

	<u>Agenda Item:12</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	18th June 2019
TITLE:	FEEDBACK ON THE DEVELOPMENT SESSION : CHILDHOOD OBESITY WORKSHOP
Organisation	Birmingham City Council
Presenting Officer	Kyle Stott , Service Manager, Public Health Division

Report Type:	Discussion
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1. Purpose:

1.1 To provide feedback to the board on the outcomes from the recent Health and Wellbeing Board Childhood Obesity priorities workshop.

2. Implications:

BHWP Strategy Priorities	Health Inequalities	Yes
	Childhood Obesity	Yes
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		Yes
Prevention		Yes
Homelessness		

3. Recommendations

3.1 The Health and Wellbeing Board is asked to note:

- that there is a commitment to a whole system approach to obesity
- That there is a need to move towards an upstream approach and consider the wider determinants

3.2 The Health and Wellbeing Board is asked to note the priorities identified by the group at the workshop, and opportunities to shift towards a wider approach to reducing obesity through improving food and nutrition and physical activity opportunities at a population level.

The Board is also asked to approve the development of two task and finish groups to move forward the strategic approach to physical activity and food and nutrition in the city.

4. Background

4.1 In Birmingham, 23.5% of our children are carrying excess weight in reception year and 40.3% of our children are carrying excess weight by year 6. On both of these measures Birmingham is doing statistically worse than England as a whole.

4.2 There are large differences across the city, linked with deprivation. In the most deprived areas, 26.8% of children in year 6 and 12.4% of children in reception are obese, this is compared to the lower rates of 12.8% of children in year 6 and 5.3% of children in reception in the least deprived areas of the city.

4.3 There are over 1,000 hot food takeaways in the city (1,058), that is 96.1 per 100,000 population – or one for every thousand people.

4.4 Carrying excess weight has been proven to be inextricably linked to many lifestyle related diseases and conditions, including those that contribute to the main causes of premature mortality and limit healthy life expectancy in Birmingham.

4.4 The Health and Wellbeing Board was invited to participate in a childhood obesity priority setting workshop to assist in identifying opportunities for creating a healthy food city and an active city, the group was challenged to consider the need to adopt an upstream approach to prevention and early intervention and to consider what the big levers are that we can use to assist in shaping priorities.

4.5 The group was also introduced to the whole system approach to obesity and to consider what actions we need to take, and how we can create a dynamic local

system for obesity.

4.6 The presentation and the guide that supported this workshop can be found in supporting attachments.

5. Discussion

5.1 The outcomes of the event indicate a keenness to adopt the whole system approach. Encouragingly it is acknowledged that Birmingham is already at phase 4 of the system, which indicates that the local picture has been mapped and action can be initiated in response.

5.2 There is clear acknowledgement from the group that a step change from working downstream and focussing on late intervention, to rapidly moving upstream and considering how we create a truly healthy food city and a physically active city is necessary, and that this involves some radical thinking and moving away from traditional concepts and ideas.

5.3 The group agreed that it was important to acknowledge and act upon the guidance from the Foresight Review on Obesity, the recent NHS Plan for Action (childhood obesity) and the Foresight Indicators, and that the wider determinants played a critical part influencing unhealthy and healthy weights. Those indicators include:

- Societal Influences;
- Food Production;
- Food Consumption;
- Individual Psychology;
- Individual Activity;
- Activity Environment;
- Biology.

5.4 The group split into 3 tables, each table providing a robust, diverse and innovative set of responses to the room with reference to considering for priorities that would contribute to setting the scene for a healthy food and physically active city, including:

- 1) Working closer, routinely and innovatively with our partners CityServe
- 2) Considering using space to develop urban farming, local affordable and accessible produce
- 3) Maximising Safe by Design opportunities to create safer spaces for activity
- 4) Taking an asset based approach to hot food takeaways and incentivising healthy food options and choices
- 5) Increasing the uptake of healthy start vouchers
- 6) Working with employers to develop healthy workplaces and better work/life balance
- 7) Having robust public sector food procurement guidelines (targeted PQQs)

- 8) Focus on addressing overweight communities – prioritising
- 9) Planning/development focused on salutogenic (health giving) environments
- 10) Work with DWP and other education/skills/employment providers to build in lifestyle modules into on-programme opportunities
- 11) Local advertising – ensure healthy options and activities are being advertised
- 12) Maximise local physical activity opportunities (for example Velo/Owl/Bear trails)
- 13) Connecting Communities and other areas, increasing civic pride
- 14) Food and Physical Activity labelling – on food and in the environment
- 15) A move towards a more plant based diet (e.g. through CityServe)
- 16) Maximise core education opportunities to include lifestyle
- 17) Address inequalities in the city

6. Future development

6.1 A future paper is coming to the Board to discuss establishing a sub-forum infrastructure for the Board.

In the interim the Board is asked to approve interim task and finish groups to develop structured approaches to the two areas identified from the development day. i.e.

- 1) Creating a healthy food city
- 2) Creating a physically active city

6.2 The information recorded from the Health and Wellbeing Board childhood obesity priority setting event will feed into both of these groups, it will also feed into the 2nd round of the citywide workshops with physical activity and food & nutrition experts to further pump-prime the work of the two sub-groups.

7. Compliance Issues

7.1 Strategy Implications

The outcomes of the Health and Wellbeing Board priority setting event will contribute to shaping the actions and outcomes that the sub-groups will be setting and working towards.

7.2 Homelessness Implications: - Report authors must note in this policy section, any positive or negative implications of the recommendations for homelessness in the City, in relation to meeting the requirements of the Homelessness Prevention Strategy.

7.3 Governance & Delivery

The priorities of the sub-groups will be put to the health and wellbeing board for Birmingham for approval; it is likely that the priorities will also be put to CMT for approval. Any action plans will be reported to the Health and Wellbeing Board.

7.4 Management Responsibility

The setting and administration of the sub-groups will sit with Public Health, the governance will sit with the Health and Wellbeing Board.

7.5 Diversity & Inclusion

Previous research in Birmingham has identified that BAME groups in the city are more likely to carry excess weight and be less active.

It is recognised that tackling inequalities is a priority as part of a whole system approach to developing a healthy food and a physically active city.

Signatures

**Chair of Health & Wellbeing Board
(Councillor Paulette Hamilton)**

Date: