



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	15 th June 2023			
Title of report	Shropshire's Healthier Weight Strategy			
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)	Information only (No recommendations)
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Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	X	Joined up working	X
	Mental Health	X	Improving Population Health	X
	Healthy Weight & Physical Activity	X	Working with and building strong and vibrant communities	X
	Workforce	X	Reduce inequalities (see below)	X
What inequalities does this report address?	Health inequalities associated with living with unhealthy weight and obesity, as well as the structural determinants of obesity.			
Report content - Please expand content under these headings or attach your report ensuring the three headings are included. 1. Executive Summary Supporting our population to achieve a healthier weight and reducing obesity is a priority for Shropshire with commitments for healthy weight and physical activity included in the Health & Wellbeing Strategy 2022-27. Delivering and implementing a Healthier Weight Strategy aligns with the interim Integrated Care Strategy for Shropshire, Telford & Wrekin and also supports delivery of the Shropshire Plan, through its focus on early intervention and reducing inequalities. Achieving a healthier weight for our population is linked closely with food insecurity (lack of access to good quality food to meet needs), the cost-of-living crisis and children and young people's health and wellbeing. This paper provides an overview of progress to date with development of the Healthier Weight Strategy for Shropshire. A comprehensive health needs assessment including public and stakeholder consultation and an evidence review of the effectiveness of interventions to support obesity prevention and treatment was undertaken to inform strategy development. Key findings relate to both the scale of the issue, and factors that lead to unhealthy weight in Shropshire: <ul style="list-style-type: none"> • Two-thirds of adults are overweight or obese in Shropshire, as well as almost one third of children aged 10–11-year-old. • The majority of children who start school overweight or obese will remain that way, significantly increasing the risk of unhealthy weight in adulthood. 				

- Rates are particularly high among people in early pregnancy as well as the most deprived groups.
- Significant numbers of both adults and children in Shropshire are not eating enough fruit and vegetables and are too inactive for good health.

This in the context of high cost-of-living vulnerability and food insecurity as well as rising child poverty point to a need to focus on the factors that lead to unhealthy weight within our wider social, economic, political, and cultural environment. It is clear from our public consultation that people in Shropshire care about healthy weight but want to consider it within a broader view of their overall health and wellbeing. Understanding this will be crucial for reducing the harms associated with weight stigma and discrimination.

The *Healthier Weight Strategy for Shropshire* will focus on promoting healthier weight for people of all ages, tackling those broader factors that impact people's health and wellbeing through working in partnership. OHID, our national public health body, would define this as a "whole systems approach". A draft strategy has been developed which identifies five key priorities as well as core underpinning principles which will be used to direct, inform, and frame actions to deliver the Strategy in a way that aligns with experiences and views on healthy weight in Shropshire. Three delivery themes will deliver the priorities which are framed by seven strategic objectives. These themes focus on: 1) building a healthy food and physical environment, 2) prevention of unhealthy weight in the early years and 3) enabling and empowering partners across the system to use their levers to promote and enable healthy living. A high-level action plan is in development with system partners which will provide the detail of strategy implementation.

This paper sets out the progress towards the development of a Healthier Weight Strategy for Shropshire. If the draft strategy is approved for consultation, as per the recommendation below, a final strategy will be developed based on the feedback received. The final strategy, together with a high-level action plan will be presented to a future H&WBB meeting for endorsement and then to constituent partner organisation boards and council cabinet for approval.

2. Recommendations

That the Board:

- 1) provide feedback and comments on the Draft Strategy (attached)
- 2) approve the draft strategy for public and stakeholder consultation
- 3) contribute to the development of the action plan required to underpin delivery of the strategy
- 4) notes that the final version of the strategy will return to the HWBB for endorsement following the public and stakeholder consultation, prior to going to partner governing bodies and Council Cabinet for approval

3. Report

1. Introduction

Supporting our population to achieve a healthier weight and reducing obesity is a priority for Shropshire with commitments for healthy weight and physical activity included in the Health & Wellbeing Strategy 2022-27. Delivering and implementing a Healthier Weight Strategy aligns with the interim Integrated Care Strategy for Shropshire, Telford & Wrekin and also supports delivery of the Shropshire Plan, through its focus on early intervention and reducing inequalities. Achieving a healthier weight for our population is linked closely with food insecurity (lack of access to good quality food to meet needs), the cost-of-living crisis and children and young people's health and wellbeing.

