

Report to:	Health and Wellbeing Board	Date of Meeting:	Wednesday 8 December 2021
Subject:	Obesity and Healthy Weight in Sefton Progress Update; Challenges, Barriers and Action Plan		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Health and Wellbeing		
Is this a Key Decision:	N	Included in Forward Plan:	No
Exempt / Confidential Report:	N		

Summary:

This report provides an up to date summary of the work currently underway in Sefton, exploring the current local context in relation to overweight and obesity and identifies opportunities to help local people maintain a healthy weight through a whole system approach.

The report outlines our progress to date, priority areas and current work programme, including opportunities and challenges for the short, medium and long term.

It is important to recognise that a long-term approach needs to be adopted to tackle this serious and significant issue and as the National Food Plan 2021 highlights, the complexities of obesity are far ranging. Today's dietary patterns have formed over a period of at least 70 years, and we will need long-term political commitments to reverse them. Sefton however, is committed to working together to halt the rise in obesity and overweight and a multi-agency task force has been created to adopt a whole system approach to tackling this growing trend. Priorities for this work are outlined within this report.

Recommendation(s):

(1) The HWBB recognises that whole system approaches also requires a long-term commitment, with actions across the short, medium and long-term. The HWBB endorses the requirement for agencies to work together, identifying specific areas where they can take tangible actions to halt the continuing rise in obesity

(2) The HWBB recognises that we must create a culture and opportunity to build knowledge and awareness across the partnerships from senior leadership through to practical delivery of healthy weight ensuring that organisations understand the impact the broader wider determinants have on obesity

(3) The HWBB will use the obesity action plan to monitor progress in tackling obesity and hold all Sefton partners, who have 'signed up' to lead change, to account for taking agreed action within the time frames proposed

Reasons for the Recommendation(s):

It is challenging times for all partners however, if we are serious about change we will need to drive a new way of working across the borough that requires commitment, energy, drive and importantly local political and senior level buy-in across a variety of stakeholders and organisations. Complex issues, like obesity, require sustained and systemic action and buy-in from systems leaders. This is essential to support implementation and enable local authorities to work differently and test new approaches.

Alternative Options Considered and Rejected: (including any Risk Implications)

What will it cost and how will it be financed?

(A) Revenue Costs

Time limited funding has been aligned to the initial development of the Children's Living Well Sefton (CLWS) programme with an expectation that sustainability of the CLWS will be supported by the wider partners from existing budgets.

(B) Capital Costs

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): None	
Legal Implications: None	
Equality Implications: There are no equality implications.	
Climate Emergency Implications: The proposal will have a positive impact on climate emergency, however the proposal will focus improving the health and wellbeing of children and their families, which will have overlaps to the environmental agenda; e.g. active travel, healthy planning, increased use of green spaces. The recommendations within this report will	
Have a positive impact	Y
Have a neutral impact	N
Have a negative impact	N
The Author has undertaken the Climate Emergency training for	N

report authors	(We have liaised with Project Officer for Climate Change)
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Contribution to the Council’s Core Purpose:

Protect the most vulnerable: Yes
Facilitate confident and resilient communities: Yes
Commission, broker and provide core services: Yes
Place – leadership and influencer: Yes
Drivers of change and reform: Yes
Facilitate sustainable economic prosperity: No
Greater income for social investment: No
Cleaner Greener Yes – longer term

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director Corporate Resources and Customer Services has been consulted and has no comments on the report (FD 6625/21)
 The Chief Legal and Democrat Officer has been consulted and comments have been incorporated into the report (LD 4826/21)

(B) External Consultations

Extensive consultation has taken place across team meetings, forums and specific multi agency focus groups of up to 200 stakeholders. Additional external local research has been commissioned to corroborate initial findings.

Implementation Date for the Decision

Immediately following the Board meeting.

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Appendices:

The following appendices are attached to this report:

- A. Pillars of Population Health
- B. Summary of Recent Initiatives

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 Obesity is one of the most serious health challenges of the 21st century. The causes of obesity exist where we live, work and socialise, where the environment often makes it difficult to make healthier lifestyle choices. This is applicable to Sefton and gives us the opportunity to work with communities and partners to help tackle and prevent the causes of obesity, complementing work at a national level. We know there is no one single solution. This is not about assuming individuals simply need to be more physically active, we can only tackle obesity if it becomes everybody's business and is prioritised and embedded in everything we do. In doing so we are addressing changes in the way that we live our lives that have evolved over decades. There are no quick wins, and the evidence suggests that goals for changes in this area need to be considered in the longer term but are achievable.
- 1.2 Maintaining a healthy weight has many health benefits, including improved quality of life and a reduced risk of health conditions including heart disease, stroke and some cancers. Yet, the majority of adults are above a healthy weight – it has become the social norm and there is no evidence to suggest the situation is improving. Of significant concern is that nationally 1 in 5 children start school above a healthy weight; the proportion rising to 1 in 3 of primary school leavers. We are seeing similar trends locally in Sefton via our National Child Measurement Programme. There are marked and growing inequalities, with the national prevalence of obesity in children in the most deprived parts of the country more than twice that in the least deprived. This has implications not just for health but for employers and social care needs: each year, obesity and its related ill health costs the UK NHS £6.1bn; it also costs local government in England £0.35bn in social care costs and the wider UK economy £27bn
- 1.3 It is important to consider the context in the way in which providers and commissioners across the health economy work together and how that is changing. As of April 2022, Cheshire and Merseyside will have an operational Integrated Care System (ICS). ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local

authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of the ICS is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. Each of the nine areas comprising Cheshire and Merseyside will form Integrated Care Partnerships (ICPs) as part of this transition.

- 1.4 The Sefton ICP has decided to begin to focus on three issues where data is available before the pandemic and assumptions can be made that issues will have been exacerbated as a result of the pandemic. These are mental health, community resilience and obesity. These three priority areas have considerable overlap and linkages, with the pattern of disease and wellbeing matching existing health inequalities seen across Sefton. Because of this, none of the priorities will be viewed in silo, but rather grouped by the stages across the life course. This will build upon the whole systems approach already being implemented examining obesity, with considerations of the linkages between mental wellbeing and weight management as well as how resilience in communities can help maintain sustainable changes.

2. What do we mean when we talk about overweight and obesity?

Overweight and obesity are terms which refer to an excess accumulation of body fat, to the extent that health may be impaired. Overweight and obesity in adults is most commonly measured using BMI, which is defined as the body mass in kilograms divided by the height in meters squared (World Health Organization (WHO 2004). The calculation produces a figure that can be compared to various thresholds that define the weight status of an individual (see Table 1).

Table 1
WHO (2004) classification of ‘healthy’ and ‘unhealthy’ weight in adults
 Source: WHO (2004)

Classification	BMI (KGs m2)
Underweight	<18.5
Healthy Weight	18.5 - 24.99
Overweight	25.0 - 29.99
Obese 1	30.0 - 34.99
Obese 2	35.0 - 35.99
Obese 3 (Morbidly Obese)	40.0 or more

3. What is the picture of overweight and obesity locally?

The local picture for Sefton indicates that a significant number of the population is overweight or obese and suggests therefore, that focusing on individual choices alone will not reduce levels of obesity – we need the whole system working together to make a

difference. The data and its relationship to current programmes and interventions is highlighted below.

3.1 National Child Measurement Programme – NCMP

3.1.1 Background

The National Child Measurement Programme (NCMP) is a national mandated Public Health programme which measures the height and weight of children in Reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools. The data is used nationally to support public health initiatives, and locally to inform the planning and delivery of services for children.

The programme was set up in line with the government's strategy to tackle obesity, and to:

- inform local planning and delivery of services for children
- gather population-level data to allow analysis of trends in growth patterns and obesity
- increase public and professional understanding of weight issues in children and
- be a vehicle for engaging with children and families about healthy lifestyles and weight issues.

Heights and weights are measured and used to calculate a Body Mass Index (BMI) centile. The measurement process is overseen by trained healthcare professionals in schools.

3.1.2 NCMP Data 2020/2021

NCMP was halted during 2020 due to COVID-19 and data for reception aged children is incomplete. The programme was due to recommence in January 2021 however, this was hindered because of further lockdown measures. Trend highlights that overweight and obesity levels in reception remain steady, however by the time children reach YR6, almost 37% are overweight or obese and boys fair worse than girls at the same age. It is anticipated that there will be further negative impact on overweight and obesity levels due to the pandemic. There continues to be a strong correlation between socio economic disadvantage and obesity and with inequalities widening as a result of COVID-19, we expect that poor nutrition and lack of opportunities to be physically active, will impact on people living in poverty the most.

3.1.3 Excess Weight Prevalence by Ward (2017/18 to 2019/20)

Excess weight (rate of overweight and obese children) in both Reception and Year 6 pupils tends to follow a social gradient, with higher prevalence in Sefton's most deprived wards and lower prevalence in the more affluent wards.

Reception (Age 4 to 5 years)

Excess Weight in Reception pupils is highest in Netherton & Orrell Ward (31.4%), followed by Derby Ward (30.6%)

Netherton and Orrell's rate is statistically significantly higher than the Sefton average (25.7%)

Blundellsands has the lowest excess weight prevalence (20%)

No wards have an excess weight prevalence that is statistically significantly lower than the Sefton average

Year 6 (Age 10 to 11 years)

Year 6 excess weight is highest in Derby Ward (44.3%), the only ward with a rate significantly higher than the Sefton average (36.7%)

Harington Ward (27.4%) has the lowest Y6 excess weight prevalence.

Harington, along with Meols (27.9%) Blundellsands (28.6%), and Park (30.6%) has a Y6 excess weight prevalence that is significantly lower than the Sefton average

Heathy Weight Interventions

Locally, NCMP data has been used to influence the design of a children's healthy weight programme, which has been implemented and further developed over the last few years. By identifying hot spot areas and schools with highest rates, resource has been appropriately targeted. All schools have access to a univesal 0-19/Active Sefton offer which includes prevention and early intervention programmes, focusing on nutrition and physical acitivity. During COVID-19, core programmes – Active Schools and MOVE IT continued to be delivered online and support for schools has been made available. As schools return, 0-19 and Active Sefton are working with settings to provide phased and flexible ongoing interventions.

1. Food Banks

The relationship between poverty and overweight and obesity is evident in Sefton and the impact of COVID-19 has further impacted in this inequality. Increasing numbers of families in Sefton, are struggling to access to nutritious food, relying on food banks and free school meals to get by. The Trussell Trust, who co-ordinate Foodbanks across Sefton have provided the following summary of support that has been provided to families experiencing food poverty over the last year.

1st April 2020 – 1st Feb 2021	South Sefton	Southport
Total Vouchers received	5262	1604
Adults Fed	6639	2189
Children Fed	4463	1640
Total Fed	11,102	3829
Crisis Type	Low income – 3362 vouchers presented 7234 people fed	Low income – 875 vouchers presented 2215

		people fed
Family Type	Single 2842 vouchers presented 54.01%	Single 767 vouchers presented 47.82%
Age group	25-64: 5776	25 – 64: 1836

Referral pathways are far reaching and include, children services, schools, dentists. The Emergency Limited Assistance Scheme (ELAS) accounts for nearly 60% of referrals to South Sefton and 45% of referrals in Southport. (ELAS subsidises the Foodbanks financially to support these referrals)

Research has shown that if the focus is on simply educating individuals about healthy eating, this can widen the previously described gap in obesity rates between the most and least deprived people who live locally. However, at a local level, there is the opportunity to go beyond educating people about healthy eating to tackling key local environmental drivers of obesity and supporting people who are already overweight. A whole systems approach to obesity provides local authorities with the process to do this.

2. What we are aiming to achieve?

We want Sefton to be a place where residents are supported to make changes to enable them to get to or maintain a healthy weight, as well as prevent our younger generations from becoming overweight in line with the national trend. We want to work with the whole community around improving health and keeping healthy and well. We will do this by working across the whole system of agencies and partners, taking action across the stages of life from childhood into adulthood and will have a focus on individuals, whole families and communities. Public Health England have developed a guide on how to utilise this approach which has been adapted for Sefton. The whole systems approach is best suited to achieve meaningful change across the plethora of variables impacting on our residents every day of their lives, such as access to healthy food choices and opportunities to engage in physical activity.

3. What is a Whole Systems Approach?

There are many ways to interpret a whole systems approach to working. The definition developed by Public Health England is aligned with our vision for Sefton which is:

“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”.

This approach draws on the strengths of organisations, businesses, communities and local assets to achieve better, more focused collective and sustained results. Having the visible and active support of elected members, the chief executive and senior leaders,

sends a clear signal that tackling obesity is a priority for the whole local authority, not just public health and its wider partners.

Local authorities are in a uniquely influential position to lead their communities and local partners to tackle obesity, including working with local NHS organisations and integrated care systems. At national level, there has been increased government commitment since 2016, to preventing and tackling obesity through the Childhood Obesity Plan¹. At a local level, there is opportunity to build on this momentum, to tackle key local environmental drivers of obesity, and support people living with obesity, aligning with actions at a national level.

An increasing number of local areas across the UK are testing and embedding new ways of working and there is a growing recognition that a whole systems approach is more likely to be effective in tackling the root causes of obesity, rather than focusing on a small number of public health interventions.^{2,3}

There is also evidence emerging from municipality and community work in the Netherlands⁴ and Australia⁵ which supports the benefits of whole systems working which may also support a more sustainable approach to tackling obesity, rather than reliance on the more traditional interventionist approaches.

This frames our approach as being a truly collaborative one; one which is not “owned” by public health in the local authority, but rather is a collective effort across the whole system serving the local population in Sefton to see real impacts on their health. We also want to reach out and engage with all our local communities so that they feel part of what is happening, we will do this by integrating prevention initiatives with activity taken by primary care and other community partners and via the development of community engagement processes.

With the correct plan in place, the issues surrounding obesity in Sefton are all preventable. Through our collective efforts, Sefton will become a healthier place to live, where the healthiest choice is the easiest choice.

4. Reflecting on work already done and where we need to go within Sefton

When we reflect on the good work which has already been carried out across Sefton, it is clear that the foundation for a whole systems approach to obesity has already been set and there are some obvious examples of progress such as Active Sefton’s decision to remove high fat items from vending machines in Council leisure centres as well as Sefton signing up to the healthy weight declarations developed by Food Active. Sefton is committed to the principles of the Healthy Weight Declaration and is already implementing actions defined within its action plan whilst developing a comprehensive short, medium and long-term approach to delivering on the broader issues.

Several interventions and services are already in place in Sefton and have delivered some results to varying degrees. These initiatives range from the development of this

¹ HM Government. Childhood Obesity, A Plan for Action, Chapter 2 2018

² Government Office for Science 2007 Butland B et al Project Report 2nd ed London

³ Lancet 2017 Rutter et al Need for a complex systems model of evidence for public health 390;2602-4

⁴ BMJ 2018 361;k2534 Sheldon T Whole city working against childhood obesity

⁵ Allendar S et al Whole of Systems trial of prevention of obesity; WHO stops childhood obesity.

Healthy Weight Declaration and implementation of guidance for food takeaways, to mapping of pathways and delivery of obesity training. A summary is contained under (Appendix B Table 1) in this report and highlights the work to date that is already in place to tackle the issue, such as investment in the Active Schools programme offering targeted support for schools tackling obesity, as well as the implementation of supplementary planning guidance for hot food takeaways. We recognise that much of the work that has been carried out to date has been delivered at a local level, however, it is also recognised that there is a need to improve the strategic co-ordination of our healthy weight approach across a wide range of partners.

Recent Developments 2021

A Strategic Obesity and Healthy Weight Group was developed in Spring 2021 to take forward the coordination of this work and to oversee the development of the programme for Sefton. The group is a multi-agency group with a focus on the social wider determinants of health and considers all stages of the life course⁶ with particular attention to those most vulnerable.

The wide range of at-risk population groups will therefore form the priority for the targeting of healthy weight interventions in Sefton, either through specific services working with the priority groups or the targeting of service delivery to those population groups more at risk, that they serve. To do this effectively, a number of cross-cutting themes will be identified, including the built environment and planning, housing, health services, communities including the voluntary and faith sector, education, mental health, commercial, training, including behaviour change and Making Every Contact Count (MECC), communication and evaluation.

The group draws insight from the intentions of the Health and Wellbeing Strategy 2019, which sets out a vision for 'improving the health and wellbeing of residents and reducing inequalities at every stage of people's lives by 2025'. The focus will support these forward-thinking local policies by addressing one of the key health challenges the residents of Sefton face. These policies support the drive to tackle excess weight amongst residents in our borough. The group will take a whole systems approach, focusing on prevention. This approach is particularly important as there are shared values and aspirations across the partnership to work together for the benefit of the residents.

Additional research has also been commissioned which will provide qualitative insight through a place-based approach which will help us understand how the impact of the COVID-19 pandemic has had a particularly detrimental affect on widening then inequalities gap in relation to healthy food and behavioural patterns. This will provide

⁶ The life course age groups identified either relate to critical periods of metabolic change, are linked to spontaneous changes in behaviour, or periods of significant shifts in attitudes. This strategy will incorporate key priorities identified for each age group and are divided in to the life course groups of Start Well, Live Well and Age Well

critical insight into limitation of choice for people living in our most deprived communities and support our research at a local level with the wider childhood poverty agenda. Delivery and expected outcomes of this research are included in the action plan aligned to this report.

5. Our Sefton Vision, Aims and Objectives

The vision in the Health and Wellbeing Strategy 'Living Well in Sefton 2019-2025' makes clear, our focus is on the places where we live, to make it easy to be healthy and happy with opportunities for better health and wellbeing on our doorstep. This gives us a clear context to ensure the vision for healthy weight endorses our direction of travel.

The priorities for our obesity programme are;

- mitigating the impact of an obesogenic environment to support adults and children in Sefton to achieve a healthy weight.
- addressing the health inequalities gap for children living in households with the lowest incomes. Focusing on poverty will be central to our approach to improving outcomes by 2026 and will include halting the trend in increasing children's obesity.
- applying a targeted approach across the whole life course, gender, geography environment and culture and delivered across the whole system to ensure collective responsibility from all partners.

The aims of the programme are;

- halt the rising trend of obesity in Sefton through a multi-agency approach to encourage and enable all those living and working in Sefton to live a healthy and active lifestyle within a healthy environment, supported by appropriate services where necessary.
- prioritise poverty whilst maintaining a universal offer.
- embed a whole system approach and a collective responsibility across the partnerships.
- respond to the impact of the pandemic in the context of opportunities for change, challenges and barriers to making healthy lifestyle behaviours. This will consider the impact the pandemic has had on; diet/snacking/sleep/exercise/alcohol consumption- frequency and amount
- Increasing the proportion of residents who are a healthy weight
- Creating a culture and environment that creates opportunity access to make positive and healthy life changes easier

Current best practice suggests there are several issues that could be explored via this approach that could lead to local action and include:

- adoption of the Local Government Declaration on Healthy Weight. This has been successfully employed in fifteen North West Councils and is designed to support Councils to exercise their responsibility in developing, implementing and enforcing policies which promote healthy weight
- maximising opportunities with health and care providers to address overweight and obesity
- addressing the availability of assets in communities to support healthy weight for example; access to affordable fruit and vegetables, concentration of 'unhealthy' food and approaches to food and fuel poverty locally
- the role of physical regeneration in promoting safe spaces for cycling and walking
- Corporate Social Responsibility and peer to peer challenge to ensure an environment of affordable healthy options is accessible to all.
- the potential levers of the Council's statutory responsibilities e.g. planning and licensing in relation to healthy weight
- the role of business in developing innovative solutions to create a healthy workforce and healthy communities.
- enhancing our community assets by engaging residents in the development of solutions
- the development of transport plans including the provision, access and affordability of public transport, safe environments and infrastructure for walking, cycling and recreation
- the opportunities for nurseries, schools and colleges to facilitate healthy eating and increase physical activity
- accessing the support available from Public Health England to work with the Council to develop a whole systems approach to promoting healthy weight
- collaboration and co- design with providers

6. Challenges and barriers

The causes of obesity exist in the places where we live, work and play, where the food and built environment often makes it difficult to make healthier lifestyle choices. Individuals and families live in local communities and this gives local government the opportunity to work with communities and partners to help tackle and prevent the causes of obesity, complementing work at a national level. We know there is no one single solution. We can only tackle obesity if it becomes everybody's business and is prioritised and embedded in everything we do.

As a borough we have identified obesity as one of 3 key priority areas for our place-based partnership. There will be considerable overlap between these 3 priority areas of obesity, mental health and community resilience when trying to improve population health and wellbeing. The challenge will be for all stakeholders to understand and own the strategic context in terms of their responsibility to support change and be able to provide the required operational levers to make that change happen at a local level. In addition, this change is happening as part of an iterative agenda so stakeholders will

have to be adaptable and flexible in their approach, particularly as emerging intelligence gives us a broader understanding of the true impact of the pandemic.

It is clear, if we are serious about change that we will need to drive a new way of working across the borough that requires commitment, energy, drive and importantly local political and senior level buy-in across a variety of stakeholders and organisations. Complex issues, like obesity, require sustained and systemic action and buy-in from systems leaders. This is essential to support implementation and enable local authorities to work differently and test new approaches.

Whole systems working also requires a long-term commitment, with actions across the short-, medium- and long-term. Challenging obesity will require a complete multi-agency approach. There is no one solution to tackle such an ingrained problem and local action to promote healthy weight across the life course requires a coordinated collaborative approach to support change. The disproportionate impact on individuals and families living in more deprived areas means that the status quo on obesity is no longer acceptable. It is a priority and requires alignment across agendas and organisational boundaries to make it everybody's business.

The obesity task and finish group have focused on 3 key areas which are aligned to the life course which will be the main drivers within the obesity action plan. These are indicated below, and current progress is contained within the highlighted areas in the action plan.

- Development of the Children's Living Well Service aligned to **Start Well**
- Achieving the competencies outlined in the Healthy Weight Declaration aligned to **Live Well**
- Obesity pathway development, from low level prevention through to treatment programmes which include falls and frailty service development aligned to **Age Well**.

The obesity task group are working to ensure relevant stakeholders understand and actively 'sign up' to their part in creating systemic change. The immediate priority will be to align stakeholders as owners to the tasks in the action plan below which has been developed in line with our collaborative approach. The plan will highlight relevant and lead partners who will lead on making change in line with our objectives and outcomes. We will seek to put those most affected by the issues we are tackling at the centre of the process. Although the action plan identifies *proposed*, albeit relevant stakeholders, the next step will be to gain focused and tangible commitment from those stakeholders who will **actively commit, 'sign up', take ownership and work collectively to drive the agenda forward**. This task will be completed in January / February 2022 and the action plan will be shared with the HWBB once stakeholders have been aligned, timeframes agreed and gaps within the whole system identified.

Obesity Action Plan

Whole System Approach						
Objective	Related Action	Lead responsibility and system partners	Planned Outcomes	Timeline	Progress To date (November 2021)	Link to Dashboard
<p>Healthy Weight Declaration (Live Well)</p> <p>A local authority declaration on healthy weight has been designed and developed by the Health Equalities Group – Food Active. The Healthy Weight Declaration (HWD) describes why tackling obesity is important and sets out several pledges which local authorities can make to address obesity. Sefton Council is fully signed up to the declaration and much of the work undertaken locally is framed under its pledges. Progress will be continually under review.</p>						
Objective	Related Action	Lead responsibility and system partners	Planned Outcomes	Timeline	Progress To date (November 2021)	Link to Dashboard
<p>Identify and gain commitment from all relevant stakeholders to deliver the 14 competencies of the HWD</p>	<p>Engage with Food Active and aligned stakeholders to gain ownership to deliver the 14 objectives</p>	<p>Public Health and NHS.</p> <p>An accountable officer for each pledge area e.g. catering will be identified within the Obesity T&F group</p>	<p>To develop a revised and updated HWD action plan</p> <p>To create accountability from all partners and ensure actions are delivered in line with the pledges.</p>	<p>24 months</p>	<p>Task and finish group established Review and evaluate progress of the HWD underway. Stakeholders for each competency area to be identified by Jan 2022</p>	<p>We will embed a whole system approach and a collective responsibility across the partnerships.</p>
<p>Childhood Obesity</p> <ul style="list-style-type: none"> To reduce obesity prevalence in children and young people Increase the engagement with obesity services To coordinate a holistic well-connected pathway for healthy weight management 						

across Sefton

Children's Living Well Sefton Service (Start Well)

