

Scrutiny Inquiry Panel - Tackling Childhood Obesity in Southampton

ADDITIONAL INFORMATION AND PRESENTATIONS

Tuesday, 25th February, 2020
at 5.30 pm

ADDITIONAL INFORMATION RELATED TO THE LISTED REPORTS

Contacts

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ADDITIONAL INFORMATION AND PRESENTATIONS

TURNING THE TIDE ON CHILDHOOD OBESITY

- Grace Davies – Bristol (1)
- A discussion with Leeds (2)
- Leeds Healthy Weight Declaration cover report (3)
- Leeds Child Healthy Weight Plan (4)
- Whole Systems Approach (5)
- The Testlands Way (6)

Monday, 17 February 2020

DIRECTOR, LEGAL AND GOVERNANCE



healthier people
and places

Alive Bristol

A One City Approach to healthier people and places

Grace Davies, Principal Public Health Specialist, Public Health Team, Bristol City Council

An overview of the work Bristol City Council have undertaken to improve the local food environment and the key strategies/policies/programmes/partnerships that are seeking to reduce childhood obesity and food poverty



- The healthy weight challenge for Bristol
- Alive Bristol, a One City Approach
- The Local Authority Declaration on Healthy Weight
- Key policies and partnerships and examples of collaborative effort across the city

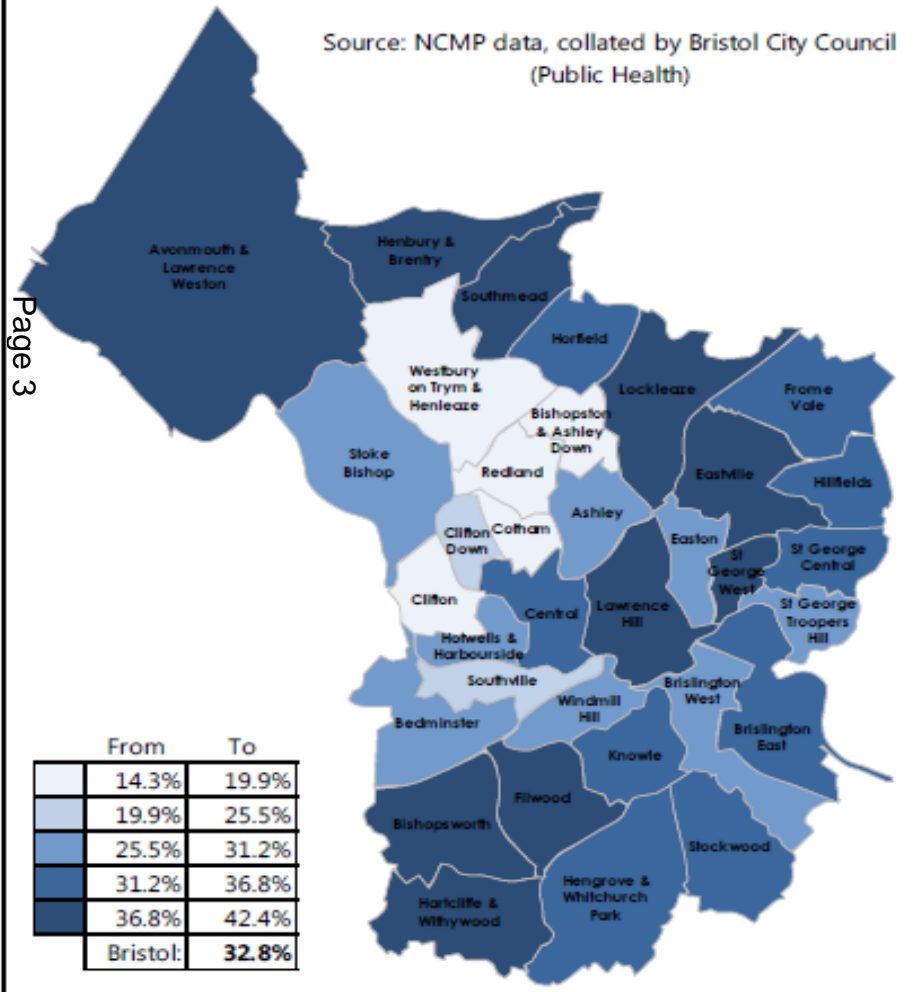
Unhealthy weight in Bristol



Children

% of children measured that were overweight or very overweight (prevalence of excess weight), year 6, 2016/17 to 2018/19, 3-year pooled data - Bristol schools

Source: NCMP data, collated by Bristol City Council (Public Health)

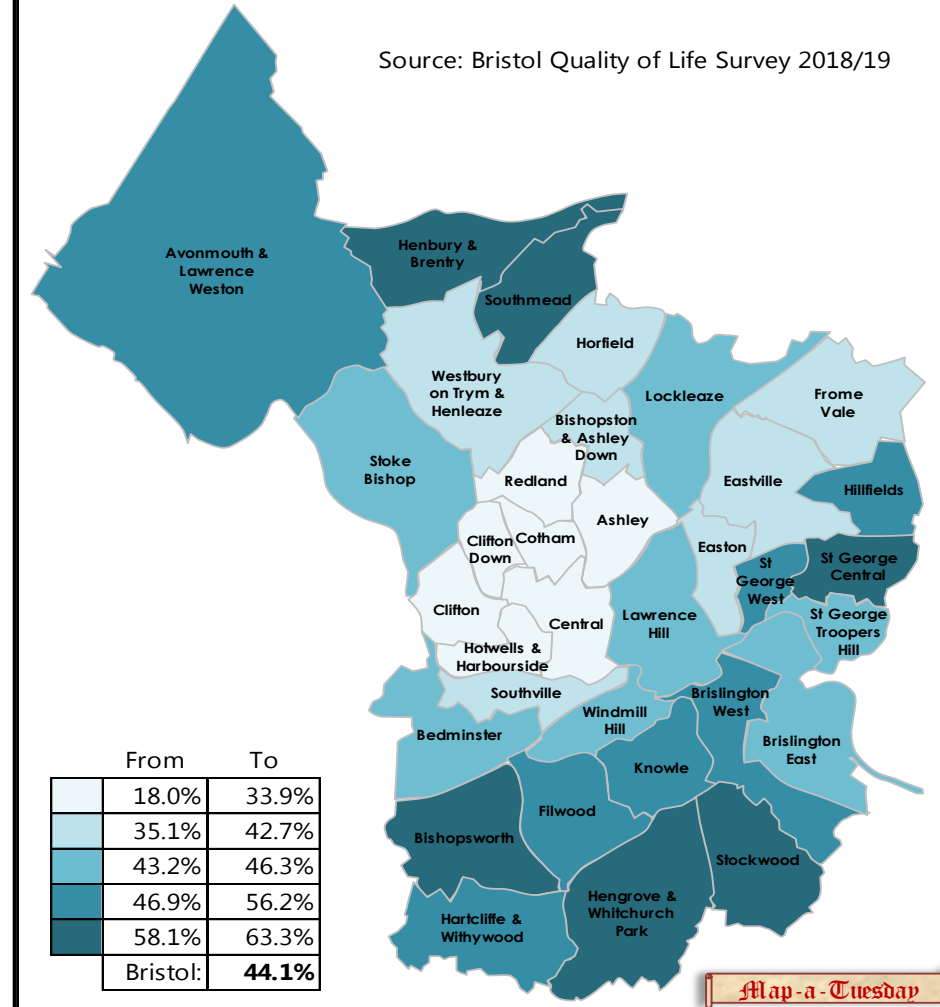


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Adults

% of adults that are overweight or obese (BMI >= 25)

Source: Bristol Quality of Life Survey 2018/19



ADULTS
Bristol Average
55.6%

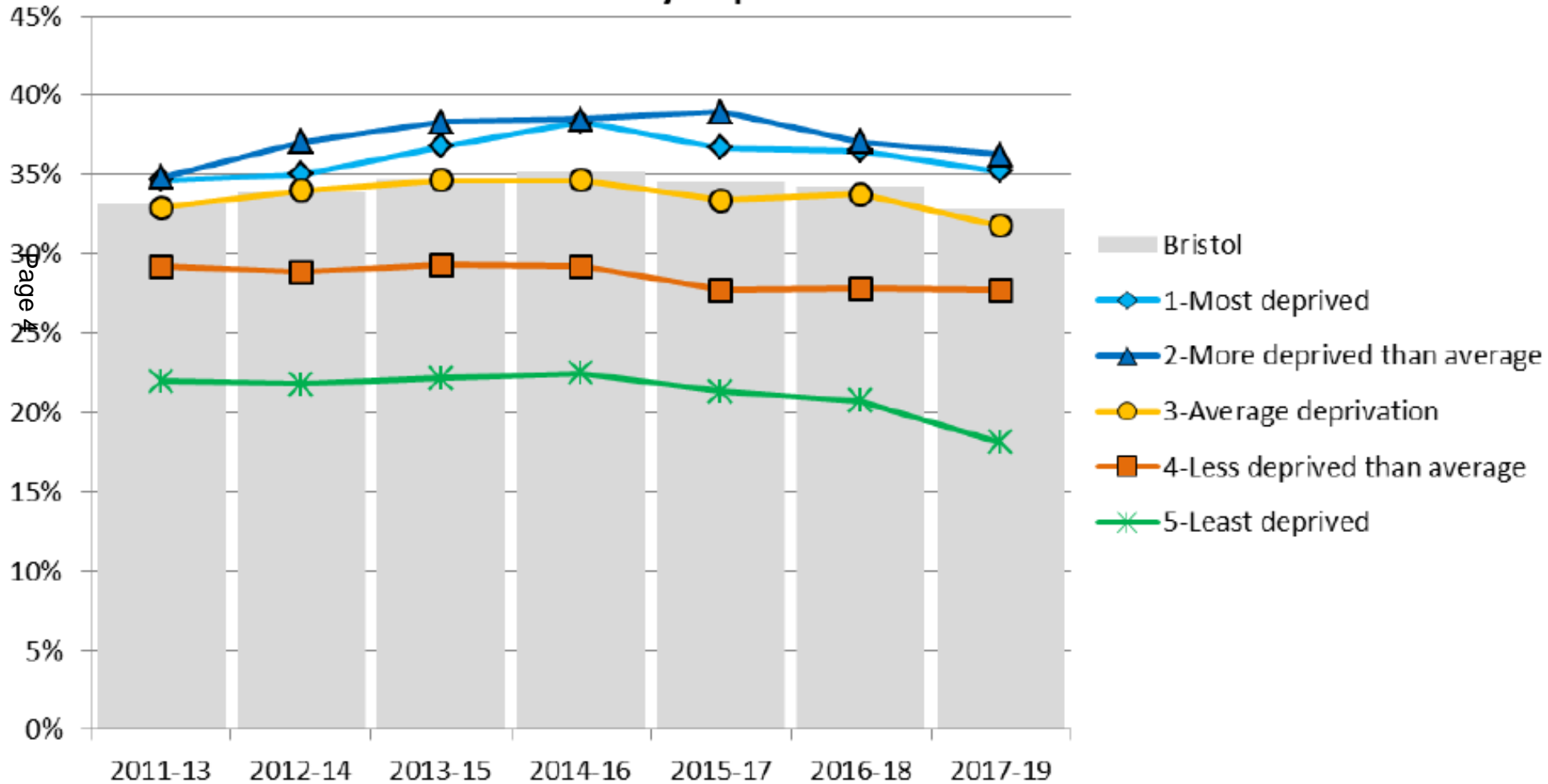
Active Lives Survey,
2017/18

Map-a-Tuesday

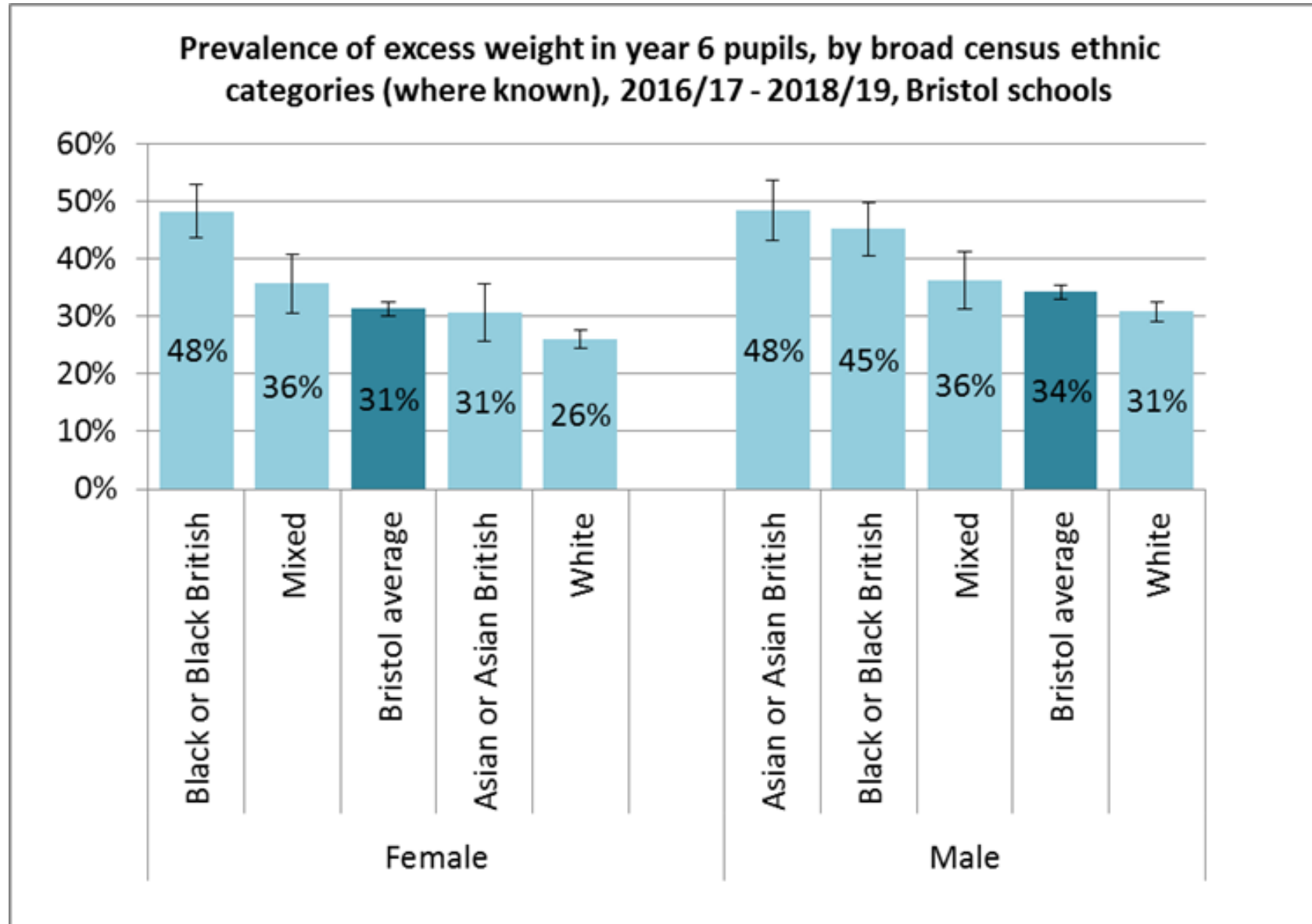
Inequalities: unhealthy weight in childhood, NCMP data



Prevalence of excess weight, year 6 (10/11yrs) pupils in Bristol schools, by IMD
2019 deprivation quintile (1=Most deprived) vs Bristol average,
3-year pooled data



Ethnicity: unhealthy weight in children





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Proportion of children (5-16yrs) estimated
to be 'inactive' (<30 mins activity per day)

35%

Bristol

33%

England

Inactivity – Active Lives Survey 2017/18

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**24% of Bristol school children
are claiming free school meals.**

**More than 10% of children (5-16yrs)
reported having no fruit or vegetables
the previous day**

Bristol's "Pupil Voice" Survey (2019)

Our vision

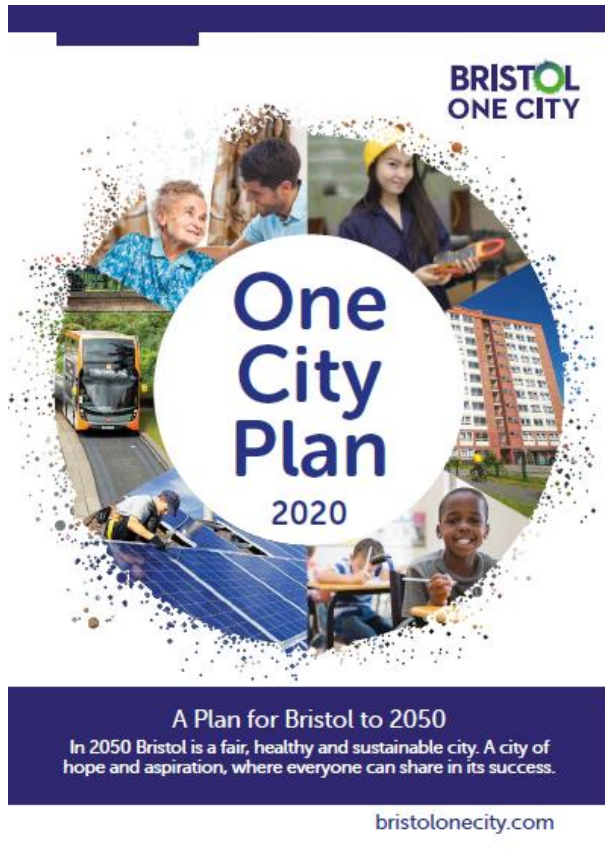


Bristol is a city where people are a healthier weight, with an environment that makes it easier for everyone, regardless of age, background, circumstance or where they live, to be active and eat affordable healthy and sustainable food.

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One City Plan objectives



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By 2026: *Halt the rise in levels of childhood overweight and obesity*

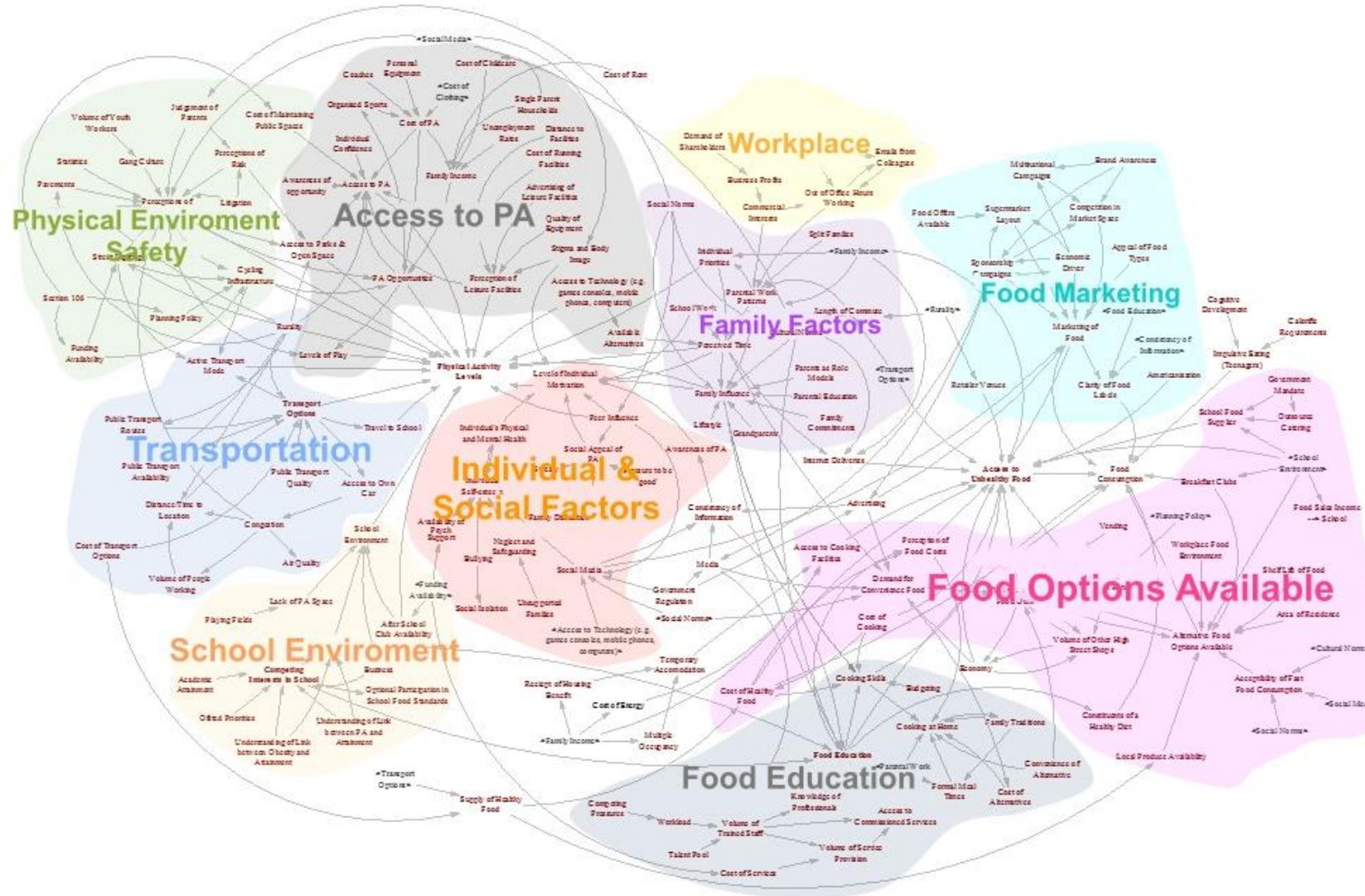
By 2029: *Close the inequality gap in childhood overweight and obesity*

By 2033: *A whole systems approach to healthy weight embedded across the city, ensuring environments support healthy choices that are accessible and affordable for everyone*

The complexity of unhealthy weight – multiple causes, influencing factors and systems



healthier people and places





healthier people
and places

One City – partners from all sectors

- Bristol City Council services and functions
- Mayor and elected Members
- Health & Wellbeing Board
- Clinical Commissioning Group
- Healthier Together
- NHS England
- NHS Hospital Trusts
- Sirona care & health
- Bristol Health Partners
- West of England Combined Authority
- Pharmacies
- Emergency services
- Health Watch
- Faith organisations
- Early years settings, schools, Universities, Academies & Further Education
- Businesses
- Workplaces
- Sports & Leisure sector
- Food Networks
- Feeding Bristol
- Voluntary Sector
- Local community groups
- Suppliers/retailers of food & catering



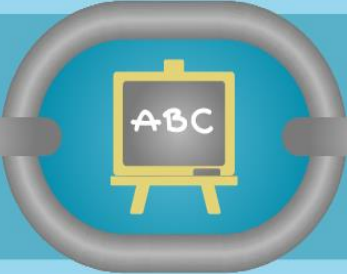
healthier people and places

Areas of action

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planning a healthier **food environment**



the **school** and **childcare setting**



increasing **healthy food consumption**



creating **healthy workplaces**



increasing **active travel**



providing **access to weight management support**



promoting **local opportunities** and **community engagement**



educating people about the benefits of **healthy eating** and **physical activity**



planning and creating an environment that promotes **physical activity**

Opportunity: Capability: Motivation

ALIVE BRISTOL: Healthy Food Environments



Good Food and Catering Procurement Policy (Framework) 2018



- Good Food & Catering Procurement Policy
- Bristol Eating Better award
- Council contracts and concessions, school meals, street trading, markets, parks, events,



ALIVE BRISTOL: BCC matrix workstreams

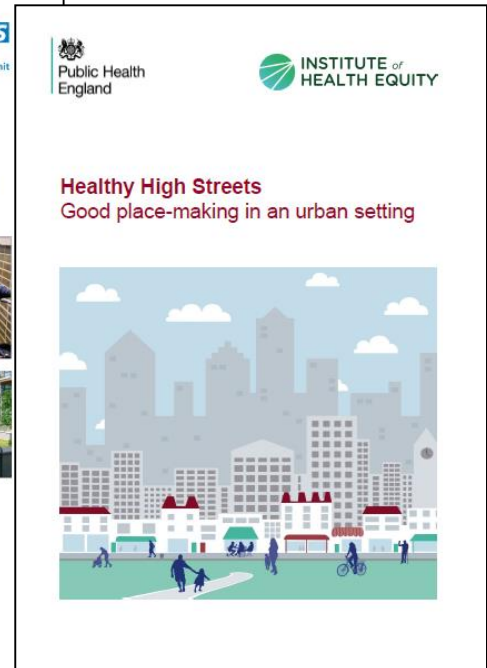


- **CHILDREN FOCUSED** (maternity, early years, schools and other children's settings)
- **BUILT & NATURAL ENVIRONMENT:** (planning policy, developments, city design, active transport, advertising, parks)
- **COMMUNITY FOCUSED**
- **WORKPLACES**

Built & Natural Environment

- ‘Health in planning’ practice note, healthy weight SPD, takeaways policy
- Advise on ‘super-major’ developments
- Training for Development Management
- Workshop with City Design, Strategic Transport and Parks
- Regeneration projects
- Advertising

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Local Government Declaration on Healthy Weight



FOOD ACTIVE

This Declaration was passed by:  | On: 5th February 2020

With Partner Pledges supported by:


LOCAL GOVERNMENT DECLARATION ON HEALTHY WEIGHT

THIS LOCAL GOVERNMENT DECLARATION ON HEALTHY WEIGHT IS A STATEMENT, INDIVIDUALLY OWNED BY BRISTOL CITY COUNCIL.

It encapsulates a vision to promote healthy weight and improve the health and well-being of the local population. We recognise that we need to exercise our responsibility in developing and implementing policies which promote healthy weight.

Marvin Rees
Mayor of Bristol

Councillor Asher Craig
Deputy Mayor
(Communities, Equalities & Public Health)

Christina Gray
Director of Public Health,
Bristol City Council

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- 14 Commitments to promoting healthy weight and implementing policies which influence the whole city
- ‘Partner pledges’ from local NHS organisations
- UH Bristol Trust piloting NHS Healthy Weight Declaration

Local Government Declaration on Healthy Weight



ALIVE BRISTOL: partnership programmes



BRISTOL GOING FOR GOLD

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**BUYING
BETTER**



**FOOD
WASTE**



**URBAN
GROWING**



**COMMUNITY
ACTION**



**EATING
BETTER**



**FOOD
EQUALITY**



ALIVE BRISTOL: partnership programmes



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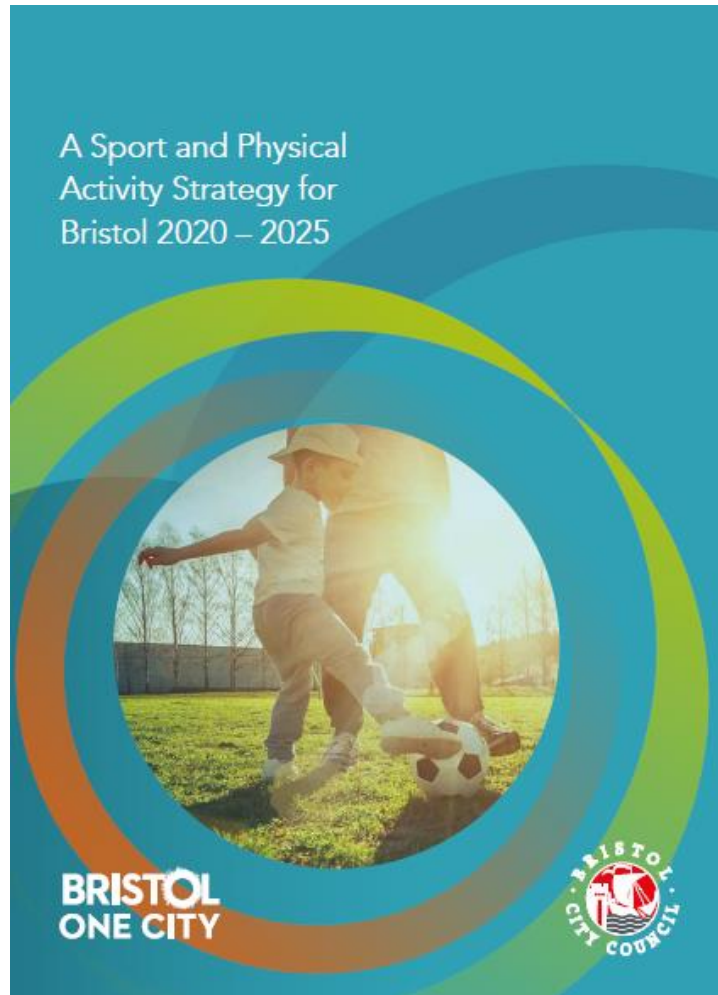


Improving mental health for all

Physical activity environments & programmes



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TARGETS

- Reduce health inequalities and the Healthy Life Expectancy gap by 10% between the most affluent wards and deprived wards (by 2025)
- 50% more people from wards with the greatest levels of socioeconomic deprivation, achieve 30 minutes physical activity per week (by 2025).
- Halt the rise in levels of childhood and adult obesity.



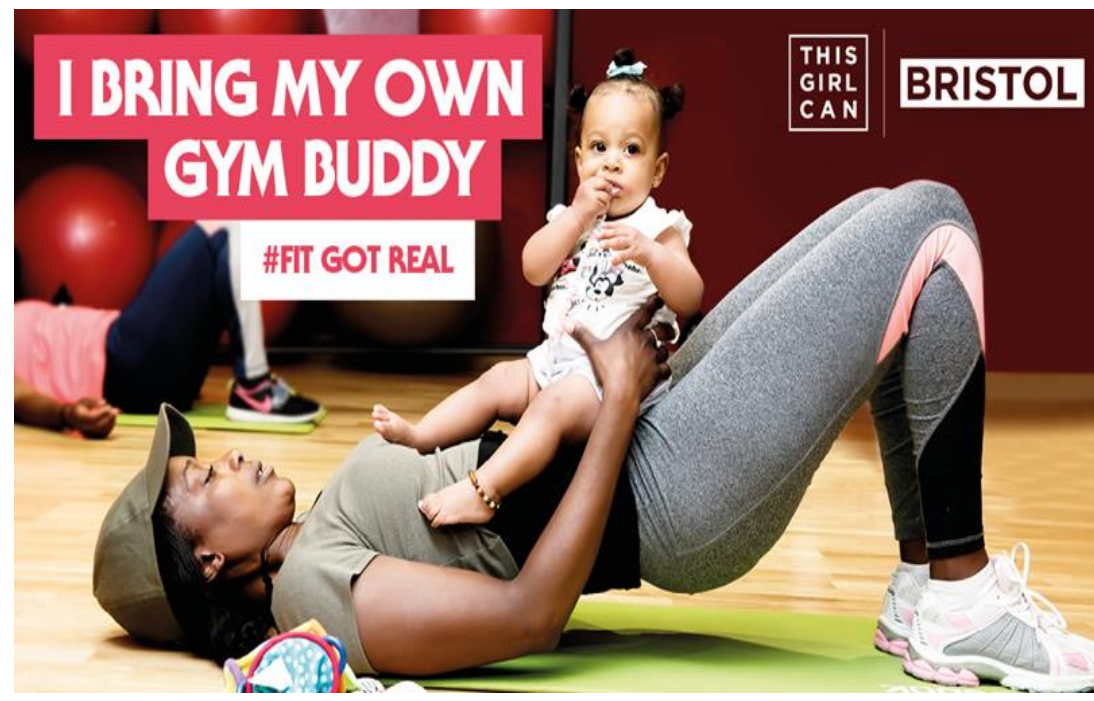
healthier people
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healthier people and places

