



Childhood Healthy Weight in Sandwell: Building a Healthier Future Director of Public Health Report 2024

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DPH Foreword

Sandwell is made up of six towns: Oldbury, Rowley Regis, Smethwick, Tipton, Wednesbury, and West Bromwich. The borough is home to people from all over the world, bringing with them diverse traditions, languages and cultures that enrich community life. Sandwell's residents are hardworking and dedicated, employed across a wide range of sectors including healthcare, manufacturing, retail, and public services. They are known for their strong sense of community, supporting one another and remaining hopeful even during difficult times.

Residents are rightly proud of Sandwell's rich industrial heritage and cultural diversity. These qualities have shaped a community that celebrates its unique identity while working collectively to improve the borough. However, Sandwell has also faced significant challenges in recent years. The Covid-19 pandemic, followed by the UK cost of living and energy crises, placed considerable strain on local communities. These events created new pressures, making it harder for families to afford food and energy, and increasing the risk of poor health outcomes and widening inequalities.

In response, Public Health developed programmes to strengthen health and wellbeing across the borough. The Better Mental Health programme addressed poor mental wellbeing, while partnerships with organisations such as Brushstrokes helped reduce inequalities experienced by new communities. The developing network of Family Hubs provided accessible support for children, young people, and families, offering a single place to access services and guidance. Work also continued to address substance use through multi-agency partnerships involving health, criminal justice and voluntary sectors.

Sandwell also benefited from the Commonwealth Games Legacy Plan, which provided opportunities to increase physical activity and wellbeing. The borough played a central role during the Games, and the lasting impact of the Sandwell Aquatics Centre, alongside strengthened grassroots connections, will support health and activity for years to come.

Through these combined efforts, Sandwell is shaping itself as a place where residents can live well and age well. Despite the challenges, the community continues to demonstrate resilience, hope and determination, striving together to build a healthier, fairer future for all.

Liann Brookes-Smith

Interim Director of Public Health 2024

Sandwell MBC



Cabinet member foreword.

As Cabinet Member for Public Health, I am proud to introduce this year's Director of Public Health Report, which shines a spotlight on one of the most pressing health issues affecting our borough, childhood obesity.

In Sandwell, we believe every child deserves the best start in life. But too many of our children are facing barriers to good health from an early age. This report tells a powerful and sometimes uncomfortable story — not only of rising rates of childhood obesity, but of the growing gap between our most and least advantaged communities. These trends are not inevitable. They are the result of environments, systems, and inequalities that we have a responsibility to change.

This report sets out the facts clearly. It also showcases the passion, partnership, and innovation that exist across Sandwell, from our Family Hubs and Choices programme to community-led work like Get Set, Go Friar Park. These are real examples of how we are investing in prevention, empowering families, and helping children move more, eat well, and live healthier lives.

As a council, we are committed to working with health partners, schools, and our vibrant voluntary sector to tackle this issue head-on. We will continue to champion action on the wider determinants of health; housing, income, food access, and education. We want to build a fairer, healthier borough for future generations.

I thank our Public Health team for their leadership and dedication, and I encourage all partners and residents to read this report, reflect on its findings, and join us in the collective effort to give every child in Sandwell the opportunity to thrive.

Councillor Jackie Taylor

Cabinet Member for Adult Social Care and Public Health

Sandwell Metropolitan Borough Council



Executive Summary

Unhealthy weight in childhood is a health challenge for Sandwell, the implications on long term wellbeing are far reaching. Children who are an unhealthy weight are more likely to be an unhealthy weight as adults, increasing their risk of developing diabetes, cardiovascular disease and poor mental wellbeing. Without change to the current patterns in unhealthy weight; the long term costs to health, wellbeing and society will be immense.

Sandwell has already taken important steps. Family Hubs provide early support, the Choices programme strengthens schools' approaches to healthy living, physical activity is promoted through Street Tag, Daily Mile and cycling schemes, a pitches strategy for sports and community-led projects such as Get Set Go demonstrate the power of local co-production. However, gaps remain and many local environments do not enable healthy lifestyles.

The Local Picture

In 2023–2024, 73.5% of children in Reception in Sandwell were a healthy weight. This is slightly below the national figure of 76.8%, a difference of 3.3 percentage points. By Year 6, the proportion of children at a healthy weight in Sandwell falls to 53.0%, which is 9.5 percentage points lower than the national average of 62.5%. A growing number of children are also underweight creating a dual challenge.

Recommendations.

- 1) System governance and accountability
- 2) First 1001 days and family hubs
- 3) Whole school and college approach
- 4) Healthy food environments
- 5) Active places and everyday movement
- 6) Targeted weight management and clinical pathways

A Call to Action

Improving healthy weight in childhood is not just a health issue. It is a collective responsibility that requires action across the whole system from schools and planning to leisure, housing, and community groups. This report calls on all partners and decision-makers to align efforts, sustain momentum, and ensure that Sandwell becomes a place where all children have the opportunity to grow up healthy, active and well.

