recent Parliamentary Health Select Committee debate around Child Obesity (held on 1 May) at which witnesses provided information on the NCMP. In Manchester, the local authority has been working with the University of Manchester to help with the evaluation process. They have also changed the technology so that the school nurses can weigh and measure the whole school in the same time as it took to do the 2 year groups. Taking measurements every year means that interventions can be introduced earlier and the benefits of doing so are starting to be seen.

Whilst acknowledging that the NCMP is a statutory requirement, we feel that it has limitations which need to be recognised when reporting on the effectiveness of reducing child obesity. We feel this is just an indicative measure and it cannot be the sole indicator for measuring the success in reducing child obesity. Therefore we feel it would be worth exploring examples of innovative approaches to the NCMP to understand their effectiveness.

National Child Measuring Programme (3)

Recommendation 6 -

To explore innovative approaches to the National Child Measuring Programme, including Manchester's approach and consider the feasibility and benefits of such approaches for Bucks, whilst continuing to deliver the NCMP in accordance with national protocol.

Key Finding – Role of Members (1)

Throughout the evidence gathering, it became apparent that communities play an important part in creating healthy environments for children and we felt that, as Community Leaders, we could help support communities and help to get interventions to those people most in need.

As an inquiry group, we discussed the success of the Active Bucks initiative which received support from the Local Area Forum's. We would like to see a suite of projects developed which could then be discussed at the LAFs. It would also help to raise the profile of this important issue within the local communities.

Recommendation 7 –

To develop a "suite of projects with costs" to be used by the Local Area Forums as part of their Local Priorities Funding discussions. The project list could include a series of cooking workshops for most deprived children to providing gardening tools and seeds for a community allotment.

Key Finding – Central Government Lobbying

During evidence gathering, we were particularly interested to hear about three initiatives being driven by Government – reformulation of sugary drinks, new healthy rating scheme for primary schools and mandatory PSHE in schools:

1. Reformulation of sugary drinks

The Government's strategy for reducing child obesity contains a recommendation relating to reducing sugar in peoples' diets which reflects the evidence presented by the Scientific Advisory Committee on Nutrition (SACN) that sugar has a significant impact on obesity and that children are consuming nearly three times the recommended maximum intake.

Sugar is not the sole contributor to excess calories and increasing BMI and calorie intake as a whole needs to be considered when looking at reducing obesity. We heard that the Government introduced a Sugar Tax in April 2018 but it remained unclear about how the money could be used and how to apply for the additional funding.

Key Finding – Central Government Lobbying (2)

Extract from the Government's response to the conclusions and recommendations made in the House of Commons Health Select Committee follow-up report –

"Through the primary PE and sport premium, the Government has invested over £600 million of ring-fenced funding to primary schools to improve PE and sport since 2013. We have now doubled the premium to £320 million a year from the 2017-18 academic year using revenue from the soft drinks industry levy. Schools must use the funding to make additional and sustainable improvements to the quality of PE and sport they offer. We will be strengthening the accountability arrangements for the premium to ensure schools are spending the increased funds in line with the conditions of funding."

We understand that the Government has published more information about how the funding can be used (see Appendices). We feel that the Council has an opportunity to work with schools to co-ordinate and introduce a process which will ensure this money is used to make a difference.

Key Finding – Central Government Lobbying (2)

Recommendation 8 -

To act as the co-ordinator/facilitator of the Healthy Pupils Capital Programme to ensure the money is allocated and used to make a difference. Provide guidance to schools on how the money can be used based on the Government's guidance.

Key Finding – Central Government Lobbying (3)

2. New healthy rating scheme for primary schools

As part of the School Food Plan, a new set of standards for all food served in schools was launched by the Department for Education. They became mandatory in all maintained schools, and new academies and free schools from January 2015.

We heard about the Government's commitment to creating a new healthy rating scheme for primary schools which would be taken into account during Ofsted inspections. This was supposed to come into effect in September 2017 but hasn't yet. We felt that the link between introducing food standards and creating an Ofsted rating on healthy foods in schools was a positive move but were disappointed that the Ofsted rating hasn't been implemented yet.

Key Finding – Central Government Lobbying (4)

Recommendation 9 –

For a letter to be sent to the Department for Education in support of introducing the new voluntary healthy rating scheme for primary schools as soon as possible and for it to be used by Ofsted as part of the inspection criteria.

Key Finding – Central Government Lobbying (5)

3. Personal, Social, Health and Economic Education (PSHE)

We heard that PSHE is currently a non-statutory subject in school. The Government's guidance around PSHE published in September 2013 states the following – "To allow teachers the flexibility to deliver high quality PSHE, we consider it unnecessary to provide new standardised frameworks or programmes of study".

The recent Relationships and Sex Education (RSE) consultation also included whether PSHE should be statutory. The consultation ended in February and we await the final report from the Department for Education. We feel that the Council has a role in helping schools deliver a consistent and coherent PSHE module to include a strong emphasis on healthy eating.

Key Finding – Central Government Lobbying (6)

Recommendation 10 –

To support schools to deliver the PSHE curriculum in a consistent and coherent way across Buckinghamshire.

Key Finding – Local Lobbying/Influencing

In conjunction with recommendation 1, we would like to see the following included as part of the scope of work for the sub-group.

- Working closely with developers and planners to influence the use of green spaces and also influence the use of retailer space for food outlets;
- Working with local companies to explore joint initiatives which promote healthy eating;
- Working with partners to ensure healthy options are included in Leisure Services catering contracts.

Key Finding – Partnership working (1)

Continuing a healthy diet in childhood is crucial to preventing obesity in adulthood. Building on early years and school-based initiatives and involving parents is key to supporting children in making healthier food choices.

Latest figures show that nearly half of all ready meals eaten in Europe last year were consumed in the UK.

A recent report entitled “Food Education Learning Landscape” (FELL) demonstrates why it is important to take a joined-up approach to food education and the importance of doing so in terms of childhood obesity.

“Every kid in every school no matter their background, deserves to learn the basics about food – where it comes from, how to cook it and how it affects their bodies. These life skills are as important as reading and writing, but they’ve been lost over the last few generations. We need to bring back and bring up our kids to be street wise about food.”

- Jamie Oliver

Key Finding – Partnership working (2)

We heard from the founder of Empower to Cook (E2C) CIC which is a social enterprise based in Bucks providing cookery classes and food education to community groups, families and corporates.

E2C sees an opportunity to bring together the local authority, healthcare, social enterprise and schools through a better joined-up food education model which provides five key outcomes:

- Prevention
- Improved educational attainment
- Helping teachers inspire children in food learning/understanding and nutrition
- Providing opportunities for adult volunteering and skills development
- Using food surplus/waste in a better way

Key Finding – Partnership working (3)

We envisage the HCP sub-group working closely with schools (via the School Liaison Officers) to ensure increased support is provided to them to help make healthy eating and healthy learning part of their curriculum and key messages can be developed and delivered for specific communities.

We would also like to encourage schools to focus on teaching cooking at school in a fun and life changing way. We recognise the pressures on schools to deliver the curriculum but feel that the long-term effects of eating healthily and being able to cook are important life skills which need to be embedded at an early stage.

As part of our evidence gathering, we visited Haddenham St. Mary's School to discuss the school's approach to healthy eating and teaching and we heard that the school turned its sports store into a kitchen which now provides healthy school meals for the children of St. Mary's and other local schools. The aim is to use local produce and the school also keeps chickens to help provide eggs for the cooking!

Key Finding – Partnership working (4)

One of the main challenges facing the Head Teacher we spoke to was around gaining support from the School Governors. We know that a number of Members are also School Governors so we felt that Members could help to promote the key messages of healthy eating in our schools and work with the teachers to develop the necessary "tools" to help deliver these messages.

Local Communities also have a key role to play in providing support and services to help promote healthy eating and to help get such support and services to hard to reach groups. We heard about the challenges in reaching certain groups and acknowledge these difficulties but we would like to see a more proactive approach taken to drive the key messages around the health benefits of home cooking and making healthy eating choices.

If the Government decides, after its recent consultation, to make PSHE a statutory subject at school, then all schools will have a PSHE Lead. We would like to see PSHE Teachers represented on the Healthy Communities Partnership sub-group to help shape, inform and drive this work.

Key Finding – Partnership working (5)

Recommendation 11 –

- a) To create “Child Healthy Eating” ambassadors within the Early Years setting and in schools (with the help of the Early Years providers and School Liaison Officers) who can drive the key messages around the health benefits of providing healthy food;
- b) To target strong messages for specific communities, for example, Mosques, Churches, GP surgeries, Hospitals (pre-natal and ante-natal clinics and maternity wards), Libraries, Parish and Town Councils;
- c) Work with the PSHE Leads in Schools to devise a training module for Head teachers and School Governors around the importance of healthy eating/cooking and healthy choices in schools in conjunction with those who can deliver this (for example, E2C).

Case Study – Haddenham St. Mary’s School



The Inquiry Group visited Haddenham St. Mary’s School to meet with the Head teacher, Karen Collett.

Key points to note:

- Buy-in from the School Governors was crucial;
- Strong leadership and enthusiasm;
- Successful forum;
- Turned sports store room into a kitchen which now serves as a hub for a number of surrounding schools;
- Run like a business.

Extract from Haddenham.net (May 2014)

Karen Collett, Headteacher at Haddenham St Mary's CE School, is committed to finding a healthy solution to the government's initiative stipulating the return of free school meals from September of this year. But there are serious hurdles!

The seemingly commendable legislation has, like many policy decisions, failed to take into account some obvious obstructions — for example the fact that the majority of schools stripped out their kitchens when they were no longer required to provide on site catering for pupils! Karen was frustrated by the initial solution presented to her: 'airplane style' prepared meals delivered to the school from High Wycombe. The purpose of reinstating free school meals is to tackle obesity and ensure pupils have a balanced meal that educates them about nutrition. Mass produced foods packaged up in plastic trays may not be the best way to achieve this objective. Nor are they likely to be the cheapest option.

However, it does seem that a re-think is in progress, and Karen is confident that a better solution is likely to emerge very soon. We will keep you posted.

In the meantime, Karen will be hosting a Food Conference at Haddenham St Mary's school, on Friday 27th June, from 9.30am-3pm, to explore options with a team of experts including Raymond Blanc, nutritionist Amanda Ursell, Chair of the National Obesity Forum Tam Fry, Juliane Noble from the Jamie Oliver Foundation and Blue Peter gardener Chris Collins.

Case Study – Empower to Cook



The Inquiry Group heard from the Founding Director of Empower to Cook.

Key points to note:

- Approach is about prevention;
- Looking to bring together local authority, healthcare, social enterprise and schools through a better joined up food education model;
- Run programmes specifically aimed at the obesity prevention agenda;
- Key challenge – getting whole system buy-in.

Other Observations (1)

There are no specific recommendations to be made around the following as they were either not directly in scope or have a potential financial implication but we felt that the issues are worth noting and could be developed further in the future.

- **Early Help**

We are aware of the Council's current review of Early Help provision and would like to ensure that the new service delivery model includes support for families to make healthy food choices, particularly in the early stages of a child's development.

- **Healthy eating stakeholder event**

We felt that the success of the Healthy Eating forum, lead by Haddenham St. Mary's Head teacher should be built on and a further forum should be planned to bring together key stakeholders to share experiences and drive initiatives forward.

- **Growing schemes**

We heard about a number of growing schemes that have been set-up and felt that more could be done to increase the number of schemes across the county but we appreciate the time resource implications of this.

Other Observations (2)

- **Long-term effects of artificial sweeteners**

As part of the desk research undertaken for this inquiry, we have read about the increased use of artificial sweeteners and the detrimental effect that these are having on peoples' tastes (healthy, filling and highly nutritious foods become unpalatable to those who have got used to artificial sweeteners). We would like to suggest that this issue is kept under regular review and that any necessary lobbying takes place.

- **Lobbying the Government in relation to the food and drinks industry**

We heard that the latest news from the sugar in foods and drinks reduction programme indicates that overall there has been less than a 3% reduction in the past year and some manufacturers have increased the sugar content in their products. We would like to see a co-ordinated push by local authorities to lobby Government to ensure the food and drinks industry works hard to reduce sugar (and salt).

- **Data sharing**

It was noted that the current separate IT systems used by partner organisations hinders the ability to work in partnership and collaboratively to support families to maximum effect.

Appendices

- [Childhood obesity - brave and bold action 2015.16 report.pdf](#)
- [Bucks Healthy Eating Strategy FINAL.docx](#)
- Joint Strategic Needs Assessment:
<https://www.buckscc.gov.uk/services/health-and-wellbeing/joint-strategic-needs-assessment-jsna/>
- Healthy Pupil Capital Funding guidance:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686163/Healthy_pupils_capital_fund_guidance.pdf

Next steps

- The report to be discussed and agreed by the Health & Adult Social Care (HASC) Select Committee (24th July 2018).
- The report and recommendations to be presented to BCC Cabinet (22 October 2018).
- Recommendation progress monitoring by the HASC at 6 and 12 months.

