

<b>DECISION-MAKER:</b>	Health & Wellbeing Board
<b>SUBJECT:</b>	Update on the whole systems approach to childhood obesity
<b>DATE OF DECISION:</b>	24 July 2024
<b>REPORT OF:</b>	<b>COUNCILLOR MARIE FINN CABINET MEMBER FOR ADULTS &amp; HEALTH</b>

<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>
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N/a
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<b>BRIEF SUMMARY</b>
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<p>Childhood obesity has multiple causes with implications for health and society. It particularly affects those living in the most deprived areas and locally inequalities in childhood obesity have been increasing. No one single solution exists and a system-wide approach that works across the life course has been recommended for local authorities.</p>
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<b>RECOMMENDATIONS:</b>
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	(i)	To note the contents of this report as an update on the whole system approach to childhood obesity.
	(ii)	<p>This proposal recommends the whole system approach for childhood obesity has systems leadership as follows:</p> <ol style="list-style-type: none"> <li>1. HWB to: <ol style="list-style-type: none"> <li>a. <b>Communication</b> Provide strategic leadership for childhood obesity and 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</li> <li>b. <b>Request feedback from other sectors and directorates</b> Contribute to governance and oversight for collective actions across sectors/directorates by embedding accountability for the four key drivers identified for childhood obesity</li> <li>c. <b>Monitor progress</b> Provide governance for existing stakeholder groups by monitoring progress on tackling the four drivers of childhood obesity</li> </ol> </li> </ol>

<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	Tackling childhood obesity is a strategic priority
2.	Whole system leadership is required to contend with the system level drivers of childhood obesity
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
3.	N/a
<b>DETAIL (Including consultation carried out)</b>	
4.	<p>Obesity is a complex problem with multiple causes and implications for health and beyond. It particularly affects those living in the most deprived areas. There is no one single solution and a long-term, system-wide approach that works across the life course has been recommended for local authorities.</p> <p>Whole systems working has been described as an 'ongoing flexible approach by a broad range of stakeholders to identify and understand current public issues where working together can lead to sustainable change' (Adapted from <a href="#">Background on the Whole system approach</a>).</p> <p>Taking a whole systems approach was one of 16 recommendations from the 2020 Scrutiny Inquiry into Tackling Childhood Obesity. Since 2022 the Council's Public Health team have led on developing the whole systems approach locally.</p>
5.	<p>The majority of adults in England are overweight or obese, and children are on the same trajectory. The National Child Measurement Programme is one of the five mandated Public Health functions. The programme has been running since 2006 and it measures the height and weight of children aged 4-5 years when they start primary school (Year R) and in their final year of primary school (Year 6).</p> <p>The latest data 2022-23 shows that in Southampton in Year R 22.5% children (England 21.3%) were living with overweight or obesity and 9.5% (9.2% England) were living with obesity. In the same time frame in Year 6, 40.5% children (England 36.6%) were living with overweight or obesity and 26.0% (England 22.7%) were living with obesity.</p> <p>The gap in rates of overweight and obesity between Year 6 children living in the most deprived areas (44.3%) and least deprived areas (23.8%) has been growing. The Year 6 rate of overweight and obesity in Southampton's most deprived quintile was 1.86 times higher than the least deprived quintile.</p>
6.	<p>The whole systems approach project involved running a series of workshops with internal Council teams, external teams and communities including young people. The programme was developed using the guide produced by Public Health England (functions now part of the Office for Health Improvement and Disparities (OHID)). The workshops involved a series of activities to encourage participants to discuss and map the factors that cause obesity in Southampton and explore what could be done to address these drivers.</p> <p>The workshops were undertaken with a number of teams including Transport, Housing, Early Years, Green Spaces as well as Community COVID Champions and children and young people. The mapping allowed groups to form a collective understanding of the issue and the many interrelated and complex local causes of childhood obesity.</p>

