

## Appendix 1

<b>Obesity Call to Action – Action Plan</b>							
<b>1. Children and Young People – Pre Conception, Early Years and School Age</b>							
<b>Aim</b>	<b>Commentary</b>	<b>Year 1 Action</b>	<b>Medium Term Action (2/3 years)</b>	<b>Longer Term Action (4-5 years)</b>	<b>Targets</b>	<b>Measure of Success / Outcomes</b>	<b>Resource Implications</b>
Support overweight and obese women to keep their weight gain during pregnancy to within the guidance of around 10kg.	Academic Public Health is beginning to research how our future weight is influenced by Mum’s weight and weight gain during pregnancy. Women who are overweight and obese are encouraged to keep their weight gain during pregnancy to within the guidance of around 10kg. We are looking for ways to ensure the weight of all newly conceived Mums is recorded, this may be before their first midwife appointment and to refer to the relevant service. In the steps to deliver this, we also want to assess any other aspects of health which could be improved, such as smoking, smoking status in the home, alcohol or other substance misuse and make appropriate referrals to the Healthy Lifestyles Service (HLS). It could be as simple as dietary improvement too.	Establish a pilot in GP’s receptions to survey all newly conceived women. BMI measurement to be taken on scales provided by pilot scheme.	Evaluate impact of pilot and roll out citywide if successful.	Monitor and review impact.	Increase the number of referrals made to HLS of newly conceived women by 10%.  Increase the number of overweight and obese women who restrict weight gain to 10kg by 10%.  Increase the number of women supported to improve their lifestyle during pregnancy, particularly smoking amongst the under 24 year olds (by 35%.	Data shows improvement in the targets identified	Budget of (30k) for pilot scales has been identified. If successful, cost of providing scales in all GP practices would be required. Estimated budget of £50k .
Promote and support breastfeeding	Breast feeding is best for baby and best for Mum in terms of baby’s current and future health, bonding and Mum’s weight loss.	Revise data capture on feeding status, including at 6 months. Support the work of the multi-agency infant feeding group to develop an infant feeding strategy.	Implement social marketing techniques to improve breast feeding rates.	Review and revise social marketing plan.	Improve breast feeding rates by 0.5%.	Increase reported by data return	Some provision -- Recurring costs may be incurred to support the infant feeding strategy and to support social marketing

**Obesity Call to Action – Action Plan**

**1. Children and Young People – Pre Conception, Early Years and School Age**

Aim	Commentary	Year 1 Action	Medium Term Action (2/3 years)	Longer Term Action (4-5 years)	Targets	Measure of Success / Outcomes	Resource Implications
Obesity prevention in the early years	<p>To provide opportunities for the parents of children, younger than school age, to learn about the importance of a healthy lifestyle.</p> <p>Key principles will be shared with local professionals so that health messages can be reinforced as they contact families.</p> <p>The aim is to reduce the number of children who are overweight or obese when they start school, as recorded through the National Child Measurement Programme (NCMP)</p>	Develop and deliver early years healthy lifestyle programmes based on local need.	Continue to monitor, develop and deliver the programmes to families and train staff	Evaluate the programme. Share results	Programme to run 12 times per year.	Parents feel more confident and knowledgeable to follow advice about healthy lifestyles for the whole family. Improvements in year R NCMP figures by September 2019	Budget for Early Years programme identified. £70,000.
Universal obesity prevention in schools	<p>To develop and implement an obesity prevention framework for schools. The framework will help to get Headteacher support for addressing obesity throughout the school day, as well as allowing children and young people opportunities to learn about the benefits of a healthy lifestyle in a school environment that supports positive health choices. School based healthy eating and physical activity projects included in the framework will provide children and young people opportunities to apply their knowledge to their health behaviours.</p>	<p>Work with local partners to develop the framework. Recruit an initial phase of schools to participate. Set up healthy eating and physical activity projects in these schools.</p>	<p>Evaluate phase 1 schools and make necessary changes. Recruit a second and third phase of schools to participate in the framework</p>	<p>Evaluate phase 2 and 3 schools and make necessary changes. Recruit hard to engage schools.</p>	<p>In the first year, 5 schools engage and implement at least 75% of the prevention strategy.</p> <p>In years 2-3, 50% of schools engage and deliver at least 80%.</p> <p>By year 4, 80% are delivering at least 80% of the strategy</p>	<p>More children lead healthier lifestyles- i.e. have better diets in and out of school and are more physically active. This can be measured in the HRBS (Health Related Behaviour Survey)</p>	<p>£30,000 identified for year 1 projects Year 2 onwards to be determined following evaluation of year 1</p>