Our basic biology and genetics, whilst contributors to our weight status, have not significantly changed at a population level over the last fifty years. What has changed however is the environment in which we live. We are exposed to the "obesogenic environment" from before birth. This is characterised by calorie-dense and often nutritionally deplete, ultra-processed, cheap, convenience food which is abundantly available and normalised. What

we are consuming is less and less recognisable as real food. Excess weight is the normal response to this abnormal environment. When paired with rapidly decreasing options for everyday physical activity because of more time spent sitting at work and home and built environments less conducive to commuting or travelling actively it is no surprise that population weight is going up. Most importantly, when economic stressors are increased, we are less able to afford fresh and nutritious food. When we work in unstable or low-paid jobs compounded by an increase in living costs, maintaining a healthy weight can seem like one priority too many.

When unhealthy weight occurs during childhood, it mostly persists into adolescence and adulthood. The treatment of obesity has limited effectiveness in the longer term at population level and as such, preventing the occurrence of unhealthy weight in the first place is critical. For this reason, the *Healthier Weight Strategy for Shropshire* will focus on **preventing unhealthy weight for people of all ages, tackling the broader factors that impact people's health and wellbeing through working in partnership**

2. Development of the Healthier Weight Strategy for Shropshire

2.1 Health Needs Assessment

A comprehensive health needs assessment including public and stakeholder consultation was undertaken with the specific objectives of: i) understanding the scale and impact of obesity in Shropshire, ii) understanding the health inequalities related to overweight and obesity and iii) identifying the factors that lead to unhealthy weight, as well as the barriers to achieving a healthy weight and the existing opportunities to drive improvement.

Local, national and international evidence and expertise was gathered from a range of sources, including Shropshire Council, the NHS, the Office for Health Improvement and Disparities (OHID), the Local Government Association as well as published scientific studies. Public and stakeholder engagement was conducted through a range of methods, including online consultation surveys and direct stakeholder conversations, through informal workshops, team meetings and formal partnership board presentations and discussions. A partnership with Shropshire Youth Association was established to run workshops to engage specifically with children and young people (CYP).

2.1.1 Key Findings from the Health Needs Assessment:

The scale of the problem in Shropshire and inequalities

- 67.4% of adults aged 18+ are overweight or obese in Shropshire. 32% of adults are obese - which is significantly higher than the national average for England and 2nd highest among 15 closest comparator local authorities. There is a small but steady increase over time, although this is not statistically significant¹.
- Certain areas of the county are more affected than others, with unhealthy weight rates in Gobowen, Selattyn and Weston Rhyn among the 20% highest nationally¹.
- Of people attending for NHS Health Checks, 37.8% in the most deprived group had a BMI >30 compared to 15% of those in the least deprived group².
- 22.1% of children aged 4-5 years old are overweight or obese, increasing to 30.7% among those aged 10-11 years. These rates are either similar to or better than the regional and national average¹.
- Bishop's castle, Whitchurch and Oswestry have higher rates of children with unhealthy weight than the rest of Shropshire and are all among the 50% most deprived areas².
- 24.1% (95% CI 22.4-25.8) of people in early pregnancy are obese which is higher than the national average. Rates of overweight and obese people in early pregnancy are highest in Market Drayton (58.5%) and Whitchurch (59.8%)².
- Hospital admissions related to obesity in women are higher than the national average at 2,312 per 100,000³.
- Diabetes prevalence is likely underestimated, with a lower than national average diagnosis rate of 71% (95% CI 67.9, 74.9) ¹.

Drivers of the problem

- Unhealthy weight is inextricably linked with socioeconomic deprivation
- The food environment has a major influence -with access to affordable, nutritious food being an important barrier.
 - Around two-thirds of adults do not meet the recommended consumption of 5 portions of fruit and vegetables on a usual day (63.3%). Around half of 15-year-olds are eating 5 portions of fruit and vegetables daily in Shropshire¹.
 - More households than the national average are struggling with hunger and food poverty⁴, and 16.6% of children are eligible for free school meals⁵. Shropshire is among the areas with the highest vulnerability to the cost-of-living areas nationally⁴.
 - There is a price discrepancy in food retailers across the county, with inflation-related price increases seen in retailers that were formerly the most affordable options. The availability of supermarkets and low-cost food varies widely across the county².
- The built environment including how people travel and exercise
 - Rates of physical activity among adults is higher than the national average, although almost half of children and young people are not meeting national physical activity guidelines¹
 - Active travel, public transport use and the use of outdoor space for health is low¹
 - Public transport access to schools is low across the county⁶
 - There is a good supply of leisure facilities across the county, with barriers to access unclear⁷

How unhealthy weight is understood and valued by the public in Shropshire

- Healthy weight is a complex, emotional issue which people care about. Experiences and drivers of unhealthy weight vary broadly across the population.
- There is a strong sense that people want to consider healthy weight more broadly, in the context of poverty, work/life pressures and wider wellbeing. Particularly among young people, weight is considered to be too narrow and there is a sense that overall happiness is a priority regardless of weight i.e., body positivity
- There is an awareness of the harms caused by stigmatisation of unhealthy weight. Among young people there are concerns and fears around underweight and eating disorders
- Some groups are more affected than others, and an inclusive approach would consider their specific needs, including those with mental health conditions, certain physical health conditions, those with physical and learning disabilities, children and young people, women in menopause and older adults

Barriers and limitations to healthy eating and physical activity

- Top healthy diet barriers include: the amount of unhealthy food available, too many opportunities to eat high sugar/fat snacks, having time to prepare healthy food, and motivation and affordability of healthy food
- Top barriers to being more physically active: finding time, having local access and ability to travel to facilities and cost

Opportunities for action

- Few stakeholders believe pregnant women and early years children are well supported or that young people and family needs are being met. Reasons included limited preventative services, a need for specific support for young people, those with learning disabilities, and whole family lifestyle support
- Opportunities for support and influence may lie outside of the healthcare system, including internet or social media as well as apps/technology
- Stakeholders identified four main areas of opportunity: i) making best use of current support, ii) increasing awareness of existing support services, iii) opportunities to integrate into strategies and ways of working, and iv) opportunities to work differently/add support

- There are a number of existing assets in Shropshire for supporting healthier living in Shropshire. Enhancing and connecting these existing assets is fundamental to developing a whole -system approach to obesity. Assets refer to services, programs, structures, strategies and both professional and community groups which address the determinants of healthy weight and work to prevent its occurrence or consequences.

The table below is intended as an example of the assets available and as such does not represent an exhaustive list.

Aspect of a whole-system approach to unhealthy weight	Example Asset in Shropshire
Support across the life course	
○ Pregnancy and post-natal period	<ul style="list-style-type: none"> ▪ National Healthy Start Voucher Scheme and uptake campaign ▪ Healthy Pregnancy Support Service (SATH)
○ Early Years and School	<ul style="list-style-type: none"> ▪ Early Help Family Hubs ▪ Oral Health Programme ▪ Free School Meals
Weight management	
○ Individual preventative support	<ul style="list-style-type: none"> ▪ Social Prescribing ▪ NHS Universal prevention - Better Health https://www.nhs.uk/better-health ▪ NHS Digital Weight Management Programme ▪ NHS Diabetes Prevention Programme ▪ NHS specialist Tier 3 (specialist multi-disciplinary) programme ▪ NHS Tier 4 medical and surgical management of complex obesity
Food Environment	
○ Food poverty	<ul style="list-style-type: none"> ▪ Shaping Places Programme ▪ Food banks
○ Community food	<ul style="list-style-type: none"> ▪ OsNosh ▪ Hands Together Ludlow
○ Partnerships	<ul style="list-style-type: none"> ▪ Shropshire Good Food Partnership
Built Environment and physical activity	
○ Community Sport	<ul style="list-style-type: none"> ▪ Energise ▪ Together We Move ▪ Leisure Centre Facilities
○ Active travel	<ul style="list-style-type: none"> ▪ School streets ▪ Improved walking and cycling routes

2.1.2 Summary of key findings of the health needs assessment

The findings of the health needs assessment highlighted that unhealthy weight is a significant concern for Shropshire, affecting both children and adults-including those in early parenthood. There is evidence that the most socioeconomically deprived groups are most affected. This is compounded by evidence that the drivers of unhealthy weight in Shropshire are complex Higher than average vulnerability to the cost-of-living crisis and food insecurity as well as rising child poverty are all indicators that the drivers of obesity are structural rather than simply individual. People in Shropshire tell us that the abundance of unhealthy food as well as a lack of affordable or easily accessible options for eating healthily or being physically active are serious barriers. This is intensified by a general increase in sedentary living, reduced amounts of time or energy available in stressful lives for healthy habits and a rural county where active travel can be more challenging.

This points to the need for a whole-system approach to preventing obesity in Shropshire whereby the factors that lead to unhealthy weight are improved by collective changes and partnership actions.

