Health and Wellbeing Board
Meeting Date 12th November 2020
Paper title: Development of Shropshire's Weight Management Strategy
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1. Summary

Reducing obesity is a priority for both the STP and Shropshire's Health and Wellbeing Board reflecting the significant health, wellbeing and cost consequences associated with it. On average, obesity deprives an individual of 9 years of life and projections indicate that in the coming years obesity will overtake smoking as the biggest cause of preventable death. Rates of obesity among different population groups reflect inequalities within our society whereby those from more deprived circumstances are more prone to obesity. This is particularly true for children.

National policies reflect the significant challenge posed by obesity and include the National Childhood Obesity Plan, the NHS Long-Term Plan and the more recent national strategy to reduce obesity in adults and children. All of these polices demand local action to secure effective implementation.

The proportion of the adult population in Shropshire that are estimated to be overweight or obese is 72.4%, statistically higher than both the West Midlands (65.6%) and the England averages (62.3%). The prevalence of overweight and obese children varies according to deprivation and it is estimated that approximately 16,800 2 to 17-year olds in Shropshire are overweight or obese. Thus, collectively it is estimated that there are at least 207,000 individuals in Shropshire who are either overweight or obese.

Shropshire's Weight Management Strategy (WMS) will reflect national policies and will incorporate the prevention and treatment of overweight and obesity. The strategy will reflect the complex and multiple influences on weight that operate across the life course and will adopt a 'Whole Systems Approach to Obesity' (WSAO).

Other programmes of work that naturally interface with a WMS will need to be taken into account, and approaches to the prevention and management of unhealthy weight will need to operate in a range of settings – e.g. nurseries, schools, workplaces and within the NHS - and will need to target the particular needs of communities where unhealthy weight and poorer health outcomes are more prevalent.

Adopting a WSAO will require detailed work to be undertaken with key stakeholders including the NHS, local businesses, the voluntary sector and communities to understand the complex local drivers of obesity and identify where there are opportunities for change. Provisional steps towards strategy development have been undertaken through a Public Health working group, which has included development of a high-level project plan. Key themes have been identified where further detailed work is required as follows:

- Food environment/healthy eating

- Physical activity and the built environment
- Supporting individuals in behaviour change (Make Every Contact Count /Workforce/IT)
- Prevention/Maternal/Early years/School-age, including promoting good mental wellbeing/self-esteem – healthy relationship with food
- Healthy weight/lifestyle support and services – child, adult and maternity pathways

However, the key changes that are required in relation to these areas will need to be informed through engagement with communities and other stakeholders. The proposed approach to engagement has been developed in the context of COVID related restrictions and will include the production of podcasts, surveys and 'zoom' meetings. It is hoped that a wide range of community members, staff groups and other stakeholders can be engaged in the process, for example as follows:

- Community/3rd sector organisations and through them community members
- Health and social care professionals
- All public sector staff- council and NHS employees
- Local employers and their employees
- Nursery/early years settings/registered childminders
- Attendees at commercial weight management programmes
- Diabetes prevention programme attendees

Next steps include:

- Convening a single multi-agency meeting to review the approach and advise on any adjustments prior to establishing the engagement process
- Developing the content of the podcast(s), surveys and 'face to face' structured interview questions together with engagement processes through partner agencies.
- Undertaking specific engagement with elected members to fully explore the opportunities created through adopting a WSAO and how this aligns with a Health in All Policies approach.

2. Recommendations

Board members are asked to:

- Endorse the approach to the review as described in this report
- Support the 'next steps' as described in section 3.9
- Advise on approaches to adopt in ensuring the 'critical success' factors identified in section 3.5 can best be achieved
- Note that amongst the wider risks and opportunities specified, there is a potential for delay in strategy development contingent on the COVID crisis

3.

REPORT

3.1 Introduction

The purpose of this report is to update board members on progress with development of Shropshire's Weight Management Strategy (WMS) and to seek the support of board members in progressing the plans.

3.2 Background

Reducing obesity is a priority for both the STP and the Health and Wellbeing Board reflecting the significant health, wellbeing and cost consequences associated with it. Obesity is a societal issue and the solution lies as much in planning and transport policies (for example; making neighbourhoods more walkable) and the way supermarkets display and price food, as it does in individual behaviours or choices.

On average, obesity deprives an individual of 9 years of life and projections indicate that in the coming years obesity will overtake smoking as the biggest cause of preventable death. Obese people are:

- at increased risk of certain cancers, including being 3 times more likely to develop colon cancer
- more than 2.5 times more likely to develop high blood pressure
- 5 times more likely to develop type 2 diabetes

More broadly, obesity has a serious impact on economic development, with the overall cost of obesity to wider society estimated to be £27 billion each year.

Rates of obesity among different population groups reflect inequalities within our society whereby those from more deprived circumstances are more prone to obesity. This is particularly true for children. Childhood obesity and excess weight are significant health issues for children, young people, and their families. It can have serious implications for the physical and mental health of a child, which can then follow into adulthood. More recently obesity has been associated with poorer outcomes among those contracting COVID reinforcing the need for a reduction in obesity levels.

National policies reflect the significant challenge posed by obesity. The National Childhood Obesity Plan seeks to halve childhood obesity and reduce the gap in obesity between children from the most and least deprived areas by 2030. The programme is organised into three themes:

- sugar, calories and the reformulation of food products
- marketing and promotions of food and drink
- education and local area action.

The NHS's Long-Term Plan sets out how the NHS will help to reduce obesity. Proposed actions include:

- a commitment to expand the type 2 Diabetes Prevention Programme
- greater emphasis on training on nutrition in medical training
- encouragement for hospitals to provide healthier food and drink options
- an expectation that the NHS will treat more children with severe complications related to their obesity, such as type 2 diabetes, cardiovascular conditions, sleep apnoea and poor mental health.

In July 2020 a new national strategy to reduce obesity in adults and children was published. The main elements of the strategy include:

- a 'call to action' for everyone who is overweight to take steps to move towards a healthier weight
- promoting the use of tools and apps to support weight reduction
- expanding NHS weight management services
- consulting on the current 'traffic light' food label system to help people make healthier choices
- a requirement for restaurants to add calorie counts to their menus
- consulting on the intention to add calorie labelling on alcohol
- reducing access to foods high in fat, sugar or salt by restricting promotions such as buy one get one free
- banning the advertising of foods high in fat, sugar or salt being shown on TV and online before 9pm

The recent decommissioning of Shropshire's healthy weight services creates important context for this review. There are now limited service options for residents and development of this strategy will include consideration of gaps in provision, together with best practice, evidence of effectiveness and estimated return on investment, whilst recognising the need to take a whole

systems approach to creating an environment that supports the achievement and maintenance of healthy weight for the Shropshire population.

3.3 Unhealthy Weight Across Shropshire

The proportion of the adult population in Shropshire that are estimated to be overweight or obese is 72.4% statistically higher than both the West Midlands (65.6%) and the England averages (62.3%) as shown in Table 1. This estimate equates to approximately 190,500 Shropshire adults being an excess weight.

Table 1. Estimate of Adult Overweight/Obesity in Shropshire Compared to the England and West Midlands Populations

Population	% Overweight or Obese (Confidence Interval)
Shropshire	72.4% (68 – 76.5)
West Midlands	65.6% (64.8 – 66.4)
England	62.3% (62.1 – 62.6)

National estimates indicate that 28% of 2 to 15-year olds are overweight or obese which if applied to the Shropshire child population would mean 16,800 children are an unhealthy weight. In total these estimates indicate that over **207,000** individuals in Shropshire are either overweight or obese.

Data based on the ACORN market segmentation tool indicates that almost 81,000 Shropshire residents are obese (25.3%) and the proportion varies by geographical area. Figure 1 illustrates that the postcode areas with highest proportion of people who are obese are:

- Shrewsbury areas SY1, SY2 (≈38%)
- Oswestry and Ellesmere– areas SY11, SY12 (≈35%)
- Ludlow and surroundings - area SY8 (≈32%)
- Bishops Castle – area SY9 (≈32%)
- Whitchurch – area SY13 (≈30%)

Figure 1. Estimated Obesity Prevalence by Geographical Area Across Shropshire

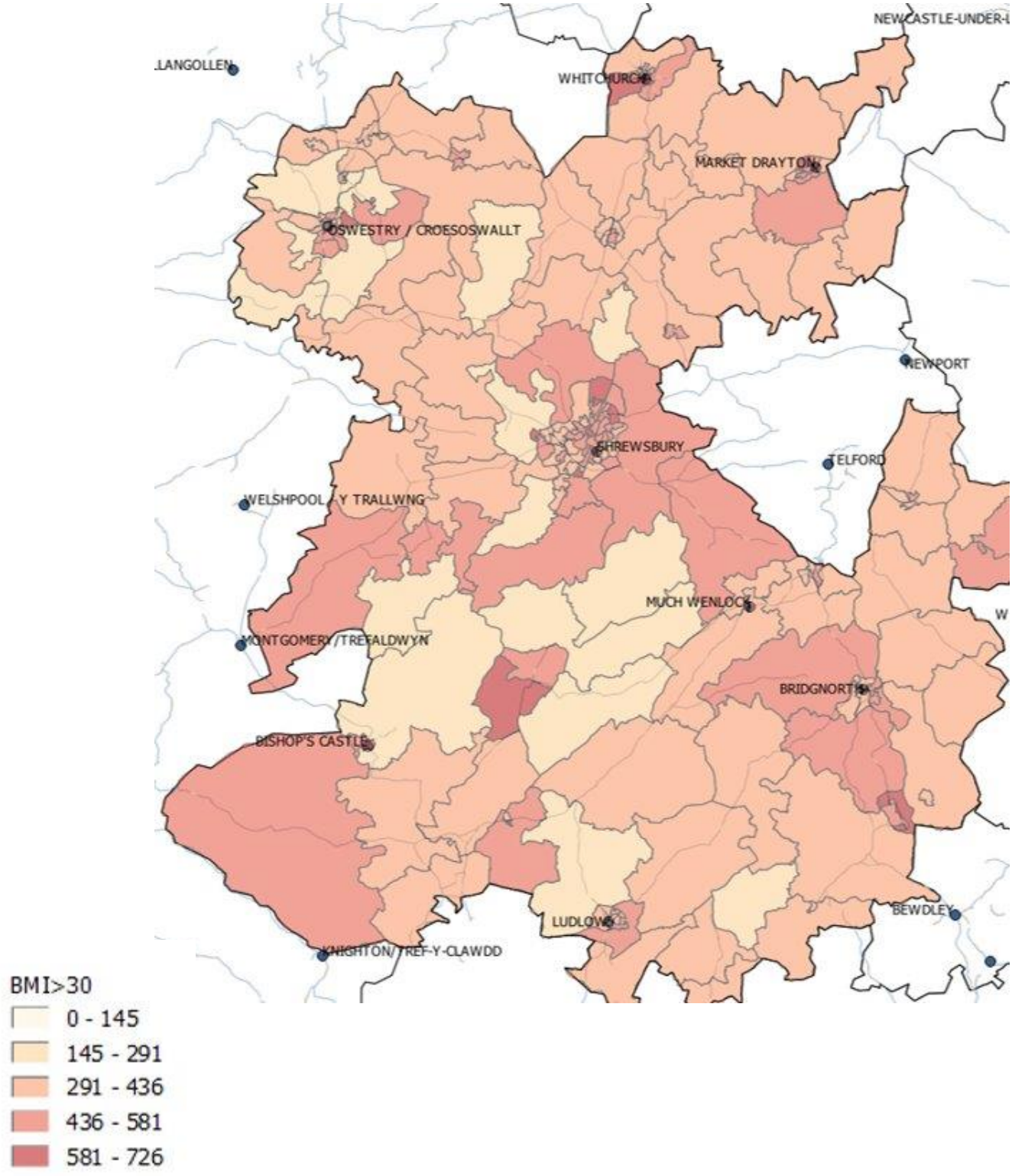


Table 2 uses local data over a 3-year period from maternity services and from the National Child Measurement Programme (NCMP) to illustrate the prevalence of unhealthy weight among these populations.

It can be seen that underweight ranges from 0.6% among reception class pupils up to 2.1% of women who deliver (based on weight at booking). The proportion of healthy weight individuals within the cohorts decreases from 77% in reception down to 43.1% within the maternity cohort and the proportion who are overweight and/or obese increases from reception (14% overweight, 8.5%

obese), to year 6 (14.4% overweight, 16.4% obese). Within the maternity cohort 29.8% are recorded as being overweight and 23.9% are obese.

Table 2. Summary Weight Profile: Shropshire Maternity Services and Local NCMP Data with Annual Number Based on 3 Year Average

Population	Average Annual Population	Underweight		Healthy Weight		Overweight		Obese	
		%	n	%	n	%	n	%	n
Reception	2545	0.6%	14	77%	1959	14%	356	8.5%	216
Year 6	2491	1%	25	68.2%	1698	14.4%	360	16.4%	408
Maternity	2108	2.1%	45	43.1%	919	29.8%	635	23.9%	509

The NCMP data for 2018/19 comparing Shropshire to the West Midlands and England averages is shown in Table 3 for reception pupils and Table 4 for year 6 pupils. Table 3 shows that Shropshire has a lower proportion of obese (8.3%) and obese/overweight (22.4%) reception class pupils than England or the West Midlands, but it is important to note that the % of Shropshire children participating in the programme is less than the England average and as such there may be some underestimate of unhealthy weight within the Shropshire population.

Table 3. Reception Class NCMP Data 2018/19 Shropshire, West Midlands and England

Population	% Obese (Confidence Interval)	% Overweight or Obese (Confidence Interval)	Participation Rate
Shropshire	8.3% (7.3-9.4)	22.4% (20.9-24.1)	90.7%
West Midlands	10.6% (10.4 – 10.8)	23.8% (23.4-24.1)	
England	9.7% (9.6 – 9.8)	22.6% (22.5- 22.7)	95.3%

Table 4 shows that Shropshire has a lower proportion of obese (16.6%) and obese/overweight (30.3%) year 6 pupils than England and the West Midlands but again the % participating in the programme is less than the England average with the potential for some under-estimation of unhealthy weight among the Shropshire population.

Table 4. Year 6 NCMP Data 2018/19 Shropshire, West Midlands and England

Population	% Obese (Confidence Interval)	% Overweight or Obese (Confidence Interval)	Participation Rate
Shropshire	16.6% (15.2 - 18)	30.3% (28.6 – 32.1)	90.1%
West Midlands	22.9% (22.6. – 23.3)	37.5% (37.1 – 37.9)	
England	20.2.% (20.1. – 20.3)	34.3% (34.2 – 34.4)	94.5%

Figure 2 shows the prevalence of overweight and obesity by deprivation decile based on a 3-year average of NCMP data (2016/17 to 2018/19) for Shropshire reception class pupils and Figure 3 shows the data for year 6 pupils.

Figure 2 shows that the proportion of either overweight or obese reception class pupils ranges from 25% among those living in the most deprived decile compared to 18% among the least deprived decile.

Figure 2. Overweight and Obesity by Deprivation Decile for Reception Class Pupils

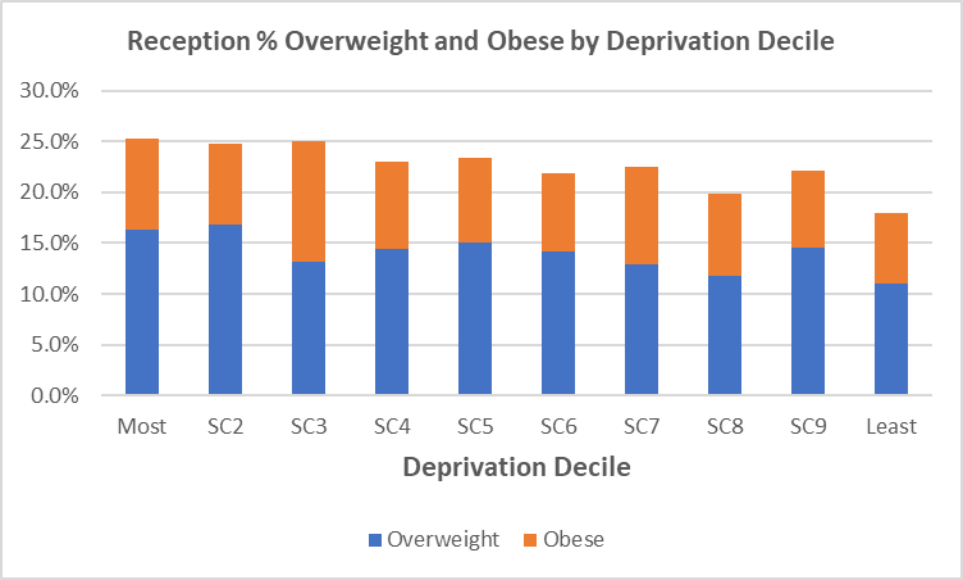


Figure 3 shows that that the proportion of either overweight or obese year 6 pupils ranges from 35% among those living in the most deprived decile compared to 26.3% among the least deprived.

Figure 3. Overweight and Obesity by Deprivation Decile for Year 6 Pupils

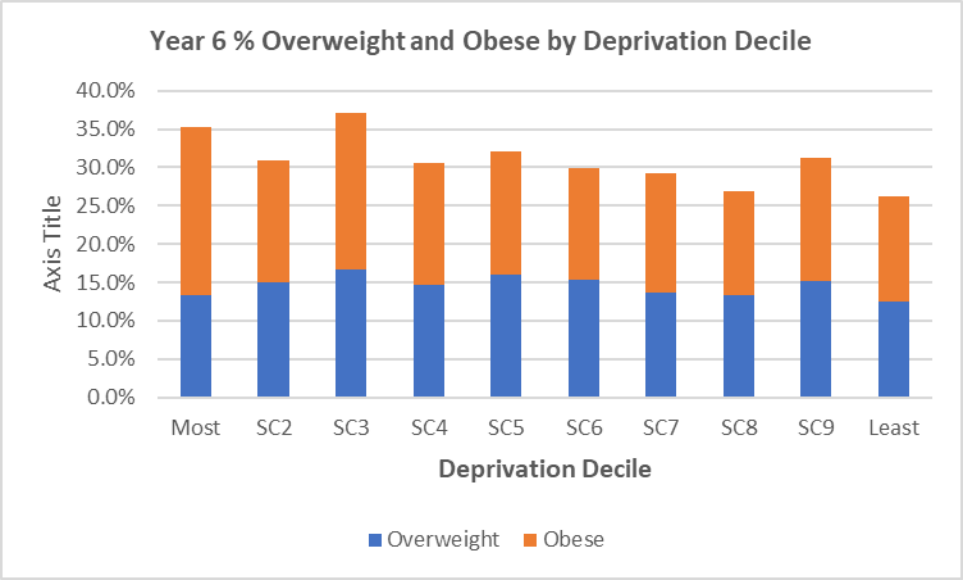
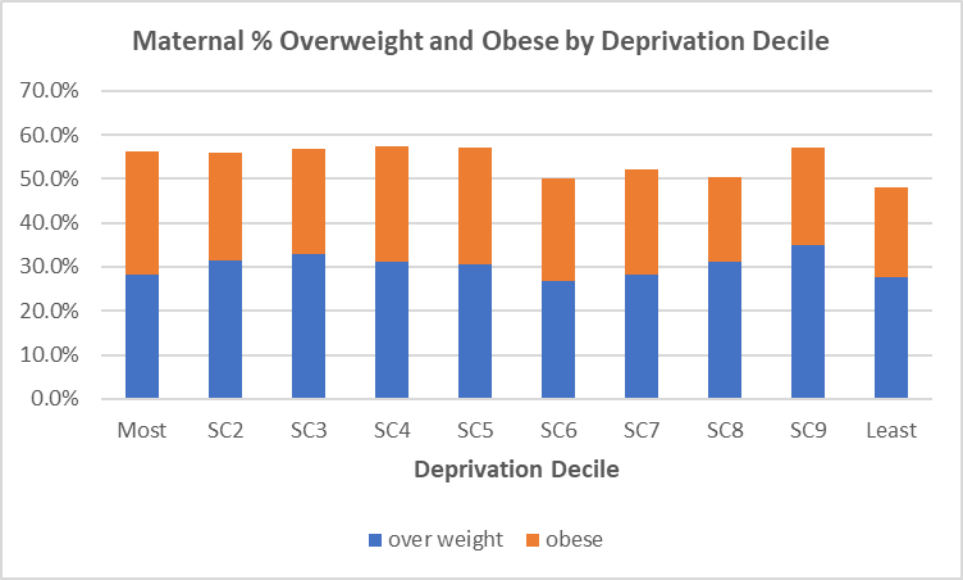


Figure 4 shows the prevalence of overweight and obesity by deprivation decile based on local maternity data (2017/18 to 2018/19). Whilst there is variability across the deprivation deciles the total proportion either overweight or obese is 56.1% among those living in the most deprived compared to 47.9% within the least deprived decile.

Figure 4. Maternal Overweight and Obesity by Deprivation Decile



3.4 Overview of Shropshire's WMS

Shropshire's WMS will reflect national policies and will incorporate the prevention and treatment of overweight and obesity aiming to reduce the proportion of the population who are either overweight or obese. The strategy will reflect the complex and multiple influences on weight that operate across the life course. These influences include societal and cultural factors; biological factors; individual psychology, physical activity and food consumption together with wider environmental factors. In light of this complexity a 'Whole Systems Approach to Obesity' (WSAO) will be adopted in developing the strategy as described in section 3.5 below.

Other programmes of work that naturally interface with a WMS will need to be taken into account (for example. MECC, Social Prescribing, Health Checks, Healthy Child Programme, NHS Diabetes Prevention Programme, as well as wider council developments for example related to air quality/active travel). Some provisional discussions have taken place with council colleagues, for example in relation to culture and leisure services, regulatory services and development of the Local Plan. These have explored how development of the WMS might interface with specific services and emerging plans in these different policy areas, but it is recognised that more detailed work will be required to fully explore opportunities for alignment, whereby the collective effect of work programmes can have an increased impact in improving health and reducing health inequalities.

In considering the treatment of overweight and obesity it will be important to clarify pathways to services and support across the entire system, for example taking into account tier 3 and tier 4 weight management services commissioned within the NHS and the criteria that determine access to these services.

Whilst the key aim of this strategy is to reduce the prevalence of excess weight among the population, it is important to recognise that some individuals – particularly children and young people – may have an adverse response to healthy weight messages by inappropriately restricting their food intake and being vulnerable to becoming underweight. The WMS will thus aim to incorporate, as far as is possible, the prevention of an unhealthy relationship with food as this could predispose to either obesity or other eating disorders such as anorexia or bulimia.

Approaches to the prevention and management of unhealthy weight will need to operate in a range of settings – e.g. nurseries, schools, workplaces and within the NHS - and will need to target

the particular needs of communities and population groups where unhealthy weight and poorer health outcomes are more prevalent. A WSAO will, amongst other things, build on the council's commitment to 'Health in All Policies' (embedding measures to maximise prevention and reduce health inequalities into the development of all policies and decisions) and the STP's aim to support a healthier workforce.

3.5 A Whole Systems Approach to Obesity

To support local areas in adopting a WSAO PHE have produced detailed guidance and a 'toolkit' based on learning from elsewhere in the country. The toolkit is designed to support local authorities to work with key stakeholders including the NHS, local businesses, the voluntary sector and communities to understand the complex local drivers of obesity and identify where there are opportunities for change. A WSA has been defined as follows:

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

Factors that have been identified as critical to the success or otherwise of a WSAO include:

- The active support of strategic leaders (Directors, elected members and executives in partner organisations)
- The commitment of a wide range of services and partners, including communities– built on an understanding of the drivers that underlie unhealthy weight
- An inclusive process whereby priority issues/target communities for intervention can be identified alongside local assets that can be developed through co-production to meet needs
- A detailed analysis of a wide range of relevant data (mapping out local 'hot-spots'), where possible identifying challenges (such as lack of access to green space) as well as identifying programmes and actions already in place that support promotion of healthy weight.
- Adopting a place-based approach recognising variation across communities

3.6 Progress to Date

A Public Health working group has been convened to scope the preliminary approach to strategy development and this has been shared with partners in other agencies as well as officers across the council. On the basis of this, a high-level project plan reflecting the stages in the WSAO process has been developed and is shown in appendix 1.

A baseline assessment of existing services and support related to healthy weight has been collated and provisional data analysis as illustrated in section 3.3 has been undertaken. Key themes have been identified where further detailed work will need to be undertaken to address the multiple challenges posed through obesity. These include the following:

- Food environment/healthy eating
- Physical activity and the built environment
- Supporting individuals in behaviour change (MECC/Workforce/IT)
- Prevention/Maternal/Early years/School-age, including promoting good mental wellbeing/self-esteem – healthy relationship with food
- Healthy weight/lifestyle support and services – child, adult and maternity pathways

However, the key changes that are required in relation to these areas will need to be informed through engagement with communities and other stakeholders.

3.7 Approach to Engagement

Given the central need for inclusive and meaningful dialogue with individuals and communities in creating the foundation for an effective strategy the approach to engagement set out in the WSAO guidance has been adapted to reflect current COVID restrictions. The proposed approach to engagement is set out in detail in appendix 2, but in summary it is based on a combination of podcasts, surveys and 'zoom' meetings supplemented with direct 'face to face' conversations where these can achieved (e.g. through structured conversations with food bank clients or with those accessing other services).

Adapting the approach has opened up opportunities for a broader reach through the engagement process whereby more individuals can be involved in the process than might have been achieved using more traditional 'workshop' approaches. With the support of board members, it is hoped that a wide range of individuals, staff groups and stakeholders can be engaged in the process for example as follows:

- Community/3rd sector organisations and through them community members
- Health and social care professionals
- All public sector staff- council and NHS employees
- Local employers and their employees
- Nursery/early years settings/registered childminders
- Attendees at commercial weight management programmes
- Diabetes prevention programme attendees

In order to reach into communities colleagues in the third sector, together with parish and town councils could assist as there needs to be engagement with distinct geographical communities insofar as possible. It might be that local organisations circulation lists of people (like attendees at the mother and toddler group) could be used to reach into bespoke communities. The direct engagement with communities that has taken place has a consequence of COVID may also present opportunities for engagement.

There would be distinct advantages to the widespread engagement of public sector staff. For example:

- They could respond from both a professional and/or a personal perspective (i.e. many staff are an unhealthy weight and many local staff will be Shropshire residents).
- Through participating (and in particular through the podcast) staff would gain a better understanding of obesity and its causes. They may then be better able to help patients/clients to address these challenges and improved understanding could help reduce the stigma that can be associated with obesity.

Likewise engaging local employers should raise awareness of the types of actions they can take to support employees to adopt healthier lifestyles and having bespoke engagement with families and early years staff should allow more focussed attention on the prevention of obesity.

Engaging with those participating in commercial weight management programmes would be a means of targeting a group known to be concerned about their weight, and as such a group with a particularly relevant perspective on the challenges faced by individuals.

3.8 Further Work Required

There is a need to build engagement with partners, with third sector organisations, town and parish councils and NHS colleagues, so that the strategy can best reflect the needs of different population/patient groups and opportunities emerging through related service developments can be aligned to create synergy.

There is a need to review the evidence and best practice guidance in relation to the areas defined in section 3.6, so that appropriate evidence-based responses can be implemented in light of the survey/engagement findings

There will be a need to explore how Shropshire's population is best supported to adopt healthier behaviours and this can only be determined through engagement/co-production processes. Whilst there is likely to be very limited resources to invest in support/service provision the relative merits of the following will need to be considered:

- Preventing obesity through supporting healthy approaches to infant feeding and parenting, including developing a healthy relationship with food
- Intervening early through supporting families where children are identified as being overweight or obese through the National Child Measurement Programme
- Supporting adults who are an unhealthy weight to lose weight and sustain their weight loss

Decisions will need to be based on the associated evidence/return on investment, as well as any current provision. Any investment in lifestyle services needs to align with existing provision and future developments e.g. services for adults would need to align with Primary Care Network investment in Social Prescribing and/or Health Coaches, whilst early years related investment would need to be viewed in light of existing or future maternal wellbeing services. Enhancing community capacity so that the risks associated with obesity are better understood, so that approaches to prevention can be implemented and behaviour change can be supported would also need to build on existing community infrastructure.

In light of emerging evidence relating to the possible triggering of eating disorders (e.g. anorexia) as an unintended consequence of healthy weight messaging, particularly among children and young people, there is a need to explore how the risk of such an adverse outcome could be minimised. This will link to the need to promote wellbeing and self-esteem among children and young people such that they are less vulnerable to the eating disorders that can predispose to obesity, anorexia or related conditions.

3.9 Next steps

To enable appropriate links to be made with relevant strategic plans and existing service delivery within partner organisations a multiagency group should be convened for a single meeting to review the approach and advise on any adjustments prior to establishing the engagement process summarised in section 3.7 and detailed in appendix 2.

Develop the content of the podcast(s), surveys and 'face to face' structured interview questions based on the themes described in appendix 2. Agree the operational processes for delivering these through partner agencies.

Undertake specific engagement with elected members to fully explore the opportunities created through adopting a WSAO and how this aligns with a Health in All Policies approach.

Progress the work described in section 3.8 above

4. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

A number of risks have been identified in relation to this work programme, including the following:

- The potential for delay contingent on the COVID crisis
- Constrained capacity among colleagues in partner agencies undermining their ability to contribute to the work because of wider pressures and demands
- The effectiveness of community engagement – given constraints imposed through COVID restrictions

Development of the strategy does present a number of opportunities, including the following:

- Strengthen the approach to obesity prevention reducing the future need for treatment
- Alignment of healthy weight developments with existing services and opportunities within partner agencies to give a greater and more cost-effective collective impact
- Assist in embedding a 'Health in All Policies Approach' across the council through raising awareness of the impact of wider council policies and services on weight management
- An opportunity to strengthen current multi-agency work focussed on reducing food poverty
- The testing of a 'Whole Systems Approach' which could then be applied to other complex challenges
- An opportunity to raise awareness of obesity, its causes and management, among a wider group of public sector and other staff

As indicated in this report obesity is related to inequalities and implementing an effective strategy should lead to a reduction in health inequalities. Likewise, an effective strategy will be contingent on meaningful engagement with community groups and the wider Shropshire population.

5. Financial Implications

There are no direct cost implications associated with development of the strategy.

6. Background

See section 3.2 above

7. Additional Information

None

8. Conclusions

This report sets out the proposed approach to development of Shropshire's WMS, based on the use of a WSAO as recommended by PHE. Obesity poses a significant and increasing threat to population health and a wide range of factors need to be addressed to enable the population to make healthier choices, consistent with achieving a healthy weight.

The first stage of the process requires detailed engagement with communities and partner agencies in order to determine the greatest challenges faced in achieving/maintaining healthy weight and the support that would be most valuable to individuals and families in doing so.

Based on this engagement solutions need to be co-produced with communities and partner agencies so that sustainable changes can be made to prevent and manage obesity, both among adults and children.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) 'Changes to Public Health within Shropshire Council' Health and Wellbeing Board 23rd May 2020 'Place Based Working and Priority Setting: The wider determinants of health'. Health and Wellbeing Board 5 March 2020
Cabinet Member (Portfolio Holder) Cllr Dean Carrol
Local Member NA
Appendices **Appendix 1 – High Level Project Plan** **Appendix 2 – Approach to Engagement**

Appendix 1

High Level Project Plan
Developing a Weight Management Strategy Using a Whole System Approach to Obesity

Phase 1- Set-up
Aim: The aim of this phase is to establish the governance structures and support required to effectively implement a local whole systems approach to tackling obesity.

1. Clarify scope of strategy (prevention and treatment, across the life-course), reflecting local context.
2. Identify key stakeholders.
3. Agree governance arrangements e.g. strategic and/or operational group, ToR, membership and reporting.
4. Identify key strategies that are relevant and strategic groups that should be engaged.
5. Identify resources available to support development – e.g. appraisal of evidence, project management, data analysis, community engagement, IT for 'mapping', commissioner expertise, commissioning budget. Confirm time scales.
6. Develop a narrative – what are the issues – what are the impacts on Shropshire's population and services.
7. Engagement of senior leaders across the system – critical to buy-in. Develop shared understanding of advantages of 'whole systems approach'.
8. Agree method(s) for communicating progress and encouraging further engagement. Consider potential for wider network (see phases 5 and 6 below).
9. Consider methods for community engagement (see phases 3 below)

Phase 2- Build Local Picture
Aim: The aim of this phase is to gather information required to understand the local picture of obesity, its prevalence, the local impact, relevant organisations and people, community assets and existing actions to address it.

1. Collate data and summarise local intelligence – clarifying needs and assets (communities, groups, individuals with expertise, current interventions, relevant services).
2. Map current services/interventions, individuals, communities, departments and organisations currently contributing towards healthy weight –
   (i) mental wellbeing
   (ii) food environment
   (iii) physical activity
   (iv) behaviour change (e.g. implementation of national campaigns (C-4-Life, 'One you' 'Better Health'). Workforce development – (e.g. MECC, PA 'champions'), and services (e.g. NCMP, Health Checks, Diabetes Prevention and Social Prescribing)
   (v) system-wide policies (e.g. 'Health in All Policies').
3. Promote shared understanding of whole system working, healthy weight related challenges, opportunities and how stakeholders can be involved and influence.

Phase 3 - Engage with Stakeholders
The aim is to bring stakeholders including communities together to map the local causes of obesity, to understand the concepts behind a WSA and begin to develop a shared vision for obesity prevention/management.

1. Consider and agree approaches that would best emulate a workshop – allowing co-creation.
2. Consider approach to mapping – Shropshire-wide vs key local areas (most at risk of unhealthy weight) – or a combination of both.
3. Agree information to be shared (National, Shropshire, Local Area) and methods for sharing/receiving feedback.
4. Identify mechanisms for engagement (emulating community 'workshop' to gather intelligence and enable mapping)

5. Undertake initial engagement with key communities to develop joint understanding of local causes of obesity.
6. Construct provisional obesity system map(s)
7. Develop a draft/provisional vision for change – what do we want to achieve for the people and communities in Shropshire
8. Identify methods for feeding back to those contributing – to support further dialogue and engagement

Phase 4 – Action
The aim is for stakeholders to refine the shared vision and to propose actions that may provide the greatest opportunity to change the system.

1. Consider and agree approaches that would best emulate a workshop – allowing co-creation, building on the approach and engagement achieved through phase 3.
2. Enable stakeholders to reflect on:
    - The process undertaken to date
    - The provisional system map – with suggested revisions and overlaying existing interventions/actions
    - Prioritise areas for action across the system
3. Consider alignment of actions to maximise impact
4. Ensure actions align with the evidence base and address health inequalities
5. Refine and agree the vision for system change

PRODUCE DRAFT STRATEGY & ACTION PLAN
Phase 5 – Managing the System Network
The system network is an inclusive forum, which brings stakeholders together to promote systems working to tackle obesity across the local area. **The aim of this phase is to get the system network up and running by developing the structure of the network and undertaking the first meeting.**

Phase 6 – Reflect and Refresh
The system network becomes operational during phase 6. The network will come together at agreed time points, to collectively reflect on how the local whole systems approach and its actions are progressing and to consider and agree appropriate changes.

Appendix 2

DRAFT 3: Discussion Document
Engagement with Stakeholders to Develop a Weight Management Strategy using a Whole System Approach to Obesity

1. Introduction

This paper provides provisional suggestions for how stakeholder engagement in the development of Shropshire's Weight Management Strategy (WMS) might be achieved while 'traditional methods' of engagement (such as community workshops) are not an option.

It is recognised that over the period of time taken to develop the WMS opportunities to engage directly with communities might emerge (e.g. if a vaccine is available in the coming months). However, the current assumption is that the majority of the engagement process will need to be conducted 'remotely', with limited opportunity for direct 'face to face' discussion.

Shropshire Council's community engagement team have agreed to support the engagement process once this has been agreed by the WMS Working Group and then refined through following consultation with other partners and groups.

It is anticipated that as this proposal is shared with partners it will be supplemented with additional 'engagement strands' that reflect opportunities our partners have to directly engage with individuals and communities. In addition, there are other activities being undertaken (for example the 'Nutrition and Resilience' survey of school children) where relevant insight will be gleaned that can help inform the conclusions drawn through the process described below.

2. Background

Development of a HWS is a health improvement priority for Shropshire and it has been agreed that the development process should follow a 'Whole Systems Approach to Obesity' (WSAO).

The WSAO process is dependent on meaningful engagement with a wide range of stakeholders (e.g. professionals from NHS, Local Authority, 3rd sector, other employers in Shropshire, community groups and members). In other authorities where a WSAO has been used these stakeholders have be brought together to:

- Understand the prevalence and consequences of obesity in their area
- Understand the evidence in terms of the causes of obesity
- Understand what a WSAO means and the benefits of adopting this approach
- Explore and agree the local causes of obesity – map these causes linking related causes together
- Develop a shared vision for change
- Agree priorities for action

Using traditional methods, a number of 'face to face' workshops would have been convened in different parts of the county (those where the data suggests people face the greatest challenges in achieving a healthy weight) and professionals and communities would have been brought together to develop a shared vision of the challenge and the solutions to be adopted. Alternative approaches to securing this engagement are set out below, as the basis for discussion, refinement and subsequent agreement.

3. Overview of Proposed Engagement

The aim of initial engagement with stakeholders is to bring professionals and communities together to:

- map the local causes of obesity,

- understand the concepts behind a WSAO and
- begin to develop a shared vision for obesity prevention/management.

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Given the COVID related limitations on methods of engagement not all elements of the engagement could be achieved using a single engagement method, thus it is proposed that initial engagement is delivered through two stages, as follows:

- Stage 1 engagement will be achieved using podcasts and surveys as described below
- Stage 2 engagement would build on the findings of the surveys and would be achieved through targeted zoom meetings with self-selecting individuals (professionals and community members) together with discussion with existing community groups.

Where possible the 'online' methods described below will be supplemented with direct face to face conversations. In discussion with partners we hope to identify 'face to face' opportunities and then appropriate resources will be provided to support healthy weight related conversations, giving us richer intelligence in terms of the challenges faced by our communities and the assets that they value.

Following initial engagement described above there is a requirement to bring stakeholders together to refine the shared vision and to propose actions that may provide the greatest opportunity to change the system. Thus:

- Stage 3 engagement will build on the findings above and will be achieved through targeted zoom meetings with self-selecting individuals and groups as described for stage 2 engagement.

4. Stage 1 Engagement

In order to include a wide range of relevant stakeholders it is proposed that engagement for this stage is undertaken through targeting specific staff groups and other stakeholders, for example as follows:

- Community/3rd sector organisations and through them community members
- Health and social care professionals
- All public sector staff- council and NHS employees
- Local employers and their employees
- Nursery/early years settings/registered childminders
- Attendees at commercial weight management programmes

In order to reach into communities third sector colleagues/organisations, parish and town councils could assist as we would ideally like to engage with distinct geographical communities insofar as possible. It might be that local organisations circulation lists of people (like attendees at the mother and toddler group) could be used to reach into bespoke communities. The direct engagement with communities that has taken place has a consequence of COVID may also present opportunities for engagement.

In order to emulate the 'presentation' that would ordinarily be given to a group, a 'podcast' recording (approximately 5 minutes) summarising the key obesity data and related issues could be produced. This would be circulated together with the link to a survey enabling views on the issues to be expressed. The survey would need to be brief (circa 10 questions – 5 minutes to complete) to encourage participation.

Listening to the 'podcast' would be optional i.e. individuals will be advised that they can complete the survey without listening to it, but it is hoped its content will be of interest and will help to raise awareness of the causes and consequences of obesity to a wide audience.

Whilst all the podcasts and surveys would have common elements details bespoke to the stakeholder group being targeted could be included. For example, the information included in a podcast for employers could include details of the positive benefits of creating a healthy workplace. The survey targeted at health professionals could seek their views on the challenges of raising weight-related issues with patients.

An overview of the potential content of the 'podcast' and the areas to be included in the survey are set out in appendix 2 (i).

5. Stage 2 Engagement

The above methods would not replicate the dialogue that would take place in a workshop setting and in particular would not enable the development of a 'shared vision' for promoting healthy weight. Thus, to complement and build on the intelligence drawn through the surveys a series of 'zoom' meetings could be held with the different stakeholder groups.

In terms of engaging people from different communities existing community groups that hold regular meetings could be asked to accommodate a discussion about healthy weight at a regular meeting. It is assumed that any such group would have been involved in responding to the stage 1 survey, so group members would have some familiarity with the issues.

For other zoom meetings a mix of professionals and other respondents could self-select (through providing consent and contact details with their survey response) and be invited to specific meetings to explore issues in more depth and to share suggestions on the vision for change. Alongside these 'on-line methods' it is hoped that through community partner organisations we will have opportunities to gain insight directly from individuals. We will be particularly interested in the views of those experiencing food insecurity, for example those accessing food banks, but will consider all opportunities for engagement as they become known.