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Early intervention with primary aged school children	Primary aged children identified as overweight or very overweight via the National Child Measurement programme (NCMP) receive support from the School Nursing Service. Identified children, with their families, are also referred to a local healthy lifestyle programme. Vulnerable children are referred to the British Heart Foundation (BHF) 'Hearty Lives' programme – a one on one support programme that takes place in the family home.	From September 2015, 40 programmes each supporting 10 families will be commissioned. Delivery of the 'Hearty Lives' programme to vulnerable children and families	Expand the referral so that other local professionals and parents can refer children in to programmes. Evaluate and review the effectiveness of the programme and look for alternative programmes	Implement new methods of programme delivery	It is forecasted that 20% of the children identified will participate in a family programme. 35% of participants to maintain or reduce BMI at one year.	Participants to maintain weight during the family programme. Follow up periods to monitor at 3/6/12 months	£60k identified within existing weight managements contracts.
Early intervention with children aged 11-18	Secondary aged young people identified as overweight or obese (including those that are vulnerable) are referred to the British Heart Foundation 'Hearty Lives' programme.	Expand referrals into the Hearty Lives programme. Extend delivery options, to better engage young people on programmes.	Implement new methods of programme delivery e.g. sessions for young people in community venues	Evaluate impact of year 1 to 3 activity	50 overweight Young People to participate. 35% to maintain or reduce BMI after 3 months/6 months/1 year.	Increased engagement with young people. A greater range of delivery options to suit multiple needs.	Currently funded by British Heart Foundation and Public Health £150k.

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<b>2. Early adulthood/ Adulthood</b>							
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Implement the Workplace Wellbeing Charter National Award for England to commitment, achievement and excellence within the city	Learning from national practice, promotion of the National Workplace Health award is an effective way of engaging and working with local businesses of all sizes to raise the profile of workplace health; as well as facilitating the improvement of the health and wellbeing of staff, the award allows businesses to begin to understand that improving workplace health contributes significantly to improvements in productivity, staff retention as well as the wellbeing of staff.	Engagement and sign up to of WCC, RWT and University to national charter.	Continued work towards higher levels of charter by first 3 organisations and wider engagements of local Small Medium Enterprises.	Using previous successes and promoting benefits, wider range of SME encouraged to sign and progress charter.	3 large organisations reach achievement level in year 1 RWT, WCC and University complete excellence level, 5 SME commit to complete. Further 10 SME completing national charter	Reduction in staff sickness absence by x in 3 large organisations  Measure for improved mental health and wellbeing of staff  Morale/staff satisfaction measure (via staff satisfaction survey)	Initial budget of £30k identified to engage 3 large organisations. Additional resource needs to be calculated following year one assessment.
Adult weight management	Weight management services for adults are delivered by a commercial company (weight watchers) and RWT's Healthy Lifestyle Service. Further work is required to understand the uptake of priority groups and associated long term impact of these programmes.	Review impact of current programmes and commission accordingly.	Increase uptake of weight management programmes by priority groups.	Monitor and review impact	Improvement in BMI outcomes at 1 year. Improvement in the numbers of men and those from BME backgrounds who attend the newly commissioned weight management service(s) and HLS.	Reduction in the numbers of type 2 diabetics: halt the rise in the proportion of type 2 diabetics who are from a BME background	

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Adults	Health Checks are the equivalent of your car's MOT but for humans. Through various tests and by answering some questions about lifestyle, it can identify some conditions you may have, such as high blood pressure or cholesterol, or a risk of some health issues occurring in the next 10 years, such as type 2 diabetes or heart attack. The aim is to increase the number of adults who take up their invitation from their GP to have a health check and to support opportunistic testing with our known higher risk populations.	Work with Public Health England to understand how we can support their campaign "one you", starting Jan 2016. Work with HLS on current activity and how this might be boosted by "One you". Explore alternative IT options for Health Checks.	Increase the uptake of offered health checks		To increase the uptake of Health Checks by 10%	Increased number of health checks.	Existing GP and Healthy Lifestyle Resources to be utilised. £50k budget identified to improve Health Check IT system