2.2 The whole-system approach to obesity

What is the rationale for taking a whole-system approach to obesity?

Rates of unhealthy weight in the population cannot simply be addressed one person at a time. Individual behaviour change has remained a central component to healthy weight strategies at national and local levels for some time. When the evidence points so clearly to the overwhelming influence of the wider environment as a driver of excess weight, it is population-level, structural changes which should take precedent in future action. Both evidence and the experience of people in Shropshire tells us that whilst weight loss support might be beneficial in the short-term, weight regain in the longer term limits its effectiveness and can leave people with feelings of failure, dissatisfaction and can lead to disengagement with achieving a healthier weight. Whilst providing individual support for those living with unhealthy weight will be beneficial for some, it is not a universal, sustainable or long-term solution to a problem which affects the majority of people in the population.

This is why the whole-system approach with a focus on prevention at the earliest stages is so urgently needed. The evidence for this approach is building and a focus on the broader factors which lead to unhealthy weight is recommended at UK government and international level by organisations such as the World Health Organisation (WHO). This approach means 'connecting the dots' across the system because of a recognition that unhealthy weight needs to be 'everyone's priority'. Each part of the system has a role to play, from those who support breastfeeding in new mothers to those who plan our transport system. This also means sharing good practice so that existing success stories can be learned from and replicated.

This type of approach has been shown to reduce unhealthy weight in children, improve breastfeeding rates and increase the consumption of fruits and vegetables with the largest improvement seen in the most deprived groups⁸. Prevention-focused whole-school approaches which include environmental changes with diet and physical activity aspects have been shown to be more effective than either aspect alone in improving healthy lifestyle behaviours. Programmes which involve the family and parents are particularly effective⁹⁻¹³.

There is also significant building evidence of the impact of environmental interventions delivered by various system actors in influencing the drivers of unhealthy weight. Food environment interventions such as the soft drinks industry levy and the banning of junk food advertising on transport networks have led to measurable reductions in unhealthy food and drink consumption with significant predicted associated impacts on obesity and obesity-related disease^{14,15}. Versions of these interventions have been introduced by local authorities across the country¹⁶. Other measures such as changing food procurement policy in hospitals as well as working with planners and the food industry (supermarkets, takeaways) could lead to improvements in healthy food choices¹⁷⁻¹⁹.

Improvements to the built environment can also have significant impact, particularly on the least active in society. Improving walking and cycling routes and their connectivity, reducing car access, and reducing cost barriers to leisure facilities can all improve rates of active travel and physical activity which could lead to benefits in healthy weight^{20,21}.

2.3 Supporting individuals to achieve a healthier weight

Notwithstanding the significant evidence and need to focus on the broader factors that drive populations to become overweight or obese through a whole system approach as outlined in 2.2, our strategic approach to healthier weight needs to also continue to enable and support those individuals motivated to change their health behaviours, through supporting healthier eating and increased physical activity to do so. Individual behaviour change has remained a central component to healthy weight strategies at national and local levels for some time, and a focus on supporting early identification and prevention of overweight and obesity, particularly for those individuals most at risk, is a core principle of our proposed approach. Supporting our population to take care of their health and to recognise and seek support at an early stage aligns with the aspirations of our system Integrated Care Strategy and Health & Wellbeing Strategy. We recognise that this requires a sensitive and empathic approach; one that avoids the harms caused by weight stigma and discrimination and is founded and continues to evolve in line with the best available evidence of what works.

3. Healthier Weight Strategy for Shropshire-initial draft

Informed by the rich evidence collated through the HNA process, the initial draft of the Healthier Weight Strategy for Shropshire has been developed and is attached as Appendix 1. This draft will be subject to a public consultation before a finalised version is produced along with a high-level action plan developed in line with stakeholder engagement and best practice evidence.

The following key, high-level priorities for the whole-system approach to healthier weight in Shropshire have been identified within the draft strategy

Draft Key priorities	
1	Improve the health of Shropshire's population by reducing the scale of unhealthy weight and reducing inequalities in unhealthy weight
2	Improve the environment in which Shropshire residents live so it is more conducive to healthy living
3	Increase actions aimed at preventing unhealthy weight across the life course -focusing on infants, early years, children, and families
4	Increase awareness of and uptake of universal support, available services, and resources -targeting the most vulnerable, including those with learning disabilities, special educational needs and disabilities, and those living with severe mental illness
5	Enable Shropshire's community, voluntary and public sector workforce to confidently and capably support Shropshire residents to live with unhealthy weight in a way which reduces stigma and discrimination

These draft priorities will be considered as part of the public consultation. Subject to that they will be delivered through the following draft core principles which will guide strategy implementation, reflecting the whole system approach and which align with the experience, perspectives and needs of the Shropshire population.

Draft Core principles guiding strategy implementation		
1	Change Focus	We will think about weight differently, no longer considering it in isolation and instead seeing it in the context of overall health and wellbeing. We will focus on what drives unhealthy weight, moving away from the individual and towards the environment in which we live
2	Include	We recognise the need for greater support for those experiencing health inequalities, including (most deprived groups,) those living with disabilities and people with physical and mental health conditions, to enjoy a healthier lifestyle.
3	Support	We want to support those whose health and wellbeing could be improved through healthier eating and physical activity. This means adopting an empathetic approach that also recognises the importance of appropriate messaging around weight and the harms of weight stigma and discrimination
4	Work together to join the dots	We want healthier weight to be everybody's aspiration. We recognise the importance of joining the dots to maximise the opportunities that Shropshire already has to support its population to live a healthy lifestyle. We want to be innovative in the way we connect, collaborate, and strengthen existing work
5	Lead by example	We will work in a way that exemplifies our approach by committing to changes and improvements that enable our workforce to live a healthier lifestyle
6	Use our Influence	We will recognise the importance of our voice in influencing the barriers that prevent us from enjoying a healthier lifestyle

The strategy priorities will be considered as part of the public and stakeholder consultation. Subject to that they will be delivered through the following three draft delivery themes in line with the core underlying principles:

1) Healthy Environment, 2) Prevention in Early Years and 3) Empowering System Partners. Seven strategic objectives will be delivered through these themes and a high-level action plan will be developed with partners to meet these objectives.

Key Delivery Themes and Strategic Objectives		
1	Healthy Environment	<p>Evidence indicates that improving the food environment is key to reducing the risk of obesity, but that having a physical environment that is conducive to physical activity is also very important.</p> <p><i>Strategic objectives include:</i></p> <p>1) Enable a food environment for Shropshire which promotes and provides access to healthy, nutritious, and sustainable food for all</p> <p>2) Enable a physical environment that allows Shropshire residents to enjoy the benefits of active living</p>
2	Prevention in Early Years	<p>Prevention is key (treatment of obesity has limited success) and prevention must start pre-pregnancy where possible through the early years.</p> <p><i>Strategic objectives include:</i></p> <p>3) Ensure there is opportunity for all pregnancies to be healthy</p> <p>4) Support parents and families to provide infants with the best start in life</p>
3	Empowering system partners to promote healthier weight	<p>A whole system approach requires all partners to be enabled to play their part.</p> <p><i>Strategic objectives include:</i></p> <p>5) Ensure staff have the knowledge and skills to be confident and competent in promoting healthy weight and in supporting those living with obesity.</p> <p>6) Enable organisations across the system to prioritise healthy eating and active living in their specific settings:</p> <p>7) Ensure the system is working together in a co-ordinated way to maximise existing assets, resources, and best practice</p>

A high-level action plan is also currently under development and will support delivery of the strategy. The table below provides an illustrative example of potential actions which will be included.

Key Delivery Themes and illustrative high-level actions		
1	Healthy Environment	<p>Increase procurement of healthy and sustainable food in public places, with a focus on 'whole' foods and supporting the local economy</p> <p>Decrease sedentary behaviour and increase physical activity at home, in schools and workplaces, with particular emphasis on those vulnerable to health inequalities and for whom access is not equitable</p>
2	Prevention in Early Years	<p>Provide lifestyle support for pregnant people and their families, particularly those most at risk of unhealthy weight</p> <p>Enable early years professionals and early years settings to promote and support healthy eating and physical activity</p>
3	Empowering system partners to promote	<p>Support staff knowledge and skills development, ensuring awareness of risk factors for obesity, weight stigma and discrimination, and the link between unhealthy weight, trauma, and mental well-being</p>

healthier
weight

Ensure existing resources and assets are visible and shared across the system, focusing on those for the most vulnerable groups

