

## ABERDEEN CITY COUNCIL

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<b>COMMITTEE</b>	Education and Children's Services Committee
<b>DATE</b>	2 <sup>nd</sup> July 2024
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	Healthy Weight
<b>REPORT NUMBER</b>	CFS/24/188
<b>DIRECTOR</b>	Eleanor Sheppard
<b>CHIEF OFFICER</b>	Shona Milne
<b>REPORT AUTHOR</b>	Eleanor Sheppard
<b>TERMS OF REFERENCE</b>	1.1.1, 1.1.2

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### 1. PURPOSE OF REPORT

- 1.1 This report seeks approval to progress work to increase the number of children and young people who are of a healthy weight by taking a whole system approach.

### 2. RECOMMENDATIONS

That the Committee:-

- 2.1 note the work undertaken to learn from published research and local data;
- 2.2 endorse the proposed whole systems approach;
- 2.3 instruct the Executive Director Families and Communities to update Members on the output of the event noted in paragraph 3.17 through a Service Update; and
- 2.4 instruct the Executive Director Families and Communities to report progress within one calendar year.

### 3. CURRENT SITUATION

- 3.1 The Children's Services Annual Report was presented to Committee in February 2024 (CFS/24/046). The report highlighted a concerning rise in the number of children and expectant mothers who were not of a healthy weight and noted the importance of addressing these issues timeously to prevent poor health outcomes in the longer term.
- 3.2 The Committee instructed that Officers give the area due consideration and report back to Committee. This has afforded officers time to engage and

collaborate with partners, most notably Public Health, and review relevant policy and literature to determine how best to respond.

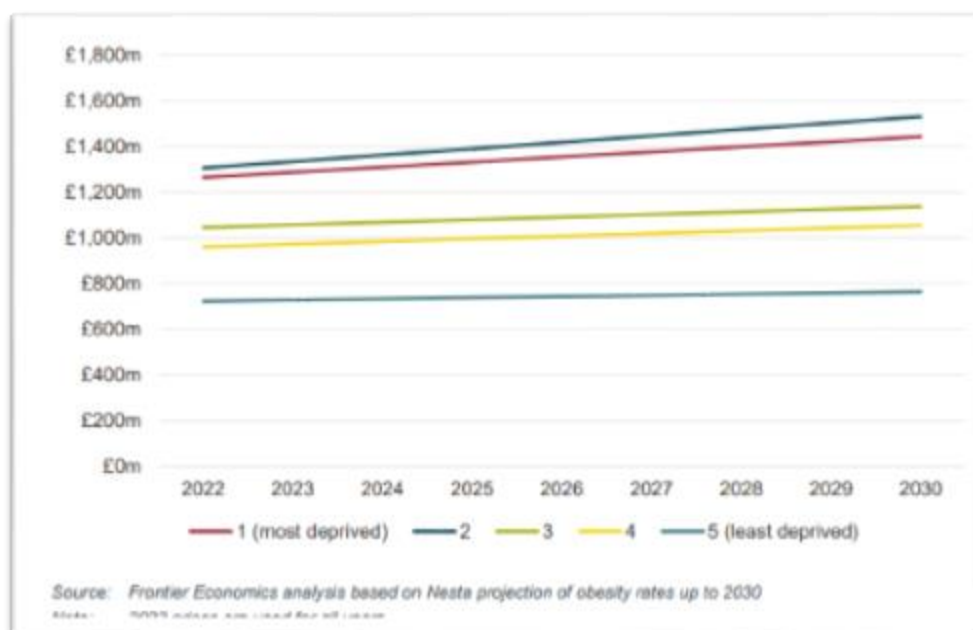
3.3 The Scottish Government has a commitment to halve childhood obesity by 2030. Plans to achieve this are set out in [A healthier future: Scotland's diet and healthy weight delivery plan](#). This national documentation outlines 5 outcomes to be achieved:

- Children have the best start in life - they eat well and have a healthy weight
- The food environment supports healthier choices
- People have access to effective weight management services
- Leaders across all sectors promote health diet and weigh
- Diet-related health inequalities are reduced

This national publication will help inform our local next steps.

#### **What does our local data tell us?**

3.4 Public Health data suggests that 124,521 adults are overweight in Aberdeen City along with 12.4% of children in Primary 1. Given these statistics, this group of Primary 1 children could be the first generation to live shorter lives than their parents. If not addressed, the number of adults who are overweight/obese is set to considerably increase, as will the cost associated with obesity (see figure below). Nationally and locally, levels of obesity are most prevalent across SIMD 1 and 5.

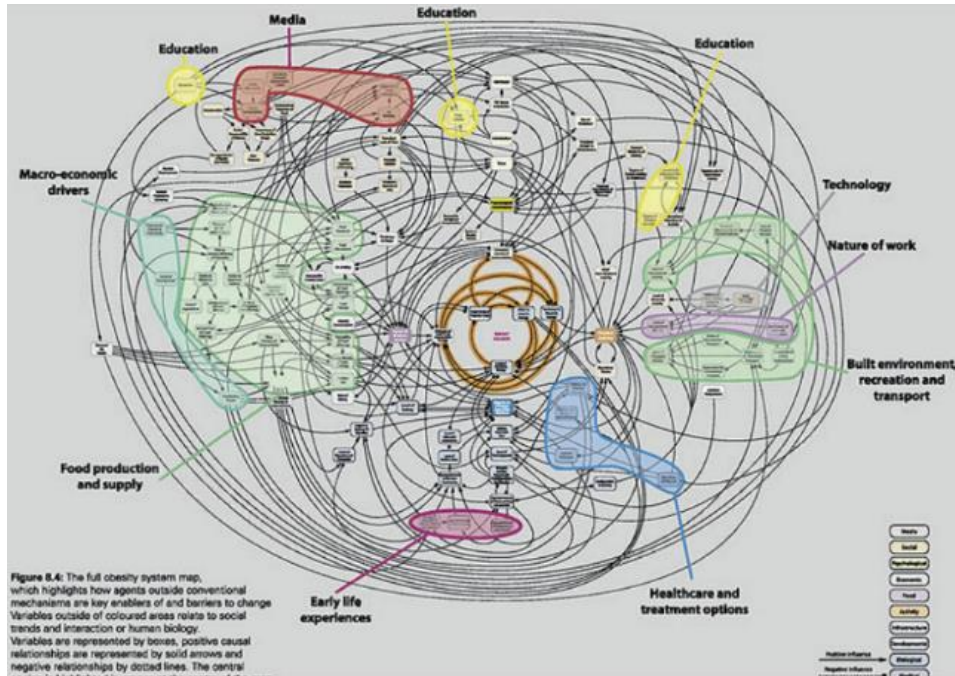


#### **What does the research tell us?**

3.5 A review of recent research tells us that the current rise in obesity began in the 1980s. It is not caused by people becoming less active or lacking in motivation, it is exacerbated by environments that are extremely abnormal in promoting and sustaining obesity. The most significant change over the last 40 years has been the dramatic rise in high energy, high fat, very high sugar

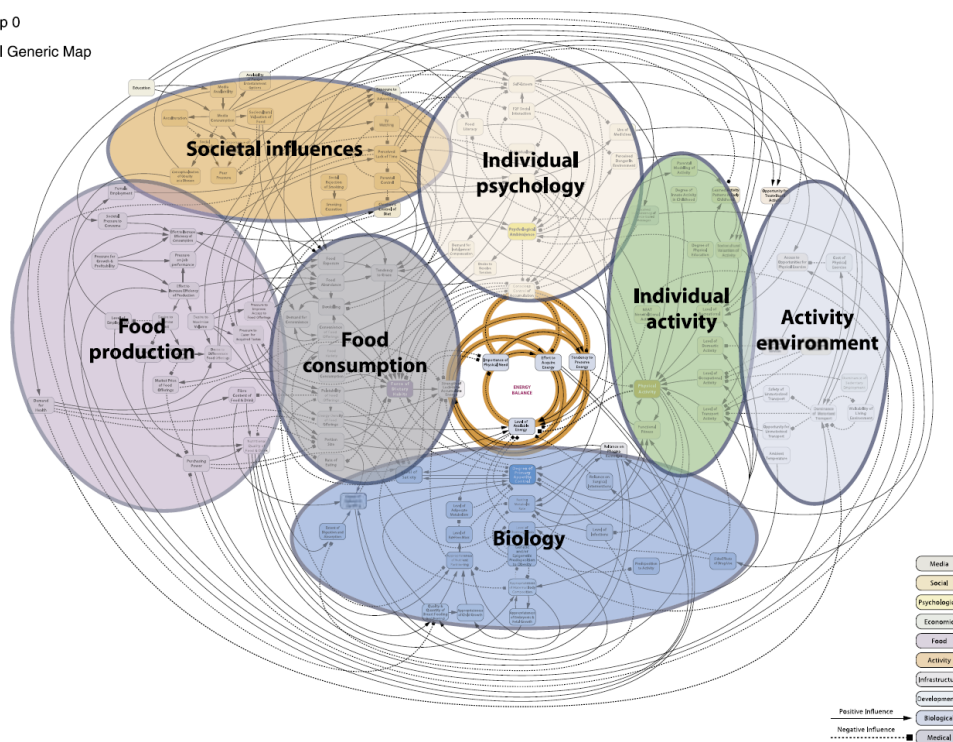
and ultra-processed food and how 'normalised' easy access to these "poor" calories has become.

3.6 In addition to environmental influences on obesity, there are many further influences as outlined in the systems map of the outcome of obesity, created by the UK Government Office for Science in 2007. As such, we need to explore how best to address complex problems and not take a simplistic view.



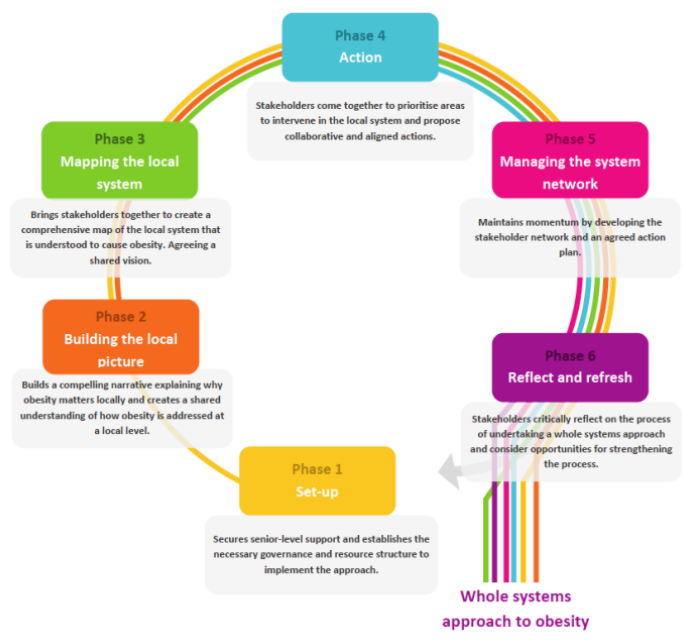
All of the influences noted by the UK Government Office for Science were then further organised in the Foresight Report.

Map 0  
Full Generic Map



This further organisation gives a sense of how cross cutting the levers to addressing levels of obesity are. There will be a need to engage Clusters from across the Organisation and from the Community Planning Partnership in our work.

- 3.7 The [Human Learning Systems](#) report explores how complex problems can best be addressed. It tells us that outcomes in people’s lives aren’t “delivered” by organisations (or by projects, partnerships or programmes, etc). Outcomes are created by the hundreds of different factors in the uniquely complex system that is each person’s life. As a result, we can’t hold one single person/organisation responsible for outcomes.
- 3.8 The report highlights the need to build on what is working well and accept that you can’t control everything or indeed predict the future. As a result, there is a need to fully capture all of the activity currently being delivered which contributes to the obesity agenda in order to identify any gaps in provision. Human Learning Systems concludes that there is a need to involve those who are involved in the system to generate solutions, focus on relationships, experiment and learn, and have ‘good enough’ plans to refine over time as you learn. This learning will be built into our plans.
- 3.9 Public Health Scotland has recently published recommendations on '[A systems based approach to physical activity in Scotland](#)'. The key messages are not dissimilar for those from Human Learning Systems. The document suggests a 6 Phase whole systems model to address obesity (see figure).



- 3.10 The document outlines that strong senior leadership is required to offer the best chance of achieving a sustained impact on the obesogenic environment and making a measurable dent in population rates of obesity. As a result, work on obesity has been added to the Local Outcome Improvement Plan.

- 3.11 The City of [Amsterdam](#) has shown that taking a local, 'Whole Systems Approach' to tackling obesity can succeed. A whole systems approach targets actions at multiple causes of the obesogenic environment at the same time, and recognises the complexity of the problem. Amsterdam was one of the few cities in the world to reverse childhood obesity rates in 2015 within three years having recognised obesity as a slow epidemic.
- 3.10 To realise the change, those in Amsterdam utilised evaluation across the [Dahlgren-Whitehead framework](#) below. Starting from the individual level (age, sex and hereditary factors) they focused on care for children who were overweight and obese and on first 1000 days of life approach.



- 3.11 Then, at the individual lifestyle factor level, they focused on neighbourhoods, communities, training for professionals, targeting schools and improving digital facilities.
- 3.12 The level of living and working conditions, so the environment level, was tackled from many angles including through a focus on the healthy food and work environment.
- 3.13 Finally, on the general socio-economic, cultural and environmental level, they acknowledge the importance and role of national policy and approach of the food industry. A 'Health in all policies' approach was adopted so that all policy levers were utilised to support the healthy weight agenda. As a result, a range of changes were made to policies concerning the build environment (for example, pavements being wider, more cycle lanes and less lifts in buildings) changes to retain food policy and the banning of marketing aimed at children for unhealthy food products. There will be a need for us to consider how a range of strategies and plans (such as local Transport Strategy) actively contributes towards reducing and preventing obesity.
- 3.14 From reading a range of research and best practice, there are some principles for tackling childhood obesity to take into account. These include:

Design for maximum impact. There is a need to utilise universal and preventative interventions and recognise the value of a harm reduction

approach, for example breastfeeding is known to reduce the chances of childhood obesity. Physical activity is secondary to calorie consumption

Make healthy choices easier. There is a need to make uptake and participation easier and also consider how health cues can be given. It is important to look for marginal gains and not exclusively focus on education. There are a range of sources who collate best evidence based practice including [Obesity Action Scotland](#)

### **What does this mean for Aberdeen City?**

- 3.14 It is clear that this issue cannot be addressed by taking a simplistic view. There will be a need to understand the complex influences on families in order to know how best to progress. A period of engagement with families will be built into our plans.
- 3.15 It is proposed that the 6 Phase whole systems model to address obesity from [A systems based approach to physical activity in Scotland](#) be utilised to guide our approach, with the Amsterdam evaluation framework used to help us focus on all influences.
- 3.16 Work on Phase 1 (set up) has been completed. The Children's Services Board will champion work from a children's perspective, with an improvement project being driven by the Health and Social Care Partnership to drive work from an adults' perspective.
- 3.17 Officers intend to engage with a range of Community Planning Partners and communities over the summer holiday period to secure their commitment to taking a whole systems approach. This early engagement will be important given that the levers available to support healthy weight sit across a range of Clusters and organisations. The need for a Council wide response has already been discussed at the Officer led Council Strategy Board.
- 3.18 Following engagement at individual organisation/community level, it is proposed that a multi-agency event be held in late August 2024 to conclude Stage 2 (building the local picture) and begin work on Stage 3 (mapping the local system). The event will allow attendees from communities, across the Council and wider Community Planning Partnership to reach agreement on the influences on childhood obesity in the city and generate a broader understanding of the policy levers available to help address the issue. In addition, the event will help us start to map the current activity helping to support healthy weight. Taking this approach will enable us to ensure that we build on what is already working well, more easily identify gaps for action, start to articulate our common ambition and take decisions on what to prioritise first.
- 3.19 It is proposed that the output of the late August event, alongside an indicative Plan, be reported to Committee through Service Update with a further update on progress presented to Committee within one calendar year.

