

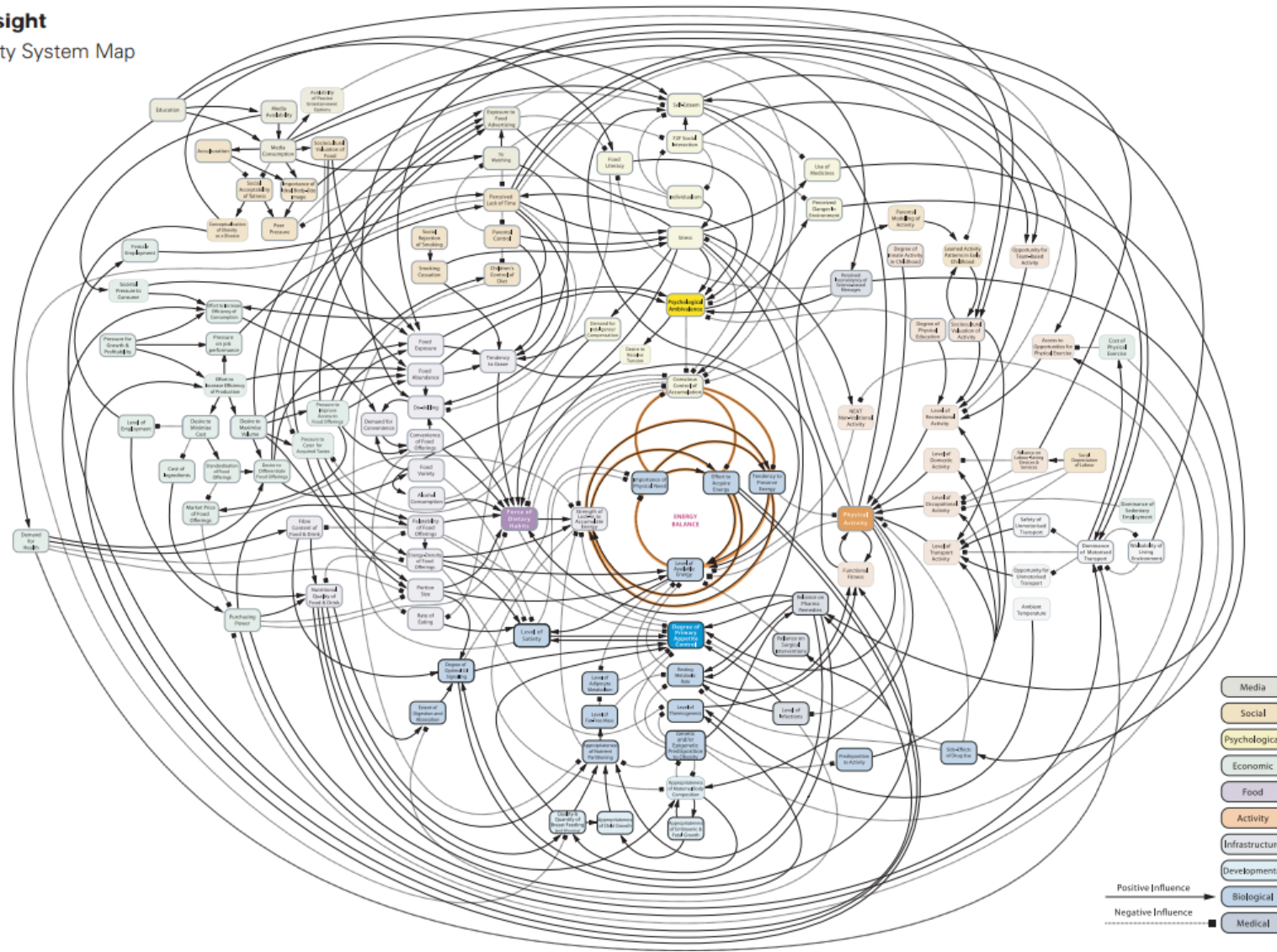
A COMPASSIONATE APPROACH TO CYP HEALTH & WEIGHT: STRATEGIC ACTION PLAN

**Supporting health gain / benefit for children and young people
in respect to weight**

Plymouth: Our Action Plan 2023-2033

Version 3.0: Phase One Year One (P1Y1): Reviewed annually (next review Jan 2024)

Foresight
Obesity System Map



Our Plan

The 'Obesity System Map' from the ground-breaking report, 'Tackling Obesities – Future Choices'* reflects the complexity of the challenge for health improvement in regard to weight with 108 factors identified that can be an influence.

Work on our Plan started through insight gained from listening to local families eligible for a weight management service. Their lives revealed complexity, family strengths and significant challenges. It was clear that there was no simple solution.

The Plan for Plymouth reflects this complexity through being bold and transformational. We will create a shared endeavour that maximises collaborative advantage, along with continual learning to ensure the approach remains relevant to our children, young people and families; and keeps us on course for achieving the success criteria over its 10 years

*Tackling obesity: future choices - GOV.UK (www.gov.uk)

How will we know we are successful – success criteria by 2033

Using the Phases Template (page 7) and learning from across the system (page 8) to inform reviews that will determine (1) system progress toward this criteria, (2) key learning and (3) what we may need to do that is new or requires change. Reviews are annual and at the end of each phase.

1. *Breast feeding initiation will be significantly better than the England average by 2028 and be sustained through to 2033
2. *Breast feeding at 6-8 weeks will be similar to the England average by (2028): and significantly better than England average by 2033
3. *NCMP at reception (Overweight & Obese): trend is toward or is similar to England average by 2028 & significantly better than the England average by 2033
4. *NCMP at Yr6 (Overweight & Obese): trend is toward being significantly better than the England average by 2028 & significantly better than the England average by (2033)
5. *NCMP (Overweight & Obese): YrR and Yr6 have a continuing downward trend of prevalence by 2033 (3 continuous years)
6. Feasibility of this criteria determined during Year One: We will aim to agree a number of conditions that children & young people present with to the health system that are associated with living with obesity. Numbers presenting will be benchmarked in 2023. We will aim to reduce the number for each condition compared to the baseline in 2023 so that the fewest number are in 2033. Measure to be developed.
7. Feasibility of this criteria determined during Year One: We will aim to agree (hereditary or genetic) health conditions¹ and types of neurodiversity that are likely to increase both vulnerability to and complications from living with obesity. By 2033 diagnosis of any of these should always lead to early provision of information, advice and support to help reduce vulnerability to and complications from living with obesity. Measure to be developed
8. 90% of children and young people achieve the daily recommendations from the Chief Medical Officers Physical Activity Guidance (2019 and 2022) by 2033². Measure to be developed
9. 95% of all state funded schools achieve school food standards (2026); 100% of schools by 2033
10. Voice of families / CYP reflect positive experiences of system and services used – including those transitioning into adult services. Measure to be developed
11. System is demonstrably asset based; reflects continual learning from CYPF / communities / workers & volunteers; is trauma informed & compassionate³ and has offers that are local to where residents live, with access to targeted and specialist support if necessary. Measure to be developed
12. Use of language that supports a compassionate and health gains based approach is understood and used routinely across system by services and workers. Measure to be developed

* Consideration, where possible, of comparison with statistical neighbours will be made, with the aim to be the best of our statistical neighbours by 2033

¹ E.g. X-fragile syndrome; Duchenne muscular dystrophy; Down Syndrome; Williams Syndrome; Learning Disability; Autism (further work to develop this in Phase One Year One)

² Supporting Active to Thrive vision: 'Plymouth to be the most physically active coastal city in England by 2034'

³ Everybody in Plymouth is fully able to pursue their own health goals in respect to their weight and are fully supported to do so by society, without judgement or assumptions. They feel valued as an individual just the way they are

PLYMOUTH: Version 3.0 PHASE ONE YEAR ONE 211022

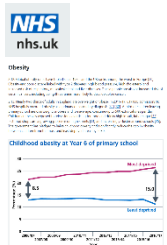
Success Criteria	Most recent data and source Benchmarking to be completed during autumn 2022 following publication of latest breast feeding and NCMP data		Current & Data Source
1 Breast feeding initiation	Plymouth 67.6% :England 67.4% Similar 2018/19	Public health profiles - OHID (phe.org.uk)	OHID
2 Breast feeding at 6-8 weeks	Plymouth 41.0%:England 47.6% Worse 2020/21	Public health profiles - OHID (phe.org.uk)	OHID
3 NCMP at Year Reception (Overweight & Obese)	Plymouth 27.7% :England 23.0% Worse 2019/20	Public health profiles - OHID (phe.org.uk)	OHID
4 NCMP at Year 6 (Overweight & Obese)	Plymouth 33.5% :England 35.2% Similar 2019/20	Public health profiles - OHID (phe.org.uk)	OHID
5 NCMP (Overweight & Obese) – trend direction	YR R = worsening: Yr6 = worsening	Public health profiles - OHID (phe.org.uk) Public health profiles - OHID (phe.org.uk)	OHID
6 Reduce number of children & young people that present to the health system with health conditions that are associated with living with obesity (tbc)	Feasibility of measure to be determined and measure to be agreed Phase one Year One	ICS / UHP	ICS / UHP
7 All children & young people with (agreed) hereditary/ genetic health conditions / neurodiversity that increases vulnerability to and complications from living with obesity, when diagnosed are provided with information, advice and support (tbc)	Feasibility of measure to be determined and measure to be agreed Phase one Year One	ICS / UHP	ICS / UHP
8 90% of children and young people achieve the daily recommendations from the Chief Medical Officers Physical Activity Guidance	Measure to be developed - during Phase one Year One	SHEU/ Active Devon survey	PH
9 95% of all state funded schools achieve school food standards (2025)	Measure to be developed - during Phase one Year One	Audit under Food Standards Agency and DfE	TBC
10 Qualitative feedback from families / CYP reflect positive experiences of system and services used – including into transition with adult services	Measure to be developed - during Phase one Year One	Evaluation / survey / appreciative enquiry / shared learning	TBC
11 System is demonstrably asset based; learning influenced; trauma informed & compassionate and has clear local offers to where residents live with access to targeted and specialist support if necessary	Measure to be developed - during Phase one Year One	Audit / shared learning	TBC
12 Use of language that supports a compassionate and health gains based approach is understood and used routinely across system by services and workers	Measure to be developed - during Phase one Year One	Survey / audit / shared learning	TBC

This Plan supports delivery of the following key strategic plans



THE PLYMOUTH PLAN 2014-2034 : Plymouth Plan [Plymouth Plan 2020](#)

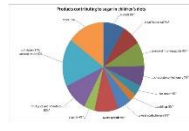
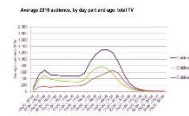
- Policy HEA1 Addressing health inequalities, improving health literacy
- Policy HEA2 Delivering the best outcomes for children, young people and families
- Policy HEA4 Playing an active role in the community
- Policy HEA7 Optimising the health and wellbeing benefits of the natural environment
- Policy GRO5 Enhancing Plymouth's sporting facilities
- Policy GRO6 Delivering Plymouth's natural network



NHS Long Term Plan – Obesity : [NHS Long Term Plan » Obesity](#) NHS Long Term Plan



A Bright Future 2021 to 2026: [Children and young people's plan and partnership for Plymouth | PLYMOUTH.GOV.UK](#) Children and young people's plan and partnership for Plymouth



Childhood obesity: a plan for action: [Childhood obesity: a plan for action - GOV.UK \(www.gov.uk\)](#)



Plymouth Healthy Weight Declaration [Healthy weight declaration \(plymouth.gov.uk\)](#)



