

DECISION MAKER:	CABINET			
SUBJECT	RESPONSE TO SCRUTINY INQUIRY RECOMMENDATIONS ON CHILDHOOD OBESITY			
DATE OF DECISION:	15 DECEMBER 2020			
REPORT OF:	COUNCILLOR FIELKER CABINET MEMBER FOR HEALTH AND ADULTS			
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STATEMENT OF CONFIDENTIALITY	
None	
Brief Summary	
From October 2019 to February 2020 the Scrutiny Panel undertook an inquiry to consider what more may be done in Southampton to tackle childhood obesity. The concluding meeting of the inquiry was delayed due to the COVID-19 lockdown and took place on 21 July 2020. The final report of the Scrutiny Panel was represented to Cabinet on 18 August 2020. This report presents Cabinet's response to the recommendations.	
RECOMMENDATIONS	
(i)	To receive and approve the proposed responses to the recommendations of the Scrutiny Inquiry Panel, taking a phased approach to implementation with phase one starting from January 2021 within existing resources and phase two from January 2023 or when additional funding can be secured, as set out in Appendix 2.
REASONS FOR REPORT RECOMMENDATIONS.	
1.	The overview and scrutiny rules in part 4 of the Council's Constitution requires the Executive to consider all inquiry reports that have been endorsed by the Overview and Scrutiny Management Committee (OSMC), and to submit a formal response to the recommendations within them.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL	
3.	In Southampton rates of childhood obesity exceed the national average and the burden of childhood obesity is being felt the hardest in the most deprived areas of the city. Given the importance of the issue and the long-term impact that childhood obesity could have on Southampton, the inquiry was set up to: <ul style="list-style-type: none"> a. To develop understanding of childhood obesity levels in Southampton and the factors that influence childhood obesity. b. To review local plans and progress being made in Southampton to reduce levels of childhood obesity. c. To consider national guidance and examples of good practice that are being delivered elsewhere to reduce childhood obesity. d. To identify what approaches and initiatives could be introduced in Southampton to reduce levels of childhood obesity.
4.	The Scrutiny Inquiry Panel undertook the inquiry over 5 evidence gathering meetings and received information from a wide variety of organisations. This included the Leader of the Council, Public Health England, academics from the Universities of Southampton, Cambridge and City – University of London, Energise

	Me, Solent NHS Trust, City Catering, Bristol City Council, Leeds City Council, Testlands as well as Southampton City Council officers.										
5.	The final Scrutiny Inquiry report was approved by OSMC on 13 August 2020.										
6.	The recommendations contained within the final report will be summarised as Appendix 1, with proposed lead agency or Officer, actions and potential resource implications set out against each recommendation										
7.	<p>All recommendations should be adopted in full however the COVID-19 pandemic has necessitated a re-direction of SCC resources to deal with the crisis. Therefore, it is recommended the action plan to tackle childhood obesity be adopted in two phases:</p> <p>Phase 1 The first phase should focus on areas that can be progressed within existing resources and funding parameters and should commence from January 2021.</p> <p>Phase 2 Should commence from January 2023 or when additional funding can be secured. See Appendix 2 for details.</p>										
8.	Governance arrangements: it is recommended that oversight of the implementation of this action plan is provided jointly by Children & Learning, Place and Public Health within their respective existing arrangements.										
RESOURCE IMPLICATIONS											
9.	Any proposals that require additional expenditure will need the funding source to be identified before any costs are incurred.										
10.	The Public Health grant ends in March 2021. There is uncertainty around how Public Health will be funded going forward. The future funding mechanism, level and criteria have not been confirmed. Therefore, public health funding cannot be committed at this stage.										
11.	The Covid pandemic has resulted in obesity becoming a higher profile issue across the nation and within Government. This may result in additional funding streams being made available to address the issues. Officers will continue to explore alternative sources of external funding to enable the implementation of the recommendations to be brought forward where possible.										
12.	<p>Phase 1 Funding is required for phase 1 of the plan. The estimated funding requirement is £60,000 over two years. This funding has been committed from the Public Health budget this year. This Phase spans three financial years, the estimated funding for each year is</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Year</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>2020/21</td> <td>7,500</td> </tr> <tr> <td>2021/22</td> <td>30,000</td> </tr> <tr> <td>2022/23</td> <td>22,500</td> </tr> <tr> <td>Total</td> <td>60,000</td> </tr> </tbody> </table> <p>Phase 2</p> <ul style="list-style-type: none"> The estimated annual funding requirement is £41,000 per annum (£31,000 per annum officer time, plus £10,000 per annum of additional resource) to progress recommendations 4 and 13-16. In addition, a one-off cost of £1400-£2,000 for recommendation 9. <p>Business cases will be developed to deliver the other recommendations in the plan. The Director of Public Health, Executive Director of Children's services and Executive Director of Place will work with Finance colleagues to identify what can be achieved within existing resources and where there are resource gaps.</p>	Year	Amount	2020/21	7,500	2021/22	30,000	2022/23	22,500	Total	60,000
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13.	Final costs are dependent on additional staffing costs and may change if staff are reassigned to support the SCC COVID-19 response.										
ALTERNATIVE FUNDING OPTIONS CONSIDERED AND REJECTED?											
14.	NONE										

Property/Other	
15.	None
LEGAL IMPLICATIONS	
16.	The Health and Social Care Act 2012 requires Local authorities to collect data on Reception Year and Year 6 children's height and weight from all state-maintained schools within their area as part of the National Child Measurement Programme. Public Health England (PHE) provide operational guidance to local authorities and schools on how to undertake the exercise. The Act also requires Local Authorities to improve the health of their local population.
Other legal implications	
17.	None
RISK MANAGEMENT IMPLICATIONS	
18.	None
POLICY FRAMEWORK IMPLICATIONS	
19.	The proposals contained within this report and the Appendix are in accordance with the Council's Policy Framework. The recommendations in this paper support the delivery of the following <i>Southampton City Council corporate plan 2020-2025</i> : <ul style="list-style-type: none"> Wellbeing- <i>Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time.</i> Place shaping- <i>Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.</i>
KEY DECISION	YES
WARDS/COMMUNITIES AFFECTED:	ALL
SUPPORTING DOCUMENTATION	
Appendices	
1	Action plan: Tackling Childhood Obesity a Response to Scrutiny Inquiry Recommendations
2	Recommended Phased Approach

Documents In Members' Rooms

1	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	An ESIA should be conducted on each of the key projects by the project leads once agreed.
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents	
Other Background documents available for inspection at: https://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=126&MId=5301&Ver=4	
Title of Background Paper(s)	Item 8 Childhood Obesity-Final Report Scrutiny Inquiry- Final Report and Recommendations