

West Midlands Combined Authority (WMCA) Wellbeing Board

Healthy Weight in the West Midlands: Strengthening partnerships for
collective action

2019 – 2030

DRAFT: FOR CONSULTATION

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Why we must act now to achieve Healthy Weight across the West Midlands

Obesity is a major cause of preventable and premature death in England.¹ Almost two thirds of adults and a third of children aged 2-15 are overweight or obese;² costs to the NHS and wider system are estimated at over £58 billion per year, projected to rise to £82.5 billion by 2050.³

While the focus of national and local action has traditionally been on individual, behaviour change approaches to improve diet and increase physical activity, there is increasing recognition of the role of environmental factors and the complex relationships between them in shaping and influencing the everyday choices we make. Obesity is both a cause and consequence of health inequalities: people from socially and economically disadvantaged groups, as well as certain Black and Minority Ethnic groups, are significantly more likely to be obese.

Weight is nevertheless a contentious issue, with individual and environmental narratives around healthy weight having a strong social, political and cultural dimension. Weight, size and body image are inextricably linked due to stigma and negative attributions around excess weight; this varies across ages, cultures, and ethnic groups, and is affected by social and emotional factors such as self-esteem, confidence, lack of energy to exercise, family breakdown, medication, and issues associated with poverty.⁴

There is strong evidence of a two-way relationship between mental health and obesity, as well as relationships between obesity, mental health and physical activity.^{4 5} It is therefore important that efforts to promote healthy weight do not undermine individuals or create further stigma,⁶ but instead focus on creating conditions that support our whole population to make healthier choices.

For this reason, our collective approach to promoting healthy weight is underpinned by improving mental wellbeing, getting more people active, and reducing inequalities in participation. The West Midlands Combined Authority, Public Health England, and local authorities in the region are working together to develop partnerships across the whole system to achieve shared goals. This document provides a framework for professional and public engagement and consultation, which will inform the development of a regional strategy and action plan.

¹ NHS England (2019). NHS Long Term Plan. <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

² PHE Health Matters - <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

³ Foresight report (2007). Tackling obesities: Future Choices -project report. Government Office for Science.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

⁴ National Obesity Observatory, (2011). Obesity and Mental Health. <https://khub.net/documents/31798783/32039025/Obesity+and+Mental+Health.pdf/18cd2173-408a-4322-b577-6aba3354b7ca?download=true>

⁵ Staiano, AE., Marker, AM., Martin, CK, et al (2016). Physical Activity, Mental Health, and Weight Gain in a Longitudinal Observational Cohort of Nonobese Young Adults. Obesity (Silver Spring), 24 (9).

⁶ Mental Health Foundation (2019). Body Image: How we think and feel about our bodies. <https://www.mentalhealth.org.uk/publications/body-image-report>

Our ambition for the West Midlands

Our shared vision for the West Midlands region is to be a place that **promotes healthy weight and wellbeing as the norm and makes it easier for people to choose healthier diets and active lifestyles**, regardless of age, gender, ethnicity, culture or socio-economic group, as part of our wider ambition to build a **healthier, happier, more prosperous and better-connected region**.

This will be achieved by facilitating collaborative working and shared learning from across the WMCA area, and developing policies and programmes at a regional level that will complement and support local approaches to develop a whole-systems model based on **health, sustainability and choice**. Working in partnership across sectors and with citizens and drawing upon the wealth of expertise and experience in local areas will enable us to work collaboratively to create the conditions and environments to make healthy choices, improve local resilience, and build healthier and more physically active communities. This will help to tackle some of the wider social, economic, cultural and environmental determinants of health which impact on the ability to achieve and maintain a healthy weight, and support our commitment to promoting wellbeing and inclusive economic growth.

Diet and physical activity habits often begin in childhood, and are influenced from pre-conception and beyond, so it is important to act as early as possible to embed positive behaviours at the earliest opportunity. However, it is never too late to support people to live healthier and more active lives, and taking action across the life course can help to reduce the health inequalities associated with obesity and physical inactivity.

Our goals for 2030 are:

- For levels of healthy weight to increase at all ages, along with improved mental health and wellbeing, and increased physical activity
- For overweight and obesity levels in school age children to be half of what they are currently
- To support the aims of the West Midlands on the Move (WMOTM) Physical Activity Framework and the West Midlands Cycling Charter to get more people active and reduce inequalities, and to encourage more people to use active travel
- For the whole region, particularly people from socially and economically disadvantaged backgrounds, to benefit from an environment that supports them to eat well and move more (in line with WMOTM), and be able to make healthier, individual choices

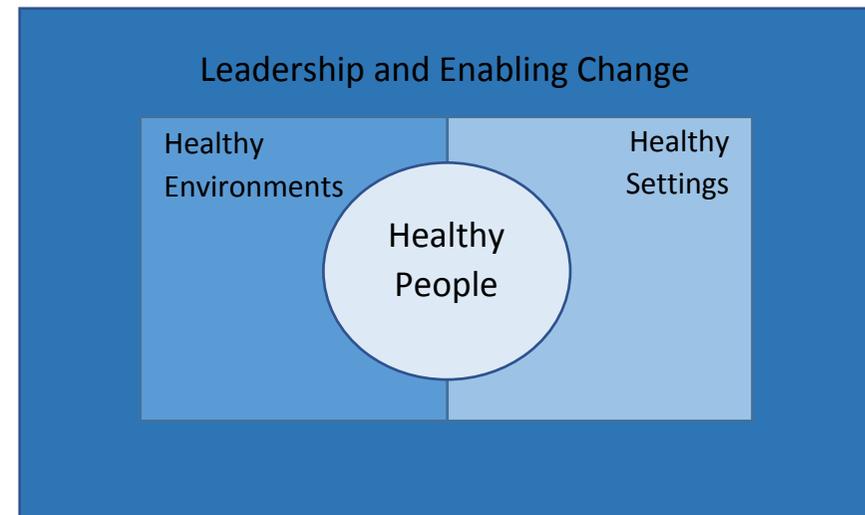
How will we achieve our ambition?

