Title of paper:	A Whole System Approach to Childhood Obesity for Nottingham City	
Report to:	Children's Partnership Board	
Date:	3rd October 2018	
Relevant Director:	Alison Michalska	**Wards affected:** All
Contact Officer(s) and contact details:	Dr David Johns David.Johns@nottinghamcity.gov.uk	
Other officers who have provided input:	N/A	

Relevant Children and Young People's Plan (CYPP) priority:	
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.	X
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.	X
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.	X
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.	☐

Summary of issues (including benefits to customers/service users):

Childhood obesity rates have seen little change over the last decade with, in recent years, an increase in the prevalence of children with excess weight in both Reception and Year 6. In Nottingham, 1 in 4 children start primary school overweight or obese. This number rises during school years such that 40% of all Nottingham city children are overweight or obese by the time they leave primary school.

The issues of excess weight in children is complex with many drivers ranging from environment and individual behaviour to genetics. Tackling rising rates of childhood obesity is a challenge. However, it is not an impossible task and one that requires a system response.

This paper outlines how a co-ordinated system response could be established.

Recommendations:

1	Acknowledge the content of the report and the need for a system wide approach to reducing the prevalence of childhood obesity.
2	Support (and attend) the initial exploration of a whole system approach for 'Eating and Moving for Health'.
3	Create a multi-disciplinary working group to lead on a whole system approach going forward.

1 BACKGROUND AND PROPOSALS

Childhood obesity rates have seen little change over the last decade with, in recent years, an increase in the prevalence of children with excess weight in both Reception and Year 6. In Nottingham, 1 in 4 children start primary school overweight or obese. This number rises during school years such that 40% of all Nottingham city children are overweight or obese by the time they leave primary school.

As seen nationally, the poorest areas of Nottingham have a higher prevalence of obesity than the richest. Nationally, this gap between the poorest and richest in society is increasing; further compounding the broader issue of health inequalities.

Nottingham City Council commissions a small Public Health Nutrition service within the 0-19 Children service specification focused on brief intervention and support for weight management, alongside breast feeding peer-support and healthy weaning initiatives. Small Steps Big Changes (SSBC) also offer an additional range of support to families. However, the true activity conducted by the whole system is largely unknown and not currently co-ordinated.

The issues of excess weight in children is complex with many drivers ranging from environment and individual behaviour to genetics. The latter factor is responsible for only a small part of the overall risk; however, genetics can play a role in how resilient people are to an environment that favours weight gain.

Tackling rising rates of childhood obesity is a challenge. However, it is not an impossible task and one that requires a system response.

A framework for a whole system approach

a) Changing the conversation (Locally)

Our conversations currently focus on childhood obesity. This is a broad and complex issue meaning the conversation is often reduced to discussion of the scale of the problem and how to change individual's behaviour. This limits positive discussion about the breadth of action and may have the unintended consequence of stigmatising obesity.

The prevalence of childhood obesity is a system level metric which may seem distant and 'too big an issue' to those working in communities looking to try new initiatives. Encouraging those on the front-line to consider how they can play a role in '*Eating and Moving for Health'* changes this conversation and opens it up to consider: excess weight, physical inactivity, malnutrition, and holiday hunger. These issues do not exist in isolation but often have overlapping barriers and environmental cues.

b) Leadership (National)

The Childhood Obesity Plan was published in 2016. Its lead proposals challenged industry to cut the sugar in family shopping baskets by 5% and introduced the soft drinks industry levy (Sugar tax). However, it was poorly received and criticised for its narrow focus and lack of action across range of areas.

As a result of this criticism; a report by the Health Select Committee; and the news that voluntary, industry reductions were not happening at the pace expected, the Childhood Obesity Plan: Part 2 was published this year. This offers a more comprehensive plan and sets a concrete ambition:

"We are setting a national ambition to halve childhood obesity & significantly reduce the gap in obesity between children from the most and least deprived areas by 2030."

It identifies new actions linked to sugary drinks; industry calorie reductions; advertising and promotion of high fat, sugar and salt products; ambitions for the school environment and a challenge to local authorities.