## **4. FINANCIAL IMPLICATIONS**

4.1 There are no financial implications arising from the recommendations in this report. Our Local Public Health Team has identified 3 members of staff to work alongside a Local Authority Officer to help drive the work forwards.

## 5. LEGAL IMPLICATIONS

5.1 No legal implications have been identified.

## 6. ENVIRONMENTAL IMPLICATIONS

6.1 No negative environmental impacts have been identified, although the work may lead to recommendations on changes to policy governing the obesogenic environment.

## 7. RISK

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H)  *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
<b>Strategic Risk</b>	Not addressing obesity will lead to serious long term health needs for our citizens which will add considerable demand on Community Planning Partners (CPP)	Early Plan in place to address the rise in levels of obesity as a CPP	L	<b>Yes</b>
<b>Compliance</b>	Risk of not aligning with national policy	The Plan reflects national policy.	L	<b>Yes</b>
<b>Operational</b>	Risk that we take a simplistic view, implement the easy options but make no impact on those we serve.	We plan to take account of the complexity of the issue by working closely with communities.	L	<b>Yes</b>
<b>Financial</b>	Risk that we don't have sufficient resource to meet the needs of those with health needs arising from obesity	The CPP is taking preventative steps to address obesity	L	<b>Yes</b>

		now that the issue is known.		
<b>Reputational</b>	Risk that we don't take action now that we know there is an issue.	Mitigated by reporting back within a year.	L	<b>Yes</b>
<b>Environment / Climate</b>	No risks identified at this point.			

## 8. OUTCOMES

<u><a href="#">COUNCIL DELIVERY PLAN</a></u>	
	<b>Impact of Report</b>
<p style="text-align: center;"><b>Aberdeen City Council Policy Statement</b></p> <p>The cross cutting nature of work on obesity could impact on a range of Partnership Priorities including those within:</p> <ul style="list-style-type: none"> <li>• An Active City</li> <li>• Supporting people with the cost of living crisis</li> <li>• Building a greener and more sustainable city</li> <li>• Keeping our city moving</li> <li>• Empowering communities</li> </ul>	<p>Taking the approach advocated in the report will enable the joining up of all priorities to support a reduction in levels of obesity.</p>
<u><a href="#">Aberdeen City Local Outcome Improvement Plan</a></u>	
<p><b>LOIP stretch outcome 3:</b> <i>95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026</i></p> <p><b>LOIP stretch outcome 10:</b> <i>Healthy life expectancy (time lived in good health) is five years longer by 2026</i></p>	<p>Taking the whole systems approach will help us scale up the interventions into CPP policies and strategies.</p>
<b>Regional and City Strategies</b>	
<p>Prevention Strategy</p> <p>Children's Services Plan</p> <p>Local Outcome Improvement Plan</p>	<p>The approach being advocated prioritises prevention and is aligned with our key CPP plans.</p>

## 9. IMPACT ASSESSMENTS



Assessment	Outcome
<b>Integrated Impact Assessment</b>	New Integrated Impact Assessment has been completed.
<b>Data Protection Impact Assessment</b>	No
<b>Other</b>	None

## 10. BACKGROUND PAPERS

10.1 None

## 11. APPENDICES

11.1 None

## 12. REPORT AUTHOR CONTACT DETAILS

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