

Cabinet Meeting

16 September 2015

Report title	Obesity Call to Action: Action Plan	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Sandra Samuels Public Health and Wellbeing	
Key decision	No	
In forward plan	Yes	
Wards affected	All	
Accountable director	Ros Jervis, Public Health and Well Being	
Originating service	Public Health	
Accountable employee(s)	Ros Jervis Tel Email	Director of Public Health and Well being 01902 551372 ros.jervis@wolverhampton.gov.uk
Report to be/has been considered by	Strategic Executive Board Health and Well Being Board	1 September 2015 29 July 2015

Recommendation(s) for action or decision:

The Cabinet is recommended to:

Support the whole systems approach being taken and endorse the draft action plan

1.0 Purpose

- 1.1 The purpose of this report is to update Cabinet in relation to progress made for the Obesity Call to Action and Support the whole systems approach being taken and endorse the draft action plan

2.0 Background

- 2.1 The serious health issue that obesity presents for the health of the city and that rates of excess weight in Wolverhampton are significantly worse than national and comparator areas with 69.8% of the City's adults falling into overweight or obese categories (England average 63.8%), 26.4% of 4-5 year olds are overweight or obese (England average 22.5%), 41.8% of 10-11 year olds overweight or obese (England average 33.5%).
- 2.2 In response, the health issue of obesity was selected as the theme for the 2013/14 Public Health Annual Report for Wolverhampton. The report took the form of a 'Call to Action' to tackle this multi-dimensional problem in a partnership 'whole system' way by outlining the part that local statutory organisations, businesses, the voluntary sector, communities, individuals and families can play. This included the organisation of an Obesity Summit, the launch of member champion and 'million' programmes. In addition, a number of project work streams have been established that have contributed towards the production of a draft obesity action plan document (endorsed by the Health and Well Being Board on 29 July 2015).
- 2.3 One of the things we did was ask ourselves the following questions:
- What have we been doing for years?
 - Are these things having an impact?
 - Do we know what works?
 - What are the key high impact measures and who needs to be involved?
- 2.4 Using best practice examples from a range of sources, a detailed action plan has been formulated to use as a starting point to work with partners and associated work streams. This document has been summarised (appendix one) and in its current form is largely owned by public health. However, the intention is that as further work develops with key partners and stakeholders the action plan will be revised to reflect these essential relationships. Such is the complexity of the problem, a key challenge lies in developing a coherent, affordable action plan with relevant partners that are able to commit time and resources.
- 2.5 The action plan should not be seen as a public health owned issue that is a finite response to this complex issue; rather, it is intended that the plan acts as a catalyst to motivate action across the whole system at all levels including self-generated activity in communities.
- 2.6 Specific work areas that require further exploration include the role of General Practitioners (GP's) in encouraging more health checks and having more conversations with patients about unhealthy weight levels. GP's also require more up to date quality information regarding suitable referral opportunities. New health policies and increased

public health concerns present an opportunity for community pharmacists and their teams to have a developing role in tackling obesity and positively influencing weight management. This may be through the dispensing of medication and the provision of supporting advice to patients to address their diet and lifestyles and of weight management services. Community pharmacies, through their accessibility to patients, are in a position to provide advice to patients on nutrition and encourage obese patients to attend a monitored weight loss programme. Further areas to explore include building upon the work within Primary and Secondary schools to increase the emphasis with special schools and those pupils with learning disabilities.

3.0 Progress, options, discussion, etc.

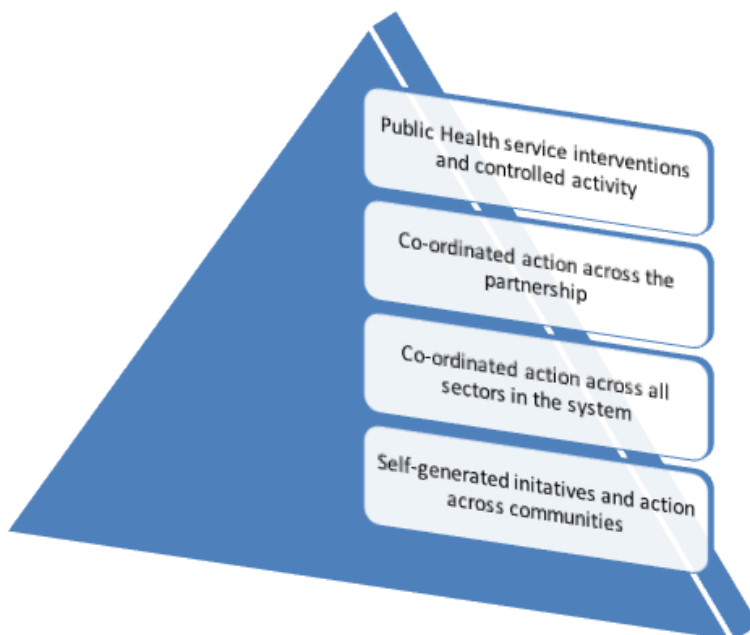
3.1 A five year draft plan (detailed in Appendix one) sets out the high level actions required to tackle obesity within the City. A more detailed technical plan has also been produced detailing the evidence base and interventions for work streams to implement over a five year period.

