Report of:	Cabinet Member for Health and Social Care
То:	Health, Wellbeing & the Environment Overview and Scrutiny Committee
Date:	29 <sup>th</sup> September 2016

# Progress Report on Implementation: Tackling Childhood Obesity in Birmingham Inquiry

#### **Review Information**

Date approved at City Council: 8<sup>th</sup> April 2014

Member who led the original review: Councillor Susan Barnett

Lead Officer for the review: Rose Kiely

Date progress last tracked: 29<sup>th</sup> September 2015

- 1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Wellbeing, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
- 2. Details of progress with the remaining recommendations are shown in Appendix 2.
- 3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

### **Appendices**

1	Scrutiny Office guidance on the tracking process
2	Recommendations you are tracking today
3	Recommendations tracked previously and concluded

### For more information about this report, please contact

Contact Officer: Charlene Mulhern

Title: Senior Officer - Collaboration

Telephone: 07730281347

E-Mail: Charlene.mulhern@birmingham.gov.uk

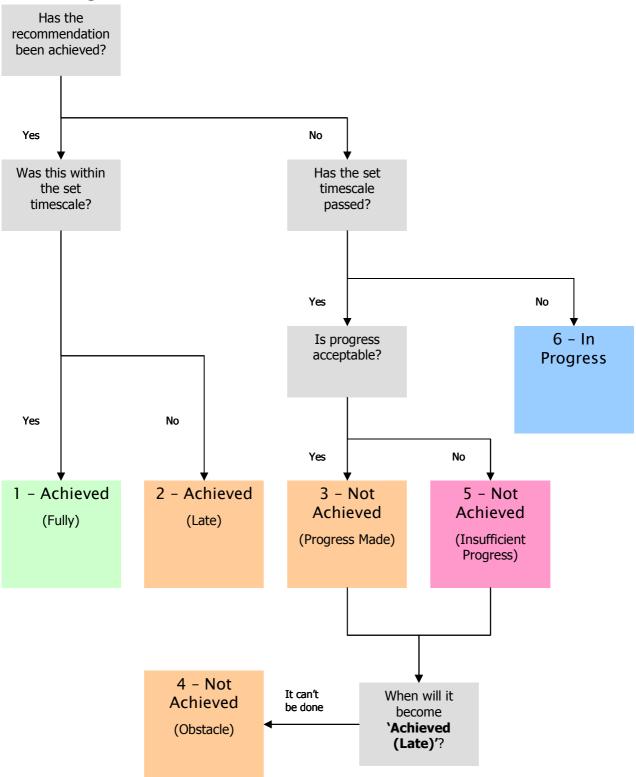
# **Appendix 1: The Tracking Process**

In making its assessment, the Committee may wish to consider:

- What progress/ key actions have been made against each recommendation?
- Are these actions pertinent to the measures required in the recommendation?
- Have the actions been undertaken within the time scale allocated?
- Are there any matters in the recommendation where progress is outstanding?
- Is the Committee satisfied that sufficient progress has been made and that the recommendation has been achieved?

Category	Criteria
1: Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2: Achieved (Late)	The evidence provided shows that the recommendation has been fully implemented but not within the timescale specified.
3: Not Achieved (Progress Made)	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement.  An anticipated date by which the recommendation is expected to become achieved must be advised.
4: Not Achieved (Obstacle)	The evidence provided shows that the recommendation has not been fully achieved, but all possible action has been taken. Outstanding actions are prevented by obstacles beyond the control of the Council (such as passage of enabling legislation).
5: Not Achieved (Insufficient Progress)	The evidence provided shows that the recommendation has not been fully achieved and there has been insufficient progress made towards full achievement.  An anticipated date by which the recommendation is expected to become achieved must be advised.
6: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

#### **The Tracking Process**



## **Appendix 2: Progress with Recommendations**

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R02	That the Chair of the Education and Vulnerable Children Overview and Scrutiny Committee meet with the Chair of the Birmingham Educational Partnership to explore how the recommendations of the Health and Social Care Overview & Scrutiny Committee can be supported by the School Food Plan 2013 and also to develop more systematic engagement with all schools including free schools and academies on school food standards, healthy lifestyle options such as increasing walking and other healthy eating initiatives commissioned by Public Health.	Chair of Education and Vulnerable Children Overview and Scrutiny Committee	June 2016	3 (Not achieved, progress made)

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

As previously presented the Director of Public Health (DPH) and Childhood Obesity Strategic Lead met with BCC CEO on 16<sup>th</sup> June '15 to discuss childhood obesity and how we create conditions to improve the health and wellbeing of children. Actions agreed at this meeting included;

- Interim Executive Director for Education agreed to include health and wellbeing in the BEP service specification under the relation to District based service
- -BEP CEO agreed to disseminate 6 key health themed messages to schools during the academic year
- -The BEP agreed a further conversation following transition would be useful to look at options for expanding the offer

2015/16 update: Follow up meetings with BEP CEO and BEP Health lead have taken place. Some changes in how BEP operate mean that the health themed messages had not been possible and also following the unsuccessful Headstart bid meant that work that was planned hasn't occurred. Discussion around childhood obesity levels and WHO report on Ending Childhood Obesity and role of schools and links to proposed Third Sector Health framework have taken place.

In addition, exemplars of good practice in Birmingham have been highlighted through the Public Health National Childhood Measurement Programme head teacher interviews project. Nine primary schools across Birmingham have been interviewed based on slight improvements in their obesity data. The aim of this project is to share best practice across the city by featuring their case studies in the NCMP letters to encourage others schools to take action.

No	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	That the approach described by Birmingham Children's Hospital (BCH) as a stakeholder in the wider health and wellbeing of children and in starting to build a wider commitment by provider trusts to contribute to the public health agenda including the possibility of establishing a health promoting network for hospitals in Birmingham be supported and that BCH be requested to update the Health and Social Care Overview and Scrutiny Committee on progress.	Birmingham Children's Hospital Consultant in Public Health Medicine	June 2016	1 (Achieved)

#### Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

- The development of the Sustainability and Transformation Plan process, with a core focus on collaborating to improve health and wellbeing has now superseded the need to develop a separate provider network
- The inclusion of health and wellbeing measures within the national NHS CQUIN contract means that all NHS trusts now have a responsibility about improving their food offer to patients and staff, as well as implementing a range of additional health and wellbeing initiatives.
- The partnership working between BWH and BCH has now progressed to formal consideration of the business case by NHS Improvement

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R05	That through the Childhood Obesity Care Pathway, a children's service offer is developed which includes diet and behaviour, as well as physical activity, and that all services have the flexibility to offer family based interventions if appropriate.	Birmingham South Central, Birmingham Cross City and Sandwell and West Birmingham Clinical Commissioning Groups	June 2016	1 (Achieved)

#### Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

A referral pathway for Children's Weight Management has been in place since Dec 2013 and was promoted to clinicians at the CPD workshops as well as though individual local commissioning networks from 2014 onwards. Children's Weight Management Referral forms have been integrated onto all GP clinical systems to support increased uptake of referrals. Public Health is currently reviewing how they will respond to individuals or schools going forward.

Work is ongoing to achieve a more comprehensive pathway which includes access to family physical activity through a Be Active Children's/family Offer. The inception of the Wellbeing Service has seen the team undertaking a significant programme of culture change, workforce development (and basic qualifications such as children's first aid) to change the focus and provide a wide ranging offer both indoors and outdoors for children and families (there is literally hundreds of activities every week). Update from the Wellbeing Service includes:

- Mailout raising awareness about the service and how to make a referral to all GPs completed in July 2016
- There is CCG representation on the Wellbeing Governance Board
- Attended Primary care service information and signposting event (practice nurses, GPs, HCAs, surgery admin staff) to disseminate information and pathways into the service as well as what's on offer locally
- Linking in with CCGs re approaches to communicating service level information to surgeries
- Have met with and shared relevant service information with GP organisations i.e. Our Health Partnership and Modality
- Have Twitter accounts, facebook page etc
- Undertaken a digital mapping exercise that will now enable us to do direct marketing and communications to specific target groups for relevant service information

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R06	That the Health and Wellbeing Board through the Third Sector Assembly and the three Birmingham Clinical Commissioning Groups examine the best way to develop stronger strategic links between GPs and the Third Sector which may have the potential to facilitate further and better engagement with, and delivery of the childhood obesity agenda.	Cabinet Member for Health and Wellbeing as Chair of Health and Wellbeing Board	June 2016	1 (Achieved)

#### Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

To date Birmingham Childhood Obesity Strategic Steering Group have hosted numerous workshops to engage clinicians and third sector groups on this critical agenda with a particular focus on the child healthy weight care pathway. Examples of workshops include;

- the a citywide CPD workshop for GP's which focused on their role as a GP in tackling Childhood Obesity and the risk of not doing so and;
- two additional clinical CPD events were held for Birmingham midwives to support them on raising the issue of obesity and health weight gain during pregnancy.
- 9 / 10 Districts have chosen childhood obesity as a priority. As a result some districts have requested childhood obesity workshops e.g. Perry Barr, Northfield and Yardley.

A Third Sector representative has been chosen to sit on steering group. The representative feeds into the third sector assembly through the Children and Young People Network. The representative is leading on developing a third sector public health framework. The framework will aim to celebrate successes or further compliment any of the healthy lifestyle programmes that exist, or are in the pipeline. A scoping exercise is taking place to decide on scale and format of the proposed third sector public health framework including contacting Public Health England and asking via their national network if there is any information on other schemes in England. At the moment it seems that no other LA has attempted this. Initial discussions look to use a simplified version of the Public Health Outcomes Framework and elements of the Social Charter as a proposed framework. A first draft will be available for wider circulation by December 2016. This along with a written update will be circulated to HOSC.

In addition, we will be utilising crowdfunder to enable the Childhood Obesity Steering Group to engage with the wider community of Birmingham and explore ways to deliver a fundamental change in food consumption, physical activity or culture by providing a system by which the council/partner funds can efficiently target match funds and support to stimulate grass roots projects.

Furthermore the Wellbeing Service are engaging with CCGs and GPs as well as working with a significant number of community and voluntary organisations to raise awareness of services and work in co-production to develop and deliver services locally

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R08	That the Planning Committee start discussions with a view to adopting a policy development approach which commits to design out the obesogenic environment by following a process similar to the one that was followed when putting together Birmingham's Green Commission. Through this approach an environment can be designed that encourages physical activity, active travel and healthy lifestyle choices.	Chair of the Planning Committee	June 2016	1 (Achieved)

#### Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

The Birmingham Obesogenic Environment Group (including planning department representation) are leading a coordinated effort to impact on the obesogenic environment at all levels, this includes policy change, partnerships, communications as well as specific interventions. The group has been exploring innovative approaches to design out the obesogenic environment, improve health and tackle health inequality. Testimony to the joint work carried out by the group has resulted in;

- Stronger partnership with BCC Planning department; secured £400k of Section 106 funding for healthy living revenue project in Birmingham A first for Birmingham and, ensured the Hot food takeaway policy was included in the Birmingham Development Plan which is a positive step forward
- Stimulated novel sources of resources through developing partnerships with SHIFT a behaviour change charity to deliver a pilot to redesign the obesogenic environment by transforming the health impact of takeaway food in specified locations in Birmingham. Through these pilot activities, the service aims to

- gradually increase the availability of healthy, affordable takeaway food in low-income areas and help improve the diets and health outcomes of local people
- National interest in the Developer Toolkit Pilot which aims to ensure that planning authorities, developers
  and architects are engaged at the earliest opportunity in considering health as part of the planning and
  development process. Implementation of the toolkit has begun in Birmingham. The developer toolkit covers
  11 distinct themes including; housing quality and design, access to healthcare services and other social
  infrastructure, access to open space and nature etc
- BCC's street side advertising contract now includes a requirement to display nutritional information on all street side adverts. This included dialogue with BCC legal team and Corporate Strategy Team, Cabinet members and the Deputy Leader as well at Department of Health and Public Health England. This is a first for any Local Authority in England
- The Steering group has signed the Urban Food Policy Pact on behalf of Birmingham City Council (BCC). Prof Tim Lang (*Professor of Food Policy, City University, London*) says 'the pact signals the return of the City Region as a powerful voice in modern food policy'.
- Public Health and the Smart City Alliance are working together to deliver the second Smart City Alliance Workshop which will involve businesses taking part and potentially considering 'Crowd Funder' as a model to identify obesity/food related projects that the public are interested in and opportunities for co-funding. This is seen as an exciting opportunity to work with business to create a healthier environment in Birmingham.
- We have also seen some positive results working with large local organisations about Healthier, More Sustainable Procurement and meeting *Government Buying Standards* for Food and Catering. This includes both nutrition and sustainability standards and applies to all food served/sold to the public. Conversations are underway around how BCC can adopt these standards and been seen as an exemplar of best practice.

In addition, there is work underway with the West Midlands Combined Authority On the Move 2016-30 Physical Activity Strategy. The draft strategy is the start of a region-wide change in emphasis to significantly increase physical activity in the 3 LEPs using the excellence that already exists but creating a clearer focus on scale and effectiveness and with a sense of urgency and importance not seen before in any region of the UK

# **Appendix :** Concluded Recommendations

# These recommendations have been tracked previously and concluded. They are presented here for information only.



No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R01	That letters be sent to:  (a) the Secretary of State for Health to lobby for a stronger UK wide response towards childhood obesity with particular reference to addressing the food industry and producers, the role of education and schools and in relation to strengthening planning policy with a view to giving stronger planning powers to local Councils to enable them to deal more effectively with the proliferation of hot food takeaways;  (b) the Secretary of State for Communities and Local Government to lobby for a change in policy guidance which would allow planning applications for inappropriate schemes to be refused on health grounds; and  (c) Birmingham MPs to ask them to campaign in the House of Commons and lobby the Secretary of State for Health in relation to these issues.	Cabinet Member for Health and Wellbeing Chair of Health and Social Care Overview and Scrutiny Committee	November 2014	2
R03	That the Chair of the Education and Vulnerable Children Overview and Scrutiny Committee meets with the Chair of the Birmingham Governors Network to ensure that governors:  (a) are systematically engaged and well informed in relation to the resourcing and funding decisions needed to support initiatives to tackle childhood obesity; and (b) are aware that they have the power to object to planning applications especially in relation to proposed hot food takeaways near schools and of the appropriate planning grounds they should consider whilst recognising that an objection in itself does not necessarily lead to refusal; and (c) understand their responsibility as school governors around meeting the school food guidelines.	Chair of Education and Vulnerable Children Overview and Scrutiny Committee	November 2014	2

# These recommendations have been tracked previously and concluded. They are presented here for information only.



No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R07	That the Street Trading Consultation Process be amended to include the Director of Public Health as a consultee where Street Trading Consents are being sought for food outlets so that any representation made by the Director of Public Health can be taken into consideration before any decision is made.	Director of Regulation and Enforcement with Cabinet Member for Health and Wellbeing as Chair of Health and Wellbeing Board	November 2014	1
R09	That the Partnerships, Engagement and Communication Group, as an integral part of their work on developing and implementing a communications strategy, establish what advertising the Council and other stakeholders have control or influence over with a view to using this influence to promote healthy eating and physical activity.	Cabinet Member for Health and Wellbeing	September 2015	1
R10	That an assessment of progress against the recommendations and suggestions made in this report should be presented to the Health and Social Care Overview and Scrutiny Committee.	Cabinet Member for Health and Wellbeing	November 2014	2