7.	<p>Complex systems are described as made up of numerous interacting parts, they are dynamic, self-organising and resilient to change. Crucially they are underpinned by reinforcing feedback loops which are notoriously difficult to reverse. Obesity is understood to be a symptom (or an output) of a complex system. Over time interventions have been targeted to deal with obesity (the symptom) rather than the system that causes the issue.</p> <p>The whole systems approach workshops pinpointed the ‘causes of the causes’ of obesity. These were identified as the reinforcing feedback loops that drive the local system. These have been refined to four key drivers of childhood obesity in Southampton:</p> <ol style="list-style-type: none"> <li>1. <b>Time and resource poor families</b></li> <li>2. <b>Mixed signals</b> (national, community, local level)</li> <li>3. <b>Public spaces are perceived as unsafe, unpleasant and off-limits</b></li> <li>4. <b>Local policies with competing priorities</b> that don’t support a healthy weight environment</li> </ol>
8.	<p>Applying a whole systems approach requires a long-term commitment from a broad-range of senior stakeholders in a position to intervene at a system level. Intervening in a complex system is understood to be counterintuitive, however a framework taken from the academic literature describes four main leverage points at which to intervene to change a system (below). It is now clear that most of the interventions and activity traditionally targeted at childhood obesity is limited to System Material level, which deals with the symptom and not the system which has caused the issue:</p> <ul style="list-style-type: none"> <li>• <b>System Intent-</b> (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</li> <li>• <b>System Design-</b> (structures) – rules, self-organisation, information flows. Change it by legislation, policy, getting data/information to decision-makers. Who designs those rules and their intent?</li> <li>• <b>System Feedback-</b> (interactions in system)- slowing down the feedback loops, (balancing feedback e.g. thermostats)</li> </ul> <p><b>System Materials-</b> (usual interventions least likely to change the system)- stocks/flows, buffers. Standards, campaigns, training</p>
9.	<p>The whole systems work was presented to the Health and Wellbeing Board Development session in January. The Health and Wellbeing Board recommended developing a set of ‘System Intents’ that could address the challenges identified. These were developed with a Child Friendly Board subgroup (the Early Years Prevention and Early Intervention subgroup).</p> <ul style="list-style-type: none"> <li>• To address <b>Time and Resource poor families</b> <b>Intent</b> A city where families have sufficient time and resource to live well</li> <li>• To address <b>Mixed signals at national, community and individual level</b> <b>Intent</b> A city where messages people get from their surroundings are supportive of a healthy and happy life</li> <li>• To address <b>Public spaces are perceived as unsafe, unpleasant and off limits</b></li> </ul>

	<p><b>Intent</b> Public spaces are (feel) safe, enjoyable and welcome residents and visitors</p> <ul style="list-style-type: none"> <li>To address <b>Local policies with competing priorities that don't support a healthy weight environment</b></li> </ul> <p><b>Intent</b> All local policies and decisions support a health promoting environment</p>
10.	<p>The whole systems work and the key drivers of childhood obesity have been shared with internal and external colleagues and communities. Interestingly the drivers are no surprise and are recognised as key challenges in the system across council functions and externally. Different council functions also have plans in place to address these drivers. However, plans may not be aligned to a common strategic intent and therefore some policies/interventions are dormant or misaligned. There are missed opportunities to identify collective actions to align with an agreed strategic intent to address the challenges outlined above.</p>
11.	<p>The whole systems approach guide recommends the development of a stakeholder group to steer local actions. However, in Southampton a number of groups already exist to support a range of activities on the ground, for example the Healthy Sustainable Schools Alliance, the Physical Activity Alliance, the Early Years Prevention and Early Interventions subgroup, a new Food Partnership group is being developed and the Childhood Obesity task and finish group. All are crucial to drive their topic focussed priorities. However, a systems approach calls for system level leadership with cross-departmental and cross-directorate relationships to ensure positive changes towards shared goals and through creating a culture where systems approaches can flourish.</p> <p>The literature on systems thinking suggests that one way to change the 'system intent' is to consistently point out the challenges in the system. A systems approach where sectoral and organisational leaders in the HWB, with input from the Child Friendly Board and the Safe City Partnership in their capacity collaborate across sectors and directorates to consistently point out the four system drivers of childhood obesity and jointly prioritise, refine, monitor and embed activities and policies to tackle the issue is recommended. This could be achieved through HWB requesting regular progress updates on how the drivers are bring incorporated in the workplans and activities of key groups and boards. This proposal moves beyond the guide developed by Public Health England and recommends the approach has systems level leadership as follows</p> <ol style="list-style-type: none"> <li>1. HWB to:       <ol style="list-style-type: none"> <li>a. <b>Communication</b> Provide strategic leadership for childhood obesity and 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</li> <li>b. <b>Request feedback from other sectors and directorates</b> Contribute to governance and oversight for collective actions across sectors/directorates by embedding accountability through requesting feedback on how the four key drivers identified for childhood obesity are being addressed</li> </ol> </li> </ol>

	c. <b>Monitor progress</b> Provide governance for existing stakeholder groups by monitoring their progress on tackling the four drivers of childhood obesity
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
	N/a
<b><u>Property/Other</u></b>	
	N/a
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
	N/aHealth and Social Care Act 2012 <b>the Act gives local authorities the responsibility for improving the health of their local populations.</b>
<b><u>Other Legal Implications:</u></b>	
	N/aSection 149 Equality Act 2010 obliges public authorities to have due regard to the need to advance equality of opportunity between people who share a protected characteristic and those who do not
<b>RISK MANAGEMENT IMPLICATIONS</b>	
	None
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
	Corporate Plan, Children and Young Peoples Strategy, Health and Wellbeing Strategy

<b>KEY DECISION?</b>	<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	All
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	PowerPoint presentation to Board on 24 July 2024
<b>Documents In Members' Rooms</b>	
1.	None.
<b>Equality Impact Assessment</b>	
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>	<b>No</b>
<b>Data Protection Impact Assessment</b>	
<b>Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.</b>	<b>No</b>
<b>Other Background Documents</b>	
<b>Other Background documents available for inspection at:</b>	

<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>	
1.		
2.		