

Public Document Pack

Cabinet

Tuesday, 18th August, 2020
at 4.30 pm

PLEASE NOTE TIME OF MEETING

PLEASE NOTE: this will be a 'virtual meeting', a link to which will be available on Southampton City Council's website at least 24hrs before the meeting

Members

Leader – Councillor Hammond
Deputy Leader and Cabinet Member for Customer and Organisation – Councillor Rayment
Cabinet Member for Children and Learning - Councillor Dr Paffey
Cabinet Member for Culture and Homes – Councillor Kaur
Cabinet Member for Finance & Income Generation – Councillor Barnes-Andrews
Cabinet Member for Health and Adults – Councillor Fielker;
Cabinet Member for Green City and Place – Councillor Leggett
Cabinet Member for Stronger Communities – Councillor Shields

(QUORUM – 3)

Contacts

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BACKGROUND AND RELEVANT INFORMATION

The Role of the Executive

The Cabinet and individual Cabinet Members make executive decisions relating to services provided by the Council, except for those matters which are reserved for decision by the full Council and planning and licensing matters which are dealt with by specialist regulatory panels.

The Forward Plan

The Forward Plan is published on a monthly basis and provides details of all the key executive decisions to be made in the four month period following its publication. The Forward Plan is available on request or on the Southampton City Council website, www.southampton.gov.uk

Implementation of Decisions

Any Executive Decision may be “called-in” as part of the Council’s Overview and Scrutiny function for review and scrutiny. The relevant Overview and Scrutiny Panel may ask the Executive to reconsider a decision, but does not have the power to change the decision themselves.

Mobile Telephones – Please switch your mobile telephones to silent whilst in the meeting.

Use of Social Media

The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair’s opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council’s Standing Orders the person can be ordered to stop their activity, or to leave the meeting.

By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council’s Guidance on the recording of meetings is available on the Council’s website.

Municipal Year Dates (Tuesdays)

2020	2021
16 June	19 January
14 July	9 February
18 August	23 Feb (budget)
15 September	16 March
20 October	20 April
17 November	
15 December	

Executive Functions

The specific functions for which the Cabinet and individual Cabinet Members are responsible are contained in Part 3 of the Council’s Constitution. Copies of the Constitution are available on request or from the City Council website, www.southampton.gov.uk

Key Decisions

A Key Decision is an Executive Decision that is likely to have a significant:

- financial impact (£500,000 or more)
- impact on two or more wards
- impact on an identifiable community

Procedure / Public Representations

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

Fire Procedure – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take.

Smoking policy – The Council operates a no-smoking policy in all civic buildings.

Access – Access is available for disabled people. Please contact the Cabinet Administrator who will help to make any necessary arrangements.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - 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

CONDUCT OF MEETING

TERMS OF REFERENCE

The terms of reference of the Cabinet, and its Executive Members, are set out in Part 3 of the Council's Constitution.

RULES OF PROCEDURE

The meeting is governed by the Executive Procedure Rules as set out in Part 4 of the Council's Constitution.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

Other Interests

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 APOLOGIES

To receive any apologies.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

EXECUTIVE BUSINESS

3 STATEMENT FROM THE LEADER

4 RECORD OF THE PREVIOUS DECISION MAKING (Pages 1 - 8)

Record of the decision making held on 14th July, 2020 and 3rd August, 2020 attached.

5 MATTERS REFERRED BY THE COUNCIL OR BY THE OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE FOR RECONSIDERATION (IF ANY)

There are no matters referred for reconsideration.

6 REPORTS FROM OVERVIEW AND SCRUTINY COMMITTEES (IF ANY)

There are no items for consideration

7 EXECUTIVE APPOINTMENTS

To deal with any executive appointments, as required.

ITEMS FOR DECISION BY CABINET

8 SCRUTINY INQUIRY PANEL - TACKLING CHILDHOOD OBESITY IN SOUTHAMPTON FINAL REPORT (Pages 9 - 94)

Report of the Chair of the Scrutiny Inquiry Panel recommending that Cabinet receive the attached Scrutiny Inquiry Panel report to enable the Executive to formulate its response to the recommendations contained within it.

9 INCREASE IN PUPIL NUMBERS AT THE CEDAR SPECIAL SCHOOL AND THE POLYGON SPECIAL SCHOOL □ (Pages 95 - 116)

To consider the report of the Cabinet Member for Children and Learning, seeking permission to go out to statutory consultation on

the proposal to increase the published admission number at The Cedar Special School and The Polygon Special School.

10 TIER 4 CAMHS HOSPITAL INDEPENDENT EDUCATION PROVISION POLICY □
(Pages 117 - 140)

To consider the report of the Cabinet Member for Children and Learning seeking adoption of a policy to outline the framework and take into consideration the terms and process of said policy.

ITEMS FOR DECISION BY CABINET MEMBER

11 COMMUNITY CHEST GRANTS 2020/21 □ (Pages 141 - 150)

To consider the report of the Director of Quality and Integration seeking approval on round 2 awards for the Community Chest Grants 2020/21, following recommendations from the cross-party Community Chest Grant Advisory Panel.

Monday, 10 August 2020

Service Director – Legal and Business Operations

Agenda Item 4

Minutes of Cabinet Meetings:

- 14 July 2020
- 3 August 2020, Special

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SOUTHAMPTON CITY COUNCIL
EXECUTIVE DECISION MAKING

RECORD OF THE DECISION MAKING HELD ON 14 JULY 2020

Present:

Councillor Hammond	-	Leader of the Council, Clean Growth and Development
Councillor Rayment	-	Deputy Leader and Cabinet Member for Customer and Organisation
Councillor Fielker	-	Cabinet Member for Health and Adults
Councillor Kaur	-	Cabinet Member for Culture and Homes
Councillor Leggett	-	Cabinet Member for Green City and Place
Councillor Dr Paffey	-	Cabinet Member for Children & Learning
Councillor Shields	-	Cabinet Member for Stronger Communities
Councillor Barnes-Andrews	-	Cabinet Member for Finance & Income Generation

1. UPDATE ON BREXIT PLANNING

DECISION MADE: (CAB 20/21 29241)

On consideration of the report of the Leader, Cabinet agreed the following:-

- (i) That Cabinet notes the update in this report and the further verbal update to be provided at the meeting.
- (ii) That Cabinet endorses the planned approach to preparations for the end of the Brexit Transition Period on 31 December 2020.

2. SOUTHAMPTON GREEN TRANSPORT RECOVERY PLAN

DECISION MADE: (CAB 20/21 28124)

On consideration of the report of the Cabinet Member for Green City and Place, Cabinet agreed the following:-

- (i) For the Cabinet to provide overall approval of the Southampton Green Transport Recovery Plan (provided in Appendix 1) which sets out both the key work done to date, work that is currently in progress and work planned for the future, to complement and supplement Connected Southampton 2040 (LTP4) and the schemes identified in Table 1.
- (ii) Cabinet is recommended to accept the Emergency Active Travel Fund (EATF) grant of £0.245m and approve the addition of this amount to the capital programme 2020/21, together with approval to spend as per the details provided in paragraph 13 of this report.

- (iii) Cabinet delegates authority to the S151 officer to accept and authorise spend of any future additional ETAF grant allocation which is expected to be £0.980m but subject to further DfT guidelines and a business case submission that will be approved by the Director of place following consultation with the Cabinet Member and is in accordance with the details provided in paragraph 13 of this report.

3. BUDGET MATTERS: REVENUE AND CAPITAL OUTTURN 2019-20

DECISION MADE: (CAB 20/21 29227)

On consideration of the report of the Cabinet Member for Finance and Income Generation, Cabinet agreed the following:-

General Revenue Fund

It is recommended that Cabinet:

- (i) Notes the General Fund outturn for 2019/20 is a balanced position as outlined in paragraph 4 and in paragraph 1 of appendix 1.
- (ii) Notes the performance of individual Portfolios in managing their budgets as set out in paragraphs 2 to 4 of appendix 1 and annex 1.1.
- (iii) Recommends Council to approve the budget carry-forward requests totalling £2.36M as outlined in paragraph 5 of appendix 1 and detailed in annex 1.2.
- (iv) Recommends Council to note the performance of the Property Investment Fund (PIF) as detailed in paragraphs 7 to 9 of appendix 1 and annex 1.3.
- (v) Notes that the level of General Fund balances at 31 March 2020 was £10.07M and the level of earmarked reserves was £87.76M as detailed in paragraph 15 and 16 of appendix 1 and annex 1.4.
- (vi) Notes the accounts for the Collection Fund in 2019/20 detailed in paragraphs 20 to 21 of appendix 1 and annex 1.6.

Housing Revenue Account

It is recommended that Cabinet:

- (i) Notes the HRA outturn for 2019/20 as outlined in paragraph 6 and paragraphs 18 and 19 of appendix 1 and annex 1.5.

Capital Programme

It is recommended that Cabinet:

- (i) Notes the actual capital spending in 2019/20 for the General Fund was £56.03M and for the HRA was £41.05M, as outlined in paragraphs 9 and 10 below and detailed in paragraphs 2 to 4 of Appendix 2.
- (ii) Notes the proposed capital financing in 2019/20 as shown in table 3 of Appendix 2.
- (iii) Notes that £0.09M has been added to the programme with approval to spend, with relevant approvals. These additions are detailed in paragraph 11 of Appendix 2 and Annex 2.2.

- (iv) Notes that £0.54M has been added to the programme which requires approval by full Council. These additions are detailed in paragraph 12 of Appendix 2 and Annex 2.3.
- (v) Notes the difference to the amended programme, allowing for slippage, re-phasing and amendments as outlined in the report and set out in table 4 of appendix 2.

4. COVID-19: LEISURE CONTRACTS: FINANCIAL AND COMMERCIAL IMPACT

DECISION MADE: (CAB 20/21 28112)

On consideration of the report of the Cabinet Member for Finance and Income Generation, Cabinet agreed the following:-

- (i) Delegate authority to the Executive Director Finance and Commercialisation, following consultation with the Cabinet Member for Finance and Income Generation, to reach financial settlement of claims from Places for People Leisure Management Ltd within the parameters detailed in the confidential Appendix 1 of this report and to finalise, following consultation with the Service Director Legal and Governance, the associated deed of variation relating to the service in the future.
- (ii) Delegate authority to the Head of Supplier Management to agree and finalise, following consultation with the Service Director, Legal and Governance a contract with Solent University ("SU") to operate the building currently known St Mary's Leisure Centre ("the Centre") as a community hub until 31 December 2021.

5. 1000 HOMES PROGRAMME

DECISION MADE: (CAB 20/21 28104)

On consideration of the report of the Cabinet Member for Culture and Homes, Cabinet agreed the following:-

- (i) Subject to the financial approvals of Council, to delegate authority to the Director of Place following consultation with the Cabinet Member for Homes and Culture, Executive Director Communities, Culture and Homes, the Executive Director Finance and Commercialisation and the Service Director Legal and Governance:
 - To deliver a programme in accordance with the overall financial parameters and assumption outlined in this report and to approve and agree the details of each individual scheme which will be based on a specific scheme by scheme business case evaluation.
 - To establish a new Programme Board to oversee the delivery of the programme.

- To enter into contracts with consultants, design teams and construction companies as required.
- To agree the final housing and tenure mix for each individual scheme.
- To approve funding applications and successful awards towards this programme.
- To take any other actions required, ancillary approvals or enter into any agreements required to give effect to this decision.

6. DRIVERS WHARF LAND ACQUISITION

DECISION MADE: (CAB 20/21 28120)

On consideration of the confidential report of the Cabinet Member for Finance and Income Regeneration, Cabinet agreed the following:-

- (i) Recommendations approved as set out in the confidential report.

SOUTHAMPTON CITY COUNCIL EXECUTIVE DECISION MAKING

RECORD OF THE DECISION MAKING HELD ON 3 AUGUST 2020

Present:

Councillor Hammond	-	Leader of the Council, Clean Growth and Development
Councillor Rayment	-	Deputy Leader and Cabinet Member for Customer and Organisation
Councillor Fielker	-	Cabinet Member for Health and Adults
Councillor Shields	-	Cabinet Member for Stronger Communities

Apologies: Councillor Kaur, Leggett, Dr Paffey and Barnes-Andrews

7. CALL-IN OF EXECUTIVE DECISION CAB 20/21 28124 - SOUTHAMPTON GREEN TRANSPORT RECOVERY PLAN

DECISION MADE: (CAB 20/21 28124)

On consideration of the report of the Cabinet Member for Green City and Place, and having considered and addressed recommendations made by the Overview and Scrutiny Management Committee at the meeting held on 28th July 2020 (Reconvened on 30th July 2020), Cabinet re-confirmed their decision taken on 14 July 2020, having taken into consideration the following:

The following recommendations were made to be addressed by Cabinet:

(i) Cabinet withdraws its proposed Green Transport Recovery Plan as it is not fit for purpose, undemocratically instigated, not evidence led and fails to demonstrate it supports economic growth, as set out in our Southampton City Strategy – given the impact of Covid-19 on our economy.

If Cabinet is not minded to withdraw the plans in full:

(i) Cabinet agrees to suspend the decision on the Green Transport Recovery Plan whilst it reviews it against the recently released Government policy announcement of 'Gear Change', paying particular attention to this line "we will need to ensure that understanding of transport users' needs, motivations and behaviours is central to what we do, in order to maximise our chances of success" – that shows understanding and taking people with us is crucial to success.

On the assumption Cabinet neither withdraws or pauses:

(i) Cabinet introduces measures to help with traffic flows, looking to reduce congestion and stop start traffic across our City;

(ii) Cabinet undertakes proper consultation, that can help shape any of the future proposed schemes, outside the emergency measures already taken, with a focus on spending money where it has the highest chance of long term facilitation of active travel;

(iii) Cabinet place a higher focus on Council led “school streets” schemes and the creation of low traffic residential zones. It is not acceptable to only have St. Denys as an identified neighbourhood scheme and action needs to be taken around all schools with traffic related issues, not just those who wish to engage with the Council;

(iv) Cabinet immediately engage with disability representatives and amend existing and future schemes to ensure our most vulnerable are not discriminated against. Including immediately reinstating at least some of the parking on the Common side of Hill Lane, as this has been removed with no consultation or regard to vulnerable users of the Common, impacting their well-being and access to the Common.

(v) Cabinet pauses any major future plans, such as Millbrook Road West bus lanes, whilst we wait for analysis on the impact of Covid-19 on our local economy, our air quality and the new ‘Gear Change’ policy that suggests segregated facilities for cyclists.

(vi) Cabinet agrees to immediately removing the temporary road space reallocation on Bassett Avenue and Bitterne Road West in full, due to concerns over additional congestion and the effect this will have on local air quality. If Cabinet is not prepared to do this, it states the conditions that would need to be met for them to remove the road space reallocation and considers making public the weekly data that is the base of the decision not to remove these measures.

Cabinet rejected the Overview and Scrutiny Management Committee’s recommendations.

DECISION-MAKER:	CABINET
SUBJECT:	SCRUTINY INQUIRY PANEL – TACKLING CHILDHOOD OBESITY IN SOUTHAMPTON FINAL REPORT
DATE OF DECISION:	18 AUGUST 2020
REPORT OF:	CHAIR OF THE SCRUTINY INQUIRY PANEL

<u>CONTACT DETAILS</u>			
Author:	Title	Scrutiny Manager	
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

From October 2019 to February 2020 the Scrutiny Inquiry Panel undertook evidence gathering sessions as they conducted the Tackling Childhood Obesity in Southampton inquiry. Following a hiatus caused by the Coronavirus pandemic, a final report was approved by the Inquiry Panel on 21 July 2020.

The Scrutiny Inquiry Panel final report, attached as Appendix 1, contains a number of recommendations. The report is to be considered by the Overview and Scrutiny Management Committee (OSMC) on 13 August. If OSMC approve the report at their August meeting, Cabinet needs to formally respond to these recommendations, summarised in Appendix 2, within two months to meet the requirements in the Council’s constitution.

RECOMMENDATIONS:

	(i)	Subject to the report being approved by the OSMC on 13 August, Cabinet is recommended to receive the attached Scrutiny Inquiry Panel report to enable the Executive to formulate its response to the recommendations contained within it, in order to comply with the requirements set out in the Council’s Constitution
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REASONS FOR REPORT RECOMMENDATIONS

1.	The overview and scrutiny procedure rules in part 4 of the Council’s Constitution requires the Executive to consider all inquiry reports that have been endorsed by the OSMC, and to submit a formal response to the recommendations contained within them within two months of their receipt
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ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	Not applicable.
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DETAIL (Including consultation carried out)

3.	The OSMC, at its meeting on 15 August 2019, requested that the Scrutiny Inquiry Panel undertake an inquiry focussing on tackling childhood obesity in Southampton.
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4.	The set objectives of the inquiry were:
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	<p>a. To develop understanding of childhood obesity levels in Southampton and the factors that influence childhood obesity.</p> <p>b. To review local plans and progress being made in Southampton to reduce levels of childhood obesity.</p> <p>c. To consider national guidance and examples of good practice that are being delivered elsewhere to reduce childhood obesity.</p> <p>d. To identify what approaches and initiatives could be introduced in Southampton to reduce levels of childhood obesity.</p>
5.	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.
6.	The final report, attached as Appendix 1, will be considered by the OSMC on 13 August 2020. The report contains 16 recommendations in total which, if implemented, the Panel believe will help to tackle childhood obesity in Southampton over the long term. The conclusions and recommendations are summarised in Appendix 2.
7.	Subject to approval by the OSMC on 13 August, the Executive needs to consider the inquiry recommendations and to formally respond within two months of the date of receiving this report in order to meet the requirements set out in the Council's constitution
RESOURCE IMPLICATIONS	
<u>Capital/Revenue/Property/Other</u>	
8.	In practice any future resource implications arising from this review will be dependent upon whether, and how, individual recommendations within the Inquiry report are progressed by the Executive. More detailed work will need to be undertaken by the Executive in considering its response to each of the recommendations set out in the Inquiry report.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
9.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
10.	None
RISK MANAGEMENT IMPLICATIONS	
11.	None
POLICY FRAMEWORK IMPLICATIONS	
12.	<p>Implementing the recommendations within the appended report will help to contribute to delivering the objectives outlined in the Council Strategy 2020-25. These include:</p> <ul style="list-style-type: none"> • Place Shaping • Wellbeing • Green City

	<ul style="list-style-type: none"> • Communities, Culture and Homes.
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KEY DECISION?	No
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WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report
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SUPPORTING DOCUMENTATION

Appendices

1.	Tackling Childhood Obesity in Southampton Scrutiny Inquiry – Final Report
2.	Tackling Childhood Obesity in Southampton Scrutiny Inquiry – Conclusions and Recommendations

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
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Other Background Documents

Other Background documents available for inspection at:



Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

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Tackling Childhood Obesity in Southampton

Southampton Children in Year 6 2016/17 to 2018/19



	Underweight	1.6%
	Healthy weight	62.5%
	Overweight	13.8%
	Obese	22.1%

PANEL MEMBERSHIP – 2019/20

- Councillor McEwing (Chair)
- Councillor Houghton (Vice-Chair)
- Councillor Coombs
- Councillor Harwood
- Councillor Professor Margetts
- Councillor Thomas
- Councillor Vaughan
- Scrutiny Manager – Mark Pirnie



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Chair's Introduction



Councillor McEwing - Chair of the Tackling Childhood Obesity in Southampton Inquiry Panel (2019/20)

*“one of the most serious public health challenges of the 21st century”
– World Health Organisation, Childhood overweight and obesity*

At the inaugural meeting of the Inquiry Panel we were informed of the scale of the problem in Southampton, with between 13,000 and 13,700 children aged between 2 and 17 years old estimated to be either overweight or obese in the city.

The negative consequences of childhood obesity on health can affect the quality of our children's lives, their education and their life chances. In later life, these obesity related health conditions can reduce their productivity, earnings and shorten their lives.

The impact of obesity on health has been tragically emphasized in recent months as evidence emerges of the link between obesity and risk factors that can worsen the effect of Covid-19. The pandemic has galvanised support nationally for the need to tackle obesity, however, the lockdown, instigated to help prevent the spread of the virus, may have made the challenge harder as there is an expectation that obesity levels, including levels of childhood obesity, will have increased, particularly amongst our most deprived communities where obesity rates are highest.

The last evidence session for the inquiry was on 25th February 2020, preceding the Coronavirus pandemic. The report has not been retrospectively changed to reflect events following the February meeting of the Panel. I am confident however, that the report, and its conclusions and recommendations, remain relevant, reflect best practice and represent a significant opportunity to help address the causes of childhood obesity in Southampton.

In recognition of the complexity of the challenge, individual recommendations taken in isolation are unlikely to have an impact, but collectively, over the long-term, these actions will help to tackle childhood obesity, particularly by changing the environment to enable children to eat healthily and be regularly active.

I recognise that the pandemic has placed significant pressure on Council finances, and on the resources of our Public Health team, however, tackling childhood obesity deserves to be at the forefront of the priorities for the City of Southampton. **Now is the time to act to reverse the rise in childhood obesity. As a society, we owe it to all our children.**

I would like to thank all those who provided evidence to the inquiry and ensured that the Panel were well informed. I would also like to thank members of the Panel for their patience in waiting for the final report to be produced following the hiatus caused by the pandemic; the way in which the inquiry was conducted; and their willingness to listen to detailed and complex evidence to help further the work of the Panel.

Tackling Childhood Obesity in Southampton

The Aim of the Inquiry

1. The 2018 Government report, 'Childhood obesity: a plan for action, chapter 2', identified that childhood obesity is one of the biggest health problems this country faces. Nearly a quarter of children in England are obese or overweight by the time they start primary school aged five and this rises to over one third by the time they leave aged 11.
2. As outlined in more detail within this report, overweight or obese children are more likely experience a range of health problems and are far more likely to go on to become obese adults. Childhood obesity also places significant financial costs on the nation. Reflecting the above issues the Government has set a challenging target of reducing childhood obesity by 50% by 2030.
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.
4. Given the importance of the issue and the long term impact that childhood obesity could have on Southampton, the Overview and Scrutiny Management Committee recommended tackling childhood obesity in Southampton as an appropriate subject for a scrutiny inquiry at the August 2019 meeting.
5. The set objectives of the inquiry were:
 - 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.
6. The full terms of reference for the inquiry, agreed by the Overview and Scrutiny Management Committee, are shown in Appendix 1.

How the inquiry was conducted

7. 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. A list of witnesses that provided evidence to the inquiry is detailed in Appendix 2.
8. The key findings, conclusions and recommendations from the inquiry are detailed succinctly later in this report.

9. Members of the Panel would like to thank all those who have assisted with the development of this review, in particular the following who have provided the Panel with invaluable advice throughout the inquiry:

- Debbie Chase, Interim Director of Public Health, Southampton City Council;
- Ravita Taheem, Senior Public Health Practitioner, Southampton City Council.

Introduction and Background

10. The World Health Organisation defines childhood obesity as “*abnormal or excessive fat accumulation that presents a risk to health*”¹.

Levels of childhood obesity - National

11. The primary source of information comes from the National Child Measurement Programme (NCMP) introduced in 2005/6. Children are measured when they start primary school (Year R – aged 4/5) and when they leave primary school (Year 6 – aged 10/11).
12. Height and weight is measured by Public Health School Nurses. Body Mass Index (BMI) is recorded and is standardised for their age and sex and then converted to centiles. The measurements are then classified as follows:
 - Underweight: 2nd centile or below
 - Healthy weight: 2nd to 85th centile
 - Overweight: 85th centile and above
 - Obese: 95th centile and above
13. NCMP data for 2018/19 identified that nationally more than 1 in 5 children in Year R is overweight or obese (boys 23.0%, girls 22.2%, all children 22.6%). Around 1 in 10 children in Year R is obese (boys 10.0%, girls 9.4%, all children 9.7%).
14. The national figures for Year 6 children in 2018/19 is considerably higher than for Year R. More than 1 in 3 children in Year 6 is overweight or obese (boys 36.7%, girls 31.8%, all children 34.3%) with around 1 in 5 children in Year 6 being classified as obese (boys 22.5%, girls 17.8%, all children 20.2%).
15. Therefore, at the start of primary school, in a typical class of 30 pupils, three pupils have obesity. At the end of primary school, this has doubled to six children.
16. Analysis of trends using NCMP data from 2006/07 to 2018/19 shows a downward trend in excess weight (overweight including obesity) prevalence among boys in Year R, while the trend among girls of this age is showing a very small, but statistically significant, increase. Excess weight prevalence among boys and girls in Year 6 shows an upward trend.
17. Child obesity prevalence is closely associated with socioeconomic status. More deprived populations tend to have higher obesity prevalence. Obesity prevalence in the most deprived areas in England is more than twice the prevalence in the least deprived.²

Levels of childhood obesity - Southampton

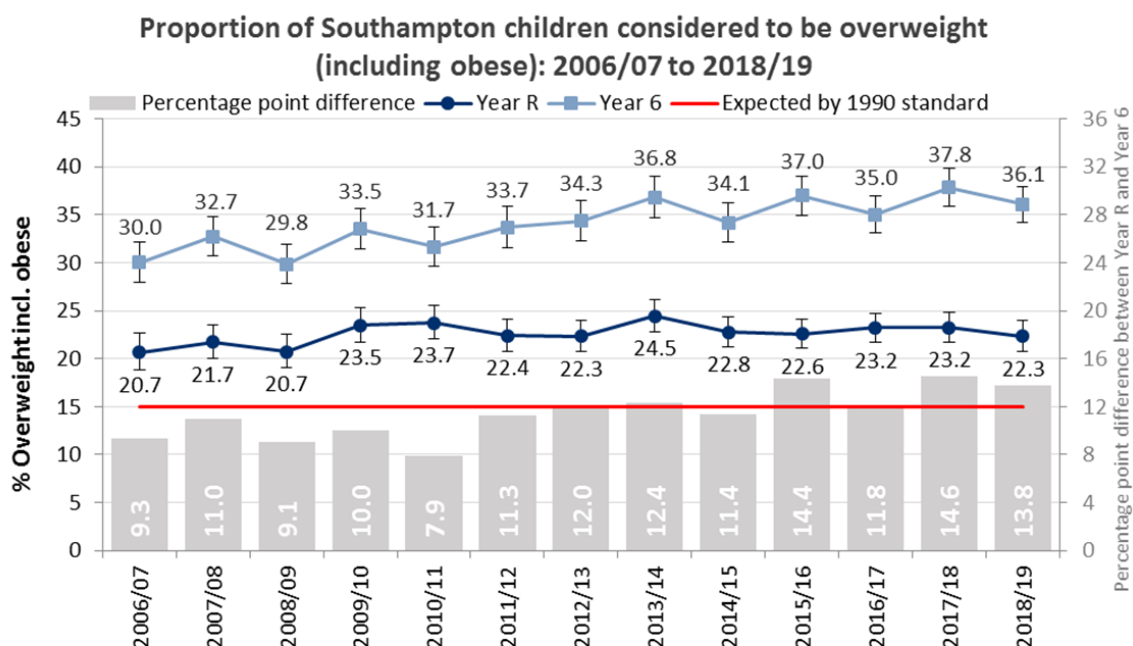
18. 2018/19 NCMP data identified that 22.3% of Year R children in Southampton were overweight or obese. Lower but not significantly than England (22.6%). The prevalence of obesity was 10.1%. Higher but not significantly than England (9.7%).
19. For Year 6 in 2018/19, 36.1% of the Southampton cohort were overweight or obese. Higher, but not significantly than England (34.3%). The prevalence of obesity was 22.9%. This is significantly higher than the national average (20.2%).

¹ World Health Organization. *Childhood overweight and obesity*. <http://www.who.int/dietphysicalactivity/childhood/en/>

² Public Health England, Patterns and trends in childhood obesity, Feb 2020

20. Using the NCMP data collected in our schools, the adult national Active People Survey and all age Health Survey for England; we can estimate in Southampton there are:
- Between 13,000 and 13,700 overweight/obese children aged 2 - 17 years old
 - With over half – between 6,700 and 7,900 estimated to be obese.
21. As demonstrated by the chart below, trends for children considered to be overweight or obese in Southampton have remained relatively stable for Year R over time. There has however been a statistically significant increase in levels of overweight or obese children in Year 6 since 2006/7.

Figure 1:



Source: NHS Digital - NCMP national data tables

22. To have the same percentage as 2006/07, 153 overweight/obese Year 6 pupils in this year group would need to be a healthy weight.

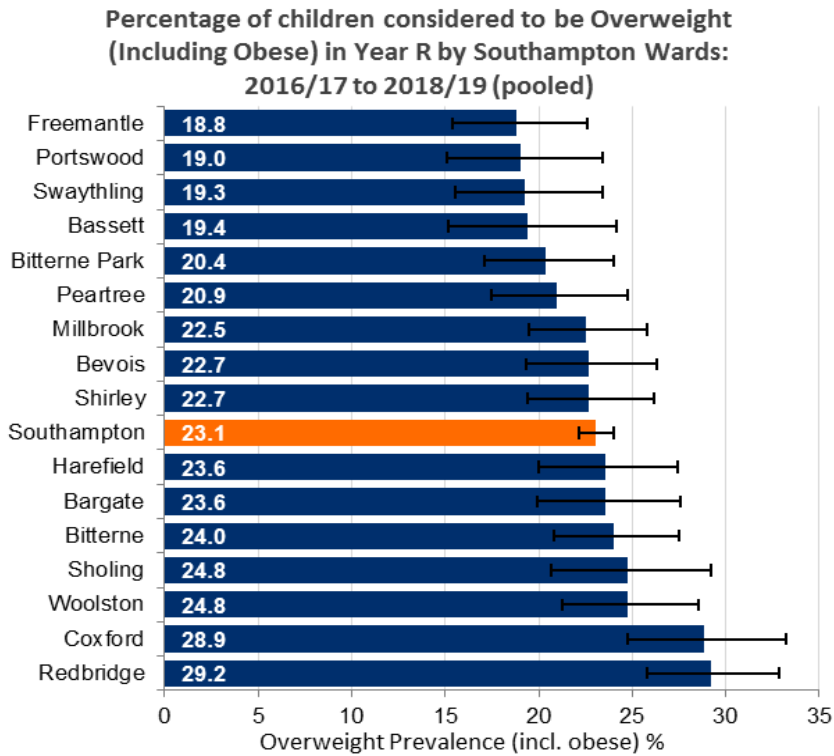
Gender differences

23. Analysis of pooled NCMP data on Southampton children from 2016/17 to 2018/19 identifies that there is a significant difference between prevalence of overweight, including obesity, by gender for Year 6. Trends over time show Year R prevalence becoming statistical similar, however the Year 6 gap has increased with males significantly higher than females (5%).

Ward differences

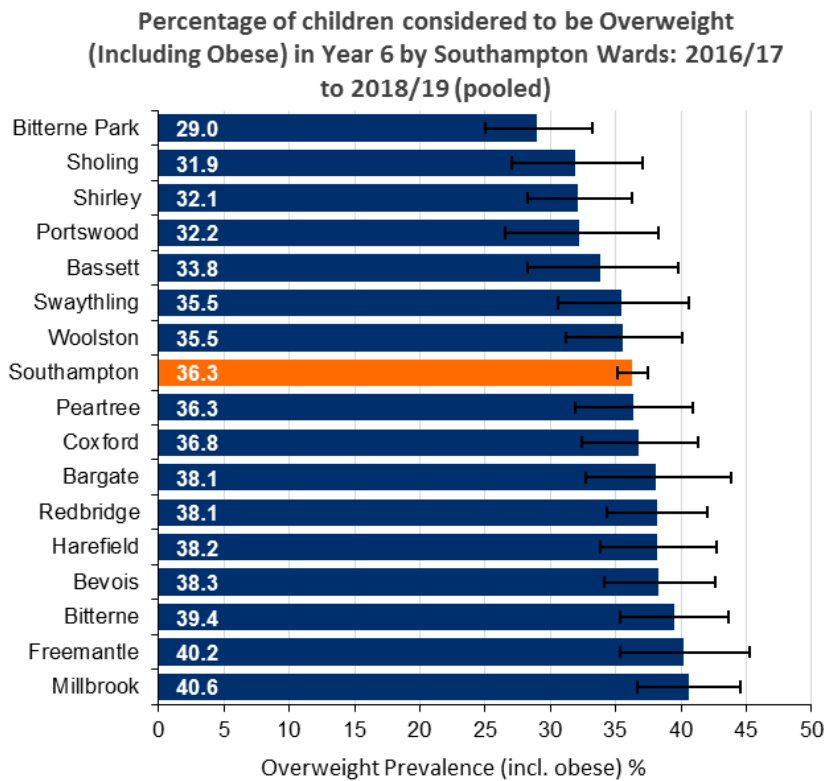
24. Analysis of the above pooled data also identified significant variations in levels of children overweight, including obese, between wards in the city. Figures 2 and 3 show the differences across the city for both Year R and Year 6 and the variations that exist between the 2 sets of statistics.