This framework aims to improve and reduce inequalities in **healthy weight, physical activity, and mental health and wellbeing** outcomes for the West Midlands region, working across four key domains:

1. **Leadership and Enabling Change** - driving improved collaborative leadership and accountability across all sectors
2. **Healthy Environment** - creating an environment which supports everyone to make healthier food and activity choices
3. **Healthy Settings** – co-producing opportunities for people to access healthy meals, snacks and drinks, and be physically active
4. **Healthy People** - supporting people and communities to achieve and maintain a healthy body weight, and reduce health inequalities

Each of these four domains are integral to shaping, and therefore driving, the behaviour change required at a population level to promote and maintain healthy weight across the region.

The framework draws on Public Health England (PHE) guidelines for developing a whole system approach to obesity,⁷ and the policy framework developed by the Welsh Government which aligns to these principles.⁸ This approach recognises the importance of our physical, social, economic and cultural environments as determinants of our health and wellbeing, yet acknowledges that we operate as individuals within those environments. The relationships between individual, population and societal levels of behaviour are complex and intertwined, so achieving positive change requires co-ordinated action across the whole system.

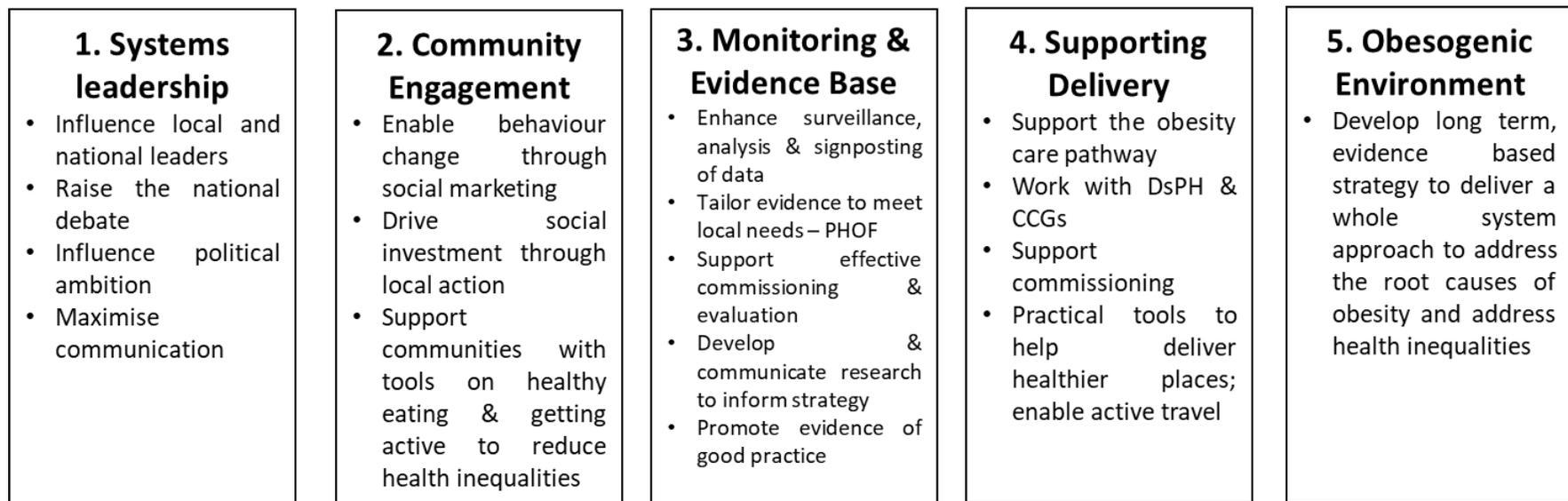


⁷ PHE (2019). Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight.

⁸ *Healthy Weight, Healthy Wales* consultation document.
https://gov.wales/sites/default/files/consultations/2019-01/consultaton-document_0.pdf
(accessed 14 Aug 2019)

We will achieve these aims by meeting objectives across five evidence-based pillars of action, as set out in PHE's Healthy Weight work plan. This will inform consultation with partners and wider stakeholders to develop an action plan to meet these objectives.

The action plan will encompass the wide range of current and planned workstreams that support healthy weight across the health and care system and wider public services, and build on this to work more effectively in collaboration and address any gaps. It will enable us to identify where we can add value by working on a regional footprint to deliver behaviour and system influence and change.



Key policy drivers

The **NHS Long Term Plan (2019)** includes recommendations for preventing and reducing obesity, including ensuring that everyone has the best start in life; providing individual support through weight management services in primary care; and improving the food offer for staff and patients on NHS premises.

Prevention is Better Than Cure: Our Vision to Help You Live Well for Longer (2018) sets out the Government's vision for preventing and managing long-term health problems, with the goal to increase healthy life expectancy by at least 5 years by 2035, and to close the gap between the richest and poorest.

Next Steps on the Five Year Forward View (2017) focuses on the future of the NHS, as an update to the 2014 document. This emphasises the role of innovation and technology in maintaining the sustainability of the NHS to deliver high-quality care, and highlights the importance of healthy health premises to support national policies on obesity reduction.

The **School Sport and Activity Action Plan (2019)** is a cross-Government action plan to provide pupils with greater opportunity to access 60 minutes of sport and physical activity every day.

Childhood Obesity: A Plan for Action (2018) aims to halve childhood obesity and reduce the gap between children from the most and least deprived areas by 2030. This builds on the Government's initial 2016 plan to reduce sugar in food and drinks and encourage primary school children to eat more healthily and stay active. Chapter 3 is included in the green paper in **Advancing Our Health: Prevention in the 2020s (2019)**.

Sporting Future - A New Strategy for an Active Nation (2015) is a cross-government strategy to increase sport and physical activity participation across all ages and backgrounds, with a particular focus on reducing levels of inactivity. The strategy defines five key outcomes: physical wellbeing, mental wellbeing, individual development, social and community development and economic development.

The **WMCA Strategic Economic Plan** sets out a bold ambition to reduce the productivity gap between the West Midlands and UK average through inclusive economic growth. It sets out plans to make the West Midlands a place where people want to live and work, supporting healthier, happier lives for all and reducing inequalities in life chances and outcomes. This links to a number of current strategy and programme areas, including the Industrial Strategy, Environment, Thrive, West Midlands on the Move and Inclusive Growth.

Leadership and enabling change

Aim: To drive improved leadership and accountability to deliver Health Weight in the West Midlands, across all sectors.

Clear direction, leadership and accountability are crucial to developing a whole systems approach, and to driving positive change. Through local consultation and engagement we can build a comprehensive understanding of local assets and needs, as well as facilitators and barriers to change, which will support co-ordinated action across the whole system at both the local and regional levels.

The following organisations will work together with partners, wider stakeholders and communities to co-produce an action plan that reflects what is important to people living and working in the West Midlands and makes the most of local assets, while making the best use of local intelligence, evidence and sharing best practice.

- **Public Health England** exist to protect and improve the nation's health and wellbeing, and reduce health inequalities. PHE use information and intelligence about the population to improve understanding of current issues and challenges, and provide advice, guidance and support to the NHS, local government and the public.
- The **Chief Executives' group** is made up of Chief Executives from the Local Authorities in the West Midlands region. They are scoping and mapping work and services that are currently in place across a variety of sectors, including housing, transport, planning and retail.
- **The West Midlands Combined Authority (WMCA)** is committed to improving life chances for everyone in the West Midlands, especially those facing multiple disadvantages, by working across sectors to build a healthier, happier, more prosperous and better-connected region.
- **Local Authorities** in the West Midlands have already undertaken considerable work to reduce childhood obesity and promote the healthy weight message, and are best placed to lead engagement and consultation to understand needs and develop solutions at a local level.

Governance

A core working group has been established to develop this framework and take it through the consultation process. The working group will be accountable to the West Midlands Healthy Weight Task Force once membership has been convened.

The Task Force will report to the WMCA Wellbeing Board and will include key decision makers from across the system, including health, housing, planning, transport, transportation, housing and behaviour change. They will represent the different local authority areas across the West Midlands, working cohesively as a team.

What we will do

1. *Develop a long term, whole system approach to support healthy weight in the West Midlands population, linking to existing strategies around physical activity and mental health, by:*
 - a. *Delivery of a West Midlands Healthy Weight plan that clearly sets out the added value of collaboration at a WM level to address healthy weight to be led by the Healthy Weight Task Force, who will be accountable to the WMCA's Health and Wellbeing Board.*
 - b. *Create a strengthened role for key partners to develop regionally based approaches to implementing the plan.*
 - c. *Prioritise and focus collective resources to ensure current investments are delivering, and where resources are available, these are used in a sustainable way. Support must be focused on enabling the system to act.*
 - d. *Higher priority for early intervention. This will include clearer leadership, accountability, strategy and management structures.*
 - e. *Engagement with stakeholders, including a multi-level stakeholder engagement and communication programme, which will ensure that we can engage all sectors of the West Midlands society in achieving shared goals, and maintain engagement and commitment over time.*
 - f. *Long term, sustained interventions, based on evidence, to drive local delivery. Local action will be determined and prioritised according to local need, assets and opportunities, with the recognition that each LA area will be at a different starting place.*
2. *Understanding what works, by reviewing the impact and scale of delivery of community-based programmes. Those which have the greatest impact can be scaled up as part of the systems-based approach.*
3. *Develop an economic and outcome impact toolkit to help support local authorities demonstrate the benefits of improving nutrition, increasing physical activity and reducing excess weight on non-health outcomes such as education and crime and promote the economic positive impacts of these individual changes at a population scale.*
4. *Collaborate with LA HWB to provide a supporting framework for action to support local healthy weight approaches, recognising that the needs and approaches vary significantly across the region, while providing clear leadership and action at a regional level to influence and address the regional levers for change through the devolved functions of the WMCA.*

Healthy environment

Aim: To create an environment which supports everyone to make healthier food and activity choices.

The main risk factors for obesity are the food and drink environment, and physical inactivity;² however, the current environment sets up unhealthy choices as the default. Over a quarter of adults in the West Midlands are classed as physically inactive (doing less than 30 minutes of activity per week), and 45% eat less than 5 portions of fruit and vegetables per day.⁹

Numbers of fast food outlets and online ordering of food are increasing, along with meals eaten outside the home. Out of Home foods tend to be calorie dense, higher in saturated fat and salt, and lower in fibre; this coupled with the advertising and promotions of these food types, and growing portion sizes, has nudged the population into making unhealthier choices. The UK food industry spends over £250 million per year promoting HFSS foods, and evidence shows there is a direct link between exposure to adverts and children's food choices. Furthermore, the promotion, discounting and placement of products within stores can increase the amount of food bought by 20%.¹⁰ Concurrently the widespread use of cars, and shift in employment from manual to more sedentary jobs, have contributed to designing physical activity out of our lives.

There are a number of areas for action in supporting people to achieve and maintain a healthy weight through improving the built and natural environments in which they live, grow and work.

- Living near to green open spaces, having access to healthy food options, and opportunities to be active can support people to maintain a healthy weight. Planning departments can therefore play an important role in the promotion of healthy lifestyles through the development of new infrastructures, including transport networks that facilitate active travel.
- The WMCA Housing and Wellbeing Principles have been developed to shape the delivery of the commitment to build 215,000 new homes by 2031. These evidence-based principles have been refined through engagement with partners in local places and developers, and seek to support and add value to local policy and practice. The principles provide a framework for how new homes and neighbourhoods can be designed to facilitate the wellbeing of residents and contributing to a happier, healthier, better connected and more prosperous West Midlands; including addressing the determinants of obesity, making it easier for people to be a healthy weight. They bring together planning and design principles under four connected, people focussed areas of interest:
 - Healthy, affordable homes that enable people to stay independent throughout their lives

⁹ Source: Public Health Outcomes Framework (2017/18 data)

¹⁰ C Thomas et al (2018). Under Pressure: New evidence on young people's broadcast marketing exposure in the UK. https://www.cancerresearchuk.org/sites/default/files/under_pressure.pdf

- Vibrant streets that promote community interaction and prioritise active travel and movement for all
- Residents have access to the natural environment and high quality, active social spaces
- Connected places, with residents having access to services, schools, work and public transport.

These principles have been integrated in the WMCA’s Single Commissioning Framework, Design Charter and Inclusive Growth Toolkit. Discussions with developers have taken place to identify existing and pipeline developments that can demonstrate and test out the application of the principles with local communities and evaluate their impact.

