



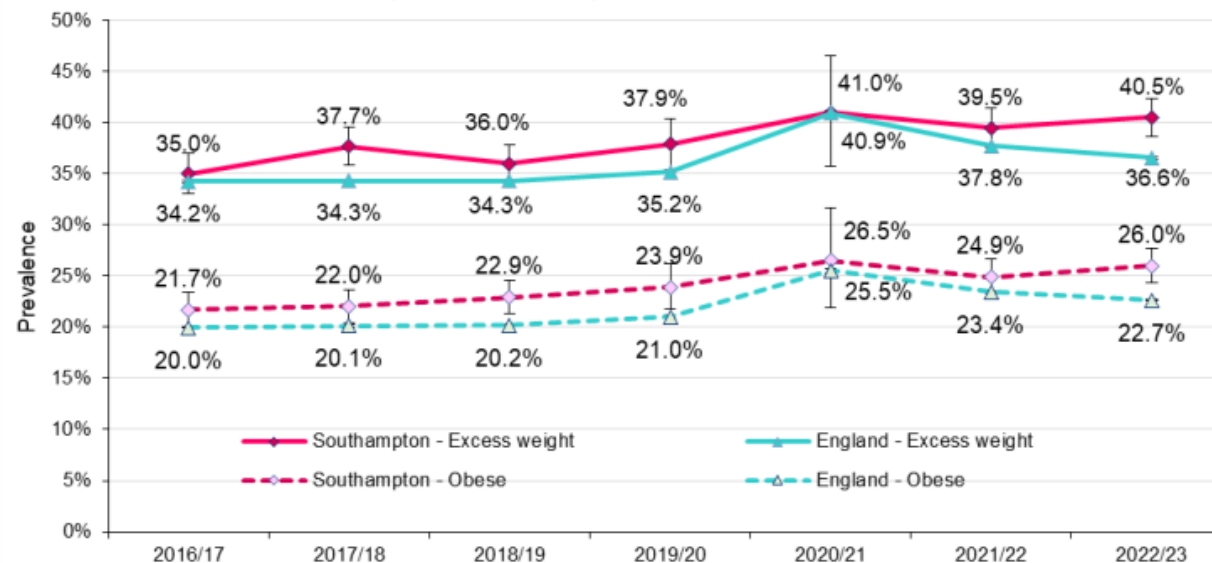
Tackling Childhood Obesity in Southampton
A Whole Systems Approach

Developing the strategic intent



Year 6 overweight and obesity prevalence in Southampton

Year 6 Obesity and Excess Weight Southampton and England trend: 2016/17 to 2022/23



Source: NHS Digital NCMP Enhanced data sets 2016/17 to 2021/22 with 95% Confidence Intervals (Wilson), 2022/23 data via NHS Digital Table 3a_6



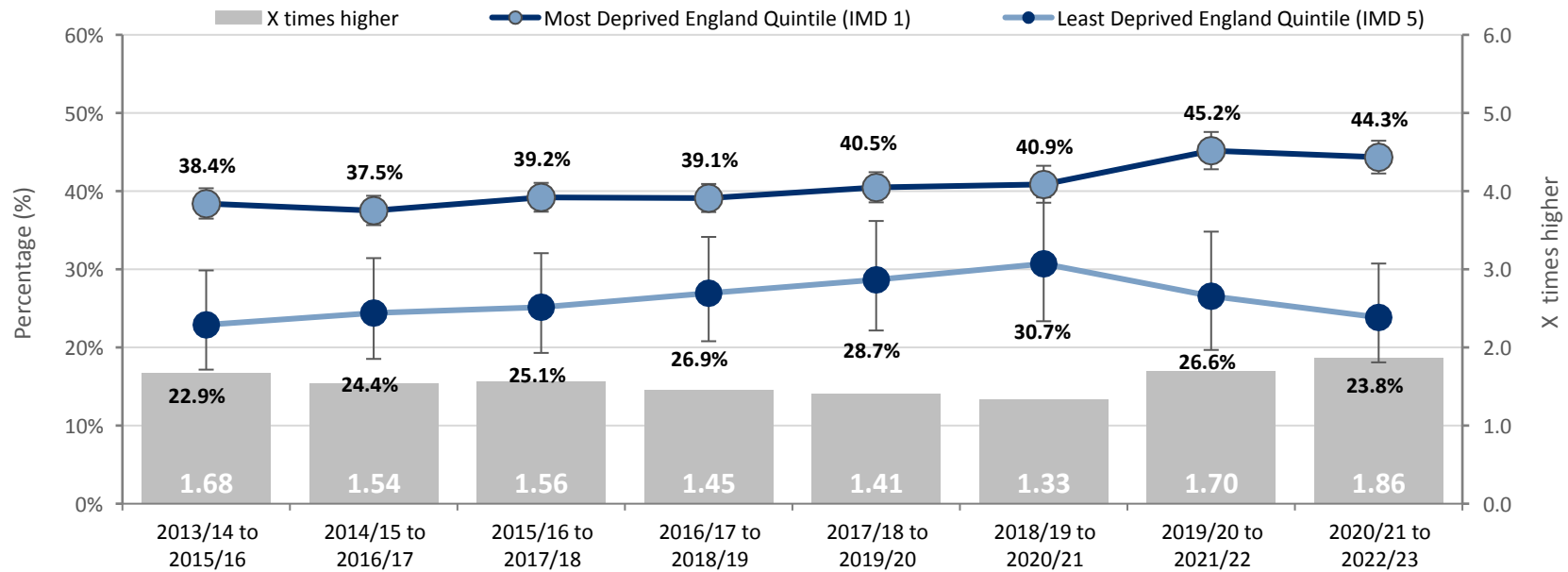
NCMP measurements in 2019/20 and 2020/21 were disrupted by the COVID-19 pandemic. 2021/22 NCMP was the first data collection since the COVID-19 pandemic that was unaffected by school closures and other public health measures.

