Cheshire & Merseyside Cancer Alliance

HEALTH EQUALITIES GROUP

Cheshire & Merseyside Cancer Alliance:

Strategic Obesity Project

Report on Stakeholder Insight Research (Phase 1)

July 2022

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Author:

Dr Robin Ireland, Director of Research, Health Equalities Group research@hegroup.org.uk

With thanks to all those who gave their time in open and honest discussion.

1. Executive Summary

This report was commissioned by the Cheshire and Merseyside Cancer Alliance in advance of the launch of a new Strategic Obesity Project in July 2022. The report seeks to establish the views of senior stakeholders at national and local levels on addressing overweight and obesity across the sub-region. The research methods are described briefly before the findings are laid out in full, using quotations from the interviews held with the stakeholders which were carried out in May and June.

It should be clear from the outset, that the interviewees, from a range of organisations, including the NHS, the local authority, housing and transport providers, and the voluntary sector, appreciated the burden and scale of overweight and obesity in Cheshire and Merseyside. They felt that such a complex and serious health issue needed system-wide attention with prevention at policy level a priority.

The findings section of the report detail not only the challenges that are faced, but some initial suggestions on how the new project should operate. The project should use data wisely and not duplicate existing work, but rather draw initiatives together. There are suggested focuses for the project including prioritising the health of young children, and the health and wellbeing of staff. The final section of the findings deals with the complexities and sensitivities of communicating the message around overweight and obesity. The engagement and involvement of local communities was seen as integral if communications are to be appropriate and effective.

The final section of the report draws some brief conclusions and outlines some proposed next steps for this research.

2. Introduction

A qualitative study was commissioned to consider how local and national stakeholders may address the obesogenic environment in Cheshire and Merseyside in supporting the health of their local populations. 17 stakeholders representing a wide range of organisations were approached for interview – see Appendix A for full list. This is intended to be a two-part study. This first part represents the views of senior figures including leaders of councils, clinicians, cancer specialists and healthy weight policy experts. This report gives a thematic overview of the issues raised. The second part of the study, to be undertaken in early autumn 2022, will include other local stakeholders and will involve those living with overweight and obesity.

3. Methods

Participants were approached following email introductions by either Jon Hayes, the Managing Director of the Cheshire and Merseyside Cancer Alliance (CMCA), or Matthew Ashton, Director of Public Health in Liverpool. Interviews were arranged via Teams and were recorded with the agreement of the participants. Questions followed a semi-structured approach varying according to whether participants worked nationally or locally. Given the interviewees occupied senior roles in organisations, it should be noted both their willingness to be interviewed, the priority they gave to addressing overweight and obesity, and indeed the time they generously provided to the interview. The 17 interviews took over 11 hours cumulatively with a mean average duration of 41 minutes allowing issues to be fully explored. A full list of the participants is given in Appendix A. Appendix B gives an example of the interview guide used.

4. Findings

Given the wealth of knowledge and experience of those who were interviewed, this report can only provide an insight into the richness of their responses. It does not seek to be comprehensive but hopes to have captured some of the most significant points raised. Finally given this is a complex problem, the responses given to the questions were also complex. Hopefully, the complexity of the discussions has not been lost in any way and the direct quotations from the interviews speak for themselves. The full interview transcripts have been made available to the Obesity Project so that participants' views can be considered in more depth. The findings below offer a summary of the interviews.

4.1 Defining the burden of disease

Most interviewees were aware that a high proportion of their communities were living with overweight and obesity and that it was closely linked to deprivation and health inequalities. They were also aware that, in general, Cheshire and Merseyside did not compare very well with more affluent parts of England.

It is clear that the problem is huge:

> *"… if the obesity epidemic isn't …one of the major challenges of the twenty-first century, what is?" (AM)*

And obesity and overweight has become normalised which affects how we can address its reduction:

> *"… if you look at, take ****, two thirds of our adults are obese or overweight, it's the norm." (SM)*

The increase in overweight and obesity is due to changes in the environment in which we live, not to genetics or any collective loss in will power.

" … the fact that obesity has quadrupled and that the distribution curve in the population has shifted dramatically to the right in the last 30 years is telling us that the reason for the recent change is not genetics." (JW)

The association between obesity and cancer is strong:

"So, obesity is the second biggest modifiable risk factor for cancer after smoking. Still significantly less of an impact than smoking in terms of the modifiable risk factor but nevertheless number two. It has been predicted in some areas and some demographics that in another generation it will start to overtake tobacco where tobacco uptake is low, but obesity rates are high." (SJ)

And the impact of overweight and obesity on medical interventions is increasing:

" … it tends to make treatment of other diseases more difficult. So certainly, when you come to … surgery for hip and knee replacements or obstetrics or there are so many conditions where people living with obesity are going to have a worse outcome after an intervention or are going to have a more difficult time in terms of recovery from surgery and so on." (JW)

4.2 Developing a systems-led approach on a sub-regional footprint

It is clearly understood that for all the interview participants, this project represents an ambitious and brave attempt to address the prevalence of overweight and obesity.

… "so cancer will not be eradicated through this programme, but what we could do is prolong life and give a healthier life and a more fulfilled life and a legacy of life that can be passed on to your children and grandchildren, so that if these little children see their parents looking after their health, exercising, getting fresh air, losing a couple of stone, and generally feeling really good about themselves, their mental health goes up as well. Why would that five-year old child not want to emulate what their granny's achieved?" (LB)

And I think you're in such a poor place for making good conscious healthy decisions when you don't have the knowledge or the resource to kind of act on the advice and around your life are all these targeted marketing messages and every shop you walk into is a multitude of different offers that are all pretty much unhealthy". (JM)

National participants were extremely willing to help but were not aware of similar approaches on this footprint in other areas of the UK.

"I think what we don't understand so well is how it happens and how we join up policies and join up practices both at national level and at regional and local levels". (LM)

"… there's a bit of an advisory role there the sharing of information and data and we're just happy to impart the knowledge that we hold from experience or from our point of view from what we see from other places." (JM)

No single approach will address the issue:

"You know it's recognising that it is a complex system that causes overweight and obesity and it's you know looking to address that in multiple ways rather than just going for one, one kind of silver bullet or one, one approach that isn't going to do much on its own". (CC)

However, a systems approach may be defined as bringing everyone together:

"So, the whole systems approach is about how we bring together not only bits of the health service which might be obvious, or … activities around diet and activity, but also the rest of the system so employment, housing, cycle lanes, clean air, lamp posts just all the myriad factors that actually create an environment in which somebody can consider and prioritise better health choices." (SJ)

4.3 The importance of data

Most participants spoke about the importance of public health intelligence; of ensuring that we access all data that we can, both to inform and evaluate interventions. There is a clear understanding of using data appropriately and effectively:

> *"I think the key to the success here is you know articulating those health outcomes and the risks associated with overweight and obesity but actually through better commissioning and through better sharing of evidence and data and insight actually we can go a long way to solving this issue by creating small change in a big system." (MW)*

> *" … you know release the data … down to place level, down to neighbourhood level and, actually, how are we going to invest our time, our resources, our money, our services most appropriately and target that investment?" (AM)*

> *" … so, we got involved in the digital space and I think that was the right thing to do, and that was particularly about enabling the flow of data so that we could assess the relative effectiveness of different interventions." (MF)*

And sharing data:

> *" … there's something about how we overlay this data to share the message. To highlight the inequalities." (EF)*

> *"I think we've got to come together not just as a group of experts but everyone in that inner system if you can map that system from all across the sectors but take it at a community level." (JM)*

Can we use the digital revolution for positive purposes?

> "Tesco know intricate details about each of its customers don't they and they use that type of intelligence to actually target things and with that intelligence wow how could the health and care system benefit from that type of you know that type of focus, that type of business intelligence rather than some of the stuff that we've done previously?" (AM)

Could more be learnt directly from communities?

“I think deeper is where I see that’s where the unique role of local is it’s being able to get into those micro communities and do things at that micro level. I think understanding how all of this works and evaluating it and better understanding the data on health outcomes but also health behaviours is really vital as well.” (JB)

4.4 Who should be involved?

All participants felt that ‘the whole system’, in other words everyone needs to be involved in this programme if it is going to succeed:

“ … it’s got to be a multifaceted, systemic response, it seems to me, if we’re ever going to kind of, if we’re really going to turn it round.” (BR)

“When I’m thinking the whole system, I mean the whole system. I think there’s a role to play for nearly any organisation of any scale and I mean down to and including the family and individuals themselves.” (SJ)

“I think we’ve got to come together not just as a group of experts but everyone in that inner system if you can map that system from all across the sectors but take it at a community level.” (JM)

“Everyone would be the answer. This is the issue isn’t it, that it’s not a health issue or it is a health issue but the solutions are out of, outside of health.” (CC)

It is important to appreciate that the impact of overweight and obesity is across society and affects all organisations:

“Because it is for everyone you know there’s loads and loads of touchpoints even if you don’t actually care about the population health at all, but for education for employers for every facet people being overweight and obese impacts negatively across loads of bits of the system.” (SJ)

4.5 What are we going to do?

This is the most important question in this research and clearly there is no magic bullet and single solution to obesity. This section has therefore been sub-divided into sections in order to consider firstly, upstream approaches, where we consider the wider determinants of health; secondly, how we can work with and involve local communities; thirdly, how do we support those who are living with overweight and obesity?

4.5.1 Addressing the wider determinants of health

For huge proportions of the population, there are many problems which make healthy eating and physical activity the last thing on their minds.

> *"I mean we absolutely live in an obesogenic environment, don't we? And … the environments we live in, the commercial determinants we have to deal with every day … are designed to make us overweight and obese." (SM)*

There is an understanding that we need to take a broader view of obesity and that the NHS needs to consider the wider determinants of health.

> *"We have taken ourselves on a bit of a journey and we are now very, very clear that we need to lift our heads up a bit and, rather than focusing on the more traditional NHS areas of health inequalities i.e. a point of access into the health services, we need to be supporting improvement upstream so, social determinants of health." (JH)*

> *" … if we just approach overweight and obesity as a purely mechanistic engaging with the person who is already overweight and obese won't actually solve the underpinning issues." (SJ)*

And:

"So, working through schools, working through employers but obviously if we're going right back to the kind root causes and determinants and the inequalities in obesity and the issues with sort of food and particularly food prices the way they are going at the moment, you know, it needs much more than focusing on food ability and diet, it needs thinking about sort of you know socio-economic inequalities as well. What are the things that mean that people can't buy healthy foods or cook healthy foods?" (LM)

"However, what we're trying to ensure what we do as an organisation is look at the kind of social factors which we believe are effecting, we are causing people to become overweight and obese, and we often see that linked to poverty and people not feeling like the shiny new gym or the rugby club down the road, or the walking club being a place that they feel comfortable walking into because of their sexual orientation or their gender or the colour of their skin or the way they talk, or their peer groups not associating that there's somewhere we go. I think they're the factors that we think that we can have a greater effect on that will lead to a reduction in kind of overweight and obesity levels." (MW)

The previous focus on individualised approaches cannot be effective across a population:

"So, if you want something that's going to have a population level impact in the obesity space you need to be looking at food reformulation, you need be looking at interventions around childhood obesity. The stuff that we're focussed on is individualised approaches for people with high risk factors." (MF)

" … we want to create that systematic approach to tackling those health inequalities which would have a knock on effect of the reduction of obesity rates overall across Cheshire and Warrington. So, I think it's very, very important to us but it would be tackled by an increase in physical activity rather than targeting somebody's individual weight through a weight loss programme for example." (MW)

But there are opportunities for change, through regeneration programmes for example:

" … we've got massive regenerative programmes now and we're trying to build in easier, or making it easier for people to move and be more active in those spaces … I think we have to design out some, some of obesity." (SM)

4.5.2 Working at local level within systems

Obesity is a complex problem that is going to take complex solutions and partners working closely together.

"But that problem you know is so complex you've got to put enormous resource and time intensive kind of solutions in place, and I think that's what I would want partners to recognise in trying to tackle this." (JM)

Participants were clear that it is important that work should be linked, and resources focused. The programme cannot afford to duplicate other work – *"if we could somehow get rid of some of the duplication"* (JM).

"We do need to make sure that we are linking in with all the other bits of work that are going on across Cheshire, Merseyside and beyond. But I think it's one of those arenas where we are not going to be treading on each other's toes. There is always more to be done, so long as it's all visible and out there, and we need to just make sure that we've got those kind of broader prevention conversations going on across the system, so that everybody's clear about what everybody else is doing." (JH)

"What we don't want is duplication, do we because it's a waste of time. And I think it, it's great but we absolutely have to work together … And we have to think actually where, where is the alliance best placed? Where can they make the most difference? (SM)

" … it's how it fits into the work that's already happening to enhance it and bolster it, as well. So, it needs to be all, to me, it feels like it all needs to be joined up." (EF)

> *"Well, I would say that one of the most useful things you could do is to develop a really clear message and then be clear about what you want stakeholders and partners to do in terms of delivering it." (BR).*

And as well as learning and understanding different responsibilities within the system, it is important the programme learns from failures as well as successes:

> *" … we're working from the same plan with the same team but understanding different responsibilities and let's make some of these things effective too and trust with some of our interventions that actually have got some evidence base and be brave enough when things haven't worked to just stop them." (AM)*

The programme will need to consider system leadership and what some participants described as the role of 'anchor organisations':

> *"I actually do think that we can have some policy changes and our role probably as Senior Leaders is to escalate up how we need to actually exert different policy changes." (AM)*
>
> *"I think we need to look at business, public sector and business and community and voluntary sector. I think it's your anchor institutes isn't it." (LG)*
>
> *"Obviously local government hold a lot of the sort of levers or building blocks if you like for health and environments. If you think across the breadth of wider determinants and potentially are in a good position to kind of convene external partners and residents you know which is critical, you know residents need to be involved, local partners need to be very much involved so you know we're very interested in the role of local or regional government in playing that role as a systems leader. There are very broad sectors that need to be involved ….. so, there's these kind of big anchor organisations as well but yes, I think local government at the heart of it." (LM)*

These large organisations can play a major role in taking this programme forward:

" … local NHS organisations and local authorities they're really well placed to know their communities and work with community leaders, voluntary and community sectors that are more local. I think they're vital to involve. Local businesses big employers you know they can obviously have a big impact in terms of is they're employing locally and things they have a big role to play in terms of enabling behaviour change and even in influencing local government around healthier environments and different regeneration." (JB)

And the NHS has a key part to play:

" … they see the people who are dealing with the health consequences of obesity. They're treating the people with cancer, so you know being part of that system and trying to help shift that whole system toward prevention is you know is critical." (LM)

Developing community infrastructure is critical to support both healthier food choices but also physical activity opportunities:

"Then creating a real vibrant community infrastructure to help deliver them so be that upskilling the workforce, be that creating a workforce, be that diversifying the workforce, be that ensuring that facilities are accessible to people with health inequalities or people with movement or accessibility difficulties." (MW)

Using local levers such as planning and regeneration, is important as part of "whole place development" (SM) to address overweight and obesity. Similarly, transport, and the provision of an infrastructure to support active transport, in particular, is part of the investment decisions of the combined authority's responsibilities:

"One of them is spatial planning. One of them is housing, one of them is investment and one is transport, and what we're seeing is transport being plugged in at an early stage to those investment decisions so we can then tailor our infrastructure that matches that to them." (GE)

This place-based approach can also consider “preventative obesity measures” (GE).

It can help to personalise this vision to build a picture of a healthier environment.

> *“I want her* (81 year-old mother) *to walk to the local shops where there’s a community of shops that are well served and well provisioned that enhance the community and stop people travelling, because whether it’s bus or rail or others, actually active travel is the best mode of travel but my mum’s not going to walk six miles into town, and that’s the challenge really, and I’d really like a holistic public service to look at that vision and say that’s what we want to develop and build here.” (GE)*

4.5.3 The role of the voluntary sector

Engaging with people and organisations at a very local level was repeated regularly with the voluntary sector having a key role to play:

> *“I do believe that … we need to do what we can in improving diets, getting people more active and changing that environment we obviously need to do that proportionately, but I do believe that that’s where doing things locally and working at that micro community level is really important in making a difference to those communities.” (JB)*

> *“I think the voluntary sector’s just so important in the way we work because I think actually a lot of the time, they’re the hearts of the community and they’re a lot more plugged in than a lot of services are because they never leave do they, the people are in the heart of the community.” (JM)*

> *“I think we should be hearing from them (local community groups) what their challenges are, what their communities’ views are, what their communities’ barriers are to having more healthy lifestyles, and what opportunities they see that they can come up with as well.” (JH)*

"Into older life, I think this is where the strength of the voluntary sector really kicks in and you know people being more active, more of the time into later life isn't actually about reducing spend from the NHS it's actually about improving the quality of life you know and I think local authorities are now realising that they're not there to save the NHS money they're there to make their places a better place to live and if people can live healthy for longer then that's where I think you know there's real return on investment." (MW)

"The most powerful person in some of those communities is the next-door neighbour. The fella down the street, what we call community influencers, and we need those people to start telling the truth, our little community influencers. The lady who works in the corner shop. We need that kind of, I think we need to go granular, grass roots with this stuff." (JT)

4.5.4 Working at focus

It may be appropriate to target key sectors of the population to be most effective. When discussing how we should address obesity, there were suggestions about focus, including during pregnancy and many identifying young people:

" … another really good touch point which kind of overlaps a little bit with our clinical work is actually you know during pregnancy and trying to encourage women during pregnancy and in between pregnancy to try and stay active and live you know eat a healthier diet and I think that's a really good time because people are quite open to the idea that it's actually quite important for your baby that is in the womb that that baby is getting the best start in life and the way you do that is by you know looking after your own body." (JW)

" … there is good evidence that if you want to prevent childhood obesity you need to act before the age of five, so reception or pre-reception and essentially if you haven't sorted obesity by the age of five then you're not going to prevent it." (MF)

" … everybody knows that if you really want to do something about overweight and obesity there needs to be a lot of work with children you know it needs to start really young and with their families." (SJ)

"So, for me there's that, the crux of it is the work that the educational establishments can do to link into their communities much better, so how can we signpost and educate and utilise the skills of that third and voluntary sector to make you know schools much more hub of the community for fiscal activity." (MW)

appreciating that NHS staff themselves have a role to play:

" … a lot for example of nursing staff are living with obesity and of course that has an impact because those individuals are more likely to have time off sick, they're more likely to you know run into problems with back pain and all the other issues." (JW)

4.5.5 Learning from good practice

Some interviewees talked about previous successful public health initiatives and asked if we could learn from them.

"You know over the years … we had a whole almost like a global effort … around tobacco legislation and marketing … and I think we almost need to emulate that for obesity." (JB)

"There's lots to be learned from, we should look at what campaigns did work. Skin cancer in Australia, cardiovascular disease in Scotland, smoking cessation and stuff, and just copy it." (LB)

4.5.6 Supporting people living with overweight and obesity

There's also an awareness that many people in Cheshire and Merseyside are living with overweight and obesity who will need supporting even if this is something they do not even discuss with their GP:

> *"I want to move away from thinking actually there's a magic switch in everyone where suddenly you're going to be motivated and lose weight because it's not that easy is it." (SM)*

