

# Tackling Childhood Obesity

## Creating a Healthy Food City and an Active City Environment

The aim of this session is to populate the table below with high level actions that will influence outcomes upstream at a universal and population level. Where necessary, these actions can be targeted at specific populations and areas of the city, but with the expectation that they are scalable as, when and where necessary.

To assist and shape your thinking for this session the pack contains the following information:

### 1) The 2017 Department of Health Publication: Childhood Obesity: A Plan for Action

This recent publication explicitly states that the burden is falling hardest on those children from low-income backgrounds. Obesity rates are highest for children from the most deprived areas and this is getting worse. 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. It also reinforces the fact that obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture. However, at its root obesity is caused by an energy imbalance: taking in more energy through food than we use through activity.

### 2) The 2007 Foresight Report: Reducing Obesity: Future Choices

The work reported here represents an independent scientific enquiry into the complex system of factors contributing to obesity – the system map, included in this report, is the first attempt to capture this complexity schematically. Guidance within this report includes considering policy options to:

target a diverse range of relevant areas of policy; target the obesity system map in different ways, acting on the key variables or levers within the map; to act at different levels of complexity, ranging from targeted and specific, to broad and cross-cutting; to provide insight on the more critical uncertainties such as the location of the fulcrum between obesity prevention and treatment, choices between targeted and population-wide interventions, and between enabling and more directive interventions. Within this report table 7.1 (below) shows the high level levers and options for consideration in an attempt to tackle the complexity of the issue.

### 3) Slides that will be used to frame the session, including a copy of the matrix that you are going to populate

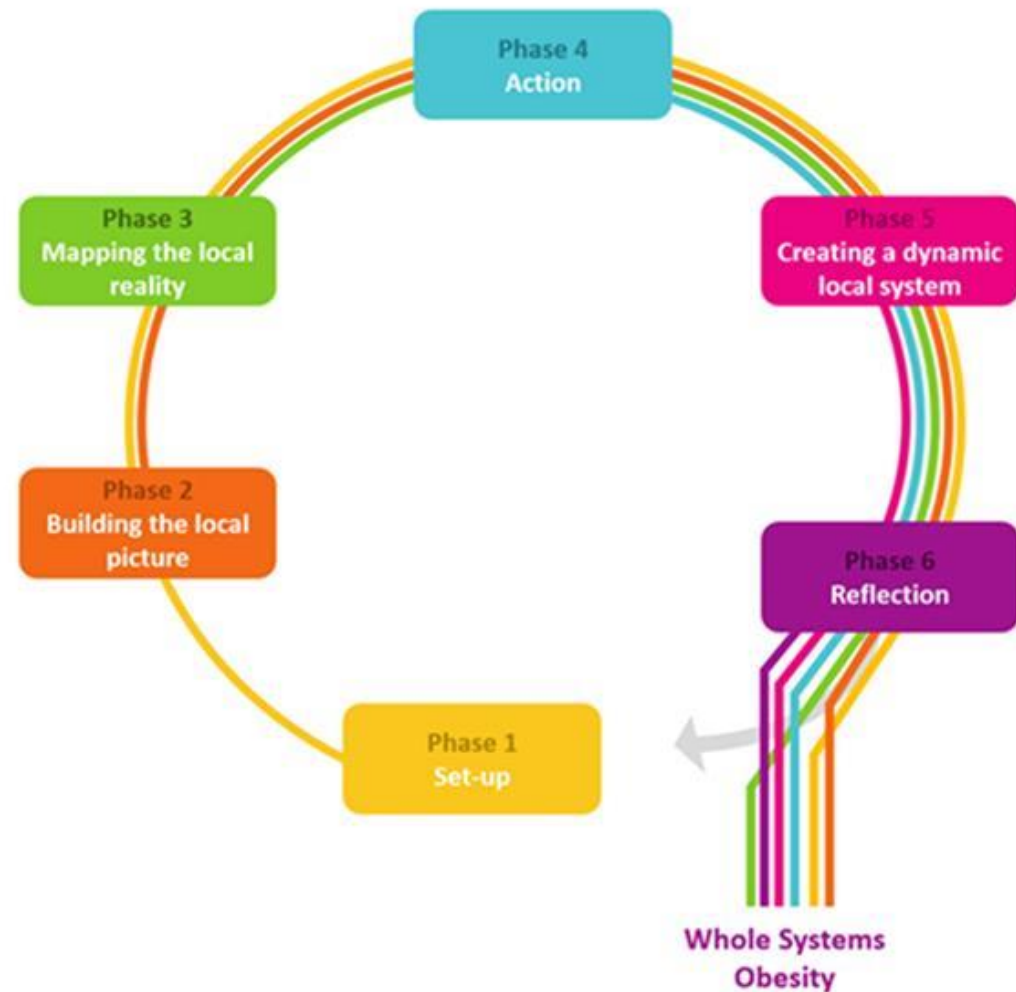
**Table 7.1 (Foresight Report) Options for policy responses used in the modelling exercise**