Figure 2:



Source: National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics

Figure 3:



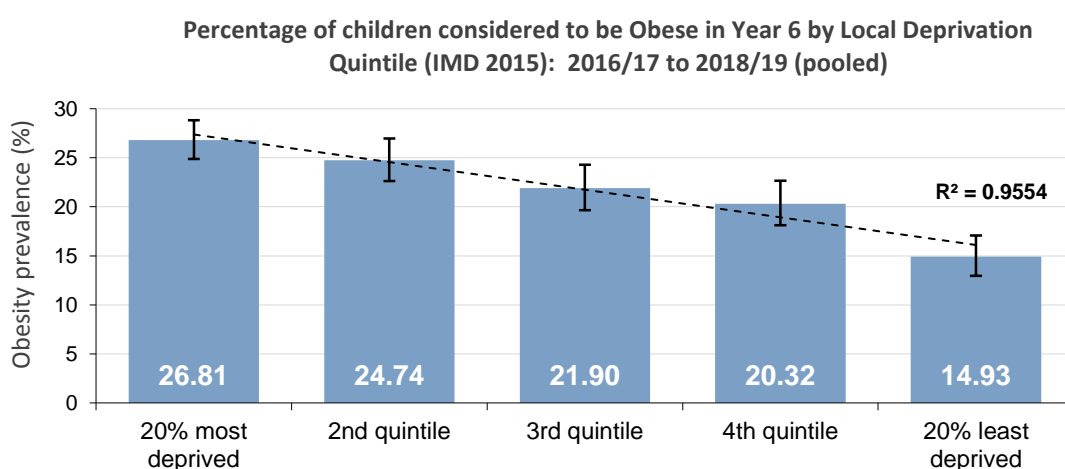
Source: National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics

25. Reflecting the variations between the different ages, additional analysis by the Council's Intelligence and Strategic Analysis Team of the same children measured in Year R and Year 6 identified that the majority of overweight children in year 6 had been healthy weight in reception, whilst over a fifth had remained overweight and a further 8% had been obese. Over two-thirds (67%) of obese children had not been obese in reception, in fact the biggest proportion was for those who had been healthy weight (41%).

Deprivation differences

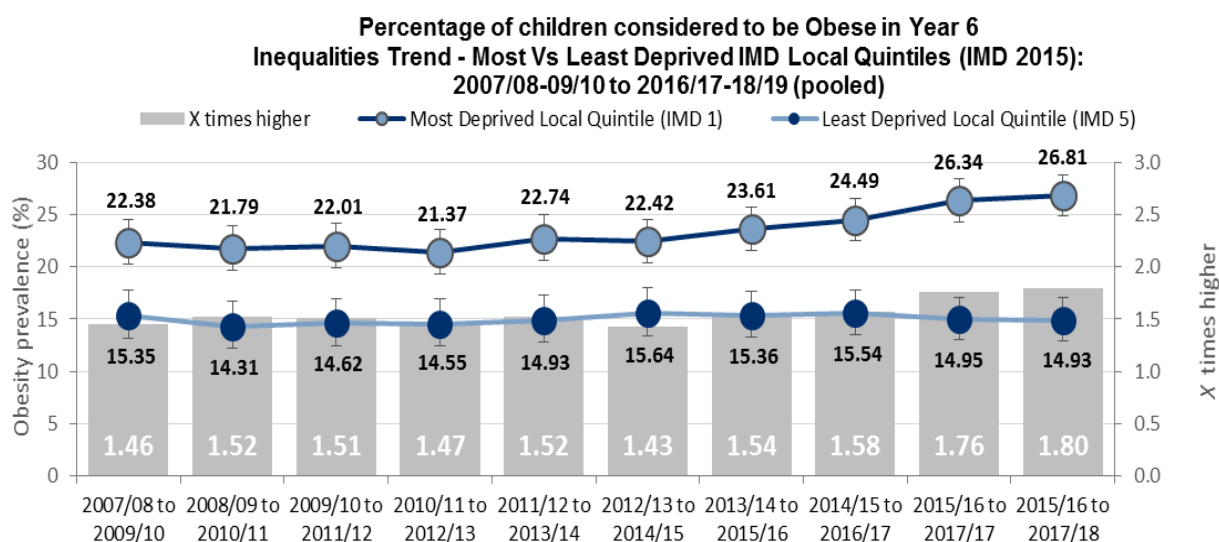
26. Mirroring the national picture, in Southampton obesity prevalence increases as deprivation increases. As the charts below show, obesity prevalence is 1.8 times higher in the most deprived quintile in Southampton compared to the least deprived in Year 6, and the gap is increasing.

Figure 4



Source: National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics

Figure 5



Sources: SEPHO (2007/08 to 2012/13 data) and the National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics (data for 2013/14 onwards)

Summary of evidence

- In Southampton levels of obesity in Year R students over time have changed little and track the national average, whereas rates in Year 6 children have increased overtime and have become relatively (statistically significantly) worse than the national average. For year 6 children Southampton is doing relatively badly compared to other areas in the UK.
- The ranking of the rate of overweight by wards is not consistent between Year R compared with Year 6. For example, Freemantle ward has the lowest rate in Year R but the second highest in Year 6.
- The rate of obesity is highest in the most deprived children and getting worse relative to the least deprived in the city.
- These trends suggest that actions taken to date have not been effective in reducing childhood overweight, and therefore more of the same will not make a difference, without proper evaluation as to why programmes do or do not work. We must learn the lessons from past efforts.

The impact and consequences of childhood obesity

27. The World Health Organization identifies childhood obesity as “*one of the most serious public health challenges of the 21st century.*”³
28. As identified in ‘Time to Solve Childhood Obesity’, the Chief Medical Officers independent report in October 2019, children with overweight or obesity are more likely to experience a range of health problems in childhood.
29. In his presentation to the Panel Professor Mark Hanson showed the following image to highlight the impact of childhood obesity on children’s physical health during childhood and adolescence.

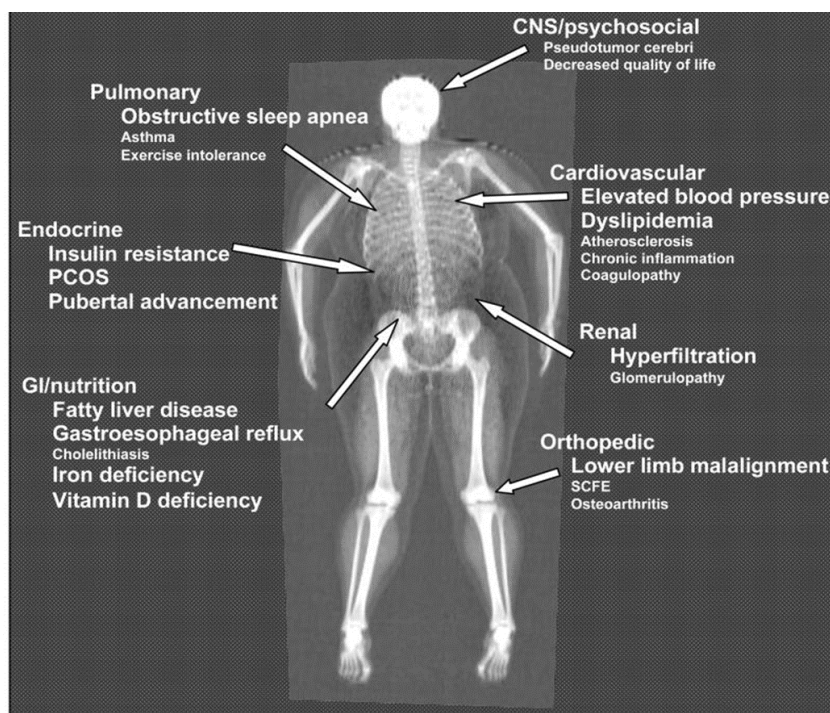


Figure 6 - Source: Han JC, Lawlor DA, Kimm SY. Childhood obesity. The Lancet. 2010 ;375(9727):1737-48.

³ World Health Organization. *Childhood overweight and obesity*. <http://www.who.int/dietphysicalactivity/childhood/en/>

30. Increasingly, links between overweight or obesity and mental health are being recognised. Stigma and discrimination toward obese children is pervasive and pose numerous consequences for their psychological and physical health. Children with overweight or obesity experience lower self-esteem, may withdraw socially and may be bullied as a result of their weight.⁴
31. Children with obesity are five times more likely to have obesity as an adult.⁵ Adult obesity is associated with a wide range of problems including depression, dementia, respiratory disease, musculoskeletal conditions, type 2 diabetes, cancer, liver disease, cardio-vascular disease and infertility.⁶
32. Obesity puts significant demands and costs on the NHS, other parts of society and the economy. Overweight and obesity contribute to sickness absence, having a negative impact on productivity and businesses.
33. McKinsey estimated that obesity costs the UK 3% of GDP, this was around £60 billion in 2018, with large costs (around £5 billion) being borne by business in terms of sickness absence and reduced productivity.⁷

The causes of childhood obesity

34. The factors that affect a child's growth and development operate at a number of levels, some factors are modifiable and some are not modifiable by environmental influences, such as genes, gender and age. The most helpful way to describe this is using the Socio-ecological model summarised by Dahlgren and Whitehead (1991). This model shows the interaction of factors that operate at the individual, community and wider environmental context that interact and affect a child's growth. To understand what is causing childhood overweight, and therefore what can be changed to reduce or prevent it, requires that all these levels of factors are taken into account, particularly those factors that can be changed, and in the context of Southampton City Council, what we have the possibility to change.

Figure 7 – The Dahlgren-Whitehead Rainbow



⁴ Time to Solve Childhood Obesity: An Independent Report by the Chief Medical Officer, 2019, Annex B p5

⁵ Simmonds M, Llewellyn A, Owen CG, Woolacott N. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obes Rev.* 2016;17(2):95-107. doi:10.1111/obr.12334

⁶ Time to Solve Childhood Obesity: An Independent Report by the Chief Medical Officer, 2019, Annex B, p7

⁷ McKinsey Global Institute. Overcoming obesity: An initial economic analysis. McKinsey & Co, 2014

35. Body weight itself is a direct consequence of energy balance: calories in versus calories used. However, this over simplifies the complex interplay between genes, human psychology and behaviour, circumstances and the environments in which people live that all have the ability to affect body weight.
36. Professor Hanson identified the role played by diet, physical activity, sleep/stress and environmental toxicants in amplifying the risk of obesity in childhood and how the priming of risk is from conception onwards.

Paternal and prenatal risk factors

37. A number of early life risk factors for overweight / obesity are prenatal and postnatal. These include maternal pre-pregnancy obesity, maternal smoking in pregnancy, low maternal vitamin D status in pregnancy, maternal excessive gestational weight gain and not being breastfed or only for a short duration.⁸
38. The importance of the prenatal and postnatal period to childhood obesity is amplified by the findings from the Southampton Women's Survey that identified that maternal BMI is passed on to children and that inequalities in a mothers diet is perpetuated in the child and that diet quality tracks through childhood. Babies with poor diets tended to have poor diets at age 9.

Genes

39. The Chief Medical Officer's Annual Report in 2016⁹ included research evidence which shows that many people carry some genes that will increase the likelihood of gaining excess weight, although the effect of each of these changes on their own is always very small. Professor Hanson, in his presentation to the Panel, estimated that inherited genes accounts for under 10% of risk at population level.

Diet and physical activity

40. Time to Solve Childhood Obesity - The 2019 report by the Chief Medical Officer states that:

"The scientific consensus is that the rise in obesity is mostly driven by changes in food consumption rather than declines in physical activity.....Declines in physical activity have been occurring for much of the last 100 years, whereas the rise in obesity is much more recent.....Moreover, in the UK, research shows that the increases in the food supply, or food energy, are sufficient to account for nearly all the increase observed in bodyweight amongst women and over half the increase in body weight amongst men during the 1980s and 1990s.

Any approach to tackling obesity should include a strand focused on physical activity, but increasing physical activity alone will be insufficient to prevent childhood obesity. As a rule of thumb, in terms of preventing obesity, a greater effort (e.g. 80%) should be placed on diet with less (e.g. 20%) on physical activity."¹⁰

Why are more children obese today? – The role of the environment

41. As identified many factors combine together to affect the health of individuals and communities. This is particularly the case for overweight and obesity. In the Chief

⁸ Gillman et al. Obesity. 2008;16:1651-6; Robinson et al. Am J Clin Nutr. 2015;101:368-75

⁹ CMO Report 2016, Chapter 7 Genomics and Obesity

¹⁰ Time to Solve Childhood Obesity: An Independent Report by the Chief Medical Officer, 2019, Annex D p3

Medical Officers 2019 Independent Report the role of the environment has been identified as fundamental to the increase in levels of obesity we see today:

“The dominant scientific opinion is that changes in the environment, and principally changes in the availability and affordability of highly palatable calorie-dense foods, have driven the rise in obesity throughout the western world for both adults and children. The marked increases in obesity that occur when people migrate from a country with a low prevalence of obesity to a country with a high prevalence of obesity, underlines the importance of the environment in driving changes in obesity prevalence.the environment shapes eating and physical activity behaviours in many ways. Whilst each influence on its own may seem small, cumulatively and over time they are very significant. Efforts to prevent childhood obesity need to be on changing the environment to enable children to eat healthily and be regularly active.”¹¹

42. This is succinctly echoed in a recent Public Health England (PHE) publication designed to support local approaches to promoting a healthy weight:

“The causes of obesity exist in the places where we live, work and play, where the food and built environment often makes it difficult to make healthier lifestyle choices.”¹²

National Policy – Childhood Obesity

43. Addressing the high prevalence of obesity in England is a government priority. Since 2016 we have seen the publication of Childhood obesity: a plan for action, chapter 1 and 2; the NHS Long Term Plan and the Prevention Green Paper - Advancing our health: prevention in the 2020s – all of which have set out clear commitments around obesity. Including commitments relating to:
- Preventing excess weight gain across the life course
 - Identifying risk(s) earlier and supporting behaviour change to minimise weight gain and support appropriate weight loss.
 - Helping people maintain a healthier weight for longer
 - Improving nutrient content of food and drinks
 - Creating and planning a health promoting environment.
44. Childhood obesity: a plan for action, chapter 2 includes the national ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.
45. In 2019 PHE also published a 5 year strategy. Healthier Diet and Healthier Weight is one of PHE’s 10 priority areas. The strategy places an emphasis on universal, up-stream approaches and support on personalised and population targeted approaches. The aim is to seek to support those people with the most to benefit; and address inequalities and inequity associated with obesity and its causes.

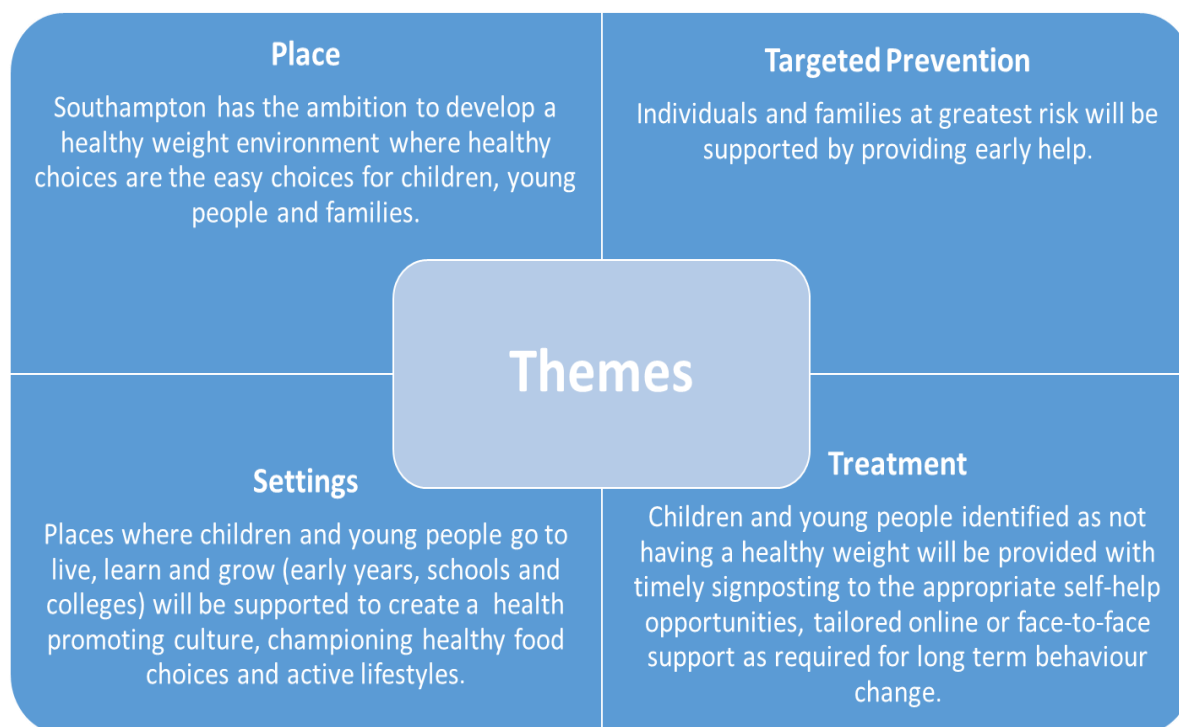
¹¹ Time to Solve Childhood Obesity: An Independent Report by the Chief Medical Officer, 2019, Annex D p2

¹² Public Health England, Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight, July 2019, p6

Local Policy - Southampton

46. In recognition that, to complement national policy, local authorities have the opportunity and powers to work with local communities to help tackle and prevent the causes of obesity, Southampton City Council published a 5 year Children and Young People's Healthy Weight Plan in 2017.
47. The plan identified actions required at a national and local level to tackle childhood obesity and sought to shift focus from blaming individuals to looking at the environment. The following themes and priorities were identified:

Figure 8: Southampton's Children and Young People's Healthy Weight Plan - Themes



48. The plan contained a number of targets by which progress could be measured:

Table 1: Action Plan Measures

Measures	Baseline (Southampton) 2015/16	England 2015/16	Target	2017-2019	2020-2021	2022
5% more new mums breast feeding	73.2%	74.3%	78.2%	74.3% 37 more*	76.2% 97 more*	78.2% 167 more*
5% more pupils with healthy weight at year R	77.0%	76.9%	82.0%	79% 63 more*	81% 126 more*	82% 158 more*
5% more pupils with a healthy weight at year 6	61.8%	64.5%	66.8%	63.8% 45 more*	65.8% 90 more*	66.8% 112 more*
4% increase in 15 year olds achieving 5-a-day	47.8%	52.4%	57.8%	52.8%	55.0%	57.8%
60 more settings (early years, school, colleges and workplaces) engaged in work to create a healthy setting	10	-	70	20	50	70
100 new businesses pledging an action to enable healthier choices	0	-	100	30	70	100

49. There have been some promising improvements in action plan measures and progress is being made in a number of areas. However, it is recognised that the Healthy Weight Plan needs to be more challenging to address the magnitude of the issues and the range of factors influencing obesity levels in Southampton.

Tackling the causes of childhood obesity in Southampton – Where are we now?

50. Using as a guide the themes within the evidence led Southampton Children and Young People’s Healthy Weight Plan (Figure 7), the Inquiry Panel considered at each meeting different elements that influence healthy weight outcomes for children and young people in the city.
51. To develop understanding the Panel were provided with evidence to support the link to childhood obesity levels; Southampton’s approach and examples of good practice.

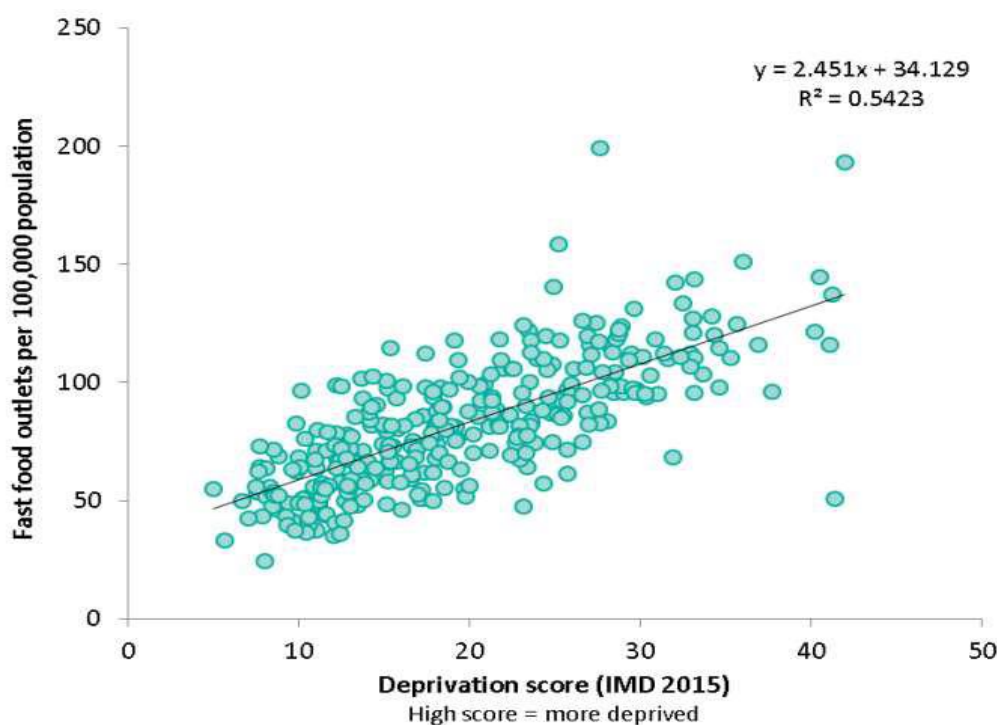
Place – The food environment

“A healthy food environment is one that looks like the food we should be eating, with the onus on available, affordable, appealing and acceptable healthy food and drink.” – Professor Corinna Hawkes, speaking to the Inquiry Panel on 26/11/2019

Takeaways

52. The food environment in most communities has fundamentally changed over a period of time. A notable change has been the rise in the number of takeaways. According to PHE figures a quarter of all eateries in England are now fast food outlets¹³ and there has been a 10% increase in takeaways over the past 5 years.¹⁴
53. The proliferation in takeaways has been most notable in deprived communities with a clear and strengthening correlation between the number of fast food outlets in a location and the areas Index of Multiple Deprivation score.

Figure 9 – Relationship between density of fast food outlets and deprivation



Source: National Obesity Observatory 2015

¹³ <https://publichealthmatters.blog.gov.uk/2019/08/08/health-matters-addressing-the-food-environment-as-part-of-a-local-whole-systems-approach-to-obesity/>

¹⁴ Food environment assessment tool (www.feat-tool.org.uk)

54. PHE data identifies that the most affluent 10% of England is home to just 3% of fast-food outlets and the poorest decile has 17%.
55. According to the National Diet and Nutrition survey just over 1 in 5 (20%) children eat a takeaway meal at home at least once a week.¹⁵ This may be an underestimate of total takeaway food consumption by children, as it does not include takeaway food consumed outside the home.
56. Alongside the proliferation of takeaways, portion sizes have been increasing in the out-of-home sector. For example, in Liverpool three quarters of takeaway meals (excluding side orders and drinks) studied exceeded 1125 calories, with a quarter exceeding the recommended daily intake for a boy aged 9-13 years (1800 calories).¹⁶
57. Evidence presented to the House of Commons Health and Social Care Select Committee's Childhood Obesity Inquiry in April 2018 by CEDAR (The Centre for Diet and Activity Research), and subsequently presented to the Inquiry Panel by Dr Tom Burgoine, outlined the link between regular consumption of takeaway food and obesity in children and young adults¹⁷; and that access to takeaways has been linked to obesity in adults and children from low income families.¹⁸
58. The CEDAR submission identified that findings for children with respect to takeaways near school have been mixed,¹⁹ before referencing recent UK research that has linked consumption of a healthy diet to attending a school where takeaway outlets are relatively far away rather than close by,²⁰ or where the balance of food retailing near the school is mixed, and not skewed towards fast food.²¹

Food retailing - Supermarkets and non-takeaway food

59. Analysis of modern food store environments has shown that healthier diets cost more than nutrient poor, energy dense diets.²² To meet government recommendations within the Eatwell Guide, those on the lowest incomes would have to spend 50-60% of their disposable income on food alone.²³

¹⁵ Goffe, L., Rushton, S., White, M., Adamson, A. & Adams, J. Relationship between mean daily energy intake and frequency of consumption of out-of-home meals in the UK National Diet and Nutrition Survey. *Int. J. Behav. Nutr. Phys. Act.* **14**, (2017).

¹⁶ Jaworowska, A. *et al.* Nutritional composition of takeaway food in the UK. *Nutr. Food Sci.* **44**, 414–430 (2014).

¹⁷ https://www.cedar.iph.cam.ac.uk/wp-content/uploads/2018/11/Health_Committee_Childhood_Obesity_April18_Takeaways_child_obesity.pdf

¹⁸ Burgoine, T., Forouhi, N. G., Griffin, S. J., Wareham, N. J. & Monsivais, P. Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study. *BMJ* **348**, g1464 (2014).

¹⁹ Turbutt, C., Richardson, J. & Pettinger, C. The impact of hot food takeaways near schools in the UK on childhood obesity: a systematic review of the evidence. *J. Public Health (Bangkok)*. (2018). doi:10.1093/pubmed/fdy048

²⁰ Smith, D., Cummins, S., Clark, C. & Stansfeld, S. Does the local food environment around schools affect diet? Longitudinal associations in adolescents attending secondary schools in East London. *BMC Public Health* **13**, 70 (2013).

²¹ Barrett, M. *et al.* Greater access to healthy food outlets in the home and school environment is associated with better dietary quality in young children. *Public Health Nutr.* **20**, 3316–3325 (2017).

²² Rao M, Afshin A, Singh G, *et al.* *BMJ Open* 2013;3:e004277. doi:10.1136/bmjopen-2013-004277

²³ Scarborough P, Kaur A, Cobiac L, Owens P, Parlesak A, Sweeney K, *et al.* Eatwell Guide: modelling the dietary and cost implications of incorporating new sugar and fibre guidelines. *BMJ Open*. 2016;6:e013182. doi:10.1136/bmjopen-2016-013182

60. Not only is unhealthy food cheaper but, as with takeaways, portion sizes of unhealthy foods have increased significantly since the 1990s. Research by the British Heart Foundation showed that the average portion size of crisps had risen by 50% between 1990 and 2019. The figures for a number of other foods were recorded - cottage pie (113% increase), bagels (29% increase) and pizza (53% increase).²⁴
61. Research has also been undertaken on how healthy store environments are. Healthier in-store environments could be characterised as those which promote healthy food choices such as selling good quality healthy foods or placing them in prominent locations to prompt purchasing. Findings revealed that discount and small supermarkets, the type which are prevalent in deprived communities, have the poorest in-store environments.²⁵
62. Mothers with low educational attainment show greater susceptibility to less healthy in-store and spatial environments than mothers with higher educational attainment.²⁶ This is particularly concerning given that, as referenced by Professor Janis Baird and Dr Christina Vogel in their presentations to the Panel, women tend to be the gatekeepers for food choices within the family and inequalities in a mothers diet is perpetuated in the child.
63. Given all of the above it is inevitable that neighbourhoods, and the local food environment, have the potential to shape people's diets and body weight.
64. The changes to the food environment have made it harder for children and families to eat healthily and they also partly help to explain the inequalities in childhood obesity. Families on low incomes have fewer opportunities to access healthy affordable foods, and the areas that children from deprived communities live tend to have a higher density of fast food outlets.

The Southampton food environment

65. At the second meeting of the Inquiry the Panel were provided with research that afforded an insight into the food environment in the city. Key information is summarised below:
 - According to CEDARs Food Environment Assessment Tool (www.feat-tool.org.uk) there has been a 14% increase in takeaways in Southampton over the past 5 years compared to a 10% increase nationally.
 - A study of food outlets in Hampshire identified that most children aged 6 years have more than 10 fast food outlets around their home and school, with some having in excess of 50.²⁷
 - In a survey of dietary quality covering Southampton, Gosport, Havant, Eastleigh, Fareham and Portsmouth only 1% of women with young children

²⁴ Portion Distortion: How much are we really eating? British Heart Foundation, 2013, repeated in 2019

²⁵ Black, C., Ntani, G., Inskip, H. *et al.* Measuring the healthfulness of food retail stores: variations by store type and neighbourhood deprivation. *Int J Behav Nutr Phys Act* **11**, 69 (2014).
<https://doi.org/10.1186/1479-5868-11-69>

²⁶ Vogel, C., Ntani, G., Inskip H., Barker, M., Cummins, S., Cooper, C., Moon, G., Baird, J. Education and the Relationship Between Supermarket Environment and Diet. *AJPN* 2016
 DOI:<https://doi.org/10.1016/j.amepre.2016.02.030>

²⁷ Barrett, M. *et al.* Greater access to healthy food outlets in the home and school environment is associated with better dietary quality in young children. *Public Health Nutr.* **20**, 3316–3325 (2017).

were identified as having greater access to healthy, rather than unhealthy, food outlets in their daily activities. Thereby indicating an overwhelming presence of outlets selling predominantly unhealthy food.²⁸

- Southampton's most deprived neighbourhoods have stores with:
 - Poorer quality fruit and vegetables
 - Fewer varieties of healthy foods.²⁹

Good practice – Improving the food environment

66. In the summary of her presentation to the Panel on the role of public policy in healthy food environments, Professor Corinna Hawkes included 3 bullet points:

- A small number of national policies are needed for norms to change for people and businesses
- Policies that work for people start with understanding the context – The reality of people's lives
- Local government can both complement and lead national policy by building on assets with actions tailored to their populations.³⁰

67. Reflecting the above, the Inquiry Panel were provided with a number of initiatives developed by local authorities that had sought to improve the local food environment. A number of these examples of good practice are highlighted in the paragraphs below.

Bristol Eating Better Award

68. A priority within Bristol's co-ordinated approach to tackle childhood obesity is improving the food environment. The approaches are informed by detailed obesity mapping and extensive community engagement to develop understanding of community needs and to prioritise initiatives.

69. The Bristol Eating Better award is a free award that supports and rewards businesses that take action to offer healthier food options and promote sustainability. The award is about:



- Making small changes, for example in the ingredients used or how food is prepared and what packaging food is served in
- Offering healthier alternatives such as fruit
- Encouraging customers to choose these alternatives, for example by making the healthier options cheaper.

70. There are currently 200 food outlets holding an award. The aim is for over 50% of fast food outlets in the city selling healthy alternatives by 2022 and 90% of food outlets in Bristol to be involved in the award scheme by 2030.

²⁸ Vogel, C., Lewis, D., Ntani, G., Cummins, S., Cooper, C., Moon, G., & Baird, J. (2017). [The relationship between dietary quality and the local food environment differs according to level of educational attainment: a cross-sectional study](https://doi.org/10.1371/journal.pone.0183700). *PLoS ONE*, 12(8), 1-16. [e0183700]. DOI: [10.1371/journal.pone.0183700](https://doi.org/10.1371/journal.pone.0183700)

²⁹ Black, C., Ntani, G., Inskip, H., Cooper, C., Cummins, S., Moon, G., & Baird, J. (2014). [Measuring the healthfulness of food retail stores: variations by store type and neighbourhood deprivation](https://doi.org/10.1186/1479-5868-11-69). *International Journal of Behavioral Nutrition and Physical Activity*, 11(1), 69-[24pp]. DOI: [10.1186/1479-5868-11-69](https://doi.org/10.1186/1479-5868-11-69)

³⁰ <http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=727&MIId=5252&Ver=4> Item 6

71. Working with Licensing, Trading Standards and Environmental Health on the Eating Better Bristol awards has helped to engage food premises. In addition, a number of councillors have gone out with Public Health officers and have spoken directly with food retailers, explaining and encouraging them to sign up to the awards scheme. This has been helpful, especially in diverse and deprived areas.

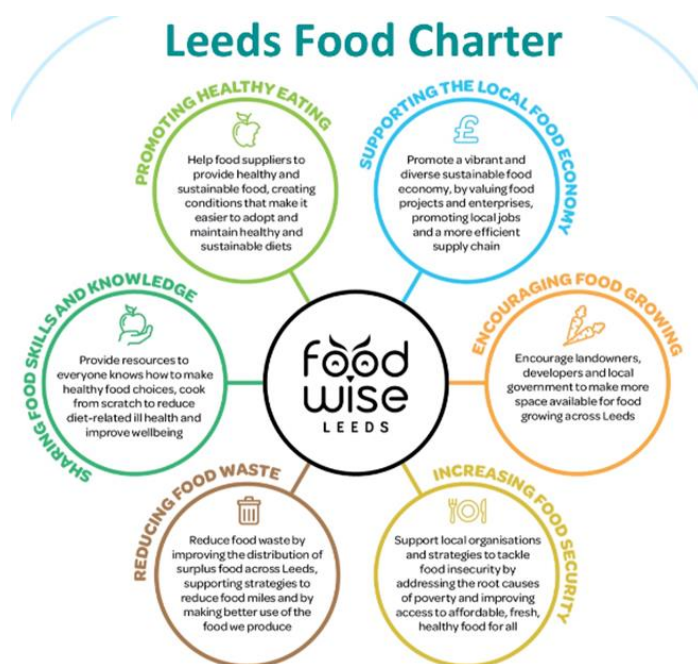
Healthier Catering Commitment

72. The Healthier Catering Commitment for London is a scheme run by the London Boroughs with support from the Mayor of London and the Association of London Environmental Health Managers (ALEHM).
73. ALEHM developed the Healthier Catering Commitment scheme in autumn 2010 in response to London Boroughs that wanted to help businesses to offer healthier options. Participating food businesses receive personalised support to make the small changes that will make a big difference to the health of their customers.
74. The scheme recognises businesses in London that demonstrate a commitment to reducing the levels of saturated fat, salt and sugar in the food sold in their premises, and to make smaller portions available on request.
75. The Healthier Catering Commitment is a flexible scheme which is delivered by London boroughs by a variety of departments, including Environmental Health departments, Public Health departments, third party contractors and health practitioners.

Sustainable Food Places Award (Previously called Sustainable Food Cities)

76. The Sustainable Food Places Award is designed to recognise and celebrate the success of those places taking a joined up, holistic approach to food and that are achieving significant positive change on a range of key food issues. It provides a framework to help set a direction to transform food in a place based on 6 themes:
- Promoting healthy and sustainable food to the public
 - Tackling food poverty, diet-related ill health and access to affordable healthy food
 - Building community food knowledge, skills, resources and projects
 - Promoting a vibrant and diverse sustainable food economy
 - Transforming catering and food procurement
 - Reducing waste and the ecological footprint of the food system
77. Leeds has made headlines as the city that appears to have bucked the trend in childhood obesity. Obesity levels (not overweight and obesity) have reduced for Year R children, with the reduction particularly evident for children from deprived communities.
78. The food environment activity for the city is delivered through signing up to the sustainable food places award. The Leeds Food Partnership has been set up to oversee work towards the 6 themes, and the Leeds Food Charter, outlined in Figure 10, has been produced in support of Leeds's goal to achieve Sustainable Food Place status. Leeds have already achieved the Bronze Sustainable Food Place award.

Figure 10: Leeds Food Charter



79. Bristol have achieved the Silver Sustainable Food Place award and are going for Gold in 2020. In Bristol the approach is led by a citywide partnership and a key strand is focussed on eating better.
80. When addressing the Inquiry Panel at the February 2020 meeting, Grace Davies, Principal Public Health Specialist at Bristol City Council, identified this as a key initiative for Bristol that enables healthy eating and improving the food environment to become embedded within a number of key priorities and partnerships across the city, particularly those aimed at addressing food poverty and sustainability.

Takeaway Planning Policies

81. The National Planning Policy Framework makes it clear that local authorities have a responsibility to promote healthy communities:

“Planning decisions should aim to achieve healthy...places which...enable and support healthy lifestyles...for example through the provision of...access to healthier food” (91(c))
82. Over half of local authorities have a takeaway planning policy³¹ and it is a tool that can be utilised to help restrict the proliferation of fast food outlets.
83. Tied to the perception that children are vulnerable, interventions mostly focus on schools, including exclusion zones in a number of policies. For example, the London Borough of Waltham Forest has a policy that bans new takeaways from opening within 400 metres of schools.

³¹Keeble, M., Burgoine, T., White, M., Summerbell, C., Cummins, S., Adams, J. (2019) How does local government use the planning system to regulate hot food takeaway outlets? A census of current practice in England using document review <https://doi.org/10.1016/j.healthplace.2019.03.010>

84. Gateshead Council has used local planning policy to improve the opportunities its residents have to make healthy food choices and to reduce levels of obesity. Their supplementary planning document means that any application for a hot food takeaway will be declined if it is in an area where more than 10% of children in year 6 are obese; if it is within 400m of secondary schools and other community amenities, or if the number of hot food takeaways in the area is equal to or greater than the UK national average.
85. Southampton City Council does not currently have a planning policy that restricts the increase in the number of new takeaways in the city. This reflects the views of Debbie Chase, Interim Director of Public Health – SCC, who stated at the inaugural meeting of the Inquiry:
- “We see in our city the progress being made to encourage people to be more active. There is less attention paid to the food environment and how collectively we as a city could make a difference.”*

Place – The active environment

“We need to make active living both an easy and an enjoyable option by creating environments that support active living.” - Everybody Active, Every Day framework for physical activity, PHE

86. Whilst diet is more important in weight management, physical activity has an important role in helping people maintain a healthy weight. It can also mitigate against some of the risks associated with excess weight and has important effects on health, independent of any effect on body weight.³²
87. In children 0-5 years, lower levels of physical activity are linked to increased levels of obesity.³³
88. Around one in ten 2-4 year old children (10% of boys and 9% of girls) meet the Chief Medical Officer’s guidelines for physical activity of at least 180 minutes of activity spread throughout the day³⁴. 46.8% of children and young people (5-16 year olds) are meeting the new Chief Medical Officer guidelines of taking part in sport and physical activity for an average of 60 minutes or more every day. Meanwhile 29% do less than an average of 30 minutes a day. The proportion of children meeting the Chief Medical Officer’s physical activity recommendations is lower in those from lower income households.³⁵
89. The Chief Medical Officer partly attributes the low physical activity levels to our streets and towns having become increasingly dominated by motorised vehicles, limiting children’s opportunities to safely explore, cycle, run and play.³⁶
90. Deprived areas tend to be more physically hazardous, in terms of crime and traffic, which may limit opportunities for informal physical activity, such as walking, cycling and play,³⁷ another factor that helps to explain the inequalities in childhood obesity.

Supporting a healthy, active weight environment

91. In her presentation to the Inquiry Panel in December 2019, Angela Baker, Deputy Director - Public Health England South East, explained that:

“A healthy-weight environment supports people in avoiding becoming overweight or obese through the way in which a place is designed and the facilities it provides. It promotes physical activity, provides opportunities for sustainable transport which prioritise active travel, helping people build physical activity into daily life. Additionally, it helps people access or choose healthier food options and access support services.”

³² UK Chief Medical Officer’s Report: Physical Activity Guidelines

<https://www.gov.uk/government/collections/physical-activity-guidelines>

³³ Monasta L, Batty GD, Cattaneo A, Lutje V, Ronfani L, van Lenthe FJ, et al. Early-life determinants of overweight and obesity: A review of systematic reviews. *Obes Rev.* 2010; 11 (10): 695-708.

³⁴ Health and Social Care Information Centre: Health Survey for England 2015

³⁵ Sport England, Active Lives Children and Young People Survey 2018/19

³⁶ Time to Solve Childhood Obesity: An Independent Report by the Chief Medical Officer, 2019, p8

³⁷ Noonan RJ, Boddy LM, Knowles ZR, Fairclough SJ. Cross-sectional associations between high-deprivation home and neighbourhood environments, and health-related variables among Liverpool children. *BMJ Open.* 2016;6(1):e008693. doi:10.1136/bmjopen-2015-008693

92. Local authorities are in a unique position to improve the quality of the environment and through the planning system have a range of powers, including legislation, policy and tools which can help create and support healthy weight environments.
93. The Town and Country Planning Association and PHE set out six elements to help achieve healthy weight environments through the planning process in 2014. These are; *movement and access, open spaces, recreation and play, food environment, neighbourhood spaces, building design and local economy.*³⁸
94. Angela Baker stated that the key features of these elements are creating places that:
 - Prioritise walking, cycling and mass transit through simple changes such as dedicated cycle lanes, well-placed bike racks and wide, well-lit pavements, which encourage individuals to leave their cars at home;
 - Provide communal spaces that support wellbeing and encourage active behaviour in children and adults;
 - Create buildings which are able to promote a healthy lifestyle, such as building homes with kitchens big enough for people to store, prepare and cook meals and eat together, or commercial building design that encourages the use of stairs.

The Southampton active environment

95. To consider whether the key features for a healthy active weight environment are in place in Southampton, or whether proposals exist to improve the situation, the Panel invited representatives from 3 key council services to attend a meeting of the inquiry to discuss the current position in the city.

Transport – Connecting Southampton

96. Neil Tuck, Sustainable City Team Leader at the Council provided an overview of the developments in Southampton designed to encourage and enable people to choose healthy and active travel options.
97. Connected Southampton, the Local Transport Strategy influenced by Public Health, includes, under the strategic aim of ‘A Better Way to Travel’, the goals of supporting people to change how they move around the city by widening their healthy and clean travel choices, encouraging them to get around actively and healthily, and helping Southampton become a zero emission city.

Cycling

98. To achieve these goals significant resources being invested in delivering a cycle network (£8.3m worth of projects being completed during 2019). The Western Corridor route (SCN1 in Figure 11) was completed in 2019 and has seen an uplift of 20% in people cycling.
99. Alongside physical infrastructure improvements, an engagement and behaviour change programme, targeting those who want to change and those whose change will create the most impact, is being delivered. Focus is on new school starters, building cycling confidence and competence, with priority given to schools near

³⁸ TCPA & PHE 2014, Planning healthy weight environments – a TCPA reuniting health with planning project https://www.london.gov.uk/sites/default/files/osd53_planning_healthy_weight_environments.pdf

core corridors / areas of poor air quality. In 2018/19, 53 Southampton schools engaged in the programme - an active travel rate of 88% was achieved in 13 selected schools.

Figure 11 – The planned Southampton Cycling Network

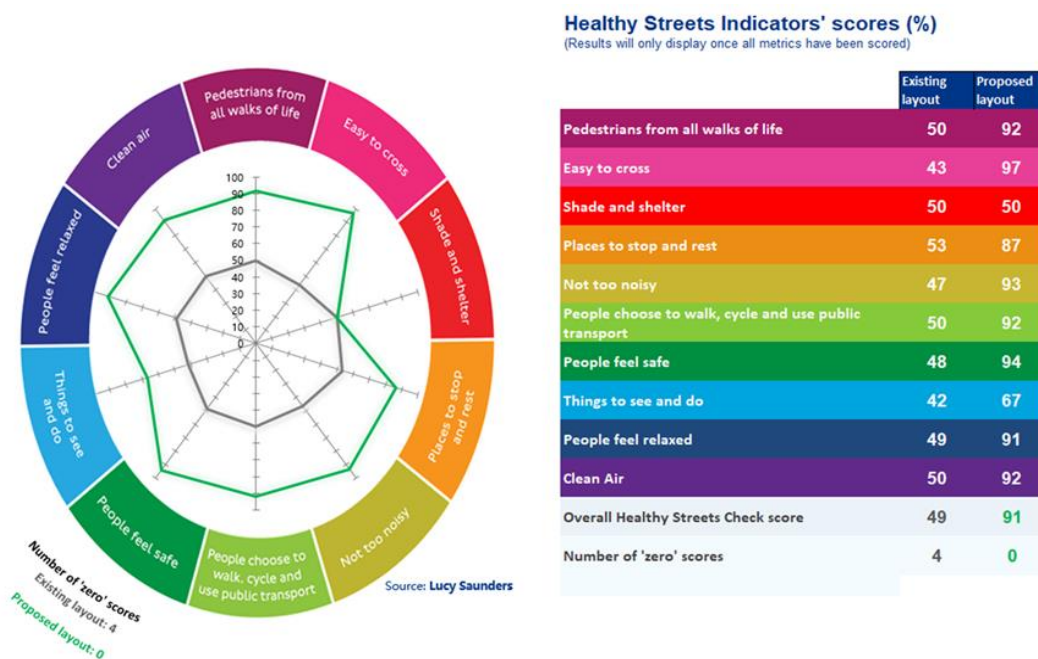


Child-friendly neighbourhoods and streets

100. Through Metamorphosis, an EU funded programme, the Council has been trialling a number of initiatives with an ethos of child-friendly neighbourhoods and streets conducive to walking and cycling, and reducing motor car use.
101. Community and school street closures are being piloted. Community Street Openings typically involve temporary street closures, but with scope to re-occur on a regular basis, e.g. holiday streets, play streets. Local traffic regulation orders are invoked, usually accompanied by other public space interventions, including street art, music and other activities that encourage social interactions.
102. The purpose is to build community cohesion, making streets and public spaces safer, yet fun and accessible to all, while linking communities to local facilities or areas of interest, including schools/shops, and encouraging active travel and healthier lifestyles.
103. 'School Streets', timed street closures before and after the school starts and ends have been trialled to discourage disproportionately short journeys, improve local air quality, improve safety and promote active travel.
104. A trial street closure by St Marys Primary School, a school where obesity levels for year 6 pupils are above the city average (one of the reasons for choosing this site), had positive results. 82% agreed that it was child friendly; 72% of parents who usually drive to school agreed it was more enjoyable; a massive 93% supported more regular closures. Across the 4 events there were more than 2000 active journeys to school that day. The Council is now working to implement a long-term School Street trial with the school.

105. The Council is working with local communities to develop Active Travel Zones in neighbourhoods so people can walk and cycle easily and safely. This includes creating safe spaces, routes, changing roads, landscaping, cycle parking and links to main corridors. Learning from best practice in Waltham Forest and elsewhere is embedded within the approach and a Healthy Streets assessment tool to integrate health outcomes into the assessment for evaluating projects is now being utilised by the Council.

Figure 12 – Healthy Streets Assessment Tool (TfL)



Transforming Cities Fund

106. A joint bid between Southampton and Hampshire has been awarded significant funding by the Department of Transport, via the Transforming Cities Fund. While at the time of writing the final details are yet to be published, this represents a big opportunity to improve sustainable and active travel in Southampton over next four years; to progress child friendly neighbourhoods and streets schemes; and to transform people's journeys by bike and public transport in Southampton.
107. The Council is working with the University of Southampton to evaluate the effectiveness of initiatives and to develop an evidence base. Modal shift away from the motor car is happening in Southampton but changing travel habits and culture is a long term, gradual process.

Parks and Green Spaces

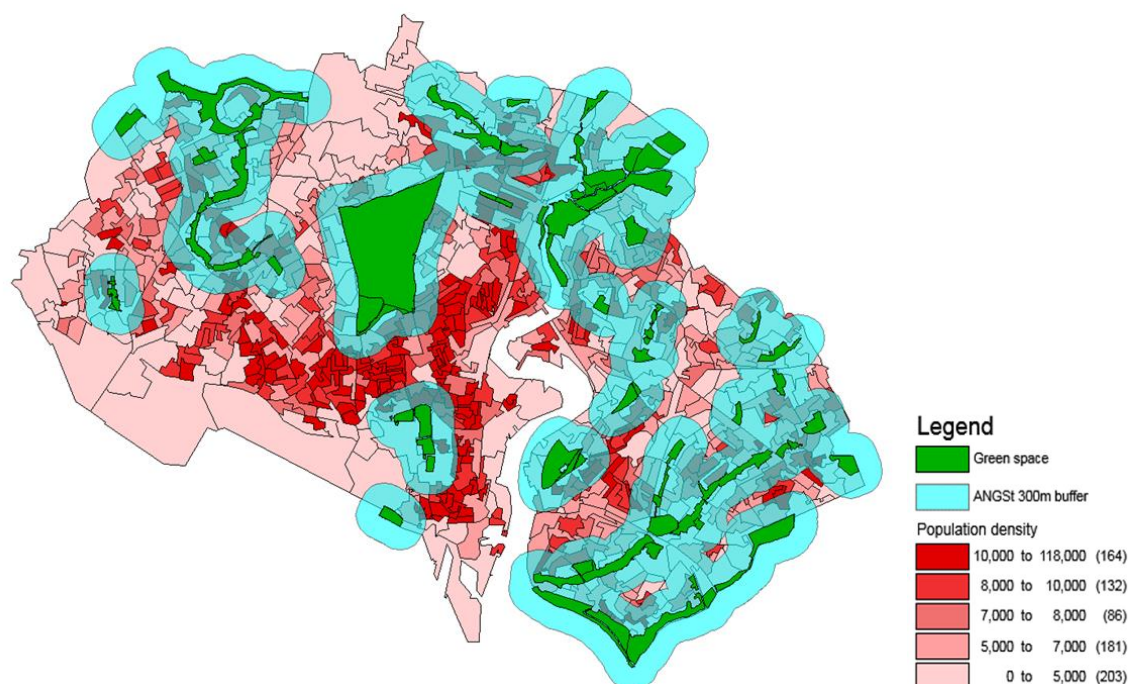
108. Green space has been linked with reduced levels of obesity in children and young people³⁹ and a positive correlation between distance to green space and childhood obesity levels has been identified.⁴⁰

³⁹ Liu GC, Wilson JS, Qi R, Ying J. Green neighborhoods, food retail and childhood overweight: differences by population density. *Am J Health Promot* 2007; **21**: 317–325.

⁴⁰ Nielsen TS, Hansen KB. Do green areas affect health? Results from a Danish survey on the use of green areas and health indicators. *Health & Place*. 2007;13:839–850.

109. Living in areas with green spaces is associated with significantly less income-related health inequality, weakening the effect of deprivation on health, such as that identified with childhood obesity.⁴¹
110. Lindsay McCulloch, Team Leader - Education and Ecology at the Council, outlined the range of opportunities children and young people have to access parks and open spaces in Southampton.
111. 21.14% of Southampton is green space. Residents of Southampton have access to numerous free formal and informal facilities in the parks and open spaces, and they are distributed across the city. Facilities include 50 parks, 100 play areas, 4 skate parks, 24 multi-use games areas, 8 greenways, informal football pitches and cycle tracks.

Figure 13: Population density and distance to parks in Southampton



112. As identified in the map above, despite a fairly even distribution of green spaces in the city a number of the most densely populated areas are more than 300m from a 2 hectare site, the smallest site required for a decent walk.
113. Numerous formal and informal sports, play and wildlife activities for children are delivered in the parks and open spaces. In the last five years new larger play areas have been provided in Hoglands Park, the Common, Mayfield Park and Mansel Park and medium sized play areas at Veracity Park, Eddie's Play Trail and Puffin Close have been refurbished.
114. Despite these treasured assets the Council's Community Engagement Officers have noticed that there are fewer unaccompanied children playing on semi-natural greenspaces in the city. It is believed that this may be a reflection of parental sense of risk. This is particularly evident in children from Southampton's council

⁴¹ Mitchell R, Popham F. Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet*. 2008;372:1655–1660.

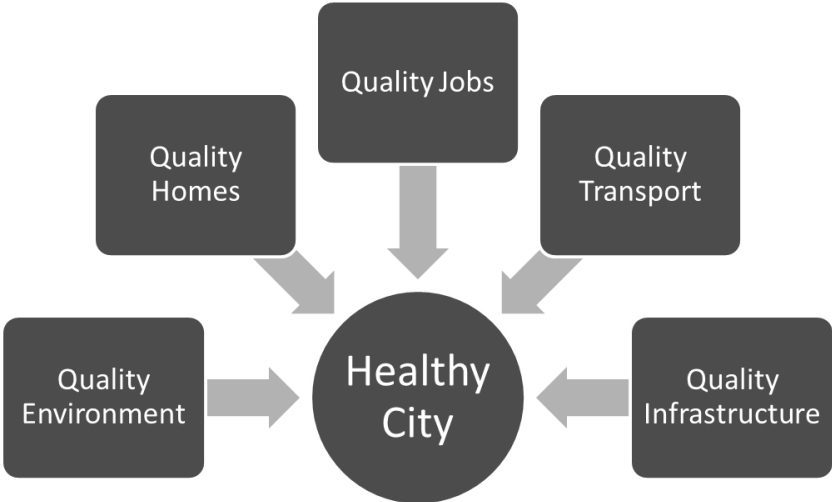
estates and the lack of exposure from a young age is leading to lack of confidence in green spaces.

- 115. The Parks and Open Spaces team are working to encourage residents to visit their local wildlife in their free time and are considering tailored interventions which increase the interest in green spaces for disadvantaged areas.

Planning

- 116. As mentioned the planning system has a range of powers and levers to implement change at local levels. All local authorities are being encouraged to consider how they can best use the planning system to improve their communities’ health and reduce health inequalities, this includes helping to promote a healthy weight environment.
- 117. Many local authorities are already incorporating healthy weight environment aspects into local planning policy and practice. Indeed, the use of planning powers to restrict the growth of hot-food takeaways has already been highlighted in this report.
- 118. To discuss planning’s contribution to improve health outcomes, Paul Barton, the Council’s Interim Head of Planning and Economic Development, outlined for the Panel the opportunities presented by Southampton City Vision, the local plan that is currently in development.
- 119. The City Vision local plan, due for adoption in 2022, will set out the strategic priorities for the development of the city. This provides an opportunity for the facilitation of a healthy city to be a priority in the city’s development.
- 120. The new plan could help to improve health in the city by influencing wider determinants of health such as the quality of homes, transport, environment, jobs and infrastructure. A number of these factors can help support levels of physical activity among city residents and enhance the food environment.
- 121. A “healthy planning” specialist, funded by Public Health, is being recruited into the Planning Policy Team to ensure that health is at the forefront of planning making processes.

Figure 14 - City Vision Local Plan



Energise Me

122. In addition to the presentations from Southampton City Council officers, a presentation was provided by Energise Me, the Active Partnership whose objective is to promote community participation in sport and healthy recreation for the benefit of everyone living in Hampshire and the Isle of Wight.
123. A key aim within the Hampshire and Isle of Wight Physical Activity Strategy 2017-2021 is to improve levels of physical activity among children and young people.
124. Energise Me is working together to support schools to build physical activity into their school day through Active initiatives: Active Bursts, Active Learning, Active Travel, Active Playtime and outside school through Active Home.
125. Despite this, levels of physical activity by children and young people in Southampton are lower than the national average across a range of indicators:⁴²
 - 2018/19 - % of Children and Young People doing an average of 60 mins a day - Nationally 46.8%, Hampshire 43.4%, Southampton 40%
 - 2018/19 - 30 minutes of Sport and Physical Activity at school all years 1-11 - Nationally 40.4%, Hampshire 35.2%, Southampton 36.7%
 - 2018-19 - 30 minutes of Sport and Physical Activity outside school all years 1-11 - Nationally 57.2%, Hampshire 56.5%, Southampton 47.8%

Good practice – Improving the active environment

126. Whilst recognising that Southampton has many of the key features required for a healthy and active weight environment, and positive developments are planned to support an increase in active travel, there are examples of good practice that the city needs to be aware of when considering opportunities to improve the active environment.

Public Health England (PHE) Guidance

127. PHE has recently published guidance that aims to provide practical support for local authorities that wish to use the planning system to achieve important public health outcomes around diet, obesity and physical activity.
128. '*Using the planning system to promote healthy weight environments*' provides a framework and starting point for local authorities to clearly set out in local planning guidance how best to achieve healthy weight environments based on local evidence and needs, by focusing on environments that enable healthier eating and help promote more physical activity as the default.

Community Hubs

129. According to the 2018/19 Sport England, Active Lives Children and Young People Survey, only 36.7% of all years 1-11 in Southampton schools undertake an average of 30 minutes a day of Sport and Physical Activity at school. The national average is 40.4%.
130. In his presentation to the Panel, Luke Newman, Chief Executive of Testlands, outlined the model used by Testlands to link primary schools, the local community and the Testlands community hub (site of former Millbrook School - Green Lane).

⁴² Sport England, Active Lives Children and Young People Survey 2018/19

131. According to Mr Newman the Testlands Way has led to participation in physical activity, within the schools that Testlands works with, being significantly higher than national levels, and there is the opportunity to scale up this model across the city to link primary schools with sports clubs and the numerous leisure facilities to increase levels of good quality physical activity by children in Southampton.
132. The Testlands approach seeks to maximise opportunities for children and their families to access the leisure and sports facilities that they manage. Given the range of quality leisure facilities in Southampton, including those in secondary schools/colleges, and the health and wellbeing benefits that leisure facilities can have on the population, if usage of such assets can be increased it could have a positive impact on physical activity levels across the city.

Settings – Promoting a healthy culture

“Places where children and young people go to live, learn and grow (early years, schools and colleges) will be supported to create a health promoting culture, championing healthy food choices and active lifestyles” – Southampton’s Children and Young People’s Healthy Weight Plan

133. Children spend a significant amount of time in nurseries and schools, as well as other formal care settings, such as with childminders. The former Chief Medical Officer recognised the importance of these settings by stating that:

“These environments are key to securing children’s health.”⁴³

Early Years settings

134. While good practice menus for early years settings exist, these are not mandatory and there is no monitoring. Recent studies of food served in nurseries concluded that while there is variation, generally nurseries in England are not serving sufficient vegetables, pulses and oily fish, and serve too many processed foods high in fat and sugar.^{44 45}
135. On a more positive note research has revealed that in nursery settings, English children aged three to four years are more active in childcare settings than when they are at home with their parents.⁴⁶

Southampton Healthy Early Years Award (HEYA)

136. With the aim of creating a healthier environment for children in Southampton attending early years settings, a revamped Healthy Early Years Award was rolled out in 2018, funded by Public Health and delivered free of charge to settings.
137. The HEYA is made up of 6 awards at 3 levels (Bronze, Silver, Gold). It includes meeting standards on good quality nutrition, oral health and physical activity.
138. Participating in the award helps practitioners to provide a healthier environment for children in their care. It helps families to make positive choices and provides practical support for early year’s practitioners.
139. 62 settings in Southampton have either engaged or achieved the award impacting on approximately 1,430 children and their families. Approximately 25% of nursery group settings across the city have engaged and 8% of childminders. Half of engaged providers are in areas of deprivation.
140. The HEYA has received positive feedback including this feedback from a parent:
- “My daughter loves the fresh fruit and vegetables and is constantly asking if things are ‘Healthy’ to eat. This has had a ripple effect amongst her brother and sister who also question food choices and its health content.”*

⁴³ Time to Solve Childhood Obesity: An Independent Report by the Chief Medical Officer, 2019, Annex D p10

⁴⁴ Er V, Dias KI, Papadaki A, White J, Wells S, Ward DS, et al. Association of diet in nurseries and physical activity with zBMI in 2–4-year olds in England: a cross-sectional study. *BMC Public Health*. 2018;18: 1262. doi:10.1186/s12889-018-6138-6

⁴⁵ Neelon SEB, Burgoine T, Hesketh KR, Monsivais P. Nutrition practices of nurseries in England. Comparison with national guidelines. *Appetite*. 2015;85: 22-29. doi:10.1016/j.appet.2014.11.002

⁴⁶ Hesketh KR, Griffin SJ, van Sluijs EMF. UK Preschool-aged children’s physical activity levels in childcare and at home: a cross-sectional exploration. *Int J Behav Nutr Phys Act*. 2015;12: 123. doi:10.1186/s12966-015-0286-1

Schools

141. The prevalence of obesity doubles in the seven years between starting and leaving primary school, which underscores that this is an important period for intervention.
142. School food is vital for children's health. Over one million children receive free school meals, and for many more children, school offers the best opportunity for a proper meal. School food standards are mandatory for schools under the direct control of local authorities as well as free schools and academies.
143. It has been estimated that more than half of primary school children take a packed lunch to school. There are no national standards relating to packed lunches. A 2019 study established that fewer than two in every 100 packed lunches eaten by children in English primary schools meet nutritional standards.⁴⁷
144. Research studies from abroad, quoted in '*Time to Solve Childhood Obesity*', suggest that schools that do have a healthy food environment (e.g. healthy menus, only selling healthy foods and drinks) are more likely to have children who are a healthy weight.^{48 49}
145. Unlike early years, children at school spend two-thirds of their time sitting down.⁵⁰

What is happening in Southampton's schools?

146. The Panel were provided with examples of initiatives being employed in Southampton schools to champion healthy food choices and active lifestyles.

Southampton Healthy High 5 Award

147. In 2018 the Healthy High 5 Award was launched by the Council and Solent NHS Trust to make it easier for schools to help pupils get fit, eat well and live balanced lives. The Infant, Primary and Junior award includes the following elements:

Figure 15 – Healthy High 5 Award elements



⁴⁷ Evans CEL, Melia KE, Rippin HL, *et al* A repeated cross-sectional survey assessing changes in diet and nutrient quality of English primary school children's packed lunches between 2006 and 2016

BMJ Open 2020;10:e029688. doi: 10.1136/bmjopen-2019-029688

⁴⁸ Gray HL, Buro AW, Barrera Ikan J, Wang W, Stern M. School-level factors associated with obesity: A systematic review of longitudinal studies. *Obes Rev*. 2019;20: 1016–1032. doi:10.1111/obr.12852

⁴⁹ Fitzpatrick C, Datta GD, Henderson M, Gray-Donald K, Kestens Y, Barnett TA. School food environments associated with adiposity in Canadian children. *Int J Obes*. 2017;41: 1005-1010. doi:10.1038/ijo.2017.39

⁵⁰ Brooke HL, Atkin AJ, Corder K, Ekelund U, van Sluijs EMF. Changes in time-segment specific physical activity between ages 10 and 14 years: A longitudinal observational study. *J Sci Med Sport*. 2016;19: 29-34. doi:10.1016/j.jsams.2014.10.003

148. As of January 2020, 31 (about 40%) Southampton schools had engaged in the award scheme – 26 Primary, 3 Secondary and 2 Special schools.
149. As well as promoting physical activity schools have committed to improving the quality of their menus and are offering things like small taste pots to encourage children to try different things. Some schools have implemented salad bars and introduced lessons on the importance of cooking skills and portion size.

Young Health Champions

150. In 2017 the University of Southampton (LifeLab) teamed up with Southampton City Council, Public Health School Nursing and the charity No Limits to deliver a qualification that encourages young people to get involved in health issues in their communities.
151. The Youth Health Champions programme, administered by the Royal Society of Public Health, empowers young people aged 14 to 18 years old, in a variety of settings to have a positive influence on their own health and the health of those around them.
152. It teaches young people the skills to understand the benefits of a healthy lifestyle and to make healthier choices; it develops skills for the workplace, increases their knowledge of risks of unhealthy behaviours and helps pupils to develop their CV by providing an additional qualification.
153. Feedback has been positive however, it is proving difficult to get schools to engage as at the focus of schools for the target age group is understandably on curriculum content.

City Catering Southampton

154. City Catering Southampton provide school meals to 46 out of 75 schools across the city (61%). Last year they produced approximately 1.7 million school lunches.
155. Menus follow set guidelines within the School Food Standards and children are encouraged to take the healthier option with water always available during lunch. Reflecting this City Catering Southampton have been awarded a Bronze Award in Food for Life, a programme developed by the Soil Association.
156. Sarah Doling, Food Development Manager at City Catering Southampton, identified in her presentation to the Panel a number of challenges they face in providing healthy school meals to school children in Southampton. These included:
 - Compressed school lunch breaks that do not encourage children to sit down and eat lunch as well as having time for physical activity.
 - Getting children to eat foods they are not familiar with due to what they eat at home.
 - The content of some packed lunches results in children wanting to opt for packed lunches instead of nutritious school meals.
 - The take up of free school meals is declining. This is concerning as it provides a nutritious meal for the most disadvantaged children in the city.

Lifelab Programme – University of Southampton

157. LifeLab is a unique, state-of-the-art teaching laboratory located at University Hospital Southampton, dedicated to improving adolescent health by giving school students opportunities to learn first-hand the science behind the health messages being promoted.
158. The secondary school programme started in 2008 and is delivered predominantly through the school science curriculum. 42 schools from across the region have engaged in LifeLab research. Pilot studies have demonstrated important statistical changes in the attitudes of children 12 months after experiencing LifeLab. Importantly they are more critically reflective about their own lifestyles.
159. LifeLab are developing an intervention that motivates and supports teenagers to eat better and exercise more. It is to be tested with teenagers from secondary schools.
160. Programme Manager, Dr Kathryn Woods-Townsend, explained that attempts were being made through the Early LifeLab initiative to engage with primary school children and parents.



Feed the Future

161. Southampton City Council's Feed the Future programme, run with Fare Share, has, as its primary purpose, sought to address child hunger in the city. 3,000 children a day are now receiving fresh fruit and yoghurts at primary schools in Southampton. The scheme has raised the issue of healthy eating in schools, and for many children trying fruit at school has been a catalyst for some families to change eating habits.
162. 2020 is Southampton's Year of the Child, celebrating the work of organisations in the city improving lives of young people, and involving young people in the making of the city. As part of this initiative the Council are looking to expand the Feed the Future initiative reaching more children across primary schools in the city.

Good Practice – Creating healthy settings

163. As identified there are a number of excellent schemes being delivered across a variety of settings that are making a genuine difference to the diets and levels of physical activity of children and families in Southampton.
164. A number of these initiatives are unique to Southampton reflecting the innovation and assets of the city.
165. Crucially however, the initiatives have not reached a critical mass to impact on the scale of the childhood obesity problem that exists in Southampton.
166. To enable consideration of alternative approaches, the Panel were informed about a number of initiatives developed by other local authorities to champion healthy food choices and active lifestyles within settings. A few examples of effective practice are detailed in the following paragraphs.

Bristol Good Food and Catering Procurement Policy

167. In support of Bristol's commitment to work towards a healthier, more sustainable food system, in 2018 Bristol published a Good Food and Catering Procurement Policy.
168. The Good Food and Catering Procurement Policy Framework supports national guidance from PHE aiming for every public sector setting, from leisure centres and hospitals, to public open spaces, to have a food environment designed so that the easy choices are also the healthy ones.
169. Bristol City Council spends millions of pounds on food and catering services annually. The Good Food Standards apply to all contracts and concessions and are applied and promoted in other food settings where the council has some influence over the food offer, for example through advice and guidance or adding appropriate criteria to policy's or applications to trade. This includes food sold on council land and premises, such as street trading, markets, parks and at events.
170. According to Grace Davies, Principal Public Health Specialist at Bristol City Council, this policy is beginning to have a positive impact on the food environment in Bristol.

Local authorities - Support to improve food in schools

171. Leeds City Council has developed a very comprehensive offer to support schools to embed the National Healthy Schools Standard through a School Wellbeing service. It is a traded service but is supported by Public Health funding. (<https://www.schoolwellbeing.co.uk/>)
172. The schools food team help schools ensure food and healthy eating is covered through a whole school approach – an approach where improving children's health is not an additional activity for schools but is achieved through doing normal activities differently.
173. Services provided include a packed lunch toolkit for schools in Leeds which helps them to develop their own nutritional guidance to support parents and carers make healthy choices for their children. <https://www.schoolwellbeing.co.uk/pages/healthy-eating-home>
174. In Bristol they have developed a Bristol Healthy Schools programme to provide support for all Bristol schools and education settings to improve the health and wellbeing of pupils, staff and families. <https://www.bristol.gov.uk/web/bristol-healthy-schools/home>
175. The Bristol Healthy Schools initiative includes the Healthy School Award. Similar to Southampton's Healthy High 5 award, a key component of the award is making sure school food is healthy. To help achieve this Bristol City Council have made achieving the Bristol Eating Better award a requirement of the healthy school award, thereby helping to influence the standard of school food eaten across the city.
176. To avoid inadvertently increasing health inequalities Bristol make a specific target of supporting schools in deprived areas of the city, or those working with vulnerable children or young people.

Targeted Prevention and Treatment

“Individuals and families at greatest risk will be supported by providing early help”
– Southampton’s Children and Young People’s Healthy Weight Plan

177. As the introduction and background section of this report outlined, a number of risk factors for overweight and obesity occur in early life, indeed a number of risk factors occur before, during and soon after pregnancy.
178. Today more than half of all pregnant women are overweight or obese⁵¹ which, as previously stated, increases the risk of childhood obesity, and as many as one in four babies are gaining too much weight in their first 18 months due to overfeeding.⁵²
179. Rates of breastfeeding, known to protect children from obesity particularly when sustained, are rising in England. 73.8% of women initiate breastfeeding,⁵³ but only 31.8% of infants are exclusively receiving breast milk at 6-8 weeks of age.⁵⁴
180. The importance of early intervention, targeting support to those at greatest risk is evident. As with most health approaches early and effective interventions can reduce the need for more expensive and specialist care later on.

Targeted prevention and treatment in Southampton

181. At the January meeting of the Inquiry Panel, Vicki Pennal, Project Lead Healthy Settings and Clinical Team Coordinator 0-19 from Solent NHS Trust, provided the Panel with an overview of the intervention and prevention activity being co-ordinated in Southampton through Solent NHS Trust’s health visitors, and public health nurses, from pre-birth to 19 to reduce prevalence of childhood obesity.
182. The Panel were informed that a number of touch points exist in Southampton where services can identify, engage and support parents and children with regards to healthy weight. The chart, included as Figure 16, identifies these interventions and opportunities.
183. A suite of accredited breastfeeding support services are available in Southampton. These include:
 - Breastfeeding support and education given by midwife and at Health Visiting antenatal contact
 - Support with feeding & effective signposting at Health Visitor New Birth Contact (10-14 days)
 - NCT (National Childbirth Trust) commissioned by SCC to provide 2 breastfeeding cafes, 8 hours home visiting with breastfeeding support team
184. Southampton is now seeing a steady increase in breastfeeding rates. 74.9% of women initiated breastfeeding in Southampton compared to 73.8% nationally.

⁵¹ National Maternity and Perinatal Audit - Clinical Report 2019

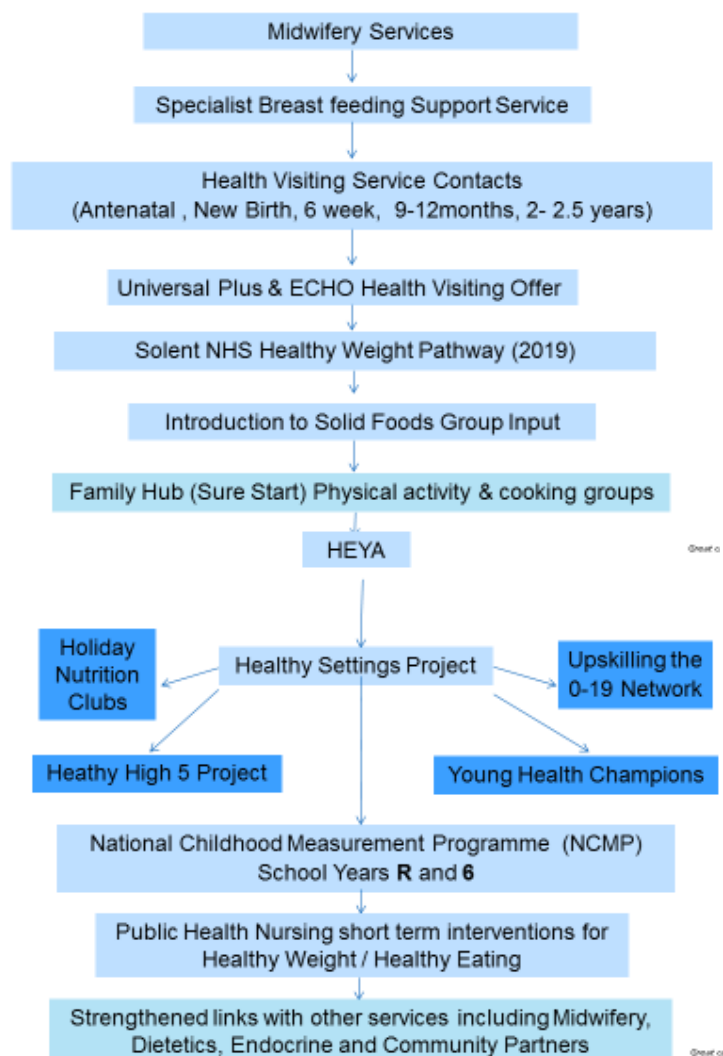
⁵² In the Diet and Nutrition Survey of Infants and Young Children, 2011 26% of boys and 22% of girls aged 4-18 months, exceeded the 91st percentile on UK-WHO growth charts.

⁵³ NHS England. Statistical Release Breastfeeding Initiation & *Breastfeeding Prevalence 6-8 weeks. Quarter 1 2014/15 24th September 2015*. NHS England (20125).

<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/03/Breastfeeding-1516Q11.pdf>

⁵⁴ Breastfeeding prevalence at 6-8 weeks after birth (Experimental Statistics) Quarter 2 2019/20 Statistical Commentary <https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-after-birth-2019-to-2020-quarterly-data>

Figure 16: Pre Birth – 19 healthy weight interventions and opportunities, Solent NHS Trust



*ECHO – Enhanced Child Health Offer: A bespoke, locally-developed programme of intensive home visiting delivered by health visitors from pregnancy until approximately 3 years of age

185. In Southampton the Children and Young People’s Healthy Weight Pathway is the mechanism by which children who already have excess weight are supported.
186. The Weight Management Pathway identifies clear parameters where intervention and referral should be offered for children whose weight is identified as being outside the healthy weight range.
187. Essential to effective prevention and support is the training and information provided to the workforce in Southampton that work with children.
188. To ensure that healthcare professionals and the 0-19 workforce are adequately skilled and have the resources to initiate conversations, and to advise and support children and their families about healthy weight, numerous training sessions are provided for the 0-19 network. These include:
 - The Daily / Golden Mile
 - Healthy Eating Workshops with a Dietician from UHS
 - Healthy Weight Pathway & Obesity as Child Protection Issue (with Consultant Paediatric Endocrinologist)

Good Practice – Targeted Prevention and Treatment

189. Given that Leeds appears to have bucked the trend in childhood obesity the Panel were informed about targeted approaches introduced in Leeds to prevent children from having an unhealthy weight.

HENRY (Healthy Eating and Nutrition in the Really Young)

190. HENRY is a licensed programme based on healthy conversations with parents. Parents are asked to assess themselves on a scale 0-10 on how they are doing. Focus is on parents evaluating themselves and coming up with their own solutions.
191. Leeds have been using HENRY for 10 years and have scaled up the initiative over time. There are currently 1,400 practitioners trained across early years, midwifery, health visitors and others to deliver HENRY training programmes to parents in Leeds with over 90 HENRY groups in the city.
192. The promising results with regards to reducing childhood obesity in Leeds, obesity levels have reduced for Year R children, with the reduction particularly evident for children from deprived communities, have brought partners together behind this scheme.

Additional measuring of children

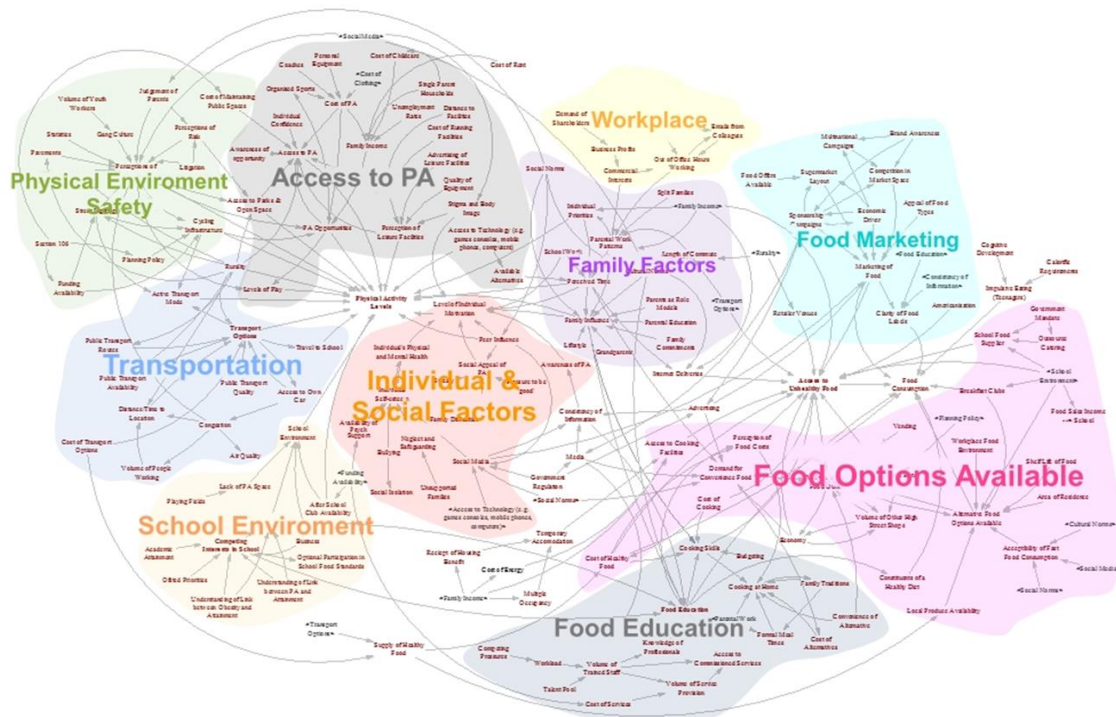
193. To develop the evidence base; measure the effectiveness of initiatives, including HENRY; and, to target resources, Leeds are now measuring the BMI of 2 year olds. This is in addition to the Year R and Year 6 NCMP.
194. Given the doubling of obesity prevalence between Year R and Year 6, the representatives from Solent NHS Trust delivering prevention initiatives in Southampton recommended introducing additional height and weight measurement in Year 3.

Strategic approaches to tackling childhood obesity

“Obesity is a complex problem with a large number of different but often interlinked causes. No single measure is likely to be effective on its own in tackling obesity.” – Making obesity everybody’s business, LGA/PHE

195. Up until this point this inquiry report has sought to identify the key drivers of childhood obesity following the individual themes outlined in the Southampton Children and Young People’s Healthy Weight Plan.
196. However, evidence shows that, at a population level, the problem of obesity, including childhood obesity, cannot easily be overcome by simple, single-sector measures or themes. As demonstrated by the chart below it is a complex condition which requires a whole system response.

Figure 17 - Factors affecting the distribution and occurrence of obesity



Source: Tackling obesity: future choices - GOV.UK, 2007

A whole systems approach to obesity

197. Tackling such an ingrained problem requires a long-term, system-wide approach that is tailored to local needs and works across the life course.
198. Local authorities are in a good position to lead such changes at a local level and PHE have spent the last 4 years working with local authorities to develop a process to support local authorities to take a ‘whole systems approach’ to obesity.
199. The guide, ‘Whole systems approach to obesity - A guide to support local approaches to promoting a healthy weight’, published in July 2019, describes a 6-phase process (Fig 18), which can be used flexibly by local authorities, taking into account existing structures, relationships and actions that are already in place to tackle obesity.
200. This involves the whole local system of stakeholders, recognising that it is a problem that goes far beyond public health. It makes tackling obesity everybody’s business.

Figure 18: Aims and steps of the whole systems approach to obesity

<u>Phase</u>	<u>Aim</u>	<u>Key steps</u>
Phase 1 Set-up	Secures senior-level support and establishes the necessary governance and resource structure to implement the approach.	<ol style="list-style-type: none"> 1. Engage with senior leaders to obtain their support 2. Set-up a core working team to undertake the day-to-day operations and coordinate the approach 3. Establish resources to support the process 4. Secure the accountability, advice and support of a group of senior stakeholders offering a broad range of expertise to ensure the approach has sufficient challenge, governance and resource
Phase 2 Building the local picture	Builds a compelling narrative explaining why obesity matters locally and creates a shared understanding of how obesity is addressed at a local level.	<ol style="list-style-type: none"> 1. Collate key information about obesity locally 2. Start to understand the local assets including community capacity and interest 3. Establish a comprehensive overview of current actions 4. Identify the departments, local organisations and individuals currently engaged in supporting work around obesity
Phase 3 Mapping the local system	Brings stakeholders together to create a comprehensive map of the local system that is understood to cause obesity. Agreeing a shared vision.	<ol style="list-style-type: none"> 1. Prepare for workshop 1: <ul style="list-style-type: none"> • Identify and engage wider stakeholders • Prepare presentation slides and add local information • Prepare facilitators to undertake system mapping 2. Deliver workshop 1: system mapping 3. Begin to develop a shared vision
Phase 4 Action	Stakeholders come together to prioritise areas to intervene in the local system and propose collaborative and aligned actions.	<ol style="list-style-type: none"> 1. Prepare for workshop 2: <ul style="list-style-type: none"> • Create a comprehensive local system map • Prepare presentation slides and add local information • Prepare facilitators to support action mapping • Refine a draft shared vision 2. Deliver workshop 2: action planning 3. Develop a draft whole systems action plan 4. Refine the shared vision
Phase 5 Managing the system network	Maintains momentum by developing the stakeholder network and an agreed action plan.	<ol style="list-style-type: none"> 1. Develop the structure of the system network 2. Undertake the first system network meeting 3. Present the finalised shared vision 4. Agree the action plan
Phase 6 Reflect and refresh	Stakeholders critically reflect on the process of undertaking a whole systems approach and consider opportunities for strengthening the process.	<ol style="list-style-type: none"> 1. Monitor and evaluate actions 2. Maintain momentum through regular meetings 3. Reflect and identify areas for strengthening 4. Monitor progress of the whole systems approach and adapt to reflect how the system changes over time

Source: Whole systems approach to obesity - A guide to support local approaches to promoting a healthy weight, Public Health England, July 2019

201. In Southampton, whilst there has been no commitment to adopting a whole systems approach to obesity, if we were to analyse progress we are currently in phase 1, needing to secure senior level support. For phase 2 the inquiry process would help in developing a compelling narrative.

Good practice – Whole systems approach

202. A number of councils have commenced this process, attempting to understand the complexity of the system and where to intervene to get the best chance of success.

203. Bristol is tailoring the whole systems approach to meet Bristol's needs. With leadership provided by the Executive Mayor, a systems analysis mapping exercise has been undertaken with key partners to develop understanding of causes and relationships of obesity in Bristol. This analysis has helped to identify where the city can act to make the biggest impact.

204. In recognition of the requirement for long term thinking and a system wide approach, the Council has set itself the target of embedding a whole systems approach to healthy weight across the city, ensuring environments support healthy choices that are accessible and affordable for everyone, by 2033.

Local Authority Declaration on Healthy Weight

205. Whilst different to the whole systems approach, another strategic initiative designed to support Local Government to demonstrate its commitment and responsibility to develop and implement policies which promote healthy weight, is the Local Authority Declaration on Healthy Weight.



206. Designed by Food Active, a healthy weight programme supported by North West Directors of Public Health, the declaration, which requires senior level local authority commitment, encapsulates a vision to promote healthy weight and improve the health and well-being of the local population.

207. Whereas the whole systems approach is a process, the Healthy Weight Declaration provides a strategic vision and aspiration for a council that can underpin the whole systems approach. It offers a rationale and platform to connect council teams, bringing them together to raise awareness about the importance of healthy weight and to deliver interventions.

208. Launched in 2015, as of February 2020, 23 councils have signed the declaration that includes 14 standard commitments. If a council chooses to adopt the declaration, then there will be a requirement to work towards these commitments.

209. The 14 standard commitments in the Healthy Weight Declaration include:

- Engage with the local food and drink sector where appropriate to consider responsible retailing, offering and promoting healthier food.
- Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities.
- Review provision in all our public buildings, facilities and 'via' providers to make healthy foods and drinks more available.
- Increase public access to fresh drinking water on local authority controlled sites.

210. Within the declaration there is the opportunity for local authorities to add local commitments relevant to their needs and aspirations.

Healthy Weight Declaration – Leeds and Bristol

211. Adopted as an aspirational tool for the Council to improve practice over time, Leeds City Council signed up to the declaration in November 2018.

212. The Council was already doing a lot to meet the 14 standard commitments and, following discussion with colleagues across the Council, adopted six local priorities which target different age groups.

213. The declaration is not being used as a stick to punish the Council but as an incentive to improve practice over time and to engage all parts of the Council in meeting the challenge.

214. Bristol signed up to the Healthy Weight Declaration in February 2020. The Council's Declaration was supported by Partner Pledges from five local NHS organisations who will join with the Council to help to create healthier environments in the city for local communities, staff and patients alike.

215. It is a positive long-term statement that the city is going to change the food and active environment and provides a central focus for many different departments across the council to unite behind.

Conclusions and Recommendations

216. A summary of the key evidence presented at each of the inquiry meetings is attached as Appendix 3. All the reports, presentations and minutes from the inquiry meetings can be found here:

<http://www.southampton.gov.uk/modernGov/ieListMeetings.aspx?CId=727&Year=0>

217. Conclusions

- In Southampton there are estimated to be between 13,000 and 13,700 children aged between 2 to 17 years old who are overweight or obese. Over half of these children are estimated to be obese.
- The rate of childhood obesity increases from Year R to Year 6 and rates in Southampton are higher in Year 6 than other comparable areas in the UK.
- Trends within the city from Year R to Year 6 are not consistent, suggesting there are environmental changes occurring differentially in the city that need to be further explored.
- Rates of overweight increase with levels of deprivation, and over time the rates have increased more in deprived areas than in better off areas.
- Children who are overweight or obese are more likely to experience a range of health problems in childhood. Children with obesity are also significantly more likely to be obese as adults. This is associated with a wide range of health conditions that can limit life expectancy and quality of life as well as increasing demands on the NHS.
- Whilst body weight is a direct consequence of energy balance - calories in versus calories used, this over simplifies the complex interplay between genes, human psychology and behaviour, circumstances and the environments in which people live, all of which can affect body weight.
- Evidence presented to the Panel identified the role played by diet, physical activity, sleep/stress and the wider socio-ecological environment toxicants. In particular, the role of the environment, and how it shapes eating and physical activity behaviours, has been identified as fundamental to the increase in levels of obesity we see today.
- Nationally and locally there exists the ambition to reduce levels of childhood obesity. Progress, however, has been limited and uneven, such that the worst off in the city have fallen further behind. We need to focus our efforts on reducing these inequalities for children now and adults in the future.
- In Southampton progress has been made to encourage people to be more active, in particularly through sustainable travel initiatives. The City Vision local plan, due for adoption in 2022, presents a genuine opportunity to ensure that the facilitation of a healthy city is a priority in Southampton's development.
- Initiatives across the settings where Southampton's children go to live, learn and grow are helping to create a health promoting culture,

championing healthy food choices and active lifestyles. However, these initiatives, many of which are unique to Southampton, have not been able to reach a critical mass to impact on the scale of the childhood obesity problem that exists in Southampton.

- Limited attention has been paid to improving the food environment in Southampton. Local authorities have the power to help shape the food environment and the Panel have been made aware of approaches pioneered by other UK cities that make it easier for residents to make healthy food choices. Southampton can learn from these approaches.
- Improving the above issues will make a difference in reducing levels of childhood obesity in Southampton. However, because obesity is complex with many different, but often interlinked causes, tackling childhood obesity cannot be achieved through single sector measures or themes, or short-term plans. It requires a long-term commitment and a willingness to work flexibly across council functions, and with partners, including the Government.
- Southampton needs to make tackling childhood obesity everybody's business and to commit key partners in the city to develop and implement policies which promote healthy weight across the life course, as well as mitigate the effect of existing policies which do not support healthy weight. If this is achieved it is realistic to expect levels of childhood obesity in Southampton to reduce, and with it a number of the poor health outcomes and inequalities associated with it.

Recommendations

218. Reflecting the key findings and conclusions the following actions are recommended to help tackle childhood obesity in Southampton:

Place / Environment – *Develop a healthy weight environment where healthy choices are the easy choices for children, young people and families.*

Planning for a healthier future

1. **City Vision Local Plan** – Incorporate guidance published by Public Health England - '[Using the planning system to promote healthy weight environments](#)' in the developing City Vision to ensure that the facilitation of a healthy city is a priority in the city's development.

Improve the food environment

2. **Improve our knowledge and understanding of the food environment in the city** – To develop policies that meet the requirements of local communities we first need to understand the food environment within the communities. Tools such as the Food Environment Assessment Tool (FEAT) can be utilised to map, measure and monitor access to food outlets at a neighbourhood level to help develop, alongside obesity mapping and community engagement, our understanding of the variations in childhood obesity levels across the city.

3. **Restrict the growth in hot food takeaways** – Include within the developing City Vision a policy that helps to manage the increase in exposure to takeaways in Southampton. Following consultation with the Chair of the Planning and Rights of Way Panel, the city should learn from other local authorities and adopt planning regulations that restrict the exposure of children to unhealthy snacks, beverages and hot food takeaways in and around schools and on routes to and from schools.
4. **Southampton Eating Better Awards** – Develop a free award scheme that supports and rewards businesses in Southampton that act to offer healthier food options and promote sustainability.
5. **Seek to become a Sustainable Food Place** - Sustainable Food Places is a partnership programme led by the Soil Association, Food Matters and Sustain. The initiative has been influential in cities such as Leeds and Bristol and would help to embed improving the food environment within wider strategic priorities such as the Green City Charter and addressing food poverty. This offer should be flexible, based on the needs of at-risk communities. This could include support with budgeting, cooking classes, helping people to access to cheap healthy food e.g. through the community food pantry, or fruit and veg voucher schemes.

Improve the active environment

6. **Community Hubs** – Leisure facilities and green spaces are key assets in the drive to increase levels of physical activity in the city. As demonstrated by Testlands, opportunities exist to increase participation in physical activity by encouraging leisure facilities in the city to become community hubs, developing stronger links with local schools and communities and effective utilisation of the PE and Sport Premium funding. Developing this further the council could consider future procurement of SCC leisure services to include wider aims related to physical activity levels and childhood obesity levels in the city.

Settings - Support early years providers, schools and colleges to champion healthy food choices and active ways of living.

7. **Scale up initiatives so that they reach a critical mass** – Initiatives such as the Southampton Healthy Early Years Award; Southampton Healthy High 5 Award; Young Health Champions and the Lifelab programme are excellent schemes making a genuine difference to the lives of children and families in Southampton. If all children in the city benefitted from these initiatives it could help to transform the culture and attitudes towards food and activity in the city (See recommendations 9 and 15 with regards to targeting initiatives and evaluating effectiveness).
8. **Support Southampton schools to make healthy choices easier** - The prevalence of obesity doubles in the seven years between starting and leaving primary school. The council, and partners, can do more to support schools to adopt practices that promote healthy choices. These include:

- **Engage in conversation with schools about extending the length of lunch time** to enable children to sit down and have lunch whilst also allowing time for physical activity.
 - **Develop a packed lunch toolkit for schools** which helps them to develop their own nutritional guidance to support parents and carers make healthy choices for their children.
 - **Adopt a Good Food and Catering Procurement Policy**, akin to Bristol City Council, where good food standards are applied to all contracts and concessions where the council has influence over the food offer.
- 9. Target deprived communities when promoting health initiatives within settings** - Direct resources to increasing participation from settings within deprived communities, proportionate to level of need, to avoid inadvertently increasing health inequalities.
- 10. Analyse the uptake of free school meals** – Feedback provided identified that the take up of free school meals in Southampton is declining. This is concerning as for many children school offers the best opportunity for a nutritious meal. Analysis should be undertaken on the take-up of free school meals and this should inform targeted approaches to encourage increased uptake for eligible children.
- 11. Measure BMI at Year 3 for Southampton school children** – Currently the National Child Measurement Programme, delivered in Southampton by Solent NHS Trusts 0-19 service, measures BMI at Year R and Year 6. As the prevalence of obesity doubles in the seven years between starting and leaving primary school, practitioners have recommended measuring BMI at Year 3 as well to support targeted intervention.
- 12. Learn lessons from the HENRY programme** – Ensure that learning from Leeds City Council’s utilisation of the HENRY programme is built into the parenting programme delivered in Southampton by Solent NHS Trust.

Strategic ambition and vision – Long-term thinking and system wide

- 13. Commit to the Whole Systems Approach to obesity** - Implementing the previous recommendations will result in fewer overweight and obese children in Southampton. To deliver systemic change requires embedding a whole systems approach to healthy weight across the city. Tailoring the approach published in the PHE guide, *‘Whole systems approach to obesity - A guide to support local approaches to promoting a healthy weight’*, to the needs of Southampton, encouraging stakeholders to engage, and recognising this is a problem that goes beyond public health, will help to make tackling childhood obesity everybody’s business.
- 14. Sign and commit to the Local Authority Declaration on Healthy Weight** – The Healthy Weight Declaration provides the strategic vision and aspiration that can underpin the whole systems approach to obesity. It would represent a positive long-term commitment that the city is going to

change the food and active environment and could provide a focus for different departments across the council to unite behind.

- 15. Develop/clarify governance arrangements to oversee development in tackling childhood obesity in Southampton** – A coherent approach to co-ordinating action and measuring outcomes needs to be in place to ensure that progress is being made, and all relevant city council functions are contributing to the objectives. The approach should explore opportunities for leadership from, and co-production with, children and young people.
- 16. Develop the evidence base** – Engage with academia to encourage research to be undertaken into the effectiveness of initiatives to tackle childhood obesity in Southampton. Findings can then be used to focus resources on effective practice.

Appendices

Appendix 1 – Inquiry Terms of Reference

Appendix 2 – Inquiry Plan

Appendix 3 – Summary of Key Evidence

Appendix 1 – Terms of Reference

Tackling Childhood Obesity in Southampton Draft Terms of Reference and Inquiry Plan

1. Scrutiny Panel membership:

- a. Councillor McEwing
- b. Councillor Coombs
- c. Councillor Harwood
- d. Councillor Houghton
- e. Councillor Professor Margetts
- f. Councillor Thomas
- g. Councillor Vaughan

2. Purpose:

To identify opportunities to reduce childhood obesity in Southampton.

3. Background:

- The 2018 Government report, 'Childhood obesity: a plan for action', identified that childhood obesity is one of the biggest health problems this country faces. Nearly a quarter of children in England are obese or overweight by the time they start primary school aged five (22.4%), and this rises to one third by the time they leave aged 11 (34.3%).
- The burden of childhood obesity is being felt the hardest in more deprived areas with children growing up in low income households more than twice as likely to be obese than those in higher income households.
- Overweight or obese children are more likely to experience bullying, stigmatisation and low self-esteem. They are more likely to develop Type 2 diabetes in childhood, a condition that was once very rarely seen outside adulthood. They are also far more likely to go on to become obese adults, with a higher risk of developing life threatening conditions such as some forms of cancer, Type 2 diabetes, heart disease and liver disease.
- Childhood obesity also places significant financial costs on the nation. It is estimated that obesity-related conditions are currently costing the NHS £6.1 billion per year. The total costs to society of these conditions have been estimated at around £27 billion per year, with some estimates placing this figure much higher.
- Reflecting the above issues the Government has set a challenging target of reducing childhood obesity by 50% by 2030.
- In Southampton rates of childhood obesity exceed the national average. The most recent published figures show that 23.3% of 4-5 year olds in Southampton are either obese or overweight and this rises to 37.4% for 10-11 year olds.
- Across England, there are excellent examples of local approaches to tackling childhood obesity, recognising the vital role local authorities can play in

utilising their range of powers and opportunities to create healthier environments.

4. Objectives:

- 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.

5. Methodology:

- Undertake desktop research
- Seek stakeholder views
- Benchmark progress against national frameworks/guidance
- Identify best practice
- Seek views of experts

6. Proposed Timetable:

6 meetings between October 2019 and April 2020. All meetings to be held in the Civic Centre and will commence at 5:30pm.

7. Draft Inquiry Plan (subject to the availability of speakers)

Meeting 1: 29 October 2019

- Introduction, context and background
 - What are the local and national trends in childhood obesity?
 - What are the causes and consequences of childhood obesity?
 - The national policy framework on childhood obesity
 - What is Southampton's approach to childhood obesity?

To be invited:

- Vicky Toomey – Strategic Intelligence Analyst, Southampton City Council
- Professor Mark Hanson - British Heart Foundation Professor of Cardiovascular Science within the Faculty of Medicine, University of Southampton
- Angela Baker - Public Health England, Deputy Director South East
- Debbie Chase - Service Lead for Public Health, Southampton City Council

Meeting 2: 26 November 2019

- Understanding local environmental influences on childhood obesity (the food environment)
 - What do we know about the local food environment and the diets of the local population?
 - What are the national policy drivers for food and the food environment?
 - What policy frameworks can be applied in Southampton to begin to address the local food environment?

To be invited:

- Professor Janis Baird – Professor of Public Health and Epidemiology at the MRC Lifecourse Epidemiology Unit, University of Southampton
- Dr Christina Vogel - Public Health Nutrition scientist at the MRC Lifecourse Epidemiology Unit, University of Southampton
- Professor Corinna Hawkes - Director of Food Policy, University of London
- Dr Thomas Burgoine - Centre for Diet and Activity Research, University of Cambridge

Meeting 3: 17 December 2019

- Understanding local environmental influences on childhood obesity (the active environment)
 - What do we understand about physical activity levels of children in Southampton?
 - How can planning policy be used to create a healthy weight environment?
 - How do Southampton's planning and transport policies support a healthy weight environment?
 - Examples of local good practice

To be invited:

- Helen Fisher - Strategic Lead for Physical Activity & Health, Energise Me
- Angela Baker - Public Health England, Deputy Director South East
- Southampton City Council – Representatives from Infrastructure, Planning and Development (Transport and Planning)

Meeting 4: 28 January 2020

- Understanding the range of local programmes currently underway to address childhood obesity
 - What are the programmes for obesity prevention in the early years in Southampton? (HEYA, ECHO)
 - What are the programmes for obesity prevention in schools in Southampton? (HH5, LifeLab/Youth Health Champions, EACH-B, School Nursing)
 - Insights from local providers about food provision in schools: City catering
 - Example of good practice a novel approach to food and school meals at Park Community School in Havant

To be invited:

- Anne Downie - Early Years and Childcare Manager, Southampton City Council
- Sophie Ruffles - Health Visitor
- Carole Bralee - Specialist Public Health Nurse
- Vicki Pennal - 0-19 Project Lead, Health Visiting & School Nursing, Solent NHS Trust
- Dr Kathryn Woods-Townsend - LifeLab Programme Manager within Southampton Education School, University of Southampton
- Sarah Doling - City Catering
- Christopher Anders - Head Teacher, Park Community School, Havant

Meeting 5: 25 February 2020

- Turning the tide on childhood obesity
 - Understanding the Leeds approach to addressing childhood obesity
 - Bristol's approach to improving the local food environment
 - Creating a child friendly city- what does that mean for addressing childhood obesity in Southampton?
 - Taking a whole systems approach to obesity in Southampton and making it a success

To be invited:

- Speaker from Leeds Public Health
- Grace Davies - Public Health Principal, Bristol City Council
- Leader of the Council – Year of the Child
- Debbie Chase - Service Lead for Public Health, Southampton City Council

Meeting 6:

- Recommendations for addressing childhood obesity in Southampton

To be invited: N/A

Appendix 2 - Inquiry Plan

DATE	MEETING THEME	TOPIC DETAIL	EVIDENCE PROVIDED BY
29/10/19	Agree Terms of Reference and introduction to the inquiry	Introduction, context and background to the issues.	<ul style="list-style-type: none"> • Dan King, Service Lead, Intelligence and Strategic Analysis, SCC • Vicky Toomey, Strategic Intelligence Analyst – SCC • Professor Mark Hanson, British Heart Foundation Professor of Cardiovascular Science within the Faculty of Medicine at the University of Southampton • Angela Baker, Deputy Director, Public Health England South East • Debbie Chase, Interim Director – Public Health, SCC
26/11/19	Understanding local environmental influences on childhood obesity	The food environment	<ul style="list-style-type: none"> • Professor Corinna Hawkes, Director of the Centre for Food Policy, City, University of London • Professor Janis Baird, Professor of Public Health and Epidemiology at the University of Southampton • Dr Christina Vogel, Principal Research Fellow in Public Health Nutrition at the University of Southampton • Dr Tom Burgoine, Centre for Diet & Activity Research, University of Cambridge
17/12/19	Understanding local environmental influences on childhood obesity	The active environment	<ul style="list-style-type: none"> • Helen Fisher, Strategic Lead for Physical Activity, Energise Me • Angela Baker, Deputy Director, Public Health England South East • Paul Barton, Interim Head of Planning & Economic Development, SCC • Neil Tuck, Sustainable City Team Leader, SCC • Lindsay McCulloch, Team Leader, Education and Ecology, SCC

DATE	MEETING THEME	TOPIC DETAIL	EVIDENCE PROVIDED BY
28/01/20	Understanding the range of local programmes currently underway to address childhood obesity	Settings	<ul style="list-style-type: none"> • Ravita Taheem, Senior Public Health Practitioner, SCC • Darrin Hunter, Assistant Team Manager, Early Years and Childcare, SCC • Angela Elliott, Early Years Development Worker, SCC • Vicki Pennal, Project Lead Healthy Settings & Clinical Team Coordinator 0-19, Solent NHS Trust • Sophie Ruffles, Health Visitor - Project Lead Healthy Weight 0-5 years, Solent NHS Trust • Sarah Doling, Food Development Manager, City Catering Southampton • Dr Kathryn Woods-Townsend, LifeLab Programme Manager at the University of Southampton
25/02/20	Turning the tide on childhood obesity	Examples of best practice	<ul style="list-style-type: none"> • Grace Davies, Principal Public Health Specialist, Bristol City Council. • Ravita Taheem, Senior Public Health Practitioner, SCC • Cllr Chris Hammond, Leader of the Council • Luke Newman, Chief Executive, Testlands • Debbie Chase, Interim Director of Public Health, SCC
21/07/20	Agree final report	Approve report for submission to OSMC	Date changed from 08/04/20 due to Covid-19.

The minutes for each meeting, the evidence submitted to the Scrutiny Inquiry Panel and presentations delivered at each meeting is available at: -

<http://www.southampton.gov.uk/modernGov/ieListMeetings.aspx?CIId=727&Year=0>

Appendix 3 – Summary of Key Evidence

Inquiry Meeting – 29 October 2019

Introduction to the inquiry, context and background

Presentations referenced below can be found here: Item 8

<http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=727&MId=5251&Ver=4>

Summary of information provided:

Southampton Strategic Assessment, National Child Measurement Programme – Dan King, Service Lead, Intelligence and Strategic Analysis & Vicky Toomey, Strategic Intelligence Analyst - SCC

- A presentation was delivered by Dan King and Vicky Toomey providing an introduction to the National Child Measurement Programme and an overview of levels of childhood obesity in Southampton.
- Key points raised in the presentation included the following:
 - The World Health Organization defines childhood obesity as “Abnormal or excessive fat accumulation that presents a risk to health” and identifies it as “One of the most serious public health challenges of the 21st century.”
 - Obesity is a risk factor for poor health and wellbeing.
 - If we consider the number of years lived with disability (YLD) i.e. years of life lived with any short-term or long-term health loss, high body mass index is the top risk factor in Southampton. This illustrates the importance of tackling obesity in the city, both in terms of poor health and the costs to society
 - Estimate in Southampton there are between 13,000 and 13,700 overweight/obese children aged 2 to 17 years old, with over half – between 6,700 and 7,900 – estimated to be obese.
 - Children are measured when they start and leave primary school - Year R (4-5 year olds) and Year 6 (10-11 year olds).
 - Prevalence of overweight (including obese) 2018/19: Year R – National average (22.6%); Southampton (22.3%); Year 6 – National average (34.3%); Southampton (36.1%).
 - Prevalence of obesity 2018/19: Year R – National average (9.7%); Southampton (10.1%); Year 6 – National average (20.2%); Southampton (22.9%) – significantly higher than England.
 - Overweight (including obese) - Year R: stable over time but Year 6 statistically significant increase since 2006/07 - Increase from 30.0% (2006/07) to 36.1% (2018/19);
 - Obesity trends mirror this – Year R stable but Year 6 increase from 16.9% (2006/07) to 22.9% (2018/19); significantly higher. To have the same percentage as 2006/07, Southampton would need to have 153 (152.8) less obese Year 6 pupils.
 - There is a significant difference between prevalence by gender for Year 6 - males higher prevalence

- Significant variance across the city. Obesity prevalence increases as deprivation increases.
- Do not just focus initiatives on children that are obese / overweight in Year 6. The majority of overweight children in Year 6 had been healthy weight in Year R; Over two-thirds (67%) of obese children had not been obese in Year R.

The causes and consequences of childhood obesity – Professor Mark Hanson, British Heart Foundation Professor of Cardiovascular Science within the Faculty of Medicine at the University of Southampton

- A presentation was delivered by Professor Mark Hanson providing an overview of the causes and consequences of childhood obesity.
- Key points raised in the presentation included the following:
 - Consequences of childhood obesity include reduced educational attainment; job prospects; Low self-esteem; Bullying; Mental health; Cardiovascular disease; Diabetes; Asthma; Cancer; Joint problems; Infertility; Pregnancy complications; Birth defects; Gestational diabetes.
 - Diet, physical activity, sleep/stress and environmental toxicants amplifies the risk of obesity.
 - The priming of risk of obesity is from conception onwards - Effect of an unhealthy diet in childhood on child's fatness depends on prenatal growth trajectory.
 - Maternal obesity increases risk of obesity for the offspring. If you can increase health of adolescents this will help to pass good health on to the next generation.
 - Causes of obesity include - Inherited genes (account for <10% of risk at population level); Eating too much/ sedentary lifestyle are not the whole story; other factors such as smoking during pregnancy, excessive gestational weight gain, breastfeeding for less than 12 months, under 12 hours sleep per day during infancy are risk factors for childhood obesity.
 - A mother's diet in pregnancy is very important; maternal BMI is passed on to children.
 - There is a correlation between levels of education and eating a healthy diet.
 - Need to take a life-course and whole systems approach to tackling childhood obesity.

Overview of national policy relating to childhood obesity – Angela Baker, Deputy Director, Public Health England South East

- A presentation was delivered by Angela Baker providing an overview of national policy relating to childhood obesity.
- Key points raised in the presentation included the following:
 - Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. Factors such as where people

live, the state of the environment, genetics, income, educational level, and relationships with friends and family have considerable impacts on health. This is particularly the case for overweight and obesity.

- Obesity disproportionality impacts certain groups. Obesity is more than twice as common among low income women as in women in the highest household income quintile (37.6% compared with 18.3%). In men there is a smaller difference between lowest income quintile and highest.
- Child obesity prevalence is closely associated with socioeconomic status. More deprived populations tend to have higher obesity prevalence. Among Year 6 children, severe obesity prevalence in the most deprived 10% of areas in England is more than 4 times the prevalence in the least deprived 10%, and among Reception children nearly 4 times the prevalence in the least deprived 10%.
- Addressing the high prevalence of obesity in England is a government priority
- Since 2016 have seen the publication of Childhood Obesity: a plan for action, chapter 1 and 2; the NHS Long Term Plan and the Prevention Green Paper – all of which have set out clear commitments around obesity.
- The national ambition is to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.
- This year PHE have also published a strategy for the next 5 years. Healthier Diet and Healthier Weight is one of PHE's 10 priority areas. The strategy places an emphasis on universal, up-stream approaches and support on personalised and population targeted approaches. The aim is to seek to support those people with the most to benefit; and address inequalities and inequity associated with obesity and its causes.
- Obesity is a complex problem with a number of interconnected drivers. There is no one silver bullet, no single action that will address obesity. It requires numerous actions across the system – a 'whole systems approach'.
- Local authorities have a clear role to play and have powers that can help to influence childhood obesity levels locally.
- Physical activity has an important role in helping individuals to maintain their weight. Increasing physical activity and decreasing sedentary lifestyle are important components of any weight management intervention, however the most important factor for weight loss is dietary changes.

Children and Young People's Healthy Weight Pathway – Debbie Chase, Service Lead – Public Health, SCC

- A presentation was delivered by Debbie Chase providing an overview of local policy relating to childhood obesity.
- Key points raised in the presentation included the following:

- Attitudes are changing regarding where the blame lies for the rising levels of obesity: Previously we blamed individuals/parents; Assumed lack of knowledge of how to eat healthily; Lack of skills to cook healthy meals; Not doing enough exercise-lazy.
- Now increasing understanding of the impact of the availability of cheap unhealthy food; Loss of green space; Harder to walk/cycle; Industry for promoting unhealthy food.
- There is a need for a joined-up life course and place based approach.
- Southampton produced a healthy weight plan 2017-2022 that identified actions required at a national and local level to tackle childhood obesity. Our plan sought to shift focus from blaming individuals to looking at the environment. Move away from an individual behaviour change approach to a more upstream approach. Not quite a whole system approach.
- There have been some promising improvements in action plan measures. Increase in breastfeeding at 6-8 weeks; 27 schools taking part in Healthy High 5 initiative & 63 settings now Health Early Years settings.
- Progress being made in delivering actions in Healthy Weight Plan but need to be more challenging. We have the tools and skills in the city to make a difference but not doing enough to address the magnitude of the issues and the range of factors influencing obesity levels. There is no magic bullet so many actions, each with a small impact, will be necessary.
- We see in our city the amazing progress being made to encourage people to be more active. There is less attention paid to the food environment and how collectively we as a city could make a difference.
- Any approach to tackling obesity should include a strand focused on physical activity, but increasing physical activity alone will be insufficient to prevent childhood obesity. As a rule of thumb referenced by Dame Sally Davies when Chief Medical Officer, in terms of preventing obesity, a greater effort (e.g. 80%) should be placed on diet with less (e.g. 20%) on physical activity.
- To be effective you need to get people to want to change and for communities to lead this. Each ward could require a different approach.

Conclusions from meeting:

- Obesity is a significant risk factor for poor health and wellbeing. Prevalence of obesity (2018/19) in Year 6 in Southampton is significantly higher than England.
- Significant variance across the city. Childhood obesity prevalence increases as deprivation increases.
- Whether people are healthy or not, is determined by their circumstances and environment. Factors such as where people live, the state of the environment, genetics, income, educational level, and relationships with friends and family have considerable impacts on health. This is particularly the case for overweight and obesity.

- Diet, physical activity, sleep/stress and environmental toxicants amplifies the risk of obesity and the priming of risk of obesity is from conception onwards.
- Physical activity has an important role in helping individuals to maintain their weight, however, the most important factor for weight loss is dietary changes.
- Addressing the high prevalence of obesity in England is a government priority.
- Since 2016 have seen the publication of Childhood Obesity: a plan for action, chapter 1 and 2; the NHS Long Term Plan and the Prevention Green Paper – all of which have set out clear commitments around obesity.
- The national ambition is to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.
- Local authorities have a clear role to play and have powers that can help to influence childhood obesity levels locally.
- Southampton produced a healthy weight plan 2017-2022. There have been some promising improvements in action plan measures.
- The tools and skills exist in the city to make a difference but not enough is being done to address the magnitude of the issues and the range of factors influencing obesity levels. There is no magic bullet so many actions, each with a small impact, will be necessary.
- Need to take a life-course and whole systems approach to tackling childhood obesity.

Inquiry Meeting – 26 November 2019

Understanding local environmental influences on childhood obesity - The food environment

Presentations referenced below can be found here: Item 7

<http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=727&MId=5252&Ver=4>

Summary of information provided:

The role of public policy in healthy food environments – Professor Corinna Hawkes, Director of the Centre for Food Policy, City, University of London

- A presentation was delivered by Professor Corinna Hawkes providing an overview of the role of public policy in creating healthy food environments.
- Key points raised in the presentation included the following:
 - A healthy food environment is one that looks like the food we should be eating, with the onus on available, affordable, appealing and acceptable healthy food and drinks.
 - National policy can change environments to support norms resulting in change for people & businesses.
 - 6 key food environment policy areas (within Nourishing framework). Policy initiatives within Chapters 1-3 of the Childhood Obesity Plan

seek to improve the food policy environment around labelling, public institutions, fiscal tools, marketing and food supply.

- Some initiatives have a greater impact in practice than others – eg: Improve food offer in schools may be undermined by food environment outside of schools and at home, whereas the Soft Drinks Industry Levy has been effective (mandatory more effective than voluntary initiatives).
- Initiatives regarding food retailing and neighbourhood policies are missing at the national level – Role for local and national government around neighbourhood planning and infrastructure, supporting alternative food provisioning models and inside store environments eg - The Healthier Catering Commitment for London – www.healthiercateringcommitment.co.uk
- Any approach needs to take into account people's lived experience of food environments and understanding how people respond to policy changes – Need to develop approaches that meet local needs from a child's perspective.
- Parents trying to cope with the reality of their lives are not bad parents.
- Often children are not exposed to healthy food at home so when they see fruit and veg at early year's or school settings they resist. This increases health inequalities. Training kids taste preferences can help to make healthy foods more appealing (initiatives such as TasteEd <https://www.tasteeducation.com> based on the Sapere method that teachers are trained to deliver). Relevant for SCC's Feed the Future initiative to provide free fruit, vegetables and yoghurt to school children up to the age of 11 years.
- National policy requires food skills (food tech) to be taught in secondary schools. It doesn't begin in early years or primary schools.
- Build upon existing community assets and actions – Improve existing initiatives and prioritise approaches as recommended by Public Health England's Whole Systems Approach.
- In summary - A small number of national policies needed for norms to change for people and businesses.
- Policies that work for people start with understanding the context – the reality of people's lives.
- Local government can both complement & lead national policy by building on assets with actions tailored to their populations.

Understanding local environmental influences on childhood obesity – Professor Janis Baird, Professor of Public Health and Epidemiology at the University of Southampton & Dr Christina Vogel, Principal Research Fellow in Public Health Nutrition at the University of Southampton.

- Presentations were delivered by Professor Janis Baird and Dr Christina Vogel developing the Panel's understanding of local environmental influences on childhood obesity.
- Key points raised in the presentation included the following:
 - Women tend to be the gatekeepers for food choices within the family and the health of women before, during and after pregnancy is linked to obesity.

- A number of early life risk factors exist for childhood overweight/obesity.
- Southampton Women's Survey – Education is the biggest predictor of quality of diet. Inequalities in mothers diet is perpetuated in the child. Diet tracks through childhood. Babies with poor diets tended to have poor diets at age 9.
- The Women's Survey identified a number of reasons why some women have poorer diets. These include convenience, cost, waste when child not willing to eat healthy foods, promotions on unhealthy foods.
- Information/media campaigns largely ineffective among disadvantaged groups. Effective interventions for disadvantaged groups address environmental and social determinants.
- Access to fast food is much more prevalent in deprived environments. 45% increase in fast-food outlets in the UK over the last 18 years. Deprived areas have had the greatest increase.
- 43% of local food outlets in the Solent area are fast food outlets. Most children aged 6 years have over 10 fast-food outlets around their home and school. Only 1% of women with young children in Hampshire and IOW have greater access to healthy, rather than unhealthy, food outlets in their daily activities.
- Greater access to healthy specialty stores around home and school associated with better quality diet at 6 years.
- Greater maternal access to - fast food outlets linked to poorer bone health at birth; healthy speciality stores linked to better bone health at 4 years.
- Diets of women with degree qualifications show less susceptibility to unhealthy food environments than those with low education levels.
- Modern in-store environment - Healthier diets cost more than nutrient poor, energy dense diets (25% of families have to spend 25% of disposable income to meet eatwell guidelines).
- Portion sizes of unhealthy foods have increased significantly
- Southampton's most deprived neighbourhoods have stores with poorer quality fruit and vegetables & fewer varieties of healthy foods.
- Discount and small supermarkets have poorest in-store environments
- Supermarket environments have a stronger influence on the diets of women from disadvantaged backgrounds.
- Diet and BMI of individuals with low educational attainment showed greater susceptibility to poorer spatial and supermarket environments.
- Local evidence shows fewer varieties and poorer quality of healthy foods in deprived neighbourhoods.
- Advocate targeted interventions for high risk groups
- No equality of opportunity if mum has a poor diet
- Planning opportunities - Use local planning laws to restrict proliferation of fast food outlets. Consider introducing restrictions on fast food outlet numbers in areas of high deprivation; Incentives for new healthy specialty retailers to open; Drinking water fountains in popular public areas.
- In-store - Moderate evidence across settings that subsidies on healthy foods increase their purchase and intake – Southampton study showed

that price promotion increased salads and veg consumed by 4 additional portions each week and better quality of diet for children.

- Good evidence that price increases on unhealthy food improve dietary behaviours.
- In-store opportunities include - Incorporate healthy in-store activities in Environmental Health & Safety audits; Encourage use of shelf prompts to promote healthy foods.
- Culture – Need to learn more about the impact of migrant communities
- Self-efficacy (confidence to eat healthily) is key to healthy diets. Studies are looking at interventions that empower women and give confidence to change behaviour.
- Some supermarkets are improving the in-store environment but investment required from retailer and need to be persuaded that it will not impact negatively on profit margin.

Takeaway planning policy in the UK: Evidence, precedent and local data – Dr Tom Burgoine, Centre for Diet & Activity Research, University of Cambridge

- A presentation was delivered by Dr Tom Burgoine outlining the links between takeaways, deprivation and obesity.
- Key points raised in the presentation included the following:
 - £28bn spent annually on takeaway food in GB - 29% increased out of home food expenditure in last decade. Consumption peak is older childhood.
 - Regular takeaway visits and frequent takeaway consumption associated with excess weight gain over time.
 - No systematic review that can quantify the overall 'effect' of takeaway access on diet / weight / health. Study identified if exposed to more takeaways consumption of takeaway food increased by 6g per day and increased body weight. Neighbourhoods have the potential to shape diet and body weight.
 - Relationship between exposure and consumption differs according to education. Evidence that groups of lower socioeconomic status may be more vulnerable to unhealthy environments.
 - Takeaway foods are marketed towards children, discounted for children and clustered around schools.
 - ¼ of all eateries in England are fast food outlets. Across England, 10% increase in takeaways over 5 years. Population growth over this time in England has been 2.3%. 14% increase in takeaways in Southampton.
 - Deprived areas have more takeaways than less deprived areas. The relationship between takeaways and deprivation strengthened from 2012 to 2015. Neighbourhood effects play into social inequalities, for example through inequitable access to takeaways.
 - Planning policies exist to help manage increase in exposure to takeaways. The NPPF (National Planning Policy Framework) makes it clear that local authorities have a responsibility to promote healthy communities.

- The planning system is being used as a form of public health intervention. 56 of 325 local authorities have a specific health focus in their local plan. Interventions mostly focus on schools, including exclusion zones in 44 authorities. Tied to the perception of children as vulnerable. Not actively reducing number of takeaways just capping at existing levels.
- FEAT tool (Food Environment Assessment Tool - www.feat-tool.org.uk) allows mapping, measuring and monitoring of neighbourhood food access. Local data (with scientific evidence and support) are important to make the case for action.
- Research has not been undertaken to identify the impact of the planning restrictions on takeaways on the diet/weight of the local population.
- Not seen a planning document restricting access to convenience stores in UK. Need more research to identify if planning restrictions on takeaways are shifting the problem elsewhere.
- Opportunity to evaluate the impact of actions to evidence effectiveness of approaches.

Conclusions from meeting:

- Neighbourhoods have the potential to shape diet and body weight
- Evidence that groups of lower socioeconomic status may be more vulnerable to unhealthy environments.
- Policy making should be made on the best available evidence. You need to start somewhere. Effective interventions for disadvantaged groups address environmental and social determinants. There is a role for local government.
- Any approach needs to take into account people's lived experience of food environments and understanding how people respond to policy changes.
- Training kids taste preferences can help to make healthy foods more acceptable and appealing.
- Build upon existing community assets and actions as recommended by Public Health England's Whole Systems Approach.
- Planning policies exist to help manage the increase in exposure to takeaways.
- Opportunity to evaluate the impact of actions to evidence effectiveness of approaches.

Inquiry Meeting – 17 December 2019

Understanding local environmental influences on childhood obesity - The active environment

Presentations referenced below can be found here: Item 7

<http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=727&MId=5253&Ver=4>

Summary of information provided:

An Overview of Physical Activity Levels in Children and Young People – Helen Fisher, Strategic Lead for Physical Activity, Energise Me

- In her absence Helen Fisher provided the Panel with a written presentation on levels of physical activity of children and young people in Southampton.
- Key points raised in the presentation included the following:
 - The Hampshire and Isle of Wight Physical Activity Strategy includes an aim to ‘Inspire our children and young people to form an active habit for life’ and ‘improve levels of physical activity among children and young people’.
 - Chief Medical Officer guidelines recommends 180 minutes a day of physical activity for 0-5 year olds (nationally only 9% of 2-4 yr olds are meeting the target) and 60 minutes average per day across the week for 5-18 years.
 - 2018/19 - % of Children and Young People doing 60 mins a day - Nationally 19.6%, Hampshire 18.3%, Southampton 18.3%
 - 2018/19 - % of Children and Young People doing **an average** of 60 mins a day - Nationally 46.8%, Hampshire 43.4%, Southampton 40%
 - 2018/19 - 30 minutes of Sport and Physical Activity at school all years 1-11 - Nationally 40.4%, Hampshire 35.2%, Southampton 36.7%
 - 2018-19 - 30 minutes of Sport and Physical Activity outside school all years 1-11 - Nationally 57.2%, Hampshire 56.5%, Southampton 47.8%
 - There are still insufficient numbers reaching the 60 minutes a day target.
 - Significant and stubborn inequalities remain in areas of deprivation, gender and race.
 - Energise Me is working together to support schools to build physical activity into their school day through Active initiatives: Active Bursts, Active Learning, Active Travel, Active Playtime and outside school through Active Home.

Healthy Places: How planning can support healthy weight environments – Angela Baker, Deputy Director, Public Health England South East.

- A Presentation was delivered by Angela Baker on the role that planning can play in supporting a healthy weight environment.
- Key points raised in the presentation included the following:
 - A healthy-weight environment supports people in avoiding becoming overweight or obese through the way in which a place is designed and the facilities it provides.
 - The planning system has a range of powers which can help create and support healthy weight environments.
 - Local Planning Authorities (LPAs) can use tools such as local plan policies, Supplementary Planning Documents (SPDs), design codes, planning conditions, Health Impact Assessments (HIAs) and developer contributions to help create and support healthy weight environments, modifying the environment so that it supports being active and does not promote sedentary behaviour or provide easy access to energy-dense food.

- Six elements to help achieve healthy weight environments through planning process: These are movement & access, open spaces, recreation & play, food environment, neighbourhood spaces, building design & local economy.
- Key features of these elements are creating places that prioritise walking, cycling and mass transit; provide communal spaces that support wellbeing and encourage active behaviour in children and adults; create buildings which are able to promote a healthy lifestyle, such as building homes with kitchens big enough for people to store, prepare and cook meals and eat together.
- Leeds have developed a planning framework that requires takeaways to give people healthier choices, calories on menus and they have banned high sugar and high caffeine drinks in takeaways in areas near schools. Licensing funding has been used to police premises.
- Brighton and Hove Council developed a drinks levy before the national policy. Money recovered was invested into physical activity initiatives by the council.
- These approaches are part of a long term culture change required to change attitudes to obesity (following successful change in attitude to smoking).
- It is important that a whole systems approach is taken to promote healthy weight, including encouraging physical activity and other actions, to help reverse the obesity epidemic.
- Local authorities can provide local leadership and take positive action to promote a healthy weight environment by taking a coherent approach across all their relevant functions, including sport and leisure, planning, transport, public health, social care and economic development.
- Such an integrated and place-based approach is demonstrated through the TCPA Planning Healthy Weight Environments and the NHS England Healthy New Towns guidance. Additional guidance from PHE for Local Authorities, Public Health and Planning Teams on 'using the planning system to promote healthy weight environments' is currently in development.

The contribution of planning to health in Southampton – Paul Barton, Interim Head of Planning & Economic Development, Southampton City Council

- A presentation was delivered by Paul Barton outlining how the Southampton City Vision Local Plan will contribute to health in the city.
- Key points raised in the presentation included the following:
 - Planning decisions, in keeping with the National Planning Policy Framework, are always a balancing act between economic, social and environmental objectives. Health is embedded within social objectives.
 - The City Council is in the process of developing a new local plan. The City Vision Local Plan, due for adoption in 2022, will set out the strategic priorities for development of the city.
 - This provides an opportunity for the facilitation of a healthy city to be a priority in the city's development.

- A “healthy planning” specialist, funded by Public Health, is being recruited into the Planning Policy Team to ensure that health is at the forefront of planning making processes.
- The new plan can help to improve health in the city by influencing wider determinants of health such as the quality of homes, transport, environment, jobs and infrastructure. A number of these factors can help support levels of physical activity among city residents and enhance the food environment.
- A number of areas in the UK have been designated ‘healthy towns’. Here localities are exploring how the development of new places could provide an opportunity to create healthier and connected communities with integrated and high-quality services.
- A healthy city cannot be achieved by planning policy alone. It needs a coherent approach across relevant functions.
- To influence the content of the local plan, including policies to help manage the increase in exposure to takeaways, it is recommended that feedback is provided during the initial stages of consultation.

Better Transport for a Healthy and Active City – Neil Tuck, Sustainable City Team Leader, Southampton City Council

- A presentation was delivered by Neil Tuck providing an overview of the developments in Southampton to encourage and enable people to choose healthy and active travel options.
- Key points raised in the presentation included the following:
 - Connected Southampton, the Local Transport Strategy, influenced by Public Health, includes, under the strategic aim of ‘A Better Way to Travel’, the goals of supporting people to change how they move around the city by widening their healthy and clean travel choices and encouraging them to get around actively and healthily, and helping Southampton become a zero emission city.
 - To deliver policy objective significant resources being invested in delivering a cycle network. Completed Western corridor – 20% uplift in people cycling.
 - Alongside physical infrastructure changes an engagement & behaviour change programme targeting those who want to change / those whose change will create the most impact is being delivered. Focus is on new school starters, building cycling confidence and competence, with priority given to schools near core corridors / areas of poor air quality.
 - In 2018/19 53 Southampton schools engaged in the programme - an active travel rate of 88% was achieved in 13 selected schools.
 - Metamorphosis, EU funded programme, developing an ethos of child-friendly neighbourhoods and streets that are conducive to walking and cycling, and reducing motor car use.
 - Neighbourhood trials – community and school street closures.
 - A trial street closure by St Marys Primary School, a school where obesity levels for year 6 pupils are above the city average (one of the reasons for choosing this site) had positive results. 93% supported

- more regular closures. We are now working to implement a long term School Street trial with physical measure for times closure at St Marys.
- Introducing a Healthy Streets assessment tool to integrate health outcomes into the assessment for evaluating projects (utilised by TfL).
 - Working with local communities to develop Active Travel Zones (ATZs) in neighbourhoods so people can walk and cycle easily and safely.
 - Creating safe spaces, routes, changing roads, landscaping, cycle parking and links to main corridors.
 - Transforming Cities Fund - £1.8bn pot – We are awaiting announcement regarding funding award for bid by Southampton and Hampshire.
 - Three year programme - runs from April 2020 to March 2023. If significant award big opportunity to improve sustainable and active travel in Southampton; to do large scale transformative schemes; progress ATZs, Quiet Zones and access to school; and transforming people's journeys by bike and public transport.
 - Working with University of Southampton to evaluate the effectiveness of initiatives and develop evidence base.
 - Modal shift is happening but changing travel habits and culture is a long term, gradual process.

What role can parks and green spaces play – Lindsay McCulloch, Team Leader, Education and Ecology, Southampton City Council

- A presentation was delivered by Lindsay McCulloch on Southampton's parks and open spaces.
- Key points raised in the presentation included the following:
 - Access to green space has been linked with reduced levels of obesity in children and young people.
 - A positive correlation between distance to green space and childhood obesity levels has been identified.
 - Living in areas with green spaces can reduce effect of deprivation on health.
 - Good access across Southampton to parks and green spaces. However, a large proportion of the most densely populated areas are more than 300m from a 2 hectare site (smallest size for a decent walk).
 - Formal and informal sports, play and wildlife activities for children are delivered in the parks.
 - Few unaccompanied children playing on semi-natural greenspaces in the city. Possible reflection of parental sense of risk. Leading to lack of confidence in green spaces, particularly evident in children from the city's council estates.
 - Tailored interventions which increase the interest in green spaces for disadvantaged areas are required.
 - Schools have the opportunity to introduce children to green spaces in lessons. The offer needs to be right for them.

Conclusions from meeting:

- Too many young people in Southampton are not meeting the guidelines for physical activity recommended by the Chief Medical Officer.
- A healthy-weight environment can support people in avoiding becoming overweight or obese through the way in which a place is designed and the facilities it provides.
- Positive developments to increase active travel in Southampton. Modal shift and the reallocation of road space is happening but it takes time & resource.
- The next iteration of the Local Plan provides a great opportunity to ensure that guidance on using the planning system to promote healthy weight environments is incorporated into the development plan for the city. This includes policies related to exposure to takeaways.
- A healthy city cannot be achieved by planning policy alone. It needs a coherent approach across relevant functions. Opportunity to utilise Licensing.
- There is a long way to go but Southampton has the resources and assets to deliver a healthy-weight environment.
- Need to take a whole systems approach to tackling childhood obesity.

Inquiry Meeting – 28 January 2020

Understanding the range of local programmes currently underway to address childhood obesity.

Presentations referenced below can be found here: Item 7

<http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=727&MId=5254&Ver=4>

Summary of information provided:

Children and Young People's Healthy Weight Plan 2017- 2022 – Ravita Taheem, Senior Public Health Practitioner, SCC

- Ravita introduced the session and informed the Panel that the meeting would focus on how we are supporting settings to provide healthy food and opportunities to be physically active, making it easier to make healthy choices, and how we are supporting children who already have excess weight.

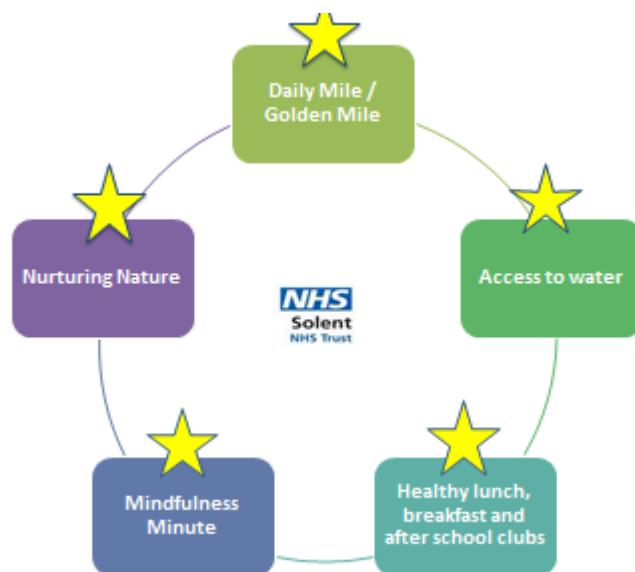
Southampton Healthy Early Years Award – Darrin Hunter, Assistant Team Manager, Early Years and Childcare and Angela Elliott, Early Years Development Worker, SCC

- A presentation was delivered by Darrin Hunter and Angela Elliott on the Southampton Healthy Early Years Award (HEYA).
- Key points raised in the presentation included the following:
 - A revamped Healthy Early Years Awards was rolled out in 2018, funded by Public Health and delivered free of charge to settings.

- The award is made up of 6 stand-alone awards at 3 levels (Bronze, Silver, Gold). It includes meeting standards on good quality nutrition, oral health and physical activity.
- 62 settings have either engaged or achieved the award impacting on approximately 1,430 children and their families. Approximately 25% of nursery group settings have engaged and 8% of childminders. Half of engaged providers are in areas of deprivation.
- Ofsted commented favourably about HEYA during an inspection of a setting rated as outstanding.
- Parental feedback has demonstrated that the award is able to change family food choices (including content of lunch boxes) and lifestyles.
- Challenges now include keeping settings engaged when there are numerous pressures on Early Years providers (including safeguarding); better embedding the scheme within Ofsted's criteria; and, to increase take up to reach a critical mass in the city.

Healthy Weight Pre-birth to 19 years – Vicki Pennal, Project Lead Healthy Settings & Clinical Team Coordinator 0-19 and Sophie Ruffles, Health Visitor - Project Lead Healthy Weight 0-5 years, Solent NHS Trust

- A presentation was delivered by Vicki Pennal and Sophie Ruffles outlining the journey of intervention and prevention with regards to childhood obesity in Southampton from pre-birth – 19.
- Key points raised in the presentation included the following:
 - A number of touch points exist in Southampton where services can identify, engage and support parents and children with regards to healthy weight.
 - This includes the National Childhood Measurement Programme (NCMP) in school years R and 6. As obesity levels rise between Years R and 6 the opportunity to also measure height and weight in Year 3 was raised.
 - In recognition of the link between breastfeeding and healthy weight a suite of breastfeeding support services are available. Breastfeeding rates are steadily rising in Southampton.
 - A Healthy Weight Pathway has been developed that outlines the referral pathway to services for children identified as being outside the healthy weight range.
 - In addition, Solent NHS Trust are providing health education to employees working across the children's workforce in the city.
 - Engaging and supporting some of the most challenging children and families in Southampton can be difficult and resource intensive, often due to their chaotic lifestyles. To improve engagement with priority children a designated Healthy Weight Team was suggested. This would require significant additional resource when finances remain constrained.
 - In 2018 The Healthy High 5 Award was launched in Southampton to make it easier for schools to help students get fit, eat well and live balanced lives. The Infant, Primary and Junior award includes the following elements:



- As of January 2020, 31 (about 40%) Southampton schools had engaged in the award scheme – 26 Primary, 3 Secondary and 2 Special schools.
- As well as promoting physical activity schools have committed to improving the quality of their menus and offering things like small taste pots to encourage children to try different things. Some schools have implemented salad bars, lessons on the importance of cooking skills and portion size.
- The scheme was designed to be predominantly a digital platform but schools want face to face contact. This increases resource requirement. Time and resources required to increase take-up of the Healthy High 5 scheme and to embed it within school curriculums.
- Solent NHS Trust are involved in 2 schemes that support nutritious eating in school holidays - The Good Grub Club (West Southampton in association with Radian Housing) and Valentines School (East Southampton in association with Make Lunch).

City Catering Southampton – Sarah Doling, Food Development Manager, City Catering Southampton

- A presentation was delivered by Sarah Doling providing an overview of the work City Catering Southampton (CCS) are doing, and associated challenges, to enable schools to comply with school food standards.
- Key points raised in the presentation included the following:
 - CCS cover 46 out of 75 schools across the city (61%). Last year CCS produced approx. 1.7 million school lunches. 75% of menu cooked from scratch reflecting how school meals have evolved over the years.
 - Menus follow set guidelines within the School Food Standards. Encouraging children to take the healthier option – water always available during lunch.
 - Engaging national campaigns to encourage children to eat more vegetables –Vegpower (24th Feb until 3rd April).

