

Tackling Childhood Obesity in Birmingham

A report from Overview & Scrutiny

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to tackle childhood obesity; and

(b) are aware that they have the p007 578.22 218.5hra 218.5.001 Tc 0.001 Tw 5 0 -3.353 -1.1Tc -0.a94e aware that

	<p>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.</p>		
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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.

that the rising rates of childhood obesity can be tackled successfully but achieving this will not be easy and it will undoubtedly take some time to halt and then reverse the rising trend.

- 1.1.5 The transfer of public health to the local authority has created an opportunity to provide the strong political and strategic leadership needed but tackling the problem will also require a range of approaches and interventions which need to be universal, as we have a citywide problem, and need to start early in life, when eating and activity patterns and preferences are being established.

1.2 What are the causes?

- 1.2.1 The causes of childhood obesity are complex, difficult to address and driven by a variety of factors such as changes in eating habits including the increased use of convenience food, more food being eaten outside the home and less food being cooked at home and a reduction in time and skills to prepare meals.
- 1.2.2 At the same time there has been a reduction in activity levels due to a number of reasons. A number of initiatives have been developed as part of the Be Active offer, which recognise the need to target solutions at families and to engage both families and communities in sport and physical activity (See Section 6).
- 1.2.3 The factors driving the epidemic of childhood obesity can be divided into three categories:
- x The environment encourages low physical effort and the fact that we have allowed unhealthy food options to proliferate at the expense of healthier options, especially near schools.
 - x We have adopted behaviour that complements our environment especially in relation to the foods we eat.
 - x We have developed few opportunities and provided limited encouragement for children to undertake enjoyable and appealing physical exercise or enjoy healthy food options, especially early in life.

1.3 Impact of unhealthy weight on child and adolescent health

- 1.3.1 Members were told in evidence from Birmingham Children's Hospital that:
- x Obese children have worse health, require more frequent medical care and have increased school illness absence compared to children with a normal weight.
 - x Although Type 2 diabetes usually presents in adulthood, we now see small but increasing presentations in children, of whom 95% are overweight (and 83% are obese).
 - x There is a growing evidence base that asthma and the severity of asthma are causally associated with BMI increase, particularly in early years.

prevalence is increasing in the most deprived areas. The increases are statistically significant in year 6 for boys and girls living in the most deprived 50% of areas.

- x Changes in obesity prevalence by ethnic group show that although white British boys in reception have seen a significant decrease between 2007/08 and 2011/12, at year 6

childhood obesity with the support of Dr Adrian Phillips, the Director of Public Health. Four working groups have been established which have different priorities aimed at implementing the strategy and supporting the development of joint working arrangements between key partners. These groups report on progress to the Childhood Obesity Steering Group.

1.6.4 The working groups are as follows:

- x The Schools and Early Years Obesity Group. Their priorities include connecting with schools and early years settings, developing a tool to allow schools and early years settings to demonstrate their contribution, supporting an in-8(.148 r/(h)s)-2(.4Td (Te)1(dal()1k5(

1.7.4 The Food Charter aims to transform the city's food culture with aspirations to take account of health, low income, sustainability, social and community cohesion and to maximise the contribution of food to the local economy. By signing up to the Charter, organisations which operate in the city will be demonstrating their support for that vision and agreeing to work together to make the vision a reality. The Charter is still currently in a draft form but it has been agreed that an independent, legally constituted Food Council will be set up to oversee the implementation of the Food Charter and it is hoped that the Food Council will be in place in the near future.

1.8 The approach taken by the Inquiry

1.8.1 We already know from the extensive work that has been carried out to inform the JSNA that we have a problem and what the scale of the problem is, so the approach taken by the Inquiry was

standards of behaviour during lunchtime. The engagement of parents in educational initiatives encouraging and promoting healthy lifestyle choices is a key factor in their success or otherwise. Food Net offer a range of support to schools, some of which are set out in paragraph 3.3.2.

2.1.3

over the course of a year, the average family spends £437 on school lunches per child. As part of the Government's Autumn Statement, it was reported that funding of £450m in 2014 -15 and £635m in 2015-16 would be made available to the Department of Education to fund this commitment. In addition, £150m of capital funding would be pledged to ensure that schools can build new kitchens or increase dining capacity where necessary.

2.3.2 The current take up of primary school meals in England is **46.3%**. The current primary school meal statistics show that the take up of primary school meals in Birmingham (Direct Services Schools where Cityserve operate, which is c87% of the Birmingham schools market) is **49.5%** (83% free meal take up and 36% paid meal take up) .

Members were told that, based on current figures of pupils in Key Stage (KS) 1 and assuming that

all eligible pupils at KS1 take school lunches (based on current figures of 70% of KS1 pupils in Birmingham) and that 10% of those are paid for, the current take up of school lunches in Birmingham is 70% x 10% = 7%.