2022/23 England - Year 6:	Obese 22.7%	Excess Weight 36.6%
Southampton - Year 6:	Obese 26.0%	Excess Weight 40.5%



Year 6 overweight and obesity prevalence in Southampton

Percentage of children considered to be overweight (incl. obese) in Year 6
Inequalities Trend - Most Vs Least Deprived IMD England Quintiles (IMD 2019):
2013/14-15/16 to 2021/20-22/23 (pooled)



Sources: the National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital – Lifestyle Statistics (data for 2013/14 onwards)

Scrutiny Inquiry recommendations

Whole systems approach

Local Authority
Declaration on Healthy
Weight (contracts, events,
marketing, concessions)

Scale up Healthy Settings
Awards,
HEYA, Healthy High-5,
(Healthy Schools Website),
Free school meals

Support schools provide
healthier food, provide
longer lunch breaks
develop toolkits. Increase
Free school meals uptake

City Vision, reduce
proliferation of hot-food
takeaways

Food environment,
intelligence, data mapping

Develop a vision for
Leisure

Governance and oversight

Become a sustainable food
place

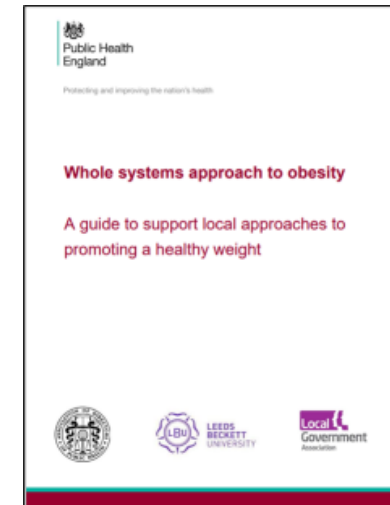
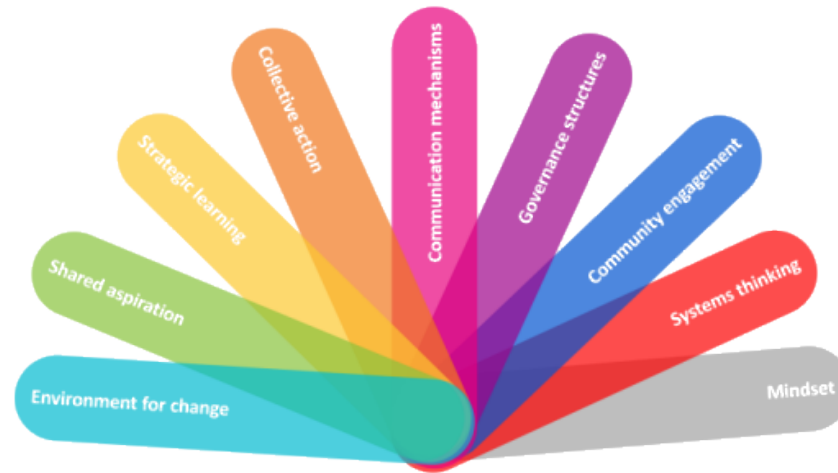
Learn lessons from HENRY

Develop the evidence-
base and engage with
academia

Healthy Food award for
retailers

What we did

- We aspired to **identify system behaviours we could influence** to continually reduce levels city-wide of childhood obesity.
- To this end, we **held thirteen workshops** with the teams listed below. We are **making plans to engage with additional colleagues**, including the senior leadership team.
 - Community COVID Champions
 - Children and young people
 - Transport
 - Green Spaces
 - Communities
 - School Nursing
 - Housing
 - Early Years
 - Planning
 - Communications
 - Public Health



Local themes

We identified several themes or drivers, listed below, that contribute to rates of childhood obesity.

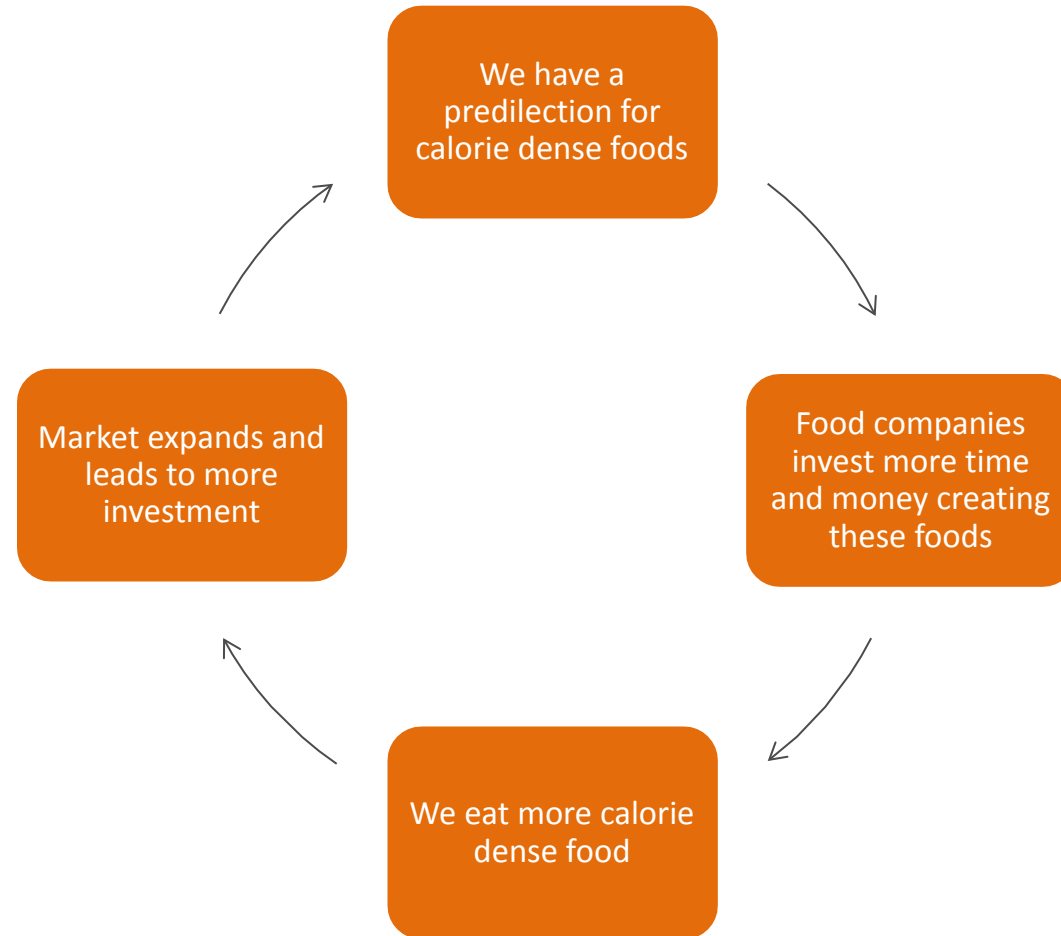
- 1. Time and resource poor families**
- 2. Mixed signals** (national, community, local)
- 3. Public spaces are perceived as unsafe, unpleasant and off limits**
- 4. Local policies with competing priorities** that don't support a healthy weight environment

A national example

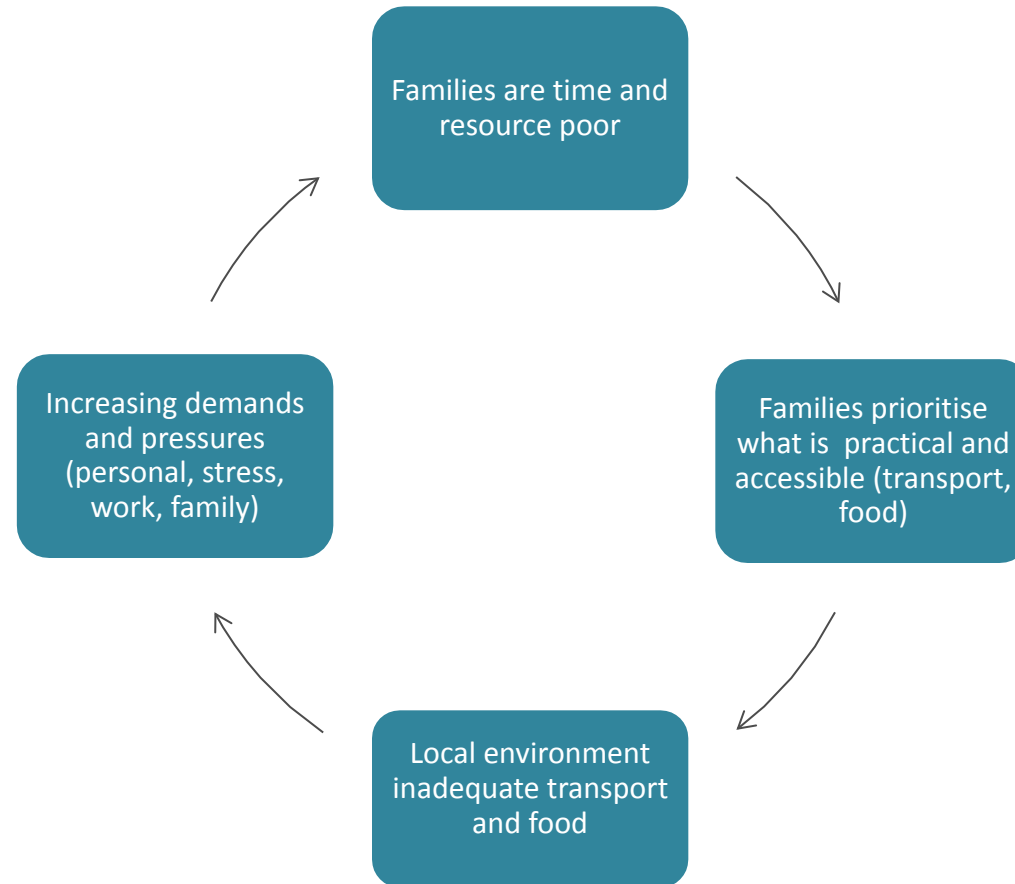
We have become stuck in a reinforcing feedback loop – a vicious circle, **the junk food cycle**

The government has intervened using:

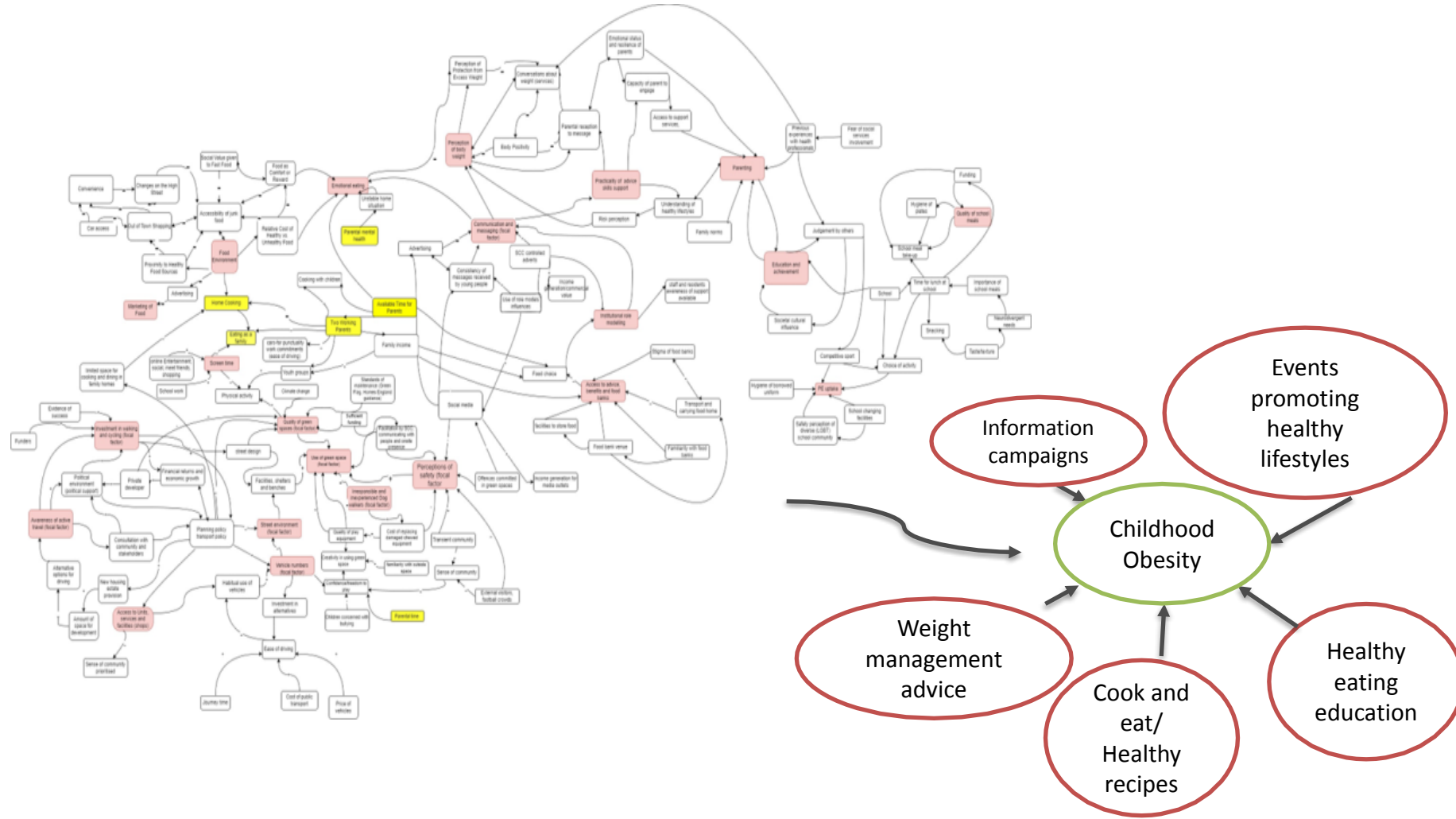
- Soft drinks industry levy
- HFSS (high fat, sugar, salt) product placement legislation
- HFSS price promotion (delayed legislation)
- Ban on online and TV HFSS advertising (legislation delayed)
- The government's voluntary sugar reduction programme voluntarily reduce sugar by 20% by 2020 in the food that contribute most to the intakes of children aged up to 18 years.



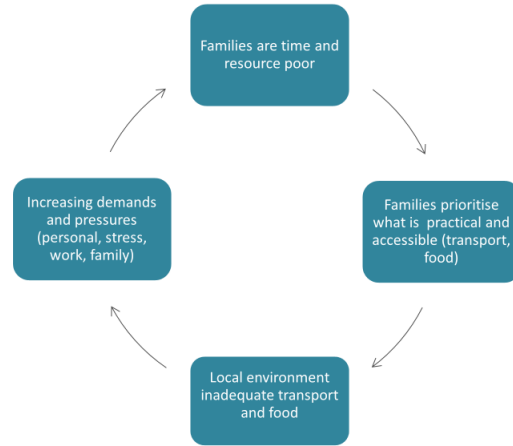
1. Time and resource poor families



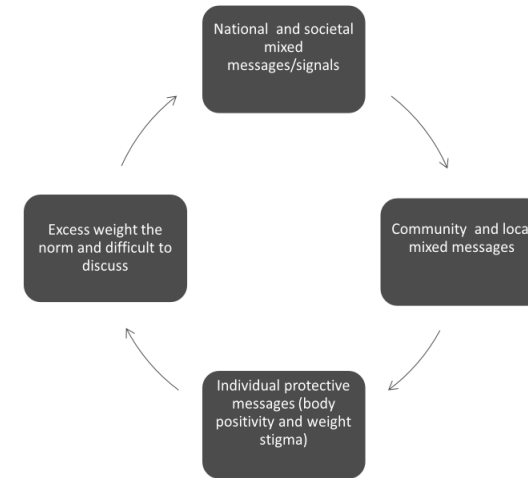
We deal with the symptom and not the causes...



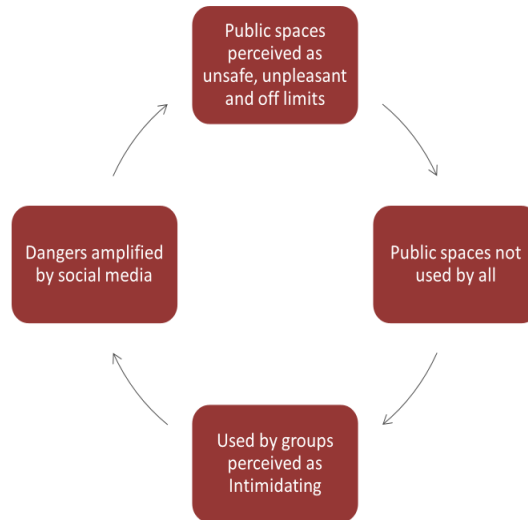
1. Time and resource poor families



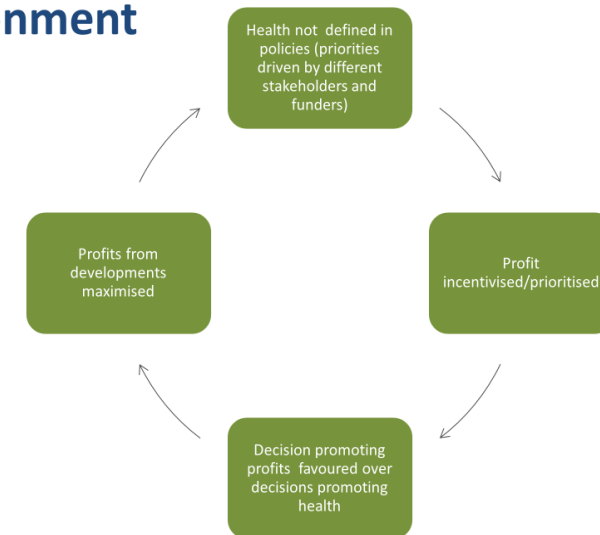
2. Mixed signals, national, local and individual level



3. Public places perceived as unsafe, unpleasant and off limits



4. LA policies , competing priorities support the status quo and not a healthy weight environment



Intervening-counterintuitive



Intent- (values, world view), paradigm, goals (people don't usually know system goals). **Changed by those in power and articulating what is wrong with the system**



Design- (structures) – rules, self-organisation, information flows. **Change it by legislation, policy, getting data/information to decision-makers.** Who designs those rules and their intent?



Feedback- (interactions in system)- feedback loops, delays. Monitoring, (balancing feedback) thermostats and reinforcing feedback loops (lead to erosion)
Strengthen what works and weaken what doesn't.



Materials- (usual interventions **least likely to change the system**)- stocks/flows, buffers. Standards, campaigns, training

Health and Wellbeing Board feedback

1. Time and Resource poor families

Intent

A city where families have sufficient time and resource to live well

2. Mixed signals at national, community and individual level

Intent

A city where messages people get from their surroundings are supportive of a healthy and happy life

3. Public spaces are perceived as unsafe, unpleasant and off limits

Intent

Public spaces are (feel) safe, enjoyable and welcome residents and visitors

4. Local policies with competing priorities that don't support a healthy weight environment

Intent

All local policies and decisions support a health promoting environment

System Intent developed with Child Friendly Board subgroup (Early Years Prevention and Early Intervention)

Leverage points in a complex system

*“Systems cannot be controlled, they can be designed and re-designed”
(Meadows, 2009)*

*“One should not try to cure the symptoms: and therefore, one should try to settle the problem on as high a level as possible”
(Rittel and Webber, 1973)*

Reinforcing feedback loops have an amplifying effect, the leverage point is slowing the growth (Meadows 2009)

“Leverage points are frequently not intuitive” (Meadows, 2009)

Recommendations

1. **HWB, Child Friendly Board and the Safe City Partnership are asked to:**
 - a. **Communicate** actively engage **with other system leaders to communicate the drivers of childhood obesity** and agree refine and **embed the four intents** for system change within their plans
 - b. **Feedback** ask for **feedback from other sectors and directorates** contribute to governance and oversight for collective actions across sectors/directorates and embedding accountability for the **four key drivers identified for childhood obesity**
 - c. **Monitor progress** Provide governance for **existing stakeholder groups** to monitor progress on tackling the four drivers of childhood obesity

At an **operational level** continue to communicate the drivers to all partners and gather evidence of more aligned policies/actions. Update system leaders.