- Supporting holiday hunger schemes in some schools. Opportunity to teach cooking skills to families reflecting decrease in food science teaching within schools. Demand outstrips supply so agencies promote clubs to target communities.
- Challenges to the service include children who are not experiencing a variety of foods at home so they are put off school meals by unfamiliar foods.
- Compressed school lunch breaks do not encourage children to sit down and eat lunch as well as having time for physical activity.
- There are no restrictions on the content of packed lunches. Nothing equivalent to school meals food standards is in place or guidelines to follow.
- The take up of free school meals is declining. This is concerning as it provides a nutritious meal for the most disadvantaged children in the city.

Change the beginning and you change the whole story – Dr Kathryn Woods-Townsend, LifeLab Programme Manager at the University of Southampton

- A presentation was delivered by Dr Kathryn Woods-Townsend.
- Key points raised in the presentation included the following:
 - LifeLab is a unique, state-of-the-art teaching laboratory dedicated to improving adolescent health by giving school students opportunities to learn first-hand the science behind the health messages
 - Adolescence is a key time point to intervene. Habits formed as teenagers tend to last, and physical and psychological changes during adolescence make it an important time to help them form healthier habits.
 - Secondary school programme started in 2008. Delivered through school science curriculum (health education gets squeezed).
 - 42 schools from across the region have engaged in LifeLab research. Pilot studies have demonstrated important statistical changes in the attitudes of children 12 months after experiencing LifeLab. Importantly they are more critically reflective about their own lifestyles.
 - Engaging Adolescents in Changing Behaviour (EACH-B) – LifeLab are developing an intervention that motivates and supports teenagers to eat better and exercise more. It is to be tested with teenagers from secondary schools.
 - Young Health Champions scheme launched in 2017. The qualification teaches young people (14-18 years old) the skills to understand the benefits of a healthy lifestyle and to make healthier choices. It is proving difficult to get schools to engage as at this age the focus of schools is understandably on curriculum content.
 - Trying through the Early LifeLab initiative to engage with primary school children and parents. However, LifeLab does not have sufficient resources to meet the increasing demand from primary schools.
 - LifeLab provides a practical route in to schools for public health interventions, and can upskill Science teachers.

- Future priorities include encouraging repeated exposure to the LifeLab programmes for children and young people.
- There is a need to get more Southampton schools involved with LifeLab. It is hoped that the PHSE curriculum can be a route for public health into schools but it is not a priority for schools.

Conclusions from meeting:

- There are a number of excellent schemes being delivered across a variety of settings that are making a genuine difference to the diets and levels of physical activity of children and families in Southampton.
- A number of these initiatives are unique to Southampton reflecting the innovation and assets that the city has that provide a strong foundation from which the city can make progress.
- Crucially the initiatives have not reached a critical mass to impact on the scale of the childhood obesity problem that exists in Southampton.
- The Council, and partners, have a role to play in promoting and supporting these initiatives to increase take up, and more widely in influencing food eaten at schools across the city by supporting city-wide guidelines for school meals, including packed lunches.
- The reduction in take-up of free school meals is concerning and needs to be investigated, as this, alongside challenges related to the inadequate length of school lunch times to eat nutritionally and exercise could impede progress in tackling childhood obesity in Southampton.
- Evidence identifying the return on investment of these settings based schemes and initiatives is not currently available to support an invest to save approach.

Inquiry Meeting – 25 February 2020

Turning the tide on childhood obesity - examples of best practice being employed in the UK to reduce childhood obesity levels.

Presentations referenced below can be found here: Item 7

<http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=727&MId=5255&Ver=4>

Summary of information provided:

Bristol's approach to reducing childhood obesity – Grace Davies, Principal Public Health Specialist, Bristol City Council

- A presentation was delivered by Grace Davies. Key points raised in the presentation included the following:
 - Bristol has 22,000 children with an unhealthy weight and the inequality gap is widening.
 - Healthy weight, with an environment that makes it easier for everyone to be active and eat affordable, healthy and sustainable food is a key priority for Bristol providing vision and a framework for collaboration.
 - The Mayor of Bristol is supportive and championing the approach.

- Targets reflect a long term approach:
 - Halt the rise in levels of childhood overweight & obesity by 2026
 - Close the inequality gap in childhood overweight & obesity by 2029
 - A Whole Systems Approach to healthy weight embedded by 2033
- Reflecting complexity, a systems analysis mapping exercise has been undertaken with number of key partners to develop understanding of causes and relationships of obesity in Bristol.
- This analysis helps to identify where we can act to make the biggest impact.
- Significant amount of action being undertaken across a number of themes. Need to involve people across the system to change outcomes. Evidence shows impact is greatest when changes made to environments where we live and work. Bristol is tailoring Whole Systems Approach to meet Bristol's needs.
- Healthy Food Environments – priority for action is improving food environment.
- Good Food & Catering Procurement Policy – Setting a standard for food Bristol CC has control over, including school meals, events and markets. This is beginning to have an impact on the food environment.
- Bristol Eating Better award – There are currently 200 food outlets holding an award. Aim is for 90% of food outlets to be engaged by 2030. Supporting changes to the food environment by, for example, reducing salt and sugar levels in dishes produced by food outlets.
- Bristol Healthy Schools Award – Achieving the Bristol Eating Better award is a requirement of the healthy school award.
- Local Authority Declaration on Healthy Weight – Set up by Food Active. This declaration, co-signed by Bristol's NHS partners, commits Bristol to 14 commitments to promote healthy weight. It is a positive long term statement that the city is going to change the food and active environment.
- Sustainable Food City – Bristol is going for gold in 2020. Citywide partnership where the Eating Better strand is a key part. Includes food poverty and sustainability. A key initiative for Bristol led by Public Health & Sustainability.
- Bristol has children focused workstreams to work out how children's settings can help to improve children's healthy weight.
- Bristol has a built and natural environment workstream to help ensure that health and healthy weight is a feature of planning policy and city design. Includes a healthy weight Supplementary Planning Document and takeaway policy (400m rule for takeaways near schools.)
- Active environment – Sport & physical activity part of Public Health in Bristol. New strategy and targets on physical activity linked to increasing activity levels of children.
- Health and Wellbeing Board is lead strategic partnership
- Engaging academics and health partners to explore research and opportunities to measure impacts. Understanding and research is vital.

- Working with food businesses has been challenging. Engaging with Licensing, Trading Standards and Environmental Health on the Eating Better Bristol awards has been a way to engage food premises. To understand communities, local food environments and to engage food premises a number of local councillors have gone out with Public Health speaking with food retailers, explaining and encouraging them to sign up to the awards scheme. This has been helpful, especially in diverse and deprived areas.
- Obesity mapping is helping Bristol to understand community needs and to target and prioritise initiatives at deprived communities. Otherwise it is often schools in the most affluent areas that will engage in these initiatives and this will exacerbate inequalities.
- Bristol is only really starting to tackle childhood obesity. There is a long way to go with no easy solution. Partnerships and influence are absolutely key.

A discussion with Leeds – Ravita Taheem, Senior Public Health Practitioner

- A presentation on Leeds City Council’s approach to tackling childhood obesity was delivered by Ravita Taheem following her discussions with Senior Public Health officers at Leeds City Council.
- Key points raised in the presentation included the following:
 - Leeds has made headlines as the city that appears to have bucked the trend in childhood obesity. Obesity levels (not overweight and obesity) have reduced for Year R children, with the reduction particularly evident for children from deprived communities.
 - Leeds has been actively engaged in initiatives to reduce levels of childhood obesity for a number of years. They have developed their own plans and strategies but have signed up to external frameworks to guide their journey.
 - Child Healthy Weight Plan – ‘Leeds becomes an environment that is conducive to raising a child to be a healthy weight’. Includes Whole School Food Policy; measuring the BMI of 2 year olds; and HENRY (Healthy Eating and Nutrition in the Really Young).
 - HENRY is a licenced programme that has been running over 10 years in Leeds. Based on healthy conversation skills. Leeds have been able to scale-up the intervention with 1400 practitioners trained across all early years, midwifery, health visitors and others and over 90 HENRY groups in the city. Promising results have brought partners together.
 - Public Health are looking to influence wider policy across Leeds through partnership working.
 - Signed up to Local Authority Declaration on Healthy Weight to support local government to exercise their responsibility in developing and implementing policies which promote healthy weight. Adopted as an aspirational tool for the Council to improve practice over time.
 - Food environment activity is delivered through signing up to the sustainable food cities award. The Leeds Food Partnership set up to oversee work towards the 6 themes of the sustainable food award.

- Governance through Health and Wellbeing Board and the Children and Young People's Trust Board.

Year of the Child – Cllr Chris Hammond, Leader of the Council

- Key points raised included the following:
 - 3 key goals of the Council are Greener, Fairer and Healthier. Childhood obesity cuts across all of these.
 - Long term approach required to tackle childhood obesity and support from across the Council is essential.
 - 2020 is Southampton's Year of the Child. Celebrating the work of organisations in the city improving lives of young people and involving young people in the making of the city.
 - Range of policies and programme of events for the Year of the Child.
 - Feed the Future programme, run with Fair Share, has sought to address child hunger in the city. 3,000 children a day are now receiving fresh fruit and yoghurts at school. It has raised the issue of healthy eating in schools. Seeing fruit at school has been a catalyst for some families to change eating habits.
 - Demand is greater than capacity with children taking food home with them for their families. Looking to expand this initiative.
 - Southampton is working to become a Child Friendly City.

The Testlands Way – Luke Newman, Chief Executive, Testlands

- Written evidence was provided by Luke Newman. Key points raised included the following:
 - Testlands would like to restructure the whole Physical Education, Physical Activity and School Sport (PEPASS) and Leisure industry across Southampton; make our children healthier and more active; and, create more opportunities for families to access leisure and sports facilities.
 - Schools, sports clubs and leisure centres should work in unison to engage, encourage and support their local communities to be active and healthy.
 - The Testlands Way has enabled the following:
 - Increase the level of participation in physical activity (within schools that Testlands works with) to significantly above national average
 - Affordable leisure facility hire for local community groups
 - Opportunity to scale up this model across the city to link primary schools with sports clubs and leisure facilities to increase levels of good quality physical activity by children in Southampton.
 - Opportunity to consider how leisure facilities can be utilised to maximise the health and wellbeing benefits they can have on the population.

A Whole Systems Approach to Obesity in Southampton – Debbie Chase, Interim Director of Public Health, SCC

- A presentation was delivered by Debbie Chase. Key points raised in the presentation included the following:
 - We need to think about how we as a council can influence change to build a local infrastructure to make healthy choices easier.
 - Public Health England recommend councils take a whole systems approach to tackle obesity.
 - We know that the system is complicated and we need to understand it better to know where to intervene and get the best chance of success.
 - Leeds Beckett University with PHE released their guidance on a whole systems approach last year. The approach recommends a 6 phase process.
 - We are in phase 1, we need to secure senior level support and secure the necessary governance to implement the approach. For phase 2 the scrutiny process has been key to developing a compelling narrative.
 - For phase 3 we need to develop a map of our local system (with leaders who can also help to change the system).
 - We are seeking support to take forward a whole systems approach in Southampton. We need support from leaders and suitable governance structures in place. We need to develop shared aspirations across council and partner organisations. Through this work and collectively we need community and stakeholder engagement.

Conclusions from meeting:

- Childhood obesity is a complex issue. Leeds have started to turn the tide on childhood obesity through taking a long term, co-ordinated approach to addressing the numerous influences on healthy weight.
- Combination of council commitments and council/partner commitments has been required alongside long term strategies and the ability to scale-up work.
- Local leadership and vision has been a catalyst and motivator for improvement.
- It requires cross council co-ordination and an understanding of local needs, environment, relationships and causes to identify where action can have the biggest impact.
- A whole systems approach provides a template to improve outcomes in Southampton.
- Opportunity to reflect on how leisure facilities in Southampton can be utilised to improve levels of physical activity and reduce childhood obesity levels through improved linkages with local schools and sports clubs.
- Opportunity to put tackling childhood obesity at the forefront of the Council's Year of the Child initiative.

Tackling Childhood Obesity in Southampton Scrutiny Inquiry – Conclusions and recommendations

Conclusions

- In Southampton there are estimated to be between 13,000 and 13,700 children aged between 2 to 17 years old who are overweight or obese. Over half of these children are estimated to be obese.
- The rate of childhood obesity increases from Year R to Year 6 and rates in Southampton are higher in Year 6 than other comparable areas in the UK.
- Trends within the city from Year R to Year 6 are not consistent, suggesting there are environmental changes occurring differentially in the city that need to be further explored.
- Rates of overweight increase with levels of deprivation, and over time the rates have increased more in deprived areas than in better off areas.
- Children who are overweight or obese are more likely to experience a range of health problems in childhood. Children with obesity are also significantly more likely to be obese as adults. This is associated with a wide range of health conditions that can limit life expectancy and quality of life as well as increasing demands on the NHS.
- Whilst body weight is a direct consequence of energy balance - calories in versus calories used, this over simplifies the complex interplay between genes, human psychology and behaviour, circumstances and the environments in which people live, all of which can affect body weight.
- Evidence presented to the Panel identified the role played by diet, physical activity, sleep/stress and the wider socio-ecological environment toxicants. In particular, the role of the environment, and how it shapes eating and physical activity behaviours, has been identified as fundamental to the increase in levels of obesity we see today.
- Nationally and locally there exists the ambition to reduce levels of childhood obesity. Progress, however, has been limited and uneven, such that the worst off in the city have fallen further behind. We need to focus our efforts on reducing these inequalities for children now and adults in the future.
- In Southampton progress has been made to encourage people to be more active, in particularly through sustainable travel initiatives. The City Vision local plan, due for adoption in 2022, presents a genuine opportunity to ensure that the facilitation of a healthy city is a priority in Southampton's development.
- Initiatives across the settings where Southampton's children go to live, learn and grow are helping to create a health promoting culture, championing healthy food choices and active lifestyles. However, these initiatives, many of which are unique to Southampton, have not been able to reach a critical mass to impact on the scale of the childhood obesity problem that exists in Southampton.

- Limited attention has been paid to improving the food environment in Southampton. Local authorities have the power to help shape the food environment and the Panel have been made aware of approaches pioneered by other UK cities that make it easier for residents to make healthy food choices. Southampton can learn from these approaches.
- Improving the above issues will make a difference in reducing levels of childhood obesity in Southampton. However, because obesity is complex with many different, but often interlinked causes, tackling childhood obesity cannot be achieved through single sector measures or themes, or short-term plans. It requires a long-term commitment and a willingness to work flexibly across council functions, and with partners, including the Government.
- Southampton needs to make tackling childhood obesity everybody's business and to commit key partners in the city to develop and implement policies which promote healthy weight across the life course, as well as mitigate the effect of existing policies which do not support healthy weight. If this is achieved it is realistic to expect levels of childhood obesity in Southampton to reduce, and with it a number of the poor health outcomes and inequalities associated with it.

Recommendations

Reflecting the key findings and conclusions the following actions are recommended to help tackle childhood obesity in Southampton:

Place / Environment – *Develop a healthy weight environment where healthy choices are the easy choices for children, young people and families.*

Planning for a healthier future

1. **City Vision Local Plan** – Incorporate guidance published by Public Health England - '[Using the planning system to promote healthy weight environments](#)' in the developing City Vision to ensure that the facilitation of a healthy city is a priority in the city's development.

Improve the food environment

2. **Improve our knowledge and understanding of the food environment in the city** – To develop policies that meet the requirements of local communities we first need to understand the food environment within the communities. Tools such as the Food Environment Assessment Tool (FEAT) can be utilised to map, measure and monitor access to food outlets at a neighbourhood level to help develop, alongside obesity mapping and community engagement, our understanding of the variations in childhood obesity levels across the city.
3. **Restrict the growth in hot food takeaways** – Include within the developing City Vision a policy that helps to manage the increase in exposure to takeaways in Southampton. Following consultation with the Chair of the Planning and Rights of Way Panel, the city should learn from other local authorities and adopt planning regulations that restrict the exposure of

children to unhealthy snacks, beverages and hot food takeaways in and around schools and on routes to and from schools.

4. **Southampton Eating Better Awards** – Develop a free award scheme that supports and rewards businesses in Southampton that act to offer healthier food options and promote sustainability.
5. **Seek to become a Sustainable Food Place** - Sustainable Food Places is a partnership programme led by the Soil Association, Food Matters and Sustain. The initiative has been influential in cities such as Leeds and Bristol and would help to embed improving the food environment within wider strategic priorities such as the Green City Charter and addressing food poverty. This offer should be flexible, based on the needs of at-risk communities. This could include support with budgeting, cooking classes, helping people to access to cheap healthy food e.g. through the community food pantry, or fruit and veg voucher schemes.

Improve the active environment

6. **Community Hubs** – Leisure facilities and green spaces are key assets in the drive to increase levels of physical activity in the city. As demonstrated by Testlands, opportunities exist to increase participation in physical activity by encouraging leisure facilities in the city to become community hubs, developing stronger links with local schools and communities and effective utilisation of the PE and Sport Premium funding. Developing this further the council could consider future procurement of SCC leisure services to include wider aims related to physical activity levels and childhood obesity levels in the city.

Settings - Support early years providers, schools and colleges to champion healthy food choices and active ways of living

7. **Scale up initiatives so that they reach a critical mass** – Initiatives such as the Southampton Healthy Early Years Award; Southampton Healthy High 5 Award; Young Health Champions and the Lifelab programme are excellent schemes making a genuine difference to the lives of children and families in Southampton. If all children in the city benefitted from these initiatives it could help to transform the culture and attitudes towards food and activity in the city (See recommendations 9 and 15 with regards to targeting initiatives and evaluating effectiveness).
8. **Support Southampton schools to make healthy choices easier** - The prevalence of obesity doubles in the seven years between starting and leaving primary school. The council, and partners, can do more to support schools to adopt practices that promote healthy choices. These include:
 - **Engage in conversation with schools about extending the length of lunch time** to enable children to sit down and have lunch whilst also allowing time for physical activity.
 - **Develop a packed lunch toolkit for schools** which helps them to develop their own nutritional guidance to support parents and carers make healthy choices for their children.

- **Adopt a Good Food and Catering Procurement Policy**, akin to Bristol City Council, where good food standards are applied to all contracts and concessions where the council has influence over the food offer.
- 9. Target deprived communities when promoting health initiatives within settings** - Direct resources to increasing participation from settings within deprived communities, proportionate to level of need, to avoid inadvertently increasing health inequalities.
- 10. Analyse the uptake of free school meals** – Feedback provided identified that the take up of free school meals in Southampton is declining. This is concerning as for many children school offers the best opportunity for a nutritious meal. Analysis should be undertaken on the take-up of free school meals and this should inform targeted approaches to encourage increased uptake for eligible children.
- 11. Measure BMI at Year 3 for Southampton school children** – Currently the National Child Measurement Programme, delivered in Southampton by Solent NHS Trusts 0-19 service, measures BMI at Year R and Year 6. As the prevalence of obesity doubles in the seven years between starting and leaving primary school, practitioners have recommended measuring BMI at Year 3 as well to support targeted intervention.
- 12. Learn lessons from the HENRY programme** – Ensure that learning from Leeds City Council’s utilisation of the HENRY programme is built into the parenting programme delivered in Southampton by Solent NHS Trust.

Strategic ambition and vision – Long-term thinking and a system wide approach

- 13. Commit to the Whole Systems Approach to obesity** - Implementing the previous recommendations will result in fewer overweight and obese children in Southampton. To deliver systemic change requires embedding a whole systems approach to healthy weight across the city. Tailoring the approach published in the PHE guide, ‘*Whole systems approach to obesity - A guide to support local approaches to promoting a healthy weight*’, to the needs of Southampton, encouraging stakeholders to engage, and recognising this is a problem that goes beyond public health, will help to make tackling childhood obesity everybody’s business.
- 14. Sign and commit to the Local Authority Declaration on Healthy Weight** – The Healthy Weight Declaration provides the strategic vision and aspiration that can underpin the whole systems approach to obesity. It would represent a positive long-term commitment that the city is going to change the food and active environment and could provide a focus for different departments across the council to unite behind.
- 15. Develop/clarify governance arrangements to oversee development in tackling childhood obesity in Southampton** – A coherent approach to co-ordinating action and measuring outcomes needs to be in place to ensure that progress is being made, and all relevant city council functions are contributing to the objectives. The approach should explore opportunities for leadership from, and co-production with, children and young people.

- 16. Develop the evidence base** – Engage with academia to encourage research to be undertaken into the effectiveness of initiatives to tackle childhood obesity in Southampton. Findings can then be used to focus resources on effective practice.

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Agenda Item 9

DECISION-MAKER:	CABINET		
SUBJECT:	INCREASING PUPIL NUMBERS AT THE CEDAR SPECIAL SCHOOL AND THE POLYGON SPECIAL SCHOOL		
DATE OF DECISION:	18 AUGUST 2020		
REPORT OF:	CABINET MEMBER FOR CHILDREN AND LEARNING		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Tammy Marks, Service Manager SEND	Tel: 023 8083 2136
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STATEMENT OF CONFIDENTIALITY

BRIEF SUMMARY

The numbers and complexity of children with special educational needs and disabilities has been increasing year on year for the last 10 years, putting pressure on Special School Places, with all schools reaching capacity in the next 2 years.

The Cedar Special School has been operating above its published admission number ('PAN') of 80 for the last year with 87 pupils currently on role. At a Placement Panel meeting on 29 April 2020 the number of children identified as needing a place exceeded the number leaving. With the likelihood of additional requests being made to the school throughout the year and in subsequent years it is predicted that the number of pupils needing a place will continue to increase. It is therefore proposed to formally increase the PAN to 90.

The Cedar School is a community special school.

The Polygon Special School currently has a PAN of 60. There are currently 66 pupils on roll due to the demand for places and no alternative provision within the city. As the numbers of pupils with social, emotional and mental health needs is expected to increase significantly in the coming years this demand for places will continue to increase. It is therefore proposed to formally increase the PAN at The Polygon School to 70.

The Polygon School is a foundation special school. It is part of the Southampton Co-operative Learning Trust.

Both of these proposals form part of a major expansion and reconfiguration of special school provision being developed within the city.

RECOMMENDATIONS:	
	<p>(i) To approve the publication of statutory proposals to:</p> <p>a) Increase the PAN of Cedar Special School from 80 to 90 pupils from 1 January 2021 resulting in an increase in total school capacity and pupil numbers of 10 once the proposals have been fully implemented across all age ranges.</p> <p>b) Increase the PAN of The Polygon Special School from 60 to 70 pupils from 1 January 2021 resulting in an increase in total school capacity in pupil numbers of 10 once the proposals have been fully implemented.</p>
	<p>(ii) To note, a further report to determine the proposals following a 4 week period of representation will be brought to Cabinet within 2 months of the close of the representation period.</p>
REASONS FOR REPORT RECOMMENDATIONS	
1.	To comply with the statutory guidance ‘Making significant changes (‘prescribed alterations’) to maintained schools the proposal and notices must be published allowing a 4 week period for representation (formal consultation) prior to the final decision and implementation
2.	Both The Cedar and The Polygon Schools have been operating above their published numbers for the last year. With the expectation that pupil numbers will continue to rise it is important that the published admission number reflects the number on roll and the capacity of the school. All schools are required to have a published admission number.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
3.	This proposal is formalising a current situation where both schools are currently above their PAN
4.	Due to the complexity of needs, children identified as needing a place at either of these schools will have to be educated in an alternative Special School out of the city, either Local Authority or independent if sufficient places are not available. The former will attract the same level of funding as Southampton Special Schools and will require pupils to spend avoidable time and discomfort in travelling. Other Local Authorities have the same pressures on their Special Schools and a shortage of places. Independent Special Schools cost significantly more, in the region of £70,000 per place (including transport), and again will have the negative impact of daily travel on the child and additional travel costs. Both of these options will impact on the home to school transport budget.
DETAIL (Including consultation carried out)	
5.	The Local Authority has a statutory duty to ensure that there is a sufficient supply of school places in its area for children of school age. In addition all children and young people are entitled to an appropriate education, one that is appropriate to their needs, promotes high standards and the fulfilment of potential (Code of Practice 2015 6.1)
6.	The number and complexity of children with special educational needs has been increasing year on year for the last 10 years and is predicted to continue to rise for the foreseeable future

Number of Education, Health and Care Plans maintained by Southampton City Council 2010-2020											
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	567	593	634	655	701	803	1021	1181	1387	1522	1736
<i>Source: DfE SEN 2 Return</i>											
7.	Whilst many of these children will be educated within mainstream schools, the increasing complexity of needs is putting pressure on the city's special schools with most either at or reaching capacity in the next 2 years.										
8.	Educating children locally is the preferred option for parents and ensures that children have access to high quality educational provision (Both The Cedar School and The Polygon School were rated Good in their last Ofsted inspections). It enables the Local Authority to more easily monitor provision and outcomes and ensures that children have access to local health and social care services. It enables children and their families to develop friendships with other Southampton children and families and to be supported throughout their journey to adulthood by local community provision.										
9.	The Cedar School and Polygon School take children from across the city. Home to school transport will be arranged for those pupils who meet the criteria. This will impact on the home to school transport budget.										
10.	Due to the different types of SEND, the changing needs of individual pupils and the nature of the environment, the number of pupils on roll has a degree of flex, with the individual needs of each pupil, within the context of the SEND profile across the school, considered at each admission panel meeting. This flex however can result in continual creep in numbers and a loss of the impact of the overall increase over time. It is therefore important that published admission numbers are reviewed and amended, if required, to reflect the capacity of the school and staff.										
11.	Both schools are currently operating above their published PAN. An assessment by the Headteachers of both schools of the impact of an additional 3 pupils at Cedar School and 4 pupils at The Polygon on staff, the site or facilities has been deemed to be negligible.										
12.	These proposals have been discussed with the Headteachers, Governing Bodies, staff and parents of both schools. They have been shared with the Unions and with the Parent Carer Forum. The main concerns raised by parents and Unions was the impact on staff : pupil ratios. As funding follows the child, any increase in pupil numbers will result in an increase in staffing.										
RESOURCE IMPLICATIONS											
<u>Capital/Revenue</u>											
13.	Children placed in a Special School attract base funding of £10,000 per pupil plus top up costs according to need (Band 2 top up costs for Cedar = £11,708; Band 2 top up costs for Polygon = £9,542). These costs are based on pupils on roll and not the published admission number.										
14.	The budgeted revenue for 20/21 for The Cedar school is based on 85 pupils. The budgeted revenue for 20/21 for Polygon School is based on 60 pupils										
15.	An additional 5 places in Cedar School will require revenue funding of £21,708 x 5 = £108,540.										

	<p>An additional 10 places at The Polygon School will require revenue funding of £19,542 x 10 = £195,420.</p> <p>This increase in revenue will come from the Dedicated Schools Grant and will prevent the need to use high cost out of city provision (Approximate costs of independent out of city provision = £70,000 x 15 = £1,050,000).</p>
<u>Property/Other</u>	
16.	There are no property implications
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
17.	The Council has a statutory duty to provide sufficient school places to secure attainment and meet demand in accordance with s.13-14 Education Act 1996.
18.	In order to make changes in pupil numbers of the number and type proposed the Council is required to follow a statutory school organisation process set out in The Education & Inspections Act 2006 and further detailed in The School Organisation (Prescribed Alterations to Maintained Schools (England) Regulations 2013. The Regulations require engagement and consultation with schools prior to publishing statutory proposals in the form of a Notice, allowing 4 weeks for representations to be made by interested parties. Following that period, the Council has a maximum of 2 months to make a decision on the proposals (reserved to Cabinet) at which point it may approve them, subject to specific statutory modifications or reject them. The modifications and conditions that can be imposed are strictly limited by the legislation.
19.	The Council has additional, specific duties, in relation to the provision of education for children with special educational needs (SEN) as set out in Part 3 of the Education Act 1996.
<u>Other Legal Implications:</u>	
20.	In making the proposals the Council is required to have regard to the provisions of the Equality Act 2010 and in particular s.149, the Public Sector Equality Duty to ensure the proposals and any impacts they may have on those with protected characteristics are taken into account and mitigated or improved as a result of the design of the proposals.
RISK MANAGEMENT IMPLICATIONS	
21.	In considering these proposals an assessment of risks was undertaken by the relevant Headteachers and Governing Bodies. No risks of concern were identified.
POLICY FRAMEWORK IMPLICATIONS	
22.	These proposals support the Children and Young People's Strategy 2017-20 in supporting children and young people with SEND to achieve their potential in all aspects of their lives.
23.	They also support the SEND Strategy 2017-20 in ensuring that there are sufficient places in schools following a forecast of need.

KEY DECISION?	Yes
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WARDS/COMMUNITIES AFFECTED:	All wards This proposal affects school age children only
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SUPPORTING DOCUMENTATION

Appendices

1.	Equality and Safety Impact Assessment
2.	Proposal to increase the number of places at The Cedar School , Southampton, from 80 places to 90 places from January 2021.
3.	Proposal to increase the number of places at The Polygon School, Southampton, from 60 to 70 places from January 2021.

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	YES
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	
2.	

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Equality and Safety Impact Assessment

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

<p>Name or Brief Description of Proposal</p>	<p>Proposal to increase pupil numbers at The Cedar Special School and The Polygon Special School</p>
<p>Brief Service Profile (including number of customers)</p>	<p>Southampton has six special schools for children with special educational needs (SEND). The Cedar School caters for children aged 3-16 years with complex needs including physical disabilities, complex health needs and learning disabilities. Cedar School currently has a published admission number (PAN) of 80 pupils with 87 pupils currently on roll. The Polygon School caters for children aged 11-16 years with social, emotional and mental health needs (SEMH). It currently has a PAN of 60 with 66 pupils on roll.</p>
<p>Summary of Impact and Issues</p>	<p>The number and complexity of pupils with SEND in Southampton is increasing year on year putting pressure on special school places. Whilst demand is high across all Special Schools, Cedar School and Polygon School have had particular pressures which has seen their number on roll increase over recent years. The proposal to increase the PAN formalises this</p>

	growth and also safeguards both schools from further incremental increases.
Potential Positive Impacts	Increasing the PAN in these two schools will ensure that pupils with SEND who meet the criteria for these two schools are able to be educated within the city, in a setting appropriate to their needs, supported by local services (education, health, social care, voluntary). In staying local to the city it supports children and families to develop local friendships and to benefit from the wider opportunities that these schools can access. In increasing provision at these two schools, the cost to the city is less than the alternative provision of an out of city school whether run by another Local Authority or an independent specialist provider both in terms of placement costs and transport.
Responsible Service Manager	Tammy Marks – Service Manager, Special Educational Needs and Disability
Date	27/07/20

Approved by Senior Manager	<u>Derek Wiles</u>
Signature	 _____
Date	<u>29.07.20</u>

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	<p>As an all through school, Cedar School is able to provide continuity of provision for pupils from 3 – 16 years. There is still a lack of provision within the city for pupils with complex needs Post 16.</p> <p>These proposals increase the provision for secondary aged pupils with SEMH but not primary aged pupils</p>	<p>Post 16 provision is being developed as part of the wider special schools expansion and re-configuration proposals.</p> <p>Plans are being developed to increase the range of options and number of places for primary aged children with SEMH</p>
Disability	<p>These proposals seek to increase the number of places at only two of the city’s special schools.</p> <p>Despite increasing the capacity over recent years at all of the city’s special schools, there is still a shortage of places with demand high.</p>	<p>These proposals form part of a major expansion and re-configuration of provision across the city. This includes the development of inclusive practice in mainstream schools, more flexible packages of provision, the development of resourced provisions and units in mainstream schools and increasing specialist provision.</p>
Gender Reassignment	No impact	
Marriage and Civil Partnership	No impact	
Pregnancy and Maternity	No impact	
Race	No impact	
Religion or Belief	No impact	
Sex	The Polygon School currently only admits boys. The proposal does not provide specialist	The larger special schools expansion and re-configuration

	provision for secondary aged girls with SEMH	developments will include provision for girls with SEMH
Sexual Orientation	No impact	
Community Safety	Many pupils with SEMH display challenging behaviours. The Polygon School is experienced at dealing with these pupils underlying needs which will impact on their behaviour. Increasing numbers at this school will enable more pupils with potentially violent behaviours to be appropriately supported.	
Poverty	A higher percentage of pupils in special schools come from disadvantaged families. Special Schools are highly experienced at dealing with the wider implications of poverty.	
Other Significant Impacts		



**Proposal for Prescribed
Alterations (Maintained School)**

**Statutory Consultation on Proposals to
increase the number of places at**

**The Cedar
Special School**



Proposals for Prescribed Alterations (Maintained School)

Published under Section 19(1) of the Education and Inspections Act 2006 and the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013

This proposal takes account of the Education Act 1996; the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013; the School Organisation Maintained Schools Statutory Guidance for Proposers and Decision Makers (April 2016); the Education and Inspections Act 2006; the Disability Discrimination Act 1995 and the Children and Families Act 2014 including the SEND Code of Practice 2015.

1. Local Authority details

Southampton City Council, Civic Centre, Southampton SO14 7LY

2. School details

Name	The Cedar Special School
Type	Community Special School
Address	Redbridge Lane Nursling, Southampton SO16 0XN
Age Range	3 – 16 years
Capacity	80 pupils
Ofsted	Full inspection June 2014 – Good Short inspection September 2018 - Good

The Cedar School is a special school which caters for children with a complex presentation of needs. Many of the pupils have physical disabilities and complex health and learning (with associated behavioural) needs which make them particularly vulnerable in other educational settings.

The Cedar School provides a uniquely nurturing and safe environment provided by a dedicated team of staff from education and health. With an onsite therapy and nursing team the school is able to ensure that the complex and holistic needs of all pupils are fully met.

3. What changes are proposed?

It is proposed to increase the number of places at The Cedar School from 80 places to 90 places from January 2021.

4. Why do we want to do this? (evidence of demand)

The numbers and complexity of children with special educational needs has been increasing year on year for the last 10 years and is predicted to continue to rise for the foreseeable future.

