

**Cabinet – 26<sup>th</sup> July 2017**

**Award of New Contract for Provision of a Whole Settings Approach To Healthy Eating in Early Years and Schools**

<b>Portfolio:</b>	Councillor Ian Robertson –Health
<b>Related portfolios:</b>	Councillor Aftab Nawaz– Children and Young People Councillor Ian Shires - Community, Leisure and Culture
<b>Service:</b>	Public Health
<b>Wards:</b>	All
<b>Key decision:</b>	Yes
<b>Forward plan:</b>	Yes

**1. Summary**

- 1.1 On 15 June 2016 Cabinet approved the new 'Whole Settings Approach to Healthy Eating Services in Early Years and Schools', as well as approving the commencement of an open procurement process for the services which will have a contract start date of 1 September 2017.
- 1.2 Following the conclusion of the procurement process approval is sought to award the contract for provision of a 'Whole Settings Approach to Healthy Eating Services in Early Years and Schools.
- 1.3 This report should be read in conjunction with the award of the new contract for the provision of a 'Whole Settings Approach to Healthy Eating in Early Years and Schools' Private Session Agenda Cabinet Report, to be considered by Cabinet on this Agenda.
- 1.4 Award of this contract constitutes a key decision because it exceeds the threshold for significant expenditure and will affect children aged 2–11 years and their families across the whole of the Borough of Walsall in early years, primary and special school and community settings.
- 1.5 Investing in this programme is one of many strategies to reduce health and wellbeing inequalities and promote healthier outcomes for children, young people, their families and the wider school community.
- 1.6 The Public Health services detailed in this report will have a positive and sustained impact on the objectives and priorities set out in the Council's Corporate Plan 2017-2020 and for the Council's Health portfolio generally.

## **2. Recommendations**

Following consideration of the confidential report in the private session of the agenda:

- 2.1 That Cabinet approves the award of a new contract, valued in the region of £672,000, to Soil Association Limited, for the provision of a 'Whole Settings Approach to Healthy Eating in Early Years and Schools', for the period 1 September 2017 until 31 August 2020. Further to this that under the Framework agreement, the provider trades for a further year from 1 September 2017 until 31 August 2021.
- 2.2 That Cabinet delegate authority to the Director of Public Health, in consultation with the Portfolio Holder for Health, to enter into a new contract to deliver a 'Whole Settings Approach to Healthy Eating in Early Years and Schools' by using the most appropriate procedures and to subsequently authorise the sealing or signing of any contracts, deeds or other related documents for such services.

## **3. Report detail**

- 3.1 The commissioning process and service specification has been informed by national policy, local needs assessment, evidence, knowledge gained from other neighbouring procurement exercises and a comprehensive consultation process involving stakeholders, partner agencies and service users. Key areas of focus will be a whole setting approach including considering the food provided in early years settings and primary schools.
- 3.2 Overview: Whole Setting Approach
  - 3.2.1 Educational settings have an unrivalled opportunity to play an important role in children developing lifelong patterns of healthy behaviours by providing opportunities for children to be active and develop healthy eating habits, and by providing role models. Improving children's diet and activity levels may also have wider benefits: it is associated with higher academic achievement, better health in childhood and later life, higher motivation at school and reduced anxiety and depression.
  - 3.2.2 Her Majesty's Government document 'Childhood Obesity: A Plan for action'<sup>1</sup> details the important role early years settings and schools play in making food and drink healthier and supporting healthier choices for our children. It also announced that a voluntary health rating scheme will be introduced for primary schools to recognise and encourage their contribution to preventing obesity by helping children to eat better and move more. This scheme will be taken into account during Ofsted inspections; however confirmation is still awaited from HM Government as to when this will be introduced.
  - 3.2.3 The commissioned programme will provide an evidence-based, whole setting (early years / primary / special / elective home educated) approach to healthy eating in Walsall which will contribute to a whole systems change that will also

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<sup>1</sup> HM Government Childhood Obesity: A Plan for Action

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/546588/Childhood\\_obesity\\_2016\\_2\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016_2_acc.pdf)

impact on education, improve health and wellbeing of the children, families and communities, promote sustainability, reduce inequalities and improve links with the wider community.

3.2.4 The 'Whole Setting Approach' is an organisational or whole systems approach with the aim of integrating health and well-being within the ethos, culture, routine life and core business of an educational setting. It involves addressing the needs of the students, staff and the wider community, not only within the curriculum, but across the whole-school and learning environment.

3.2.5 The recommended bidder demonstrated that they would offer full service delivery including how they would support mandated services for the local authority including; 'Oral Health Promotion', 'National School Food Standards' and Ofsted.

3.2.6 The programme will use food to engage the community and improve the whole setting experience, making lunchtimes a positive feature of the day and enriching classroom learning with farm visits, practical cooking and growing. The programme will give early years and schools the tools they need to make long term changes to their food culture and their curriculum to support healthy behaviours.