Key themes from the series of zoom meetings and any 'face to face' engagement could then be collated and used to inform the final 'stage 3' engagement requirements.

6. Stage 3 Engagement

The aim of Stage 3 engagement is for stakeholders to refine the shared vision and to propose actions that may provide the greatest opportunity to change the system.
Ordinarily this stage would require the previous locality workshop groups to be re-convened. Thus, this could be emulated through combining participants from the previous zoom meetings (on the basis of individuals 'self-selecting' participation). A single or a series of zoom meetings could be used for this stage – depending on the time available and the degree of interest from the earlier meetings.
Further thought would need to be put into how to support the group in drawing conclusions and agreeing action e.g. providing a briefing paper in advance with options for consideration that could then be discussed, amended or agreed as appropriate.

7. Advantages and Disadvantages of Proposed Engagement Methods

Whilst the hosting of community/stakeholder workshops are the recommended method of engaging participants in a discussion about healthy weight and the importance of tackling it using a WSAO – such workshops are not without their own problems. For example, it can be difficult to engage a wide range of participants and on occasion the views of dominant group members can distort the outcomes of the workshop (even with excellent facilitation).

One advantage of using survey methods is that a wider range of different people can be reached, and participation can be at the convenience of the respondent as opposed to a workshop that might be held at an inconvenient time or location. Building in opportunities for direct 'face to face'

engagement alongside the online methods will allow for us to engage with those who are 'seldom heard'.
There would be distinct advantages to the widespread engagement of public sector staff. For example:

- They could respond from both a professional and/or a personal perspective (i.e. many staff are an unhealthy weight and many local staff will be Shropshire residents).
- Through participating (and in particular through the podcast) staff would gain a better understanding of obesity and its causes. They may then be better able to help patients/clients to address these challenges and improved understanding could help reduce the stigma that can be associated with obesity.

Likewise engaging local employers should raise awareness of the types of actions they can take to support employees to adopt healthier lifestyles and having bespoke engagement with families and early years staff should allow more focussed attention on the prevention of obesity.
Engaging with those participating in commercial weight management programmes would be a means of targeting a group known to be concerned about their weight, and as such a group with a particularly relevant perspective on the challenges faced by individuals.

In terms of disadvantages some of the objectives of the WSAO – such as 'mapping and linking local causes' of obesity – will be difficult to achieve outside of a workshop setting. Apart from the lack of more comprehensive 'face to face' dialogue which is recognised as being a superior means of communication there could be other disadvantages to the approach being suggested. For example:

- It may be difficult to get local public sector organisations/other employers to agree to circulate the survey links to all of their staff.
- There may be logistical and governance related challenges, for example in terms of compliance with GDPR (applying to both staff and communities)

It is hoped that the true 'face to face' opportunities that emerge through this process will compensate for some of the short-comings of 'on-line' approaches.

8. Conclusion

A combination of podcast, survey and 'zoom' engagement approaches could increase the reach of the engagement process but it is unlikely that it would engender the rich debate that can be achieved through direct 'face to face' discussions. Nonetheless in terms of ensuring COVID-secure engagement methods the options that could otherwise be deployed are significantly limited. However, we are hoping to identify opportunities to reach individuals within communities for direct 'face to face' discussions wherever possible.

It is likely that the approach identified above could be streamlined and further refined to improve both efficiency and effectiveness of the process.

Partners are asked to reflect on the suggestion set out above and to:

- Consider any amendments that would improve the approach
- Identify specific barriers or problems that could occur
- Advise on governance, ethical and GDPR related issues
- Advise on other forums/groups that could usefully be consulted in finalising the approach to engagement.

Berni Lee
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Appendix 2 (i)

Overview of Engagement Content

Stage 1 Engagement

A Podcast (or similar) including details of:

- The prevalence of unhealthy weight and key 'at risk' communities
- Factors that contribute to obesity (environment, genetics, habits)
- The health, social and economic impacts of unhealthy weight (perhaps linking to COVID)
- Preventing/managing unhealthy weight

A Survey

Limited to approximately 10 questions allowing completion in 5 to 10 minutes, with each question having a dropdown menu of options (including an 'other' 'please state' option where relevant). The survey could seek views on:

- What are the greatest challenges in eating a healthy diet?
- What currently helps (assets)?
- What changes to the food environment would have the greatest impact?
- What makes it difficult for children/adults to be physically active?
- What current opportunities are most helpful (what should we have more of?)
- What changes to would have the greatest impact in enabling more activity?
- What factors make behaviour change difficult for you?
- What would make behaviour change easier?

A 'bespoke' Podcast and Survey – reflecting the particular issues or opportunities relevant to the specific stakeholders being targeted could be adopted. For example, health professionals could be asked about their confidence in raising weight-related issues with patients and what would help them do this. Stakeholder groups to be targeted could be added (or removed) from the following provisional suggestion:

- Community/3rd sector organisations and through them community members
- Health and social care professionals
- All public sector staff- council and NHS employees
- Local employers and their employees
- Nursery/early years settings/registered childminders
- Attendees at commercial weight management programmes

The challenge would be to be able to distinguish particular issues that are faced by bespoke communities. For example, some areas may lack 'green space' others may not feel safe enough for people to be active in, for other areas access to food could be lacking, or people may lack cooking skills. For others poverty may be the greatest challenge etc. This is where the geographically focussed 'zoom' or virtual 'face to face' would help.

Stage 2 Engagement

A virtual meeting (zoom) with self-selected individuals (final survey question) and or through 'attending' the regular meetings of existing community groups, would allow for more focussed conversation of causes, local assets and potential local solutions. A preliminary 'vision' for change could also be developed.

Stage 3 Engagement

Reconvene virtual meetings or combine attendees into a smaller number of zoom meetings – agree actions and confirm 'vision' for change. Provide opportunity for on-going engagement (which would need to be sustainable within existing resources).