> *"I know it's difficult to go to your GP and actually go, 'I've got a problem with my weight, and I want to do something about it', because let me tell you ****, that's probably happened to me (AM) once in about four years. You know it just doesn't self-present." (AM)*

We will need to engage directly with people:

> *"I'm very much about working with people with lived experience to come up with the ways that we do things." (LG)*

4.6 Communicating the message

The question about communicating both the link between obesity and overweight and possible negative health outcomes such as cancer, and the messaging around any proposed campaign, raised many observations. But all participants were agreed on the importance of getting the messaging right:

> *"Nothing that this country has done has got us off the worst step in Europe so we've got to do something fundamentally different and far braver and more expansive and that is you know being more honest and talking with our public you know a lot more clearly and a lot more succinctly but with messages that they're prepared to receive in a format that they're going to get." (AM)*

The connection between cancer and obesity was raised in a highly recognised but also widely criticised campaign by Cancer Research UK in 2018 and 2019 by several respondents but, despite this, there was concern that the message had not still struck home.

> *"I genuinely think that there's a lack of understanding or a lack of appreciation between obesity and cancer itself amongst the general population". (AM)*

How can the wider community be involved in the messaging?

> *"I know there needs to be a wider engagement and actually involve people and politicians and councillors and the wider public in what is it that we need to do to support this and how do we strengthen". (AM)*

It is seen as critical to be sensitive to how messages may be received:

> *"Mistrusting of large organisations, distrustful of education and government and health. So, you have to get to those communities by word of mouth by local people." (JT)*

> *"You know a lot of people don't recognise overweight and obesity either until it's so far embedded in the way they live their lives and then all the problems are starting to set in and then it becomes very reactive it's not preventative at all is it it's more like secondary prevention than primary." (JM)*

And to avoid victim-blaming and stigmatisation:

> *"I feel that we should try and focus on positive rather than scare-mongering in terms of tackling it, because it just puts people into a more negative spiral, mental health. "I already feel guilty. You're blaming me for my health problems. You're blaming me for my cost on the health service," and it all feels very negative." (LB)*

The framing of any campaign messages associated with the programme is therefore critical although there was a range of opinions on how to do this:

“You’ve got to tell people, well, unfortunately obesity causes lots and lots of health conditions” and we now know really clearly that it causes cancer and it’s linked through, sometimes directly, sometimes due to a range of conditions, I wouldn’t say co-morbidities, but I would say, you know explain that to them, that it is, it’s a killer.” (JT)

“You know people don’t really want to talk about how active they are, they don’t like the words physical activity and people don’t like the word obesity.” (JM)

“I’m always conscious lately of language as well like saying healthy or physical activity or cancer because people they will just walk the other way. That for me has always been the reality if you start to use the terms that we use people don’t want to know and we’ve got to try and use words like do you want to come in and have a bit of fun you know just something that tweaks their interest and try and get the message over another way.” (JM)

“I really think we need to reframe this as not prevention because equally that’s an equally problematic word but making it much more about you know we’re doing these things to help people be healthier not because it’s going to help people with obesity lose weight because a lot of it you know is not about weight management it’s about prevention of obesity in the first place. So, I do think there’s like a massive reframe that we need to do.” (CC)

We will need to use every opportunity to have these conversations however awkward they may be, and staff have a key role to play.

“So, we’re started doing training for frontline staff to enable and empower them to have conversations about healthy weight and that is both council, NHS and partners.” (LG)

Part of this approach also includes: “continuing to use Make Every Contact Count (MECC)” as a method for delivering brief advice (SM).

Fundamentally though, the programme needs to engage the *"groundswell of people"* (AM). The programme should look at the networks that do work in different communities such as those of housing associations for example:

> *"So, I wonder how much we make use of the kind of networks that are available for us in different communities. And I think that's one of the places where housing associations could be really useful. One of the things that we find is that a housing body, we're not the state, we're not social services, we are in people's homes, very often. And so, the kind of resistance that people get, maybe, to a medical message, or to a social services message, there are some of the things that I think just by the messages coming from a different place, actually being done in a different way, they can increase take-up, we can find ways of doing that." (BR)*

And people will need to see a difference:

> *" … whatever we do within that wider setting whether it's at a local authority level or ward level that's the result it has you know it helps people at that level they will see a difference." (**JM)***

5. Discussion and conclusions

Overall, with such a complicated issue, it is essential we have the whole system working together at both system and place levels. The "cancer voice" (SM) can be very powerful at a number of levels. It can be influential to achieve real change.

Not everyone, including some of the participants in this research, appreciates the sheer scale of overweight and obesity. UK data for 2018/19 shows that 63% of UK adults (aged 18+) are overweight or obese (body mass index 25+) and this equates to an estimated 35 million overweight or obese UK adults. Recent research from Cancer Research UK shows that obesity has now overtaken smoking as the leading cause of four different types of

cancer: bowel, kidney, ovarian and liver as well as showing stark differences in its prevalence between disadvantaged and more affluent communities https://news.cancerresearchuk.org/2022/05/19/new-analysis-estimates-over-21-million-uk-adults-will-be-obese-by-2040/.

The findings from this first phase of research help illustrate the complexities of addressing overweight and obesity. Linking national and local policies is important, a point that is also discussed in the Cancer Research UK reports referenced above. The CMCA project will need to have system leaders working together, ensuring there is no duplication of initiatives, as well as engaging with local communities effectively. From a positive perspective, the interviewees were keen to do just that. They illustrated, for example, how regeneration and planning policies can take the obesogenic environment into consideration.

Many participants talked about both the volume of data which may be available and how we may use it in a more targeted fashion. Better data can support prevention and treatment. And the more data we can establish, and overlay, will help inform and guide interventions with local communities. It will also show us if our interventions are effective.

When asked 'who should be involved' in addressing overweight and obesity, the answer was usually **everyone**. We all have a role to play from system leaders, private, public sector, and voluntary sectors, as well as families and individuals.

The 'What are we going to do?' section of the report is necessarily the richest in responses and the most complex. Clearly the traditional role of the NHS in treating the individual patient cannot be effective given the levels of overweight and obesity in Cheshire and Merseyside. We have to look at the wider determinants of health such as education, housing, transport, and employment, for solutions.

The voluntary sector is key to engaging and communicating with local communities when people may often be resistant to and suspicious of health messaging. We need to listen rather than simply tell people how to behave (which does not work). Organisations such as housing associations have a reach into disadvantaged communities and some organisations have experiences of working and training community leaders. Further consultation with the VCFSE sector and patient / public perspectives will inform a good deal of Phase 2 of this insight research in the latter part of 2022.

Having a focus is important. Many interviewees spoke about the importance of engaging young children and their families. Others spoke about pregnant mothers. Organisations' own workforces were also seen as appropriate sites for interventions with the NHS identified specifically.

Communicating a message (once agreed) about overweight and obesity is sensitive, particularly for those living with the condition. There is learning to be had from previous public health programmes particularly from the successes of tobacco control. The project also needs to support those people and their communities and will need to engage with people with lived experience to inform its interventions.

There were so many powerful contributions to this report, and it may be inappropriate to single out one to finish with but nevertheless:

> *"I think we need to be brave on this one to be perfectly honest with you … I think core to our principles you know is caring and part of the caring is actually understanding when there are difficult decisions, difficult conversations to be had." (AM)*

The commitment to seek to address overweight and obesity in Cheshire and Merseyside, and to make these difficult decisions and have these difficult conversations, was demonstrated throughout the interviews included in this report.

6. Next steps

There is still more listening to do if this programme is to be delivered effectively. We need to make the economic argument clearer for example. Overweight and obesity is extremely expensive to treat.

> *"So, you know there's motivators in there for, for the NHS to support change, isn't there? And you know the links to cancer and, but I think we've got to kind of make them economic arguments … a little bit clearer. Because these, because if we're going to ask them to … support interventions, … the healthy weight agenda, it's going to cost them something isn't it? It's going to cost them time, it's going to cost them potentially … money, staff, so I think that economic argument might help if we're looking to how research can support some of that." (SM)*

And we need to listen to the community to take this work forward.

> *"But I genuinely think the answers are in the community … we spend too long telling people what they should do." (JT)*

> *" … if we're really looking to change things, and how do you work in communities that has a two-way discussion? Because what we're very good at is telling people, well, sometimes we're not very good at that but we'll tell people what we want from them, but, actually, some of the better discussions are if we're open to what they might want from us. So, creating that two-way discussion, I think, is, to me, part of the value." (BR)*

This initial phase of research has provided a rich set of qualitative data that will help to shape some of the early stages of project delivery, including the project's launch event, public consultation exercise, and communications campaign messaging. The data will also be used in conjunction with a quantitative data analysis and correlation mapping exercise

being undertaken for the project by Liverpool John Moores University's Data Science Research Centre.

Further research will be undertaken from early autumn 2022 to ascertain the views of organisations across the voluntary sector in Cheshire and Merseyside, non-health public sector organisations (e.g. emergency services), larger private sector employees, plus patients and the general public. A second report with findings from this phase of insight research will be available by the end of 2022.

Appendix 1. Interviewees.

Dr Andy McAlavey (AM)	Medical Director, NHS Cheshire Clinical Commissioning Group
Liz Bishop (LB)	CEO Clatterbridge CC & SRO CMCA
Jamie Blackshaw (JB)	National Lead for Physical Activity & Healthy Weight, OHID
Caroline Cerny (CC)	Network Director, Obesity Health Alliance
Gary Evans (GE)	Assistant Director, Customer Delivery, Merseytravel
Matthew Fagg (MF)	Director of Prevention, NHS England and NHS Improvement
Elizabeth Farrington (EF)	Healthcare Public Health Programme Lead, NHS England and NHS Improvement - NW Region
Cllr Louise Gittins (LG)	Leader of the Council, Cheshire West and Chester Council
Jon Hayes (JH)	Managing Director, Cheshire and Merseyside Cancer Alliance
Steve Jones (SJ)	Senior Project Manager, CMCA
Louise Marshall (LM)	Senior Public Health Fellow, The Health Foundation
James McInerney (JM)	Health and Wellbeing Manager, Office for Health Improvement and Disparities
Sarah McNulty (SM)	Assistant Executive Director (Public Health), Knowsley MBC
Bronwen Rapley (BR)	Chief Executive, Onward Homes
Jo Trask (JT)	Head of Health Inequalities and Patient Engagement, The Clatterbridge Cancer Centre
Mike Watson (MW)	Director, Active Cheshire
Prof John Wilding (JW)	Professor of Medicine & Honorary Consultant Physician

Appendix 2. Example of interview guide

1. Are you aware of programmes in other sub-regions / Integrated Care Systems which focus on population-based approaches to prevent overweight and obesity?
2. How do you think organisations should undertake a systems-led approach to the prevention of overweight and obesity at local or sub-regional levels?
3. How do you understand a systems-led approach to the prevention of overweight and obesity?
4. Are you aware of the levels of overweight and obesity in Cheshire & Merseyside (C&M)? And what about levels across C&M in comparison to the England average?
5. Similarly, are you aware of the links between the risk of cancer and overweight and obesity? Is this something you have reflected on before?
6. What do you think are the main causes of obesity? (Probe: e.g. wider determinants such as levels of deprivation as key drivers in addition to behaviour).
7. How do you think we can address rising levels of overweight and obesity? (This is mainly about prevention but of course treatment may come up).
8. Do you think it affects your organisation in any way? (Probe: e.g. levels of absenteeism, productivity, services provided).
9. How do you feel the prevalence of overweight and obesity may affect health inequalities?
10. Do you think your organisation can help address the issue?
11. How can stakeholders across the C&M region work more closely to raise awareness of the health outcomes associated with overweight and obesity?
12. What type of stakeholders can play a role in this work?