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**3. All ages**

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<p>Increase participation in physical activity and encourage people to be healthier</p>	<p>Increased physical activity and leading a healthier lifestyle can significantly impact upon obesity levels at every life stage. Objective: Work with all ages across the City to increase participation in physical activity and encourage healthy behaviours through activities such as choosing better food options, being more active, promoting good mental health and health checks. Improved facilities are required within the City to accommodate increased physical activity participation levels.</p>	<p>Promote national healthy lifestyle campaigns. Conduct an annual healthy lifestyles survey and mapping exercise to identify where physical activity and healthy lifestyles activity takes place.</p>	<p>Develop local healthy lifestyles campaign and work with partners to deliver a variety of activities that promote healthy behaviours.</p>	<p>Deliver local healthy lifestyles campaign and assess impact of intervention through outcomes outlined in project plan.</p>	<p>1% increase in children’s physical activity participation levels (baseline 35%). 0.5% increase in percentage of physically active people year on year (baseline 54.1%) Reduce percentage of physically inactive people by 0.5% year on year (baseline 33.4%) An increase of 1258 more people each year achieving 150 minutes of physical activity a week.</p>	<p>Percentage of school pupils reporting 5 or more times exercise per week.  Percentage of adults that are physically active / inactive (Sport England Active People Survey)</p>	<p>Physical activity interventions: £31k.  Current budget of £5 million allocated against Sport facility planning and delivery:  Research (survey) budget identified: £50k.</p>
<p><b>Community Call to Action: faith groups and community groups</b></p>	<p>Reach out to faith groups and places of worship to support the communities they serve to encourage healthy behaviours such as choosing better food options and being more active</p>	<p>Build on the work of the British Heart Foundation social cooking programme with 15 places of worship</p>	<p>Build on the work with faith groups to reach out more broadly to community groups</p>	<p>Build on the work with faith groups to reach out more broadly to community groups; assess the impact on the health of the participants</p>	<p>50 groups reached out to over 3 year period; showcase events at each annual working well week</p>	<p>Reduction in the rate of increase in levels of obesity amongst Asian and Black children</p>	<p>Not known yet: but intend to use the transformation fund project ‘Self-Reliant Communities should the need arise</p>

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<p><b>Community Call to Action: Community hubs</b> At the community hub level, increase participation in physical activity and encourage people to be healthier:</p>	<p>Reach out to hubs to support the communities they serve to encourage healthy behaviours such as choosing better food options and being more active.</p>	<p>Hold a community hub 'convention' to share good practice and develop ideas across the community hubs. Commence implementation of ideas</p>	<p>Further implement the ideas and continue the dialogue of how community hubs can establish strong links with local community groups</p>	<p>Assess the impact of community hubs using measures of impact and outcomes as identified by the ideas identified and developed</p>	<p>Suite of initiatives in place in community hubs each with clear outcomes attached</p>	<p>Community Hubs lead on a suite of sustained programmes which improve health; Relationship with local community groups considerably strengthened; participants level of engagement increased</p>	<p>Not known yet but intend to use the transformation fund project 'Self-Reliant Communities should the need arise</p>
<p><b>Reduce the obesogenic environment</b></p>	<p>Different patterns of behaviour, including behaviour related to health and wellbeing are embedded in people's social and material circumstances as well their environment. Individuals, communities and agencies must be enabled to make the changes necessary to reduce the obesogenic environment in their homes, schools, workplaces and the environment.</p>	<p>Establish a Planning for Urban Health Group which considers policy change and interventions based on national good practice. Establish an annual action plan.</p>	<p>Evaluate impact of action plan and revise accordingly.  Year two plan to be developed</p>	<p>Year three plan to be developed.</p>	<p>Public Health to become a consultee on all significant developments within the City.  Research to be undertaken to develop a greater understanding of causal effects of childhood obesity within the city to include fast food takeaways and open space.</p>	<p>Reduction in the obesogenic environment.</p>	<p>Employee time estimated at two months.</p>