### 3.3 Early Years Accreditation

3.3.1 The first years are crucial for a child's growth and development. Good food not only supports their physical needs but the eating habits they have now will stay with them through into adulthood. There is an opportunity to maximise the potential that early years settings have to provide good, nutritious food and improve both the experience and understanding of how to eat well for children and their families.

3.3.2 Early Years settings in Walsall will be recruited to work towards an evidence-based accreditation scheme. The accreditation has been developed to complement the key early years policies and agendas, including the 'Healthy Child Programme', 'Early Years Foundation Stage' and Ofsted.

3.3.3 The purpose of the accreditation is for early years settings to show a continued improvement in their culture and ethos to food, nutrition and oral health. In order to do this, all settings will be asked to record their practices and awareness at the start of the process and at regular intervals throughout the length of the contract via identified criteria and checklists which are targeted at both staff and children and their families.

3.3.4 Accreditation will provide a systematic, structured and evidence-based approach for activity taking place and will also provide a link to services that relate to the health and wellbeing of children and families.

- 3.3.5 Participating settings will develop a portfolio which will provide Ofsted<sup>2</sup> with robust evidence regarding the contribution the early years setting offers to improving children's wellbeing.
- 3.3.6 The accreditation will serve as a quality mark to demonstrate that the setting is a health promoting environment. It also demonstrates the settings commitment towards the 'Healthy Child Programme', providing each child with the best start in life to food, nutrition and oral health.
- 3.3.7 Using a 'Whole Setting Approach' the accreditation programme for early years settings will work across the following elements:
- Leadership and culture;
  - Food quality and where food comes from, including menus that demonstrate compliance with national standards or guidelines on food and nutrition;
  - Education to use the topics of healthy and sustainable food as the theme for activities to support all areas of the 'Early Years Foundation Stage' educational framework; and
  - Parental engagement and development of community and partnerships including the celebration of Walsall's diversity and food-related activities to celebrate multicultural festivals and events in different cultures.

#### 3.4 Schools (primary and special)

- 3.4.1 The 'Whole Setting Approach' provides the framework to support the development of a healthy food ethos in schools. The approach requires 'buy in' from the strategic leads within the school. It is beneficial for children and young people to receive accurate and consistent messages throughout the school day, in the classroom, the school dining room and the immediate school environment and the use of this approach should maximise this.
- 3.4.2 The classroom component of the programme is designed to enrich children and young people's learning experiences through wider cross-curricular activities and there will be a wide range of opportunities to understand and appreciate food culture. There is also provision for a flexible curriculum which highlights health, nutrition, food safety and hygiene and food preparation. This will enable children, as well as their families, to learn essential cooking skills so that they gain confidence to create and enjoy their own dishes.
- 3.4.3 Cross curricular resources will be provided for schools, to support lessons. These will enable children and young people to be better informed and to develop the skills necessary to make good choices in relation to the food they eat. They will become more aware of the many factors which influence their choices and attitudes to food and will develop a better understanding of the economic and environmental impact of food production and processing. They will also learn about the link between diet and mental, emotional and social wellbeing as well as the impact of food choice on their ability to learn.

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<sup>2</sup> Common Inspection framework: education, skills and early years from September 2015  
<https://www.gov.uk/government/publications/common-inspection-framework-education-skills-and-early-years-from-september-2015>

3.4.4 The setting will be used as an opportunity whereby peer influences, social support and teacher role models can influence healthy behaviours. The programme will deliver hands-on experiences empowering children to prepare foods at home with their family and influence the quality of the food that their family buys and prepares.

3.4.5 It is recognised that children's and young people's knowledge and skills affect their eating habits. Limited skills for preparing food can reduce the range of choices available to individuals and families for a nutritious diet. Parents and carers will be provided with training to improve their knowledge and skills so that they can support their families to eat balanced and healthy diets.

### 3.5 Food in School / Dining Room

3.5.1 A central tenet of this programme is enabling schools to make the healthier food choice the most accessible choice for students and staff in their school. The "School Food Plan" which covers food served across the school day became mandatory for all maintained schools<sup>3</sup>, new academies and free schools from January 2015 and is set out in the "Education, England: The requirements for School Food Regulations 2014"<sup>4</sup>.

3.5.2 The aim of the model is to use food and drink and food alongside education to drive dietary change and therefore improve the diets of children, young people and their families through ensuring that the food served in settings is an exemplar for healthy eating, and that food education supports children and young people to make the right food choices.

3.5.3 Any proposals to improve school meals and encourage healthy eating will only be successful if students are motivated and involved in the planning and implementation. Therefore children and young people in Walsall will be involved more in decision making about their school food. This could be through school councils, "School Nutrition Action Groups", audit processes or other opportunities.

3.5.4 This programme will support Walsall schools to improve the take-up of school lunches to support improved diet in pupils. A Catering Quality Mark will be used, ensuring that the multiple caterers who serve Walsall schools will be able to demonstrate compliance with standards. This will also verify that caterers have systems in place for meeting the standards, including regular engagement with students.

3.5.5 The provider will support settings and the "Money, Home, Job" service area in the Council to increase the number of registrations for children who are eligible for free school meals. This is an important element as some of the National funding for Walsall schools is based on the numbers of pupils eligible for free school meals.

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<sup>3</sup> School Food Standards Available at: <http://www.schoolfoodplan.com/wp-content/uploads/2015/01/School-Food-Standards-Guidance-FINAL-V3.pdf>

<sup>4</sup> Education, England: The requirements for School Food Regulations 2014  
[http://www.legislation.gov.uk/uksi/2014/1603/pdfs/ukxi\\_20141603\\_en.pdf](http://www.legislation.gov.uk/uksi/2014/1603/pdfs/ukxi_20141603_en.pdf)

- 3.5.6 A rolling programme of training will be delivered as part of a skills development plan for all school staff involved in the provision of food in schools. This will include delivery on whole school approaches, healthy catering, nutritional standards and the health and wellbeing benefits for students. In addition, support will be given to enable appropriate marketing opportunities and the presentation of healthier options.
- 3.5.7 In recognition of food provision by schools outside of traditional lunchtimes; this programme will facilitate and provide resources to implement breakfast clubs, ensuring that more children benefit from a healthy start to their school day. This is important as breakfast clubs can contribute to improved attainment, attendance and overall health<sup>5</sup>. This provision will also provide valued support to families coping with varying degrees of difficulty in their material, environmental, relational and social circumstances.
- 3.5.8 Some schools have already undertaken good work with parents to improve the nutritional content of lunchboxes. Following consultation with schools we know that they would welcome additional advice on how to further engage and work with parents to encourage healthier lunch boxes. Using a range of communication formats the provider will communicate clear and supportive guidance for parents regarding packed lunches, including the relationship between nutrition and health.

### 3.6 Community

- 3.6.1 The physical and social characteristics of communities, and the degree to which they enable and promote healthy behaviours, all make a contribution to social inequalities in health. The contract includes evidence-based initiatives that outline best practice on working with, and supporting, communities across the social gradient. The provider will work towards reducing barriers to community participation and seek to reduce social isolation.
- 3.6.2 Using community influence and knowledge is a sustainable way to improve the health outcomes<sup>6</sup> in Walsall. Evidence shows that people are more likely to try new foods and make changes to their diets if they cook the dishes for themselves. Through this contract the programme will train volunteers from local communities on the basics of practical and healthy cooking techniques to develop skills and confidence.
- 3.6.3 To ensure sustainability the provider will identify volunteers from local communities who will be trained to utilise community venues and training kitchens across Walsall to enable food and cooking related activities to continue. The volunteers will be utilised in a 'train the trainer' approach to recruit further local community members as volunteers.

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<sup>5</sup> Public Health England (2013) Breakfast and Cognition  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/256398/Breakfast\\_and\\_cognition\\_review\\_FINAL\\_publication\\_formatted.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256398/Breakfast_and_cognition_review_FINAL_publication_formatted.pdf)

<sup>6</sup> Public Health England (2015) A guide to community- centred approaches for health and wellbeing  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/417515/A\\_guide\\_to\\_community-centred\\_approaches\\_for\\_health\\_and\\_wellbeing\\_full\\_report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report.pdf)

3.6.4 The community programmes will be targeted primarily at areas in Walsall with the highest levels of childhood obesity and lowest levels of healthy eating; These are commonly associated with higher levels of deprivation.

### 3.7 Elective Home Educated Children

3.7.1 Parents can chose to home educate their children but they are responsible for ensuring that their children receive a suitable education<sup>7</sup>. The programme will have an adaptable model for elective home schooled children. This will include community sessions where elective home schooled children and their families are invited to join sessions, for example, cook and eat and parents or carers will also be able to access teaching plans to use at their own venue.

### 3.8 Framework Agreement

3.8.1 Key to this procurement is the use of a 'Framework Agreement' which will ensure that this programme can be widened to encompass settings not included in the commissioned service.

3.8.2 The commissioned service for 92 settings will be targeted in the areas identified through the National Child Measurement Programme as having a higher childhood obesity rate compared to the National and Walsall average. The Framework agreement allows settings that have not been identified as part of the commissioned service the ability to purchase the same provision.

### 3.9 The Procurement Process

3.9.1 Tenders were sought for the provision of a Whole Settings Approach to Healthy Eating in Early Years and Schools using an open procurement process, which commenced on 11<sup>th</sup> May 2017, with a return date of 6<sup>th</sup> June 2017. A Contract Notice was issued via the Official Journal of the European Union 'OJEU' and was posted to the Council's E-Tendering portal, to alert the market to the tender, in accordance with the requirements of the Public Contract Regulations 2015 and the Council's Contract Rules.

3.9.2 Tenders were opened on 6<sup>th</sup> June 2017 by Paul Higginson, Interim Procurement Officer and Dr. Barbara Watt, Director of Public Health, using a formal opening ceremony on the E-Tendering Portal.

3.9.3 The Council received six tender submissions as set out below:

<b>Bidder No.</b>	<b>Bidder Name</b>	<b>Based in or Out of Borough</b>
1	Gazebo TIE Company	Out
2	Groundwork West Midlands	Out
3	Mytime Active	Out
4	Purely Nutrition Ltd	Out
5	Soil Association	Out
6	Walsall Healthcare NHS Trust	In

<sup>7</sup> Section 7 of the Education Act 1996

3.9.4 The tenders were evaluated against the criteria included in the Invitation to tender as outlined below:

Price	40%
Quality	60%

**Weighted Price Criteria:**

<b>Criteria</b>	<b>Percentage</b>
Price model based on the Walsall commissioned service encompassing all elements aimed at 92 settings	40%
<b>Total</b>	<b>40%</b>

**Weighted Service Criteria:**

<b>Criteria</b>	<b>Percentage</b>
1 Safeguarding Policy/DBS Checks	Pass/Fail
2 Service Specification	Pass/Fail
3 Implementation/Mobilisation	8%
4 Evidence Based Model	6%
5 Active & Personal Engagement	5%
6 Pupil Responsibility	4%
7 Social/Cultural/Physical Environments	5%
8 Innovative Resources	5%
9. Identify/Engage External/School Catering Teams	4%
10 Evaluation Tool	6%
11 Legacy	4%
12 Reduced Funding	4%
13 Framework Promotion	4%
14 Social Value/Localism	5%
<b>Total</b>	<b>60%</b>

3.9.5 Tenders were evaluated by a range of partners including senior officers from the Council's 'Public Health' team and representation from 'Children's' services.

3.9.6 Following evaluation against the advertised criteria the proposed contract award is the most economically advantageous tender. This is based on the quality of the submission and the total price. It is therefore recommended that the contract is awarded as set out in Recommendations 2.1 and 2.2 of this report.

3.9.7 It is expected that the service commissioned by this Council's 'Public Health Service' for 92 settings will include all elements in the Specification delivered over years 1, 2 and 3.

3.9.8 The 'Framework Agreement' also enables other contracting authorities in the West Midlands, as listed in the 'Invitation to Tender', to directly purchase services, through a call off mechanism under the 'Framework Agreement', at no



cost to the Council. There is also the ability for the remaining Walsall schools (as identified in 3.8.2) to purchase services through the same agreement.

3.9.9 It is a condition of the 'Framework Agreement' that the successful bidder must pay the Council a 5% retrospective rebate based upon turnover for any services sold under the 'Framework Agreement' with the exception of those services commissioned by the Council.

3.9.10 Given the specific commercially sensitive data of the tender evaluation information, a report detailing the evaluation criteria and the outcome of the evaluation appears in the Private Session Agenda Cabinet report.

#### **4. Council Priorities**

4.1 Public Health procurements and contracts seek to maximise improvement in health and wellbeing including narrowing the gap in outcomes and attainment between the most deprived and least deprived in the borough.

4.2 Reducing inequalities is the common theme in the Walsall Plan and is also an explicit objective of the 'Joint Strategic Needs Assessment' and the Council's 'Corporate Plan'.

4.3 The council's Corporate Plan 2017 – 2020 sets out to reduce inequalities and maximise potential. The provision of a whole setting approach to healthy eating contributes directly to this. It will also impact on the following priorities for the Council outlined in the 'Corporate Plan 2017 – 2020'<sup>8</sup>:

4.4 The pursuit of inclusive economic growth will be achieved through the huge benefits that accrue from investing in children and young people from an early stage. Short-term dividends include happier and healthier children and young people ready to learn and able to play a positive role in their schools and communities. Longer term rewards are evident in health, wellbeing and economic prosperity.

4.5 Children are safe from harm, happy and learning well with self-belief, aspiration and support to be their best.

- In the case of school based nutrition and healthy eating for children and young people in Walsall, this has the potential to make a real and lasting impact on the health of children; and
- The new service will offer healthy eating support to children and young people and improve their health which has a direct impact on attainment and employment prospects.

4.6 Safe, resilient and prospering communities will be achieved through the work that will be undertaken in local communities with particular emphasis on reaching isolated members of the community and increasing community capacity.

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<sup>8</sup> Walsall MBC Corporate Plan 2017-2020

[http://cms.walsall.gov.uk/59422\\_walsall\\_council\\_corporate\\_plan\\_v8\\_final\\_proof\\_.pdf](http://cms.walsall.gov.uk/59422_walsall_council_corporate_plan_v8_final_proof_.pdf)

- 4.7 The Public Health 'Whole Setting Approach' to healthy eating will have a positive and sustained impact on the objectives and priorities set out above, and for the Council's Health portfolio generally, through support for children and their families, positive engagement with early years and school settings and through partnership working.

## 5. Risk Management

- 5.1 Failure to deliver demonstrable improvements in Public Health against key national performance indicators might mean that the Council fails to achieve further uplifts in Public Health allocation from Public Health England in future years.
- 5.2 The risks relating to both the procurement and service implementation have been actively assessed and managed as part of the tendering process.
- 5.3 Following the recent announcement by national government of its plans to reduce grant allocations to local authorities for Public Health services<sup>9</sup>, there is a potential risk to the Public Health budget in future years and any impact on services will need to be considered at the appropriate time, as necessary. Further to Recommendation 2.2, the Director of Public Health will take delegated authority to enter into budget negotiations with the service provider.
- 5.4 In the case of a reduction in the funding before the end of the contract, break clauses and the provision for a reduction or amendment in the operational services have been included in the contract. This will include that (available after the initial contract term (3 years)), the Council will retain the right to vary the content of service specification and renegotiate the contract value for any contract extension, in line with any budgetary reductions subject to compliance with the Public Contract Regulations 2015; or to terminate the contract. However, reduction in funding has been anticipated in the tender submissions with a projected 10% reduction year on year for the life of the contract.
- 5.5 Maintenance of service quality will be monitored and assured throughout the lifetime of the new contract by reporting of achievement of key performance indicators at regular contract meetings with the service providers who are appointed.
- 5.6 National Child Measurement data reveals that prevalence of overweight (including obese) year 6 increased in Walsall in 2015/16 after seeing a previous reduction in 2014/15 data<sup>10</sup>. Although not proven, there is potential for this to be attributed to the cessation of the previous healthy eating programme in schools.

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<sup>9</sup> Local Authority public health allocations (2015/16) <https://www.gov.uk/government/consultations/local-authority-public-health-allocations-2015-to-2016>

<sup>10</sup> NCMP Local Authority Profile (2015) <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/4/gid/8000011/pat/6/par/E12000005/ati/102/are/E08000030/iid/20602/age/201/sex/4>

- 5.7 In order to ensure that the Council receives the anticipated 5% rebate under the 'Framework Agreement', the Council has reserved itself the right to inspect successful bidder documentation that may be necessary in order to confirm that the rebate received equates to 5% of the business transacted. It has also reserved the right to audit settings in order to confirm that the rebate received equates to 5% of the business transacted.

## **6. Financial Implications**

- 6.1 The total value of the contract will be funded through the Public Health ring fenced grant as previously agreed by Council on 19 March 2014. The annual budget for this activity is £265,000 and the contract will be within that budget. Given the financial and funding uncertainty the Council is currently facing there are break clauses / provisions for reductions in costs should these become necessary.
- 6.2 There is a recognition that the Council is operating within a challenging financial climate, which will have a direct impact upon the budget available for these services. In line with procurement advice, bidders were asked what the implications of a 10% reduction to their profile budgets would mean to service delivery. This was evaluated as part of the quality questionnaire. The new contract will be managed within the allocated budgets for Public Health.
- 6.3 Any extension to the contract will be funded through the Public Health budget and will not result in Public Health exceeding its ring fenced budget in the relevant period and would be managed in line with the Council's Contract Rules.
- 6.4 The 'Framework Agreement' and any contract called off under it will help ensure flexibility around any financial uncertainty that the Council is currently facing.

## **7. Legal Implications**

- 7.1 The guidance which enables local authorities to offer public health support to the population is set out in the Health and Social Care Act 2012. This allows local authorities to exercise any of the public health functions of the Secretary of State relating to the health of the public in the authority's area.
- 7.2 Legal Services and Procurement have assisted Public Health with using the most appropriate procedures and preparing a written agreement and call off contract (in a form approved by the Head of Legal and Democratic Services).

## **8. Procurement Implications / Social Value**

- 8.1 The procurement process has been conducted in accordance with the Public Contract Regulations 2015, the Council's Contract Rules and Social Value Policy.
- 8.2 Social value is an integral part of this contract and all tenders have been evaluated based on their ability to bring social value including employment and volunteering opportunities as part of their delivery to Walsall.

- 8.3 The proposed successful bidder clearly demonstrated their social value through a commitment to create opportunities for local people and voluntary sector organisations.
- 8.4 Independent research<sup>11</sup> into the proposed successful bidder's social return on investment identified a £4.41 return for every £1 invested for settings programme which demonstrated value across health, education, economy and the environment. In addition for every £1 invested in Catering Mark menus they demonstrated a £3 social return with most of the benefit experienced by local businesses and local employees.
- 8.5 Steps have been taken to minimise procurement-related risk. However, there will always remain an inherent risk of legal challenge associated with any procurement undertaken by the Council.
- 8.6 Input has been sought from Procurement and Legal Services, as required to ensure the conduct of compliant procurement process.
- 8.7 All new services will be evidenced by a written contract in a form approved by the Head of Legal and Democratic Services and shall be made and executed in accordance with the Council's Contract Rules.