Objective	Related Action	Lead responsibility and system partners	Planned Outcomes	Timeline	Progress To date (November 2021)	Link to Dashboard
<p>Develop a Children's LWS model providing a holistic health and well-being offer for children, young people and families</p> <p>Deliver a suitable weight management programme for children and YP, with holistic, well connected pathway.</p>	<p>To build a hub and spoke model of Public health commissioned services.</p> <p>Coordinated follow up with children and young people identified through NCMP and PCN's</p> <p>Review and re-design existing current offer</p>	<p>PH 0-19 PH commissioned services, e.g. Mental health services Sexual health services</p> <p>Active Sefton, 0-19 VCF Early Help Education</p>	<p>Timely single point of access to relevant support for Families and young people</p> <p>More children achieving and sustaining a healthy weight and behaviours</p>	<p>12- 24months</p>	<p>Funding established</p> <p>Partners identified and project manager identified.</p> <p>Obesity T&FG to identify stakeholders for each element of Hub Jan 2022</p>	<p>Applying a targeted approach across the whole life course, gender, geography environment and culture and delivered across the whole system to ensure collective responsibility from all partners.</p>

Adult Weight Management (Age Well)

Creation of an obesity pathway	To have a clear pathway of interventions from low level support to therapy and treatment services	PH commissioned services CCG acute sector	To have a clear referral pathway distributed amongst all partners	Within next 12 months	Initial meetings and identification of stakeholders and updated the ICG of plans	Redesign weight management pathway for those who are already overweight
Review existing adult weight management tier 2 offer delivered with external funding grant	To develop an improved tier 2 weight management offer	PH Active Sefton LJMU LWS VCF	Timely single point of access to relevant support for adults More adults achieving and sustaining a healthy weight and behaviours	12 months	Review has taken place, offer is being shaped and commissioning in process	Redesign weight management pathway for those who are already overweight

Appendix A – Pillars of Population Health

4 Towards our vision for population health: the four pillars of our framework

Population health needs to be rooted in what drives our health, and what can improve and maintain it over time. Given this, and given the evidence discussed in the previous sections, it should be no surprise that the four 'pillars' we see as crucial to this are the wider determinants of health, our health behaviours and lifestyles, an integrated health and care system, and the places and communities we live in and with (Figure 7). A comprehensive approach to population health must be able to work across all four pillars.

Figure 7 The four pillars of a population health system



Appendix B

Table 1 Summary of Recent Initiatives

Update with information when we meet with the current workforce task group

Date	Initiative	Summary
	National Child Measurement Programme (NCMP)	Data to inform targeted programmes and activity to support children and families with greatest levels of overweight and obesity. This includes the Council's 'Active Schools' offer that is available to all schools. It places equal emphasis on combining all elements known to be vital in treating and preventing overweight or obesity, healthy eating advice, increasing physical activity and behavioural change.
	Healthy Weight Declaration	A Local Authority Declaration on healthy weight has been designed and developed by the Health Equalities Group – Food Active. The declarations set out why tackling obesity is important and several pledges which local authorities can make to address obesity. Sefton Council is fully signed up to the declaration and much of the work undertaken locally is framed under its pledges. An update on progress went to Health and Wellbeing portfolio on 6 th August 2018.
	Implementation of Supplementary Planning Guidance for hot food takeaways	This policy has only been in place for just over a year. It has been used to successfully restrict opening times of a takeaway at The Crescent in Thornton (no earlier than 5pm) as this is close to Holy Family School. It was also used to help refuse a takeaway at Endbutt Lane, Crosby as this was close to Sacred Heart, St Marys and Merchant Taylors schools.
	LCR Obesity Notice of Motion	Sefton Public Health led the development of the Liverpool City Region Notice of Motion on obesity. This focused on national action to address obesity including restrictions on advertising, broadening sugar tax to food items and tackling food poverty. This was presented to Sefton Council on the 19 April 2018. It was passed by Knowsley Council 21 March, Wirral Council 9 July and is due to go to Liverpool Council and Halton Council.
	Obesity Training	As part of the development of care pathways for adult and child weight management and concerns raised by multiagency staff about their role in tackling obesity, Public Health has commissioned Food Active to help ensure that a range of education, health and social care professionals are confident and competent to engage, inform and support children and families about healthy weight and wellbeing.

