

24 September 2025

Subject:	Director Public Health Report 2024
Presenting officer	Liann Brookes-Smith
and organisation	Previous Interim DPH
	Consultant Public Health
Purpose of report	Information and Consideration

1. Recommendations

- 1.1 To note and discuss the annual report of the Director of Public Health report for 2024, attached at Appendix.
- 1.2 To note the recommendations set out in the report set out at the Appendix and re-consider at a future meeting once the Health and Wellbeing Strategy and its priorities are approved.

2. Links to workstreams set out in the health and wellbeing strategy

Healthy	The report highlights programmes such as Get Set Go!
communities	Friar Park, Active Green Spaces, pitches strategy and
	PlayZones. These build social connections, support
	healthier lifestyles, and reduce inequalities by working
	with voluntary, faith, and community partners.
	Programmes are co-produced with residents.
Primary care	There are two main areas, where primary care can turn
	to for support on children who are an unhealthy weight,
	and also women who wish to conceive or who are
	pregnant and an unhealth weight.
Integrated town	Each town has access to Family Hubs and tailored
Teams	activities, aligning with Integrated Town Teams to
	provide localised, community-driven action on obesity
	and physical inactivity. Access to the physical activity
	offers and support for good nutrition.
Intermediate care	A longer term potential for exercise referral pathways.

Care navigation	There are two main areas, where primary care can turn
	to for support on children who are an unhealthy weight,
	and also women who wish to conceive or who are
	pregnant and an unhealth weight.

3. Context and Key Issues

- 3.1 In 2023–2024, 73.5% of children in Reception in Sandwell were a healthy weight. This is slightly below the national figure of 76.8%, a difference of 3.3 percentage points. By Year 6, the proportion of children at a healthy weight in Sandwell falls to 53.0%, which is 9.5 percentage points lower than the national average of 62.5%. A growing number of children are also underweight creating a dual challenge.
- 3.2 Unhealthy weight in childhood is a health challenge for Sandwell, the implications on long term wellbeing are far reaching. Children who are an unhealthy weight are more likely to be an unhealthy weight as adults, increasing their risk of developing diabetes, cardiovascular disease and poor mental wellbeing. Without change to the current patterns in unhealthy weight; the long term costs to health, wellbeing and society will be immense.
- 3.3 Sandwell has already taken important steps. Family Hubs provide early support, the Choices programme strengthens schools' approaches to healthy living, physical activity is promoted through Street Tag, Daily Mile and cycling schemes, a pitches strategy for sports and community-led projects such as Get Set Go demonstrate the power of local coproduction. However, gaps remain, and many local environments do not enable healthy lifestyles.

4. Engagement

- 4.1 One of the recommendations of the report is to hold a summit. The summit will bring together all partners and set the programme of work of with full visibility of partners. To generate a Borough wide Healthy Weight System Plan (2026–2028), with a published work programme and quarterly public dashboard. This will work across Council, ICS, schools, leisure and the voluntary sector with shared outcomes and pooled resources.
- 4.2 Although within the work of the team there has been engagement in the areas of:
 - Community co-production: Initiatives such as Get Set, Go Friar Park were designed with residents from the outset, avoiding "parachute in,

- parachute out" approaches. This included schools, faith groups, food providers, and community centres.
- Public Health Development Officers (PHDOs): Located in each of Sandwell's six towns, PHDOs act as connectors between residents, schools, GPs, voluntary groups and statutory services. They strengthen referral pathways, build town-level networks, and support localised health improvement work.
- Schools and families: The Choices Team engages schools, pupils, parents, cooking workshops, nature walks, supermarket tours, and growyour-own activities.
- Voluntary and community sector: Partnerships with organisations such as SCVO, Open Heaven, Groundwork, and local clubs ensure delivery is embedded in trusted community assets.

5. Implications

6.

This report has no implications for the council other than to be a Director of Public Health assessment of the needs in Sandwell. Taking forward the recommendations will require:

Resources:	Major reliance on the Public Health Grant, Sport England funding (£1.28m development phase for place-based expansion), Football Foundation investment, and Commonwealth Games legacy resources.
	Staffing pressures highlighted: delivery requires Public Health Development Officers (PHDOs), Choices Team, Family Hub staff, and commissioned providers. Capacity is stretched and sustainability of workforce and pilots is a risk.
	Land/buildings: playing pitches, leisure centres (e.g. Aquatics Centre, Tipton Leisure Centre, Portway), parks and green spaces are central to delivery. Investment needed in pitch quality, 3G capacity, and leisure centre refurbishments
Legal and Governance:	NCMP is mandated nationally (Department of Health & DfE, 2005) and provides statutory data on child weight.
	National regulations on calorie labelling (2021), HFSS advertising restrictions (2022, 2025), and School Food Standards apply.

	Local planning powers (restricting hot food takeaways near schools) and procurement/catering standards are legal levers.
	Governance recommendation: create a Healthy Weight Board under the Health and Wellbeing Board with system accountability and pooled resources
Risk:	Risks include: rising obesity despite interventions, widening inequalities between wards, short-term funding, reliance on external grants, low programme completions.
	Mitigation: embed programmes (Choices, HENRY) in Family Hubs and schools; governance through HWBB; pooled funding; evaluation and dashboards for monitoring.
	Health and safety: leisure/pitch upgrades needed (poor drainage, unsafe facilities). Insurance risks not directly covered but implied in safeguarding duties
Equality:	No real disparity of unhealthy weight across ethnicity, although tool may over-identify unhealthy weight in ethnic groups. The report highlights that childhood obesity is not evenly distributed across Sandwell's population. Children from more deprived wards experience higher rates of unhealthy weight and associated health conditions.
Health and Wellbeing:	Central focus: tackling unhealthy weight in childhood to reduce future diabetes, cardiovascular disease, mental health issues, and inequalities.
	A system plan approach to linking early years, schools, leisure, planning, food environments, and targeted weight management
Social Value:	Community co-production (e.g. resident-led Friar Park activities, Shop Tours with Lidl, Food Pantries, SCVO grants) generates local employment, skills, and volunteering. Investment in leisure, pitches, and green spaces
Climate Change:	supports local clubs, young people, and businesses Indirect references: promoting active travel (walking, cycling, WOW, Bikeability), safe routes to school, and green space activation, all reduce car use and emissions

Corporate	Whole-school and Family Hub approaches, plus
Parenting:	recommendations for "every school including the
	virtual school," show Corporate Parenting duties are
	recognise.

7. AppendicesDirector of Public Health Report 2024

8. Background Papers None