

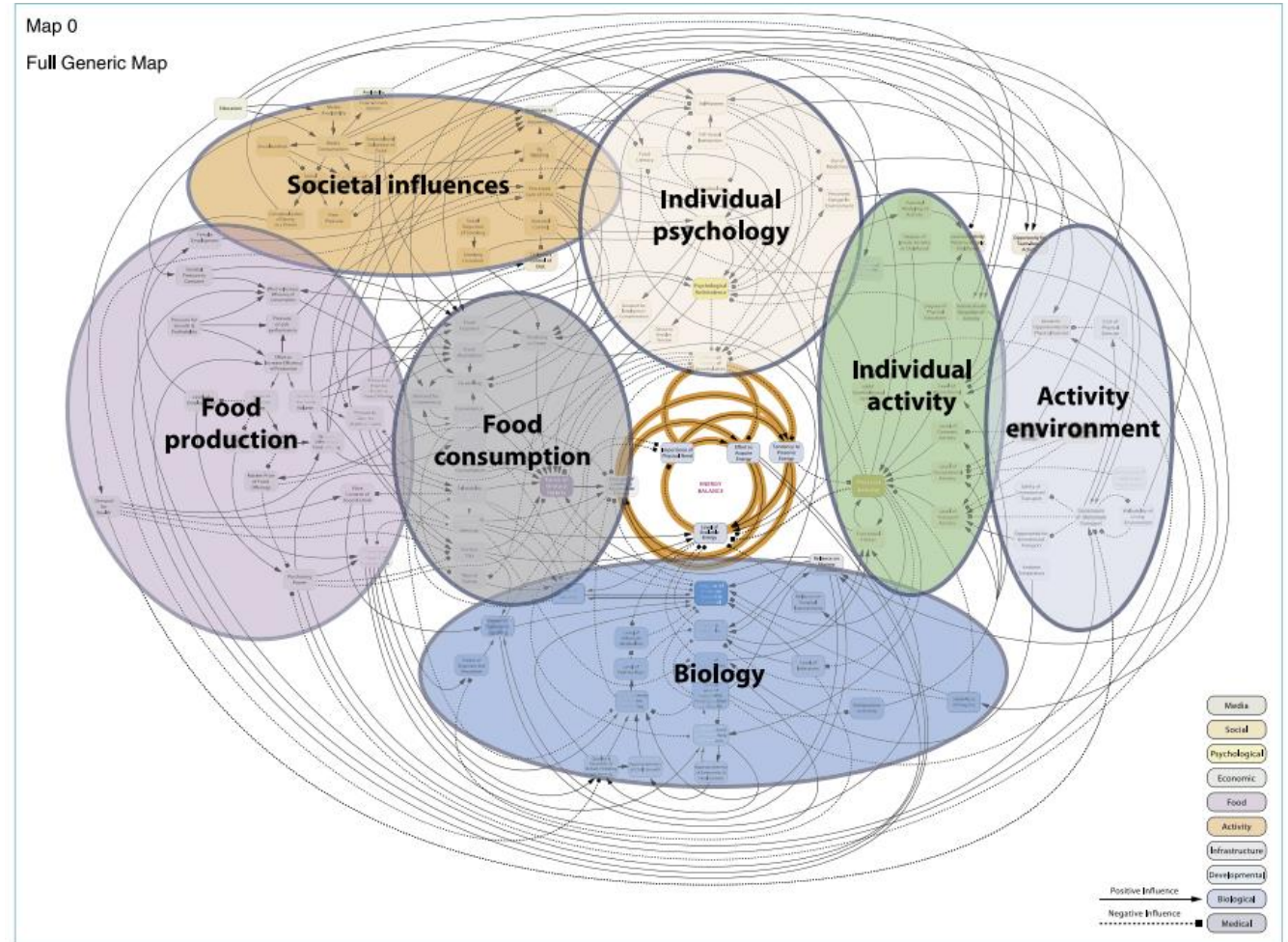
Health and Well Being Board and Integrated Care Partnership

Progress Report Priority 2
Environment/Obesity

Peterborough City Council
Adult and Health Scrutiny
Committee

19th September 2023

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What the Strategy says:

Our approach

Pragmatic approach to universal and targeted approaches that meets the needs of the population and different communities.

Adoption of local strategies, policies and investment that tackle the obesogenic environment and support the adoption of healthier behaviours

Develop and establish interventions based on evidence based behavioural insights that drive positive health related behaviours .

Early years and school-based interventions to:

- Improve the internal and external food environment: school food survey, fast food free zones, reduction in local advertising.
- Increase physical activity in schools: active travel.

Identify the financial, cultural, emotional, peer pressure etc. barriers to adopting healthy behaviours:

- Commission behavioural insights research to identify barriers to behaviour change.
- Develop Behaviour Insight research-based interventions that have impact and traction on health behaviours.

Increase the identification and management of obesity and related health conditions:

- Establish in primary care routine weighing of patients.
- Develop integrated evidence-based interventions for the behavioural and clinical treatment/management of obesity and associated clinical risk factors and mental health.

Preparing for delivery 2023/24

Focus

- Children and Young People
- Obesity and clinical risk factors

Target setting and evidence

- Evidence review
- Behaviour science research
- School Food Survey
- Needs assessment

Engagement

- Key partners, oversight delivery group
- Summit Autumn 2023

New interventions

In place and planned

Refining our targets

Achieve a 5% decrease in childhood overweight/obesity by 2030.

Reduce childhood overweight/obesity rates to pre-COVID-19 pandemic levels by 2026.

Reduce adult overweight/obesity rates to pre-COVID pandemic levels by 2030.

20% more children meet the physical activity recommendations by 2030.

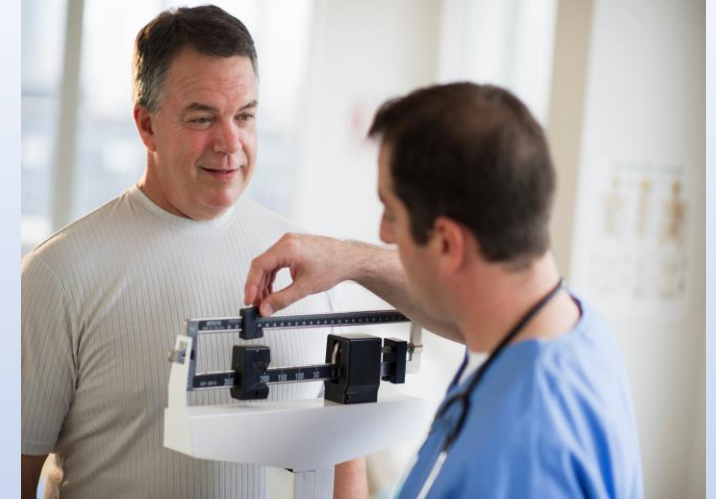
Achieve a 10% increase in the number of adults who undertake 150 minutes of physical activity per week by 2030.

Reduce inequalities in overweight/obesity.

Evidence for Change



What have we done so far?



Evidence review: the built & food environments

- Built e.g. active travel
- Food e.g. schools, hospitals

Behaviours

- Behaviour science research commissioned: motivators for behaviour
- Behaviour change services needs assessment: qualitative information
- School Food Survey

Obesity related clinical risk factors

- GP Local Enhanced Services contract – patient weighing BP and cholesterol
- NHS Health Checks expanded
- NHS Forward Plan – focus on obesity and risk factors

Engaging partners

- Organisation leads identified to form Delivery Oversight Group
- Project incentives
- Planned Summit for Autumn 2023



What else this year?

In place

- Expansion of Active Travel programmes
- School based innovation fund for physical activity
- Increase in children's and adult weight management intervention/services: additional commissioned services, very low-calorie diets pilot, new drug therapies

Planned

- NHS/LA workforce programme: workplace support for weight management
- NHS food environment: reducing fast food options
- Autumn Summit – bring together national and local expertise/evidence to plan priorities and actions for 2024 onwards



**Built and Food Environments:
Content and timelines for
Local Plans**

**System wide issues:
e.g. cost of living/inflation,
workforce capacity**

**Changing policies and
practice: e.g. schools
including academies,
special schools,
food concourses e.g. NHS
Services**

**NHS/LA workforce:
onsite access to weight
management, physical
activity, healthy food
options**

**CHALLENGES!
Our immediate priorities
that require Board and
system-wide support for
implementation**

**Obesity and associated
risk factors: primary care
active engagement**

**Interdependencies
across the priorities:
Embedding, owning,
differing development
stages**

**Autumn Summit:
commitment to
attendance and
subsequent action**

Challenge example: School Food Survey and implications for schools

Positives

- Onsite school provision overall healthy & pupil-centred
- Whole school approach

Challenges

- Shorter lunchtimes (learning time demands) impacting mealtime environment and food provision
- External food environments
- Financial pressures impacting on food provision. Some evidence that areas of deprivation experience them more, but the pressures are universal

Support required for mitigation/change

- Good nutrition key to learning outcomes – investment in school meals
- Increased engagement with parents/carers, increased information, monitoring/incentives of packed lunches. Penalizes low-income families.
- Producing larger numbers of meals makes each meal cheaper
- Shared catering with other schools, reduction in fixed costs and buying power increased
- Market research analysis for best catering options and to secure best value for money
- “Smart” cooking allows food to be carried over to another day, measuring wastage to gauge meal popularity to inform planning and reduce costs
- Increase uptake of school meals – 4,642 pupils eligible for school meals do not take them up, new approach to promoting them is required.
- External food environment: planning authorities