3.2 The overall aim of the action plan is:

'To deliver a whole systems, asset based approach to make Wolverhampton a place that helps to prevent people of all ages from gaining weight and supports them to lose weight'.

3.3 The action plan should not be seen as a finite response to this complex issue; rather, it is intended that the plan acts as a catalyst to motivate action across the whole system at all levels including self-generated activity in communities. The diagram below illustrates the proposed approach.

A whole systems approach to tackling obesity



- 3.4 The focus for the plan is a one year period with further work to be developed to achieve an overall strategic timeframe of five years. The plan aims to achieve the following overarching outcomes:
- To halt the rising trend in childhood obesity in reception year children
 - To slow down the rapid rise in childhood obesity from reception year to year six
 - To reduce the number of inactive adults in Wolverhampton so that those who do no physical activity begin to be more active
 - To increase physical activity amongst children and young people
- 3.5 It is proposed that the action plan will become a dynamic working document which is refreshed and updated regularly in order to reflect the activity and commitment to change as more and more partners engage. It is envisaged that the Health and Well Being Board receive an annual update based on evaluation of evidence and lessons learnt.
- 3.6 The underpinning principles of the action plan will be based on and reflect the following:
- A whole systems approach – a city wide, inclusive plan
 - An asset based approach - using our assets better and differently to achieve better outcomes
 - A life course approach – to benefit all ages, sustained as people grow up and grow older
 - Use behaviour change approaches – finding out what works for our residents
- 3.7 The action plan details a number of outputs and outcomes that are realistic within the timescale of 12 months, but set within the context of a five year strategic framework. The action plan includes measures, both qualitative and quantitative and focusses on the following:
- Increases in physical activity/ reducing levels of inactivity
 - Weight loss and better health outcomes
 - Childhood obesity and physical activity
 - Indicators relating to work stream outcomes. This will include a range of intelligence and social marketing insights, including barriers and enablers related to each of the work streams
- 4.0 Governance arrangements**
- 4.1 Four work streams have been established and have been instrumental in developing the draft action plan. However, further work is required to build upon the plan in order to achieve a whole systems approach to tackling obesity within the City. In addition, a programme board is to be established with high level representation from a number of agencies. A project management approach will be adopted and progress will be reported internally within Council and subsequently to the Health and Well Being Board and Cabinet.
- 4.2 Work streams include those below and each will each be supported by a communications plan.

1. Workplace health
2. Planning for Urban health
3. Community call to action
4. Primary and Secondary Care - Development of a physical activity and weight management pathway across the life course.

4.3 The governance structure for the Call to Action programme is shown in Figure 1:

Figure 1:



5.0 Financial implications

- 5.1 Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The initial funding allocation for Public Health for 2015/16 is £19.3 million, this is subject to a half year funding reduction for which consultation is currently in progress to determine the actual impact of the proposed announcement on the Council.
- 5.2 Any costs incurred for the initiatives commissioned by Public Health in relation to obesity will be met from within this allocation.
[NM/03092015/Z]

6.0 Legal implications

- 6.1 The report contains no legal implications.
[RB/03092015/I]

7.0 Equalities implications

- 7.1 An initial equality screening has been undertaken and it shows a full equality analysis is needed. The full equality analysis is currently being undertaken and will be completed in due course.
- 7.2 On-going equality analysis will be undertaken throughout the implementation of this programme wherever practically possible. The obesity priority will consider equalities implications and especially the impact of obesity on those in poverty, on different ethnic groups and social class. Monitoring systems will be put in place to capture this with an emphasis those services which are commissioned.

8.0 Environmental implications

- 8.1 The obesity action plan will consider the environmental implications of making Wolverhampton a less obesogenic place to live.

9.0 Human resources implications

- 9.1 There are no human resource implications.

10.0 Corporate landlord implications

- 10.1 There are no corporate landlord implications.

11.0 Schedule of background papers

- 11.1 Weight? We can't wait. A Call to Action to tackle obesity in Wolverhampton. Public Health Annual Report 2013/14 Health and Wellbeing Board, 9 July 2014
- 11.2 Obesity Call to Action, Health and Well Being Board, 4 March 2015.