Active to Thrive Strategic Action Plan: Active Devon & Plymouth City Council

The Plan will:	How:
Focus on health gains	Rebalance the focus on weight to maximise the focus on health improvement / benefit
Be trauma informed / compassionate	Take into account the impact of trauma; understand what an individual may have more influence over or little or no influence over in regard to behaviours; Avoid contributing to weight stigma / tackle weight stigma – <i>'everyone is valued just the way they are'</i>
Be delivered through a whole system approach	Build a whole system approach creating a shared endeavour and maximising collaborative advantage for positive outcomes and funding opportunities; Influence what we can - create environments and opportunity across systems /communities, for health improvement / benefit
Reflect the complexity and scale of challenge <small>(There are 108 factors that can contribute to obesity⁴)</small>	Recognise human systems are complex ⁵ and sustainable change takes time; Focus on long-term goals (success criteria); CYPF and wider stakeholders inform dynamic learning & review, reflecting lived experience leading to continual improvement in approach: bespoke solutions – listen - adapt – change – empower
Be based on the lived experience of the population served	Focus on relationships; support connections between people; build / facilitate community assets; collaborate; recognise the strengths and limitations of services and the strengths of community / people; empower people; health literacy. Use of Appreciative Enquiry and approaches that recognise the complexity of lived experience and importance of relationships
Have a strong focus on prevention	Be asset based; enable people and communities to thrive; influence determinants wherever possible; ensure early access to help if needed
Tackle inequalities	Recognise the role and impact of social inequalities and determinants in shaping lives and use this to inform what is done to make a difference
Be delivered in line with the iThrive model	Framing the approach in terms of thriving; information & advice; getting help; getting more help; getting risk support

⁴ [Tackling obesity: future choices - project report \(2nd edition\) \(publishing.service.gov.uk\)](#)

⁵ [Human Learning Systems](#)

Phases of the Action Plan 2023 – 2033: Reviews to use this framework.			
Year & Phase	Characterised by	System Status:	End of Phase Position re Success Criteria
Phase 1 2023-2025 Year 1 & 2	<ul style="list-style-type: none"> Establishing / enhancing building blocks for change Developing a shared endeavour across system including with relevant adult services Communication across system – sharing the vision (the success criteria): Dynamic learning with annual review (i.e. learn, develop, change and adapt if necessary) End of Phase 1 Review, with Plan reviewed and refined for following phase(s) 	Status: Emerging/developing (Forming) <ul style="list-style-type: none"> Initial design implementation Bring together system stakeholders to achieve collaborative advantage Workforce development & empowerment Learning from CYPF & stakeholders beginning to inform system development / progress Identify gaps and develop solutions Quick wins possible 	<u>Low impact</u> <ul style="list-style-type: none"> Limited effect on trends
Phase 2 2026-2028 Year 3 -5	<ul style="list-style-type: none"> System changes embedded Shared understanding of endeavour in place Communication across system – reinforcing the vision / staying on track (success criteria) Dynamic learning with annual review (i.e. learn, develop, change if necessary)End of Phase 2 Review, revisions will lead to updated Plan for following phase 	System status: Maturing (Norming) <ul style="list-style-type: none"> System offer established as reflected in graphic Some medium to longer term benefits being realised System beginning to realise collaborative advantage Workforce capability increases Learning from CYPF & stakeholders informing system development / progress System solutions improve 	<u>Moderate impact</u> <ul style="list-style-type: none"> Slow down worsening trends Stop worsening trends Improving trends continue to improve
Phase 3 2029-2033 Year 6 to 10 and on-going / sustainable	<ul style="list-style-type: none"> System design ambition reached and fully functioning Shared endeavour normalised Communication across system increasingly informed through references to impact being made Dynamic learning with annual review (i.e. learn, develop and change if necessary)End of Phase 3 Review, with decision on continuing beyond year 10 	System status: Fully embedded (Performing) <ul style="list-style-type: none"> System effective – impacting positively on trends Medium to longer term wins being realised System stakeholders maximising collaborative advantage Learning from CYPF & stakeholders continuing to inform system development / progress 	<u>High impact</u> <ul style="list-style-type: none"> Improving trends

PLYMOUTH: COMPASSIONATE APPROACH TO CYP HEALTH & WEIGHT

CONCEPTUAL GRAPHIC OF WHOLE SYSTEM SHARED ENDEAVOUR SUPPORTING COLLABORATIVE ADVANTAGE

CYP HUB & SPOKE

GETTING MORE HELP / RISK SUPPORT & MANAGEMENT

Specialist MDT clinic with individualised multi-component care plans

CYP SYSTEM COMMUNITY

GETTING ADVICE / GETTING HELP GETTING MORE HELP

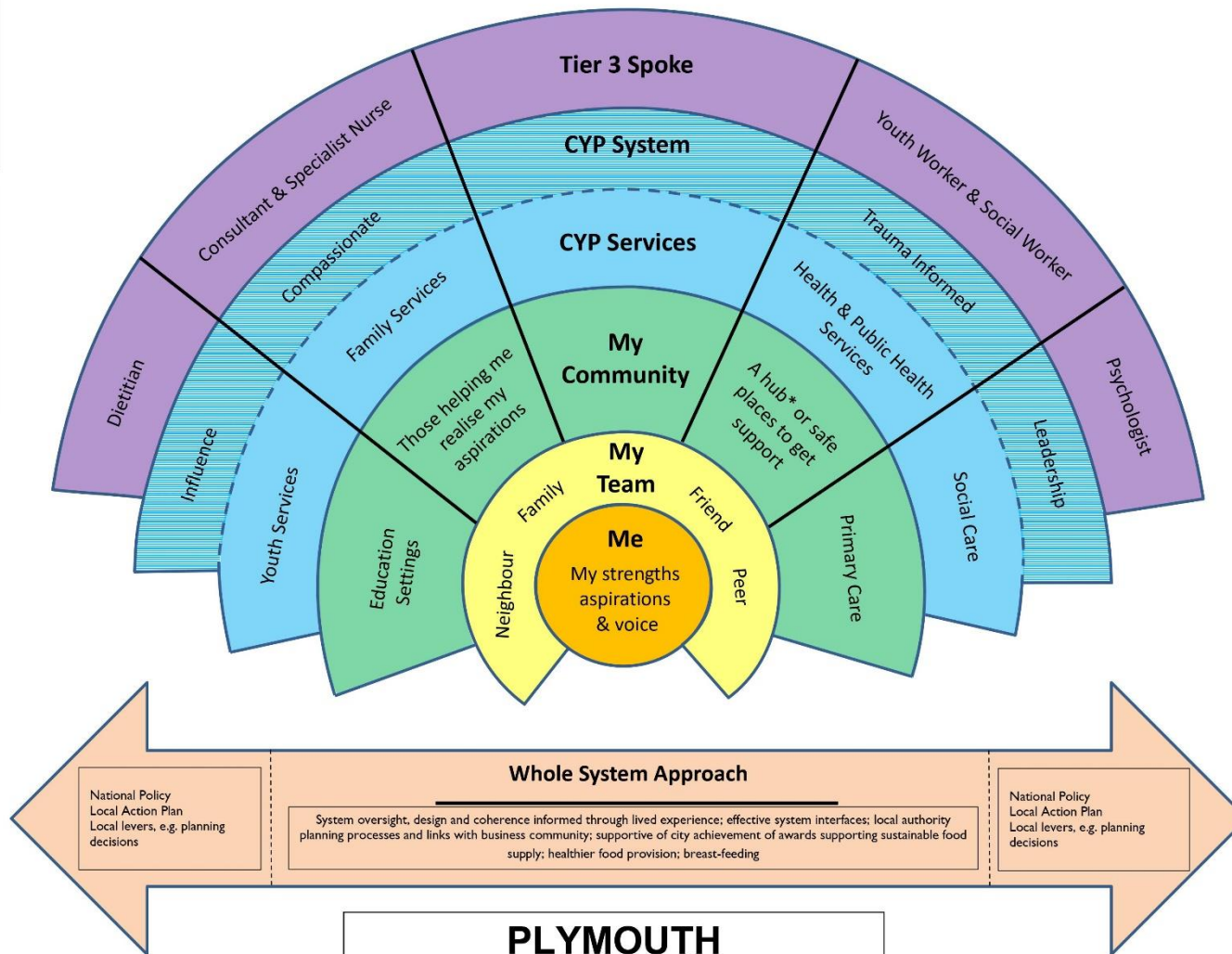
Supporting health gains through conversation, information, advice and support

CYP SYSTEM & COMMUNITY

THRIVING / GETTING ADVICE

Building health literacy, resilience and wellbeing through:
 Locally based support Networks / Peer support
 All Hubs
 Social prescribing
 Access to services including primary care
 Digital platforms

³Hubs include:
 Family & Wellbeing Hubs



"I will achieve health gains* with support from:"

- "A specialist team that will support me if I have complex medical issues associated with my weight"
- "Children and young people services that I have a relationship with"
- "Safe networks and places I can go in my local community"
- "My close social networks who are important to me"
- "The leaders in my city who make decisions that affect me"

***Health gain:** a measured improvement in the health of a person or a population
 Source: National Institute for Health and Care Excellence
[Glossary | NICE](#)

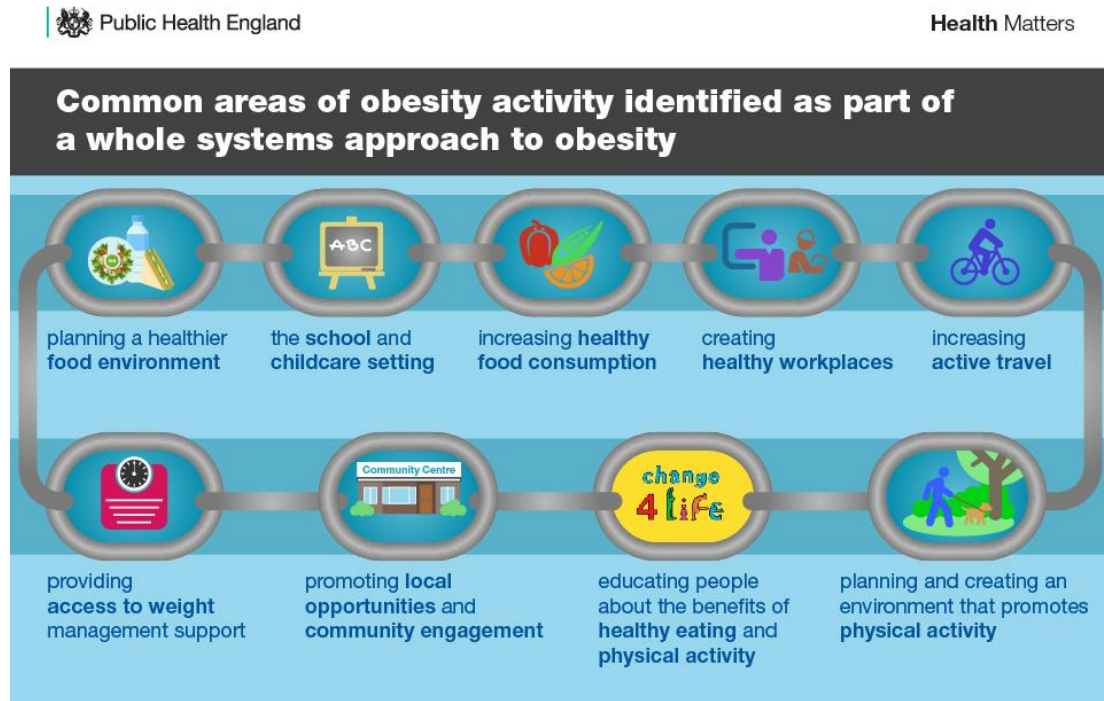
Plymouth: Our Action Plan 2022-2032

A compassionate approach that supports health gains for children and young people with respect to weight

“A local whole systems approach responds to complexity through an ongoing, dynamic and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long term systems change”.

[Health matters: whole systems approach to obesity - GOV.UK \(www.gov.uk\)](https://www.gov.uk/health-matters/whole-systems-approach-to-obesity)

Whole systems approach



[Health matters: whole systems approach to obesity - GOV.UK \(www.gov.uk\)](https://www.gov.uk/health-matters/whole-systems-approach-to-obesity)

What is a compassionate approach to weight?

There are mixed messages regarding, food, weight, body image and health. Views on what is 'healthy' and what a 'healthy body' looks like can be very rigid. People, in general, can identify what 'healthy' or 'unhealthy' choices are, but struggle to put this into practice. For the vast majority of people, dieting or restricting food for weight loss only works in the short term, potentially leading to harmful weight cycling and disordered eating patterns; behaviours we wish to prevent especially amongst our children and young people. Obesity disproportionately affects disadvantaged communities and is strongly associated with inequality. Most interventions focus on individual responsibility to change behaviour, without addressing the underlying determinants that impact on health, wellbeing and people's ability to take care of themselves. Feelings of shame around weight are not motivators for change nor effective in eliciting long-term behaviour change. What makes matters worse for individuals is that they have little control over the socioeconomic factors that influence the quality of their diet and opportunities for physical activity.

A compassionate approach:

- Is sympathetic and realistic regarding circumstances and human behaviour
- Takes away individual blame and challenges assumptions
- Builds up an individual's strength, self-efficacy and self-worth, and provides a clear message that everyone is valued and are "good enough".
- Intervenes upstream at a population/community level wherever possible and makes individual intervention a last option
- Accepts and respects the inherent diversity of body shapes and sizes, and that we can promote health and wellbeing without focusing on being a certain body size
- Is a 'gentler' approach to food and nutrition that supports a positive relationship with food and eating; does not place moral value on one food over another; does not shame or police
- Supports physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose
- Recognises that this is a long term approach

(Adapted with thanks from Doncaster Council – who are a trailblazer in this work and coordinate a national Practice Group on the compassionate approach)

ACTION PLAN 2023-2028 (PHASES 1 AND 2)

The Plan brings together existing and new activity to support a coherent whole system approach (as reflected in the graphic – page 8). This creates the opportunity for a high level of collaborative advantage through which we will aim to achieve the ambitious success criteria set out. It is expected that actions and in some cases priorities will change and adapt, informed through system learning and also reflecting changing circumstances (complexity). This is key to ensuring we make progress over the 10 years toward achieving our success criteria through our shared endeavour

Strategic Focus	Priority	Action	Outcome and / or End of Plan Position	Phases covering duration of action			Lead
				Phase 1 (Year 1-2)	Phase 2 (Year 3-5)	Phase 3 (Year 6-10)	
Whole System Development							
	A1 System Optimisation	<ul style="list-style-type: none"> Optimisation Group initiated by December 2022 comprising key stakeholders Routinely meets across lifetime of Plan Reports to Healthier and Happier Strategic Partnership 	Success criteria achieved				Public Health / System Optimisation Group
	A2 Reporting to Child Poverty Working Group (CPWG) ⁶ – see Action B5	<ul style="list-style-type: none"> Provide updates to CPWG on relevant Actions noted in this Plan Seek support and influence to address challenges or take opportunities 	3 year target Reduce the prevalence of overweight including obesity in the most deprived areas ⁷ of the city in Reception and Year 6 compared to baseline NCMP data (2021 / 2022 academic year)				Public Health
	A3 Active to Thrive Strategic Plan	Ensure the plan is aligned to Active to Thrive across the whole 10 years and supports delivery of activity of benefit to CYPF	Children and Young People have positive physical activity experiences that encourage a lifelong love of				Active Devon / System

⁶ [Child Poverty | PLYMOUTH.GOV.UK](https://www.plymouth.gov.uk/child-poverty)

⁷ Agree most deprived areas based on the 5 schools that report the highest proportion of children who are overweight (overweight and obese)

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			movement and enable improved resilience and wellbeing.				Optimisation Group
	A4 Contribute to city being a Sustainable Food Place (City) ⁸	Align relevant activities in Plan wherever possible and ensure they are captured to support Sustainable Food Places Framework e.g. Best Food Forward (BFF) Award	Achievement of Sustainable Food Cities Silver Award (on-going up to 2028) X number of food providers will have signed up to the BFF scheme and received an award / certificate for a high number of pledges / commitments As a consequence of BFF award children and families will choose more healthier options if these are offered				System Optimisation Group / Food Plymouth
	A5 Contribute toward case for implementation of Healthier Food Advertising Policy Toolkit ⁹	Learn from other trailblazers, use evidence base from London and work with Sustain to explore implementation of a LA-wide policy to limit unhealthy food advertising across city	Advertising space in the city has shifted from promotion of unhealthy to healthier food products There is little or no impact on revenue for businesses and the LA				PCC (Transport) / Sustain
	A6 Planning decisions support 'healthy places'	Input into planning process / decision in respect to take-away outlets and proximity to education settings Explore scope of influence to include leisure (Plymouth Active) and other health promoting facilities (hospitals, health centres, WB hubs)	Decisions limit increase in take-away outlets close to education settings or those with a clear health focus				PCC / Public Health
	A7 Develop on-going communication strategy	Agree Phase I Plan that covers: <ul style="list-style-type: none"> Promotion of Plan / Graphic Workforce Development offer 	Stakeholders are well informed and able to support and / or benefit from Plan				Public Health & PCC / wider system Comms

⁸ [Members | Sustainable Food Places](#)

⁹ [Healthier Food Advertising Policy Toolkit | Sustain \(sustainweb.org\)](#)

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		<ul style="list-style-type: none"> Local Offer – ‘Our Plymouth’ Stigma / Language Annual review of priority areas for following year					Teams tbc (cm/ds)	
	A8	Information on local offers and support is available online	Build on ‘Our Plymouth’ online ‘Community Self-Help Map’ to provide information on local healthy lifestyle offers and support for CYPF Help your local community - Our Plymouth	Map is reported as being known and used by organisations and communities				PCC
	A9	Improving the health literacy of the population	Maximise access to information and resources for individuals, families, communities and all stakeholders	Relevant information and resources are reported as being easy to access and helpful				System Optimisation Group
	A10	Learning from best practice re compassionate approach / whole system working	On-going collaboration with key trailblazers Bolton; Doncaster; Gloucester (and others identified over lifetime of Plan)	Learning and reflecting from various trailblazers can be shown to have informed our system Learning from delivery of our Plan has been utilised by other trailblazers (areas)				Public Health
	A11	Develop Social Prescribing offer	<ul style="list-style-type: none"> Task and Finish Group implemented Pilot(s) is /are developed and evaluated If successful - learning used to incrementally roll out across system 	Delivery of Pilot(s) Roll out of service CYP receiving social prescribing offer have improved wellbeing and engage in activities / groups that lead to health gains				CYP Social Prescribing Steering Group
	A12	National Child Measurement programme	Work with local; regional and national planners to support improved wording on NCMP promotion & outcome communication sent to families reflecting a compassionate approach	Improved communication to families Improved experience by parents / carers Reduction in complaints from families				Public Health

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		Explore use of findings from KENT from their work on improving the parent / carers experience of NCMP					
	A13 Food Systems Equality Project (all age)	Undertake a 5 year research project involving the University of Plymouth, led by the University of Reading, using co-design, co-production and participatory methods. Innovating products, supply chains and policies relating to healthy and sustainable diets.	Changes identified and implemented to the food system to deliver improved nutritional public health and wellbeing for citizens from disadvantaged communities with enhanced environmental sustainability				University of Plymouth
My Team and My Community							
Note reference to cost of living indicates action has direct impact to help mitigate impact of cost of living challenges 2022/23	B1 Engaging with communities	(a) Promotion of Plan within communities via existing networks; Wellbeing Hubs / Family Hubs / Education Settings / other community networks	Community networks in all localities across the city are aware of Plan				PH & PH Engagement Team
		(b) Consultation, evaluation and appreciative enquiry methods are utilised to ensure voice of child, young person and family is heard across lifetime of Plan including for annual reviews and end of phase reviews	Insight, feedback and views from children, young people and families influence local offers, services and system design				System Optimisation Group
		(c) <ul style="list-style-type: none"> Establish small budget for proof of concept (Approx. 3-5K) Agree process for local people /groups to access funding to develop grass roots activity in support of Plan 	Proof of concept tested Community members engage in activity to support Plan and support health gain / benefits for individuals				PH/TBC

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	<p>B2 Maximising take up of Healthy Start (Cost of living)</p>	<p>(a) Routine and on-going promotion</p>	<p>Steady uptake over each year</p>				<p>Public Health (c/m)</p>
		<p>(b) Registration drive at drop-in clinics in support of changes in 2022</p>	<p>Parent(s) / Carer(s) attending are supported to register Numbers for city are increased over period of drop-ins</p>				<p>Public Health & University of Plymouth staff and students</p>
	<p>B3 Improving families knowledge on early child healthy lifestyles</p>	<p>Source and distribute the Food Talk Game to all CC Clusters and linked early years settings, City College, UoP and PMU students</p>	<p>Families report use of information learnt</p>				<p>EPS</p>
	<p>B4 Maximising take up of Fit and Fed¹⁰ (Cost of living)</p>	<ul style="list-style-type: none"> • Delivery of events to eligible CYP • Annual Review 	<p>Number of places taken up maximise the number on offer</p>				<p>Sports Development Unit / Community Connections</p>
	<p>B5 Delivery of Child Poverty Working Group (CPWG) actions (Cost of living)</p>	<ul style="list-style-type: none"> • Increase access to and take up of health promoting activities – including access to setting / travel / support (connecting) • Promote healthy food options across city in line with Plymouth’s ‘Best Food Forward’ award scheme • Support development of cookery ‘classes’ for students and parents in areas of high child poverty (sustainable / locally grown / supply chains / affordable) 	<p>3 year target- Reduce the prevalence of overweight including obesity in the most deprived areas of the city in Reception and Year 6 compared to baseline NCMP data (2021 / 2022 academic year)¹¹</p>				<p>Child Poverty Working Group and Public Health</p>

¹⁰ [Fit and Fed | PLYMOUTH.GOV.UK](https://www.plymouth.gov.uk/fit-and-fed)

¹¹ This is focussed on the 5 schools identified as being consistently in the highest reported levels of overweight and very overweight

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	<p>B6 Increasing access to Cooking Sessions (Cost of living)</p>	<ul style="list-style-type: none"> • Delivery of sessions across city with more sessions available in areas of higher deprivation • Continue across Yrs 1, 2 and 3 	Families report use and benefit at home following attendance				Food is Fun / (CC)Family Hubs	
	<p>B7 Increasing awareness of how to make nutritious and affordable meals (Cost of living)</p>	Food Aid providers collaborate to create or signpost 'customers' to videos / resources to help make meals for families with children	<p>Videos / resources are used</p> <p>Feedback from Food Aid customers is positive</p>					Food Aid providers
	<p>B8 Increasing the number of breastfeeding friendly venues in city</p>	Promote engagement of settings across Plymouth to achieve the Latch On Breastfeeding Welcome Kite mark ¹²	Number of quality assured settings that welcome Mums to breastfeed is increased compared to baseline					Latch-On; / Maternal Infant Child Nutrition Group
	<p>B9 Improving infant nutrition through Family Hubs and associated networks</p>	<p>(a) Breastfeeding Peer Support Groups are supported and developed further in line with service expectations agreed with DfE and DHSC (OHID)</p>	<p>Numbers engaging in Peer groups increase over a year</p> <p>Peer Groups reflect communities they are based in</p> <p>Increase in proportion of women continuing to breastfeed at 6-8 weeks</p>					Maternal Infant Child Nutrition Group
		<p>(b) Partnership working between maternity, health visiting and peer support teams</p>	<p>Increase in proportion babies whose first feed is breastmilk</p> <p>Increase in proportion of women continuing to breastfeed at 6-8 weeks</p>					Maternal Infant Child Nutrition Group
	<p>B10 Maximising the role of Education Settings</p>	<ul style="list-style-type: none"> • Enhanced HCQM focus on nutrition; sustainability and activity and wellbeing 	Schools achieving award over this period will have demonstrated commitments in these areas					PCC Education, Participation and Skills

¹² [LA-Kitemark-leaflet-FAW-140319.pdf \(plymouth-latchon.org.uk\)](https://www.plymouth-latchon.org.uk/LA-Kitemark-leaflet-FAW-140319.pdf)

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	<ul style="list-style-type: none"> • Link with BFF scheme (above) 					
	<p>(b)</p> <ul style="list-style-type: none"> • School Food Standards Pilot delivered • On-going Audit embedded 	<p>Audit provides intelligence on current food standards and where required actions for schools to achieve the standard</p> <p>95% of schools achieve standard by 2025</p>				PCC Environmental Health Service / Devon Trading Standards
	<p>(c) Explore with Active Devon in Phase One Year One opportunities to:</p> <ul style="list-style-type: none"> • Support /enable structured and unstructured play in Early Years Settings • Develop intergenerational play opportunities to support movement across the family unit 	<p>Develop opportunities yes/no. If yes Action to be updated with following possible outcomes:</p> <p>More children in early years' settings are engaged in structured and unstructured play to support their physical literacy.</p> <p>Children enjoy play and want to repeat it.</p> <p>Families involved with intergenerational play opportunities report benefit</p>				Active Devon /
	<p>(d) Promotion of the 'Daily Mile', 'Walk to School' and 'Cycle to School' in partnership with schools and EY settings</p>	<p>Increase (from baseline) in amount of schools signed up and undertaking regular activity as part of school day</p> <p>90% by 2032</p>				Public Health / Education Participation and Skills Active Devon / School Sports Partnership
	<p>(e) Findings are reviewed from the Plymouth Pathfinder (Sport England) project to engage and support children and young people with</p>	<p>Learning is used to inform service planning and design across system</p>				Active Devon / System

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		trauma and SEND, improving their resilience and wellbeing to make better life choices into adulthood				Optimisation Group
	B11 Improving access to activity – in schools	(a) Test resources to support schools to increase physical activity within school-time or as a home learning activity	Learning is used to inform service planning and design Increased physical activity in school-aged children targeted by the intervention(s). Children enjoy the activities and want to repeat them			Public Health / Schools
		(b) Explore with Active Devon in Phase One Year One • Schools have the opportunity sign up to the Creating Active Schools Framework (CAS)	Develop opportunities yes/no. If yes Action to be updated with following possible outcomes: Schools are aware of the benefit of adopting an active schools approach and /or have signed up to the Creating Active Schools Framework			Active Devon / Plymouth School Sports Partnership
	B12 Improving access to activity – in the community (Cost of living)	(a) Targeted use of vouchers to support transport to and / or engagement in activity with a school in area of high deprivation	Learning is analysed and used to inform system and service planning and design Those taking up use of vouchers report benefit			Public Health / School
		(b) Explore with Active Devon in Phase One Year One Wider access to school facilities beyond school day (community)	Develop opportunities yes/no. If yes Action to be updated with following possible outcomes: Schools are aware of the support, resources and guidance available to them to enable them to open their school facilities beyond the school day.			Active Devon / Plymouth School Sports Partnership

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			Increased offer for communities to engage with physical activity in school based facilities beyond the school day. An increased number of CYP and pre/post-natal people take up the offer.				
		(c) Develop and support opportunities for sport and physical activity in the community via leisure centre(s), sports club(s) or independent activity	Increased opportunity to engage with physical activity in community An increased number of CYP and pre/post-natal people take up the offer				Sports Development Unit
	B13 Increasing food choices for Secondary School aged CYP	Create a higher nutritious burger (compared to outlets in city) and test in a secondary school in partnership with a professional Chef / School Catering Company / School	Feedback on burger is positive including CYP stating they would choose this again Burger can be produced at scale and is economically viable If positive <ul style="list-style-type: none"> • Feedback shared with education catering providers • Feedback shared with take away outlets across city to promote possible wider use				Public Health / School / Professional Chef
CYP System (Services)							
	CI Complications from Excess Weight Pilot - UHP implementation	Successful completion of the Pilot (2021-2023) Implementation and embed (2023/2024)	Pilot delivered and reports positive outcomes On-going delivery				University Hospital Plymouth

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	C2 Achieve effective interface across T3 CEW Service and wider system offer	(a) Engagement in Devon HW Steering Group covering initial Pilot period up to 2024	Attendance at meetings (On-going)				University Hospital Plymouth / Public Health
		(b) Development of innovative 'pathway' that links CYPF engaging with T3 with opportunity to take up activity / support of their choice in their community	CYP and families waiting to engage with T3; during engagement with T3 and following discharge from T3 are aware of support CYPF engage with activity / support of their choice				University Hospital Plymouth / Public Health
	C3 Obesity in pregnancy	(a) Promote benefits of a healthy pregnancy to women of childbearing age Ensure access to appropriate information, advice and support on healthy eating and physical activity to promote a healthy pregnancy	Pregnant women report use of information, advice or support to promote a healthy pregnancy prior to conception and in early pregnancy				Maternal and Infant Nutrition Group
		(b) Promote being active for ante-natal and post-natal women through improving system wide awareness of information and resources available that support the CMO guidelines	Improved levels of activity				Active Devon
	C4 Implementation of new PHN Service offer	PHN (Health Visiting and School Nursing) offer to system is finalised and promoted Annual review	Offer is delivered and feedback from stakeholders is positive and used to improve service				Livewell Southwest
	C5 Rollout of Workforce Development programme	Annual Plan Developed Year One Awareness raising to be available for all of CYP system (including Plan / compassionate approach / resources / tools / roles) Brief Advice	Children's services across the whole system are able to provide opportunistic conversation and brief intervention to support health gains in respect to weight Paid and volunteer workers across system are more confident:				Public Health / System Optimisation Group

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		Stigma / language Yr 2 TBC Yr 3 TBC	<ul style="list-style-type: none"> in understanding their role as part of a shared endeavour in providing information, advice, signposting and where appropriate support in aligning their work with a compassionate approach 				
	C6 Effective interface with Adult System	Colleagues working in the Adult System and Children & Young People System, review and identify areas for improvement in regard to: <ul style="list-style-type: none"> Transitions Families SEND <p>These areas should be reviewed annually</p>	Safe and effective transition to adult services Where an adult (in an adult service) is a parent / carer (of children) then wherever possible information, advice and support will take account of children				Public Health / Livewell Southwest / Livewell Southwest tbc
	C7 Effective interface with system responding to CYP eating disorders	Ensure on-going links with colleagues working within eating disorders services	Clarity of system offers and messaging No communication and messaging should increase risk of disordered eating Collaborative advantage gained Wider system aware of responsibility re communication and messaging				Public Health / Livewell Southwest / University Hospital Plymouth ICS MH Commissioning
Inequalities							
	D1 Ensure populations at higher risk of overweight or obesity have access to local offers / services	(a) Agree on specific populations to focus on e.g. <ul style="list-style-type: none"> CYPF in areas of higher deprivation CYP with a medical or biological condition that places them at higher risk of obesity SEND 	CYPF from any of the identified populations: <ul style="list-style-type: none"> have early access to information, advice and support when needed are able to take up local offers or access services that can contribute to reducing risk 				Various linked to populations / Public Health

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		<ul style="list-style-type: none"> • Ethnicity • Children in Care <p>Develop plans to ensure equity of service access or local offers and access to information and advice; to be informed through the voice from these populations</p>					
		(b) Review current mechanism for early identification of CYP with a medical or genetic condition that places them at higher risk of obesity and identify any actions for improvement	Health professionals are able to routinely provide information, advice, support and signposting to local offers and services				Public Health / Livewell Southwest/ University Hospital Plymouth
	D2 Digital Poverty	All messaging and communications focused on families and the community must take account of digital poverty to ensure maximum reach	Children, young people and families without any or adequate digital access continue to have access to and receive information that is available to all				All

Guidance / Resources:

- [Whole systems approach to obesity - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Health matters: whole systems approach to obesity - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Human Learning Systems | Centre For Public Impact \(CPI\)](https://www.cpi.org.uk)
- [Tool - Single Double Triple Loop Learning.pdf \(tamarackcommunity.ca\)](https://www.tamarackcommunity.ca)
- [I.-Exploring-the-New-World-Report-MAIN-FINAL.pdf \(collaboratei.com\)](https://collaboratei.com)
- [Childhood obesity: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Getting research into practice: A resource for local authorities on planning healthier places](https://www.gov.uk)
- [Tackling obesities: future choices - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Weight management: lifestyle services for overweight or obese children and young people \(nice.org.uk\)](https://www.nice.org.uk)
- [MAC01741_NN_UK_HCP_Obesity_Guidelines_FA1a \(easo.org\)](https://www.easo.org)
- [Weight-Stigma-Position-Statement.pdf \(obesityhealthalliance.org.uk\)](https://www.obesityhealthalliance.org.uk)
- [UK Chief Medical Officers' physical activity guidelines for disabled children and disabled young people: infographic \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- [Physical activity for early years: birth to 5 years \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- [Physical activity for children and young people: 5 to 18 years \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- [Doncaster's Compassionate Approach to Weight - Doncaster Council](https://www.doncaster.gov.uk)
- [School sport and activity action plan \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- [School food standards: resources for schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Early years high impact area 4: Supporting healthy weight and nutrition - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Thrive Plymouth | PLYMOUTH.GOV.UK](https://www.plymouth.gov.uk)
- [People Connecting through Food | PLYMOUTH.GOV.UK](https://www.plymouth.gov.uk)
- [Future health challenges: public health projections - childhood obesity | Local Government Association](https://www.local.gov.uk)
- [National Child Measurement Programme, England 2020/21 School Year - NHS Digital](https://www.nhs.uk)
- [Public health profiles - OHID \(phe.org.uk\)](https://www.phe.org.uk)
- [Changes in the weight status of children between the first and final years of primary school - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Qualitative opportunities into user experiences t2 t3 weight management services.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- [Changing behaviour in families \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- [Pervasiveness, impact and implications of weight stigma - eClinicalMedicine \(thelancet.com\)](https://www.thelancet.com)
- [A systematic review to identify the programme characteristics, and combinations of characteristics, that are associated with successful outcomes \(ioe.ac.uk\)](https://www.ioe.ac.uk)
- [Changing the narrative around obesity in the UK: a survey of people with obesity and healthcare professionals from the ACTION-IO study | BMJ Open](https://www.bmj.com)
- [A community-based motivational personalised lifestyle intervention to reduce BMI in obese adolescents: results from the Healthy Eating and Lifestyle Programme \(HELP\) randomised controlled trial - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov)