

Childhood Obesity Trailblazer Programme

Trailblazer Progress Report

Trailblazer Project name:

**Creating a Healthy Food City
Tackling Obesity through economic
growth**

Lead council:

Birmingham City Council

Please complete the answer boxes below. We encourage you to be as succinct as possible. We are using a test & learn approach so we encourage you to share your learning, including challenges.

1. What have been the key delivery milestones over the last three months? Describe the successes, what has helped you achieve them and what this helped to achieve in terms of your programme aims. Please highlight any variance from initial plan which may impact on delivery.

Overarching milestones:

- Appointment of a lead officer for the trailblazer: achieved
- Appointment of a graduate officer to support the trailblazer: in progress (appointment is anticipated before Christmas 2019)
- Lead partners identified across WP1, WP2 and WP3, successful meetings have taken place and progress made
- The establishment of a governance multi-agency partnership committee – Creating a Healthy Food City Forum

WP Milestones:

WP1: The Built Environment (Inclusive Growth)

- Final version of the Healthy City Planning toolkit agreed to be piloted through Perry Barr Phase 2 Commonwealth Games development site
- Initial high-level meetings with economic growth department and education & skills in BCC to scope inclusive growth opportunities. Responses have been positive, common ground is agreed and partnerships are being established.
- Integration of a 'healthy food economy' as explicit objective of East Birmingham Strategy consultation.

The successes:

The economic growth department (planning authority) of Birmingham City Council have agreed that the Healthy City Planning Toolkit will provide the health impact assessment necessary to ensure that the health outcomes of the Commonwealth Games development site can be (where possible) maximised, this focuses heavily on designing out obesogenic environments and designing in environments that routinely and habitually encourage residents (3,000 new homes) and visitors to be active and make healthy lifestyle choices, including healthy food choices.

One of the largest redevelopment and regeneration programmes in Birmingham (East Birmingham Redevelopment Plan) has agreed that a healthy food economy will run through the strategy as a key objective.

What has helped to achieve this:

- Executive, cabinet and senior management support and active endorsement and encouragement of the aspirations within the trailblazer to contribute to Birmingham becoming a healthy food city have been absolutely key as upstream levers to enable conversations and encourage positive decision making.
- The identification of complementary strategies, policies, programmes and projects (both internal and external) have provided essential vehicles to progress through the necessary milestones to continue momentum of the trailblazer programme.
- The positioning of the director of public health on key stakeholder boards, for example the East Birmingham Development Board.

No variance on WP1 to report to date.

WP2: The Birmingham Basket

The Successes:

- Great City Digital Food Hunt to map data sources across the food system in Birmingham completed.
- Analysis of YouGov 'Food Concerns' survey – Birmingham sample
- Meeting with Kantar and ONS to review Birmingham sample
- Seldom Heard Voices Food Survey, shortlisting complete, 27 local (expert) providers appointed to carry out consultation within communities across 23 community groups.
- 1st meeting of the Birmingham Basket task and finish group has taken place; the outcomes are being written up and a date set for the next meeting

What has helped to achieve this:

- Excellent provider network with an interest in food across Birmingham, prepared to feed into the Digital Food Treasure Hunt, respond to tendering opportunities for community consultation around food.
- Access and use of interns from the Birmingham universities to analyse food data and produce reports, this is an ongoing process with our next batch of interns in the pipeline.
- Identifying and creating partnerships throughout the well-established digital community in Birmingham.

No variance on WP2 to report to date

WP3: Education, Skills and Apprenticeships

The Successes:

- Mapping of level 1 to 7 Apprenticeship models and Pre-apprenticeship landscape in Birmingham.
- Met with a series of apprenticeship providers to understand how best to develop spiral curriculum.
- Met with the commissioners of employment and skills programmes across Birmingham.
- In-principle agreement to embed the spiral curriculum into employment and skills programmes
- In-principle agreement to embed the spiral curriculum into future commissioning specifications for employment and skills providers in Birmingham
- Establishment of a spiral curriculum development task and finish group
- University Hospitals Birmingham identified as a possible candidate for 1st trial of spiral curriculum
- Evaluation group for spiral curriculum in progress.

What has helped to achieve this:

- The understanding from employment and skills commissioners that health and wellbeing is a core component of maximising outcomes for their programmes; increased attendance, increased retention, increased adherence, increased pass rate, increased interview/employment rate; increased productivity; increased number of people staying in employment for at least 6 weeks
- The same understanding from colleagues at University Hospitals Birmingham
- Birmingham City Council are using the apprenticeship levy within their organisation, we can therefore trial the spiral curriculum “in-house” before going external

No variance on W3 to report to date

2. What challenges and barriers have you faced?	
Challenge/barrier – Describe the issue faced and whether this is a local and/or national barrier.	Status – Have you overcome the issue and, if so what has helped you to do so? If not, what further actions could be taken to help overcome them and what additional support do you need?

