Cheshire & Merseyside Cancer Alliance: Strategic Obesity Project

Second Report on Stakeholder Insight Work

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With thanks to all those who gave their time in open and honest discussion. We hope they feel their views are adequately conveyed in this report and too much has not been omitted in the interests of brevity.

Contents

1. Executive Summary

This study follows a first process of Stakeholder Insight work which was presented to the launch of the Cheshire and Merseyside Cancer Alliance's Strategic Obesity Project in July 2022. This further qualitative research builds on this initial process to hear the views of those within the voluntary sector, some local major employers, and others working at senior levels within Cheshire and Merseyside, 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 between November 2022 and January 2023. This report should be read in conjunction with the accompanying report on focus group insight on overweight and obesity which was undertaken over a similar period.

The findings from this study show that the interviewees recognise the complexity behind the levels of overweight and obesity in Cheshire and Merseyside and the determinants of health leading to these figures. In order to address overweight and obesity, the balance needs to be shifted from treatment to prevention and to encompass health and well-being. The participants discussed both existing interventions and future possible interventions in the community and the workplace. Finally, as in the findings from all the qualitative research undertaken in this programme, messages need to be framed carefully and co-produced.

This report will conclude by a brief discussion section comparing the two phases of interview-based qualitative research and will provide some recommendations for the proposed strategic intervention on obesity in Cheshire and Merseyside.

2. Introduction

A qualitative study was commissioned to consider how local stakeholders from the voluntary sector, business community and the wider public sector, view the prevalence of overweight and obesity. Nine stakeholders from eight organisations were approached for interview – see Appendix A for full list. This is the second part of a study using individual interviews. The first part represented the views of senior figures including leaders of councils, clinicians, cancer specialists and healthy weight policy experts, and was reported on in July 2022. This second report also gives a thematic overview of the issues raised and there will be a short discussion section comparing this research with the previous study. In total, across the two studies, there were 26 interviews with individuals from 22 organisations. An accompanying set of reports from a serious of focus groups and a public facing survey have also been produced at this time that provide additional insight from a public perspective.

3. Methods

Participants were approached following email introductions. Interviews were arranged via Teams and were recorded with the agreement of the participants. Questions followed a semi-structured approach. As in the first part of this study, it should be noted both the participants' willingness to be interviewed and, once again, the time they generously provided to the interview. The eight interviews (with nine participants) contained a mean average duration of over 46 minutes allowing issues to be fully explored. A full list of the participants is given in Appendix A. Appendix B shows the interview guide used.

4. Findings

As in the first report, this report can only give an insight into the richness of the participants' responses. It does not seek to be comprehensive but hopes to have captured some of the most significant points raised. 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 Recognising the complexity for the levels of obesity in Cheshire and Merseyside

All interviewees, from all sectors, recognised not only that overweight and obesity were serious problems in Cheshire and Merseyside, but that the reasons for this were complex.

> … "poor diet and being overweight is really complex particularly if you have got limited access to money and actually access to good food. Never mind the resources and the head space to do something nice with that nice food." (CWVA)

> "However, I think what we see is that life is so complex, I do think it probably boils down to this, is that life is so complex for a range of different reasons, either people are working harder, they're not prioritising food in their food day or they are dealing with multiple and complex needs in poverty or in challenging situations. It's just not being prioritised." (CWVA)

> "We are not born morbidly obese. Some of us are a little bit heavier than others when we're born you know but I also think as well, it's about perhaps the child hasn't got a choice up until they can control their own decisions so you might well have mum and dad could be heavy so sons and daughters could be heavy and that that's how that family is. So yes, it's complicated and some people may well be trapped and sad because they might not feel that there's any consequences about being obese." (DWP)

In addition, obesity is associated with other health conditions which collectively affect the workforce:

> "But of course, you know, obesity leads to a lot of other health conditions and that leads to more people being off sick, more absenteeism …" (CWLEP)

A high BMI is associated with an increased prevalence of musculoskeletal symptoms, and this is a specific problem for Jaguar Land Rover on their production line:

> "… the biggest issue for the shop floor is musculoskeletal … that is our biggest cause of absence, certainly in the short-term absence. Longer term it moves more towards mental health." (JLR).

4.2 Health, wealth, deprivation, and inequalities

There is an important link between the strength of the economy and the health of the population which was demonstrated (although not always recognised) during the pandemic:

> "I think one of the things we have to— Within the public sector, we are shocking at working as silos, and the irony of the people who were on the seminar I was at last week saying how pleased they were to see the economic side of the organisation thinking about the health impact, because they always felt like the poor relations. The irony of that was that I spent the entire period of Covid sitting on the Covid Resilience Cell, being asked at one stage three times a week to talk about what was happening in the economy and, every time I did, getting the distinct sense from a number of health colleagues, including I am sorry to say the chair of the Resilience Cell, why are you bothering us with this? Don't you know we've got a health emergency? What's the economy got to do with that?" (CWLEP)

Wealth cannot be at the expense of health. We need "sustainable, healthy, inclusive economic growth":

> " … largely at the behest of government, for our first 10 years as an organisation, our target was economic growth. Full stop. Not sustainable, healthy, inclusive economic growth, just economic growth. We actually found ourselves in the position where that got adopted, never formally but it kind of seeped into the underlying thinking, that that was the overriding objective for the three local authorities." (CWLEP)

In order to address health, we need structural interventions which help tackle deprivation and address the wider determinants of health such as employment and housing. Many people simply cannot afford to buy nutritious food. Some may not have adequate cooking facilities or be able to afford the energy to use them.

> "And we do see varying levels of, of kind of people living in poor environments, poor deprivation. So, by the very nature of someone who's living in a poor environment, with you know, maybe mould on the walls, window, you know, poor central, no central heating, no heating, no electrics. Someone like that is not going to be eating healthy either, you know, they, you don't, they kind of go hand in hand don't they? Living in a poor environment you wouldn't expect someone to be cooking, you know, a fresh lasagne and stuff." (MFRS)

Given access to healthy nutritious food is so critical, there may need to be structural interventions to enable and promote healthier options in more disadvantaged areas.

> "I think there definitely has to be more, fundamentally I don't know what can be done but it, it always seems to be that in the highest areas of deprivation that there is generally just one corner shop with very high prices and very little fresh food. So what can be done at planning, you know what can be done structurally to make sure that there is affordable food in communities and not necessarily food banks, not necessarily food pantries but what incentives are there for butchers and greengrocers to be at the heart of communities." (CWVA)

The VCFSE sector may be able to help to support community approaches to accessing fresher, healthier food:

> "So we've done two things to kind of enhance that community approach. One is that it's very person centred, so we do lots of work with our Poverty Truth Commission and we look at all the different reasons why people might struggle to have access to food and what are some of the things that they will need to eat a decent meal and we're developing training on that at the moment." (CWVA)

4.3 The balance between prevention and treatment

One interviewee argued strongly that prevention had to be taken more seriously:

> "I've been on health and wellbeing boards, safeguarding boards, and you know what, you can't keep saying we need to get better at prevention, you need to get better at prevention, because you can't keep spending your money at this acute end, where we are treating people." (MFRS)

> "I'm not sure the NHS are quite there yet around prevention. I think they're getting there and they've got the idea that they want to do it, but I don't think they're quite there yet." (MFRS)

This was repeated in calls to think more upstream and indeed actions in doing so:

> "We are good at medicating and doing something about it, once it's an issue, but we're not good at preventing it from being an issue" (OW)

> "So, we've got a separate wellbeing team within Jaguar Land Rover that works closely with occupational health so it was all about, in my words, improving the occupational health support but becoming today's point more proactive rather than just reactive. So, the offering that we did have was very much, well there's been a problem how are we then now going to give you some support? As opposed to how can we be a bit more proactive and get to those issues before they become bigger?" (JLR)

There was an interesting analogy made with the work of the Fire Service and the priority they give to prevention:

> "Our whole thing is, why we've built our prevention department as big as it is, because we don't want our fire fighters going into property with Breathing Apparatus sets on. We actually don't want people to have fires in the first place. And it's really difficult to evaluate, you know, we do 60,000 visits a year. In general we have four fire fatalities a year. Before we started doing 60,000 visits a year, we had 22 fatal fires, 16 fata and when we started the home safety we had 22, it went to 16 to 7, to 6, to 4, 4, 4. So, we've now reduced our fatal fires by over 80%. Is that down to us knocking on doors, fitting smoke alarms, giving fire safety advice? I'd like to think it is." (MFRS)

There was also a call for the NHS to be more aware of the wider determinants of health. This was also an important theme in the first phase of qualitative insight work in 2022:

> "I think there is definitely a longer and deeper conversation *(to be had*) with the healthcare alliance about the socio-economic determinants of health". (CWLEP)

And a case was made of the benefits to the economy if people were healthier:

> "You know because if we can get people healthier by getting a little, by getting fitter, by having a stronger diet, less smoking and drinking I think there's a role for DWP because it will reduce the burden on the NHS and it will reduce the burden on the taxpayer through the benefits bill." (DWP)

4.4 A focus on young people

Building on some of the comments concerning prevention, a number of stakeholders also focused on children and young people:

> "But I think there's, I think there's a massive part to play and prevention has always been a difficult thing for the NHS and, or the ICB, whatever it is now, or whatever they've changed into. Now for me this sits firmly and squarely in the children's' board around obesity in young people and the prevention of that and I know on our children's board we've dealt with tooth decay and issues and so I think it sits in there because you've got, you've got multi agency, multi, you know, all sitting around the table at the same place." (MFRS)

Interviewees identified a number of critical points where interventions could and should be made to improve the diet of children at pre-school and school age:

> "… how many times is that question being asked of young children? What are they eating, how can we help you with weaning, where are you getting your food from, how are you cooking for your family?" (CWVA)

> "I think there needs to be a review of food in school. And what I mean by that is, are the children all properly fed when they come in in the morning? What could be done to make sure that everybody has had a good breakfast and a glass of water before they start school. Could we have universal free school meals for everybody?" (CWVA)

This also included considerations on provision of activities for young people and after school clubs:

> "I think there's a massive opportunity there with youth provision, after school clubs, all sorts. What could you do as you would hopefully be teaching young people to budget, how might, you could do a budgeting thing with food. Because I think, that's quite an important learning window where good habits and maybe formed because they're not just being fed, they are learning to feed themselves." (CWVA)

4.5 Using data effectively

This was raised in the last qualitative report and, once again, data was used to reference a particular intervention in a specific setting:

> "Now that safe and well visit is a little bit more in-depth and it includes a full risk assessment, it will include looking at fuel poverty. It looks at smoking cessation and alcohol reduction. Now, the reason we've got those four areas is they contribute, you know, especially smoking and alcohol and fuel poverty, because of unsafe heating, they contribute to fire safety, fire risk reduction. So that's why we tend to focus on that." (MFRS)

The Fire Service have used this data to help prevent fatalities as noted in a previous section. Cheshire and Warrington Local Enterprise Partnership worked with the Department of Work and Pensions to examine those people who were claiming universal credit. Whilst it may be assumed that a high percentage of people on benefits may be unemployed and out of work, a closer examination of the data showed that about half of those who are claiming universal credit do so because they do not earn enough for their job or jobs.

> "What they found – and you think of those people who have been unemployed for three years. You would think of those people as being most deprived. Those are the people that have got most problems, and so on, and so forth. Probably mental health, probably obesity et., etc., etc. It turns out half of those people are working, but because of the structure of universal credit, they are not earning enough to get off benefit". (CWLEP)

Lack of income is clearly a factor in being able to afford healthy food and is considered later in 4.7.1.

4.6 Can we all focus on health and well-being?

Representatives from the voluntary sector were clear that their services promoted health and well-being in the community. Can employers do the same?

> "I think it should be on everyone's agenda shouldn't it, so like if you're talking to lots of other organisations, well-being you know I see weight as a strand of overall well-being and I suppose that's because the service that we offer it could be you know, staff well-being's really important isn't it. And I think all these organisations who are big employers in Sefton it should be really you know, it should be on their agenda shouldn't it around knowing what services are out there for people to engage with." (LWS)

And, in some cases they are:

> "Yes so in terms of occupational health and wellbeing we're trying to move to this more proactive element so we've created a resource called the Centre for Wellbeing. We've employed physiologists of different specialities and it's based on our three pillars of wellbeing at Jaguar. So we have body, mind and life." (JLR)

Being overweight may be a barrier to work in some instances:

> "Now the question then is, is that health condition exacerbated by obesity? You know and actually is obesity a barrier to work for some people? It's a good question you know I've got no evidence or data on that but actually is for some people their health condition exacerbated by obesity and that that obesity and health condition is a barrier to work and therefore how can you get somebody fitter and healthier?" (DWP)

4.7 What interventions may be possible?

4.7.1 The importance of the Real Living Wage

Higher wages are likely to impact on being able to access better, healthier food and low wages were brought up as an issue for community groups:

> "But one of the big things that was coming out in Sefton was about wages for people and there's so many people on lower wages or only just around you know the cost of living wage basically the minimum wage really that people are on." (LWS)

At the same time asking for employers to pay the Real Living Wage is an intervention which may enable employees to access better food:

> "Other stuff we are doing at the moment: fair employment charter – trying to encourage all employers in C & W to pay the Real Living Wage at minimum, but also to give people good employment rights". (CWLEP)

4.7.2 Providing support in the community

Engaging with people and organisations at a very local level was an important theme in the first report and this was repeated in this second set of interviews. There is already considerable activity taking place:

> "So, we are looking at how we can work with the community centres, to upskill them. Because they are already doing great work. They are already seeing these people, and these people will never go into primary care. So, we are seeing them day-in, day-out in the community centre. We've trained them up now and we can do blood-pressure checks, weight, cholesterol …" (OW)

> "We deliver Princes Trust for young people, 16 to 25 years old. That's a 12 week programme …. I'd have to double check, but we probably link more around nutritional and dietary, but we probably don't link that to cancer. So that's probably something we could work with the Cancer Alliance on." (MFRS)

> "I was at Old Swan and we used to invite people in and we would like, the watches obviously eat quite healthily to be fair and you know, it is a mixed, when you're cooking the evening meal, it's generally a really good like rice, vegetables, etc and chicken. So we kind of bought it into Old Swan. And we got people to come in and there was like on a Tuesday afternoon, it will be a healthy cooking class and it would involve someone from the NHS who would be there, like a, a dietician, a nutritionist would come along." (MFRS)

However, community engagement activity has to be done appropriately and, ideally, co-produced:

> "Because it's personal, it's really personal for people and I think you can't just come in and tell people to make soups without understanding all the various complexities as to why they haven't chosen to make a soup previously." (CWVA)

> "I do think we can do it and I think it's important to do it but it has to be done carefully by people and led by and co-designed by people in their communities in order for it to be effective." (CWVA)

Community-based organisations may need support however to reach those who may not be able to engage but do need support and help such as those on a low wage:

> But a lot of it is you know if these people, they might not know about our service potentially sometimes you know we might, we need to promote our service more as well I think and what's on offer. And try to, you know we are looking at sessions over weekends or of an evening, and looking at doing demos you know online so people can access them in their own time. So, it's those kinds of things, how you reach people who are in employment but low incomes I think and how they can still …need support as well." (LWS)

This theme of using community organisations to outreach to people rather than expecting them to come to you was repeated by the One Wirral CIC interviewee:

> "So, coming to people, instead of expecting people to come to us. Sometimes, especially for the working people, and this is the cohort we are looking at, this is the prevention age. People are working and can't get to services that are nine to five, because they work nine to five. So, I think it's accommodating of weekends or evenings, or coming to workforces and doing a piece of work at people's workforces. That's what I think, when it comes to prevention, this is the age we're looking at, from 18 onwards. Everyone's in work, and people now work long hours – probably two jobs, because the cost of living is rising. People are probably working more than ever. So, I think, for me, it's looking at a different model of going to people instead of expecting people to access services when they haven't got time and don't know where they are." (OW)

Funding is important in the provision of these services as organisations like Living Well Sefton engage with many other services in Sefton which may enable healthy weight programmes to be delivered.