1.	Introduce health as a significant criterion in all planning procedures (including new build and upgrading of the current infrastructure)
2.	Improve the perceptions of safety from the points of view of traffic and crime
3.	Increase the 'walkability' and 'cyclability' of the built environment (urban and rural)
4.	Focus on targeted interventions, such as when children are young, and targeting those most 'at risk'
5.	Implement population-wide interventions i.e. focus on improving the health and well-being of the population as a whole
6.	Focus on the health consequences of obesity, such as diabetes, rather than obesity itself
7.	Invest in the search for a highly effective post-hoc solution to obesity – a 'magic pill'
8.	Introduce toolkits to evaluate the success of obesity interventions and policies throughout the whole of the delivery chain
9.	Introduce a tax on obesity-promoting foods
10.	Use fiscal levers to make all organisations/institutions take some responsibility for the health of their employees (public and private sectors)
11.	Use individually targeted fiscal measures to promote healthier living
12.	Introduce programmes to increase food literacy and food skills
13.	Control availability of and exposure to obesogenic foods and drinks
14.	Take a directive approach to changing cultural norms in order to establish healthy living as the default within UK society
15.	Invest in technology to support informed individual choice, including devices to help monitor diet and activity
16.	Promote/implement a programme of early interventions at birth or infant stages
17.	Penalise parents for the unhealthy lifestyles of their children

The session will follow the Whole Systems Approach to Obesity (WSO) programme, which aims to help local authorities deliver coordinated actions, involving stakeholders across the whole local system.

Health Matters partnered with Local Government Association (LGA) and Association of Directors of Public Health (ADPH) to develop the programme. Leeds Beckett University (LBU) was commissioned to work with four pilot areas, with the aim of learning from local practices and creating practical, tried-and-tested guidance that could be used by any local authority in England; seven other local authorities have since been welcomed into the programme.

Birmingham has already shown its commitment to phase 1 through the adoption of childhood obesity as a WMCA, CCG and LA priority. We have the local picture as demonstrated in the infographics, we have also mapped the reality (phases 2 and 3). This workshop is dedicated to phase 4; we need to



agree on SMART objectives and actions that are clearly owned with supporting impact metrics.

Task	time	Owner
Introduction to the task and framing the issue and opportunities	15 minutes	Cllr Paulette Hamilton Kyle Stott
Populating the columns	20 minutes	Group work
Peer to peer analysis	10 minutes	Group work
Reflection and refinement	20 minutes	Group work
10 minutes to present your recommendations	10 minutes	Group work
Close		

Foresight Indicator	Physical Activity	Food & Nutrition	Other	Impact Metrics
Societal Influences				
Food Production				
Food Consumption				
Individual Psychology				
Individual Activity				
Activity Environment				
Biology				