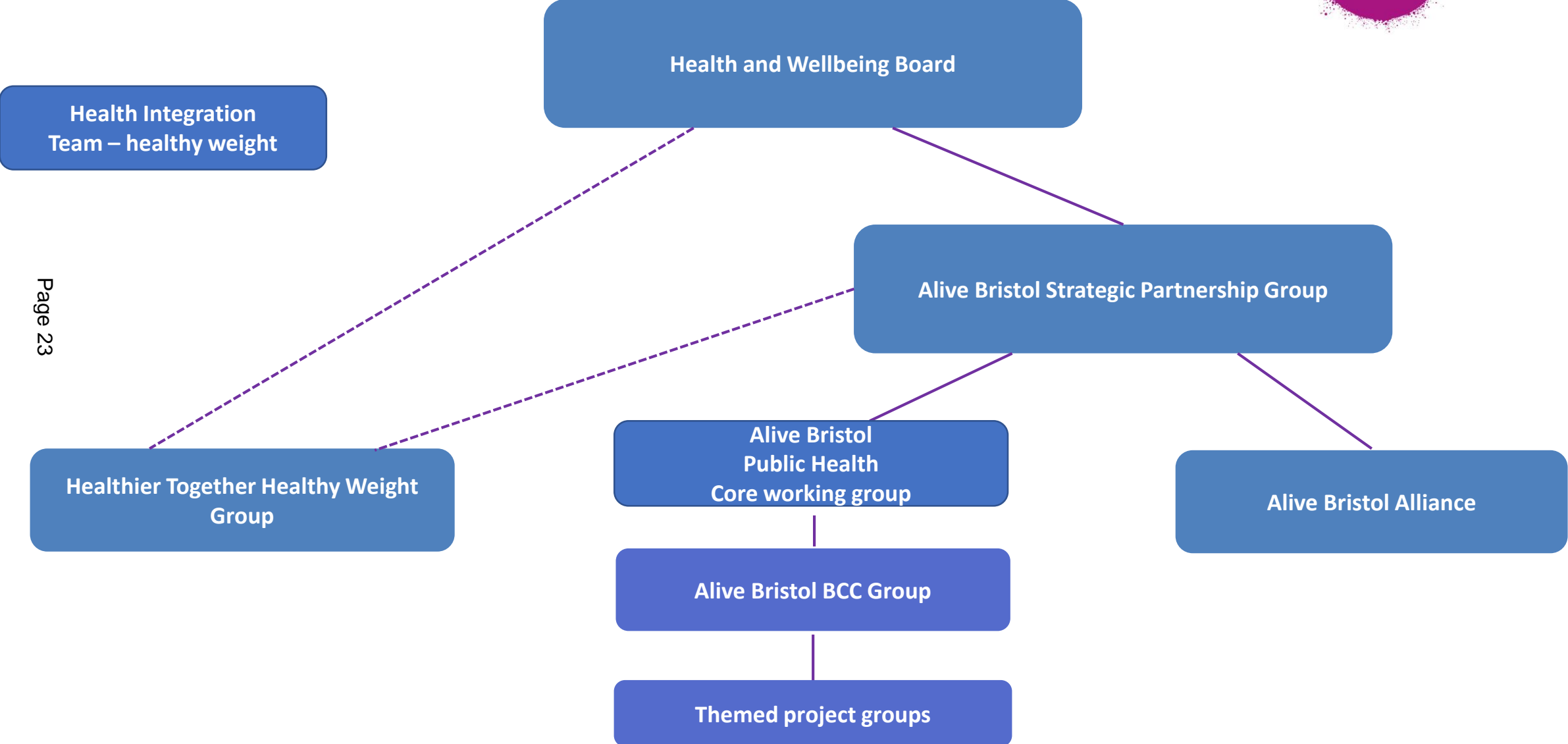


ALIVE BRISTOL ALLIANCE



- Identify champions in your organisation, group, or community setting
- Empower people with knowledge and tools to support healthy eating and physical activity
- Develop environments and activities to help people be more physically active
- Make changes that support the availability of healthier, sustainable and affordable food and drink
- Provide and promote access to free drinking water

ALIVE BRISTOL: Governance

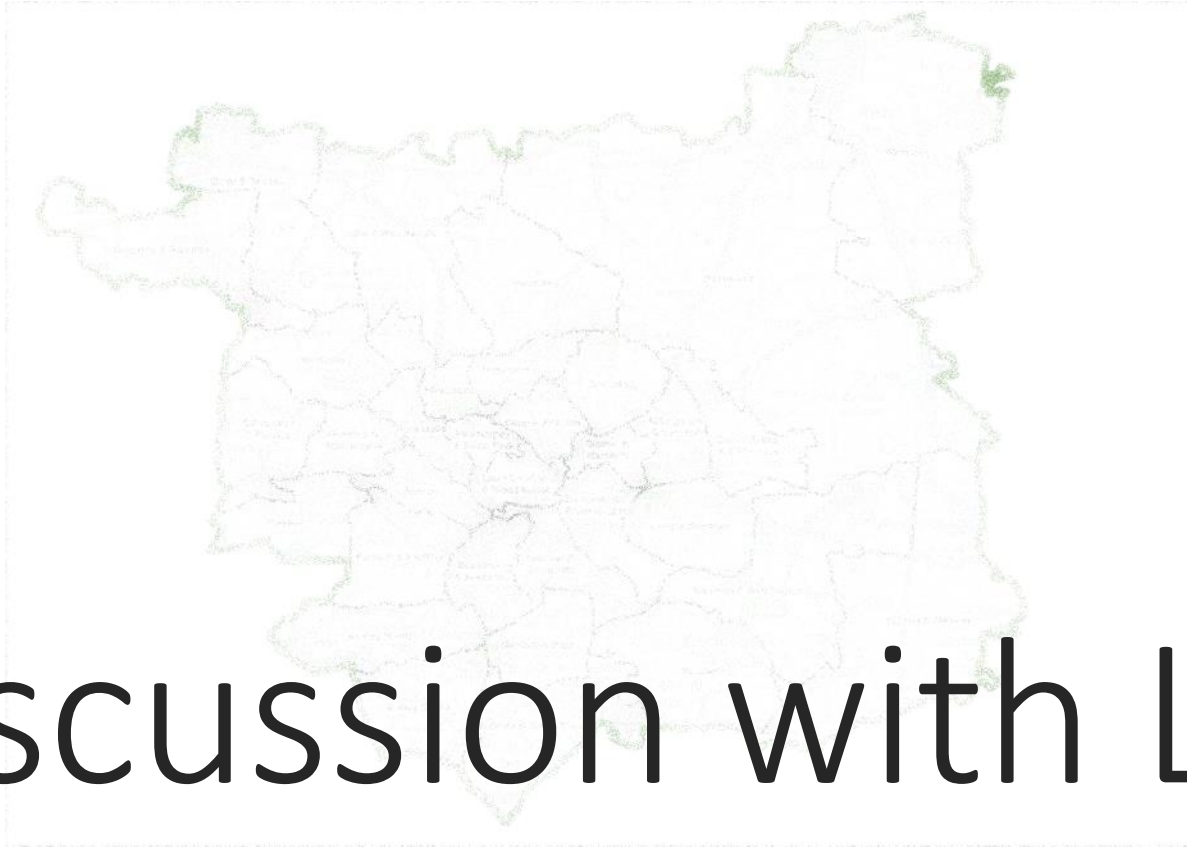




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Thank you

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A discussion with Leeds

Ravita Taheem (Senior Public Health Practitioner)

Headlines May 2019

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NEWS

Home UK World Business Politics Tech Science Health Family & Education

Health

Has Leeds cracked the obesity problem?

1 May 2019

f Share



Leeds becomes first UK city to lower its childhood obesity rate
City's Henry programme gives children choices while helping parents maintain boundaries

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Apps

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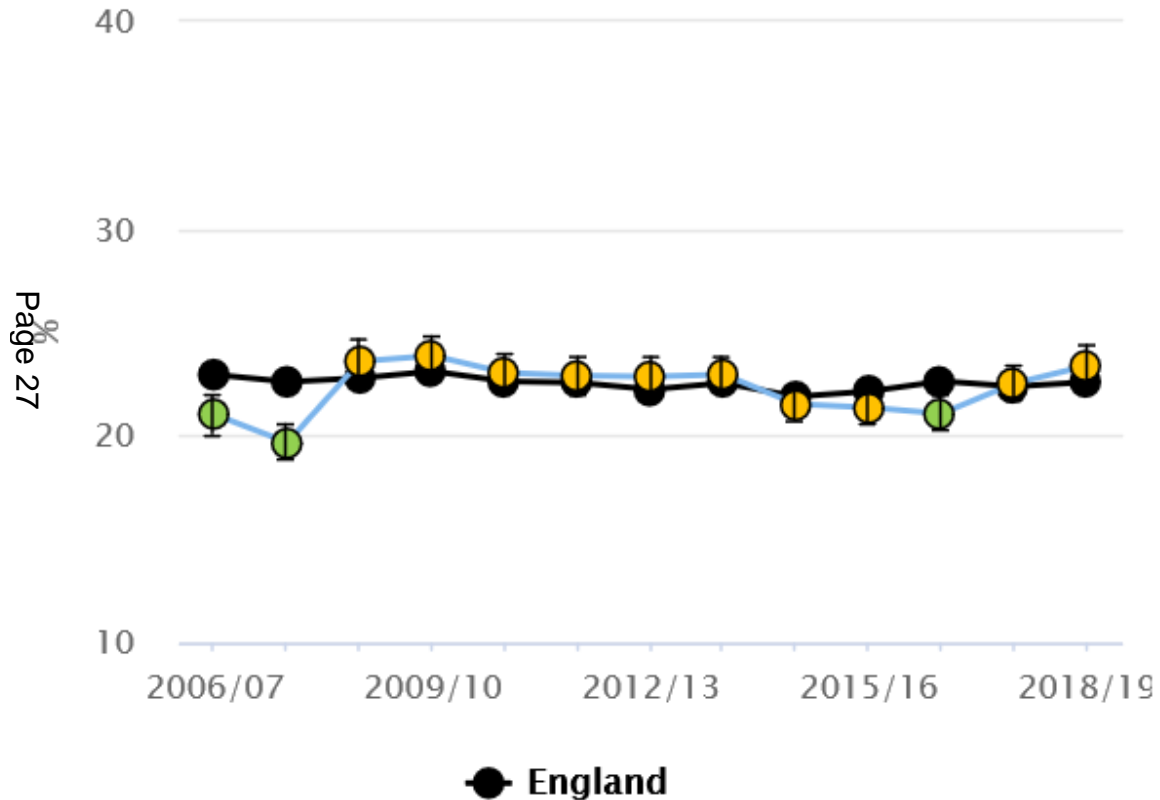
LIFE STYLE HEALTH GARDEN CARS PROPERTY FOOD TECH DIETS

Home > Life & Style > Life

Food for thought: Diet initiative in Leeds has reversed the city's obesity problem

A new initiative in Leeds which teaches parents to take back control has reversed the city's childhood obesity problem

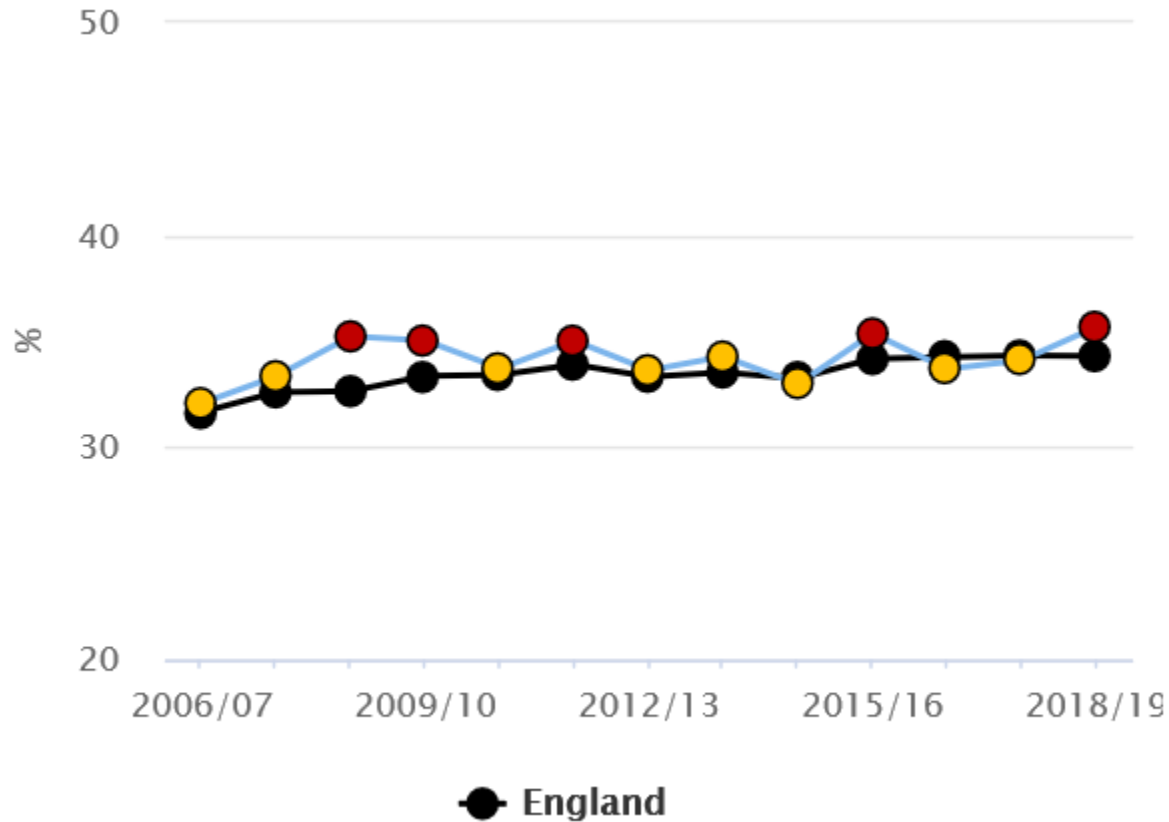
Overweight and obesity in year R



| Period | Leeds | | | | Yorkshire and the Humber region | England |
|---------|-------|-------|----------|----------|---------------------------------|---------|
| | Count | Value | Lower CI | Upper CI | | |
| 2006/07 | 1,310 | 21.0% | 20.0% | 22.0% | * | 22.9% |
| 2007/08 | 1,398 | 19.7% | 18.8% | 20.6% | 22.6% | 22.6% |
| 2008/09 | 1,740 | 23.6% | 22.6% | 24.6% | 22.7% | 22.8% |
| 2009/10 | 1,891 | 23.9% | 22.9% | 24.8% | 22.0% | 23.1% |
| 2010/11 | 1,875 | 23.0% | 22.1% | 24.0% | 22.1% | 22.6% |
| 2011/12 | 1,948 | 22.9% | 22.0% | 23.8% | 22.1% | 22.6% |
| 2012/13 | 1,961 | 22.9% | 22.0% | 23.8% | 21.9% | 22.2% |
| 2013/14 | 2,075 | 23.0% | 22.1% | 23.8% | 22.2% | 22.5% |
| 2014/15 | 2,014 | 21.5% | 20.7% | 22.4% | 21.5% | 21.9% |
| 2015/16 | 2,036 | 21.4% | 20.5% | 22.2% | 22.4% | 22.1% |
| 2016/17 | 2,021 | 21.1% | 20.3% | 21.9% | 22.2% | 22.6% |
| 2017/18 | 2,065 | 22.5% | 21.7% | 23.4% | 22.9% | 22.4% |
| 2018/19 | 2,111 | 23.4% | 22.5% | 24.3% | 23.7% | 22.6% |

Source: NHS Digital, National Child Measurement Programme

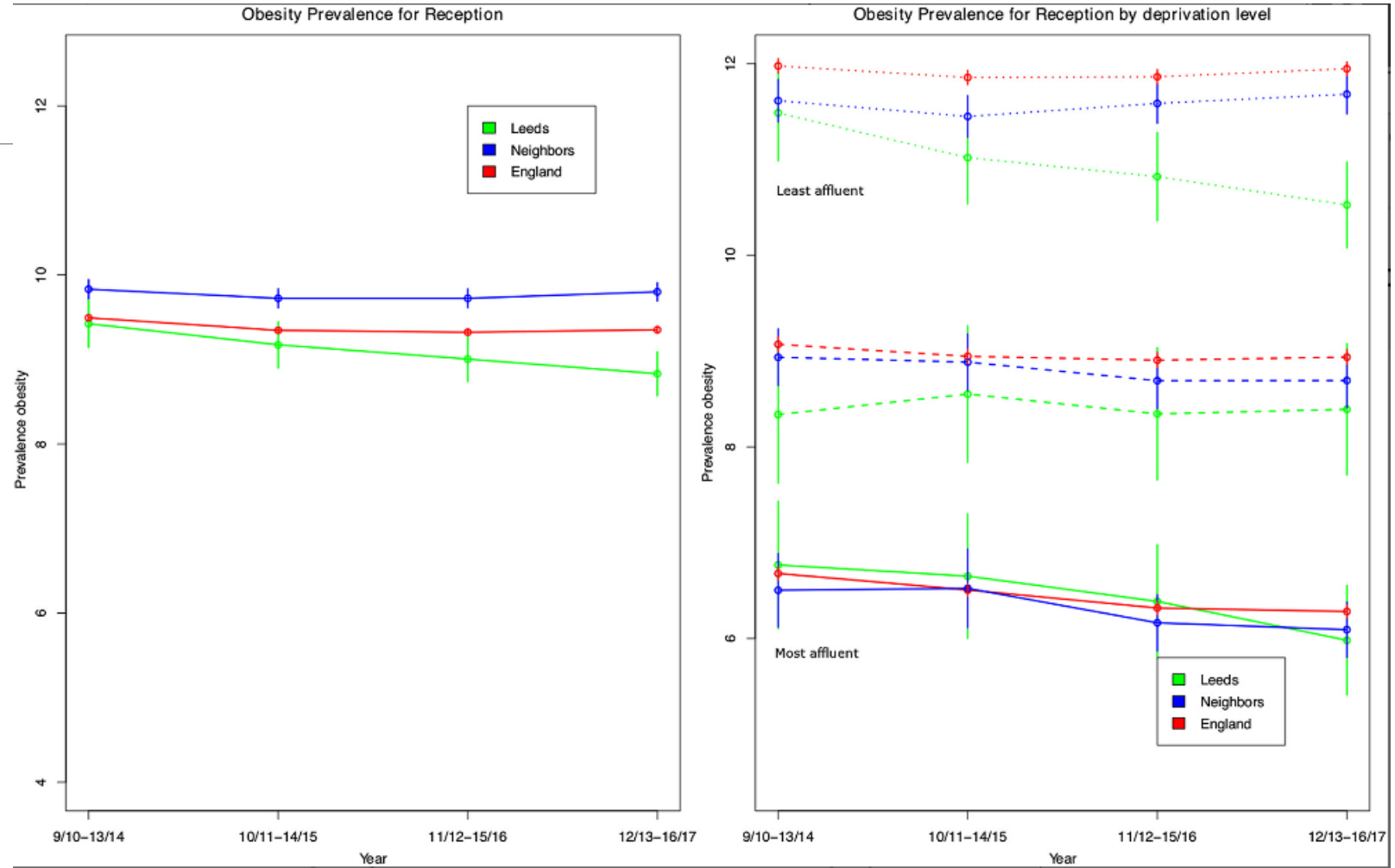
Overweight and Obesity- year 6



| Period | Leeds | | | | Yorkshire and the Humber region | England |
|---------|-------|-------|----------|----------|---------------------------------|---------|
| | Count | Value | Lower CI | Upper CI | | |
| 2006/07 | 2,178 | 32.1% | 31.0% | 33.2% | * | 31.7% |
| 2007/08 | 2,395 | 33.3% | 32.3% | 34.4% | 33.1% | 32.6% |
| 2008/09 | 2,522 | 35.2% | 34.1% | 36.3% | 32.5% | 32.6% |
| 2009/10 | 1,823 | 35.0% | 33.7% | 36.3% | 33.0% | 33.4% |
| 2010/11 | 2,404 | 33.7% | 32.6% | 34.8% | 33.2% | 33.4% |
| 2011/12 | 2,441 | 35.0% | 33.9% | 36.1% | 33.7% | 33.9% |
| 2012/13 | 1,721 | 33.6% | 32.3% | 34.9% | 33.2% | 33.3% |
| 2013/14 | 2,471 | 34.3% | 33.2% | 35.4% | 33.4% | 33.5% |
| 2014/15 | 2,487 | 33.0% | 31.9% | 34.0% | 33.3% | 33.2% |
| 2015/16 | 2,785 | 35.4% | 34.3% | 36.4% | 34.6% | 34.2% |
| 2016/17 | 2,621 | 33.7% | 32.6% | 34.7% | 34.6% | 34.2% |
| 2017/18 | 2,754 | 34.1% | 33.1% | 35.1% | 34.7% | 34.3% |
| 2018/19 | 3,066 | 35.7% | 34.7% | 36.7% | 35.1% | 34.3% |

Source: NHS Digital, National Child Measurement Programme

Obesity trends Leeds- Year R



Leeds

- Population of 790k.
- Population aged 0-19 of 192k
- 33 wards
- Deprivation
- Life expectancy is 11.5 years lower for men and 9.4 years lower for women in the most deprived



Overall aims for the Leeds

- Strong economy, but a compassionate city as well.
- Two major plans: Health and Wellbeing and Inclusive growth plan.
- Child Friendly City.



Leeds strategies to tackle obesity

- Focus on the physical activity environment and the food environment:
 - **Child Healthy Weight Plan** (locally developed, partnership with council and external).
 - Signed up to the **Healthy Weight Charter** (Council). To consider the impact of council decisions on family weight status.
 - Food environment work-sign up to **Sustainable Food Cities Award**.
 - **Leeds Food Charter** (locally developed with partners).



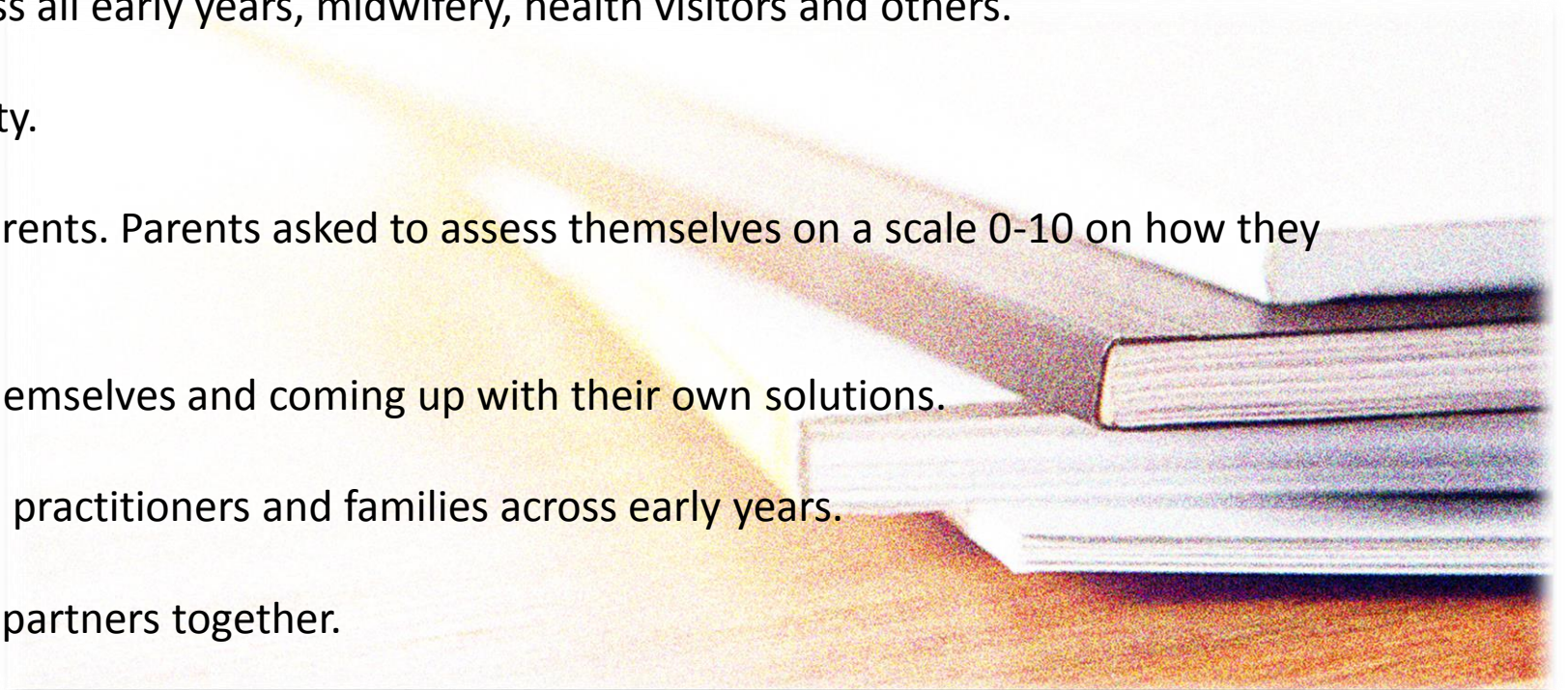
Child Healthy Weight Plan

- Leeds becomes an environment that is conducive to raising a child to be a healthy weight.
 - Whole school approach
 - Leisure and green space
 - Healthy built environment
 - Breast feeding, weaning
 - **HENRY**
 - Community lifestyle interventions
 - Change4 Life and local social marketing work
 - **2-3 year old BMI collection**
 - Consultation and partnership work



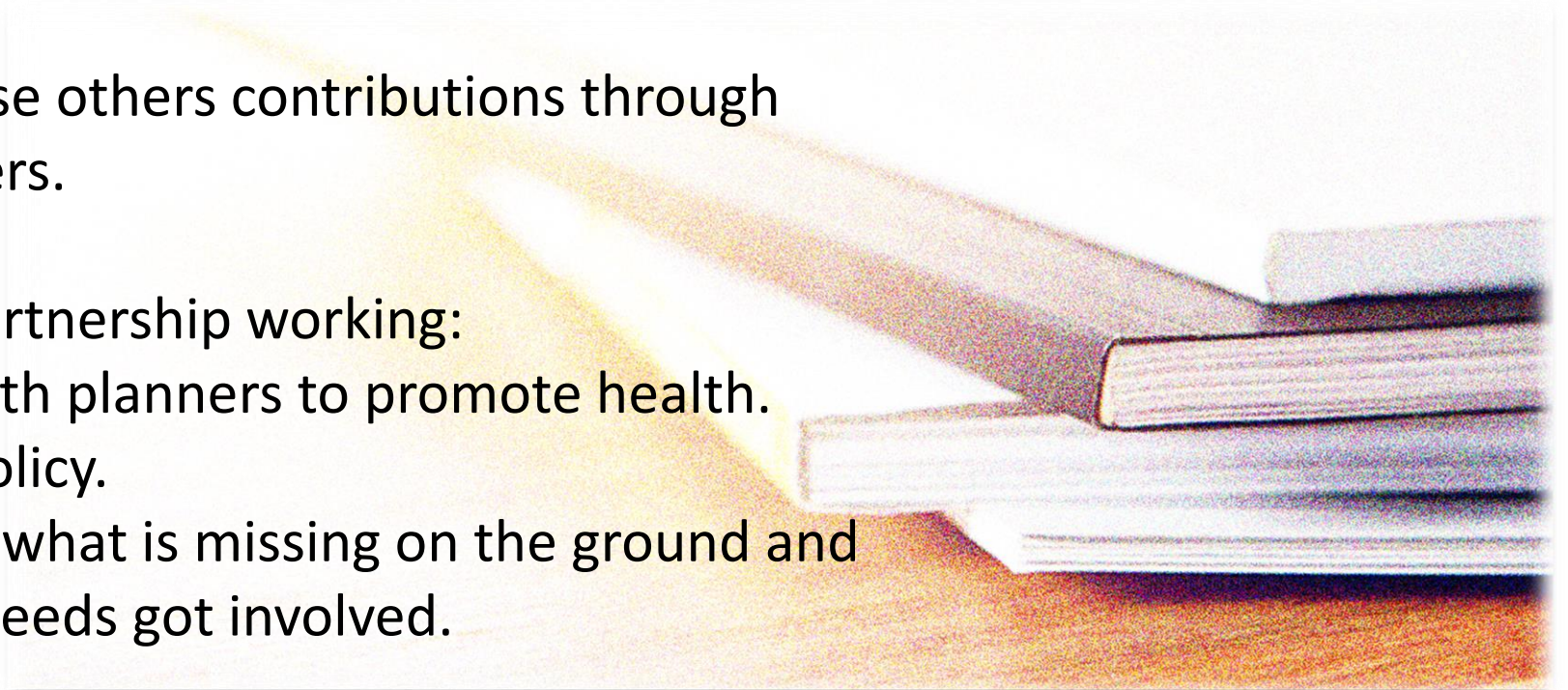
HENRY-(Healthy Eating and Nutrition in the Really Young)

- Licenced Programme.
- 1400 practitioners trained across all early years, midwifery, health visitors and others.
- Over 90 HENRY groups in the city.
- Based on conversations with parents. Parents asked to assess themselves on a scale 0-10 on how they are doing.
- Focus is on parents assessing themselves and coming up with their own solutions.
- Changed relationships between practitioners and families across early years.
- Promising results have brought partners together.



Influencing wider policy in Leeds

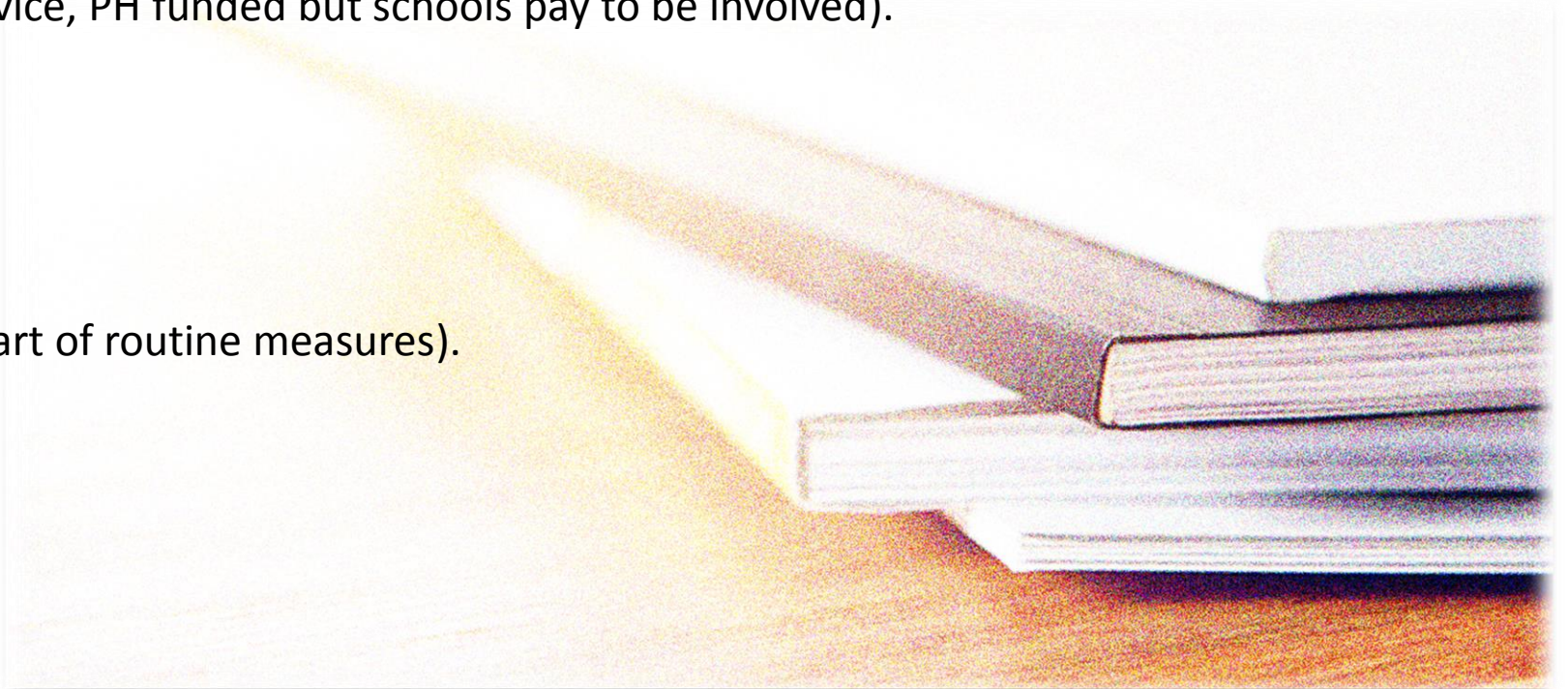
- Develop partnerships to identify common objectives to help each other deliver them collectively.
- Acknowledge and recognise others contributions through partnerships and news letters.
- Predominantly through partnership working:
 - Developed principles with planners to promote health.
 - Guidance rather than policy.
 - Collectively understand what is missing on the ground and where public health in Leeds got involved.



Prevention plan

- A lot of work underway under their prevention plan, (difficult to measure).
- Healthy Schools Team (traded service, PH funded but schools pay to be involved).
- Whole School Food Policy.
- Healthy Weaning workshops.
- Measuring BMI 2 year olds (not part of routine measures).

Practice has changed in many ways.



Healthy Weight Charter

- Based on fourteen standard commitments- examples:
 - Engage with the local food and drink sector where appropriate to consider responsible retailing, offering and promoting healthier food.
 - Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities.
 - Review provision in all our public buildings, facilities and 'via' providers to make healthy foods and drinks more available.
 - Increase public access to fresh drinking water on local authority controlled sites.



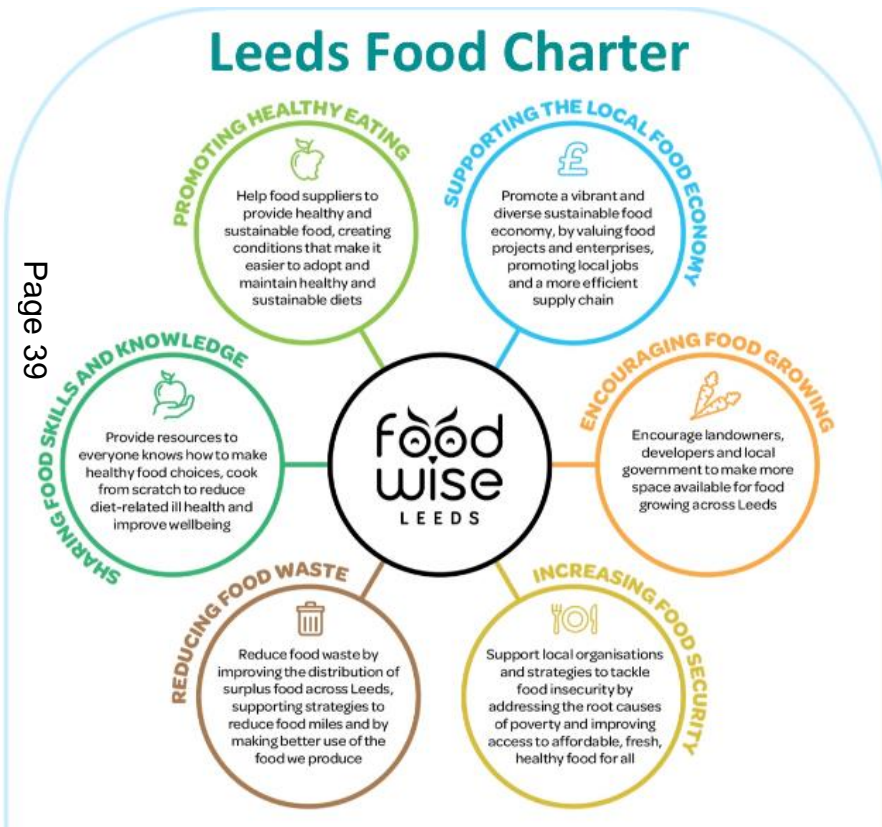
Sustainable Food Cities Award (national framework)

- A framework to help cities set a direction to transform food in the city based on 6 themes:

- 1. Promoting healthy and sustainable food to the public
- 2. Tackling food poverty, diet-related ill health and access to affordable healthy food
- 3. Building community food knowledge, skills, resources and projects
- 4. Promoting a vibrant and diverse sustainable food economy
- 5. Transforming catering and food procurement
- 6. Reducing waste and the ecological footprint of the food system



Leeds Food Partnership



- The organisation was initiated in 2016 by three parties; Leeds City Council, the University of Leeds and Feed Leeds.
- Leeds Food Action Plan.

Governance

- Health and Wellbeing Board and the Children and Young People's Trust Board.
- Work ongoing with other boards/committees-to build relationships with partners outside the Health arena, e.g. Community Committees.



Summary

- Leeds have started to turn the tide.
- Combination of council commitments and council/partner commitments.
- Long term strategy/strategies and ability to scale-up work.

Thank you

**Report of Director of Public Health
Report to Executive Board**

Janice Burberry – Head of Public Health

Date: 19th September 2018

Subject: Local Authority Healthy Weight Declaration (HWD)

| | |
|--|---|
| Are specific electoral wards affected? If yes, name(s) of ward(s): | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is the decision eligible for call-in? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Summary of main issues

1. The Local Authority Healthy Weight Declaration (HWD) has been designed to support Local Government to demonstrate its commitment and responsibility to develop and implement policies which promote healthy weight.
2. Overweight and obesity increase the risk of serious health problems, including disability, disease and death, and have substantial long-term economic, wellbeing and social costs. In Leeds, 1 in 5 children start primary school overweight or obese, and 1 in 3 children leave primary school overweight or obese which is similar to regional and national rates. In addition nearly two thirds of adults in Leeds are overweight or obese, which is higher than the England average.
3. The obesity rate for Leeds Reception children has followed a downward trend from 10.3% in 2008/09 to 8.6% in 2016/17. For the last three years Leeds Reception obesity rate has been lower than both regional and national rates, where both have continued to increase year on year.
4. Healthy Weight Declaration (HWD) covers the full span of body weight and includes malnutrition. 11% of older people (65+ years old) are living with malnutrition which implies 13,540 older people in Leeds and many are socially isolated.
5. The Healthy Weight Declaration (HWD) provides a strategic vision and aspiration for the Council. It offers a rationale and platform to connect Council teams, bringing them

together to raise awareness about the importance of healthy weight and to deliver interventions. The HWD is a framework which can guide Leeds City Council to become the best council with regard to supporting local people to be a healthy weight.

6. The Healthy Weight Declaration (HWD) includes 14 standard commitments. In addition, it contains several local priorities that have been identified through consultation with Leeds City Council colleagues over the last three months. These local priorities will spearhead the Declaration.

Recommendations

Members of the Executive Board are asked to:

- (i) adopt the Local Authority Healthy Weight Declaration
- (ii) adopt the local priorities and consider these within Council work programmes
- (iii) note that the Director of Public Health will be responsible for its implementation

1. Purpose of this report

- 1.1 The purpose of this report is to provide information and an overview of the Healthy Weight Declaration (HWD), it outlines how the HWD can contribute to Leeds City Council's priority to reduce obesity and thereby improve both the health of local communities and those working within the council.
- 1.2 The report seeks Executive Board agreement to adopt the Healthy Weight Declaration, which consists of 14 standard commitments and six locally chosen priorities which will spearhead the implementation of the HWD.

2. Background information

- 2.1 1 in 5 children start primary school overweight or obese and just over 1 in 3 children leave primary school overweight or obese. Nearly two thirds of adults in the UK are overweight or obese.
- 2.2 The Local Authority Healthy Weight Declaration was developed under the banner of Food Active – a healthy weight programme supported by North West Directors of Public Health - with input from colleagues across public health, academics and policy makers. The final declaration has been endorsed by national organisations: North West Regional Association of Directors of Public Health, British Dental Association, Children's Food Campaign and UK Health Forum.
- 2.3 Following its launch in August 2015, the Healthy Weight Declaration was first adopted by Blackpool Council in January 2016. It has subsequently been adopted by the following councils; St Helens, Knowsley, Lambeth and Tower Hamlets, Lancashire County Council, Cumbria County Council, Allerdale, Barrow, Carlisle, Copeland, Eden and South Lakeland Borough Councils. A number of NHS organisations have also adopted the Declaration. These are Blackburn with Darwen Clinical Commissioning Group, Rochdale Clinical Commissioning Group, Blackpool Teaching Hospital and East Lancashire NHS Trust.
- 2.4 Leeds is aiming to be the first Council in Yorkshire and Humber to adopt the HWD.

3. Main issues

- 3.1 The majority of adults in the UK are an unhealthy weight. Approximately 20% of Leeds reception age children, 34% of Year 6 children and 64% of adults are overweight or obese compared to 23%, 34% and 61% for England respectively.
- 3.2 The obesity rate for Leeds Reception children has followed a downward trend from 10.3% in 2008/09 to 8.6% in 2016/17, with a single fluctuation in 2013/14. For the last three years Leeds Reception obesity rate has been lower than both regional and national rates, where both have continued to increase year on year and are now at 9.7% (regional) and 9.6% (national), much higher than Leeds.
- 3.3 Over the last 10 years, Leeds has focused on working with families with children aged under five, through initiatives such as the delivery of Health, Exercise and Nutrition for the Really Young (HENRY) to over 1,300 early years staff, and the implementation of the Leeds Breastfeeding Plan. The maintenance of Children's Centres and the delivery of the integrated Early Start Service (which brings together Health Visitors and Children's Centre staff) have been critical to the successful delivery of these programmes.
- 3.4 HWD covers the full span of body weight and includes malnutrition. Older people are at increased risk of malnutrition and dehydration due to other health reasons and social reasons. Undernourished people require twice as many GP appointments, three times as many hospital admissions and twice as many bed days in hospital, demonstrating the impact that malnutrition can have on the individuals themselves and health and care services. The best way to prevent malnutrition is to eat a healthy balanced diet.
- 3.5 The HWD has been designed to support Local Government to exercise its responsibility in developing and implementing policies which promote healthy weight.
- 3.6 The HWD recognises the important role local authorities have to play in their control of planning, public and environmental health, leisure and recreation, and regeneration. The Declaration is a vehicle to take the sort of whole-systems approach needed to tackle this complex issue. The Declaration can have an impact across Local Authority departments, ensuring that the Council works as one to achieve maximum impact, and ideally by working with other local partners to have an impact beyond Council controlled areas.
- 3.7 The HWD includes 14 standard commitments. If Leeds City Council chooses to adopt the HWD, then working towards these will be a requirement. Progress to date against each priority has therefore been mapped, and demonstrates that a significant amount of work has already been undertaken that will contribute to Leeds achieving the HWD. A HWD monitoring toolkit has recently been produced and Leeds City Council will be one of several Councils piloting this tool. Appendix A provides details of the standard commitments and examples of work completed by the Council so far.
- 3.8 The HWD also provides the opportunity for the Local Authority to add local priorities additional to the 14 standard commitments. Work has commenced to select these and following discussion with colleagues across the Council, six local priorities have been proposed which target different age groups:
 - Influencing planning and design for a healthy weight environment

- Influencing the Council's food offer to promote a healthy weight
- Encouraging an active healthy workforce
- Implementing our local whole school food policy
- Increasing active travel and improving air quality
- Implementing a Leeds 'Move More' style campaign

Appendix B, has further information about each of these priorities.

- 3.9 The intention is to use the six local priorities to spearhead the HWD. It is proposed to focus on three of these priorities in the first year, and a further three over the next year. Others will follow as the HWD progresses.
- 3.10 The Executive Member for Health, Wellbeing and Adults invited all Councillors to attend the HWD event held in March 2018. This event introduced the 14 standard commitments and proposed local priorities.
- 3.11 The Executive Member for Equality and Inclusion opened and Executive Member for Health, Wellbeing and Adults closed the event and a number of Councillors attended. Councillor Cain, from Blackpool Council was the main speaker who spoke about the benefits of the HWD and why they were committed to it. Blackpool Council were the first Council to adopt the HWD.
- 3.12 A launch event will be organised in November 2018, which will provide the opportunity for the Council to receive the HWD certificate. This will be an opportunity to highlight the work Leeds City Council is doing to reduce obesity and to publicise the key services that can offer support to those wishing to achieve a healthy weight. The event is also intended to kick-start some of the local priorities and encourage wider partners to support this Declaration.
- 3.13 A cross-council HWD working group chaired by Public Health has been established and is responsible for delivering the operational tasks needed to enable Leeds City Council to adopt the Declaration. This working group reports to the Child Healthy Weight Partnership, chaired by the Head of Public Health (Children and Families), Adults and Health directorate, which will monitor progress and provide the governance oversight and link to the Health and Wellbeing Board. Individual members of the HWD working group and the Child Healthy Weight Partnership will link back to the wide range of other partnerships e.g. Planning and Design Partnership, Human Resources Health and Wellbeing Group, Leeds Food Partnership.
- 3.14 Going forward, an annual HWD work programme will be developed and delivered. An initial review of progress towards achievement of the HWD standard and local commitments will be undertaken in July 2019.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 An event was held on 12th March 2018 to introduce the HWD and seek views from Leeds City Council colleagues and Elected Members on the proposed local priorities.
- 4.1.2 A report was produced for the community committees to inform and consult with Councillors with subsequent invites to specific meetings and attendance at the Community Committees Chairs Inner West/North West, Outer West/North West and Seacroft core team meeting. Information about the HWD has been shared with colleagues through newsletters, presentations and HWD representatives also

attended the Children's Trust Board. The response has been very positive and supportive of the HWD. A one-page overview has also been developed and distributed (Appendix C).

- 4.1.3 Consultation about the HWD including the local priorities via an on-line survey with staff was completed at the end of June. 181 staff responded to the survey across council teams at various levels. The priority with the highest vote was *encouraging an active healthy workforce*; followed by *implementing a whole school food policy* and there was very little between the other four priorities; *influencing planning and design for a healthy weight environment*; *influencing the Councils food offer to promote a healthy weight*; *increasing active travel and improving air quality and implementing a Leeds 'Move More' style campaign*. Many staff acknowledged the importance of being healthy and that a healthy workforce is far more productive and less likely to be sick, however, many commented that it is difficult when they have a sedentary job and the work environment can make it more difficult to achieve healthy food choices, e.g. bake sales and biscuits culture.
- 4.1.4 The HWD working group and with partners, over the summer, will be conducting public consultation to understand what a healthy weight means to the public and to explore what action the public expect of the Council in regards to the agenda. This will be mainly through several workshops asking a series of set questions over August and September. Workshop dates set so far are with a conservation volunteer group, Youth Council, children's activity holiday programmes, One You Leeds, with more groups to come.
- 4.1.5 This community involvement work will continue, using asset based and participatory approaches to obtain community views on the needs and assets relating to the HWD and to identify opportunities.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 There is a strong relationship between poverty and health. There is robust evidence to demonstrate that certain groups of the population who live in the most deprived areas of the city are more likely to suffer more ill health and diseases. This is particularly highlighted in the local child obesity data which consistently shows the rate of obesity for children living in deprived areas of Leeds is almost double the rate for children living in non-deprived Leeds. Also, obesity prevalence based on the last five years' aggregated data is higher for Black children (12.9% in Reception and 25.2% in Year 6) compared to White children (8.2% in Reception and 17.6% in Year 6). For adults nationally, women living in the most deprived areas are more likely to have higher levels of obesity than those living in the least deprived areas. This is less marked for men. Obesity prevalence for adults also varies by ethnic group with the highest rates being among Black African and Pakistani women.

4.3 Council policies and best council plan

- 4.3.1 Health and wellbeing is one of the outcomes of the Leeds Best Council Plan. The HWD will be integral to achieving this by enabling all Directorates across the Council to consider the impact they can have on encouraging a healthy weight. The HWD will contribute to the outcomes of the Children and Young People's Plan, the Health and Wellbeing Strategy, Leeds Health and Care Plan and the Physical Activity and Sports Ambition which is being developed.

4.4 Resources and value for money

4.4.1 Obesity costs the wider society £27 billion and the NHS £6.1 billion each year. We spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined. The HWD is a cost-efficient approach to harness the existing resources of the Council to address this important issue. Any projects or developments arising from the HWD will be contained within existing council budgets.

4.5 Legal implications, access to information, and call-in

4.5.1 There are no legal implications arising from this report.

4.6 Risk management

4.5.1 There are no significant risk management issues.

5. Conclusions

5.1 The HWD provides a framework for Leeds City Council to make a commitment to promote healthy weight within the Council and to improve the health and wellbeing of the local population. It will raise the profile of the Council, highlight good work and significantly contribute towards Leeds being the best city for health and wellbeing.

6. Recommendations

Members of the Executive Board are asked to:

- (i) adopt the Local Authority Healthy Weight Declaration
- (ii) adopt the local priorities and consider these within Council work programmes
- (iii) note that the Director of Public Health will be responsible for its implementation

7. Background documents¹

7.1 None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Appendix A – Healthy Weight Declaration - 14 standard commitments

| Standard Commitment | Examples of what Leeds City Council is already doing |
|---|---|
| Engage with the local food and drink sector where appropriate to consider responsible retailing, offering and promoting healthier food and drink options, and reformulating and reducing the portion sizes of high fat, sugar and salt products | <p>Leeds Food Charter approved by Executive Member for Health, Wellbeing and Adults, Councillor Charlwood to set the vision for food in the city.</p> <p>Leeds City Council officers actively involved in the Leeds Food Partnership which aims to develop partnerships with the food and drink sector.</p> <p>Public Health working with Leeds Catering to improve food provision at Schools and Children’s Centres.</p> |
| Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities. Funding may be offered to support research, discretionary services and town centre promotions | <p>Public Health working in partnership with Street Licensing and City Development to identify opportunities and look at how the Council responds to commercial interest.</p> <p>Leeds Food Partnership is developing a Food ethos in regards to commercial partnership which can offer good practice for Leeds City Council</p> <p>Good practice from Baby Friendly Initiative</p> |
| Review provision in all our public buildings, facilities and ‘via’ providers to make healthy foods and drinks more available, convenient and affordable and limit access to high-calorie, low-nutrient foods and drinks | <p>Public Health leading discussions regarding Leeds City Council vending contract and implementing good practice from a healthy vending trial pilot in Leeds Teaching Hospitals Trust.</p> <p>No schools in Leeds have vending machines and benefit from healthy eating support from the School Health and Well-Being service.</p> |
| Increase public access to fresh drinking water on local authority controlled sites | An audit is planned as part of this declaration and will require cross cutting work across Council directorates. |
| Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited | Supplementary Planning Document on hot food takeaways drafted by City Development, consultation complete and due to seek approval shortly via Development Plans Panel. |
| Advocate plans with our partners including the NHS and all agencies represented on the Health and Wellbeing Board, Healthy Cities, academic institutions and local communities to | Healthy Weight Declaration will enable this work to reinforce and raise the profile of existing local healthy weight policy groups including Child Healthy Weight Partnership and the Leeds Food Partnership and |

| | |
|--|---|
| address the causes and impacts of obesity | Physical Activity Breakthrough projects. |
| Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; 'giveaways' and promotions within schools; at events on local authority controlled sites | This is a priority within the Child Healthy Weight Plan which includes improving the environment to support families to be a healthy weight. Health and Wellbeing Service support schools to implement the School Food Standards which includes monitoring school links with industry. |
| Support action at national level to help local authorities reduce obesity prevalence and health inequalities in our communities | Leeds City Council active partner in regional networks such as with Public Health England, Yorkshire & Humberside Physical Activity Knowledge Exchange (YOPAKE) and Whole Systems Approach (Leeds Beckett University). Local implementation of national Change4Life campaigns occurs each year; Be Food Smart and Shake Up and One You – requires wider involvement. One You Leeds integrated lifestyle Service up and running also supports national and local campaigns. Maternal health, Best Start and physical activity included in Leeds Health Care Plan. |
| Ensure food and drinks provided at public events include healthy provisions, supporting food retailers to deliver this offer | Work planned to ensure that Leeds City Council can role model the principles referenced in the Leeds Food Charter. This will include work with Civic Enterprise to look at food and drinks provided. Good practice available from Public Health England. Guidance for nurseries re-special events – list of recommended products. Policies in place to include healthy provisions through Catering Leeds and Civic Flavour. Catering Leeds leading discussions to develop a council food policy. |
| Support the health and well-being of local authority staff and increase knowledge and understanding of unhealthy weight to create a culture and ethos that normalises healthy weight | Workplace health champions within Leeds City Council services. Cycle to work scheme available. Breastfeeding Workplace Policy in place. |
| Invest in the health literacy of local citizens to make informed healthier choices | Recognition of good practice – Leeds Change 4Life case study showcased in Public Health England annual report. Local alcohol campaign aimed at 18-25 to have a focus on messages on calories in alcohol. |
| Ensure clear and comprehensive healthy | Delivery of a co-ordinated training offer led |

| | |
|--|--|
| <p>eating messages are consistent with government guidelines</p> | <p>by Public Health for practitioners and workers which embed the Making Every Contact Count (MECC) principles i.e. Health, Exercise, Nutrition for the Really Young (HENRY), Healthy Living Training and Introducing Nutritional Care. Resources been updated to include Eatwell Guide.</p> |
| <p>Consider how strategies, plans, and infrastructures for regeneration and town planning positively impact on physical activity</p> | <p>Neighbourhood Living Memoranda document. Leeds Design Wellbeing group meet regularly and are developing principles for developers. Public Health commissioned public street audits in Lincoln Green to help influence highways and transport decisions. Council represented at the regional Transport and Health Board.</p> |
| <p>Monitor the progress of our plan against our commitments and publish the results</p> | <p>Existing partnerships such as Eat Well Forum, Child Healthy Weight Partnership will provide updates on progress.</p> |

Appendix B – Proposed Local Priorities of the Healthy Weight Declaration

| Local Priority Area | Description |
|--|--|
| Influencing planning and design for a healthy weight environment | We will work with partners to implement key principles such as active neighbourhoods, better air quality and green space and cohesive communities. |
| Influencing the Councils food offer to promote a healthy weight | Influencing the food environment to enable healthy eating can be accomplished through a collaborative approach, effective partnerships across Council teams and co-ordinated action. |
| Encouraging an active healthy workforce | To promote and encourage the health of our staff to be regularly active and provide a workplace that supports this. |
| Implementing our local whole school food policy | We would like to ensure schools are supported to provide nutritionally healthy meals using this locally produced toolkit. |
| Increasing active travel and improving air quality | Active travel, such as walking and cycling is a great way for people to routinely achieve at least the minimum recommended levels of physical activity and at the same time help reduce the levels of air pollution. This priority will look at ways to enable this. |
| Implementing a Leeds 'Move More' style campaign | A 'Move More' campaign will be developed with the people of Leeds to provide positive messages to encourage physical activity across the City. |

Appendix C – Healthy Weight Declaration - One Page Guide

Healthy Weight Declaration – One page guide

What is the Healthy Weight Declaration?

The Local Government Declaration on Healthy Weight was developed by the healthy weight programme 'Food Active', which is based within the health charity Health Equalities Group. A steering group including Directors of Public Health, Universities, third sector and other food and physical activity partners provided expert input to devise the Declaration. The aim of the Declaration is to achieve a local authority commitment to promoting healthy weight across all Council teams with a view to improving the health and wellbeing of the local population. The Declaration includes 14 standard commitments and the opportunity of several locally chosen priorities.

How will it support the work we are doing?

Overweight and obesity is a serious public health problem that increases disability, disease and death and has substantial long term economic, wellbeing and social costs. The proportion of the population who are overweight continues to rise. The Healthy Weight Declaration will provide a strategic vision and aspiration for the Council to strive towards. It will provide the rationale and a platform to connect Council teams to work together to raise awareness and deliver on the importance of healthy weight. It will highlight all areas of work that are key to ensuring Leeds is the best council with regard to supporting local people to be a healthy weight.

Who will it involve?

Action is required by all partners to promote healthy weight and to make it easier for people to make better choices. A local authority commitment has the scope to impact significantly on local residents and council staff. A whole-systems approach which links together the many influencing factors on obesity is key to improving the health of people in Leeds. As a local authority we are in a strong position to provide strategic leadership for a joined up approach. The Healthy Weight Declaration will provide a focus to recognise local related strategies commonalities and to help integrate them together. It will enable collaboration both across the local authority and with external partners to highlight the importance of healthy weight and our commitment to it.

What progress have we made so far?

We are already taking action on many of the 14 standard commitments of the Declaration. For example, we have developed and approved the Leeds Food Charter, are developing a Supplementary Planning Document on hot food takeaways, we support the national Change4Life and One You campaigns, and have commissioned an Integrated Healthy Living Service for Leeds.

What next?

A working group will be set up. An event will be held in March to introduce this Declaration approach and identify local priorities. A campaign and programme of work will raise the awareness about the Healthy Weight Declaration.

Who can I contact for further information?

For further information please contact deborah.lowe@leeds.gov.uk, 0113 378 6049 or emma.strachan@leeds.gov.uk, 0113 378 6064

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Agenda Item 7

Appendix 5

Leeds Child Healthy Weight Plan:

Vision: Every child in Leeds will be a healthy weight.

Principles:

- All children will have access to what they need to be a healthy weight and all care givers will feel confident and be equipped to raise their child to be a healthy weight
- Families who are most at risk will be identified early and well supported by a highly skilled workforce
- The current healthy weight inequalities gaps will be narrowed.
- Leeds will be the best city to raise a family to be a healthy weight

Indicator: Obesity rates aged 2-3 years , Reception and Year 6 including health inequalities data

| Outcomes | Priorities | Indicators |
|---|---|--|
| Leeds is an environment /city which support families to be a healthy weight. | Whole School Approach. Leisure and Green space Healthy built environment Active travel LA Healthy weight charter work including Leeds Food Charter | Increased consumption of healthy snacks especially fruit and vegetables Reduced consumption of sugary drinks and calorie dense high fat and sugar snacks Increased levels of physical activity Reduced levels of sedentariness |
| All children will have the best start to achieve a healthy weight | Maternal obesity Breast feeding Weaning /HAPPY HENRY Healthy Child Programme Healthy Start in Childcare | BMI in pregnancy Breast feeding initiation and continuation rates Number of families engaged in HENRY Number of nursery providers engaged in Healthy Start in Childcare BMI at 2-3 years Early Years Foundation Stage Physical development score |
| The causes that put particular groups of children at higher risk of an unhealthy weight will be addressed | Community based lifestyle and environmental interventions (Locality / targeted approach) | Gap in obesity rates at 2-3 years, 4-5 years and 11-12 years between children from Leeds most and least deprived IMD decile. |
| All children and families have information and support including from a skilled workforce to enable them to be a healthy weight | HENRY incl peer champions Restorative approach to practice Change4life and linked local social marketing work. Local implementation of national digital offer Wider workforce development | Workforce engagement in CPD and feedback Numbers of local families & practitioners signed up to Change4life |
| Children who are an unhealthy weight are identified early and supported | 2-3 year BMI data collection NCMP Integrated Healthy Living activities and services Secondary paediatric support | Child obesity levels & healthy weight levels at 2-3 years ,4-5 years and 11-12 years Child Health Weight Service activity data |
| Key Leeds stakeholders will work with the government and other bodies to shape national policy and practice | Lobbying Consultation and partnership work | Increase in fiscal, food production and marketing measures that support children to be a healthy weight. |

Background and scope

The Leeds Child Healthy Weight Plan describes a whole system preventative programme from pregnancy to 19 which aims to ensure every child in Leeds is able to be a healthy weight. It sets out the contribution that Leeds Local Authority and key partners will deliver to promote child healthy weight and tackle obesity over the coming 5 years.

The key principles that underpin the plan are:

- All children will have access to what they need to be a healthy weight and all care givers will feel confident and be equipped to raise their child to be a healthy weight.
- Families who are most at risk will be identified early and well supported by a highly skilled workforce.
- Leeds will be the best city to raise a family to be a healthy weight.

The plan prioritises action to support families during pregnancy and during the first five years of life with early identification and targeted support for those children and families most at risk at the earliest opportunity.

The overall outcomes for the programme will be:

- Leeds is a city which supports families to be a healthy weight.
- All children will have the best start to achieve a healthy weight.
- The causes that put particular groups of children at higher risk of an unhealthy weight will be addressed.
- All children and families will have information and support and access to a skilled workforce to enable them to be a healthy weight.
- Children who are an unhealthy weight will be identified early and supported.
- Key Leeds stakeholders will work with the government and other bodies to shape national policy and practice.

The over-arching indicators for the programme are obesity rates at aged 2-3 years, aged 4 -5 (Reception class) and aged 11-12 (Year 6). A key objective for the programme will be to reduce the current Health Inequalities gap and therefore data on levels of obesity among children living in deprived and non-deprived areas of the city will be monitored.

The costs of Child Obesity

Childhood obesity is one of the greatest health challenges of the 21st century. Worldwide the World Health Organization estimates that rates of obesity in children have tripled during the last 20 years and England has one of the highest obesity rates in Europe.ⁱ

Being overweight or obese in childhood has consequences for health in both the short term and the longer term. Once established, obesity is notoriously difficult to treat, so prevention and early intervention are very important.

The emotional and psychological effects of being overweight are often seen as the most immediate and serious by children themselves. These include teasing and discrimination by peers; low self-

esteem; anxiety and depression. In one study, severely obese children rated their quality of life as low as children with cancer on chemotherapyⁱⁱ. Obese children may also suffer disturbed sleep and fatigue.ⁱⁱⁱ This sort of psychological stress can hinder children's progress at school and research has shown obese children are more likely to be absent and underachieve at school in comparison to their healthy weight peers^{iv}.

Obese children and young people are five times more likely to become obese adults, and to have a higher risk of morbidity, disability and premature mortality in adulthood.^v Although many of the most serious consequences may not become apparent until adulthood, the effects of obesity – for example, raised blood pressure, fatty changes to the arterial linings and hormonal and chemical changes such as raised cholesterol and metabolic syndrome – can be identified in obese children and adolescents.

Some obesity-related conditions can develop during childhood. Type 2 diabetes, previously considered an adult disease, has increased dramatically in overweight children. Other health risks of childhood obesity include early puberty, eating disorders such as anorexia and bulimia, skin infections, asthma and other respiratory problems. Some musculoskeletal disorders are also more common.^{vi} Obese children require more medical care.^{vii}

The consequences of childhood obesity are therefore costly for the individual and the wider economy. It was estimated that the NHS in England spent £5.1 billion on overweight and obesity-related ill-health in 2014/15. Nationally we spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined.^{viii}

The scale of the problem

Every Local Authority in England takes part in the National Child Measurement Programme (NCMP). This involves measuring the height and weight of reception and year 6 children in state maintained schools every year. The results help us understand trends in underweight, healthy weight, overweight and obesity in children. In Leeds at the current time around 1 in 11 children aged 4-5 years (Reception class) is obese. By age 11-12 years (year 6) the obesity rate has doubled to around 1 in 5 children. While obesity rates among reception children in Leeds have fluctuated, they have fallen over the lifetime of the previous strategy and are now just below, rather than exceed, the national average. There has also been a consistent small decrease in Obesity rates for year 6 children and Leeds rates now mirror, rather than exceed national rates.

The burden is falling hardest on those children from low-income backgrounds. Obesity rates are highest for children from the most deprived areas. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well off counterparts, and by age 11 they are three times as likely.

There is also variation in obesity prevalence by ethnicity for both Reception and Year 6 children. Boys in year 6 from all ethnic minority groups are more likely to be obese than white British boys; for girls in year 6 obesity prevalence is especially high for those from Black African and Black Other ethnic groups^{ix}.

There are also significant intergenerational effects. Children in families where at least one parent is obese are much more likely to be obese themselves.^x

People with learning disabilities are at risk of obesity at an earlier age than the general population and as a consequence are likely to experience obesity related health problems at a younger age^{xi}

The policy framework

At the National level the government has recently published Childhood Obesity: a plan for action which aims to reduce England's rate of childhood obesity within the next 10 years by encouraging:

- industry to cut the amount of sugar in food and drinks
- primary school children to eat more healthily and stay active
- more families to take up the existing Healthy Start scheme
- the public sector to provide more healthier options^{xii}

At the local level Leeds Health and Wellbeing Strategy 2016-2021 includes the priority to make Leeds a child friendly city providing the best start in life, with a focus on reducing child obesity through long term coordinated action including; changing the environment, increasing the availability of healthy food choices and increasing education.

Tackling unhealthy weight is also highlighted within Leeds Children & Young People's Plan which includes the priority to encourage physical activity and healthy eating and the key indicators; obesity levels at 11 and free school meal uptake at primary and secondary school.

The plan describes the commitment of the Council that restorative practice should inform all of our work; with an emphasis on working with children and families rather than doing things to them or for them. Working restoratively involves providing high support and high challenge so that families find their own lasting solutions to the challenges they face, and are equipped with the resilience to move forward successfully. This collaborative approach is critical if we are to effectively support families to achieve a healthy lifestyle and tackle unhealthy weight.

Delivering the forward view: NHS planning guidance 2016/17 - 2020/2021, includes a Department of Health call for the NHS to contribute to a measurable reduction in child obesity. The accompanying Indicative funding guidance includes the expectation that NHS funding will, in part, be used to invest in tackling child obesity.^{xiii}

The causes of obesity and action needed to halt the predicted rise in Child Obesity.

The Foresight Report: Tackling Obesities-Future Choices (Second edition 2011)

Produced by the Government Office for Science under the direction of the Chief Scientific Adviser to HM Government this independent enquiry presents the most comprehensive evidence and understanding of the scale, causes and evidence based interventions needed to reverse the current obesity trajectory. The Foresight report highlights that the most significant causes of child obesity are social rather than individual factors; stating

'People in the UK today don't have less willpower and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers. Society, however, has radically altered over the past five decades, with major changes in work patterns, transport, food production and food sales.'

The report concludes that it is these changes that have exposed an underlying biological tendency, possessed by many people, to both put on weight and retain it. The report emphasizes that the

pace of the technological revolution is outstripping human evolution. Foresight does not dismiss personal responsibility altogether, but highlights that the forces that drive obesity are, for many people, overwhelming. The report uses the phrase 'passive obesity' to underline the need for active coping strategies to prevent weight gain, stating passive obesity occurs across all population groups, with the socially and economically disadvantaged and some ethnic minorities more vulnerable.

Foresight describes how the causes of obesity are embedded in an extremely complex biological system, set within an equally complex societal framework. The report acknowledges a whole systems approach; a broad integrated set of policies and interventions are required at population and local level, with 'the greatest opportunity to tackle obesity effectively found in the scenario that is most socially responsible and prevention focussed'. The report recognises the need for treatment services but states 'once gained weight it is hard to lose' with weight regain the norm. Prevention and the importance of breaking intergenerational reinforcing patterns is considered key. Early life interventions such as breast-feeding, healthy weaning practices and appropriate maternal nutrition are all recommended.

The report underlines the current ambiguity about tackling the issue given that factors associated with obesity, for example the consumption of ready prepared often cheap high fat and sugar foods, and sedentary leisure pursuits, are often highly attractive to the individual and within our capitalist culture. The report concludes 'Creating demand for such change may rely on aligning the benefits with those arising from broader social and economic goals such as reducing energy consumption, pollution, direct and indirect health costs, traffic congestion and crime rates'.

