



# Havering

L O N D O N   B O R O U G H

## HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

<b>7.00 pm</b>	<b>Wednesday 17 July 2019</b>	<b>Havering Town Hall</b>
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Members 6: Quorum 3

### COUNCILLORS:

#### **Conservative Group ( 3 )**

Nisha Patel (Chairman)  
Ciaran White (Vice-Chair)  
Sally Miller

#### **Residents' Group ( 1 )**

Nic Dodin

#### **Independents Residents' Group ( 1 )**

Jan Sargent

#### **North Havering Residents' Group (1)**

Darren Wise

**For information about the meeting please contact:  
Anthony Clements 01708 433065  
[anthony.clements@oneSource.co.uk](mailto:anthony.clements@oneSource.co.uk)**

## **Protocol for members of the public wishing to report on meetings of the London Borough of Havering**

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

## **What is Overview & Scrutiny?**

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for

anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

**Terms of Reference:**

Scrutiny of NHS Bodies under the Council's Health Scrutiny function

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



## **AGENDA ITEMS**

### **1 ANNOUNCEMENTS**

Details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation will be announced.

### **2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

(if any) – receive.

### **3 DISCLOSURES OF INTEREST**

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any time prior to the consideration of the matter.

### **4 MINUTES** (Pages 1 - 6)

To agree the minutes of the meeting of the Sub-Committee held on 19 February 2019 (attached) and to authorise the Chairman to sign them as a correct record.

### **5 HAVERING CLINICAL COMMISSIONING GROUP UPDATE** (Pages 7 - 20)

Report attached.

### **6 HAVERING OBESITY PREVENTION STRATEGY** (Pages 21 - 48)

Report attached.

### **7 QUARTER 4 2018/19 PERFORMANCE INFORMATION** (Pages 49 - 66)

Report attached.

### **8 NOMINATIONS TO JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE** (Pages 67 - 70)

Report attached.

### **9 WORK PROGRAMME**

Members are invited to suggest any items for scrutiny at future meetings of the Sub-Committee.

**Andrew Beesley**  
**Head of Democratic Services**

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**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE  
Havering Town Hall  
19 February 2019 (7.00 - 8.45 pm)**

**Present:**

Councillors Nisha Patel (Chairman), Ciaran White (Vice-Chair) Nic Dodin, Jan Sargent and Christine Vickery.

Councillor Paul McGeary was also present.

Also present:

Mark Ansell, Director of Public Health

Ian Buckmaster, Director, Healthwatch Havering

Lucy Goodfellow, Policy and Performance Business Partner

Keith Flaxman, BHR Estates Team

Jane Milligan, Senior Responsible Officer North East London Sustainability and Transformation Partnership

Dr Gurdev Saini, Director, Havering Clinical Commissioning Group

**27 ANNOUNCEMENTS**

The Chairman gave details of the arrangements in case of fire or other event that may require evacuation of the meeting room or building.

**28 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillor Darren Wise.

**29 DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

**30 MINUTES**

The minutes of the meeting of the Sub-Committee held on 4 December 2018 were agreed as a correct record and signed by the Chairman.

**31 ST GEORGE'S HOSPITAL SITE UPDATE**

The St George's Hospital site was owned by NHS Property Services rather than by the CCG. All three of the BHR CCGs were however working on the St George's project. An application had been made for funding for the project but, in a decision made in December 2018, no funding had been

received. The next funding round was not due until 2020 and the CCG wished to progress matters before then. Possible options included Local Improvement Finance Trust funding or some kind of Joint Venture with the Council. What services would be included within any new centre would need to be reviewed.

Lobbying for available funds for the project was continuing and discussions were also continuing with local MPs. Discussions would also continue with NHS Property Services. It was clarified that the St George's land continued to be held for NHS use. There was no cost locally of retaining the site as any security costs etc were covered by NHS Property.

Officers clarified that it had not yet been agreed that receipts from any further sales of local NHS land would be reinvested in London although this could change over the coming months.

It was agreed that the Sub-Committee should receive an update on the position in one year's time. An update on the NHS Long Term Plan would be taken via the Outer North East London Joint Health Overview and Scrutiny Committee.

## 32 **Q3 PERFORMANCE INFORMATION**

Funding had been successfully obtained from the Trailblazer Programme for work on childhood obesity. Some £100k had been received for work in the Rainham area and the outcomes of this childhood obesity work could be shared with the Sub-Committee in due course. A bid had also been made to fund the installation of new public water fountains in Havering. Other initiatives included the establishment of an adults weight management programme at Hornchurch Leisure Centre and lunchtime walks for staff.

The Deputy Mayor for London was due to visit shortly Havering schools involved in the Healthy Eating London programme and officers would provide further details. It was hoped Havering would become the first borough to have a site receive the scheme's Gold Award. Healthy eating guidance for parents was available via Children's Centres and officers could provide details of local breastfeeding cafes.

Officers agreed that it would be better if advertising of unhealthy foods could be prevented on buses and at bus stops. Details of healthy eating work in primary schools could also be provided although it was also important to seek to prevent childhood obesity during pre-school years.

Performance on Delayed Transfers of Care had improved but was still unlikely to meet the overall target for the year. Although the number of such cases which were the responsibility of social care had increased slightly, the majority of delayed transfers of care remained due to issues in the health



sector. A trusted assessor role had been created to facilitate discharges to care homes and the overall rehabilitation process had also been simplified. More information could be provided on cases of out of borough hospitals reporting delayed transfers of care against the Council and it would also be clarified if BHRUT still had daily meetings on delayed transfers of care. Further details of the revised screening and referral process for NELFT inpatient rehabilitation beds could also be provided.

### **33 HEALTHWATCH REPORTS - MATERNITY**

A director of Healthwatch Havering explained that they had received very good cooperation from BHRUT staff and the Trust had developed a detailed action plan in response to Healthwatch's recommendations re maternity services.

Three visits to maternity at Queen's Hospital had taken place and Healthwatch agreed that maternity services at BHRUT had improved overall in recent years. Some issues had been identified however including the need to improve cleaning in some parts of the unit and differing IT systems meaning patients' details having to be input manually into two different systems.

It had also been recommended that the beds on the unit be replaced and BHRUT was aiming to do this by the end of April. Healthwatch had also found that a faster response needed to be given when dealing with women's pain levels and would revisit the unit to check if this was being done.

It was clarified that the level 3 Neo-Natal Intensive Care Unit (NICU) for Havering was at the Homerton Hospital. Clarification could be provided of the different NICU stages and of maternity services across the area. Healthwatch had also found the temperature on the maternity unit to often be too hot and felt that better fans or air conditioning should be provided.

The Sub-Committee noted the Healthwatch Havering report on maternity services at Queen's Hospital.

### **34 HEALTHWATCH REPORTS - IN-PATIENT MEALS**

BHRUT had compiled an action log in response to Healthwatch Havering recommendations on in-patient meals. Healthwatch had undertaken three visits to assess issues around in-patient meals at Queen's Hospital and had noted for example that some Sodexho employees did not wash their hands before serving food to patients.

Other Healthwatch recommendations included that hospital food menus include illustrations in order to assist elderly people or stroke patients and that volunteers assist more with serving food etc. It was felt that patients

should also be encouraged to wash their hands prior to eating and to sit at tables when eating, where possible.

The Sub-Committee noted the Healthwatch Havering report on in-patient meals.

## **35 HEALTHWATCH REPORTS - A & E SERVICES**

Healthwatch Havering had undertaken three enter & view visits to the A & E at Queen's Hospital and it was noted that, whilst BHRUT ran the sections dealing with more serious or life threatening conditions, the running of all other parts of A & E was contracted to the Partnership of East London Co-operatives (PELC).

Whilst clinical care at A & E had been found to be of very good quality, Healthwatch considered that issues such as lack of signage remained a problem. Members felt that a lot of complaints were being received concerning A & E triage and that the waiting area was not large enough. There also remained some issues with lack of privacy but this had improved recently.

Healthwatch had undertaken a survey on urgent and emergency care and found that most people did not understand what these terms meant. It was clarified that Healthwatch Redbridge led on enter & view visits to King George Hospital.

A focus group had also been arranged for patients to discuss cancer treatment and the results of this would be brought to the Sub-Committee for scrutiny once available.

The Sub-Committee noted the report of Healthwatch Havering on the Emergency Department (A & E) at Queen's Hospital.

## **36 WORK PROGRAMME**

Suggestions for future agenda items included Motor Neurone Disease or Multiple Sclerosis issues and it was hoped that representatives of the MS and MND societies would be able to hold discussions with the Sub-Committee and discuss their views of local health services. Services for hyper-thyroidism could also be scrutinised and an update sought from PELC on development with the triage service at Queen's A & E. This could also include the CCG who commission this service. It was suggested that the CCG's forward plan of procurement could also be scrutinised by the Sub-Committee. Members felt that a visit to view A & E, perhaps late at night, would assist with their scrutiny of the issues.

On GP services, it was thought it would be useful if the CCG attended a future meeting to discuss responses to CQC ratings and also give clarity on the number of GP surgeries now operating within Havering. A scrutiny of local pharmacy services was also felt to be potentially useful.

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**Chairman**

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## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 10 JULY 2019

<b>Subject Heading:</b>	Havering Clinical Commissioning Group Update
<b>CMT Lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author:</b>	Sarah See, Director of Primary Care Transformation, BHR CCGs
<b>Policy context:</b>	<b>The information presented updates the position as regards various aspects of primary care in Havering.</b>
<b>Financial summary:</b>	<b>No financial implications of the covering report itself.</b>

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

### SUMMARY

Details are given in the attached presentation of the current position with various issues concerning primary care services in Havering.

## **RECOMMENDATIONS**

1. That the Sub-Committee considers the information presented and takes any action it considers appropriate.

## **REPORT DETAIL**

At the request of the Sub-Committee, a senior officer from the local Clinical Commissioning Group will explain the latest position on a number of issues including the ratings for local GP practices given by the Care Quality Commission, support to GP practices and strategies for the recruitment and retention of local GPs. Further details are given in the attached presentation.

## **IMPLICATIONS AND RISKS**

**Financial implications and risks:** None of this covering report.

**Legal implications and risks:** None of this covering report.

**Human Resources implications and risks:** None of this covering report.

**Equalities implications and risks:** None of this covering report.

## **BACKGROUND PAPERS**

None.

# Havering Clinical Commissioning Group

Page 9 **Havering Health Scrutiny Committee**  
Wednesday 17 July 2019

Sarah See, Director of Primary Care Transformation,  
BHR CCGs

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# Overview

- Primary care update
- CQC inspections across Havering
- GP practice support
- Workforce
- Focus for 2019/20





# Primary care update

Nationally, general practice is facing significant challenges - growing demand, increasing expectations and patients with more complex and long-term conditions.

Havering is among the most challenged CCGs in London, with a lower GP and practice nurse clinician to patient ratio than the London average.

Recruitment of GPs is a national issue that NHS England leads on. The retention of GPs is due to the number of GPs coming to the end of their career, leaving the profession, retiring early or considering working abroad.

The CCG is initiating plans to address local GP recruitment challenges.



# Care Quality Commission (CQC) inspections

The Care Quality Commission (CQC) regularly inspects GP practices.

Havering CCG monitors, and works closely with local GP practices to ensure they are providing a high-level standard of service.

The current results following the most recent CQC inspections are:

Total no. of practices	% of visits with published reports	No. rated 'inadequate'	No. rated 'requires improvement'	No. rated 'Good'
44	100.00	2	5	37

# CQC inspections overview

Practices rated 'requires improvement' or 'inadequate' are required to develop an improvement plan which is monitored by the CQC.

Practices rated 'inadequate' are re-inspected by the CQC within six months.

Our Primary Care Improvement Leads and the NHS England team visit 'inadequate' and 'requires improvement' practices regularly, providing support, advice and guidance to enable the improvements that the practices need to make.

The inspection reports are presented to the Havering Primary Care Commissioning Committee - in some cases the practices are already being monitored by the CCG for contractual reasons.

The committee reviews the report and where applicable takes further action.

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# CCG practice support

Common themes from the recent CQC reports in Havering include:

- Safeguarding
- Policies
- Pre-employment checks
- Health and safety
- Risk management
- Infection control
- Mandatory training.

To address the common themes, the CCG has developed a plan to actively support practices to improve in key areas, including providing practices with:

- Best practice guidance
- Information on training available
- Information on other recommended services and support, such as how to access DBS checks and language services



# CCG practice support, cont.

- The CQC have updated their assessment framework for NHS GP practices. This simplifies and strengthens key assessment areas, bringing the framework into line with social care.
- NHS England have also strengthened their framework to ensure that there is collaboration, a consistent approach and a supportive process between NHS England, CCGs, the CQC and the minority of practices that are rated 'inadequate'.
- BHR CCGs have been working closely with all local GP practices to ensure that they are aware of the new assessment process and new, strengthened quality area. This includes running training events at Protected Learning Events and speaking at Network events.



