
HEALTH AND WELLBEING BOARD
MINUTES OF THE MEETING HELD ON 24 JULY 2024

Present: Councillors Finn (Chair), Houghton, Laurent, McManus and Winning Suki Sitaram, Debbie Chase, Robert Henderson, Dr Sarah Young (Vice-Chair), James House, Dr Michael Roe and Claire Edgar

1. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

It was noted that Councillors Finn, Houghton, Laurent, McManus and Winning had been appointed to the board for the 2024-25 municipal year by the Council.

2. **ELECTION OF VICE-CHAIR**

RESOLVED that Dr Sarah Young be elected as Vice-Chair for the Municipal Year 2024/25.

3. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

It was noted that Suki Sitaram had given her apologies for the meeting on 13 March 2024 and that Kevin Allen had attended the meeting as a substitute representative of Healthwatch.

RESOLVED that the minutes of the Board meeting on 13 March 2024 be approved and signed as a correct record, subject to the amendments noted above.

4. **CHILDHOOD OBESITY - WHOLE SYSTEM APPROACH**

The Board considered the report of the Cabinet Member for Adults & Health which outlined the whole system approach to reducing childhood obesity and recommended that the Board adopted a whole system approach for childhood obesity and provided systems leadership through communication; requesting feedback from other sectors and directorates; and monitoring progress.

Ravita Taheem, Senior Public Health Practitioner, Southampton City Council; Doctor Karen Malone, GP and Clinical Director at Southampton Integrated Care Board; Rob Kurn, Chief Executive Officer Southampton Voluntary Services; Councillor Kataria, Cabinet Member for Compliance and Leisure; and Councillor Bogle, Cabinet Member for Economic Development; were in attendance and with the consent of the Chair addressed the meeting.

The Board noted that the strategy identified four key drivers of childhood obesity in Southampton:

1. Time and resource poor families
2. Mixed signals
3. Public spaces are perceived a unsafe, unpleasant and off-limits
4. Local polices with competing priorities

In discussion the board noted the following:

- Systems are made of their interactive parts and together they interact and produce the output
- Interventions to date try to address the output of childhood obesity but do not address the system or any elements of the system that causes childhood obesity in the first place
- The system can only be changed by those in power, underneath that is the system design the structure the needs to be put in place to fulfil the system intent, and the next level is system feedback which is about strengthening what works and trying to slow down what doesn't work.
- Action was needed at all levels to try to change the causes and drivers of childhood obesity and not just to solve the symptom of childhood obesity.
- Coventry Council were also interested in the whole systems approach to reducing childhood obesity
- The whole system approach steps away from blaming the individual and says the outcome we have on childhood obesity is due to the systems that surround communities

RESOLVED that the Board would adopt a systems approach where the sectoral and organisational leaders on the Board, with input from the Child Friendly Board and the Safe City Partnership, would collaborate across sectors and directorates to prioritise, refine, monitor and embed activities and policies to tackle the causes of childhood obesity and that the Board would request regular progress updates on how the key drivers are being incorporated in the workplan and activities of key groups and boards.

5. **#BEEWELL PROGRAMME - KEY FINDINGS**

The Board considered the report of the Director of Public Health outlining the key findings from the young people's wellbeing programme #BeeWell.

Natalie Madden, #BeeWell Programme Manager; Phil Lovegrove, Service Development Officer, Integrated Commissioning Unit, NHS Southampton CCG; Doctor Karen Malone, GP and Clinical Director at Southampton Integrated Care Board; Rob Kurn, Chief Executive Officer, Southampton Voluntary Services; were present and with the consent of the chair addressed the Board.

In discussion it was noted that:

- The information collected through the survey was self-reported information, that was provided through the schools that participated in the survey. In local areas where the information collected was considered to be representative of the local population schools and partners had responded quickly to the data and collaborated on making a difference to the health outcomes identified as areas to focus on improvement.
- Key issues highlighted included loneliness, vaping, discrimination, harassment and violent crime.

RESOLVED that the findings of the #BeeWell survey would be used in context with other data sources to identify opportunities to work collaboratively across the whole system to improve young people's health and wellbeing.