Education, Health and Care Plans maintained by Southampton City Council 2010-2020

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
567	593	634	655	701	803	1021	1181	1387	1522	1736

Source: DfE SEN 2 Return

This increase is putting pressure on Special School places with all schools reaching capacity in the next 2 years.

The Cedar School is already above capacity in terms of its published admission number (PAN) of 80.

At the Placement Panel meeting on 29 April 2020 the number of children identified as needing a place exceeded the number leaving. With the likelihood of additional requests being made to the school throughout the year it is predicted that the number of pupils needing a place will increase to 88 in 2020/21. It is therefore proposed to formally increase the PAN to 90.

5. Objectives, including how the proposal would increase educational standards and parental choice.

The proposal is to increase the published admissions number (PAN) at The Cedar School from 80 to 90 with effect January 2021. This increase of 10 children across the whole school will translate into 10 classes of 9 children rather than 10 classes of 8 children.

It is believed that this will not cause any detrimental effect to any of the pupils or staff within the school.

Increasing the PAN will ensure that children with significant education and health needs:-

- Are admitted to their parents preferred school
- Have access to a suitable educational environment
- Have access to therapeutic and nursing support
- Are treated equitably in relation to children with similar needs
- Can have their needs met locally avoiding the need for children to spend unnecessary time travelling to an alternative school further away

This proposal is aligned to a wider strategy of expansion and reconfiguration of specialist provision across the city and is supported by the school senior leadership and governors.

6. Consultation undertaken

The proposal has been discussed with The Cedar School staff, the Southampton Parent Carer Forum and relevant unions. It has received the consent of The Cedar School leadership team and Governing Body.

7. Will there be any effect on other schools, academies and educational institutions within the area?

We cannot foresee any impact on any other schools. The demand for specialist places is affecting all Special Schools in the city and neighbouring Local Authorities.

8. Project costs and an indication of how these will be met, including how long term value for money will be achieved.

The Local Authority has a statutory duty to ensure that there is a sufficient supply of school places in its area for children of school age. In addition all children and young people are entitled to an appropriate education, one that is appropriate to their needs, promotes high standards and the fulfilment of potential (Code of Practice 2015).

Children placed in a special school attract base funding of £10,000 per pupil plus top up costs according to need.

Due to the complexity of their needs, if no places are available at The Cedar School, it is likely that the children identified as needing a place will have to be educated in an alternative Special School out of city, either Local Authority maintained or independent. The former school will attract the same level of funding as The Cedar School and will require pupils to spend avoidable time and discomfort in travelling. Independent Special Schools cost significantly more, in the region of £70,000 per place (including travel costs), and again will have the negative impact of daily travel on the child and additional transport costs.

Long term value for money will be achieved through the greater capacity to meet the needs of children with SEND locally.

9. Implementation plan

The proposal requires minimal implementation and can be easily accommodated within the schools routine admission processes.

If the proposal is agreed by Southampton City Council Cabinet members, it is intended that the change will be implemented from 1 January 2021.

10. Related proposals

There is no other proposal linked to this proposal.

11. How can I make my views known?

Any person may object to, express support for, or make comments on the proposal, within 4 weeks of the publication of the statutory public notice by:

- Sending an email to: 0-25service@southampton.gov.uk
- Writing to: 0-25service – Special Educational Needs and Disabilities,
1st Floor, North Block, Civic Centre,
Southampton SO14 7LY.
You don't need a stamp.

12. What happens next?

The following table sets out the key dates for the consultation and decision making. At any point the proposal may be withdrawn. The dates set out below meet the Department for Education requirements for consultation on school organisation proposals.

School organisation process	Date
Public Notice published	7 September 2020
Statutory consultation (representation stage)	7 September 2020 – 4 October 2020
Decision required, no later than	1 December 2020
If approved, change of PAN starts	1 January 2021



**Proposal for Prescribed
Alterations (Maintained School)**

**Statutory Consultation on Proposals to
increase the published admission number at**

**The Polygon
Special School**



Proposals for Prescribed Alterations (Maintained School)

Published under Section 19(1) of the Education and Inspections Act 2006 and the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013

This proposal takes account of the Education Act 1996; the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013; the School Organisation Maintained Schools Statutory Guidance for Proposers and Decision Makers (April 2016); the Education and Inspections Act 2006; the Disability Discrimination Act 1995 and the Children and Families Act 2014 including the SEND Code of Practice 2015.

1. Local Authority details

Southampton City Council, Civic Centre, Southampton SO14 7LY

2. School details

Name	The Polygon Special School
Type	Foundation Special School
Address	Handel Terrace, Southampton SO15 2FH
Age Range	11 – 16 years
Capacity	60 pupils
Ofsted	Full inspection December 2016 – Good

The Polygon School is a special school which caters for children with social, emotional and mental health needs. Many of the pupils have additional or attributed learning difficulties including speech, language and communication and autism. Many have experienced significant trauma and loss and present with challenging behaviours that make mainstream schooling extremely difficult.

The Polygon School provides a calm, nurturing and safe environment provided by a dedicated team of staff. With an in-depth understanding of each pupil's needs staff are able to respond appropriately, setting clear behaviour boundaries within a supportive and understanding environment.

3. What changes are proposed?

It is proposed to increase the number of places at Polygon School from 60 places to 70 places from January 2021.

4. Why do we want to do this? (evidence of demand)

The numbers and complexity of children with special educational needs has been increasing year on year for the last 10 years and is predicted to continue to rise for the foreseeable future.

Education, Health and Care Plans maintained by Southampton City Council 2010-2020

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
567	593	634	655	701	803	1021	1181	1387	1522	1736

Source: DfE SEN 2 Return

This increase is putting pressure on Special School places with all schools reaching capacity in the next 2 years.

Within this overall increase the numbers of children and young people with social, emotional and mental health needs are of particular concern.

The Polygon School is already at capacity in terms of its published admission number (PAN) of 60.

At a recent Placement Panel meeting the number of children identified as needing a place exceeded the number leaving. With the likelihood of additional requests being made to the school throughout the year it is predicted that the number of pupils needing a place will increase in 2020/21. It is therefore proposed to formally increase the PAN to 70.

5. Objectives, including how the proposal would increase educational standards and parental choice.

The proposal is to increase the published admissions number (PAN) at The Polygon School from 60 to 70 with effect from 1 January 2021.

It is believed that this will not cause any detrimental effect to any of the pupils or staff within the school.

Increasing the PAN will ensure that children with significant social, emotional and mental health needs:-

- Are admitted to their parents preferred school
- Have access to a suitable educational environment
- Have access to specialist staff
- Are treated equitably in relation to children with similar needs
- Can have their needs met locally avoiding the need for children to spend unnecessary time travelling to an alternative school further away

This proposal is aligned to a wider strategy of expansion and reconfiguration of specialist provision across the city and is supported by the school senior leadership and governors.

6. Consultation undertaken

The proposal has been discussed with The Polygon School staff, the Southampton Parent Carer Forum and relevant unions. It has received the consent of the Polygon School leadership team and Governing Body.

7. Will there be any effect on other schools, academies and educational institutions within the area?

We cannot foresee any impact on any other schools. The demand for specialist places is affecting all Special Schools in the city and in neighbouring Local Authorities.

8. Project costs and an indication of how these will be met, including how long term value for money will be achieved.

The Local Authority has a statutory duty to ensure that there is a sufficient supply of school places in its area for children of school age. In addition all children and young people are entitled to an appropriate education, one that is appropriate to their needs, promotes high standards and the fulfilment of potential (Code of Practice 2015).

Children placed in a special school attract base funding of £10,000 per pupil plus top up costs according to need.

Due to the complexity of their needs, if no places are available at The Polygon School, it is likely that the children identified as needing a place will have to be educated in an alternative Special School out of city, either Local Authority maintained or independent. The former school will attract the same level of funding as The Polygon School and will require pupils to spend avoidable time and discomfort in travelling. Independent Special Schools cost significantly more, in the region of £70,000 per place (including transport costs), and again will have the negative impact of daily travel on the child and additional transport costs.

Long term value for money will be achieved through the greater capacity to meet the needs of children with SEND locally.

9. Implementation plan

The proposal requires minimal implementation and can be easily accommodated within the schools routine admission processes.

If the proposal is agreed by Southampton City Council Cabinet members, it is intended that the change will be implemented from 1 January 2021.

10. Related proposals

There is no other proposal linked to this proposal.

11. How can I make my views known?

Any person may object to, express support for, or make comments on the proposal, within 4 weeks of the publication of the statutory public notice by:

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- Writing to: 0-25service – Special Educational Needs and Disabilities,
1st Floor, North Block, Civic Centre,
Southampton SO14 7LY.
You don't need a stamp.

12. What happens next?

The following table sets out the key dates for the consultation and decision making. At any point the proposal may be withdrawn. The dates set out below meet the Department for Education requirements for consultation on school organisation proposals.

School organisation process	Date
Public Notice published	7 September 2020
Statutory consultation (representation stage)	7 September 2020 – 4 October 2020
Decision required, no later than	1 December 2020
If approved, change of PAN starts	1 January 2021

DECISION-MAKER:	CABINET		
SUBJECT:	TIER 4 CAMHS HOSPITAL INDEPENDENT EDUCATION PROVISION POLICY		
DATE OF DECISION:	18 AUGUST 2020		
REPORT OF:	CABINET MEMBER FOR CHILDREN AND LEARNING		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Elliot Nolan	Tel: 023 80833098
	E-mail:	elliott.nolan@southampton.gov.uk	
Director	Name:	Grainne Siggins	Tel: 023 80834487
	E-mail:	Grainne.siggins@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
<p>This policy covers the protocols and process involved when a child or young person is admitted as an inpatient within Independent Tier 4 Child and Adolescent Mental Health Service (CAMHS) hospitals. As an inpatient, the national expectation is that wherever possible education will continue. This policy outlines the framework and expectations upon independent education providers, that enable Southampton City Council to effectively discharge our statutory duties.</p>	
RECOMMENDATIONS:	
(i)	To approve the Tier 4 CAMHS Hospital Independent Education Provision Policy for the academic year 2020-2021.
(ii)	To authorise the Service Lead for Education to take any action necessary to give effect to the (said) policy and to authorise any changes necessary to (said) policy, where required to give effect to any Acts, Regulations or revisions whenever they arise.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To date, Southampton City Council has no policy regarding this vulnerable set of pupils. This policy will establish a framework and process that the local authority and independent providers can adhere to as and when admissions arise.
2.	Where NHS bed spaces are unavailable, Tier 4 admissions (i.e. If a child or young person is sectioned under the Mental Health Act) are allocated to independent hospitals. In these cases, the statutory responsibility for education of children and young people admitted remains with the 'home' local authority and can be discharged to the hospital school (as attached to the hospital). This policy will provide the protocols for effective discharge of Local Authority responsibilities.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
3.	The only alternative considered and rejected was not to implement the policy document. It has been necessary to challenge providers over the last

	academic year, however, to date there has been no formal document to establish process and procedures. Legal advice was sought from within Southampton City Council which suggested that establishing a policy would be advisable in this case.
DETAIL (Including consultation carried out)	
4.	Following legal advice, a thirty day consultation has taken place. This was initiated on the 26 th June 2020 and ended on the 27 th July 2020, following consultation with the Cabinet Member for Children and Learning the Cabinet Member for Health and Adults and Southampton City Council Service Lead for Education, the Virtual School Head Teacher, Service Manager for Inclusion and Southampton City Council Legal Team.
5.	The consultation involved sending out the draft policy to all Southampton City Head Teachers, the regional NHS placement representative, Solent CAMHS Manager and Assistant Team Manager, Southampton Clinical Commissioning Group Commissioner and a selection of Tier 4 Independent Education providers (taken from a current list supplied by NHS covering possible placement locations for Southampton children and young people). The independent providers also included the providers/settings involved in admissions over the last academic year for Southampton children and young people.
6.	Representation was received from one independent provider only, detail of this representation and subsequent changes to the policy can be found within Appendix 2 . This was responded to through skype video conference which included the Head Teacher, Inclusion Service Manager and the Inclusion Officer for Pupils with Medical Needs. Minor changes were made to the wording of the draft policy to accommodate suggestions, however, no changes were made to the main body or direction of the policy itself.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
7.	No capital implications highlighted.
8.	Only revenue implications to date in relation to the content of the policy have included remuneration or changes to invoicing in favour of the Local Authority.
<u>Property/Other</u>	
9.	No Property or Other implications.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
10.	The High Needs Funding: Operational Guide 2018 to 2019 states that: "Hospital education is defined as education provided at a community special school or foundation special school established in a hospital, or under any arrangements made by the local authority under section 19 of the Education Act 1996 (exceptional provision of education), where the child is being provided with such education by reason of a decision made by a medical practitioner. Although we allocate funding to local authorities for hospital education without reference to the age of the young people receiving the education, local authorities' duties differ for young people aged 16 and over.

	<p>This may affect their decisions on funding education for young people in this age group, such as those in independent hospital schools.”</p> <p>“Local authorities’ duties may require them to commission hospital education from other independent providers, not in receipt of funding directly from ESFA.”</p> <p>“In these circumstances local authorities would be expected to pay the costs of this education from their high needs budgets. The law may not require local authorities to commission a particular education provider in order to discharge their duties, though decisions about education provision shouldn’t unnecessarily disrupt a child or young person’s education or treatment. Independent hospital education provision may be funded either as a single service by the local authority in whose area the provision is located, or on the basis of payments for individuals from those authorities in whose area the child or young person normally resides. In both cases the provider should confirm with the relevant local authority that they are content to commission and fund the education provision. If funding is provided as payments for individual children and young people, the provider should receive such confirmation from the local authority, if possible in writing, before providing education to the child or young person, and certainly before requesting any funding.”</p>
11.	<p>Under the Education Act 1996 Section 437 it is the Local Authority’s (LA) statutory responsibility to ensure all pupils of compulsory school age receive a suitable education (or education on a part-time basis as the LA considers to be in the pupil’s best interests) for pupils of compulsory school age who, because of illness, would otherwise not receive suitable education. Unless the child:</p> <ul style="list-style-type: none"> • Ceases to be of compulsory school age within the next six weeks, and • Does not have any relevant examinations to complete
12.	<p>Section 19 of the Education Act 1996 places responsibility on the LA for pupils with Special Educational Needs (SEN) and special educational provision is made for them at a post-16 institution; the LA must pay the fees for the education and training received if the institution is named in the Education, Health and Care Plan (EHCP). If there is no EHCP and the LA is satisfied the pupil requires special educational provision and it is appropriate for them to receive it at the institution then the LA must pay any fees in respect of the special educational provision at the institution which is required to meet the SEN of the pupil.</p>
13.	<p>The NHS Tier 4 CAMHS contract with the hospitals states that:</p> <p>“All day/in-patient services will provide educational sessions during normal academic term. Education should be an integral part of the service provision. The Provider educational provision should be The Office for Standards in Education (OFSTED) registered and meet necessary curriculum and education standards. The cost of the educational provision will be recharged directly by the Provider to the patients home Local Authority. The cost will not be included within the cost charged to the NHS.”</p>
14.	<p>The DfE’s Alternative Provision – Statutory guidance for local authorities January 2013 states that:</p> <p>“Local authorities have a power (not a duty) to arrange education provision, where not already available, for pupils aged 16-18 .”</p>

15.	The DfE's statutory guidance, Ensuring a good Education for Children who Cannot Attend School because of Health Needs January 2013 Section 14 states that: "The law does not specify the point during a child's illness when it becomes the LA's responsibility to secure for the child suitable full-time education. Schools would usually provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza. In some cases, where a child is hospitalised, the hospital may provide education for the child within the hospital and the LA would not need to arrange any additional education, provided it is satisfied that the child is receiving suitable education. More generally, LAs should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year, and where suitable education is not otherwise being arranged."
16.	The statutory guidance for local authorities, Ensuring a Good Education for Children who Cannot Attend School because of Health Needs January 2013 states that: "When a child is in hospital, liaison between hospital teaching staff, the LA's alternative provision/home tuition service and the child's school can ensure continuity of provision and consistency of curriculum."
<u>Other Legal Implications:</u>	
17.	No Other Legal implications highlighted to date.
RISK MANAGEMENT IMPLICATIONS	
18.	The development and implementation of this policy reflects the council's statutory duty and manages the risk in terms of legal challenge.
POLICY FRAMEWORK IMPLICATIONS	
19.	The proposed policy enhances the Local Authority's current position while taking into account the Council's Children and Young People Strategy 2017-2020 and Education Strategy 2017-2020.

KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	DRAFT Tier 4 CAMHS Hospital Independent Education Provision Policy 2020
2.	Consultation on Tier4 CAMHS Hospital Independent Education Policy_Representations
3.	ESIA Assessment

Documents In Members' Rooms

1.	Not applicable
2.	

Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		Yes
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:		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.		
2.		

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Southampton City Council

Inclusion Services

Tier 4 CAMHS Hospital

Independent Education Provision Policy



Southampton City Council Inclusion Services Tier 4 CAMHS Hospital Independent Education Provision Policy

This document sets out the Local Authority’s process and funding arrangements for pupils accessing independent education provision whilst placed in a Tier 4 CAMHS hospital provision.

This document provides a transparent framework enabling independent education providers and local authority accountability; the ability to monitor performance and delivery; promotion of high educational standards. This will assist the Local Authority in confidently discharging our statutory duties.

The Council’s role is to ensure these particularly vulnerable children and young people have access to high quality education services with the opportunity to achieve and aspire. Education services that offer the greatest impact on their life chances, enable them to achieve well in safe centres of learning, with the best possible chance of reintegration following their discharge.

Southampton City Council works in close partnership with independent providers of education services taking a holistic and evidence-based approach, as highlighted within this document, to manage and improve outcomes for these children and young people.

Contents

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Statutory Duties and Guidance

1. The **High Needs Funding: Operational Guide 2018 to 2019**¹ states that:

“Hospital education is defined as education provided at a community special school or foundation special school established in a hospital, or under any arrangements made by the local authority under section 19 of the Education Act 1996 (exceptional provision of education), where the child is being provided with such education by reason of a decision made by a medical practitioner. Although we allocate funding to local authorities for hospital education without reference to the age of the young people receiving the education, local authorities’ duties differ for young people aged 16 and over. This may affect their decisions on funding education for young people in this age group, such as those in independent hospital schools.”

“Local authorities’ duties may require them to commission hospital education from other independent providers, not in receipt of funding directly from ESFA.”

“In these circumstances local authorities would be expected to pay the costs of this education from their high needs budgets. The law may not require local authorities to commission a particular education provider in order to discharge their duties, though decisions about education provision shouldn’t unnecessarily disrupt a child or young person’s education or treatment. Independent hospital education provision may be funded either as a single service by the local authority in whose area the provision is located, or on the basis of payments for individuals from those authorities in whose area the child or young person normally resides. In both cases the provider should confirm with the relevant local authority that they are content to commission and fund the education provision. If funding is provided as payments for individual children and young people, the provider should receive such confirmation from the local authority, if possible in writing, before providing education to the child or young person, and certainly before requesting any funding.”

2. Under the **Education Act 1996 Section 437** it is the Local Authority’s (LA) statutory responsibility to ensure all pupils of compulsory school age receive a suitable education (or education on a part-time basis as the LA considers to be in the pupil’s best interests) for pupils of compulsory school age who, because of illness, would otherwise not receive suitable education. Unless the child:

- Ceases to be of compulsory school age within the next six weeks, and
- Does not have any relevant examinations to complete

However should the pupil be in care to Southampton City Council LA, the Hospital Education Provider will need to have a dialogue direct with Southampton City Council’s Virtual School Head Teacher² in advance of education being provided.

3. **Section 19 of the Education Act 1996** places responsibility on the LA for pupils with Special Educational Needs (SEN) and special educational provision is made for them at a post-16 institution; the LA must pay the fees for the education and training received if the institution is named in the Education, Health and Care Plan (EHCP). If there is no EHCP and the LA is satisfied the pupil requires special educational provision and it is appropriate for them to receive it at the institution then the LA must pay any fees in respect of the special educational provision at the institution which is required to meet the SEN of the pupil.

¹ <https://www.gov.uk/government/publications/high-needs-funding-arrangements-2018-to-2019>

² maria.anderson@southampton.gov.uk

Whilst it is the LA's legal responsibility to provide education for pupils of compulsory school age and post 16 pupils with an ECHP, Tier 4 Education Providers should not assume that the school or LA will pay without prior notification and agreement of the costs and education to be delivered.

4. The **NHS Tier 4 CAMHS contract**³ with the hospitals states that:

"All day/in-patient services will provide educational sessions during normal academic term. Education should be an integral part of the service provision. The Provider educational provision should be The Office for Standards in Education (OFSTED) registered and meet necessary curriculum and education standards. The cost of the educational provision will be recharged directly by the Provider to the patients home Local Authority. The cost will not be included within the cost charged to the NHS."

5. The DfE's **Alternative Provision – Statutory guidance for local authorities**⁴ January 2013 states that:

"Local authorities have a power (not a duty) to arrange education provision, where not already available, for pupils aged 16-18⁵."

Post 16 admissions to Tier 4 CAMHS Hospital Independent Education providers will be considered on a case by case basis through consultation with the LA. The process for admission will follow as Appendix 1 below and paragraph 1 as above (page 3).

5. The DfE's statutory guidance on **Ensuring a good Education for Children who Cannot Attend School because of Health Needs**⁶ January 2013 Section 14 states that:

"The law does not specify the point during a child's illness when it becomes the LA's responsibility to secure for the child suitable full-time education. Schools would usually provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza. In some cases, where a child is hospitalised, the hospital may provide education for the child within the hospital and the LA would not need to arrange any additional education, provided it is satisfied that the child is receiving suitable education. More generally, LAs should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year, and where suitable education is not otherwise being arranged."

Therefore if a pupil is absent from their home school (school they are on roll at) for 15 days or less then it will remain the responsibility of the home school to organise suitable education provision, in the event that they are deemed well enough to participate in education activities. When a decision is made to admit a pupil for assessment, then the hospital should work with the pupil's home school to ensure they are given the appropriate work and funding is agreed by the pupil's home school up to the first 15 days of absence.

In the event of a pupil being admitted for a period that is anticipated to be more than 15 days then, the hospital education provider must notify the LA as it is at this point that the LA will become responsible for the education provision for the pupil.

³ <https://www.england.nhs.uk/wp-content/uploads/2013/06/c07-tier4-ch-ado-mh-serv-child.pdf>

⁴ <https://www.gov.uk/government/publications/alternative-provision>

⁵ Section 19(4) of the Education Act 1996

⁶ <https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

6. A pupil's admission to a Tier 4 CAMHS hospital provision is without prior consultation with the school or LA. There is therefore no opportunity for the LA or school to determine where the pupil is placed and limited or no opportunity to determine who provides the education. The statutory guidance for local authorities on **Ensuring a Good Education for Children who Cannot Attend School because of Health Needs** states that:

“When a child is in hospital, liaison between hospital teaching staff, the LA’s alternative provision/home tuition service and the child’s school can ensure continuity of provision and consistency of curriculum.”

Process on Admission to Tier 4 Independent Education Providers (Appendix 1)

1. Following a pupil's admission to a Tier 4 Hospital, the Education Provider is to provide the pupil's home school and LA⁷ in a timely manner with the following:

- Admission and discharge notices must be notified promptly to avoid delays in payment of invoices or overpayment by either the school or LA.
- In the case of Looked After Children where admission is planned a Personal Education Planning Meeting (PEP) should be held prior to admission and in the case of emergency admission a PEP should be convened with the child's social worker as soon as possible and within 10 days. A PEP should be convened prior to discharge to plan transition back into education. Please refer to the process in Appendix 2. Providers must make contact with the Southampton Virtual School Head Teacher at the earliest opportunity⁸.
- Written evidence of education being provided e.g. Individual Education Plan (IEP), objectives and progress towards agreed objectives must be shared with the school and LA etc.
- Evidence of two-way liaison with the pupil's home school regarding content of education and transition back to the home school upon discharge. If there is no home school, please provide the LA with evidence of liaison with other professionals where possible.
- The LA will contact the home school to confirm that education being provided is appropriate and to confirm liaison with the Education Provider and agreement of appropriateness of provision.
- For pupils who do not qualify for education provision as referenced in paragraph 1.2 above and who are in care to Southampton City Council, the Education Provider must liaise directly with Southampton Virtual School and Social Care to agree the funding stream.

2. Invoices submitted from the Education Provider for payment by either the pupil's home school (in relation to the first 15 days of absence) or the LA (in relation to absence days in excess of 15) should be accompanied by supporting evidence which may consist of attendance register, reduced timetable notification, current IEP or planning, progress and attainment data etc.

⁷ Southampton City Council

⁸ maria.anderson@southampton.gov.uk

3. The Education Provider must ensure that the education pupil's receive is of good quality, as defined in the DfE's statutory guidance Alternative Provision (2013), and allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.

4. The Education Provider should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.

School Approval of Funding Tier 4 Independent Education Providers

1. The pupil's home school will approve funding in relation to education provided by the Education Provider during the first 15 days of absence in accordance with their own scheme of delegation and internal arrangements.

LA Approval of Funding Tier 4 Independent Education Providers

1. The LA will approve funding based upon evidence provided as detailed in paragraph 2 above.

2. Contact MUST be made with the LA before education begins. Education prior to consultation with the LA (and home school where appropriate) may not be funded.

3. The LA may not approve funding for periods or sessions where a pupil is absent from education.

4. Payment may not be made to the Education Provider where there is insufficient information, as detailed in paragraph 2 above, provided to the LA.

5. The LA only agrees to fund pupils who are ordinarily resident in Southampton and those whom Southampton City Council is the corporate parent.

6. Invoices and evidence should be submitted on a monthly basis direct to elliott.nolan@southampton.gov.uk.

7. Invoices and evidence provided will be scrutinised by LA representatives from Inclusion Services and the SEND Team.

8. Where there are difficulties in obtaining evidence for example:

- The home school does not respond to written communication the LA reserves the right to refuse funding.
- When pupils do not have a home school setting this causes difficulties in gaining evidence regarding liaison and identifying someone who knows the young person to agree the appropriateness of the education provision being provided. The Education Provider must then communicate direct with the LA using the central e-mail address elliott.nolan@southampton.gov.uk.
- Where a home school reports that a pupil is not engaging with education in the hospital or with the work they are providing, the LA reserves the right to refuse funding.
- It is difficult to establish the balance between the therapeutic health provision required by the pupil to be able to engage with education and the provision of the education, the LA reserves the right to refuse funding.

9. Tier 4 Education Providers are reminded that funding is not available for Post 16 pupils unless they have an EHCP as this is funding provided by the Education & Skills Funding Agency (ESFA). Please see paragraph 3 in the above section *Statutory duties and guidance*.

10. Tier 4 Education Providers are reminded that funding is not available from the LA during a pupil's first 15 days of absence. Please see paragraph 5 in the above section *Statutory duties and guidance*

Relevant Legislation and guidance

Section 19 of the Education Act 1996 and Equality Act 2010

Department of Health Guidance: Hospital education: a guide for health services – published October 2015

High Needs funding operational guide 2017 to 2018

2013/14 NHS Standard Contract for Tier 4 Child and Adolescent Mental Health Services (CAMHS): General Adolescent Services

Alternative Provision – Statutory guidance for local authorities January 2013

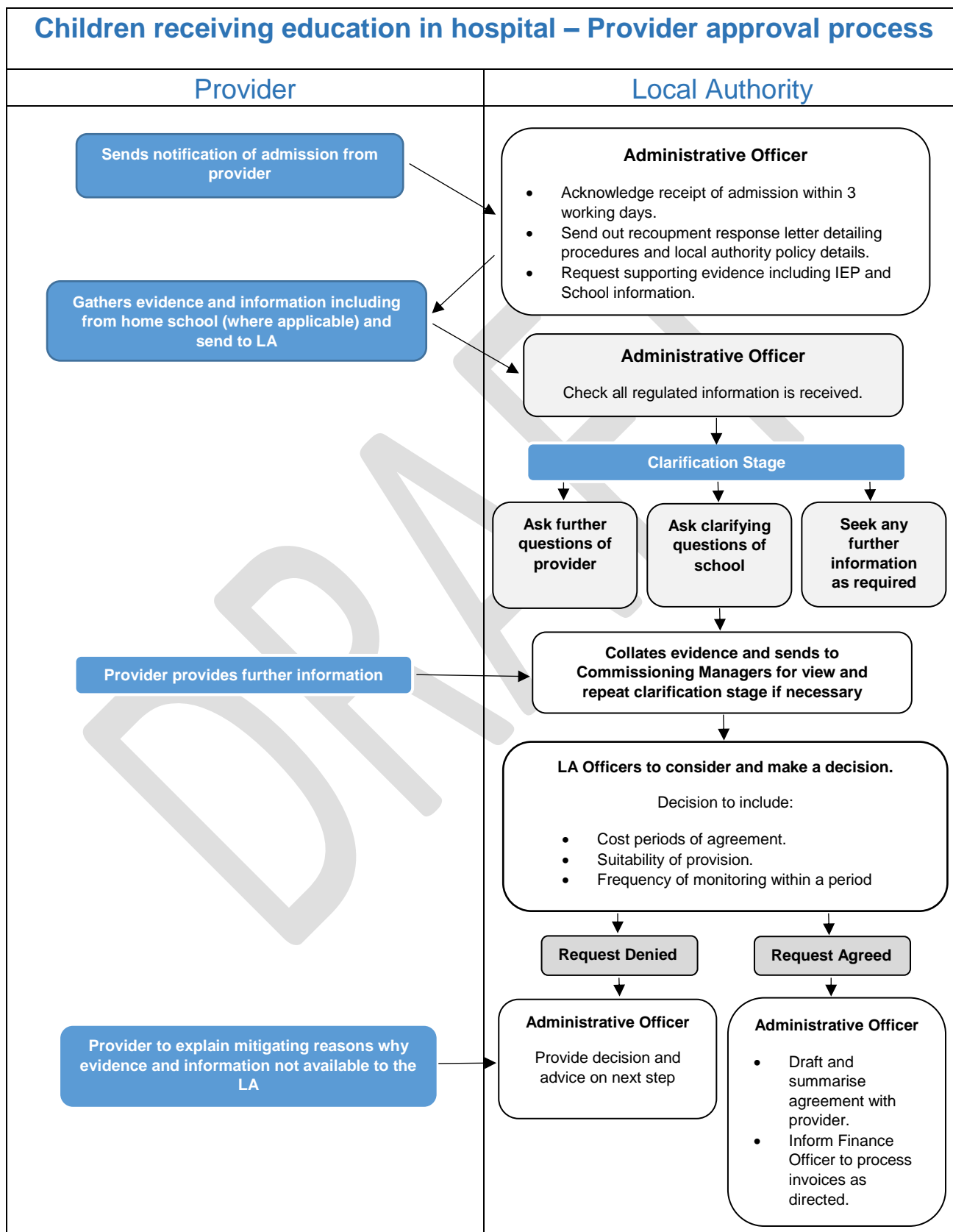
Ensuring a Good Education for Children who Cannot Attend School because of Health Needs January 2013

Mental Health Act 1983: Code of Practice – Section 19

Promoting the Education of Looked After and Previously Looked After Children DfE 2018

Tier 4 CAMHS Hospital Independent Education Provision Policy			
Version	Version 1	Approved by	Insert body /committee with final approval
Date last amended	24/06/2020	Approval date	Click here to enter a date.
Lead officer	Elliot Nolan	Review date	Click here to enter a date.
Contact	elliott.nolan@southampton.gov.uk	Effective date	Click here to enter a date.

Appendix 1



Appendix 2

Education of LAC Children/Young People in Medical Provision

Where tuition is being provided by a hospital, please record what will be provided, duration, frequency and what outcomes will be expected. **This should be reviewed at subsequent PEPs.** Any concerns regarding the quality of provision should in the first instance be discussed with your Virtual School Coordinator.

On admission to a medical provision

- The Virtual School should be contacted with confirmation of school status (EOTAS/B/D) and funding arrangements.
- Provision should be recorded through the ONE system, so that all other recording systems are updated (PARIS/ePEP etc).
- A PEP should be initiated in line with the statutory guidance by the social worker, in consultation with the virtual school to ascertain wider stakeholders who may need to attend.

PEP Meetings

- The PEP meeting should consider barriers to education, including any medical advice and how they can be overcome.
- A package of learning/activity should be agreed and arrangements for monitoring to be put in place.
- Consideration of the impact on attainment and progress needs to be fully considered and measures taken to minimise any impact on lost learning.
- Regular review PEPs should be agreed. These should be frequent to ensure that no opportunities are missed to increase provision when the pupil is ready.

End of Medical Provision

- The end date of education in medical provision should be clearly recorded on the pupil tracker. (Virtual School Action)
- The RAG rating should be reviewed. (Virtual School Action)
- A PEP meeting should be convened to plan education at the end of a placement in a medical provision wherever this should be planned to support good transition. Where this is not possible, then a PEP should be planned as soon as possible following discharge from the provision.
- Progress and attainment needs to be reviewed and consideration of intervention (e.g. tuition) to ensure that pupils have the opportunity to catch up with any missed education should be made.

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Consultation on Tier4 CAMHS Hospital Independent Education Policy

Representations as received

Following a video conference call on Friday 3rd July 2020, 10-11:30am.

Attendees: Bryn Roberts, Inclusion Service Manager SCC; Elliot Nolan, Inclusion Officer for Pupils with Medical Needs SCC; Adel Shirbini, Head teacher Ellern Mede.

The questions/representations, as requested, were received as below in advance of the meeting (black text) with responses as per video conference (blue text).

There were no further representations from any parties received and no further response following the video conference with Mr Shirbini.

The amendments made within the policy following the video conference, have been highlighted at the end of the documented representations and response.

From: Adel Shirbini

Sent: 02 July 2020 15:54

To: Nolan, Elliot

Questions

1. What are the barriers to learning in A CAHMS Tier 4 hospital school? How would you cope with having teachers in place and then the children being to unwell to attend? How does this impact funding. Does your policy, and underlying processes, accommodate this? Do you take funding away from mainstream schools when children are absent with medical or mental health needs.
 - o Barriers to learning and the process of overcoming them is the responsibility of the hospital school with input from the clinical team to guide and inform, certainly with respect to amount of time a pupil can access. Current LA guidance is that non-attendance will not be remunerated except under certain conditions. Reduced timetable proformas to clinically support a reduced timetable should be completed, as per any mainstream school within the city, and forwarded to Southampton City Council. Partial attendance for a session or day, will be remunerated as a full day. Unsupported non-attendance for a complete day may not be remunerated.
2. Many Tier 4 young people are not well enough to take their GCSEs in their Year 11 for obvious reasons? Does your policy take into account these young people who are classified as disabled due to mental illness and have not taken their GCSEs? Is it not discriminatory to not let Post-16 learners either carry on with their GCSEs the year after, or to let young people in the middle of their A Levels drop their studies due to refusal to fund by their local authority?
 - o The policy does not affect any rights or ability to access education or indeed to take their exams or not. Should a child or young person be deemed unfit to sit their exams, the process would be comparable as if they were resident in the community. Through consultation with the home school and through informed decisions made by clinicians, it may be necessary to delay the taking of exams. The policy will not affect this decision. National guidance would support the taking of exams where appropriate and in the best interests of the child or young person.
3. Most local authorities understand Questions 1 and 2 and fund for Post 16. If Southampton do not fund Post 16, is it right that Southampton City Post 16 learner should be asked to stay in their bedroom on the ward whilst other local authorities' young people, who do fund Post 16, can come to school? What does this do for a child's mental health when they are excluded and asked to remain in the bedrooms as they do not receive funding.
 - o There is no, nor will there be, a blanket policy for refusal of funding. That would be against national guidance and legislation. The policy states that Post 16 education funding **may** be refused and provides a framework to provide transparency of provision and the ability for LA support or challenge of provision. The LA's aim is that any decision *shouldn't unnecessarily disrupt a child or young person's education*¹.

4. Have you taken into account the School funding document which states that Post-16 learners should be treated the same way as Pre-16 learners.
 - It would be more accurate to respond knowing which document has been referenced. However, national guidance states that, *Although we allocate funding to local authorities for hospital education without reference to the age of the young people receiving the education, local authorities' duties differ for young people aged 16 and over. This may affect their decisions on funding education for young people in this age group, such as those in independent hospital schools². Again, the aim is that education is not unnecessarily disrupted.*
 - As per the Education Act 1996 Section 437, a local authority's **statutory** responsibility is to ensure all pupils of **compulsory school age** receive a suitable education. In the case of pupils with medical needs accessing education, there should be no blanket policies. Tier 4 Education Providers should not assume that the school or LA will pay without prior notification and agreement of the costs and education to be delivered. The policy document provides the necessary framework for the LA to discharge its responsibilities.
5. We have a centre in Moorgate Rotherham which is cheaper to run in terms of staffing. However, an agency charges £190 per day plus VAT. Which is even higher in London. Add this cost per day onto the cost for a head, finance officer, heating, insurance, ICT, Exams officer, Inclusion and Safeguarding Lead. If you pay for attendance only, who pays for the other costs.
 - We can find nothing in legislation or national guidance that supports the claim that LAs are to meet the overhead costs of any provider, only that we have a responsibility to cover the education costs once agreement has been clarified between the LA and independent provider. As such, I have sought clarification from the DfE regarding this exceptionally grey area.
6. Young people arrive in Tier 4 after a fractured educational experience. The home school, private or mainstream, may have not had the time (speed of decline) to get an EHCP in place. The normal distribution for admission peak is between 16-18. We can assume Southampton will not fund.
 - Unsure as to the question, however, believe this was covered in the video conference. The responsibility for completion of an Education, Health and Care Plan Needs Assessment application lies with the **home school**. Contact, consultation and joint working should facilitate the completion of these applications especially, as you have mentioned, in such cases as an SEMH or SEND need has not arisen prior to admission. The administration cost for completion of a Needs Assessment application is not a funding responsibility of the LA as we deal with completed applications that are forwarded to the SCC SEND Team, but we will endeavour to offer any support that is appropriate. Application for funding in relation to education costs is covered fully in the policy document.
7. In your NHS CAMHS Tier 4 hospital are Post 16 learners debarred from entry into the hospital school? If not you are disadvantaging Post 16 learners in independent hospitals
 - There is no NHS CAMHS Tier 4 hospital in Southampton for pre or post 16 learners. Our perspective on this particular area would be that no learner should be 'barred' from entry into a hospital school whether that be NHS CAMHS Hospital School or Independent Tier 4 Hospital School. Non-attendance within a hospital school, as per the policy document, should be clinically led and supported by reduced timetable documentation. This is supported through the Education Act 1996 Section 437 stating, *it is the Local Authority's (LA) statutory responsibility to ensure all pupils of compulsory school age receive a suitable education (or **education on a part-time basis as the LA considers to be in the pupil's best interests**).*
8. If you are funding by attendance only, with evidence of attendance, your daily cost will be twice as much as the current charge, as schools need to pay for underlying costs regardless of attendance
 - This was discussed during the video conference but also touches on the above response to #5. There are no official contracted financial arrangements, commissioned through NHS, with local authorities for the funding of this exceptionally vulnerable group of children and young people. The implication of point #8, is that education costs will be elevated to cover administration and overhead costs for independent schools. As I have stated, this has been raised with the DfE for clarification.
9. How is the NEET requirement addressed in your policy. Do you have an officer in place to chase up all NEETS in Tier 4?
 - This is a valid point that we are taking away to address. There currently is no provision within the policy for 'chasing up all NEETS in Tier 4'. While it may not be appropriate to amend the policy

² (As above footnote)

regarding NEETs in Tier 4, it is an area that will require further consideration. Should there be amendments necessary, this will be addressed. We will consult with the relevant parties.

10. The NHS funds admissions to CAMHS Tier 4 up to 18, and Southampton only funding up to 16. Why?
 - All local authorities fund education for 0-25yrs through Education, Health and Care Plans (EHCPs) from the High Needs Block. This is subject to ongoing education in line with the SEND Code of Practice. As stated within the policy document, post 16 education within Tier 4 CAMHS Independent provision **outside** of EHCPs will be dealt with on a case by case basis and funding may be conditional or part of a bespoke package. Providers are reminded within the policy document of the DfE's Alternative Provision – Statutory Guidance for local authorities, January 2013 that *Local authorities have a power (not a duty) to arrange education provision, where not already available, for pupils aged 16-18³.*
11. In all your commissioning of schools, is it based on payment by attendance?
 - Attendance is a **factor** when decisions are made regarding remuneration for education provision, not the sole contributing aspect. The policy document has been amended to ensure there is clarity that attendance **may** influence funding decisions and offers guidance over the conditions and evidence required regarding the approval of funding. This guidance is transparent and applies to all providers of Independent Tier 4 CAMHS education provision.
12. How are small hospital schools going to re-coup money from home schools for the first 15 days? And the LAs after this? If home schools provide funding from day 1, or provision, half way across the country I will eat my hat.
 - The statutory guidance⁴ is clear in this regard, as stated in the policy document.
 - Through further consultation, this has surfaced as an issue at ground level in alternate LAs. The strategy moving forward may well include invoicing the LA, who will then take remuneration up with the home school. Theoretically, the home school AND the LA will be aware of the admission and in a position to oversee the transfer of responsibility. Unfortunately, as you raised in our conference (and from our experience), admissions do not follow a comparable path. We have experience of inpatient stays of less than a week, to a number of years.

The way your policy is written is not from the view of reality.

- I believe this was addressed during our conference call. Unfortunately, the reality of the situation is that this is indeed a necessary policy for local authorities. Southampton City Council is not alone in implementing such a policy and we have been careful to ensure that relevant legislation and guidance has informed its content. The policy document content has been (and will again be) overseen and checked by legal teams to ensure we can discharge our responsibilities in a fair and effective manner. There will also be a clear and transparent review process which will inform any amendments should that be required.
- As discussed in our conference call, there is a significant disparity nationally in the quality of not only evidence associated with admissions, but in the provision of education and quality of CPAs (Care Planning Meetings). We have been sure to share the draft policy with our NHS, CAMHS and Clinical Commissioning Group colleagues to support a more rounded consultation.
- During the video conference, it was suggested that the LA should accept an Ofsted grading as all of the evidence required to support funding. We would strongly disagree. It would be unrealistic and remiss of the LA to accept such 'evidence'. The expectation on evidence supplied to support funding is transparent and applicable to all providers. This provides the LA an opportunity to make objective, not subjective decisions based upon impartiality and equality across a broad range of service providers.

Adel

³ Section 19(4) of the Education Act 1996

⁴Ensuring a good Education for Children who Cannot Attend School because of Health Needs January 2013 Section 14

Amendments made to the policy following the video conference, representations and response

- (Page 4)
 5. The DfE's Alternative Provision – Statutory guidance for local authorities January 2013 states that: “Local authorities have a power (not a duty) to arrange education provision, where not already available, for pupils aged 16-18 .”

Post 16 admissions to Tier 4 CAMHS Hospital Independent Education providers will be considered on a case by case basis through consultation with the LA. The process for admission will follow as Appendix 1 below and paragraph 1 as above (page 3).

 - This was an addition to existing text to clarify where in statutory guidance post 16 funding is addressed.
- (Page 6)
 2. Contact MUST be made with the LA before education begins. Education prior to consultation with the LA (and home school where appropriate) **may not** be funded.
- (Page 6)
 3. The LA **may not** approve funding for periods or sessions where a pupil is absent from education.
 - The wording was amended in both these places from ‘Will not’ to ‘May not’ as decisions are not blanket decisions but made on a case by case basis.
- (Page 7)

Alternative Provision – Statutory guidance for local authorities January 2013
Ensuring a Good Education for Children who Cannot Attend School because of Health Needs January 2013

 - These were added as references to clarify within the ‘Relevant Legislation and Guidance’.

The changes/amendments as above were minor, but nonetheless relevant and served to clarify and focus the direction of the policy.



Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

<p>Name or Brief Description of Proposal</p>	<p>Tier 4 CAMHS Hospital Independent Education Provision Policy: This policy covers the protocols and process involved when a child or young person is admitted as an inpatient within Independent Tier 4 Child and Adolescent Mental Health Service (CAMHS) hospitals (i.e. when a child or young person is sectioned under The Mental Health Act). As an inpatient, the national expectation is that wherever possible education will continue. This policy outlines the framework and expectations upon independent education providers, that enable Southampton City Council to effectively discharge our statutory duties.</p>
<p>Brief Service Profile (including number of customers)</p>	
<p>The Tier 4 CAMHS Hospital Independent Education Provision Policy is a joint policy between the Authority (Southampton City Council) and Independent Tier 4 CAMHS Hospital education providers. The policy will be reviewed annually unless revisions are required through interim reviews to give effect to any Acts, Regulations or revisions whenever they arise.</p>	
<p>Summary of Impact and Issues</p>	
<p>To date, Southampton City Council has no policy regarding this vulnerable set of pupils. This policy will establish a framework and process, regarding the education of pupils as inpatients, that the local authority and independent providers can adhere to as and when admissions arise. Where NHS bed spaces are unavailable, Tier 4 admissions (i.e. If a child or young person is sectioned under the Mental Health Act) are allocated to independent hospitals. In these cases, the statutory responsibility for education of children and young people admitted remains with the ‘home’ local authority and can be discharged to the hospital school (as attached to</p>	

the hospital). This policy will provide the protocols for effective discharge of Local Authority responsibilities.

It has been necessary to challenge independent providers over the last academic year, however, to date there has been no formal document to establish process and procedures. Legal advice was sought from within Southampton City Council which suggested that establishing a policy would be advisable in this case.

Potential Positive Impacts

This policy provides a transparent framework enabling independent education providers and local authority accountability; the ability to monitor performance and delivery; promotion of high educational standards. This will assist the Local Authority in confidently discharging our statutory duties.

The Council's role is to ensure these particularly vulnerable children and young people have access to high quality education services with the opportunity to achieve and aspire. Education services that offer the greatest impact on their life chances, enable them to achieve well in safe centres of learning, with the best possible chance of reintegration following their discharge.

Southampton City Council works in close partnership with independent providers of education services taking a holistic and evidence-based approach, as highlighted within this document, to manage and improve outcomes for these children and young people.

Responsible Service Manager	Bryn Roberts Service Manager for Inclusion
Date	
Approved by Senior Manager	Derek Wiles Divisional Head of Education and Learning
Date	10/08/2020

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	No Impact – Policy focus is children and young people of statutory school age.	
Disability	No Impact	
Gender Reassignment	No Impact	
Marriage and Civil Partnership	No Impact	
Pregnancy and Maternity	No Impact	
Race	No Impact	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Religion or Belief	No Impact	
Sex	No Impact	
Sexual Orientation	No Impact	
Community Safety	No Impact	
Poverty	No Impact	
Health & Wellbeing	No Impact	
Other Significant Impacts	No Other Significant Impact	

DRAFT

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DECISION-MAKER:	CABINET MEMBER FOR STRONGER COMMUNITIES		
SUBJECT:	COMMUNITY CHEST GRANTS 2020/21 ROUND 1		
DATE OF DECISION:	18 AUGUST 2020		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Joanne Hughes	Tel: 023 8083 4067
	E-mail:	joanne.hughes@southampton.gov.uk	
Director	Name:	Stephanie Ramsey	Tel: 023 8029 6941
	E-mail:	stephanie.ramsey@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
<p>Community Chest is the council's small grant scheme and currently awards grants of up to £2,500 to community groups and small voluntary organisations and social enterprises in the city with annual incomes of less than £250,000. Grants are awarded twice a year under delegated authority to the Cabinet Member for Stronger Communities, following recommendations from the cross-party Community Chest Grant Advisory Panel. The annual budget is £100,000, which is divided approximately equally between the two rounds.</p>	
<p>The Celebrations grant scheme is a sub-section of the Community Chest grant and offers grants up to £500. Applicants may apply for both the Community Chest and Celebrations grants, providing it is for different events/activities. Unlike the main Community Chest grant scheme, there is no income cap on applicants to the Celebrations grant scheme and any voluntary, community and social enterprise organisation can apply.</p>	
RECOMMENDATIONS:	
(i)	To agree the recommendations for 2020/21 round 1 grants made by the cross-party Community Chest Grant Advisory Panel
REASONS FOR REPORT RECOMMENDATIONS	
1.	All the applications have been considered by the cross-party Community Chest Grant Advisory Panel, which has made recommendations on which should receive funding. All applications recommended for funding contribute to at least one of the council's priority outcomes and will enable the applicants to provide activities for the benefit of their communities.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	The option of not recommending funding was considered and rejected as it would not meet the council's aims of supporting local people to engage in community action.
DETAIL (Including consultation carried out)	
3.	Community Chest is the council's small grants scheme and has been running for more than 35 years. It is periodically reviewed to ensure it continues to

	meet the needs of local community groups. All grant funded projects, events and activities must contribute to at least one of the council's four priority outcomes. Since 2019 a smaller grant has also been available for community celebration events that bring different people together.
4.	Both grant schemes have two rounds per financial year, six months apart, with the budget split roughly equally between both rounds. In 2020/21 the overall budget available is £104,000. This is comprised of £100,000 main budget plus an additional £4,000 from the Community Asset Transfer of Freemantle and Shirley Community Centre – see paragraph 10 for more details. The decision maker for both grant schemes is the Cabinet Member for Stronger Communities, following recommendations by the cross-party Community Chest Grant Advisory Panel.
5.	Each application is first checked by a technical appraiser to ensure both the project and the applicant meet the Community Chest or Celebrations Grant criteria and minimum standards for grant funding. Further information or clarification is requested where necessary. All applications are then submitted to the cross-party Community Chest Grant Advisory Panel for consideration.
6.	Applications for round one of the 2020/21 Community Chest and Celebrations grant schemes were submitted by 29 May 2020. In total 21 applications were received – 17 for Community Chest and 4 for the Celebrations Grant. The total requested was £38,553. Application numbers are lower than usual, but this was expected as the application period was during the COVID-19 lockdown. The Community Chest Grant Advisory Panel met on 15 July 2020 to consider all 21 applications.
7.	The Community Chest Grant Advisory Panel has recommended full funding for 18 applications, totalling £32,299. Of the three applications that are not being recommended for funding: <ul style="list-style-type: none"> • 1 application is recommended to be declined because the proposed activities duplicate a service already provided on behalf of the council through a contract • 1 application is recommended to be declined as the Panel felt the proposed activity would directly promote a religious doctrine, making it ineligible for funding under the grant criteria • 1 application is recommended to be deferred to the next round to allow the applicant more time to evidence demand in the city for their proposed activities.
8.	A list of all applications with full details of the recommendations and reasons why for each one is attached at Appendix 1.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
9.	The annual Community Chest budget (including the Celebrations Grant) is £100,000, split approximately equally between two rounds. In 2020/21 there is a one-off addition of £4,000 to the budget from the transfer of Freemantle and Shirley Community Centre (see paragraph 10). In round one grants totalling £32,299 have been recommended, leaving £71,701 for round two.
10.	Following the successful Community Asset Transfer of the Freemantle and Shirley Community Centre in 2019, it was agreed under the terms of the

	transfer that £4,000 would be re-invested back in to the community through Community Chest. Due to COVID-19 it was not possible to fully advertise this for round 1, but this will be promoted for round 2. This £4,000 is ring-fenced for activities that benefit residents living in the Freemantle and Shirley wards and part of Millbrook ward (between Shirley Road and Regent's Park Road).
<u>Property/Other</u>	
11.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
12.	The legal power for the Council to establish, administer and make awards from the Community Chest grant fund is provided by the Localism Act 2011. Subject to certain statutory restrictions, none of which apply in this case, Section 1 gives the Council "power to do anything that individuals may do" which includes making grant funding contributions to worthwhile projects and activities that supports the work of the Council and / or contributes to the wellbeing or benefit of the community or city residents.
<u>Other Legal Implications:</u>	
13.	In awarding grants under this scheme the Council has had regard to the requirements of the Equalities Act 2010, including the need to assess all applications having regard to the public sector equality duty set out in s.149 of the Act and to ensure that the application process is fair, transparent and designed to eliminate unlawful discrimination against those who have protected characteristics. Grants are also assessed having regard to s.17 Crime & Disorder Act 1998 and the extent to which they contribute to the elimination of crime and disorder in the City together with all other relevant legislation.
RISK MANAGEMENT IMPLICATIONS	
14.	The risks of fully funding, part funding or not funding each application were considered as part of the Community Chest Grant Advisory Panel's discussions. The impact of COVID-19 on the proposed activities was also considered. The recommendations listed in Appendix 1 are considered to be low risk.
15.	All grants will be awarded on condition that the activities/events are carried out in line with government guidance about COVID-19, to ensure the safety of everyone involved.
POLICY FRAMEWORK IMPLICATIONS	
16.	The recommendations in this paper support the delivery of the Sustainable Community Strategy (City Strategy), the Council Strategy 2016-2020, key partnership strategies such as the Safe City Strategy and the Health and Wellbeing Strategy as well as Level 1 strategies of the Council.

KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

- | | |
|----|---|
| 1. | List of recommendations for Community Chest grant 2020/21 Round 1 |
|----|---|

Documents In Members' Rooms

- | | |
|----|--|
| 1. | Approach to Voluntary Sector Funding, Equality and Safety Cumulative Impact Assessment – updated July 2020 |
| 2. | Data Protection Impact Assessment – updated July 2020 |

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	Yes
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	Yes
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	
2.	

List of recommendations for Community Chest grant 2020/21 Round 1

No.	Organisation	Towards	Requested	Nbr beneficiaries	% beneficiaries who are	Ward	Aims and objectives of organisation (from application form)	Declarations of interest	Panel Comments	Panel Recommended Amount	Suggested Conditions
1. Communities, culture and home											
1	Merryoak Neighbourhood Community Association	Towards the cost of a memorial bench for the community orchard.	£787	300	100%	Peartree	The Community Centre puts on multiple activities for all age groups, I joined so that I could start a Community Orchard at Veracity Park which I was successful with the £300 to pay for trees and flowers to create a spot that benefit's wildlife. I have been attending meetings for 2 years and can say the volunteers care and do everything they can to benefit the community.	Panel member Cllr Houghton is a ward councillor for Peartree	Recommendation: Full award A good application that will encourage more use of the green space (by providing a place to sit) and a reminder of Southampton's links to the armed forces.	£787	
2	See Southampton	Towards the costs of producing virtual guided tours of the city.	£2,500	Thousands	??	City wide	We are an innovative group, with forward thinking approaches which meet the needs of the residents of Southampton, as well as all visitors, given the international essence, character and diversity of this city. Due to Covid-19, we can no longer travel, educate or entertain residents regarding our city's history and heritage. This has led us to virtual guiding.		Recommendation: Full award A good application that will provide informative guides to the city for both residents and visitors. A local production company will be involved in creating the films, supporting the Southampton Pound.	£2,500	
3	Westfield Productions	Towards the costs of theatre hire for their pantomime in January 2021.	£2,500	1,100	70%	City wide	Focusing on finding the performer in everyone, we perform a variety of shows throughout the year culminating in a Pantomime every January. We have a current membership of approximately 50 people of which 36 are children of varying abilities.		Recommendation: Full award A good application that will enable the group to continue it's shows, despite missing out on two shows this year due to COVID-19. The grant will support creative activities for children and young people.	£2,500	
4	SOS Polonia	Towards the costs of community sessions to support people applying for settled status.	£2,500	100	100%	City wide	SOS Polonia provides advice and support to Eastern European newcomers in Southampton. We help this particular marginalised group integrate into their new communities, improve their quality of life by providing opportunities for education (English lessons), recreation and self-development. Since 2019, we have a level 1 license (issued by the Home office), for free advice on obtaining EUSS.		Recommendation: Decline The council commissions advice services for the city via a contract, and this includes specialist advice for EU nationals living in the city (through EU Welcome at the CLEAR Project). As per the council's standard grant criteria we do not duplicate contracted services with grants.	£0	

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List of recommendations for Community Chest grant 2020/21 Round 1

No.	Organisation	Towards	Requested	Nbr beneficiaries	% beneficiaries who are	Ward	Aims and objectives of organisation (from application form)	Declarations of interest	Panel Comments	Panel Recommended Amount	Suggested Conditions
5	BAME Support Network Community Interest Company	Towards start up costs for a new social enterprise, inc. governance training for committee members, volunteer expenses, membership/regulator fees for first year.	£2,500	1,000+	70%	City wide	We are a newly founded CIC providing support to members of the Black, Asian and Minority ethnic communities living in Hampshire, and surrounding areas. We provide a platform where we can support, empower, and celebrate each other to achieve our full potential.		Recommendation: Full award A good application that will enable this new group to fully establish in order to support people from BAME communities in the city to achieve their full potential.	£2,500	It is recommended that the grant is award on condition that the group works with SO:Linked before they buy in training from outside the city.
17	E-quip Community Arts	Towards the costs of two Mayflower 400 performances, to be filmed to share as live performances are tricky due to COVID-19.	£2,000	1,000+	95%	City wide	We use the arts to engage with all kinds of people. Providing opportunities to be creative, helping people to learn new skills and gain confidence. Working with schools, community groups, churches and other organisations, we use the arts to build confidence and 'enable grounded birds to fly'.		Recommendation: Full award A good application that will form part of the city's wider M400 celebrations.	£2,000	
1. Communities, culture and home sub-totals			£12,787							£10,287	
2. Green City											
6	Shirley Warren Working Together (SWWT)	Towards the costs of equipment/resources for clean up days and community events.	£2,375	200-2,000	100%	Shirley	Shirley Warren Working Together (SWWT) aims to 1) Make SW a better place by providing activities such as a community café and clean ups; 2) Give SW a voice in the things that happen in the community by working with the local councillors and agencies such as CAB and health and 3) Save energy by helping people be better informed and more efficient about energy.		Recommendation: Full award A good application that will support the local community to get involved in the Shirley Warren area.	£2,375	
7	Southampton Common Forum	Towards the costs of restoring the derelict wildlife garden demonstration area at the Hawthorns Urban Wildlife Centre, inc. plants, materials and tools.	£2,352	thousands per year	95%	City wide	Work alongside Southampton City Council to improve Southampton Common for all City residents and visitors through practical volunteer effort (conservation and habitat restoration, litter picking etc.), research, consultation, representation, promotion and engagement.		Recommendation: Full award A good application that will enable the Forum to restore and maintain a currently derelict wildlife garden for everyone to enjoy and learn about nature.	£2,352	
2. Green City sub-totals			£4,727							£4,727	

List of recommendations for Community Chest grant 2020/21 Round 1

No.	Organisation	Towards	Requested	Nbr beneficiaries	% beneficiaries who are	Ward	Aims and objectives of organisation (from application form)	Declarations of interest	Panel Comments	Panel Recommended Amount	Suggested Conditions
4. Wellbeing											
8	Waterfall Trust	Towards the costs of venue hire for 1 year and a contribution towards meals for attendees for their Genesis Process recovery programme.	£2,438	42	100%	City wide	The Waterfall supports local women to transform their lives, becoming free from addictions and life controlling issues, using groupwork and one to one facilitation. We are also beginning a collaboration with St Marks to run the Recovery Course for men and women, to facilitate addiction recovery.		Recommendation: Decline The group has previously applied to Community Chest for support for their Genesis Process recovery programme (in 2018/19) and the application was declined at that time as it was felt the programme promotes a religious doctrine. The programme was reviewed for this application, but nothing has changed since the previous application and therefore the Panel recommends declining this application in line with the decision on the previous application.	£0	
9	St Marys and Kingsland Community	Towards the costs of electronic body armour/headgear, with electronic scoring system.	£2,500	30 plus	100%	Bevois	Sport, fun days, season events, trips and outdoor trainings during summer and spring		Recommendation: Full award A good application that will enable children to try out martial arts safely, encouraging more children into physical activity.	£2,500	
10	Soccer4All Youth Football Club	Towards the costs of activity sessions for under 5s, including packs for families to take home.	£2,284	120	100%	City wide	Although we are predominantly a grassroots football club we also use our skills and expertise in sport to host activities and out-of-school clubs to help children and young people engage with exercise, understand healthy lifestyles and avoid obesity in themselves and their future generations.		Recommendation: Full award A good application that will support early development and encourage more children into lifelong physical activity.	£2,284	It is recommended the group links up with Community Playlink to connect with play services and parent and toddler groups across the city.
11	QK Southampton FC	Towards the costs of venue hire for winter training.	£1,000	100	90%	Redbridge	Provide training and playing facilities, kit and equipment and admin support to allow our youth, male and ladies teams to compete and play organised football on a regular basis in local and county wide football leagues.	Panel Member Cllr McEwing is a ward councillor for Redbridge	Recommendation: Full award A good application that will enable the men's, women's and children's teams to continue to practice throughout the winter.	£1,000	

List of recommendations for Community Chest grant 2020/21 Round 1

No.	Organisation	Towards	Requested	Nbr beneficiaries	% beneficiaries who are	Ward	Aims and objectives of organisation (from application form)	Declarations of interest	Panel Comments	Panel Recommended Amount	Suggested Conditions
12	SoundUp Arts CIC	Towards the costs of 1 month of virtual music sessions in 3 care homes in Southampton.	£1,316	70	100%	City wide	SoundUp Arts is a Community Interest Company which brings participatory music and creative activities to people living with dementia. We believe that everyone benefits from engaging in creativity, so our work is dedicated to increasing the opportunities for people living with dementia to access high-quality, interactive music and arts.		Recommendation: Defer The Panel thought this was a good concept but the applicant needs to do more research to determine if there is demand for these activities in Southampton care homes. The application can be re-considered in the next round if the applicant determines interest in the city and provisionally signs up three care homes by October 2020.	defer	
13	Monty's Community Hub	Towards the cost of 5 replacement laptops for the homework club (project aims to replace 15 laptops in total).	£2,500	250	100%	Sholing	Monty's is a community development charity which encourages residents to develop their own confidence and capacity to identify local needs and take positive action to improve their own and others' lives. Monty's hosts a range of activities including youth clubs, cycle workshops, community café and groups for older people.		Recommendation: Full award A good application that will support children and young people to complete homework and other online educational activities.	£2,500	
14	Folkactive CIC	Towards the costs of their 'Moving in the Moment' folk dance sessions for people with dementia and their carers, inc. hall hire, musicians, facilitator, volunteer expenses and marketing.	£2,127	30	100%	City wide	Sharing active, skilful and joyful engagement in the folk arts using traditional music, songs and dances as fabulously flexible tools for: - improving health and wellbeing, - bringing communities together - educating young and old to connect and engage with their folk heritage in lively and relevant ways.		Recommendation: Full award A good application that will provide physical activity and social interaction for people with dementia and their carers.	£2,127	
15	SouthMasks CV19	Towards the costs of supporting individuals and groups through COVID-19, inc. insurance, general running costs, volunteer expenses, and PPE materials/ingredients.	£2,453	500	80%	City wide	1. For individuals and families our aim is to help people affected either directly or indirectly by CV19 with their basic human needs. 2. To supply Personal Protective Equipment (PPE) and other services as required to charities, community groups, and companies or organisations that support and work with frontline workers 3. To work with other groups to help provide objectives 1 and 2	Panel member Cllr Thomas is Chair of this group in a personal capacity, but did not attend the Panel meeting and took no part in the discussion.	Recommendation: Full award A good application that will enable this new group to establish permanently to support local people and voluntary and community groups through COVID-19.	£2,453	

List of recommendations for Community Chest grant 2020/21 Round 1

No.	Organisation	Towards	Requested	Nbr beneficiaries	% beneficiaries who are	Ward	Aims and objectives of organisation (from application form)	Declarations of interest	Panel Comments	Panel Recommended Amount	Suggested Conditions
16	Veracity Recreation Ground Trust	Towards the costs of refurbishing the pavilion kitchen, inc. new fridge, freezer, cooker, microwave, pots and pans and shelving.	£2,500	1,000	100%	Peartree	To promote for the community and neighbourhood of the Peartree Ward recreational and leisure activities and facilities on the Veracity Recreation Ground with the objective of improving the physical and mental wellbeing of residents by improving the facilities on offer within the Veracity.	Panel member Cllr Houghton is a ward councillor for Peartree.	Recommendation: Full award A good application that will enable to the Trust to expand the use of the pavilion for the local community.	£2,500	
4. Wellbeing sub-totals			£19,118							£15,364	
Celebrations grants											
C1	Communicare	Towards the costs of the annual 'Tree of Light' lighting ceremony, linked to national Tress Week and Tree Dressing Day, for transport for and invitations to people who not normally be able to attend.	£448	50+	99%	City wide	Communicare aids disadvantaged members of the Southampton community, (regardless of age, background, gender, religion or race) by extending a helping hand to those who experience limitations in their lives for a variety of reasons. Volunteers help with home visiting, shopping, transport, DIY, gardening, trips out, hospital homecoming, lunch clubs, tea parties, telephone and postal support.		Recommendation: Full award A good application that will bring together people from different parts of the city for a celebratory event.	£448	
C2	Umoja na Upendo Support Group	Towards the costs of a celebration to bring the community together, inc. venue hire, music, licence and insurance. For World Aids Day ,1 December 2020.	£500	200	70%	City wide	The aim of the group is to provide Covid-19 related support to black and ethnic minority people living in Hampshire. Some of the issues faced by BAME community is unique to us for example lack of family support, other restrictions inhibiting access to available funds, complex living arrangements and family situations, among others. We all support each other informally on a day to day basis and it will be useful to have a group that brings us together and helps us created targeted individual centred support.		Recommendation: Full award A good application that will bring together people from different communities and generations, to educate and reduce the stigma of HIV/AIDs	£500	

List of recommendations for Community Chest grant 2020/21 Round 1

No.	Organisation	Towards	Requested	Nbr beneficiaries	% beneficiaries who are	Ward	Aims and objectives of organisation (from application form)	Declarations of interest	Panel Comments	Panel Recommended Amount	Suggested Conditions
C3	St Marks Church	Towards the costs of a Christmas event for the Haven Lunch Club.	£473	60+	100%	Bargate	The Haven is St Mark's Church's community lunch club. Operating weekly on Fridays it caters regularly for 20 – 30 guests offering a home cooked meal, activities and much needed company for socially isolated people. It also offers volunteering opportunities for those who need to work within a supporting team.	Panel Member and Chair Cllr Shields is a ward councillor for Freemantle (the church is on the boundary)	Recommendation: Full award A good application that bring the wider community and different generations together for a celebratory event.	£473	
C4	Methodist Homes (working name MHA)	Towards the costs of exhibiting work from a Big Draw Festival virtual event (October 2020) at the UofS art gallery.	£500	50	100%	City wide	MHA Southampton Live at Home provides support and friendship to older people, living in their own homes across the New Forest District, to help maintain independence, improve well-being, encourage inclusion and reduce isolation. Our primary aim is to help local older people to live later life well.		Recommendation: Full award A good application that will bring people together through creative activities and showcase how arts can be used to promote wellbeing.	£500	
Celebrations grants sub-totals			£1,921							£1,921	

	Requested	Panel Recommendation
1	£12,787	£10,287
2	£4,727	£4,727
3	n/a	n/a
4	£19,118	£15,364
C	£1,921	£1,921
	£38,553	£32,299
Budget		£104,000
Returned money		£0
Recommended R1		£32,299
Remainder		£71,701