References

- 1) *OHID Fingertips*
- 2) *Shropshire Council Public Health Intelligence*
- 3) *NHS Digital*
- 4) *Local Government Association*
- 5) *Department for Education*
- 6) *SHAPE Place Atlas*
- 7) *Shropshire Council Leisure Strategy*
- 8) *Amsterdam Healthy Weight Programme - Sociaal Domein*
- 9) *Finch, M., Jones, J., Yoong, S., Wiggers, J. and Wolfenden, L., 2016. Effectiveness of centre-based childcare interventions in increasing child physical activity: a systematic review and meta-analysis for policymakers and practitioners. Obesity Reviews, 17(5), pp.412-428.*
- 10) *NICE Guidance CG189 Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children CG189 Full guideline (Appendix M) (nice.org.uk)*
- 11) *Flynn AC, Suleiman F, Windsor-Aubrey H, Wolfe I, O'Keeffe M, Poston L, Dalrymple KV. Preventing and treating childhood overweight and obesity in children up to 5 years old: A systematic review by intervention setting. Maternal & Child Nutrition. 2022 Mar 25:e13354.*
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- 16) *Healthy weight, healthy futures: local government action to tackle childhood obesity | Local Government Association*
- 17) *Ejlerskov KT, Sharp SJ, Stead M, Adamson AJ, White M, Adams J. Supermarket policies on less-healthy food at checkouts: Natural experimental evaluation using interrupted time series analyses of purchases. PLoS medicine. 2018 Dec 18;15(12):e1002712.*
- 18) *Brown H, Kirkman S, Albani V, Goffe L, Akhter N, Hollingsworth B, von Hinke S, Lake A. The impact of school exclusion zone planning guidance on the number and type of food outlets in an English local authority: A longitudinal analysis. Health & place. 2021 Jul 1;70:102600.*
- 19) *Nandi Simpson, Angela Bartley, Alisha Davies, Sarah Perman, Alison J Rodger, Getting the balance right—tackling the obesogenic environment by reducing unhealthy options in a hospital shop without affecting profit, Journal of Public Health, Volume 40, Issue 4, December 2018, Pages e545–e551*
- 20) *Giles-Corti B, Vernez-Moudon A, Reis R, Turrell G, Dannenberg AL, Badland H, Foster S, Lowe M, Sallis JF, Stevenson M, Owen N. City planning and population health: a global challenge. Lancet. 2016 Dec 10;388(10062):2912-2924. doi: 10.1016/S0140-6736(16)30066-6. Epub 2016 Sep 23. PMID: 27671668.*
- 21) *Goodman A, Sahlqvist S, Ogilvie D; iConnect Consortium. New walking and cycling routes and increased physical activity: one- and 2-year findings from the UK iConnect Study. Am J Public Health. 2014;104(9):e38–46.*

<p>Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</p>	<p>There is a risk that, given competing priorities, all partner organisations may not prioritise the actions required to deliver the Healthier Weight Strategy. However, development of the strategy presents a number of opportunities, including the following:</p> <ul style="list-style-type: none"> • Strengthen the approach to obesity prevention reducing the future disease burden and the need for treatment • 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 health • An opportunity to strengthen current multi-agency work focused on reducing food poverty • Alignment with carbon reduction strategies (e.g. through promoting active travel) • An opportunity to raise awareness of the drivers of obesity among the population in general and among staff groups, reducing stigma and discrimination <p>As indicated in this report unhealthy weight is related to inequalities and implementing an effective strategy should lead to a reduction in health inequalities</p>	
<p>Financial implications (Any financial implications of note)</p>	<p>In the long term, preventing obesity and reducing the scale of unhealthy weight in the population will provide significant spending reductions associated with the health and care of people living with obesity-related health conditions, as well as by mitigating the wider socioeconomic impact of unhealthy weight in the population.</p> <p>The financial resources required to deliver the Healthier Weight Strategy will be a point of discussion for strategic leads as the Strategy and Action Plan are developed. Partner agencies will be asked to review and consider their spending allocations to support delivery of the strategy.</p>	
<p>Climate Change Appraisal as applicable</p>	<p>There are a number of climate change co-benefits of interventions which reduce overweight and obesity in the population. For example, active travel reduces vehicle-associated emissions</p>	
<p>Where else has the paper been presented?</p>	<p>System Partnership Boards</p>	<p>There have been regular updates to ShIPP</p>
	<p>Voluntary Sector</p>	
	<p>Other</p>	
<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) November 2020 H&WBB: Development of Shropshire’s Weight Management Strategy</p>		
<p>Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead</p> <p>Cecilia Motely, Portfolio Holder for Adult Social Care, Public Health and Communities</p>		
<p>Appendices</p> <p>Appendix A – Draft Healthier Weight Strategy</p>		