Child obesity- brave and bold action (2016)

The all party parliamentary health select committee has also recently examined this issue and their report also highlights that obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture. The report recognises that at its root obesity is an energy imbalance: taking in more energy through food than we use through activity. The report highlights that while Physical activity is associated with numerous important health benefits for children, such as muscle and bone strength, health and fitness, improved quality of sleep and maintenance of a healthy weight, it is the over consumption of energy from food that needs to be tackled if we are to halt the obesity epidemic and enable families to raise their children to be a healthy weight. The report states

'Whilst excess calories come from fats as well as carbohydrates, and overall reduction should address the entirety of children's intake, dietary sugar in particular plays a major and avoidable role. Sugar also matters because of its impact on children's dental health.'^{xiv}

New guidelines on sugar consumption were issued in July 2015 by the Scientific Advisory Committee on Nutrition (SACN). These recommended that sugar should account for a maximum of 5% of energy intake for adults and children. Currently sugar accounts for around three times this proportion of children's energy intake, with sugar-sweetened drinks accounting for around 30% of sugar consumption amongst children of 11–18 years, and around 16% for younger children.

The Health Select Committee report highlights nine areas for improvement. They are:

- Strong controls on price promotions of unhealthy food and drink
- Tougher controls on marketing and advertising of unhealthy food and drink

- A centrally led reformulation programme to reduce sugar in food and drink
- A sugary drinks tax on full sugar soft drinks, in order to help change behaviour, with all proceeds targeted to help those children at greatest risk of obesity
- Labelling of single portions of products with added sugar to show sugar content in teaspoons
- Improved education and information about diet
- Universal school food standards
- Greater powers for local authorities to tackle the environment leading to obesity
- Early intervention to offer help to families of children affected by obesity and further research into the most effective interventions

Developing the plan

The priorities included in the Leeds Child Healthy Weight Plan reflect the findings from these major reports and the current evidence base. The plan has been informed by data from the National Child Measurement Programme and Leeds My Health My School survey. Leeds Childhood Obesity Management Board, which includes key strategic and operational leads, has overseen the development of the plan. A Children and Families Healthy weight practitioner forum has been held to enable front line practitioners to contribute their views. Further consultation work is planned with children, young people, parents and carers as part of the development of the implementation plan.

Measuring progress

A number of indicators have been identified on the plan to enable progress on the key outcomes to be measured. Progress on many of these outcomes is currently being monitored by the Child Obesity Management Board (COMB) using data from the National Child Measurement Programme, Leeds My Healthy My School survey, Public Health England and Leeds school census data using Leeds Child Obesity dashboard. In order to mirror the strengths and solution focussed approach this partnership group will be renamed Leeds Child Healthy Weight Partnership, and its membership and the performance dashboard will be refreshed to better reflect the focus of the new plan.

Next steps

A more detailed implementation plan will now be developed working with key partners. This will take account of other related plans and strategies in the city that contribute to this agenda.

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A whole systems approach to obesity in Southampton

Debbie Chase (Interim Director of Public Health)

What is a whole system?

Relationships between the parts that create the system's function.



A bicycle is a system made up of many separate parts



No single part operates the system alone



The bicycle can only be ridden when all parts work together

The function of the system is different from the sum of the parts

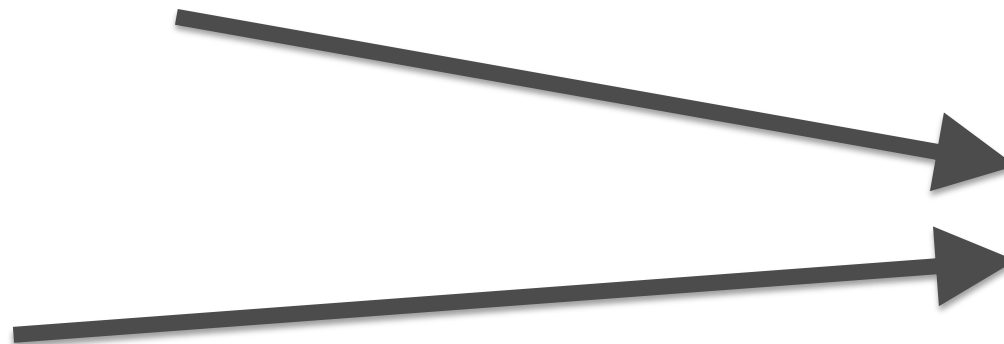
The whole is greater/different from, the sum of its parts.

Shifting mind sets from a linear approach- an example

Low physical activity

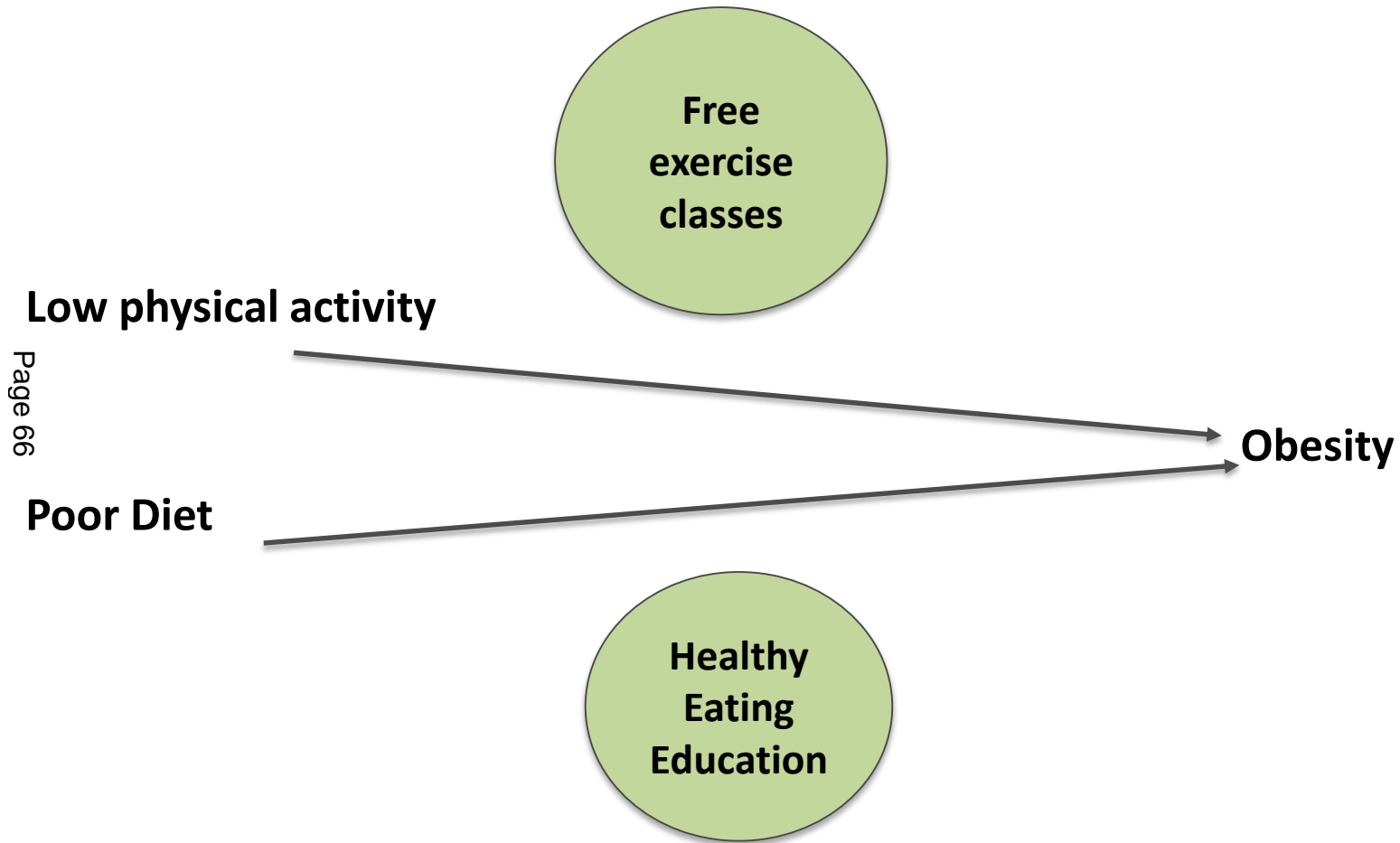
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Poor Diet



Obesity

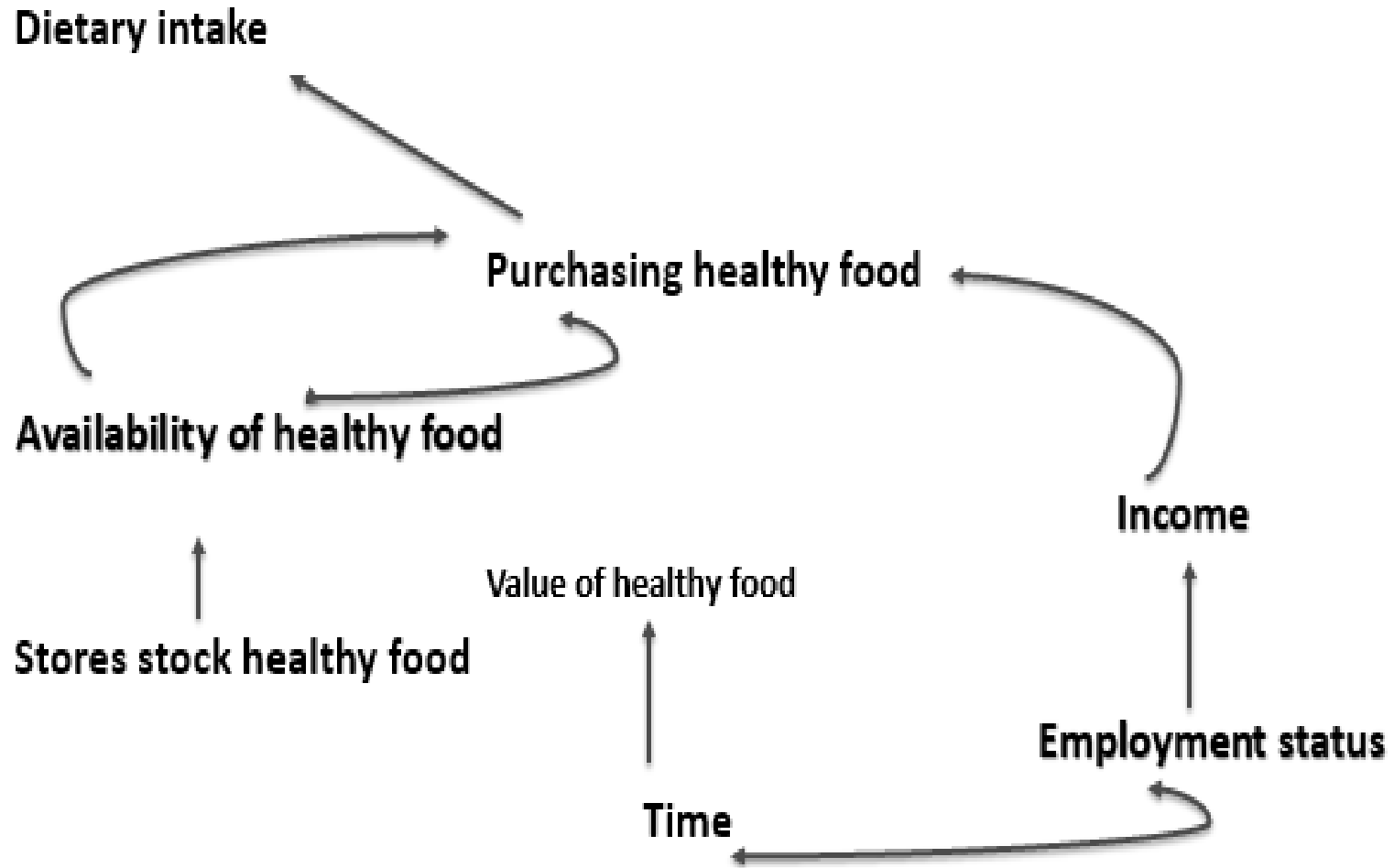
Linear approach- a simple example



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Developing a systems map- non linear

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Video- whole systems approach Public Health England

<https://www.youtube.com/watch?v=SLu9AOpfsjs>

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Whole systems at a glance

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From Silos



To integrated working on the whole system

From individual activities



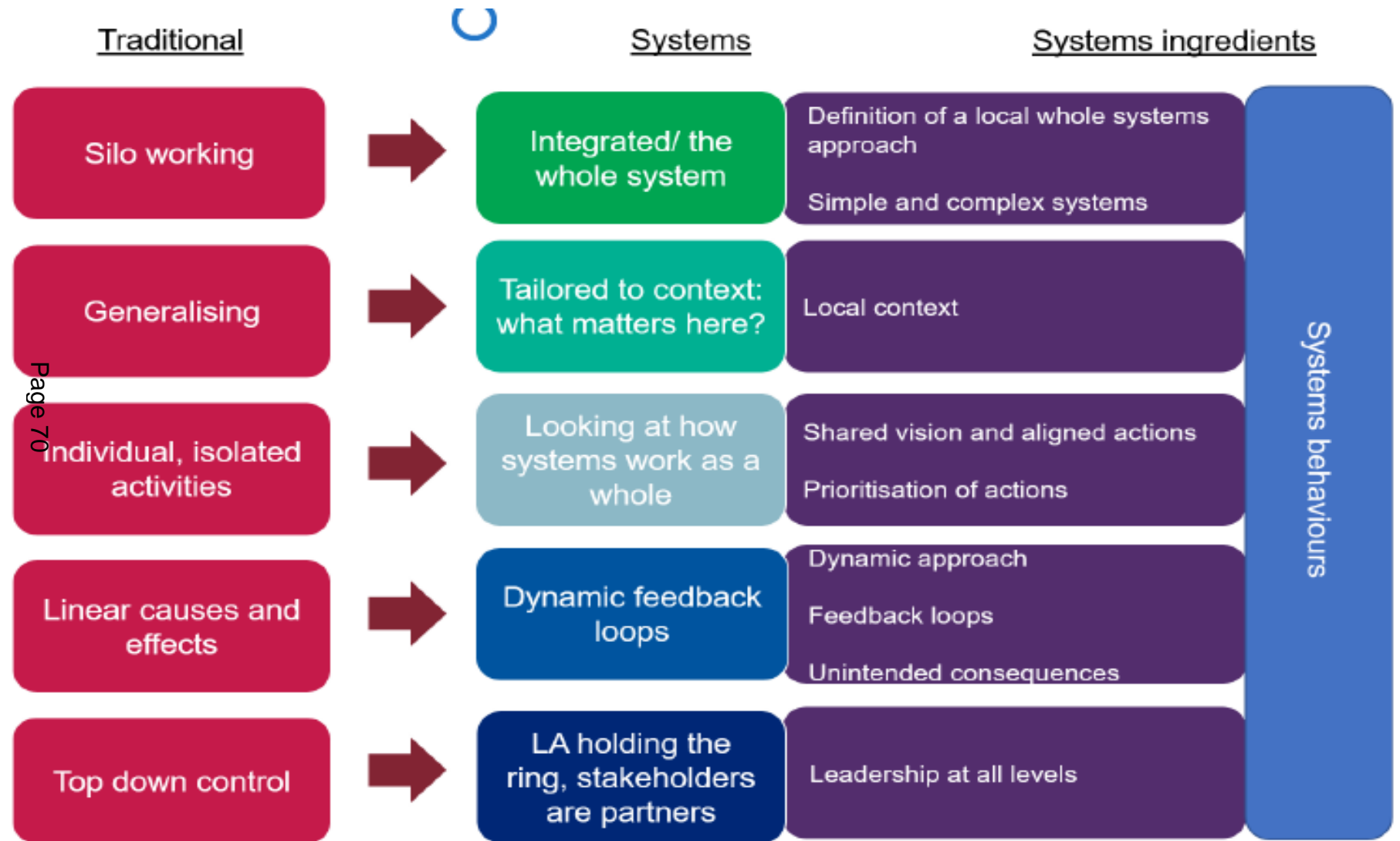
To collectively understand the local system