Glossary

Body Mass Index (BMI): A measure that uses a person's weight and height to calulate if they are a healthy weight.

Co-morbidities: The presence of one or more additional health conditions occurring alongside a primary condition, such as diabetes and hypertension.

Family Hubs: Local centres offering support services to families, including health, parenting, early years, and community support in one place.

Fast Food Outlet Density: A measure of how many fast food restaurants located in a specific area, used to assess the food environment and its impact on diet.

Health Inequalities: Differences in health outcomes and access to health services between different groups in society, often linked to social, economic, or environmental disadvantages.

Health, Exercise, Nutrition for the Really Young (HENRY) or Nutrition and Physical Activity Self-Assessment for Child Care – UK (NAP SACC UK) that combine nutrition, activity, and behaviour change skills. Family programmes to improve knowledge of healthy lifestyle.

High in Fat, Salt and or Sugar (HFSS): Foods which are high in Fat, Salt or Sugar, above recommended levels.

Holiday Activity and Food (HAF): A national government initiative in England, funded by the Department for Education (DfE). It was introduced to address concerns about "holiday hunger" and the lack of structured activities for children during school holidays

Moderate to Vigorous Physical Activity (MVPA): Activity that increases heart rate and breathing, such as brisk walking, running, or cycling. Children should do at least 60 minutes per day.

National Child Measurement Programme (NCMP): Established in 2005, this programme measures the height and weight of children in Reception Year (aged 4–5 years) and Year 6 (aged 10–11 years) to assess the proportions of children of a healthy weight nationally.

Office for Health Improvement and Disparities (OHID): Part of the UK Department of Health and Social Care (DHSC). Established in 2021, to take forward health improvement functions to reduce health inequalities and improve the nation's health and wellbeing.

OHID Fingertips: a public health data platform that provides open access to a wide range of health and wellbeing indicators for England

Type 2 Diabetes: A chronic condition that affects how the body regulates blood sugar. Linked to lifestyle factors and weight.

Tier 2 Weight Management: A structured programme providing support for people who are overweight or obese, focusing on diet, physical activity, and behaviour change.

Waist Circumference: A measurement around the waist used to assess abdominal fat which is associated health risks, this is for cardiovascular disease and type 2 diabetes.

World Health Organisation (WHO): World Health Organization (WHO) is the United Nations' specialised agency for international public health. Founded in 1948 to "promote health, keep the world safe, and serve the vulnerable".

Context: Our Place, Our People

Our place

Sandwell is located within the heart of the West Midlands, comprising the six towns: Oldbury, Rowley Regis, Smethwick, Tipton, Wednesbury, and West Bromwich. Sandwell is part of the Black Country, which includes Dudley, Walsall and Wolverhampton.

Sandwell has a proud industrial heritage: The local economy grew from its natural resources based on rich coal and ironstone reserves, experiencing major industrial growth following the development of the canal network during the 18th century.

Local Economy: In Sandwell the population is now estimated to be approximated 347,000 (23/24) with 9,000+ businesses. Sandwell is home to a large number of manufacturing and Steel & Alloy Industries. The borough benefits from open spaces, six interconnected towns including a tradition of locally focused small businesses.



Connected Place: Sandwell has a unique position within the region of being 'landlocked' by other urban local authority areas, bordering with Birmingham, Wolverhampton, Dudley and Walsall, and with five motorway junctions, extensive canal network and 12 railways stations, provide a great network for getting about.

Green Spaces: Despite the industrial and post-industrial environment and the challenges this brings, the borough has a wealth of parks and green spaces and has achieved 16 prestigious Green Flag awards. Our parks and green spaces provide a great opportunity for people to increase physical activity and move more with a positive impact on their health.

Our People

Increasing population: From census data in 2011 and 2021 the population of Sandwell increased by 11.0% over the last decade, from 308,100 in 2011 to 341,900 in 2021, almost double the national increase for England (6.6%)

Young population: Approximately a quarter of residents (27%, 93,200 people) are children and young people aged under 19, giving Sandwell a younger profile than much of England. The population is growing, driven by migration and higher birth rates. This high population growth reflects more rapid growth among children and working age adults.

Diverse population: Our communities are increasingly ethnically diverse, providing a rich and vibrant range of cultural and adding a wealth of languages spoken in Sandwell.

Deprivation: The number of localities in the worst 1% nationally has noticeably dropped but overall Sandwell remains the 12th most deprived English Local Authority. This is shown in measures around low skill, poor educational attainment leading to labour market exclusion, child and family poverty, poor health and life expectancy.

What is obesity?

Unhealthy weight happens when a person eats more energy (calories) than they use. The extra energy is stored as fat. Over time, if this is not balanced, more fat builds up and it can start to harm a person's health. Initially a person will become overweight, then obese and then move onto being very or severely obese.

Measuring unhealthy weight in adults

The most common way to check if someone is a healthy weight is the Body Mass Index (BMI), however Waist size (waist circumference) is also used as this is an indicator of where the body holds its fat. BMI is worked out by dividing a person's weight (in kilograms) by their height (in metres) squared (multiplied by itself). For example, if someone is 1.7 metres tall and weighs 70 kg, their BMI is $70 \div (1.7 \times 1.7) = 24 \text{ BMI}$.

The BMI categories are:

Underweight: less than 20
Healthy weight: 20 to 25
Overweight: 25 to 30
Obese: 30 to 40

Very obese: over 40

Measuring unhealthy weight in children.

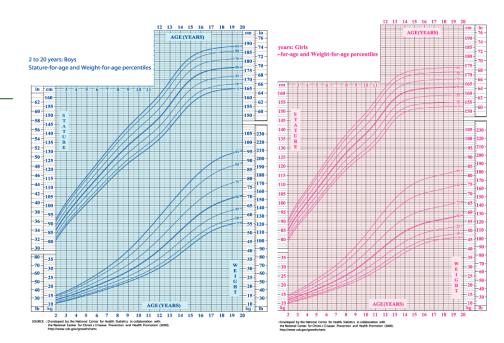
BMI is not calculated the same way for children, the U.S. National Centre for Statistics created height and weight charts by age. Although updated in 2007, the basic information has stayed the same since 1990.

These charts are not perfect. Children grow at different rates, some may be tall or short for their age. This means some children may be classed as overweight or underweight even if they are healthy. Due to ensuring the right action, only a child classed as obese is supported, which is more reliable.

To use the chart, a child's age and weight are marked, and then a line shows which percentile they are in. This helps doctors decide whether the child's weight is healthy. The chart categories are:

- Underweight: Below the 5th percentile
- Healthy weight: 5th to less than 85th percentile
- Overweight: 85th to less than 95th percentile
- Obese: 95th percentile or higher

Figure 1: Calculating healthy weight in children.



Why is healthy weight important

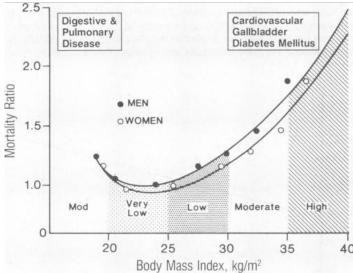
Research has shown that as BMI increases, so does the risk of harm from health problems such as; Type 2 diabetes, high blood pressure, heart disease and stroke, breathing problems (like sleep apnoea), cancers, joint pain, arthritis, fertility issues, liver and bladder problems. Being underweight can also be risky. People with very low weight are more likely to have problems with their lungs or digestive system, and this can also lead to a higher risk of illness.

For children, being overweight can affect their confidence and long-term mental wellbeing. Around 80% of obese children aged 10 to 14 will stay obese as adults. This puts them at risk of serious health problems later in life. Helping children reach a healthy weight can stop problems like diabetes, heart disease. These problems can reduce quality of life and shorten life expectancy.

Type 2 Diabetes

Obesity is a major cause of type 2 diabetes because the excess body fat makes the body less sensitive to insulin, which is important for removing blood sugar from what we eat. Initially the body fails to manage glucose, called Impaired Glucose Tolerance, but eventually this can lead to type 2 diabetes, whereby the body isn't able to remove the blood sugar at all. This excess sugar in the body can damage to blood vessels which are particularly vulnerable in the nerves, the kidneys and the eyes. Losing even a small amount of weight helps the body process blood sugar.

Figure 2: Display of increase in risk with BMI



Research into obese children have found that 25% of 2-10year olds and 21 % of 11-18 year olds have Impaired Glucose Tolerance; 4% of 11-18 year olds had type 2 diabetes. In a U.S. referral clinic, nearly one-third of children with Impaired Glucose Tolerance developed type 2 diabetes within 2 years. This outcome can be prevented with weight loss, exercise, and sometimes medicine. Losing just 5% of body weight can help a lot.

High Blood Pressure, Heart Disease and Stroke

Being overweight greatly increases the risk of high blood pressure, heart disease and stroke due to the body needing more blood supply which puts pressure on artery walls and reducing kidney function. Risk of these conditions linked to weight is 2-3 times higher risk for those obese over those of a healthy weight.

National strategy and policy context.

More people are becoming overweight or obese, In England, about two out of every three adults in England are either overweight or obese.

Between 1994 and 2023, the number of overweight people rose from 38% to 64%. The number of people who are obese also increased from 16% to 26.2%. Obesity costs our country economy money. This is because people with obesity are more likely to take time off work, claim sickness or disability benefits, they are more likely to need more NHS treatment, and die earlier from preventable conditions. To tackle unhealthy weight there has been a number of national polices to address this, the timeline is as follow:

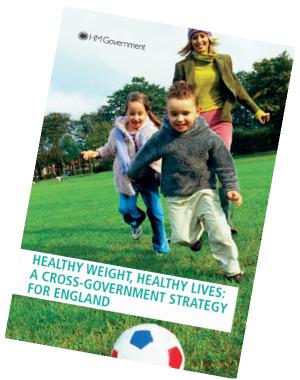
- 2008: The Government published 'Healthy Weight, Healthy Lives: A Cross-Government Strategy for England" in January 2008, detailing how £372 million was to be used to enable everyone nationally to maintain a healthy weight.
- In 2010 healthy lives healthy people was released
- 2015: Baseline data for sugar reduction programs was established, with assessments to determine if sufficient progress was being made by 2018 and 2020.
- 2016: "Childhood Obesity: a plan for action" was published, aiming to reduce the prevalence of childhood obesity and address health inequalities.
- 2018: "Childhood Obesity: a plan for action: Chapter 2" was published.
- 2020: The Government published "Tackling obesity: empowering adults and children to live healthier lives," including calorie labelling for large out-of-home businesses.
- 2021: Calorie Labelling Regulations were introduced, requiring large businesses to display calorie information for non-prepacked food and soft drinks.
- 2022: Legislation restricting TV and online advertising of High Fat, Sugar or Salt (HFSS) products was passed
- 2025: Restrictions on volume price promotions and High Fat, Sugar or Salt (HFSS) advertising are planned to be implemented.
- 2025: NICE guidance NG246 which compiled and updated all previous guidance on overweight and obesity management.

Yet despite the national attention, the strategies and direction the direction of obesity in England continues to increase year on year.

Areas of prevention

The main areas of prevention for tackling obesity are:

- Individuals who are not currently obese but are at risk of becoming obese
- Individuals who are currently obese but do not currently suffer from any co-morbidities related to being obese
- Individuals who are currently obese and are suffering from co-morbidities of being obese.



National Programme to measure weight in children

The Department of Health set a target to stop the rise in unhealth weight in children under 11 by the year 2010. This was part of a wider plan to tackle unhealthy weight across the whole population. Later, in the 2019 NHS Long Term Plan, the goal was to cut unhealthy weight in childhood by half and reduce the difference in obesity rates between children from rich and poor areas by 2030.

The national government at the time set up the National Child Measurement Programme (NCMP) in 2005. This is run by the Department of Health and the Department for Children, Schools and Families. The programme weighs and measures children in Reception (age 4 to 5) and again in Year 6 (age 10 to 11) to check how many are a healthy weight and unhealthy weight.

The NCMP also aims to help families and health professionals understand more about children's weight. Parents of children with obesity are offered their child's results and if needed, support how to bring their child into a healthy range.

National data shows that the number of children with a healthy weight reduced between Reception and Year 6. Each year, the trend gets worse. More children are being classed as obese, not just overweight. Even though the children measured in Reception and Year 6 are not the same children, the pattern shows ongoing risks.

From reception age, if a child eats just one packet of crisps more than their body needs every day, they will slowly gain weight. If this continues for several years, that child is likely to be heavier by the time they reach Year 6.

At age 4 or 5, children rely fully on their parents or carers to provide food. This means schools or health services may have little influence on their diet at that early stage unless there is a direct intervention with the parent. If no changes are made, a child who is overweight at age 4 or 5 is very likely to stay that way or become more overweight as they grow up.

Tackling unhealthy weight in early childhood must focus on supporting parents and carers to make healthy food choices for their children. Without this, the pattern of rising unhealthy weight is likely to continue.



What causes unhealthy weight?

Being an unhealthy weight is a complicated problem. It is not just about eating too much or not exercising enough. Many different things affect whether a person becomes overweight, including their body, their behaviour, their surroundings, and the society they live in. In 2009, the UK Government's Foresight Report explained that unhealthy weight is the result of lots of things working together in a complex system. It is not only down to personal choice. At the heart of unhealthy weight is an imbalance between the calories a person eats and the energy they use. But many things can cause this imbalance.

- Where people live can make a big difference. If it is hard to find healthy food or places to be active including safety in these settings, people may find it difficult to stay at a healthy weight. Junk food is also easy to buy and often heavily advertised.
- A person's body also plays a role. Genetics, hormones, medicines, and how someone's body burns energy (metabolism) can all affect their weight. A baby's health can also be affected by their mother's weight and nutrition during pregnancy.
- Feelings and mental health also matter. Even when people want to be healthier, things like stress, low mood, poor body image, or habits from childhood can get in the way. People may feel stuck, wanting to change but also finding comfort in old routines.
- Family and friends also have an influence. If someone's social circle eats unhealthy food or large portions, it can be hard to make different choices.
- Money and time are important too. People on lower incomes may not afford or have access to healthy food or places to exercise.
 They may work long hours and rely on cheaper, quick meals because they don't have the time or energy to cook.
- Some people may also not know what a healthy diet looks like, or how to make healthy meals. They might not feel confident getting
 active or making long-term changes.

Most people living with unhealthy weight are affected by more than one of these issues. For example, someone may feel stressed, not know what food to choose, and also struggle to afford healthier options.

These challenges are more common in poorer communities, where people face more barriers to staying healthy.

To tackle unhealthy weight, we need a wide approach that supports individuals, families, and communities across all stages of life. This means making it easier for everyone to make healthy choices and helping them to stick with those choices over time.

Psychological Ambivalence Demand for Indulgence/ Compensation Food Exposure Desire to Resolve Tendency Tension to Graze Food Abundance Conscious Control of Accumulation De-skilling Degree of Physical Education Convenience of Food Level of Offerings Recreational Activity Food Variety Tendency to Effort to Level of Importance of Preserve Acquire Domestic **Physical Need** Energy Energy Activity Alcoho ×4441 Consumption Level of Strength of Occupational **ENERGY** Activity Palatability Accumulate **BALANCE** of Food Offerings Level of Transport Activity **Energy-Density** of Food Level of Available Functional Offerings Fitness Energy Portion Size NEAT Non-Volitional Rate of Activity Eating Degree of Primary Appetite Level of

Figure 3. simplified Foresight report system map.

Source: Modified version of Foresight report 2009.

Physical activity in children and young people

Physical activity plays a key role in helping children achieve and maintain a healthy weight. It benefits the body in multiple ways and is supported by strong evidence from national and international health organisations.

Burning Energy (Calories): When children are physically active such as playing, running, swimming, or dancing this uses energy. This energy comes from the food they eat. If they consistently consume more energy (calories) than they use, the body stores the excess energy as fat. Regular physical activity helps to balance this by increasing the amount of energy used, reducing the risk of excess weight gain.

The World Health Organization (WHO) and the UK Chief Medical Officers recommend that children and young people aged 5–18 engage in at least 60 minutes of Moderate to Vigorous Physical Activity MVPA) every day. Research has consistently shown that physically active children are less likely to become overweight or obese (WHO, 2020).

Building Muscles and Bones: Physical activity helps develop strong muscles and bones. Children with more muscle mass tend to have higher metabolic rates, meaning they burn more calories even when at rest. Studies have found that children who regularly participate in physical activity have better muscle and bone health, which supports long-term weight maintenance and reduces the risk of unhealthy weight and associated health conditions (Public Health England, 2019).

Reducing Sedentary Behaviour: Physical activity naturally reduces time spent in sedentary behaviours, such as watching TV or playing video games. High levels of sedentary activity are linked to increased risk of unhealthy weight in children. The National Institute for Health and Care Excellence (NICE) recommend limiting screen time and encouraging active play as part of a healthy lifestyle. Evidence shows that reducing sedentary time and increasing active time significantly lowers the risk of becoming overweight.

Physical activity levels in children increased from 2017/18 until 2020/21, From 2021/22 physical activity appears to have reduced which is likely linked to the COVID pandemic in 2020-2022. Data for 23/24 is not yet available to see if this trend continues.

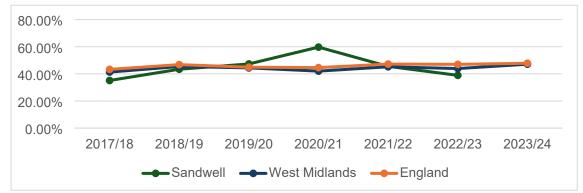


Figure 4. Percentage of physically active children and young people

Source: Healthy lifestyles survey data 2017-2023 (Sandwell data unavailable for 2023/24)

Pre-Conception healthy weight

Being a healthy weight before getting pregnant is important for both mum and baby. A healthy BMI is associated with reduced risks of complications such as gestational diabetes, pre-eclampsia, miscarriage, and the need for caesarean delivery. For the baby, it contributes to a lower likelihood of preterm birth, the risk that the child will be large for gestational age and childhood obesity.

Evidence consistently shows that children born to mothers with high BMI are significantly more likely to be overweight or obese by school age, a trend that can carry on into adulthood. This creates a concerning intergenerational cycle of poor health, particularly in areas of deprivation where maternal obesity rates tend to be higher.

Beyond the immediate physical health outcomes, a healthy BMI prior to pregnancy can also set a positive foundation for long-term family dynamics. Whereby a family establishes healthier eating patterns, activity levels, and emotional wellbeing across the household. In this way, supporting women to achieve a healthy BMI before pregnancy is not only a matter of individual care, it

could also impact the family.

NHS Maternity Services Monthly Statistics (2023) and Maternity Services Dataset (MSDS) show:

- Around 1 in 5 pregnant women (20%) are classified as obese (BMI 30 or above) at the time of their booking appointment (usually before 10–12 weeks of pregnancy).
- Another 30–35% fall into the overweight category (BMI 25–29.9).

OHID previously reported:

- The prevalence of maternal obesity has increased over the last decade, with older mothers and those in more deprived areas more likely to have a higher BMI.
- Black and South Asian women also show higher rates of obesity in pregnancy, reflecting wider health inequalities.

Women who are overweight or obese as they become pregnant are at higher risk of complications during pregnancy, Sandwell is an area with a high infant mortality rate this is of high concern for Public Health.

The patterns, habits and routines of families are often impacted by that of the mother, as such instilling health promoting diet and good levels of physical activity can be beneficial to the whole family reducing the likelihood of children being of an unhealthy weight and this continuing into adulthood.

Impact on the first 1001 days

The first 1001 days from conception to a child's second birthday represent a critical window for shaping lifelong health and development. During this period, maternal health and early life exposures play a pivotal role in influencing a child's growth trajectory, including their risk of becoming an unhealthy weight.

There is no desire to report information on unhealthy weight in babies under two locally or nationally, a pattern can be inferred from the extent of the issue in reception-year data (age 4–5) collected through the National Child Measurement Programme (NCMP), whereby 24.2% of Reception-aged children are already overweight or living with obesity.

Evidence suggests that weaning practices also have an impact on this period of life, however the levels of this in Sandwell are difficult to quantify. Feeding infants too much formula or introducing solids before 4–6 month has been linked to rapid weight gain in the first year of life, which increases the risk of unhealthy weight.

Ensuring babies and toddlers have a healthy start includes:

- Supporting women to reach a healthy weight before and during pregnancy.
- Promoting breastfeeding, which is associated with a lower risk of obesity.
- Encouraging responsive feeding, healthy weaning practices, and age-appropriate nutrition.
- Embedding movement and physical activity from infancy, including tummy time, play, and opportunities to develop motor skills.

Physical activity in the early years lays the foundation for healthy growth, brain development, and future engagement in active lifestyles. The environments children grow up in including home routines, community spaces, and early education settings must support this from the very beginning.

The high levels of overweight and obesity observed by Reception year in Sandwell underscore the urgent need for upstream intervention in the first 1001 days. By addressing maternal obesity and supporting early life health behaviours, outcomes can improve for individual children and for future generations across the borough.

The Impact of Fast Food Outlet Density on Children's Weight

The availability and accessibility of fast food plays a significant role in shaping dietary behaviours and can directly affect children's risk of being an unhealthy weight. One of the key factors is the density of fast food outlets; how many are present in a given area, particularly near homes and schools.

Increased Access Leads to Higher Consumption: Research published by Public Health England (2018) found that children who live in areas with a high density of fast food outlets are more likely to be overweight or obese. The study concluded that increased access to unhealthy food options correlates with poorer diet quality and higher energy intake among children. A higher concentration of fast food outlets increases the likelihood that children and families will consume calorie-dense, nutrient-poor foods more frequently. Fast food is often high in fats, sugars, and salt, and tends to be served in large portion sizes, all of which contribute to excess calorie intake.

Proximity to Schools and Daily Routines: Children who attend schools near fast food outlets are exposed to unhealthy food choices on a daily basis. These outlets often become regular stops before or after school, increasing the frequency of fast food consumption. A study in the British Medical Journal (BMJ) found that children who attended schools within 400 metres of a fast food outlet had a higher risk of unhealthy weight compared to those with no nearby outlets. The presence of these outlets was significantly associated with increased body mass index (BMI) in school-aged children.

Influence on Food Preferences and Habits: Frequent exposure to fast food environments can normalise unhealthy eating habits, particularly among younger children who are still developing their food preferences.

Marketing strategies: Low prices and attractive packaging, further encourage regular consumption.

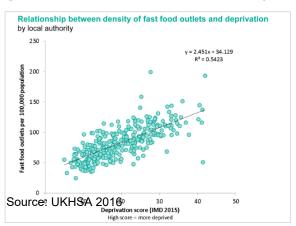
Although Public Health are working hard to push messages around health promoting diet, the environment in which families and communities live, contains highly processed, high calorific, high fat foods which can be bought at convenience. There is a relationship between the density of fast food outlets and unhealthy weight which cannot be ignored.

Figure 5. Fast food outlets per 100,000 population 2024

Area ≜♥	Count ≜♥	Value ≜♥	
England	66,891	115.9	
West Midlands region (statistical)	6,896	113.3	н
Stoke-on-Trent	375	142.5	-
Sandwell	473	136.1	-
Birmingham	1,586	136.0	-
Walsall	389	134.7	_
Dudley	438	134.1	_
Wolverhampton	360	132.1	_
Coventry	449	124.5	I
Telford and Whekin	190	99.0	
Worcestershire	603	98.2	-
Staffordshire	879	97.8	Η.
Warwickshire	565	91.5	-
Shropshire	283	86.0	-
Solihuli	175	80.0	-
Herefordshire	131	69.0	-

Figure 6. Pattern of Fast food outlets by deprivation

Source: OHID, based on Food Standards Agency data



Playing Pitch and Outdoor Sport Assessment – Sandwell

Sandwell Council commissioned an assessment of the boroughs playing pitches in October 2022. This assessment looked at the current situation regarding outdoor sport in Sandwell. It covered football, cricket, rugby, hockey, tennis, bowls, cycling, athletics, golf, water sports and other pitch based games. It showed what facilities exist, their quality and how they are used.

Positives

- Range of sports: Sandwell offers a wide mix of sports, from football and cricket to cycling, athletics and bowls. This shows there is something for everyone.
- Strong participation: Many people take part in athletics, cycling, tennis and bowls, and football remains very popular for both children
 and adults.
- Community assets: Key parks and playing fields are at the heart of neighbourhoods and are used for both formal matches and informal play.
- New investment: Funding has been secured to improve sites like Britannia Park and West Smethwick Park, with plans for better pitches and new facilities. The Sandwell Aquatics Centre is also adding new provision.
- Club ambition: Local clubs are active in developing more teams, including girls and women's football, and are keen to grow if the right facilities are in place.
- Regional role: Some demand comes in from neighbouring areas, showing that Sandwell facilities can attract wider use.

Key issues

- Many pitches are poor or only standard quality, with drainage and maintenance problems.
- Youth football teams often need to use adult pitches.
- There is a shortage of artificial 3G pitches for training.
- Changing rooms and toilets at many sites are in poor condition.
- Growth in housing and population will add pressure on existing facilities.

Public health impact

The positives show that sport is already valued in Sandwell and has a strong base to build on. Good facilities help people be active, enjoy sport, and connect with others. Improving quality and planning for the future will protect these gains and support health and wellbeing for all ages.



Football pitches

At the time of the audit, it identified a total of 171 grass football pitches within Sandwell across 70 sites, with 139 pitches available to all, at some level, for community use across 48 sites. The other pitches are located at school sites

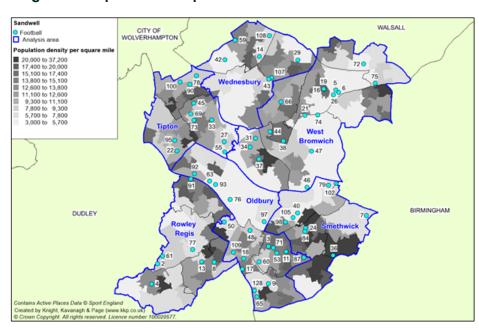
The distribution of the community available pitches is shown in the table 1. The Oldbury and West Bromwich areas contain over half of the community available provision with 46 and 38 pitches, respectively. The remaining provision is relatively evenly across the remaining areas, with 15 pitches in each of the Rowley Regis and Smethwick analysis areas, 14 in the Wednesbury Analysis Area and 11 in the Tipton Analysis Area.

Adult pitches are the most common (86) whilst mini 5v5 pitches are the least (seven).

Table 1: Summary of grass football pitches available to the community

Analysis area	No. of pitches available for community use					
	Adult	Youth 11v11	Youth 9v9	Mini 7v7	Mini 5v5	Total
Oldbury	28	4	6	3	5	46
Rowley Regis	6	1	2	4	2	15
Smethwick	12	1	1	1	0	15
Tipton	5	2	2	2	0	11
Wednesbury	9	2	3	0	0	14
West Bromwich	26	3	7	2	0	38
Sandwell	86	13	21	12	7	139

Figure 7. map of football pitches across Sandwell



Football is the most popular sport in Sandwell, with 171 pitches it provides many children and adults with a chance to be active, social and healthy. However, most pitches are poor or only standard quality and there is a shortage of youth and 3G facilities, which limits opportunities for young people to play safely and develop healthy habits for life.

Cricket, Rugby, Tennis, Bowls.

Cricket: Sandwell has 21 cricket squares which provide opportunities for both junior and adult teams. The sport is popular in many communities and clubs are active. It was reported in the assessment that many pitches have drainage problems and limited capacity. Clubs report difficulty meeting demand, and investment is needed to maintain growth.

Rugby Union: There are 11 rugby union pitches which support a small but committed group of clubs and players. Again it was assessed that these were often poor quality with drainage issues. There are no rugby league or Gaelic football pitches in Sandwell, so players must travel outside the borough.

Hockey: Hockey clubs make use of artificial pitches, which allow year round play, again, provision is limited and clubs rely on school or shared sites, with variable access and quality.

Tennis: The assessment reports Sandwell has 16 tennis clubs with around 70 courts in total, offering good community access. Tennis is well supported through clubs and coaching. However, the quality of courts and access vary, some sites need upgrades to surfaces and floodlights.

Bowls: There are 45 bowling greens across the borough, showing strong tradition and participation in this sport, but some greens and pavilions are ageing and require investment to keep them usable.

Athletics: The athletics track at Tipton Sports Academy provides a high quality base for training and competition, however there is only one track in the borough, limiting opportunities for wider participation.

Public Health Impact

Sport and physical activity bring wide benefits by reducing unhealthy weight, improving mental health and helping communities come together. Sandwell already has a strong base of clubs and facilities, but many sites need improvement. Protecting pitches, raising quality, and planning for future demand will ensure that everyone has the chance to be active.



