



BILLET D'ÉTAT

WEDNESDAY, 2nd MARCH, 2016

VI
2016

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BILLET D'ÉTAT

TO THE MEMBERS OF THE STATES OF THE ISLAND OF GUERNSEY

I hereby give notice that a Meeting of the States of Deliberation will be held at **THE ROYAL COURT HOUSE**, on **WEDNESDAY**, the **2nd MARCH, 2016** at **9.30 a.m.**, to consider the items contained in this Billet d'État which have been submitted for debate.

R. J. COLLAS
Bailiff and Presiding Officer

The Royal Court House
Guernsey

22nd January 2016

PROJETS DE LOI

entitled

THE POPULATION MANAGEMENT (GUERNSEY) LAW, 2016

The States are asked to decide:-

I.- Whether they are of the opinion to approve the draft *Projet de Loi* entitled “The Population Management (Guernsey) Law, 2016”, and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for her Royal Sanction thereto.

EXPLANATORY MEMORANDUM

This *Projet* implements relevant States Resolutions made in 2012, 2013, 2014 and 2015 by introducing a population management regime to replace the housing control and right to work legislation.

Part 1 of the *Projet* establishes the office of the Administrator of Population Management and sets out a hierarchy of strategic objectives and population policies of the States, and of the Committee *for* Home Affairs, of which the office holder must take account when exercising his or her functions under the Law. Subsequent Parts of the *Projet* define Permanent Residents, Established Residents and Open Market Residents; make provision in respect of the issue, variation and revocation of Resident Certificates and Resident Permits; define the various classes of Employment Permits and make provision in respect of their grant, variation and revocation; create offences relating to unlawful residence and employment; provide for the imposition of discretionary financial penalties; set out extensive transitional and saving provisions; and make other incidental and consequential provision, including appropriate provisions for appeals.

As in the case of the Open Market Housing Register (Guernsey) Law, 2016 (see below), to which this *Projet* cross-refers, the policy proposals that will be implemented by the *Projet* were the subject of extensive public consultation and of a series of workshops for States members. An earlier draft of the legislation was the subject of consultation with selected practitioners at the Guernsey Bar.

THE OPEN MARKET HOUSING REGISTER (GUERNSEY) LAW, 2016

The States are asked to decide:-

II.- Whether they are of the opinion to approve the draft *Projet de Loi* entitled “The Open Market Housing Register (Guernsey) Law, 2016”, and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for her Royal Sanction thereto.

EXPLANATORY MEMORANDUM

This Projet implements the States' Resolutions of 2012, 2013, 2014 and 2015 referred to above by making provision for the administration of the Open Market Housing Register by the Committee *for* the Environment and Infrastructure through the enactment of a Projet comprising in large part provisions similar to those in Part IV of the Housing (Control of Occupation) Guernsey Law, 1994. It also provides for the prescription of a maximum number of dwellings in Part D of that Register; for the temporary maintenance of the inscription of properties that would otherwise be subject to deletion; for the issue of compliance notices; and makes other incidental and consequential provision, including appropriate provisions for appeals against decisions of the administering Committee.

THE SUCCESSION TO THE CROWN (BAILIWICK OF GUERNSEY) LAW, 2015

The States are asked to decide:-

III.- Whether they are of the opinion to approve the draft Projet de Loi entitled "The Succession to the Crown (Bailiwick of Guernsey) Law, 2016", and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for her Royal Sanction thereto.

EXPLANATORY MEMORANDUM

This Law provides, for the avoidance of any doubt, for the rules governing succession to the Crown in respect of the Bailiwick of Guernsey to be determined in accordance with the law of the United Kingdom relating to succession to the Crown. The Law is intended to ensure that the effect of legislation enacted by Parliament ending the male primogeniture rule (the Crown Succession Act 2013) is reflected in the laws of the Bailiwick.

THE INHERITANCE (AMENDMENT) (GUERNSEY) LAW, 2016

The States are asked to decide:-

IV.- Whether they are of the opinion to approve the draft Projet de Loi entitled "The Inheritance (Amendment) (Guernsey) Law, 2016", and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for her Royal Sanction thereto.

EXPLANATORY MEMORANDUM

This Law amends the Inheritance (Guernsey) Law, 2011 to provide that parties to a same-sex marriage, which fulfils other criteria such that it would be recognised under Guernsey law if it had been entered into by a man and a woman, will be treated as spouses for the purposes of the Inheritance (Guernsey) Law, 2011.

THE ARBITRATION (GUERNSEY) LAW, 2016

The States are asked to decide:-

V.- Whether they are of the opinion to approve the draft *Projet de Loi* entitled “The Arbitration (Guernsey) Law, 2016”, and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for her Royal Sanction thereto.

EXPLANATORY MEMORANDUM

This *Projet* introduces new provision relating to arbitration agreements and proceedings based upon the English Arbitration Act 1996. It reflects current practice in arbitration (e.g. by not making any provision for the appointment of umpires), takes into account developments in English jurisprudence and includes additional provision found in the United Nations Commission on International Trade Law model, which provision is helpful to clarify certain issues, such as the power for the arbitration tribunal to make interim measures and as to when arbitration proceedings are terminated.

The *Projet* repeals current statutory provision relating to arbitration with the exception of that Part of the Arbitration (Guernsey) Law, 1982 relating to the enforcement of certain foreign arbitration awards.

THE DESIGNATION OF OFFICERS (BAILIWICK OF GUERNSEY) LAW, 2016

The States are asked to decide:-

VI.- Whether they are of the opinion to approve the draft *Projet de Loi* entitled “The Designation of Officers (Bailiwick of Guernsey) Law, 2016”, and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for her Royal Sanction thereto.

EXPLANATORY MEMORANDUM

This *Projet* empowers the Head of Law Enforcement (who is both the Chief Officer of Police and the Chief Revenue Officer) to designate customs officers and immigration officers as having the powers and privileges of police officers, police officers and immigration officers as having the powers of customs officers, and police officers as having the powers of immigration officers.

Clause 1 authorises the Chief Officer of Police to designate customs officers and immigration officers as having the powers and privileges of police officers; the Chief Revenue Officer to designate police officers and immigration officers as having the powers of customs officers; and the Chief Revenue Officer to designate police officers as having the powers of immigration officers. Such designations may be modified, suspended or withdrawn.

Clause 2 allows a designation to be made subject to any limitations specified in the designation.

Clause 3 provides that customs officers and immigration officers designated with the powers and privileges of police officers have all those powers and privileges, subject to limitations in the designation and any applicable restrictions and duties.

Clause 4 provides that police officers and immigration officers designated with the powers of customs officers have all those powers, subject to limitations in the designation and any applicable restrictions and duties.

Clause 5 provides that police officers designated with the powers of immigration officers have all those powers, subject to limitations in the designation and any applicable restrictions and duties.

Clause 6 requires a designated officer exercising operational powers conferred by or under the Law ("**operational powers**") to produce evidence of the designation if requested by any person.

Clauses 7 and 8 create offences of resisting, wilfully obstructing or assaulting a designated officer in the exercise of operational powers. Clause 9 creates an offence of impersonating a designated officer in the exercise of operational powers, or falsely pretending to have operational powers that a person does not have.

Clauses 10 and 11 authorise the States of Deliberation to make any Ordinance considered appropriate in consequence of designated officers being given operational powers.

Clause 12 clarifies that for the purposes of the Police Complaints (Guernsey) Law, 2008, police officers designated with the powers of customs officers or immigration officers remain police officers despite the designation. Customs officers or immigration officers designated with the powers and privileges of police officers are not to be treated as police officers for the purposes of that Law.

Clause 13 clarifies the legal position with regard to civil liability if a designated officer were to act wrongfully, e.g. commit a tort (civil wrong), in the exercise or purported exercise of operational powers. For the purposes of civil liability, wrongs committed by a police officer designate are to be treated as if they are wrongs committed by a police officer; wrongs committed by a customs officer designate are to be treated as if they are wrongs committed by a customs officer; and wrongs committed by an immigration officer designate are to be treated as if they are wrongs committed by an immigration officer.

**THE AIR NAVIGATION (BAILIWICK OF GUERNSEY) (AMENDMENT)
ORDINANCE, 2016**

The States are asked to decide:-

VII.- Whether they are of the opinion to approve the draft Ordinance entitled “The Air Navigation (Bailiwick of Guernsey) (Amendment) Ordinance, 2016”, and to direct that the same shall have effect as an Ordinance of the States.

EXPLANATORY MEMORANDUM

This Ordinance is made under the Air Navigation (Bailiwick of Guernsey) Law, 2012. Following the States’ decision to permit the use of aircraft registered on the Guernsey Aircraft Register for commercial air transport, the Ordinance amends the Law to provide for the issue of air operator’s certificates (which are required under international law for aircraft used for the purpose of commercial air transport). It allows further provision in relation to the issue of certificates to be made by regulations. It also makes minor ancillary amendments to the Law to widen the possible range of aircraft registration marks and to correct a typographical error

**THE AVIATION REGISTRY (GUERNSEY) (AMENDMENT)
ORDINANCE, 2016**

The States are asked to decide:-

VIII.- Whether they are of the opinion to approve the draft Ordinance entitled “The Aviation Registry (Guernsey) (Amendment) Ordinance, 2016”, and to direct that the same shall have effect as an Ordinance of the States.

EXPLANATORY MEMORANDUM

This Ordinance is made under the Aviation Registry (Guernsey) Law, 2013 and amends the Law by repealing section 18 which prohibits Guernsey registered aircraft from being used for the purpose of commercial air transport. It makes minor ancillary changes to the Law to allow the manner in which registration marks are displayed to be amended by regulation and to support the Registry practice in relation to the non-transferability of special marks. It also makes minor amendments to the Aircraft Registry (Interests in Aircraft) (Guernsey) Ordinance, 2015 which are necessary for typographical consistency and to enable the Ordinance to be amended by regulations in order to give further effect to the Cape Town Convention (the Convention on International Interests in Mobile Equipment as modified).

**THE HOUSING (CONTROL OF OCCUPATION) (AMENDMENT OF
HOUSING REGISTER) (NO. 2) ORDINANCE, 2016**

The States are asked to decide:-

IX.- Whether they are of the opinion to approve the draft Ordinance entitled “The Housing (Control of Occupation) (Amendment of Housing Register) (No. 2) Ordinance, 2016”, and to direct that the same shall have effect as an Ordinance of the States.

EXPLANATORY MEMORANDUM

This Ordinance is made under the Housing (Control of Occupation) (Guernsey) Law, 1994 and authorises the Housing Department to inscribe in Part A of the Housing Register seven dwellings on the site known as Royal Terrace, Gategny Esplanade, Saint Peter Port.

Clause 2 of the draft Ordinance provides that the application for inscription must be made on or before 30 April 2016, and that clause 3 provides that inscriptions pursuant to such applications must be made by the Department on or before 30 April 2017. This is because the developer is not yet in a position to seek the inscription of the dwellings. Also, the relevant Resolution (Article XV of Billet d'État No. XVI of 2014) mandates the preparation of legislation permitting the inscription of eight dwellings, whereas the draft Ordinance permits the inscription of seven. This is because of a change to the layout of the accommodation brought about by the sale of a large open market unit on this site, meaning that the developer can no longer take up the offer of the eighth inscription

ORDINANCE LAID BEFORE THE STATES

**THE CHILDREN (GUERNSEY AND ALDERNEY) (AMENDMENT)
ORDINANCE, 2015**

In pursuance of the provisions of the proviso to Article 66 (3) of The Reform (Guernsey) Law, 1948, as amended, “The Children (Guernsey and Alderney) (Amendment) Ordinance, 2015”, made by the Legislation Select Committee on the 27th July, 2015, is laid before the States.

EXPLANATORY MEMORANDUM

This Ordinance amends the Children (Guernsey and Alderney) Law, 2008 to enable the courts to make recovery orders under section 92 of the Law for such period as thought fit, provided that the period shall not exceed the period during which the child is subject to the requirement or any of the orders set out in that section. The amendments also enable a police officer to take appropriate steps to recover a child, who is subject to the requirement or any of the orders set out in section 92, without any court order.

The Ordinance was made by the Legislation Select Committee in exercise of its powers under Article 66(3) of the Reform (Guernsey) Law, 1948, and came into force on the 27th July, 2015. Under the proviso to Article 66(3) of the Reform (Guernsey) Law, 1948, the States of Deliberation have the power to annul the Ordinance.

STATUTORY INSTRUMENTS LAID BEFORE THE STATES

The States of Deliberation have the power to annul the Statutory Instruments detailed below.

THE CRIMINAL JUSTICE (PROCEEDS OF CRIME) (LEGAL PROFESSIONALS, ACCOUNTANTS AND ESTATE AGENTS) (BAILIWICK OF GUERNSEY) (AMENDMENT) REGULATIONS, 2015

In pursuance of Section 54 of the Criminal Justice (Proceeds of Crime) (Bailiwick of Guernsey) Law, 1999, “The Criminal Justice (Proceeds of Crime) (Legal Professionals, Accountants and Estate Agents) (Bailiwick of Guernsey) (Amendment) Regulations, 2015”, made by the Policy Council on 14th December 2015, are laid before the States.

EXPLANATORY NOTE

These Regulations update the fees payable by prescribed businesses under the Criminal Justice (Proceeds of Crime) (Bailiwick of Guernsey) Law, 1999.

These Regulations came into force on the 1st January, 2016.

THE PROTECTED CELL COMPANIES AND INCORPORATED CELL COMPANIES (FEE FOR INSURERS) REGULATIONS, 2015

In pursuance of Section 25 of the Financial Services Commission (Bailiwick of Guernsey) Law, 1987; Section 86 of the Insurance Business (Bailiwick of Guernsey) Law, 2002; and Section 537 of the Companies (Guernsey) Law, 2008, “The Protected Cell Companies and Incorporated Cell Companies (Fee for Insurers) Regulations, 2015”, made by the Commerce and Employment Department and Policy Council on 21st December 2015, are laid before the States.

EXPLANATORY NOTE

These Regulations prescribe the fees payable to the Guernsey Financial Services Commission by any company which is a protected cell company or an incorporated cell company, and by an incorporated cell, and which applies to be licensed to conduct insurance business under the Insurance Business (Bailiwick of Guernsey) Law, 2002, and the fees payable periodically thereafter by such a company or cell when licensed and also for the creation of a new cell or the reactivation of a dormant cell by a licensed protected cell company. Furthermore, the Regulations prescribe the fee payable to the

Guernsey Financial Services Commission by any company for consent for the conversion of a licensed company into a protected cell company or an incorporated cell company, for the conversion of an existing licensed protected cell company into an incorporated cell company, or for the conversion of a licensed protected cell company or incorporated cell company into a non-cellular company. The Regulations also specify a fee for the conversion (when the Companies (Guernsey) Law, 2008 so permits) of an existing cell of a protected cell company into a non-cellular company.

These Regulations came into force on the 1st January, 2016.

THE FINANCIAL SERVICES COMMISSION (FEES) REGULATIONS, 2015

In pursuance of Section 25 of the Financial Services Commission (Bailiwick of Guernsey) Law, 1987; Section 21 of the Protection of Investors (Bailiwick of Guernsey) Law, 1987; Section 60 of the Banking Supervision (Bailiwick of Guernsey) Law, 1994; Section 86 of the Insurance Business (Bailiwick of Guernsey) Law, 2002; and Section 63 of the Insurance Managers and Insurance Intermediaries (Bailiwick of Guernsey) Law, 2002, “The Financial Services Commission (Fees) Regulations, 2015”, made by the Policy Council on 21st December, 2015, are laid before the States.

EXPLANATORY NOTE

These Regulations prescribe for the purposes of the Protection of Investors (Bailiwick of Guernsey) Law, 1987, the Banking Supervision (Bailiwick of Guernsey) Law, 1994, the Regulation of Fiduciaries, Administration Businesses and Company Directors, etc. (Bailiwick of Guernsey) Law, 2000, the Insurance Business (Bailiwick of Guernsey) Law, 2002 and the Insurance Managers and Insurance Intermediaries (Bailiwick of Guernsey) Law, 2002 the fees payable in respect of the licensing of controlled investment business and the authorisation and registration of collective investment schemes, a designated territory investment business notification, a non-Guernsey open-ended collective investment scheme notification, the licensing of a bank, the licensing of fiduciaries, the licensing of an insurer, the service of notice of an application to the Royal Court for an order sanctioning a transfer of long term insurance business, the licensing of an insurance manager, the licensing of an insurance intermediary, and the fees payable annually thereafter.

These Regulations came into force on the 1st January, 2016.

THE REGISTRATION OF NON-REGULATED FINANCIAL SERVICES BUSINESSES (BAILIWICK OF GUERNSEY) (FEES) REGULATIONS, 2015

In pursuance of Section 31 of the Registration of Non-Regulated Financial Services Business (Bailiwick of Guernsey) Law, 2008, “The Registration of Non-Regulated Financial Services Businesses (Bailiwick of Guernsey) (Fees) Regulations, 2015”, made by the Policy Council on 21st December, 2015, are laid before the States.

EXPLANATORY NOTE

These Regulations make provision in respect of the payment of an application fee and an annual fee for the purposes of the Registration of Non-Regulated Financial Services Businesses (Bailiwick of Guernsey) Law, 2008.

These Regulations came into force on the 1st January, 2016

**THE AMALGAMATION AND MIGRATION OF COMPANIES (FEES
PAYABLE TO THE GUERNSEY FINANCIAL SERVICES
COMMISSION)(AMENDMENT) REGULATIONS, 2015**

In pursuance of section 537 of the Companies (Guernsey) Law, 2008, “The Amalgamation and Migration of Companies (Fees payable to the Guernsey Financial Services Commission) (Amendment) Regulations, 2015”, made by the Commerce and Employment Department on 17th December 2015, are laid before the States.

EXPLANATORY NOTE

These Regulations amend the Amalgamation and Migration of Companies (Fees payable to the Guernsey Financial Services Commission) Regulations, 2012 by increasing the fee payable to the Guernsey Financial Services Commission which must accompany an application for its consent for the amalgamation of companies pursuant to the provisions of Part VI of the Companies (Guernsey) Law, 2008 and for the removal of a supervised company from the Register of Companies for the purposes of becoming registered as a company under the law of a district, territory or place outside Guernsey in accordance with the provisions of Part VII of that Law.

The Regulations came into force on the 1st January, 2016.

There continues to be no fee payable to the Guernsey Financial Services Commission when a non-Guernsey company migrates "inwardly" to become registered as a Guernsey company.

**THE FINANCIAL SERVICES COMMISSION (LIMITED LIABILITY
PARTNERSHIPS) (FEES) REGULATIONS, 2015**

In pursuance of section 113(4) of the Limited Liability Partnerships (Guernsey) Law, 2013, “The Financial Services Commission (Limited Liability Partnerships) (Fees) Regulations, 2015”, made by the Commerce and Employment Department on 17th December 2015, are laid before the States.

EXPLANATORY NOTE

These regulations, made by the Commerce and Employment Department, prescribe the fee payable to the Commission under the Limited Liability Partnerships (Guernsey) Law, 2013 in relation to an application for the consent of the Commission for a supervised LLP to be removed from the Register. They came into force on 1st January, 2016.

**THE LIMITED PARTNERSHIPS (CREDIT ARRANGEMENTS)
REGULATIONS, 2015**

In pursuance of section 44 (3) of the Limited Partnerships (Guernsey) Law, 1995, “The Limited Partnerships (Credit Arrangements) Regulations, 2015”, made by the Commerce and Employment Department on 17th December 2015, are laid before the States.

EXPLANATORY NOTE

These Regulations provide for the avoidance of doubt that the Greffier, the Commerce and Employment Department and the Guernsey Financial Services Commission may operate credit arrangements in relation to fees payable under the Limited Partnerships (Guernsey) Law, 1995, as amended.

These Regulations came into force on the 18th December, 2015.

**THE COMPANIES (REGISTRAR) (CREDIT ARRANGEMENTS)
REGULATIONS, 2015**

In pursuance of section 537 of the Companies (Guernsey) Law, 2008, “The Companies (Registrar) (Credit Arrangements) Regulations, 2015”, made by the Deputy Registrar of Companies on 17th December, 2015, are laid before the States.

EXPLANATORY NOTE

These Regulations provide for the avoidance of doubt that the Registrar of Companies may operate credit arrangements in relation to fees payable to him in respect of the performance of his functions under the Companies (Guernsey) Law, 2008, as amended.

These Regulations came into force on the 18th December, 2015.

**THE IMAGE RIGHTS (REGISTRATION) (BAILIWICK OF
GUERNSEY) REGULATIONS, 2015**

In pursuance of section 111 (3) of the Image Rights (Bailiwick of Guernsey) Ordinance, 2012, “The Image Rights (Registration) (Bailiwick of Guernsey) Regulations, 2015”,

made by the Commerce and Employment Department on 17th December 2015, are laid before the States.

EXPLANATORY NOTE

These Regulations provide, for the avoidance of doubt, that where there has been a procedural irregularity and an application has not been accompanied by the appropriate fee, the registration of a personality or image relevant to that application is to be considered valid.

These Regulations came into force on the 18th December, 2015.

THE HEALTH SERVICE (PAYMENT OF AUTHORISED SUPPLIERS) (AMENDMENT) REGULATIONS, 2015

In pursuance of sections 14 and 35 of The Health Service (Benefit) (Guernsey) Law, 1990, “The Health Service (Payment of Authorised Suppliers) (Amendment) Regulations, 2015”, made on 23rd December 2015 by the Social Security Department, are laid before the States.

EXPLANATORY NOTE

These Regulations revoke and replace the Schedules to the Health Service (Payment of Authorised Suppliers) Regulations, 2003. The amendments have the effect of increasing the graduated fees paid out of the Guernsey Health Service Fund, in connection with the supply of certain pharmaceutical benefit, to pharmacists not employed by a medical practice.

These Regulations came into force on the 1st January, 2016.

THE HEALTH SERVICE (PAYMENT OF AUTHORISED APPLIANCE SUPPLIERS) (AMENDMENT) REGULATIONS, 2015

In pursuance of Sections 19 and 35 of The Health Service (Benefit) (Guernsey) Law, 1990, “The Health Service (Payment of Authorised Appliance Suppliers) (Amendment) Regulations, 2015”, made by the Social Security Department on 23rd December, 2015, are laid before the States.

EXPLANATORY NOTE

These Regulations revoke and replace the Schedules to the Health Service (Payment of Authorised Appliance Suppliers) Regulations, 2003. The Schedules set out the payments which may be made out of the Health Service Benefit Fund for the supply of medical appliances.

These Regulations came into force on 1st January 2016.

LADIES' COLLEGE BOARD OF GOVERNORS

NEW CHAIRMAN

The States are asked:-

X.- To elect as Chairman of the Board of Governors with effect from 1st May, 2016, for a three year term Mrs. Kathryn Mary Neal Richards who has been nominated in that behalf by the Governors for election by the States.

[N.B. The vacancy will arise on 1st May, 2016, by reason of Deputy P L Gillson ceasing to be a sitting Deputy on 30 April, 2016. The States resolved on 20th October, 2015, a change of the constitution of the Ladies' College removing the requirement that the Chairman be a sitting Deputy, the change of rules to be effective from 1st May, 2016.]

[N.B. The Governors have provided the following profile of Mrs. Richards:

Mrs. Kathryn M N Richards is a former pupil of the Ladies College. She was President of the Ladies College Guild before joining the Board of Governors of which she is currently Vice Chairman, Chairman of the Finance Committee and the Link Governor for Child Protection. Mrs. Richards' daughter attended the Ladies' College and served as Head Girl.

Mrs. Richards graduated from Bristol University with a double honours degree in Psychology and Sociology. She worked for the Imperial Group in the UK and was responsible for establishing a department to research and advise on management education and training. Following her return to the Island and a family career break, Mrs. Richards spent a period of time as Senior Lecturer in Management in Further Education. In 1989, Mrs. Richards became co-founder of ODL, a Guernsey based consultancy company which provided strategic organisation development consultancy, tailored training and qualification design. For over twenty-five years she was joint Managing Director of that business. Mrs. Richards' commercial experience in this role also included responsibility for regulated training centres in the UK. The work of the Company included extensive projects for the UK Government developing competence frameworks and occupational standards for a wide range of economic sectors including education. The Company also had a national profile in workforce development and Mrs. Richards was actively involved in the development of vocational qualifications and research into education developments across the UK. Mrs. Richards has confirmed that she feels honoured to be proposed for this position.]

[N.B. Deputy Gillson, who is proposing the candidate, has also confirmed that he has seen a Declaration of Interest from the candidate and is satisfied that there would be no conflict of interest if the candidate were appointed, or if there was potentially one it could be managed.]

ELIZABETH COLLEGE BOARD OF DIRECTORS

NEW MEMBER

The States are asked:-

XI.- To elect a member of the Elizabeth College Board of Directors to complete the unexpired term of office Mr. David Sussman who has resigned from that office, that is to January 2021.

[N.B. Each year the States elect a Member of the Elizabeth College Board of Directors, who does not need to be a sitting Member of the States, to serve a six year term. The College Statutes include a provision at Statute 13 that any person having served in the office of Director shall not be qualified for re-appointment until after the expiration of twelve months from the time of his going out of office.]

[N.B. Rule 12 of The Constitution and Operation of States Departments and Committees states the following in regard to ‘Nomination of Candidates for Election by the States’ - ‘Save in respect of the office of Chief Minister, persons shall be eligible for nomination from the floor of the Assembly on the day of election, but where a person nominated is not a sitting member of the States the proposer shall provide to Members of the States, no later than the start of the meeting at which the election is to be held, a full report in writing containing background information about the candidate, including a statement that the proposer had seen a Declaration of Interest from the candidate and was satisfied that there would be no conflict of interest if the candidate were appointed, or if there was potentially one it could be managed, the candidate’s willingness to seek election and the reasons for his name having been put forward. The Declaration in respect of the successful candidate shall be lodged with the Greffier and published by him as if the person concerned was subject to the provisions of Rule 23 of the Rules of Procedure of the States of Deliberation.’]

The following has been provided from the Clerk to the Elizabeth College Board of Directors:-

The Bailiff
Bailiff’s Chambers
The Royal Court House
St Peter Port
GY1 2NZ

11th November 2015

Dear Sir

I am directed by the Elizabeth College Board of Directors to say that it would be grateful if you could request the States to appoint a member of the Board to replace Mr David Sussman who has sadly had to resign due to unforeseen circumstances.

Whilst nominations may be made by any Member of the States it has become the practice that one nomination is made on behalf of the Board. In considering this nomination the Board's Selection Sub-Committee considered the appropriate skills and experience of likely candidates, whilst also maintaining the balance across the Board. In this instance the Board has decided to seek further experience in the areas of community engagement, marketing, communications and public relations. They have therefore approached Mr Steve Falla, Chairman of Orchard PR, to join the Board as a replacement to complete Mr Sussman's six year term in January 2021.

Mr Steve Falla was educated in Guernsey at the Boys Grammar School. He has had a 35 year career in the media, 26 of which have been as a communications professional. Among other things, he is a Fellow of the Chartered Institute of Public Relations, a Member of the Institute of Directors Guernsey Branch and a Commissioner of the Guernsey Language Commission. He has two sons, one a former Elizabeth College student and one who is currently at the College.

Mr Falla has confirmed his great interest in this opportunity and is honoured for his name to be put forward to the States for consideration. His CV is attached and it is intended that his proposer in the States will be Deputy Allister Langlois, both the Deputy Chief Minister and the current Acting Chairman of the Board of Directors.

I trust this letter both sufficiently informs you and is compliant with Rule 12 of the Rules relating to the Constitution and Operation of States Departments and Committees.

Yours faithfully

Mike Spiller
Clerk to the Board of Directors

MR STEPHEN JOHN FALLA

Steve Falla was educated at the Boys Grammar School, Guernsey. He started his career as a journalist with the Guernsey Press and since then he has had a 35 year career in the media, 26 of which have been as a communications professional.

He is the Chairman of Orchard PR which he founded in 1996.

Steve is a Fellow of the Chartered Institute of Public Relations (CIPR), an Accredited Practitioner of the CIPR, a former National Board Member of the CIPR and a current Member of the Membership and Professional Development Committee of the CIPR (national). He is also a Member of the Institute of Directors Guernsey Branch Committee and a Commissioner of the Guernsey Language Commission.

[N.B. Deputy Langlois, who is proposing the candidate, has also confirmed that he has seen a Declaration of Interest from the candidate and is satisfied that there would be no conflict of interest if the candidate were appointed, or if there was potentially one it could be managed.]

POLICY COUNCIL

IMPROVING ENERGY EFFICIENCY – AN IN PRINCIPLE PROPOSAL

Executive Summary

1. The Energy Resource Plan, adopted by the States in January 2012, contains the following strategic objective:

“Using energy wisely, efficiently and not wasting it”.

The purpose of this Policy Letter is to present the States with the case to justify the adoption of new services designed to deliver improvement in the overall energy efficiency of the Island.

2. It would have been preferable to be presenting a Policy Letter leading to immediate action but, in recognition of the restraint on States revenue expenditure, the Policy Letter instead sets out a pathway towards improvement that can be followed once resources can be provided.
3. This Policy Letter considers what is meant by energy efficiency, examines the methods for creating improvement, and the potential costs and benefits of that improvement.
4. The Policy Letter also examines the current position in the Island and suggests a way forward which will lead to improvement.
5. Should the States support the approach set out in this Policy Letter then the intention would be to work closely with Alderney, where the higher costs of energy significantly increase the economic benefits achievable, to explore ways in which improvements in energy efficiency can also be delivered in that island.
6. The States are recommended to approve the principles set out in this Policy Letter.

Introduction

7. The Energy Resource Plan, adopted by the States in January 2012, recognised three fundamental principles and set out three strategic objectives as follows:
8. The Energy Resource Plan recognises that:
 - Energy has become an essential commodity for the economic and social wellbeing of the Island and we need to ***provide*** affordable security and resilience of our energy supplies;
 - As with any commodity we should ***promote*** the efficient use of energy, thus using it wisely and not wasting it;

- We should recognise that energy generation and energy use have environmental impacts and we should *plan* to adopt carbon reduction measures proportionate to Island circumstances to reduce those impacts locally and as part of our contribution to international initiatives.
9. The Energy Resource Plan sets out three Strategic Objectives and a set of actions and directions to achieve for each:
 - Maintaining the safety, security, affordability and sustainability of the Island's energy supplies;
 - Using energy wisely, efficiently and not wasting it;
 - Reducing environmental impacts locally as part of our contribution to international initiatives as part of the global community.
 10. The recommendation arising from this Policy Letter are intended to contribute to the long-term achievement of all three of these Strategic Objectives, but particularly to the second.
 11. At its meeting on the 25th June 2014 (Billet d'État XII), the States considered a report from the Policy Council, the Commerce and Employment Department and the Treasury and Resources Department entitled "*Guernsey Electricity Supply – Future Strategy*".
 12. In addition to adopting the resolutions resulting from that report, the States also approved an amendment proposed by Deputy E G Bebb and seconded by Deputy S J Ogier with the following wording:

"To direct the Policy Council to lay before the States, no later than March 2015, a report containing recommended policies for improving energy efficiency and the means of enabling such policies to be effected".

This Policy Letter is also intended to fulfil the requirements of that amendment, the Chief Minister having made a statement to the States at its 24th March 2015 meeting explaining the delay in the presentation of this Policy Letter.

13. In considering the issue of seeking an improvement in energy efficiency, the Environmental Policy Working Group of the Policy Council (the Group), which is mandated to consider matters relating to energy policy, has examined a number of options and has agreed on steps which will lead to progressive improvements in energy efficiency.

What is meant by Energy Efficiency?

14. A simple working definition of energy efficiency is "*using less energy to deliver the same output*". It is not, therefore, about stopping activities but ensuring the activity delivers the required outcome without wasting energy. It means that a

building is heated rather than losing its heat to the air outside the building. It means that a boiler heats water, rather than the boiler house, and a fridge cools food, rather than losing energy to the kitchen. Similarly a vehicle delivers its occupants and load to the required destination without wasting energy (usually in the form of noise and heat) and an appliance delivers its intended function without unnecessarily using, and hence wasting, energy. Older houses, appliances and machines tend to be less energy efficient. Buildings, in particular those with single skin walls, uninsulated roofs and floors, ill-fitting doors and windows, and unlagged pipes and water tanks can be very wasteful of energy.

The Drivers for Energy Efficiency

15. While the overall objective is to be energy efficient, this statement masks a number of other policy objectives that may be delivered through energy efficiency.

- Conserving energy

Energy is still largely sourced from fossil fuels which are a scarce and depleting resource. Whilst shale gas, hydraulic fracturing and other recovery approaches are making available fossil fuel sources that were not previously readily accessible, the fact is these resources are finite and non-renewable.

- Climate Change

Reducing use of fossil fuels reduces the release of CO₂ considered to be the primary source of anthropogenic global warming and associated climate change.

- Air pollution

Fossil fuel burning releases carbon, nitrogen and sulphur oxides, as well as particulates, all of which contribute to air pollution, respiratory disease, cardiovascular and mental health problems.

- Economic

Energy use, however derived, is expensive. It currently sends money off-island and reduces the spend available for other commodities. Capital investment in effective energy efficiency measures has a proven pay back, through reduced energy bills within the life of the capital investment.

- Social

Fuel poverty (typically defined as spending more than 10% of household income on energy, but more recently defined as a household where “*required fuel costs are above the national median level and at that level of expenditure the household would be left with a residual income below the official poverty line*”) typically occurs through a combination of one or more of the following factors: low household income; poor building fabric; disrepair; absence of insulation; inefficient appliances; and under-occupancy.

The Economic Benefits of Energy Efficiency

16. World energy prices are notoriously variable. During the 1950s and 1960s prices were relatively stable at around 23\$ a barrel. Between 1973 and 1974 the price leapt to \$50 and continued to rise during the 1970s to a high of circa 100\$. Throughout the 1980s and 1990s the price was generally on a downward trend from a high of around \$115 to a low of around \$16. The 2000s and early part of 2010s saw an increase of prices with a period of relative stability around the \$100 a barrel between 2012 and 2014. By the end of 2015 the price was below \$40.
17. Notwithstanding this recent price drop, prices of oil, and energy more generally, have often risen well beyond general inflation rates.
18. In 2014 only 15.2% of all energy supplied to Guernsey consumers was from nuclear or renewable sources. In 2013 the figures was 10.7% and between 2011 and 2012 the figure was below 10% as a result of the undersea electricity cable faults. Therefore, over recent years at least 85% of all energy consumed was derived from fossil fuels. The price of oil also has an influence on electricity prices in continental Europe. Whilst electricity imported into Guernsey is essentially renewable energy the price is, at least in part, determined by the European wholesale electricity market which includes generation from fossil fuel sources. Oil prices directly affect the price of home heating oil. Approximately two-thirds of imported oil is used for electricity and heating. Local mains and bottled gas are also derived from crude oil, and transport fuel costs are directly impacted by oil prices so the world price of oil has a significant effect upon an Islander's expenditure.
19. Energy efficiency offers the Island the opportunity to make significant savings in overall expenditure, by reducing the amount of energy necessary to deliver the same services and carry out the same activities. Given that virtually all energy is imported at present, any savings made will reduce the Island's external expenditure. Further savings can be made by avoiding energy use without adversely impacting on life style.
20. Figure 1, below, shows Guernsey's annual energy consumption over the period 2009 to 2014 and demonstrates a downward trend with an overall reduction of 13 % over the 5 year period. Electricity consumption has, however, been relatively flat at 3.57 Terawatt hours per annum during that time frame. Transport fuels have shown a steady decline of approximately 17% whilst Gas has shown a decline of circa 25%.

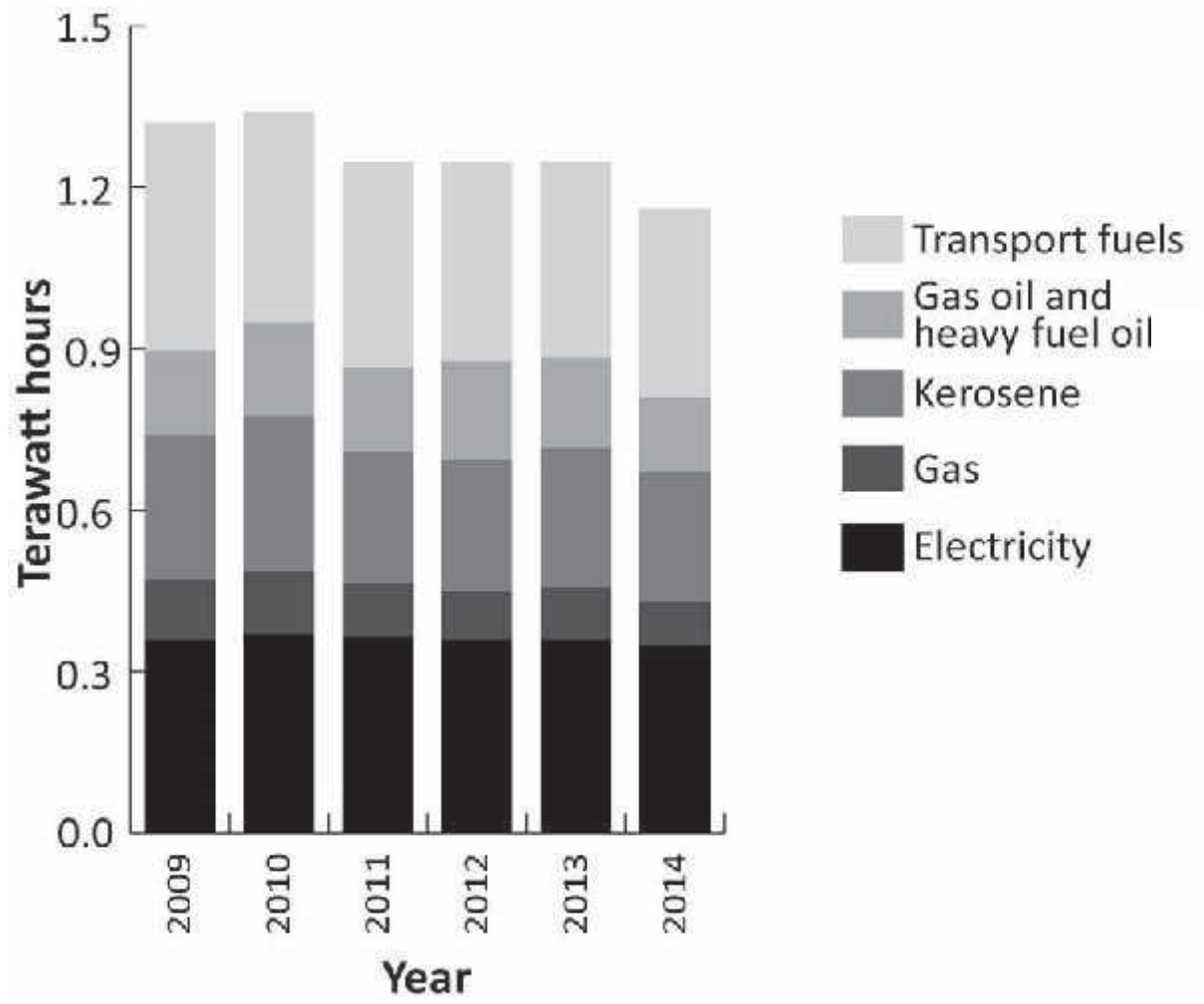


Figure 1

Sources: Guernsey Electricity, Customs and Excise, Guernsey Gas

21. In 2014, Guernsey consumed circa 1200 million kilowatt hours (kWh) of energy. Whilst the constituent forms of energy of this consumption have different pricing structures, using an average figure for energy cost of 10 pence per kilowatt hour leads to a total cost figure of £120 million per annum. Creating, purely for example, a saving of just 5% has a value to Islanders and the economy of £6 million per annum. It is recognised that to achieve such a saving though energy efficiency requires initial investment to deliver improved structural forms, improved insulation, new efficient appliances etc. But such investment generally has an acceptable payback period, generates additional on-Island business and supports recurring savings.
22. Between 800 and 900 million kWh are used each year in the provision of heating, cooling, lighting and power for premises in all sectors of the Island's economy. All of these areas of consumption are open to reduction by better thermal insulation, more efficient heating and cooling plant, use of improved lighting technology and improved heating and cooling controls, and changed behaviour.

The Social Benefits of Energy Efficiency

23. NICE (The National Institute for Health and Care Excellence) recognises the connection between fuel poverty, poorly insulated buildings and excess winter deaths (EWD):

“Correlation studies suggest that the seasonal and cold-related excess of mortality/morbidity is lower in settings that have greater protection against low outdoor temperatures because of better thermal efficiency standards”.

24. The number of UK EWD has fallen over the last 50 years to an annual average of 26,400 in 2011/12. On a straight population ratio comparison this would equate to about 25 EWD for Guernsey. However, EWD are also linked to temperature drop with the threshold typically being set at around 6 degrees C and so with its milder winters the impact for Guernsey may be less significant. At a lower level, but more prevalent, there are widely recognised associations between poorly insulated buildings, condensation, mould growth and respiratory illness. In addition there are recognised links between fuel poverty and mental illness. The evidence clearly links substandard insulation to poor health¹.
25. Whilst improved energy efficiency is of value to all Islanders and Island businesses, it is particularly important to those at the lower end of the income scale. Data from the 2012/2013 Household Expenditure Survey shows that households with an income of less than £26,120 annually spent £1,565 on home energy requirements, or 6% of their total income. This figure compares with the UK’s figure of 6.5% of all consumer expenditure. Figure 2 below shows the decreasing proportion of household incomes spent on energy as income rises:

Earnings Quintile	Earnings at upper boundary (Annual)	Fuel spend (Annual) Average	Fuel spend as percentage of salary
	£		%
Lowest	26,120	1565	5.99
Second	44,406	1861	4.19
Third	63,335	1795	2.83
Fourth	89,495	2448	2.73
Highest	-----	2736	

Figure 2

Source: Household Expenditure Survey 2012/2013

¹ Evidence Review & Economic Analysis of Excess Winter Deaths (Reviews 1 to 3 for NICE by London School of Hygiene and Tropical Medicine).

26. The 2011 Housing Needs Survey reported that 21.7% of Island households considered that fuel bills were either putting a strain on their finances or were extremely difficult to manage. The Survey also indicated that nearly 14% of Island households did not have fixed heating in all rooms and 5.8 % did not have fixed heating in any rooms.
27. The survey also reported a strong correlation between those reporting difficulty in meeting fuel bills and those living in private rented accommodation. Whilst some of those reporting difficulty in meeting fuel bills might have been choosing to spend their incomes in other ways, it is highly probable that improving energy efficiency would offer improved living standards to a significant number of lower income households.
28. From the information presented above the reduced operating costs of homes with good standards of insulation and lighting will readily be appreciated.
29. Table 1, below, illustrates the typical costs of improving the energy efficiency of domestic properties. It should be appreciated that there is considerable variation between properties.

Loft insulation	£470
Cavity wall insulation	£617
Draught proofing	£23
Hot water cylinder jacket	£51
New domestic hot water cylinder	£367
Replace heating controls	£100

Table 1

Source: Jersey Energy Efficiency Service 2013 report, with inflation allowance

30. It will be apparent that lower income households may well experience difficulty in affording the more major costs of improving the energy efficiency of their accommodation, where this is within their control. Whilst some simple energy efficiency measures such as turning off electrical appliances and lights when not needed can deliver some savings at no cost the real savings require investment. For private rental sector tenants, improving energy efficiency may be both unaffordable and outside the terms of their tenancy agreement, giving little scope for reducing expenditure without compromising comfort.
31. At the rates quoted above, loft insulation could be expected to have a pay back of between 2 and 4 years. Cavity wall insulation would similarly be expected to have a pay back of circa 3 to 4 years. In both cases the capital investment has a life far in excess of 20 years. Forward-thinking landlords could, therefore, finance improvements though rent adjustments affordable to the tenant through fuel savings. Similarly, the States could save on winter fuel allowances by funding

insulation. However, with many Guernsey properties being of solid wall construction, external wall insulation costs are likely to be around 10 fold dearer than cavity insulation with pay back periods between 10 and 20 years.

The Environmental Benefits of Energy Efficiency

32. Fossil fuels by their very definition cannot be renewed; they are, therefore, ultimately a scarce, depleting and valuable resource. Extracting this resource and turning it into a useable form is expensive in monetary and environmental impact terms. Transporting this fuel from its place of origin to its point of use entails more environmental impacts including transport pollution and noise, sea bed disruption, waste generation, land use, air and water pollution, and visual and amenity impacts. Burning the resulting fuel releases pollutants in the form of particles, heavy metals and oxides of carbon, nitrogen and sulphur. Therefore, even before one considers the issues of global warming and climate change, it makes no sense to consume such a resource unnecessarily.
33. In addition to the more traditional pollution issues, burning fossil fuels is widely recognised as the main cause of anthropogenic CO₂ emissions and global warming.
34. Reducing the amount of energy used in maintaining comfort in a building, providing services and powering appliances etc. will reduce the wastage of this valuable resource and reduce the amount of atmospheric emissions associated with that energy consumption.

Existing Practice

35. Under present practice the States adopts a few mechanisms to effect energy consumption. These include:
 - The Building Regulations - part of which are intended to reduce progressively the overall energy consumption of the Island's building stock;
 - The Integrated Transport Strategy;
 - The States FTP Energy savings objective;
 - Supporting and encouraging high thermal efficiency buildings through the housing developments undertaken by the Guernsey Housing Association and supported by the Housing Department.
36. Fuel allowances are paid to those in receipt of supplementary benefit for a 26 week period between the last week of October and the last week of April each year. The allowance in 2014 was £30 a week and there were approximately 1,300 recipients, leading to an overall cost to the Social Security Department of

approximately £1 million annually. This could equate to 1,000 cavity wall homes insulated per annum.

37. Whilst fuel subsidies undoubtedly provide a useful additional income for recipients during the winter, when fuel bills may be expected to be larger, they are recognised to have significant deficiencies:
 - They apply only to supplementary benefit recipients;
 - They are not targeted in any other way and do not discriminate between those occupying new low energy houses and those occupying older, less fuel efficient dwellings;
 - The amount of support provided has no connection with the actual fuel bills for any property;
 - Support provided typically varies with the general level of price increases without reference to fuel specific costs;
 - They reduce the fuel cost to the individual but not to the Island;
 - They do nothing to promote reduced energy use;
 - They do nothing to promote clean energy use;
 - In many respects they work against fuel efficiency.
38. The current Building Regulations seek to regulate heat loss through elements (wall, windows, roofs and floors) by setting U-values. The U-value along with the temperature differential between the inside and outside of the building allows the energy loss to the outside to be calculated. The U-value can be improved and heat loss reduced by increasing thickness, density, trapping air layers (insulation and double glazing), changing the structural material etc. The Guernsey Regulations also have airtightness standards because the thermal properties of a membrane are of little value if the elements are then perforated with letter boxes, vents, etc.
39. In the UK, this approach to thermal performance has been replaced with a whole house approach where the energy use is calculated using standard assessment calculators and assessors accredited by Government. As the whole house energy assessment approach includes elements beyond thermal performance (e.g. inclusion of micro-renewables) it is possible to trade elements. Guernsey allows such trading provided evidence of acceptability is presented usually through the application of UK assessment calculators. For example, whole walls of glazing which would typically not be possible with the old U-value approach can be adopted/balanced by generation of energy by photovoltaic (PV) or solar thermal panels. Low volume water taps and shower heads and LED lighting can also contribute to meeting the required energy performance.
40. Common to both approaches is the fact that increasing energy performance standards is generally leading to a move away from the traditional block and concrete construction. Instead, structural insulated panels (SIPs) are used which

has supported the modular build approach with whole walls and even whole roofs being factory made and shipped ready to crane into position. Similarly adding PV panels or solar thermal panels to a traditional slate roof is being replaced with integrated solar roof constructions.

41. The use of energy performance standards provides effective control of new buildings. The limitation of the technique is that it impacts only a small proportion of the building stock. With less than 300 new units being constructed each year and with a significant portion of those being constructed to higher energy standards by choice, the impact of more stringent regulations is likely to impact on only 50 to 100 properties per annum. If enhanced building regulations are to play a significant role in future energy consumption then consideration must be given to enforcing the upgrade of existing properties, perhaps as a requirement of the letting of a property and/or at the point of sale and/or linked to consequential improvements as part of a conversion or extension.
42. The Integrated Transport Strategy includes, as an objective, reducing private motor vehicle use and incentivising cleaner forms of travel. These objectives remain and work continues to deliver the various incentives. However, the key drivers for cleaner vehicles and a switch to alternative forms of transport (in the form of higher emission taxes and paid parking) are no longer key elements of the Strategy and, therefore, the rate of change in this area is expected to be slower. EU directives have led manufacturers to design cleaner more fuel efficient vehicles. The average fuel consumption of cars has dropped from 8.31 litres per 100 km (7.05L for diesel) in 1997 to 5.63 (4.87L for diesel) in 2013. However, a Transport & Environment report "*Mind the Gap 2015 – Closing the chasm between test and real-world car CO₂ emissions*" (September 2015) notes that the difference between manufacturers' reported fuel performance standards and real world performance has grown from 8% in 2001 to 40% in 2014, providing a clear indication of the difference between claimed and actual gains, and the impact of unforeseen consequences of a policy change.
43. As part of the FTP initiative an Energy and Utility Efficiency review was carried out within States' departments. Between 2009 and 2014 this has realised a 10% reduction in electricity and heating oil use.
44. Work commissioned by the Housing Department through the Guernsey Housing Association developments has resulted in buildings constructed to higher energy efficiency standards using enhanced insulation, air tight buildings, heat recovery, low energy lighting and solar thermal heating. Savings for their occupants are calculated to be approximately 50%.

New Policy Approaches

45. In its adoption of the Energy Resource Plan in 2012, the States gave a clear indication that it wished to move towards a position where the energy efficiency of the Island would improve. A multi-faceted approach is required if this objective

is to be met. The Environmental Policy Group of the Policy Council has taken leadership of this issue because it has impacts across many departments of the States. The Group has examined the practices in a number of other jurisdictions and has set out below the areas it would recommend adopting.

Energy Advice Service

46. At present the only public information widely available on the subject is that provided by the utility companies and on UK-based websites, notably the Energy Saving Trust. The information, guidance and advice, available online does not greatly alter from area to area and is generally applicable to Guernsey. However, the fuel costs, mix of fuel, building costs and construction types do vary, and so some of the costs and pay back periods and guidance may be misleading. More importantly, the advice, education and promotion is perceived as not being “*ours*”. It lacks the “*Guernsey needs to...*” community buy-in. A locally driven Energy Advice Service providing information about local construction techniques, local providers, accredited installers, local costs and States of Guernsey policy is considered a vital element of the Energy Efficiency programme and is a key supporting element for other initiatives that may be developed.

Home Survey Service

47. Whilst the provision of information and advice through online, telephone and/or leaflets is a first step, for many (and often for those most in need) identifying practical energy efficiency measures simply remains a step too far. A Home Survey Service, perhaps restricted to specific sectors considered to be in greatest need and carried out by competent assessors, can readily identify those energy efficiency enhancements that can generate the greatest gain with the quickest pay back. Such a service could assist in identifying the works, completing application forms including planning and building control applications, and assisting in gaining quotes and contractors. At least for some the cost of the works (especially where there is a quick pay back through reduced energy bills) is not the major hurdle, but rather understanding what to do and how to go about it. A Home Survey Service may, for some, be all the assistance required to turn the intention into action.

Accredited Contractors

48. If the States intends to assist home owners or tenants to deliver structural alterations to their property, and especially if recommendations are to be made in terms of competent skill sets, quotes, etc., it is important that a list of accredited contractors/installers exists from which clients can source companies with confidence.

Contract Management Service

49. An extension of the above is for the States to offer the full contract management

service perhaps limited to specific sectors. Following the Home Energy Survey and advice on behavioural changes, the identified works would be subjected to the various application processes, quotes would be sought from accredited contractors, and the contract let and managed through to snagging and sign-off. The whole process could be overseen by States-approved contract managers or accredited Energy Advisors operating on behalf of the client.

Micro Renewables

50. The services listed in the above paragraphs need not be limited to insulation, draught-proofing, lighting, heating, thermostatic control and appliances. The option could be taken to include micro-renewables within the works under consideration. This would typically centre on photovoltaic (PV) installations but could include solar thermal and air source heat pumps. Geothermal (using ground source heat pumps) is less likely in the Guernsey context.

Grants and Loans

51. The services above could all be offered free of charge to the selected client groups or could be offered at discounted rates with or without a term payback set in terms of energy savings. However, the advice and contract management is generally a small percentage of the overall costs and consideration must be given to incentivising the works beyond contract management. The Isle of Man adopted a loan system granting loans at favourable rates for works where the energy saving generated a payback well within the life of the capital investment. The loan pay back was calculated using a set of standard indicators with the intention that the loan could easily be repaid from the savings resulting from the reduced energy bills. Logically, such a scheme should not require Government intervention as the business case is self-evident. However, it is a fact that such intervention and incentive is often required. Such a scheme could be run with the intention of making a small profit from the pay back on the investments, with such profit used to grant fund (rather than loan-fund) energy efficiency works to those client groups which would not otherwise be able to undertake improvements.
52. Conversely, Jersey set up a full contract management grant scheme without any pay back requirement. Staff employed to manage the works received the requests, contracted the accredited installers, and oversaw the works and payments, all at no cost to the client. It is considered that both routes have their place and that different client groups require different support.

The Private Rental and Commercial Sectors

53. Some of the most “*in need*” buildings and clients are in the private rented sector where the occupant neither has the funds nor the authority to carry out the required works. During the September 2015 States debate (Billet d’État XVI), the States considered a Policy Letter submitted by the Housing Department concerning the Review of the Strategic Housing Target. During that debate, an amendment was

agreed to undertake a broad-based review of the local housing market when undertaking an objective Housing Needs Study. As part of that review, it is expected that the quality of the existing housing stock will be assessed, which will help develop an understanding of the energy efficiency levels of existing homes.

54. There is often a viewpoint that Government should not concern itself with improving the property of landlords other than through legislation and enforcement. History, however, has demonstrated that this approach can only go so far and if the States wishes to reach those most in need the private rented sector is as valid as the asset-rich cash-poor elderly owner occupier. It may be argued, therefore, that whether or not to include such properties within the overall policy objective is not the issue, but rather what controls or conditions should be attached to whatever scheme is adopted. As part of setting up an energy efficiency service, consideration should be given to the legislative provisions that should be introduced to ensure the private rented sector is brought up to acceptable standards of energy efficiency. Similarly, consideration should be given to the contractual or legislative provisions that might be attached to any grant or loan issued to properties in the private rented sector, such provisions seeking to ensure benefit accrues to the tenant and that the grant or loan is secured.
56. Similarly, for the commercial sector, energy efficiency measures are usually self-funding within the payback period and should, therefore, result from a simple business analysis. However, businesses are as interested in cash flow and turnover as they are in profit and so energy efficiency is rarely at the top of the list in terms of investment considerations. It may be argued, therefore, that an appropriate scheme with reasonable conditions and controls could be targeted at improving energy efficiency within the commercial sector.

Developing the Service

57. There are three broad models that could be adopted in developing an energy efficiency and advice service. The first relies on commerce responding to an increase in the funding available. In essence this was the approach adopted in the 1980s with the UK house improvement programme. Grants were made available for specific works and the applicant was responsible for making the application, obtaining quotes, contracting the works etc. Government inspectors (usually Environmental Health Officers and Building Surveyors) approved the works before issuing the grant. The system is typically based on a first come first served approach and does little to assist those least able to manage such affairs. Astute businesses target whole streets and often manage the application process for the residents. The approach is not especially targeted at dealing with the worst cases but does tend to result in the greatest amount of change in the least time.
58. The second broad model could be considered to sit at the other extreme. The authority employs the staff necessary to promote the scheme, surveys properties or responds to requests and recommendations, and then prioritises candidate properties against a prescribed scale. The employed staff engage the contractors

(potentially in-house) and oversee the works and payments. This is a far more controlled approach but is more resource hungry for the authority and tends to deliver slower but hopefully more effective change.

59. The third model is a partnership where an independent agency is the intermediary between the source of the funds (Government and/or charity), the clients and the contractors. The agency is likely to require a grant but being independent is more likely to gain sponsorship, charitable contributions, volunteers etc. It remains necessary for Government to set the overriding policies and controls and to work with the agency to ensure these are delivered.
60. In examining this subject it has been noted that both the demand for improvement projects and the availability of the necessary funding are likely to be variable. In such circumstances it is not recommended to follow Jersey's example completely and provide an energy efficiency service using internal staff and resources, but rather to adopt the flexibility of an agency structure. The Guernsey Training Agency model would adequately describe the concept. It is quite possible that such an agency could seek an arrangement with Jersey and/or the Energy Saving Trust in order to maximise the sharing of existing resources and information. Informal discussions with both bodies indicates that such resource sharing is a viable option.

Scale and Operating Costs of an Energy Efficiency Service

61. It should be noted that as this Policy Letter is not recommending the immediate creation of an energy efficiency service, the scale and operating costs which follow are intended purely to give States Members an understanding of the thinking. Should the States agree the principles, then more detail will follow at the appropriate time.
62. On the basis that energy efficiency services are provided by an agency and accredited local contractors are used for all surveying and improvement works, then it is expected that two suitably trained and experienced staff working full time would provide sufficient resource to provide the advice, specification and project management roles.
63. For the time being it is assumed that these staff could be provided with a suitable office environment from within existing States' facilities, but this assumption would need to be tested should a decision to proceed be taken. In particular, an agency is likely to require a "*shop front*" facility.
64. The typical establishment and operating costs of such a service can be estimated as follows:

Staff	£90,000
Posters/leaflets	£10,000

Outreach	£5,000
Employment on costs	£18,000
Ongoing training/memberships	£2,000
Heat loss map of Guernsey and Alderney	£20,000
Adverts	£3,000
Communications/stationery etc.	£10,000
Sub Total	£158,000
Recruitment	£5,000
Training - one off cost	£15,000
Website - one off cost	£5,000
Equipment/	£10,000

In summary:

- Initial establishment £35,000
- Recurring annual costs £158,000

65. To these costs must be added the costs of delivering the energy efficiency improvements. This will depend entirely on the policies adopted and the criteria applied behind the grant or loan schemes adopted. Assuming a grant scheme limited to owner occupied premises, excluding commercial and rented sectors and targeted at the type of works listed in Table 1, the grant scheme could be limited to approximately £150,000 per annum covering 150 projects. Conversely, an actively promoted loan scheme with proven pay back rates and available to all sectors could require initial funding, pending accumulation of pay back receipts, in the order of £1million per annum for circa 5-10 years after which time the income should make the scheme self-financing.

Conclusion - The Way Ahead

66. The benefits of enhanced energy efficiency span across social, economic and environmental policy. Effective energy efficiency not only improves social wellbeing, conserves fossil fuel, contributes to the Energy Policy and reduces pollution, but it is also a legitimate economic tool. However, despite the evidence backed pay back periods, investing in energy efficiency is unlikely to gain pace without States support.
67. In paragraph 2 above it was noted that it would be preferable to be in a position to recommend immediate action. It was noted, however, that there is currently no budget available for this activity and, in the absence of an agreed mechanism for prioritising new States' services, there is no way of identifying what priority the States would allocate to this activity.

68. In these circumstances, it is recommended that the States recognise the work done in this area and agree that the suggestions put forward in this Policy Letter represent a reasoned and appropriate way for the Island to proceed once resources can be allocated.

Recommendation

69. The States are recommended to agree that the principle of creating an energy efficiency service should be considered as part of the policy and resource prioritisation process in May 2016.

J P Le Tocq
Chief Minister

4th January 2016

A H Langlois
Deputy Chief Minister

Y Burford
P L Gillson
S J Ogier

R W Sillars
M G O'Hara
K A Stewart

P A Luxon
D B Jones
G A St Pier

(N.B. The Treasury and Resources Department notes that the development and delivery of an energy efficiency strategy will result in resource implications for the States relating to the raising of awareness as well as the payment of grants to enable energy efficient property improvements. The Treasury and Resources Department also notes that there are potential longer-term benefits including possible reduction in ongoing States' expenditure, primarily supplementary benefit winter fuel allowances, as well as the realisation of positive social and environmental outcomes should an energy efficiency strategy be successfully implemented.

It is expected, should the States agree to progress with an energy efficiency strategy, that the subsequent development of an Outline Business Case is made with a strategic focus on minimising any ongoing resource implications for the States while maximising the delivery of the financial, social and environmental benefits that energy efficiency can enable. In line with this strategic focus the further investigation of an "actively promoted loan scheme with proven pay back rates and available to all sectors" is encouraged, so as to support energy efficient improvements to properties and the achievement of financial, social and environmental benefits without requiring an ongoing net resource commitment from the States. This loan scheme may be suitable for funding from the proceeds of the States of Guernsey bond issue; this would require specific States approval.

It is clear that when consideration is given to approving new strategies and services which invariably require additional resources, consideration should also be given to how these rank against those currently provided. It is now vital that money for new initiatives is made available by reducing or ceasing some current services which are considered to be lower priority.)

The States are asked to decide:-

XII.- Whether, after consideration of the Policy Letter dated 4th January, 2016, of the Policy Council, they are of the opinion to approve that the principle of creating an energy efficiency service should be considered as part of the policy and resource prioritisation process in May 2016

POLICY COUNCIL

REFORM OF THE ADMINISTRATIVE DECISIONS (REVIEW) (GUERNSEY) LAW, 1986 (AS AMENDED)

1. **Executive Summary**

- 1.1 This Policy Letter sets out proposals for the preparation of new legislation to reform the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) (“the Law”). The consolidated form of the Law is attached at Appendix 1.
- 1.2 In its 30th year and after consideration of 177 cases, the Review Board process introduced by the Law has held the States, acting through its various Committees¹, to account for a range of administrative decisions and actions that it has taken over those decades; to highlight a few, these have ranged from challenges in respect of school catchment areas, access rights over land owned by the States and alleged communication failures with patients.
- 1.3 When the Law was enacted there was no judicial review² system in Guernsey, such as then existed in the UK. A tailored solution for Guernsey was clearly required. The aim of the Law was to establish a procedure to provide independent or impartial assistance in the resolution of disputes between members of the public and Committees.
- 1.4 With the introduction of judicial review in Guernsey in the 1990s and the establishment of various specialist tribunals, there had been an expectation that requests for administrative reviews would progressively decrease; however, there has been a recent resurgence in cases after a relatively quiet ten year period. In addition, complaints have become increasingly more complicated and procedurally challenging and resource-intensive to address.
- 1.5 These trends are likely to continue as the public’s expectations of the services that they receive rise and as the financing of public services becomes more stretched.

¹ “Committee” is used in this Policy Letter to include existing Departments and Parliamentary Committees and Committees of the States from May 2016.

² Judicial review is a type of court proceeding in which a judge reviews the lawfulness of a decision or action made by a public body. The focus is often on the **way** in which a decision has been made, more than the substantive decision itself. The court will invariably not substitute what it thinks the ‘correct’ decision should have been.

- 1.6 The Policy Council is also mindful that societies worldwide are becoming increasingly litigious, and the public more willing to seek redress for alleged acts of maladministration.
- 1.7 Against this background, the Policy Council, supported by those post-holders with roles under the Law (including the States Chief Executive, H.M. Greffier, and the Chairman of the Review Board's Panel of Members), is of the view that the Island continues to require a system by which Islanders can seek to resolve their concerns involving public administration wherever practicable, expeditiously and without incurring the cost of litigation.
- 1.8 The Policy Council notes from the States Review Committee's recommendation in its Third Policy Letter³ last year that "*many of the appeals processes which have been set up over the years by the States and their Committees might usefully be brought together under a single committee or administered at arm's length.*" A review of the arrangements for appellate bodies operating at arm's length of government, coupled with the Policy Council's extant States' Resolution to set up a Tribunals Service⁴; and the likely investigation of an ombudsman-type service for the Island, strongly suggests that the Law will be repealed to make way for different arrangements in due course. However, it would be premature at this juncture to repeal it so, in the interim, the focus of this Policy Letter is to lay before the States proposals which aim to make the process:
- i) more independent: through transferring the roles currently undertaken under the Law by the Chief Executive and H.M. Greffier to a proposed new and independent Complaints Panel comprising a Chairman and between eight to ten members of the public (*Recommendation (a) and paragraphs 4.2 to 4.8.*
In addition, a fourth person who is not a States Member nor a Dean of the Douzaine should be appointed to a Review Board by the Chairman and Deputy Chairman of Panel of Members. (*Recommendation (b) and paragraphs 4.6 to 4.7;*
 - ii) fairer for all stakeholders: by firstly providing the proposed new and independent Complaints Panel with the discretion, either in exceptional circumstances or when it would be in the interest of justice to do so, to accept complaints which are lodged more than twelve months after the date on which the complainant had knowledge of the issue (*Recommendation (c) paragraphs 4.9 to 4.10.*
Secondly, all members of a Review Board (including the Dean of the Douzaine and the proposed new 4th member) also needs to be afforded the necessary protection from legal proceedings, a privilege enjoyed by the two States Members of each Review Board (*Recommendation (d) and paragraphs 4.11 and 4.12;*

³ Billet d'État XXI, 25th November 2015, paragraph 8.10.2 at page 3327.

⁴ Billet d'État XV, 10th July 2002.

- iii) more accountable and stable: by increasing the term of office of the Chairman and Deputy Chairman of the Panel of Members from one to four years to run concurrently with a States' political term (*Recommendation (e) and paragraphs 4.13 to 4.15*); and
- iv) more fit for purpose: by firstly focusing on the suitability of cases submitted for investigation so as to exclude the progression of a complaint in which a Complainant first has to establish medical negligence or malpractice in order to establish that an act of maladministration has taken place (*Recommendation (f) and paragraphs 4.17 to 4.18*). Secondly, the proposed Complaints Panel will also need to ensure that complainants have exhausted the internal complaints procedures applying to any committee against which they are complaining *prior* to requesting an administrative review (*Recommendation (g) and paragraph 4.19*).

1.9 The Chairman of the Review Board's Panel of Members supports these changes and approached the Policy Council with his recommendations for change to the Review Board System earlier this year, as seen in his letter to the Chief Minister (see Appendix 2).

2. Background

2.1 The Review Board process was introduced to the Island by a Requête (Billet d'État XXIV of 1985). The Law governing the process, which is based on a similar system in Jersey⁵, sets up procedures enabling persons aggrieved by decisions and acts made and done by Committees to apply to the Chief Executive of the States of Guernsey (or H.M. Greffier in respect of complaints against the Policy Council) for a review of that decision or action.

2.2 The Chief Executive has a duty, under the Law, to investigate the matter and "*if the facts of the matter ... justify a review by a Board, he shall refer the matter to the Chairman of the Panel of Members*", {who then} "*forthwith refers the matter to the Board so constituted in accordance with this Law.*"

2.3 The Chairman will then convene a Review Board to hear the complaint. Review Boards are constituted from a panel consisting of: (i) two States' Members of more than three years' standing; and (ii) one Dean of a Douzaine. A Review Board, in accordance with section 7(3) of the Law, considers if the act or decision:

- (a) *was contrary to law;*
- (b) *was unjust, oppressive or improperly discriminatory, or was in accordance with a provision of any enactment or practice which is or might be unjust, oppressive or improperly discriminatory;*

⁵ Administrative Decisions (Review) (Jersey) Law 1982.

- (c) *was based wholly or partly on a mistake of law or fact;*
- (d) *could not have been made by a reasonable body of persons after proper consideration of all the facts; or*
- (e) *was contrary to the generally accepted principles of natural justice.*

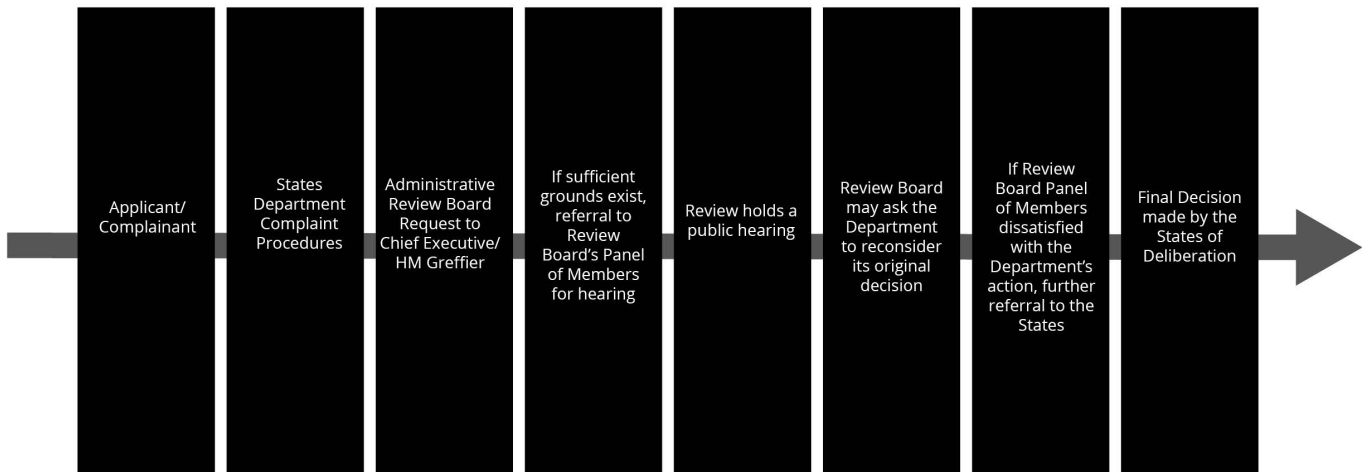
2.4 The complainant and the Committee(s) involved will have the opportunity to put forward their arguments and ask questions during a hearing. Following that hearing, the Review Board will issue a decision and may ask the Committee(s) to reconsider their original decision or action if it finds that these contravened any of the criteria set out in paragraph 2.3. In other words, a Review Board cannot itself overturn or alter the decision which is the subject-matter of the complaint. Furthermore, the Committee is not bound to follow the finding of the Review Board but, should the Review Board remain dissatisfied with the department's subsequent actions, it may refer the matter to the States. In practice, Committees have respected a Review Board's decision.

2.5 In summary, the purpose of a Review Board is to determine if something significant has “gone wrong” when the Committee reached its decision rather than a lower threshold of “this would be a better decision for the Committee to have reached”.

2.6 Section 3 of the Law also sets out six circumstances in which the Chief Executive is not obliged to refer a complaint to the Chairman, namely where:

- (a) *the matter complained of is not within the jurisdiction of a Board;*
- (b) *the matter complained of relates to a decision, act or omission of which the complainant has had knowledge for more than twelve months;*
- (c) *the subject matter of the complaint is trivial;*
- (d) *the complaint is frivolous, vexatious or not made in good faith;*
- (e) *the complainant has not a sufficient personal interest in the subject matter of the complaint; or*
- (f) *the complainant has in respect of the matter complained of a right of appeal, reference or review or a remedy by way of proceedings in any court of law unless, in any such case, the Chief Executive of the States of Guernsey or Her Majesty's Greffier, as the case may be, is satisfied that in the particular circumstances it is not reasonable to expect the complainant to resort to or to have resorted to that right or remedy.*

2.7 The following diagram shows all of the possible stages in the Review Board process:



3. Repeal or amend the Law?

- 3.1 A fundamental element of democracy is to ensure that the citizen is protected against abuses of power by the state. Judicial review before the courts is certainly a potent way by which the courts can safeguard the rights of citizens, as it ensures that public authorities act within the law and safeguard individual interests against illegal or unreasonable administrative action. However, most Western democracies provide their citizens with “free” alternatives through which to challenge government decisions without having sole recourse to court action, e.g. through ombudsmen-type services. In Guernsey, this is currently achieved through the Review Board process.
- 3.2 Following the introduction of judicial review and further specialist tribunals in Guernsey, it had been anticipated that Review Boards would be convened less frequently than had been the case in the past. However, 177 applications have been made since 1987. Although the number of cases had levelled out over a number of years, there has been an increase in the number of cases submitted to the Chief Executive since 2011 (see table below). Details of cases which have been brought to the attention of the Chief Executive or H.M. Greffier and referred to the Chairman of the Panel of Members for investigation can be seen in the Panel’s reports published annually in the Billets d’État.

Year	Number of Complaints Submitted	Number of Complaints Determined by a Review Board	Percentage of Complaints Determined by a Review Board
1987	14	7	50%
1988	13	3	23%
1989	19	4	21%
1990	9	2	22%
1991	14	1	7%
1992	15	5	33%
1993	11	2	18%
1994	7	2	29%
1995	11	3	27%
1996	4	2	50%
1997	6	1	17%
1998	7	3	43%
1999	1	0	--
2000	6	3	50%
2001	6	2	33%
2002	5	3	60%
2003 - 2005	4	1	25%
2006 - 2010	4	0	--
2011 - 2015	22	4	18%
Total	178	48	27%

- 3.3 The Chief Executive and H.M. Greffier have reported that, alongside the increasing numbers, cases involve more and more complex subject-matters, sometimes involving multiple Committees. The time required to investigate the requests thoroughly and gather evidence from the parties has also increased, putting pressure on the limited resources available to administer the system. In addition, the concept of an “administrative” decision or act is also becoming harder to differentiate from other decisions or acts, while members of the public are frequently less willing to accept the Chief Executive’s decision not to refer their complaint to a Review Board.
- 3.4 Against this background, the Policy Council, supported by those post holders with roles under the Law (including the States Chief Executive, H.M. Greffier, and the Chairman of the Review Board’s Panel of Members), is of the view that the Island continues to require a system by which Islanders can seek to resolve their concerns involving public administration wherever practicable, expeditiously and without incurring the cost of litigation.
- 3.5 Given the States Review Committee’s views of the need for the Policy and Resources Committee to investigate arm’s length appellate bodies during the next term and the Policy Council’s extant States Resolution as highlighted in paragraph 1.8, it seems likely that the Law will be repealed to make way for a centralised

Tribunal service which may also include an ombudsman-type service in due course. However, it would be premature at this juncture to repeal it.

3.6 Indeed, in the absence of an ombudsman-type service, there are real benefits to the States and Islanders in retaining the Law, which would be enhanced further should the proposals in this Policy Letter be accepted. To list some of these, the process:

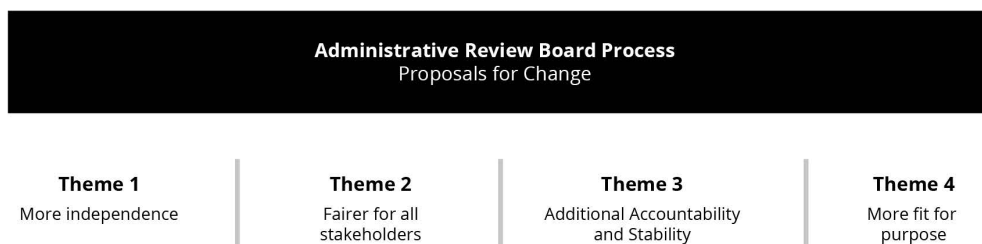
- (a) *supports Islanders by listening to and acting upon their concerns and complaints against Committees' actions or decisions in an impartial manner;*
- (b) *provides an opportunity for further negotiations and resolution between the parties;*
- (c) *is accessible to all regardless of ability to afford legal or other professional representation;*
- (d) *acts as a "change agent" by assisting and positively influencing the organization to look at the root causes of the issues that caused the dispute and by providing a basis to avoid those disputes in the future, for the benefit of the public and the States' overall, currently all at no additional cost;*
- (e) *provides additional scrutiny of the decision and acts of the States and their Committees, in tandem with the roles performed by the Scrutiny Committees of the States;*
- (f) *in addition to the Courts, acts as a guardian of the principles of natural justice;*
- (g) *provides a further opportunity to disseminate or clarify information to the public through liaison with Committees about services available to them which may have been overlooked at departmental level;*
- (h) *promotes the principles of good governance generally but especially as it encourages/provides an opportunity for Committees to carefully re-visit their decisions, even if no referral is made to a Review Board;*
- (i) *is relatively inexpensive to operate;*
- (j) *is flexible as a wide range of administrative matters can be reviewed;*
- (k) *is responsive to need, as Review Boards can be arranged fairly quickly and although there has been an increase in cases, the number is still manageable; and*

(l) is “*tried and tested*” and proportionate to the Island in the current times of financial restraint.

- 3.7 Subject to the States’ decision to support these recommendations, the Law can only be amended by a Projet de Loi and not by Ordinance, which will therefore take a longer period to accomplish. The Reform (Guernsey) Law, 1948 would also require amendment, as explained further in paragraph 4.11; this can however be amended by Ordinance in a shorter time-frame. When consulted, the Law Officers Chambers indicated that the legislative changes could be expedited, subject to the Policy Council’s agreement to support the prioritisation of both pieces of legislation. It is the Policy Council’s intention to prioritise the drafting of the legislation in order for Islanders to gain the benefits from these important changes at the earliest opportunity.
- 3.8 The Policy Council has consulted with the Chairman of the Review Board Panel (Deputy Matthew Fallaize), the Chief Executive and H.M. Greffier who are all supportive of these proposals for change.

4. The Proposals For Change: the Four Themes

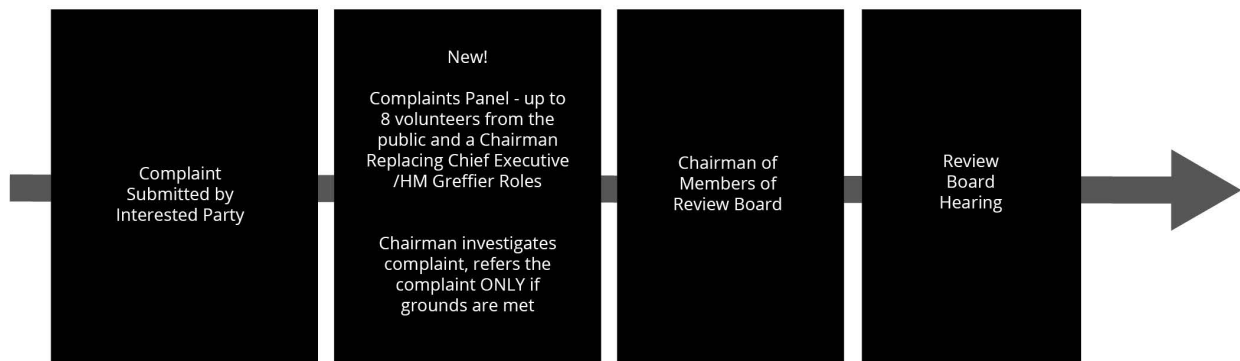
4.1 The proposals for change are summarised in the diagram below:



(a) Theme 1: Making the Process more independent of The States / Civil Service

- 4.2 Although the integrity and impartiality with which the Chief Executive and officers assisting him undertake their roles under the Law are not being called into question, the Chief Executive’s and H.M. Greffier’s involvement in the first stage of the process has the potential to impact on its perceived independence. There is an argument that, at the particular stage when the Chief Executive is investigating and assessing the merits of the complaint, the process may not be sufficiently independent of the government; alternatively, there could be a possible perception of bias, given that the Chief Officer of each department reports to the Chief Executive.

- 4.3 The Policy Council therefore recommends that the roles undertaken by the Chief Executive or H.M. Greffier under the Law be given to a new independent body of persons (“the Complaints Panel”), thereby removing any possible allegations of conflicts of interest, impartiality or perception of bias on behalf of the Chief Executive or H.M. Greffier.
- 4.4 Complainants would therefore apply for an administrative review to the Complaints Panel instead of the Chief Executive or H.M. Greffier; this would be a standing panel of up to 8-10 volunteers (or more should this be required), independent of the States, with a States-appointed and preferably legally-qualified Chairperson. It is the Policy Council’s view that the Chairperson would benefit from using the skills which a legally-qualified person would have when investigating and analysing each matter. The Chairperson would select three members most suited to sit on each Complaints Panel for each matter, having considered any personal interests that each person may have in the matter and other practical issues such as their availability. It is expected that the number of volunteers on the panel will better assist the public as requests for reviews may be determined concurrently and as a consequence, more quickly. The Complaints Panel would continue to receive support from the Civil Service and legal advice from the Law Officers Chambers, resulting in a cost neutral proposal.



- 4.5 The Policy Council therefore recommends the amendment of sections 1, 2, 3 and 6 of the Law to replace the roles of the Chief Executive and H.M. Greffier (where applicable) under the Law with that of a Complaints Panel.
- 4.6 With regard to the constitution of the Review Boards, there is a perception that two States Members on each Review Board makes the process more political than necessary. Given the view of the Policy Council and stakeholders that the present Review Board system should be retained, the proposal to include a fourth, lay

person on each Review Board would, to a certain extent, redress this perceived imbalance, with the Chairman having a casting vote in the event of deadlock.

- 4.7 The Policy Council therefore recommends the amendment of section 4 of the Law to enable a fourth person who is not a States Member nor a Dean of the Douzaine to be appointed to a Review Board by the Chairman and Deputy Chairman of Panel of Members.
- 4.8 These proposals should provide more independence and impartiality of scrutiny than currently exists in the system. These changes should therefore be considered to be a significant improvement in terms of compliance with human rights generally, given the size of our jurisdiction.

(b) Theme 2: Making the process fairer for all stakeholders

(i) Time Limit

- 4.9 Under Section 3(b) of the Law, a person aggrieved by a Committee's decision has 12 months from the date that person had knowledge of the matter to lodge a request for an administrative review to the Chief Executive. In certain circumstances, this time limit poses difficulties and may be unfair to some, especially when a complainant has not exhausted a Committee's complaints procedures prior to lodging the request. The Policy Council proposes to give a discretion to the proposed Complaints Panel to accept requests for an administrative review made more than 12 months after the date on which the complainant had knowledge of the issue where exceptional circumstances exist or it would otherwise be in the interest of justice to do so. It would be for the individual complainant to provide the justification for a late request to the Complaints Panel.
- 4.10 The Policy Council therefore recommends the amendment of Section 3(b) of the Law to give necessary discretion to the Complaints Panel as highlighted in paragraph 4.9 above.

(ii) Protection of Review Board Members

- 4.11 The Dean of the Douzaine is the only member of each Review Board who, currently, unlike the two States Members, does not currently benefit from absolute privilege from legal proceedings under section 20A of the Reform (Guernsey) Law, 1948 when performing his or her duties under the Law. The Policy Council recommends that this law should be amended to afford all members of a Review Board including the Dean and the proposed new fourth member, the same protection as other members of the Review Board. This can be achieved by Ordinance.

- 4.12 Consequently, the Policy Council therefore also recommends the amendment of Section 6 of the Law to provide for protection for all involved in the Review Board process.

(c) Theme 3 - Providing additional accountability for and stability to the process

- 4.13 To provide more accountability and stability to the process, the Policy Council also recommends extending the tenure of Chairman and Deputy Chairman of the Panel, who are appointed annually by the States of Deliberation. It proposes that the term of office for these posts become co-terminous with a States' political term (currently 4 years) in order for the process and the public to gain the maximum benefit of their experience.
- 4.14 Given that the proposed legislative changes, should they be accepted by the States, will take some time to achieve, the annual elections to be held in June for the posts of Chairman and Deputy Chairman of the Panel of Members are not expected to be affected until slightly later in the new political term. The Policy Council envisages that the States, during the first half of the 2016-2020 term will elect a new Chairman and Deputy Chairman to serve until the 30th of June 2020 to coincide with the new dates for general elections from 2020.
- 4.15 It is therefore recommended that section 4 (and any other relevant parts) of the Law be amended so that the term of office of the Chairmen and Deputy Chairman of the Panel of Members be increased to 4 years, in line with paragraph 4.13 above.

(d) Theme 4 - Making the process more fit for its purpose

i) Complex cases

- 4.16 The Policy Council does not wish to limit the investigations relating to purported acts of maladministration which the proposed Complaints Panel may wish to undertake. It is clear that Committees, such as Health and Social Services in its recent Secondary Health Care Review⁶, are making every effort to ensure that their internal Complaints Policies and Procedures are fit for purpose.
- 4.17 However, the Policy Council is mindful of certain limited and exceptional circumstances in which an application for administrative review is simply not suitable for determination within that process owing to its complexity or the expertise required to determine it. It is therefore proposed that the Law should be made clearer so as to exclude the progression of a complaint in which a complainant first has to establish medical negligence or malpractice, in order to establish that an act of maladministration has taken place. Wherever possible the

⁶ Resolution 1, X, 16th October 2015 - Health and Social Service "Arrangements for Secondary Healthcare from 1st January 2018".

Complaints Panel will consider the purported act of maladministration only; however the Policy Council is aware that certain cases may preclude this. Accordingly, it is the Policy Council's view that such complaints should only be dealt with in formal legal proceedings by persons competent to hear them.

- 4.18 It therefore proposes that Section 3 of the Law be amended to enable the proposed Complaints Panel investigating the request to reject applications in line with paragraph 4.17 above.

ii) Cases which have not exhausted a Committee's Complaints Policies and Procedures

- 4.19 In addition, some complainants currently refer their complaints to the Chief Executive without first lodging their complaint with the Committee in question. The Policy Council proposes that Section 3 of the Law makes specific reference to the need for the complainant to have exhausted *all* of the Committee's complaints procedures, prior to referring a request for an administrative review to the proposed Complaints Panel. It is important for Committees and the complainants to be given the opportunity to discuss the issue, negotiate and wherever possible resolve problems prior to a complainant seeking redress from the Review Board system. In this context, the system is the next tier of the complaints process available to the public which should only be called upon when they have not been able to resolve their complaint directly with the Committee in question using the Committee's official complaints procedure.

5. Consultation

- 5.1 The Policy Council has consulted the Law Officers Chambers both during the early stages of the formulation of these proposals and on the final Policy Letter.
- 5.2 The Policy Council has consulted with the Chairman of the Review Board Panel (Deputy Fallaize), the Chief Executive and H.M. Greffier, who are all supportive of these proposals for change.
- 5.3 The Policy Council has also consulted with the public regarding these proposals and reports that there is general support for the reform proposed in this Policy Letter.

6. Financial and Resource Management

- 6.1 These proposals will not adversely impact the budget of the Policy Council/Policy and Resources Committee. It is expected that the new Complaint Panel, including its Chairman, will be served by unpaid volunteers and supported administratively by an existing civil servant. Any small additional costs that may arise will be met from the existing budget for the administration of tribunals.

- 6.2 Should the proposed legislation have the unlikely effect of increasing revenue expenditure that cannot be accommodated within existing budgets, the Policy Council will return to the States as soon as practicable, identifying as clearly as possible the additional resources required, together with its proposals for funding such an increase.

7. **Conclusion**

- 7.1 The Policy Council believes that reforming the Review Board process as recommended in this Policy Letter is both measured and proportionate in the short-term. It is pleased to have received the full support of the Chairman of the Panel of Members for these changes, as well as public support.
- 7.2 However, as indicated above, the Law may be repealed at some point in the future. Supporting these recommendations will ensure that Committees' administrative decisions which aggrieve members of the public are subject to independent scrutiny, pending the States considering proposals to replace the current system in the near future.

8. **Recommendations**

- 8.1 The Policy Council recommends the States:
- a) To amend sections 1, 2, 3 and 6 of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) to enable the roles of the Chief Executive and H.M. Greffier to be given to a new independent body which will be known as "the Complaints Panel", led by a Chair to be appointed by the States, as detailed in paragraphs 4.4 and 4.5 of this Policy Letter;
 - b) To amend sections 4 and 5 of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) to enable a fourth person who is not a States Member or a Dean of the Douzaine to be appointed to sit on each Review Board by the Chairman and Deputy Chairman of Panel of Members, as detailed in paragraphs 4.6 and 4.7 of this Policy Letter;
 - c) To amend Section 3(b) of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) to give discretion to the proposed Complaints Panel to accept requests for an administrative review made more than 12 months after the date on which the complainant had knowledge of the issue, where either exceptional circumstances exist and/or it would be in the interest of justice to do so, as detailed in paragraphs 4.9 to 4.10 of this Policy Letter.
 - d) To amend the Reform (Guernsey) Law, 1948 and the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) as appropriate to provide all members of a Review Board the necessary protection from legal proceedings in the course of their duties, as detailed in paragraphs 4.11 and 4.12 of this Policy Letter;

- e) To amend section 4 of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) and any other relevant parts of the Law in order that the term of office of the Chairman and Deputy Chairman of the Panel of Members be co-terminous with the current States' term, i.e. for a 4 year period, as detailed in paragraphs 4.13 to 4.15 of this Policy Letter;
- f) To amend section 3 of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended), in line with paragraphs 4.16 to 4.18 of this Policy Letter, to enable the exclusion of the progression of a complaint in which a complainant first has to establish medical negligence or malpractice, in order to establish that an act of maladministration has taken place; and
- g) To amend section 3 of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) to allow the rejection of applications which are made prior to the complainant exhausting all departmental complaints procedures, in line with paragraph 4.19 of this Policy Letter; and
- h) To direct the preparation of legislation to give effect to the above recommendations.

J P Le Tocq
Chief Minister

11th January 2016

A H Langlois
Deputy Chief Minister

Y Burford
P L Gillson
S J Ogier

R W Sillars
M G O'Hara
K A Stewart

P A Luxon
D B Jones
G A St Pier

*Consolidated text***PROJET DE LOI**

ENTITLED

**The Administrative Decisions (Review)
(Guernsey) Law, 1986 ****[CONSOLIDATED TEXT]***NOTE**

This consolidated version of the enactment incorporates all amendments listed in the footnote below. However, while it is believed to be accurate and up to date, it is not authoritative and has no legal effect, having been prepared in-house for the assistance of the Law Officers. No warranty is given that the text is free of errors and omissions, and no liability is accepted for any loss arising from its use. The authoritative text of the enactment and of the amending instruments may be obtained from Her Majesty's Greffier, Royal Court House, Guernsey, GY1 2PB.

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* Ordres en Conseil Vol. XXIX, p. 381; as amended by the Administrative Decisions (Review) (Amendment) (Guernsey) Law, 1992 (No. VIII of 1992); the Administrative Decisions (Review) (Guernsey) (Amendment) Law, 1993 (No. II of 1993); the Reform (Election of Conseillers and Minor Amendments) (Guernsey) Law, 1993 (No. V of 1993); the Machinery of Government (Transfer of Functions) (Guernsey) Ordinance, 2003 (No. XXXIII of 2003).

Consolidated text

PROJET DE LOI

ENTITLED

The Administrative Decisions (Review) (Guernsey) Law, 1986

ARRANGEMENT OF SECTIONS

1. Application by complainant for review of administrative decisions.
2. Action by Chief Executive Supervisor or Her Majesty's Greffier.
3. Cases where complaints shall not be referred to the Chairman.
4. The Panel of Members.
5. Appointment of Board.
6. Calling of documents and hearing of evidence.
7. Action by Board.
8. Annual Report to the States.
9. Savings.
10. Interpretation.
11. Citation.

PROJET DE LOI

ENTITLED

The Administrative Decisions (Review) (Guernsey) Law, 1986

THE STATES, in pursuance of their Resolution of the 30th day of October, 1985, have approved the following provisions which, subject to the Sanction of Her Most Excellent Majesty in Council, shall have force of law in the Islands of Guernsey, Herm and Jethou.

Application by complainant for review of administrative decisions.

1. Where any person (hereinafter referred to as "**the complainant**") is aggrieved by any decision made, or any act done or omitted, relating to any matter of administration by any Committee of the States or by any person acting on behalf of any such Committee, he may apply to [the Chief Executive of the States of Guernsey] to have the matter reviewed by a Review Board constituted in accordance with this Law (hereinafter referred to as a "**Board**"):

Provided that –

- (a) where the matter complained of relates to any matter of administration by the States [Policy Council] or by any person acting on behalf of that [Council], or
- (b) the complainant is a member on the staff of that [Council],

Consolidated text

the application under this section shall be made to Her Majesty's Greffier.

NOTES

In section 1,

the words in the first pair of square brackets were substituted by the Machinery of Government (Transfer of Functions) (Guernsey) Ordinance, 2003, section 3, with effect from 6th May, 2004, subject to the savings and transitional provisions in section 4 of the 2003 Ordinance;

the words in the second, third and fourth pairs of square brackets were substituted by the Machinery of Government (Transfer of Functions) (Guernsey) Ordinance, 2003, section 2, Schedule 1, paragraph 1(a), with effect from 6th May, 2004.

The functions, rights and liabilities of the Advisory and Finance Committee and of its President arising under or by virtue of this Law were transferred to and vested in, respectively, the Policy Council and its Minister by the Machinery of Government (Transfer of Functions) (Guernsey) Ordinance, 2003, section 1, Schedule 1, paragraph 1(a), with effect from 6th May, 2004, subject to the savings and transitional provisions in section 4 of the 2003 Ordinance.

The following case has referred to this Law:

Bassington Limited et al. v. H.M. Procureur (1998) 26.GLJ.86.

Action by [Chief Executive] or Her Majesty's Greffier.

2. On receipt of an application made under section 1 of this Law [the Chief Executive of the States of Guernsey] or Her Majesty's Greffier, as the case may be, shall enquire into the facts of the matter and, if satisfied as a result of his enquiries that the circumstances justify a review of the matter by a Board, he shall refer the matter to the Chairman of the Panel of Members who shall, as soon as may be, appoint a Board in accordance with this Law and thereafter forthwith refer the matter to the Board so constituted for the Board's action in accordance with this Law:

Consolidated text

[Provided that –

- (i) if, due to the unavailability or indisposition of the Chairman, reference to him would in the opinion of [the Chief Executive of the States of Guernsey], or of Her Majesty's Greffier as the case may be, involve undue delay, the reference shall be made to the Deputy Chairman, who shall act in accordance with this section, and
- (ii) if, due to the unavailability or indisposition of both the Chairman and the Deputy Chairman reference to either of them would in the opinion of [the Chief Executive of the States of Guernsey], or of Her Majesty's Greffier as the case may be, involve undue delay, the reference shall be made to the senior available Acting President of the States, who shall act in accordance with this section.]

NOTES

In section 2,

the words in the marginal note thereto, and in the first pair of square brackets therein, were substituted by the Machinery of Government (Transfer of Functions) (Guernsey) Ordinance, 2003, section 3, with effect from 6th May, 2004, subject to the savings and transitional provisions in section 4 of the 2003 Ordinance;

the proviso thereto was inserted by the Administrative Decisions

Consolidated text

(Review) (Amendment) (Guernsey) Law, 1992, section 1(a), with effect from 18th January, 1993;

the words in the square brackets within the proviso thereto were substituted by the Machinery of Government (Transfer of Functions) (Guernsey) Ordinance, 2003, section 3, with effect from 6th May, 2004, subject to the savings and transitional provisions in section 4 of the 2003 Ordinance.

Cases where complaints shall not be referred to the Chairman.

3. [The Chief Executive of the States of Guernsey] or Her Majesty's Greffier, as the case may be, shall not refer any complaint under this Law to the Chairman if in his opinion –

- (a) the matter complained of is not within the jurisdiction of a Board,
- (b) the matter complained of relates to a decision, act or omission of which the complainant has had knowledge for more than twelve months,
- (c) the subject matter of the complaint is trivial,
- (d) the complaint is frivolous, vexatious or not made in good faith,
- (e) the complainant has not a sufficient personal interest in the subject matter of the complaint,
- (f) the complainant has in respect of the matter complained of a right of appeal, reference or review [...] or a remedy by way of proceedings in any court

Consolidated text

of law unless, in any such case, [the Chief Executive of the States of Guernsey] or Her Majesty's Greffier, as the case may be, is satisfied that in the particular circumstances it is not reasonable to expect the complainant to resort to or to have resorted to that right or remedy.

NOTES

In section 3,

the words in the first and third pairs of square brackets were substituted by the Machinery of Government (Transfer of Functions) (Guernsey) Ordinance, 2003, section 3, with effect from 6th May, 2004, subject to the savings and transitional provisions in section 4 of the 2003 Ordinance;

the words omitted in the second pair of square brackets were repealed by the Administrative Decisions (Review) (Guernsey) (Amendment) Law, 1993, section 1, with effect from 11th May, 1993.

The Panel of Members.

4. (1) Boards shall be constituted from a Panel of Members consisting of –

- (a) Members of the States of Deliberation for the time being who have held a seat in the States for a period of three years or more (hereinafter referred to as "**the Members**"), and
- (b) Deans for the time being of every Douzaine of the Parishes of the Island of Guernsey (hereinafter referred to as "**the Deans**").

Consolidated text

(2) The States shall every year elect one of the Members to be Chairman, and one of the Deans to be Deputy Chairman, of the Panel of Members:

Provided that a Dean who is a Member of the States of Deliberation shall not be appointed Deputy Chairman.

(3) The Chairman and Deputy Chairman shall each hold office for a period of one year computed from the first day of [June] in the year of his election.

(4) Where any Member of the Panel ceases to be qualified for membership of the Panel in accordance with the provisions of paragraph (a) or (b) of subsection (1) of this section he shall forthwith be deemed to have ceased to be a Member of the Panel; and, in that event, where such a person holds also the office of Chairman or Deputy Chairman he shall equally forthwith be deemed to have ceased to be Chairman or Deputy Chairman, as the case may be.

NOTE

In section 4, the word in square brackets in subsection (3) was substituted by the Reform (Election of Conseillers and Minor Amendments) (Guernsey) Law, 1993, section 11(6), with effect from 31st March, 1994.

Appointment of Board.

[5. (1) A Board shall be composed of three persons selected from the Panel of Members –

- (a) by the Chairman, who shall first consult the Deputy Chairman unless the latter is unavailable or

Consolidated text

indisposed, or

- (b) if the Chairman is unavailable, indisposed, or in any way concerned with the complaint, by the Deputy Chairman, or
- (c) if the Chairman and the Deputy Chairman are both unavailable, indisposed, or in any way concerned with the complaint, by the senior available Acting President of the States of Deliberation.

(2) In making that selection regard shall be had to the subject matter of the complaint so as to ensure that no member of the Board is a member of a Committee which is in any way concerned with the complaint.]

NOTE

Section 5 was substituted by the Administrative Decisions (Review) (Amendment) (Guernsey) Law, 1992, section 1(b), with effect from 18th January, 1993.

Calling of documents and hearing of evidence.

6. For the purposes of this Law a Board, [the Chief Executive of the States of Guernsey] and Her Majesty's Greffier, as the case may be, shall have power to call for documents from any Committee or officer or employee of any Committee and to hear any person in connection with any complaint:

Provided –

- (a) that the power conferred under this section regarding

Consolidated text

the calling of documents and hearing of evidence shall not extend to the calling of any document containing, or the hearing of any evidence upon, any information the disclosure of which is prohibited under or by virtue of any provisions of any enactment or is confidential or privileged from disclosure under or by virtue of any enactment, custom or rule of law,

- (b) that a witness before a Board, [the Chief Executive of the States of Guernsey] or Her Majesty's Greffier for the purpose of enquiring into any complaint under this Law shall be entitled to the same immunities and privileges as if he were a witness before the Royal Court.

NOTE

In section 6, the words in square brackets were substituted by the Machinery of Government (Transfer of Functions) (Guernsey) Ordinance, 2003, section 3, with effect from 6th May, 2004, subject to the savings and transitional provisions in section 4 of the 2003 Ordinance.

Action by Board.

7. (1) A Board shall, with the least possible delay, enquire into any complaint referred to it under this Law and for this purpose shall regulate its own procedure:

Provided that every sitting of the Board to enquire into any complaint referred to it under this Law shall be held in public unless the public is excluded therefrom (whether during the whole or part of the proceedings) by decision of the Board whenever the Board is of the opinion that it would not be in the public interest

Consolidated text

expedient for such sitting to be held in public for reasons connected with the subject-matter of the complaint or the nature of the evidence to be given.

(2) After completing its enquiry, a Board shall report its findings in writing to the complainant and to the Committee, or person concerned.

(3) Where a Board after making enquiry as aforesaid is of opinion that the decision, act or omission which was the subject matter of the complaint –

- (a) was contrary to law, or
- (b) was unjust, oppressive or improperly discriminatory, or was in accordance with a provision of any enactment or practice which is or might be unjust, oppressive or improperly discriminatory, or
- (c) was based wholly or partly on a mistake of law or fact, or
- (d) could not have been made by a reasonable body of persons after proper consideration of all the facts, or
- (e) was contrary to the generally accepted principles of natural justice,

the Board, in reporting its findings thereon to the Committee or person concerned, shall request that Committee or person to reconsider the matter.

(4) Where a Board requests reconsideration of any matter, it shall

Consolidated text

also request the Committee or person concerned to inform it within a specified time of the steps which have been taken to reconsider the matter and the result of that reconsideration.

(5) Where a Board, having requested reconsideration by the Committee, or person concerned, is of the opinion that the findings of the Board have been insufficiently considered or implemented, it shall refer the matter to the States.

Annual Report to the States.

8. The Chairman shall, every twelve months, report to the States on the complaints received, the findings of any Board in relation thereto and any steps taken on a reconsideration of any matter.

Savings.

9. The provisions of this Law shall be in addition to, and not in derogation of, any other remedy which may be available to a complainant.

Interpretation.

10. (1) In this Law, except where the context otherwise requires, the following expressions have the meanings hereby respectively assigned to them, that is to say –

"Board" has the meaning assigned to it by section 1 of this Law,

"Chairman" means the Chairman of the Panel of Members,

"Committee" means any body set up by or at the instance of the States, whether it be styled a Committee, a Board or otherwise and includes any other body whatsoever administered by or on behalf of the States; and

Consolidated text

the expression "**any person acting on behalf of any such Committee**" shall be construed accordingly,

"**complainant**" has the meaning assigned to it by section 1 of this Law; and the expression "**complaint**" shall be construed accordingly,

"**the Deans**" has the meaning assigned to it by section 4 of this Law,

"**Deputy Chairman**" means the Deputy Chairman of the Panel of Members,

"**enactment**" includes any order, rule or regulation under any enactment,

"**Her Majesty's Greffier**" means Her Majesty's Greffier or such other person as the States may, from time to time, appoint to perform the functions of Her Majesty's Greffier under this Law,

"**the Members**" has the meaning assigned to it by section 4 of this Law,

"**[the Chief Executive of the States of Guernsey]**" means [the Chief Executive of the States of Guernsey] or such other person as the States may, from time to time, appoint to perform the functions of [the Chief Executive of the States of Guernsey] under this Law.

(2) Any reference in this Law to any other enactment shall, except where the context otherwise requires, be construed as including a reference to that enactment as amended, repealed or replaced, extended or applied by or under any other enactment including this Law.

Consolidated text

NOTE

In section 10, the words in the square brackets in the definition of the expression "the Chief Executive of the States of Guernsey" in subsection (1) were substituted by the Machinery of Government (Transfer of Functions) (Guernsey) Ordinance, 2003, section 3, with effect from 6th May, 2004, subject to the savings and transitional provisions in section 4 of the 2003 Ordinance.

Citation.

11. This Law may be cited as the Administrative Decisions (Review) (Guernsey) Law, 1986.

NOTE

The Law received Royal Sanction on 16th December, 1986 and was registered on the Records of the Island of Guernsey on 17th February, 1987.



APPENDIX 2

Review Board (constituted under The Administrative Decisions (Review) (Guernsey) Law, 1986)

The Chief Minister
Policy Council
Sir Charles Frossard House
St Peter Port

19th March, 2015

By Email

Dear Deputy Le Tocq,

POLICY COUNCIL			
DATE REC'D	19 MAR 2015		
ACTION	HGB		
CM	HPF		
DCM	ECON		
CE	/	SAPD	
DCE	SPO		
HIR	SPC		
PEAD	HA		
HHR	MA		

Review Board ("the Board") constituted under The Administrative Decisions (Review) (Guernsey) Law, 1986 ("the Law") – Proposed Changes to the Law and Process

Thank you for your kind invitation for me to attend the Policy Council meeting on Monday the 23rd of March to participate in discussions relating to proposed changes to the above Law. When presenting the Review Board's Annual Report during the June States' meeting last year, I highlighted changes to the Law which I intended to bring before the Policy Council and subsequently the States during my tenure as Chairman of the Panel of Members. Having had the opportunity of sitting as both a member of Review Boards and as Chairman, I am keen to address weaknesses in the Law and seek the Council's support in so doing.

I appreciate that some States' members may be of the view that the Law should be repealed in view of the opportunity which complainants have to seek leave to apply for judicial review in the Royal Court and I acknowledge that the Law may not endure for decades longer. However, repeal at this stage would be premature owing to the absence – other than judicial review, which of course can be expensive and extremely onerous – of any other independent or impartial means by which an aggrieved member of the public can challenge decisions of States' committees and their officers which it is contested were unreasonable, unfair etc. In Guernsey's system of government by the States through their committees, the Law as presently constructed (or at least as hopefully constructed after the reforms proposed in this letter) provides a reasonable avenue of complaint for aggrieved members of the public. The Law may also have the effect of making the decisions of committees and their officers less vulnerable to judicial review.

There is an extant States' Resolution dating from the 8th of March, 2012 viz. "*The Policy Council should redouble its efforts to present proposals for the establishment of appropriate processes for hearing complaints and appeals against States Departments and Committees, having set out the merits or otherwise of a Centralised Tribunal Service and an Ombudsman*". I understand the Council has thus far been unable to apply additional

resources to fulfilling this States' Resolution; and in the present fiscal climate I suppose it can be assumed that the scarce resources available may not be diverted from other work of a higher priority before the end of this States' term.

As you know, the States' Review Committee committed to considering appeals processes generally as part of its review of the organisation of States' affairs and its second policy letter – to be debated by the States on the 7th of July this year – should refer to the future governance of appeals processes and the Law, but in any event it is clear that no substantial change in appeals processes will be possible in this States' term or very probably early in the next States' term. As such, I respectfully request the Council to support the proposed changes I am outlining and to lay the necessary recommendations before the States as expeditiously as possible. In short, if the Law is to remain and complaints are still to be heard under it, the Law must be revised. If approved, the proposals I have in mind will significantly improve the existing framework for reviewing administrative decisions taken by, and in the name of, committees of the States – at no additional cost to the States.

The Chief Executive of the States of Guernsey and Her Majesty's Greffier have important roles in determining the status of Review Board applications. The principal officer to Review Boards, Mrs Ellis, advises me that they are fully supportive of these proposals.

In brief, the changes which I am asking the Council to support are:

1. To strengthen the process by introducing more independence.

Currently, a complainant applies for review of a decision to the Chief Executive or, in the event of perceived or actual conflict of interest, to Her Majesty's Greffier. It is for the Chief Executive (or Her Majesty's Greffier), to determine "*if the facts of the matter ... justify a review by a Board...*". If a review is considered to be justified, the matter is referred to the Chairman of the Panel of Members to convene a Review Board.

Although I have no doubt that the Chief Executive and his advisors deal with these matters with absolute integrity, setting up the head of the civil service as 'gatekeeper' under the Law may allow for perceptions of bias, not least because all chief officers report to the Chief Executive. I understand this view is shared by the Chief Executive and Her Majesty's Greffier: they are strongly in favour of change to put them beyond any possible perceptions of bias or conflict of interest.

I am asking the Council to support changes to the Law to provide for the establishment of a panel of persons independent of the States to consider all applications for review, i.e. to replace the role of the Chief Executive / Her Majesty's Greffier as 'gatekeeper' in the Law. There are various ways in which such a panel could be appointed. I suggest the best might be for the States to elect a person to chair the panel and to maintain a list of other members from whom a three-person panel could be convened to consider any application for review – along the lines of the system used when complaints of conduct are lodged against States' members.

- 2. To provide adequate protection for members of a Review Board against legal proceedings brought by any interested party who may claim to have been “defamed” during a hearing.**

Currently, whilst the two States’ members on a Review Board and any witnesses are arguably afforded protection from legal proceedings, such protection is not extended to the Dean of the Douzaine who sits on a Review Board. I am seeking the Council’s support for a change to the Law to put it beyond doubt that members of Review Boards are protected from legal proceedings.

A Review Board held in 2013 which I chaired brought this problem into sharp focus. Your colleague on the Council, Deputy Ogier, will remember it too: he was a member of the Board. I tried to ensure that no party was placed in a difficult position during that hearing by asking that names related to the case not be disclosed and on three separate occasions hearing evidence *in camera*. Please be assured that all reasonable steps will continue to be taken to protect Review Board members until the Law is (hopefully) amended as necessary, but this is of limited comfort to any Dean of the Douzaine who undertakes to sit on a Review Board and may well feel rather exposed, which I consider to be highly unsatisfactory.

- 3. Making the constitution of a Review Board more balanced and representative by increasing its size from three persons to four and making the fourth person a member of the public.**

Greater public confidence in the process could be achieved by the appointment to any Review Board of a fourth person independent of the States. This would help to make any Board more representative and redress the present imbalance whereby States’ members constitute two-thirds of any Board. I appreciate that the person chairing a Board would need to have a casting vote if it came to voting, although from my experience on Boards this is required infrequently and does not in my view tip the balance against the case for a fourth person on each Board. In any event, and in order to strengthen transparency, I suggest that in future Boards should advise not only of their decision but also of whether their decision is unanimous, by a majority or on the casting vote of the person in the chair – I intend to include this in guidance notes relating to the procedures of Review Boards because the Law provides for Boards to regulate their own procedures.

4. Time limits under the Law

At present, a matter cannot be referred to a Review Board “*of which the complainant has had knowledge of more than 12 months*”. I consider an absolute cut-off point of 12 months to be contrary to the principles of natural justice, most especially because complainants are required to exhaust internal complaints procedures of States’ committees before making application for a Review Board. Some of the cases which have, or which could, come before Review Boards are complex and merely exhausting internal complaints procedures of States’ committees could take considerable time and absorb many of the 12 months for which the clock is ticking under the Law. It seems to me that applications made more than 12 months after the making of the original decision might *ordinarily* be ruled out but that the person or people determining whether to refer the complaint to a Review Board should have the right to waive that provision in the event that the complainant is able to provide adequate

justification. I am advised that the Chief Executive and Her Majesty's Greffier support this proposal as well.

While that concludes the matters upon which I am expressly seeking the Council's support, there is one further matter which I feel obliged to raise with the Council.

The term of office of the Chairman and Deputy Chairman of the Panel of Members is only one year. This provides for little, if any, stability and may inhibit the gaining of a proper understanding of the process through experience. As Chairman it would be most improper for me to recommend to the Council that my term of office be extended – I draw this matter to your attention in order that the Council may take an informed and dispassionate view about whether the Law should be amended to provide for my successors to have longer terms of office, such as two years or the length of a States' term.

I hope the Council will feel able to support my proposals. In view of the need to make these changes as expeditiously as possible, I am also seeking the Council's support in prioritising the necessary amendments to legislation.

I look forward to the meeting on Monday when I will of course be happy to expand on these proposals, if necessary, and answer any questions from members of the Council.

Yours sincerely,

Matt Fallaize,
Chairman

(N.B. As there are no resource implications in this Policy Letter, the Treasury and Resources Department has no comments to make.)

The States are asked to decide:-

XIII.- Whether, after consideration of the Policy Letter dated 11th January, 2016, of the Policy Council, they are of the opinion:

- (a) To amend sections 1, 2, 3 and 6 of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) to enable the roles of the Chief Executive and H.M. Greffier to be given to a new independent body to be known as “the Complaints Panel”, led by a Chair to be appointed by the States, as detailed in paragraphs 4.4 and 4.5 of that Policy Letter;
- (b) To amend sections 4 and 5 of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) to enable a fourth person who is not a States Member or a Dean of the Douzaine to be appointed to sit on each Review Board by the Chairman and Deputy Chairman of Panel of Members, as detailed in paragraphs 4.6 and 4.7 of that Policy Letter;
- (c) To amend Section 3(b) of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) to give discretion to the proposed Complaints Panel to accept requests for an administrative review made more than 12 months after the date on which the complainant had knowledge of the issue, where either exceptional circumstances exist and/or it would be in the interest of justice to do so, as detailed in paragraphs 4.9 to 4.10 of that Policy Letter.
- (d) To amend the Reform (Guernsey) Law, 1948 and the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) as appropriate to provide all members of a Review Board the necessary protection from legal proceedings in the course of their duties, as detailed in paragraphs 4.11 and 4.12 of that Policy Letter;
- (e) To amend section 4 of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) and any other relevant parts of the Law in order that the term of office of the Chairman and Deputy Chairman of the Panel of Members be co-terminous with the current States’ term, i.e. for a 4 year period, as detailed in paragraphs 4.13 to 4.15 of that Policy Letter;
- (f) To amend section 3 of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended), in line with paragraphs 4.16 to 4.18 of that Policy Letter, to enable the exclusion of the progression of a complaint in which a complainant first has to establish medical negligence or malpractice, in order to establish that an act of maladministration has taken place; and
- (g) To amend section 3 of the Administrative Decisions (Review) (Guernsey) Law, 1986 (as amended) to allow the rejection of applications which are made prior to

the complainant exhausting all departmental complaints procedures, in line with paragraph 4.19 of that Policy Letter; and

- (h) To direct the preparation of legislation to give effect to the above recommendations.

POLICY COUNCIL

GUERNSEY OVERSEAS AID COMMISSION – UPDATE REPORT

Executive Summary

1. The purpose of this report is fourfold, namely to:
 - (a) propose an amendment to the terms of office for Commissioners so that new Commissioners are appointed mid-term rather than at the July States Meeting immediately following a General Election of People's Deputies;
 - (b) propose an extension of the terms of office of the current Commissioners by two years;
 - (c) provide an “end of term” update on the work of the Guernsey Overseas Aid Commission (“the Commission”) between May 2012 and December 2015; and
 - (d) highlight some recent international developments in respect of the delivery or development aid;

Background

2. On 27th January 2012, the States resolved:

“VI.- After consideration of the Report dated 14th November, 2011, of the Policy Council:-

1. That the States of Guernsey maintain its current level of contribution (+RPIX) per annum.

2. That the States of Guernsey monitor the level of Overseas Aid expenditure with a view to reconsidering it once there is a higher degree of certainty over corporate taxation and when the fiscal position improves, or within 5 years, whichever is sooner.” [Billet d’État No III of 2012]

3. Since 2012, the Commission has supported 324 individual development aid projects and the total value of the development aid awarded on behalf of the States has amounted to £11,078,624. In addition, in the last four years, the Commission has made awards from its Disaster and Emergency Relief budget in response to 19 natural disasters and civil conflicts in developing countries across the globe and has contributed £515,000 through disaster and emergency relief donations.
4. During the same period the Commission received some 932 individual applications for grant aid funding amounting to requests for some £35,421,055 of funding. The gap between the Commission’s annual budget and the requests it

receives for funding means that it has to say no to supporting many very good projects that would undoubtedly significantly improved the day-to-day lives of some of the world's poorest and most vulnerable communities.

5. Guernsey's gross domestic product for 2014 was £2,353 million. One of the UN Millennium Development Goals (MDGs) is for developed countries to contribute 0.7% of its Gross National Product (GNP) towards development and humanitarian aid. Based on Guernsey 2014 GNP, Guernsey's contribution against this MDG is 0.1%¹. Whilst this figure is significantly below the target of 0.7%, it must be recognised that Guernsey's contributions are wholly in providing direct development aid to many of the world's poorest communities. In many larger jurisdictions, a significant percentage of development and humanitarian aid is directly linked to trade deals.
6. The Policy Council is due to report back to the States during 2016 on the above States resolution and to the future level of Guernsey's development and humanitarian aid contribution.

Term of Office for Commissioners

7. Since 2004, the Commissioners have been appointed at the start of each new political term. This approach has not generally presented any problems but the Chairman and Commissioners are conscious that there may be occasions when a newly appointed Chairman is being asked to support the appointment of Commissioners but has not been involved with their selection and recommendation to the States of Deliberation.
8. The Chairman and Commissioners have asked the Policy Council to consider changing the expiry of the terms of office for the Commissioners from the July immediately following a General Election of People's Deputies to a mid-term point.
9. The Policy Council understands the reasons for the proposed change. It acknowledges the Commission's view that such a change will help ensure a continuity in the Commission's work and enable the Chairman to participate in the recruitment and selection of new Commissioners.
10. For these reasons the Policy Council supports the Commission's suggestion for the term of office for the Commissioners to move from the start of a political term to a mid-point. Further, the Policy Council is confident that this change will continue to ensure a continuity of approach and knowledge it is anticipated that the terms of Commissioners will not all expire at the same time, except in unusual circumstances.

¹ Jersey's contributions equate to 0.2% of its GNP and the isle of Man's contributions are 0.1% of GNP

Extension of the Term of Office of the current Commissioners

11. In light of the above proposal to alter the term of office for Commissioners, the Policy Council, recommends that the terms of office for the current Commissioners be extended by two years, i.e. until 31st July 2018. The Policy Council notes that in July 2018, two of the Commissioners will not be eligible for re-election having served ten years. The other four Commissioners will be eligible to serve a further four year term. The Policy Council is confident that these changes will maintain continuity for the Commission without restricting opportunities for other Islanders to serve of the Commission in the future.
12. Members of the current Commission are:
 - (a) *Mr. Timothy Peet MBE* – is a retired surgeon; he was awarded the MBE in 2011 for teaching surgical skills in Uganda retired from surgical practice in Guernsey in 1999. Since retiring, he has been closely involved with the teaching of surgical skills in East Africa, including tutoring and operating with Ugandan doctors. Mr. Peet has been a Commissioner since July 2008.
 - (b) *Mr. Stephen Mauger* - is employed part time as a Membership Advisor at Beau Séjour and also working as a delivery driver. He has been an active supporter of Christian Aid for over 30 years and has acted as the charity's Bailiwick of Guernsey Organiser. Mr. Mauger has been a committee member of Churches Together in Guernsey and Chairman of the Fairtrade Guernsey Steering Group. Through these roles he has gained a good working knowledge of both conditions and projects in various parts of the world. Mr. Mauger has been a Commissioner since July 2008.
 - (c) *Mr. Philip Bodman* - is an accountant and graduate in agricultural economics, with ten years' experience in overseas development work. Mr. Bodman had a scholarship with the UK's Overseas Development Administration (the predecessor to the current UK Department for International Development). He now maintains an interest in providing support to overseas development projects through his role as Missions Treasurer at Holy Trinity Church. Mr. Bodman has been a Commissioner since July 2012.
 - (d) *Miss Judith Moore* - works as a Programme Lead with the Institute of Health and Social Care. She has taught disaster preparedness activities in Sri Lanka, and been directly involved in supporting small projects undertaken in Sri Lanka. She has been a volunteer with St. John Ambulance for over 30 years and has used that experience to support her voluntary work overseas. Miss Moore has been a Commissioner since July 2012.

- (e) *Dr. Nicholas Paluch* - is a semi-retired Medical Practitioner and qualified (non-practising) Barrister. He has undertaken volunteer work in less developed countries whilst also maintaining an independent involvement in fundraising and overseas aid support activities, including visiting several projects that have benefitted from financial support provided by Guernsey. Dr. Paluch has been a Commissioner since July 2012.
 - (f) *Ms. Teresa de Nobrega* is an Advocate with experience of both visiting less developed countries and initiating various charitable fundraising activities. She is a Trustee of the Guernsey Blind association and an active local supporter of a number of NGOs including UNICEF, the International Red Cross and Amnesty International. Ms. de Nobrega has been a Commissioner since July 2012.
13. The Policy Council wishes to thank the Commissioners for their hard work over the past four years. It is mindful that the Commissioners receive no remuneration for the many hours they spend, not only reviewing applications for grant aid and disaster and emergency relief, but also in reviewing the Commission's policies and procedures.
 14. The Policy Council recognises that the last four years have been a period of change and development for the Commission. It is confident that the amendments to the Commission's policies and procedures and the new format for the Annual Reports have all contributed to promoting Guernsey's endeavours to support overseas development and to ensure that the lives of many of the world's poorest communities are improved by addressing a lack of basic needs which most of us take for granted through funding lasting and sustainable development projects.
 15. The Policy Council is confident that the Commissioners will continue to undertake their responsibilities with enthusiasm and commitment to ensure that the funds the States provides for overseas development will continue to reach those in most need and make a sustainable improvement for their day-to-day lives. It is grateful to the Commissioners for agreeing to serve for a further two year period.

Review of the Commission's work between May 2012 and December 2015

16. Throughout the term of this Assembly, the Commission has continued to review and develop its policies, procedures, public profile and administration. The Commission is very mindful that the awards it makes involve public money and that they are acting on behalf of the people of Guernsey. Therefore, all applications are carefully reviewed and the charity's compliance with the Charity Commission with which it is registered before any award is confirmed.

Grant Aid Applications

17. The number of requests for grant aid funding continue to significantly outstrip the amount of funding available. On average over the past four years, the Commission has only been able to fund between one quarter and one third of requests for funding. Throughout this period the Commission has kept its grant aid application process under review.
18. In 2013, the Commission, in response to various requests from applicant charities, agreed to pilot offering funding for a limited number of projects over a 3 year period rather than its traditional approach of funding single year projects.
19. As reported in its 2013 Annual Report, this change of approach saw some 35% of all applications being for multi-year funding and accounted for just under £6.3 million of funding requests from a total of £14 million requested by some 178 charities. This meant that in 2013 the Commission was only able to support less than 20 percent of the total number of applications it received.
20. Following this pilot and prior to inviting applications for grant aid funding in 2015, the Commissioners reviewed their procedures relating to how many applications an individual charity could make and whether or not to continue its multi-year grant award pilot.
21. The Commissioners concluded not to continue the multi-year grant pilot for two reasons. First, the Commissioners were mindful that the requests for funding were significantly greater than the annual budget. Therefore, extending the multi-year pilot would mean that an increasing proportion of its budget would be committed to previously approved multi-year projects and so further reduce the funds available for single year projects. Second, the Commissioners noted that the majority of multi-year applications received failed to demonstrate sustainable growth across the term of the grant (a key requirement that had been set out in the application guidance notes) and rather were charities seeking assured funding for ongoing projects over a three year period.
22. In addition, the Commissioners decided to reduce the number of individual applications a charity could apply for from four to two. The Commissioners concluded that this would ensure that charities would have reasonable likelihood of success and would also enable the Commissioners to appropriately review all the applications in a timely manner.
23. As a result of these changes, the Commission has received between 240 and 260 applications for funding in 2015 and 2016 from 80 to 90 individual charities.
24. Further, the Commissioners have noted that since 2014, the quality of the individual applications has also improved. The Commissioners believe that this is in part due to the feedback provided to charities on their applications, the

development of detailed guidance notes and also the charities focusing their applications in order to achieve a successful outcome.

Annual Reports

25. In addition, since 2012 the Commission has redesigned its annual reports. The Commissioners were mindful that the positive and sustainable difference the grants made by them was perhaps being underreported. The Commissioners were mindful that Islanders were not always aware of how the £2.6 million it distributes each year is being used and most importantly the difference the grants are making to the lives of some of the world's poorest communities.
26. The 2012 Annual Report was published in September 2013 and included feedback reports from a number of projects undertaken by Channel Island-based charities with funding from the Commission. The Commission also published the report independently from publication in the Billet d'État in order to try and reach a wider readership. The report was also published online and emailed a copy to all the charities registered with the Commission².

Compliance Matters

27. In addition to improving its profile, particularly within the Island, and keeping its grant aid policies under review, the Commission has also worked to strengthen its compliance procedures.
28. The Commission undertakes a range of compliance and regulatory checks prior to considering applications for funding. These include checks with the various Charity Commissioners and other regulatory bodies to ensure that the charity is operating in accordance with the legislation and regulatory framework for the jurisdiction within the British Isles where the charity is registered.
29. With effect from the 2014, the Commission changed its policy regarding the payment of the grant. To enable the Commission to have better control over the delivery of a project in accordance with the approved proposal and budget and to accord with best financial management practices, the Commission advised charities that grants would now be paid in two instalments. The first instalment being made approximately four weeks prior to the confirmed commencement date for the project and the second instalment on receipt of a satisfactory Interim Report.
30. The Commission continues to closely monitor the reporting requirements placed on all charities receiving awards from the Commission. When an award is made, the charity is required to submit two reports. The first, the Interim Report, is generally submitted at the mid-point of the project programme. The Interim Report is generally submitted approximately six months after the project has commenced. The charity is required to provide an overview of how the project is

² Over 320 charities are currently on the Commission mailing list.

progressing, the achievements and work completed during the first six months and a budget showing how the first instalment of the grant has been used.

31. The second, the Final Report, is generally submitted within two months of the completion of the project. This report must provide an overview of how the project was delivered and the sustainable differences the project has achieved for the community concerned. The report must also include a budget showing the actual spending on the project against the approved budget. Charities are required to return any unspent balances to the Commission. Where the amount of an unspent balance is low, typically under £2,000 or 10 per cent of the grant whichever is the lesser amount. The Commissioners will generally approve a request to retain such money where the money will be used to support additional work or services directly connected to the project.
32. The Commission is pleased that the level of compliance with the reporting requirements is excellent. It is mindful that the supported projects are invariably in areas where outside and unforeseen events may have a significant impact on the project timetable. In the last four years, projects in Liberia, Sierra Leone and Guinea have been significantly delayed because of the Ebola crisis, similarly earthquakes in Nepal, Pakistan and Afghanistan have had a similar impact and, in many countries, civil conflict and the timing of elections and other changes in government have also delayed projects. The Commission always seeks to work with the charity to agree a revised timetable for the project and when the reports should be submitted.
33. The Commission is committed to building on these changes to ensure a robust but proportionate approach to the oversight of the delivery of the projects it funds and so maintain public confidence in how the Commission spends its annual budget.

Working with Guernsey's Private and Voluntary Sectors

34. In addition to distributing the monies voted by the States for overseas aid through grant aid and awards for disaster and emergency relief, the Commission's mandate requires it,

"To develop programmes relating to the collection and distribution of funds involving the private and voluntary sectors."

35. During 2014 and 2015, the Commission has actively worked to develop programmes relating to the collection and distribution of funds involving the private and voluntary sectors. This work has included the Commission fostering a strong working partnership with the Association of Guernsey Charities' Overseas Sector Group. The Commissioners and the Commission's Secretary have given a number of presentations to the Guernsey charities who are members of this group, including master classes in making applications for funding.

36. The Commissioners have been disappointed that it has proved difficult to identify funding partnerships with local businesses and charities to provide joint funding for additional development projects. In 2015, the Commission was pleased to be able to support a project with local jeweller, Ray and Scott, KPMG and Fair Trade Guernsey to provide support for Ugandan artisanal gold miners to reduce their dependence on mercury and cyanide in gold extraction through the purchase of a Gold Kacha Centrifuge.
37. The Commission continues to work hard to identify further projects and opportunities to take forward this part of its mandate and to maximise the benefit from Guernsey's contribution to overseas development.

International Developments in the delivery of Humanitarian and Development Aid

38. The Commission continues to monitor international developments in how humanitarian and development aid is delivered. During the last four years, the Commission has noted two major changes.

UN Sustainable Development Goals

39. In September 2015, the United Nations Sustainable Development Summit adopted the 2030 Agenda for Sustainable Development, which includes a set of 17 Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change by 2030.



40. The SDGs build on the MDGs, eight anti-poverty targets that the world committed to achieving by 2015. The MDGs, adopted in 2000, aimed to eradicate poverty, hunger, disease, gender inequality, and access to water and sanitation. Enormous progress has been made but despite this success, the indignity of poverty has not been ended for all.
41. The new SDGs, and the broader sustainability agenda, go much further than the MDGs, addressing the root causes of poverty and the universal need for development that works for all people.
42. The Commission recognises that the MDGs established measurable, universally-agreed objectives for eradicating extreme poverty and hunger, preventing deadly but treatable disease, and expanding educational opportunities to all children, among other development imperatives, including:
 - Reducing income poverty
 - Increasing access to improved sources of water
 - Raising primary school enrollment
 - Reducing child mortality.
43. The move from the MDGs to the SDGs seeks to continue and extend the work started in 2000. The Commission fully supports this changes and believes it accords with its objectives to complete the work begun through the introduction of the MDGs through:
 - (e) Promoting peaceful and inclusive societies
 - (f) Creating better jobs
 - (g) Tackling environmental challenges, especially climate change.
44. In response, the Commission request charities applying for funding to identify which of the SDGs a particular project seeks to address. The impact of a project against one or more of the goals will be one of the considerations for Commissioners when reviewing future grant aid applications.

World Humanitarian Summit

45. In May 2016, the first World Humanitarian Summit will take place in Istanbul. In preparation for this summit, the UN has co-ordinated worldwide consultation involving charities, NGOs, governments and other bodies involved in the delivery of humanitarian relief. In calling the Summit, the UN Secretary-General, Ban Ki-moon has stated:

“The rise of global humanitarian action is one of humanity’s greatest moral achievements. Today our goal is a world where every woman, man and child in need can receive ... assistance and protection from the impacts of disaster, conflict, displacement, hunger or disease. This world is now within our grasp. Together we can make this vision a reality.”

46. The consultation identified five major areas for action:

Dignity – to empower people to cope and recover with dignity through humanitarian action that puts people at its heart.

Safety – to keep people safe from harm by putting protection at the centre of humanitarian action.

Resilience – to build hope and solutions for people in new or prolonged crises through collective action by humanitarian, development and other partners.

Partnerships – to build diverse and inclusive partnerships that reaffirm the core humanitarian principles.

Finance – to ensure sufficient and more efficient use of resources to preserve life, dignity and resilience in crises.

47. The pre-Summit consultation has looked at how humanitarian aid, both development aid and emergency and disaster relief, is delivered and challenged the approach taken by many wealthy nations, asking whether the approach adopted by the developed world is right for less developed countries and economies. The consultation has sought to give a voice to those receiving humanitarian aid and has asked the beneficiaries whether the aid they are receiving is what they need.

48. The consultation has focused on four key questions which have formed the basis of four themes:

- How can humanitarian action be more effective?
- How can we better reduce vulnerability and managing risk?
- How can humanitarian action be more innovative?
- How can we better serve the needs of people in conflict?

49. The Commission is following the lead-up to this ground breaking Summit and notes that the objectives behind each of the four key questions of the pre-Summit consultation are questions that are at the forefront of the Commissioners' minds when reviewing its policies and procedures and when considering individual applications for grant aid and disaster and emergency relief.

50. The Commission will continue to monitor the progress of the Summit and will review its policies and procedures in light of the outcomes from the Summit.

Recommendations

51. The Policy Council recommends that the States:

1. agree to amend the terms of officer for Commissioners so that new Commissioners are appointed mid-term rather than immediately following a General Election of People's Deputies;
2. give effect to Recommendation 1 by approving the re-appointment for a further two-year term of:
 - (a) Mr. Timothy Nigel Dexter Peet, MBE to serve as ordinary members of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018; and
 - (b) Mr. Stephen Herbert Mauger to serve as ordinary members of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018; and
 - (c) Mr. Philip Mudie Bodman to serve as ordinary members of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018; and
 - (d) Miss Judith Elise Moore to serve as ordinary members of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018; and
 - (e) Dr. Nicholas Anthony Forrester Paluch to serve as ordinary members of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018; and
 - (f) Ms. Teresa Marie de Nobrega to serve as ordinary members of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018;
3. note the work undertaken by the Guernsey Overseas Aid Commission since May 2012 in developing the policies and procedures for the distribution of grant aid and disaster and emergency relief; and
4. note the recent work undertaken by the United Nations, through the adoption of the Sustainable Development Goals, for the delivery of humanitarian aid.

J P Le Tocq
Chief Minister

14th December 2016

A H Langlois
Deputy Chief Minister

Y Burford
P L Gillson
S J Ogier

R W Sillars
M G O'Hara
K A Stewart

P A Luxon
D B Jones
G A St Pier

(N.B. As there are no resource implications in this Policy Letter, the Treasury and Resources Department has no comments to make.)

The States are asked to decide:-

XIV.- Whether, after consideration of the Policy Letter dated 14th December, 2015, of the Policy Council, they are of the opinion:-

1. To agree to amend the terms of office for the Guernsey Overseas Aid Commissioners so that Commissioners are appointed mid-term rather than immediately following a General Election of People's Deputies.
2. To approve the re-appointment of Mr. Timothy Nigel Dexter Peet, MBE, to serve for a further two-year period as an ordinary member of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018.
3. To approve the re-appointment of Mr. Stephen Herbert Mauger to serve for a further two-year period as an ordinary member of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018.
4. To approve the re-appointment of Mr. Philip Mudie Bodman to serve for a further two-year period as an ordinary member of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018.
5. To approve the re-appointment of Miss Judith Elise Moore to serve for a further two-year period as an ordinary member of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018.
6. To approve the re-appointment of Dr. Nicholas Anthony Forrester Paluch to serve for a further two-year period as an ordinary member of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018.
7. To approve the re-appointment of Ms. Teresa Marie de Nobrega to serve for a further two-year period as an ordinary member of the Guernsey Overseas Aid Commission from 31st July 2016 to 31st July 2018.
8. To note the work undertaken by the Guernsey Overseas Aid Commission since May 2012 in developing the policies and procedures for the distribution of grant aid and disaster and emergency relief.
9. To note the recent work undertaken by the United Nations, through the adoption of the Sustainable Development Goals, for the delivery of humanitarian aid.

TREASURY & RESOURCES DEPARTMENT

INCOME TAX: INVESTIGATION OF TAX RELIEF FOR INTEREST PAID

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

5th January 2016

Dear Sir

1. **Executive Summary**

- 1.1. At the meeting on 29th October, 2015 (Resolution 5A of Billet d'État XIX, 2015), the States resolved to direct the Treasury and Resources Department to investigate the removal of, or introduction of a cap on the amount of, tax relief on interest payments for let properties in section 2 of the Income Tax (Tax Relief on Interest Payments) (Guernsey) Ordinance, 2007 ("the 2007 Ordinance") and to report back to the States no later than the end of October 2016.
- 1.2. This would impose a cap on, or remove, the tax relief available on the amount of interest paid by a person in respect of let property, in Guernsey and elsewhere. At present, interest paid relating to a let property can be deducted from the rental income received in order to calculate the amount to be charged to tax (income from the rental of Guernsey property is taxable at 20%, irrespective of whether the person letting the property is resident or non-resident, or is an individual or a company). The introduction of a cap, or withdrawal of relief, would therefore impact an individual who lets just one property, individuals who own property portfolios and companies that invest in residential or commercial properties.
- 1.3. This is not the first time within this States' term that this issue has arisen and created uncertainty in the property sector, potentially damaging Guernsey's competitive position. A similar amendment (Resolution 13A of Billet d'État XXI, 2013) led to the Department receiving representations from various organisations. At that time, the Department reviewed the impact of resolution 13A and recommended that it was negated before it entered into effect, which the States resolved on 28th May 2014 (Billet d'État X, 2014).
- 1.4. **The Department has concluded that a cap or removal of relief could have the following consequences:**
 - **Increased rents for private tenants;**

- **Further damage to confidence and transactions volumes in the property market, following a lengthy period of fragility, with the adverse knock-on impact to the construction and building trades and tradesmen;**
- **Reduced investment in the property sector, by reducing net returns, making Guernsey an uncompetitive and unattractive jurisdiction for future investment, particularly when compared to Jersey.**

1.5. The Department's position from 2014 therefore remains unchanged. The Department still believes that a cap or removal of relief would discourage investors from buying, developing and renting property in Guernsey, particularly for individuals and companies with a property portfolio where borrowing and income levels could be significant, therefore the Department is not recommending that they are introduced. It is anticipated that any such restriction would have a particularly adverse impact on the commercial property market, decreasing investment yields as a consequence of the additional tax that would be payable and making investment non-viable.

1.6. The Commerce and Employment Department, the Housing Department, the Guernsey Society of Chartered and Certified Accountants, the Guernsey International Business Association, the Guernsey Business Advisory Committee, the Guernsey Private Residential Landlords' Association, the Guernsey Property Forum, the Construction Industry Forum and the Chamber of Commerce were consulted during the Department's investigation of these proposals. Their responses, confirming full support of the recommendation, are appended to this report.

2. Investigation of a Cap or Removal of Interest Relief in respect of Let Property

2.1. At the meeting on 29th October 2015, the States resolved to direct the Treasury and Resources Department to investigate the removal of, or introduction of a cap on the amount of, tax relief on interest payments for let properties in section 2 of the 2007 Ordinance.

2.2. Income from the letting of Guernsey property is taxable at 20%, irrespective of whether the person letting the property is resident or non-resident, or is an individual or a company. Currently, interest paid relating to a let property can be deducted from rental income received in order to calculate the amount to be charged to tax (a similar concept to allowing a deduction for interest paid on capital borrowed for the purposes of a business, in order to calculate the taxable business profits). Following representations from various industry representative groups back in 2013, and again more recently in 2015, the Department is mindful of the potential adverse impact such a cap on, or even removal of, tax relief may have, if it is introduced to interest paid in respect of let property, on the property market, particularly as the changes would be introduced in respect of property held within Guernsey and elsewhere.

2.3. The Department has undertaken further consultation with the Guernsey Society of Chartered and Certified Accountants, Guernsey International Business Association,

Chamber of Commerce, Guernsey Business Advisory Committee, Guernsey Private Residential Landlords' Association, Construction Industry Forum and Guernsey Property Forum to ensure the implications to the let property market were considered. This investigation included the impact on the local housing market, the local commercial property market and the attractiveness of Guernsey as a location for structuring the holding of property investments.

2.4. The main concerns identified through the investigation are as follows:

- The investigation of the removal of, or introduction of a cap on, tax relief for interest payments sends out a negative message, wrongly indicating that Guernsey is not open for business, and would be detrimental to the initiatives being undertaken to encourage new business and opportunities to Guernsey.
- In order for Guernsey to remain in a healthy financial position, to the benefit of all islanders, it is imperative that the Department does all that it can to support initiatives, such as Locate Guernsey, to encourage continuing investment into the islands, recognising the ever increasing competitiveness of the global market.
- Any changes would apply to interest paid by individual investors and also companies, borrowing for either residential or commercial properties and therefore may discourage investors from buying, developing and renting property in Guernsey, as it would be considered as tax inefficient compared to investment opportunities available elsewhere.
- Such a change would also discourage property investors looking to relocate to Guernsey who already hold significant overseas rental property investments.
- This would affect those islanders, who are, for example, retired or saving for their retirement, buying a property to provide an income for their future, given saving rates are so low.
- A secondary impact from a reduction in properties changing hands, may see a reduction in trade for those in the building industry.
- Whilst a, say, £25,000 cap could be considered reasonable in the context of an individual borrowing in respect of a residential property, for individuals and companies with a property portfolio, where borrowing levels could be significant, a cap of £25,000, or even complete removal of relief, would affect investment yields, as a consequence of the additional tax that would be payable, and potentially could make commercial investments unviable. It is anticipated that this would have a particularly adverse impact on the commercial property market. This could in turn reduce income tax revenues (directly, from a reduction in the taxable income of persons deciding not to invest in, or not to remain in, rental property, and indirectly, from reduced profits in the

supporting sectors, such as profits from property sales, conveyancing, management, maintenance, etc.) and also a reduction in document duty.

- Any change would also apply to overseas let property, and this could lead to adverse tax implications for Guernsey residents, who are either shareholders of companies owning overseas property or own overseas property themselves directly. For shareholders it could increase the undistributed income of the company by not allowing the interest as a deduction for Guernsey tax purposes.
- Both Jersey and the Isle of Man give tax relief for interest payments for let property to both individuals and companies. The proposals in Jersey's 2016 Budget to phase out mortgage interest tax relief, merely reflect the changes approved in Guernsey's recent 2016 Budget, namely to phase out mortgage interest relief in respect of a principal private residence, by reducing the interest cap over a ten year timeframe. Jersey continues to allow tax deductions for loan interest on let property. Whilst currently the UK gives tax relief for interest payments for let property, the UK Chancellor announced in the 2015 summer budget, proposals to restrict relief for finance costs on residential properties owned by individual landlords to the basic rate of income tax (20%). The proposal is intended to be gradually introduced from 6th April 2017 tapered over four years. Concerns have been raised by the property industry in the UK as to the impact this would have on the UK property market.
- This proposal could therefore lower future government revenues and result in a lower contribution to GDP from an already very weak property/construction sector.

2.5 The Department has therefore concluded that a cap or removal of relief could have the following consequences:

- Increased rents for private tenants, either through landlords seeking to maintain current investment yields or in reaction to any change leading people to withdraw properties from the private rental sector;
- Further damage to confidence and transactions volumes in the property market, following a lengthy period of fragility, with the adverse knock-on impact to the construction and building trades and tradesmen;
- Reduced investment in the property sector, by reducing net returns, making Guernsey an uncompetitive and unattractive jurisdiction for future investment, particularly when compared to Jersey.

The Department is therefore not recommending any change to tax relief on interest payments for let properties.

2.6. The Department consulted the Housing Department again, who continued to express support for the Department's recommendation, recognising the adverse consequences of imposing a cap or removing tax relief for interest paid in respect of commercial and overseas let properties. Whilst the Housing Department are of

the view that the States should be encouraging, not discouraging, investment in the private rental sector, as a healthy private rented sector reduces the number of people who would otherwise be seeking social rental or partial ownership accommodation, they believe that the potential adverse effect on the first time buyer market of failing to cap or remove tax relief on interest paid for buy-to-let residential properties should be analysed. The Housing Department intends to examine this as part of the comprehensive third party analysis of the local housing market called for by Deputy Soulsby's successful amendment in October 2015. The Housing Department are concerned that buy-to-lets tend to be at the lower end of the property market and therefore reduce the number of properties available to first time buyers.

- 2.7. The Department also consulted the Commerce and Employment Department, in particular the Locate Guernsey team. The Commerce and Employment Department expressed the view that the introduction of a cap or removal of tax relief on interest payments for let property could send out unintended negative signals to high net worth individuals, and negatively impact businesses and individuals already investing in commercial property in Guernsey. Such a change could also negatively impact those in the building and construction industry who are expected to be beneficiaries of the Locate Guernsey initiative.

3. **Legislation**

- 3.1. This proposal will not require any legislative drafting, therefore the Law Officers have not been consulted about these proposals.

4. **Resource Implications**

- 4.1. This proposal has no resource implications.

5. **Recommendations**

- 5.1. The Department recommends the States to note the report and also to note the uncertainty such repeated investigations into interest relief for let property cause to the property market and the negative signals it sends out to businesses/individuals looking to invest in and/or locate to Guernsey.

Yours faithfully,

G A St Pier
Minister

J Kuttelwascher
Deputy Minister

A H Adam
A Spruce
R A Perrot
Mr. J C Hollis, Non-States Member

TREASURY AND RESOURCES CONSULTATION ON TAX RELIEF ON INTEREST PAID FOR LET PROPERTIES

COMMERCE AND EMPLOYMENT DEPARTMENT POSITION STATEMENT

The Treasury and Resources Department believe that the potential ramifications from the removal of, or introduction of a cap on, the amount of tax relief on interest payments for let property are the creation of uncertainty in the Guernsey property market (particularly with respect to investing in commercial properties) and the wider use of Guernsey as a location for holding property investments (as the proposal would also apply in respect of let property outside of Guernsey). The Commerce and Employment's political Board has provided the following commentary to the specific questions posed on this matter.

1. Whether the introduction of a cap/removal of relief would wrongly signal that Guernsey is not open to business and would deter HNWI's from considering Guernsey as a location either to live or invest?

The Board's view is that the introduction of a cap or the removal of tax relief could indeed send out unintended negative signals to High Net Worth Individuals. At a time when the Locate Guernsey initiative is expected to increase its efforts to attract this very group, it is important that the investment opportunity for them remains attractive. Property investment is favoured by many High Net Worth Individuals so a tax cap or the removal of relief in this area could have a disproportionate effect on this particular target group.

2. More specifically, whether such a cap/removal of relief would discourage investors (for example property funds) from buying, developing and renting commercial property in Guernsey, due to the potential adverse impact on investment yields, given such relief is currently available in neighbouring jurisdictions such as Jersey.

No modelling or analysis of the potential impact of such a possible move has been carried out, but it is reasonable to assume that returns on property investment is a very relevant factor that would be addressed by those considering the various merits of Guernsey versus other territories. The proposal would also have a negative impact on those businesses and individuals already in Guernsey who have been investing in this sector for many years.

3. The impact that a reduction in properties changing hands would have for those in the building industry, i.e. electricians, plumbers, decorators.

These trades and many others in the Construction Industry are expected to be beneficiaries of the Locate Guernsey initiative. The possible changes to the tax relief regime on let property could have a negative impact on the property development sector, so, as above, the Board would not be supportive of the introduction of these changes.

30th November 2015

The Minister
 Treasury and Resources Department
 Sir Charles Frossard House
 St Peter Port
 Guernsey
 GY1 1FH

9 December 2015

Dear Deputy St Pier

Income Tax: Investigation of tax relief for interest paid

Thank you for giving the **Housing Department** an opportunity to comment on the above Policy Letter.

As you know, when this matter was last debated in the States in 2014 the Department was unequivocal in its support of the retention of the existing tax relief arrangements, pointing to the fact that a healthy private rental sector reduced demand for social rented and partial ownership housing.

Since then, the Department has led an investigation into the first time buyers' market – an investigation that culminated in a Policy Letter, co-authored by the Treasury and Resources Department, which was considered by the States in October this year.

The Department is conscious that the problems faced by first time buyers might be compounded if would-be homeowners and landlords are competing for the cheapest properties on the market. If, in crude terms, the growth of the buy-to-let market comes at the expense of first time buyers, anything that fuels that growth – such as the retention of tax relief on interest paid on second properties – might, on balance, do more harm than good.

When the Policy Letter on first time buyers was considered by the States in October, Deputy Soulsby placed a successful amendment calling for a comprehensive third party analysis of the local housing market. The Housing Department intends as part of this analysis to examine in more detail the effect of the competing interests described above.

In the meantime, the Department supports the retention of existing tax relief arrangements.

Yours sincerely

M Hadley
 Deputy Minister



The Guernsey Society of Chartered and Certified Accountants

Deputy Gavin St Pier, Minister for Treasury & Resources
 State of Guernsey Government Department
 Sir Charles Frossard House
 La Charroterie
 St Peter Port, Guernsey
 GY11FH

1 December 2015

Dear Gavin

Investigation of Reducing Tax Relief on Interest Paid on Let Property

I am writing in my capacity as chair of the GSCCA tax sub-committee.

During the recent Budget debate on 29 October 2015, the States resolved (Resolution SA of Billet XIX of 2015) that the Treasury and Resources Department should investigate the removal of, or introduce a cap on, tax relief for interest paid on let property (per section 2 of the Income Tax (Tax relief on Interest Payments) (Guernsey) Ordinance, 2007).

I refer to my email to Nicky Forshaw on 31 October 2013 when this possible change was being discussed previously. At that time, the amendment introduced a cap of £25,000 per person on the amount of interest paid on money borrowed in connection with land or a building within section 1 and 2 of the Ordinance.

I have discussed with the GSCCA tax sub-committee and we would like to reconfirm our view which is that we strongly advise the States to reconsider the extension of this to section 2, which covers interest paid to fund let property in Guernsey and elsewhere. In our view, this could adversely impact the property investment market and we assume that this was not intended.

If you wish to discuss please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Jo Huxtable', written over a light grey rectangular background.

Jo Huxtable
 Chair, GSCCA Tax Sub Committee

The Guernsey International Business Association has confirmed that the views of the GSCCA are deemed to represent those of GIBA.

GBAC

Guernsey Business Advisory Committee

Date: 22.11.15

Dear Deputy St Pier,

I write on behalf of the members of GBAC, with regards to the following amendment by Bebbs and Brehaut that was passed at the previous States meeting.

"To direct the Treasury and Resources Department to investigate the removal of, or introduction of a cap on the amount of, tax relief on interest payments for let properties in section 2 of the Income Tax (Tax Relief on Interest Payments) (Guernsey) Ordinance, 2007 and to report back to the States no later than the end of October 2016."

GBAC is a group comprised of; successful entrepreneurs, local lawyers, property experts, developers and leaders within the care home and hospitality industry. GBAC members and the committee are very concerned with the implications of the amendment. We were shocked that 33 deputies voted for this review, without it seems any consideration of the serious and negative impact it would have, if it made it into the Guernsey or national press.

GBAC provides a summary of the implications:

The amendment required feedback by Oct 2016. What this really means is another years uncertainty in a fragile slow market. Are those deputies who voted for this amendment aware that estate agents and lawyers are by their code of conduct required to explain the threats and issues their clients may face, upon purchasing property? In just the short time since this amendment was passed, I am already aware of four buy to let (BTL) properties and two commercial property deals that have fallen through or been delayed until the outcome of this review. More delays in document duty, which is less tax for the States is that what the Deputies wanted?

Do not be surprised if far less commercial property sales or BTL investments fail to complete until the review is finalised and the contents of the amendment rejected. The result being yet a further reduction in document duty. This should not be hard to understand, why should anyone invest further (or at all) in Guernsey, when such a risk does not exist in Jersey, IOM, Gibraltar or even the UK. My own local investments have been halted with immediate effect – why take the risk, when I can just purchase commercial property in the UK or Jersey without the hassle or risk of loan interest relief restrictions?

Why would any investor consider putting their hard earned capital into Guernsey or set up a local property fund or special purpose vehicle (SPV), with so much uncertainty, caused by the threat the scrapping or capping of bank interest relief?

It is very common that those investing in a BTL or commercial property take a loan equal to 50-70% of the value of the property. That means that an investor can effectively get double the property for a given sum. This actually results in more tax to the States in the form of far higher Document duty receipts. It's not hard to understand, that without the benefit of debt, the same investor would only be able to buy a property of half the value (if even that), which equals half the taxable rental income or even less. This is how virtually the entire property industry works, in all key successful investment jurisdictions.

Local housing developers and those employed within the industry will take a further hit, as BTL investors, will possibly pull back and/or reduce investment into Guernsey, whilst this review is being debated. All the investors I have spoken to, have all said, they will pause further investments, until they are aware of the outcome.

BTL investors are an important sector of the property market in helping remove unsold or excess properties from the market, whilst also providing much needed housing for those that cannot afford to purchase their own house in this climate of increasing strict bank funding criteria.

The house building industry and all the people it employs is already having to fight off the threat of an inflexible affordable housing quota, strange maximum car parking rule, several years of Open market uncertainty and greater complexity of who can live in Part A and D and for how long.

The proposals of this amendment if accepted, would be the nail in the coffin for Guernsey. The health of the Guernsey construction industry would suffer, with not just developers having to scale back, but those hard working people on the ground, that rely on a thriving construction industry to put food on the table. Please be aware, that very few developers only use cash to develop property, nearly all are geared and receive development funding. If the States vote to scrap or restrict the ability to offset loan interest, property development would become considerably harder in Guernsey. I personally have spoken to one of the largest developers in Guernsey, who has stated they will just focus on Jersey, if this threat was to happen.

Accepting the proposals in the amendment would be a direct attack on those who are retired, savers and the responsible sector of society who are doing their very best to provide a responsible income in the future, especially now that Banks do not provide any meaningful savings interest rates. Responsible investment and saving for one's future is exactly what the States should be encouraging. Why put yet more obstacles in the way of those trying to be responsible and provide a future income for themselves and their family.

Every successful jurisdiction which taxes property income allows some form of relief from loan interest. Why would any well-intentioned Deputy wish to make Guernsey the anomaly and be uncompetitive?

What very few people realise is that already in Guernsey, there is a restriction on loan interest relief, in that any interest in excess of the property income is not available to carry forward as a loss for offset against future property income, as it is in the UK. This already limits some property structures from operating in Guernsey.

The most damaging and dangerous aspect of this review is that such a tax proposal would also apply to all those Guernsey residents that hold property (via property funds, in their own name or SPV's) in other jurisdictions, such as Jersey and the UK. In the event that the proposals in this amendment became law, it would be catastrophic for Guernsey and decimate an entire sector, and result in many resident property investors having to relocate to Jersey, IOM, etc. This would truly make a mockery of the goals and aspirations of Locate Guernsey.

This is not a threat, but reality. Put yourself in the shoes of a new potential HNW resident for a second... Locate Guernsey is mandated to go out and attract these people. The first thing a potential resident will do is ask their accountant/lawyer to explain the implications or benefits of relocating to Guernsey. What do you think will happen when he is made aware of this strange and quirky interest loan restriction, yet at the same time, he is also made aware that Jersey or the IOM are fine and operate as per the UK – where would you reside – Guernsey still? — I think not!

If the proposals were voted through, it would send out the worst possible message to investors and give Jersey an even bigger boost, even greater than what they are currently experiencing over Guernsey.

My biggest fear for Guernsey, is that if the implications are not fully understood and the proposals of this amendment were not rejected, it would send a very clear signal, that over half the deputies in the States were anti-business and those seeking to provide for themselves in the future, ie: personal pensions.

Regards

Zef Eisenberg
Chairman - GBAC
Office: [+44\(0\)1481 521950](tel:+44201481521950)



Jeff Guilbert
Les Bouleaux
GY6 8YZ

The Minister
Treasury and Resource Department
Sir Charles Frossard House
St Peter Port
Guernsey
GY1 1FH

26 November 2015

Dear Deputy St Pier

Re. Income Tax: Restriction on Tax Relief for Interest Paid

We write in connection with the current Treasury and Resources investigation (as resolved 29th October 2015) into the abolition or capping of tax relief on interest payments for let properties. The GPRLA represents over £500M worth of residential, let property in the island. We wish to strongly voice our concern re any such move. We do so on the basis that

- Rental returns are at an all-time low – especially in the Open Market (OM). Capping/removing interest relief will only make the sector even less attractive and *further* dampen sales, capital values and therefore Stamp Duty revenues
- Local Market (LM) values have already dropped about 15% and continue to fall (Martel Maides Nov. 2016). Decreasing values deter investors and will push prices down even more at all levels, not just at the lower end. Home owners will therefore feel poorer and spend and move house less - and Stamp Duty and all the associated States' revenue will fall.
- The Housing Department have repeatedly stated that the island should be encouraging, not discouraging, the private rental sector to reduce the need for States funded housing. This is a patent discouragement.
- Such a move would make investment in all Guernsey property less attractive than competing jurisdictions – including Jersey. Anything that reduces demand reduces Stamp Duty revenue as well as employment in and taxation income from all associated industries such as construction, estate agencies and the legal profession.
- There is danger in even *discussing* the above possibility again as it creates uncertainty and risks repeating the errors made in statements about possible OM review and the resultant, well documented, negative effect on OM sales and capital values therefore Stamp Duty revenue from that sector
- Our current taxation regime already does little to encourage property upgrading and improvements. Tax relief for any upgrading deemed a capital development is not allowed, and relief for significant repairs is spread over five years via the ERA as opposed to being allowable in the year the expense is incurred. If there is also an abolition or capping of tax relief on any funds borrowed for the purpose it may further

discourage owners from repairing and upgrading in a timely manner – not good for tenants or the construction industry

- Additionally it does not seem to dovetail at all with the Commerce and Employment “Open for Business” message, or the investment of £1.2M in Locate Guernsey
- It would adversely affect our members who are saving for retirement by buying one or more investment properties – surely something that works against solving the “age-related time bomb” issues that are much publicised at the moment?
- Whilst we are a private, residential, landlords’ association we understand that the move would also affect institutional investors such as funds and make it less attractive for them to be based or have holdings on the island. Any exodus to competing jurisdictions such as Jersey will only be negative for tax revenues and the island. The move would also apply to commercial property development and make it less attractive than elsewhere – negative for the construction as well as the property sector.

In short this is a move that may on the surface appear to offer increased tax revenues. However there are also areas (Stamp Duty, construction industry profits, estate agent profits, ETI take on people employed in these and other related industries) where tax take risks being reduced. Additionally there is a possibility that the quality and possibly quantity of let property offered by private landlords will reduce – thereby increasing the cost of States housing provision.

We hope the States of Deliberation will firmly vote against any such move and remove the item from the agenda for the foreseeable future as repeated tabling of the issue (again now - on top of 2013) creates uncertainty and does no good to the island, its inhabitants or States’ income.

Yours Sincerely

J Guilbert
Chair GPRLA

THE GUERNSEY PROPERTY FORUM

26 November 2015

The Minister
Treasury and Resources
Sir Charles Frossard House
St Peter Port
Guernsey GY1 1FH

Dear Sir,

Investigation into Interest Relief on Let Property

We write in respect of the current investigation being carried out by Treasury and Resources, following a direction from the States of Guernsey, concerning the removal or capping of tax relief on interest payments for loans against let property.

The Guernsey Property Forum ("GPF") is a body constituted to represent, for the most part, members of the estate and relocation agency, legal and financial professions with an interest in the well-being and development of the Island's residential and commercial property sectors. As part of its brief the GPF also liaises, and shares members, with other groups and organisations - such as the Construction Industry Forum

Originally founded to provide support to and consult with Government as a result of the dire consequences suffered by the Open Market during the consultation process surrounding the new Population Management proposals, the GPF has extended its brief to involve itself in any matters that are felt to affect and influence Guernsey's property market.

I have been asked to express our members' acute concern that these new investigations could further destabilise the island's property market at a time when it can least afford further uncertainty. With transaction levels at an historic low, falling prices and decreasing rents, the very last thing to add to the mix is a fiscal intervention upsetting the existing financial balances within the investment and rental sectors.

We are sure that you will have received a more than sufficient number of representations expressing concern regarding this investigation, however, and without going into detail at length, we are anxious to know that that the Treasury & Resources Department are aware of our absolute opposition to these proposals.

It should be recognised that any market is finely balanced and what might be regarded as an accurate tax harvesting strike at a particular sector is likely to have far reaching and unexpected consequences in a market that is already destabilised.

The immediate consequence of any reduction in the return from a leased property will be a corresponding fall in that property's actual value. This will clearly affect not just the investment market but, indirectly, owner occupied property as well. It will not prove to be a carefully targeted strike at institutional investors and seemingly wealthy landlords, the effects will be widespread throughout the entire market.

This, then, leads to much greater considerations about the wider implications and messages being sent out to the wider world about whether the island welcomes investment and if it really is 'open to business'.

While it can be argued that some limited cooling of the housing market was perhaps overdue, it would be clearly less than prudent to risk any further deterioration of the status quo.

Yours faithfully



Richard Fox
For and on behalf of The Guernsey Property Forum

Please respond to richard.fox@martelmaides.co.uk or by post to R.J.W. Fox, c/o Martel Maides Ltd, 29 High Street, St Peter Port, Guernsey GY1 2JX

CONSTRUCTION INDUSTRY FORUM

Primrose Cottage, Ruette Rabey, St Martins, Guernsey, GY4 6DU
Tel: 237396

Deputy St. Pier (T&R Minister)
Treasury & Resources
Sir Charles Frossard House,
Charroterie
St Peter Port,
Guernsey

25 November 2015

Dear Deputy St. Pier

Re: REMOVAL OR CAPPING OF INTEREST RELIEF AMENDMENT

Whilst I was not in attendance personally, Jason Powers, representing the Construction Industry Forum, did attend a meeting recently when this subject was discussed.

We fear that leaving the above matter in abeyance for a year will lead to even further problems for the Construction Industry.

I am aware that GBAC and GPRLA are writing letters to you and I strongly support everything they say. I would highlight some additional major problems the construction industry has, which we see as:-

- The Construction Industry is short of work at the moment and doesn't see any light at the end of the tunnel for at least another year, maybe two years.
- There is huge uncertainty with regard to La Mare de Carteret School providing work.
- Whilst the GHA has work at an early stage, all the present work will come to an end this year and we doubt that permissions will be in place quickly enough to see that work provide sufficient on its own to stimulate any real growth
- The draft IDP is very damaging to the Construction Industry and it will probably be a year before we see what is really happening.
- Conjecture on the Open Market a few years ago in the Press basically killed that market, scrapping or capping interest relief will do the same for the wider property market.
- A recent survey by an Architect saw 20 developers not proceeding with projects until confidence returns to the States and the economy.

We think that Deputies who voted for this amendment had no idea of the impact on the Industry for the next year so they haven't learnt from the problems of the Open Market and the media speculation.

One last thing to say is to remember that Developers and Entrepreneurs don't have to come to Guernsey or invest in Guernsey. They go where they feel welcomed and believe they will be supported. If the proposals of this amendment aren't thrown out it will only further dampen economic activity at a time when the States are trying to promote it.

Yours sincerely

Eric Legg
Chairman

From: Martyn Dorey
Sent: 07 December 2015 13:47

Subject: Chamber response to the removal of tax relief on interest payments for let properties

Thank you for the invitation to comment on the proposal to investigate the removal or a cap on tax relief on interest payments for let properties.

We have carefully considered this proposal from an economic perspective and also what the likely impact on business and tax revenues is likely to be.

The finance tax and legal subcommittee viewed this proposal in the context of prevailing economic conditions, market practice and spoken to members of the construction, property investment and fund industries. We are confident that this proposal is probably going to have three effects:

- o A lower contribution to GDP from an already very weak property/construction sector
- o Lower future government revenues
- o It may direct property funds towards other jurisdictions

An overriding factor at the moment is our position in the economic cycle, and in the current low inflation, low growth environment, property and construction is suffering from a lack of stimulus.

From a business perspective commercial property acquisition, property investment and property development is typically funded through borrowing. The borrowing should be viewed as an investment, collecting together the monies necessary to reinvigorate property stock, grow rental income and deliver capital growth. Many governments are happy to encourage borrowing on property and development activity because companies take the risk to develop infrastructure and housing, and then the government benefits from higher tax revenues from rental income received, and depending on which jurisdiction, capital growth.

Other jurisdictions do have interest relief, so removing incentives for property investment both directly in Guernsey and indirectly via managed funds may result in property funds and property investors moving elsewhere, along with the employment they create in the fund management sectors. In this scenario the contribution from property towards GDP may decrease.

Whilst we believe that an investigation would likely reach the same conclusion that we have outlined above, a concern is that this investigation will set expectations that a removal of interest rate relief is on the cards. That in itself will be sufficient to impact on economic growth in what is already a very fragile sector of the economy. There is also a significant risk that other jurisdictions will use this uncertainty to encourage companies and investment away from Guernsey.

Kind regards
 Martyn Dorey
Chair of the Finance Tax & Legal Subcommittee, Chamber of Commerce

(N.B. The Policy Council notes that a cap or removal of relief is likely to have adverse consequences for private sector tenants, for the residential and commercial property markets, and for Guernsey's economy and competitive position. It therefore supports the proposal to retain the status quo.)

The States are asked to decide:-

XV.- Whether, after consideration of the Policy Letter dated 5th January, 2016, of the Treasury and Resources Department, they are of the opinion to note the report and also to note the uncertainty such repeated investigations into interest relief for let property cause to the property market and the negative signals it sends out to businesses/individuals looking to invest in and/or locate to Guernsey.

HEALTH AND SOCIAL SERVICES DEPARTMENT

THE CHILDREN (GUERNSEY AND ALDERNEY) (AMENDMENT) ORDINANCE, 2015

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

21st December 2015

Dear Sir

Executive Summary

1. The Children (Guernsey and Alderney) Law, 2008 ("the Law") came into force on 4th January 2010. Its provisions are currently subject to a general review being undertaken by the Health and Social Services Department and, in due course, the Department intends to recommend a number of amendments to the Law which are necessary or expedient in the light of experience of operating under the Law.
2. The Law Officers of the Crown, following consultation with the Department, the Royal Court and the Head of Law Enforcement, believe that there is an urgent need to amend the Law as soon as possible in order to enhance the powers of the courts and the Police to protect children who are in the care of the Department from harm in certain specific cases. The amendments should also ensure more efficient use of court, legal, child care and police resources and services.

Recovery Orders

3. Section 92 of the Law enables the courts to make orders ("recovery orders") requiring children who are in the care of the Department and who have run away or gone missing to be recovered. Under a recovery order, a Police Officer may enter premises specified in the order for the purpose of searching for a child and may remove a child from premises in order to return the child to the care of the Department.
4. From time to time the Department may be responsible for a child or several children who are prone to absconding on a regular basis. When such a cycle of regular absconding occurs, it may be necessary to obtain a series of orders from the courts because, on a strict interpretation of section 92 of the Law, in the absence of wording to the contrary, an order may be considered as having expired as soon as the child to whom it relates has been recovered. The necessity to obtain individual orders each time a child stays away or runs away from the accommodation provided

for him or her has created a system which creates delay in the recovery of the child who may be at risk and is time consuming, inefficient and unnecessarily costly. The Law requires amendment to bring clarity and certainty so that recovery orders can be made of such duration as the court thinks fit and for so long as the child remains a child in respect of whom a qualifying order is in force.

Police powers to recover children for whom the Department is responsible

5. There will be occasions when a child for whom the Department is responsible, and in respect of whom no recovery order is in force, may need to be recovered. The current requirement to seek a court order before such powers of recovery can be exercised can cause delay in taking steps to safeguard the child.
6. In the circumstances, it would seem appropriate that the police should have the specific power, where the Department has requested police assistance, to recover such a child without the need to obtain a recovery order or a warrant from the court.
7. It is intended that, other than in the most urgent cases, the Department will take reasonable steps to recover a child prior to requesting police assistance. Where a Police Officer is requested to assist, it is intended that a staged and proportionate approach will be taken and that any power to enter premises should only be exercised as a last resort when the child's safety requires it and be subject to approval by an officer not below the level of inspector. It is anticipated that the powers of the Police Officer to require a person to disclose information about the child's whereabouts and/or to produce the child on request (wilful impediment or obstruction of which is an offence) will usually avoid the need to exercise the power of entry. It should be noted that the Department retain the ability to apply to court for a recovery order which, if granted, will authorise entry into specified premises to search for the missing child and for a Police Officer to use reasonable force to enter such premises. A power for the police to enter any premises to search for a child in certain circumstances already exists in section 64 of the Law.
8. In addition, if Police Officers were given powers enabling them to require anyone with information as to the whereabouts of a child in the care of the Department to disclose that information and to recover any child in the care of the Department without any court order, that would in many instances avoid any need for a recovery order to be obtained at all.
9. It should be noted that Police Officers had similar powers under section 9 of the Children and Young Persons (Guernsey) Law, 1967 until that section was repealed by the Children Law and not replaced.

Financial implications

10. The recommendations in this Policy Letter will not cause there to be any increase in expenditure and may enable some savings to be made on overtime and out of hours' allowances.

Procedure

11. The Law Officers of the Crown consider it to be necessary and expedient in the public interest that an Ordinance is enacted as soon as possible.
12. The Legislation Select Committee was therefore asked to exercise its powers under article 66 of the Reform (Guernsey) Law, 1948 to enact a suitable Ordinance entitled "The Children (Guernsey and Alderney) (Amendment) Ordinance, 2015", which is laid before the States in accordance with the said article 66, the States having the power to annul the Ordinance.

Recommendations

13. The Health and Social Services Department recommends that the States approve the necessary amendments to the Children (Guernsey and Alderney) Law, 2008 as set out in the Children (Guernsey and Alderney) (Amendment) Ordinance, 2015:
 - (a) to enable the courts to make recovery orders under section 92 for such period as thought fit, provided that the period shall not exceed the period during which the child is subject to the requirement of any of the orders set out in that section; and
 - (b) to enable a Police Officer to take appropriate steps to recover a child who is subject to the requirement of any of the orders set out in section 92 without any court order, including the exercise of powers to require anyone with information as to the whereabouts of a child, to disclose that information; direct any person to produce the child; enter without warrant any premises upon which the officer reasonably suspects the child to be; remove the child to such place as the Department may request and require any person to deliver the child to the Department.

Yours faithfully

P A Luxon
Minister

H J R Soulsby
Deputy Minister

M P J Hadley
M K Le Clerc
S A James

R H Allsopp, Non-States Member
A Christou, Non-States Member

(N.B. As there are no resource implications in this Policy Letter, the Treasury and Resources Department has no comments to make.)

(N.B. The Policy Council supports the proposals in this Policy Letter and confirms that it complies with the Principles of Good Governance as defined in Billet d'État IV of 2011.)

The States are asked to decide:-

XVI.- Whether, after consideration of the Policy Letter dated 21st December, 2015, of the Health and Social Services Department, they are of the opinion to approve the necessary amendments to the Children (Guernsey and Alderney) Law, 2008 as set out in the Children (Guernsey and Alderney) (Amendment) Ordinance, 2015:

- (a) to enable the courts to make recovery orders under section 92 of The Children (Guernsey and Alderney) Law, 2008 for such period as thought fit, provided that the period shall not exceed the period during which the child is subject to the requirement of any of the orders set out in that section; and
- (b) to enable a Police Officer to take appropriate steps to recover a child who is subject to the requirement of any of the orders set out in section 92 of The Children (Guernsey and Alderney) Law, 2008 without any court order, including the exercise of powers to require anyone with information as to the whereabouts of a child, to disclose that information; direct any person to produce the child; enter without warrant any premises upon which the officer reasonably suspects the child to be; remove the child to such place as the Department may request and require any person to deliver the child to the Department.

HEALTH AND SOCIAL SERVICES DEPARTMENT

GUERNSEY AND ALDERNEY HEALTHY WEIGHT STRATEGY 2016-2023

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

6th January 2016

Dear Sir

1. Executive Summary

- 1.1 In 2009, the States of Guernsey adopted a five-year Obesity Strategy, (“the 2009 Strategy”) to reduce obesity-related premature deaths and avoidable ill-health caused to Guernsey and Alderney residents of all ages (see Billet d’État XXXI November 2009 Volume 2).
- 1.2 The 2009 Strategy has enabled the States to:-
 - maintain and improve monitoring of levels of overweight and obesity in adults and children in Guernsey and Alderney;
 - monitor progress towards achievement of recommendations in a cross-department officer level group ensuring an integrated approach;
 - provide dietetic expertise and a clinical care pathway in relation to obesity for adults by employing a Community Dietitian;
 - provide an adult weight management service on referral;
 - develop a clinical care pathway in relation to obesity and a lifestyle referral scheme to help overweight and obese children, through employment of a specialist School Nurse;
 - provide a community-based Guernsey Health Trainer service, assisting people to redefine behaviour issues and put change into practice;
 - contribute to the provision of increased opportunities for the Sports Commission to deliver an enhancement to the Physical Education (PE) in Schools Programme; and
 - provide health promotion campaigns directed at tackling obesity and to increase awareness of current and planned facilities and interventions.
- 1.3 This evidence-based approach, aligned to national and international action, has contributed to preserving the health and wellbeing of Islanders. It has also contributed to meeting the States’ government objectives to maintain a healthy Guernsey and Alderney population and a capable workforce. This has been

achieved utilising only 37% of the original requested budget: not all recommendations of the 2009 Strategy have been implemented and a range of National Institute for Health and Care Excellence (NICE) guidelines for treatment of severe obesity remain unmet; for example there is a lack of Tier 3 services (a specialist multi-disciplinary team) and Tier 4 services (including obesity surgery).

- 1.4 This Policy Letter proposes the continuation of the 2009 Strategy for the period 2016-23 (“the New Strategy”), setting out the new and appropriate principal priorities during this period. It has been formulated with key partnership agency representatives at strategic and operational level in the Healthy Weight Strategy Group (HWSG) but with more specific initiatives to deliver improved outcomes. This followed examination of the most recent research (Appendix 1) and initial engagement with the public, political representatives and other States Departments.
- 1.5 The proposed draft New Strategy was then made widely available to the public, partner Departments and other interested parties in a final comprehensive consultation exercise in autumn 2015. The consultation report appears as part of Appendix 2 and shows a high level of public support for the measures that were proposed.
- 1.6 The following are the areas of outcome focus in the New Strategy:
 - Reducing obesity-related preventable mortality and prevalence of type 2 diabetes;
 - Reducing the numbers of adults and children who are obese and overweight;
 - Increasing the number of people eating a healthy diet;
 - Increasing the number of people who are regularly physically active; and
 - Increasing the number of overweight and obese people moving successfully to appropriate weight goals and maintaining them.
- 1.7 The New Strategy will aim to achieve this through three, co-ordinated, pillars of work:
 - Making healthy eating choices easier and normalising healthy eating for adults and children;
 - Making active lifestyle choices easier and normalising an active lifestyle for adults and children; and
 - Helping adults and children to achieve and maintain appropriate weight goals.
- 1.8 Just over half of local adults, 29% of Year 5 children, and 15% of Year 1 children are overweight or obese. Over 5% of local adults have type 2 diabetes, which is largely caused by obesity and of the 11 to 17 amputations a year over the last five years at the Princess Elizabeth Hospital in people with type 2 diabetes, many are thought to have been attributable to obesity. Furthermore, there are an estimated

70 preventable cancer or cardiovascular premature deaths a year in Guernsey and obesity is considered an important causal factor too. Internationally, obesity is now on a par with tobacco smoking as a cause of premature death and preventable ill health. Premature preventable death from circulatory disease (heart disease, stroke), non-alcoholic liver disease, cancers (endometrial, breast and colon) and avoidable illness caused by obesity and overweight can also adversely affect mental as well as physical health and wellbeing in the lives of individuals and their families.

- 1.9 With such a high prevalence of obese and overweight people, the islands clearly have a large scale problem to tackle. In a climate of austerity for public funding, the Health and Social Services Department (HSSD) believe the situation requires a new approach. HSSD will investigate, with its third sector parties, setting up an independent body, which will bring together partners in the voluntary, commercial and public services to oversee the delivery of the Healthy Weight Strategy. Such a body will have the advantage of enabling non-public funding to be attracted to augment the existing States provided budget allocations to help deliver the Strategy, and for engaging the wider community to help find innovative and creative solutions to the current crisis. The independent body would report to the new Committee *for* Health and Social Care via its Members and officers who will be jointly responsible for overseeing the independent body.
- 1.10 If people are motivated to adapt and change their behaviours, the implementation of the Healthy Weight Strategy, if successful, could be life-changing for many in our community, especially children at the beginning of their lifestyle journey. In supporting healthy lifestyles, the Strategy will help islanders to help themselves enjoy a longer, healthier life.
- 1.11 The proposed Action Plan has 18 areas for action, under the three pillars of the Strategy - healthy eating; physical activity; and services to help achieve appropriate weight goals.
- 1.12 HSSD intends to kick-start the New Strategy, building on the 2009 Strategy, to get real momentum across the range of proposed initiatives, for example by;-
 - Reviewing the food provided in its facilities to ensure we are an exemplar for our community. Likewise the Education Department is currently reviewing the food sold in its schools;
 - Stopping the sale of unhealthy sugary drinks from its facilities; and
 - Investigating the provision of electric bicycles for its staff. This would have the dual purpose of encouraging active transport, with the associated benefits for the health of the Department's staff and of reducing CO₂ emissions, while at the same time freeing up car parking spaces at the Princess Elizabeth Hospital for the more vulnerable members of our community.
- 1.13 The New Strategy fully supports the ten year transformation objectives which the HSSD Board has committed to.

2. Context

2.1 HSSD is mandated to advise the States on matters relating to the mental, physical and social wellbeing of the people of Guernsey and Alderney. This mandate gives HSSD responsibility for:

- promoting, protecting and improving personal, environmental and public health; and
- preventing or diagnosing and treating illness, disease and disability.

2.2 Overweight and obesity (defined as excessive or abnormal accumulations of fat that presents a risk to health) are global issues, with prevalence doubling amongst the world's population between 1980 and 2014¹. The success of integrated tobacco control and increased worldwide obesity means that obesity is now close to exceeding tobacco smoking as a cause of premature ill health and death in developed countries.

2.3 Overweight and obesity are recognised as an increasingly important cause of early death and avoidable ill-health in Islanders. Obesity is a major risk factor for a range of chronic diseases, including type 2 diabetes, circulatory disease (heart disease, stroke), non-alcoholic liver disease and a number of cancers (including endometrial, breast and colon). The top two leading causes of deaths in Guernsey and Alderney over the three-year period 2010-12 were cancers and circulatory diseases (when sorted by the age-standardised rate). These causes accounted for 30% and 31% of deaths respectively.² Between 2010 and 2012, there were an estimated average 43 preventable cancer deaths each year and 23 preventable cardiovascular deaths each year in Guernsey and Alderney. These figures, in conjunction with others, should be viewed as a baseline for onward indicative monitoring of the success of the new Healthy Weight Strategy. In addition, type 2 diabetes is associated with a range of other illnesses, e.g. in residents with type 2 diabetes, there have been 11 to 17 amputations per year at the Princess Elizabeth Hospital over the last 5 years, many of which are thought to be attributable to diabetes associated with obesity.

2.4 The States of Guernsey has supported the development of Bailiwick Healthy Weight (Obesity) strategies since 2006, and this is essential to continue to maintain and improve the health of the population. Such strategies make an important contribution to the States Strategic Plan:

- Meeting government objectives through coordinated service delivery;
- Sustainable long-term finance (through reduced healthcare costs for obesity related disease);

¹ World Health Organization (2015) Obesity and Overweight – Factsheet 311, updated January 2015 <http://www.who.int/mediacentre/factsheets/fs311/en/> accessed 6th December 2015

² Public Health and Strategy Directorate, HSSD. 2014. Health Profile for Guernsey and Alderney 2010–2012. Guernsey: States of Guernsey.

- Encouraging individuals to take personal responsibility and adopt healthy lifestyles;
- Equality of opportunity, social inclusion and social justice; and
- Maintaining a healthy, capable workforce.

2.5 In Guernsey and Alderney, control of obesity would reduce both direct healthcare costs and indirect costs. For example, the medical treatment of type 2 diabetes alone, much of which is caused by obesity, is estimated to be approximately £12 billion a year in the UK.³ Additionally, the indirect costs, e.g. from absenteeism, early retirement or social benefits are estimated to be a further £10 billion a year for the UK³. Extrapolated to Guernsey and Alderney these figures would equate to around £12 million and £10 million a year respectively. Since obesity is associated with broader social and economic consequences, including stigmatization and reduced productivity, the World Health Organisation has identified reduction of population levels of obesity as one strategic objective that, if successful, will reduce societal costs from treating its complications. Control of obesity is likely to improve both public and private health and wealth. A healthy diet, regular physical activity, and maintaining a normal body weight can prevent or delay the onset of type 2 diabetes.⁴ As much as 80% of type 2 diabetes is avoidable through lifestyle changes and obesity prevention.³

2.6 The Healthy Weight Strategy underpins and supports other States of Guernsey strategies, and vice versa, such as the On-Island Integrated Transport Strategy, Disability and Inclusion Strategy, and Children and Young People's Plan.

3. Obesity Strategy 2009-2015

3.1 The Bailiwick has been successful in developing, agreeing and implementing a multi-system Obesity Strategy, an achievement in itself. The principal aim of the 2009 strategy was to reduce the burden of death and ill-health that obesity-related disease causes in the islands of Guernsey and Alderney. Guernsey life expectancies at birth for men and women have improved by 4-5% over the last 15-20 years and are now among the highest in Europe.

3.2 The 2009 Strategy (2009-2015) has been driven forward by HSSD with partners. The multidisciplinary Obesity Strategy Group, now known as the Healthy Weight Strategy Group (HWSG), was tasked with implementing the local strategy and £395,850 was requested to fund that implementation. Phase 1 funding of £145,840 was allocated, however, despite a high priority scoring, the funding for Phase 2 of the Strategy was deferred during the States of Guernsey prioritisation process for

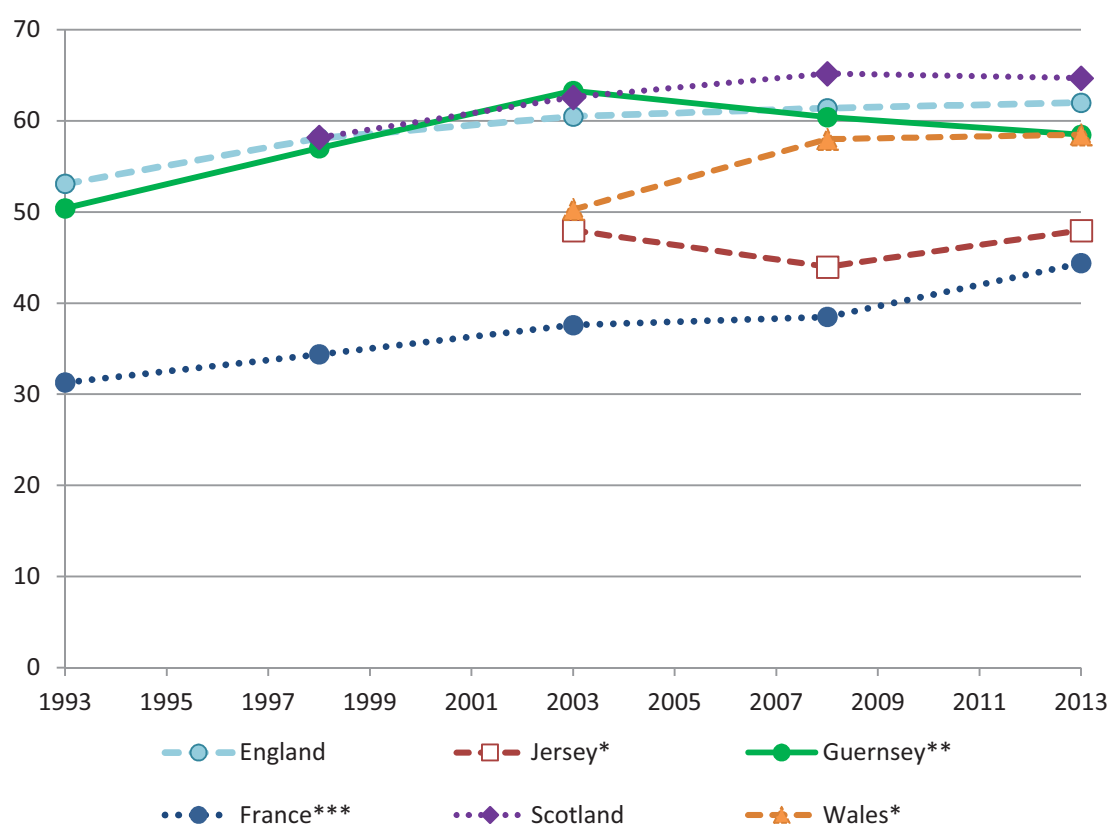
3 Kanavos et al, London School of Economics (2012). Diabetes, expenditure, burden of disease and management in 5EU countries. <http://www.lse.ac.uk/LSEHealthAndSocialCare/research/LSEHealth/MTRG/LSEDIabetesReport26Jan2012.pdf>

4 WHO (2015). Diabetes factsheet 312, updated Jan 2015
<http://www.who.int/mediacentre/factsheets/fs312/en>

the 2011-16 States Strategic Plan⁵. There has been no additional funding to achieve all the original objectives for action. Work has nevertheless continued into 2015, refining and reviewing initiatives.

- 3.3 There have been changes in levels of overweight and obesity in the Bailiwick (shown below as ‘Guernsey’) since 1993. A general indication of changes in overweight and obesity prevalence in Jersey, England, Scotland, Wales and France for comparison are shown in Figures 1 and 2 below. It must, however, be noted that data that are self-reported (Guernsey, Jersey, Wales and France) are likely to underestimate levels compared with data collected by trained staff (England and Scotland)⁶.

Figure 1: Change in prevalence of overweight (including obesity) in adults in Guernsey and comparison jurisdictions 1993-2013



* self-reported data

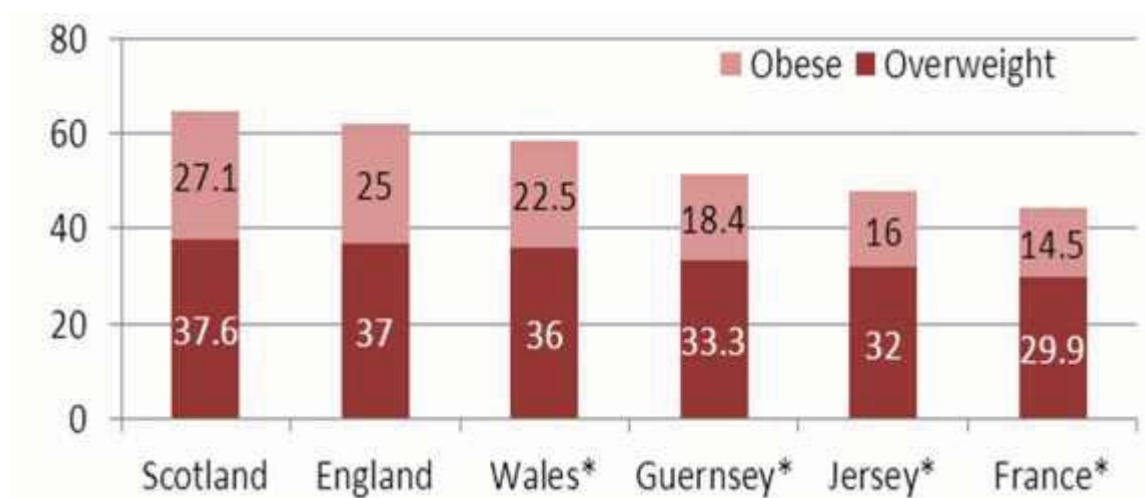
** self-reported data and use of pre-2008 BMI cut-off points

*** self-reported data and from closest year

⁵ 2011 October 11th Billet d'État, XVI (para 4.93, p. 1923) accessed on 6th December 2015 at <http://theoldsite.gov.gg/article/1780/Search?q=States+Strategic+Plan+2011-2016&searchmethod=ANY&numresults=500&history=1%2C11%3A1%2C11&next=Next>

⁶ Akhtar-Danesh N et al. (2008) Validity of self-reported height and weight for measuring prevalence of obesity. *Open Medicine* 2 (3): E14-19

Figure 2: Prevalence of overweight and obesity in 2013 (or closest year) in adults in Guernsey and comparison jurisdictions



* self-reported data

- 3.4 The data reflect the broadly accepted fact that, whilst a number of developed countries have managed to slow the rate of increase in overweight and obesity levels, none has managed to report significant decreases over the past thirty years⁷. Current figures show just over half of the Bailiwick's adult population (51.7%: 56.8% male and 46.6% female) are reported to have a Body Mass Index (BMI) of 25 or more (indicating overweight or obesity, depending on level). If we apply these estimates to the 2013 adult (18+) population for Guernsey and Alderney then this equates to about 27,500 overweight and obese adults (17,700 overweight; 9,800 obese).
- 3.5 Data collection concerning levels of overweight and obesity in children in the Bailiwick has vastly improved over the course of the 2009 Strategy with the implementation of the annual Guernsey Child Measurement Programme. It is too early to demonstrate sustained trends in levels, but 2015 data show overweight and obesity prevalence to be similar to 2013 rates, with 15.1% of Year 1 students and 28.5% of Year 5 students being either overweight or obese and with the drop in levels amongst Year 1 students between 2014 and 2015 being small, but enough to be statistically significant.
- 3.6 The Guernsey Young People's Survey (2010) contained questions on Health and Weight. 28% of boys and 34% of girls in Year 6 responded that they ate five or more portions of fruit and vegetables the previous day. By Year 12, this had fallen to 22% and 14% respectively. In the 2013 Survey report, 75% of boys and 85% of girls in Year 6 exercised three times a week or more and 66% of boys and 58% of girls in Year 10. The latest Young People's Survey 2013 (Schools Health Education Unit report) indicates that secondary school-age participation rates in

⁷ Lancet (2015) Rethinking and reframing obesity. The Lancet 2015 Feb 18.
[http://dx.doi.org/10.1016/S0140-6736\(15\)60163-5](http://dx.doi.org/10.1016/S0140-6736(15)60163-5) accessed 6th December 2015

physical activity have “*increased since 1997 and exceed those recorded in England*” but subsets continue to show variation, with levels of physical activity falling away as students age, particularly in respect of girls.

- 3.7 Obesity levels are not evenly spread across the population of Guernsey and Alderney. The Guernsey and Alderney Healthy Lifestyle Survey 2013⁸ showed that a higher percentage of men (57%) were overweight or obese than women (47%). The age-gender group with the highest prevalence of overweight and obesity combined (74%) were 65-74 year-old men, with 26% obese. There are also issues concerning individual perception of this problem; the survey showed that over a quarter of those adults who were overweight reported themselves as being about the right weight, and of those who were obese, 59% thought that they were only overweight.
- 3.8 While health services may treat the consequences of obesity, many of the causal factors are part of the wider determinants of health, for example poverty, environment and commerce. The analysis of data in the Healthy Lifestyle Survey (2013) relating to income groups and housing status showed no significant correlation between these groups and overweight and obesity. Results from other jurisdictions strongly indicate a correlation between lower incomes and levels of overweight and obesity and effective monitoring should continue to take place within the Bailiwick to identify this trend, should it become apparent. Obese adults had lower mental wellbeing than other weight groups.
- 3.9 The Healthy Lifestyle Survey (2013) also showed only one in five Islanders eating the recommended five or more portions of fruit and vegetables a day; reasons given for not eating healthy foods were lack of willpower and high cost. Further, only 30% met the recommended levels of moderate physical activity five times a week. Higher physical activity was associated with lower stress and greater mental wellbeing.
- 3.10 An Adult Dietetic Weight Management Service has been established, which had received 785 referrals from its inception in October 2011 until June 2015, with 466 (59%) taking up referral. The longer clients remain with the Service, the greater the weight loss, with those remaining for two years or more losing 19%+ of their original body weight. The Adult Dietetic Weight Management Service, provides a ‘Tier 2’ service, which is appropriate for only a proportion of the client referrals it receives (i.e. those with BMI 30-40kg/m², without complex obesity-related co-morbidity). Referrals ranged in BMI from 30-67.5kg/m², with 65% of those referrals being 35kg/m² or above and, therefore, many of whom require a Tier 3 or Tier 4 service.
- 3.11 The NICE guidelines for treatment of severe obesity currently remain unmet; there is a lack of Tier 3 services (a specialist multi-disciplinary team) and Tier 4 services (for example, obesity surgery). The Treatment services for children and adults,

⁸ <http://theoldsite.gov.gg/publichealth> accessed 6th December 2015

which have been carefully researched for maximum local effect, have been implemented with success, but are currently reaching a very small percentage of the people (both children and adults) who need help. Further, 88% of referrals to the Adult Dietetic Weight Management Service have at least one co-morbidity (averaging 2 per client), and approximately 1 in 5 has impaired mental health and wellbeing.

- 3.12 In summary, the previous obesity strategy has enabled Guernsey and Alderney to make some progress in improving the health of its populations, but has not been as fully successful as had been anticipated. The New Strategy will continue to build on the progress made.

4. New Healthy Weight Strategy

- 4.1 The long-term vision of the New Strategy is for “*The Bailiwick of Guernsey to be an environment where healthy eating and regular physical activity are accessible, affordable and normal, for all in the community*”. The New Strategy covers actions and initiatives from 2016 to 2023, as steps towards achieving this vision.
- 4.2 The New Strategy uses evidence-based initiatives to slow the increase in, and eventually reduce prevalence of, obesity and overweight. This will be achieved by coordinating and focusing government, public services, voluntary and business partners’ efforts to encourage more healthy eating; more physical activity; and increased access to effective services to further achieve healthier weight status for patients and the public in the Bailiwick. This will be progressed in ways appropriate to the Guernsey and Alderney setting. The New Strategy (appended as Appendix 3) has been developed through public engagement and working with key partnership agency representatives, together with a comprehensive public consultation on the final draft document in autumn 2015, following which a small number of refinements to the draft Action Plan (appended as Appendix 4) were agreed by the Board of HSSD.
- 4.3 The New Strategy is aligned to the States Strategic Plan, aiming to support and encourage individuals to take personal responsibility to adopt healthy lifestyles; achieve equity of provision of services; and achieve a healthier workforce. The New Strategy has been designed to achieve the following strategic outcomes for individuals and the wider community:
- Reducing obesity-related preventable mortality and prevalence of type 2 diabetes;
 - Reducing the numbers of adults and children who are obese and overweight;
 - Increasing the number of people eating a healthy diet;
 - Increasing the number of people who are regularly physically active; and
 - Increasing the number of overweight and obese people moving successfully to appropriate weight goals and maintaining them.

- 4.4 The New Strategy will aim to achieve this through three pillars of work:
- Making healthy eating choices easier and normalising healthy eating for adults and children;
 - Making active lifestyle choices easier and normalising an active lifestyle for adults and children; and
 - Helping adults and children to achieve and maintain appropriate weight goals.
- 4.5 Our objectives are intended to contribute to the achievement of the strategic outcomes. All objectives will have an “end milestone”, or an indication of how we will know the objective has been achieved. These objectives will be shown within our Action Plan and will be monitored on an annual basis. The current draft Action Plan is included as Appendix 4. Work-streams shown will require further development and consultation in order to ensure that the manner of work reflects local concerns, local needs and evolving trends and developments.
- 4.6 The Strategy commits to ongoing review, as other priorities may emerge during the term of the Strategy, and service delivery may need to be refined as more high quality research becomes available. In addition, other jurisdictions’ activities may enable progress on local actions which would be best achieved in tandem with others.
- 4.7 The key work-streams that the New Strategy will look to progress under the three pillars of work are described below:

Making healthy eating choices easier and normalising healthy eating for adults and children

- 4.8 The prioritisation and improvement of food served within schools has seen progress through the Food in Guernsey Schools (FIGS) group and this work will continue under the New Strategy in partnership with providers and school communities. HSSD welcomes commitment from the Education Department to revisit and extend the healthy food guidelines currently in operation. The Early Years quality standards framework will also help to ensure that children receive varied and nutritious food which meets appropriate healthy eating guidance. Advice about food and nutrition will be sought from the Community Dietitian, as necessary.
- 4.9 The Education Department also commits to the overarching implementation of the Strategy by working closely with partner organisations such as the Guernsey Sports Commission and food suppliers to ensure provision of a collaborative approach to healthy lifestyle opportunities for young people and their families within schools and their educational establishments.
- 4.10 The New Strategy recognises that increasing the cost of Sugar Sweetened Beverages (also known as SSBs) has an emerging international evidence base of

effectiveness in contributing to the control of the prevalence of obesity. Therefore, HSSD will instigate a working party to investigate the potential for the introduction and administration of a tax on Sugar Sweetened Beverages. In addition to HSSD representation, the working party will include the Home Department (Guernsey Border Agency), Treasury and Resources and the Law Officers. Mindful of the responses to consultation, the working party will give consideration to concerns about artificial sweeteners, and also consider the use of tax revenue raised. This is not likely to be a policy that is implemented early, but may be something that is required if sufficient progress is not being made through the other strands of the Strategy. Government should, and will, prioritise educational and behavioural initiatives first, and only look to fiscal measures as a last stop option.

- 4.11 In partnership with States business partners for Human Resources and Estates, and by engaging with States employees, the New Strategy proposes to audit and plan for a phased approach to introducing healthier food options on all States premises for employees and visitors, acting as a role model for healthy workplaces.
- 4.12 The New Strategy will work pro-actively with café owners and restaurateurs through the development of a Healthy Eating Forum to explore ways of enabling customers in those establishments to make healthier choices. The Strategy will also engage with food retailers, and in collaboration with them, will explore and implement initiatives, such as a healthy eating award scheme, to help customers to make better informed choices: a voucher scheme to promote fruit and vegetable consumption; and 'Eat well for less' promotions. This is informed by response to the consultation that healthy food should be made more affordable.
- 4.13 The HSSD Health Promotion team, guided by the Dietetics Service will continue to promote healthy eating and raise awareness in adults and children of the benefits of meeting healthy eating guidelines. Applying best available evidence, they will use both population-level campaigns, and campaigns tailored to local conditions and to specific settings and demographic groups.
- 4.14 These initiatives will contribute to achieving the following outcomes in the New Strategy:
 - An increase in the number of people eating a healthy diet by 2023;
 - A reduction in the numbers of adults and children who are overweight or obese by 2023; and
 - A reduction in obesity-related preventable mortality and prevalence of type 2 diabetes by 2023.

Making active lifestyle choices easier and normalising an active lifestyle for adults and children

- 4.15 The prioritisation and improvement of levels of physical activity within schools has seen progress. Education establishments are increasingly developing the

active curriculum and initiatives such as the PE in Schools Programme have enhanced provision in primary schools. This work will continue under the New Strategy in partnership with the Committee *for* Education, Sport and Culture, Guernsey Sports Commission and school communities, further improving the options to be physically active in schools. Furthermore, HSSD welcomes commitment from the Education Department to establish a physical literacy strategy as part of a review of the curriculum framework and to establish a robust evidence-base for the measurement of children's physical activity levels and dietary habits.

- 4.16 Strategy partners, the Culture and Leisure Department have committed to support increased access to preventive initiatives and weight management services, including potential access to satellite community facilities outside of Beau Sejour or Footes Lane, for example, parks, school halls, or community centres. This will also include the Leisure Services Team working with external agencies to promote physical activity. The States of Guernsey resolved, in November 2015, that the Committee *for* Education, Sport and Culture must report to the States of Deliberation by no later than July 2017, setting out a comprehensive sports strategy, including the funding requirements necessary to achieve the objectives set out in the strategy. There is a clear link between sport and physical activity and it is envisaged that the development of such a strategy will align closely with the physical activity pillar of the New Strategy.
- 4.17 In partnership and in accordance with the Integrated On-Island Transport Strategy, the New Strategy aims to promote active travel and planning strategies that support physical activity to develop evidence-based projects to support the work of the Active Travel Unit, and to promote active travel amongst children and adults. Officers will work together with the Environment Department to give input, as appropriate, where planning and land use strategies are likely to make physical activity choices easier. HSSD will embrace this approach with the aim of benefitting the health of the 2,200 colleagues within the Department.
- 4.18 In partnership with States business partners for Human Resources and Estates, and by engaging with States employees, the New Strategy proposes to audit and plan for a phased approach to increasing opportunities for physical activity on all States premises for employees and visitors, acting as a role model for healthy workplaces.
- 4.19 The HSSD Health Promotion team, in partnership with the Committee *for* Education, Sport and Culture, the Guernsey Sports Commission and a range of other community providers, will continue to promote regular physical activity and raise awareness in adults and children of the benefits of meeting physical activity level and frequency guidelines. Applying best available evidence, they will use both population-level campaigns, and campaigns tailored to local conditions and to specific settings and demographic groups, with particular emphasis on targeting the most inactive. Training and support for individuals and groups that have

contact with the public in respect of health issues will be provided to help broaden the effectiveness of awareness raising efforts and ensure consistent messaging.

4.20 These initiatives will contribute to achieving the following outcomes in the New Strategy:

- An increase in the number of people who are regularly physically active by 2023.
- A reduction in the numbers of adults and children who are overweight or obese by 2023.
- A reduction in obesity-related preventable mortality and the prevalence of type 2 diabetes by 2023.

Helping adults and children to achieve and maintain appropriate weight goals

4.21 The NICE guidance for the treatment of severe obesity currently remains unmet; there is a lack of Tier 3 services (a specialist multi-disciplinary team) and Tier 4 services (for example, obesity surgery). The New Strategy will set up a clinical working group to review adult weight management service provision, and redesign as necessary. The group will map by tier against NICE guidance, identify gaps in provision and recommend services to respond, together with associated referral and care pathways, including for binge eating disorders. Supported by Public Health to ensure application of evidence of best practice and cost-effectiveness, this group will produce a business case for change (likely to include provision for limited bariatric surgery and for appropriate psychological support).

4.22 In partnership with others, including Primary Care and Health Visitor and School Nursing Service, a working group will review child / family weight management service provision, and redesign as necessary. This work will include mapping by tier against NICE guidance, identifying gaps in provision and recommending services to respond, together with associated referral and care pathways, including binge eating behaviours in young people. Supported by Public Health to ensure application of evidence of best practice and cost-effectiveness, this group will produce a business case for change.

4.23 A multidisciplinary “task and finish” group will work with local women to explore ways of enabling them to achieve and maintain an appropriate healthy weight before, during and after pregnancy. Alongside this engagement, the group will map services against NICE guidance, identify gaps in provision, and make recommendations for services to respond. They will assess new evidence of effectiveness and implement new initiatives where they are appropriate to the Guernsey context, designing associated referral and care pathways and testing acceptability and local effectiveness through regular evaluation.

4.24 The New Strategy will provide support for those people who want to change their eating habits, levels of physical activity and weight management behaviours,

through further development of the Health Trainer Service. This Service is based on a community-based workforce model⁹; Health Trainers are trained to use “*specific psychological techniques of engagement and support*” aimed at assisting people to “*redefine their behaviour issues and put change into practice*”.

- 4.25 The 2013 Healthy Lifestyle Survey analysis was designed to establish which demographic groups were disproportionately represented as overweight or obese, in order to provide services that best meet those people’s needs and reduce health inequalities. The New Strategy intends to plan for delivery of services in the way that is most helpful and effective for such groups, responding to the needs of a diverse community while maintaining professional, evidence-based practice. Success in this regard will be monitored by audit of equity of access to weight management services, identifying those groups who are under-represented in services and developing and delivering interventions to meet their needs. The New Strategy will also seek to obtain feedback from service users in order to ensure that provision best meets the need of the individual and is fit for purpose.
- 4.26 The New Strategy will research and design tailored training provision for health professionals both directly involved in weight management support, and those in a position to ‘signpost’ people towards action to manage their weight. Plans will be put in place to provide training for health professionals in relation to weight management support.
- 4.27 These initiatives will contribute to achieving the following outcomes in the New Strategy:
 - By 2023, an increase in the number of overweight and obese people moving successfully to appropriate weight goals and maintaining them.
 - A reduction in obesity-related preventable mortality and the prevalence of type 2 diabetes by 2023.
 - A reduction in the numbers of adults and children who are overweight or obese by 2023.
- 4.28 A feature of the New Strategy is to regularly monitor key performance indicators, assessing the success of the New Strategy locally, and linking into States Strategic Plan outcomes. Ongoing health surveillance through the Health Profile for Guernsey and Alderney, the Healthy Lifestyle Survey for Guernsey and Alderney, the Guernsey Child Measurement Programme, and the Guernsey Young People’s Survey allow these indicators to be used for benchmarking health outcomes and New Strategy effectiveness both nationally and internationally. It will also measure performance against those of other jurisdictions, not only across the Crown Dependencies, nor simply the UK, but making comparisons where

⁹ Bagnall AM et al (2014) “Health Trainers End of Year Review 1st April 2013 – 31st March 2014” Institute for Health and Wellbeing, Leeds Metropolitan University
www.leedsbeckett.ac.uk/healthtogether/health-trainers-report.pdf accessed 6th December 2015.

appropriate, across Europe. Key performance indicators for each areas of outcome focus are detailed in the proposed New Strategy (Appendix 3, pages 15-21).

- 4.29 Progress on the New Strategy will be reported as a minimum annually to the Healthy Weight Strategy Group, the new Committee *for* Health and Social Care, and other States Committees as appropriate. Engagement with the community will also be undertaken to help ensure commitment to the strategy and that outcomes are achieved.

5. Consultation

- 5.1 In addition to reviewing the best evidence for effective actions, HSSD undertook preliminary engagement exercises to gather and test public views before responses were carefully considered and incorporated as appropriate to prepare the draft New Strategy. HSSD then undertook a full extensive consultation with stakeholders including partners and the public in autumn 2015 on this proposed New Strategy.

- 5.2 In the final consultation of autumn 2015, the New Strategy received three States Department responses from the Education Department, the Culture and Leisure Department, and the Home Department. These were in addition to the constructive and supportive responses to the earlier engagement exercise from Education, Social Security, Culture and Leisure, Environment, Home, and Public Services Departments. (All these States Departmental responses appear as Appendix 5). A positive peer-review' response was received from Simon Sebire, Senior Lecturer in Physical Activity & Public Health, Centre for Exercise, Nutrition and Health Sciences, School for Policy Studies, University of Bristol. The Guernsey Sports Commission gave support to the Strategy and confirmed that they were committed to help the delivery of active lifestyle choices and the broader Strategy.

- 5.3 In addition, the Strategy consultation received 343 responses from a range of organisations and individuals, including GPs, hospital clinicians, Deputies and charities. The consultation showed strong support for the vision of the New Strategy (93% of individual respondents and the majority of the corporate responses who commented).

All six objectives of the New Strategy were supported by 89% or more of respondents. These were:

1. A reduction in obesity-related preventable mortality and prevalence of type 2 diabetes by 2023;
2. A reduction in the number of adults who are obese and overweight by 2023;
3. A reduction in the number of children who are obese and overweight by 2023;
4. An increase in the number of people eating a healthy diet by 2023;

5. An increase in the number of people who are regularly physically active by 2023; and
6. An increase in the number of obese people moving successfully to appropriate weight goals and maintaining them by 2023.

5.4 The consultation showed three overarching views expressed repeatedly by respondents. The first was that while a general aim of encouraging healthy behaviour is acceptable, the government should stay out of people's personal lives and allow them to choose for themselves. The second was that more funding is needed for this strategy given its huge health impact: and the third opposite view suggested that initiatives should not be a burden on the tax payer. In an appended draft 'Action Plan', actions proposed under the Strategy, which would form the basis of an implementation plan overseen by the Healthy Weight Strategy Group, were also consulted on, under the three pillars for action previously agreed by the HSSD Board. Once again, these reflected partner and public ideas, where these were also supported by national and international public health research evidence. The majority of actions were supported by 85% of respondents or more. As a consequence of the consultation, HSSD Board decided to delete one action, and modify several others.

5.5 HSSD recognises the importance of engaging with individuals and organisations across the Island in preparing a multi-agency social policy of this kind and is pleased that the New Strategy has received the support of so many stakeholders. The full consultation report is appended as Appendix 2.

5.6 The Law Officers will be consulted, as appropriate, relating to any proposals for legislation.

6. Resources and Governance

6.1 As a consequence of the constraints and financial pressures being placed on budgets across the States, and because it is unlikely that additional funding will be made available to fund new service developments, HSSD is not planning to request any additional public funding for these service developments in either 2016 or 2017. HSSD recognises that budgetary constraints are the greatest limitation on the New Strategy's further development over the next five years, and will consider what steps can be taken as a Department to ensure that adequate funding is prioritised for this work stream, since the benefit to health is clearly demonstrable.

6.2 However, HSSD will also with its third sector partners, investigate setting up an independent body, which will bring together partners in the voluntary, commercial and public sectors to oversee the delivery of the Healthy Weight Strategy. Such an arrangement would be based on the successful model of the Guernsey Sports Commission and Guernsey Employment Trust. This body would have the advantage of being able to pursue additional third sector funding and other additional resources to accelerate the delivery of the Strategy, starting early in

2016 to ensure the New Strategy kick-start actually happens. The independent body would report to the States of Guernsey through the Committee *for* Health and Social Care via its representative Members and officers responsible for jointly steering the independent body.

6.3 HSSD will develop service level agreements with the new independent body for services to help achieve the Healthy Weight Strategy, whilst ensuring good value for money of tax payer funds is attained through the budget allocation made.

6.4 In 2015, the budget allocation was £145,840 (Appendix 6). Additional funding will be required to implement the New Strategy and it is proposed that third sector funding will be sought. Examples of initiatives to be funded (Appendix 7) include:

- **Healthy Eating Pillar**
 - Investigation of a Sugar Sweetened Beverage Tax
 - Improve food in schools
 - Promoting healthy choices with retailers and restaurateurs
 - Population level campaigns to promote healthy eating
- **Physical Activity Pillar**
 - Projects to reduce physical inactivity and sedentary behaviour
 - Improve physical activity options for children and young people
 - Population level campaigns to promote physical activity
- **Weight Management Pillar**
 - Additional Community Dietitian; to expand weight management services, advise healthy eating pillar actions, community businesses, schools
 - Weight management service lead
 - Redesign weight management provision
 - Subsidise approved weight management services for targeted groups to help reduce health inequalities
 - Psychology support for weight management multi-disciplinary team (MDT)
 - Exercise physiologist support for MDT
 - Tier 4 weight management services
 - Support for early years' services

7. Communication

7.1 A proactive communications plan will be developed to engage with islanders to encourage all to commit to the principles behind the Healthy Weight Strategy.

Support and buy-in from our community will help the island make quicker progress against the obesity and overweight problem in Guernsey and Alderney.

8. Conclusion

- 8.1 Obesity and overweight are causes of a range of diseases. This problem is now, with tobacco, the most important cause of preventable ill health and premature death in the Bailiwick. The New Strategy seeks to build on the achievements of the 2009 Strategy's work-streams, further increasing rates of healthy eating and physical activity in adults and children. It aims to ensure that responsive weight management services are available, and provide increasingly targeted and tailored solutions for people who are overweight or obese and wish to make changes in their health behaviours, helping to improve physical and mental health and quality of life.

9. Recommendations

- 9.1 The Health and Social Services Department recommends that the States agree:
1. To work towards the vision of Guernsey and Alderney becoming an environment where healthy eating and regular physical activity are accessible, affordable and normal, for all in the community.
 2. To instruct the Health and Social Services Department (the new Committee *for* Health and Social Care) to continue and strengthen evidence-based joint working across States Departments and food providers to enable access to appropriate food choices for adults and children in all settings.
 3. To instruct the Health and Social Services Department to continue and strengthen evidence-based joint working across States Departments, the Guernsey Sports Commission and community providers to enable increased opportunities for physical activity and active travel for adults and children in all settings.
 4. To instruct the Health and Social Services Department to work with the Home Department (Guernsey Border Agency) and Treasury and Resources Department, to investigate the potential for implementation and administration of a tax on sugar sweetened beverages.
 5. To instruct the Health and Social Services Department to set up a clinical working group to review adult, child and maternity weight management service provision, supported by a business case should increased funding be required.
 6. To instruct the Health and Social Services Department to investigate the creation of an independent body to bring together partners in the voluntary, commercial and public sectors to oversee the delivery of the New Healthy Weight Strategy.

7. To approve the Guernsey and Alderney Healthy Weight Strategy 2016-23 and Action Plan and affirm the States' commitment to minimising the harm caused by overweight and obesity to Guernsey and Alderney residents of all ages.

Yours faithfully

P A Luxon
Minister

H J R Soulsby
Deputy Minister

M P J Hadley
S A James MBE
M K Le Clerc

R H Allsopp OBE, Non-States Member
A Christou, Non-States Member



Appendix 1

HEALTH AND SOCIAL SERVICES DEPARTMENT HEALTHY WEIGHT STRATEGY 2016-2023 EVIDENCE BASE FOR ACTION

Proposed Actions: **examples from** evidence base

Recommended Action	Examples from evidence base underpinning this proposed action	Who else is doing this?
A comprehensive, systemic programme involving multiple interventions is required	<p><u>The obesity ‘epidemic’ has been described as a ‘Complex Adaptive System’ – one that is ‘composed of many heterogeneous pieces interacting with each other in subtle or non-linear ways that strongly influence the overall behaviour of the system’</u></p> <p>Mooney J, Haw S, Frank J (2011) <i>Policy Interventions to tackle the Obesogenic Environment – Focusing on adults of working age in Scotland</i>. A report for the Early to Mid-working Life Group of the Scottish Collaboration for Public Health Research and Policy (SCPHRP). http://www.scphrp.ac.uk/wp-content/uploads/2014/03/policy_interventions_to_tackle_the_obesogenic_environment.pdf</p> <p><u>No single intervention will be sufficient to address the levels of overweight and obesity, rather a range of interventions from individual up to political level will be required.</u></p> <p>Butland B, Jebb S, Kopelman P, et al. (2007) <i>Tackling obesities: future choices – project report (2nd Ed)</i>. London: Foresight Programme of the Government Office for Science. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf</p> <p>Dobbs R, Sawers C, Thompson F, Manyika J, Woetzel J, Child P, McKenna S, Sparharou A (2014) <i>Overcoming obesity: An initial economic analysis</i>. Discussion paper. McKinsey Global Institute. November. http://www.mckinsey.com/insights/economic_studies/how_the_world_could_better_fight_obesity</p> <p>NICE (2013) <i>Preventing obesity and helping people to manage their weight</i>. Local Government Briefing (LGB9) National Institute for Health and Care Excellence: London. May. http://www.nice.org.uk/guidance/LGB9</p>	

	<p>WHO Europe (2012) <i>Action Plan for implementation of European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016</i>. World Health Organization: Copenhagen. http://www.euro.who.int/data/assets/pdf_file/0019/170155/e96638.pdf.</p> <p><u>Interventions should include a mix of ‘direct’ actions which influence energy imbalance, ‘structural’ actions which inform and facilitate change thereby indirectly influencing energy balance and ‘amplifier actions’ which influence social norms.</u></p> <p><u>To more rapidly lower obesity rates, strategies need to take a lifecourse approach</u></p> <p>Gortmaker S, Swinburn B, Levy D, Carter R, Mabry P, Finegood D, Huang T, Marsh T, Moodie M. (2011) Changing the Future of Obesity: Science, Policy and Action. <i>The Lancet</i>. August 27. 378 (9793): 838-847. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3417037/</p> <p><u>A mix of interventions is required, aimed at both preventing and managing obesity in both children and at adults</u></p> <p>DOH (2011) <i>Healthy Lives, Healthy People: A call to action on obesity in England</i>. Department of Health: London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/134840/dh_130487.pdf</p> <p><u>Research is often scant and methods inconsistent. However, lack of a strong evidence base should not hinder action, especially where interventions are low risk</u></p> <p>Dobbs R, Sawers C, Thompson F, Manyika J, Woetzel J, Child P, McKenna S, Sparharou A (2014) <i>Overcoming obesity: An initial economic analysis</i>. Discussion paper. McKinsey Global Institute. November. http://www.mckinsey.com/insights/economic_studies/how_the_world_could_better_fight_obesity</p> <p>Ezzati M, Riboli E. (2012) Can Noncommunicable Diseases be prevented? Lessons from studies of populations and individuals. <i>Science</i>. 337 1482-87. http://dx.doi.org/10.1126/science.1227001</p>
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<p>A strategy to address levels of overweight and obesity in a population should include elements of both prevention and management</p>	<p><u>‘It becomes increasingly more difficult to reverse obesity trends as excess weight accumulates’</u></p> <p>Gortmaker S, Swinburn B, Levy D, Carter R, Mabry P, Finegood D, Huang T, Marsh T, Moodie M. (2011) Changing the Future of Obesity: Science, Policy and Action. <i>The Lancet</i>. August 27. 378 (9793): 838-847. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3417037/</p> <p><u>Both the American Medical Association and the Canadian Medical Association have declared obesity a chronic disease.</u> https://www.cma.ca/En/Pages/cma-recognizes-obesity-as-a-disease.aspx</p>
<p>Policy formation should involve a ‘health in all policies approach’ and facilitate work with partner departments, the private and third sectors to develop a co-ordinated whole systems approach to preventing and managing overweight and obesity</p>	<p>Gortmaker S, Swinburn B, Levy D, Carter R, Mabry P, Finegood D, Huang T, Marsh T, Moodie M. (2011) Changing the Future of Obesity: Science, Policy and Action. <i>The Lancet</i>. August 27. 378 (9793): 838-847. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3417037/</p> <p>WHO Europe (2014) <i>European Food and Nutrition Action Plan 2015-2020</i>. September. Regional Committee for Europe 64th Session. World Health Organisation: Copenhagen. http://www.euro.who.int/_data/assets/pdf_file/0008/253727/64wd14e_FoodNutAP_140426.pdf</p> <p><u>A top-down commitment should be matched with a bottom-up approach</u></p> <p>Dobbs R, Sawers C, Thompson F, Manyika J, Woetzel J, Child P, McKenna S, Sparharou A (2014) <i>Overcoming obesity: An initial economic analysis. Discussion paper</i>. McKinsey Global Institute. November. http://www.mckinsey.com/insights/economic_studies/how_the_world_could_better_fight_obesity</p> <p>WHO Europe (2012) <i>Action Plan for implementation of European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016</i>. World Health Organization: Copenhagen. http://www.euro.who.int/_data/assets/pdf_file/0019/170155/e96638.pdf.</p>

	<p>NICE (2013) <i>Preventing obesity and helping people to manage their weight</i>. Local Government Briefing (LGB9) National Institute for Health and Care Excellence: London. May. http://www.nice.org.uk/guidance/LGB9</p> <p><u>The voice of civil society should be facilitated in policy development and implementation</u></p> <p>Swinburn B, Kraak V, Rutter H, Vandevijvere S, Lobstein T, Sacks G, Gomes F, Marsh T, Magnusson R (2015) Strengthening of accountability systems to create healthy food environments and reduce global obesity. <i>Lancet</i> 385 (9986): 2534-2545 February 18. http://dx.doi.org/10.1016/S0140-6736(14)61747-5</p> <p><u>Mechanisms should be in place to limit influence of commercial interests in policy-making</u></p> <p>Gortmaker S, Swinburn B, Levy D, Carter R, Mabry P, Finegood D, Huang T, Marsh T, Moodie M. (2011) Changing the Future of Obesity: Science, Policy and Action. <i>The Lancet</i>. August 27. 378 (9793): 838-847. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3417037/</p>
<p>Integrate work to prevent overweight and obesity with programmes to prevent other chronic diseases and that overlap with other civil movements</p>	<p>NICE (2012) <i>Obesity: working with local communities</i>. Public Health Guidance (PH42). National Institute for Health and Care Excellence: London. November. http://www.nice.org.uk/guidance/PH42</p> <p>WCR/ACICR (2009) <i>Policy and Action for Cancer Prevention. Food, Nutrition and Physical Activity: A Global Perspective</i>. World Cancer Research/ American Institute for Cancer Research: Washington.</p> <p>http://www.dietandcancerreport.org/cancer_resource_center/downloads/WCRF%20Policy%20US%20Summary_final.pdf</p> <p><u>Creating ‘coalitions of common interest’ eg. Combining other civil movements (eg. To promote sustainability, social justice etc.) can strengthen policy action.</u></p> <p>Swinburn B, Kraak V, Rutter H, Vandevijvere S, Lobstein T, Sacks G, Gomes F, Marsh T, Magnusson R (2015) Strengthening of accountability systems to create healthy food environments</p>

<p>Strategies should be balanced between population-wide interventions and those aimed at 'high risk' individuals</p>	<p>and reduce global obesity. <i>Lancet</i> 385 (9986): 2534-2545 February 18. http://dx.doi.org/10.1016/S0140-6736(14)61747-5</p> <p><u>Interventions that achieve a small effect across the total population may have a greater effect than a highly effective intervention for which only a small sector are eligible</u></p> <p>Stephens S, Cobiac L, Veerman J (2014) Improving diet and physical activity to reduce population prevalence of overweight and obesity: An overview of current evidence. <i>Preventive Medicine</i>. 62 167-178. http://www.ncbi.nlm.nih.gov/pubmed/24534460</p> <p><u>The 'small changes approach' is likely to be beneficial across a population, when compared with major lifestyle changes. Alignment of the majority of 'subtle obesogenic policy and environmental drivers' could result in multiple co-ordinated small changes 'in the right direction' causing a "tipping point" where the possibility of reversing obesity trends could finally be a real prospect.'</u></p> <p>Mooney J, Haw S, Frank J (2011) <i>Policy Interventions to tackle the Obesogenic Environment – Focusing on adults of working age in Scotland</i>. A report for the Early to Mid-working Life Group of the Scottish Collaboration for Public Health Research and Policy (SCPHRP). http://www.scpgrp.ac.uk/wp-content/uploads/2014/03/policy_interventions_to_tackle_the_obesogenic_environment.pdf</p> <p><u>Interventions for individuals are more costly but care should be taken as there is usually a 'social gradient' in the ability of some sectors to respond to universal interventions, indicating a requirement for an element of individual interventions too (see 'Inequalities' below)</u></p> <p>WHO Europe (2012) <i>Action Plan for implementation of European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016</i>. World Health Organization: Copenhagen. http://www.euro.who.int/data/assets/pdf_file/0019/170155/e96638.pdf.</p>
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<p>Strategies should take into account and address inequalities</p>	<p>NICE (2013) <i>Preventing obesity and helping people to manage their weight</i>. Local Government Briefing (LGB9) National Institute for Health and Care Excellence: London. May. http://www.nice.org.uk/guidance/LGB9</p> <p><u>Inequalities should take into account not only socioeconomic status, but also factors such as age, gender, ethnicity, disability and mental health status</u></p> <p>DOH (2011) <i>Healthy Lives, Healthy People: A call to action on obesity in England</i>. Department of Health: London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/134840/dh_130487.pdf</p> <p><u>The relationship between obesity and socioeconomic status varies between genders – obesity levels being more strongly linked with women in some jurisdictions, variations between girls and boys and between age ranges</u></p> <p>Roberts K, Cavill N, Hancock C, Rutter H (2013) <i>Social and economic inequalities in diet and physical activity</i>. Public Health England Obesity Knowledge and Intelligence: Oxford. http://www.noo.org.uk/uploads/doc/vid_19253_Social_and_economic_inequalities_in_diet_and_physical_activity_04.11.13.pdf</p> <p>PHE (2014) <i>Child obesity and socioeconomic status data factsheet</i>. Public Health England Obesity Knowledge and Intelligence: Oxford. August. http://www.noo.org.uk/securefiles/151015_1050/ChildSocioeconomic_Aug2014_v2.pdf</p> <p><u>Not all jurisdictions demonstrate an obvious social gradient in respect of obesity prevalence, but the implications to create or exacerbate inequalities should be taken into account in the planning of all proposed interventions</u></p> <p>Mooney J, Haw S, Frank J (2011) <i>Policy Interventions to tackle the Obesogenic Environment – Focusing on adults of working age in Scotland</i>. A report for the Early to Mid-working Life Group of</p>
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	<p>the Scottish Collaboration for Public Health Research and Policy (SCPHRP). http://www.scphrp.ac.uk/wp-content/uploads/2014/03/policy_interventions_to_tackle_the_obesogenic_environment.pdf</p> <p><u>To help avoid widening health inequalities, evidence suggests programmes should not focus on information delivery, should have a wide reach, be enduring and focus on removing environmental or social barriers that may act as barriers to healthy behaviours</u></p> <p>Beauchamp A, Backholer K, Magliano D, Peeters A (2014) The effect of obesity prevention interventions according to socioeconomic position: a systematic review. <i>Obesity Reviews</i> 15 541-554. http://onlinelibrary.wiley.com/doi/10.1111/obr.12161/epdf</p>
<p>Awareness campaigns – both population-wide and those targeted at sub-groups should be designed and delivered</p>	<p><u>Awareness should be raised amongst the population of the benefits of a healthy diet, physical activity (and the negative effects of inactivity) and of the benefits of losing even a relatively small amount of weight and keeping it off long-term</u></p> <p>NICE (2014) <i>Managing overweight and obesity in adults: lifestyle weight management services</i>. Public Health Guidance (PH53) National Institute for Health and Care Excellence: London. May. http://www.nice.org.uk/guidance/PH53</p> <p><u>Evidence-based social marketing campaigns should be designed and delivered across the lifecourse, ensuring campaigns are tailored to local conditions and to specific settings. Methods to deliver information to young people, such as the benefits of physical activity, should be researched with young people themselves</u></p> <p>NICE (2009) <i>Promoting physical activity for children and young people</i>. Public Health Guidance (PH17) National Institute for Health and Care Excellence: London. January. http://www.nice.org.uk/guidance/PH17</p>

<p>Tailored training in relation to healthy eating, physical activity and weight management should be designed and delivered, as appropriate</p>	<p><u>Nutrition, physical activity and the prevention of obesity should be prominent within the curricula for health and related professionals (eg. planners, teachers, child care workers)</u></p> <p>Gortmaker S, Swinburn B, Levy D, Carter R, Mabry P, Finegood D, Huang T, Marsh T, Moodie M. (2011) Changing the Future of Obesity: Science, Policy and Action. <i>The Lancet</i>. August 27. 378 (9793): 838-847. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3417037/</p> <p><u>All relevant health and non-health professionals should be aware of the risks of being overweight and obese and the benefits of preventing and managing obesity. Those not directly involved in weight management should be able to give people details of local services that can help them maintain a healthy weight</u></p> <p>NICE (2013) <i>Preventing obesity and helping people to manage their weight</i>. Local Government Briefing (LGB9) National Institute for Health and Care Excellence: London. May. http://www.nice.org.uk/guidance/LGB9</p> <p><u>Weight bias amongst professionals needs to be reduced to reduce attitudinal and access barriers to care</u></p> <p>Swinburn B, Kraak V, Rutter H, Vandevijvere S, Lobstein T, Sacks G, Gomes F, Marsh T, Magnusson R (2015) Strengthening of accountability systems to create healthy food environments and reduce global obesity. <i>Lancet</i> 385 (9986): 2534-2545 February 18. http://dx.doi.org/10.1016/S0140-6736(14)61747-5</p>
<p>All components of the strategy should be subject to monitoring and evaluation</p>	<p><u>Ensure all strategies, policies and activities that may impact on obesity are monitored in a 'proportionate' manner</u></p> <p>NICE (2013) <i>Preventing obesity and helping people to manage their weight</i>. Local Government Briefing (LGB9) National Institute for Health and Care Excellence: London. May. http://www.nice.org.uk/guidance/LGB9</p> <p><u>An 'explicit accountability approach' would greatly enhance policy action</u></p>

	<p>Swinburn B, Kraak V, Rutter H, Vandevijvere S, Lobstein T, Sacks G, Gomes F, Marsh T, Magnusson R (2015) Strengthening of accountability systems to create healthy food environments and reduce global obesity. <i>Lancet</i> 385 (9986): 2534-2545 February 18. http://dx.doi.org/10.1016/S0140-6736(14)61747-5</p>	
<u>Evidence: 'Healthy Eating Pillar'</u>		
<p>A comprehensive approach to food policy should be taken to maximise potential health benefits</p>	<p><u>To allow people to 'satisfy their healthy food preferences' a combination of information (eg. labelling) and availability can assist <i>those already seeking healthy options</i>. Taxation and incentives or subsidies can help <i>others 're-evaluate their existing unhealthy food preferences'</i></u> <u>WCRF's NOURISHING framework can provide guidance on a comprehensive food policy</u></p> <p>WCR/ACICR (2009) <i>Policy and Action for Cancer Prevention. Food, Nutrition and Physical Activity: A Global Perspective</i>. World Cancer Research/ American Institute for Cancer Research: Washington.</p> <p>http://www.dietandcancerreport.org/cancer_resource_center/downloads/WCRF%20Policy%20US%20Summary_final.pdf</p> <p>Swinburn B, Kraak V, Rutter H, Vandevijvere S, Lobstein T, Sacks G, Gomes F, Marsh T, Magnusson R (2015) Strengthening of accountability systems to create healthy food environments and reduce global obesity. <i>Lancet</i> 385 (9986): 2534-2545 February 18. http://dx.doi.org/10.1016/S0140-6736(14)61747-5.</p> <p>WCRF International (2015) <i>NOURISHING framework – policy framework to promote healthy diets & reduce obesity</i>. World Cancer Research Fund International: London.</p> <p>http://www.wcrf.org/int/policy/nourishing-framework [Last accessed 18 August 2015]</p> <p>Hawkes C, Smith TG, Jewell J, Wardle J, Hammond RA, Friel S, Thow AM, Kain J (2015) Smart food policies for obesity prevention. <i>Lancet</i> 385 (9985): 2410-2421. February 18. http://dx.doi.org/10.1016/S0140-736(14)61745-1.</p>	

<p>The marketing of 'unhealthy' foods should be regulated</p>	<p><u>There is 'unequivocal' evidence that 'unhealthy food and non-alcoholic beverage marketing is related to childhood obesity'</u></p> <p>WHO (2015) <i>Interim report of the Commission on Ending Childhood Obesity</i>. World Health Organisation: Geneva. http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf?ua=1</p> <p><u>An international code of food marketing is recommended to protect children's health: quasi-regulatory a possibility, if not as far as regulatory</u></p> <p>Swinburn B, Kraak V, Rutter H, Vandevijvere S, Lobstein T, Sacks G, Gomes F, Marsh T, Magnusson R (2015) Strengthening of accountability systems to create healthy food environments and reduce global obesity. <i>Lancet</i> 385 (9986): 2534-2545 February 18. http://dx.doi.org/10.1016/S0140-6736(14)61747-5.</p> <p><u>High priority should be given to marketing of healthy foods in supermarkets - as long as affordability is taken into account</u></p> <p>WCR/ACICR (2009) <i>Policy and Action for Cancer Prevention. Food, Nutrition and Physical Activity: A Global Perspective</i>. World Cancer Research/ American Institute for Cancer Research: Washington. http://www.dietandcancerreport.org/cancer_resource_center/downloads/WCRF%20Policy%20US%20Summary_final.pdf</p>
<p>The introduction of a tax on sugar-sweetened beverages (SSBs) should be considered</p>	<p><u>There is a link between SSB consumption and obesity-related health outcomes</u></p> <p>Cabrera Escobar M, Lennert Veerman J, Tollman S, Bertram M, Hofman K (2013) Evidence that a tax on sugar sweetened beverages reduces the obesity rate: a meta-analysis. <i>BMC Public Health</i> 13: 1072. http://www.biomedcentral.com/1471-2458/13/1072</p> <p>Malik V, Schulze M, Hu F (2006) Intake of sugar-sweetened beverages and weight gain: a systematic review. <i>Am J Clin Nutr</i> 84: 247-288. http://ajcn.nutrition.org/content/84/2/274.full</p> <p>France Mexico Hungary Finland</p>

	<p>SACN (2015) <i>Carbohydrates and health. Scientific Advisory Committee on Nutrition: London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf</i></p> <p>Malik V, Popkin B, Bray G, Despres J-P, Willett W, Hu F. Sugar-sweetened beverages and risk of metabolic syndrome and Type 2 diabetes: a meta-analysis. <i>Diabetes Care</i> 2010 33: 2477–83. http://care.diabetesjournals.org/content/33/11/2477</p> <p><u>It is suggested there is a 'market failure' whereby the costs to society of excess consumption of SSBs may be significant but are not reflected in the costs to the producer or in the costs to the consumer – providing justification for government intervention</u></p> <p>WHO Europe (2015) <i>Using price policies to promote healthier diets</i>. World Health Organization: Copenhagen. http://www.euro.who.int/_data/assets/pdf_file/0008/273662/Using-price-policies-to-promote-healthier-diets.pdf</p> <p>FPH (2013) <i>A duty on sugar sweetened beverages: A position statement</i>. UK Faculty of Public Health: London. http://www.fph.org.uk/uploads/Position%20statement%20-%20SSBs.pdf</p> <p><u>Taxes on food and non-alcoholic beverages need to be carefully designed to achieve their intended affects. This includes covering all immediate substitute products.</u></p> <p>OECD (2014) <i>Obesity Update</i>. Organisation for Economic Cooperation and Development Publishing: Paris. June. http://www.oecd.org/els/health-systems/Obesity-Update-2014.</p> <p>Sassi F, Belloni A, Capobianco C (2013) <i>The Role of Fiscal Policies in Health Promotion</i>. OECD Health Working Papers No. 66. Organisation for Economic Cooperation and Development Publishing: Paris. http://www.oecd-ilibrary.org/social-issues-migration-health/the-role-of-fiscal-policies-in-health-promotion_5k3twr94kvzx-en</p>
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	<p><u>Fiscal measures are the only intervention to produce 'consistently larger health gains in the less well-off'.</u></p> <p>OECD (2010) <i>Obesity and the Economics of Prevention: Fit not Fat</i>. Organisation for Economic Cooperation and Development Publishing: Paris. http://dx.doi.org/10.1787/9789264084865-en</p>
<p>Labelling, portion sizes and reformulation may influence levels of food consumption</p>	<p><u>Evidence indicates reducing 'size, availability and appeal of larger-sized portions, packages and tableware has the potential to reduce the quantities of food that people select and consume in meaningful amounts' – although research is still required to determine results in the longer term</u></p> <p>Hollands G, Shemit I, Marteau T, Jebb S, Lewis H, Wei Y, Higgins J, Ogilvie D (2015) Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco. <i>The Cochrane Database of Systematic Reviews</i>. Issue 9. http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011045.pub2/epdf</p> <p><u>Making smaller portion sizes available to children can help in the prevention of overweight and obesity – again, research is still required to determine results in the longer term</u></p> <p>Osei-Assibey G, Dick S, Macdiarmid J, Semple S, Reilly J, Ellaway A, Cowie H, McNeill G (2012) The influence of the food environment on overweight and obesity in young children: a systematic review. <i>BMJ Open</i> 2: e001538. http://bmjopen.bmj.com/content/2/6/e001538.full.pdf+html</p> <p><u>It is proposed that requirements to provide calorie information on menus in certain restaurants and food establishments and in vending machines will 'help consumers make informed and healthful dietary choices' – details in full reference document</u></p> <p>http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm248732.htm - overview and http://www.gpo.gov/fdsys/pkg/FR-2014-12-01/pdf/2014-27833.pdf - full document</p> <p>Roberto C, Larsen P, Agnew H, Baik J, Brownell K (2009) Evaluating the impact of menu labelling on food choices and intake. <i>Am J Public Health</i> Published online. December 17. (small scale study).</p>

Options to eat healthily in schools (including pre-schools) should continue to be developed	<p>http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.175.4203&rep=rep1&type=pdf</p> <p><u>It is suggested that ‘stealth’ reformulation (small, incremental changes that consumers do not notice) could play a part in impacting on levels of obesity</u></p> <p>Dobbs R, Sawers C, Thompson F, Manyika J, Woetzel J, Child P, McKenna S, Sparharou A (2014) <i>Overcoming obesity: An initial economic analysis. Discussion paper.</i> McKinsey Global Institute. November. http://www.mckinsey.com/insights/economic_studies/how_the_world_could_better_fight_obesity</p> <p>WHO Europe (2012) <i>Action Plan for implementation of European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016.</i> World Health Organization: Copenhagen. http://www.euro.who.int/_data/assets/pdf_file/0019/170155/e96638.pdf.</p>
Options to eat healthily in schools (including pre-schools) should continue to be developed	<p><u>Evidence supports that healthy food should be made available in pre-school settings</u></p> <p>Swinburn B, Kraak V, Rutter H, Vandevijvere S, Lobstein T, Sacks G, Gomes F, Marsh T, Magnusson R (2015) Strengthening of accountability systems to create healthy food environments and reduce global obesity. <i>Lancet</i> 385 (9986): 2534-2545 February 18. http://dx.doi.org/10.1016/S0140-6736(14)61747-5</p> <p>WHO (2015) <i>Interim report of the Commission on Ending Childhood Obesity.</i> World Health Organisation: Geneva. http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf?ua=1</p> <p><u>A ‘whole school approach’ to healthy eating in preschool settings should be taken to ensure ‘food and drinks made available during the day reinforce teaching about healthy eating’</u></p> <p>NICE (2006) <i>Obesity: guidance on the prevention of overweight and obesity in adults and children.</i> Clinical Guidance (CG43) National Institute for Health and Care Excellence: London. December. http://www.nice.org.uk/guidance/CG43</p>

	<p><u>In providing opportunities for children to eat healthy and in providing role models, schools can help develop lifelong patterns of behaviour that can help them maintain a healthy weight</u></p> <p>NICE (2006) <i>Obesity: guidance on the prevention of overweight and obesity in adults and children</i>. Clinical Guidance (CG43) National Institute for Health and Care Excellence: London. December. http://www.nice.org.uk/guidance/CG43</p> <p><u>Experiential learning and cross-curricular approaches are two of the strategies indicated as teaching approaches associated with improvements in a range of healthy eating outcomes at primary level</u></p> <p>Dudley D, Cotton W, Peralta L (2015) Teaching approaches and strategies that promote healthy eating in primary school children: a systematic review and meta-analysis. <i>International Journal of Behavioural Nutrition</i> 12 (28) http://www.ijbnpa.org/content/pdf/s12966-015-0182-8.pdf</p> <p><u>‘Increasing access to, and promotion of, lower energy-density foods and to water as an alternative to sugar-sweetened beverages, are actions necessary to make the environment less obesogenic and to establish healthier behavioural norms.’</u></p> <p>WHO (2015) <i>Interim report of the Commission on Ending Childhood Obesity</i>. World Health Organisation: Geneva. http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf?ua=1</p> <p>Research into aspects including student engagement, attainment and attendance, student participation in decision making and the school physical environment should be monitored.</p> <p>Bonnell C, Jamal F, Harden A, Wells H, Parry W, Fletcher A, Petticrew M, Thomas J, Whitehead M, Campbell R, Murphy S, Moore L (2013) Systematic review of the effects of schools and school environment interventions on health: evidence mapping and synthesis. <i>Public Health Res</i> 1 (1) http://www.journalslibrary.nihr.ac.uk/phr/volume-1/issue-1#abstract</p>
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<p>Local authorities should act as role models in facilitating and promoting healthy eating</p>	<p><u>Workplaces provide ‘an important entry point’ for NCD prevention (including obesity)</u> World Health Organization. <i>Action Plan for implementation of European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016</i>. 2012. http://www.euro.who.int/_data/assets/pdf_file/0019/170155/e96638.pdf. [Accessed 21 August 2015] p26</p> <p><u>Local authorities could make a difference by ensuring healthier choices are included in catering contracts and promoted through pricing and educational initiatives</u></p> <p>NICE (2013) <i>Preventing obesity and helping people to manage their weight</i>. Local Government Briefing (LGB9) National Institute for Health and Care Excellence: London. May. http://www.nice.org.uk/guidance/LGB9</p>
<p>Integrated, co-ordinated action to address levels of inactivity and sedentary behaviour amongst the population should be taken</p>	<p><u>Evidence: ‘Physical Activity Pillar’</u></p> <p><u>The benefits of regular physical activity span across a person’s lifetime; for adults, doing 30 minutes of at least moderate intensity physical activity on at least five days a week helps to prevent and manage over 20 chronic conditions, including coronary heart disease, stroke, type II diabetes, cancer, obesity, mental health problems and musculoskeletal conditions.’</u></p> <p>Department of Health, Physical Activity, Health Improvement and Protection. (2011). <i>Start Active, Stay Active: a report on physical activity from the four home countries’</i> Chief Medical Officers. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf</p> <p><u>‘Sedentary behaviour is defined as a group of behaviours that occur whilst sitting or lying down while awake and that require very low energy expenditure. This is different to physical inactivity (i.e., not meeting the recommended amount of physical activity for one’s age). The low energy requirements distinguish sedentary behaviours from other activities that also occur whilst sitting down, but which require greater effort.’</u></p>

	<p>British Heart Foundation National Centre for Physical Activity and Health. (2012) <i>What is sedentary behaviour?</i> Loughborough University. www.bhfactive.org.uk/files/5251/sedentary_evidence_briefing.pdf</p> <p><u>‘Large scale, successful physical activity programmes appear to evolve from community need and political will, with some guidance from the evaluation of pilot programmes rather than from the synthesis, adaption and implementation of research findings.’</u></p> <p>Pratt M, Perez L, Goenka S, Brownson R, Bauman A, Sarmiento O, Hallal P (2015). Can population levels of physical activity be increased? Global evidence and experience. <i>Progress in Cardiovascular Diseases</i>. 57: 356-367. http://www.ncbi.nlm.nih.gov/pubmed/25304047</p> <p><u>‘Evidence-based strategies for promoting physical activity need to be adapted to social norms, culture and context. It further helps if the population (rich & poor, male & female) highly value physical activity and sport.’</u></p> <p>Global Advocacy for Physical Activity (GAPA) the Advocacy Council of the International Society for Physical Activity and Health (ISPAH). (2012). NCD Prevention: Investments that Work for Physical Activity. <i>British Journal of Sports Medicine</i>. 46:709-712.</p> <p>Heath G et al. (2012). Evidence-based interventions in physical activity: lessons from around the world. <i>Lancet</i>. 380; 272-281.</p> <p><u>Co-creation (designing services with the help of those who use them) is effective in intervention design to promote physical activity</u></p> <p>PHE. (2014) <i>Everybody active, every day. What works – the evidence</i>. Public Health England: London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366113/Evidence layout_23_Oct.pdf</p>
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	<p><u>The promotion of physical activity should take place across a range of settings, from schools and pre-schools to workplaces and within primary care.</u></p> <p>NICE (2009) <i>Promoting physical activity for children and young people</i>. Public Health Guidance (PH17) January. National Institute for Health and Care Excellence: London. http://www.nice.org.uk/guidance/PH17</p> <p>NICE (2013) <i>Physical activity: brief advice for adults in primary care</i>. Public Health Guidance (PH44) May. National Institute for Health and Care Excellence: London. http://www.nice.org.uk/guidance/PH44</p>
Active travel should be facilitated and promoted	<p>WCR/ACICR (2009) <i>Policy and Action for Cancer Prevention. Food, Nutrition and Physical Activity: A Global Perspective</i>. World Cancer Research/ American Institute for Cancer Research: Washington. http://www.dietandcancerreport.org/cancer_resource_center/downloads/WCRF%20Policy%20US%20Summary_final.pdf</p> <p>PHE (2013) <i>Healthy people, healthy places briefing. Obesity and the environment: increasing physical activity and active travel</i>. Public Health England: London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256796/Briefing_Obesity_and_active_travel_final.pdf</p> <p><u>‘Ensure walking and cycling are included in chronic disease pathways’</u></p> <p>NICE (2012) <i>Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation</i>. Public Health Guidance (PH41) November. National Institute for Health and Care Excellence: London. http://www.nice.org.uk/guidance/PH41</p>

<p>Planning policies that facilitate and support physical activity should be developed and implemented</p>	<p><u>Urban planning policies play a 'paramount role' in providing or suppressing opportunities for daily physical activity</u></p> <p>World Health Organization. <i>Action Plan for implementation of European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016</i>. 2012. http://www.euro.who.int/_data/assets/pdf_file/0019/170155/e96638.pdf. [Accessed 21 August 2015] p25</p> <p>PHE. (2014) <i>Everybody active, every day. What works – the evidence</i>. Public Health England: London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366113/Evidence_layout_23_Oct.pdf</p> <p>National Institute for Health and Care Excellence (NICE) <i>Physical activity and the environment</i>. Public Health Guidance (PH8) Jan 2008. London: National Institute for Health and Care Excellence. http://www.nice.org.uk/guidance/PH8</p> <p><u>Access to recreational spaces such as parks and play areas should be easy for all members of the population</u></p> <p>WCR/ACICR (2009) <i>Policy and Action for Cancer Prevention. Food, Nutrition and Physical Activity: A Global Perspective</i>. World Cancer Research/ American Institute for Cancer Research: Washington. http://www.dietandcancerreport.org/cancer_resource_center/downloads/WCRF%20Policy%20US%20Summary_final.pdf</p>
<p>Local authorities should act as role models in facilitating and promoting physical activity</p>	<p>Public Health England. <i>Everybody active, every day. What works – the evidence</i>. Public Health England: London. October 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366113/Evidence_layout_23_Oct.pdf</p>

	<p>NICE (2006) <i>Obesity: guidance on the prevention of overweight and obesity in adults and children</i>. Clinical Guidance (CG43) National Institute for Health and Care Excellence: London. December. http://www.nice.org.uk/guidance/CG43</p> <p>NICE (2008) <i>Promoting physical activity in the workplace</i>. Public Health Guidance (PH13) National Institute for Health and Care Excellence: London. May. http://www.nice.org.uk/guidance/PH13</p>
	<p><u>Evidence: 'Weight Management Pillar'</u></p>
<p>There are a range of potential benefits from reaching and maintaining a weight loss of 5% or greater</p>	<p><u>Moderate, sustained weight loss is associated with health benefits, including the potential to reduce blood pressure and reduce the risk of developing Type 2 diabetes</u></p> <p>Avenell A, Broom J, Brown T, Poobalan A, Aucott L, Stearns S (2004) <i>Systematic review of the long-term effects and economic consequences of treatments for obesity and implications for health improvement</i>. Health Technology Assessment. Volume 8 Issue 21. http://www.journalslibrary.nihr.ac.uk/data/assets/pdf_file/0014/65003/FullReport-hta8210.pdf</p> <p>Hamman R, Wing R, Edelstein S, Bray G, Delahanty L, Hoskin M, Kriska A, Mayer-Davis E, Pi-Sunyer X, Regensteiner J, Venditti B, Wylie-Rosett J (2006) Effects of weight loss with lifestyle intervention on risk of diabetes. <i>Diabetes Care</i> 29 (9) 2102-2107 http://care.diabetesjournals.org/content/29/9/2102.full</p> <p>Dixon J, O'Brien P, Playfair J, Chapman L, Schachter L, Skinner S, Proietto J, Bailey M, Anderson M (2008) Adjustable gastric banding and conventional therapy for type 2 diabetes: a randomised controlled trial. <i>JAMA</i> 299 (3) 316-323 http://jama.jamanetwork.com/article.aspx?articleid=1149302&resultClick=1</p> <p>Tuomilehto H, Seppa J, Partinen M, Peltonen M, Gylling H, Tuomilehto J, Vanninen E, Kokkarinen J., Sahlman, J, Martikainen T, Soini E, Randell J, Tukiainen H, Uusitupa M (2009) Lifestyle intervention with weight reduction: First line treatment in mild obstructive sleep apnea. <i>American Journal of Respiratory and Critical Care Medicine</i> 179 320-327 http://www.atsjournals.org/doi/full/10.1164/rccm.200805-669OC</p>

	<p>National Institute for Health and Care Excellence (NICE) <i>Managing overweight and obesity in adults: lifestyle weight management services</i>. Public Health Guidance (PH53) May 2014. London: National Institute for Health and Care Excellence. http://www.nice.org.uk/guidance/PH53</p> <p>SIGN (2010) <i>Management of Obesity: A National Clinical Guideline</i>. Scottish Intercollegiate Guidelines Network: Edinburgh http://www.sign.ac.uk/pdf/sign115.pdf</p> <p><u>Weight management programmes can be cost-effective components of population-wide health weight strategies</u></p> <p>Dobbs R, Sawers C, Thompson F, Manyika J, Woetzel J, Child P, McKenna S, Sparharou A: <i>Overcoming obesity: An initial economic analysis</i>. Discussion paper. McKinsey Global Institute. November 2014.</p>
An integrated approach to managing obesity, should be adopted	<p><u>The provision of targeted treatment of obesity is cost effective</u></p> <p>RCP 2013. <i>Action on obesity: comprehensive care for all</i>. Report of a working party. Royal College of Physicians: London. January.</p> <p><u>Integrated weight management programmes should allow access and support at varying levels (or service tiers). The programme should be developed by a multi-disciplinary team and tailored to local needs</u></p> <p>National Institute for Health and Care Excellence (NICE) <i>Managing overweight and obesity in adults: lifestyle weight management services</i>. Public Health Guidance (PH53) May 2014. London: National Institute for Health and Care Excellence. http://www.nice.org.uk/guidance/PH53</p> <p>SIGN (2010) <i>Management of Obesity: A National Clinical Guideline</i>. Scottish Intercollegiate Guidelines Network: Edinburgh http://www.sign.ac.uk/pdf/sign115.pdf</p>

<p>Weight management interventions should take account of key components</p>	<p><u>Weight management interventions are more likely to be effective if they include both diet and physical activity elements, together with the use of behavioural change techniques and the mobilisation of social support</u></p> <p>Greaves C, Sheppard K, Abraham C, Hardeman W, Roden M, Evans P, Schwarz P and the IMAGE Study Group. Systematic review of reviews of intervention components associated with increased effectiveness in dietary and physical activity interventions. <i>BMC Public Health</i> 2011. 11: 119. http://www.biomedcentral.com/1471-2458/11/119</p> <p>National Institute for Health and Care Excellence (NICE) <i>Managing overweight and obesity in adults: lifestyle weight management services</i>. Public Health Guidance (PH53) May 2014. London: National Institute for Health and Care Excellence. http://www.nice.org.uk/guidance/PH53</p> <p>National Institute for Health and Care Excellence (NICE) <i>Managing overweight and obesity among children and young people: lifestyle weight management services</i>. Public Health Guidance (PH47) October 2013. London: National Institute for Health and Care Excellence. http://www.nice.org.uk/guidance/PH47</p> <p>Avenell A, Broom J, Brown T, Poobalan A, Aucott L, Stearns S (2004) <i>Systematic review of the long-term effects and economic consequences of treatments for obesity and implications for health improvement</i>. Health Technology Assessment. Volume 8 Issue 21. http://www.journalslibrary.nihr.ac.uk/data/assets/pdf_file/0014/65003/FullReport-hta8210.pdf</p> <p><u>Weight loss maintenance is important in maintaining health benefits, reflecting the need for interventions to include techniques to prevent weight regain and for ongoing support</u></p> <p>National Institute for Health and Care Excellence (NICE) <i>Managing overweight and obesity in adults: lifestyle weight management services</i>. Public Health Guidance (PH53) May 2014. London: National Institute for Health and Care Excellence. http://www.nice.org.uk/guidance/PH53</p> <p>Simpson S, McNamara R, Shaw C, Kelson M, Moriarty Y, Randell E, Cohen D, Fasihul Alam M, Copeland L, Duncan D, Espinasse A, Gillespie D, Hill A, Owen-Jones E, Tapper K, Townson J,</p>
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	<p>Williams S, Hood K. 2015. <i>A feasibility randomised controlled trial of a motivational interviewing-based intervention for weight loss maintenance in adults</i>. Health Technology Assessment. July 2015. Volume 19. Issue 50. http://www.journalslibrary.nihr.ac.uk/data/assets/pdf_file/0011/148196/FullReport-hta19500.pdf</p>	
Interventions should be further developed to support pregnant mothers in terms of appropriate weight management during and after pregnancy	<p><u>Evidence indicates ‘the importance of early prevention of overweight and obesity in women of child-bearing age’ and that nutritional interventions can be effective</u></p> <p>Eriksson J, Sandboge S, Salonen M, Kajantie E, Osmond C (2014) Long-term consequences of maternal overweight in pregnancy on offspring later health: findings from the Helsinki Birth Cohort Study. <i>Ann Med</i> 46 (6): 434-8.</p> <p>Temel S, van Voorst S, Jack B, Denktas S, Steegers E (2014) Evidence-based preconceptional lifestyle interventions. <i>Epidemiol Rev</i> 36 (1): 19-30. http://epirev.oxfordjournals.org/content/36/1/19.full.pdf+html</p> <p><u>Dietary and physical activity interventions in pregnancy are effective at reducing maternal weight gain in pregnancy and reducing risks of complications to mother and baby</u></p> <p>Thangaratinam S, Rogozirati E, Jolly K, Glinkowski S, Duda W, Borowiack E, Roseboom T, Tomlinson J, Walczak J, Kunz R, Mol B, Coomarasamy A, Khan K (2012) <i>Interventions to reduce or prevent obesity in pregnant women: a systematic review</i>. Health Technology Assessment 2012; Volume 16. Issue 31. http://www.journalslibrary.nihr.ac.uk/data/assets/pdf_file/0014/65021/FullReport-hta16310.pdf</p> <p><u>Services should be available to help support weight management for women following childbirth, as appropriate</u></p> <p>NICE (2010) <i>Weight management before, during and after pregnancy</i>. Public Health Guidance (PH27) October. National Institute for Health and Care Excellence: London. http://www.nice.org.uk/guidance/PH27</p>	

<p>Child/family weight management programmes should be reviewed against current guidance and emerging evidence</p>	<p><u>Family-focussed weight management programmes have been shown to have a moderate effect on weight status. However, research is limited and programme design and modes of delivery should be monitored and findings assimilated accordingly</u></p> <p>NICE (2013) <i>Managing overweight and obesity among children and young people: lifestyle weight management services</i>. Public Health Guidance (PH47) October. National Institute for Health and Care Excellence: London. http://www.nice.org.uk/guidance/PH47</p> <p>WHO. <i>Interim Report of the Commission on Ending Childhood Obesity</i>. 2015. World Health Organisation. Switzerland: Geneva. http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf?ua=1</p> <p>Pierson L, Fitzpatrick-Lewis D, Morrison K, Warren R, Usman Ali M, Raina P. Treatment of overweight and obesity in youth: a systematic review and meta-analysis. 2015. <i>CMAJ Open</i>. 3 (1) E35-E46. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4382035/</p> <p>Chaplais E, Naughton G, Thivel D, Courteix D, Greene D. Smartphone interventions for weight treatment and behavioural change in pediatric obesity: a systematic review. 2015. <i>Telemedicine and e-Health</i>. 21 (10) http://dx.doi.org/10.1089/tmj.2014.0197</p>
<p>Specialist, including surgical services</p>	<p><u>Patients with higher BMIs and/or more complex co-morbidities should have access to Tier 3 (multi-disciplinary team offering specialist services) and Tier 4 (weight loss surgery services)</u></p> <p>National Institute for Health and Care Excellence (NICE) <i>Obesity: identification, assessment and management of overweight and obesity in children, young people and adults</i>. Clinical Guidance (CG189) November 2014. London: National Institute for Health and Care Excellence. http://www.nice.org.uk/guidance/CG189</p> <p>BOMSS 2014 <i>Commissioning guide: Weight assessment and management clinics (tier 3)</i>. British Obesity and Metabolic Surgery Society: London.</p>

	SIGN (2010) <i>Management of Obesity: A National Clinical Guideline</i> . Scottish Intercollegiate Guidelines Network: Edinburgh http://www.sign.ac.uk/pdf/sign115.pdf	
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Appendix 2

HEALTH AND SOCIAL SERVICES DEPARTMENT

HEALTHY WEIGHT STRATEGY 2016-2023

**Public Consultation Response Report
November 2015**

Healthy Weight Strategy (2016-2023) Consultation 2015

Executive summary and recommendations

This was an extensive, well-publicised consultation exercise which elicited 341 responses and engaged face to face with a further 250 people. A robust communications plan ensured wide coverage in the media and high levels of public interest.

The draft Healthy Weight Strategy was generally well-received by partners and the public, which is likely to be because they were so much involved in the drawing up of the Strategy and its proposals through the Healthy Weight Strategy Group (HWSG) and the earlier public engagement exercise. This involvement was acknowledged in Departmental and Guernsey Sports Commission responses, which have also offered practical support for implementation in partnership with HSSD. 89%-93% of respondents agreed with the vision statement and the objectives of the proposed Strategy, which represents a high level of public acceptance.

Other than response to specific questions, three overarching views were expressed by several individual respondents at various points in the consultation responses:

“Whilst a general aim of encouraging healthy behaviour is ok the government should stay out of people’s personal lives and allow them to choose for themselves”

“I think more funding is needed for this strategy given its huge health impact”

“Not if it’s at taxpayer’s expense”.

In an appended draft ‘Action Plan’, actions proposed under the Strategy which would form the basis of an implementation plan overseen by the Healthy Weight Strategy Group, were also consulted on, under the three pillars for action previously agreed by the HSSD Board. Once again, these reflected partner and public ideas, where these were also supported by national and international public health research evidence. The majority of actions were supported by 85% of respondents or more, and this report proposes that these may be seen as acceptable to be taken forward.

There were seven¹ actions that received less than 85% support, noted as follows in *decreasing* level of support:

1. In partnership, design and implement ‘Healthy Bailiwick’ Project to lead on delivery of making physically active lifestyle choices easier. (84% agreed: 7% disagreed).
2. Protect the population, especially children, from the negative health effects of sugar-sweetened beverages. (82% agreed: 11% disagreed.)
3. Promote active travel and planning strategies that support physical activity. (79% agreed: 12% disagreed.)
4. Improve the options to increase physical activity on States premises; acting as a role model for healthy workplaces. (78% agreed: 11% disagreed.)

¹ In addition, action 19 only received 71% support, but many respondents did not understand the terminology used in the question. Of those who were able to respond ‘agree’ or ‘disagree’ (n=199), 94% agreed with this action.

5. Improve the information available to customers in cafes and restaurants to enable them to make healthier choices. (75% agreed: 15% disagreed)
6. Research and tailor appropriate weight management interventions for pregnant women with particular emphasis on targeting those in need of additional support. (75% agreed: 9% disagreed.)
7. Improve the health quality of locally produced food (reduce fat and sugar content). (74% agreed: 16% disagreed.)

These proposed actions and responses were debated by the Healthy Weight Strategy Group (HWSG) of 24th November following the consultation process. The HWSG urge the Board to maintain focus on those actions that are evidence-based and therefore likely to be a more cost-effective use of scarce resources, as well as taking into account the public's views.

Recommendations

Following discussion at the Healthy Weight Strategy Group, this Group now corporately recommend that:

a. Actions that received more than 85% support during the consultation are accepted by the HSSD Board – these can be found in the draft Action Plan on the States website:
<http://theoldsite.gov.gg/publichealth>

b. The HSSD Board may wish to consider the following revisions to the draft Action Plan before the new HSSD Healthy Weight Strategy 2016-2023 is taken forward to the States of Deliberation.

1. In partnership, design and implement a 'Healthy Bailiwick' Project to lead on delivery of making physically active lifestyle choices easier. (84% agreed: 7% disagreed).

The HWSG recommend that the Board consider keeping this action in the Action Plan as it is presented, because it is so well supported by partners and the public. The HWSG also appreciate the enthusiasm of Mr Falla MBE in his concern for effective strategy delivery and his proposal for additional marketing and project management capacity to be added to the current team of clinicians, health professionals, and Departmental partners who form the HWSG. The Guernsey Sports Commission view that this project should be expanded to form an independent organisation with strategic oversight of the whole Healthy Weight Strategy was not shared by the Group. The following points were made in this regard:

- The HWSG is a committed group of clinicians, health professionals, and a broad range of Departmental partners, including educationalists and representatives of the sporting community, who have developed a cohesive strategy within the very tight timescales required by the HSSD Board. They deserve the chance to retain ownership and move the Healthy Weight Strategy into the implementation phase, at least in the first instance.
- The HWSG has brought in partner and public views and commitment for implementation from clinicians and other States departments for delivery of the

Strategy Action Plan through engagement and consultation. These commitments may not be transferable to an independent organisation with a different focus.

- The HWSG see the Healthy Weight Strategy as a publicly funded cross-Departmental strategy accountable to the States through HSSD for achieving its KPIs as a result of evidence-based clinical and public health practice and inter-Departmental joint working.
2. Protect the population, especially children, from the negative health effects of sugar-sweetened beverages. (82% agreed: 11% disagreed.)

The HWSG recommend that the Board consider keeping this action in the Strategy Action Plan, because it is so well supported by partners and the public. It also has an emerging international evidence base of effectiveness. The group further recommend that the Board consider directing adjustment of the Action Plan to include the Guernsey Border Agency, alongside HSSD, Treasury & Resources and the Law Officers in any exploration of taxation on sugar-sweetened beverages. In addition, that consideration to concerns about artificial sweeteners and the use of tax revenue raised to be included in this work.

3. Promote active travel and planning strategies that support physical activity. (79% agreed: 12% disagreed.)

The HWSG recommend that the Board consider keeping this action in the Strategy Action Plan, because it is so well supported by partners and the public. It also supports implementation of the Environment Department's Integrated On-Island Transport Strategy, which has been passed by the States. Evidence demonstrates that embedding exercise in daily life is successful in improving health and this may be achieved by adjusting infrastructure and introducing planning policies that encourage active travel to help facilitate culture change.

4. Improve the options to increase physical activity on States premises; acting as a role model for healthy workplaces. (78% agreed: 11% disagreed.)

The HWSG recommend that the Board consider keeping this action in the Strategy Action Plan, because it is so well supported by partners and the public. There is also an evidence base and NICE guidance to support the benefits of workplace health initiatives. Work has already commenced through States' Human Resources department, which can be linked to this action.

5. Improve the information available to customers in cafes and restaurants to enable them to make healthier choices. (75% agreed: 15% disagreed)

The HWSG recommend that the Board consider an adjustment to this action in the Plan, to read as follows:

"Work with café owners and restaurateurs to explore ways of enabling customers in those establishments to make healthier choices"

This is because the Action Plan was developed (at the request of the HSSD Board) in advance of a schedule of research and engagement with wider stakeholders. Consultation

showed that the dietetics service has concerns over their capacity to support this work, and café owners and restaurateurs are keen to bring their views to the table.

6. Research and tailor appropriate weight management interventions for pregnant women with particular emphasis on targeting those in need of additional support. (75% agreed: 9% disagreed.)

The HWSG recommend that the Board consider keeping this action in the Strategy Action Plan, because there is also an evidence base and NICE guidance to support it. However, the Board may wish to consider an adjustment to the wording of this action in the Plan, to read as follows:

“Work with local women to explore ways of enabling them to achieve and maintain healthy weight before, during and after pregnancy, with particular emphasis on targeting those in need of additional support.”

7. Improve the health quality of locally produced food (reduce fat and sugar content). (74% agreed: 16% disagreed.)

The HWSG suggest that the Board may wish to consider removing this action from the Action Plan, since it is the least popular with the public, and would affect only a small proportion of locally consumed food. More importantly, it forms an integral part of Guernsey’s cultural identity. In addition, there is no capacity in dietetics to support the work: and locally produced food is generally seen as healthy if eaten in moderation.

The HWSG further recommend the Board agree that implementation sub-groups deliver the three pillars of the Strategy, reporting into the Healthy Weight Strategy Group. The implementation groups will then take ownership of the relevant sections of the Action Plan, when the revisions that the Board direct have been put in place. All engagement and consultation responses will then be made available to those groups to inform their work.

The HWSG have asked for the list of States Departments who responded to engagement as well as the list of those who responded to the later consultation exercise to be shown in an appendix to this report document, and this has been done. Departmental responses from both stages of consultation will be appended to the States Report that presents the Strategy to the States of Deliberation.

Background and methods

The draft Healthy Weight Strategy 2016-2023 was been drawn up following review of implementation of the previous Obesity Strategy: examination of the evidence base of the most effective measures to reduce obesity and overweight: and comprehensive engagement with partners and the public. This commenced with a scoping exercise in 2015, which produced responses from the Departmental Boards of Home, Education, Social Security, Culture & Leisure and Public Services and their officers, from clinicians in Primary and Secondary Care and many responses from individuals. Key themes which emerged included:

- Recognition of the link between overweight / obesity and ill health.
- An aim to reduce Health Inequalities.
- A need for synergy with other States strategies.
- A wish to progress in small steps to change the obesogenic culture and mitigate the obesogenic environment.
- A wish to work with café owners, restaurateurs and producers to give more information, and to work with employers.
- Provide cookery lessons in schools and in the community.
- Follow NICE guidelines.
- Focus on prevention.

The resulting draft Healthy Weight Strategy 2016-2023 was released for consultation with partners and the public on October 17th for a period of four weeks. It was released with a draft Action Plan and a document showing the evidence base for proposed actions. The draft Strategy was circulated to a wide range of stakeholders including States members, States Officers, Healthcare staff and the general public (see Appendix 5). It was also made available on the HSSD and States website. Circulation of the document was supported by press releases one at launch (in press 20/10), one reminder on 10th November (in press 10/11) and a radio interview. Consultation papers were posted on the HSSD website: the Gov.gg website (Healthy living and Public Health) and promoted through social media. A response pro-forma was provided to facilitate easy, fast response (see Appendix 4). Comments were accepted for a further two days after the official closing date. The response form was also made available on Survey Monkey for online response.

Additional engagement work was undertaken by the Health Promotion Unit, namely:

- Distribution of a simple flyer which explained the importance of the consultation process, and the ease of doing this via Survey Monkey. This was distributed via Walk Leaders and Health Trainers to their service users: displays in the Guilles Alles Library, Waitrose, Le Friquet Garden Centre, GP practices: leaflets available at other garden centres and also at baby clinics.
- In Alderney and Herm, including using Health Trainers to reach the public and distribute flyers in strategic places on the islands.
- Media releases: Global email and reminder email to all staff
- Display about the consultation at the HomeLife Show at Beau Sejour, Nov 6th to 9th for 16 hours over 3 days: engaging with 493 members of the public encouraging

them to respond to the consultation, and to raise awareness of sugar content of sugar sweetened beverages.

Consultation Results

Who responded?

There were three States Department responses to the October draft Strategy consultation, from the Education Department, the Culture & Leisure Department, and the Home Department. A response was also received from the Guernsey Sports Commission.

Responses to the draft Strategy were sent by email from two States deputies, four HSSD clinicians and six individuals.

331 individual respondents used the response pro-forma on paper (13) or through Survey Monkey (318); detailed response data is shown in the table at Appendix 1.

A peer-review' response was received from Simon Sebire, Senior Lecturer in Physical Activity & Public Health, Centre for Exercise, Nutrition and Health Sciences, School for Policy Studies, University of Bristol.

What did they say?

Responses from States Departments and the Guernsey Sports Commission

Responses from the Minister of the Education Department and from the Culture and Leisure Department were very supportive of the proposed new Healthy Weight Strategy. Their responses acknowledged their involvement in the development of the Strategy so far, and detailed their ongoing commitment to working in partnership with Health and Social Services Department to deliver the Strategy.

The Home Department Minister responded that it would be feasible to collect Excise Duty on sugar-sweetened beverages if this were introduced, subject to sufficient resources. The Minister also referred to his response to the earlier engagement exercise when the link between healthy lifestyles and prosocial behaviour were noted. This earlier response also supported measures to reduce unhealthy behaviours and habits harmful to health, while bearing in mind the need for sustainable funding.

Culture and Leisure noted 'Agreed' on all points and detailed comments on these have been incorporated in the analysis below. In addition, Culture and Leisure committed to future development of their new committee for Education, Sport and Culture to support increased access to preventive initiatives and weight management services, including potential access to satellite community facilities when the Committee structure changes in 2016. In addition, plans for expanding Life Fit (exercise on referral) and joint working with external agencies

including the Healthy Lifestyle Centre) on helping people 'Keep Moving' will be integral to the Leisure Services Team core business over the coming years.

The Minister of the Education Department recognised that the Department plays a significant role in three of the objectives in particular, and specifically committed to developing the work streams in response to the recommendations (*these are summarised for brevity*):

- Establishing a physical literacy strategy as part of a review of the curriculum framework
- Revisiting and extending the healthy food guidelines currently in operation
- Establishing a robust evidence-base for the measurement of children's physical activity levels and dietary habits
- Working closely with partner organisations such as the Guernsey Sports Commission, Active Travel Unit and food suppliers to ensure provision of a collaborative approach to healthy lifestyle opportunities for young people and their families.

Stuart Falla MBE, on behalf of the Guernsey Sports Commission (GSC), provided a response which also acknowledged the GSC's involvement in the development of the Strategy so far. He confirmed their ongoing commitment to working in partnership with Health and Social Services Department in a central role, that is, to deliver initiatives to promote physical activity as part of the Strategy. Mr Falla further wrote *'We remain convinced that the Healthy Weight Strategy should be led by a separate, independent body which would be the public face of Healthy Guernsey: led by a dynamic Committee, Chairman and CEO, in order to promote the objectives contained in the Strategy and to attract funding.'*²

Clinical response identified other elements of HSSD provision that should be linked to healthy weight issues, namely sleep apnoea, and mental health and wellbeing.

Simon Sebire's response (University of Bristol School for Policy Studies) applauded the strategy as "comprehensive, evidence-based and explicit in its aims, measures and milestones". Further detailed points from Mr Sebire will inform implementation work.

The responses from Survey Monkey and consultation forms are summarised below.

Comments from other sources, which are specific to individual questions, are also included below.

Vision - Our vision is of Guernsey as an environment where healthy eating and regular physical activity are accessible, affordable and normal, for all in the community.

Agree: 93% Disagree: 5% Don't know: 2% (332 respondents)

² Since the 'Healthy Guernsey' project (not specified as independent or otherwise) was proposed as an Action, the full responses from the public to this proposal for action are shown in Appendix 3 for consideration alongside Mr Falla's response as required.

More than 30 people only answered this question and did not proceed further. Comments therefore appear here which are echoed later by others under specific questions.

The vision was welcomed by the great majority of respondents, but with some caveats. Many said that affordable healthy eating and physical activity would not be possible without government financial support. It was also recognised that long-term health and social care costs would be reduced by action now to control obesity. Some respondents wanted no States funding that might increase tax. Several respondents said that using local fruit and vegetables and cooking from scratch with no waste made food more affordable and that cycling, walking, running and swimming in the sea cost nothing.

Education was recognised as key to achieving a culture change to build exercise into daily routines. This would need to be supported by change in infrastructure, principally in promoting and incentivising active travel, particularly around schools, to make cycling and walking safer. The role of Beau Sejour was highlighted, that the catering offer ought to be healthier and prices should be reduced at quiet times to make using the facilities more affordable.

Maintaining personal choice, avoiding tax increases and the need to fund the new strategy appropriately to enable implementation were themes that ran throughout responses.

Objectives

1. A reduction in obesity-related preventable mortality and avoidable harm from type 2 diabetes by 2023

Agree: 91% Disagree: 5% Don't know: 4% (294 respondents)

2. A reduction in the number of adults who are obese and overweight by 2023

Agree: 90% Disagree: 5% Don't know: 5% (294 respondents)

3. A reduction in the number of children who are obese and overweight by 2023

Agree: 91% Disagree: 4% Don't know: 5% (293 respondents)

4. An increase in the number of people eating a healthy diet by 2023

Agree: 89% Disagree: 5% Don't know: 5% (294 respondents)

5. An increase in the number of people who are regularly physically active by 2023

Agree: 89% Disagree: 5% Don't know: 5% (294 respondents)

6. An increase in the number of obese people moving successfully to appropriate weight goals and maintaining them by 2023

Agree: 93% Disagree: 5% Don't know: 2% (293 respondents)

The setting of SMART objectives was welcomed; some respondents felt the timescale set should be shorter, others that the objectives would not be achievable. Nevertheless, with this level of support (all >88%) these objectives may be seen as acceptable to respondents.

Specific comments on potential actions noted against these objectives have been included into the summaries against 'Actions' below. About 40 people did not proceed past this point with the Survey Monkey consultation survey.

Actions, under the three pillars, Healthy eating, Increasing Physical Activity and Weight Management services

• **Healthy eating**

1. Protect the population, especially children, from the negative health effects of sugar-sweetened beverages (SSBs)
 Agree: 82% Disagree: 11% Don't know: 6% (257 respondents)³
2. Implement quality standards for nutritious food provided in Pre-school environments
 Agree: 93% Disagree: 5% Don't know: 3% (255 respondents)
3. Improve the health quality of locally produced food (reduce fat and sugar content)
 Agree: 74% Disagree: 16% Don't know: 5% (257 respondents)
4. Further improve the options to eat healthily in schools
 Agree: 94% Disagree: 2% Don't know: 4% (257 respondents)
5. Improve the options to eat healthily on States premises; acting as a role model for healthy workplaces
 Agree: 85% Disagree: 5% Don't know: 10% (256 respondents)
6. Improve the information available to customers in cafes and restaurants to enable them to make healthier choices
 Agree: 75% Disagree: 15% Don't know: 9% (254 respondents)
7. Work with food retailers to promote healthy food choices
 Agree: 87% Disagree: 8% Don't know: 5% (258 respondents)
8. Raise awareness in adults and children of the benefits of meeting healthy eating guidelines
 Agree: 94% Disagree: 2% Don't know: 4% (294 respondents)

Respondents in this pillar / section were very supportive of the majority of actions proposed (85% or more for Actions 2, 4, 5, 7 and 8). There was less support for Actions 1, 3 and 6.

In the healthy eating section, harm from sugar is noted as not only in terms of overweight.

“As a Dental professional Guernsey does have a problem with dental decay in the young adult and child population. High sugar drinks is still a major cause in dental decay.

Advertising and price promotions have led to a population that think drinking 2 litres of fizzy drinks a week is normal. It is not!”

Many said that more work needs to be done to raise awareness of the harm sugar can do, not only in sugar sweetened beverages (SSBs) but also when added to processed foods. School food, hospital food and Beau Sejour food were all criticised in terms of sugar and carbohydrate content. The ‘brake’ on support for reducing sugar in fizzy drinks (Action 1) came largely from those who mistrust artificial sweeteners and do not wish to promote artificially sweetened beverages.

³ The full text of all Survey Monkey responses to this question is shown in Appendix 2

The feedback from the stand at HomeLife Guernsey (conversations with 493 people) about sugar included the following:

- A large proportion of people were surprised at the sugar content of the range of drinks
- Strong discussion about where juices, particularly orange juice, sit – clarity is needed for the public on the pros and cons of whole fruit and of juices.
- Clarity is also needed concerning alternatives to SSBs – including the pros and cons of Artificially Sweetened Beverages (ASBs). This connects with health claims/scares and also dental health.

Clarity on these areas would obviously be required when considering any form of taxation.

Respondents in the healthy eating section were particularly strongly protective of children from pre-school throughout their education.

“So important to train from young age as possible, so they crave good nutrients rather than sugar cravings”

Where allowing personal choice is strongly argued for in adults, respondents want strict control of the environment for children and young people, including limiting sweets, cakes and biscuits as rewards and too frequent celebrations.

“There should be no SSB dispensers in any school. Only allow water”

Many respondents want more healthy choices in school canteens and teaching ‘basic cookery’ skills.

“This needs to be done yesterday, the food served in our schools is appalling, you should be ashamed of yourselves.”

“And educate, but educate about REAL food and bring back proper domestic science for boys and girls. And not just cooking biscuits which is all my child has ever done in school. Teach them to prepare veg and cook from scratch.”

Nevertheless, it is recognised that the schools cannot tackle this alone.

“Having assisted in serving meals, I once heard a conversation which went ‘the only time we have veg is when we come here’. Children tend to eat what parents buy, and in this case the parents buy what they know is quick and easy to cook”

“The schools can help as above but ultimately this is the parents’ responsibility”

Respondents also warned of the dangers of overemphasis on reducing weight in children.

“You need to be careful how you get the message across regarding obesity in children. You don’t want to push them the other way as has been done in the past and you end up with children with eating disorders” but noted potential social isolation of children who are overweight or obese.

Respondents also said that raising awareness in adults about healthy diets was important,

“We need to educate parents about healthy eating and ensure they are aware of the factors that lead to obesity”, but that healthy food could be expensive.

“While cheap food may not be the most nutritious and healthy, those on limited budgets will find it difficult to do the best for their families”

Solutions offered were to make buying local fruit and veg easier by providing facilities such as a market, and to support 'Edible Guernsey'. Respondents felt that developing good relationships with food retailers would be important, to encourage promotion of healthy, rather than unhealthy foods. Better labelling was also called for.

"Simply increase locally produced food would be a start! Increase local unprocessed produce and the amount of people eating it."

The following response summed up many comments on 'raising awareness about healthy eating guidelines':

"This is quite a difficult one because I believe many people do actually know what they should or shouldn't eat as part of a healthy diet, but don't do it! As such I think a different strategy regarding educating the public may be required. I also think people need to be educated 'away' from nonsensical (in my opinion) faddy often unhealthy and unsustainable diets and guided back to the good old fashioned plate of nutrition, just sticking to the basics. Also, the more work that can be done to illustrate the amount of fat, sugar and salt in processed foods in a graphic way, the better."

The proposed actions to improve the health quality of locally produced foods and to improve information in cafes and restaurants to enable healthier choices (Actions 3 and 6) were less well-supported (74% and 75% respectively agreed).

"Natural fats in Guernsey butter and milk are fine and should not be included in fat reduction measures. We should celebrate the natural ingredients that Guernsey produces from our grass fed cows. Sugar tho' could be reduced as long as it's NOT replaced with artificial sweeteners. Healthy eating is about eating real food, as unprocessed and mucked about as possible."

Many respondents said that they don't want information that might make them feel guilty about their restaurant choices when going out for a treat: but others noted that calorie and fat content on a menu helped them to make choices. There was some concern that this might not be viable for small establishments, and that the dietetics service did not have capacity to support this initiative.

- **Increasing physical activity**

1. In partnership, design and implement 'Healthy Bailiwick' Project to lead on delivery of making physically active lifestyle choices easier

Agree: 84% Disagree: 7% Don't know: 9% (257 respondents)

2. Promote active travel and planning strategies that support physical activity

Agree: 79% Disagree: 12% Don't know: 10% (259 respondents)

3. Further improve the options to be more physically active in schools

Agree: 91% Disagree: 4% Don't know: 5% (256 respondents)

4. Improve the options to increase physical activity on States premises; acting as a role model for healthy workplaces

Agree: 78% Disagree: 11% Don't know: 11% (259 respondents)

5. Raise awareness in adults and children of the benefits of meeting physical activity guidelines and of minimising sedentary behaviour

Agree: 88% Disagree: 5% Don't know: 7% (278 respondents)

Respondents in this pillar / section were very supportive of Actions 3 and 5 (91% and 88% respectively agree). Actions 1, 2 and 4 had between 78% and 84% agreed support. There were many responses that wanted more funding for sport, but also many that emphasised the need to promote physical activity outside sport, in particular simply as part of everyday life.

"The biggest rewards are from moving the completely sedentary up to even half of the recommended levels. Hence, there should be a particular focus on these populations and there should also be consideration that being physically active does not equate to sport i.e. it can be non-competitive activities such as walking."

"For Action 1, the Guernsey Sports Commission suggested that the Healthy Bailiwick Project should be led by an independent body led by a dynamic committee chairman and CEO, being a collaboration between the third sector and public sector in which health professionals, sports representatives, fund raising and marketing representatives and project managers would work together towards the goals of the Strategy. The Commission proposed that this group would be the public face of the Healthy Weight Strategy itself and that it would be well placed to attract philanthropic funding."

For Action 2, Promote active travel, opinion was split between those who want less car use and those who do not want measures to discourage car use (*"If not penalising use of vehicular traffic"*): but 79% agree with this action and believe that activity must be normalised as part of everyday life as part of a culture change.

"Distances in Guernsey are so small that we should be leading the way in being a walking and cycling island. This year's Road Safety Week slogan is "Drive less Live More". We really have to tackle the Guernsey person's obsession with their cars. Our pedestrianized Town Centre should be a model for other areas of Town in order to encourage islanders to come to Town by bus, bike or on foot."

The advisability of encouraging active travel from school age up was strongly supported, along with the necessity for this to be supported by fundamental infrastructure changes.

"It is imperative to make sure our roads are safe for pedestrians firstly but also for cyclists. Parents will not allow children to walk where there are no pavements and they will not allow children to cycle on our very busy dangerous roads. If children don't learn to walk or cycle as a form of transport, they are unlikely to grow into adults for whom active transport is normal. All routes to schools must be reviewed as a priority and have pavements, pedestrian and cycle lanes".

"The Island is a great setting for promoting health and activity which is clear at charity activity events and weekends but fails repeatedly to address related matters - make gyms and sports facilities affordable, encourage the development of bike lanes and hire bikes similar to London, facilitate long-term parking to encourage cliff walking, water activities and excursions, don't tax "bad food" - subsidise and promote the healthy alternatives including local produce - milk, meat, veg etc.... Encourage and develop healthy lifestyle and portion

size option in school and States organisations e.g. PEH. Accessible, convenient, affordable good food and exercise”.

“..early interventions ... put in place to change children’s habits to make physical activity our culture, not something you do if you have the time”

Respondents were keen for physical activity to be promoted in schools too, but not necessarily always sport. (A daily fun-run of 20 minutes was recommended as an initiative that has had success in a Glasgow school).

“Sport already plays a big part – some children just aren’t good at sport.”

“The difficulty that I’m sure the schools face is the active children will engage and sign up for everything, but the inert ones will constantly avoid, so somehow it’s about having a cunning plan which makes the refusers engage without realising that they’re doing physical activity.”

“At the minimum there should be more options for physical activity through increased lunch time and after school activities, using outside agencies to support and utilising the federations of schools. Schools already provide a range of competitive sporting opportunities but exercise for fun and health should be promoted, targeting different age groups, abilities, likes/dislikes and genders.”

Professional input received reinforced the importance of promoting and supporting physical activity in early years. This mirrors the evidence base which shows the formative years as being of particular import in establishing health behaviours.

For adults, the pace of life was given as a disincentive to integrating exercise into daily lives. However, the benefits of exercise to mental health and wellbeing were also mentioned.

“The long working day plus sedentary desk jobs for most in the Island is, I would guess, the largest contributing factor to the obesity ‘crisis’ as you coin it. ... Many people in finance now work longer hours, not finishing until 6.30 and beyond, they simply don’t have time to eat and work out before heading to bed at a reasonable hour.”

Respondents recognised the value of the States setting an example for healthy workplaces for enabling easier physical activity as well as offering opportunities for healthier eating.

They were keen that this provision should not only be for States employees.

“This could be incredibly important because the lessons learnt from this could inform advice to other work places”.

“It is good that the States acts as a role model – but perhaps stronger indication of working with other employers / workplaces to extend this approach beyond States facilities is needed in the strategy?”

Again changes to infrastructure and the culture of the working day were seen as essential to making this happen, and the following suggestions were echoed by many respondents.

“Facilities for storing bikes, somewhere to change, somewhere to dry wet clothes. Encourage lunch time walking. More showers. Discount rates to gyms and swimming pools.”

“Include decent bike/shower/changing/exercise facilities in all refurb or new builds that have over a set no of employees.”

As with raising awareness of Healthy eating guidelines, responses to raising awareness of physical activity guidelines (Action 13) called for a review of methods and emphasis.

“Most adults and parents know that they and their families should be moving more and being less inactive/sedentary. The difficulty is ‘how to’ move from being a family where home time is sitting in front of screens to each member of the family being more active. This is especially difficult as the children reach teenage years, if they are not ‘sporty’. Any raising awareness campaigns need to include a ‘how to’ guide and an awareness of opportunities and motivation.”

“...stress is a big problem that needs to be tackled as well. Mindfulness Guernsey (sic) needs to be involved in any strategy.”

“Spend some money working with someone who can develop your social media communication and marketing. This is the way people access information, like it or not, and the States needs to move with the times.”

- **Weight management services**

1. Increase the number of overweight and obese adults moving successfully to appropriate weight goals and maintaining them

Agree: 88% Disagree: 4% Don't know: 8% (258 respondents)

2. Increase the number of overweight and obese children moving successfully to appropriate weight goals and maintaining them

Agree: 91% Disagree: 4% Don't know: 5% (258 respondents)

3. Research and tailor appropriate weight management interventions for pregnant women with particular emphasis on targeting those in need of additional support

Agree: 75% Disagree: 9% Don't know: 16% (259 respondents)

4. Provide support for people who want to change their healthy eating, physical activity and weight management behaviours

Agree: 93% Disagree: 4% Don't know: 2% (258 respondents)

5. Provide training and support for health professionals in relation to weight management support

Agree: 91% Disagree: 6% Don't know: 3% (258 respondents)

6. Reduce health inequity in adults and children in relation to weight management services

Agree: 71% Disagree: 4% Don't know: 23% (258 respondents)

Respondents in this pillar / section were strongly supportive of help for those adults and children who already have serious weight problems (88% and 91% respectively agreed). The need to address psychological distress, depression and anxiety was noted for both, through holistic intervention involving a networked team of health professionals and community support. Clinicians recommended the introduction of a multi-disciplinary team and the development of a treatment pathway, which would include medical, physiological and psychological assessment and support, as well as adult bariatric surgery in response to NICE guidelines.

“Need to consider impact psychological distress has on eating and lifestyle not just physical activity; tie it in with MH strategy re tackling low self-esteem”

“The earlier the intervention the better. Children and parents need to be supported together with exercise and nutrition being looked at as a package, not in isolation.”

“More clubs and one to one support for overweight children, the school nurse to inform parents their child is overweight and what is on offer to support them lose weight and learn about healthy eating for life.”

Still, respondents wanted professional care and sensitivity when dealing with teenagers, to ensure that worries about body shape would not result in eating disorders.

Respondents also wanted support for those who need help in improving their health behaviours to prevent developing weight problems (91% agreed). The need to be able to self-refer into services was noted rather than through primary care mental health referral, as was the advisability of using a variety of providers / approaches, including those in the private sector.

“I think this is imperative. Being overweight is embarrassing and difficult- to have support and to eat properly and change your lifestyle rather than you eating habits would be so helpful. To have someone there to support you and not be condescending and reproachful would be a godsend. Also to have someone to talk through your food issues with - I feel I have an eating disorder of a kind, but don't want to talk to anyone about it as friends just lecture and the doctor says exercise more and eat less which is good advice but does not get to the root of the problem, which is in my mind”

“Agree - don't just need info, need tools to assist. Free States run nutrition and basic cooking courses; access to exercise classes”

There was also strong support (91%) for improving the ability of health professionals in all sectors to address weight management issues in their patients, including working closely with Primary Care doctors who can address this opportunistically.

“Too many health professionals are reluctant to mention being overweight to fat people”

“Yes, but must go beyond a weigh in and handing out a leaflet!”

The importance of health professionals as role models for good health behaviours was also noted by several respondents.

“Yes but please can we also think about health professionals who need their own help with a healthy weight? Slightly patronising for HSSD to lead on this when there are quite a lot of overweight health professionals - sorry!”

Fewer respondents (75%) supported a focus on pregnant women who needed additional support, principally through concerns about putting additional pressure on what is already a stressful time, and because there is such variation in women's experience of pregnancy; earlier intervention was called for, and careful monitoring of weight gain.

“Pregnancy is a difficult time to start talking to someone about weight problems. Would need to be very sensitively delivered.”

“Targeting pregnant women is too late. You need to set up a preconception service and get them to lose weight before they are pregnant. A postnatal service would also be useful so weight is lost before subsequent pregnancies”

“When my daughter had her first baby I was amazed that she was not weighed. That 4 weekly weight-in certainly helped to keep me trim during my pregnancies! For many young women being pregnant now seems to be an excuse for a pig-out. I know that friends who are also grandmothers have the same concerns”

“I think we need to speak to the local women and find out what kind of service they want.”

23% of respondents answered ‘don’t know’ to the question about reducing inequity of access to weight management services. This was the result of a poorly worded question, using a technical public health term that many people did not understand; lessons will be learned for future consultations, to make sure that clear explanation makes such terms more easily understandable. Those who understood and responded made clear that reducing health inequalities by ensuring equal access to services is important in Guernsey, and not yet guaranteed.

“Some of the services are geared towards those of higher SES which is not targeting those who necessarily need the help!”

“Classes and support will have to be free or subsidized for the lower income members of the community”

Professional input received suggested specific reference be made in the Action Plan to ensure further developments are made over the course of the Strategy’s lifetime to improve the data collected – specifically, that developments should continue in order that relevant, reliable, accurate, repeatable and standard physical activity, nutrition and weight measures be made during all interventions to help improve ongoing monitoring and evaluation.

Other responses:

A variety of independent and individual respondents proposed specific programmes for weight loss which had helped them, or which they felt they could offer to others. These responses were welcomed and will be passed to the relevant services for consideration.

Appendix 1 Summary of Survey Monkey and hard copy responses

Comments noted are illustrative of the views expressed, and not all have been reproduced here. An 'x' indicates second or subsequent expression of the view quoted.

Vision: Our vision is of Guernsey as an environment where healthy eating and regular physical activity are accessible, affordable and normal, for all in the community		
Agree	Disagree	Don't know
308	18	6
<p>Should be affordable or free x x x x x x</p> <p>Act now – Guernsey show UK how to do it.</p> <p>Build exercise into daily routine x</p> <p>Need incentives and education x x x x</p> <p>Concentrate on reducing the traffic around schools, giving more space to pedestrians & cyclists.</p> <p>Reduce the amount of parking at some primary schools.</p> <p>School travel plans should be compulsory as part of the healthy living scheme.</p> <p>More active travel.</p> <p>Introduce green award for active travel - available to businesses & schools.</p> <p>More government financial support needed:</p> <ul style="list-style-type: none"> - To achieve this vision x - for grass roots sport - for flexible working - to reduce stress <p>The prevention and reduction of obesity is key to controlling long-term health and social care costs, and consequently is of key importance to the Supported Living & Ageing Well Strategy.</p> <p>Physical activity venues to offer reduced rates at quiet times</p> <p>Improve children's food offer in Beau Sejour (less burgers, sandwiches, pizza and sugary drinks) x x</p> <p>You can eat very well by incorporating local fruit and vegetables and making your own meals and not wasting food. Most people can walk run, swim, floor exercise all of which cost NOTHING x x x</p> <p><i>Whilst a general aim of encouraging healthy behaviour is ok the government should stay out of people's person lives and allow them to choose for themselves x x x x</i></p> <p>Changing many people's mindset / culture change x x x</p>		
Objective 1: A reduction in obesity-related preventable mortality and avoidable harm from type 2 diabetes by 2023		
Agree	Disagree	Don't know
268	14	12
<p>Timescale too long / too short</p> <p>We need to teach young parents how to cook from fresh ingredients.</p> <p>+ Sports funding</p> <p>+ raising awareness about living with type 2 Diabetes x</p> <p>I am following a High fat Low Carb (HFLC) diet with support from an online group called the Real Meal Revolution. I have researched this form of diet intensively over the last 8 weeks and I am convinced that for many people this is the way they should be eating. My G.P. who is also South African referred me to Tim Noakes and suggested I watch his video on youtube called The Skinny News. I have been introducing a HFLC lifestyle now for 8 weeks and I have lost over two stone.</p>		

Objective 2: A reduction in the number of adults who are obese and overweight by 2023		
Agree	Disagree	Don't know
265	15	14
<p>Medical Profession need to be thinking more about preventative medicine A sugar tax, as well as getting rid of unhealthy sweets and snacks at the Leisure Centre!!! Although I am a healthy eater, I am overweight. I obsess about food and exercise and it controls my life. Any affordable help and support would be great. A real issue for many of us. Most people don't understand what is good for them. Because there isn't enough help for overweight people, many who have depression which is not identified. This is the cause of over eating in many cases It's a very complex problem and it's time for people to be responsible for their own wellbeing. It shouldn't be up to government to fund weight induced medical problems. People should fund their medications and treatments themselves if they are caused by unhealthy choices. This will hugely reduce the demand on the health service (particularly if type 2 diabetes can be reversed) and will obviously improve people's quality of life. Education</p>		
Objective 3: A reduction in the number of children who are obese and overweight by 2023		
Agree	Disagree	Don't know
268	11	14
<p><i>We need to educate parents about healthy eating and ensure they are aware of the factors that lead to obesity x x x x</i> Increase PE in schools make it safer for children to walk or cycle to school x x x Proper nutrition courses in schools, i.e. old fashioned cookery! x x x If meals are provided for sale at schools they should not be full of sugar and carbohydrates x x x <i>Having assisted in serving meals, I once heard a conversation which went the only time we have veg is when we come here. Children tend to eat what parents buy, and in this case the parents buy what they know is quick and easy to cook</i> Parents who have obese children should be charged with neglect. schools could easily introduce a run every day and unhealthy foods could be banned from lunch boxes. Ultimately though, if your child is overweight, it is your fault. Please stop schools having numerous cake sales, birthday cakes brought in, sweets given out by teachers etc etc. As long as the internal emotional reasons for weight gain are tackled in a child-centred way. Overweight children are usually those that find it hard to make friend and because of this they comfort eat as a substitute. This carries on into adulthood because by this time they are an outcast because of their weight <i>You need to be careful how you get the message across regarding obesity in children. you don't want to push them the other way as has been done in the past and you end up with children with eating disorders x</i> A focus on reduction of stress in the education system would also have a large positive impact.</p>		
Objective 4: An increase in the number of people eating a healthy diet by 2023		
Agree	Disagree	Don't know
263	15	16
<p>Without proper education this will not happen x x x x Teach basic cooking skills x x <i>While cheap food may not be the most nutritious and healthy those on limited budgets will find it difficult to do the best for their families x x x</i></p>		

Needs to be more focus on bringing down the price of fresh fruit and vegetables
 We need to grow more of our own food so that we can access fresh fruit and veg
 Reduction of sugar and artificial sugar intake. This needs political will to engage with food producers to remove sugar x and NOT tax people on products
 Hard to influence without shops/ cafes etc buying into this.
 A traffic light system on food packaging showing the healthier options x
 Show the number of calories on restaurant food menus
 More healthy options on restaurant menus.
 While government can encourage this - freedom of choice has to exist, alongside affordable healthy foods x x x x
The schools can help as above but ultimately this is the parents responsibility
 Add significant tax to high sugar fizzy drinks.

Objective 5: An increase in the number of people who are regularly physically active by 2023

Agree	Disagree	Don't know
263	18	13

Availability, costings, choice
 Includes walking to and from work – reduce car use
If early interventions are put in place to change children's habits to make physical activity our culture not something you do if you have the time
 Encourage everyone to consider using the bus as an alternative to their car. The walk to and from the bus stop at least gives some exercise
 Companies should encourage staff to go out for a walk at lunch time and use the stairs rather than lifts.
 People need to get motivated. We do not need facilities. This can be done at home e.g. Go for a stiff walk, play with the children etc.
 Change the perception that physical activity means gym/sports.
Encouraging Active Travel in conjunction with discouragement for driving is the only certain way to increase physical activity amongst most people. Programs for exercise are great and should definitely be part of the strategy but will always rely on people having both the motivation and the time to add another activity to their daily routine. Travelling actively is using time that is already set aside for getting from a to b so is the most efficient way of incorporating exercise into a busy timetable. A 15 minute car journey takes 20 minutes on a bike (no need to find a parking space) so for an outlay of only 5 minutes, you get 20 minutes of exercise. Walking takes longer but requires no skills. Guernsey needs to be more proactive in promoting active travel and ensuring that it becomes the natural choice for most people when possible.
 Diet is only part of the whole picture; regular physical activity is essential for good health and weight management. Education around the levels of activity and length of time spent daily on activity is needed for all age groups.
 More Special Offers and Introductory Sessions to encourage new people - maybe for people that are 'new' to exercise
 Whilst exercise isn't key to weight loss it has obvious other health benefits, including mental health, by increasing a feeling of wellbeing and self-esteem from having done something good for yourself.

Objective 6: An increase in the number of obese people moving successfully to appropriate weight goals and maintaining them by 2023

Agree	Disagree	Don't know
264	15	15

Personal choice is key
 Many people have problems that involve putting weight back on once they have lost it

This is obviously a complex and sensitive issue
 People have to want to and understand what made them overweight in the first place.
 A lot more weight management needs to be focused on the 'mind' and that it is not just about weight, but a healthy active lifestyle - to become the BEST versions of themselves, so weight is related to feeling good rather than focusing on being deprived of what they may call 'nice' foods

Proposed Action 1: Protect the population, especially children, from the negative health effects of sugar-sweetened beverages (SSBs)

Agree	Disagree	Don't know
212	29	16

Do not wait for UK – tax SSB now
 Balanced diet in moderation
 But please do not promote artificial sweeteners.
 There should be no ssb dispensers in any school x x x x Only allow water.
As a Dental professional Guernsey does have a problem with dental decay in the young adult and child population. High sugar drinks is still a major cause in dental decay. Advertising and price promotions have led to a population that think drinking 2 litres of fizz drinks a week is normal. It is not!
 Don't tax, educate. x x x x x x x
 It's not just fizzy drinks – sugar is in lots of foods to high levels x x x x x x x

Proposed Action 2: implement quality standards for nutritious food provided in Pre-school environments

Agree	Disagree	Don't know
236	12	7

So important to train from young age as possible, so they crave good nutrients rather than sugar cravings
 Yes but not regulated.
 Don't stop at pre-school.
 There is anecdotal evidence that there is still work to do with pre-school nutritional education.
 As a parent myself we often hear of treats (birthdays Etc.) being celebrated with high sugar beverages and sweets/ cakes as treats. This is socializing high sugar snacks and reinforcing in the very young sugar as treat and special status.
 No good if not followed up at home.

Proposed Action 3: Improve the health quality of locally produced food (reduce fat and sugar content)

Agree	Disagree	Don't know
190	42	25

At affordable prices
 I'm not expert in this but presume that the effect of this is limited to how much locally-produced food which can be altered in terms of fat and sugar is consumed vs imported food. Simply increase locally produced food would be start! Increase local unprocessed produce and the amount of people eating it.
 Make buying local fruit and veg easier by providing facilities such as a market
 Unnecessary fat, sugar and indeed other additives should always be questioned but Guernsey residents bear extremely high living costs-£ is crucial
Natural fats in Guernsey butter and milk are fine and should not be included in fat reduction measures. We should celebrate the natural ingredients that Guernsey produces from our grass fed cows. Sugar tho' could be reduced as long as it's NOT replaced with artificial

sweeteners. Healthy eating is about eating real food, as unprocessed and mucked about as possible.

These foods have value in other ways, i.e. promoting and maintaining local heritage products and supporting the dwindling Guernsey dairy herds.

Proposed Action 4: Further improve the options to eat healthily in schools

Agree	Disagree	Don't know
242	5	10

All school food options should be healthy

Food sold at lunchtimes must be better monitored and should provide healthy meals

This needs to be done yesterday, the food served in our schools is appalling, you should be ashamed of yourselves.

Not sure how this helps given that most kids take packed lunches. This must start at home.

New mums at schools will listen to advice given at the meeting before their children start school. This is probably where the best input can be delivered.

I would love to see provided meals for the children in primary- and canteen options to get rid of the sausage rolls etc in high schools.

Must control this. Change the culture.

Portion size also needs real consideration.

It is common to see school children in shops/garages at lunchtimes buying sausage rolls/fizzy drinks/chocolate for lunch. Ban leaving school premises at lunchtime.

And educate, but educate about REAL food and bring back proper domestic science for boys and girls. And not just cooking biscuits which is all my child has ever done in school. Teach them to prepare veg and cook from scratch.

Proposed Action 5: Improve the options to eat healthily on States premises; acting as a role model for healthy workplaces

Agree	Disagree	Don't know
217	14	25

Review provision more frequently

Beau Sejour has predominantly unhealthy foods all by the counter. This is because the consumer supposedly wants this. The message about healthy eating has to be consistent and it is not when the very facility that is used to promote health, sells junk style foods.

States premises should ONLY provide healthy options, NO unhealthy options should be provided. Employees and visitors can make personal choices outside of work/states premises but ONLY healthy choices should be available.

This is something which is essential but currently very poorly done. Beau Sejour promotes all high sugar high fat foods, at the till. This should all be replaced by healthy foods - The hospital canteen is a other area, which promotes, high carb foods and doesn't heavily promote fresh, different salads. I think unless HSSD becomes the leader in this approach then it shouldn't be expected that others will follow.

Many, many response criticising the PEH canteen offer.

Workplace Wellbeing Strategy?

Proposed Action 6: Improve the information available to customers in cafes and restaurants to enable them to make healthier choices

Agree	Disagree	Don't know
191	39	24

If it is viable to do so.

Review as with hygiene ratings

People should be able to make their own choices x x x x x x

Don't make people feel guilty x x x x x

Please educate the chefs x x

In the UK calorie and fat content is often on the menu, it does help me make choices
For most people eating out is an occasional treat. If they get their home regime correct then the occasional splurge is probably OK. Do they really want to read all the small print on a menu?

Don't know how you would do this for local cafes with changing menus. I don't think this is the best use of funds/dietetic time.

Proposed Action 7: Work with food retailers to promote healthy food choices

Agree	Disagree	Don't know
225	20	13

As long as people still have the choice

Have good offers on your healthy options such as buy one get one free. x x x

A key to the success of this could be developing a good relationship with food retailers rather than being seen as a "policing" service. There needs to be some kind of incentive for commercial entities to be interested

This is the hardest and most important issue I think - don't know whether they'll 'buy in'? - Depends if it cuts or increases sales maybe?

If population wants healthier food then suppliers will adapt

Disappointing to still see sweets next to the check out. A quality store such as M&S in particular should know better.

Getting supermarkets on board to promote healthy foods, yes.

Proposed Action 8: Raise awareness in adults and children of the benefits of meeting healthy eating guidelines

Agree	Disagree	Don't know
242	5	11

This is quite a difficult one because I believe many people do actually know what they should or shouldn't eat as part of a healthy diet, but don't do it! As such I think a different strategy regarding educating the public may be required. I also think people need to be educated 'away' from nonsensical (in my opinion) faddy often unhealthy and unsustainable diets and guided back to the good old fashioned plate of nutrition, just sticking to the basics. Also the more work that can be done to illustrate the amount of fat, sugar and salt in processed foods in a graphic way, the better.

I think all adults and children already know the benefits of eating healthily. Adults choose to ignore it and children eat what their parents give them.

Yes education is vital and I believe all schools should offer cookery lessons in how to cook from scratch using healthy ingredients. There should also be education on portion sizes, choosing healthy options and the importance of doing exercise.

If financially disadvantaged groups are at higher risk of weight issues, run courses for those e.g. claiming supplementary benefit, including free creche and meal to incentivise attendance etc.

This needs to be complemented by increasing people's ability to actually feed themselves healthily. Far more work in schools from pre-school onwards, including emphasis on portion size and proper cookery lessons for proper meals - not just cakes etc or coleslaw that no-one in the family would ever eat!

This should include breastfeeding

Proposed Action 9: In partnership, design and implement 'Healthy Bailiwick' Project to lead on delivery of making physically active lifestyle choices easier

Agree	Disagree	Don't know
215	19	23

Has to be accessible to all.

Reduce car access to schools; more youngsters should walk to school

Distances in Guernsey are so small that we should be leading the way in being a walking and cycling island. This year's Road Safety Week slogan is "Drive less Live More". We really have to tackle the Guernsey person's obsession with their cars. Our pedestrianized Town Centre should be a model for other areas of Town in order to encourage islanders to come to Town by bus, bike or on foot.

The long working day plus sedentary desk jobs for most in the Island is I would guess the largest contributing factor to the obesity 'crisis' as you coin it. ... Many people in finance now work longer hours, not finishing until 6.30 and beyond, they simply don't have time to eat and work out before heading to bed at a reasonable hour.

The biggest rewards are from moving the completely sedentary up to even half of the recommended levels. Hence, there should be a particular focus on these populations and there should also be consideration that being physically active does not equate to sport i.e. it can be non-competitive activities such as walking.

Not sure about the "Healthy Bailiwick" title though. Something more catchy might be in order? Spend some money working with a marketing company to get the branding right - it will pay off if it sticks in more people's minds

Politicians love projects - just deliver this as part of health and social services

This should be a multi-agency project led by Education, Culture & Leisure and supported by Public Health.

Proposed Action 10: Promote active travel and planning strategies that support physical activity

Agree	Disagree	Not sure
204	30	25

All businesses should be developing Active Travel Plans. We are way behind the UK in this respect.

When making transport decisions, improve pedestrian and cycling safety, as a priority and where ever possible. Stop pandering to the motor trade and the Car is King brigade.

It is imperative to make sure our roads are safe for pedestrians firstly but also for cyclists.

Parents will not allow children to walk where there are no pavements and they will not allow children to cycle on our very busy dangerous roads. If children don't learn to walk or cycle as a form of transport, they are unlikely to grow into adults for whom active transport is normal. All routes to schools must be reviewed as a priority and have pavements, pedestrian and cycle lanes.

Include decent bike/shower/changing/exercise facilities in all refurbes or new builds that have over a set no of employees.

Regular frequent buses.

Reduce parking in school, more buses needed

Free school buses for all children including private school would mean that parents may then choose to walk\run\cycle to work.

If not penalising use of vehicular traffic.

No to bike racks, No to taking away car parking spaces - You can't force people to do anything, it has to be a 'choice'.

With busy lives / children many people need cars

Proposed Action 11: Further improve the options to be more physically active in schools.

Agree	Disagree	Don't know
233	11	12

Thought they were already in place.

Children should have more choice in what sports they do.

Sport already plays a big part – some children just aren't good at sport. Schools I think generally do provide plenty of activity options. The kids don't necessary make the most of them, for all sorts of reasons.

'Encourage' is weak – make activity compulsory

I think it is important to allow students to choose to participate in a sport they enjoy, rather than being forced into sports they hate. I think students would put more effort into a sport they enjoyed, and in turn would be encourage to take part outside of school.

The difficulty that I'm sure the schools face is the active children will engage and sign up for everything, but the inert ones will constantly avoid, so somehow it's about having a cunning plan which makes the refusers engage without realising that they're doing physical activity.

After school staffing is probably an issue here (3rd sector?)

At the minimum there should be more options for physical activity through increased lunch time and after school activities, using outside agencies to support and utilising the federations of schools. Schools already provide a range of competitive sporting opportunities but exercise for fun and health should be promoted, targeting different age groups, abilities, likes/dislikes and genders.

Emphasis on PE & education through PE- teamwork, stress management, support etc.

Why not use the school facilities more, for clubs to use the grounds\pools? Elizabeth College uses it facilities for all sorts of sports groups not directly connected to the school. Why can't the states do that? We have loads of underused facilities. Once of the most used is St Sampson's High - can't we take some good practice from them?

Proposed Action 12: Improve the options to increase physical activity on States premises; acting as a role model for healthy workplaces

Agree	Disagree	Don't know
202	28	29

Facilities for storing bikes, somewhere to change, somewhere to dry wet clothes. Encourage lunch time walking. More showers. Discount rates to gyms and swimming pools. x x x x x x x
Ensure shower facilities are available for active commuting/ lunches. Something as simple as allowing an extra 30mins for lunch if you do exercise may mean more people can fit this in with showers etc. Exercise increases your productivity; therefore employers shouldn't have to worry about this extra 30min break.

Shift towards standing desks in all States workplaces would be a good idea. Sitting is the problem.

Allow breaks to get away from computers as office staff are not allowed or expected to do this whereas smokers can leave their desks frequently!

This could be incredibly important because the lessons learnt from this could inform advice to other work places.

It is good that the States acts as a role model – but perhaps stronger indication of working with other employers / workplaces to extend this approach beyond States facilities is needed in the strategy?

Discounted gym memberships (not just Beau Sejour but open up to the private sector). Deals with bike shops etc for discounts to purchase bikes to travel to work.

As long as it does not cost the taxpayer

Should have a choice.

This shouldn't be pushed onto people wherever they go

Bi-annual reviews

Proposed Action 13: Raise awareness in adults and children of the benefits of meeting physical activity guidelines and of minimising sedentary behaviour

Agree	Disagree	Don't know
244	15	19

People have busy lives, don't need this pressure
 Raise awareness of unhealthy / dangerous supplements used after exercise.
The Island is a great setting for promoting health and activity which is clear at charity activity events and weekends but fails repeatedly to address related matters - make gyms and sports facilities affordable, encourage the development of bike lanes and hire bikes similar to London, facilitate long-term parking to encourage cliff walking, water activities and excursions, don't tax "bad food" - subsidise and promote the healthy alternatives including local produce - milk, meat, veg etc. Ban smoking and stop offering duty free alcohol and cigarettes. Encourage and develop healthy lifestyle and portion size option in school and States organisations e.g. PEH. Accessible, convenient, affordable good food and exercise.
 Again maybe illustrate that some activity is significantly better than none, especially if done regularly - and that it's not just for 'sporty' people
 Most adults and parents know that they and their families should be moving more and being less inactive/sedentary. The difficulty is 'how to' move from being a family where home time is sitting in front of screens to each member of the family being more active. This is especially difficult as the children reach teenage years, if they are not 'sporty'. Any raising awareness campaigns need to include a 'how to' guide and an awareness of opportunities and motivation.
 How many are aware? I suspect that a lot are but then don't act upon it. It's not the awareness that is such an issue IMO, but the action.
 Although stress is a big problem that needs to be tackled as well. Mindfulness Guernsey need to be involved in any strategy.
Spend some money working with someone who can develop your social media communication and marketing. This is the way people access information, like it or not, and the States needs to move with the times.

Proposed Action 14: Increase the number of overweight and obese adults moving successfully to appropriate weight goals and maintaining them

Agree	Disagree	Don't know
228	10	20

Strategies should focus on the prevention of obesity in the future.
 Help and encourage
 Publicity for those who lose weight might help
Need to consider impact psychological distress has on eating and lifestyle not just physical activity; tie it in with MH strategy re tackling low self esteem
 Doctors should be encouraged to tell patients that they are obese in a much more forceful way.
 More clubs, classes, one to one support and education for the overweight population
 Slimming clubs are expensive something like that but free would be good.

Proposed Action 15: Increase the number of overweight and obese children moving successfully to appropriate weight goals and maintaining them

Agree	Disagree	Not sure
234	11	13

People really need to be shown what a healthy weight is, especially parents. You should be able to see a child's ribs.
 Up to the parents to feed children healthy meals, not dwell on their weight
The earlier the intervention the better. Children and parents need to be supported together with exercise and nutrition being looked at as a package not in isolation.
 I have always been concerned that some children will at certain ages put on temporary weight/change body shape, most importantly young girls, and that it is imperative not to make them feel they have a problem! This would most likely cause them to have an eating problem.

More clubs and one to one support for overweight children, the school nurse to inform parents their child is overweight and what is on offer to support them lose weight and learn about healthy eating for life.

There should be a greater provision of exercise classes for children early teens and adults at Beau Sejour. Classes can also be tailored to allow for overweight and obese individuals to have separate classes when they initially start to remove the chance of them feeling self-conscious

Is there correlation between and overweight\obese adult and their overweight\obese children? Should we be working with family groups?

Proposed Action 16: Research and tailor appropriate weight management interventions for pregnant women with particular emphasis on targeting those in need of additional support

Agree	Disagree	Don't know
193	24	42
<p>Pregnancy is a difficult time to start talking to someone about weight problems. Would need to be very sensitively delivered.</p> <p>I put on 4 stone when I was pregnant, both times. Tailored interventions would have been wonderful.</p> <p>Support as soon as a pregnant lady checks into the maternity service.</p> <p>And target smoking in pregnant women at the same time.</p> <p><i>When my daughter had her first baby I was amazed that she was not weighed. That 4 weekly weight-in certainly helped to keep me trim during my pregnancies! For many young women being pregnant now seems to be an excuse for a pig-out. I know that friends who are also grandmothers have the same concerns</i></p> <p>I think we need to speak to the local women and find out what kind of service they want. And for more health promotion on the topic targeting women of reproductive age (i.e. before pregnancy).</p> <p>Targeting pregnant women is too late. You need to set up a preconception service and get them to lose weight before they are pregnant. A postnatal service would also be useful so weight is lost before subsequent pregnancies</p> <p>Including psychological support to identify root causes of weight problems!</p> <p>Again if they want this assistance, you cannot dictate to an adult what they will do. I would be concerned that you would look at a woman holistically and not put added pressure on an already stressful time, risk alienation...</p> <p>Annual review needed</p>		

Proposed Action 17: Provide support for people who want to change their healthy eating, physical activity and weight management behaviours

Agree	Disagree	Don't know
241	11	6
<p>Agree - don't just need info, need tools to assist. Free States run nutrition and basic cooking courses; access to exercise classes</p> <p>Will they have the counselling and other support necessary? subsidised gym membership appropriate weight management support groups that teach healthy eating not meal supplements</p> <p>I think this is imperative. Being overweight is embarrassing and difficult- to have support and to eat properly and change your lifestyle rather than you eating habits would be so helpful. To have someone there to support you and not be condescending and reproachful would be a godsend. Also to have someone to talk through your food issues with- I feel I have an eating disorder of a kind, but don't want to talk to anyone about it as friends just lecture and the doctor says exercise more and eat less which is good advice but does not get to the root of the problem, which is in my mind.</p>		

This could be in the form of vouchers to join exercise classes, weight watchers etc. at least for a limited period. Not cheap but less than the cost of doing nothing.

Free to users.

This could be an extension of the Exercise referral (Life Fit) run through Beau Sejour as a states run leisure centre it should be leading the charge

Better to use people in the private sector who are already successfully achieving those outcomes. The government's track record is not good in this area. The use of social impact bonds may be a good way of helping make this affordable.

Yes it's not always the easiest thing to do alone. But something better than 'group therapy' please.

To include cbt and easy access for everyone to such services rather than through primary care mental health referral

Support equal to cigarette smokers who wish to quit.

Depending on costings. As long as taxpayer payments are minimal

Proposed Action 18: Provide training and support for health professionals in relation to weight management support

Agree	Disagree	Not sure
234	16	8

Isn't this already part of their curriculum? If not, why? x x x x x x x

Definitely, they should be our role models.

Yes, but must go beyond a weigh in and handing out a leaflet!

Too many health professionals are reluctant to mention being overweight to fat people

Work closely with Primary Care doctors who are the first points of contact for many people and who are looked on by their patients as an authoritative and trusted voice.

Yes but please can we also think about health professionals who need their own help with a healthy weight? Slightly patronising for HSSD to lead on this when there are quite a lot of overweight health professionals - sorry! x x x x

Proposed Action 19: Reduce health inequity in adults and children in relation to weight management services

Agree	Disagree	Don't know
188	11	59

Beau Sejour's subsidy needs to be kept up as an affordable option to clubs in the private sector.

By improving the services that are lacking as opposed to reducing those services which are currently provided.

We need a poverty strategy and fiscal policy report and a 'joined up' MH strategy before this could happen.....

Some of the services are geared towards those of higher SES which is not targeting those who necessarily need the help!

Classes and support will have to be free or subsidized for the lower income members of the community

Don't know what this means *MANY*

General comments

Eating healthily can be an expensive business as well as joining weight management programmes (whether locally based or online support groups) - getting support from G.P.'s

is also expensive. I would like to see a States-run support group which is affordable for everyone which would offer dietary advice and weekly support through meetings and an online forum where people can get advice and support from others.

Where has the focus on breastfeeding gone? This was a strong feature of the old strategy but has gone off the radar. Ensuring that babies have the best nutritional start is likely to set the pattern for later life. B/feeding also helps mothers return to pre-pregnancy weight. I would like to see this mentioned in the final strategy please!

These are all very worthwhile and to most people obvious proposed actions. There will of course always be folk who oddly regard it to be their right to do their own thing. That is where education comes in as with smoking. Good Luck!

Appendix 2 Full text of Survey Monkey responses re Sugar Sweetened Beverages

1. However aspartame should NOT be used instead of sugar especially to asthma sufferers as this can cause breathing problems as I know from personal experience.
2. We need to educate parents about the amount of sugar in these drinks.
3. Change the products and remove sugar and artificial sugar instead of patronising people through tax take. Engage with food producers and other countries (don't just copy the UK)
4. I don't understand how this would be achieved. I also don't see why we have to target SSBs. If people move to healthier diets and increase exercise levels then this specific action shouldn't be necessary.
5. It is not just sugar they need protecting from but aspartate and certain other sweeteners plus high fructose corn syrup
6. Not a Government task
7. The summary of the Engagement Exercise" refers to making "unhealthy choices uncomfortable". I take the point, but think that the strategy itself needs to be carefully framed in more positive terms than this. The success of the strategy will rely on buy-in from the people of Guernsey and in my view this is more likely if efforts are made to empower rather than manipulate or demonise people to change their behaviour. This does not mean interventions which change the environment or taxes etc. need to be excluded, but I do not believe that making people uncomfortable about their behaviour will achieve the necessary public support.
8. I agree that children should be protected.
9. Wrapping children in cotton wool to prevent them from the dangers of sugary foods or drinks is pointless. A sugar tax or anything like that will also be pointless. Young parents need to learn how much sugar is suitable for their children, as do grandparents and anyone giving care or supervision. A can of cola can contain a child's daily allowance of sugar, as can the combination of a supposedly healthy granola bar or breakfast cereal. Education on portion sizes of all foods, together with monitoring and follow up are the only way to effectively manage change in this area.
10. We should follow the Continent rather than the UK as the UK is a little version of the USA. N
11. Education in order to make the right choices - everything in moderation
12. Not sure about this. I think you shouldn't target one particular food/drink. Healthy weight is about moderation in all things. Educating children and parents about sensible choices rather than banning certain items.
13. I am concerned as to how this will work. It should be manufacturers that change their ways as much as teaching healthy eating/drinking in schools. I don't think a socially engineered "ban" is healthy
14. Get on with it
15. See previous comments, shock education around the issue, similar to smoking education maybe?

16. It's not just about sugar (although this is a part of it) its education/ understanding/ perception/ time/lack of resources/ lack of infrastructure / lack of support at vital ages of exercise in schools, the list is endless
17. Absolutely! All juices have sugar in them, even fresh, but I see children with energy drinks and sports drinks and it fills me with horror. My children desperately want to drink these and I won't allow it- I am then labelled as mean again as everyone else does! Can we not ban these energy drinks?
18. Education not control is the role of government
19. I understand that you want to keep children away from Sugar, I am not sure how that is possible. It's educating people about their choices, but the choices will still be there.
20. But not by imposing a sugar tax but through education.
21. But please do not promote artificial sweeteners.
22. How
23. Going to be very hard to control unless a sugar tax is introduced.
24. Over the years many people have had sugary drinks and most are skinny and healthy
25. There should be no ssb dispensers in any school and children should have any drink other than water that they bring to school confiscated
26. A sugar tax would raise money towards strategy needs but education remains key
27. But also be careful not to promote the diet drinks in their place which contain aspartame which is also harmful. In addition cartons of juice are not the answer either so the education needs to be carefully managed
28. I agree but worry that the media have concentrated on fizzy drinks. In primary schools every day, children are drinking cartons of Ribena and other drinks such as Fruit shoots. Also some parents think that if a drink is 'low sugar' it is ok. I think however that low sugar is just as bad as these drinks are full of chemicals and still give children a 'sweet tooth'. Schools are the one place that can make a difference to children's habits. Perhaps if they had a rule that only water, milk or pure fruit juice were allowed
29. And everything else that has sugar in it
30. Make schools sweet drink free zones. I would include fruit juices in that too as they are also laden with sugars, albeit fruit sugars... it's still sugar.
31. Add significant tax to fizzy drinks. Ban sale to under 16's.
32. Sugar tax!
33. Remove all sugar-sweetened drinks available in schools.
34. People should be made aware of the dangers of SSBs, but free to drink them if they choose to.
35. Everything in moderation
36. As a Dental professional Guernsey does have a problem with dental decay in the young adult and child population. High sugar drinks is still a major cause in dental decay. Advertising and price promotions has led to a population that think drinking 2 litres of fizz drinks a week is normal. It is not!
37. Education, free choice, free dental care for all children to spot early signs. Cheaper options!!!!

38. Tax unhealthy drinks and foods and support the promotion of healthy alternatives
39. Strongly agree. These will have played a major role in my father and brother developing Type 2 diabetes. Fizzy drinks are of most concern to me.
40. It's not just SSB's though. Fruit yoghurt contains lots of sugar as does breakfast cereal.
41. Yes very important. Do consider sugar tax!
42. Agree with a sugar tax. We need a rigorous approach to obesity just like smoking.
43. if you act against sugar what about aspartame, saccharin and the other artificial sweeteners that are equally harmful? I prefer my children to have a natural sweetener than some chemical compound.
44. You need them to learn not restrict, self-determination is a key function of human behaviour
45. There are complex issues of classism at play. People are entitled to make choices; even 'unhealthy' ones. There should be an action to improve education on the health effects - to say that the action is to 'protect' is to assume a right on behalf of the Government to intervene when people do things the Government has decided are bad - even when the negative effects of those choices are limited to harm for the person making the decision. Improve education - do not act as babysitter.
46. Parents should have more control over what drinks they buy...
47. You will have to include suppliers in this, as what drinks don't have sugar in them? Everything contains sugar, except for 'diet' drinks which contain aspartame which is even more dangerous.
48. If sweet drinks are taxed put that money to cheaper fruit/veg water etc.
49. The government should not interfere with personal choice
50. Promote healthy drinks rather than penalising SSB
51. Everything should be available in moderation. Sugary drinks are more of a concern for teeth than as a weight related issue.
52. Yes yes yes! There is too much sugar in our diets, full stop. Not just children. And manufacturers and restaurants encourage it - food isn't labelled properly. Just try and find a flavoured yoghurt without sugar. It's also in savoury stuff, like tomato ketchup.
53. Supportive of this, and of taxation on these items
54. Strongly!!
55. White Sugar is a poison and should be taxed.
56. Schools focussed- vending machines, tuck shop and canteen. Education- dental, medical
57. Does 'protect' mean legislation? Information would be better
58. Depends on how this will be done. Taxing will not be effective.
59. As I have said earlier, sugar addiction is a huge problem in our society - sugar-sweetened beverages being only once source. Sugar alternatives such as Aspartame are as bad as sugar. However, sugar is found in so many foods, in particular processed foods such as ready meals - the HFLC diet teaches that even fruit needs to be eaten in moderation because of its sugar content. There is so much for people to learn to change the way they've thought about food for the past few decades.
60. Agree but through education, choice should still be available.

61. Encourage the population to drink water 2 litres a day is recommended for healthy bodily functions which also cuts down on medication needed.
62. Educate don't ban or tax. Choice is important. Don't make sugar appear more desirable.
63. Let people choose
64. There are a lot of the population who get fat due to too much savoury foods, I.e. Chips, hamburgers, crisps etc. so it's not just a super issue.
65. We should not be over-regulating or creating health taxes
66. My 3 children did not have fizzy drinks until the age of 7 as I just did not buy them. They never complained. No fillings in all 3 children
67. Should this include food groups?
68. I would support a sugar tax, even if only because the publicity would get it into the public consciousness that it is fattening tooth rot.

Appendix 3 Full text of Survey Monkey responses re 'Healthy Bailiwick' project

1. Distances in Guernsey are so small that we should be leading the way in being a walking and cycling island. This year's Road Safety Week slogan is "Drive less Live More". We really have to tackle the Guernsey person's obsession with their cars. Our pedestrianized Town Centre should be a model for other areas of Town in order to encourage islanders to come to Town by bus, bike or on foot.
2. Partnership with whom?
3. Sounds like cloud cuckoo land and will end up in some sort of project with massively overpaid specialists from the UK. Keep it simple and let Mr and Mrs Bloggs working on it using their simple brains
4. Woolly pie in the sky
5. But it has to be lead properly in order to inspire people. Properly funded as well so that it does not fail like the obesity strategy. It should not be HSSD lead as it will be accused of a Nanny State nor should it be the Sports Commission as people can be turned off by organized sport
6. While a focus on physical activity is clear in the strategy document, sedentary behaviour is referred to only a few times (e.g., Action Plan point 13). In view of the fact that one can meet physical activity recommendations and also be excessively sedentary in the same day, it is worth considering flagging a reduction in sedentary behaviour as part of the strategy. This might be particularly pertinent in workplace interventions. Strategy outcome #5: The data on which these KPIs are based is limited in that it does not align with current physical activity recommendations (i.e., it refers to 3 times per week rather than 60 minutes on all days). While the original question should be retained in the Young People's survey (Yrs 6 and 10), to allow comparisons over time, I'd recommend: (a) adding in questions which allow for children's meeting of the activity recommendations to be measured and documented, and (b) align the objective with recent physical activity recommendations. Further, likely due to the 3 times per week measure, there is possibly going to be a ceiling effect in Year 6 children especially (e.g., 85% girls at baseline). This may make this objective very hard to meet.
7. I partially agree with this, but would question how you would make a physically active lifestyle choice easier for someone? I do not think removing all car parking and forcing people to walk to cycle to work is giving people a 'choice'. I also don't believe that spending tens of thousands on bike racks will assist either. The long working day plus sedentary desk jobs for most in the Island is I would guess the largest contributing factor to the obesity 'crisis' as you coin it. If you are going to force people to take time off from work to attend compulsory exercise classes until they shift the flab then I can see that working. But unless you make anything compulsory people will continue to take the most time efficient options to live their lives. Many people in finance now work longer hours, not finishing until 6.30 and beyond, they simply don't have time to eat and work out before heading to bed at a reasonable hour.
8. Not investing in Island sports seems counterproductive to any message a " Healthy Bailiwick" project is or would have.

9. Not sure this will work, people will or won't exercise, not sure a project will make any difference.
10. I think there is plenty of choice - but you can't make people exercise. I would be wary of spending significant sums on making more exercise available. Better to work with gyms and leisure centres to offer good rates to attract customers
11. Definitely - people need to be encouraged to do the activities they enjoy (then they'll keep going) and also, which I think is happening anyway, stress that even moving about and 'pottering' can be a useful form of activity and will burn calories faster than simply sitting around. Our bodies were made to move!
12. How much will this cost and if it is not implemented properly like everything else in Guernsey then it will be a waste of time as it won't reduce the health impact of the disease profile and therefore won't impact on cost savings to health care
13. Politicians love projects - just deliver this as part of health and social services
14. Promote safer walking routes.
15. Put pressure on Beau Sejour to reduce costs to the people of Guernsey who own the facility
16. I pay approximately £600 per term for both of my children to attend physical, after-school activities. However, should my financial situation change, this would not be possible.
17. Who will deliver this?
18. I think this more logically should be part of the strategy implementation than a separate project
19. I have recently joined a yoga course run by WEA which is very reasonable. More of this needs to be done as I would not have paid the prices that private classes are charging.
20. One way of making physical activity easier would be to work with the traffic strategy to improve cycle lanes and make the roads safer (stop pavement surfing) for pedestrians
21. Active Travel has to be a central pillar to that. Guernsey should be known for the way that we all get about actively rather than known for having too many cars and everyone driving ridiculously short distances just because you can and parking is provided everywhere for free.
22. EASIER BUT NOT BY LIMITING CHOICE
23. Guernsey is one of the easiest places to be physically active already.
24. Initiatives in offices to reduce the amount of time just sitting down
25. Keep it real to fit in with people's real lifestyles. Full-time working Mum's/dad's doing school runs, homework, making dinner, extra-curricular activities, need wide options.
26. Must include Education, Environment (safer walking and cycling) and employers.
27. In partnership with who?
28. Guernsey is much too car focused. I think an anti-car approach is critical and a focus on improving walkways for pedestrians is important in this. E.g. dropping the speed limit, putting up petrol prices, and introducing tax for large vehicles. This won't be popular but is fundamental. People have to get out of their cars!

29. Again physical activity comes at a cost - gym membership, trainers etc. Possibly regular training schedules in the press or social media might reduce that cost but to the detriment of the fitness industry
30. Healthy exercise is so important for fitness levels, heart and blood pressure, strength and toning, suppleness and balance. It does NOT help to you lose much body fat. Diet is the only thing that can address that. Exercising whilst dieting is great because when the body fat is lost, underneath are toned muscles waiting to be shown off - a great reward!
31. The States should also do more to make it affordable, e.g. tax breaks for cost of push bikes if used for commute to work, wear and tear allowance for walking shoes (have to evidence that walked a certain distance each day).
32. If cost effective
33. The biggest rewards are from moving the completely sedentary up to even half of the recommended levels. Hence, there should be a particular focus on these populations and there should also be consideration that being physically active does not equate to sport i.e. it can be non-competitive activities such as walking.
34. Make more facilities and ensure they are more affordable and available
35. Sedentary lifestyles are a challenge for desk bound Guernsey workers. Standing desks? Treadmill to power the broadband? I would love to be more active in my job, but as more and more of it involves sitting behind a screen I can go a whole afternoon or morning without leaving my desk at all! Employers should perhaps be forced to provide activity breaks for 15 minutes every two hours?
36. Although please involve some of the more creative members of the community to help with this and follow some of the work of global innovators in this space.
37. Not sure what this means. Lots of fancy words but what is it?
38. Again it would have to be inexpensive
39. Are there not any existing projects addressing this already? Could the Sports Commission do this?
40. What's that mean?!!
41. As long as there is suitable buy-in from all stakeholders it may work.
42. Not sure about the "Healthy Bailiwick" title though. Something more catchy might be in order? Spend some money working with a marketing company to get the branding right - it will pay off if it sticks in more people's minds
43. Absolutely key. Does not need to cost advise on walking, perhaps provide guided walking tours of the cliffs etc. get people out to see the island.
44. Make exercise more accessible, Beau Sejour is States run, make it available to all.
45. This should be a multi-agency project led by Education, Culture & Leisure and supported by Public Health.
46. Ensure active travel is included

Appendix 4 – Consultation response form

Healthy Weight Strategy - Consultation 2015

These are the proposed objectives and actions for the Healthy Weight Strategy 2016-2023.

Please let us know your views by ticking the appropriate boxes

Vision: Our vision is of Guernsey as an environment where healthy eating and regular physical activity are accessible, affordable and normal, for all in the community		
Agree	Disagree	Don't know
Comments:		
Objective 1: By 2023, a reduction in obesity-related preventable mortality and avoidable harm from Type 2 diabetes		
Agree	Disagree	Don't know
Comments:		
Objective 2: A reduction in the number of adults who are obese and overweight by 2023		
Agree	Disagree	Don't know
Comments:		
Objective 3: A reduction in the number of children who are obese and overweight by 2023		
Agree	Disagree	Don't know
Comments:		
Objective 4: An increase in the number of people eating a healthy diet by 2023		
Agree	Disagree	Don't know
Comments:		
Objective 5: An increase in the number of people who are regularly physically active by 2023		
Agree	Disagree	Don't know
Comments:		
Objective 6: By 2023 an increase in the number of obese people moving successfully to appropriate weight goals and maintaining them		
Agree	Disagree	Don't know
Comments:		
Proposed Action 1: Protect the population, especially children, from the negative health effects of sugar-sweetened beverages (SSBs)		
Agree	Disagree	Don't know
Comments:		
Proposed Action 2 Implement quality standards for nutritious food provided in Pre-school environments		
Agree	Disagree	Don't know
Comments:		
Proposed Action 3: Improve the health quality of locally produced food (reduce fat and sugar content)		
Agree	Disagree	Don't know
Comments:		
Proposed Action 4: Further improve the options to eat healthily in schools		
Agree	Disagree	Don't know
Comments:		
Proposed Action 5: Improve the options to eat healthily on States premises; acting as a role model for healthy workplaces		
Agree	Disagree	Don't know
Comments:		
Proposed Action 6: Improve the information available to customers in cafes and restaurants to enable them to make healthier choices		
Agree	Disagree	Don't know
Comments:		

Proposed Action 7: Work with food retailers to promote healthy food choices		
Agree	Disagree	Don't know
Comments:		
Proposed Action 8: Raise awareness in adults and children of the benefits of meeting healthy eating guidelines		
Agree	Disagree	Don't know
Comments:		
Proposed Action 9: In partnership, design and implement a 'Healthy Bailiwick' Project to lead on delivery of making physically active lifestyle choices easier		
Agree	Disagree	Don't know
Comments:		
Proposed Action 10: Promote active travel and planning strategies that support physical activity		
Agree	Disagree	Don't know
Comments:		
Proposed Action 11: Further improve the options to be physically active in schools		
Agree	Disagree	Don't know
Comments:		
Proposed Action 12: Improve the options to increase physical activity on States premises; acting as a role model for healthy workplaces		
Agree	Disagree	Don't know
Comments:		
Proposed Action 13: Raise awareness in adults and children of the benefits of meeting physical activity guidelines and of minimising sedentary behaviour		
Agree	Disagree	Don't know
Comments:		
Proposed Action 14: Increase the number of overweight and obese adults moving successfully to appropriate weight goals and maintaining them		
Agree	Disagree	Don't know
Comments:		
Proposed Action 15: Increase the number of overweight and obese children moving successfully to appropriate weight goals and maintaining them		
Agree	Disagree	Don't know
Comments:		
Proposed Action 16: Research and tailor appropriate weight management interventions for pregnant women with particular emphasis on targeting those in need of additional support		
Agree	Disagree	Don't know
Comments:		
Proposed Action 17: Provide support for people who want to change their healthy eating, physical activity and weight management behaviours		
Agree	Disagree	Don't know
Comments:		
Proposed Action 18: Provide training and support for health professionals in relation to weight management support		
Agree	Disagree	Don't know
Comments:		
Proposed Action 19: Reduce health inequity in adults and children in relation to weight management services		
Agree	Disagree	Don't know
Comments:		

Thank you for taking the time to complete this questionnaire. Please return it to the Healthy Weight Strategy Team, Health Promotion Unit, Princess Elizabeth Hospital, St Peter Port, GY4 6UU by end of the day on **Monday 16th November 2015** or alternatively complete it online at www.surveymonkey.com/r/gsyhealthyweight2015 Further information on healthy weight issues can be obtained from the Health Promotion Unit Tel 707311 or e-mail healthyweight@hssd.gov.gg

Appendix 5 - Distribution List for Consultation invitation to respond to draft Healthy Weight Strategy 2015 – 2021

<p> Healthy Weight Strategy Group CMT HSSD Board All States Departments HSSD Staff - global email* Weight Management Forum Medical Specialist Group Karen Diamond – Practice Chairman Healthcare Managers Royal College of Nurses Alderney Healthcare practices Mignot Memorial Hospital Pharmacy Managers Weight Watchers HPU Weight Management Course Tutors Assoc of GSY Charities, incl. Registered PTAs Chest & Heart Unit Cardiac Action Group MUG Pink Ladies Bowel Cancer GSY Active Travel Unit Living Streets Guernsey Bike Group Guernsey Climate Action Network </p>	<p> Guernsey Sport Commission – Main Distribution List + Physical Inactivity Conference Distribution List Environmental Health – Retailer Distribution List – restaurants & food suppliers Chamber of Commerce Institute of Directors Head Teachers Pre-school Alliance Youth Commission, incl. Youth Club Distribution List Action for Children The Hub Disability Alliance, incl. Disability Distribution List The Dandelion Project Bailiff's Office Procureur's Office Greffe's Office States HR Office Guernsey Border Agency (Customs) SoG Estates Office Treasury Office Media </p>
<p>*All HSSD Departments, but especially to include:</p> <ul style="list-style-type: none"> • Children & Young Peoples' Services: incl. health visitors, school & community nurses, CAMHS, Social workers & Family Partnership Team • Community Services: Community & District nurses, Occupational Therapists, Social workers & community-based carers • Diabetes team • Disability services • Maternity services • Mental Health services 	



HEALTH AND SOCIAL SERVICES DEPARTMENT

HEALTHY WEIGHT STRATEGY 2016-2023

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Section A: EXECUTIVE SUMMARY

States Policy: Yes	Healthy Weight Strategy (formerly Guernsey Obesity Strategy)	
Period covered	2016 – 2023	
Political sponsors	Health and Social Services Department	
Programme Authors	Director of Public Health and Directorate team members, with the multi-agency Healthy Weight Strategy Group.	
Summary	<p>This draft of a new Healthy Weight Strategy builds on and reinforces the work of the previous Guernsey Obesity Strategy. It aims to halt the increase and reduce the prevalence of overweight and obesity, which are one of the principal causes of premature death and preventable disease in the Bailiwick. It has been developed through examination of evidence of the most effective measures to reduce overweight and obesity, and engagement with partners and the public.</p> <p>Proposals for action under the New Strategy include, but are not limited to:</p> <ul style="list-style-type: none">▪ Maintaining and improving the accuracy of surveillance of obesity and overweight in adults and children:▪ Working with cafes and restaurants to explore ways of enabling customers to make healthier choices:▪ Exploration of fiscal measures to support healthy eating choices▪ Working with the Guernsey Sports Commission, the Culture and Leisure, Education and Environment Departments, and others to increase opportunities for reducing physical inactivity:▪ Improving healthy lifestyle and weight management support: focusing on inclusive initiatives to reduce health inequalities.	
Implications	<ul style="list-style-type: none">▪ States Policy▪ Governance▪ Public and Media▪ Staff and Trade Unions▪ Staffing▪ £ revenue – current year▪ £ revenue – full year effect▪ Source of revenue▪ £ capital	<ul style="list-style-type: none">▪ Yes▪ New Independent body to be developed to deliver Strategy▪ Yes▪ Yes▪ None additional from States funding▪ None▪ None additional to current funding▪ Third party funding to be sought through new independent body▪ n/a

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STATES STRATEGIC PLAN

The Healthy Weight Strategy is a delivery programme within the States Strategic Plan. The framework of the States Strategic Plan is shown below at Figure 1.

Figure 1:

PURPOSE	To enable the States to decide what they want to achieve over the medium to long-term and how they will manage or influence the use of Island resources to pursue those objectives.			
AIMS	To focus government and public services on protecting and improving quality of life of Islanders, the Island’s economic future, and the Island’s environment, unique cultural identity and rich heritage.			
COMMUNITY OUTCOMES	Fiscal & Economic	We have sustainable long term finances and programmes	We have a balanced, internationally competitive, high value economy	We have a skilled, sustainable and competitive workforce
	Social	We have a social environment and culture where there is active and engaged citizenship	We have equality of opportunity, social inclusion and social justice	As individuals we take personal responsibility and adopt healthy lifestyles
	Environmental	We adapt to climate change	We manage our carbon footprint and reduce energy consumption	Our countryside, marine and wildlife are protected and preserved

PROGRAMME SUMMARY OVERVIEW

Programme Name	Healthy Weight Strategy
Period covered	2016 – 2023
Programme Authors	Director of Public Health and Directorate team members, with the multi-agency Healthy Weight Strategy group.
Political sponsors	Health and Social Services Department
Related Strategies / Reviews	<ul style="list-style-type: none"> 2020 Vision for Health and Social Services Mental Health & Wellbeing Strategy (Health & Social Services) Cancer, Cardiovascular Disease and Maternity Care programmes (Health and Social Services) Children & Young People's Plan (Health & Social Services) Today's Learners: Tomorrow's World (Education) Disability & Inclusion Strategy (Health & Social Services) Supported Living and Ageing Well Strategy (under development) Drug and Alcohol Strategy Transport, Development & Land Use strategies (Environment) Leisure Services strategies (Culture and Leisure)
Review periods	<ul style="list-style-type: none"> Ongoing monitoring of key performance indicators; Annual formal review of objectives and key performance indicators; 5 year review of strategic commitments.
Other relevant other documents that can be accessed when reading this document	<ul style="list-style-type: none"> Billet D'Etat XXX1 2009 vol 2: Health and Social Service Department – Guernsey Obesity Strategy, p. 2655 – 2750 Health Profiles for Guernsey & Alderney 2006-8 and 2010-12 Guernsey & Alderney Healthy Lifestyle Report 2014 Guernsey & Alderney Child Measurement Programme (GCMP) report 2015 Healthy Weight Strategy: Reports of Public Engagement and Consultation exercises to date Research and evidence underpinning measures in the proposed Healthy Weight Strategy Healthy Weight Strategy - Action Plan and Monitoring schedule 110th to 115th Medical Officer of Health reports <p>All these are available at web-link addresses shown on page 23</p>

1.**PURPOSE OF THIS DOCUMENT****1.1**

The purpose of this document is to present a New Strategy to increase the proportion of the population who are of a healthy weight, who achieve healthy physical activity levels, and eat a healthy diet. This new Strategy includes commitment to initiatives to increase physical activity levels, to improve diet, and to control unhealthy levels of weight. These include working with businesses to assist in helping customers making healthy food choices, exploration of fiscal measures to support healthy eating, working with a range of agencies to increase physical activity opportunities, and support for those who need help to manage their weight, for the years 2016-2023.

1.2

The following are presented in this document and its associated Action Plan:

- The Strategy's Statement of Purpose, its Vision, the outcomes that partner organisations hope to achieve together and the strategic commitments that drive us all towards achieving these outcomes;
- Identification of where the Healthy Weight Strategy sits within the States Strategic Plan;
- Identification of areas requiring appropriate attention and action in the period 2016-2023, as based on existing evidence and professional judgement;
- Identification of what will be done, by whom and with whom;
- Identification of where we wish to be within -
 - the short-term (a 2 year period);
 - the medium-term (a 5 year period); and
 - the long-term (a 10 year period and beyond).
- An indication of measures of progress.

2.

DEVELOPERS OF THIS DOCUMENT

2.1

This document has been produced by the Director of Public Health and team members in the Public Health Directorate of the Health and Social Services Department, with input from the Healthy Weight Strategy Group and key stakeholders, and advised by the Health and Social Services Board.

The following organisations and representatives have been particularly involved in development (in alphabetical order):

- *Culture & Leisure Department*
- *Education Department;*
- *Environment Department*
- *Guernsey Sports Commission*
- *Health and Social Services Department;*
- *Home Department*
- *Medical Specialist Group;*
- *Office of Environmental Health and Pollution Regulation;*
- *Primary Care Medical Practices (Guernsey).*

These organisations and individuals work in conjunction with key partners in other areas, including other States of Guernsey Departments and corporate strategies such as the Education Strategy, the Transport Strategy, the Children and Young People's Plan, and also businesses and third-sector parties where appropriate.

2.2

The production of this document, and the contribution of resources to support the Strategy's development and ongoing maintenance, is sponsored by the States of Guernsey Health and Social Services Department.

3. FOREWORD FROM THE MINISTER AND BOARD OF THE HEALTH AND SOCIAL SERVICES DEPARTMENT

3.1

The Health and Social Services Department (HSSD) is mandated to advise the States on matters relating to the mental, physical and social well-being of the people of Guernsey and Alderney. This mandate gives HSSD responsibility for:-

- Promoting, protecting and improving personal, environmental and public health; and
- Preventing or diagnosing and treating illness, disease and disability.

Overweight and obesity are recognised as an increasingly important cause of early death and avoidable ill-health in Islanders. The States of Guernsey has continued to support the development of Bailiwick Healthy Weight (Obesity) strategies since 2006, and recognised that this is essential to improve the health of the population. It makes an important contribution to:

- sustainable long-term finances and programmes:
- meeting government objectives through coordinated service delivery:
- encouraging individuals to take personal responsibility and adopt healthy lifestyles: and
- maintaining a healthy, capable workforce.

3.2

In 2009, the States committed to an Obesity Strategy which has been driven forward by HSSD with partners. The principal aim of the Strategy was to reduce the burden of death and ill-health that obesity and overweight cause in the islands of the Bailiwick. It has achieved many of its objectives over the six year period since then: however, the Strategy was envisaged to be implemented in two halves. The second tranche of funding was not granted and some recommended actions have therefore not been implemented. Nevertheless, Guernsey life expectancies at birth for men and women have improved by 4-5% over the last 15-20 years and are now some of the highest in Europe.

3.3

Obesity is a risk factor for a range of chronic diseases such as heart disease, cancer, and diabetes. The success of integrated tobacco control and increased worldwide obesity (excess fat accumulation that presents a risk to health) means that obesity is now close to exceeding tobacco smoking as a cause of premature ill health and death in developed countries. The World Health Organisation has identified reduction of population levels of obesity as one strategic objective that, if successful, will reduce costs from treating its complications.

3.4

While health services may treat the consequences of obesity, many of the causal factors are part of the wider determinants of health, for example poverty, environment and commerce. Guernsey has been successful in developing, agreeing and implementing a multi-system Obesity Strategy, an achievement in itself. Prevalence of overweight and obesity is spread across the range of household income levels, indicating the issue of excess weight in adults occurs across all socioeconomic groups. Results from other jurisdictions strongly indicate a correlation between lower incomes and levels of overweight and obesity and effective monitoring should continue to take place within the Bailiwick to identify this trend, should it become apparent. There are also issues concerning individual perception of this problem: in the most recent Healthy Lifestyle Survey, over a quarter of those adults who were overweight reported themselves as being about the right weight, and of those who were obese, 58.9% thought that they were only overweight.

3.5

Under the Obesity Strategy of 2009, the first Guernsey Child Measurement Programme (GCMP) was delivered in primary schools in 2013. In 2015, 92% of children in Years 1 and 5 took part. Of Year 1 school children, 15% were overweight or obese: while of Year 5 children, 29% were overweight or obese. Following a small rise in 2014, results in 2015 have returned very closely to 2013 levels. Whilst the data suggest that our obesity and overweight prevalence is slightly lower than that in England, the number of children who carry an increased risk of facing an unhealthy future is of concern in Guernsey, just as it is in England.

The Guernsey Young People's Survey (2010) contained questions on Health and Weight. 28% of boys and 34% of girls in Year 6 responded that they ate five or more portions of fruit and vegetables the previous day. By Year 12, this had fallen to 22% and 14% respectively. In the 2013 Survey report, 75% of boys and 85% of girls in Year 6 exercised three times a week or more (this is significantly less than the recommended hour a day) and 66% of boys and 58% of girls in Year 10.

3.6

Between 2010 and 2012 there were an estimated average 43 preventable cancer deaths each year and 23 preventable cardiovascular deaths each year in Guernsey and Alderney. Obesity and overweight are important contributory causes of these preventable deaths, therefore these figures, among others, should be viewed as a baseline for onward monitoring of the success of the Healthy Weight Strategy.

3.7

Partnership working with Clinicians, schools and the Education Department, the Environment Department, the Guernsey Sports Commission, other States Departments, business and the voluntary sector has supported striving to achieve a healthy weight in Islanders to date. This partnership is essential to future success, as all have their part to play.

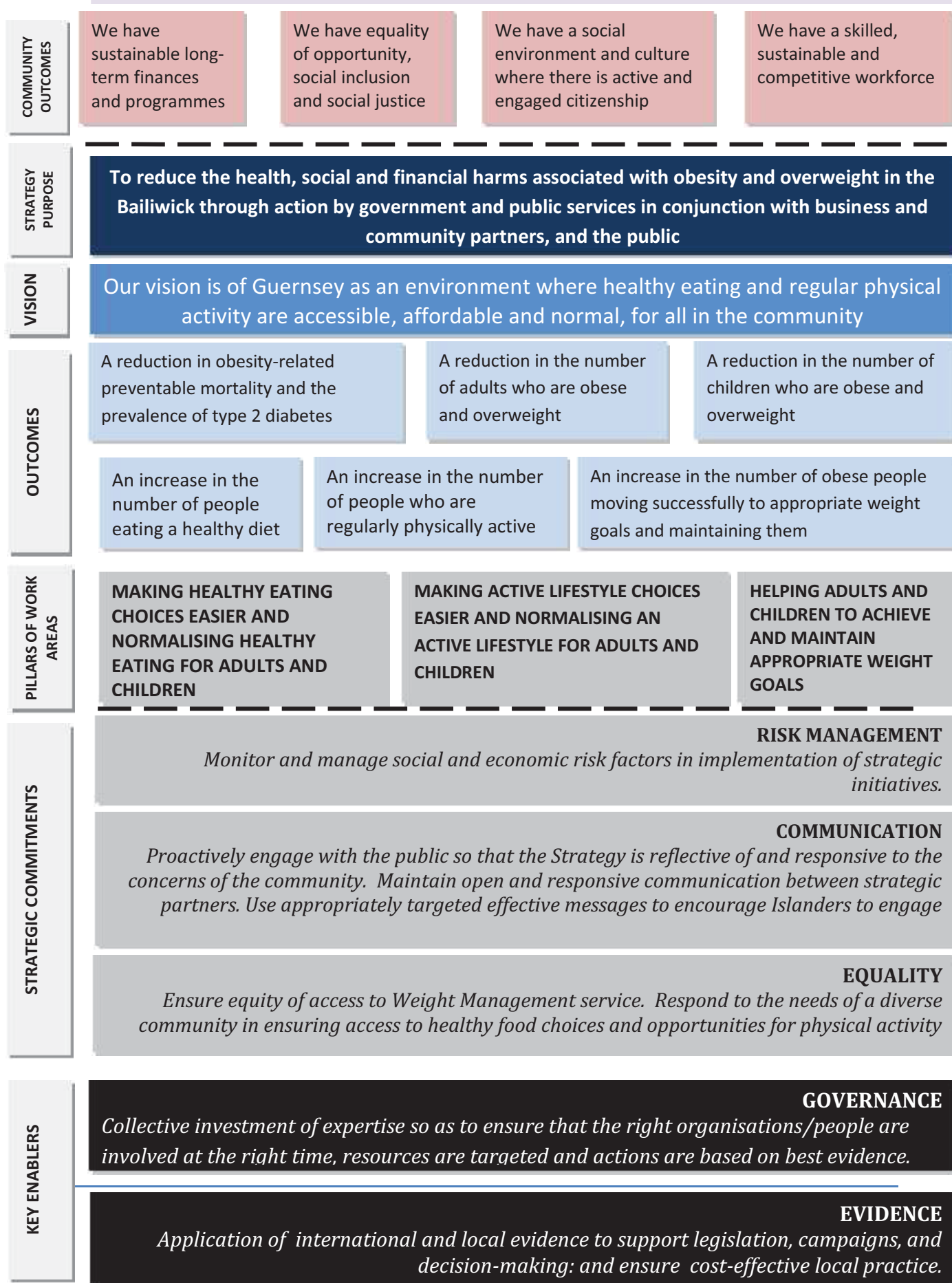
**Deputy Paul Luxon, Minister for Health and Social Services.
Deputy Heidi Soulsby, Deputy Minister: Deputy Michelle Le Clerc, Board
Member: Deputy Mike Hadley, Board Member: Deputy Sandra James MBE,
Board Member, Roger Allsopp and Alex Christou, Non-States Members
December 2015**

Section B: STRATEGIC FRAMEWORK

4.	STRATEGIC FRAMEWORK OVERVIEW	
4.1	States Strategic Plan	The Healthy Weight Strategy is a delivery programme within the States Strategic Plan. Figure 1 on page 5 outlines the States Strategic Plan's purpose and aims, and also the social policy, financial and environmental outcomes that it seeks to achieve. Figure 2 on page 13 outlines the framework of the Healthy Weight Strategy and identifies the social policy and financial outcomes with which it aligns.
4.2	Strategy Purpose	The purpose of the Healthy Weight Strategy is <i>"to reduce the health, social and financial harms associated with obesity and overweight in the Bailiwick through action by government and public services in conjunction with business and community partners and the public."</i> (see Fig.2).
4.3	Strategy Vision	The Strategy has been built to achieve our vision of <i>"the Bailiwick of Guernsey as an environment where healthy eating and regular physical activity are accessible, affordable and normal, for all in the community."</i>
4.4	Outcomes	The outcomes are the benefits to individual residents and the wider community in the Bailiwick, which result from government, public policy, public service and individual actions.
4.5	Pillars (areas of focus)	The priority areas of focus are those areas where we will concentrate our efforts. These areas have been chosen through examination of relevant evidence, and through professional and political judgement. In each area we have set specific objectives as shown in our Action Plan.
4.6	Strategic Commitments	The strategic commitments enable and drive towards the delivery of outcomes.
4.7	Objectives	Objectives are shown within an Action Plan which covers the period 2016 - 2023 and includes short (2 years), medium (5

		<p>years) and long term objectives (10 years). These contribute to the achievement of outcomes. All objectives have an “end milestone”, or an indication of how we will know the objective has been achieved.</p>
4.8	Key Performance Indicators	<p>To define achievement of our aims and objectives, a limited number of high level ‘key performance indicators’ are set against outcomes in order to give us broad indications of achievement. Further detail about key performance indicators is provided on pages 15-20.</p>

Figure 2
Healthy Weight Strategy Framework



5.	KEY PERFORMANCE INDICATORS
5.1	It is important that strategy is monitored on an ongoing basis in order to assess how we are performing against our desired outcomes. Key performance indicators are therefore set against each outcome and these will be supplemented by indicators set for individual actions. We will formally review and publish results of high level key performance indicators on an annual basis.
5.2	There may be times when there is little data to bench mark against and therefore some data will only become meaningful when it has been collected over a number of years.
5.3	We recognise that other HSSD and pan-States strategies for improving health will have an effect on the achievement of the key performance indicators for the outcomes of this Strategy. Nevertheless, the evidence shows that maintaining a healthy weight and an active lifestyle are important and effective way to reduce the burden of early death (premature mortality) and preventable illness (morbidity).
5.4	The data gathered can give a broad indication of how successful our efforts are, and help us to make evidence-based decisions on what to do so as to move towards our outcomes and, ultimately, our vision of <i>“Guernsey as an environment where healthy eating and regular physical activity are accessible, affordable and normal, for all in the community”</i> .
5.5	Our objectives (what we propose to do) contribute to the achievement of our outcomes. All objectives have an “end milestone”, or an indication of how we will know the objective has been achieved. These objectives are shown within our action plan and will be monitored.

Outcome 1

A reduction in obesity-related preventable mortality and in the prevalence of type 2 diabetes by 2023

		Data-source	Frequency of measure
KPI 1.1	Rates of premature death from cardiovascular disease decline over a ten year period from a baseline of 49.4 per 100,000 in 2013	HSSD Public Health Intelligence	Annual
KPI 1.2	The prevalence of type 2 diabetes adjusted for age and sex (to be developed)	Primary Care/HSSD	Annual
KPI 1.3	Rates of premature death from cancers decline over a ten year period from a baseline of 15.1 per 100,000 in 2013	HSSD Public Health Intelligence	Annual

* Premature death = < 75 years.

** All rates are calculated as age standardised (Age Standardised Rates = ASR).

Outcome 2

By 2023, a reduction in the number of adults who are obese and overweight

		Data-source	Frequency of measure
KPI 2.1	Percentages of men self-reporting to be overweight or obese reduce over a ten year period from a baseline in 2013 of 38% and 19% respectively	HSSD Healthy Lifestyle Survey	Every five years
KPI 2.2	Percentages of women self-reporting to be overweight or obese reduce over a ten year period from a baseline in 2013 of 28% and 18% respectively	HSSD Healthy Lifestyle Survey	Every five years
KPI 2.3	Percentages of overweight and obesity in pregnant women at booking reduce over a ten year period from a baseline average in 2010-12 of 24% and 17% respectively	HSSD Maternity and Dietetic services	Annual

Outcome 3

By 2023, a reduction in the number of children who are obese and overweight




		Data-source	Frequency of measure
KPI 3.1	Percentages of children measured as being overweight or obese in Year 1 children reduce over a ten year period from a baseline in 2013 of 9% and 6% respectively	Guernsey Child Measurement Programme: HSSD	Annual
KPI 3.2	Percentages of children measured as being either overweight or obese in Year 5 children reduce over a ten year period from a baseline in 2013 of 14% and 15% respectively	Guernsey Child Measurement Programme: HSSD	Annual

Note: weight-related data are not currently collected at population level for secondary age young people.

Outcome 4**An increase in the number of people eating a healthy diet by 2023**

		Data-source	Frequency of measure
KPI 4.1	Percentages of men and women self-reporting to consume the recommended five portions of fruit and vegetables a day increase over a ten year period from a baseline in 2013 of 19% and 22% respectively	HSSD Healthy Lifestyle Survey	Every five years
KPI 4.2	Percentages of boys and girls in Year 6 self-reporting to consume the recommended five portions of fruit and vegetables a day increase over a thirteen year period from a baseline in 2010 of 28% and 34% respectively	Young People's Survey	Every three years
KPI 4.3	Percentage of boys and girls in Year 10 self-reporting to consume the recommended five portions of fruit and vegetables a day increases over a thirteen year period from a baseline in 2010 of 23% and 20% respectively	Young People's Survey	Every three years

Outcome 5**An increase in the number of people who are regularly physically active by 2023**

		Data-source	Frequency of measure
	Percentages of men and women self-reporting to be physically active for 30 minutes five times a week increase over a ten year period from a baseline in 2013 of 31% and 29% respectively	HSSD Healthy Lifestyle Survey	Every five years
	Percentages of boys and girls in Year 6 self-reporting to be physically active for 3 or more times a week increases over a ten year period from a baseline in 2013 of 74% and 85% respectively ¹	Young People's Survey	Every three years
	Percentages of boys and girls in Year 10 self-reporting to be physically active for 3 or more times a week increases over a ten year period from a baseline in 2013 of 67% and 58% respectively ¹	Young People's Survey	Every three years

¹ Note: developments are under way to facilitate data collection relating to the numbers of children and young people meeting UK physical activity recommendations.

Outcome 6

By 2023, an increase in the number of overweight and obese people moving successfully to appropriate weight goals and maintaining them

		Data-source	Frequency of measure
KPI 6.1	The number of men and women moving successfully to appropriate weight goals within the Adult Weight Management Service at 3 and 6 months increases over a ten year period from a baseline in 2013 of 42 and 18 respectively	HSSD and independent services	Annual
KPI 6.2	The number of children moving successfully to appropriate weight goals within the Child Weight Management Service at 3 and 6 months, increases over a seven year period from a baseline set in 2016	Guernsey School Nursing service	Annual
	The number of Health Trainer clients achieving personal health goals in relation to weight, healthy eating and physical activity increases over a seven year period from a baseline set in 2016	Health Trainer records	Annual

Section D: GOVERNANCE

6. STRATEGY GROUP STRUCTURE

6.1

The Healthy Weight Strategy group is a multi-agency group, comprising membership from:

Culture and Leisure Department
Education Department;
Environment Department;
Guernsey Sports Commission;
HSSD clinical and public health staff;
Medical Specialist Group;
Office of Environmental Health and Pollution Regulation;
Primary Care

Representatives from the Treasury and Resources Department have also attended for specific items.

6.2

Currently, the Healthy Weight Strategy Group reports through the Director of Public Health to the Health and Social Services Department.

HSSD will investigate the creation of an independent body to bring together partners in the voluntary, commercial and public sectors to oversee the delivery of the New Healthy Weight Strategy.

7. STRATEGY TIME-FRAMES & REVIEW PERIODS

7.1

Our Action Plan is made up of a series of objectives that aim to be achieved across short, medium and long term time frames.

7.2

Progress on actions will be reviewed on an annual basis and reported to the Committee for Health and Social Care, and other Boards as relevant.

The milestones will be refreshed in 2018 for the second phase of Strategy delivery. An interim public report on the progress of this Strategy in achieving its milestones will be produced by December 2018.

APPENDIX I: LIST OF CONSULTEES

This Strategy document was circulated for consultation to the groups and organisations listed below in Autumn 2015. Following analysis of consultation response, the document was finalised for presentation to the States by the Health and Social Services Department.

Café and restaurant owners / managers

Chamber of Commerce, food producers and retailers

The Community Foundation

Office of Environmental Health and Pollution Regulation

General Public and the Media

GP Practices, Pharmacies and Dentists

Health and Social Services Directors and Managers leading on associated Strategies

Health Improvement Programme Group and Healthy Weight Strategy Group

Institute of Directors

Law Officers of the Crown, Guernsey Greffe Office and Alderney Greffe Office

Officer leads of other States Strategies and the States Strategic Plan

Schools and Parent Teacher Associations, GTA University Centre and College of Further Education

Secondary Care clinicians

Guernsey Sports Commission and The Youth Commission

States of Guernsey and Alderney Departments and Members, Committees and Policy Council

Voluntary Sector and associated special interest groups

APPENDIX 2:

WEB-LINKS TO RELATED DOCUMENTS

Other relevant other documents that can be accessed when reading this document are shown here with web-links to take you to the documents

Billet D'Etat XXX1 2009 vol 2: Health and Social Service Department – Guernsey Obesity Strategy, p. 2655 – 2750

Web-link: <http://www.gov.gg/CHttpHandler.ashx?id=3166&p=0>

Health Profiles for Guernsey & Alderney 2006-8 and 2010-12

Web-links: <http://www.gov.gg/CHttpHandler.ashx?id=74886> and
<http://www.gov.gg/CHttpHandler.ashx?id=87388&p=0>

Healthy Lifestyle Surveys for Guernsey and Alderney, 2008 and 2013

Web-link: <http://www.gov.gg/publichealth>

Guernsey Young People's Surveys: reports in 2010 and 2013

Web-link: <http://www.education.gg/ypsurvey>

Healthy Weight Strategy: Report of Public Engagement exercises to date

Web-link: <http://www.gov.gg/publichealth>

Healthy Weight Consultation Report 2015

Web-link: <http://www.gov.gg/publichealth>

Research and evidence underpinning measures planned in the proposed Healthy Weight Strategy

Web-link: <http://www.gov.gg/publichealth>

Healthy Weight Strategy - Action Plan and Monitoring schedule

Web-link: <http://www.gov.gg/publichealth>

110th to 115th Medical Officer of Health reports

Web-link: <http://www.gov.gg/publichealth>



HEALTH AND SOCIAL SERVICES DEPARTMENT

HEALTHY WEIGHT STRATEGY 2016-2023 ACTION PLAN

MAKING HEALTHY EATING CHOICES EASIER AND NORMALISING HEALTHY EATING FOR ADULTS AND CHILDREN

Associated outcomes – By 2023, a reduction in obesity-related preventable mortality and in the prevalence of type 2 diabetes: a reduction in the number of adults and children who are obese and overweight: and an increase in the number of people eating a healthy diet.

What	Primary Agencies	How done	How measured	Frequency of reporting
1 Protect the population, especially children, from the negative health effects of sugar-sweetened beverages (SSBs).	HSSD / T&R /Home: Guernsey Border Agency / Law Officers / Commercial partners	Working party to investigate the implementation and administration of a tax on SSBs.	States Report produced States Report actioned, as appropriate Project evaluation records	AT two and five year review Annual
2 Implement quality standards for nutritious food provided in pre-school environments.	HSSD & Early Years Regulator, Care Providers & their clients	In partnership with providers and their clients, draw up and implement quality standards to ensure food provided in pre-school environments is nutritious and of good quality, meeting appropriate healthy eating guidance.	Consultation with Providers and their clients: scheme designed: implementation achieved: quality standards monitored Project evaluation records	At two year and five year review Annual
3 Further improve the options to eat healthily in schools.	FIGS / School communities	In partnership with providers and school communities, the Food in Guernsey Schools (FIGS) group continue to progress improvements in the food offer to children in schools	Food standards monitored Young People's Survey Project evaluation records	Annual Three yearly Annual & at two year and five year review

	What	Primary Agencies	How done	How measured	Frequency of reporting
4	Improve the options to eat healthily on States premises; acting as a role model for healthy workplaces.	States HR / HSSD / States Estates / States employees	Engage States employees, audit food offering and plan for a phased approach to introduce healthier food options on all States premises for employees and visitors.	Engagement and audit completed and proposed plan presented and implemented Food standards monitored Project evaluation records	At two year and five year review Annual Annual
5	Develop the information available to select healthy choices when eating in local cafés and restaurants.	HSSD / Commercial providers & their customers	Through the development of a healthy eating forum, work with café owners and restaurateurs to explore ways of enabling their customers to make healthier choices.	Set up forum and establish reporting arrangements Project evaluation records	At two year and five year review Annual
6	Develop opportunities to work with food retailers to promote healthy food choices.	HSSD / Retailers & their customers	In partnership with retailers, explore schemes to promote healthy food choices, including: a healthy eating award scheme, voucher schemes to promote fruit and vegetable consumption and 'Eat well for less' promotions.	Consultation with retailers and their clients: schemes designed: implementation achieved: standards monitored, where appropriate Project evaluation records	At two year and five year review Annual
7	Raise awareness in adults and children of the benefits of meeting healthy eating guidelines.	HSSD	Use population-level campaigns to promote healthy eating. Use social marketing to target parents, carers and those in need of additional support.	Campaigns designed and delivered Project evaluation records	At two year and five year review Annual

MAKING ACTIVE LIFESTYLE CHOICES EASIER AND NORMALISING AN ACTIVE LIFESTYLE FOR ADULTS AND CHILDREN

Associated outcomes – By 2023, a reduction in obesity-related preventable mortality and in the prevalence of type 2 diabetes: a reduction in the number of adults and children who are obese and overweight: and an increase in the number of people who are regularly physically active.

	What	Primary Agencies	How done	How measured	Frequency of reporting
8	Reduce levels of physical inactivity and of sedentary behaviour	HSSD/Education/ Culture & Leisure/ Environment/ Guernsey Sports/Third Sector/Business Sector/Primary Care/Secondary Care	In partnership, design and implement evidence-based projects to reduce inactivity and sedentary behaviour, with a particular emphasis on targeting those in additional need of support and the most inactive.	Guernsey and Alderney Healthy Lifestyle survey Young People's Survey Project evaluation records	Five yearly Three yearly Annual and at two year and five year review
9	Promote active travel and planning strategies that support physical activity	Environment Department / HSSD / Education Department /Guernsey Sports Commission / Third Sector	In partnership and in accordance with the Integrated On-Island Transport Strategy, develop evidence-based projects to support the work of the Active Travel Unit and to promote active travel amongst children and adults. Support the Environment Department where planning and land use strategies are likely to make physical activity choices easier.	Integrated On-Island Transport Strategy evaluation Project evaluation records	Five yearly Annual and at two year and five year review

	What	Primary Agencies	How done	How measured	Frequency of reporting
10	Further improve the options to be physically active in schools	HSSD / Education Department / Guernsey Sports Commission / School communities	Review Education programmes on a rolling basis and provide further support to Primary and Secondary schools to encourage regular participation in physical activity in line with appropriate guidance	Young People's Survey Project evaluation records	Three yearly Annual and at two and five year review
11	Improve the options to increase physical activity on States premises; acting as a role model for healthy workplaces	States HR / HSSD / States Estates States employees	Engage States employees, audit and plan for a phased approach to introduce options to increase opportunities for physical activity on all States premises for employees and visitors.	Engagement and audit completed and proposed plan presented and implemented Project evaluation records	At two year and five year review Annual
12	Raise awareness in adults and children of the benefits of meeting physical activity guidelines and of minimising sedentary behaviour	HSSD Health Promotion / Guernsey Sports Commission / Third Sector	Use population-level campaigns to promote physical activity and inform in relation to physical inactivity and sedentary behaviour. Use social marketing to target parents, carers and those in need of additional support.	Campaigns designed and delivered Project evaluation records	At two year and five year review Annual

HELPING ADULTS AND CHILDREN TO ACHIEVE AND MAINTAIN APPROPRIATE WEIGHT GOALS

Associated outcomes – By 2023, a reduction in obesity-related preventable mortality and in the prevalence of type 2 diabetes: A reduction in the number of adults and children who are obese and overweight: and an increase in the number of overweight and obese people moving successfully to appropriate weight goals and maintaining them.

	What	Primary Agencies	How done	How measured	Frequency of reporting
13	Increase the number of overweight and obese adults moving successfully to appropriate weight goals and maintaining them	HSSD/Primary Care/ Secondary Care / Third Sector	In partnership with others, including Primary Care and Dietetic Services, review and redesign, as necessary, adult weight management service provision. This to include mapping by tier against NICE guidance, identify gaps in provision and recommend services to respond, together with associated referral and care pathways, including for binge eating disorders. Produce business case for change (likely to include provision for bariatric surgery and for appropriate psychological support).	Review report produced Recommendations / business cases made to CMT / Board Implement change HSSD/Dietetics Service records Weight Management Course records Health Trainer records	Annual and at two and five year review Annual Annual Annual
14	Increase the number of overweight and obese children moving successfully to appropriate weight goals and maintaining them	HSSD / Primary Care / Secondary Care / Third Sector	In partnership with others, including Primary Care and Health Visitor and School Nursing Service, review and redesign, as necessary, child / family weight management service provision. This to include mapping by tier against NICE guidance, identify gaps in provision and recommend services to	Review report produced Recommendations / business case made to CMT – Board, Implement change, monitor and review.	Annual and at two and five year review

	What	Primary Agencies	How done	How measured	Frequency of reporting
			respond, together with associated referral and care pathways, including binge eating behaviours in young people. Produce business case for change, as appropriate.	Child/family Weight Management Service records	Annual
15	Increase the numbers of women moving to and maintaining appropriate weight goals before, during and after pregnancy	HSSD Maternity / Primary Care / Secondary Care	In partnership with an appropriate multi-disciplinary group, work with local women to explore ways of enabling them to achieve and maintain healthy weight goals before, during and after pregnancy. To include mapping against NICE guidance, identification of gaps in provision and recommendations for and implementation of services to respond. Design associated referral and care pathways.	Model of care developed and implemented Project evaluation records	Annual and at two and five year review Annual
16	Provide support for people who want to change their healthy eating, physical activity and weight management behaviours	HSSD Health Promotion	Further develop the Health Trainer Service to support and maintain demonstrable behaviour change. Research and implement opportunities for Health Trainers to further complement other existing health services.	Health Trainer Service records Project evaluation records	Annual and at two and five year review Annual

	What	Primary Agencies	How done	How measured	Frequency of reporting
17	Provide training and support for health professionals in relation to weight management support.	HSSD / Primary Care	Research, design and deliver tailored training for health professionals both directly involved in weight management support and those in a position to 'signpost' people towards action to manage their weight.	Training programme design report Training programme delivery report	Annual and at two and five year review Annual
18	Reduce health inequity in adults and children in relation to weight management services.	HSSD	Audit equity of access and identify groups under-represented in services; develop and deliver interventions to meet their needs through targeted and tailored services.	Audit report for baseline (2014) Access report	Initial Annual and at two and five year review

Note on Governance and Resources.

Two and five yearly reviews of the Strategy are planned, in addition to an annual evaluation of progress.

HSSD Board has decided to establish an independent body to lead on the delivery of the Healthy Weight Strategy and this body will look to non-Governmental funding to help implement the Strategy. This initiative supercedes the proposal in the consultation to restrict the independent body, in the first instance, to physical activity. Measures of success of the new body will be agreed with the Committee for Health and Social Care.

HEALTHY WEIGHT STRATEGY

ENGAGEMENT EXERCISE- DEPARTMENTAL RESPONSES

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Fax +44 (0) 1481 711508
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Health and Social Services
Corporate Headquarters
Rue Mignot
St Andrews
Guernsey
GY6 8TW


10th June 2015


Dear Deputy Luxon,

RE: GUERNSEY & ALDERNEY HEALTHY WEIGHT STRATEGY 2016-2021 – OUTLINE SCOPE

Further to your letter of 8th May 2015, I enclose the Home Department's response to the proposed scope of the Healthy Weight Strategy. The Department is grateful for the opportunity to comment; it appreciates the threat that obesity represents to individuals and to the community and from its own perspective would note the link between healthy lifestyles and prosocial behaviour.

Yours sincerely,


Deputy Peter Gillson
Minister
Home Department

H:01. CS\08. External\HSSD\Healthy Weight\20150610

CONSULTATION RESPONSE	
RESPONDING DEPARTMENT	HOME
CONSULTING DEPARTMENT	HEALTH & SOCIAL SERVICES
SUBJECT	GUERNSEY AND ALDERNEY HEALTHY WEIGHT STRATEGY 2016-2021
<p>The Home Department remains supportive of measures to reduce the behaviours and habits that are harmful to health, which includes the health implications of weight. It would emphasise the need for cost consideration in any initiatives or resource requests that result from the new strategy in order that its efficacy can be sustainable over time.</p> <p>Making healthy eating choices easier and a part of everyday life. <i>The Home Department concurs that any effort to tackle the incidence of obesity in the Island needs to consider the underlying causes and societal issues, as well as helping those individuals already experiencing weight problems. This clearly includes a concern for diet; improvements to both the promotion and availability of healthy eating options should improve the Island's attitude to food and encourage and enable individuals to make healthy, informed choices without being unduly limited by personal circumstance.</i></p> <p><i>The Department would suggest that any concern for diet needs to include a consideration of the weight implications of alcohol use, and any initiatives should complement and be informed by the Drug and Alcohol Strategy.</i></p> <p>Making active lifestyle choices easier and a part of everyday life. <i>An active lifestyle has benefits beyond maintaining a healthy weight and can support both physical and mental health; the Home Department thereby believes it represents a key underlying component of the new strategy. Promotion of informal active lifestyle choices should enable the community to become more active without being constrained by affordability or accessibility.</i></p> <p><i>The Department notes that making active lifestyle choices a part of everyday life, like healthy eating choices, will require consistent work by a range of States units, an aspect that will need to be considered within the strategy.</i></p> <p>Helping overweight and obese adults and children achieve and maintain appropriate weight goals. <i>Whilst the Department is not in a position to advise on appropriate methods to support the healthcare of those affected by weight issues, it recognises the need for help to be provided to those obese or overweight individuals in order to prevent life-threatening conditions and improve health in the Island. The Department notes that work in this area may also help break cycles of poor health choices and reinforce the other two 'pillars' of the strategy.</i></p>	



CULTURE AND LEISURE

A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Deputy Mike O'Hara
Minister

The Minister
Health and Social Services Department
Corporate Headquarters
Rue Mignot
St Andrew's
Guernsey
GY6 8TW

29 May 2015

Dear Deputy Luxon

The Department is fully supportive of the development of the new Healthy Weight Strategy and is pleased to comment as a key stakeholder.

The Department believes there does need to be a fundamental culture change to ensure exercise, activity and healthy eating are the 'norm' and not the minority. To do this, it believes the community needs to be fostered and educated towards a culture of accountability and personal responsibility – to educate individuals that we all have choices in terms of healthy lifestyles, and we all have to take accountability and responsibility for the choices we make, ultimately knowing the consequences of those choices. This will include educating individuals that keeping active and eating a healthy balanced diet is a 'normal' thing to do – essentially a step change in local culture with acceptance by the local community.

The Department believes that an attitude and belief needs to be nurtured within the local community, that it is not normal or natural to sit down all day and not undertake any physical activity. There needs to be an increased importance on 'well-being', with exercise, activity, drinking and diet all feeding into this mindset – concentrating on the fact that it does not have to be all or nothing – but instead can be a balanced approach, concentrating on small step changes as opposed to one major change, which can often be too daunting to implement for many individuals. The most important thing is for these smaller step changes to become a 'habit' and part and parcel of the individual's 'normal' day.

The Department hopes the suggestions and comments made below may help towards the implementation of this culture change.

1. The Department's thoughts on ways to make healthy eating choices easier and part of everyday life

- To educate local restaurants, café owners, and food producers in the benefits of

POLITICAL RESPONSIBILITIES

Adult Events Group, Leisure Staff, Leisure, Sport And Recreation, Mature Services Information Centre

producing healthier meals, including those suitable, for example, for diabetics, those with high cholesterol etc;

- To ensure all locally produced foods are labelled appropriately marking those that are deemed 'healthy and nutritious'. This may need support from HSSD for smaller producers. This could be in the form of a traffic light system of nutrition, working with Education to familiarise all young people in the acceptable parameters. This could be a phased approach that can be built on in future years once local knowledge in this area has been gained;
- To encourage all local restaurants and cafés to highlight their menus appropriately, indicating those meals that are low in fat/calories, good for the heart, or suitable for diabetics etc;
- To ensure all parents (and children) have access to basic cookery skills courses, and are educated about healthy eating choices. Convenience and pre-prepared food is often seen as an 'easy' option for those who can't/don't have time to/won't cook. This over-reliance on convenience food is often then passed down to children, who do not necessarily know any different, and have not garnered any experience in how to cook foods in a healthy, nutritious, fun and experimental way.

2. *The Department's thoughts on ways to make active lifestyle choices easier and a part of everyday life*

- To work in partnership with other external agencies to offer incentives to those individuals maintaining an active lifestyle. For example, insurance providers, offering preferential rates for those who keep active (e.g. Vitality Health Insurance – health insurance that rewards you for being healthy);
- To garner support from local employers, asking them what they are able to give – for example, time during paid hours for undertaking activity as opposed to the employee having to undertake activity sessions in their lunch hour or after work;
- To encourage employers to be more flexible with dress code. For example – allowing staff to attend meetings and work in active gear, as opposed to suits. Workplace friendly and appropriate active clothing is becoming increasingly available precisely because of this – led mainly in UK cities by the cycling community;
- To encourage employers and schools to provide decent and adequate changing facilities for those who wish to walk/cycle/run etc to work/school;
- To support States Departments working closely together to help develop a network of safer cycling routes/Boris Bike scheme. With the exception of our three cycle paths, cycling in Guernsey is not perceived as a safe activity for adults or children;
- For HSSD, Education and Culture and Leisure to work together to ensure development of the Culture and Leisure LifeFit 'Exercise on Referral' scheme – to ensure there is a continuum to ensure all age groups and activity levels are catered for.
- To promote the use of physical activity in any corporate team building meetings, so employers have a responsibility to support staff in activity during working hours;

- To promote the idea of 'stand-up' meetings as a viable alternative to sit-down 'Boardroom' style meetings within local businesses, thereby supporting staff to remain more active during working hours;
- To encourage the use of adjustable height desks within the workplace, to encourage staff to work standing up as opposed to sitting down.

3. *The Department's thoughts on ways to help overweight and obese adults and children achieve and maintain appropriate weight goals*

- To increase the promotion of the Lifefit Exercise on Referral scheme run by Culture and Leisure, and to build and develop this continuum to include nutrition, weight management and a whole range of lifestyle options – helping support those who need it in healthy lifestyle initiatives and activities;
- To proactively support 'Buddy' systems and groups – this has a huge part to play within cultural change, as it can provide additional motivation and moral support. For Employers to engage with this perhaps helping contribute to a paid 'workplace buddy' who helps motivate and co-ordinate workplace activity and exercise;
- To create and promote a dedicated 'Toolkit' to help individuals reach goals and maintain weight and activities. This toolkit needs to appeal to a variety of different people and therefore different motivations. It might include tools such as 'apps' (e.g. My Fitness Pal), Fitness Bands (e.g. Jawbone, Garmin), Worksheets, workshops, lectures, etc. Allowing individuals to help educate themselves, and take charge and accountability of the information they amass through the variety of tools available.

The Department is keen to support the development of the new Healthy Weight Strategy and is looking forward to working with HSSD on its development and future implementation.

Yours sincerely



Deputy Mike O'Hara
Minister

cc Lucy Whitman, Health Promotion Officer



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Our ref: 271/JB/SAL

4th June, 2015

Deputy Paul Luxon,
 Health and Social Services Department Minister,
 Health and Social Services,
 Princess Elizabeth Hospital,
 Rue Mignot,
 ST. MARTIN'S.
 GY4 6UU

A handwritten signature in dark ink, appearing to read "Paul", written over the printed name of Deputy Paul Luxon.

Dear Deputy Luxon,

Guernsey and Alderney Healthy Weight Strategy 2016-2021 – Outline Scope

Thank you for your letter dated 8th May, 2015, concerning the aforementioned Strategy. The Education Department welcomes the opportunity to provide its comments on the proposed scope of the new Strategy.

Before dealing with specific comments the Education Department would like to make some general observations regarding the development of the healthy weight strategy based on the experiences of involvement in the current obesity strategy (2009 – 2014):-

1. The Education Department commitment to supporting an island-wide healthy weight strategy

The Education Department recognises that healthy eating and physical activity will be key determinants in the wellbeing of future island populations. Children's diet has deteriorated significantly over the last few decades, and has become a major source of concern with rising rates of obesity amongst young people. Eating and physical activity patterns have changed dramatically. Children's diets now contain too much saturated fat, sugar and salt, and too few fruits, vegetables and foods containing essential vitamins and minerals. At the same time their rates of physical activity have fallen substantially. This current unbalanced diet and low activity lifestyle of many children affect their health profoundly, with both short and long-term effects.

Unlike many other jurisdictions the Bailiwick of Guernsey is not legally required to provide food or meals for students, however, the Education Board recognises that Guernsey schools are well-placed to play their part in developing an island-wide approach to tackling obesity. Schools have a unique role in the community and can be pivotal in getting across messages regarding healthy lifestyles to students and their families.

....2

2. The requirement for an island-wide coordinated strategy incorporating public sector, private sector and voluntary organisations

All sectors of the island community should play their part in supporting the strategy. In the previous strategy the lead actions were undertaken predominantly by HSSD, the Sports Commission and the Education Department. This is to be expected as these organisations were well placed to effect change. However, during the next strategy, there is a requirement to engage more effectively with private organisations and the wider community. For example food suppliers are well placed to support healthy eating habits and a coordinated approach to getting across positive messages will be more effective.

Equally Education establishments have struggled to establish and comply with healthy food standards which are intended to ensure that young people, in particular, can access healthy food. The Education Department has undertaken this work in isolation and the next stage should be the consideration of the establishment of appropriate food standards across all public sector organisations.

3. A focused evidence-based approach

The current obesity strategy lists 27 recommendations for action. Many of these were approved but could not be developed because of a lack of resourcing. It is recommended that the healthy weight strategy is developed to focus on fewer recommendations so that a targeted, measurable approach can be established.

4. Development of a robust evidence base

Recommendation 1 of the Obesity Strategy was to establish procedures that monitor obesity and overweight levels across the Guernsey population at various ages. This has been developed through self-reported data such as the Young People's and Healthy Lifestyle's survey and the recent development of the Guernsey Child Measurement Programme. These studies have established a robust evidence-base from which longitudinal comparisons can be drawn. Investment in these monitoring measures has ensured that policy and practice is informed by robust evidence.

5. Supporting initiatives in pre-school education

Physical activity is vital for a child's development and lays the foundation for a healthy and active life. Early childhood services such as pre-school education are ideally placed to foster the development of good physical activity habits and lifestyles early in life and to encourage families to engage in regular physical activity and healthy eating.

Early childhood services such as pre-school education should offer a wide choice of play-based, physically active learning experiences that link to children's interests, abilities, identity and prior knowledge. Physical activity in childcare needs to be made up of both structured (i.e. intentionally taught) physical activity and unstructured, spontaneous activity.

6. Addressing health inequalities

The impact of social inequalities on health is well-established – the lower a person's socio-economic position in society, the worse their health. In most communities, socio-economic inequalities have increased since the 1960s and this has led to wider inequalities in both child and adult obesity, with rates increasing most among those from poorer backgrounds. In the 2009-2014 strategy addressing inequalities was implicit in the workstreams. For the future healthy weight strategy there is now a requirement to make addressing health inequalities an explicit goal with clearly defined workstreams looking to support those who are most vulnerable to obesity and lack of exercise.

Response to 'ways to make healthy eating choices easier and part of everyday life'

Under the current Obesity Strategy key recommendations were established that were the responsibility of the Education Department. The Education Department has considered how these have been developed since the establishment of the strategy and whether there is a requirement to carry these forward to the healthy weight strategy:-

Recommendation 11

'The Education and the Health and Social Services Departments should continue to support the National Healthy Schools Programme and all schools should be encouraged to participate'.

Education Department response:-

The Education Department's PSCE (Personal Social Citizenship and Health Education) Advisor and HSSD's Health Promotion Manager support staff in schools who are currently working towards gaining Healthy School Status. Since the establishment of the Obesity Strategy in November 2009, nine schools have achieved the status. Two schools are currently working on the award and one school has expressed an interest in starting. The aim of Healthy Schools is to improve children's health and happiness, enabling them to do better in learning and life. It is designed to support and strengthen schools' PSCE and it enables schools to evidence and celebrate the good work they are doing in PSCE.

The award requires a whole-school approach to be taken, engaging pupils, staff and the community. It takes approximately two years to complete the process and the award is valid for three years. Due to the high level of commitment and work required to complete the award, many schools have been reluctant to take on this initiative. The Education Department must consider whether it is appropriate to have some level of compulsion with regard to engaging with the Healthy Schools Award so that schools can evidence what they are doing to improve children's health and well-being.

Recommendation 12

'All schools should produce a whole-school food policy aimed at promoting healthy eating and covering all food served, including food provided through vending machines or brought into school and what is taught about food. Schools that provide food should work with food providers to ensure nutrition standards produced by the UK Department for Children, Schools and Families and School Food Trust are followed'.

Education Department response

A Guernsey food standards framework was established in 2012 which outlined the accepted healthy food standards that should be made available in states secondary schools where food was provided. A commercial provider was appointed who was obliged to comply with the standards within a contract that was signed in 2012. The contract was renewed in Spring 2015 for another two years.

The implementation of the guidelines has been overseen by the Food in Guernsey Schools group which comprises school representatives, Health Promotion Officers, Environmental Health Officers, Dietitian and representatives from the Education Department and the commercial vendor. The group is supported by the professional expertise of the community dietitian to make recommendations on the implementation. There has been some flexibility in the introduction of the guidelines and interim arrangements have been introduced year on year. A new set of targets were introduced for September 2014 and it is expected that the food guidelines are fully operational and compliant by September 2015. The guidelines have been produced with an awareness of the commercial pressures faced by the food provider who has expressed serious concerns about the commercial viability of his business if he has to adhere to the guidelines. A recent review of the guidelines was undertaken and consideration is being given to post-16 establishments being given the latitude to apply a more flexible approach to the guidelines.

The Education Department would advise that the current arrangements continue and that a pragmatic approach is taken. As has previously been stated the Education Department and its establishments cannot work in isolation and would seek a similar application of food guidelines elsewhere. The Education Department is also mindful that less than a quarter of students have school meals. If that is the case, much work has to be undertaken to ensure that the remaining 75% of young people are also eating healthy foods. The Education Board would support a multi-agency, cross-departmental campaign to inform the whole community of the benefits of healthy eating.

Recommendation 13

'The Education Department should consider and report back on the introduction of cookery as compulsory at Key Stage 3 from 2011 and the feasibility of developing 'Let's Get Cooking' cookery clubs as being developed by the School Food Trust in the UK'.

Education Department Response

Community cooking sessions for various groups have been undertaken since 2013. A qualified tutor has taught cooking skills and the focus has primarily been on targeted families. The Education Department is currently reviewing its curriculum and consideration will be given to the status of cookery during that review. The Let's Get Cooking project has been thoroughly reviewed in the United Kingdom and consideration will be given to the outcomes of those validations.

Recommendation 16

'The Education Department should investigate the inclusion in the Inspection Framework for Phase 3 of the Validated School Self-Evaluation Process, the extent to which the school contributes to children and young people being healthy. Topics for evaluation would include the teaching and learning of issues relating to weight, nutrition and exercise and attitudes to participation in physical activity'.

Education Department Response

The Education Department has recently established a revised Validated School Self-Evaluation Process entitled 'How good is our School?' This is currently being piloted in Guernsey Schools.

One of the indicators of performance will be 'Care, welfare and Development' which will relate to the school's arrangements for meeting learners' emotional, physical, health and social needs. Themes include 'Approaches to and provision for meeting the emotional, physical and social needs of children and young people'.

This will consider aspects such as how healthy living and health promotion are built into a school's culture.

Response to 'Ways to make active lifestyle choices easier and a part of everyday life':

Recommendation 14

'All schools should continue to work towards improving levels of physical activity, together with improving diet as a matter of priority to help prevent excess weight gain. Schools should endeavour to provide two, and ultimately three, hours of physical activity a week, including curricular and extra-curricular activities. (New UK government targets relating to levels of physical activity in schools should also be monitored.) Activities that young people enjoy and are likely to take on into adulthood should be promoted by all staff'.

Education Department Response

The Education Department continues to be committed to supporting all young people to lead healthy, active lives. It is recognised that this incorporates activity both within the school curriculum and beyond. Since 2009 there have been some significant developments in the provision that can be accessed by young people:

- Schools continue to embrace the 'active' curriculum where students are encouraged to see being active as a regular, normal activity. Examples include increased outdoor activities as part of the primary curriculum;
- Schools are seeking to engage in a variety of ways with those students who are at risk of dropping out of sports. Examples include increasing the number of individualised, non-structured sports activities;
- Schools work closely with a wide range of sports clubs to facilitate links and partnerships with the sports community beyond school.

Evidence from the Guernsey Young People's survey (2013) indicates that participation rates in physical activity have increased since 1997 and exceed those recorded in England. However there were some particular issues:-

- Participation rates drop off over time e.g. significantly more activity is recorded in year 6 than year 10;
- A significant number of young people are not engaged in physical activity and profiles of those young people who do not participate in sport are of concern – lower self-esteem, more risk taking behaviour;
- Activity in sports clubs varies across different schools attended.

The Education Department is aware of the key role played by education establishments in promoting sport and healthy lifestyles. In particular PE staff and the experience of PE lessons are key influencers on young people's attitudes to sport (both negative and positive). The Education Department remains committed to ensuring that young people have the opportunity to become active and to learn habits that will last a lifetime. It is aware that curriculum time is precious but it believes that, as the active curriculum becomes embedded in all aspects of school life this will have a positive impact in making young people active.

The Education Department will continue to monitor how physically active young people are through the implementation of the Young People's Survey. The next phase will take place in 2016.

The Education Department recognises that physical activity or inactivity is best addressed by a community approach. It therefore welcomes the initiatives that have recently been undertaken following the 'Addressing Physical Inactivity' conference that was held for a variety of stakeholders in December 2014. At officer level recommendations have been made that a needs assessment and gap analysis should be undertaken. This consultation will be part of that process. This will then be followed by proposals for a cross-community response to tackling physical inactivity.

The Education Department and schools will continue to work closely with the Environment Department's Active travel unit. Discussions have focused on road safety and traffic management and plans are now coming to fruition regarding cycling proficiency and walking initiatives.

Recommendation 15

'The links between the Guernsey Sports Commission and the Education Department should continue and their brief should include strategic planning, raising standards, coaching and leadership and providing enhanced opportunities for in and out of school hours activities'.

Education Department Response

The Guernsey Sports Commission undertook a pilot project where they aimed to raise the standard of PE taught in school. This involved qualified PE specialists employed by GSC, developing a skills-based curriculum for year 3 and 4 pupils, and working with the class teachers to improve their teaching skills. This approach was evaluated and proven to improve 'games' skills in schools, and so encouraged children to continue and enjoy being more active.

The breadth of opportunities provided by the Sports Commission is significant. So far in this academic year the Guernsey Sports Commission PE and Sports Development Officers have provided over 1000 hours of sports activities to primary schools free of charge. This has enabled 1500 pupils in years 3+4 to receive additional PE lessons.

The work of the Sports Commission is valued in schools and is considered high quality. However it is timely to develop the role and the partnership. At officer level this work has begun and positive discussions are being held to review, enhance and extend the PE in schools initiative. Through those discussions it has become clear that schools and the Education Department would like to play a more active role in working with the commission both operationally and strategically.

- 7 -

The Education Department recommends that the Sports Commission and the Education Department review the current PE in schools provision and ensure that it integrates with the principles established in an island-wide healthy weight strategy.

The Education Department is aware that initiatives such as major sporting events can have a galvanising impact on a community's attitude to sport. Examples include the London Olympics 2012 and the Rugby World Cup 2011 where attitudes to sport and physical activity improved – although there is still debate over the long-term legacy. In Guernsey the 2003 Island Games had a similar effect and the Education Department is aware that the island's sporting community is looking to bring back an Island Games to Guernsey in the early – mid 2020's. The Education Department believes that such an event could work as a focus for encouraging the take-up of sport and physical activity especially for younger people.

Response to 'Ways to help overweight and obese adults and children achieve and maintain appropriate weight goals'

The Education Department is aware that the responses to the previous two comments will play their role in supporting adults and children who are overweight and obese. If schools, alongside the wider community, can play their part in making healthier eating and active lifestyle choices easier that will reduce the numbers of young people who are overweight and obese. However, it is also recognised that a healthy weight strategy should incorporate measures to assist those who are vulnerable to being overweight and obese. The current obesity strategy has many recommendations associated with this aim and the Education Department endorses the themes that run throughout the current strategy and would recommend that they are carried forward into the healthy weight strategy. Those themes include:-

- preventing and managing obesity is a priority at both strategic and delivery levels;
- Interventions aimed at preventing and/or managing obesity should address issues concerning local needs and preferences, health inequalities, evidence of best practice, person-centred care and monitoring and evaluation;
- a health promotion campaign directed at tackling obesity and to increase awareness of current and planned facilities and interventions should continue.

The Education Department recognises that addressing issues associated with being overweight and obese is complex and requires trained and qualified expertise. The benefits of appointing specialist staff with expertise have been reflected in the contribution to these issues by the Community Dietician and the Specialist School Nurse for Weight Management. Both these posts were funded through the Obesity Strategy.

I trust that these comments are helpful.

Yours sincerely,



Deputy R.W. Sillars,
Education Minister



PUBLIC SERVICES

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Our Ref: Consultation - General

9 June 2015

Lucy Whitman,
Health Promotion Officer,
Health Promotion Unit,
Public Health Directorate,
Princess Elizabeth Hospital,
St Peter Port,
GY4 6UU

Dear Mrs Whitman

Thank you for the invitation to comment on the proposed areas of work for the development of a Healthy Weight Strategy.

In terms of the Public Services Department mandate, I can at this stage say that both as a service provider and employer, the Department is fully supportive of activities which promote and assist healthy weight and would of course encourage people to drink water as part of a healthy diet.

The only other comments are that the Waste Strategy has a campaign to help reduce food waste, entitled 'Love Food, Hate Waste' which has some links to this Strategy. Please find some information in the attached consultation response form, under the section 'ways to make healthy eating choices easier and part of everyday life'. We would be happy to work with Health Promotion on the information we give out about the Love Food, Hate Waste initiative and if you would like any further information on this, please contact The Waste Prevention and Recycling Team.

Yours sincerely,

Scott Ogier
Minister

c.c. Chief Officer, PSD
Public Services Department Board Members
Waste Prevention and Recycling Officer

Development of Healthy Weight Strategy- Suggestions Form

Your thoughts on: Ways to make healthy eating choices easier and part of everyday life

The Waste Strategy includes a campaign to help to reduce food waste 'Love Food, Hate Waste' and links to UK Best Practice promotion in this area. The main area of focus is eating well and saving money.

The communications include cookery classes for Home Start, promotion of planning food purchases (shopping lists, recipe cards etc) as well as use of fridges and freezers for storage and creating greater awareness of food date labels. These sorts of initiatives particularly meal planning can also help to contribute to better portion control/healthier eating.

Your thoughts on: Ways to make active lifestyle choices easier and a part of everyday life

Your thoughts on: Ways to help overweight and obese adults and children achieve and maintain appropriate weight goals

**SOCIAL SECURITY**

A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

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By email

Our Ref:

Your Ref:

Date: 8 June 2015

Dear Deputy Luxon

Guernsey and Alderney Healthy Weight Strategy 2016 – 2021 – Outline Scope

Thank you for your letter of 8 May 2015 asking the Department to comment on the proposed scope of the new Healthy Weight Strategy.

The Department considered your letter and the proposed outline scope at its meeting on 2 June 2015. Members were supportive of the approach to the new Strategy and the three pillars of action. The Department is committed to working together with the Health and Social Services Department where relevant to help prevent overweight and obesity and the resultant effects of this on incapacity benefit expenditure.

Yours sincerely

A H Langlois
Minister

POLICY COUNCIL RESPONSE

Subject: Healthy Weight Strategy

Dear Lucy

Policy Council staff have been asked to comment on the Healthy Weight Strategy – I have been asked to pass on that it will be important that disabled and older people also have opportunities to have access to exercise, including those in residential care.

ENVIRONMENT DEPARTMENT RESPONSE
Development of Healthy Weight Strategy- Suggestions Form

Your thoughts on: Ways to make healthy eating choices easier and part of everyday life

Your thoughts on: Ways to make active lifestyle choices easier and a part of everyday life

In 2012, the National Institute for Health and Care Excellence (NICE) issued guidelines entitled 'Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation' that reported on rising levels of health problems which could be avoided by increasing physical activity. The report states: "Regular physical activity is crucial to achieving and maintaining a healthy lifestyle. It can help to reduce the risk of coronary heart disease, stroke and type 2 diabetes by up to 50%, and is also important for good mental health".

NICE recommends coordinated action to identify and address the barriers that may be discouraging people from walking and cycling more often or at all. Most of the measures recommended are incorporated in the Integrated Transport Strategy and include, but are not limited to: programmes to promote cycling for transport purposes, providing information such as maps and route signing for walking and cycling, promoting activities and campaigns that emphasise the benefits of walking and cycling, development and implementation of school travel plans that encourage children to walk or cycle all or part of the way to school, including children with limited mobility. (pupils, parents and teachers must be involved in the development and implementation of these plans to have ownership of them, facilitated and funded by Government), ensuring walking and cycling are considered alongside other interventions when working to achieve specific health outcomes in relation to the local population (such as a reduction in the risk of cardiovascular disease, cancer, obesity and diabetes, or the promotion of mental wellbeing)."

The Guernsey Obesity Strategy 2009 stated: "This cluster of variables [causing obesity] includes anything that may either facilitate or obstruct physical activity. For example, the 'walkability' and 'cyclability' (i.e. how easy it is to walk or cycle) of the local environment ... are all variables thought to contribute towards the risk of obesity. Similarly, here in Guernsey the high volume of traffic and poor pavement and cycle lane provision have been cited as reasons why cyclists and walkers feel unsafe when out on the roads. Car parks are provided everywhere but cycle racks are not and employees who want to walk or cycle to work are deterred by the lack of changing facilities when they arrive. Changes to the built environment will be an important element in bringing about widespread increases in activity".

Making these choices easier does require the funding towards these alternatives (cycle paths, safe walkways, public transport, education, etc.) and it does require creating space on the highway for those alternatives. It also requires disincentives to the motor car as an alternative.

Bringing this into reality requires concerted States support (which given the States recent overturning of the two funding streams is currently lacking) to fund and deliver the alternatives (even if they are not widely used initially), prolonged education that the alternatives are viable and acceptable, social awareness of the issues, early adopted acceptance followed by more generalised buy in.

We commend any work on improving the health of the population as, apart from the personal benefits to be gained, there is a significant benefit to States health costs. In a society where time is often short, incorporating active travel into one's lifestyle can actually save time and have additional health benefits by reducing pollution.

Your thoughts on: Ways to help overweight and obese adults and children achieve and maintain appropriate weight goals

Name:

Organisation: Environment Department

Contact e.mail: Environment@gov.gg

HEALTHY WEIGHT STRATEGY

CONSULTATION ON DRAFT STRATEGY

- DEPARTMENTAL RESPONSES



HEALTH AND SOCIAL SERVICES DEPARTMENT

HEALTHY WEIGHT STRATEGY 2016-2023

**Public Consultation Response Form
October 2015**



HEALTH AND SOCIAL SERVICES
A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Healthy Weight Strategy - Consultation 2015

Culture &

Leisure

These are the proposed objectives and actions for the Healthy Weight Strategy 2016-2023. Please let us know your views by ticking the appropriate boxes

Vision: Our vision is of Guernsey as an environment where healthy eating and regular physical activity are accessible, affordable and normal, for all in the community		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>It is an aim of the Department to have a community where individuals are educated in healthy eating and activity to such an extent that they become proactively responsible for the lifestyle choices they make as individuals.</i>		
Objective 1: By 2023, a reduction in obesity-related preventable mortality and avoidable harm from Type 2 diabetes		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The Department believes further development of its own GP Referral scheme 'Lifefit' could contribute to the success of this proposed objective.</i>		
Objective 2: A reduction in the number of adults who are obese and overweight by 2023		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>There needs to be an increased importance on 'well-being', with exercise, activity, drinking and diet all feeding into the strategy – concentrating on the fact that it does not have to be all or nothing – but instead can be a balanced approach, using small step changes as opposed to one major change, which can often be too daunting to implement for many individuals.</i>		
Objective 3: A reduction in the number of children who are obese and overweight by 2023		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The Department believes there does need to be a fundamental culture change to ensure exercise, activity and healthy eating are the 'norm'. To do this, it believes the community needs to be fostered and educated towards a culture of accountability and personal responsibility. This starts with education at an early age to assist children and young adults to make 'sensible' lifestyle choices – including activity levels and a healthy diet.</i>		
Objective 4: An increase in the number of people eating a healthy diet by 2023		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>Exercise, activity, drinking and diet all feeding into this idea of a healthy diet – not just food and drink alone. The most important thing is for educated and smaller step changes to become a 'habit' and part and parcel of the individual's 'normal' day, as opposed to implementing one large 'big bang' change in lifestyle.</i>		
Objective 5: An increase in the number of people who are regularly physically active by 2023		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The new Committee for Education Sport and Culture should open up additional opportunities to take our expertise into other 'Satellite locations' other than just Beau Sejour Leisure Centre. In addition, plans for expanding Lifefit (exercise on Referral) and joint working with external agencies (including the Healthy Lifestyle Centre) on helping people 'Keep Moving' will be integral to the Leisure Services Team core business over the coming years.</i>		
Objective 6: By 2023 an increase in the number of obese people moving successfully to appropriate weight goals and maintaining them		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>Although the Department agree this should be an objective, it is aware that there is a balancing act to be had, and that just reducing the number of obese people moving successfully to appropriate weight goals does not necessarily mean that the population is 'healthier' or more active. Therefore, a more rounded approach with activity levels measured as well as obesity levels should be considered.</i>		

Proposed Action 1: Protect the population, especially children, from the negative health effects of sugar-sweetened beverages (SSBs)		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The aim of the Culture and Leisure Department with respect to this strategy is to provide choice, education and encouragement rather than force.</i>		
Proposed Action 2 Implement quality standards for nutritious food provided in Pre-school environments		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>Again – the Department is keen to see that this is not a 'stand-alone' action – but rather one that is combined with activity – a two-pronged approach, i.e. you can't have one without the other.</i>		
Proposed Action 3: Improve the health quality of locally produced food (reduce fat and sugar content)		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The Department's original comments regarding this action were to ensure all locally produced foods are labelled appropriately marking those that are deemed 'healthy and nutritious'. This may need support from HSSD for smaller producers. This could be in the form of a traffic light system of nutrition, working with Education to familiarise all young people in the acceptable parameters. This could be a phased approach that can be built on in future years once local knowledge in this area has been improved. In addition, to encourage all local restaurants and cafés to highlight their menus appropriately, indicating those meals that are low in fat/calories, good for the heart, or suitable for diabetics etc.</i>		
Proposed Action 4: Further improve the options to eat healthily in schools		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The Department's original comments related to this action were to ensure all parents (and children) have access to basic cookery skills courses, and are educated about healthy eating choices – just offering healthy foods without the education will not resolve the issue.</i>		
Proposed Action 5: Improve the options to eat healthily on States premises; acting as a role model for healthy workplaces		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>Convenience and pre-prepared food is often seen as an 'easy' option for those who can't/don't have time to/won't cook. This action therefore needs to be supported by on-going education as to the long term effects certain food choices can have. It also, as all of these actions, needs to be supported by access to activity within the workplace.</i>		
Proposed Action 6: Improve the information available to customers in cafes and restaurants to enable them to make healthier choices		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The Department originally suggested educating local restaurants, café owners, and food producers in the benefits of producing healthier meals, including those suitable, for example, for diabetics, those with high cholesterol etc. and therefore fully supports this action. However, when looking at portion control it must be remembered that all individuals are different, and therefore what might be a large portion to a sedentary 35 year old adult, may be a small portion to a very active 21 year old taking part in competitive sport.</i>		
Proposed Action 7: Work with food retailers to promote healthy food choices		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>See above comment for proposed action 6</i>		
Proposed Action 8: Raise awareness in adults and children of the benefits of meeting healthy eating guidelines		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>As stated previously, the Department believes that it is key to educate individuals that we all have choices in terms of healthy lifestyles, and we all have to take accountability and responsibility for the choices we make, ultimately knowing the consequences of those choices. This will include educating individuals that keeping active and eating a healthy balanced diet is a 'normal' thing to do – essentially a step change in local culture with acceptance by the local community.</i>		

Proposed Action 9: In partnership, design and implement a 'Healthy Bailiwick' Project to lead on delivery of making physically active lifestyle choices easier		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>As a facility provider, the Department believes it has a key role to play when helping deliver easy access to physically active lifestyle choices, including potential access to satellite community facilities when the Committee structure changes in 2016.</i>		
Proposed Action 10: Promote active travel and planning strategies that support physical activity		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>During the original consultation, the Department believed that engaging employers could be key in this area, e.g. encouraging them to be more flexible with dress code. For example – allowing staff to attend meetings and work in active gear, as opposed to suits. Also by encouraging employers and schools to provide decent and adequate changing facilities for those who wish to walk/cycle/run etc. to work/school. In addition, the Department would support States Departments working closely together to help develop a network of safer cycling routes/Boris Bike scheme.</i>		
Proposed Action 11: Further improve the options to be physically active in schools		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>Leisure Services facilities are utilised by many local schools, go into schools to deliver fitness classes and with the Beau Sejour Swim School operates the Swimming in Schools initiative alongside Education. It would be keen to develop these activities, and others, further.</i>		
Proposed Action 12: Improve the options to increase physical activity on States premises; acting as a role model for healthy workplaces		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The Department is proud of its many fitness instructors, swimming instructors, and other professional leisure staff, as well as its comprehensive leisure and sport facilities. There are opportunities for the Department to get involved in a positive and proactive way regarding this proposed action.</i>		
Proposed Action 13: Raise awareness in adults and children of the benefits of meeting physical activity guidelines and of minimising sedentary behaviour		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The Department believes that this can be achieved by concentrating on small step changes as opposed to one major change, which can often be too daunting to implement for many individuals. The most important thing is for these smaller step changes to become a 'habit' and part and parcel of the individual's 'normal' day.</i>		
Proposed Action 14: Increase the number of overweight and obese adults moving successfully to appropriate weight goals and maintaining them		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>As per comment to proposed objective 6.</i>		
Proposed Action 15: Increase the number of overweight and obese children moving successfully to appropriate weight goals and maintaining them		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>As per comment to proposed objective 6.</i>		
Proposed Action 16: Research and tailor appropriate weight management interventions for pregnant women with particular emphasis on targeting those in need of additional support		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>As per comment to proposed objective 6</i>		
Proposed Action 17: Provide support for people who want to change their healthy eating, physical activity and weight management behaviours		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The Department is keen to support the development of the new Healthy Weight Strategy and is looking forward to working with HSSD on its development and future implementation.</i>		

Proposed Action 18: Provide training and support for health professionals in relation to weight management support		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The Department would be keen to see this training extended to exercise and fitness professionals, such as those working at Beau Sejour Leisure centre, to ensure a truly co-ordinated and integrated approach can be achieved for this proposed action.</i>		
Proposed Action 19: Reduce health inequity in adults and children in relation to weight management services		
<input checked="" type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Don't know
Comments: <i>The Department believes development of its own GP Referral scheme 'Lifefit' could contribute to the success of this proposed action.</i>		

Thank you for taking the time to complete this questionnaire. Please return it to the Healthy Weight Strategy Team, Health Promotion Unit, Princess Elizabeth Hospital, St Peter Port, GY4 6UU by end of the day on **Monday 16th November 2015** or alternatively complete it online at www.surveymonkey.com/r/gsyhealthyweight2015

Further information on healthy weight issues can be obtained from the Health Promotion Unit Tel 707311 or e-mail healthyweight@hssd.gov.gg

**HOME**

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26 November 2015

Dear Deputy Luxon,

Healthy Weight Strategy 2016-2023 – Tax on Sugar Sweetened Beverages (SSB's)

I refer to my letter to your Department dated 10 June 2015 and the enclosed Home Department consultation response in relation to the proposed Healthy Weight Strategy.

The Director Public Health has requested the Home Departments comment in relation to the possible introduction of a "tax" on (SSB's).

There would appear to be only two ways of practically introducing such a tax. Firstly, by introducing a sales tax on such products, or, by introducing an Excise duty on these products.

The Department would be able to collect the Excise duty if this option were introduced subject to it being provided with the additional resources necessary to introduce and maintain the collection of this new tax. The exact costs of collection will be dependent upon a range of practical factors and considerations which will also have direct and indirect financial implications for traders/importers. It will therefore be important to ensure that the costs of collection are included in the formulation of any tariff should this option be pursued.

In Jersey sales tax is collected by its Income Tax Department and it may be that a similar model could also work in Guernsey but I would recommend you consult directly with the local Tax office to confirm this.

I understand that Guernsey Border Agency staff members are working with your officers to further evaluate this proposal and the Department would be happy to be further consulted when more information is available.

Yours sincerely,

Deputy Peter Gillson
Minister
Home Department

Enclosure:

1. Home Department Consultation Response, dated 10 June 2015.

H\01. Central Services\External\HSSD\Healthy Weight\2015.11.26

POLITICAL RESPONSIBILITIES

Guernsey Police, Guernsey Border Agency, Guernsey Prison Service, Guernsey Probation Service, Guernsey Fire & Rescue Service, Emergency Planning, Bailiwick Drug & Alcohol Strategy, Criminal Justice Strategy, Domestic Abuse Strategy, Broadcasting, Gambling Control, Electoral Roll



HOME

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 Guernsey
 GY6 8TW

10th June 2015

Dear Deputy Luxon,

RE: GUERNSEY & ALDERNEY HEALTHY WEIGHT STRATEGY 2016-2021 – OUTLINE SCOPE

Further to your letter of 8th May 2015, I enclose the Home Department's response to the proposed scope of the Healthy Weight Strategy. The Department is grateful for the opportunity to comment; it appreciates the threat that obesity represents to individuals and to the community and from its own perspective would note the link between healthy lifestyles and prosocial behaviour.

Yours sincerely,

Deputy Peter Gillson
 Minister
 Home Department

H:01. CS108. ExternalHSSD\Healthy Weight\20150610

POLITICAL RESPONSIBILITIES

Guernsey Police, Guernsey Border Agency, Guernsey Prison Service, Guernsey Probation Service, Guernsey Fire & Rescue Service, Emergency Planning, Bailiwick Drug & Alcohol Strategy, Criminal Justice Strategy, Domestic Abuse Strategy, Broadcasting, Gambling Control, Electoral Roll

CONSULTATION RESPONSE	
RESPONDING DEPARTMENT	HOME
CONSULTING DEPARTMENT	HEALTH & SOCIAL SERVICES
SUBJECT	GUERNSEY AND ALDERNEY HEALTHY WEIGHT STRATEGY 2016-2021
<p>The Home Department remains supportive of measures to reduce the behaviours and habits that are harmful to health, which includes the health implications of weight. It would emphasise the need for cost consideration in any initiatives or resource requests that result from the new strategy in order that its efficacy can be sustainable over time.</p> <p>Making healthy eating choices easier and a part of everyday life. <i>The Home Department concurs that any effort to tackle the incidence of obesity in the Island needs to consider the underlying causes and societal issues, as well as helping those individuals already experiencing weight problems. This clearly includes a concern for diet; improvements to both the promotion and availability of healthy eating options should improve the Island's attitude to food and encourage and enable individuals to make healthy, informed choices without being unduly limited by personal circumstance.</i></p> <p><i>The Department would suggest that any concern for diet needs to include a consideration of the weight implications of alcohol use, and any initiatives should complement and be informed by the Drug and Alcohol Strategy.</i></p> <p>Making active lifestyle choices easier and a part of everyday life. <i>An active lifestyle has benefits beyond maintaining a healthy weight and can support both physical and mental health; the Home Department thereby believes it represents a key underlying component of the new strategy. Promotion of informal active lifestyle choices should enable the community to become more active without being constrained by affordability or accessibility.</i></p> <p><i>The Department notes that making active lifestyle choices a part of everyday life, like healthy eating choices, will require consistent work by a range of States units, an aspect that will need to be considered within the strategy.</i></p> <p>Helping overweight and obese adults and children achieve and maintain appropriate weight goals. <i>Whilst the Department is not in a position to advise on appropriate methods to support the healthcare of those affected by weight issues, it recognises the need for help to be provided to those obese or overweight individuals in order to prevent life-threatening conditions and improve health in the Island. The Department notes that work in this area may also help break cycles of poor health choices and reinforce the other two 'pillars' of the strategy.</i></p>	

Education Response

187/HSSD/MJC

6th November, 2015

Minister,
 Health and Social Services Department,
 Corporate Headquarters,
 Rue Mignot,
 ST. ANDREW'S.
 GY6 8TW

Dear Deputy Luxon,

re: Healthy Weight Draft Strategy 2016-2023 and Associated Action Plan

Thank you for your letter of 16th October, 2015 regarding the consultation response for the Healthy Weight Strategy 2016-2023. The strategy has been circulated to Island schools and services and they have been asked to complete the Island questionnaire. I am also aware that the child measurement programme results for 2015 have recently been published and made available to schools.

The Education Department has been fully involved in the proposals and has worked closely with colleagues from the Health and Social Services Department, the Sports Commission, Health Promotion Unit and the active travel unit to ensure that a comprehensive programme of measures is being proposed. The Board recognises that the proposals are intended to provide the Island with the opportunity to establish a long-term vision where healthy eating and physical activity are accessible, affordable and part of everyday life.

The whole of the Island community needs to play its part in delivering this strategy but, as with all social trends, the role of education establishments is essential in providing families with the educational opportunities to make wise choices about healthy lifestyles. The Education Board recognises that it plays a significant role in three of the objectives in particular:

- a reduction in the number of children who are obese and overweight by 2023;
- an increase in the number of people eating a healthy diet by 2023; and
- an increase in the number of people who are regularly physically active by 2023.

The Education Board envisages that if approved by the States of Deliberation in the Spring of 2016 as expected, the following workstreams will be developed in response to the recommendations:

- establishing a physical literacy strategy as a part of the review of the curriculum framework;
- revisiting the healthy food guidelines that are currently in operation for the secondary phase – and extending them to other phases of education;
- establishing a robust evidence base for the measurement of children's physical activity levels and dietary habits – through an enhanced young people's survey in 2016 and developing the child measurement programme;
- seeking to develop a Guernsey-based Healthy Schools Award;
- working closely with partner organisations such as the Sports Commission, Active travel unit, and food suppliers to ensure that we provide a collaborative approach to healthy lifestyle opportunities for young people and their families.

Yours sincerely,

Deputy R. W. Sillars
Minister

SPORT

Director of Public Health

13 NOV 2015

Mrs L Prickett
 Consultant Public Health Specialist
 Administration Office
 Corporate Headquarters
 Le Vauquiedor
 St Martins
 GY4 6UU

11th November 2015

Dear Linda *Linda*

Healthy Weight Strategy 2016 to 2023 – Public Consultation

The Guernsey Sports Commission is pleased to have the opportunity to respond formally to the consultation on the proposed Healthy Weight Strategy from 2016 to 2023.

The Commission is very supportive of the States creating and delivering a Healthy Weight Strategy for the Bailiwick, as we believe that the benefits of a successful strategy will be considerable. We were pleased to have been able to contribute to the preparation of the Strategy; and we look forward to playing our part in its delivery, through the central role that we have been asked to take in the creation of initiatives to promote physical activity.

At all stages in the development of the Strategy, the Commission has expressed its view that the way in which that Strategy is delivered will be key to its ultimate success. We remain convinced that the Healthy Weight Strategy should be led by a separate, independent body which would be the public face of Healthy Guernsey. This body would be led by a dynamic Committee, Chairman and CEO, in order to promote the objectives contained in the Strategy and to attract funding.

Such a body would be a collaboration between the third sector and the public sector; an independent organisation in which health professionals, sports representatives, fundraising and marketing representatives and project managers could work together towards the goals of the Strategy. We believe that such a body would be most effective and most able to deliver the whole of the Healthy Weight Strategy if it could stand alone, and not be over-identified with any one element of the Strategy by virtue of its association with, for example, HSSD or the Commission.

The Strategy in its current form is silent on the method of delivery. It does not state who is responsible, who is accountable, and who will ensure that it does not fail to achieve its objectives. Although the Action Plan does refer in item 9 to establishing a partnership action group, the Commission believes that the establishment of an independent, dynamic body to drive the Strategy forward should be embedded in the proposals of the Strategy itself – as the ability to deliver is fundamental to its success.

The need for clear, focused leadership is illustrated by the Action Plan, in which, under the heading "who leads", several interest groups are identified against a single action. This diffuse responsibility ensures that no one group is truly accountable for delivery. The Commission maintains that only

Guernsey Sports Commission

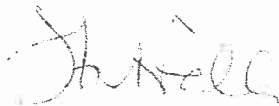
with a single point of responsibility for the Strategy will effective leadership and accountability be put in place.

The development of an independent body as the public face of Healthy Guernsey will also, we believe, have other important advantages: specifically, the opportunity for significantly more cohesion between the many parties involved in this area, and less chance of sending mixed messages to the public. It would also create opportunities to attract philanthropic funding – which, if met with matched funding by the public sector, should provide sufficient resource to ensure that the Strategy is given every chance of success.

Finally, the Strategy envisages, as one of its three pillars, one pillar dedicated to physical activity. It is very difficult to separate physical activity from enjoying and following a healthy lifestyle, on the one hand, and from participation in sport – which includes the whole spectrum of activity from simple regular movement of the body to active participation in competitive sports – on the other. We would not wish to see the Healthy Weight Strategy delayed while a Strategy for Sport is being developed, as recently directed by the States; however, we would note that it is very difficult to divorce the two, and we would consider it absolutely essential that the two Strategies should be compatible. The Sports Commission considers that the whole spectrum of sporting activity sits within its mandate, and we are therefore content to take responsibility for promoting and ensuring the compatibility of the two Strategies.

As previously discussed the Commission remains willing to work with your department and the wider States, together with support from the Guernsey Community Foundation, to determine the most appropriate corporate governance structure and leadership options to ensure that an independent body as outlined above is fit for purpose and well-placed to succeed. We would be more than happy to discuss any aspect of our response to the consultation with you at your convenience.

Yours sincerely



Stuart Falla MBE
Chairman

Appendix 6

Obesity Strategy spend 2015 as at 24/12/2015

HE8161	
Advertising, social marketing, materials, equipment, stationery including Guernsey Child Measurement programme expenses	£5,079
Health Trainers: Training and development, uniform, equipment	£1,179
Health Trainers: pay	£1,710
Strategy Coordination – project worker	£7,772
Contribution towards salary for HPO for Obesity	£12,500
Specialist School Nurse for weight management	£47,432
Community Dietitian	£51,948
Grant to Sports Commission towards PE in schools programme	£10,000
TOTAL	£137,620
Budget for 2015 was £145,840 Underpend due to reduced Health Trainer time – maternity leave, changed jobs, change of circumstances	

Appendix 7

Indicative Projects for first three years of the Healthy Weight Strategy 2016-23

The projects that would be of benefit and require additional funding are listed here. If funding was available all projects would be subject to detailed and validated business cases and confirmation of costs.

All Pillars

- Cost of setting up and running a new independent body
- Project co-ordination
- Project Management and Business Planning
- Project Monitoring and Evaluation
- Social Marketing covering all Pillars

Healthy Eating Pillar

Action Plan 1 Staff time and resources to investigate options to implement and administer a tax on sugar sweetened beverages, working with relevant Departments, and law officers.

Action Plan 2 and 3 Resources to improve food in schools, pre-schools and nurseries

Action Plan 5 and 6 Staff time to promote healthy choices through retailers and restaurateurs

Action Plan 7 Staff time and resources to design, implement and monitor population level campaigns to promote healthy eating

Physical Activity Pillar

Action Plan 8 Funding for physical activity service lead plus administration, equipment etc.

Action Plan 12 – Staff time and resources to develop implement and monitor population level campaigns to promote physical activity and reduce sedentary behaviour

Weight Management Pillar

Action Plan 17 and 18 Funding for weight management service lead plus administration, equipment etc.

Action Plan 13 Additional Community Dietician post plus administration, equipment etc.: to expand weight management services, support work carried out through Healthy Eating pillar actions, businesses, schools etc.

Action Plan 13:

Redesign of Tier 2 weight management provision (community services)

Tier 3 Services - Additional Exercise Physiologist and Psychology support for weight management multi-disciplinary team

Tier 4 Services - Research and develop a Bariatric Surgery Service (currently no bariatric surgery is publicly funded).

Action Plan 14 Additional staff capacity for early years' services on weight management

Action Plan 17 Training for health professionals in relation to weight management

(N.B. The Treasury and Resources Department commends the Healthy Weight Strategy's focus on the long-term realisation of non-financial and financial benefits, including increased emphasis on preventative measures to address the significant costs of conditions such as diabetes.

The Treasury and Resources Department notes that the development and delivery of the Healthy Weight Strategy would have significant long-term resource implications. In paragraph 6.1 of the Policy Letter the Health and Social Services Department advises that it is “not planning to request any additional public funding for these service developments in either 2016 or 2017”. However, additional public funding requests could be made beyond 2017 to progress the service developments contained in the draft action plan (Appendix 4).

Appendix 4, contains 18 action points that if followed would undoubtedly have resource implications. The action points were previously commented upon by the Treasury and Resources Department in a letter dated 16th November 2015 in response to the Healthy Weight consultation exercise, a copy of which has not been included in the Policy Letter. In summary, Treasury and Resources commented as follows;

- Action 1, which includes the suggested implementation of a tax on sugar sweetened beverages (SSB's), could involve significant changes to legislation and could introduce increased complexity to the taxation system. There does not yet appear to be a successful established methodology in other jurisdictions to serve as a comparative model.
- Actions 3 and 4 are focused on quality of food choices which would lead to increases in costs of supplies.
- Actions 2, 5, 6, 7, 9 and 12 relate to the promotion and development of a sustainable strategy which would have resource implications, as has been the case with other strategies where framework development and information provision has been required.
- Actions 8, 10 – 11 and 13 – 18 relate to potential changes in service provision including increased services and service redesign and would impact on resource requirements.

It is expected that any potential resource implications are fully assessed, including by the use of cost/benefit analysis techniques, through the development of Outline Business Cases and in line with the Health and Social Services Department's commitment in paragraph 6.1 to “consider what steps can be taken as a Department to ensure that adequate funding is prioritised for this work stream, since the benefit to health is clearly demonstrable”.

It is clear that when consideration is given to approving new strategies and services across the States which invariably require additional resources, consideration should also be given to how these rank against those currently provided. It is now vital that money for new initiatives is made available by reducing or ceasing some current services which are considered to be lower priority.

The Treasury and Resources Department notes that close working with the third sector is essential to successful delivery of the strategy and welcomes this example of partnership working.)

(N.B. The Policy Council supports the actions outlined in the refreshed Healthy Weight Strategy. In particular, of the new measures proposed, the Policy Council is supportive of an investigation into a tax on sugar sweetened beverages.

Acknowledging that an effective Healthy Weight Strategy is critical to managing current and future health and social care expenditure, the Policy Council further welcomes an investigation into the establishment of an independent body to oversee its implementation across the voluntary, commercial and public sectors.

Finally, the Policy Council is satisfied that the proposals comply with the Principles of Good Governance as defined in Billet d'État IV of 2011.)

The States are asked to decide:-

XVII.- Whether, after consideration of the Policy Letter dated 6th January, 2016, of the Health and Social Services Department, they are of the opinion:

1. To agree to work towards the vision of Guernsey and Alderney becoming an environment where healthy eating and regular physical activity are accessible, affordable and normal, for all in the community.
2. To direct the Health and Social Services Department (and its successor Committee) to continue and strengthen evidence-based joint working across States Departments (and their successor Committees) and food providers to enable access to appropriate food choices for adults and children in all settings.
3. To direct the Health and Social Services Department (and its successor Committee) to continue and strengthen evidence-based joint working across States Departments (and their successor Committees), the Guernsey Sports Commission and community providers to enable increased opportunities for physical activity and active travel for adults and children in all settings.
4. To direct the Health and Social Services Department (and its successor Committee) to work with the Home Department (the Guernsey Border Agency) and Treasury

and Resources Department (and their successor Committees), to investigate the potential for implementation and administration of a tax on sugar sweetened beverages.

5. To direct the Health and Social Services Department (and its successor Committee) to set up a clinical working group to review adult, child and maternity weight management service provision, supported by a business case should increased funding be required.
6. To direct the Health and Social Services Department (and its successor Committee) to investigate the creation of an independent body to bring together partners in the voluntary, commercial and public sectors to oversee the delivery of the New Healthy Weight Strategy.
7. To approve the Guernsey and Alderney Healthy Weight Strategy 2016-23 and Action Plan and affirm the States' commitment to minimising the harm caused by overweight and obesity to Guernsey and Alderney residents of all ages.

HEALTH AND SOCIAL SERVICES DEPARTMENT

GUERNSEY AND ALDERNEY BREASTFEEDING STRATEGY 2016-2020

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

6th January 2016

Dear Sir

1. Executive Summary

- 1.1 Following consideration of the 113th Medical Officer of Health (the MOH) Annual Report in May 2013¹ (Billet d'État VIII, 30th May 2013), the States made the following resolution:

“To direct that by no later than December 2014, and after consultation with the Medical Officer of Health and other relevant parties, the Health and Social Services Department, working in conjunction with the other Departments where appropriate, shall report to the States setting out proposals designed to improve the rates of breastfeeding in Guernsey as informed by, but not limited to, recommendations 17, 18, 20 and 21 of the 113th Annual Medical Officer of Health Report.”

- 1.2 Unfortunately this Report is 12 months overdue.
- 1.3 Breastfed infants have important health advantages over non-breastfed infants, both in the short-term, such as reduced infection risks, and also in the longer term through reduced risk of diabetes and obesity (Appendix 3). Further, women that breastfeed are at lower risk of a range of diseases such as breast and ovarian cancer. Unfortunately, rates of breastfeeding in the British Isles, including Guernsey, are low internationally. Therefore improving the proportion of infants who are breastfed will have significant health benefits.
- 1.4 This Policy Letter proposes the first Guernsey and Alderney Breastfeeding Strategy, with the vision of *“breastfeeding is normalised and the preferred feeding method of choice for mothers in Guernsey”* and the aim to increase the proportion of infants who are breastfed (Appendix 1). The Strategy covers the

¹ 113th MOH report, page 44, infant feeding, <http://www.gov.gg/CHttpHandler.ashx?id=78876&p=0>

period 2016/20, and this Strategy and supporting documents set out the plans for working towards this vision.

1.5 The following are the areas of outcome focus in the New Strategy:

- Increase in the number of mothers who initiate breastfeeding
- Increase in the number of mothers who continue to breastfeed at 6-8 weeks
- An increase in physical environments that actively support breastfeeding
- UNICEF Baby Friendly Initiative accreditation achieved in clinical and community settings

1.6 The New Strategy will aim to achieve this through four pillars of work which are detailed in the action plan (Appendix 2):

- Improving local data and consultation with mothers
- Education and awareness raising
- Improving the direct support available to new mothers
- Creating wider community support

1.7 This Policy Letter proposes the first Breastfeeding Strategy for Guernsey and Alderney (Appendix 1), along with an associated action plan (Appendix 2). The strategy has been developed after examination of current scientific evidence (Appendix 3), relevant to the Guernsey small island context.

2. Context

2.1 Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants.

2.2 Benefits of breastfeeding for infants compared to formula feeding include a lower risk of infections (e.g. gut, respiratory, urinary, ear); diarrhoea, less allergic disease (e.g. eczema and asthma); diabetes; obesity; leukaemia; sudden infant death syndrome; and reduced cognitive ability (Appendix 3).² In addition to the health benefits, increased rates of breastfeeding are likely to have financial benefits for the States².

2.3 Benefits of breastfeeding for mothers include a lower risk of cancers (e.g. breast and ovarian), hip fracture; and delayed return of menstruation (Appendix 3).²

2.4 The World Health Organisation (the WHO) recommends exclusive breastfeeding for six months. Unrestricted exclusive breastfeeding results in

² UNICEF. Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, accessed 17th December 2015 http://www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf

ample milk production. The great majority of mothers are physically able to breastfeed.

- 2.5 The data we have suggests about a quarter of infants in Guernsey and Alderney do not receive any breastfeeding at all, and that our rates are comparable to those in South-West England, and the English average. Rates of breastfeeding initiation in the UK lag far behind Scandinavian countries where nearly all babies have been breastfed.¹
- 2.6 In terms of continuation of breastfeeding, less than 1 in 5 infants in the UK are still breastfed at 3 months³, and while we do not yet have valid data for Guernsey on continuation of breastfeeding, our figures are likely to be comparable.
- 2.7 The great majority of the annual number of about 650 Guernsey and Alderney infants are born at the Princess Elizabeth Hospital⁴. At around ten days of age, mother and infant support is handed over from midwives to health visitors.

3. Breastfeeding Strategy

- 3.1 The Strategy (Appendix 1) has been built to achieve the vision that *“breastfeeding is normalised and the preferred feeding method of choice for mothers in Guernsey”*. The new Strategy covers actions and initiatives from 2016 to 2020, as steps towards achieving this vision (Appendix 2). The strategy has been developed after examination of current scientific evidence (Appendix 3).
- 3.2 The New Strategy is aligned to the States Strategic Plan, aiming to support and encourage individuals to take personal responsibility to adopt healthy lifestyles: achieve equity of provision of services: and achieve a healthier workforce. The New Strategy has been designed to achieve the following strategic outcomes;
 - Increase the number of mothers who initiate breastfeeding
 - Increase the number of mothers who continue to breastfeed at 6-8 weeks
 - Increase in environments that actively support breastfeeding
 - UNICEF Baby Friendly Initiative accreditation achieved within relevant clinical and community settings
- 3.3 The New Strategy will aim to achieve this through four pillars of work, which it is proposed will be delivered during the four year period of the strategy (Appendix 2):

1. Improving local data and consultation with mothers

³ UK Breastfeeding rates <http://www.unicef.org.uk/BabyFriendly/About-Baby-Friendly/Breastfeeding-in-the-UK/UK-Breastfeeding-rates/>, accessed 17th Dec 2015

⁴ Health Profile for Guernsey and Alderney, 2010-12.

<http://www.gov.gg/CHttpHandler.ashx?id=87388&p=0>

2. Education and awareness raising
3. Improving the direct support available to new mothers
4. Creating wider community support

Pillar 1: Improving local data and consultation with mothers

- 3.4 There is enough local data and intelligence to know that our rates of initiation of breastfeeding are in line with the British Isles, and therefore there is great room for improvement. However, the MOH report also recognised the need for improved measurement, and understanding of mothers' views.
- 3.5 This pillar of the strategy aims to ensure that our local evidence base is developed, including measuring prevalence of breastfeeding routinely, enabling valid statistics to be produced, and that we routinely obtain views about breastfeeding support. This evidence will help us assess how we are doing, and inform changes to improve support for mothers.
- 3.6 A review will examine the reporting systems and quality of data to record the key statistics of breastfeeding at initiation and at 6-8 weeks, and is planned to be completed by July 2016. Thereafter data collection at regular intervals up to 24 months will be explored. Following the review a new data collection and reporting programme, based on the report, will be agreed, which will include a data quality report and data quality standards. HSSD are planning to introduce a new IT recording system in maternity, and sufficient training of staff will ensure competent recording, which will increase data quality.
- 3.7 Once a baseline of sufficient quality is established, targets to improve breastfeeding initiation and continuation will be agreed, and summary reports will be produced on data quality and trends, to enable the Breastfeeding Strategy Group to focus on particular areas of concern.
- 3.8 Currently we do not systematically collect views of our service users regarding their needs and wants around breastfeeding and their babies. We are agreeing a set of appropriate validated questions, to use for primary feedback from mothers to enable us to compare our services over time, and our services with other services. A variety of methods will be used - surveys, focus groups and interviews, including anonymous feedback, to explore local mothers' needs and wants around breastfeeding and their baby, and the intelligence will be fed back to the Breastfeeding Strategy Group for discussion and provision of advice on improvements to services.
- 3.9 Improved data systems will also enable us to audit equity of access to identify population groups who are under-represented in specific services (for instance younger mothers, mothers from lower income families). This will help us identify changes to our services to encourage better and fairer access.

Pillar 2: Education and awareness raising

- 3.10 The aim of this pillar of the strategy is to raise awareness and knowledge of the benefits of breastfeeding through education and through health promotion campaigns, in the general population of Guernsey and Alderney.
- 3.11 An annual public awareness campaign will be developed and run to highlight among the whole community the benefits of exclusive breastfeeding until 6 months, and as part of a healthy infant diet until 2 years (or beyond). As well as a general campaign, specific initiatives will target content to key sub-groups of our general population. For instance, children and young people, older people (in particular grandparents who can be highly influential in a mother's choice of feeding), partners and peers, and employers/employees. A range of methods will be used as appropriate, e.g. social media, drop in events etc.
- 3.12 The Breastfeeding Strategy Group will ensure that messages are simple, concise, consistent and up to date. We will also consider communication channels through both social media and apps to make the strategy and plan accessible online too.
- 3.13 The feasibility and evidence of incorporating breastfeeding into the curriculum at appropriate points from early years, through primary aged children and into secondary schools will be explored, to normalise and reduce the stigma of breastfeeding. Breastfeeding will be embedded, where feasible, informally through play, to encourage breastfeeding as normal behaviour.

Pillar 3: Improving the direct support available to new mothers

- 3.14 The aim of this pillar of the strategy is to give new mothers and their family networks the support to initiate and continue breastfeeding as long as possible.
- 3.15 Midwives provide support to mothers from when women are booked into the Midwifery Department, approximately six months before their due date, until about ten days after birth. During most of infancy support is provided by health visitors. Primary care may provide care to mothers throughout this period. The National Childbirth Trust (the NCT) offers antenatal education courses which include education on breastfeeding and which are taken up by just over a hundred women a year (but are oversubscribed and have a waiting list), and post-natal support (including peer support) with breastfeeding.
- 3.16 UNICEF has identified ten steps to successful breastfeeding.⁵ HSSD Maternity Services will work towards re-attaining Baby Friendly Status at the Princess Elizabeth Hospital, and the Health Visiting services will work towards obtaining Baby Friendly accreditation for the first time⁶. This will provide assurance that local healthcare environments are providing services that are externally accredited as supportive for breastfeeding.

⁵ UNICEF, Ten Steps to Successful Breastfeeding, <http://www.unicef.org/newsline/tensteps.htm>

⁶ UNICEF, the Baby Friendly Initiative <http://www.unicef.org.uk/babyfriendly>

- 3.17 Evidence-based advice and support will be provided to mothers on the advantages and disadvantages of breast and formula feeding for them and their babies. This will include motivational tips, and practical ideas to inspire confidence in their ability to breastfeed, as well as advice on how to look after themselves when breastfeeding.
- 3.18 Feedback will be sought annually from mothers on the supportiveness of the Hospital environment, identifying and implementing any changes to make breastfeeding easier.
- 3.19 Consistent evidence-based advice from professional staff is very important in supporting mothers to breastfeed. There is local evidence from feedback from mothers of some variability in experience. Training for midwives and health visitors will be reviewed to ensure there is a focus on breastfeeding support skills to ensure that messages/practices of new staff are in line with current practice and policy, including should a mother choose not to breastfeed. Staff knowledge and confidence in breastfeeding will be audited and assessed, a training course highlighting key infant feeding messages will be delivered, followed by a refresher course for all other appropriate staff.
- 3.20 The pathway of care for breastfeeding mothers will be reviewed, including the roles of both key professionals and also wider support (peer supporters). An annual consultation on the pathway, open to all new mothers, will be used to identify parts of the pathway that require improvement. The pathway will include information for mothers on infant feeding provided in a format they need/want informed by the evidence from the consultation.

Pillar 4: Creating wider community support

- 3.21 Wider community support is essential to help mothers start and continue to breastfeed.
- 3.22 Simple local breastfeeding branding will be considered that can be displayed by all partners and supportive businesses to show breastfeeding is supported and welcomed, and can be used as part of campaigns. Details of breastfeeding friendly organisations and businesses will be widely publicised.
- 3.23 The Employment Relations Service will work with other States departments to develop a States-wide Breastfeeding and Return to Work Policy which could be used as an example of good practice for other employers. This will take account of statutory provisions, and changes such as the proposed new maternity and adoption leave, that may be agreed in early 2016.
- 3.24 Health Promotion will develop a campaign to promote positive examples of breastfeeding at work to highlight mothers' and employers' perspectives using local case studies.

- 3.25 Although there is already an excellent service run through the NCT, this is not accessed by all mothers who need extra support. Targeted and tailored support will therefore be provided for new mothers who require additional support. With third sector partners, HSSD will support the development of a Guernsey wide Peer Supporter Programme, through recruiting and training recent breastfeeding mothers who are willing to support other mothers. Mothers' views will be explored to ensure the service meets their needs.
- 3.26 In addition to the universal services of midwifery and health visiting, all services which offer additional support for breastfeeding will be mapped, and communicated to mothers through health professionals, and other means.

4. Reporting and Review

- 4.1 Progress on the New Strategy will be reported as a minimum annually to the Breastfeeding Strategy Group, and through them to both the Committee *for* Health and Social Care (the CHSC), and Maternity Services Liaison Committee (which includes professionals and service users). The report will be made publicly available.
- 4.2 HSSD recognises the importance of engaging with individuals and organisations across the island in preparing a multi-agency social policy of this kind. It is very grateful for the contributions it has had from partners to date, but recognises that in continuing to improve breastfeeding rates HSSD will need to continue to seek the views and support of others to deliver the desired outcomes.
- 4.3 A review is proposed at the mid-point of the strategy in 2018.

5. Funding

- 5.1 Improving rates of breastfeeding are likely to save resources, both in the short, medium and long term, through conditions prevented. However, in the short-term these will not be cash releasing. Therefore, additional funding will be required to implement this strategy, as follows;
- Appointment of a Health Visitor (Lactation) to kick start the implementation of the Strategy to ensure professional staff maintain breastfeeding skills and knowledge, to ensure the service achieves and maintains Baby Friendly accreditation, and to co-ordinate the delivery of, and provide progress reports on, the implementation of the strategy. Estimated at £40,000 pa
 - Public Health Intelligence support (breastfeeding). To set up data systems, and provide analysis of data. Estimated at £15,000 pa

- Third sector Peer Support Worker to coordinate and run the programme, and for training. Estimated at £10,000 pa

5.2 HSSD will undertake a reprioritisation exercise to allocate funding from within its existing resources to implement this strategy.

6. Conclusion

6.1 Local rates of breastfeeding are internationally low. Increased rates of breastfeeding will improve both the health of the islands and have economic benefits.

6.2 This Policy Letter proposes the first Breastfeeding Strategy for Guernsey and Alderney (Appendix 1), along with an associated action plan (Appendix 2), and evidence-base for the plan (Appendix 3).

7. Recommendations

7.1 The Health and Social Services Department recommends that the States agree to approve the first Guernsey and Alderney Breastfeeding Strategy, as set out in Appendices 1 and 2.

Yours faithfully

P A Luxon
Minister

H J R Soulsby
Deputy Minister

M P J Hadley
S A James MBE
M K Le Clerc

R H Allsopp OBE, Non-States Member
A Christou, Non-States Member



HEALTH AND SOCIAL SERVICES DEPARTMENT

BREASTFEEDING STRATEGY 2016 - 2020



Section A: INTRODUCTION

EXECUTIVE SUMMARY

States Policy: Yes

Breastfeeding Strategy

Period covered

2016-2020

Political sponsors

Health and Social Services Department

Programme Authors

Public Health HSSD with input from Breastfeeding Strategy Group, and other agencies

Summary

In May 2013 the States of Deliberation resolved that by December 2014 the Health and Social Services Department (HSSD) in conjunction with other appropriate departments would report on proposals designed to improve breastfeeding rates in Guernsey. This would be informed by, but not limited to recommendations 17-21 in the 113th Annual Medical Officer of Health Report¹.

This Strategy and supporting documents set out the plans for improving breastfeeding rates, and delivering the principle vision of *"breastfeeding is normalised and the preferred feeding method of choice for mothers in Guernsey"*. The objectives of the strategy are: increase the rates of breastfeeding, achievement of Baby Friendly Initiative (BFI) Accreditation and creating environments that actively support breastfeeding.

The strategy has been developed through examination of the best available evidence on the most effective measures to increase breastfeeding rates including identifying the most successful interventions, plus expertise of key professionals and feedback from a small number of mothers. However, it is recognised that the consultation on breastfeeding has been limited and a wider engagement process is required amongst organisations, professional groups and the general public. This is identified as a key task within this Strategy's Action Plan and the results of which will further develop the breastfeeding agenda over the course of the strategy.

Currently there is a real energy around the topic of breastfeeding within health settings with the intention of rolling out BFI accreditation and the proposed future plans around supportive legislation. The decision on the Maternity Leave and Adoption Leave

¹ Billet d'État VIII, 2013, 113th Medical Officer of Health Annual Report

(Guernsey) Ordinance, 2016 (returns to the States for approval at the January 2016 meeting) if agreed would see the entitlement for all working mothers increase to 12 weeks basic maternity leave. Those with 15 months continuous service would be entitled to be absent for up to 26 weeks. The changes would commence from the 1st April 2016 and would apply to employees with due dates of 7th August and later. This gives much more certainty to mothers about the time they may be absent from work and therefore could potentially enable mothers to breastfeed until 6 months (World Health Organisation recommendation).

As a result of consideration of the Breastfeeding Strategy, the Employment Relations Service at Commerce and Employment will liaise with the Health and Safety Executive to produce guidance notes for employers around breastfeeding in the workplace. It is hoped the guidance will assist employers to act responsibly with regard to breastfeeding mothers returning to work. The guidance notes will be published and publicised at the same time as the information surrounding the Maternity Ordinance, thus ensuring the information is circulated as widely as possible.

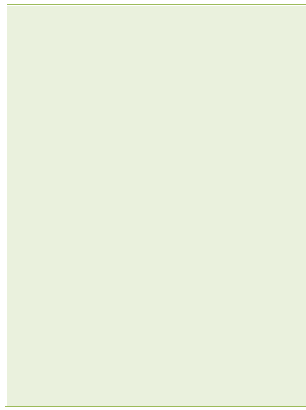
This Strategy will galvanize the current work and future plans, whilst taking the necessary steps forward, to ensure breastfeeding becomes the normal feeding choice for mothers.

This is the first Breastfeeding Strategy for Guernsey. Proposals under the new strategy include, but are not limited to:

- Improving the data quality and setting breastfeeding targets
- Raising the awareness of the benefits of breastfeeding through targeted campaigns
- Consultation with mothers and mothers-to-be around how they would like to receive breastfeeding support to aid service design
- Midwifery to re-achieve and Health Visiting to work towards achieving the UNICEF Baby Friendly Initiative accreditation by 2020
- Training for clinical professionals on the latest infant feeding guidance and best practice
- Legislation to change maternity rights
- New guidance for employers around changes in maternity leave and breastfeeding mothers returning to work

Implications

- | | | |
|--------------------------|---|---------------------|
| ▪ States Policy | - | Yes |
| ▪ Governance | - | Integral monitoring |
| ▪ Public and Media | - | Yes |
| ▪ Staff and Trade Unions | - | Yes |
| ▪ Staffing | - | Health visitor |



-
- | | |
|------------------|---|
| | <ul style="list-style-type: none">- Part-time intelligence officer.- Part-time peer support officer for third sector |
| ▪ £ current year | - A small amount from HSSD existing budget arrangements |
| ▪ £ future years | - £65,000pa funding required for 2017-2020 |
| ▪ £ capital | - n/a |
-

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STATES STRATEGIC PLAN

The Breastfeeding Strategy is a delivery programme within the States Strategic Plan. Figure 1 below sets out the framework of the States Strategic Plan.

Figure 1:

PURPOSE	To enable the States to decide what they want to achieve over the medium to long-term and how they will manage or influence the use of Island resources to pursue those objectives.			
AIMS	To focus government and public services on protecting and improving quality of life of Islanders, the Island’s economic future, and the Island’s environment, unique cultural identity and rich heritage.			
COMMUNITY OUTCOMES	Fiscal & Economic	We have sustainable long term finances and programmes	We have a balanced, internationally competitive, high value economy	We have a skilled, sustainable and competitive workforce
	Social	We have a social environment and culture where there is active and engaged citizenship	We have equality of opportunity, social inclusion and social justice	As individuals we take personal responsibility and adopt healthy lifestyles
	Environmental	We adapt to climate change	We manage our carbon footprint and reduce energy consumption	Our countryside, marine and wildlife are protected and preserved

PROGRAMME SUMMARY OVERVIEW

Programme Name	Breastfeeding Strategy
Period covered	2016 - 2020
Programme Authors	Public Health HSSD with input from the multi-agency Breastfeeding Strategy Group and others
Political sponsors	Health and Social Services Department (HSSD)
Related Strategies / Reviews	<ul style="list-style-type: none"> ▪ 2020 Vision for Health and Social Services ▪ Mental Health & Wellbeing Strategy (Health & Social Services) ▪ Children & Young People's Plan (Health & Social Services) ▪ Today's Learners: Tomorrows World (Education) ▪ Disability & Inclusion Strategy (Health & Social Services) ▪ Healthy Weight Strategy (Health & Social Services) 2016-2023 (draft) ▪ 1001 critical days initiative
Review periods	<ul style="list-style-type: none"> ▪ Ongoing monitoring of key performance indicators at strategy group meetings ▪ Annual report on implementation progress ▪ Formal review of objectives and performance against indicators and outcomes in 2018 ▪ 4 year review of strategic commitments
Relevant other documents that can be accessed when reading this new Strategy	<ul style="list-style-type: none"> ▪ Billet d'État III, 2013: Infant Feeding and Health pg. 158-169 ▪ Research and evidence underpinning this new Breastfeeding Strategy (Appendix 2) ▪ Breastfeeding Strategy - Draft Action Plan 2016-2020 (Appendix 3) ▪ 113th Medical Officer of Health report

1.**PURPOSE OF THIS DOCUMENT****1.1**

The purpose of this document is to present the first Breastfeeding Strategy in Guernsey which aims to increase the health and economic benefits associated with breastfeeding in Guernsey through action by government and public service departments in conjunction with employers, third sector partners and the wider community. Using education, legislative changes, enhanced universal and targeted support and initiatives to generate general community support, to achieve the vision of *“breastfeeding is normalised and the preferred feeding method of choice for mothers in Guernsey”*

The new Strategy has been developed by Public Health HSSD with the Breastfeeding Strategy Group, and with the involvement of a range of partners. The Strategy takes a progressive staged approach to increasing breastfeeding rates within Guernsey. Upon researching the evidence base it was recognised that the current local data collection functions (clinical and community) around breastfeeding need improving, to enable the establishment of an accurate baseline, upon which to build through the course of the strategy and beyond.

Evidence from outside Guernsey was predominately used in developing this strategy and action plan, due to the lack of baseline data and wide consultation locally. However, public consultation and engagement of communities and wider partners/stakeholders is a key focus area in taking the breastfeeding agenda forward to ensure the needs of local mothers, their families, employers and wider community are identified and feed into the action plan and subsequent service adaptations/new interventions.

1.2

The following are presented in this document and its associated Breastfeeding Action Plan:

- The Strategy’s Statement of Purpose, intended outcomes and the strategic commitments necessary to achieve the overall vision
- Identification of where the Breastfeeding Strategy sits within the States Strategic Plan
- Identification of areas requiring attention and action initially until 2020, as based on best available evidence and professional judgement
- Identification of actions that will be done, by whom and within the set timeframe
- An outline of performance indicators and how outcomes will be measured and reported

2.

DEVELOPERS OF THIS DOCUMENT

2.1

This document has been developed by the Public Health Directorate of the Health and Social Services Department, with input from the Breastfeeding Strategy Group and key stakeholders, and advised by the Health and Social Services Board.

The following organisations and representatives have been involved in development;

(in alphabetical order):

- *Chamber of Commerce*
- *Commerce and Employment Department (Employment Relations and Health and Safety)*
- *Education Department*
- *Environment Department*
- *General Medical Practices*
- *Health and Social Services Department*
- *Maternity Services Liaison Committee Service User Lead*
- *Medical Specialist Group – Paediatrics*
- *Office of Environmental Health and Pollution Regulation*
- *Human Resources -*

The Breastfeeding Strategy Group also worked with other relevant States of Guernsey Departments, businesses and third sector services where appropriate, to help ensure that other relevant corporate strategies and future policies were linked in.

2.2

The States of Guernsey Health and Social Services Department has produced this Strategy and supporting documents and is also contributing resources for its on-going development and delivery.

3. FOREWORD FROM THE HEALTH AND SOCIAL SERVICES DEPARTMENT BOARD

- 3.1** Advising the States on the mental, physical and social wellbeing of Guernsey residents is the responsibility of the Health and Social Services Department (HSSD) via a mandate, which covers:
- Promotion, protection and improvement of individual health and wellbeing, the environmental and population health; and
 - Preventing or diagnosing and treating illness, disease and disability
- 3.2** This is Guernsey's first Breastfeeding Strategy and it is acknowledged that this Strategy and supporting documents (predominately the action plan) are part of a journey. It will take some time for Guernsey to see increases in breastfeeding rates and measure successes but rather than waiting until HSSD are in a stronger position; this Strategy provides a good starting point, which can be built upon in subsequent strategies.
- 3.3** The World Health Organisation recommends infants are exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. For the few situations where breastfeeding is not possible, health workers or other community workers (if necessary) should demonstrate how to prepare formula milk according to the Codex Alimentarius standards.²
- 3.4** Breastfeeding has been proven to have many health and economic benefits, some of which are outlined below. This is not an exhaustive list.
- Breastfeeding reduces incidences of illness in infants e.g. ear infections, gastroenteritis, severe lower respiratory tract infections and also lowers the risk of sudden infant death syndrome
 - Breastfeeding is also associated with reduced long-term risk of developing diseases in both children and mothers e.g. contribute towards reducing obesity, type 2 diabetes and additionally for mothers' breast and ovarian cancer.³
- 3.5** Reduced incidences of illness/disease would demonstrate a reduction in treatment costs across the health care system. It is difficult to quantify exact financial savings for Guernsey, but evidence shows low breastfeeding rates have a negative economic benefit, therefore investing in services that support women to breastfeed longer is potentially cost saving⁴ for example hospital admissions are lower within breastfed

² World health Organisation, 2003 *Global Strategy for Infant and Young Child Feeding*. Available via: <http://whqlibdoc.who.int/publications/2003/9241562218.pdf?ua=1>

³ IP, S. et, al. 2007 *Breastfeeding and Maternal Health Outcomes in Developed Countries*. Available via: <http://archive.ahrq.gov/clinic/tp/brfouttp.htm#Report>

⁴ Pokhrel, S. et al, 2014 *Potential economic impacts from improving breastfeeding rates in the UK*. Available via: <http://adc.bmj.com/content/early/2014/11/12/archdischild-2014-306701.abstract>

babies for the 10 most common problems in infants under 1 year.⁵ Recognising the growing evidence base around the benefits of breastfeeding for infant, mother and wider economy, the HSSD is fully supportive and committed to this agenda.

3.6

The Breastfeeding Strategy has the following strategic outcomes:

- An increase in the number of mothers who initiate breastfeeding (first 48 hours)
- An increase in the number of mothers who continue to breastfeed at 6-8 weeks
- An increase in environments that actively support breastfeeding
- Baby Friendly Initiative accreditation achieved within relevant clinical and community settings

3.7

Over the next four years there are four focus areas:

- Creating a robust data set around breastfeeding, as currently valid breastfeeding prevalence data is not currently available for Guernsey, and conducting further assessments of need by consulting with all groups on their breastfeeding needs (mothers, their husbands/partners, health professionals, employers, wider community etc)
- Education and awareness training to promote the positives of breastfeeding and reduce stigma
- Improving the direct support available to new mothers through training and improving staff confidence, up-to-date information and services meeting mothers needs
- Creating wider community support through helping establish more supportive environments

The outcome of the State's decision on Statutory Maternity and Adoption Leave (Guernsey) Ordinance, 2016 will be factored into the actions as required.

3.8

The supporting action plan has been produced by Public Health HSSD with contributions from the Breastfeeding Strategy Group, and others. Most of the actions rest exclusively with HSSD. However, emphatic support from the States as a whole, and the co-operation of other States Departments in delivering baby-friendly environments and workplaces, will be important in ensuring the Strategy has a positive impact for residents and communities.

Only through partnership working and engaging the whole community will our vision be achieved:

"Breastfeeding is normalised and the preferred feeding method of choice for mothers in Guernsey"

⁵ Department of Health, 2013, *Infant feeding profiles 2010 to 2011*. Available via: <https://www.gov.uk/government/publications/infant-feeding-profiles-2010-to-2011> Accessed 12/11/15

Deputy Paul Luxon, Minister for Health and Social Services.

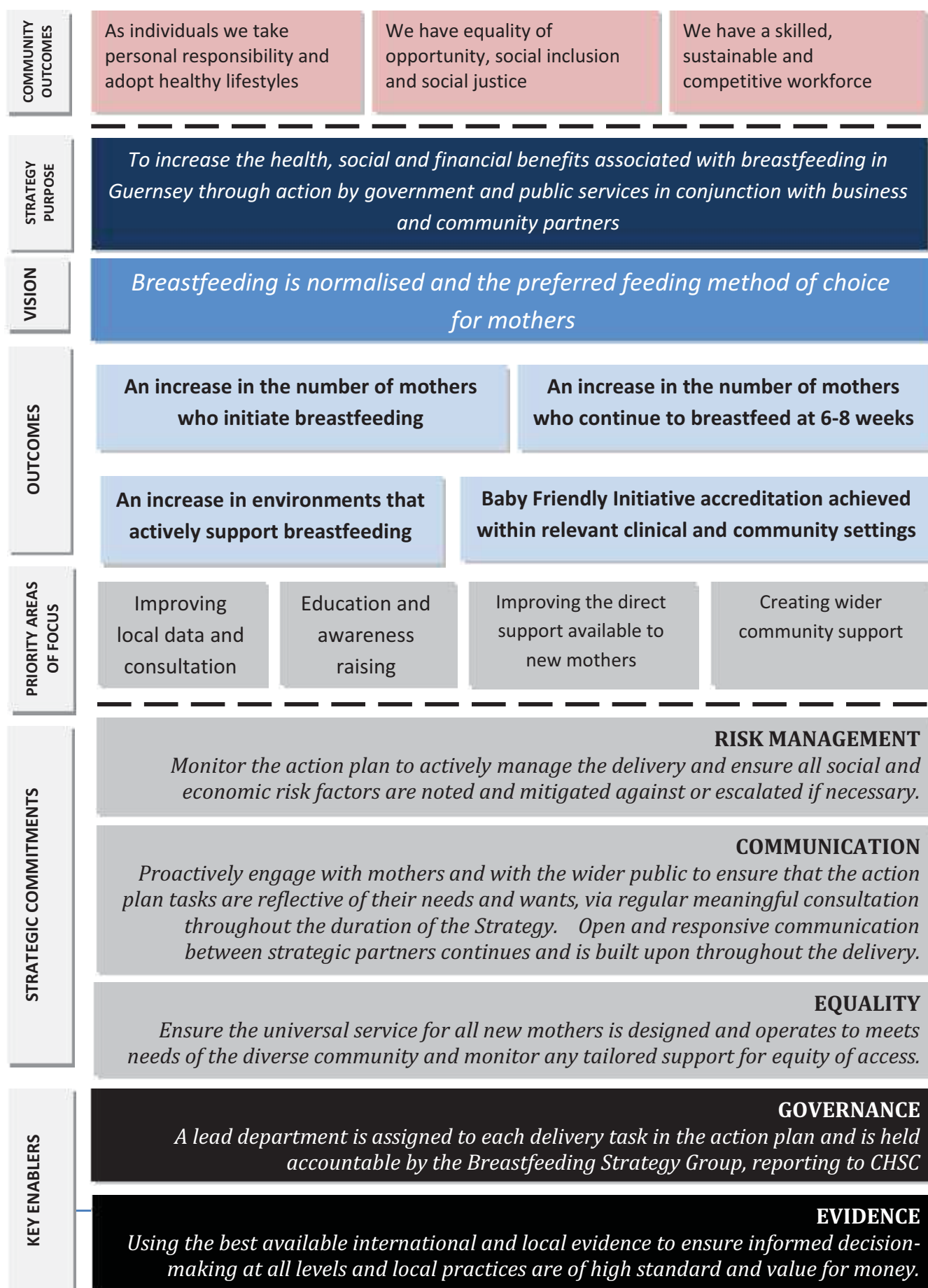
Deputy Heidi Soulsby, Deputy Minister: Deputy Mike Hadley, Board Member: Deputy Sandra James, Board Member: Deputy Michelle Le Clerc, Board Member: Roger Allsopp, Non-States Board Member: Alex Christou, Non-States Board Member

December 2015

Section B: STRATEGIC FRAMEWORK

4.	STRATEGIC FRAMEWORK OVERVIEW	
4.1	States Strategic Plan	<p>The Breastfeeding Strategy is a delivery programme within the States Strategic Plan, which outlines the States purpose, aims and community outcomes as defined in Figure 1 on page 7.</p> <p>The Breastfeeding Strategy's framework outlined in Figure 2 on page 16 sets out how it aligns with the States Strategic Plan.</p>
4.2	Strategy Purpose	<p>The purpose of the Strategy is <i>"to increase both the health, and economic benefits associated with breastfeeding in Guernsey through action by government and public service departments in conjunction with employers, third sector partners and the wider community"</i> (see Figure 2).</p>
4.3	Strategy Vision	<p>The Strategy has been built to achieve our vision of <i>"breastfeeding is normalised and the preferred feeding method of choice for mothers in Guernsey"</i></p> <p>This is a long-term vision and achieved with year on year increases in breastfeeding initiation and continuation rates during the duration of this strategy.</p>
4.4	Outcomes	<p>The key markers of success will be the short and long-term health benefits for the infant and its mother, and the associated social and economic benefits for them, the wider community and Guernsey as a whole. These will be achieved via individual and collective actions on legislation, public policy and public and community services.</p>
4.5	Priority Areas of Focus	<p>There are four priority areas, under which key actions/interventions are set out as described in the action plan. These were established through reviewing up-to-date evidence and professional and political judgement, which should enable the achievement of the Strategy's vision and outcomes.</p>
4.6	Strategic Commitments	<p>Strong support at both strategic and operational level will help drive delivery towards achieving the Strategy's outcomes.</p>

4.7	Objectives	<p>The main objectives are to increase the rates of breastfeeding, achievement of Baby Friendly Initiative Accreditation and creating environments that actively support breastfeeding. These will contribute to the achievement of the vision of breastfeeding being normalised and the preferred feeding method of choice for mothers.</p> <p>These objectives are cross-cutting and intertwined through the four priority areas as identified in the action plan. The individual actions over the next four years have a lead person/department, timeframe and measurable milestones and collectively will contribute to the achievement of the Strategy's outcomes and overarching vision.</p>
4.8	Key Performance Indicators	<p>Key performance indicators are set against outcomes to monitor progress and recognise achievement; these are detailed on pages 17-19.</p>

Figure 2. Breastfeeding Strategy Framework

Section C: KEY PERFORMANCE INDICATORS

5.	KEY PERFORMANCE INDICATORS
5.1	<p>In order to achieve the Strategy's aim and outcomes, key performance indicators are set against each outcome which are linked to tasks within the action plan. Therefore to ensure achievement of outcomes is on track it is important for the Breastfeeding Strategy Group to regularly monitor the action plan and key performance outcomes. High level progress up-dates against each outcome will formally be made available each year by the Breastfeeding Strategy Group.</p>
5.2	<p>As this is the first Breastfeeding Strategy and there is no robust baseline, the achievement of the aim to raise rates of breastfeeding may only be visible after 2-3 years or beyond, once an accurate baseline is established and can be used as a marker upon which to base success.</p>
5.3	<p>All the outcomes are specific to breastfeeding in its widest sense from the actions of mothers themselves, to the support provided by professionals through to the influence of the wider community and local environments. This strategy is the crucial driver in increasing awareness of the importance of breastfeeding, which is ultimately trying to normalise breastfeeding and achieving the Strategy's vision of breastfeeding being the preferred feeding method of choice for mothers.</p>
5.4	<p>The current objectives are specific and have an outlined timeframe thus ensuring progress against them can be measured, and overall achievement can ultimately be recorded. However as the focus on breastfeeding is a developing area and with consultations planned to uncover local needs, the objectives may require changing or adding to as this area of work develops. Such considerations will be part of regular reviews by the Breastfeeding Strategy Group and changes reported as part of routine monitoring.</p>

Outcome 1**An increase in the number of mothers who initiate breastfeeding**

		Data-source	Frequency of measure
KPI 1.1	Proportion of maternities where breastfeeding is initiated (within 48 hrs) increases year on year to 2020	Euroking/ maternity dashboard	Annually
KPI 1.2	Prevalence of breastfeeding total and partial at hospital discharge increases year on year to 2020	Euroking/ maternity dashboard	Annually

Outcome 2**An increase in the number of mothers who continue to breastfeed at 6-8 weeks**

		Data-source	Frequency of measure
KPI 2.1	Prevalence of mothers breastfeeding upon first health visit increases year on year to 2020	RIO	Annually
KPI 2.2	Prevalence of breastfeeding (total) at 6-8 weeks after birth increases year on year to 2020	RIO	Annually
KPI 2.3	Prevalence of breastfeeding (total and partial) at 6-8 weeks increases year on year to 2020	RIO	Annually

Outcome 3**An increase in environments that actively support breastfeeding**

		Data-source	Frequency of measure
KPI 3.1	Legislation prepared and implemented to increase statutory maternity/ adoption leave by 2017	States Report and Enabling law	Once at 2 year review
KPI 3.2	A Breastfeeding and Return to Work Policy developed and implemented by States of Guernsey by 2017, and additional information to support all other employers in relation to breastfeeding produced and made available	Employer Relations Team	Once at 2 year review
KPI 3.3	Infant Feeding training for all staff who directly support new mothers (antenatal and postnatal) rolled out from 2016	HSSD Maternity/ Health Visiting	Annually
KPI 3.4	Public venues to support breastfeeding via a voluntary sign-up scheme, rolled out from 2017	HSSD	Annually

Outcome 4**Baby Friendly Initiative accreditation achieved within relevant clinical and community settings**

		Data-source	Frequency of measure
KPI 4.1	Re-attain Baby Friendly Initiative status within Princess Elizabeth Hospital by 2020	HSSD Maternity	Annually
KPI 4.2	Health Visiting Service to achieve Baby Friendly Initiative (BFI) accreditation by 2020	HSSD Health Visiting	Annually

Section D: GOVERNANCE

6.

BREASTFEEDING STRATEGY GROUP STRUCTURE

6.1

The Breastfeeding Strategy Group is a multi-agency group, comprising membership from:

- *Education*
- *HSSD Health Promotion*
- *HSSD Health Visiting*
- *HSSD Midwifery*
- *HSSD Public Health*
- *Maternity Services Liaison Committee and Service User Lead*

Representatives from the Chamber of Commerce, Commerce and Employment Department, Institute of Health and Social Care, Environment Department, General Medical Practices, Medical Specialist Group Paediatrics, Policy Council, States HR, and Third Sector partners are also consulted on specific actions.

6.2

The Breastfeeding Strategy Group reports through the Director of Public Health to the Health and Social Services Board.

7.

STRATEGY TIME-FRAMES & REVIEW PERIODS

7.1

The supporting action plan sets out a range of tasks and activities which will enable the outcomes of the strategy to be met over the next four years.

7.2

The Breastfeeding Strategy Group will oversee the implementation of the action plan and report to the Committee for Health and Social Care on a minimum of an annual basis, via the Director of Public Health.

The action plan timeline and milestones will be reviewed annually and refreshed as necessary to ensure delivery is achieving the outcomes.

APPENDIX I: LIST OF CONSULTEES

Due to capacity issues and a tight timeframe the Breastfeeding Strategy has had limited opportunities for consultation with key stakeholders. Predominately feedback was from the Breastfeeding Strategy Group, who will be responsible for delivering the strategy, however there were opportunities for representative from other departments and professionals to contribute their views on the strategy and action plan (list below).

The key aim of the Strategy is simple, to increase breastfeeding rates in Guernsey, to achieve this will require greater consultation with a wide range of partners and audiences, and this is captured in the action plan.

Chamber of Commerce

Commerce and Employment Department officers

Education Department officers

Environment Department

Health and Social Services Department

General Medical Practices

Maternity Services Liaison Committee and Service User Lead

Medical Specialist Group - Paediatric Representative

Office of Environmental Health and Pollution Regulation

States Human Resources

Acknowledgement. The Guernsey DPH would like to thank both the DPH of Portsmouth City Council for the very short term secondment of her Public Health Development Officer to provide staff capacity in developing this strategy with the Breastfeeding Strategy Group, and the Public Health Development Officer for her work on this project.



HEALTH AND SOCIAL SERVICES DEPARTMENT

BREASTFEEDING STRATEGY

2016 – 2020

ACTION PLAN

Appendix 2

Section 1: Improving local data and consultation

Aims: Ensuring the local evidence base is developed and prevalence of breastfeeding routinely measured

New mothers and wider community are routinely consulted around breastfeeding support

Associated outcomes - A baseline upon which increasing breastfeeding rates can be measured; Increase in the number of mothers initiating and continuing to breastfeeding

What	Who leads	How done	How measured	Frequency of reporting
Establish baseline of current levels of breastfeeding	Public Health Intelligence	Review of available reporting systems to record breastfeeding at initiation (<48hours), hospital discharge, first visit by health visitor, between 6-8 week initially and exploring longer term data collection at regular intervals up to 24 months via normal routine health visitor checks, data points and period of collection to be agreed by Health Visiting and PH Intelligence	Review of when/how data is currently measured and desired outcomes for the future	One-off – Public Health Intelligence to produce a report for the breastfeeding group by July 2016
		1.1		
		1.2	Breastfeeding Strategy Group to review and agree new data collection programme based on the above report. To include a data quality report for data at each capture point. Necessary data quality standard for reporting to be agreed (e.g. 85%)	To be agreed based on recommendations from report
	IM&T	1.3	Adaptation of existing system to accommodate any changes endorsed by the Breastfeeding Strategy Group as a consequence of 1.1 and 1.2	Report to Breastfeeding Strategy Group from IM&T manager detailing changes made
	HSSD Maternity/ HSSD Health Visiting	1.4	Training on changes made delivered to all staff with responsibilities for entering breastfeeding data onto Euroking or RIO	Record of staff training sessions provided by Maternity and Health Visiting
				TBC - once changes to IT system are made

		1.5	Establish breastfeeding baseline	Baseline established through interrogation of inputted data	Quarterly in arrears once changes to the IT system are made
Increase the prevalence of breastfeeding year-on-year	Breastfeeding Strategy group	1.6	Once baseline at the various points of breastfeeding is established, decide on appropriate % increase targets for breastfeeding at initiation and 6-8 weeks and up to 6 months, with data collected until 2 years (WHO guidelines)	Annual data showing an increase in breastfeeding rates	Annually
Routine data collection and reporting	HSSD Maternity/ HSSD Health Visiting/ Public Health Intelligence	1.7	Midwifery inputting all feeding data into reporting system within first 48 hours i.e. initiation Health visiting inputting feeding status at 6-8 weeks to enable comparison with other countries at regular identified points during routine visits up until 2 years of age NB Other data points are valuable for analysing trend of when mothers stop breastfeeding and can be used to target more specific work/interventions to prolong time mothers breastfeed	Data is inputted onto reporting system(s) within reasonable timeframe	Annual
	Public Health Intelligence	1.7	Public Health Intelligence specialist analyses data and produces two summary reports, one on data quality and one on breastfeeding statistics and highlighting key trends of interest for Breastfeeding Strategy Group to inform future work	Annual summary report on current situation compared to baseline (data quality and breastfeeding statistics) including trend data	Annual
Local intelligence on the needs/wants of mothers in relation to	Breastfeeding Strategy Group/ Public Health Intelligence	1.8	Public Health Intelligence to work with the Breastfeeding Strategy Group to design how best to gather local intelligence on the needs/wants of mothers	A plan for carrying out primary research	One-off – by July 2016

breastfeeding services/support	Breastfeeding Strategy Group/ Public Health Intelligence	1.9	Design of questions for various methodologies (surveys, focus groups, interviews etc.) for use by all professionals when obtaining primary data regarding views on support and services from both breastfeeding and non-breastfeeding mothers	Standardised research tools to be used for all primary feedback to enable comparable data from various services and across timeframes	One-off - 2017
	HSSD Maternity/ HSSD Health Visiting/Public Health Intelligence (to include data commissioned from external provider/s)	1.10	Exploring new mothers needs/wants on breastfeeding their baby through the implementation of the methodologies designed under 1.9 once agreed by the Breastfeeding Strategy Group. Administering an anonymous survey via the Health Visiting team during routine visits to ensure all mothers have opportunity to inform and aid development or adaption of support/services and not just the ones who attend specific groups. Methodologies to ensure the wider community (dads, grandparents, extended family etc.) are also able to express their views on support and services offered to them and the new mother with whom they are connected.	Data from one-off collection exercise analysed and results relayed to Breastfeeding Strategy Group for discussion and decisions on improvements to services	Every 3 years
	HSSD	1.11	Adapt and design support/services accordingly based on the research into local needs/wants, especially focusing on mothers and the family needs. This may require formulating business cases to provide or improve services.	Services that are accessible and acceptable to mothers which meet their needs, with feedback incorporated into annual feedback mechanisms	Annually
	Breastfeeding Strategy Group and leads from specific service	1.12	Audit equity of access and identify population groups under-represented in specific services e.g. NCT (add in others currently operating or as they come on-board i.e. peer supporters etc.) and review alternative support	Biennial review of all services using findings to define potential adaptations	Every 2 years

	e.g. MSLC, NCT, Peer Supporters and other providers as services develop	available for those mothers who chose not to attend current services on offer, to ensure they obtain correct information/adequate support etc.	/developments required over the year to continually meet needs of service users	
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Section 2: Education and awareness raising

Aim: Ensuring all Guernsey residents are aware of the benefits of breastfeeding through education and targeted promotional campaigns

Associated outcomes – Increase in the number of mothers initiating and continuing to breastfeeding; Increase in environments that actively support breastfeeding

What	Who leads	How done	How measured	Frequency of reporting
Raise awareness amongst the whole community of the positive benefits of breastfeeding exclusively until 6 months and as part of healthy infant diet until 2 (or beyond)	HSSD Health Promotion	2.1 Annual public awareness campaigns developed to promote the positives of breastfeeding and reduce stigma, plus specific campaign initiatives with content tailored to key groups: <ul style="list-style-type: none"> - Children/young people - Older people (including grandparents) - Mothers to be/new mothers - Partners and peers (boyfriend/husband; friends; siblings etc.) - Employers/workplaces - Ethnic minority communities Bespoke campaigns for identified target groups using communication methods most appropriate e.g. social media, leaflets, drop-in events in public places, radio etc.	Outcomes of the general awareness raising campaigns, as identified during campaign planning Plus 2 of the identified groups targeted per year via tailored campaigns and where possible tying into other activities e.g. employers campaign to tie in with forthcoming changes to maternity pay etc	Annually
	Breastfeeding Strategy Group	2.2	Ensure all breastfeeding messages are simple, concise, up-to-date and advice within all promotional/educational material is reliably sourced and	In the year post material development

What	Who leads	How done	How measured	Frequency of reporting
		user friendly (accepted and understood by target audience)		
	Education	2.3 Explore the feasibility of incorporating breastfeeding into the curriculum at appropriate points from early years, through primary aged children and into secondary school education	Review into the feasibility of curriculum adaptations to incorporate breastfeeding	July 2016
		2.4 If feasible, breastfeeding is embedded through both formal curriculum links and informally through play and normalising behaviour etc.	Young People survey questions Included in Schools Self validation report Report from education	Initiate during academic year 2016/17 On-going from 2018 - annually

Section 3: Improving the direct support available to new mothers

Aim: New mothers and their family network are given the support to initiate and continue breastfeeding for as long as possible

Associated outcomes – Increase in the number of mothers initiating and continuing to breastfeeding; Baby Friendly Initiative accreditation achieved within relevant clinical and community settings

What	Who leads		How done	How measured	Frequency of reporting
Mothers encouraged to breastfeed	HSSD Health Promotion/HSSD Maternity/HSSD Health Visiting	3.1	Use the best available evidence alongside local intelligence to provide the most appropriate information for mothers, highlighting the benefits of breastfeeding which includes pros and cons for both breast and formula feeding, for them and their baby, plus motivational tips and practical ideas to inspire confidence in their own ability to breastfeed, as well as advice on how to look after themselves when breastfeeding.	Increase in breastfeeding rates (initiation and continuation)	Annually
Re-attain Baby Friendly Initiative (BFI) status at Princess Elizabeth Hospital	HSSD Maternity	3.2	Ensure all the competencies for accreditation are embedded and recorded against criteria, before formal audit by BFI assessors	BFI accreditation achieved by 2020	Annual up-date against BFI criteria until accreditation achieved
Maternity unit provides a supportive	HSSD Maternity	3.3	Annual patient and staff feedback sought on the supportiveness of the Hospital environment to breastfeeding, identifying any potential changes to	Changes within the maternity unit environment arising	Annually

What	Who leads	How done	How measured	Frequency of reporting
breastfeeding environment		make it more inviting/easier to breastfeed, using this intelligence to make changes within the unit	from patient/staff feedback	
Health Visiting Service to achieve Baby Friendly Initiative (BFI) accreditation	HSSD Health Visiting	3.4 Review the accreditation standards, design an action plan to secure achievement against each of the competencies, work towards these following the plan, with a view to achieving accreditation by 2020	Interim – development of action plan and progress milestones Overall – BFI accreditation achieved 2020	Annually
Midwives and Health Visitors to have effective breast-feeding support skills	HSSD and Consultant midwife/institute	3.5 Review the mandatory training and induction for midwives and health visitors to ensure there is a focus on breastfeeding support skills as an integral part of it, plus ensure formula feeding is also covered, to safeguard that messages/practices being delivered by newly appointed staff are safe and in line with current guidelines should a new mother not be able to or choose not to breastfeed. If necessary (based on review) work with the training providers to ensure improvements to curriculum are made	Audit of the training completed Changes/adaptations to core training curriculum (if required)	Audit - Dec 2016 Curriculum changes - 2017
	3.6	Audit with IHSCS to establish how staff feel in relation to knowledge and confidence in providing breastfeeding, formula feeding and combi feeding advice and also introducing solid and complementary foods	Audit completed	April 2016

What	Who leads		How done	How measured	Frequency of reporting
	HSSD and Consultant midwife/institute	3.7	Design or commission a training course highlighting the key infant feeding messages from WHO, UNICEF, Public Health bodies etc. plus ensure areas staff identified as requiring more knowledge/confidence around infant feeding are included within the training	Delivery of training course(s) in 2016	Annually
		3.8	Make the training mandatory for all practicing staff (midwives, paediatric nurses, Neonatal Intensive Care Unit staff and health visitors) and offer it to any other member of health staff who may benefit including paediatric staff and primary care and community (if appropriate)	Number of courses per year All key practicing staff trained Number of wider health/community staff trained	Mandatory from 2016 for core staff group Records held by department lead for auditing purposes
		3.9	Provide refresher courses to all staff via IHSCS on a two-year basis.	Re-fresher courses attended also recorded on supervision notes	Annually Records held by department lead for auditing purposes

What	Who leads	How done	How measured	Frequency of reporting
Provide universal feeding support for all new mothers	HSSD Maternity/ HSSD Health Visiting/GPs/NCT	3.10 Pathway of care developed for breastfeeding mothers, establishing role of key professionals (midwifery/health visiting) and also wider support, including NCT courses and drop ins and newly developed peer supporter scheme	Annual consultation open to all new mothers around feedback on level of support they received	Annually
	HSSD Maternity/ HSSD Health Visiting/GPs	3.11 Provide relevant literature (various formats) to support infant feeding focusing on areas highlighted by mothers via the regular consultations/feedback channels as areas they want more information/guidance on, including market testing of any new resource to ensure user friendly, accessible and useful	Literature for mothers on infant feeding provided in a format they need/want (written, electronic, verbal etc.)	Annually
Target and tailor interventions to Vulnerable Groups to reduce health inequalities	Breastfeeding Strategy Group	3.12 Identify sub-populations with low breastfeeding rates from equity audit, assess their need and tailor interventions appropriately	Sub-population increases in breastfeeding	Annually

Section 4: Creating wider community support

Aim: Create supportive breastfeeding environments

Associated outcomes - Increase in the number of mothers initiating and continuing to breastfeeding; Increase in environments that actively support breastfeeding

What	Who leads	How done			Frequency of reporting
Breastfeeding branding	Breastfeeding Strategy Group	4.1 Exploration of simple branding that can be used by all partners and supportive businesses (for display in public places and as part of campaigns which shows breastfeeding is supported and welcome e.g. logo/certificate/strapline. Details of breastfeeding friendly organisations and businesses will be widely publicized.		Branding for use by all partners	One-off - Sept 16
Public venues to support breastfeeding	HSSD	4.2 Exploration of the promotion of breastfeeding messages to local businesses via colleagues in Environmental Health during routine visits and via information distributed and displayed in other public venues, to help support a culture of breastfeeding.		Materials for distribution and displays provided to public venues	April 2017 (if feasible)
	Breastfeeding Strategy Group	4.3 Exploration of whether a breastfeeding welcome scheme would be useful/welcome by mothers, alongside exploring whether or not it is feasible and attitude towards it from businesses (tied into 4.2), with the Breastfeeding Strategy Group making a decision by end of Dec 2017		Scheme which demonstrates local venues support for breastfeeding in operation	Established by 2018 (if feasible and agreed) Annually
Employers to support working mothers to continue breastfeeding	Commerce and Employment (Employment Relations Service) and Health and Safety Executive	4.4 Employment Relations Service to work with Policy Council, HR Unit and other Departments to develop a States-wide Breastfeeding and Return to Work Policy which could be used as an example of good practice for other employers		New policy supporting return to work of breastfeeding mothers employed by States of Guernsey	New policy in 2016

What	Who leads	How done	Frequency of reporting
	Commerce and employment	4.5 Introduction of statutory maternity and adoption leave which is likely to come into effect in April 2016, if agreed by States in Jan 16. This could significantly help to improve rates of breastfeeding and needs monitoring.	Annually post 2017
	Commerce and Employment (Employment Relations Service)	4.6 Information made available for all employers on breastfeeding mothers in the workplace.	Sept 2017
	HSSD Health Promotion	4.7 Campaign to promote positive examples of breastfeeding mothers at work, highlight angle from mother and employers perspective using local case studies	Oct 2017
Provide targeted support for new mothers who require additional support to enable initiation/		Feedback from mothers and employers captured	
	HSSD/MSLC and third-sector partners	4.8 Development of Guernsey wide Peer Supporter Programme - recruit and train recent breastfeeding mothers who are willing to support other new mothers on their breastfeeding journey. Liaison with MSLC.	Annually

What	Who leads		How done		Frequency of reporting
continuation of breastfeeding	HSSD Health Visiting/third-sector partners	4.9	Explore how new mothers would like to receive peer support (face-to-face, home/café, telephone, email, social media, drop-in groups etc.) and use the intelligence to design an appropriate intervention(s)	A Guernsey breastfeeding peer supporter programme	Annually
	Maternity Services Liaison Committee	4.10	Map all the services in addition to the universal offer (Midwifery/Health Visiting/NCT) who give additional support on breastfeeding, ensure this is up-dated regularly and communicated to all mothers directly via universal services but also via other communication channels e.g. social media, website, discussion forums etc.	Number of mothers accessing the different services	Annually



HEALTH AND SOCIAL SERVICES DEPARTMENT

BREASTFEEDING STRATEGY

2016-2020

EVIDENCE BASE FOR ACTION

Proposed Actions: evidence base: comparison to other jurisdictions.

This table summarises the most relevant, high quality qualitative and quantitative evidence available and also the research findings most relevant to breastfeeding. High quality evidence includes: systematic reviews of primary research, peer-reviewed studies, and reports published by the World Health Organisation, National Institute of Clinical Excellence, the Royal College of Physicians and leading universities worldwide.

Recommended Action	Evidence base underpinning this proposed action	Who else is doing this?
Work with partners to ensure everyone (professionals, community, employers etc.) know the benefits of breastfeeding	<p>Benefits for babies:</p> <p>A large systematic review on maternal and infant feeding in developed countries (over 9,000 abstracts and over 400 individual studies, via 29 systematic reviews or meta-analyses, 43 infant and 43 maternal health outcomes) found that a history of breastfeeding was associated with a reduction in the risk of acute otitis media (ear infections), non-specific gastroenteritis, severe lower respiratory tract infections, atopic dermatitis (skin infections), asthma (young children), obesity, type 1 and 2 diabetes, childhood leukaemia, sudden infant death syndrome (SIDS), and necrotizing enterocolitis (bowel tissue inflammation and death).</p> <p>IP, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., Trikalinos, T. and Lau, J. (2007) <u>Breastfeeding and Maternal Health Outcomes in Developed Countries</u>. Agency for Healthcare Research and Quality (AHRQ) Publication No. 07-E0007 [Online] Available from: http://archive.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf Accessed 12/11/15</p> <p>A systematic Review focusing on breastfeeding effects on blood pressure, total cholesterol, overweight and obesity, type 2 diabetes and intelligence tests. The evidence varies with breastfeeding not having an effect on total cholesterol, the effect on blood pressure if any, is too small to be of public health significance. More research is needed into effect on diabetes, breastfeeding may provide some protection against overweight or obesity (with caution around potential confounding) with strong evidence of a causal effect of breastfeeding on IQ, although the magnitude seems to be modest.</p>	<p>Only developed countries were included in systematic review</p> <p>Not specified as systematic review</p>

	<p>Horta, B. L. and Cesar, G. V. (2013) <i>Long-term effects of breastfeeding - A Systematic Review</i>. World Health Organisation. [Online] Available from: http://biblio.szoptatasert.hu/sites/default/files/Long-term effects of breastfeeding_WHO2013.pdf Accessed 16/12/15</p> <p>A systematic review consisting of 15 systematic review studies and 11 meta-analysis studies found that formula feeding is associated with altered body composition in infancy when examining fat and fat free mass, compared with breastfeeding. This review along with other studies imply that formula feeding alters the normal trajectory of adipose tissue development and is adding to developing understanding of the possible contributions of breastfeeding and formula feeding on risk of obesity in childhood and adult life. Body composition is likely to track into adulthood, however more longer-term research is required.</p> <p>Gale, C., Logan, K. M., Santhakumaran, S., Parkinson, J. R. C., Hyde, M. J. and Modi, N. (2012) <i>Effect of breastfeeding compared with formula feeding on infant body composition: a systematic review and meta-analysis</i>. American Journal of Clinical Nutrition. 10.3945/ajcn.111.027284. [Online] Available from: http://ajcn.nutrition.org/content/early/2012/01/30/ajcn.111.027284.full.pdf Accessed 16/12/15</p> <p>There is contradictory evidence on the associations between breastfeeding, early introduction of cows and formula milk with the development of Type 1 Diabetes (T1D). This latest systematic review was based on 28 studies and found that 8 showed breastfeeding as a protective factor against development of T1D. 7 further studies highlighted a short period or absence of breastfeeding could be a risk factor of developing T1D, therefore the systematic review indicates a lack or short term phase of breastfeeding may constitute a risk factor for developing T1D in later life.</p> <p>Patelarou, E., Giralaki, C., Brokalaki, H., Patelarou, A., Androulaki, Z. and Vardavas, C. (2012) <i>Current evidence on the associations of breastfeeding, infant formula, and cow's milk introduction with type 1 diabetes mellitus: a systematic review</i>. Nutrition Reviews (Vol. 70) Issue 9, pp. 509-519. [Online] Available from: http://nutritionreviews.oxfordjournals.org/content/70/9/509 Accessed 16/12/15</p>	<p>Not specified as systematic review</p> <p>Not specified as systematic review</p> <p>UK</p>
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	<p>Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases such as diarrhoea.</p> <p>National Institute for Health and Clinical Excellence (NICE). (2006). <u>Postnatal care: routine postnatal care of women and their babies</u>. Clinical guideline 37. London: NICE</p> <p>Breastfeeding has a positive impact on brain development including cognitive and IQ performance.</p> <p>Deoni, S. C. L., Dean III, D. C. D., Piryaninsky, I., O'Muircheartaigh, J. Waskiewicz, N., Lehman, K., Han, M and Dirks, H. (2013) <u>Breastfeeding and early white matter development: A cross-sectional study</u>. NeuroImage . [Online] Available from: http://diyhpl.us/~bryan/papers2/paperbot/Breastfeeding%20and%20early%20white%20matter%20development:%20A%20cross-sectional%20study.pdf Accessed 16/12/15</p> <p>Benefits for mothers:</p> <p>Women who breastfeed experience decreased postpartum bleeding and a quicker return to pre-pregnancy weight. Women who have ever breastfed have a reduced risk of type 2 diabetes, osteoporosis, breast cancer and ovarian cancer. Stopping breastfeeding early or not breastfeeding associated with an increased risk of maternal postpartum depression.</p> <p>American Academy of Pediatrics (AAP) (2005). <u>Breastfeeding and the use of human milk</u>. Pediatrics; 115: (2) 496-506. [Online] Available from: http://jigh.ca/uploads/breastfeeding/aapbfpolicyfeb2005.pdf Accessed 12/11/15</p> <p>A history of lactation was associated with a reduced risk of type 2 diabetes, breast, and ovarian cancer. Early cessation of breastfeeding or not breastfeeding was associated with an increased risk of maternal postpartum depression.</p> <p>IP, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., Trikalinos, T. and Lau, J. (2007) <u>Breastfeeding and Maternal Health Outcomes in Developed Countries</u>. Agency for Healthcare Research and Quality (AHRQ) Publication No. 07-E0007 [Online] Available from: http://archive.ahrq.gov/clinic/tp/brfouftp.htm#Report Accessed 12/11/15</p>	<p>USA, UK</p> <p>USA</p> <p>Not specified as systematic review</p> <p>Worldwide</p>
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	<p>Breastfeeding also inhibits menstruation and so helps to space children.</p> <p>World Health Organisation (2003) <i>Global Strategy for Infant and Young Child Feeding</i>. World Health Organisation [Online] Available from: http://whqlibdoc.who.int/publications/2003/9241562218.pdf?ua=1 Accessed: 22/11/15</p> <p>Breastfeeding may protect against hip fractures in later life.</p> <p>Nature Reviews Endocrinology 7, 632 (November 2011) Bone: Breastfeeding protects against hip fracture later in life. doi:10.1038/nrendo.2011.168</p> <p>Macias M et al (Increased bone mineral density is associated with breastfeeding history in premenopausal Spanish women. Archives of Medical Science 08/2013; 9(4):703-8. DOI:10.5114/aoms.2013.36903, accessed 28/12/2015</p> <p>Financial benefits:</p> <p>There are lower rates of hospital admissions for 10 common problems in infants Under 1 year within breastfeed babies.</p> <p>Department of Health. (2013) <i>Infant feeding profiles 2010 to 2011</i>. Department of Health [Online] Available from: https://www.gov.uk/government/publications/infant-feeding-profiles-2010-to-2011 Accessed 12/11/15</p> <p>Economic impact of low breastfeeding rates is substantial. Investing in services that support women who want to breastfeed for longer is potentially cost saving.</p> <p>Pokhrel, S., Quigley, M.A., Fox-Rushby J., McCormick, F., Williams A., Trueman, P., Dodds, R. and Renfrew, M. J. (2014) <i>Potential economic impacts from improving breastfeeding rates in the UK</i>. Archives of Diseases in Childhood. [Online] Available from: http://adc.bmj.com/content/early/2014/11/12/archdischild-2014-306701.abstract Accessed 12/11/15</p> <p>Low UK breastfeeding rates lead to an increased incidence of illness that has a significant cost to the health service. Investing in supporting women to breastfeed reduces incidences of breast cancer for women; and reduces acute and chronic diseases for children, thus ultimately improving quality of life for mother and child.</p>	<p>Europe</p> <p>Europe</p> <p>UK</p> <p>UK</p>
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	Investment in effective services to increase and sustain breastfeeding rates is likely to provide a return within a few years, possibly as little as one year. UNICEF (2012) <i>Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK</i> UNICEF [Online] Available from: http://www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf Accessed 12/11/15	
Promotion of 6 months exclusive breastfeeding and continuation up to 2 years (or beyond)	<p>"As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond."</p> <p>World Health Organisation (2003) <i>Global Strategy for Infant and Young Child Feeding</i>. World Health Organisation [Online] Available from: http://whqlibdoc.who.int/publications/2003/9241562218.pdf?ua=1 Pg. 7. Accessed: 12/11/15</p>	Worldwide
Support for other feeding options where breastfeeding is not possible/ appropriate (few medical occasions/ health situations)	<p>"For those few health situations where infants cannot, or should not, be breastfed, the choice of the best alternative – expressed breast milk from an infant's own mother, breast milk from a healthy wet-nurse or a human-milk bank, or a breast-milk substitute fed with a cup, which is a safer method than a feeding bottle and teat – depends on individual circumstances.</p> <p>For infants who do not receive breast milk, feeding with a suitable breast-milk substitute – for example an infant formula prepared in accordance with applicable Codex Alimentarius standards, or a home-prepared formula with micronutrient supplements – should be demonstrated only by health workers, or other community workers if necessary, and only to the mothers and other family members who need to use it; and the information given should include adequate instructions for appropriate preparation and the health hazards of inappropriate preparation and use. Infants who are not breastfed, for whatever reason, should receive special attention from the health and social welfare system since they constitute a risk group."</p>	Worldwide

	World Health Organisation (2003) <i>Global Strategy for Infant and Young Child Feeding</i> World Health Organisation [Online] Available from: http://whqlibdoc.who.int/publications/2003/9241562218.pdf?ua=1 Pg. 10. Accessed: 12/11/15	
Breastfeeding Training for Staff	<p>15 studies were reviewed from 9 different countries and the evidence showed continuing breastfeeding education improves the knowledge, clinical skills and practices, and counseling skills of nurses and midwives. It improves compliance of the Baby-Friendly Hospital Initiative with accredited institutions.</p> <p>Ward, K. N. and Byrne, J. P. (2011) <i>A critical review of the impact of continued breastfeeding education provided to nurses and midwives. Journal of Human Lactation</i>. 27, pp.381-393. [Online] Available from: http://jhl.sagepub.com/content/27/4/381.abstract?ct=ct Accessed 16/12/15</p> <p>A study into the effects of Baby Friendly Initiative (BFI) community training on breastfeeding rates, within a Primary Care Trust (PCT) in England, where 141 health visitors and nursery nurses were trained found that breastfeeding at 8 weeks increased significantly. Staff attitudes, knowledge and self-efficacy around breastfeeding had significantly changed after the training, with overall positive support for the course. The mandatory training across the PCT has improved the consistency of breastfeeding advice and health care staff confidence to support breastfeeding mothers.</p> <p>Ingram, J., Johnson, D. and Condon, L. (2011) <i>The effects of Baby Friendly Initiative training on breastfeeding rates and the breastfeeding attitudes, knowledge and self-efficacy of community health-care staff</i>. Primary Health Care Research & Development, 12: 266-275 [Online] cited: UNICEF: Baby Friendly Initiative: http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Baby-Friendly-Initiative/Baby-Friendly-Initiative-training-improves-staff-knowledge-and-practice/ Accessed 16/12/15</p>	<p>Australia - studies from different countries analysed</p> <p>UK</p>
Use robust consumer insight Note - local consultations to	<p>3 areas are identified as important:</p> <ul style="list-style-type: none"> • Create a mainstream view that breastfeeding is normal and sustain and support breastfeeding past the initial trial period for women, with easy access and timely support after birth. 	UK

better understand the supportive factors/barriers to breastfeeding to help design effective support is also required	<ul style="list-style-type: none"> • Influence early, even pre-pregnancy, not forgetting fathers and other family influencers, especially grandmothers are key audiences. Particularly influential in targeting harder to reach mothers e.g. young mothers, lower educational achievement or disadvantaged. • Cohesive and imaginative communications in which fathers, peers and professionals, plus mothers are targeted under a single promotional campaign, delivers significant improvements in both initiation and continuation of breastfeeding. <p>Department of Health (2010) <i>Breastfeeding and Introducing Solid Foods Consumer Insight Summary</i>. Department of Health. [Online] Available from: https://www.gov.uk/government/publications/breastfeeding-and-introducing-solid-foods-consumer-insight-summary Accessed 12/11/15</p>	
Creating a supportive culture for breastfeeding in public	<p>Despite 72% of the polled respondents saying they are supportive of breastfeeding in public, 6 out of 10 mothers take steps to hide it and 34% feel embarrassed or uncomfortable.</p> <p>Public Health England (2015) <i>New mothers are anxious about breastfeeding in public</i>. Public Health England [Online] Available from: https://www.gov.uk/government/news/new-mothers-are-anxious-about-breastfeeding-in-public Accessed 12/11/15</p>	UK
Providing effective support to help mothers breastfeed	<p>Health Professionals</p> <p>Mothers decide on feeding methods early, it's important to get messages across throughout pregnancy (including pre-pregnancy) and through tailored information during the different stages of pregnancy. However, information alone is insufficient, mothers need personal support and advice from health professionals to ensure knowledge is transformed into behaviour. Health professionals are key communicators with mothers to be and new mothers, therefore it's vital that their professional knowledge is up-to-date.</p> <p>Department of Health (2010) <i>Breastfeeding and Introducing Solid Foods Consumer Insight Summary</i>. Department of Health. [Online] Available from: https://www.gov.uk/government/publications/breastfeeding-and-introducing-solid-foods-consumer-insight-summary Accessed 12/11/15</p> <p>The woman's breastfeeding intention, her breastfeeding self-efficacy and her social support are the modifiable factors that are positively associated with breastfeeding duration. To-date intervention studies have focused on</p>	UK
		Australia

	<p>modifying these factors individually with variable results. However no interventional studies have been conducted with the aim of positively modifying all three factors simultaneously, this could be a useful approach to explore.</p> <p>Meedya, S., Fahy, K. and Kable, A. (2010) <i>Factors that positively influence breastfeeding duration to 6 months: A literature review</i>. Journal of the Australian College of Midwives, Vol. 23, (4), pp.135–145. [Online] Available from: http://www.womenandbirth.org/article/S1871-5192(10)00021-1/pdf Accessed 17/12/15</p> <p>A systematic review of 36 studies on breastfeeding support from professionals and the effectiveness of breastfeeding interventions found that, home visits, telephone support and breastfeeding centers combined with peer support are effective postnatally. Antenatally interactive interventions involving mothers in the conversation during pregnancy are effective.</p> <p>Hannula, L., Kaunonen, M. and Tarkka, M. T. (2008) <i>A systematic review of professional support interventions for Breastfeeding</i>. Journal of Clinical Nursing (17), pp.1132–1143. [Online] Available from: https://www.researchgate.net/profile/Marja_Kaunonen/publication/5435444_A_systematic_review_of_professional_support_interventions_for_breastfeeding/links/09e41509161806179f000000.pdf Accessed 12/11/15</p> <p>Peer Supporters</p> <p>A randomised control trial where teenage mothers were trained as peer supporters using the telephone as method of intervention, discovered there was no significant difference between groups for breastfeeding duration, however exclusive breastfeeding increased within the intervention group amongst mothers who were exclusively breastfeeding on hospital discharge.</p> <p>Meglio, G. D., McDermott, M. P. and Klein, J. D. (2010) <i>A Randomised Controlled Trial of Telephone Peer Supports Influence On Breastfeeding Duration In Adolescent Mothers</i>. Breastfeeding Medicine 5(1): 41-47. [Online] Available from: http://highwire.stanford.edu/cgi/medline/pmid;20043705 Accessed 16/12/15</p>	<p>European, North American and Australia</p> <p>Canada</p> <p>UK, USA, Canada, Brazil, Mexico,</p>
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	<p>17 studies were included in the qualitative synthesis and 15 in the meta-analysis and the outcome was that in high income countries peer supports interventions do not appear to increase breastfeeding, however continuation of breastfeeding in low or middle income countries, especially exclusive breastfeeding is positively influenced by peer supporters.</p> <p>Jolly, K., Ingram, L., Khan, K. S., Deeks, J. J., Freemantle, N. and MacArthur, C. (2012) <i>Systematic review of peer support for breastfeeding continuation: metaregression analysis of the effect of setting, intensity, and timing.</i> British Medical Journal; 344:d8287 [Online] Available from: http://www.bmj.com/content/344/bmj.d8287.full.pdf+html Accessed 16/12/15</p>	Bangladesh, the Philippines, and sub-Saharan Africa
Support women in employment to breastfeed	<p>"Women in paid employment can be helped to continue breastfeeding by being provided with minimum enabling conditions, for example paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks."</p> <p>World Health Organisation (2003) <i>Global Strategy for Infant and Young Child Feeding</i> World Health Organisation [Online] Available from: http://whqlibdoc.who.int/publications/2003/9241562218.pdf?ua=1 Pg. 8. Accessed: 12/11/15</p>	Geneva
Awareness raising campaigns designed for specific identified groups: parents to be, young people, grandparents and older relatives of influence, employers, medical professionals (GPs, health workers),	<p>Use of social marketing within Public Health is well evidenced and can be effective on certain topics including breastfeeding as 'Loving Support' the USDA's national breastfeeding promotion and support campaign demonstrated.</p> <p>United States Department for Agriculture. (unknown) <i>Strategy 8. Social Marketing.</i> [Online] Available from: http://www.cdc.gov/breastfeeding/pdf/strategy8-social-marketing.pdf Accessed 12/11/15</p> <p>There is plenty of evidence that marketing can be both effective and ineffective, the key is to create multi-dimensional campaigning platforms that work within the wider policy context, that complement other levels e.g. taxation or legislation. Use the principles of greater health marketing to aid design of effective campaigns.</p> <p>Public Health England (2013) <i>Public Health Matters: Social Marketing 2.0.</i> Public Health England [Online] Available from: https://publichealthmatters.blog.gov.uk/2013/09/18/social-marketing-2-0/ Accessed 12/11/15</p>	<p>USA</p> <p>UK</p>

ethnic minorities etc.	<p>Social marketing can enable development of effective programmes to promote healthy behaviours using the concept that solutions for problems can be obtained from consumers, through formative research gaining insight into target audiences needs and wants. Effective social marketing health campaigns should be designed in a way that best fits their social, cultural and regulatory contexts.</p> <p>Cheng, H., Kotler, P. and Lee, N. R. (2011) <i>Social Marketing for Public Health - An introduction, Chapter 1</i>. Jones and Bartlett Publishers. [Online] Available from: http://samples.jbpub.com/9780763757977/57977_ch01_final.pdf Accessed 12/11/15</p>	USA
Working with partners to obtain UNICEFs Baby Friendly Initiative (BFI) accreditation within our community and ensure on-going accreditation of BFI within our hospital setting	<p>A systematic review of 36 studies on breastfeeding support from professionals and the effectiveness of breastfeeding interventions found that Baby Friendly Hospital Initiative (BFHI) plus practical teaching combined with support and encouragement are also effective approaches.</p> <p>Hannula, L., Kaunonen, M. and Tarkka, M. T. (2008) <u>A systematic review of professional support interventions for Breastfeeding</u>. Journal of Clinical Nursing (17), pp.1132–114.3. [Online] Available from: https://www.researchgate.net/profile/Marja_Kaunonen/publication/5435444_A_systematic_review_of_professional_support_interventions_for_breastfeeding/links/09e41509161806179f000000.pdf Accessed 12/11/15</p> <p>A study into exclusive breastfeeding at hospital discharge in rural Australia found the odds of exclusive breastfeeding at discharge were more than 4 times higher for women whose infants did not require admission to the special care nursery; other significant positive factors were demand feeding and 24-hour rooming-in. Greater emphasis on Baby-Friendly hospital practices in the early postpartum period may help the establishment of exclusive breastfeeding as hospital practices are strong predictors of exclusive breastfeeding.</p> <p>Cox, K., Giglia, R., Zha, Y. and Binns, C. W. (2014) <i>Factors Associated with Exclusive Breastfeeding at Hospital Discharge in Rural Western Australia</i>. Journal of Human Lactation, 30, pp.488-497. [Online] Available from: http://jhl.sagepub.com/content/30/4/488.abstract?ct=ct Accessed 12/11/15</p>	European, North America and Australia
Breast Feeding Strategy	<p>Portsmouth Breastfeeding Strategy was used as model for the Guernsey Action Panel. ?? reference</p>	England

(N.B. The Treasury and Resources Department notes that the Health and Social Services Department is intending to reprioritise existing resources to implement this strategy. It is expected that this will be done in an informed manner that is consistent with the wider reform of Health and Social Care and the outcomes and actions of the recent BDO Benchmarking Report.

It is noted that there could be positive financial benefits as a result of the successful implementation and delivery of the Breast Feeding Strategy. However, it is disappointing that there is an absence of baseline data which would enable targeted outcomes to be set and benefits measured.)

(N.B. The Policy Council supports the proposals in this Policy Letter and confirms that it complies with the Principles of Good Governance as defined in Billet d'État IV of 2011.)

The States are asked to decide:-

XVIII.- Whether, after consideration of the Policy Letter dated 6th January, 2016, of the Health and Social Services Department, they are of the opinion to approve the first Guernsey and Alderney Breastfeeding Strategy as set out in Appendices 1 and 2 of that Policy Letter.

COMMERCE AND EMPLOYMENT DEPARTMENT

SEA FISHERIES PATROL VESSEL – REPORT ON ACTIONS FOLLOWING SURSIS

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

17th December 2015

Dear Sir

1. Executive Summary

- 1.1 On 1st October 2015, the States resolved to sursis the article presented by the Department seeking support for the purchase of a replacement Fisheries Patrol Vessel (FPV) from the Dutch shipbuilder Damen BV, a recommendation that had been arrived at following the examination of the project through the States Capital Investment Portfolio (SCIP) process.
- 1.2 The Sursis motion contained a direction for the Department to provide a report to the States no later than at its March 2016 meeting.
- 1.3 The Sursis motion envisaged that the March report would “*include the independent survey*”. However, the time available prior to the date for submission of this report for inclusion in the Billet d’État was insufficient for the procurement and completion of the anticipated vessel survey. Thus, this Policy Letter contains the fullest report possible on progress on this revised project up to late December 2015.

2. Background

- 2.1 Commencing in 2013, the Department progressed a SCIP project examining the case and options for the future provision of a FPV for the Island.
- 2.2 In September 2013 (Billet d’État XIX 2013), as part of the capital prioritisation process, the States gave a category A – “Must do” - status to this project.
- 2.3 The project has subsequently followed the States’ approved approach for capital projects funded from the Capital Reserve. The Department had developed a Strategic Outline Case and, subsequently, an Outline Business Case (OBC), both of which had been the subject of Project Assurance Reviews and Value for

Money Reviews and formal endorsement by the Treasury and Resources Department.

- 2.4 At their meeting on 1st October 2015, following debate and in the light of public expressions of concern in the few weeks prior to the States meeting, the States approved a Sursis motion put forward by Deputy Soulsby (and seconded by Deputy Burford).
- 2.5 The directions in the Sursis halted the development of the existing SCIP project and required that the proposal was the subject of independent external review and analysis which would lead, in effect, to a fundamental re-appraisal of the options and business case for the future provision of an FPV capability for the Island.
- 2.6 Despite the analysis presented by the Department, the support and approval of the project business case from the States' Corporate Procurement team, and the independent value for money analysis, a majority of States members took the view, variously, that the Department's proposals:-
 - Did not sufficiently take into account the capacity of local yards to construct a replacement vessel, cost effectively, for the States.
 - Had not, in a convincing manner, considered the suitability and advantages of the use of GRP rather than aluminium as the hull construction material.
 - Should have retained the possibility of a local yard being able to tender for the contract to build a replacement vessel.
 - May have been the subject of a faulty Expressions of Interest process, which resulted in the work not being put out to open tender, and thus excluding local yards.
 - Did not give sufficient consideration to the option of retaining the existing vessel in service, but subject to a comprehensive refit and a suitable future maintenance programme with, if necessary, new engines fitted.
 - Had concluded wrongly that replacement with a new FPV in the short term was the most financially advantageous option available.
 - Did not represent the best value for the Island.
- 2.7 The Department has consistently rejected this analysis as simply wrong and not supported by facts. However, in compliance with the States' views, the Department is now progressing the directions set out in the Sursis and therefore has prepared a Policy Letter as specified, for consideration at the March 2016 States' meeting.
- 2.8 The nature of the task set by the Sursis means that, in practice, this Policy Letter

can only present an early progress report which is correct at the time of submission to Policy Council in late December 2015, rather than anything more substantive or final. It is quite likely that, by the time of the March 2016 debate, more progress will have been made and, if so, it will be possible to advise the Assembly accordingly.

3. Sursis Requirements

3.1 The Sursis motion approved by the States on 1st October 2015 gave the following instructions to the Department:-

- A. As part of the SCIP process, to commission an independent survey report of the Leopardess by a suitably qualified marine surveyor as to her present condition and as to her likely future maintenance costs, in order to establish whether she needs replacing now or whether it would be economically more sensible for her to remain in commission and be the subject of appropriate maintenance.*
- B. To seek appropriate authority to release funding for the above independent survey from the Capital Reserve.*
- C. If, as a result of the survey, it is concluded by the Department that the Leopardess requires replacement, to re-open the tender process so as to include any local boat builders who can demonstrate the ability to build commercial vessels, and to widen the specification so as not to exclude glass-fibre composite for the hull, and to amend the Outline Business Case accordingly.*
- D. To report back to the States by the March 2016 meeting of the States of Deliberation, such report to include the independent survey noted above.*

3.2 Consultation took place with the Procurement team of the Treasury and Resources Department, without delay after the September States Debate, to obtain advice on the most appropriate procedures to adopt to take forward these requirements. It was concluded that standard States' procurement approaches should be adopted at each step for the process in the light of the concerns expressed and the criticisms levelled at the Department in debate.

3.3 To assist the Department's Project Team with independent technical advice throughout this process, the Department intends to retain the services of an experienced and locally based, marine surveyor. This approach has been endorsed in discussions with T&R Procurement staff and is the preliminary element of the project that is in hand at the time of the submission of this Policy Letter.

3.4 The instructions in the Sursis require a sequence of activities to be completed starting with a full vessel condition survey to be done by an independent marine

surveyor.

- 3.5 The Department has concluded that this must be achieved without any involvement of the Damen shipyards, despite the many years of close working that has taken place since the vessel was purchased. Furthermore, the Department does not believe it would be appropriate to simply appoint a surveyor to complete this significant task, despite the degree to which this would shorten timescales in this project. The Department has concluded that this must, as with all parts of the project, be the subject of a suitable tendering process seeking a service supplier with experience of aluminium hulled vessels.
- 3.6 The Sursis requires that the results of the full survey should lead to the development of a maintenance programme for the existing FPV (FPV Leopardess) and the complete costing of such a programme. Once that is completed, the Department is required to obtain an appraisal of the option of replacement of the current FPV in the short term, against the other option of retaining it in service, with replacement at some future point in time.
- 3.7 In the light of the decision to sursis the proposals presented in the September 2015 Billet d'État, and to avoid any suggestion of bias, the Department has taken the view that that this work should be the subject of a process of options analysis that is independent of the Department and its Sea Fisheries section.
- 3.8 Following consideration of the options, and in consultation with the States' Procurement team, it has been concluded that the Department should aim to link the detailed vessel survey work with the subsequent analysis of maintenance costs into the future and the appropriate timing of vessel replacement.
- 3.9 It is only when that analysis has been done and reported to the Department that a decision on the future policy regarding the vessel can be considered. The Sursis does not require that the Department returns to the States with a report at this stage, but directs the Department to re-start the SCIP processes if the conclusion of the afore-mentioned tasks is that a replacement FPV appears to be the option offering the Island the best value for money (as previously concluded and proposed).
- 3.10 If the conclusion is that a replacement FPV should be sought in the short-term, the Department will re-start the suspended SCIP process, but will have to re-enter at an earlier stage and work through an open tender process leading to the development of an OBC for consideration.
- 3.11 If the project does require a tender process to be used, it will be a requirement, irrespective of any advice received in the previous elements of this review project, that the performance specification would "... *not exclude glass-fibre composite for the hull construction*".

- 3.12 Following that work, the States would have the opportunity to consider and vote on a report based on a revised and re-submitted OBC for this project.

4. Outline of the Project Process to be Used

- 4.1 To ensure that the process used discharges fully the requirements of the Sursis and is suitably independent and transparent, it has been concluded that the following outline plan should be the basis for the future work on this project:-

Project Phase	Phase Element	Action	Note
Prelim.	1	Consultation with T&R Procurement and project organisation.	To agree the most advisable steps and processes for this programme of work.
Prelim.	2	Draw up a job specification for an Independent Project Technical Adviser and seek expressions of interest.	Via the States' Tender Portal using a 'closed quotations' approach.
Prelim.	3	Appoint an independent project technical adviser (IPTA).	Qualified & experienced marine surveyor. Locally based IPTAS will be retained for the period of this project review process.
Prelim.	4	Develop a detailed specification for the independent survey and review consultancy.	IPTA to work with Department project team.
1	1	Appoint a suitable marine consultancy to carry out the major survey and analysis work.	Open Tender. Successful tenderer to demonstrate capability to discharge all remaining Phase 1 & 2 requirements.
1	2	Full Survey of Vessel and report of findings.	Results to be reported to the States when available.
2	1	Develop and document a maintenance programme for the Leopardess based on survey.	A ten year programme Expected to take into account engine replacement.
2	2	Cost the proposed maintenance programme.	
2	3	Carry out options analysis and report on what option, in the professional opinion of the consultants, offers best value for the Island.	Process will need to be done in accordance with SCIP rules and procedures Report to the Commerce and Employment Department.

- 4.2 Once this sequence of work is complete (a process that it is anticipated will take until the third quarter of 2016), the Department will be able to assess whether it should proceed with the development of a proposal for the replacement of the FPV Leopardess or not.
- 4.3 Should the option of “Replacement Now” appear (still) to be the most appropriate course of action at that stage, the Department shall proceed with the necessary procurement process within the SCIP system.
- 4.4 If the conclusion is that the best option is not to replace, but to refurbish and maintain the existing vessel for some period of years, the Department will develop a suitable multi-year programme for this work, again within the SCIP methodology as required.

5. Progress Report

- 5.1 At the time of the submission of this Policy Letter, the Department has commenced work on the closed quotation process by which it aims to appoint a suitably qualified locally based marine surveyor to act as an independent technical adviser to the Project team and Department (Project Preliminary Phases 1 and 2).
- 5.2 By the March 2016 States meeting, the Department anticipates that the Project Preliminary phase will be complete and work will be proceeding on Phase 1 tasks which includes obtaining the full vessel survey.

6. Recommendations

- 6.1 The Department asks the States to note: the contents of this Policy Letter, the agreed plan to progress this work and the steps taken to date.

Yours faithfully

K A Stewart
Minister

A H Brouard
Deputy Minister

D de G De Lisle
G M Collins
L S Trott

Advocate T M Carey, Non-States Member

(N.B. The Treasury and Resources Department considers that the Commerce and Employment Department's proposed plan for progressing the project is in line with the SCIP process and appropriate to follow the Sursis' instructions and will continue to work with the Department to ensure that the best value for money option is achieved.)

(N.B. The Policy Council supports the proposals in this Policy Letter and confirms that it complies with the Principles of Good Governance as defined in Billet d'État IV of 2011.)

The States are asked to decide:-

XIX.- Whether, after consideration of the Policy Letter dated 17th December, 2015, of the Commerce and Employment Department, they are of the opinion to note: the contents of this Policy Letter, the agreed plan to progress this work and the steps taken to date.

TREASURY & RESOURCES DEPARTMENT

REVISION OF THE DOUBLE TAXATION ARRANGEMENT WITH THE UNITED KINGDOM

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

1st December 2015

Dear Sir

1. Executive Summary

- 1.1 This report proposes that the States declare, by Resolution, that an amendment made to the Double Taxation Arrangement (“DTA”) entered into with the United Kingdom, by Exchange of Letters, should have effect, with the consequence that the amended DTA shall also have effect in relation to income tax, notwithstanding anything contained in the Income Tax (Guernsey) Law, 1975, as amended (“the Income Tax Law”).

2. Report

- 2.1. The principal purpose of a DTA is for two governments to agree procedures for the prevention of double taxation – that is, taxation under the laws of both territories in respect of the same income.
- 2.2. The DTA with the United Kingdom came into force in 1952. The definitions of “United Kingdom” and “Guernsey”, contained in the DTA, have remained unchanged.
- 2.3. The United Kingdom has proposed a comprehensive renegotiation of the DTA, commencing in 2016. In the interim, however, also at the request of the United Kingdom, the definitions of “United Kingdom” and “Guernsey” for the purposes of the DTA have been updated to those currently used by both jurisdictions in other international tax agreements.
- 2.4. The amendment to the DTA has been reached by an Exchange of Letters, by the United Kingdom on 22nd September 2015 and by Guernsey on 7th October 2015. A copy of the Exchange of Letters is appended to this report.

2.5. Section 172(1) of the Income Tax Law provides:

“If the States by Resolution declare that arrangements specified in the Resolution have been made with the government of any other territory with a view to affording relief from double taxation in relation to income tax and any tax of a similar character imposed by the laws of that territory, and that it is expedient that those arrangements should have effect, the arrangements shall have effect in relation to income tax notwithstanding anything in any enactment.”

3. Recommendations

The amendment to the DTA made with the United Kingdom, by Exchange of Letters, is appended to this report. That DTA was made with a view to affording relief from double taxation. The Treasury and Resources Department therefore recommends that the States should declare that the DTA, as now amended, should have effect in relation to income tax in accordance with section 172(1) of the Income Tax Law.

Yours faithfully

G A St Pier
Minister

J Kuttelwascher
Deputy Minister

A H Adam
R A Perrot
A Spruce

Mr J Hollis
(Non-States Member)

**ARRANGEMENT BETWEEN HER MAJESTY’S GOVERNMENT AND THE
THE STATES OF GUERNSEY AMENDING THE 1952 ARRANGEMENT
BETWEEN THE TWO GOVERNMENTS FOR THE AVOIDANCE OF
DOUBLE TAXATION AND THE PREVENTION OF FISCAL EVASION
WITH RESPECT TO TAXES ON INCOME AS AMENDED BY THE 1994
AND 1990 ARRANGEMENTS BETWEEN THE TWO GOVERNMENTS**

Her Majesty’s Government and the States of Guernsey,

Desiring to strengthen their economic relationship and to improve the operation of the existing arrangements between the two governments for the avoidance of double taxation and the prevention of fiscal evasion, have agreed as follows:

1. In this Arrangement the term “1952 Arrangement” means that Arrangement as amended by the 1994 and 2009 Arrangements.

2. To substitute for the existing definition of the United Kingdom at paragraph 2(1)(a) of the 1952 Arrangement:

the term “United Kingdom” means Great Britain and Northern Ireland but, when used in a geographical sense, means the territory and territorial sea of Great Britain and Northern Ireland and the areas beyond that territorial sea over which Great Britain and Northern Ireland exercise sovereign rights or jurisdiction in accordance with their domestic law and international law;

3. To substitute for the existing definition of Guernsey at paragraph 2(1)(b) of the Guernsey Arrangement:

the term “Guernsey” means the States of Guernsey and, when used in a geographical sense, means the islands of Guernsey, Alderney and Herm, and the territorial sea adjacent thereto, in accordance with international law, save that any reference to the law of Guernsey is to the law of the island of Guernsey as it applies there and in the islands of Alderney and Herm;

4. Each of the United Kingdom of Great Britain and Northern Ireland and the States of Guernsey shall notify the other of the completion of the procedures required by its law for the bringing into force of this Arrangement. This Arrangement shall enter into force on the date of the later of these notifications and shall thereupon have effect:

- a) in the United Kingdom:

- i) in respect of income tax, for any year of assessment beginning on or after 6th April next following the date on which this Arrangement enters into force;
- ii) in respect of corporation tax, for any financial year beginning on or after 1st April next following the date on which this Arrangement enters into force;

- b) in Guernsey, in respect of Guernsey tax, for any year of charge beginning on or after 1st January next following the date on which this Arrangement enters into force.

(N.B. The Policy Council supports the proposals in this Policy Letter and confirms that it complies with the Principles of Good Governance as defined in Billet d'État IV of 2011.)

The States are asked to decide:-

XX.- Whether, after consideration of the Policy Letter dated 1st December, 2015, of the Treasury and Resources Department, they are of the opinion to declare that the Double Taxation Arrangement, entered into with the United Kingdom, by Exchange of Letters as now amended, should have effect in relation to income tax in accordance with section 172(1) of the Income Tax Law.