"Each local authority already has a range of powers to find local solutions to their own level of childhood obesity but while some are already taking bold action, others are not"

There remains a lack of consideration to early years and focuses on weight rather than improving nutrition for all. Furthermore, much of the proposed action is '*to be consulted on in 2018'*. This offers local organisations the opportunity to contribute to the consultations and ensure the plan results in action.

c) Leadership (Local)

We can no longer just commission our way out of childhood obesity. The commissioning of new or existing services is only one part of the jigsaw, our thinking should consider broader and more creative ideas. Local leadership is needed to create the opportunity and provide permission to define the problem; explore its causes within the local system; and identify opportunities to disrupt these.

One of the challenges of a whole system approach and common barriers is the struggle to measure impact in the short term. It is not possible to count what is not happening and even harder to attribute it to a specific action. A whole system approach requires a new way of evaluating our actions and for leadership to acknowledge that our approach will continually evolve and use a range of measures, not just obesity prevalence, to identify successes in the short to mid-term.

d) Understand the issues and map the local system

This phase is about collective working. Stakeholders from across the system are brought together to create a map of the local causes of obesity in their area and identify and prioritise areas of action. This mapping process is important to the whole system approach - it allows stakeholders to recognise their role in the system and how they can contribute.

This process highlights duplication; how resources/funding may be collectively re-orientated to benefit communities; and how partners can establish a common identity to ensure their actions are aligned and working in the same direction.

Often we are guilty of thinking research and evidence has all the answers. Yet, despite having data that allows us to describe the scale of the issue, a richer, local picture is often painted by listening to the experiences of those working across the system at various levels as well as people in the local communities. These stories can often tell us about the true obstacles in citizen's lives and where meaningful impact can be made.

Public Health England are in the process of creating resources to help facilitate this process. Nottingham City Council is being given early access to review these materials over the next few months. In addition, whole system approaches for physical activity and adult obesity are under consideration locally; including a Sport England funding bid. There are therefore opportunities to connect these various pieces of work.

Academics have produced a variety of system maps with national experts. The detail of these maps; the possible actions identified; and priorities differ to each other and what we, in Nottingham, may produce. However, common themes are emerging which can help us ensure we have the right skill-set in each workshop (see Appendix A).

e) Action planning

After mapping the local system, we will bring stakeholders together again to prioritise areas to intervene in the local system and propose collaborative and aligned actions. This process will allow us to describe the system's efforts and align it action. This process will also outline timeframes and the anticipated short, medium and long-term outcomes.

f) Moving forward

The creation of a system map should be just the beginning. A multi-sector working group should be established to maintain a shared aspiration and co-ordinate the resulting suite of actions. This group should ensure the system remains dynamic with continuous co-creation, evaluation and adaptation of its actions to suit the needs of the Nottingham City population. The group should also re-visit the system map to see the additional and unexpected impacts across the system.

2 RISKS

Not undertaking the activity – current commissioned services are primarily focused on those with excess weight. They provide a range of skills to families and lead to positive changes in behaviour. However, they face an uphill battle both in addressing the scale of the issue and equipping families against an environment that continues to be primed towards poor nutrition and physical inactivity.

Other actions across the system including the voluntary sector work will continue to take place as present without co-ordination. Childhood obesity rates are likely to remain unchanged or continue to increase.

Undertaking the action – The main risk is that stakeholders are unwilling to engage in the process and the resulting system map does not provide a foundation for future action. As a result, childhood obesity rates would be unlikely to improve.

3 FINANCIAL IMPLICATIONS

- There is a time implication for staff at various levels of member organisations to attend workshops.
- Workshops will be run in-house with support from existing voluntary sector networks and forums.
- The cost of any public engagement is unknown and would need to be considered in the future.
- The goal of a whole system approach is to identify duplication, new ways of working and use existing resources where possible.

4 LEGAL IMPLICATIONS

None.

5 CLIENT GROUP

Children and young people
Families and carers
Stakeholders

6 IMPACT ON EQUALITIES ISSUES

Poor nutrition and physical inactivity resulting in excess weight are most prevalent in the poorest areas of the city and in the Black ethnic group. Other differences between ethnic groups are seen, but with limited data, cannot be confirmed as being 'true' differences.

The system map would consider the barriers faced by all Nottingham City children; however, it would inevitably focus on those groups above, their circumstances and the environments they live in.

7 OUTCOMES AND PRIORITIES AFFECTED

This work is primarily focused on **'Promoting the health and wellbeing of babies, children and young people'**; however, its positive consequences both intended and unintended will likely crossover into other priority areas.

David Johns MPH, PhD, RD
Specialty Registrar in Public Health
Email: david.johns@nottinghamcity.gov.uk