# Supporting GP practices to improve

Resilience money has been awarded to six GP Practices across Havering to help them improve their CQC compliance.

Practice	Resilience money	Specific support
Dr Joseph	£30,000	Practice Manager support and locum costs for Caretaking Practice.
Dr Hamilton-Smith	£5,000	Practice Manager support
Maylands	£7,366	Practice Manager support
Dr Sanomi	£2,366.86	Staff training and additional clinical hours to improve CQC rating.
The Rosewood Medical Centre	£2,366.86	In-house training and support developing policies in preparation for CQC.
Berwick Surgery	£2,366.86	Staff training in preparation for CQC.

# Workforce numbers

CCG	GP Ratio Nov 2018	GP Ratio Dec 2018	GPN Ratio Nov 2018	GPN Ratio Dec 2018
Barking & Dagenham	1:2225	1:2034	1:5856	1:4872
Havering	1:2133	1:1858	1:5436	1:5039
Redbridge	1:2591	1:2099	1:9659	1:8111
<b>Totals:</b>	<b>1:2319</b>	<b>1:1994</b>	<b>1:6709</b>	<b>1:5846</b>

Source: NWRS Dec 2018

London average (GP : Patient) – 1 : 2100

National average (GP : Patient) – 1 : 2000

National average (Nurse : Patient) – 1 : 3600

# Focus for 2019/20



**Ha**vering

Clinical Commissioning Group

## GP workforce contract reform to implement the NHS Long Term Plan

- Primary Care Networks (PCNs) guaranteed funding for up to 20,000 additional staff by 2023/24. 70% of recurrent costs given to PCNs to increase:
  1. Clinical Pharmacists
  2. Physician Associates
  3. First contact Physiotherapists
  4. First contact Community Paramedics
  5. Social Prescribing Link Workers (100% funded).
- Primary Care Fellowship Scheme to support newly qualified doctors and nurses, including training hubs.
- To increase international GP recruitment over next five years and widen beyond the EEA.
- GP Retention Programme and Retained doctors support.
- Practice Resilience Programme.
- Specialist mental health service for GPs.
- Increase in funding for core GP practice contract to increase doctors and nurses.





# Questions?



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## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE

<b>Subject Heading:</b>	Havering Obesity Prevention Strategy – Annual Update 2018/19
<b>SLT Lead:</b>	Mark Ansell, Director of Public Health
<b>Report Author and contact details:</b>	Claire Alp, Senior Public Health Specialist <a href="mailto:Claire.Alp@havering.gov.uk">Claire.Alp@havering.gov.uk</a> 01708 431818
<b>Policy context:</b>	Report on progress in relation to the Havering Prevention of Obesity Strategy 2016-2019
<b>Financial summary:</b>	No significant implications arising.

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

### SUMMARY

Havering's Prevention of Obesity Strategy 2016-19 and associated action plan was published in April 2016.

The strategy set out our approach towards preventing obesity in Havering, and encouraging our local population to be more active and eat more healthily. This was presented as three interlinked work streams to: -

- Shape the environment to promote healthy eating and physical activity;
- Support a culture that sees physical activity and healthy eating as the norm;
- Prompt individuals to change, primarily through self-help.

The action plan detailed how we would use existing assets and new opportunities to progress these workstreams, and the Health and Wellbeing Board agreed that

an Obesity Prevention Working Group should be formed to periodically refresh and oversee delivery of this rolling annual action plan.

The purpose of this paper is to:-

- Update the Health Overview and Scrutiny Sub-Committee on progress made with implementation of the 2018/19 action plan. Notable highlights during 2018/19 include;
  - Local Implementation Plan 3 submitted incorporating healthy streets approach
  - Health In All Policies approach progressed
  - Embedding of the Healthy Early Years London awards programme
  - Expansion of Infant Feeding Cafés and Starting Solid Foods workshops
  - Ongoing success of the Veggie Run app and brand
  - Partnership approach to rollout of Healthy Pupils Capital Fund
  - Co-delivery of a joint Sugar Smart and Water Refill campaign
  - Piloting of an adult tier 2 weight management programme
  - Launch of the Havering Breastfeeding Welcome Scheme.
- Inform the Health Overview and Scrutiny Sub-Committee of local trends in prevalence of obesity, physical activity and healthy eating. Headline information includes:
  - Prevalence of excess weight remains broadly stable amongst 4-5 year olds but continues to increase amongst 10-11 year olds and adults. Prevalence in Havering is significantly worse than London for 4-5 year olds and adults.
  - Only 13.8% of young people and 65.8% of adults in Havering achieve the recommended levels of physical activity.
  - Half of young people aged 15 (49.2%) and adults (44.7%) in Havering eat the recommended five portions of fruit and vegetables per day.
- Highlight new national and regional publications, campaigns and funding programmes launched in the past year that support or guide our local efforts to prevent obesity;
- Outline plans to refresh Havering's Prevention of Obesity Strategy.

<b>RECOMMENDATIONS</b>
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The Board is asked to: -

- Note progress made with the action plan during 2018/19;
- Note the refreshed action plan for 2019/20

- Note our proposed approach to refresh the Havering Prevention of Obesity Strategy.

**REPORT DETAIL**

**1.0 Update on progress made with implementation of the action plan and future planning**

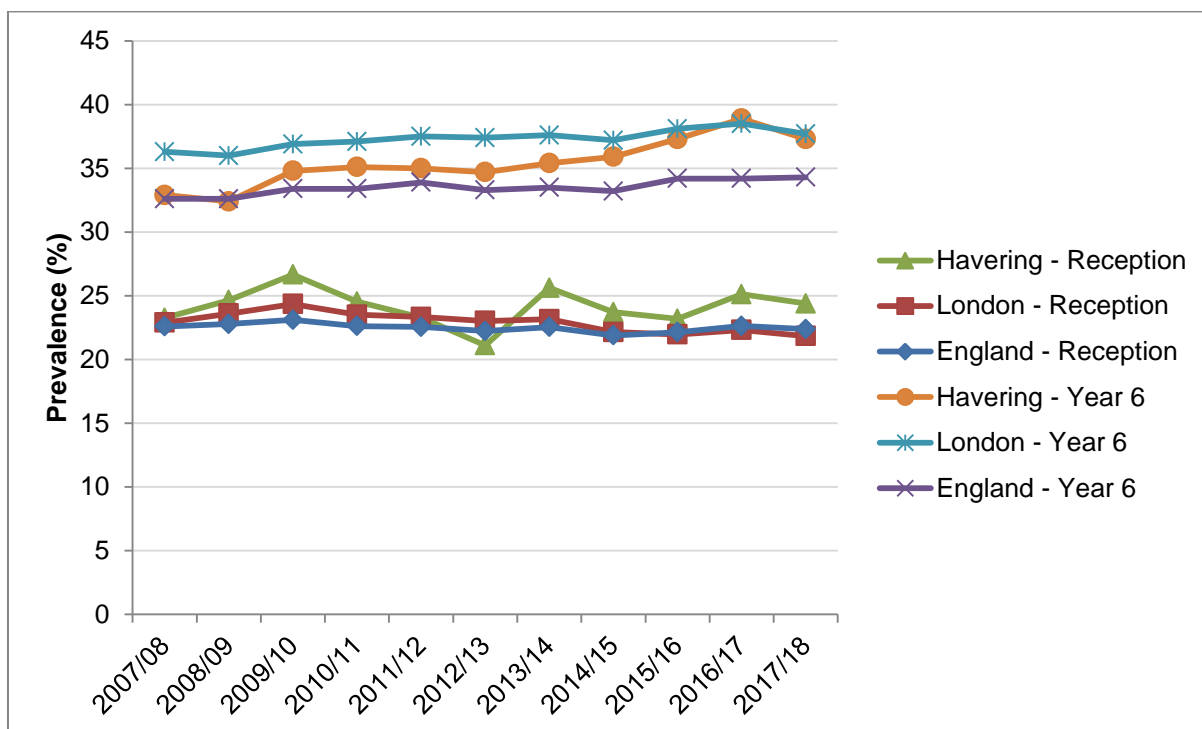
The Obesity Prevention Working Group, led by the LBH Public Health Service and with stakeholders from across the Council and external organisations takes responsibility for delivery of the action plan.

The action plan is provided as Appendix 1. RAG ratings and progress notes have been provided against 2018/19 actions, whilst new actions to be progressed during 2019/20 are indicated in blue in the RAG column.

**2.0 Update on local trends in prevalence of obesity, physical activity and healthy eating**

**2.1 The prevalence of obesity in Havering**

Figure 1. Prevalence of Excess Weight (Overweight and Obesity) in Reception and Year 6, Havering London and England, 2007/08 – 2017/18



- National Child Measurement Programme (NCMP) data shows that in 2017/18 prevalence of excess weight (overweight and obesity combined)

amongst Reception children (4-5 year olds) in Havering was 24.4%. Trend data shows that prevalence has remained broadly stable since 2007/08. In 2017/18, prevalence in Havering was significantly worse than England (22.4%) and London (21.8%).<sup>1</sup>

- NCMP data shows that in 2017/18 prevalence of excess weight amongst Year 6 children (10-11 year olds) in Havering was 37.3%. There has been an overall increase in prevalence in this age group since 2011/12, in line with the national trend. In 2017/18, prevalence in Havering was significantly worse than the England average (34.3%) but similar to the London average (37.7%).<sup>1</sup>
- Prevalence of excess weight amongst adults in Havering, drawn from self-reported height and weight measurements in the Sport England 'Active Lives' survey, was 71.2% in 2017/18. The survey methodology changed in 2016 and thus trend data is not yet available. In 2017/18, prevalence in Havering was significantly worse than both England (62.0%) and London (55.9%).<sup>2</sup>

## **2.2 Physical activity amongst adults and children in Havering**

- In 2015, only 13.8% of Havering young people (aged 15) surveyed in the What About YOUth? survey reported that they had participated in the recommended minimum of 1 hour of moderate/ vigorous physical activity every day in the past 7 days, similar to London (11.8%) and England (13.9%). 74.1% reported they had a mean daily sedentary time in the last week of over 7 hours per day, significantly worse than across London (69.8%) and England (70.1%). This survey has only been carried out once so trend data is not available.<sup>1</sup>
- In Havering in 2017/18, 65.8% of adults surveyed in Sport England's Active Lives survey reported that they achieve recommended levels of physical activity (150 minutes per week according to the Chief Medical Officer's guidance). The survey methodology changed in 2016 and thus trend data is not available. Compared to regional and national averages in 2017/18, Havering is similar to London (66.4%) and England (66.3%).<sup>2</sup>
- The London Travel Demand Survey shows that on average from 2015/16 to 2017/18, 43% of journeys in Havering were made by active, efficient and sustainable modes of travel (walking, cycling and public transport). This ranks Havering 17<sup>th</sup> worst amongst the 19 outer London boroughs, ranging from 66% in Brent to 41% in Bexley and Hillingdon.<sup>3</sup>

## **2.3 Healthy eating amongst adults and children in Havering**

- In 2015, 49.2% of Havering young people (aged 15) surveyed in the What About YOUth? survey reported that they achieve the recommended consumption of fruit and vegetables (5 portions per day). This survey has only been carried out once so trend data is not available. Prevalence in

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<sup>1</sup> Public Health England (2018) [NCMP and Child Obesity Profile](#)

<sup>2</sup> Public Health England (2018) [Public Health Outcomes Framework](#)

<sup>3</sup> Transport for London (2018) [Travel in London: Report 11 Data](#)

Havering is significantly worse than the London (56.2%) and England (52.4%) averages.<sup>1</sup>

- In Havering in 2017/18, 44.7% of adults surveyed in the Sport England Active Lives survey reported that they achieve the recommended consumption of fruit and vegetables (5 portions) on a 'usual day'. The survey methodology changed in 2016 and thus trend data is not available. This is significantly worse than the London (54.1%) and England (54.8%) averages.<sup>2</sup>

### **3.0 Highlights of 2018/19 work to prevent obesity**

During the past year, members of Havering's Obesity Prevention Working Group have continued to make collective progress in their efforts to create an environment and culture in Havering that encourages and enables healthy eating and physical activity.

Building on projects and programmes described in the 2017/18 annual report, new and piloted interventions have been embedded during 2018/19 and a number of new programmes introduced. Highlights from actions carried out in the past year include:

#### ***3.1 Local Implementation Plan 3 submitted incorporating Healthy Streets Approach***

The Healthy Streets approach provides a long-term vision to encourage more people to walk and cycle, by making streets healthier, safer and more welcoming. It seeks to ensure that noise, air pollution, accessibility and lack of seating and shelter are not barriers that prevent people – particularly our most vulnerable people – from getting out and about. In Havering we are implementing this approach through our Local Implementation Plan.

The importance of active travel is demonstrated by the fact that, by mode of travel, the amount of time spent being physically active during an average journey is less than one minute when travelling by car, compared to 8-15 minutes by public transport, 17 minutes on foot and 22 minutes by bicycle. The low level of physical activity participated in by children and adults in Havering (outlined above in Section 2.2) could be significantly increased if they were to walk or cycle as part of trips they already make. Schemes within the LIP3 submission aim to encourage this and have been designed with the Healthy Streets Approach in mind. Examples include:

- Implementation of pedestrian refuges on Squirrels Heath Road and Shepherds Hill which make roads easier to cross, encourage pedestrians from all walks of life and create a more relaxing and safe environment.
- Delivery of air quality initiatives across Havering which will achieve the clean air indicator of the Healthy Streets Approach and also create a more pleasant walking and cycling experience. The Miles the Mole campaign continues to be delivered alongside Air Quality Performance in Education theatre workshops and wider smarter travel work in schools.

Further proposals included in the LIP3 aim to assist in the prevention of obesity through increasing active travel. These include:

- Investment in Bikeability (cycle training programme) which provides skills and confidence for adults and children;
- School and Workplace Travel Planning
- Improved pedestrian access through alleyways
- Review of access arrangements into parks and open spaces
- A1306 Beam Parkway Major Scheme – Transformational scheme along the A1306 creating a Linear Park including pedestrian and cycle links and play areas.
- Greening the Romford Ring Road

### ***3.2 Health in all Policies Approach progressed***

Local authorities have a duty to improve health. Taking a 'Health in all Policies' approach ensures this duty is carried out systematically. In 2017/18 a combined Equality and Health Impact Assessment was piloted successfully. In 2018/19, next steps have been to incorporate consideration of health and wellbeing implications into the executive decision-making process.

Every decision the council makes, whether regarding a policy, strategy or delivery of a programme or initiative, has the potential to impact on people who live in, work in and visit Havering. Incorporating a 'Health in all Policies' approach into the decision-making process helps to ensure that positive impacts are recognised or potentially enhanced, and negative impacts are mitigated for or as a minimum shown to have been considered.

Obesity is a prime example of a health challenge that is impacted by multiple interacting factors that include wider social, cultural, environmental and economic impacts as well as individual lifestyle factors. By considering the impact a decision may have on factors such as an individual's behaviour and lifestyle or access to green space, and wider determinants such as quality of housing, access to services and amenities, and opportunities for social interaction, impacts on people being able to eat healthily and be physically active will be accounted for.

The Council's new Key Decisions template, which will include consideration of health and wellbeing implications and risks is due for publication in September 2019.

### ***3.3 Embedding the Healthy Early Years London awards programme***

HEYL provides a series of awards (first steps, bronze, silver and gold) through which early years providers develop a whole setting approach to supporting and improving the health of children in their care. The awards framework includes a number of steps to increase healthy eating and physical activity. Following a



successful pilot phase, the Healthy Early Years London (HEYL) awards programme has been rolled out across the borough since June 2018.

At the conclusion of the pilot, three settings in Havering had achieved 'first steps', three had achieved the bronze award and two the silver. By the end of March 2019, this had increased to 41 registered settings, 20 of which had achieved First Steps, seven the Bronze Award and six the Silver Award.

In March 2019 the Deputy Mayor of London, Joanne McCartney, visited Havering to learn more about the approach taken by two of our childcare providers (Little Adventurers nursery and Little Poppets Childcare) in achieving their bronze and silver awards. Actions taken specific to obesity prevention by these settings included children growing their own fruit and vegetables which they then use to produce healthy snacks and menus.

### ***3.4 Expansion of Infant Feeding Cafés and Starting Solid Foods workshops***

Promoting breastfeeding and responsive bottle feeding, and the healthy and timely introduction of solid foods, are fundamental to our efforts to tackle obesity from the earliest possible opportunity in a child's life. In the past year, Infant Feeding Café provision has increased from two to three children's centres, with a fourth venue being considered in the Harold Hill area. Starting Solid Foods workshops have increased from one session per month in one centre, to three sessions per month across two centres with an additional session in a third centre being considered.

An evaluation of the first year demonstrated increases in knowledge and confidence of parents in introducing solid foods. Knowledge questions were scored out of 10, with the average increase being 2 points. 72.7% of parents reported increased confidence levels, and the remaining 27.3% reported that their confidence level remained the same. The validity of these findings will be increased in 2018/19 once more workshops have been held and accompanying pre- and post-workshop questionnaires gathered. The evaluation was also useful in highlighting aspects of the workshop that could be emphasised or strengthened and which were particularly welcomed or valued. Facilitator and delegate views are regularly discussed, and content and materials updated via Infant Feeding Steering Group meetings.

### ***3.5 Partnership approach to rollout of Healthy Pupils Capital Fund***

In May 2018, the Government made £100m of revenue generated from the Soft Drinks Industry Levy available to schools through the Healthy Pupils Capital Fund. The funding was for capital projects to support children's and young people's physical and mental health by improving and increasing availability to facilities for physical activity, healthy eating, mental health and wellbeing and medical conditions.

39 infant, junior or primary schools in Havering received funding via the local authority (academies received the funding direct). 33 of these schools used the funding to support physical activity and 9 schools used the funding to support healthy eating – note that some schools use the funding for more than one project and some projects

(e.g. food-growing) cover both physical activity and healthy eating. Physical activity projects included playground resurfacing and markings, sport and play equipment, marking out routes for the Daily Mile and scooter parking/ storage. Healthy eating projects included water fountains, dining furniture and development of food growing areas.

OneSource Education Asset Management provided a list of schools and projects to Public Health and support was then offered to schools through the Health and Wellbeing in Schools service to add value to their projects. For example, schools that purchased water fountains were put in touch with the Waste and Recycling Team to link with the water refill scheme, and those that purchased gardening equipment were signposted to resources for food growing in schools.

### ***3.6 Ongoing development of the Veggie Run app and brand***

Veggie Run is a game app and brand developed by HES Catering Services that encourages children to make healthy choices and promotes uptake of school meals.

During the game, players aim to collect healthy foods and coins and dodge unhealthy foods. Health-based questions each time a child opens the app support learning. The app has been widely promoted across the borough, and prizes are offered to individuals and schools accumulating the most points. Partnerships have been formed with organisations and companies such as Everyone Active, Stubbers Adventure Centre, West Ham United Football Club and Quorn, to offer prizes that promote physical activity.

The branding and characters associated with the game are used on school menus and Veggie Run branding has been introduced around some canteen serving areas. Branded water bottles and character badges have also been promoted. 76% of primary schools in Havering endorse the app, and it has been downloaded over 23,000 times.

Significantly, school meal uptake in Havering increased by 300,000 meals between April 2018 and April 2019, and is thought to be largely attributable to Veggie Run. Research has shown that only 1.6% of packed lunches meet the school food standards (that all HES Catering primary school meals adhere to), so decreasing packed lunch and increasing school meal consumption is predicted to have a positive impact.

### ***3.7 Delivery of a joint Sugar Smart and Water Refill campaign***

Havering Council's Waste & Recycling Team and Public Health Service co-delivered a joint campaign during Recycle Week in September 2018 to raise awareness of the health and environmental benefits of swapping sugary drinks and plastic bottles for tap water and reusable bottles.

Free reusable water bottles and leaflets were distributed at events across Havering to promote the mutually beneficial campaign aims of reducing single use plastics

and waste, whilst encouraging people to use free water refill stations around the borough and reduce sugary drink consumption.

Key to the campaign was making tap water more easily accessible, and local businesses and organisations around the borough were encouraged to register their venues as refill stations the Refill website to help make the healthier choice the easier choice.

### ***3.8 Piloting of an adult tier 2 weight management programme***

In 2017, Everyone Active, Havering Council's leisure provider, took over responsibility for delivering the Physical Activity Referral Scheme (PARS) from the Council. PARS is a 12-week gym-based programme that supports adults with a variety of long term conditions, who are referred by their GP, to increase their physical activity levels safely and effectively. Discounted membership is offered at the end of the programme.

This year, Everyone Active built on this by working in partnership with their sister company Everyone Health to pilot a 12 week Tier 2 Weight Management Programme at Hornchurch Sports Centre. The programme incorporated nutrition education along with an exercise class tailored to achieving weight loss. This innovative community-based Tier 2 Weight Management programme attracted 11 participants of which 10 completed the programme. Nine participants lost weight with seven of these achieving the target weight loss of 3-5%. The majority also reported improved self-esteem and eating habits. By locating a weight management programme at Everyone Active sites, the intention is to establish a routine of regular physical activity which helps to encourage longer-term participation.

Everyone Active is investigating funding options to enable it to build on the success of the pilot by continuing delivery of the programme at Hornchurch Sports Centre and expanding to other centres in Havering.

### ***3.9 Launch of the Havering Breastfeeding Welcome Scheme***

The aim of the Breastfeeding Welcome scheme is to make it easy for mums to find welcoming and supportive places to breastfeed and to recognise businesses and organisations for promoting and supporting breastfeeding.

Registered venues pledge to ensure the venue is promoted as being breastfeeding friendly, and that staff and volunteers are aware that mothers have a legal right to breastfeed in public and will support them if challenged by a customer or member of the public.

The scheme was soft-launched to Council and NHS premises in June 2018, and publicly launched to other community venues including cafés and restaurants in August 2018. Promotion took place via a press release, social media, Living

magazine, a stand in the Liberty shopping centre during World Breastfeeding Awareness week, and an interview on Time FM.

Registration has also been written into the Healthy Early Years London bronze award framework in Havering.

By the end of March 2019, 29 venues had registered with the scheme. This includes all libraries and children's centres in Havering. The focus in 2019/20 will be on increasing the number of cafés and restaurants registered.

#### **4.0 National and regional publications, campaigns and funding programmes**

##### **4.1 Childhood Obesity: A plan for action – Chapter 2**

Since publication of the cross-Government 'Obesity: A plan for action – Chapter 2' in June 2018 a number of actions have progressed at national level, including public consultations on restricting promotions of food and drink that is high in fat, sugar and salt and on updating the government buying standards for food and catering services, and launching the Childhood Obesity Trailblazer Programme (see section 4.2). The national plan for action aims to halve childhood obesity by 2030 and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. This ambition has been reiterated in the vision document 'Prevention is better than cure' published in November 2018 and the NHS Long Term Plan published in January 2019.

Local authorities are strongly encouraged to take bold action including using planning powers to limit over-concentration of fast food takeaways, particularly around schools, as per National Planning Practice Guidance updated in 2017. In Havering this will be fulfilled through a combination of limiting overconcentration any of one type of use set out in our Local Plan, and preventing new outlets opening within 400m of schools in the London Plan.

The role of the public sector in leading by example is highlighted, and support will be provided for local authorities, schools and hospitals to adopt the Government Buying Standards for Food and Catering Services once consultation on strengthening the nutrition standards within these is complete. This consultation was launched by the Department of Health and Social Care in May 2019.

##### **4.2 Childhood Obesity Trailblazer Programme**

In November 2018, the Local Government Association launched the Childhood Obesity Trailblazer Programme (COTP) funded by the Department of Health and Social Care. Havering was one of 102 local authorities to submit a Phase 1 funding application, and one of 13 to be awarded £10,000 to undertake a 12-week discovery phase and develop a Phase 2 bid. If successful, a further £100,000 will be awarded per year for three years. At the time of writing the outcome of this bid is not known.

The COTP is focused on supporting innovation, harnessing the potential of local levers to address barriers to health eating and physical activity, and sharing learning. Examples include reducing children's exposure to advertising of products high in fat, sugar and salt; redressing the local high street food and drink offer so that healthier choices can become the default option; increasing options for physical activity locally; linking local services that provide prevention and intervention weight management support.

As in other areas, the local food and drink offer in Havering contributes to an obesogenic environment which heavily influences consumption behaviours. In 2018, Rainham Village high street was ranked the tenth most unhealthy in London. The discovery phase enabled us to work with residents, schools and food businesses in the Rainham Village area, mapping how children young people and families interact with their local food and drink environment, assessing what needs are driving this, and developing solutions to break these behaviour cycles. This phase revealed the following insights:

- Convenience and affordability are key influences on family food choices, even if parents' intention is to choose healthy options. There is opportunity to improve access to healthy, affordable and convenient meals.
- Independent business owners are highly risk averse and concerned about maintaining customers in a competitive, homogenous market
- The power of customer demand is crucial for motivating local food businesses to change their offer
- Typical council levers associated with shaping the food environment such as planning controls and business rate or licensing incentives did not have the propensity to restructure 'unhealthy high streets' in this instance so alternatives needed to be sought.

Our discovery phase revealed that the most compelling lever available to us was to extend the reach of the school catering service and use this to influence shopping, cooking and eating habits. Making use of our existing food procurement power through the Procurement Across London (PAL) group we proposed to:

- Design a viable option which could substitute the current 'every day' unhealthy convenience meal with a healthier product
- Use PAL buying power to ensure this is truly affordable for low-income families with children, using a cost-neutral business model so savings are passed on to parents
- Shift the local market in a healthier direction, encouraging businesses to sign up to the Healthier Catering Commitment
- Use social value funds from joint venture regeneration projects to support businesses to diversify their offer

Our application proposed using these assets and resources to explore how to meet parents' desire for healthy, convenient and affordable meals, and how to support businesses to take risks to improve their products. In doing so we hope to expose

consumer demand for healthier products, and encourage Rainham's highly competitive market to shift toward healthier products in response.

We are due to be informed of the outcome of our Phase 2 funding application in June 2019.

### **4.3 Regional Strategies**

Obesity prevention cuts across multiple regional policies and strategies including the London Plan, Transport Strategy, Food Strategy, Health Inequalities Strategy and Strategy for Sport and Physical Activity.

The Healthy Streets Approach developed as part of the Transport Strategy is outlined in section 3.1 of this document.

The Food Strategy highlights the social, cultural and economic contribution food makes to London. Whilst acknowledging the positive and prosperous aspects of this, it also describes the challenges faced in creating equitable access to healthy food and the need for sustainable production, supply and consumption. It promotes good food across six domains, all of which contain links to actions that are in the gift of local authorities to support prevention of obesity:

- **Good food at home, and reducing food insecurity** – healthy eating is enabled through having the skills and access to fresh ingredients to cook at home
- **Good food economy, shopping and eating out** – opportunities for affordable, convenient, healthy ingredients and meals outside the home
- **Good food in community settings and public institutions** – schools, hospitals and other public settings provide healthy options
- **Good food for pregnancy and childhood** – healthy eating is promoted and supported in pregnancy, as are breastfeeding, starting solid foods and healthy eating in the early years and childhood.
- **Good food growing, community gardens and urban farming** – opportunities to grow food support healthy eating by connecting people with where their food comes from and increasing access to fruit and vegetables, and can increase physical activity levels.
- **Good food for the environment** – many synergies between healthy eating and the environment exist, for example breastfeeding benefits the health of mothers and babies, and benefits the environment by reducing the waste created as a result of infant formula milk production and packaging.

The Health Inequalities Strategy recognises the association between obesity and deprivation, noting the benefits of intervening early to address this. It outlines the greater presence of fast food outlets in deprived areas, the importance of free school meals in ensuring access to healthy food, and the need to ensure universal access to green space and safe, active and sustainable modes of travel.

A London Child Obesity Taskforce has been convened to coordinate opportunities for obesity prevention across these strategies and accelerate action on obesity

across the city. The introduction of the Healthy Streets Approach, use of planning controls to prevent new hot takeaways opening within 400m of schools, and a ban on advertising of foods high in fat, sugar and salt across the Transport for London estate, evidence commitment and progress made to date.

### **5.0 Havering Prevention of Obesity Strategy**

During 2018/19 Havering's Prevention of Obesity Strategy 2016-19 will be updated. Evidence in the JSNA and the direction of the Strategy remain relevant, so the intention is not to produce a new strategy but refresh the existing one to reflect the latest policy described in section 4. We will continue to produce an action plan that will be updated and reported on to the Health and Wellbeing Board on an annual basis.

#### **IMPLICATIONS AND RISKS**

##### **Financial implications and risks:**

Any significant decisions arising from the ongoing implementation of this strategy action plan have or will be subject to normal governance processes within the relevant organisation.

There are no significant implications arising from adoption of this action plan.

##### **Legal implications and risks:**

Any significant decisions arising from the ongoing implementation of this strategy action plan have or will be subject to normal governance processes within the relevant organisation.

##### **Human Resources implications and risks:**

Ditto

##### **Equalities implications and risks:**

An Equality Impact Assessment was carried out on the Prevention of Obesity Strategy prior to publication in 2016.

#### **BACKGROUND PAPERS**

Havering Prevention of Obesity Strategy 2016-19 (2016)  
Available at: [www.havering.gov.uk/achievingahealthyweight](http://www.havering.gov.uk/achievingahealthyweight)

HM Government (2018) Childhood Obesity: A Plan for Action, Chapter 2

Available at: [www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2](http://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2)

Mayor of London. (2018). Mayor's Transport Strategy 2018. Available at: [www.london.gov.uk/sites/default/files/mayors-transport-strategy-2018.pdf](http://www.london.gov.uk/sites/default/files/mayors-transport-strategy-2018.pdf)

Mayor of London (2018). The London Food Strategy: Health and Sustainable Food for London. Available at: [https://www.london.gov.uk/sites/default/files/final\\_london\\_food\\_strategy.pdf](https://www.london.gov.uk/sites/default/files/final_london_food_strategy.pdf)

Mayor of London . (2018). The London Health Inequalities Strategy. Available at: [https://www.london.gov.uk/sites/default/files/health\\_strategy\\_2018\\_low\\_res\\_fa1.pdf](https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf)

Mayor of London. (2018). Sport for all of us: The Mayor's Strategy for Sport and Physical Activity. Available at: <https://www.london.gov.uk/sites/default/files/sport-for-all-of-us.pdf>



## Havering Prevention of Obesity Strategy - Action Plan 2018/19 and 2019/20






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[Shaping the Environment](#)

[Supporting a Healthy Culture](#)

[Prompting Individuals](#)

### Key for RAG Rating columns

	Action completed in 2018/19. Will not continue to be carried out/ monitored in 2019/20.
	Action completed in 2018/19. Will continue to be carried out/ monitored in 2019/20.
	Action in progress. Will continue to be carried out/ monitored in 2019/20.
	Action halted or cancelled. Will not continue to be carried out/ monitored in 2019/20.
	New action for 2019/20.

### Key for other items

Brackets around officer names indicates officer is no longer responsible. New lead officer is named.

BHRUT	Barking, Havering and Redbridge University Hospital Trust
BPWG	Bedfords Park Walled Garden
C4L	Change4Life
CCG	Clinical Commissioning Group
CS	Children's Services
CSU	Commissioning Support Unit
CYP	Children and young people
DfT	Department for Transport
ED	Economic Development
FSM	Free School Meal
HAC	Havering Adult College
HCS	Havering Catering Services
HEYL	Healthy Early Years London
HIA	Health Impact Assessment
HSC	Havering Sports Collective
HV	Health Visitor
HWiSS	Health and Wellbeing in Schools Service
JCU	Joint Commissioning Unit
L&A	Learning and Achievement
LAC	Looked After Children
LBH	London Borough of Havering
LDP	Local Development Plan
LIP	Local Implementation Plan
MECC	Making Every Contact Count
NELFT	North East London Foundation Trust
NHS	National Health Service
PARS	Physical Activity Referral Scheme
PHS	Public Health Service
RS	Regulatory Services
STARS	Sustainable Travel: Active, Responsible, Safe
STP	Sustainability and Transformation Plan
SUD	Safer Urban Driving
TfL	Transport for London

Shaping the environment to promote healthy eating and physical activity									
Strategy objective	Action	Project/ Action	Outcome	Resources	Timescale	Lead officer	Impact on other services and organisations	Progress	
<i>What we are trying to achieve</i>	<b>No.</b>	<i>What we will do to achieve it</i>	<i>How we will know we've achieved it</i>	<i>What we need to be able to achieve it</i>				<i>RAG</i>	<i>Notes</i>
<b>Ensure Council decisions are consistent with efforts to increase levels of healthy eating and physical activity</b>	1.1	Make use of resources on a healthy food environment and up-to-date guidance and training provided for planning inspectors when published		Officer time	Dependent on central government introduction as indicated in Childhood Obesity: A Plan for Action, Chapter 2	Claire Alp <i>Public Health</i>			Planning team aware of Health and Wellbeing section of Planning Practice Guidance. Local Plan includes oversaturation policy which will apply to hot food takeaways. Health in All Policies approach being embedded across the Council (see action 1.3).
	1.2	Incorporate consideration of health and wellbeing implications and risks into the new Key Decisions template	Key Decisions template includes section on Health and Wellbeing implications and risks.	Officer time	By September 2019	Louise Dibsdall <i>Public Health</i>	Provides framework to help ensure health and wellbeing is taken into account during decision making by all Council services		
<b>Continue programme of work to create healthy streets and places</b>	1.3	Continue to improve the street scene and local High Street offer	Planned improvements in street scene and the local high street offer are completed. More people accessing local centres on foot or bike. (reliant on DfT/ TfL data for monitoring) Reduction in road accidents (reported annually)	LIP/ Major Scheme funding  LBH capital budget contribution for regeneration works  Officer time	LIP funding awarded annually following a three year delivery plan  Major Scheme funding for 5 year plan from 2016/17 (2 years of design, 3 years of build)	Chris Barter <i>Regeneration</i>  Chris Smart <i>Regeneration</i>	Positive impact on local businesses  Positive impact on transport network through new rail station		Beam Parkway continues to progress. Procurement is launching soon and contractor is due to be appointed by November 2019. Project will start in May 2020 with completion due by April 2021.
	1.4	Deliver Liveable Neighbourhoods Approach throughout regeneration work.	Schemes are funded through Liveable Neighbourhoods scheme to reduce car trips and improve neighbourhoods for walking, cycling and public transport.	Liveable Neighbourhoods scheme funding		Chris Smart <i>Regeneration</i>			
	1.5	Provide Public Health input into Romford and Rainham Masterplans	TBC as plans develop	Social Value Fund and additional funding as Masterplans progress		Nikita Sinclair <i>Public Health</i>  Louise Dibsdall <i>Public Health</i>			
	1.6	Implement Childhood Obesity Trailblazer Programme proposals - in full if funding bid successful or scaled/ tailored appropriately if not	TBC as plans develop	TBC		Nikita Sinclair <i>Public Health</i>			
	1.7	Submit funding bid to GLA for installation and maintenance of public water fountains.	Bid successful and water fountains installed.	GLA funded scheme	April 2019	Natalie Naor <i>Waste &amp; Recycling</i>  Claire Alp <i>Public Health</i>			Bid submitted December 2018 for funding for water fountains to be located in Romford town centre, Rainham Village, Hilldene Shops, Upminster Park and Raphael's Park. Decision delayed due to water provider in Havering being Essex and Suffolk Water and not Thames Water (who had partnered with the GLA to offer the funding).

Shaping the environment to promote healthy eating and physical activity									
Strategy objective	Action	Project/ Action	Outcome	Resources	Timescale	Lead officer	Impact on other services and organisations	Progress	
<i>What we are trying to achieve</i>	<b>No.</b>	<i>What we will do to achieve it</i>	<i>How we will know we've achieved it</i>	<i>What we need to be able to achieve it</i>				<i>RAG</i>	<i>Notes</i>
	1.8	Develop Council-wide advertising policy jointly with Newham	Advertising policy developed and approved	Staff time	End of March 2020	Nikita Sinclair <i>Public Health</i>  <i>One Source Procurement</i>	Impact on advertising revenue to be explored		
Continue to improve the public transport offer	1.9	Public transport to improve as a result of Romford, Gidea Park and Harold Wood Stations Crossrail investment	Planned improvements in public transport infrastructure are completed.	TfL funding	Ongoing - Crossrail works in place by 2019	Chris Smart <i>Regeneration</i>	Positive impact on local businesses, commuters and environment		Works to Romford Station and Gidea Park are complete.  Works to Harold Wood Station are due to complete by April 2020.
	1.10	Develop transport and smarter travel work in line with the Mayor of London's new 'Healthy Streets' vision and Transport Strategy	Programmes align	TBC	TBC	Daniel Douglas <i>Development &amp; Transport Planning</i>			The LIP3 includes the 2019/20 LIP Programme. Included within this are a number of schemes that support Healthy Streets including identifying sustainable access routes into key town centres in the borough such as Upminster, Rainham and Harold Wood. The 2019/20 LIP Programme will be monitored on a monthly basis to ensure that schemes being delivered are working towards delivering the Healthy Streets targets set out within the LIP.
	1.11	Transition from SkyRide events to led cycle rides delivered through Havering's cycle hubs.	Local residents participate			Martin Day <i>Development &amp; Transport Planning</i>			5 cycling hubs will operate through the summer holidays with led rides taking place at one of them (Ingrebourne Valley Visitor Centre) this year.
Maintain and improve access to high quality green space	1.12	Cycle to Work scheme assists employees to purchase bikes to commute to work	Havering Council staff sign up to Cycle to Work scheme	Officer time	Report annually	Martin Day <i>Development &amp; Transport Planning</i>			Was offered throughout 2018/19 and will continue into 2019/20.
Improve the 'cyclability' of Havering	1.13	Support schools to develop and update travel plans and continue to achieve STARS accreditation	Increased number of children, parents and staff travelling safely and actively. Monitoring integrated into programme including modal shift.	Officer time via TfL/ LIP funding	Report annually	Jay Amin <i>Development &amp; Transport Planning</i>			Remains at 34 Gold schools (3rd highest in London). Champion School received School of Excellence award (1 of 20 across London). Anticipated decrease in engagement in STARS in 2019/20 due to impact of external influences on school capacity participate. TfL revisiting criteria.
Further improve schools as 'healthy' environments	1.14	Continue to ensure meals meet school food standards in primary schools and work to implement standards in secondary schools	More CYP eating healthily, including disadvantaged CYP.  Measure school meal take up in schools with menus that meet school food standards	Officer time  HCS marketing	Report annually	Dennis Brewin <i>HES Catering</i>  Claire Alp <i>Public Health</i>  Tracey Wraight <i>Public Health</i>			Various events delivered to promote school meals and healthy menus: - Secondary schools Healthy Eating Week - Meat-Free Mondays in secondary schools - Awareness Days - Vegetarian Week

Shaping the environment to promote healthy eating and physical activity								
Strategy objective	Action	Project/ Action	Outcome	Resources	Timescale	Lead officer	Impact on other services and organisations	Progress
<i>What we are trying to achieve</i>	<b>No.</b>	<i>What we will do to achieve it</i>	<i>How we will know we've achieved it</i>	<i>What we need to be able to achieve it</i>				<i>RAG</i> <i>Notes</i>
	1.15	Encourage secondary schools to adopt policies that require children to stay on site at lunchtimes	More schools adopt a stay-on-site policy. Monitor via Healthy Schools applications.	Officer time	Report annually	Tracey Wraight <i>Public Health</i>  Charlotte Newman <i>HES Catering</i>		<div></div> <p>All 18 secondary schools in Havering have a stay-on-site during lunchtime policy for Years 7-10 as a minimum. Year 11, 12 and 13 students are permitted to leave the site in some schools.</p> <p>The Healthy Schools programme continues to support schools to develop whole school food policies which includes a recommendation to implement a stay-on-site policy.</p>
	1.16	Explore the possibility of making the Healthy Schools London programme universal so that all schools can be encouraged to meet healthy eating and physical activity standards	More schools engage in the Healthy Schools London programme	Public Health budget  Officer time	Agree offer by November 2019 in line with timescales for publication of the 2020/21 Traded Services brochure.	Tracey Wraight <i>Public Health</i>  Claire Alp <i>Public Health</i>		<div></div>
	1.17	Work with schools to continue to improve playground physical activity environments	Monitor via Healthy Schools applications/ HSC.  Training for playground supervisors offered by HSC/ HWiSS as required	PHS/ HSC Officer time  School buy-in (PE and Sport Premium/ other school funding)	Training offered 2017/18	Sharon Phillips <i>HSC</i>  Claire Alp <i>Public Health</i>		<div></div> <p>HSC continues to run sessions for midday supervisors/playleaders in positive play.</p>

Supporting a culture that sees healthy eating and physical activity as the norm									
Strategy objective <i>What we are trying to achieve</i>	Action No.	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations	Progress	
								RAG	Notes
Ensure Council acts as a positive role model	2.1	Explore cross-council commitment to Local Government Declaration on Healthier Food and Sugar Reduction	Declaration signed  Progress made in each of the six key areas	Officer time	By July 2017	Claire Alp <i>Public Health</i>	Consider potential impact on other services during development		Proposed Havering LGD approved by Sustain, next step is for internal sign-off by DPH, Leader and Lead Member.
Continue to ensure that schools support healthy choices and lifestyles	2.2	Promote regular running schemes in schools	Monitor via Smarter Travel, Healthy Schools and HSC data Add to School Health Profiles in Sept 2017.	Officer time  School staff time	Update School Health Profile for September 2017.  Report annually	Jay Amin <i>Development &amp; Transport Planning</i>  Tracey Wraight <i>Public Health</i>  Sharon Phillips <i>HSC</i>			Havering schools are encouraged to integrate regular running/ walking initiatives into school day via the Havering Mile, Daily Mile, Schools Run and Golden Mile.  'Active Mile' initiatives are encouraged in the national Childhood Obesity: A Plan for Action, Chapter 2 and further action will be taken in 2019/20 in line with this guidance.
	2.3	Continue to develop HWISS offer and bring into line with national Healthy Rating Scheme for schools	Programmes align	Officer time	Awaiting introduction of national scheme	Tracey Wraight <i>Public Health</i>			Consultation on Healthy Rating Scheme responded to in 2018/19.  Scheme has not yet been launched by government.
	2.4	Pilot introduction of Peas Please initiative in schools	Schools recruited to pilot initiative  Initiative piloted	Officer time	By end of March 2020	Charlotte Newman <i>HES Catering</i>  Tracey Wraight <i>Public Health</i>			
	2.5	Support schools to promote healthy eating/ physical activity in line with their choice of purchasing via Healthy Pupils Capital Fund	Schools signposted to relevant resources or training.	Officer time	By April 2019	Tracey Wraight <i>Public Health</i>  Claire Alp <i>Public Health</i>  Sally Shadrack <i>Education Asset Management</i>			£170,000 of HPCF distributed to schools for capital spend on improving health and wellbeing. Projects included playground markings, indoor and outdoor activity equipment, defibrillators, gardening areas/ tools, water fountains and creating wellbeing spaces. Appropriate support/ signposting/ resources were provided via Health and Wellbeing in Schools Service.
	2.6	Council and NHS organisations to actively participate in London Healthy Workplace Charter; share resources/ best practice	Up to date plan in place  Evidence of on-going implementation	Officer time	Ongoing	Lindsey Sills <i>Public Health</i>  Maria Healy <i>Human Resources</i>  BHR			London Healthy Workplace Charter has been refreshed and is now known as the London Healthy Workplace Award.  LBH plans to submit application for the Excellence award in 2020.
	2.7	LBH to continue to promote and deliver staff physical activity opportunities through the Workplace Wellbeing Operational Group	Activities promoted and run  Monitor attendance at events/ activities	Officer time  Health and Sports Development budget for activities	Report annually	Lindsey Sills <i>Public Health</i>  Maria Healy <i>Human Resources</i>  Darrell Braiden <i>Health &amp; Sports Development</i>			Programme of lunchtime and after-work activities continues with lunchtime walks introduced during 2018/19.  Havering Staff Games held June 2018.  Sessions also delivered for staff on Cancer Awareness by CRUK and on CVD.

Supporting a culture that sees healthy eating and physical activity as the norm									
Strategy objective	Action	Project/ Action	Outcome	Resources	Timescale	Lead officer	Impact on other services and organisations	Progress	
What we are trying to achieve	No.	What we will do to achieve it	How we will know we've achieved it	What we need to be able to achieve it				RAG	Notes
	2.8	LBH to continue to promote and deliver healthy eating through the Workplace Wellbeing Operational Group	Activities promoted and run  Monitor attendance at events/ activities	Officer time	By April 2018	Lindsey Sills <i>Public Health</i>  Maria Healy <i>Human Resources</i>			Staff can access nutrition course on Learning Pool.  The Pantry has reduced sugar in its own products by 5%, introduced 50/50 wholemeal/white pasta, discontinued drinks affected by the sugar tax and increased the price of others deemed high in sugar, reduced the price of water and other measures to improve the attractiveness of healthier items.
	2.9	Keep up-to-date with new guidance on Government Buying Standards for Food and Catering Services once published		Officer time	Dependent on central government introduction as indicated in Childhood Obesity: A Plan for Action, Chapter 2	Claire Alp <i>Public Health</i>  Dennis Brewin <i>HES Catering</i>			Consultation on new guidance/ standards not yet launched.
	2.10	Explore opportunities to offer Pool Bike scheme to LBH staff (alternative to Pool Car scheme)	Scheme set up and available to staff	Reliant on funding availability		Martin Day <i>Development &amp; Transport Planning</i>			On hold at present, cost and insurance the main issues
	2.11	Extend learning to private sector through Sustainable Travel pack	More businesses engage with sustainability agenda promoted via business pack	Officer time PH to offer input/ support	Ongoing	Martin Day <i>Development &amp; Transport Planning</i>	Positive impact on employee health in private sector		Pack completed for distribution in summer 2019, starting with the Riverside BID and top 50 (by staff numbers) firms in Havering.
	2.12	Promotion of TfL Cycling Workplaces scheme via Sustainable Travel pack/ other communications	More businesses utilise funding to install showers, bike parking etc	Officer time	Report annually	Martin Day <i>Development &amp; Transport Planning</i>			No longer funded by TfL
Continue to ensure community settings support and encourage healthy choices	2.13	Explore opportunities to provide fresh fruit and vegetable snacks at Stay and Play sessions in Children's Centres.	Fruit and vegetable snacks provided.	Officer time  Budget to buy/ regular donation of fruit and vegetables	By end of 2016/17	Helen Anfield <i>Early Help Service</i>			All Children's Centre groups have free fruit provided - some is provided free by Tesco, other is funded by Early Help to ensure full coverage.
	2.14	Explore capacity to re-start Buggy Walks from Children's Centres and promote the Big Toddle	Buggy Walk Programme developed.  Big Toddle promoted.	Officer time  Volunteer time (to lead buggy walks)	By end of 2016/17	Helen Anfield <i>Early Help Service</i>  Darrell Braiden <i>Health and Sports Development</i>			Training of volunteers as walk leaders due to commence in June 2019 with pilot walks programme being scoped for the north and south localities.

**Supporting a culture that sees healthy eating and physical activity as the norm**

Strategy objective	Action	Project/ Action	Outcome	Resources	Timescale	Lead officer	Impact on other services and organisations	Progress	
<i>What we are trying to achieve</i>	No.	<i>What we will do to achieve it</i>	<i>How we will know we've achieved it</i>	<i>What we need to be able to achieve it</i>				RAG	Notes
	2.15	Deliver initiatives to increase uptake of school meals (L&A Service Plan)	School meal uptake increases	Officer time  HCS budget and officer time	Report annually	Dennis Brewin <i>HES Catering</i>			Between April 2018 and April 2019, school meal uptake increased by 300,000 meals. This is thought to be primarily attributable to Veggie Run. Further details are provided in the Prevention of Obesity annual report.  Continue to develop Veggie Run including introduction of arch enemy character
	2.16	Ensure up-to-date, evidence-based nutrition advice provided in HES Catering menus and advertising	PH advises/ supports HCS as required	Officer Time	As required	Claire Alp <i>Public Health</i>  Charlotte Newman <i>HES Catering</i>			In June 2018 HES Catering recruited a School Meals Nutritionist to lead on nutrition advice within HES Catering and link with other stakeholders such as the Health and Wellbeing in Schools Service.
	2.17	Bikeability training and road safety support continues to be offered to schools	Bikeability courses delivered  Road Safety and 'Safe Drive Stay Alive' roadshow delivered	TfL funding  Officer time  School buy-in	Report annually	Martin Day Elaine Keeler <i>Development &amp; Transport Planning</i>			Both continue to be delivered in schools.
	2.18	Focus on adult cycle training	Adult cycle training courses delivered	TfL funding	By April 2018	Martin Day <i>Development &amp; Transport Planning</i>			Adult training took place during 2018/19 and will continue in 2019/20, predominantly through the five cycle hubs. Target this year has increased from 250 to 500.
	2.19	Support schools to offer diverse programme of sport and health engaging whole school community	Monitored via Healthy Schools London bronze award/ HSC  (No. of healthy lifestyle-related activities/ events for parents, no. of sports clubs coming into school etc)  Support provided via HSC/ HWiSS where required	PHS/ HSC Officer time  School Sport Premium/ other school funding  School buy-in	2017/18 school year	Tracey Wraight <i>Public Health</i>  Sharon Phillips <i>HSC</i>			To date at the end of March 2019, 34 schools had achieved Healthy Schools London bronze awards, 19 silver awards, 8 gold awards.  HSC supports schools to run a Change4Life Sports Club and delivered associated 'C4L champions' training. HSC also delivers 'Health Days' or 'Smart Sessions' in schools that buy into the service.
	2.20	Develop links between HSC health offer and HWiSS	HSC and HWiSS offers align/ complement each other	Officer time	By Sept 2016	Claire Alp  Sharon Phillips			Support provided by HWiSS to HSC to deliver Health Days and Smart Sessions.
	2.21	Roll out the Healthy Early Years London programme across Havering	Early Years settings achieve HEYL awards.	Officer time	Complete pilot by October 2018  Agree viability of wider rollout by April 2018	Celia Freeth <i>Early Years QA</i>  Tracey Wraight <i>Public Health</i>			Borough-wide delivery of HEYL commenced in June 2018.  At the end of March 2019, 41 settings had registered, 20 had achieved First Steps, seven the Bronze Award and six the Silver Award.

# Supporting a culture that sees healthy eating and physical activity as the norm

Strategy objective	Action	Project/ Action	Outcome	Resources	Timescale	Lead officer	Impact on other services and organisations	Progress	
	No.	What we will do to achieve it	How we will know we've achieved it	What we need to be able to achieve it				RAG	Notes
	2.22	Align local promotion of Healthy Start with national Childhood Obesity: A Plan for Action, Chapter 2 developments	Uptake of Healthy Start vouchers by eligible families increase Market Traders accept Healthy Start vouchers	Staff time  Public Health budget to fund cash card fees to enable weekly reimbursement of market traders	Commence pilot by end December 2018	Claire Alp  John David Walsh	Potential increased footfall/ custom for market fruit and vegetable traders		Healthy Start scheme is being digitised so plans to increase promotion and acceptance of vouchers in Romford Market are on hold until this is launched in March 2020.
	2.23	Scope capacity to introduce Healthier Catering Commitment (HCC) scheme	Decision made on introduction of scheme	Officer time	Commence scoping when Environment Health restructure is complete.	Nichola Lund/ Sarah Quinn <i>Environ. Health</i> Nikita Sinclair <i>Public Health</i>			Public Protection restructure completed. Executive Decision process will commence Summer 2019 with aim to launch HCC in September 2019 as a phased rollout.
Coordinated programme of campaigns and marketing across partnership	2.24	Amplify national campaigns including Change4Life '10 Minute Shake Up', Change4Life 'Be Food Smart' and Sport England 'This Girl Can'	Increased awareness of campaign messages.  Local press highlight support for campaign messages from Council / NHS partners	Staff time	In line with PHE marketing campaigns timeline	Claire Alp <i>Public Health</i>  Yvonne Lamothe <i>Communications</i>			Campaign resources distributed to Council community facilities, incorporated into session plans where appropriate, and promoted via display boards and social media as follows: July 2018 - C4L Physical Activity January 2019 - C4L Nutrition March 2019 - S4L Weaning
	2.25	Deliver joint campaign to engage Havering businesses in: - Breastfeeding Welcome - Healthier Catering Commitment - Healthy Start - Water Refill - Sugar Smart - Target Your Trip - Healthy Workplace	Businesses register with relevant schemes	Staff time  Business web portal and e-newsletter	Report annually	Nikita Sinclair <i>Public Health</i>  Jolly Choudhury <i>Business Development</i>	Positive press coverage for restaurants and cafes signing up		
	2.26	Introduce Water Refill scheme	Venues register with <a href="http://www.refill.org.uk">www.refill.org.uk</a>	Officer time  Waste and Recycling team budget	April 2019	Natalie Naor <i>Waste &amp; Recycling</i>  Nikita Sinclair <i>Public Health</i>			Joint Waste and Recycling and Public Health Water Refill campaign delivered in September 2018 to co-promote reduction in sugary drink consumption and single-use plastic.  Aim for 2019/20 is to sign up to the London Refill scheme and focus on promotion to businesses to encourage them to register their premises.



Supporting a culture that sees healthy eating and physical activity as the norm									
Strategy objective	Action	Project/ Action	Outcome	Resources	Timescale	Lead officer	Impact on other services and organisations	Progress	
<i>What we are trying to achieve</i>	No.	<i>What we will do to achieve it</i>	<i>How we will know we've achieved it</i>	<i>What we need to be able to achieve it</i>				RAG	Notes
	2.27	Promotion of Health & Wellbeing Team across all health related professionals and organisations. Health & Sports Dev team to contribute and assist partners.	Meet key partners to identify areas of need. Establish work plan.  Joint initiatives established and sustained.	Officer time and budgets	Ongoing	Darrell Braiden <i>Health &amp; Sports Dev</i> Sharon Adkins/ Debbie Bailey <i>Tapestry</i>			Health & Wellbeing team well placed to deliver a range of physical activity interventions across Havering. External funding actively sought to run additional sessions in areas where need is greater. Health and wellbeing team is represented across many forums and working groups both internal and external to the local authority and have established various partnership projects throughout the year. This is ongoing to ensure the team is promoted across Havering as the strategic lead for physical activity.

Prompting individuals to change, primarily through self-help									
Strategy objective <i>What we are trying to achieve</i>	Action No.	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations	Progress RAG	Notes
<b>Increase and import self-help capacity particularly regarding healthy eating</b>	3.1	Train Early Years Practitioners and volunteers to deliver family cooking sessions	Delivery of Family Cooking sessions piloted	Budget for developing course content and training staff/ volunteers Staff time for delivery	Develop course content by September 2018 Pilot delivery by April 2019	Claire Alp <i>Public Health</i> Helen Anfield/ Linda Parsons <i>Early Help</i>			Planned for future introduction as part of commissioned HENRY programme (see action 3.26).
	3.2	Extend delivery of Starting Solid Food sessions to additional Children's Centres  Evaluate pilot	Sessions offered at two additional Children's Centres	Early Help staff time Health Visiting staff time	First additional centre by September 2018  Second additional centre by March 2019	Helen Anfield/ Linda Parsons <i>Early Help</i> Breda Kavanagh <i>NELFT</i> Claire Alp			Evaluation of pilot completed - see Annual Report to Health and Wellbeing Board for further detail. During 2018/19 workshop delivery increased from 1 centre to 2. Delivery from 1 additional centre is being scoped for addition in 2019/20.
	3.3	Health and Sports Development to promote healthy eating in correspondence to sports clubs to raise awareness of evidence-based sources of information/ advice e.g. NHS Choices, HAC courses	Healthy eating information included in communications to sports clubs/ community organisations	Officer time  Dedicated space in communications (e.g. e-newsletter) to organisations	By end March 2019	Darrell Braiden <i>Health &amp; Sports Development</i>			Sports Development team tries to promote all aspects of health and wellbeing and has partner links on website. We also utilise social media to enhance health messages throughout Havering. A number of our coaches have attended Health Champion training enabling them to disseminate wider health messages to participants of our courses. Aiming extend this training to Walking for Health volunteers. Disseminate information to clubs via email and at monthly Sports Council meetings.
	3.4	Continue to deliver coordinated physical activity opportunities to enable to residents to participate and change behaviour e.g. healthy walks, adult physical activity programme, dance programme.	Programmes run	Culture and Leisure budget	Report Annually	Darrell Braiden <i>Health &amp; Sports Development</i>			Sports Development Team organises and deliver a range of physical activity opportunities for all ages. All sessions are affordable and subsidised to ensure maximum participation. The team also puts on externally funded programmes and delivers to target groups when funding is secured to ensure underrepresented groups are catered for. Promotion of all events is integral to success.
	3.5	Introduce bespoke health-related activity for inactive population	Low impact sessions (tai chi, pilates, yoga) organised in local parks/ libraries linking with current partner activities in these areas.	Officer time  Culture and Leisure budget	Report Annually	Darrell Braiden <i>Health &amp; Sports Development</i>			Sports Development team organises range of low impact sessions across Havering working with various partner organisations. Older people - Walking for Health scheme to support return to physical activity after ill health, weekly tea dance as social activity. Staff sessions - e.g. yoga and pilates. Women and girls - summer activities to encourage lighter physical activity. Also deliver Back to Netball and partnered with Our Parks to introduce boot camp style activities in local green spaces.
	3.6	Promote new online weight management service when launched by PHE.	Links to PHE weight management tools provided on LBH Healthy Weight webpage.  Promote PHE weight management tools through communication channels and partners e.g. NELFT, Early Help Service	Officer time	Dependent on PHE timescale	Claire Alp <i>Public Health</i>			Digital Weight Management for children aged 4-11 and their families is currently in Discovery Phase.  There is a commitment to deliver this in Childhood Obesity: A Plan for Action, Chapter 2 but further information has not yet been received.

Prompting individuals to change, primarily through self-help									
Strategy objective <i>What we are trying to achieve</i>	Action No.	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations	Progress RAG	Notes
Ensure that residents and professionals working with them are aware of relevant (self-help) resources	3.7	As part of obesity care pathway development, ensure Council webpages list services and support relevant to healthy eating, physical	Residents can access the support that best meets their needs GPs and other health professionals signpost residents to these directories	Officer time	By April 2019	Claire Alp  Katie Gray			Healthy Weight webpage maintained <a href="http://www.havering.gov.uk/achievingahealthyweight">www.havering.gov.uk/achievingahealthyweight</a> 0-5 webpage added. Continue to ensure Family Services Directory is up-to-date.
	3.8	Continue to recruit and train Health Champions	100+ Health Champions trained during 2017/18	PH grant	Health Champions trained by April 2018	Lindsey Sills <i>Public Health</i>	Communities/ businesses benefit from improved support/ knowledge		121 Health Champions trained ( total 572 as of end of March 2019)
	3.9	Continue to offer Health Champions follow-on modules in healthy eating and physical activity	2 healthy eating and 2 physical activity courses offered during 2018/19	PH grant	Courses run by April 2019	Lindsey Sills <i>Public Health</i>	Communities/ businesses benefit from improved support/ knowledge		3 x RSPH Nutrition Level 2 accredited courses delivered to qualified Health Champions (45+ Health Champions trained)  3 x Diabetes Awareness sessions (45+ Health Champions attended)
	3.10	Health Champions continue to support/ deliver health promotion through community events	Healthy eating and physical activity information and signposting incorporated into events.	Officer time	Ongoing	Lindsey Sills <i>Public Health</i>			Community events supported throughout 2018/19.
	3.11	Explore options for low-cost/ cost-neutral MECC online training for NHS staff	Recommendation made subject to funding	Staff time		CCG			Free MECC face-to-face training being delivered and places available for train-the-trainer training in 2019/20.
Ensure care and support provided to vulnerable residents addresses wider health needs including healthy eating and physical activity	3.12	Encourage vulnerable families, in-house foster carers and care leavers etc to make use of available healthy lifestyle support and training e.g. healthy cooking sessions	Vulnerable families, in-house foster carers and adoptive parents attend available courses Timely and improved attendance in relation to health assessments	Officer time Training budgets for courses Existing information/ resources (e.g. NHS Choices)	By end March 2019	Robert South <i>Children's Services</i> Claire Alp <i>Public Health</i>			Action to be progressed in 2019/20.
	3.13	Integrate healthy eating and physical activity requirements into children's Care Plans	Children's social workers monitor via 6-weekly visits Independent reviewing officers monitor in biannual children's LAC reviews Supervising social workers monitor via annual review of foster carer	Officer time Existing information/ resources (e.g. NHS Choices) Consider capacity to monitor knowledge/ behaviour change amongst carers, children and young people (e.g. baseline and review questionnaire)	By end March 2018	Robert South <i>Children's Services</i> Claire Alp <i>Public Health</i>			Action to be progressed in 2019/20.
Ensure obese women are effectively supported during pregnancy	3.14	Review antenatal care pathway		As a minimum, officer/ clinician time	Ongoing	BHRUT NELFT			Action to be progressed in 2019/20.

Prompting individuals to change, primarily through self-help									
Strategy objective <i>What we are trying to achieve</i>	Action No.	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations	Progress RAG	Notes
Ensure mothers are supported with infant feeding	3.15	Continue to strengthen links between LBH, BHRUT, NELFT and voluntary sector	BHRUT and LBH websites cross-reference each other  LBH attends BHRUT Maternity and Neonatal Infant Feeding Working Group and BHRUT invited to LBH Infant Feeding Steering Group meetings	Officer time	Ongoing				Webpages cross-reference each other  LBH regularly attends BHRUT infant feeding meetings and since early 2019 there has been midwife representation at the Infant Feeding Steering Group.  Public events were held in the Liberty and Queens atrium to promote Breastfeeding Weeks and will be repeated in 2019/20.
	3.16	Extend delivery of infant feeding café to additional Children's Centre	Infant feeding cafés continue in two children's centres  Additional session added at a third centre	Staff time		Helen Anfield <i>Early Help</i> Breda Kavanagh <i>NELFT</i> Claire Alp <i>Public Health</i>			During 2018/19, delivery of Infant Feeding Cafés has increased from 2 to 3 children's centres. A further venue (Harold Hill Health Centre) is being scoped as another potential future venue.
	3.17	Ensure Early Help and Health Visiting staff are trained to deliver consistent advice	Havering Infant Feeding Steering Group continues to meet regularly with cross-organisation representation	Budget for training  Staff time		Helen Anfield <i>Early Help</i>  Breda Kavanagh <i>NELFT</i>			During 2018/19 a further 3 Early Years Practitioners completed Level 3 Unicef training taking total to 6. 6 other Early Help staff have completed Level 1 Unicef training Refresher is being identified for original practitioners to ensure up-to-date practice.
	3.18	Breastfeeding Welcome Scheme launched	Number of venues registered with the scheme	Budget for logo design, window stickers etc.  Staff time	Launch by August 2018	Claire Alp <i>Public Health</i>			Breastfeeding Welcome Scheme was launched to Council premises and Early Years settings in June 2018 and publicly in August 2018 in line with World Breastfeeding Awareness Week. Communicated via press release, Living article and Time FM interview. At the end of March 2019, 29 venues had registered. Focus in 2019/20 will be on encouraging more businesses to register and the Havering Show will be Breastfeeding Welcome event.
	3.19	Children's Centres align actions with Unicef Baby Friendly Initiative framework to ensure a consistent, evidence based approach to infant feeding	Action plan produced in line with BFI framework	Staff time	Action plan completed by April 2019	Helen Anfield <i>Early Help</i>  Claire Alp <i>Public Health</i>			Action plan has been written to guide the work of the Infant Feeding Steering Group.
	3.20	Write requirement for Health Visiting provide to achieve Baby Friendly Initiative accreditation into new service specification	Progress made through Baby Friendly Initiative accreditation Stages 1, 2 and 3	Provider budget	Stage 1 accreditation achieved by end of March 2021	Claire Alp <i>Public Health</i>  <i>HCP provider</i>			

Prompting individuals to change, primarily through self-help									
Strategy objective <i>What we are trying to achieve</i>	Action No.	Project/ Action <i>What we will do to achieve it</i>	Outcome <i>How we will know we've achieved it</i>	Resources <i>What we need to be able to achieve it</i>	Timescale	Lead officer	Impact on other services and organisations	Progress RAG	Notes
	3.21	Infant Feeding Steering Group members to develop and co-deliver PTI session for GPs	Session delivered	Staff time	By end of March 2020	Helen Anfield <i>Early Help</i>  Claire Alp <i>Public Health</i>			
Ensure care pathway is in place for obese children and adults	3.22	Review and agree care pathway for obese children and adults	Equitable access according to need to limited resources	Officer time in first instance	Ongoing in line with STP development	Mark Ansell Nikita Sinclair CCG			No progress to date. Obesity is the the STP as one of the prevention priorities and pathway will be agreed in future.
	3.23	Everyone Active and HSC to look at options/seek external funding to deliver a childhood weight management programme at 2 leisure centres	Funding identified  Delivery of Childhood weight management programme	Officer time, external funding	Ongoing April 18-March 19	Karen Heilbrunn <i>Everyone Active</i>  Sharon Phillips <i>HSC</i>			Still seeking funding opportunities to deliver childhood weight management programme,
	3.24	In partnership with Everyone Health, Everyone Active to launch tier 2 weight management programme at Hornchurch Sports Centre (healthy eating information supported by physical activity sessions targeting adults who are overweight and obese (up to a BMI of 40)	Sessions trialled Minimum 10 participants attending first block of sessions	Officer time, partnership working with Everyone Health	June-Sept 18 development/launch then Sept 18 ongoing	Karen Heilbrunn <i>Everyone Active</i>			12 week pilot programme delivered in partnership with Everyone Health at Hornchurch Sports Centre Jan to April 2019. Programme incorporated nutrition education along with exercise class tailored to achieving weight loss. - 11 participants started, 10 completed. - 9 participants lost weight - 7 participants did lose weight, lost body fat, cm's from waist and altered their BMI - 7 participants achieved target weight loss of 3-5% Improved self- esteem for the majority of the attendees Eating habits changed Exploring funding options to expand to other centres in Havering.
	3.25	Everyone Active to continue to deliver the Everyone Active Referral Scheme - overweight, and obesity up to BMI of 40 is included in the referral criteria	Exercise Referral scheme delivered; increase in referrals, starters, completers	Officer time	Ongoing	Karen Heilbrunn <i>Everyone Active</i>			Ongoing delivery of Everyone Active Havering Exercise Referral Scheme, which includes overweight and obesity in the referral criteria. - 541 appropriate referrals (594 total referrals) - 460 clients were referred for obesity, along with 102 who were overweight (in most cases this is not the only reason for referral and to note that some GP's ticked both obesity and overweight for the same client) - 246 clients overall started the scheme - 79 clients completed the scheme - 40 clients had BMI 30-40, and 10 clients with a BMI 25-30

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## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 17 JULY 2019

<b>Subject Heading:</b>	Quarter 4 2018/19 performance information
<b>SLT Lead:</b>	Jane West, Chief Operating Officer
<b>Report Author and contact details:</b>	Lucy Goodfellow, Policy and Performance Business Partner (Children, Adults and Health) (x4492)
<b>Policy context:</b>	The report sets out Quarter 4 performance against indicators relevant to the Health Overview and Scrutiny Sub-Committee.
<b>Financial summary:</b>	There are no direct financial implications arising from this report which is for information only. Adverse performance against some performance indicators may have financial implications for the Council.

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[X]
Opportunities making Havering	[]
Connections making Havering	[]

## SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance against indicators within the remit of the Health Overview and Scrutiny Sub-Committee for Quarter 4 (January – March 2019).

## RECOMMENDATION

- That the Health Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.
- That the Health Overview and Scrutiny Sub-Committee considers, as part of its priority setting and forward planning, which areas it wishes to scrutinise during 2019/20 so that a short list of relevant indicators can be provided.

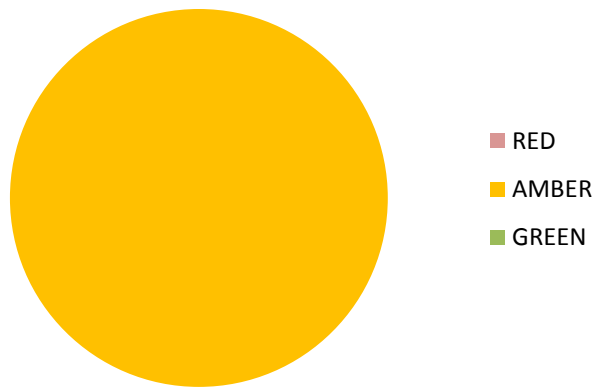
## REPORT DETAIL

1. The report and attached presentation provide an overview of the Council's performance against the performance indicators selected for monitoring by the Health Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.
2. Tolerances around targets (and therefore the amber RAG rating) were reinstated for 2018/19 performance reporting. Performance against each performance indicator has therefore been classified as follows:
  - **Red** = outside of the quarterly target and outside of the agreed target tolerance, or 'off track'
  - **Amber** = outside of the quarterly target, but within the agreed target tolerance
  - **Green** = on or better than the quarterly target, or 'on track'
3. Where performance is rated as '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council and/or its partner organisations will take to improve performance.
4. Also included in the presentation are Direction of Travel (DoT) columns, which compare:
  - Short-term performance – with the previous quarter (Quarter 3, 2018/19)



- Long-term performance – with the same time the previous year (Quarter 4, 2017/18)
- 5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.
- 6. In total, three performance indicators have been selected for the sub-committee to monitor. Performance data is available for all three indicators this quarter, and these have all been given a RAG status.

### **Q4 indicators summary**



In summary, of the 3 indicators:

**3 (100%)** have a status of **Amber**

This is an improvement on the position at the end of Quarter 3, when two indicators were rated amber and the other was rated red.

- 7. A large number of indicators that may be relevant to the work of the Health Overview and Scrutiny Sub-Committee during 2019/20 are reported through the following outcome frameworks:

**Public Health Outcomes Framework** – The PHOF sets out a vision for public health that is to improve and protect the nation's health, and improve the health of the poorest fastest. The framework focuses on two high level outcomes to be achieved across the public health system and beyond, which are increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities.

**NHS Outcomes Framework** – The NHS OF is a set of indicators developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England. The framework provides an overview of how the NHS is performing.

**Adult Social Care Outcomes Framework** - The ASCOF measures how well care and support services achieve the outcomes that matter most to people. The measures are grouped into four domains which are typically reviewed in terms of movement over time.

Due to the number of indicators available for reporting across the three frameworks, it is recommended that the Health Overview and Scrutiny Sub-Committee first considers the areas it wishes to prioritise for scrutiny during 2019/20. A short-list of indicators will then be provided for members to choose from, based on these priorities.

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

There are no direct financial implications arising from this report which is for information only. However it should be noted that adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

### **Legal implications and risks:**

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress.

### **Human Resources implications and risks:**

There are no HR implications or risks arising directly from this report.

### **Equalities implications and risks:**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

Equality and social cohesion implications could potentially arise if performance against the following indicator currently rated as Amber does not improve:

- Obese Children (4-5 years)

The attached presentation provides further detail on steps that will be taken to improve performance and mitigate these potential inequalities.

<b>BACKGROUND PAPERS</b>
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Appendix 1: Quarter 4 Health OSSC Performance Presentation 2018/19

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# Haverling

LONDON BOROUGH

# **Quarter 4 Performance Report 2018/19**

## **Health O&S Sub-Committee**

**17 July 2019**

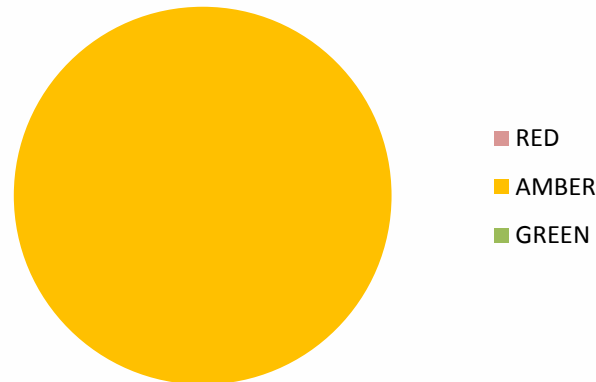
## About the Health O&S Committee Performance Report

- Overview of the Council's performance against the indicators selected by the Health Overview and Scrutiny Sub-Committee
- The report identifies where the Council is performing well (**Green**), within target tolerance (**Amber**) and not so well (**Red**).
- Where the rating is '**Red**', '**Corrective Action**' is included. This highlights what action the Council will take to address poor performance.

## OVERVIEW OF HEALTH INDICATORS

- 3 Performance Indicators are reported to the Health Overview & Scrutiny Sub-Committee.
- Performance ratings are available for all 3 indicators.

