WMCA Wellbeing Board

Date	31 October 2018
Report title	Addressing Childhood Obesity in the West Midlands – framing the WMCA contribution
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Report has been considered by	

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

- Consider and endorse a WMCA approach to combatting childhood obesity based on the options proposed in this paper, including the 'quick wins' outlined in paragraphs 18a and b.
- Agree to forming a Wellbeing Board sub-group (with identified chair) to develop, support and track progress against the agenda.
- Consider which Wellbeing Board recommendations should be put forward for consideration at full WMCA Board

1. Purpose

The purpose of this report is to:

- Give shape to a WMCA approach to combatting childhood obesity levels in the West Midlands – responding to a clear regional evidence base and the case for change set out within the Government's Childhood Obesity Plan.
- Develop a series of options for the WMCA to consider – ranging from short term actions that signal intent; to longer term policy proposals. The complex and systemic nature of the issue means that collaboration and partnership working lie at the heart of each of these options.
- Form the basis of a set of WMCA proposals – which would be developed in line with health and other public service partners, and delivered in partnership with Public Health England and the public health community within the region.

This report is not an attempt to "solve" a problem that is complex, multi-layered and which has considerable streams of work already dedicated to it. The WMCA acknowledges the leadership role local authorities have in addressing childhood obesity, this is about strengthening this work. The WMCA is not a service provider, and nor do we commission major services or direct resources at the problem in the way that our local government, NHS and education provider colleagues do. Rather, we believe that the WMCA has a role to play in offering political leadership, the scale to convene at a city-regional level, and the ability to bring networks and policies together to make a bigger difference to the next generation. This report is intended as stimulus for a discussion on how best we can do this.

2. Background

1. Obesity is a complex issue with determining factors that range from societal influences and socio-economic status to genetics, individual choices, food supply and the influence of culture and marketing. The implications for individuals, families, public services and society can be profound. There is no single intervention that can tackle the issue on its own.

2. The West Midlands obesity picture should worry us. At each age group referenced, obesity levels stood above the national average (Appendix 1 provides additional data).

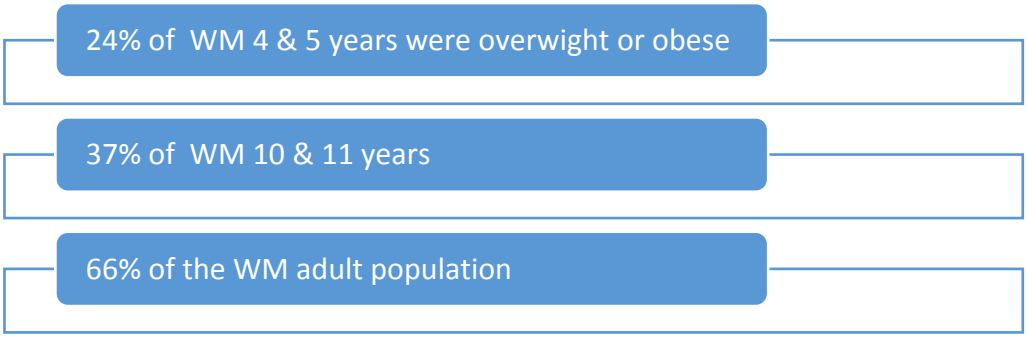

Figure 1: 2016 overweight and obesity date for the West Midlands (PHE)

3. Obesity in children is linked to a number of emotional, behavioral and physical impacts. Obese children are more likely to suffer for low self esteem, bullying and stigmitisation. In addition, high blood pressure, high cholestrol, bone and joint problems and breathlessness are all associated with obseity in children. The cumulative impact can affect school attendence, attainment and readiness

for adulthood and employment. Overweight and obese children are also more likely to stay obese into adulthood and more likely to develop cardiovascular diseases, diabetes, musculoskeletal disorders and certain types of cancers at a younger age than those with a healthy weight.

4. Obese adults continue to be more likley to suffer from physical and mental health conditions. This can reduce employment prospects and also result in short and longer term absences from work. 'Presenteeism' can also be an issue, with health conditions associated with obesity affecting the ability of employees to undertake work properly. Obesity also reduces life expectancy.

5. Put simply, problematic obesity damages individuals, families and communities; and undermines the region's efforts to improve workplace productivity, economic and civic particulation and inclusive growth. The WMCA acting alone cannot solve these problems – but it can provide an over-arching paln,play a convening role, and can enable collaboration and change across sectors that evidence suggests can make a real difference.

Obesity Deprivation Gap

6. Evidence clearly shows that the existing instances and impacts of obesity are not evenly felt, a clear "Obesity Deprivation Gap" exists. Obesity is is more common among people from more deprivated areas, within some black and ethnic minority groups and for people with disabilities.
7. There is a strong relationship between deprivation and childhood obesity such that the obesity prevalence in the most 10% of deprived West Midlands children is double that of the 10% least deprived areas. This is why we need more upstream, structual action to address these inequalities.

