



Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

Minutes from the meeting held on Thursday 19 September 2019, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.02 am and concluding at 12.45 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)
Mr R Bagge, Mr S Lambert, Mr D Martin and Julia Wassell

District Councils

Ms T Jervis	Healthwatch Bucks
Mr A Green	Wycombe District Council
Ms J MacBean	Chiltern District Council

Members in Attendance

Ms L Hazell, Buckinghamshire County Council
Mr G Williams, Buckinghamshire County Council

Others in Attendance

Mrs E Wheaton, Committee and Governance Adviser
Ms J Bowie, Director of Integrated Commissioning
Dr J O'Grady, Director of Public Health
Ms L Spencer, Lead Transformation Officer

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr W Bendyshe-Brown, Mrs P Birchley, Mrs L Clarke OBE, Mr C Etholen, Mr B Roberts, Ms S Jenkins, Dr W Matthews and Mr N Shepherd.

Ms J MacBean substituted for Mr N Shepherd.



South Bucks
District Council



2 DECLARATIONS OF INTEREST

Julia Wassell declared an interest in item 7 as she worked for Mind, mental health services in Wycombe.

Mr R Bagge declared an interest in item 8 as he was Chairman of a Public Health Advisory Committee at NICE which was investigating alcohol and the use of digital interventions.

Mr T Green declared an interest in item 8 as he was a designated supervisor for two licensed, charitable premises in Buckinghamshire.

3 MINUTES

The minutes of the meeting held on Tuesday 2nd July 2019 were agreed as a correct record.

Julia Wassell reported that a resident had further questions regarding ear operations and grommets and would send these to the Committee & Governance Adviser.

4 PUBLIC QUESTIONS

There were no public questions.

5 CHAIRMAN'S UPDATE

The Chairman updated the Committee on the following.

- Buckinghamshire Healthcare NHS Trust's Open Day and AGM would take place on Saturday 21st September between 11am-3pm at Stoke Mandeville Hospital;
- The Child Obesity RAG status would be attached to the minutes;
- An informal Scrutiny Chairman meeting was being arranged for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System.

6 COMMITTEE UPDATE

Ms T Jervis, Chief Executive, Healthwatch Bucks provided the following update.

- Two Healthwatch Bucks reports had been published – Outpatient services (feedback from Stoke Mandeville, Amersham and Wycombe Hospitals) and Live Well, Stay Well;
- Healthwatch Bucks had been shortlisted for a national award in recognition for their work around readability;
- Recruitment was underway for a new chief executive.

7 ADULT SOCIAL CARE TRANSFORMATION - TIER 3

The Chairman welcomed Lin Hazell, Cabinet Member for Health & Wellbeing, Ms J Bowie, Service Director, Integrated Commissioning and Ms L Spencer, Lead for Transformation.

The following main points were made during the discussion.

- The transformation programme was organised into three tiers:
 - Living Independently (Tier 1);
 - Regaining Independence (Tier 2);
 - Living with Support (Tier 3).
- There were 9 workstreams within Tier 3, as follows:
 - Prevention Commissioning;
 - Mental Health services;

- Direct Care and Support;
 - Housing and Equipment;
 - Planned reviews of existing care packages;
 - Transport;
 - Direct Payments;
 - New Learning Disability service model;
 - Continuing Health Care – create a single point of access for providers and reduce duplication.
- A Member commented that the use of acronyms and structure of the report made it difficult to understand how many clients were affected by the proposed changes in services, what the actual spend was in each area and the impact of the service improvements on the clients. Ms Bowie agreed to look into this and come back with the number of clients and the actual spend in each area.

ACTION: Ms Bowie

- The Better Lives Strategy was about making sure individual service users had better experiences.
- A Member sought assurance that the transformation work being undertaken was delivering the right level of care deemed acceptable by service users and families. The Member commented that it was not just about delivering financial savings, the Committee needed to know that the quality of services had not been adversely affected.
- Ms Bowie confirmed that the Transformation Board had requested evidence on the impact of the service changes, to include feedback from users and carers as well as measuring the impact via key performance indicators.

ACTION: Ms Bowie

- A Member expressed concern about delivering the savings in this tier and asked particularly about the living with dementia financial savings in light of an increase in demand on services and the complexity of peoples' needs. Ms Bowie explained that the £285k savings sat within the mental health project overview and the savings would come from reviewing existing service users plans and looking at alternative provision. The savings would be made from offering more independent tenancies to service users who are currently in residential homes and other types of support. There would also be a review of s117 after care packages to ensure these were aligned with current policies and procedures.
- A Member commented that it was difficult to see how the Better Lives Strategy was being delivered across all the tiers and suggested that future presentations needed to include action plans for each tier with deliverables and timeframes, as well as budget savings. Ms Bowie confirmed that there should be consistent approach to reporting on the transformation programme.
- It was agreed that representatives from the HASC Select Committee would meet with Adult Social Care Officers to help shape and structure future reports on Transformation.

ACTION: Chairman/Committee & Governance Adviser/Jane Bowie

- A Member commented that “cuckooing” (where drug dealers take over the home of a vulnerable person) was a real concern and having a consistent team of social workers was important so that signs of this criminal activity could potentially be spotted more easily. The Member asked what was being done to address vacancies in the team. Ms Bowie responded by saying that there were challenges around this and the service was working hard with the HR team to fill the vacancies. Within the occupational therapy team, there was a “try before you buy” initiative in place and 6 OTs had been recruited as a result.

- It was acknowledged that getting the workforce mix right was important and there were training programmes in place for social workers and OTs.
- Ms Bowie confirmed that all the work streams involved partnership working and cited, by way of example, the s75 agreement with Oxford Health in delivering the mental health work stream.
- In response to a question about gaining feedback from service users and carers, Ms Bowie explained that both qualitative and quantitative feedback was obtained via a number of different routes, including Healthwatch Bucks and complaints and compliments directly to the service – the results of all feedback was triangulated. Ms Spencer added that frontline staff were also being asked for their feedback to help shape the service redesign.
- In response to a question about the s117 after care packages, Ms Bowie confirmed that the Council was reviewing their arrangements against best practice elsewhere to better understand and improve the effectiveness of care packages.
- A Member asked whether there were any particular areas of concern/challenges within the work streams. Ms Bowie highlighted the work around prevention and the challenges around some of the smaller, less connected communities that exist across the County. She went on to stress the importance of having strong transport links and work to find solutions around community transport was on the agenda.
- The virtual wallet for Direct Payments (DP) provision was being decommissioned and a new system called iCares was being rolled-out. The savings in this area would be made by reviewing users of DPs to see who had not used their allocated funding. Reviews of DPs should take place annually and work was underway to prioritise clients requiring a review.

The Chairman thanked the presenters.

8 PRE-DECISION SCRUTINY - RE-PROVISIONING OF RESIDENTIAL SHORT BREAKS (RESPIRE) FOR OLDER PEOPLE

A Task & Finish Group was set-up to undertake pre-decision scrutiny on the proposals for the re-provisioning of residential short breaks (respite) for older people and adults with a learning, mental, sensory or physical disability.

Mr S Lambert, Chairman of the Task & Finish Group, updated the Committee on the key findings of the Group which were outlined in a letter to the Cabinet Member for Health & Wellbeing. The Cabinet Member responded by letter, both were attached to the papers for the meeting.

Committee Members thanked the Task & Finish Group for the work they had undertaken on this issue. Mrs Wheaton, Committee & Governance Advisor, was also thanked for her work in supporting the Task & Finish Group.

A Member asked for clarification around the recent decision to temporarily close Seeleys House and asked whether it included the Day Opportunities Centre. Ms Bowie confirmed that it was only the residential respite care service that was temporarily closed.

In response to a question about the level of involvement of the voluntary sector in the proposed changes, Ms Bowie confirmed that the key stakeholder groups had engaged in the process and had made a good contribution throughout the consultation. The service users and carers were thanked for providing valuable feedback during the initial consultation period. It was acknowledged that beneficial feedback had been gained as a result of extending the consultation for a further 6 weeks and focussing on the Aylesbury Opportunities Centre.

The proposal would be presented to Cabinet on Monday 30th September 2019 for a decision.

9 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Chairman welcomed Mr G Williams, Cabinet Member for Community Engagement & Public Health and Dr J O'Grady, Director of Public Health.

The following main points were made during the discussion.

- 1 in 4 of Buckinghamshire residents were drinking at levels that could be harming their health. Most of the people drinking over the Chief Medical Officer's recommended weekly intake (14 units) were not dependent on alcohol.
- The proportion of people drinking over 14 units a week was highest in highest income households, older people (women 55 to 64 years and men 65-74 years) and men.
- The annual report provided an overview of alcohol in Buckinghamshire and the harms it can cause. It included stories from residents and frontline staff about the impact of alcohol on them.
- The report contained a number of recommendations to stimulate conversation and action across partners and communities in Buckinghamshire. The main aim was to increase awareness of safer drinking levels and what could be done to help reduce the harms from alcohol. There was a role for all partners in this, but particularly for frontline staff in health and social care to routinely ask the simple questions that might result in someone getting the help they need and changing their life for the better.
- In response to a question, Dr O'Grady confirmed that the Director for Public Health chose the topic for the annual report but used the priorities identified in the Joint Strategic Needs Analysis to highlight specific issues.
- A Member suggested "Nutrition and the effects of too much processed food" as a topic for a future annual report.
- Members discussed the benefits of lobbying Government and when the Government introduced policies around smoking, it had had an immediate effect.
- In response to a question around the social side of drinking, Dr O'Grady explained that her annual report was about helping people to make informed choices and to raise awareness around the safe levels of drinking alcohol.
- A Member suggested that leaflets should be sent to all households in Bucks informing people about the number of units and safe levels of alcohol.
- Concerns were raised around the effects of "hidden drinking" and it was acknowledged that this was a problem.
- Dr O'Grady explained that the annual report had been discussed and agreed at the recent Health & Wellbeing Board meeting so key partners were signed up to the recommendations. The report would also be discussed at the next Safer, Stronger Bucks meeting.
- The Cabinet Member said that partner workshops had been set-up to review the recommendations and develop specific delivery plans with timescales.
- A Member asked about the metrics being used to measure the success of the campaign. Dr O'Grady explained that data links were being developed, including capturing alcohol related admissions to A&E, deaths from cirrhosis of the liver and referrals to specialist services.
- In response to a question about the sustainability of funding for specialist services, Dr O'Grady clarified that the Government had committed to no cuts in Public Health funding and alcohol and substance misuse services were part of this funding.
- A Member commented that Buckinghamshire receives less funding than other areas due to its perceived affluence but there were still health inequalities across the County. The Member suggested lobbying Government for more funding to help address the inequalities.
- Dr O'Grady agreed to send the infographics to health partners to help publicise the key messages and provide signposting to specialist services.

ACTION: Dr O'Grady

The Chairman thanked the presenters.

10 COMMITTEE WORK PROGRAMME

The Committee noted the items for the November meeting:

- Temporary closure of Chartridge Ward, Amersham Hospital;
- Support for Carers Inquiry – 6 month recommendation implementation monitoring.

Members discussed possible items for the February meeting (date to be agreed) as this would be the last formal meeting before the Unitary council comes into being on 1 April 2020.

- A composite report on ASC Transformation, which tells a story of the success of the transformation programme across the tiers, from a service user viewpoint;
- An update on the Primary Care Networks, including evidence of progress to date and patient improvements;
- Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System and the alignment of priorities within the long term plan;
- Community hubs – plans for further roll-out across the county;
- Digital strategy – how the improvement plans impact on Bucks residents.

11 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Thursday 14th November 2019 at 10am in Mezzanine Room 1, County Hall, Aylesbury.

CHAIRMAN

**Scrutiny Inquiry Progress Update on Recommendations made in the Child Obesity Inquiry report
Interim Progress Report (9 months)**

Select Committee Inquiry Report Completion Date: October 2018

Date of this update: July 2019

Lead Officer responsible for this response: Lucie Smith (Rec 1, 2, 5, 6, 7, 10, 11a, 11b, 11c) , Nathan Whitley (Rec 3), Richard Nash (Rec 4), Sarah Callaghan (Rec 8, 9, 11a)

Cabinet Member that has signed-off this update:

Gareth Williams (Cabinet Member for Community Engagement and Public Health) (seen at CHASC BU Board 30th May)

Anita Cranmer (Cabinet Member for Education & Skills)

Warren Whyte (Cabinet Member for Children’s Services)

7

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
<p>1: That the Council develops a vision for tackling child obesity – “Everyone’s Responsibility” to include:</p> <p>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.</p>	<p>The Council will request that partners on the Health and Wellbeing Board commit to developing a multiagency action plan via the Healthy Communities Partnership (HCP). However this will also need to involve schools and early year’s settings.</p> <p>The development of a plan depends on the capacity of partners and internal stakeholders to support it. Any plan will take account of available resources to ensure the action plan is realistic and achievable.</p>	<p>The Healthy Communities Partnership (HCP) agreed to develop a Child Healthy Eating Action Plan at their meeting on the 14th March 2019.</p> <p>Work is currently underway to develop a draft plan. Meetings are taking place with partners outside of the HCP to ensure their contribution to this agenda is captured.</p> <p>The action plan will take a whole system approach in line with latest guidance, and will be an opportunity to identify gaps and areas for development taking account of available resources. The final action plan will be completed July 2019.</p>	<p align="center"></p> <p>(need to see evidence of a timeline for the action plan)</p>

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Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
2: That progress on delivery of the action plan be reported to the Health & Wellbeing Board on an annual basis.	This depends on whether partners agree to develop a children and young people healthy eating action plan.	Once the action plan has been developed progress will be reported to the Health and Wellbeing Board.	 (depends on the action plan)
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.	Information on healthy eating, cooking and local services will be distributed to existing carers, parents and special guardians and included in the induction material for people newly approved. This information will be drawn from existing sources to ensure messages are clear and concise.	Information on healthy eating, cooking and local services is included in each edition of the biannual newsletter for foster carers. In addition, the fostering team are currently working with public health to agree the information to be included in induction packs. <i>NB:</i> <ul style="list-style-type: none"> • All foster carers and adoptive parents undergo thorough assessment and preparation training which includes reference to healthy lifestyles. • All BCC residential care homes are Ofsted inspected which includes assessment of how a healthy lifestyle is encouraged and supported. The first of our new children's home was inspected in May 2019 and inspectors reported that: <ul style="list-style-type: none"> ○ 'Children's health and well-being are promoted successfully and planned for well.' ○ 'Healthy eating is promoted.' 	
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	The Corporate Parenting Panel reviews the health of its children annually and will include a healthy weight as part of this.	All children and young people who are in care are weighed and measured as part of their regular health assessment, either six monthly (under the age of 5) or annually (between 5 and 18 years old). This is to ensure their height and weight progress as expected. Children Services and LAC Health will collect all data about	 (need to see evidence)

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<p>Corporate Parenting Panel on progress on specific action plans.</p>		<p>the weight of our children and provide the Corporate Parenting Panel with a yearly report on this subject. This will include information and actions regarding children who are overweight or obese.</p>	
<p>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.</p>	<p>The existing Prevention at Scale pilot is adult focused; therefore whilst not specific to children the key learning of Prevention at Scale may take families into account. Depending on the outcome of recommendation 1, any relevant outcomes will be shared with the Healthy Communities Partnership.</p>	<p>The experience and learning from the Prevention at Scale work demonstrates the importance of understanding the behavioural science and evidence of behaviour change related to obesity / healthy eating. By fully understanding this it will ensure the action plan can make a real difference. Desktop research is underway to gather insight from other regions to inform development of the action plan.</p>	<p> (depends on an action plan being developed and agreed)</p>
<p>6: To explore other innovative approaches to the National Child Measurement Programme (NCMP), 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.</p>	<p>The existing NCMP programme in Buckinghamshire meets the national operating guidance and data quality indicators as stipulated by Public Health England.</p> <p>Understanding innovative approaches to the NCMP is part of Public Health's horizon scanning remit. Public Health proactively searches for examples of good practice, including through participation in national and regional networks. Manchester's programme (where all primary aged children are measured and parents receive annual growth updates through an online feedback system) will be considered as part of this. All approaches will be reviewed in terms of the benefits to be gained and the resource implications of any new approach.</p>	<p>BCC continues to commission the NCMP programme within Bucks. The 2017-18 survey participation rates were 95.4% for reception children and 93.6% for year 6 children, which continue to be better than the national quality measures.</p> <p>Public Health participated in a Public Health England skype conference call on 20th March 2019 to further understand the NCMP Obesity Child Profiles and case studies of using the NCMP data in innovative ways.</p> <p>This has resulted in a number of actions being included within the HCP healthy eating action plan to review how the Bucks NCMP data is used and shared with partners to maximum effect.</p>	<p></p>