In addition, there may be an opportunity for other organisation who have premises in the community (such as the DWP) to promote health messages:

> "We've got customers coming in for appointments and they could whist seeing their adviser there could be information that could be helpful to them about stopping smoking and we can have different initiatives throughout the year and it could even be with free toothbrushes and toothpaste and have you got a dentist? I think there's a, we always try to collaborate and work together with partners to say how can we, how could you use the interactions we have with the general public to promote your messages and engage with them and that those services are complementary to the experience that they have in a Jobcentre and you know that can be about their own general health." (DWP)

4.7.3 Workplace interventions

Interventions are also possible in the workplace as with Jaguar Land Rover's Centre for Wellbeing mentioned in 4.6 above. More widely, Health and wellbeing is becoming important to businesses who are looking to address Environmental, Social and Governance (ESG) standards, an approach being taken by some of the larger employers and anchor institutions in the city region with regard to procurement and supply chains:

> "So, we are looking more at the sorts of things that relate now to the ESG agenda. And health and wellbeing is clearly something that we look at in the Chamber ourselves." (LCC)

Workplace interventions include:

> "Catering is another and the offering that we can give. And looking at things like subsidies. Subsidising the catering so that we can offer healthy things at a reasonable price so that people aren't put off by the price of things here and opt for something that's cheaper and more convenient outside." (JLR)

> "There's a whole sort of workstream going on around how we improve our catering. Recognising the need because if we suddenly just changed everything to sort of salad and vegetables people would go elsewhere. So it's about what can be nutritious and healthy but still satisfy the people who would might go to chips and gravy or pie chips and gravy, you know." (JLR)

> "It's around us changing people's lifestyle to become a healthy lifestyle. You know, we have gyms on every station, you know, the watches generally cook healthy meals and we've got people who can advise around that as well. We've got physical training instructors who give dietary tips. So I think we are probably quite well ahead of that, around healthy living and healthy lifestyles within our workforce." (MFRS)

> "Some of the better exemplars of that who were not only encouraging staff to be more fit and healthy but they were also looking at things around food and eating and obesity. And the people who worked for them were taking

those messages home and that's what you really want. You want that kind of, you know, trickle down approach." (LCC)

There is clearly a role for employers in supporting their employees who are living with overweight and obesity:

> "Well can you put some kind of structure and organisation in place for them and clearly something in the workplace is where they're getting both physical and emotional support from their colleagues." (DWP)

And health and well-being in general:

> "And so I think people like Bruntwood are doing some great stuff. We all have access to an app on our phones which tells whether there are going to be classes or book readings or you could make a Christmas wreath last week for example. So they're the sort of things with that holistic approach I think to the workplace. You know, creating the space where people could go and talk to each other, go and have a coffee, that's what they encourage." (LCC)

4.8 Communicating the message

4.8.1 Consistency

It is important to all that the messages conveyed through a campaign or programme are consistent.

> "So, what we want to do is a consistent message out there and upskill the community, upskill volunteers, upskill everyone out there about ways to lead a healthier lifestyle." (OW)

This clarity of message applies whether addressed to the community or to employers in Cheshire and Merseyside.

> "So, if we make it simple and we make the messages simple then I think that you're more likely to get the sort of businesses who perhaps traditionally have not engaged in this agenda. You will always get businesses and, you know, the ones who do it all, who have a big HR department, who have people looking at this they will be doing this anyway so they're not really your target audience. It's the people who don't have those recourses where I think we need to perhaps engage more and make life a bit simpler for them." (LCC)

4.8.2 Avoiding stigmatisation and victim-blaming

As with the previous set of qualitative interviews, the question about communicating appropriate messages received a wide range of responses. The right language is essential – although there may be disagreements as to exactly what that is. Essentially, it has been said loudly and repeatedly that we must avoid stigmatisation (after all "people don't want to go to primary care to be told they are overweight" (OW)):

> "We also are trying to change this word around obesity to more, around a healthy weight. Because I feel like a lot of the programmes when it says oh, "If you are obese," you know register for this and it's there is a stigma attached isn't it so we were thinking of to try and change that and word it as, "If you would like to you know achieve a healthier weight," and try and use more positive terminology with some of the approaches." (LWS)

> "Because it's that balance, isn't it? Because you don't want people to be put off by having that label put on them but it's all about encouraging a healthy lifestyle and all about wellbeing." (JLR)

> "… you can't be body shaming, fat shaming, that type of thing so I can understand why some people would struggle to have them conversations." (JLR)

Most interviewees at one time described the sensitivity of framing the message.

> "And a lot of 'bariatrics' (sic) are also you know, it comes with a drinking problem as well, we find that, that's because the depression potentially. So, we do work there and we do work with partners around bariatrics, but you're right, it's that difficult conversation, when you go in and see someone who is overweight, you know, do you say, or obese, do you say, "Would you like to lose weight?", it's a really difficult conversation to get into." (MFRS)

And we must avoid any sense of 'parachuting' in easy fixes from outside or above. If there were easy solutions, we would have found them by now:

> " … it has to be reframed and I get very frustrated and I am happy to say this is that any healthy weight initiatives have to be co-designed with the people in their communities because there's been so much parachuting in of stuff for years and years and years and poverty initiatives too." (CWVA)

4.8.3 A trusted messenger

In addition to the language used, and the need to avoid stigmatising language, the messenger also needs to be trusted:

> "It's all about that connectivity and the reasons for people to come and they need to be persuaded by a trusted person in the local community." (CWVA)

This was also a continuing theme for the first part of insight work. People trust the people who advise them in their communities and not (sadly) many medical professionals who can be characterised as judgemental:

> " … because these community centres know the community. They know how to have the conversations. They know how to address the community, and the community trusts them and listens to them as well, where you think no one would listen to a doctor." (OW)

Does the person communicating the message need to 'look the part'?

> "So you know, again, it's kind of practicing what you preach really isn't it? You know, if you're overweight and you're talking to people about losing weight and eating healthy, doesn't fit with me. It's got to be someone who demonstrates and you know, shows that they're committed to that as well. And again, you know, might not have, I might not have said that exactly how I mean it, but it's kind of actually people will look at you and go, well if he can look like that, or she can look like that, than if I eat and exercise I can look like that as well. Leading by example is probably what I'm trying to say, you know." (MFRS)

4.8.5 Everyone has a part to play

It's already been very clear how important a role the VCFSE sector has in addressing overweight and obesity. Engaging with the community will always be fundamental:

> "I would be going along to a community group and saying, "We've seen the statistics around people who are overweight and obese, we also know this is correlated to cancer." If there was going, I think posing the question, "If there was going to be an initiative in this area to support people to become, have a healthier weight and to be healthier in general," I don't even know if we need to say the weight thing, I think, "To help people to be healthier, what would you want to see? What would you engage with? What would your friends engage with? And how would it look?" I'd start there, they've probably got the answers." (CWVA)

But there is also a role for the business community if the message to be communicated is made clear:

> "The health agenda anyway in the city region is quite high as you know given the city region does have problems with things around obesity. So politically I think there is a will for this, you know, for more work to be

done and through the business sector that's one way you can do it. Because most businesses appreciate how useful this is and they appreciate how important it is but actually don't necessarily see a role for them particularly when they're dealing with other day-to-day issues, whether it's inflation, salary inflation, recruitment, you know, all the day-to-day stuff. They don't necessarily see why it's their responsibility to make sure that their staff are fit and healthy. So some of the messaging I think needs to be clearer but I would say in the past 10 years there's definitely been a shift, a more positive shift towards employers recognising that they do need to take action in this area." (LCC)

Other organisations like the DWP may have a part to play:

"You know 200 years ago I guess in the 1840s, 50s or 160/70 years ago there were public health issues to do with the working people to do with poor sanitation and typhoid and cholera epidemics and society needed to do something about that with bringing in the appropriate drinking, clean drinking water and sanitation with the, with obviously the sewerage system and you know we've lived with that safeguarding for so long that actually now how do you use the Jobcentre network to promote the support that's available for public health issues in a way that is engaging and subtle." (DWP)

And continuing to use Make Every Contact Count (MECC) messaging in the NHS which also came up in the first stage of qualitative research:

"So the aim is to try and increase uptake so that staff who have had the training feel confident to then have those conversations with an individual if they mention something you know as an example, "I'm struggling a little bit with my weight or I'm not at the weight that I'd like to be," they're confident enough that they know what services are available across each of their areas." (LWS)

And, finally, a multi-agency approach to addressing overweight and obesity is essential:

> "So, I think there's loads of things in my mind that possibly you could look at and it just needs that kind of multi-agency approach of everyone buying into it." (MFRS)

5. Conclusions

This second phase of stakeholder insight work enabled an examination of some of the key themes described in the first phase report, and also provided an opportunity to discuss these themes in further detail with senior figures from local employers, community groups and wider public sector stakeholders.

It is clear that participants across this phase of the research recognised that the wider determinants of health play a major contributory part in the prevalence of overweight and obesity across Cheshire and Merseyside. Income will largely determine whether a person can afford healthy and nutritious food, whilst a person's home address will (largely) determine whether they can easily access fresh and nutritious foods.

A majority of interviewees also wanted to see a focus on young people with regarding solutions to overweight and obesity, and this funding will be discussed with colleagues from local authorities and with the Cheshire and Merseyside 'Beyond' transformation programme for children and young people that has a specific healthy weight and obesity workstream. There was also a consensus amongst stakeholders across all backgrounds to use and share data at sub-regional level to drive interventions more effectively.

Interviewees recognised the role their own organisations could play in addressing healthy weight, whether in the community or in the workplace, or through supporting the objectives of local public health teams. Finally, and perhaps most importantly, stakeholders also highlighted how communications about overweight and obesity had to be consistent and avoid victim-blaming and the use of stigmatising language and imagery.

6. Key findings and recommendations from the stakeholder insight work

This report closely follows the first process of stakeholder insight work which was undertaken in May and June of 2022 and reported on in July. The findings from both phases of qualitative research are similar across several themes. In addition to gaining stakeholders perspectives from a cross-section of organisations, the first year of the Cheshire and Merseyside Strategic Obesity Project has undertaken a significant public consultation exercise through focus groups and an online survey, and has worked with colleagues from Liverpool John Moores University to develop a new set of data producing correlation maps for obesity, cancer and deprivation across the sub-region.

These different strands of research and initial scoping work across 2022-23 will be used to inform priority areas and key objectives for future work undertaken as part of the Cheshire and Merseyside Cancer Strategic Obesity Project, with a programme plan for work across 2023-24 developed and submitted to commissioners at CMCA.

In terms of the stakeholder insight work, we present eight key recommendations below to help shape the direction of travel for the remainder of this project:

1. The language used in all communications must be appropriate, be person and community-centred, and avoid stigmatisation[1];
2. Project messages should be consistent, clear;
3. Population-based structural changes are required if we hope to have any impact in addressing overweight and obesity in Cheshire and Merseyside;
4. Low-income impacts on some people's access to fresh, healthy nutritious food and increases inequalities;
5. It is vital to work with community organisations; they are a trusted and experienced voice both in communicating and delivering services;

[1] Food Active has a Weight Stigma Resource Hub: https://foodactive.org.uk/weight-stigma-resource-hub/

6. Local employers and public sector stakeholders can, and also want to, play a part if their role is communicated clearly to them
7. Actions addressing the ‘obesogenic environment’ and commercial determinants of health need strong leadership across local authority structures
8. An upstream, preventative approach to addressing healthier weight has to be embedded across the system.

Appendix 1. Individuals were interviewed from the following organisations:

One Wirral (OW)
Cheshire and Warrington Local Enterprise Partnership (CWLEP)
Cheshire West Voluntary Action (CWVA)
Living Well Sefton (LWS)
Jaguar Land Rover (JLR)
Liverpool Chamber of Commerce (LCC)
Merseyside Fire & Rescue (MFR)
Department of Work and Pensions (Cheshire) (DWP)

Appendix 2. Interview guide

1. Are you aware of the levels of overweight and obesity in C&M? And what about levels across C&M in comparison to the England average?

2. Similarly, are you aware of the links between the risk of cancer and overweight and obesity? Is this something you have reflected on before?

3. 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).

4. 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).

5. Do you think it affects your organisation in any way? (Probe: e.g. levels of absenteeism, productivity, services provided).

6. How do you feel the prevalence of overweight and obesity may affect health inequalities?

7. Do you think your organisation can help address the issue? (Probe: e.g. support given to provide healthier affordable food and the promotion of active environments) and does any of your organisation's work currently directly address overweight and obesity in any way?

8. How can stakeholders across the C&M region work more closely to raise awareness of the health outcomes associated with overweight and obesity?

9. What type of stakeholders can play a role in this work? (Probe: traditional health and non-health stakeholders).