		<p>To inform the development and implementation of an obesity training programme, Food Active facilitated several focus groups in July 2018, with front facing practitioners. Attendees included health visitors, nursery nurses and school nurses, community adolescent service staff, children and family support staff, young carers support staff and other VCF staff. The findings have been reported back to Public Health and available on request. Key themes include staff not feeling confident to raise the issue of weight, they lack the knowledge to provide information and the skills to promote change or refer to other help and support.</p> <p>The recommendations within the report are informing the development of training that will be available to a range of staff and will ensure consistency of messaging across the health and care workforce. The focus will be on knowledge and skill development to equip staff to act. Commitment from senior management and senior leaders concerning healthy weight, the raising of the issue routinely and the promotion of behaviour change is essential.</p>
	<p>Mapping of pathways and production of a Healthy Weight Guide and Pathway Toolkit</p>	<p>Intervention and referral pathways from universal to specialist for children and young people and adults have been produced alongside a toolkit 'Sefton guide to talking about weight with adults, children and families' to help support health and community staff to provide early intervention and know where and how to refer or signpost for further support.</p> <p>This toolkit will be rolled out as part of the Food Active healthy weight staff training (see above).</p>
	<p>Delivery of Making Every Contact Count Training</p>	<p>To date over 1200 frontline staff have been trained. In addition, North West Borough staff have accessed PHE physical activity training to improve physical activity advice and support.</p>
	<p>Review of Active Sefton Public Health Programmes</p>	<p>A review has been completed of the LA Active Sefton Programme which includes the provision of health and wellbeing interventions for children and families. The review has resulted in recommendations to re-model the service to have a greater population prevention focus and include:</p> <p>A primary school health promotion offer which brings together policy, activities & services led by evidence-based practice & intel data e.g. NCMP</p> <p>A children's & young people's weight management programme to provide support to children who are</p>

		<p>overweight which is aligned to 0 to 19 services by April 2018.</p> <p>A healthy weight influence support programme which includes co-design and implementation of Sefton Council healthy eating / catering guidelines, support to workplaces / organisations to be health promoting, food retailers and delivery of adult weight management support, adopting best practice from diets don't work aligned to Living Well Sefton by April 2018.</p> <p>A young person's physical activity promotion & targeted support programme which builds on practice with Positive Futures by April 2018.</p>
	<p>Sefton council to work towards Workplace Wellbeing Charter (inc standards to promote & enable healthy weight)</p>	<p>A task group has identified specific areas that need to be addressed including having a healthy workplace statement outlines the offer to staff.</p>
	<p>Develop healthy food and drink guidelines - include events / meetings / vending / procurement</p>	<p>A task and finish group has drafted a set of guidelines based on the NHS standards for catering. This is part of healthy workplace statement for Sefton Council</p>
	<p>Development and delivery of plan to increase breast feeding.</p>	<p>The 0 to 19 service have key performance indicators and a plan to increase breastfeeding. This includes delivery of promotion of breastfeeding and staff training. The Feelgood Factory have recruited Sefton breastfeeding mentors who actively support mums to breastfeed and encourage venues across Sefton to be breastfeeding friendly.</p>
	<p>Encourage partners to adopt a Health Weight Declaration and commit to pledges to tackle obesity.</p>	<p>Sefton is part of the North Mersey Prevention Group which is working to encourage NHS partners to adopt their own Healthy Weight Deceleration and or commit to their lead Local Authority Declaration. A template HWD and pledges has been circulated to all NHS partners in NW. To date Sefton CCG, Aintree Hospital and Southport and Ormskirk Hospital have all developed draft plans.</p>