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
<p>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.</p>	<p>Public health will develop a project list based on national best practice with indicative costs. The project list will be developed in consultation with stakeholders and across BCC business units. This will be done within existing resources.</p>	<p>A list of projects with costs is being finalised and will be available by the end of May 2019.</p>	
<p>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.</p>	<p>The decision on the use of Healthy Pupil Capital Fund (HCPF) will be a Cabinet Member decision (Cabinet Member for Education and Cabinet Member for Resources) as it is an un-ringfenced capital grant. Initial options have been presented to Members and were considered by Asset Strategy Board in July but no final decision was made on a preferred option for the use of this grant. Until such time as Cabinet Members have agreed a preferred option and taken a formal decision the proposed use of the grant cannot be confirmed.</p>	<p>The monies for the Healthy Pupil Capital Programme have been allocated against major projects to support schools with improving outcomes for pupil activity. Projects have included, but are not limited to, playground refurbishment. The majority of works will take place during school holidays as they are very disruptive activities.</p>	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
<p>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.</p>	<p>In Buckinghamshire we are committed to supporting schools to make the most of their vital role in supporting healthy eating and physical activity. Children's Services will produce a letter in support of the introduction of the new voluntary healthy rating scheme, which was a commitment from the Government's first instalment of the Childhood Obesity Plan in 2016. Shaping healthy habits from an early age and the expedient implementation of these proposals will greatly support us in our endeavours.</p>	<p>The letter was agreed by Sarah Callaghan and sent as discussed.</p>	
<p>10: To support schools to deliver the PSHE curriculum in a consistent and coherent way across Buckinghamshire.</p>	<p>Health Education will become compulsory in all maintained schools from September 2020. This statutory requirement will provide the foundation for consistent and coherent delivery. Public health is already supporting this with a PSHE Lead in post. The PSHE Lead has developed school PSHE networks and forums. These will be used to support schools to develop and implement the new Health Education subject by September 2020.</p>	<p>The Public Health PSHE Programme Manager has established schools PSHE Forums as a means of engagement, communication and a development network for PSHE leads. Through these forums topical discussions/updates are held which will be useful for developing Healthy Eating work. Promotion of the PSHE Association's Programme of Study and other quality assured materials are shared to support PSHE curriculum development; schools are being well prepared for statutory status. Public Health and PSHE initiatives are promoted via the forums, half termly PSHE newsletter, and articles placed on the school bulletin and cascaded to head teachers through school liaison groups. The Schoolsweb PSHE page and Public Health in Schools webpages contain advice, guidance and links to resources to support healthy eating and healthy lifestyles. Further work with schools to support engagement with parents is planned for the Spring term (2020). See also Recommendation 11c below regarding</p>	 (need to see evidence)