Lack of data, information and insight relating to food and behaviour: National and Local	We are working through this as per the risks and mitigation identified in section 4.
Resource: Local	Birmingham is hosting the start of the Big Food Conversation on behalf of central Government, this takes place on the 23 rd October, although this will ultimately feed into the trailblazer work, it is resource intensive.

3. This section is tracking how far have you tested your key powers and levers and what support you may need to fully test them. Please ensure that you cover all of the levers that you planned to test.	
Against your objectives, what actions have you taken so far to test your chosen levers/powers? Please include all of the levers/powers you plan to test through your programme.	What are you doing next and what support might you need? In terms of support, you may want to consider subject matter expertise, discussion at Steering Group, consideration at national level.
Planning Powers/Levers: use our leverage as a planning AND a public health local authority to embed the healthy city development toolkit into local planning policy	<p>Piloting of toolkit with large scale development – no support needed</p> <p>Identified potential licencing regulation variation around restricting variable discounting in A5 licences – identified by Slow Food movement and would welcome national support on legal position of this.</p>
Inclusive Growth: use our leverage as a planning AND a public health local authority to influence key strategic planning policy for East Birmingham to ensure that the creation of a healthy food economy is a key objective for this programme	<p>Secured integration into consultation for East Birmingham Growth Strategy through the Health sub-group involvement working with the clinical commissioning group.</p> <p>Now looking at how to deliver the ambition for a health food economy and identified potential barrier to using business grant incentives for food retail.</p>
Commissioners of services: use our leverage through the corporate management team and health and wellbeing board to propose that commissioning specifications for employment & skills and apprenticeships carry a health and wellbeing spiral curriculum	Tested concept and approach with both commissioners and providers and no issues identified

4.	Please provide a project risk log with the top three risks and mitigation.			
Risk Description	a. Likelihood	b. Impact	c. Severity	Mitigation Actions
	1 – 4	1-4	a x b	
Data is not available for the enable us to develop a functional Birmingham Basket	2	3	12	The Digital Treasure Hunt has shown us that there are significant gaps in the data, and our conversations with Kantar have reinforced this. However, the 1 st Birmingham Basket workshop has taken place, the progress was encouraging, we have also launched the Seldom Heard Voices consultation on food, with another one planned for Physical Activity, we have active conversations with Sainsburys and we are lining up other big food retailers, including fast food delivery agents.
Apprenticeship and Learning and Skills Providers do not recognise the spiral curriculum and adopt it into their programmes	1	4	4	We are in the process of developing the spiral curriculum, in parallel to this we are having active and productive discussions with providers and we have already secured “in principle” agreement for inclusion. Commissioners of apprenticeships and learning and skills programmes are part of the spiral curriculum task and finish group, ensuring that we can build this in upstream as per the upstream aspirations of the trailblazer.
The Healthy City Development toolkit is not adopted by the Planning Authority of Birmingham City Council and is not seen as an integral component of developing a healthy city approach	1	3	3	We are establishing (in agreement with senior planning officers) a Healthy Urban Development Group for Birmingham, one of the core objectives is to ensure that the toolkit is prioritised for adoption into local planning guidance and sits alongside the local validation criteria for all major developments. Another core objective is to ensure that all emerging or refreshed strategies, SPDs, masterplans and major applications are discussed at the earliest opportunity amongst senior public health and planning officers to ensure that we are integrated into the process and content prior to any consultation or adoption.

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5. What are the key lessons learned this quarter? Please indicate any learning you think will be worthwhile sharing with wider local authorities and others and how this could be shared effectively.

- 1) Do not assume that the data, information and insight on food is available. This is a local and national issue for food system and there is a significant gap in accessible data on consumption of food at a local authority level or sub-geography level.
- 2) Poor understanding of food system at local level, this has improved significantly but national over-focus on fast food A5 has distorted people's understanding of the food system process.
- 3) Significant benefit from Milan Urban Food Policy Pact network which has helped us understand more of the food system in a way the current UK policy approach doesn't support.

6. Briefly outline the key activity and milestones planned for the next three months.

- Continue with the development of the spiral curriculum
- Complete and start the trial of the healthy city development toolkit
- Continue with the development of the evaluation process for the spiral curriculum work
- Continue to develop links with organisations that have food data at a local level and use our levers to encourage them to share this
- Continue to develop the narrative for the development of a healthy and sustainable food economy for East Birmingham (to embed into the East Birmingham Development Strategy)

Evaluation Progress Report

7. What have been the key evaluation milestones over the last three months and how have you responded to any challenges?		
Milestone	Challenge	Response
Establish an evaluation approach	Breadth of the apprenticeship footprint provides a challenge of scale	Defining a sampling methodology to consider this

8. Please summarise any key emerging findings or lessons from the evaluation to date (in approximately 500 words).

9. Please outline key evaluation milestones planned for the next three months.
Refine the evaluation methodology and define sample cohort for control group in 19/20

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10.	Is there any evaluation support you need from ICF over the next quarter?
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Unclear how ICF evaluation will provide overarching evaluation as local evaluation focused on single workstream