## **9. Property Implications**

- 9.1 There are no apparent implications for the Council's property portfolio.

## **10.0 Health and Wellbeing Implications**

- 10.1 The Marmot Review and the public health white paper 'Healthy Lives, Healthy People' highlighted the importance of early life interventions in improving health and reducing avoidable health inequalities across the life course. The Marmot Principles<sup>12</sup> were adopted by the Council in September 2012. The successful bidder evidenced that their model supports the six recommendations from the review.
- 10.2 Giving every child the best start in life is a priority recommendation from the Marmot Review: the report recognised that there are large variations in early child development that are socially graded and largely avoidable, which impact on outcomes in childhood, later life and health and mortality.
- 10.3 Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Children who suffer from toothache or require treatment may need to be absent from school and subsequently parents may need to take time off work to take them. Oral health has been integrated into this model in recognition that it is an integral part of overall health. If children are healthy this improves their ability to learn and develop; in addition good oral health can contribute to school readiness.

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<sup>11</sup> New Economics Foundation <http://www.foodforlife.org.uk/about-us/~media/files/evaluation%20reports/fflp-nef---benefits-of-local-procurement.pdf>

<sup>12</sup> Fair Society, Healthy Lives (Marmot Review) 2010  
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

- 10.4 The model focuses on using and sourcing sustainable food in settings and ensuring the best value for money while simultaneously pursuing Walsall's wider social, economic and environmental needs. Expenditure on school food allows children and young people to access good food and improve their nutrition which has the potential to unlock the benefits for wider community wellbeing therefore impacting on health and social inequality.
- 10.5 Thorough growing schemes in the setting and the community, access to fresh food will be increased with the additional benefit that physical activity will be increased.
- 10.6 In the school setting, the level of knowledge related to food and nutrition and the level of skills in catering and procurement of staff working in the school meal service will have a significant impact on the availability of nutritious and balanced school food.
- 10.7 The scope of this contract does not include secondary schools; however the use of the framework agreement enables secondary schools to contract directly with the provider services consistent with the 'Whole Setting Approach to Healthy Eating'. This has the added benefit that healthy eating messages will be consistent from early years through to secondary school.

## **11. Staffing implications**

- 11.1 There are no staffing implications anticipated for Council staff. It is expected that current Council services such as 'A\*STARS' or Active and Sustainable Travel, 'Clean and Green', 'Sports and Leisure Development' and 'Catering Services' will support this programme in the settings outlined; it is anticipated that they will be closely involved in supporting schools to achieve their healthy eating aims.

## **12. Equality implications**

- 12.1 A consultation was undertaken in December 2015 which explored the need for wider lifestyle intervention, including healthy eating and healthy weight services for children aged 0-12 years. There was an overwhelming agreement from residents and stakeholders that healthy eating services for children are a priority area and this is further outlined in paragraph 13 of this report.
- 12.2 The equality impact assessment completed in September 2016 and revised in May 2017, showed that there was no indication that people with protected characteristics would be adversely impacted by the proposal. (See **Appendix A** of this report)

## **13. Consultation**

- 13.1 Specific consultation was undertaken in preparation for the tender of the 'Lifestyles Service' and the details of the findings were included in the Cabinet Report dated the 16 December 2015. In summary, a wide range of service users and stakeholder organisations were consulted with 569 responses, the comments were noted and taken into consideration and there was general support for a healthy eating in schools approach.

- 13.2 A market day event was held on 10 December 2015 and was attended by 15 invitees representing 9 organisations. Workshops highlighted strengths including developed partnership working across Walsall.
- 13.3 The views of Headteachers, Chair of governors, Head of services, teachers and early years workers were sought to inform the development of the 'Whole Settings Approach' via an online consultation in preparation for the tender between May and June 2016.
- 13.4 In total 56 responses were received from early years and school settings across Walsall.
- 13.5 The breakdown of results from the schools and early year's settings is as follows:
- a) 71.4% of settings rated the health and wellbeing of their pupils as fairly healthy;
  - b) 92.9% of participants stated that they required information, support and advice on healthy eating;
  - c) 96.4% of participants stated that they felt that if parents understood the benefits of healthy eating that this would improve the behaviours of children and young people;
  - d) 62.5% of settings identified that they would like support in growing food and support on nutritional information and how to offer healthy choices and 57.1% would like support to develop cooking skills;
  - e) A range of resources were identified as being required to support this approach by participants including 62.5% innovative and engaging classroom resources e.g. game and quizzes, 51.8% settings required support for lesson planning and 50% identified interactive resources as a means to support healthy eating e.g. websites and films;
  - f) 91.9% of participants identified that having an inviting dining room experience would be effective in improving the eating habits of children as well as involving children in menu planning (86%);
  - g) 86% of participants identified that advice and policies for healthy packed lunches would improve health eating; and
  - h) 42.9% of settings preferred the delivery to be an external provider compared to 23.2% who had no preference.

## **Background papers**

Appendix A: Equality Impact Assessment report May 2017

### **Author**

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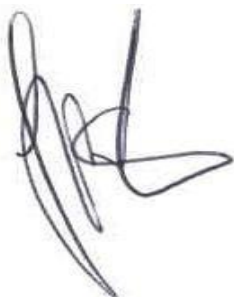
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Simon Neilson  
Executive Director

18 July 2017



Councillor Ian Robertson  
Portfolio holder

18 July 2017

## Appendix A

## Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	Healthy Eating Services in Schools		
Directorate	Economy and Environment		
Service	Public Health		
Responsible Officer	Uma Viswanathan		
EqIA Author	Esther Higdon		
Proposal planning start	January 2016	Proposal start date (due or actual)	September 2017

<b>1</b>	<b>What is the purpose of the proposal?</b>	<b>Yes / No</b>	<b>New / revision</b>
	Policy	<b>Yes</b>	
	Procedure		
	Internal service		
	External Service	<b>yes</b>	<b>Revision</b>
	Other - give details- This is remodelling of the healthy eating service in schools		
<b>2</b>	<b>What are the intended outcomes, reasons for change? (The business case)</b>		
	1.1 To facilitate efficiency savings options according to Council budgetary requirements and to commission a whole school approach to healthy eating including growing and dining experience that will be cost effective and sustainable.		
	1.2 To ensure Walsall children in early years settings and at school including special schools and homeschooled children have access to a programme that supports healthy eating and physical activity both in school and in the community		
	1.3 Desired outcomes include:		
	a) Meeting the Ofsted common inspection framework and ensuring that Inspectors see pupils making informed choices about eating and physical activity and the school's culture in promoting this aspect of pupils' welfare;		
	b) Ensuring that schools have a positive rating on the National voluntary 'healthy rating scheme' (launched September 2017) for primary schools to recognise and encourage their contribution to preventing obesity;		
	c) Meeting the mandatory National School Food Standards for schools and for early years settings to meet the voluntary food and drink standards;		
	d) Meeting the recommendations in the Children's Obesity: A Plan for action		
	e) Improving school readiness, attainment and behaviour;		
	f) Contributing to reducing the prevalence of obesity as identified by the Statutory National Child Measurement Programme and contribute to a reduction in dental decay;		
	g) Embedding a whole school approach to healthy eating. This incorporates the		





eight key principles of a whole school approach including student responsibility, leadership and partnership working with local communities and students families.

**Estimated Net Saving**

2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	Implementation Investment cost
	£125k			

**Who is the proposal potential likely to affect?**

People in Walsall	Yes / No	Detail
All		
Specific group/s	<b>Yes</b>	<b>Children in early years settings and primary schools and their families</b>
Council employees	<b>No</b>	
Other		

**4 Summarise your evidence, engagement and consultation.**

Through statutory National Child Measurement Programme (NCMP) data we know that in 2014, 25.3 % of Walsall children were overweight or very overweight when they entered reception (age 4 or 5)<sup>1</sup>, increasing to 37.6% children being overweight or very overweight in Year 6 (age 10 or 11)<sup>2</sup>.

The School Food Plan became mandatory for all maintained schools, new academies and free schools from January 2015. Launched by the Department of Education it provides a new set of standards for all food served in schools: Public Health now propose to develop a healthy eating service which will compliment the standards to encourage healthy eating for all children in nurseries, primary schools and special schools to increase health and wellbeing and support child healthy weight and healthy eating within Walsall. In line with this recent guidance. This will involve:

- a) Provision of nutritional advice;
- b) Simple labelling of food e.g. a traffic light system for high fat or high

- sugar foods;
- c) Development of cooking skills;
- d) Involving children in planning menus;
- e) Providing a pleasant dining environment;
- f) Support around growing healthfood;
- g) Online resources.

The HM Government document Childhood Obesity: A Plan for action<sup>13</sup> details the importance early years settings and schools have in making food and drink healthier and supporting healthier choices for our children. From September 2017 a voluntary health rating scheme will be introduced for primary schools to recognise and encourage their contribution to preventing obesity by helping children to eat better and move more. This scheme will be taken into account during Ofsted inspections

In order to support healthy weight in children, national guidance recommends that where children are overweight they are supported to manage their weight; and that work is undertaken to embed a whole school and community culture of healthy eating including physical activity. This EqIA relates to the second approach

The Lifestyles service for which Cabinet approved the contract award in April 2016 will support weight management in children by working with the whole family. T h e i n i t i a t i v e t o promote healthy eating in schools will compliment the Lifestyles service by encouraging children to choose healthy eating options and understand food production and transportation.