Q4 indicators summary



Of the 3 indicators:

**3 (100%)** have a status of **Amber** (within tolerance)



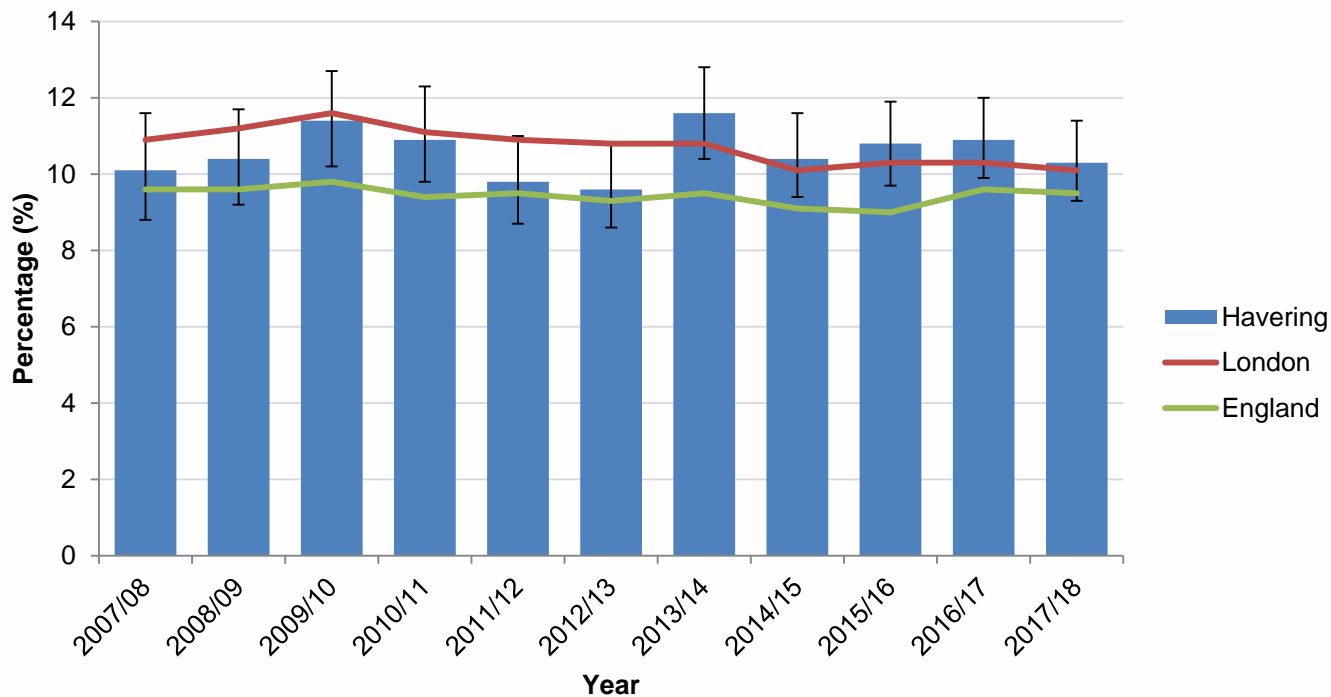
## Quarter 4 Performance

Indicator and Description	Value	Tolerance	2018/19 Annual Target	2018/19 Q4 Target	2018/19 Q4 Performance	Short Term DOT against Q3 2018/19		Long Term DOT against Q4 2017/18		Service
Obese Children (4-5 years) (Annual)	Smaller is better	Similar to England	Better than England (9%)	Better than England (9%)	10.3% (2017/18)	↑	10.9% (2016/17)	↑	10.8% (2015/16)	Public Health
Percentage of patients whose overall experience of out-of-hours services was good (Partnership PI) (Annual)	Bigger is better	Similar to England	Better than England (69%)	Better than England (69%)	64% (2018)	-	N/A	↓	67% (July 2017)	Havering CCG
The number of instances where an adult patient is ready to leave hospital for home or move to a less acute stage of care but is prevented from doing so, per 100,000 population (delayed transfers of care)	Smaller is better	±10%	7	7	7.3	↑	7.4	↓	5.5	Adult Social Care

## About Childhood Obesity

- Prevalence of obesity amongst 4-5 year olds in Havering has seen no significant change over the past 9 years. In 2017/18 Havering's performance was similar to London and England.

**Percentage of Obese Children, Havering, London & England, 2007/08 – 2017/18**



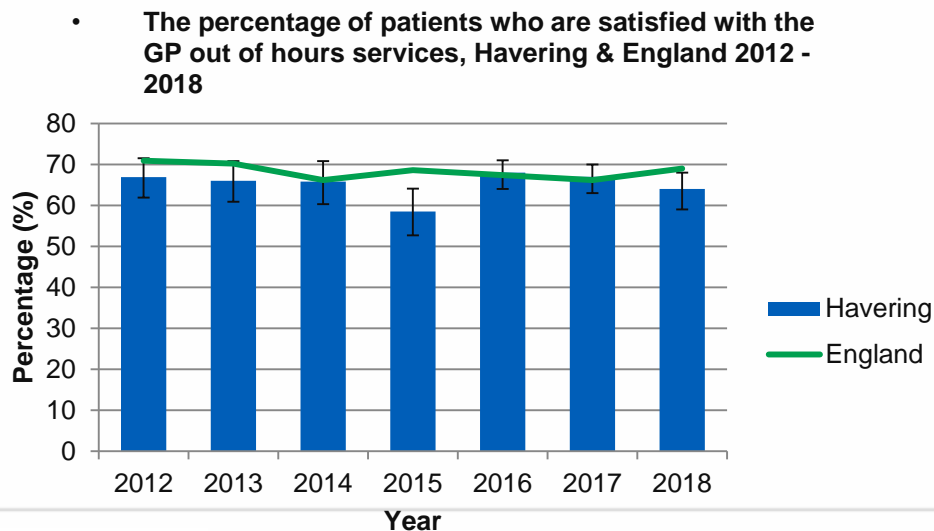
Source: Public Health England

## Improvements Required: Childhood Obesity

- Directed by Havering's 'Prevention of Obesity Strategy 2016-19', our borough working group continues to progress actions that are within the gift of the local authority and partners, and within available budgets.
- Progress on actions since the last update are as follows:
  - ✓ LBH's bid to the Childhood Obesity Trailblazer Programme fund was successfully shortlisted to phase 2 of the bidding process, and a further bid submitted in April 2019. If successful, £75K p.a. for 3 years will be provided to extend the reach of HES Catering beyond the school day to provide meal kits and/or freshly prepared ready meals to families. The broader aim is that this will create and evidence demand for healthier food, and nudge local retailers into developing a healthier offer, with potential for Social Value Funds to support them to take risks. LBH hosted a visit from the Deputy Mayor of London to showcase our Healthy Early Years London work. In this quarter, a further 4 Early Years settings in Havering have registered taking the total to 42. 21 have completed First Steps, 7 achieved the Bronze award and 5 the silver award.
  - ✓ The national Start4Life Weaning campaign was amplified locally via the LBH Twitter feed, signposting to online support as well as face-to-face local support.
  - ✓ The success of the VeggieRun app and brand has continued, and an increase in school meal uptake by 300,000 meals (between April 2018 and April 2019) is thought to be largely attributable to this.
  - ✓ Workplace Health - Step Jockey has been introduced at Mercury House to encourage LBH employees to use the stairs instead of the lift.
- Obesity is a complex issue and many of the opportunities to tackle it fall outside of the local authority's influence. As such, work continues at national level, guided by the national 'Childhood Obesity: A Plan for Action' and we continue to link with national campaigns and programmes where appropriate.

## About Patient Experience of GP Out-of-hours Services

- The GP survey results are now collected only once per annum rather than every six months and are therefore slower to reflect changes. Trends will therefore only be discernible from the July 2017 data collection point onwards.
- The latest available data (2018) for patient experience of GP out-of-hours services shows no significant difference between the percentage of patients who are satisfied with the service in Havering (64%, 95%CI: 59%-68%) and the England average (69%, 95%CI: 68%-69%). This follows an overall improvement in the England average performance as compared to the previous year (2017 – 66%) whereas Havering's performance has not significantly changed. Use of out-of-hours services includes contacting an NHS service by phone (e.g. 111) and going to A&E - which a vast proportion (54% and 31% respectively) of the 882 Havering respondents who answered this question say they did.



## Considerations for: Patient feedback on Out of Hours Services

- When GP practices are closed (outside of 8 am - 6.30 pm) they can provide their own Out of Hours (OOHs cover) or 'opt-out'. If a practice 'opts out' the commissioner is responsible for ensuring appropriate OOHs cover is in place.
- In Havering, all practices have opted out of OOHs, therefore the CCG commissions PELC to provide OOHs cover in which the clinical responsibility for patients is transferred to the OOHs provider.
- PELC provide services out of hours on the Queens and King George hospital sites and at Grays Court in Dagenham.
- A recent CQC inspection report for the PELC GP OOH service was published 22 May 2019 and rated the service as Good against all domains.
- A number of factors affecting use of OOHs have changed as part of the NHSE London Access strategy reflecting the ambition of the General Practice Forward View (GPFV). London Ambulance Service took over 111 services from 1<sup>st</sup> August - they were previously provided by PELC. 111 are able to book patients into the GP OOH and the GP access hub services.
- There are seven GP access hubs providing a service out of hours across BHR, two of which are in Havering, at Rosewood Medical Centre and North Street Medical Centre. From September 2018 this service has delivered an increased number of slots.

## About Delayed Transfer of Care

- During 2018/19, there has been an average of 14.53 delayed discharges per month (7.3 days per 100,000) whereas at the same stage last year there had been an average of 11. This is a slight improvement on the previous quarter and performance remains rated amber.
- The vast majority of delays are in the acute sector (80%) and are the responsibility of Health.
- There was an increase in delays attributable to Social Care during the second quarter (as reported previously) and a further increase has been seen in the fourth quarter, mainly in the Non-Acute Sector.
- Actions being put in place to reduce delayed discharges include:
  - Care Homes in Havering continue to be supported in a 'Trusted Assessor' role, based primarily in BHRUT;
  - Establishment of a pilot brought together therapy resources in BHRUT and NELFT to manage the hospital / community interface differently;
  - Simplification of discharge processes, including a revised screening and referral process for NELFT inpatient rehab beds.
  - Adult Social Care are reviewing lengths of stay with BHR on a weekly basis.
  - Attending “Perfect Week” at Queens and King George hospitals to support with any complex cases awaiting discharge.

# Any questions?



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## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE 17 JULY 2019

<b>Subject Heading:</b>	Nominations to Joint Health Overview and Scrutiny Committees
<b>SLT Lead:</b>	John Jones, Interim Deputy Director of Legal and Governance
<b>Report Author and contact details:</b>	Anthony Clements, <a href="mailto:anthony.clements@onesource.co.uk">anthony.clements@onesource.co.uk</a> , tel: 01708 433065
<b>Policy context:</b>	To agree the Committee's nominations to serve on the Outer North East London Joint Health Overview and Scrutiny Committee and pan-London Joint Health Overview and Scrutiny Committee.
<b>Financial summary:</b>	None arising directly from this report.

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

### SUMMARY

Havering has previously played a major role in the Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JOSC) as well as in the pan-London equivalent. The Committee is therefore asked to confirm its nominations to both Committees for the current municipal year.

## **RECOMMENDATIONS**

1. That, in line with political proportionality rules, the Sub-Committee nominate three Members as its representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2019-20 municipal year.
2. That the Sub-Committee nominate the Chairman as its representative at any meetings of the pan-London Joint Health Overview and Scrutiny Committee during the 2019-20 municipal year.

## **REPORT DETAIL**

There are a large number of proposed changes and other health service issues that affect a considerably wider area than just Havering alone. Issues related to Queen's Hospital for example impact not just on Havering residents but also those from Barking & Dagenham and Redbridge as well as parts of Essex. Mental Health issues, principally under the remit of the North East London NHS Foundation Trust, impact on all these areas as well as Waltham Forest.

As regards formal consultations, Members should note that it is a requirement (under the NHS Act 2006 and the Health and Social Care Act 2011) that all Councils that are likely to be effected by proposed changes to health services must form a Joint Health Overview and Scrutiny Committee in order to exercise their right to scrutinise these proposals.

In light of these requirements, the boroughs of Barking & Dagenham, Havering, Redbridge and Waltham Forest as well as Essex County Council have formed a standing ONEL JOSC to deal with cross-border issues. Further details of the Committee's work and copies of the reports etc it has produced can be obtained from officers and are available on the council's website. It is suggested that the Sub-Committee agree, as in previous years, three representatives to sit on the ONEL JOSC, in line with proportionality rules. It is suggested therefore that Councillors Patel, Dodin and either Miller or White are nominated as the Sub-Committee's representatives as this will most closely fulfil the political proportionality requirements.

Some issues, such as changes to stroke and trauma services, impact across the whole of Greater London and all boroughs therefore need to be involved in the scrutiny of these areas. As such, arrangements have previously been in place for a pan-London JOSOC to meet when such proposals are brought forward. Previous practice has been that the Chairman represents Havering at any pan-London JOSOC meetings and the Sub-Committee is requested to agree this for the 2019-20 municipal year.

### **IMPLICATIONS AND RISKS**

**Financial implications and risks:** There are none arising directly from this report. The work of the Sub-Committees mentioned is supported by existing staff resources and minor budgets within Democratic Services. With regard to the Joint OSC, the other four participating Councils make a financial contribution towards the support provided by Havering staff.

**Legal implications and risks:** Article 6, paragraph 6.03 of the Constitution states:

**The Health Overview & Scrutiny Sub-Committee is authorised pursuant to Regulation 28 of the Local Authority (Public Health, Health, Wellbeing and Health Scrutiny) Regulations 2013 to establish together with the Health Overview & Scrutiny Committees or equivalent of one or more other local authorities a Joint Overview & Scrutiny committee.**

**Any such joint overview & scrutiny committee shall have such terms of reference, and shall exist for so long, as the appointing Overview & Scrutiny Committees may agree.**

**Accordingly the appointment of representatives to the Joint Overview and Scrutiny Committee is within the scope of these powers.**

**Human Resources implications and risks:** None.

**Equalities implications and risks:**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

**Background papers:**

None.