- Food reformulation (changing food content to reduce the calories, sugar, saturated fat, and salt) would support the population to eat healthier without making active behaviour change choices. This would particularly help to reduce diet-related inequalities.
- Providing information is also important. A recent survey showed that 90% of respondents would like clearer food labelling to help them make healthier food choices.¹¹
- Drink products can contribute to excessive sugar and calorie intake, particularly energy drinks which contain high levels of sugar and caffeine and associated with sleep loss, addiction, and withdrawal.¹² They are labelled as not suitable for children, and whilst some supermarkets have a policy to ban sales to under 16s, this is not a legal restriction. As part of our approach we are proposing to uniformly ban the sale of energy drinks to under 16s across all retailers.

Better Streets Community (BSC) Fund

This was launched in May 2019, with the aim of giving WM residents the opportunity to improve provisions for Cycling and Walking in their local communities.

Using £2 million of Transforming Cities Fund, the BSC Fund will aim to deliver projects in partnership with community groups in each of the 7 WMCA constituent authorities, focusing on areas that have been least engaged. 146 applications were received for a share of the fund. Over the coming weeks, the applications will be assessed and scored with the aim to announce the first schemes later in 2019.

Public Space Trial

This pilot has been funded by Sport England in response to evidence around the environment being a key factor in improving wellbeing and encouraging an

Walking and Cycling Programme

26 routes and 7 Core Walking Zones were prioritised based on criteria that included proximity to key destinations including public transport and Commonwealth Games Sites.

£23m was allocated towards the improvement of cycling and walking provisions from the Transforming Cities Fund, with £2m allocated to the Better Streets Community Fund.

The next steps for the Walking and Cycling Programme includes identifying the Phase 1 schemes and Core Walking Zones that will be progressed to development through detailed design.

¹¹ Diabetes
¹² Koivusilta

What we will do:

1. *Encourage WM food businesses to reformulate food and provide healthier options.*
2. *Support WM employers to take evidence based action to promote healthy eating and physical activity through the Thrive at Work programme.*
3. *Limiting the promotion of unhealthy foods, such as advertising in public places. This includes but is not limited to the bus/train/tram network (working with TfWM), and at sporting and other events.*
4. *Creating a level playing field and making healthy food an affordable option. Through consultation and discussion nationally, influence regulation of price promotion and discounting practices that lead to higher consumption of unhealthy foods, and encourage the food industry to apply these approaches.*
5. *Giving people accessible information so that they can make an informed choice:*
 - a. *Consult on mandating calorie labelling for food purchased and eaten outside the home, to help inform consumer choice and encourage reformulation.*
 - b. *Consider further opportunities to improve consumer information on labelling which may arise following European Exit, including nutritional information on the front of food packets.*
 - c. *Consider how businesses can be supported to stimulate an increase in healthier food environments.*
6. *Encourage healthier drinking habits by:*
 - a. *consulting on proposals to ban the sale of energy drinks to children under 16 years old*
 - b. *considering restrictions on free soft drink refills*
 - c. *considering restrictions on soft drink portion size*
 - d. *encouraging people to drink water, by making the West Midlands a Water Refill Region.*
7. *Working with key partners (LAs, health organisations, TfWM) to create healthy weight environments, by facilitating active travel, physical activity, access to healthier food, high quality open spaces and green infrastructure, and opportunities to play. This will be supported by:*
 - a. *Promoting the use of health impact assessments, and development of regulations, and guidance on how to use these assessments, to add value to existing approaches.*
 - b. *Develop and disseminate resources at a WM level to support local action to support places to become healthy weight.*
8. *To work with local authorities, local health organisations, TfWM and partners to ensure that key infrastructure investments in our towns and cities are connected and support the development of healthier weights, this includes:*

- a. *Incentivise developers to embed the Housing and Wellbeing principles into all new housing developments build as part of the WMCA plan*
- b. *Support the development and delivery of a healthy urban design community of practice for developer, planners and members of planning committees to explore, learn from each other and share good practice*
- c. *Ensure the design of infrastructure including new housing and regeneration sites, TfWM transport network, and new health care sites support active environments.*
- d. *Continue investment in Active Travel and scale support to increase walking and cycling routes across the West Midlands.*
- e. *Increase access and use of the countryside (parks, forests, beaches, national trails, rights of way and rivers) and make use of the land available for community use to support and promote active lifestyles.*
- f. *Community sport infrastructure to increase access to high quality provision. We will work to ensure access to advice and finance for small physical activity-related businesses and clubs and increase capacity for Sport England / Sport Birmingham to provide proactive planning advice to encourage best practice.*
- g. *Play provision which supports our children and families. This includes working with local authorities and partners to develop approaches in our most disadvantaged areas.*

Healthy settings

Aim: to create healthy settings which provide opportunities for people to access healthy meals, snacks and drinks, and be physically active.

The settings in which we spend most of our time, including childcare, education and work, can influence our daily food and physical activity habits both directly through the environments they create, and indirectly through how we travel to them. These settings can provide excellent opportunities to implement policy changes to support behaviour change and promote wellbeing across the life course.

Children's food and activity habits are heavily influenced by their families, and more than half of primary school aged children are taken to school by car. Older children and young adults have greater autonomy to make independent lifestyle decisions, but this itself brings challenges; sport participation begins to decline after the age of 16 years, when many leave school. In further and higher education settings, new social environments and stressful situations can impact on eating and drinking behaviour. Young people catering for themselves for the first time may not have the knowledge, skills or confidence to budget or prepare balanced meals. In the workplace, a healthier workforce results in less staff sickness absence and turnover, increased productivity and employee satisfaction, and fewer accidents and injuries.¹³ Embedding a focus on inclusion across settings will help to reduce inequalities among some of our most disadvantaged citizens.

- **Childcare settings** provide an opportunity to engage with parents to embed positive lifestyle choices; promote physical development and movement through active play; and develop healthy eating behaviours and physical activity habits for life.
- **Schools** can support children to develop an understanding of the impact of food and nutrition on health and wellbeing, and the skills to adopt healthy behaviours. Schools also promote and support physical activity through physical education and school sport programmes, and the promotion of safe active travel routes.
- **Further and higher education settings** can support young people and adults to eat well and be active through offering affordable, healthy food options; promoting movement and participation through physical activity; and providing pastoral care.
- **Workplaces** are being supported to implement schemes and provide facilities to encourage active travel or physical activity, as well as providing healthy food and drink options in canteens and vending machines supported by price and placement promotion, in line with the Thrive at Work framework.

¹³ Whitfield K (Ed.) (2009). An Economic and Social Research Council (ESRC)/Health and Safety Executive (HSE) Public Policy Project. https://warwick.ac.uk/fac/soc/ier/publications/2009/whitfield_ed_2009_employee_well_being.pdf

- **NHS settings** will be exemplars of best practice in promoting healthy eating and physical activity. Contracts leased to external retail outlets on hospital premises can be a barrier to ensuring that entire sites are healthy environments, but there is good practice taking place which we want to build on throughout the West Midlands.
- **Other public-sector settings**, including leisure centres and community centres, often rely on profits from food and drink outlets and vending machines to generate additional income. This can still be achieved by increasing the availability of competitively priced, healthier options as part of a longer term, co-ordinated approach.

Include Me West Midlands

34 organisations have committed to or expressed an interest in working towards the **Include Me West Midlands Pledge** to deliver a more inclusive and customer led approach to service delivery. 6 organisations have had their Pledge signed off, and since May, 64 people have been trained in Inclusive Communications, inclusive activities and mental health literacy. Our partnership with Mental Health First Aid has helped us provide free workshops for those in the sport and physical activity sector.

Priorities over the next 3 months include: a public awareness campaign; roll out of the Pledge brand; launch of the Citizen's network; launch of the Swift Public Transport trail; establishing of the Advisory Board; impact evaluation; and holding the first supporters meeting.

Living Streets Walking to School Programme

Coordination Officers from Living Streets in the West Midlands are engaging with schools, pupils and parents to encourage walking to school. The programme offers support and resources to underpin our vision of a new walking generation.

75 West Midlands Schools have taken part in the Living Streets Walk to School engagement and participation programme. Over 31,000 children have taken part in the programme, with 83% of recorded journeys by active travel, totalling 669,202 journeys taken by walking, cycling or scooting for all or part of the way. The most recent evaluation has shown a 24.2% increase in active travel across the schools participating in the programme.

Thrive at Work

The Thrive at Work Wellbeing Commitment has been created in recognition of the need to ensure our working population is supported – designed to encourage and reward employers for improving the health and wellbeing offer to their employees.

Key themes in the programme include healthy eating, drinking and weight, physical activity and active travel. We already have over 300 organisations signed up with over 120,000 staff involved in the programme. The programme is open to any business, any size, anywhere.

What we will do:

1. *Building strong foundations in our early years settings to support positive practices in settings through food, physical activity and play. This will be supported through a range of areas to develop healthy early years environments:*
 - a. *Work with the local authorities, childcare organisations and Ofsted to embed the best practice guidance on Food and Nutrition for Childcare.*
 - b. *Work with the childcare sector to promote the importance of physical activity and play and to recognise the contribution it makes to children's emotional, physical, social, language, intellectual and creative development.*
 - c. *Embed the importance of physical activity and well-being in the early years and work with practitioners to identify and share excellence in practice in both childcare settings and in primary schools, working with the Early Years Alliance.*
2. *Support schools to create whole school healthy weight environments, including the modelling and reinforcement of healthy weight behaviours. This will be facilitated by the following:*
 - a. *Strengthen school programmes to ensure it provides tailored support to schools to create whole school healthy weight environments. This will require focus on the collective opportunities for education and learning based interventions to maximise the potential of existing programmes of work on physical activity and to accelerate the pace of change.*
 - b. *Strengthen pupil's voices to drive healthy change in schools and work with School Councils and Youth Ambassadors to develop local approaches.*
 - c. *Enable learners to develop as healthy, confident individuals who take part in physical activity and apply knowledge about the impact of diet and exercise on physical and mental health in their daily lives.*
 - d. *Embed daily physical activity from early years. This includes expanding programmes such as the Daily or Active Mile and strengthening opportunities through the physical environment in and around schools, such as playground design, links to wider communities, and access to green spaces.*
 - e. *Work with local authorities to support active travel to school, building on existing work with Local Authorities and TfWM. This includes enhancing safe routes to schools by working with local communities to design appropriate solutions and supporting behaviour change through the Walking and Cycling programme.*
3. *Recognising that our young people are at risk of becoming overweight or obese as they move to tertiary education. Extending Thrive at Work to Colleges and Universities within the region could improve opportunities for healthy food provision, facilities and participation in physical activity. This could be achieved by:*
 - a. *Working with colleges and universities across the West Midlands to support implementation and opportunities.*

- b. Reviewing and strengthening current programmes to increase physical activity and promote healthy eating opportunities across campuses, including active travel to campus for students and to develop campaigns and support around healthy eating and preparing basic and nutritious meals for students.*
- 4. Supporting businesses to develop good practices on healthy eating and physical activity. This would include:*
 - a. Encourage employers to support the health and wellbeing of their workforces, through Thrive at Work.*
 - b. Encourage employers to participate in national schemes to promote healthy weight, including developing motivational campaigns and supporting employees to access evidenced based weight management programmes.*
- 5. Local NHS Trusts should act as an exemplar and support their workforces to be healthy and active workforces. This might include increasing active travel, promoting routine daily physical activity and providing weight management services for NHS staff. We also want health and care environments to be healthy through proposals to:*
 - a. Align and mandate food and nutrition standards for food and drink provision for staff and visitors.*
 - b. Develop a national Hospital Retail Standard, which will increase healthier options in retail outlets on NHS estates.*
- 6. Supporting public sector settings to promote healthy food and drink options for staff, visitors and customers by developing guidelines and exploring opportunities to use contractual arrangements to drive change. We also want to work with regional purchasing consortia to embed stricter nutrition and food criteria in contract specifications for food and food products.*

Healthy people

Aim: to provide the opportunities for people and communities to achieve and maintain a healthy body weight, particularly in areas where there are the greatest health inequalities

Many people express a desire to be a healthy weight and recognise the negative impact that poor nutrition and physical inactivity have on their health and wellbeing. However, enabling and motivating people to make changes to their daily routines can still be a challenge, particularly where habits have developed over a life time.

Barriers to lifestyle changes can be psychological, practical or environmental. They can include competing priorities, the cost of healthier food, lack of cooking skills or time to cook, or perceived difficulty in making a change. There may be more complex barriers such as physical or mental health problems, including overeating as an emotional response, or adverse home circumstances. People from disadvantaged groups are also more likely to have lower expectations of their own health and confidence in their ability to make healthy changes,¹⁴ which may reflect experiences of poor health of those around them, and lack of opportunities and resources to improve health.

- Social marketing and media campaigns such as *Change4Life* and *OneYou* can be an effective tool for disseminating universal health information and signposting to further support. We want to make sure that people in the West Midlands have access to clear, authoritative, accurate and unbiased information to help them make informed choices for them and their families. We also need to understand from them what will enable them to eat well and be more active and involve them in designing and delivering healthy weight programmes.
- Equipping primary and secondary care professionals with the skills, time and confidence to hold discussions with individuals about their weight can support asset-based, preventative approaches to behaviour change such as social prescribing and making every contact count. WMCA and Sport England are also supporting initiatives to train more health and social care professionals to encourage active lifestyles.
- The first 1000 days of a child's life (from conception to two years of age) are crucial and can determine how they develop, grow and learn, including establishing good nutrition and physical activity habits for life. This starts with helping women to attain a healthy weight before, during and after pregnancy, followed where possible by breastfeeding and then timely introduction of solid food - including early introduction to vegetables and fruit, and avoiding sugary drinks and snacks.

¹⁴ The King's Fund. Healthy Behaviours: Future trends. <https://www.kingsfund.org.uk/projects/time-think-differently/trends-healthy-behaviours> (accessed 19 Aug 2019)

- Family and parents have considerable influence on children’s healthy weight behaviours, particularly during the early years. Family-focused approaches can help to shape the home environment through establishing routines around mealtimes and bedtimes, making healthy food choices, and encouraging physical activity through outdoor play and limiting screen time.
- People who are overweight or obese or at risk of becoming so will be able to access information or services to achieve a healthy weight. A well-designed pathway can act as an anchor point for local partnership delivery between local health boards, local authorities and third sector organisations. Links to specialist care, including mental health services and multidisciplinary teams, can provide additional clinical and psychological support where needed, alongside a wider population approach to increase wellbeing and mental health literacy.

What we will do:

1. *Understanding what will encourage or prevent people from adopting a healthier diet or being physically active. We will work with Public Health England to design and deliver effective and high impact behaviour change programmes based on the evidence of what is effective for specific groups, building on the Sport England funded, place-based physical activity pilots in Birmingham and Solihull, Coventry and the Black Country.*
2. *Ensuring that relevant front-line health and care staff have undertaken core Making Every Contact Count (MECC) training on healthy weight and will have the skills and confidence to hold conversations with individuals about their weight and signpost to appropriate support services. This includes strengthening opportunities to develop and reinforce the knowledge and skills of staff working across a range of roles in the community, to include:*
 - a. *Staff in childcare and foundation phase education*
 - b. *Staff in primary, secondary and social care*
 - c. *Community development and third sector staff*
 - d. *National Education bodies, and Social Care to ensure nutrition and physical activity (and where appropriate healthy weight) education is included as a core element in the training of health and social care professions.*
3. *Provide practical support and information for parents via a range of evidenced based interventions and positive parenting campaigns. To include:*
 - a. *Evaluation and implementation of a range of evidenced based programmes, particularly to support mothers who are overweight or obese within pregnancy.*

- b. Ensuring professionals have appropriate skills and consistent resources to hold positive conversations about healthy weight. This includes utilising holistic programme of advice and support that will enhance children's health and developmental potential to parents and children in the early years.*
 - c. Create positive conditions and the right support for women to choose to breastfeed and increase the numbers of women who breastfeed for at least six months. Normalise breastfeeding in the region through incentivising baby-friendly accreditation.*
 - d. Support for families on lower incomes, including working with the UK Government to consider consultation findings from the Healthy Start Scheme, which aims to help pregnant women and children under five in low-income families to eat healthily and includes an option to obtain free vitamins. Moving forward we wish to consider how funding for welfare foods could be best delivered across the West Midlands.*
- 4. Support for families, utilising the National Child Measurement Programme to identify schools with the greatest obesity rates that could benefit from additional support. This work will link with schools and Healthy Child Programme provision, to ensure a coherent local approach to early intervention and prevention to help drive change and promote healthy weight behaviours.*
 - 5. Use WMCA resources/ radical prevention fund to invest in local voluntary sector run community food and physical activity projects that are co-produced by local people and scaled to meet local needs.*
 - 6. Review and implement a clinical obesity pathway ensuring it meets current standards, provides clear definitions, sets clear transition points across each level and that there is explicit governance and accountability for delivery. This includes reviewing current delivery and implementation barriers, setting minimum standards at each level and agreeing a minimum national dataset to help monitor impact by working with local Health & Wellbeing Boards.*

What has been done so far, and what next?

On regional or universal levels, there are currently a range of existing workstreams across the life course and across settings which contribute to the shift towards a Healthy Weight region. We are currently engaging with Local Authorities to learn more about what is happening at a local level, and how we can add value by developing approaches and policy at a regional level.

	Early years 0-5	Children & young people 6-19/24	Working age adults 25-64	Older adults 65+
Home and family	Start4Life (PHE)	Change4Life (PHE) Rise Above campaign	One You campaign	
	Triple P (including specialist weight management support)			
Education and work		Living Streets Walking to School programme - Daily/Active Mile Thrive through Education – WMCA (proposed)	Thrive at Work - WMCA	
	National Child Measurement Programme			
Health and care	Local Maternity Systems			
	Healthy Child Programme		NHS Diabetes Prevention Programme	
	Obesity care pathway Social prescribing programme (proposed) All Our Health campaign			
Built and natural environment	WMCA Housing and Wellbeing Principles – WMCA Advertising HFSS on WM transport – WMCA Out of Home food provision – LA Chief Execs Group & PHE (national) Health campaigns (including PHE OneYou) – PHE & WMCA			
Strategic context	Scoping and mapping of local work (PHE & LA Chief Execs Group) Black Country Place Based Fund			
	Childhood Obesity Action Plan (PHE & WMCA)			
	Radical Prevention Fund West Midlands Cycling Charter On the Move Physical Activity Framework – WMCA			

	WMCA Strategic Economic Plan and Industrial Strategy Inclusive Growth Unit- WMCA Include Me – WMCA
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Moving forward, professional stakeholders from across the system will be brought together to review the current position across the wider determinants of health, and develop an action plan to make progress on the agreed commitments. The 5 pillars of the PHE Healthy Weight work plan will support the implementation of a systematic approach, including creating a community of learning through practice.

Developing the Healthy Weight approach and action plan through engagement with partners

To ensure engagement and investment from professional partners and the public, this framework will be open for consultation. This will enable local voices to be heard, and to shape this work to meet the needs of the local population and what they feel needs to happen to promote healthy weight.

As well as the consultation questions about this specific document (see Appendix 3), we will develop a set of questions to understand barriers to achieving healthy weight. This will be undertaken by colleagues from the WMCA, PHE and the Chief Executives group, in partnership with voluntary sector organisations such as Healthwatch and the Voluntary Sector Councils across the region.

Following the consultation period, the results of the consultation will be analysed and fed back through a stakeholder workshop/forum, which will be used to inform next steps, update the delivery plan, and set up the Task Force to drive this work forward.

Measuring progress and success

As part of this collaborative approach, we will consider how to make the most effective use of health and related intelligence from across sectors to assess population needs and assets, set strategic objectives, monitor progress against actions, and evaluate outcomes. The WMCA and PHE are working together and with the Office of Data Analytics (ODA) to develop meaningful and cohesive methods for understanding our populations, and measuring the effectiveness of policy, strategy and interventions to improve health, wellbeing and social outcomes.

Following this initial consultation, the stakeholder workshop and Task Force will inform the development of a monitoring and evaluation framework to assess progress towards population-wide improvements in healthy weight, physical activity participation and wellbeing, including reductions in related inequalities. This will build upon existing information and resources available at a local, regional and national level, and seek to understand facilitators and barriers to change from the perspectives of local communities, partners and stakeholders.

What are we seeking to improve?

The table below shows that as a whole, the seven WMCA constituent Local Authorities are doing worse than England overall on a number of indicators relating to healthy weight, physical activity and wellbeing. In addition, there are marked inequalities across the region, with much poorer outcomes in some Local Authorities than in others.

These are just some of the outcome measures we might want to consider in developing the monitoring and evaluation framework, as well as some of the things we would expect to contribute to improving these outcomes.

Indicator	Period	England	WMCA	Birmingham	Coventry	Dudley	Sandwell	Solihull	Walsall	Wolverhampton
Breastfeeding initiation	2016/17	74.5	68.5*	71.1	78.3	55.3	62.0	70.4	65.5	66.8
Reception: Prevalence of overweight (including obesity)	2017/18	22.4	23.7	23.5	23.2	24.6	24.2	18.2	23.9	27.6
Year 6: Prevalence of overweight (including obesity)	2017/18	34.3	39.9	40.3	37.9	39.8	42.3	30.1	41.1	42.9
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	2017/18	54.8	20.7	49.4	57.6	51.9	50.1	56.8	46.4	45.0
Percentage of adults (aged 18+) classified as overweight or obese	2017/18	62.0	65.3	65.1	64.8	64.7	71.0	53.8	67.2	66.2
Percentage of physically active adults	2017/18	66.3	60.2	61.0	60.6	56.6	59.5	67.3	63.2	52.1
Percentage of physically inactive adults	2017/18	22.2	28.5	26.4	29.5	29.6	29.6	25.7	27.0	37.1
<i>Self-reported wellbeing</i>										
Proportion of people with a low satisfaction score	2017/18	4.4	-	4.1	5.9	5.4	5.5	*	5.0	5.8
Proportion of people with a low worthwhile score	2017/18	3.6	-	*	5.2	5.7	*	*	4.0	5.1
Proportion of people with a low happiness score	2017/18	8.2	-	8.8	11.4	11.6	10.6	6.2	10.9	7.4
Proportion of people with a high anxiety score	2017/18	20.0	-	19.0	21.5	14.4	15.4	17.4	25.1	14.0

* Please see <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/> for notes on these data points

Appendix 1: Progress on actions agreed at the WMCA HWB Board, October 2018

At the WMCA Health and Wellbeing Board meeting on the 31st October 2018, the board ratified the action plan report, and supported the actions proposed.

The following table provides a summary of the actions to date.

Lead	Action	Progress to date
WMCA	Black Country Place Based Fund	As part of our partnership with Sport England and the Black Country Consortium Limited, this fund will gather insight and intelligence on the barriers and opportunities to getting more people active in targeted areas in the Black Country's growth corridors, with specific consideration of those people who are deemed to be in lower socio-economic groups, this will explore what action is needed to address the barriers across all age groups and influence the future work in driven by 2 Community Connectors and proposed social prescribing programme. The insight should be available in late Autumn.
	Removal of HFSS advertising on bus ticket backs, and the TfWM Advertising policy	Responsibility for advertising on the transport is fragmented and complex with a range of actors involved. These include a mix of transport authorities and transport operators. Therefore, action on this agenda has been challenging but partners have bought into the need to take action. As a result, significant progress has been made on getting to the point of having no HFSS advertising on the bus ticket backs. TfWM have worked closely with Ticket Media, who manage the advertising on bus tickets to liaise with McDonald's to change their advertising campaigns to promote healthier options. If negotiations are successful, it is envisaged that NX buses, who provide 90% of the bus services in the West Midlands, will no longer advertise McDonald's HFSS adverts on their bus tickets after December 2019. Discussions are currently on-going to understand how an advertising policy can be developed and implemented across the WM area, due to the complexities involving many bus operators, and ownership of the various transport assets. Through its contracts with Clear Channel, TfWM already maintains exclusion areas of HFSS advertising on any bus stop shelter within 200m of a school. This approach is now also being extended to stops across the West Midlands Metro network.
	Housing and Wellbeing Design Principles	WMCA Wellbeing Board has established a Task Force to develop a set of wellbeing principles to shape the delivery of the commitment to build 215,000 new homes by 2031. The principles have been developed based on evidence have been refined through engagement with partners in local places and developers. They provide a framework for how new homes and neighbourhoods can be designed to facilitate the wellbeing of residents and contributing to a happier, healthier, better connected and more prosperous West Midlands; including addressing the determinants of obesity, making it easier for people to be a healthy weight. The principles seek to support and add value to local policy and practice.

		<p>They bring together planning and design principles under four connected, people focussed areas of interest;</p> <ul style="list-style-type: none"> • Healthy, affordable homes that enable people to stay independent throughout their lives • Vibrant streets that promote community interaction and prioritise active travel and movement for all • Residents have access to the natural environment and high quality, active social spaces <p>Connected places, with residents having access to services, schools, work and public transport. Work is now underway to incorporate these principles into the WMCA’s Single Commissioning Framework, Design Charter and Inclusive Growth Toolkit. Discussions with developers are also underway to identify pipeline developments that can test out the application of the principles with local communities and evaluate their impact</p>
	<p>3 Million pound challenge, including Active 10 / Daily Mile</p>	<p>To drive activity at a community level several programmes of work will be established. Initial focus in 2018 was the development of a 3 million pound challenge to help the region lose weight but the emphasis of a healthy weight has shifted away from a purely obesity reduction programme which can create negative responses. As such this framework will seek to align new and existing programmes or campaigns to create a social movement for action:-</p> <ol style="list-style-type: none"> a. Daily Mile will be promoted to schools to engage young people to undertake 15 mins of activity. b. Active 10 will be used to enable staff in work places to engage in 10/15 mins of physical activity during the working day. This has been built into the Thrive at work Toolkit as a programme of work. c. Start Back and Sugar Swap PHE campaigns will support a shift towards a healthier relationship with food. d. Every Mind Matters digital mental health programme will support an individual approach to mental health and resilience and aims give people the tools to have improve their own mental health leading to a more holistic healthier outcome.
	<p>Take to the Street</p>	<p>a. Active Streets</p> <p>As part of the WMCA’s commitment to get more people walking and cycling, the WM Mayor has launched a Better Street Fund encouraging people and communities to improve the place where they live and encouraging more people to walk and cycle. TfWM, WMCA Public Service Reform teams and Local Authorities are assessing over 150 applications for innovative schemes to make a difference. The PSR teams’ priorities for the scheme are impacting on the health and inclusion inequalities that exist in the area and encouraging a co-designed, co-produced approach with local communities. Announcements will be made in Autumn 2019.</p>

		<p>The WMCA in partnership with Sport England is trialling a Public Space Design project with Coventry CC, Walsall MBC, City of Wolverhampton Council, Sandwell MBC and Birmingham City University. The aim of the project is to identify different localities and work with local communities on the design, build and long-term sustainability of community active spaces. Projects include a train station, Parklet, canal and GP surgery and neighbouring park. Evaluating the impact of this work will give partners the learning on what could be delivered at scale longer term as part of the Housing and Wellbeing priorities.</p> <p>b. Goodgym</p> <p>As part of a wider social movement programme, Goodgym has the potential to inspire people to be active by delivering change in their communities, whether helping a local care home or hospital, clearing areas at community projects to help change or being part of an older adult befriending service. Now delivering in Coventry, Birmingham, Solihull and shortly Warwick/Leamington Spa the social movement will deliver positive change to many communities and individuals.</p> <p>c. Disability</p> <p>The WM Mayor’s report on getting more disabled people active, identified 6 main priorities developed following extensive consultation with disabled people and organisations. 50% of disabled adults are inactive and we recognise that there are many complex and multi-layered challenges that prevent people being active. The WMCA, Activity Alliance and Sport England partnership focuses on scaling up what works through an organisation’s commitment to the Include Me WM Pledge, a commitment to a more inclusive and customer focused approach to sport and physical activity delivery; extending the training of the sport and physical activity in inclusivity and mental health awareness; awareness and understanding of the health and social care; who many disabled people felt they needed to promote physical activity; trialling work with TfWM on improving public transport and accessibility for disabled people and co-design, co-production and co-evaluation of work with disabled people. Since its launch in May 2019, over 30 organisations have pledged their commitment to Include me WM and approaching 100 additional people have been trained.</p>
LA Chief Executives group	Scoping and mapping the Food environment	Proforma sent to all LA PH departments with request to disseminate to partner departments, to collect any information related to Healthy Weight. All but 1 WM LA PH department have returned their proformas and corresponding reports. Further scoping is required to understand the work the wider departments and other organisations are undertaking in relation to HW.

Appendix 2: Consultation questions

Leadership and Enabling Change

1. How can action at the WMCA add value to local work to promote healthy weight?
2. Do you agree that a whole system approach could enable change to take place? If not, why? What are the opportunities, risks and barriers to effective leadership at a WMCA level?
3. Are you aware of any good practice locally? How can we build upon and maximise existing practice and resources to support population change across the West Midlands?

Healthy Environment

4. Do you agree that the proposals set out would make our food and drink environment healthier? If you agree, how do you think these could be implemented and what support will be required? If not, why?
5. Do you agree that the proposals set out would provide an environment with more opportunities to be active? If you agree, how do you think these could be implemented and what support will be required? If not, why?

Healthy Settings

6. Do you agree with the proposals for the following settings (please identify which setting(s) you wish to comment upon)?

Healthy People

7. Do you agree that proposals will support behavioural change and increase conversations about healthy weight through front line services? If you agree, how do you think these could be implemented and what support will be required? If not, why?
8. Do you agree that proposals will enable children and families to support a healthy weight? If you agree, how do you think these could be implemented and what support will be required? If not, why?
9. Do you agree that proposals will develop a clinical pathway to ensure those who are overweight or obese can access the right kind of support? If you agree, how do you think these could be implemented and what support will be required? If not, why?
10. What additional measures could be implemented at a WMCA level to increase healthy weight in the region?
11. How can you contribute to this programme?