From Top down



To partnerships with LAs holding the ring

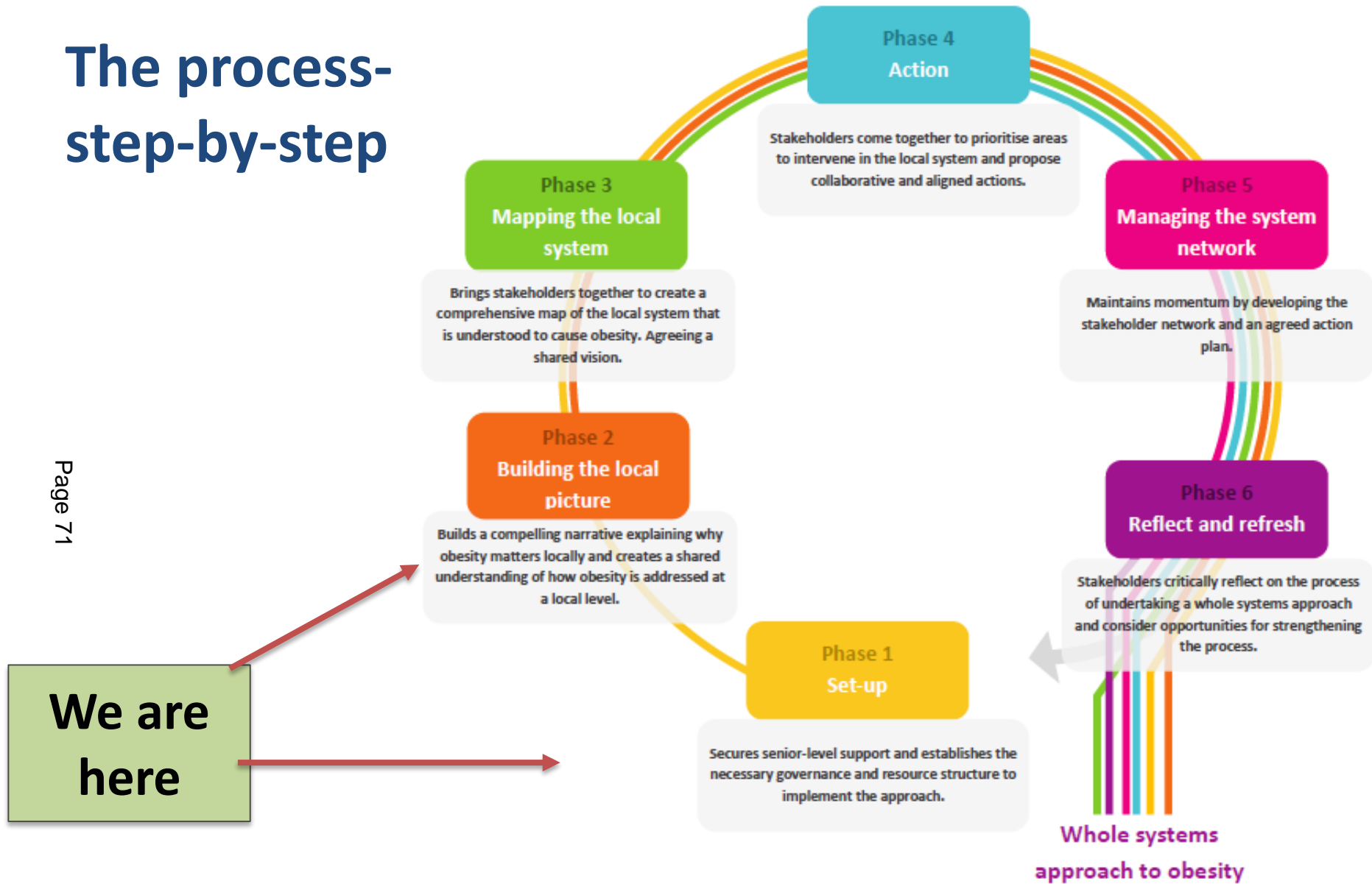
Whole systems- detail



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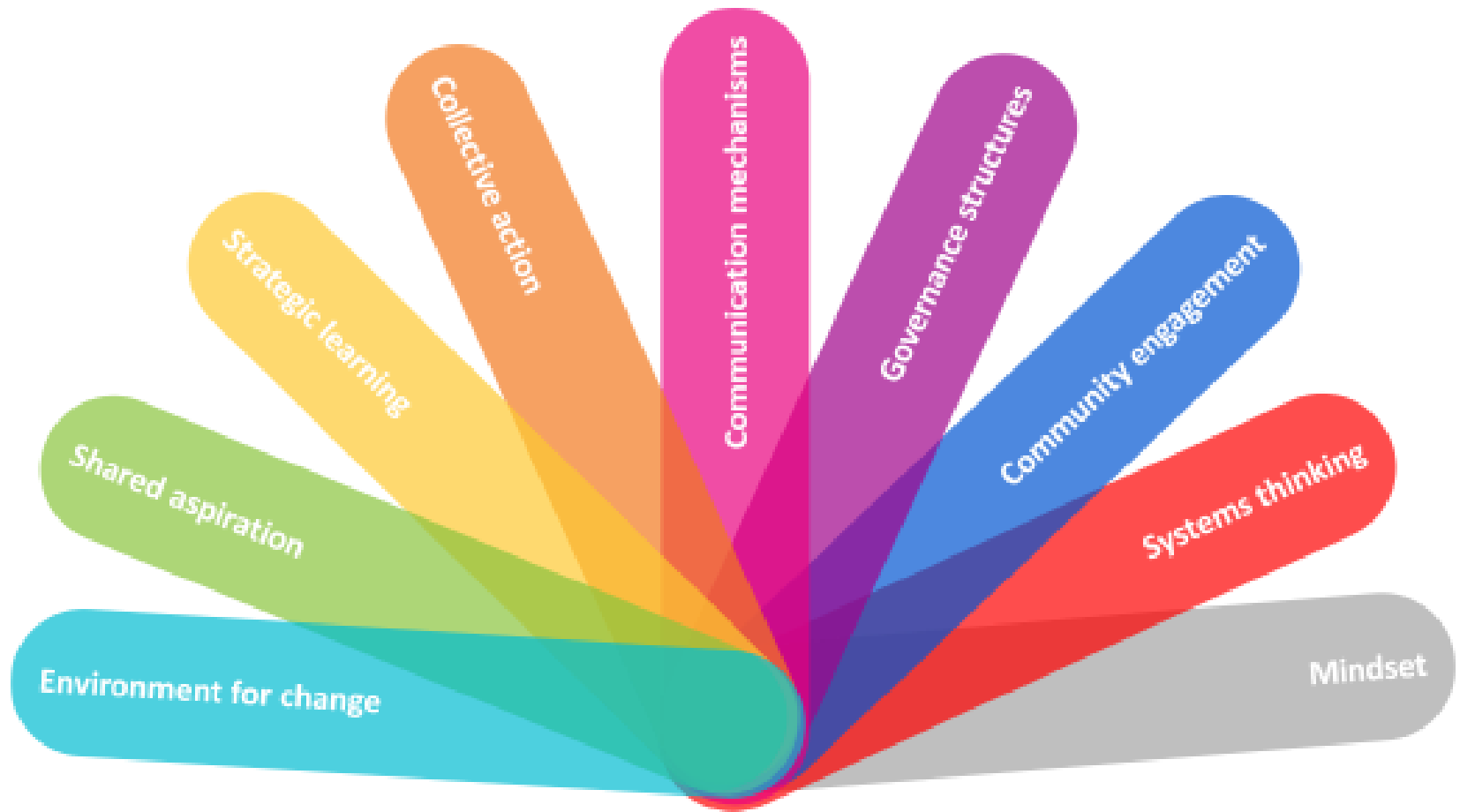
The process- step-by-step

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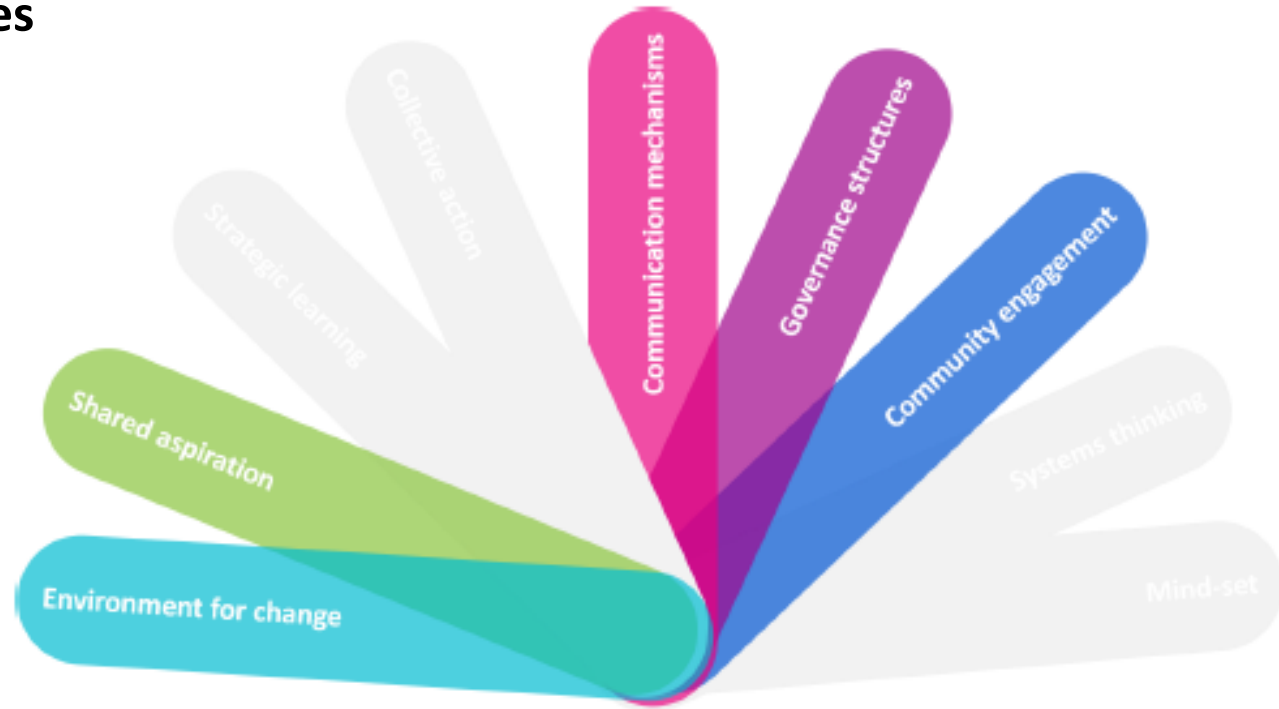
Systems working behaviours

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What we are seeking for phase 1 and 2

- Governance structures
- Shared aspirations
- Environment for change
- Communication mechanisms
- Community engagement



Thank you

A whole systems approach to obesity in Southampton

Debbie Chase (Interim Director of Public Health)

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The Testlands Way

February 2020

"Dedicated to making a difference; we teach, train and transform young people's and adult's lives in Southampton through offering opportunities to learn and lead in several capacities."

What do we want to achieve?

Restructure the whole Physical Education, Physical Activity and School Sport (PEPASS) and Leisure industry across Southampton.

Make our children healthier and more active.

Create more opportunities for families to access leisure and sports facilities.

Why?

Childhood obesity levels are too high

Every school has funding issues and can not afford to pay for additional support in these areas

Many families have childcare issues where they can not afford to send their child to a safe and enjoyable holiday club

Many children experience poor quality PEPASS provision

Leisure centres are currently running at a deficit due to poor management and lack of participation from communities and schools.

How?

By taking an holistic and systematic approach, we want to restructure the whole PEPASS and Leisure industry.

Schools, Sports Clubs and Leisure Centres should work in unison to engage, encourage and support their local communities to be active and healthy.

By restructuring the leisure industry to work more cohesively with schools and other SCC services, driving expenditure costs down and creating a better platform to increase revenue through larger participation.

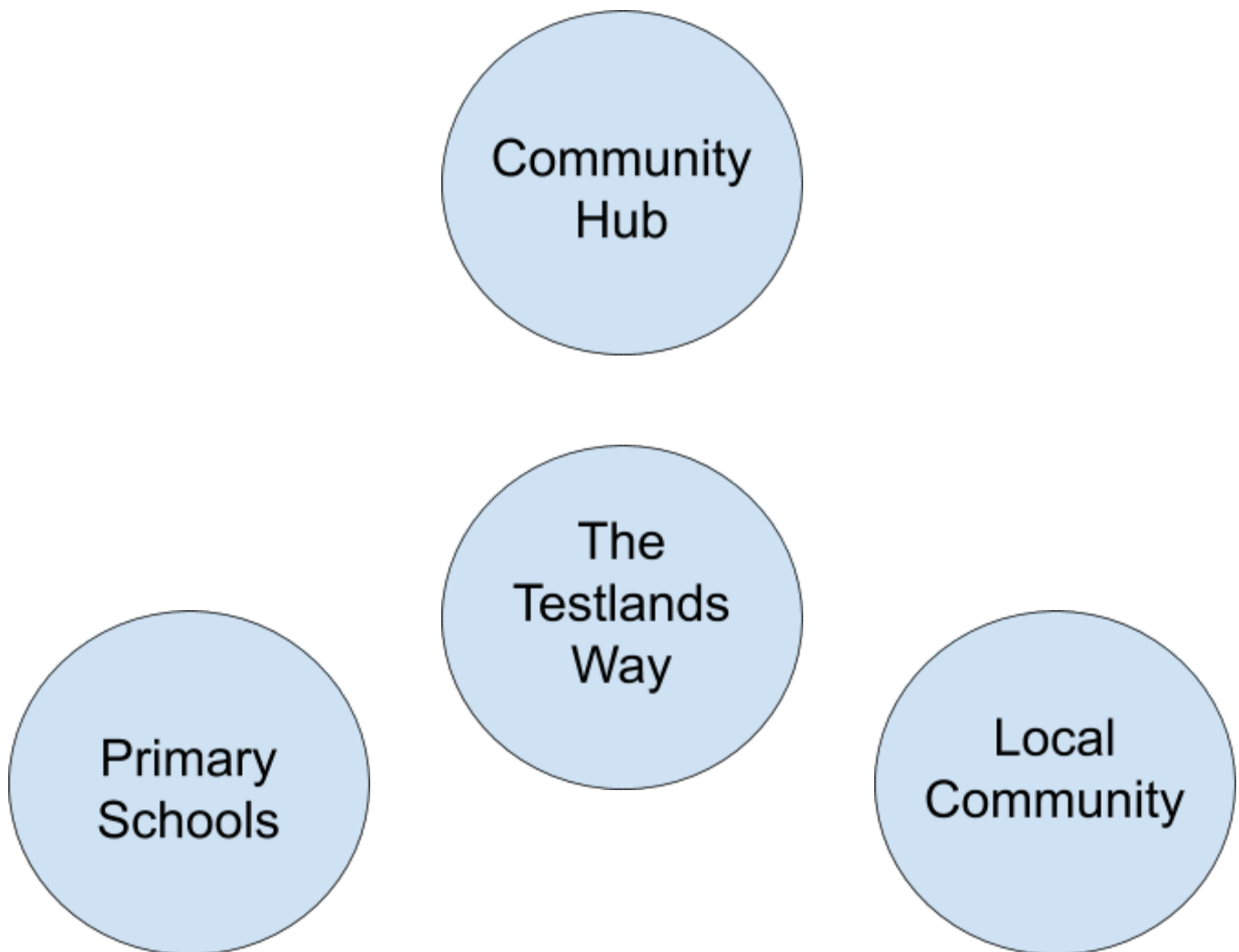
To support schools with their funding issues, by redirecting leisure income into school projects

To give every child a chance to participate and succeed in PEPASS through an outstanding PEPASS service provided by Testlands MultiSPORT Coaching (TMC), where staff development and attainment is at the forefront, ensuring our very high standards continue through growth.

To give every family affordable childcare within the holidays by offering child care clubs at all leisure centres and most schools across Southampton. Having staff that work in a 'joint industry' role, it is significantly easier to use facilities in the leisure industry for holiday clubs without additional staffing costs.

To give every family affordable gateways into sport and leisure by working with schools, and local communities to offer families with low income an opportunity to use leisure facilities and join sports clubs with heavily subsidised memberships.

Where are we now?



Our current model has the Testlands Way at the heart of an infrastructure that breaks down many of the barriers our city currently faces. The links we have created between primary schools, the local community and our community hub has had a significant impact on everyone.

The Testlands Way has enabled us to do the following:

- Increase the level of participation in physical activity (within our schools) to significantly above national average
- Set up affordable childcare for the redbridge, coxford and millbrook wards
- Catering for 20 full time child care spaces for some of the cities most vulnerable children every school holiday
- Affordable leisure facility hire for local community groups
- Concession rates for NHS & SCC employees as well as Students, 11 - 16 year olds and over 60's

These are only the headlines of some of the things we have been able to achieve with our model. The impact we have been able to have by having a systematic and very holistic approach has been incredible and something we strongly believe can and should be replicated across the city. There is enough money within both the education and leisure industry to have the Testlands Way implemented across Southampton and ultimately support the reduction of obesity, increase the levels of physical activities and benefit our local communities and city as a whole.