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6. The school is a Forest School and each class works in one of the 4 garden areas twice a week. They use the Swedish model of taking the lessons outdoors regardless of weather and the children were working on making maps of Brazil during the visit. They also learn about nature and can climb trees and get involved in related rope work in the area.

7. The Forest Schools areas are also used f4(s)-2(t)1(S2d f4(s)-2(t)18 re W eo5481 ls)-8TúM9 Zöññ

in contact with an organisation such as a children's centre, some of which are run by the third sector or another third sector organisation which could better facilitate a family based approach , once an issue has been identified by a GP. (R06)

4.3 Working with NHS Trusts

4.3.1 NHS organisations are key stakeholders who have responsibilities to ensure that their services contribute to the Childhood Obesity Strategy. There are some interventions, such as the Children's Weight Management Programmes (previously described in 3.3.4) which are provided by Birmingham Community Healthcare Trust, which are better delivered in a general practice or community setting such as children's centres rather than by a large hospital with whom families only have sporadic contact. It also needs to be recognised that when a child has been admitted to hospital it may not be the right time to bring about a change in dietary habits.

4.3.2 The role of NHS trusts

- x Children and young people should be encouraged to increase their physical activity and to reduce sedentary behaviours;
- x Interventions focussed solely on dietary modification are not recommended. Drug treatment is not generally recommended for children at younger than 12 years; where used it should be managed by specialist centres. Surgical intervention should be considered only in extreme, exceptional cases.

4.4 Birmingham Children's Hospital : An asset based approach

- 4.4.1 Birmingham Children's Hospital (BCH) have a vision '*to become the leading provider of Children's Healthcare in the UK, delivering a full range of local, specialised and highly specialised services, in a hospital without walls or limits*' which identifies its responsibility as a stakeholder in the wider health and wellbeing of children, with a commitment to work beyond its walls with others

4.5 Next Steps

- 4.5.1 The evidence presented by BCH described opportunities for BCH to contribute further to support action on childhood obesity. They have already made a start on some initiatives such as updating their health and wellbeing strategy and introducing an intervention to increase stair usage within the trust. The BCH Trust board have already approved the development of a new stair usage intervention.

5.2 Understanding current delivery

- 5.2.1 We heard from Lisa Martinali, Third Sector Assembly Champion for the Children and Young People Network. In terms of highlighting examples of good practice, she spoke about the 'Our Place' pilot scheme which took place in Castle Vale. Work undertaken over the past years in that area has meant life expectancy has increased by 5 years.
- 5.2.2 Lisa Martinali also spoke about understanding current delivery, not just those agencies which are commissioned directly by Birmingham City Council, as there are many other organisations that secure funding from elsewhere to deliver a health and wellbeing agenda for children and young people. Lisa spoke about communication across the sector and highlighted the work undertaken by BVSC and the Children and Young People representatives in communicating information and also receiving items from the sector to respond to, in order to enable sector engagement and to influence strategy and policy.

6.2 Active Parks Pilot

6.2.1

6.4.3 In addition there is the Streetgames – Fizzical Programme which is designed to encourage and support participation in young people aged 8-14 who are inactive. This was originally commissioned by the NHS to help inactive and overweight children to get active. The programme is now commissioned as part of the Be Active scheme.

6.5 Next Steps

6.5.1 Much excellent work is already being done in this area which needs to be supported and facilitated to be continued and eTT170 -1(i)-001 Tc 1531(s Td4[(h)(e)1o-7(ee)-2(n)-1(Td3[(ppo)-4(h1(r)-(c)-5(n))h-

8 Planning

8.1 Obesogenic Environment Group

8.1.1 One of the four working groups which have been established to support the implementation of the Childhood Obesity Strategy is the Obesogenic Environment Delivery Group. Membership of the Obesogenic Environment Delivery Group comprises Centro, Sustrans, Birmingham Open Spaces Forum, NHS area team, a Clinical Commissioning Group representative, West Midlands Police, representatives from BCC including planning and regeneration, climate change and environment, the parks service, housing, planning strategy, transportation policy, public health, environmental health and regulation. The aim is to create an environment that promotes health

terms. Therefore, the greatest impact Birmingham could have on reducing obesity through the planning process would be through strong lobbying to provide specific policy guidance that allows us to refuse inappropriate schemes on health grounds.

8.3 Birmingham Development Plan 2031

8.3.1 The group have set themselves a number of actions, one of which included strengthening the health policy content in the draft Birmingham Development Plan

- x Housing quality
- x Access to healthcare services and other social infrastructure
- x Access to open space and nature
- x Air quality, noise and neighbourhood amenity
- x Accessibility and active travel
- x Crime reduction and community safety
- x Access to healthy food
- x Access to work and training
- x Social Cohesion and lifetime neighbourhoods
- x Minimising the use of resources
- x Climate Change.

8.5 Using our influence

8.5.1

