







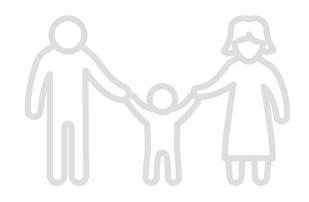
Childhood Obesity

Paul Jennings
Chief Executive Officer
Birmingham and Solihull CCG
Interim STP System Lead

Introduction: Childhood Obesity Workstream

We convened a multi-partner/multi-professional task and finish group to explore whether childhood obesity was an area we could add value in tackling in a multi-agency system approach.

Our first step was reviewing the JSNA and key demographics, reviewing for each level of place the actions already being taken and the opportunities where we could strengthen these through a partnership approach and additional area the city board could take to bring about a change.



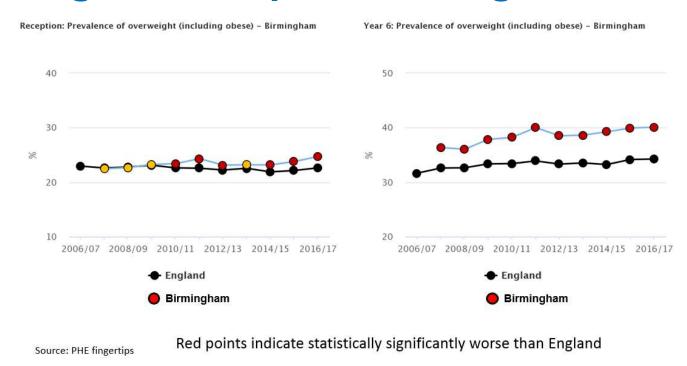
Introduction: Childhood Obesity Workstream

There was significant enthusiasm and collective agreement that this requires system action across the public sector for us to make a difference in reducing childhood obesity.

This presentation summaries our initial baselining and from that recommendations for how this programme should be an area for the city board to focus on.

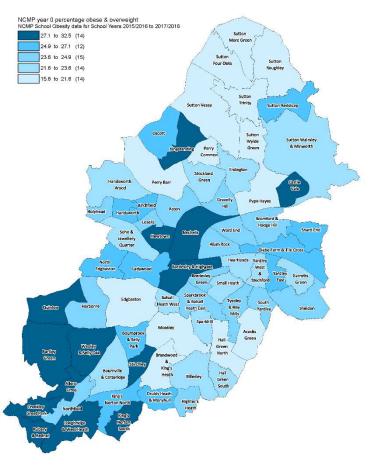


Birmingham compared to England



At reception age in 2016/17 24.7% were overweight or obese compared to an England rate of 22.6 By year 6 in 2016/17, 40.1% were overweight compared to an England rate of 34.2%

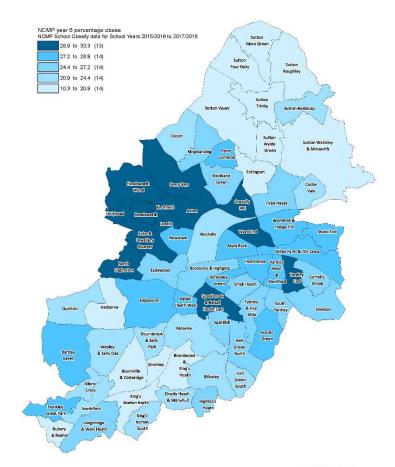
NCMP year 0 obese & overweight 2015/2016 to 2017/2018



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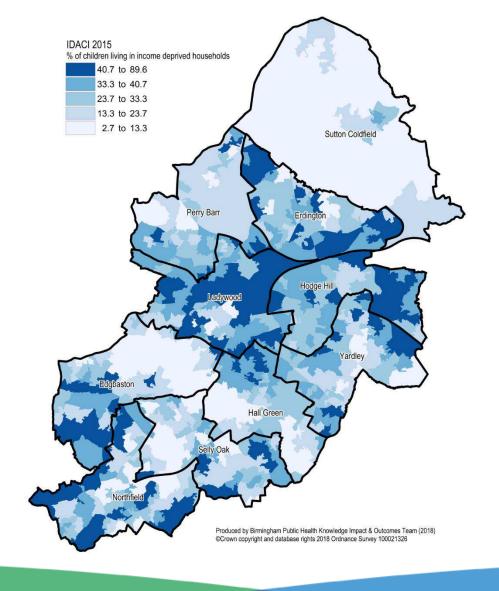
NCMP year 6 obese 2015/2016 to 2017/2018



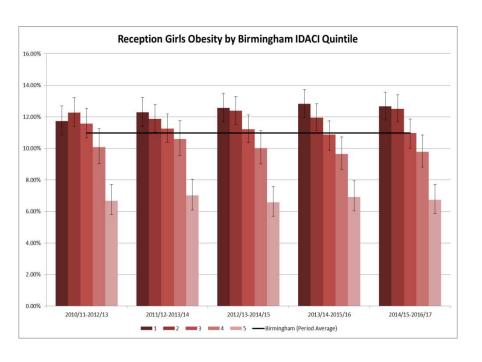
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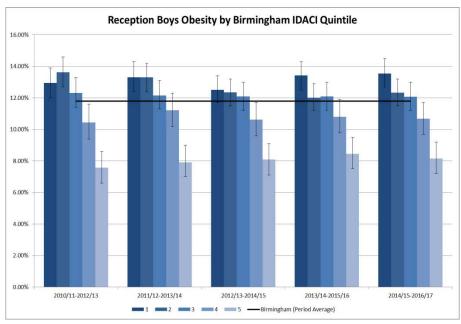
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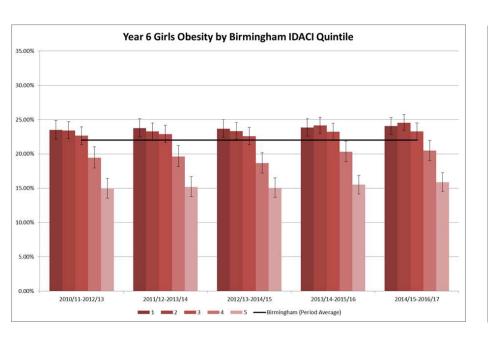


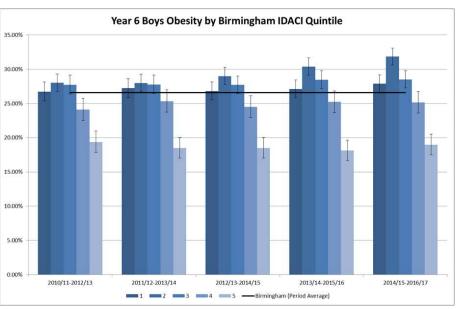
Obesity and deprivation - reception





Obesity and deprivation – year 6





Overweight and obesity by ethnicity 2015/16 – 2017/18

Ethnicity	% Overweight and obese – reception	% Overweight and obese – year 6
White	25.3	36.8
Asian	21.2	43.0
Black	27.7	43.2
Mixed	26.0	41.2
Other	24.9	39.7
Unknown	24.0	39.1
Total	24.1	40.3

Source: NCMP Public Health local analysis

Birmingham 'place based' current initiatives to support reducing childhood obesity in the City

- **Startwell Programme** aimed at supporting pre-school education providers around healthy food and physical activity for 0-5s.
- Healthy Start Vouchers (national scheme) for low income families

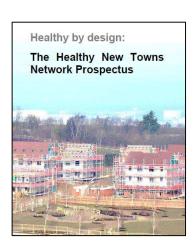
 initiative to increase uptake of vouchers in Birmingham to
 redeem against milk, fruit and vegetable purchases.
- National child measurement programme measures height and weight of children at reception age and year 6.
- Free Swim access for children in local leisure centres

Birmingham 'place based' Current initiatives to support reducing childhood obesity in the City

- Randomised controlled trial trial in 40 Birmingham primary schools to assess impact of the 'daily school mile'.
- Hot fast food takeaways SHIFT pilot has linked areas of deprivation with high density of fast food outlets.
- Foodsmart city Birmingham (City Council) has been partnered with Pune, India as part of the Nutrition Food Smart City Initiative.
- Recent expression of interest submitted to LGA Childhood
 Obesity Trailblazer Programme.

West Midlands Combined Authority Regional Initiatives

- Removal of junk food adverts on transport tickets.
- Design our 215,000 new homes as healthy by design.
- Create the '3 million pounds' campaign to help the west Midlands lose 3 Million lbs.
- Develop a 5G enabled platform that uses gamification to develop active streets within our local areas.



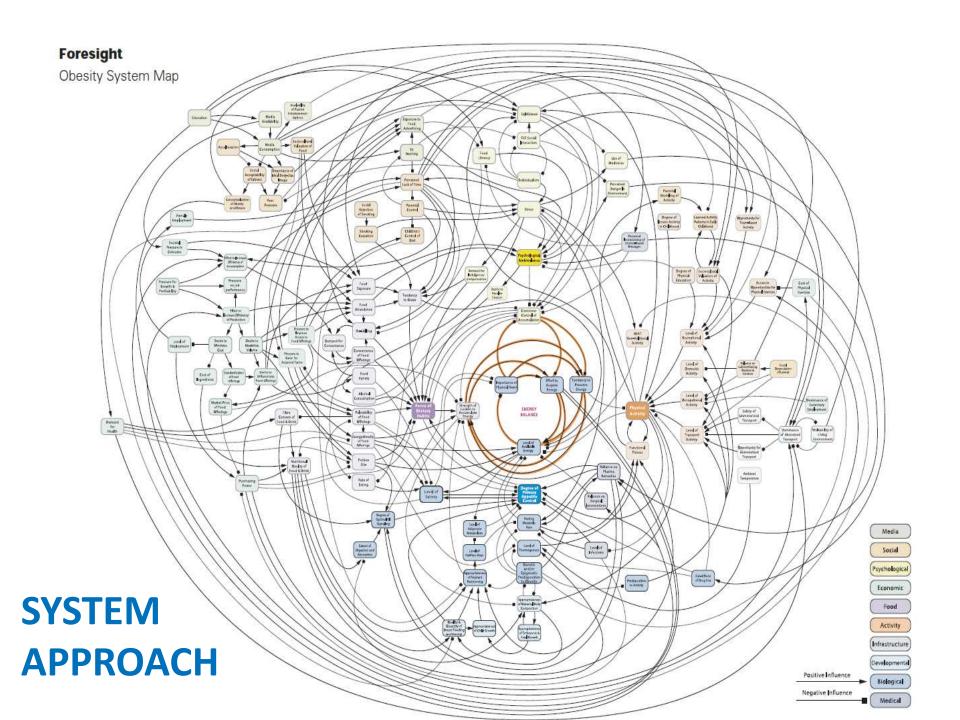




Governance and link to Wellbeing Board

- West Midlands Combined
 Authority Wellbeing Board have signed this off in principle. Will be working with local boards to develop a plan.
- Six STP's in region happy to align this work with PHE and NHS E & I.
- Overall, ambition that Birmingham could be a trail blazer in this space and West Midlands becomes the most Active Region.





Reframing our approach to childhood obesity- Impact of a toxic food environment

"Framing childhood obesity as an issue of individual willpower overlooks the overwhelming evidence ... on how environments influence people's decision making. We need to rethink and reframe childhood obesity as a normal response to an abnormal environment" [GSTT Bitesize Report]





https://youtu.be/1nHMa8WEfJc

https://www.gsttcharity.org.uk/what-we-do/bitesize

Reframing our approach to childhood obesity-Impact of a toxic food environment

Rather than expecting a child to know how to choose the healthy option, we should be designing the environment to make the healthy choice the norm.



https://www.gsttcharity.org.uk/what-we-do/bitesize

Reframing our approach to childhood obesity-Impact of a toxic food environment

Change the environment

Reduce total food exposure, prioritise reduction in unhealthy choices, promote incidental physical activity.

Design for maximum impact

Universal and seamless to daily life (not service-based), adopt a harm reduction approach, prioritise reducing calories consumed over activity alone (you cannot outrun a bad diet).

Make choices easier

Remove barriers to participation/access, seek marginal gains at population level, look beyond trying to educate people of risk.

https://www.gsttcharity.org.uk/what-we-do/bitesize

Reframing our approach to childhood obesity-Building better places for children

Cities can be places that are protective or harmful to our weight.

Cities alive: Designing for urban childhoods

Children need everyday freedoms (independent mobility – both physical and confidence) and children's infrastructure (network of inclusive and equitable spaces) to access a city.



Sport England's Active Design Principles

Guidance on planning active spaces, including activity for all, connected walking and cycling routes, co-location of community facilities, active buildings and activity promotion.

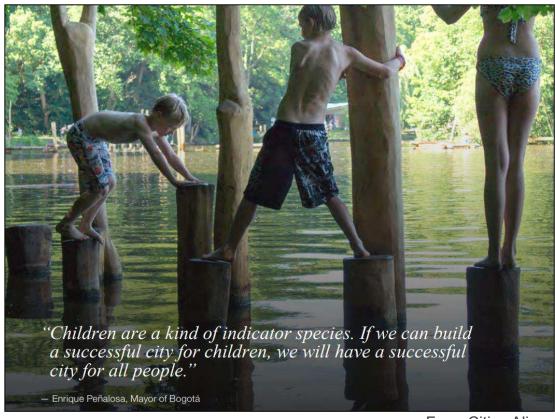


Public Health England Healthy High Streets

The built environment of local places is an opportunity to intervene on a range of behavioural, psychological, and social levels to improve health, wellbeing and inclusion.



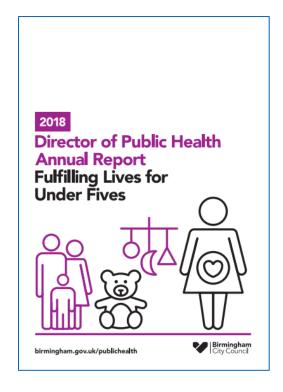
Reframing our approach to childhood obesity-Building better places for children



From Cities Alive

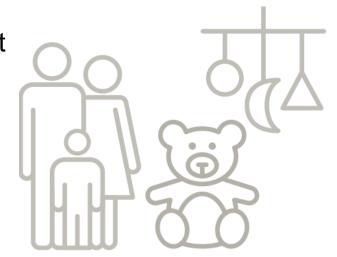
Reducing childhood obesity – behavioural change approaches

The Director of Public Health Annual Report 2018 sets out public health interventions to reduce childhood obesity and sets out a specific recommendation for 'Birmingham City Council and partners organisations to develop an offer of enhanced nutritional and physical activity opportunities to optimise weight and fitness for life based on a whole systems approach to obesity'. *Reference Page 40*



Reducing childhood obesity – behavioural change approaches

The evidence shows that small step changes or 'nudges' which allow free choice but try to encourage those actions likely to be in the person's true and best interest. The most effective interventions to address and prevent obesity are based on multi-component, holistic approaches which address diet and physical activity through working on all aspects which impact on a child's life including the family, social and wider environment. *Reference Page 37*



Example 1 How is the monitoring and improving outcomes in reducing childhood obesity ? from data and intelligence to public health action at every level

Interventions from region to citizen integrated Public Health Approach

Example 2
System interventions to tackle childhood obesity



Population Health System

System JSNA/Intelligence hub/research hub Identification of factors and inequalities causing childhood obesity

Place JSNA and need assessmentvariation in outcomes/factors at place

Locality heat maps on inequality factors and impact of current and future interventions

Bespoke local community /interventions / behaviour change

WMCA -Region

STP-System

Place

Locality

Neighbourhood

Local Industrial Strategy
Regional Economic growth initiatives,
healthy cities /sugar tax

Informing and influencing strategic development of inclusive growth corridor plan, STP active programmes,

5-10 yr building communities plan/ Commonwealth/wellbeing designs to planning, child friendly city

Run a mile in schools/ health for life/skills and employment

Community ambassadors/healthy high streets





Conclusions and recommendations to the City Board

Both from research and our discussions clear case that to make a difference in child obesity levels it requires a system approach and multi–partner actions.

We identified five strategic elements to underpin a development of Childhood Obesity Plan for the city:

1. Championing the agenda - recognition there is both short term and long term action required to address childhood obesity, clear multi-party mandate, championed by the leader.

Conclusions and recommendations to the board

- 2. Positive and proactive approach centred around the schools connect in initiatives around the schools and families, supported with behaviour change in communities around the schools.
- 3. Place review what interventions across the public sector we are already offering. How do we enhance these and explore more universal and then targeted interventions/opportunities from the evidence base at the different levels of place region (WMCA), system (STP), place (City Board), localities, communities, child and family.

Conclusions and recommendations to the board

4. Civic Policy - targeted interventions to tackle the hard environment; green space/safety, a need to address the build environment for a child friendly city and communities, city alive, healthy high st) <u>and</u>

soft environment (knife crime, positive wellbeing, education setting physical exercise, healthy eating, licencing, beat street).

Commonwealth - plans for legacy learning from others, innovative actions between now and commonwealth and post commonwealth and increases physical exercise, connecting in our deprived communities to feel and be part of this opportunity.

Proposed next steps

- Presentation to HWBB so there is awareness of the work of the task and finish group as HWBB had requested a Childhood obesity strategy, ensuring this further work builds on the good work already commenced.
- Working group will meet again to develop the system and place based strategy and action plan
- We'll consider the best governance for taking this forward- either knitting into existing governance i.e. Birmingham HWBB/leads with a report to city board or we'll continue the task and finish group as a formal group

