

Review Progress Summary				
● not on schedule	● on schedule	● undeliverable	● achieved	Total

Ref	Recommendation	Action	Owner	Timescale	RAG	Progress
A	That Public Health Strategy looks to monitor the implementation and impact of the School Food Plan reforms on local schools and that this is complemented by an enquiry to the Secretary of State for Education as to how this will be undertaken at a national level.	Provide analysis of the impact on meals take-up from September 2014	Director of Public Health / FM Business Development Manager (Consortium Schools)	Feb 15		The uptake of Universal Infant Free School Meals (UIFSM) for Consortium schools to date is 87.9% (the national assumed take up rate was set at 87%). Overall uptake to date in Consortium schools is 67.2% (compared to end of year 2013/14 levels of 55.82% - as benchmarked by the Association of Public Service Excellence)
		Look at the impact of the School Food Plan on service provision in Schools	Director of Public Health / FM Business Development Manager (Consortium Schools)	Feb 15		All operational expectations of the School Food Plan have been realised in Consortium schools, e.g. full introduction of UIFSM; implementation of new School Food Standards from January 2015
		Look at how changes are communicated with schools and parents	Director of Public Health / FM Business Development Manager (Consortium Schools)	Feb 15		In Consortium schools new menus (which met the revised School Food Standards) were issued to schools in July 2015 to cascade to parents either via hard copy or electronically

		Provide a summary and overview of the implementation and impact of the school food plan within consortium schools to scrutiny and Public Health	Director of Public Health / FM Business Development Manager (Consortium Schools)	Feb 15	●	This was undertaken in July 2014
		That the Scrutiny Committee enquire to the DfE as to the monitoring arrangements around outcomes from a national level	Scrutiny Officer	Sept 14	●	Completed.
B	That Public Health and Planning teams within the local authority look to conduct joint training sessions related to Health Impact Assessments (HIA) considering the practicalities to incorporating HIAs within the planning process	<ul style="list-style-type: none"> Investigate the work being undertaken by other local authorities in relation to fast food licensing/planning Establish health impact assessment (HIA) training for public health and planning teams and agree a process for incorporating HIAs into the planning process. Public Health professionals to identify councillors and lead officers to act as champions on the issue and liaise with planning officers. 	Director of Public Health / Interim Head of Planning	Sept 2015	●	Initial work has commenced with planning teams through the Active Travel Group, including early discussions about how Public Health can be more involved in planning processes. A watching brief being kept on activity in the area of food licensing / planning in other local authority areas. Local champions still to be identified.
C	That data gathered from the National Childhood Measurement Programme (NCMP) along with intelligence gathered from the impact of other obesity and lifestyle	<ul style="list-style-type: none"> USE NCMP data to identify high prevalence areas for targeted interventions Develop action plan with Childhood Obesity Group to identify additional capacity and 	Health Improvement Practitioner/ Public Health Lead	Ongoing – review progress April 2015	●	<ul style="list-style-type: none"> NCMP annual data released for 13/14, will be available at ward level from June 2015. Previous data being used to target activity with primary schools in East

	programmes, including LAF Programmes and community based or led services across Sunderland, is utilised to model and target intervention resources effectively	<p>gaps with provision</p> <ul style="list-style-type: none"> • Use findings from the review to support development of action plan • Use data from weighing and measuring pilots carried out by the LAF team within primary and secondary schools to look at emerging data trends 				<p>and West, which will include proactive follow up from the LAF team for children identified as overweight or very overweight at reception in 14/15 cohort.</p> <ul style="list-style-type: none"> • Childhood Obesity Group continues to meet bimonthly and are due to refresh their action plan. A key action identified is a training programme for a range of staff on child obesity. • Teen specific programme of LAF continues and the team have been into all secondary schools.
D	That Public Health Strategy explore and consider ensuring that key policy documents including the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy, other local needs assessments and strategies, and where appropriate local area committees and frontline councillors consider and take into account realistic opportunities to increase active travel	<ul style="list-style-type: none"> • Area Committees, People & Place Boards with assistance from Public Health People and City Services Staff consider actions that are beneficial to the access to healthy food and active travel agenda • Look at how strategic policies and plans can support active travel • Ensure active travel is considered alongside other intervention and outcomes are identified through the 	Director of Public Health/Area Committees	June 2015		<ul style="list-style-type: none"> • People boards currently identifying health priorities for the coming year. Health profiles being shared with People Boards and CCG locality groups as requested, which includes obesity data. If identified as a priority issue work will be supported by the Public Health Strategy Team. • Active Travel Group convened and meeting. Initial mapping of current and proposed plans underway, to identify

		<p>JSNA process</p> <ul style="list-style-type: none">• Ensure that active travel projects are rigorously evaluated.				<p>opportunities to support active travel.</p>
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