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<sup>13</sup> HM Government Childhood Obesity: A Plan for Action

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/546588/Childhood\\_obesity\\_2016\\_2\\_acc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016_2_acc.pdf)

The Council's Public Health team previously commissioned a private company (Food Dudes) to deliver a healthy eating programme in two-thirds of Council primary schools and in some nurseries. Food Dudes ceased trading in September 2015 and was wound-up in October 2015, with no continued or replacement service offered by its Liquidators, at significant cost to the Council. However, the programme was valued by schools, primary age children and their parents.

The Walsall Lifestyle Survey 2012 helps estimate the proportion of adults and families whose health could be improved through lifestyle changes. For example, the vast majority of residents do some form of physical activity but only a minority do it frequently enough to achieve health benefits. Half of residents eat fresh fruit and vegetables on a daily basis, but just one in eight has the recommended 5 portions a day.

Specific public consultation was undertaken in preparation for the tender of the Lifestyles Service in December 2015 which included asking about healthy eating services in schools. In summary, a wide range of service users and stakeholder organisations were consulted with 569 responses, the comments were noted and taken into consideration and there was support for a healthy eating in schools approach.

Further consultation was undertaken with schools and early years settings in preparation for the tender February 2016, from which 56 responses were received.

The breakdown of results from the schools and early year's settings is as follows:

- i) 71.4% of settings rated the health and wellbeing of their pupils as fairly healthy;
- j) 92.9% stated that they required information, support and advice on healthy eating;
- k) 96.4% stated that they felt that if parents understood the benefits of healthy eating that this would improve the behaviours of children and young people;

- l) 62.5% of settings identified that they would like support in growing food and support on nutritional information and how to offer healthy choices and 57.1% would like support to develop cooking skills;
- m) A range of resources were identified as being required to support this approach including 62.5% innovative and engaging classroom resources e.g. game and quizzes, 51.8% settings required support for lesson planning and 50% identified interactive resources as a means to support healthy eating e.g. websites and films;
- n) 91.9% of settings identified that having an inviting dining room experience would be effective in improving the eating habits of children as well as involving children in menu planning (86%);
- o) 86% identified that advice and policies for healthy packed lunches would improve health eating; and
- p) 42.9% of settings preferred the delivery to be an external provider compared to 23.2% who had no preference.

### Summary and Conclusion

The majority of responses to the consultation were in favour of the proposal

There have been no consultation responses that have indicated any potential adverse impact, for people with protected characteristics from providers and consultees.

### 5 How may the proposal affect each protected characteristic or group? The affect may be positive, negative or neutral.

Characteristic	Affect	Reason	Action needed Y or N
Age	Positive	Children across all year groups in primary school and in Early years settings will have access to support for healthy eating	N
Disability	Positive	Increased support to those children in special schools	N
Gender reassignment	Neutral	No foreseen impact	N
Marriage and civil partnership	Neutral	No foreseen impact	N
Pregnancy and maternity	Neutral	No foreseen impact	N
Race	Neutral	No foreseen impact on consideration of	N

			this matter	
	Religion or belief	Neutral	No foreseen impact	N
	Sex	Neutral	No foreseen impact on consideration of this matter	N
	Sexual orientation	Neutral	No foreseen impact	N
	Other (give detail)			
	Further information			
<b>6</b>	<b>Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details below.</b>			(Delete one) <b>Yes</b>
	This cross curriculum approach to healthy eating model works in a complementary way with other key services to improve their health and to achieve their goals i.e. Walsall Borough Council Clean and Green team and the Lifestyle service. It will also support staff working with children to maintain a healthy lifestyle			
<b>7</b>	<b>Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies)</b>			
	<b>A</b>	<b>No major change required</b>		
	B	Adjustments needed to remove barriers or to better promote equality based on response from consultation		
	C	Continue despite possible adverse impact		
	D	Stop and rethink your proposal		

<b>Action and monitoring plan</b>				
<b>Action Date</b>	<b>Action</b>	<b>Responsibility</b>	<b>Outcome Date</b>	<b>Outcome</b>
June 2016	Remodel service based on consultation findings	Esther Higdon/Vikki Tolley	June 2016	Consultation responses to inform specification and full EqIA
August 2016	Seek a provider through the procurement process	Esther Higdon/Vikki Tolley	October 2016	

<b>Update to EqIA</b>	
<b>Date</b>	<b>Detail</b>
March 2017	Revise procurement methodology to include a framework agreement option based on direction from CMT
May 2017	Seek a provider based on new procurement methodology
September 2017	Start of new service in schools and early years settings