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
	<p>The school nurse team will provide the opportunity to support a consistent and coherent approach to signposting and referring families to appropriate support.</p> <p>Responsibility to implement and deliver the Health Education curriculum sits with schools, whilst public health can support schools, they cannot take responsibility for the delivery.</p>	<p>PSHE training</p> <p>School Nurses have a comprehensive follow up pathway linked to the National Child Measurement Programme (NCMP). This involves supporting families and referring or signposting to available support including the child weight management programme – Spark. During 2018-2019, 96% of all referrals to Spark came from school nurses, demonstrating that the pathway to support families, and refer to appropriate support, is working well.</p>	
<p>11:</p> <p>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</p>	<p>11 (a) Partially agreed</p> <p>The Education Service will champion healthy lifestyles to mitigate against obesity but cannot directly provide ambassadors. The withdrawal of the Education Support Grant has created considerable funding pressures within the Education Service and in response, we have created Side By Side, a schools led model for school improvement. In keeping with the principles of Side by Side, we will facilitate and support schools to help each other drawing from the expertise across our family of schools so that where good practice exists in all areas (including healthy lifestyles) we will build capacity.</p>	<p>Up until this point, the Side by Side initiative has focussed on academic support within schools. The plan for the academic year 2019-20 will include developing capacity around a variety of non-academic areas including the promotion of healthy lifestyles within enhanced profile Personal Social Health and Citizenship Education (PSHCE) leads in schools to support each other.</p>	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
	<p>In addition to this, the creation of school 'child healthy eating' ambassadors should utilise the existing network of PSHE leads within schools, which complements the Side by Side model, in order to avoid duplication of information and to ensure integration within a whole school approach.</p> <p>The Early Years' Service will encourage Early Years' settings to promote healthy eating to children attending these settings and their families</p> <p>The specific role and function of the ambassadors will depend on the successful development of a multi-agency Healthy Communities Partnership healthy eating action plan. The school ambassador's role will be further informed by the involvement and engagement of the PSHE network.</p>	<p>The network of PSHE leads continues to grow and the promotion of the school 'child healthy eating' ambassadors' role and key messages around healthy eating and healthy lifestyles can be effectively communicated to schools via PSHE leads.</p> <p>The Early Years service has engaged with settings in both the maintained and private, voluntary and independent (PVI) sectors and supported them in promoting healthy eating messages to parents that they support.</p> <p>The specific role will be picked up during the development of the multi-agency Healthy Communities Partnership healthy eating action plan. Discussions are currently underway with partners to shape and form this.</p>	
<p>b) To develop strong messages for specific communities, for example, Mosques, Churches, GP surgeries, Hospitals (pre-natal and antenatal</p>	<p>11 (b) – Yes</p> <p>Through the existing Prevention at Scale programme research is underway to understand the behaviour and insight of adults from key priority groups for two lifestyle areas including healthy weight. This will then be used to develop targeted communication campaigns. Whilst not specifically aimed at children, it will help to</p>	<p>In January 2019, Public Health delivered a Better you! Campaign which focused on adults losing weight. Whilst this was not focused on children, it did raise awareness of weight amongst adults in areas with high levels of obesity and overweight, as seen by an increase in referrals.</p> <p>These communications were available in GP surgeries and pharmacies. Generic <i>Live Well Stay Well</i> marketing materials are also being distributed amongst specific communities, but also through targeted events such as</p>	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
<p>clinics and maternity wards), Libraries, Parish and Town Councils;</p>	<p>support strong messages for the whole of these specific communities.</p> <p>Through the current Live Well Stay Well service specific communication messages for pre-natal and antenatal services, are being co-designed via the multi-agency Healthy Pregnancy Steering Group.</p>	<p>Health Checks at Mosques. The insight undertaken by Prevention at Scale shows that messages must also come from key influencers including community leaders and health professionals and these were targeted via the Better You! campaign and by the <i>Live Well Stay Well</i> outreach work.</p> <p>Health information is available within the maternity wards promoting the importance of healthy weight, alongside other lifestyle areas such as smoking.</p>	
<p>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.</p>	<p>11 (c) – Partially agreed</p> <p>Public health is already exploring the training needs of the PSHE network particularly with the introduction of compulsory Health Education.</p> <p>The feasibility of training head teachers and school governors, and the benefits of doing so will be considered as part of this work. Any training developed will link with the wider Health Education agenda and take a whole school approach, which will be sustainable and have a greater impact for the whole school community. This will be dependent on the resources available.</p>	<p>Two half day CPD sessions delivered by the PSHE Association have taken place for both primary and secondary PSHE leads.</p> <p>The first session (March 2018) focused on raising the quality of leadership and management of PSHE - 30 primary and 20 secondary PSHE leads were trained. The second CPD session (March 2019) focused on 'Preparing for statutory relationships education / Relationships and Sex Education' - 56 primary and 26 secondary PSHE leads were trained.</p> <p>The PSHE Association will deliver a half day CPD session for PSHE leads 'Preparing for statutory Health Education' on 5th and 6th June 2019 (60 spaces for primary, 30 spaces for secondary). A whole school approach to healthy eating and making healthy lifestyle choices will be promoted alongside relevant Public Health initiatives and resources. School leaders will be informed about this offer.</p> <p>For the summer term there is a focus on Health Education in both the PSHE forum meetings and the newsletters.</p>	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
		Requests from schools for further training and development in this area are anticipated, and will be explored following these events.	

RAG Status Guidance (For the Select Committee's Assessment)

	<i>Recommendation implemented to the satisfaction of the committee.</i>		<i>Committee have concerns the recommendation may not be fully delivered to its satisfaction</i>
	<i>Recommendation on track to be completed to the satisfaction of the committee.</i>		<i>Committee consider the recommendation to have not been delivered/implemented</i>