Public Health England and WMCA data (Appendix 1)

8. The annual economic cost to society of obesity is £27bn in the UK. 16m days of sickness are attributed to obesity and the cost to the NHS is estimated at £6.1bn.
9. Obesity makes people less likely to be in employment, more likely to experience discrimination and for children, can seriously undermine the chance of leading a healthy and rewarding life.

The Government's Approach

10. The Prime Minister's introduction to the 2018 Childhood Obesity Plan Chapter 2 (appendix 2) sets out the issue starkly:

> *"…so when more than one in three children are obese and overweight by the time they leave primary school, and with these numbers only getting worse, it cannot be a question of whether we act to address this, but rather how"*

11. This report is not the place to address the wider political economy of childhood obesity, but we should note that the problem is determined as much by national economic economic choices as by individual decision making (as Sir Michael Marmot and others have long argued). Thus much of what the Prime Minister presides over in social and economic policy terms will have an impact on the issues whether explicitly recognised or otherwise.
12. Previous Governments have made the case for a more strategic approach to combatting obesity through a number of benchmark reports. The 2007 Government Foresight Report refers to the complex nature of obesity and groups numerous variables into 7 cross cutting areas:
    a. **Biology**: an individual's starting point, the influence of genetics and ill-health
    b. **Our activity environment:** environment's influence on an individual's prospensity to be physically active, for example a decision to walk or cycle may be influenced by the availability of safe routes with good quality surfaces and for example workplace showering provision.

c. **Individual physical activity:** the type, frequency and intensity of activities an individual carries out
d. **Societal influences:** the impact of society such as media, education, peer pressure or culture on choices.
e. **Individual psychology:** for example a person's individual psychological drive for particular foods and consumption patterns or physical activity patterns or preferences.
f. **Food environment:** the influence of the food environment on an individual's food choices, for example to get more fruit and vegetables may be influenced by the quality and availability of fruit and veegatables near home; and:
g. **Individual food consumption:** the quality, quantity (portion size) and frequency (eating patterns) of an individual diet.

13. The 2018 Childhood Obesity Action Plan Chapter 2 (appendix 2) introduced a number of initiatives aimed at addressing these aareas, headlined by a soft drinks industry levy and a number of additional measures including:
    a. Legislation: to **mandate consistent calorie labelling** on restaurant, café and takeaway menus.
    b. Public consultation**:** on **restrictions on price promotions** (two for one and multibuys) in shops, cafes, restaurants and takeaways as well as an end to the **promotion of unhealthy food and drinks at checkouts and ends of the aisle**s in store.
    c. Consultation on the best way to introduce a **9pm watershed restricion** on broadcast TV for unhealthy products to be mirrored online.
    d. A national ambition for every school to **adopt an active mile initiative** such as the "Daily Mile" as well as reviewing **how the least active children are being engaged** in physical activity in and around the school day. This is principally through the Government's Primary School PE and Sport Premium which was announced in the first Obesity Action Plan and funding doubled through the soft drinks industry levy.

14. There is also an increasing acknowledgement of the need for a system based response to deliver actions across a whole local system. This requires an increasing focus not only on decision making of the individual but on changing the environment to make a healthy diet and regular physical activity easier.
15. Local authorities and NHS partners are well-versed in the complex mix of public health, planning, health and social care, housing, education and social marketing interventions that are needed to create a system change. Almost nowwhere is doing it perfectly, espeically within a climate of austerity (including public health budget pressures) that make investment in prevention particular difficult. We do not underestimate the scale of the shared challenge here.
16. Around the world we can look at cities like Amsterdam and Oklahoma which show the role civic leadership and collective will (and the creative use of public transport, public estate and other public "goods") can play in systematic improvement. This is the inspiration we take here in the West Midlands (appendix 3).

Childhood obesity in the West Midlands –our proposed approach

17. We have established that childhood obesity (targeting 4-11 year olds) is a systematic problem and that solving it requires a generational shift and a whole sysyem change. We are realistic about what the WMCA can do as part of this shift. But we also want to be ambitious- reducing the prevalensce and the obesity deprivation gap; and restless to do better for all our children and their life chances within a region in which we want them to play a full part.
18. We propose therefore that our initial "quick win" focus with the Wellbeing Board and the WMCA will be on 3 elements:
    a. Continuing to **promote and deepen the West Midlands on the Move** agenda, increasing levels of physical activity for all age group and reducing inequalities in those taking part. We recognise that exercise can contribute to healthy childhood weight management, when combined with diet interventions and other actions on food.

i. ***Active Mile such as for example "the Daily Mile" –***PHE is encouraging all schools to sign up to doing an active mile**,** such as the Daily Mile. We will work with the Daily Mile Foundation, STPs, County Sports Partnerships and Local Authorities to encourage a West Midlands campaign to get as many young people doing the active mile.
ii. Promoting the ***"Parkride"*** Midland Mencap scheme promoting inclusive family cycling,learning the lessons from Sutton Park pilot with the potential to rolling out West Midlands wide.
iii. **West Midlands This Girl Can Activation** – subject to WMCA's funding agreement with Sport England, activate a social media campaign to get more young women from lower socio-economic groups and black and mintority ethnic communities to be active.

b. By working closely with **Transport for the West Midlands** and our place partners on specific interventions to improve the food environment, encouraging behaviour change in relation to healthy lifestyles and trial new ways of working that incentivise healthy and active lifestyles as part of an integrated transport network.
   i. ***Immediate actions to reduce junk food advertising*** – removing advertising for high fat, salt and sugar (HFSS) products on the back of bus tickets and creating a statutory basis removing HFSS advertising within an appropriate radius of schools.
   ii. ***Innovating using digital technology including Swift cards and apps ("Swift on the Move")–*** trialling the use of Swift within parks especially in our most deprived areas encouraging families to be active through gamification (placing sensors within parks and open spaces and potential incentive rewards for public transport travellors). We will work with "Beat the Streets" to learn and apply the lessons from mass participant schemes. (contrbuting to WMotM delivery).
   iii. ***Cycling and walking*** – building on efforts to embed cycling and walking witin integrated transport strategies to boost active travel for children, young people and their families such as Living Street's "Walk to School" initiatives and Local Cycling and Walking infrastructure plans (contributing to WMotM delivery).

c. *By* ***exploring a long term set of goals and policy priorities*** – potentially culminating in a "junk food ban" similar to other cities and a sustained social marketing and behaviour change campaign in partnership with Public Health England, local authorities and NHS partners. These goals and policy priorities could include:
   i. ***HFSS Food Advertising Ban*** – creating the robust business case for a meaninful advertising ban within the West Midlands. This will need to scope the long term revenue replacement costs and the potential to embed postive social marketing and attract advertising which aligns with the right principles.
   ii. ***Devolved use of the Sugar Tax*** – learning from the work done by London Authorities and NHS partners as part of their health devolution proposals. This would see the Sugar Tax receipts brought together at a regional levels and deployed for preventative activities in line with the WMotM strategic principles.
   iii. ***Consolidated regional campaign***- which would require the Mayorality and the WMCA to work with a range of partners (including PHE, NHS partners, schools, private and social sectors) as part of a concerted campaign focusing on the drivers of childhood obesity. This could be part sponsored and would need to be a key plank of the WM Mayor's political and policy campaign, similar to Oklahoma City and Amsterdam campaigns. For example, the Oklahoma City Mayor's lose 2m pounds campaign (Appendix 5) .Major events and initiatives such as the Coventry City of Culture and Birmingham Commonwealth Games can provide the catalyst to such a campaign.

Nearer to home, we can learn from local ,approaches, such as the City of Wolverhampton's Obesity Action Plan which started a social movement approach to obesity in 2014 with a target of reaching 1 miles and shedding 1 million pounds collectivity. We can explore the benefits of the West Midlands signing up to the Healthy Weight Declarations similar to areas like Blackpool,[i] promoting healthy weight and the health and wellbeing of the population.

iv. ***Social investment Potential*** to address problematic issues, by learning from the St Guy's and St Thomas Charitable Foundation and Big Society Capital partnership supporting health, with an empahsis on childhood obesity in the London Boroughs of Lambeth and Southwark. We will explore how social investment could support this West Midlands agenda.

i. ***Addressing the impact of childhood adversity*** –evidence suggest that toxic stress caused by childhood adversity alters brain development. Children with 4 or more Adverse Childhood Experiences are twice as likely to be obese, with poverty increasing the risk. Stress exposure in early life can affect children's dietary, physical activity, and other health behaviours such as lack of sleep, increasing their risk of overweight and obesity. This is linked to the WMCA's work on adversity in childhood (Appendix 5).

ii. ***Support local progress and approach in delivering the PHE "Whole Systems" approach to obesity*** which is due to be published in 2019. In partnership with the Local Government Association and Association of Directors of Public Health, thisaims to help local authorities deliver coordinated actions across a whole local system, including buying standards for food and catering services, healthy breakfast clubs and raising awareness of PHE tools.This will provide opportunity to further consider elements that could add value at a West Midlands geography.

iii. ***Realising our wellbeing design into future housing*** –WMCA and partners are design of wellbeing into our appraoch to delivering new housing, including the relationship with existing infastructure.This provides an opportunity long term, and needs to be coupled with campaigns with the community to encourage behaviour change.

iv. ***Out of school activities*** –getting young people active and encourage healthy weight management outside the school gates by exploring working with ukactive and Sainsbury's on the potential growth of their Summer Club pilot which started in Summer 2018 including a number of West Midlands. Opening up school facilities as "community hubs" where children and young people get involved in activities and fed promoting resilience, wellbeing and healthy breakfast clubs.

4. Next Steps.

19. The ownership and leadership of these actions need to be driven locally with Public Health England playing a key supporting and advising role on policy development and implementation.
20. This is why we are proposing a **Collaborative Task and Finish Group** –working to the Wellbeing Board which will help to secure a collaborative regional approach to the childhood obesity issue developing a substantial campaign for the WMCA and WM Mayor. This should be led by a nominated individual in consultation with the Association of Directors of Public Health group with support from Wellbeing Board members as appropriate. The ownership and leadership of these actions would be the recommended first steps.
21. The Group would prioritise five immediate actions:
    - ***No Junk Food Adverts on WM Bus Tickets*** - Commit to removing HFSS advertising from the back of bus tickets in the West Midlands. This will require collaborative working between WMCA, TfWM and the local bus operators. The cost will be circa £25k p.a. which we propose to fund from within WMCA/TfWM budgets.

- ***No Junk Food Adverts near Schools –*** Commit to a WMCA/TfWM policy which calcifies existing good practice from bus and advertising estate providers into a regional policy commitment. This will require the WMCA adopting a policy and the creation of suitable policy and assurance frameworks within TfWM.
- ***Swift on the Move –*** Conduct and evaluate a pilot initiative using Swift card technology to encourage physical activity within parks and public spaces across the West Midlands. We propose that this is tested within a Birmingham park working between the TfWM Swift team, Birmingham CC Public Health, Intelligent Health/Beat the Street and the WMCA Wellbeing team.
- ***West Midlands Active (Daily) Mile*** **Friendly** – following Greater Manchester and London by becoming an Active (e.g. Daily Mile) mile friendly area, but different by delivering a West Midlands wide campaign to get as many young people (and businesses as part of our Thrive at Work programme) rather than schools to do the Daily Mile. We will collaborate with the Daily Mile Foundation, STPs and Local Authorities who have already pledged to get all schools doing the Daily Mile to champion a West Midlands campaign. We will work alongside Sport Birmingham CIC who have Sport England funded to co-ordinate such work in the City.

4. Financial Implications

Any additional funding required to deliver the short term priorities will be sourced by the WMCA and TfWM and make bids to organisations for those areas of greatest agreement by the WMCA Board.

5. Legal Implications

There are no additional legal implications at present.

6. Equalities Implications.

As the report identifies, there is a clear link between deprivation and childhood obesity. Children from poorer households are more likely to be overweight or obese and the gap widens with age. BME children (particularly black African, Caribbean and Pakistani) and disabled children are also more likely to be overweight or obese but they are also more likely to be living in lower income households. While recently there has been a decline in childhood obesity for kids from higher income households, there is an increase in obesity levels for lower income households. The inequality gap is growing and therefore any interventions to address the childhood obesity issue need to address the wider equality issue by a) further understanding the determining risk factors for increased levels of childhood obesity in deprived communities (such as insecure employment, inadequate education, stress, lack of social cohesion, income inequalities and affordability of healthy options, fewer options for physical activity), and b) developing initiatives that take into account these multiple risk factors. Generic measures such as food labelling, no junk food ads, cycling plans and other similar initiatives are likely to have an overall positive impact on levels of awareness but are on their own unlikely to have a positive impact on narrowing the obesity inequality gap. This work stream will need to consider the equality implications for the delivery of short, medium and long term priorities, placing an emphasis placed on responding to evidence and focusing delivery in areas of greatest need

7. Inclusive Growth Implications

Consideration is given to the wider socio and economic factors which are a contributory to obesity and its prevalence in certain demographic groups. It also recognises the significant impact obesity has on the economy.

8. Geographical Area of Report's Implications

This report frames the WMCA contribution and in consultation with Wellbeing Board Members and their officers determine the potential to trial both West Midlands and locality work.
If the Wellbeing Board agree with the approach to reduce the Obesity Deprivation Gap this will require agreement on how future policy and practice is targeted at towards those areas with the highest levels of obesity and deprivation and what is universal across the West Midlands.

9. Other Implications

The WMCA is not a service provider, and nor do we commission major services or direct resources at the problem in the way that our local government, NHS and education provider colleagues do. Rather, we believe that the WMCA has a role to play in offering political leadership, the scale to convene at a city-regional level, and the ability to bring networks and policies together to make a bigger difference to the next generation.

10. Schedule of Background Papers

APPENDIX 1 –Collaborative Public Health England and WMCA Background Paper

Obesity in West Midlands – the problem, the impact & developing solutions

Carrying excess weight can have significant implications for an individual's physical and mental health. There isn't a single intervention that can tackle obesity on its own, at population or at an individual level. Causes of obesity are multi-factorial, including biological; physiological; psycho-social; behavioural; and environmental factors.

This briefing aims to outline the scale of excess weight and obesity in the West Midlands and set options for developing action at a WMCA level.

The West Midlands picture

In 2016, the National Childhood Measurement Programme (NCMP) 24% of 4 & 5 years olds in the West Midlands were overweight or obese. This rose to 37% of 10 & 11 year olds and 66% of the adult population. At each age group referenced, levels of obesity in the West Midlands stood above the national average. The recently released 2017 data for children and young people indicate that 23% of 4-5 year olds in the West Midlands were overweight or obese and 10 & 11 year data remains the same. No 2017 adult data is available and so to maintain consistency across age groups 2016 data is used.

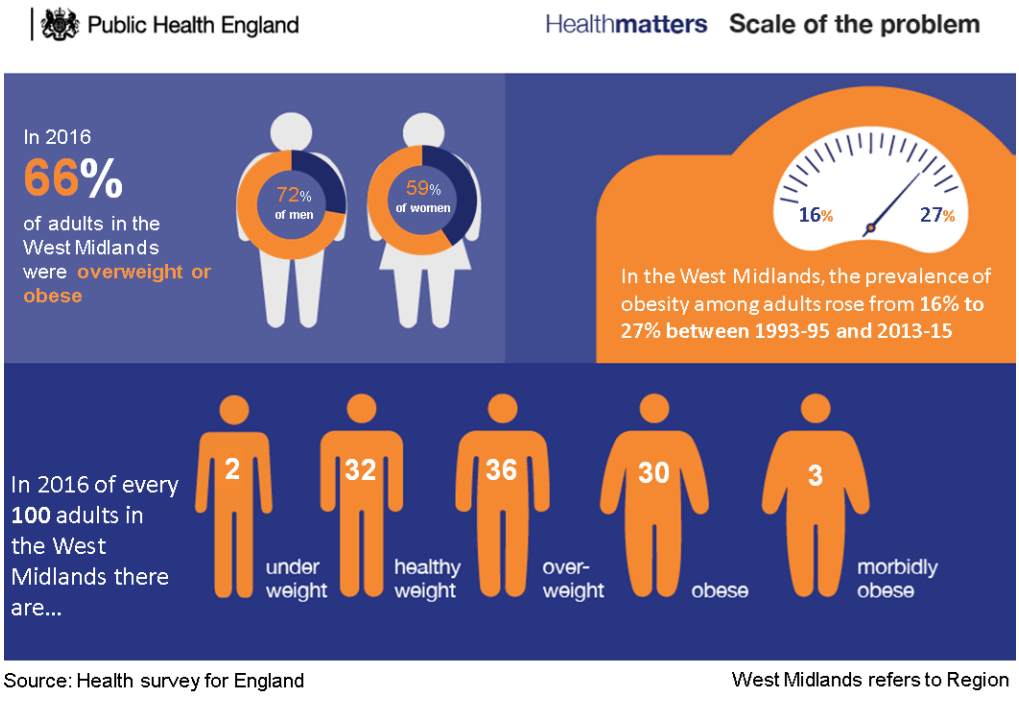

Fig 1 – Adult Obesity in the West Midlands

Obesity and health inequalities

Obesity can affect anyone, but some people are more likely to become overweight or obese than others. The 2010 Marmot review highlights that income; social deprivation and ethnicity have an important impact on the likelihood of becoming obese.

Fig 2 – Obesity and Health Inequalities

There is a strong relationship between deprivation and childhood obesity. Analysis of data from the National Child Measurement Programme (NCMP) in the West Midlands shows that obesity prevalence in the most deprived 10% of children is approximately twice that of the least deprived 10%.

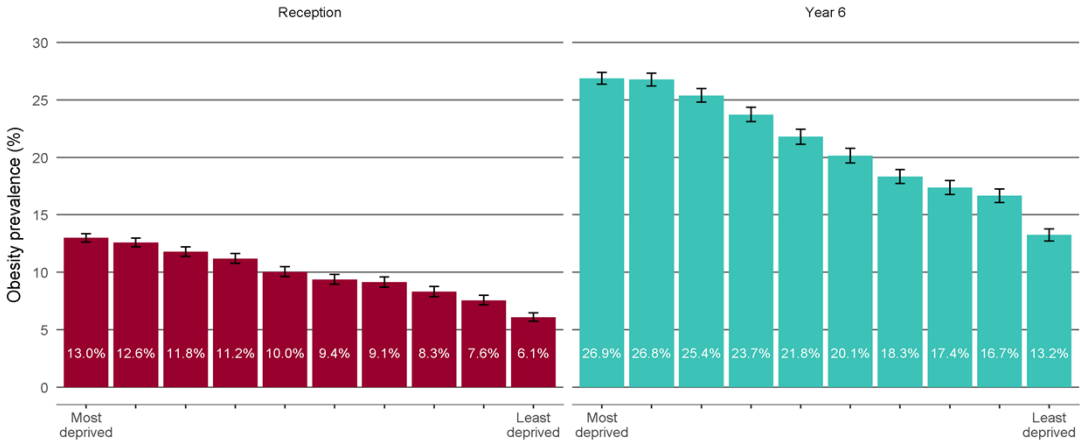

Fig 3 – Obesity prevalence and deprivation

The Impact of Obesity on the West Midlands

The human and economic costs of excess weight and obesity are significant.

Obesity in children is linked to a number of emotional, behavioral and physical impacts. Obese children are more likely to suffer for low self esteem, bullying and stigmitisation. In addition, high blood pressure, high colestrol, bone and joint problems and breathlessness are all associated with obseity in children. The cumulative impact can affect school attendence, attainment and readiness for adulthood and employment. Overweight and obese children are also more likely to stay obese into adulthood and more liekly to develop cardiovascular diseases, diabetes, musculoskeletal disorders and certain types of cancers at a younger age than those with a healthy weight.

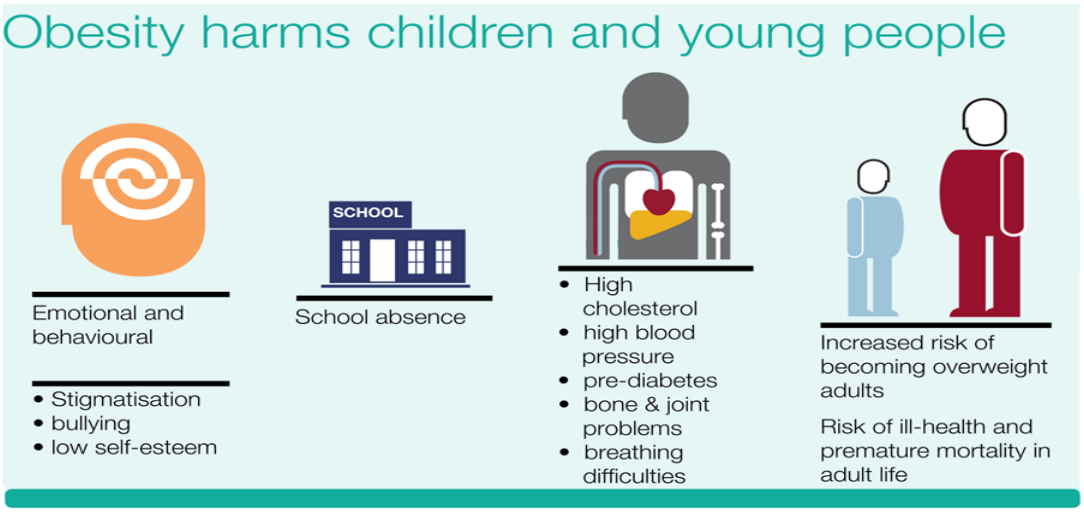

Fig 4 – Obesity impact on children and young people

Obese adults continue to be more likley to suffer from physical and mental health conditions. This can reduce employment prospects and also result in short and longer term absences from work. 'Presenteeism' can also be an issue, with health conditions associated with obesity affecting the ability of employees to undertake work properly. Obesity also reduces life expectancy.

Fig 5 – Obesity impact on adults

In addition to the human cost, there is a serious impact of obesity on economic development and propserity. The overall annual national cost of obesity to wider society is estimated at £27 billion.

In the context of achieving the WMCA's vision of a healthier, happier and more prosperous West Midlands, obesity can be viewed as a significant challenge to overcome.

Public Health England

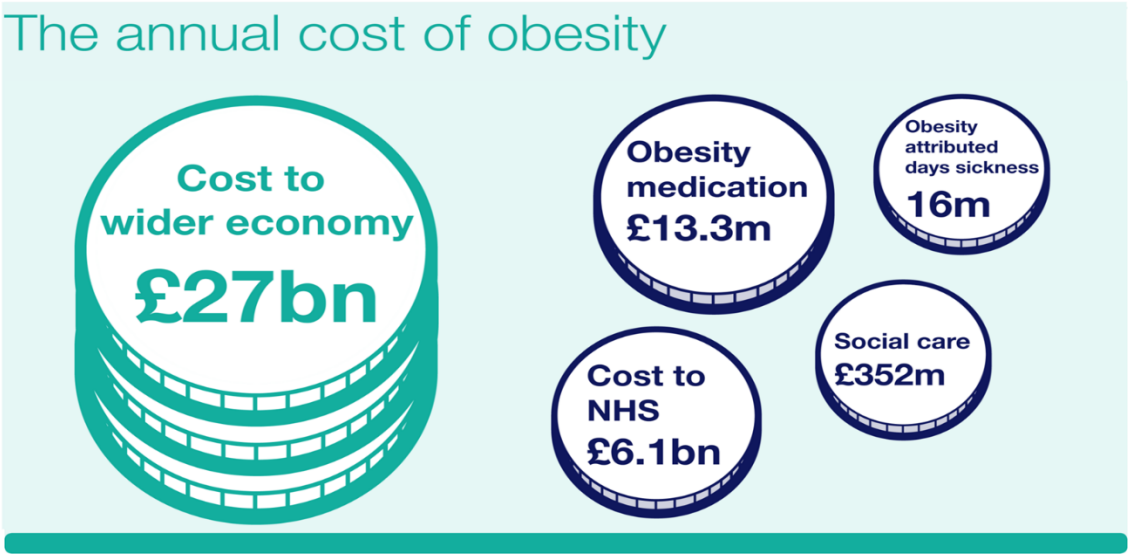

Fig 6 - The annual cost of obesity

Reversing the rise in levels of Obesity

Obesity is accepted as a complex problem with many drivers. These include the influence of our genetics, our enviornment and our behavioural and cultural influences which affect our food consumption and levels of physical activity.

Globally, the problems of excess wieight and obesity have developed over several decades and to date, there is limited evdience for policies and specific interventions that have reveresed the trend.

There is however increasing acknowledgment of the need for a systems based response to deliver actions across a whole local system. Within this and as understanding of the issue of obseity develops, there is an increasing focus not on the decision making of the individual but on changing the environment to make a healthy diet and regular physical activity easier to access and consume.

Public Health England

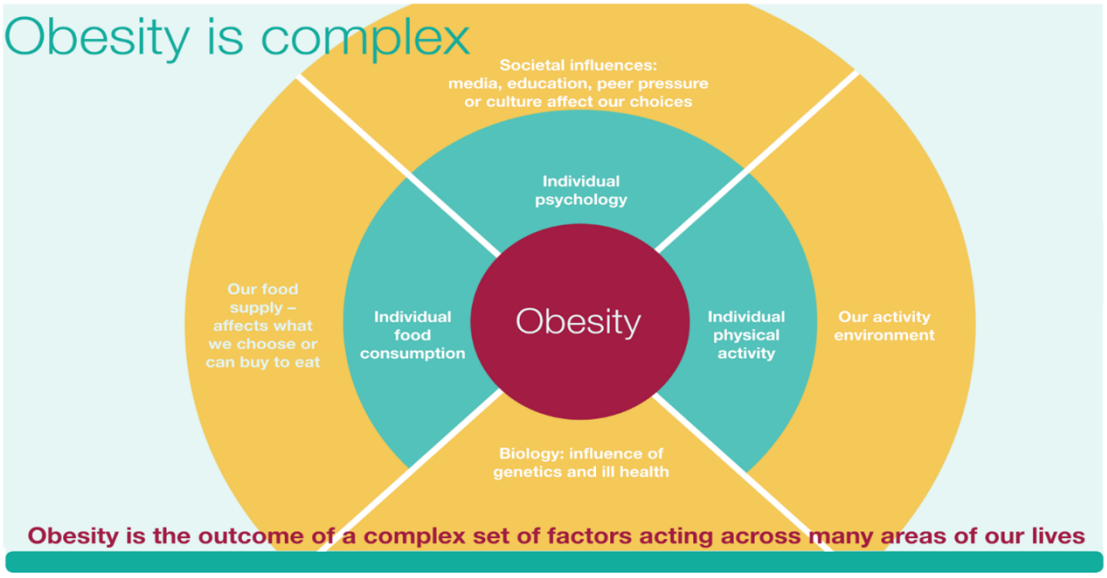

Fig 7 – The Foresight Report Obesity Systems Map

At local authority level, there also numerous examples of action to address the main risk factors for obesity, the food and drink environment and the level of daily physical activty;

What works?

Focussing on areas where the WMCA could faciltiate action at scale which adds value to existing approaches; there are some evidence based actions which may be relevant to consider;

Activity Environment

Adults tend to be more physically active when they live in areas that have higher density of people, and are near shops, services, restaurants, public transport, and parks, compared to residents of less-walkable areas.

A 2016 international study was undertaken to improve the quality of the evidence on activity friendly places and neighbourhoods. The study included participants from 14 cities and surrounding regions in 10 countries including Stoke – on -Trent, Ghent (Belgium), Hong Kong, Wellington and Christchurch in New Zealand and Bogota in Columbia.

The overall findings across all 14 cities were:

- Residential density, number of public transport stops, number of street intersections/street connectivity and number of parks within walking distance were found to be the most activity-friendly characteristics of a neighbourhood.
- Adults who lived in the most activity-friendly neighbourhoods did 48 to 89 minutes more physical activity per week than those in the least activity-friendly neighbourhoods. This difference is much larger than has been reported in other studies.
- Each of these activity-friendly characteristics was independently related to physical activity. The relationships with physical activity were also linear; for example, the higher the level of residential density, the higher the level of physical activity.
- The relationships between a neighbourhood's characteristics and the physical activity of residents were generally similar across diverse cities.

- Mixed land use and nearest public transit point were not, however, significantly related to physical activity levels.

Although not specifically targeted at reducing obesity, the WMCA's emerging Wellbeing Design Code for the delivery of future housing will contribute towards delivering some of these themes.

Individual physical activity
There is an increasing number of physical activity initiatives which are targeted at those who are or at risk in being overweight.

Man v Fat Football
An initial Solihull MBC funded weight management programme, now UK wide providing a 6 a side league designed exclusively for men who are overweight of any fitness level. Man v Fat claim that 95% of players taking part lose weight. https://www.manvfatfootball.org/

Delivered in: Birmingham, Cannock, Coventry, Sandwell, Warwick, Nuneaton, Walsall and Wolverhampton.

Couch to 5K (not exclusively targeted at people who are overweight)
An NHS programme designed to inspire people to get off the sofa and running in 9 weeks.

Beat the Street (not exclusively targeted at people who are overweight)
Beat the Street is a 12-month community-wide programme which seeks to improve the health and wellbeing of entire towns and cities by getting people of all ages moving by transforming a town into a giant playground and competition using "beat boxes" located on lamp posts. The programme adopts a community approach to behaviour change that is split into 3 phases: anticipation, experience and legacy. Prizes are awarded to individuals, streets, schools and work places to those who have tapped the most boxes. People are supported to continue taking part in physical activity post programme.

There is evidence that the programme leads to long term behaviour change by creating a social norm around walking and cycling. Evaluation demonstrated a 10% increase in the proportion of Beat the Street participants meeting Chief Medical Officer physical activity guidelines in 2017.

http://www.intelligenthealth.co.uk/evidence/physical-activity/
Delivered in: Wolverhampton, Birmingham, Sandwell

The Daily Active Mile
The Government is encouraging children and young people to do a daily active mile. One such programme is 'The Daily Mile' which is based around the concept of getting primary school children walking or running for 15 minutes a day. A study by Stirling University found that children who were doing the Daily Mile were significantly healthier than those who did not. The study compared a total of 391 children aged between 4 and 12 at two primary schools in Stirling, Scotland – one where pupils participated in the Daily mile and another where they were not.

Children at the intervention school covered, on average, 39.1 metres more during the shuttle run, while their body composition improved too.

In 2016, a handful of schools in Gloucestershire started incorporating the daily mile and found it effective, reporting an improvement in concentration levels as a result of an active break.

Daily Mile has now also extended to encouraging businesses and staff to do a Daily Active Business Mile

Greater Manchester CA is the first Daily Mile friendly area encouraging all schools to be involved. Sport Birmingham is funded by Sport England to encourage all schools in the city to do the Daily Mile and this is supported by STP ambitions. Coventry CC, City of Wolverhampton Council and Warwickshire CC are just 3 areas encouraging all schools to take part in the Daily Mile.

The WMCA could aspire to be Active Mile friendly and aim to have the highest number of young people doing the "Daily Mile", rather than schools. https://thedailymile.co.uk/

Source: Healthy Weight, Healthy Futures – LGA, 2018.

Societal influences

Restricting new hot food takeaway outlets

An increasing number of local authorities have developed planning policies and guidance to control the opening of new hot food takeaways. Such policies aim to control the proliferation of takeaways and the effects on eating behaviour.

Our food supply

Vending Behaviour.

Vending machines have been criticised for providing convenient access to food and drinks that are high in saturated fat, sugar and salt.

Interest in approaches to support healthier choices has included the role of vending within hospital settings. A trial of 17 machines within the Leeds Teaching Hospitals NHS Trust was implemented to assess the impact of changing product availability and positioning.

Key findings:

There were meaningful effects on purchasing behaviours from altering the availability and placement of healthier products in the vending machines as follows:
- Sales of cold drinks increased at the same time as a decrease in the average energy (kJ/kcal) and total sugar content (g) per product purchased,
- There was a small decrease in the average energy (kJ/kcal) purchased from the mixed snack machines but an increase in total sugar per product purchased and a decrease in sales. However, this appears to be associated with an increase in sales of dried fruit products, which are not a source of free sugars.

Such changes are commercially viable and in response to these findings, Selecta have changed the product selection of both drinks and mixed snacks in line with Phase 2 of this trial in all 632 machines they manage in all of their 105 NHS sites.

Appendix 2: Government Childhood Obesity Action Plan Chapter 2 (2018)

Appendix 3: Oklahoma Mayor put his city on a million-pound diet. Did it Work? The Star 16 November 2015

Appendix 4: WMCA West Midlands on the Move Strategic Framework (2017)

Appendix 5: Childhood Adversity and Obesity

[i] https://www.blackpool.gov.uk/Your-Council/The-Council/Documents/Blackpool-Declaration-on-Healthy-Weight-PDF-254KB.pdf