

## Scrutiny Template

<b>REPORT TO:</b>	Scrutiny Health & Social Care Sub Committee 28 <sup>th</sup> June 2022
<b>SUBJECT:</b>	<b><i>Public Health – Priorities and challenges</i></b>
<b>LEAD OFFICER:</b>	<b><i>Rachel Flowers, Director of Public Health</i></b>
<b>CABINET MEMBER:</b>	<b><i>Councillor Yvette Hopley</i></b>
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b><i>Helen Harrison, Public Health Consultant; Jack Bedeman, Public Health Consultant</i></b>
<b>PUBLIC/EXEMPT:</b>	

### **COUNCIL PRIORITIES 2020-2024**

*Include here a brief statement on how the recommendations address one or more of the Council's priorities:*

- We will live within our means, balance the books and provide value for money for our residents.*

Public Health have developed a four year budget forecast and are in the process of developing a four year plan. This will ensure any financial risks are identified and mitigated early to ensure a balanced budget. Public health are an evidence based and intelligence lead function to ensure cost effectiveness of services and programmes.

- We will focus on tackling ingrained inequality and poverty in the borough. We will follow the evidence to tackle the underlying causes of inequality and hardship, like structural racism, environmental injustice and economic injustice.*

Public Health's main goal is to improve health and reduce health inequalities. We deliver population based interventions using the principles of proportionate universalism to respond appropriately to the level of need. By using an intelligence lead approach, all service commissioning is based on an assessment of local needs, identifying and responding to the underlying causes of inequalities.

- We will focus on providing the best quality core service we can afford. First and foremost, providing social care services that keep our most vulnerable residents safe and healthy. And to keep our streets clean and safe. To ensure we get full benefit from every pound we spend, other services in these areas will only be provided where they can be shown to have a direct benefit in keeping people safe and reducing demand.*

Public Health focuses on Prevention. We aim to tackle the underlying causes of ill health to improve healthy life expectancy and therefore prevent or delay the need for social care services.

[Council's priorities](#)

<b>ORIGIN OF ITEM:</b>	<b><i>This section is completed by the Scrutiny Officer before the report is written.</i></b>
<b>BRIEF FOR THE COMMITTEE:</b>	<b><i>This section is completed by the Scrutiny Officer before the report is written and provides guidance on what</i></b>

	<b>information should be included in the report.. Example wording:</b> <i>“To review/consider/examine [what...]”</i>
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*Any additional guidance to report author from Scrutiny Officer:*

## 1. EXECUTIVE SUMMARY

This report contains a high level overview of the function and priorities of the Public Health Service in 2022/23 and how they align with the Executive Mayor’s priorities. It provides the Sub Committee with a summary of the main challenges to delivery and how performance will be measured.

## 2. PUBLIC HEALTH PRIORITIES AND CHALLENGES

### 2.1 Background

#### 2.1.1 *What is Public Health?*

Public health is about helping people to stay healthy and reduce the risk of getting diseases and illnesses. We do this by protecting health, improving health and ensuring we have safe, effective, and equitable services in place.

Our ultimate vision is to improve and protect the people of Croydon’s health and wellbeing, and to improve the health of the most vulnerable fastest (reducing health inequalities).

Public Health uses intelligence and evidence to identify population health challenges to inform population level interventions and influence the work of the council and its partners to improve the health outcomes of the population.

The Director of Public Health is a statutory officer with specific duties written in statute, who is also accountable to the Secretary of State for Health and Social Care. The Director of Public Health is particularly unique in their duty to provide an independent Director of Public Health annual report which the Council has a duty to publish. The public health team is comprised of public health specialists who are from a medical or other specialist background, that offer technical expertise to the council and NHS partners. Public Health Consultants are regulated by the General Medical Council and the UK Public Health Register to ensure they adhere to professional competencies set by the Faculty of Public Health.

Public Health sits within the Assistant Chief Executive Directorate, reflecting the strategic nature of Public Health work and the need to address the ‘wider determinants’ of health beyond the traditional health and care system.

#### 2.1.2 *The Public Health Approach*

- **Whole population** – Public Health focuses on understanding and addressing the health needs of groups of people rather than individuals.
- **A focus on inequalities** – Public Health aims to reduce inequalities in health by understanding the risk and protective factors impacting on groups of people suffering disproportionately from poor health outcomes. A proportionate universalism approach is used to target universal services and resources to reach those most in need.

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- **Evidence based and intelligence lead** – Public health draws upon academic research, local and national data and local knowledge to assess local needs and make recommendations for action. This helps to ensure that the services we commission are based on what we know to work and are targeted at the groups experiencing the worst inequity and outcomes and are therefore cost effective.
- **Whole system collaboration** – Public Health work across the NHS and Local Government to achieve health gains. We are system leaders who play a key role in coordinating efforts across the Borough to reduce duplication and maximise the public pound.
- **Lifecourse approach** – Public health adopts a life course approach. We identify opportunities throughout life to improve and protect health; beginning with pre-conception, supporting children and families, young people, working age adults and older people.

### 2.2 What are the key Public Health Challenges and areas of progress in Croydon?

#### 2.2.1 Children and Young People

- The under 18s conception rate is **18.5 per 1,000** which is **worse** than the London average but **similar** to the England average
- Year 6 prevalence of obesity is at **25.1%** which is **worse** than the London and England average
- Levels of breastfeeding and smoking in pregnancy are **better** than the England average. Smoking at time of delivery is **decreasing** in recent trends.
- When child immunisation coverage is compared to the England average Croydon is **significantly worse** in all immunisations with Hib/MenC boosters (5 years) and HPV vaccination coverage **decreasing** in recent trends
- Croydon is also **worse** than the London average for most childhood immunisation coverage and is only **better** than London for HPV vaccination coverage

#### 2.2.2 Adults and Older People

- The estimated diabetes diagnosis rate is **66.4%** which is **lower** than the London and England averages
- The rates of hip fractures in older people (aged 65+) is **496 per 100,000** which is **better** than the England and **similar** to London averages.
- The rate for alcohol-related hospital admissions is **494 per 100,000** which is **better** than the average for England and London. This represents **1,700** admissions per year.
- The rate for self-harm hospital admissions is **76 per 100,000** and decreasing in recent trends, it is **better** than the average for England but **similar** to London. This represents **290** admissions per year.
- Estimated levels of smoking prevalence in adults (aged 18+) are at **12.4%** which is **similar** to London and England averages
- The rates of statutory homelessness not in priority need are **1.2 per 1,000** and are **decreasing** in recent trends but **above** the London average.

Source: Public Health Outcomes Framework

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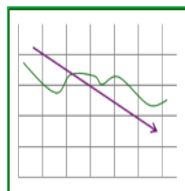
## ✓ Areas of progress



The conception rate of under 18 year olds in Croydon has fallen and is now more in line with the regional and national averages.



The percentage of adult smokers in Croydon has been lower than in London and in England for the past 4 years.



The rate of falls in over 65 year olds has been dropping has been similar to London and England for the past 2 years.

## ⚠ Challenges



Childhood immunisation rates continue to be lower in Croydon than across London and England.



Over the last 3 years, the estimated dementia diagnosis rate for 65+ years has been increasing while in London and England it has been decreasing.



Croydon's proportion of adults (aged 18+) classified as overweight or obese is similar to the London average but should be lower.



Croydon has inequalities in life expectancy at birth. There remains geographic inequality in the distribution of deprivation in the borough with the North and East of the borough remaining more

## 2.3 Public health Priorities 2022-2023

Three overarching priorities have been agreed upon for the Public Health Service Plan. More detail on the deliverables underneath each of these is provided in Appendix 1.

**Priority one:** To protect the health of Croydon residents

**Priority two:** To improve the health of Croydon residents- with a focus on improving the health of those experiencing poor health fastest through a preventative approach and work to address the wider determinants of health

**Priority three:** Health intelligence - using data and evidence to support the Council and the NHS to utilise their resources to improve health and reduce health inequalities

## 2.4 Alignment to Mayoral Priorities

### *2.4.1 Vulnerable people, health and social care*

As mentioned above (2.1.1), the role of public health is to protect and improve health and wellbeing. Public Health will support the Mayoral priorities particularly in relation to the

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reconstitution of the Health and Wellbeing Board and addressing health inequalities through advocating for effective and safe healthcare provision.

Public Health also lead on the priorities to reduce smoking and teenage pregnancy and to improve sexual health.

Through supporting health impact assessments and needs assessment, Public Health also advise the Council on how to ensure contracts maximise opportunities to improve health and reduce health inequalities.

### *2.4.2 Crime, Safety and Community*

Public Health are working with other Council departments on the Public Health Approach to Serious Youth Violence and the Director of Public Health is a standing member of the Community Safety Partnership. Public Health are undertaking an assessment of the risk and protective factors for youth violence across the life-course to make recommendations for policy and strategy.

### *2.4.3 Finance*

Public Health utilise evidence and data to indicate cost-effective solutions to address poor health and health inequalities. This evidenced based approach can ensure we get best value for the public pound. Many public health interventions are cost saving for the NHS and social care, preventing or delaying the need for these services by improving health outcomes.

Public Health manage their budget within the Government allocated ring-fence and have a four-year forecast in place to ensure good financial management.

### *2.4.4 Listening to Croydon*

Public Health combine intelligence from data and evidence with resident and partner views and perceptions to make recommendations for strategy and policy through leading the Croydon Joint Strategic Needs Assessment. Public Health services incorporate resident engagement in the design and delivery of services. For example, Public Health is currently working with four grassroot voluntary sector organisations via appreciative inquiry to understand hyper-local needs. We are exploring how we can harness the connections, passion and dedication of these organisations and support them to reach their potential.

## 2.5 Public health Grant

Public Health receive a ring-fenced grant from the Department of Health and Social Care to fulfil the functions set out in the Health and Social Care Act 2012. The grant for 22/23 is £22.8M. This is allocated as follows:

Service Area	Population	Spend
<b>Core Public Health</b>		
Adult Healthy Behaviours	Working age adults and older people	950k
Substance Misuse	All	3.2m
0-19 Service	Early years, Families, Children and Young People	6.4m
Mental Wellbeing and Suicide Prevention	All	300k
NHS Health checks	Working age Adults	200k

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Sexual Health	Children and Young People and working age adults	6.1M
Health Protection	All	120k
Children's Healthy Weight	Early years, families and Children and Young people	300k
Public Health Team	All	1.7m
Youth Health and Wellbeing	Children and Young People	300k
<b>Public Health Outcomes in other Council Areas</b>		
Adult Social Care Programmes	Older People	1m
Food Flagship	All	136k
Parenting programmes	Early years and families	158k
Domestic Violence	All	350k
Community Fund	All	184k
<b>Corporate Charges</b>		
Business support		137k
Commissioning and Procurement		437k
Finance		48k
Legal		50k
SERCOP - Overheads		603k

The Director of Public Health reports back on how the grant is spent each year to Government to ensure it is spent in line with the grant conditions.

### 2.6 Core Public Health Performance Monitoring

2.6.1 Performance metrics have been agreed for all service areas. The Public Health performance metrics reflect the statutory functions of public health as well as local needs. The Croydon position alongside London is provided for benchmarking purposes as well as a performance narrative to provide context to the current position and the work to maintain or improve standards, a full account of the current position and target position is provided in Appendix 2.

2.6.2 The Public Health grant is used to commission a range of statutory and required services such as Substance Misuse, 0-19 Service (School nursing, health visiting) and Sexual Health. The Adults and Children's Commissioning team oversee the performance of external providers against key performance indicators agreed with public health.

2.6.3 Public Health lead projects, strategies and action plans are developed using a project management approach with clear objectives, deliverables and where appropriate evaluation plans set out.

### 2.7 Challenges and opportunities

#### *2.7.1 Underperformance of the Public Health Nursing 0-19 service (£6.6m budget)*

Health visiting service has a history of underperformance on the mandated checks (e.g. antenatal, new birth, 6-8w, 12m, 2-2.5y). If families are not being seen, there are potential safeguarding risks and early intervention opportunities that are not being implemented. The contract was renewed in August 2021 for 2 years and a Service Development Improvement Plan was put into place in September 2021. There has been limited improvement against performance targets. Croydon Health Services presented to CYP Scrutiny Committee in

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November 2021 and was due to return in June 2022. There is an opportunity to explore recommissioning the service, subject to commissioning team capacity.

### *2.7.2 Live well service redesign*

A redesign of the Live Well Service began pre-pandemic and was paused during 2020 and 2021. The service is currently provided in-house, however, staff recruitment to vacant posts has been a challenge meaning that the capacity within the service to provide support is limited. Public Health are now revisiting the service redesign to re-look at options for this service going forward.

### *2.7.3 Sexual health service redesign*

There is the opportunity to redesign the way in which certain sexual health services are delivered in the community to improve contraception rates, decrease repeat terminations and increase chlamydia screening. Commissioning capacity is required to enable this.

### *2.7.4 Supplementary Substance Misuse Treatment and Recovery Grant*

There is additional money coming from the Office for Health Improvement and Disparities (OHID) to help implement the new national drugs strategy, approx. £2 million over 3 years. The additional funding lasts for three years and stretches across the whole of substance misuse service provision with a particular emphasis on workforce development and reducing unmet need.

### *2.7.5 Childhood Immunisations*

There is a history of low immunisation rates in Croydon. Immunisations were previously presented to Health and Social Care Scrutiny in November 2019. Public Health has a responsibility in seeking reassurance from the NHS around the delivery of immunisation programmes but are not responsible for commissioning or delivering these programs.

### *2.7.6 South West London funding allocations*

There is an opportunity to ensure NHS lead public health programmes on healthy weight and smoking cessation are fairly resourced in Croydon and align well with the community offer. There is also an opportunity to ensure all NHS health inequalities funding is targeted proportionately to need, reflecting that Croydon has higher levels of deprivation than the rest of South west London as outlined in the [Core20](#) data.

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### **APPENDICES TO THIS REPORT**

*Appendix 1: Public Health Service Plan Priorities and deliverables 22/23*

*Appendix 2: Public Health Corporate Performance Metrics*

**BACKGROUND DOCUMENTS:** *[Complete for Part A reports only - list documents that have not been published previously]*

## Appendix 1: Public Health Service Plan Priorities and deliverables 2022/23

**Priority one:** To protect the health of Croydon residents

- (i) Lead the multiagency Health Protection Forum to respond to threats to health from communicable disease and to drive system improvements in the uptake of vaccinations and immunisations.
- (ii) Lead the Croydon Covid19 response including improving uptake to Covid19 vaccination to manage the impact of a winter wave of infection.
- (iii) Take a Health in all policies approach to promote healthy environments e.g. through providing public health input and advice to licensing, the healthy catering commitment, air quality and the Green Plan.

**Priority two:** To improve the health of Croydon residents- with a focus on improving the health of those experiencing poor health fastest through a preventative approach and work to address the wider determinants of health

- (i) Commission, implement and/or embed the new service models to:
- (ii) Improve Adult Healthy Behaviours for smoking, alcohol and weight
- (iii) Support children and families to achieve a healthy weight by commissioning the child healthy weight programme
- (iv) Enable early identification of risk factors for Long term conditions through a targeted approach to NHS Healthchecks
- (v) Provide input and influence to the SWL Prevention framework for acute trusts
- (vi) Improve Sexual health outcomes through the commissioned delivery of:
  - Chlamydia Screening
  - LARC
- (vii) Provide public health input and advice in the Safer Croydon Partnership including co-chairing the Domestic Violence forum, providing input to share the Violence against Women and Girls strategy and supporting the wider work on reducing violence in vulnerable adolescents
- (viii) Support the revision of the terms of reference and governance structures of the Health and Wellbeing board, and influence delivery of the Health and Wellbeing Strategy
- (ix) Implement Public Mental Health offer to include:
  - Mental Health First Aid training
  - Trauma informed training
  - 5 ways to wellbeing
  - Bereavement support
  - Well workforce strategy
- (x) Implementation of Best Start vision through:
  - Driving improvements to Public Health Nursing service
  - Supporting the development and implementation of the Early Years strategy
  - Review of parenting programmes and recommendations for future provision
  - Working with midwifery and health visiting services to support families to adopt health behaviours in readiness for pregnancy (healthy weight, smoking cessation, alcohol interventions)
  - Influence delivery of maternity services to improve health outcomes and reduce health inequalities through supporting an understanding of need and engagement.
  - Supporting childhood nutrition through the delivery of the healthy start programme and the breastfeeding programme.



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- Supporting the Family Hubs development
- (xi) Champion population health in everything the Council, the NHS and its partners do through a health in all policies approach. Specifically:
  - Public health Consultant alignment to Directorates
  - Support Community Fund recommissioning to align with public health outcomes
  - Licensing and events
  - Healthy schools programmes (inc school superzones and oral health)
  - Green Plan
  - Championing food and healthy weight work
  - Support council air quality action plan
  - Develop/ refresh health improvement strategies/plans for Suicide Prevention, Tobacco Control and Substance Misuse
- (xii) Support SWL, Croydon place based and partnership organisations by providing specialist public health input to improve health and reduce inequalities

**Priority three:** Health intelligence - using data and evidence to support the Council and the NHS to utilise their resources to improve health and reduce health inequalities

- (i) Deliver the public health intelligence function
- (ii) Develop a high quality, thriving Public Health training function.
- (iii) Development of health intelligence products using all available data sets including Census 2022 including (all available on Croydon Observatory):
  - Pharmaceutical Needs Assessment,
  - Director of Public Health annual report,
  - LGBTQ Mental Health needs assessment
  - Vulnerable adolescents needs assessment
  - Support to the Serious Youth Violence Review
  - Schools survey
  - Support to Violence Against Women and Girls needs assessment
- (iv) Support SWL CCG, Croydon Place and partner organisations through providing intelligence and evidence for population health management to inform commissioning decisions and wider programme planning including:
  - Shaping the place and system population health management strategies
  - Development of revised health and care plan outcomes and dashboard
  - Input into specific population health management projects at PCN, place and system levels.
- (v) Influence improvements in quality of health and social care provision through participation in forums including:
  - Safeguarding Boards
  - SEND Board
  - Child death overview panel
  - Individual Funding requests
  - Croydon Health Management Board
  - Integrated Care Networks
  - Health and Care Sub Committee

**Appendix 2: Public Health Corporate Performance Metrics**

INDICATOR	LATEST DATA					BENCHMARKING		COMMENTS ON CURRENT PERFORMANCE
	Bigger or Smaller is better	Frequency	Timeframe	Target	Croydon position	Timeframe	London position	
% of the eligible population offered an NHS Health Check who received one (% uptake)	Bigger is better	Quarterly	Q2 21/22	28%	30%	Q2 21/22	48%	Target is current 25th percentile within London. Croydon has a targeted approach to NHS Healthchecks provision that focuses on those most at risk of poor health outcomes rather than the entire eligible population. The focus is on improving uptake of healthchecks by those who have been offered rather than increasing the population invited.
% opiates and/or crack cocaine users not in treatment	Smaller is better	Annual	2020/21	64.5%	67.8%	2020/21	64.5%	Target is current London average. We have recently commissioned a new provider and have additional funding coming through from central government with a focus on increasing numbers in treatment.
STI testing rate (per 100,000 people aged 15-64, excludes chlamydia testing in those aged under 25)	Bigger is better	Annual	2020	5682.6	4099.1	2020	9,136.30	Target is current 25th percentile within London. Testing rate has fallen in Croydon as in London and England during the pandemic. This could be due to less testing services offered or down to there being a genuine reduction in demand during periods of lockdown. We are currently putting in place a new S75 contract with our local provider.

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INDICATOR	LATEST DATA					BENCHMARKING		COMMENTS ON CURRENT PERFORMANCE
	Bigger or Smaller is better	Frequency	Timeframe	Target	Croydon position	Timeframe	London position	
Total prescribed LARC (per 1,000 women aged 15-44)	Bigger is better	Annual	2020	27.0	29.4	2020	27.0	Target is current London average. LARC prescriptions have fallen in Croydon as in London and England during the pandemic. LARC is offered both in the community and the hospital and we are reviewing our community provision currently with procurement in mind for 23/24
% of those eligible tested for HIV	Bigger is better	Annual	2020	60.3%	64.6%	2020	54.7%	Target is current 75th percentile within London. Testing rate has fallen in Croydon as in London and England during the pandemic though remains comparatively high. HIV point of care testing currently takes place at CHS A+E whilst we work with partners in HIV through the SRH partnership board to increase access to HIV testing.
% of abortions that are repeats (i.e. involve a women who has had a previous abortion)	Smaller is better	Annual	2020	45.6%	51.4%	2020	44.0%	Target is current 25th percentile within London. Given historic poor performance in this area the Sexual Health, HIV and Reproductive Health Partnership Board have requested a task and finish group to look into terminations of pregnancy.

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INDICATOR	LATEST DATA					BENCHMARKING		COMMENTS ON CURRENT PERFORMANCE
	Bigger or Smaller is better	Frequency	Timeframe	Target	Croydon position	Timeframe	London position	
% of adults (aged 18-64) in routine and manual occupations who are smokers	Smaller is better	Annual	2020	19.3%	11.6%	2020	19.3%	Target is current London average. There is no historical data as the survey changed its methodology in 2020 so trends are not comparable. Croydon has an integrated healthy lifestyle service that encompasses smoking cessation, brief alcohol interventions and weight management. This service is currently being redesigned in partnership with the NHS to align to the Primary care integrated model. There is also a south west London NHS programme for smoking cessation to increase acute and mental health in-house provision.
% of adults (aged 18+) classified as overweight or obese	Smaller is better	Annual	2020/21	61.1%	61.8%	2020/21	56.0%	Target is current 25th percentile within London. Croydon has an integrated healthy lifestyle programme providing adult weight management support. Public Health are also looking to commission a pilot weight management programme targeting the Black Caribbean population. There is a multi-agency healthy weight partnership which has an action plan to address obesity that requires action across the council, VSC and NHS.
% of residents reporting good life satisfaction (% of survey respondents)	Bigger is better	Annual	2020/21	79.0%	81.3%	2020/21	75.1%	Target is current 75th percentile within London. This is a cross cutting council and partner wide measure of success. There are a number of programmes due to be

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INDICATOR	LATEST DATA					BENCHMARKING		COMMENTS ON CURRENT PERFORMANCE
	Bigger or Smaller is better	Frequency	Timeframe	Target	Croydon position	Timeframe	London position	
scoring 7 or higher)								launched with an aim to improve wellbeing and mental resilience.
% of children receiving 6-8 week review by health visitor	Bigger is better	Quarterly	Q3 21/22	66.5%	58.5%	Q3 21/22	72.0%	Target is current 25th percentile within London. History of poor performance largely due to staffing issues. Monthly monitoring and improvement plan in place.
% of children who received a 2 - 2.5 year review	Bigger is better	Quarterly	Q3 21/22	51.7%	35.2%	Q3 21/22	63.6%	Target is current 25th percentile within London. History of poor performance largely due to staffing issues. Monthly monitoring and improvement plan in place.
Teenage conception rate (per 1,000 women aged 15-17)	Smaller is better	Annual	2020	12.0	11.3	2020	9.8	Target is current 25th percentile within London. Rates have fallen dramatically in 2020 as a result of the pandemic. We are working with our local sexual health provider to continue to increase and improve health promotion programmes and activities to ensure these rates continue to decrease.
% of children aged 10-11 years (children in year 6) classified as obese or overweight	Smaller is better	Annual	2019/20	38.2%	39.5%	2019/20	38.2%	Target is current London average. Owing to the suspension of the National Childhood Measurement Programme during the pandemic there is no updated information for 2020/21. The Healthy Schools programme includes a focus on healthy food in schools. Public health are working with the NHS to develop a Tier 3/4 healthy weight service. The Food and Healthy Weight Partnership has a range of actions across the wider determinants of health, and two grants

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INDICATOR	LATEST DATA					BENCHMARKING		COMMENTS ON CURRENT PERFORMANCE
	Bigger or Smaller is better	Frequency	Timeframe	Target	Croydon position	Timeframe	London position	
% of children aged 4-5 years (children in reception) classified as obese or overweight	Smaller is better	Annual	2019/20	21.6%	21.8%	2019/20	21.6%	<p>have been received which will be utilised for a healthy catering commitment and to strengthen the healthy weight partnership.</p> <p>Target is current London average. Owing to the suspension of the National Childhood Measurement Programme during the pandemic there is no updated information for 2020/21. Public Health are launching an early years healthy weight programme in the autumn that will provide support to children and families to achieve a healthy weight. Public health are also working with the NHS to develop a Tier 3/4 healthy weight service. The Food and Healthy Weight Partnership has a range of actions across the wider determinants of health, and two grants have been received which will be utilised for a healthy catering commitment and to strengthen the healthy weight partnership.</p>