Leisure Assets in Sandwell

Sandwell has many leisure facilities that help people stay active and healthy. These include leisure centres, swimming pools, parks, and community venues. They are found across all six towns, offering sport, exercise, cultural activities, and places to meet.

List of Leisure Centres in Sandwell

- Sandwell Aquatics Centre in Smethwick a high quality swimming venue built for the Commonwealth Games with Olympic-size and diving pools
- Tipton Leisure Centre in Tipton offers two pools, gym, dance and fitness studio, and lessons
- Portway Lifestyle Centre in Oldbury includes sports hall, hydrotherapy pool, accessible gym, climbing wall, and 3G outdoor pitch
- Wednesbury Leisure Centre in Wednesbury has gym, pool classes, fitness classes, and plenty of free parking
- Haden Hill Leisure Centre in Cradley Heath Confirmed as a full rebuild commencing 2026
- Tipton Sports Academy in Tipton a multi-purpose stadium with running track, football pitch, and indoor tennis courts
- West Bromwich Leisure Centre in West Bromwich includes swimming pools, gym, sports hall, studios, soft play, sauna, steam room, and café
- Harry Mitchell Leisure Centre and Hadley Stadium future operations under review

Positives

- Wide coverage: Facilities are located across all towns so most people live near a centre.
- Varied offerings: Centres offer pools, gyms, sports halls, dance studios, outdoor pitches, and more for different tastes.
- **High quality venues**: The Sandwell Aquatics Centre is a major new venue built for the 2022 Commonwealth Games, all centres are modern.
- Good access: Many centres include accessible features and free parking.
- Inclusive design: Portway Lifestyle Centre is a centre of excellence for people with disabilities

Public health impact

Leisure centres are vital for helping people stay healthy in mind and body. They support exercise, social contact, skill learning, and fun. With a strong network of centres and the Aquatics Centre as a flagship, Sandwell has good foundations. To support all ages and abilities, ongoing care and planning are important.

Prevalence and Incidence internationally.

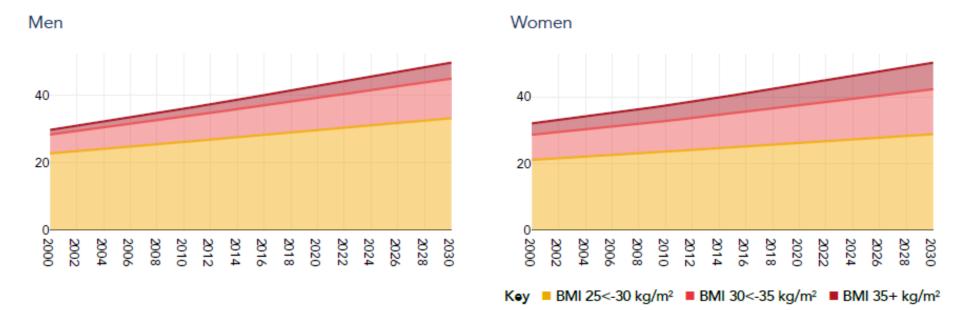
Obesity is increasing around the world, but the problem is especially noticeable in countries like the USA and England. It has become a major health concern for many nations. In 1997, the World Health Organization (WHO) officially declared obesity a global epidemic. This means they recognised it as a serious and growing health issue affecting many people worldwide.

Despite this warning, rates of obesity have continued to rise. The number of people who are overweight or obese has not gone down, in fact, it has continued to grow in most parts of the world, figure 8.

This ongoing rise shows that efforts so far have not been enough to stop the problem. Obesity is now one of the biggest public health challenges of our time, with long-term effects on people's health, life expectancy, and healthcare systems.

Tackling this issue requires strong action from governments, communities, and individuals to help make healthy living easier and more accessible for everyone.

Figure 8: Percentages of men and women (aged 20+) living with high BMI, 2000-2030



Source: NCD-RisC (2024) and World Obesity Federation projections

Child weight in Sandwell

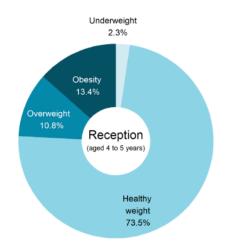
Sandwell joined the National Child Measurement Programme (NCMP) in 2007 and has continued measuring children in Reception and year 6, every year except for during the COVID pandemic in 2020/2021.

In 2023–2024, 73.5% of children in Reception in Sandwell were a healthy weight. This is slightly below the national figure of 76.8%, a difference of 3.3 percentage points. By Year 6, the proportion of children at a healthy weight in Sandwell falls to 53.0%, which is 9.5 percentage points lower than the national average of 62.5%.

Figure 9. BMI breakdown in children in Sandwell 2023/24

BMI status of children by age in Sandwell

National Child Measurement Programme 2023 to 2024



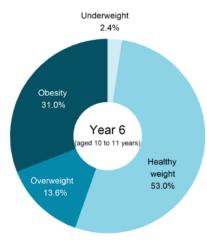


Figure 10. Prevalence of overweight and obesity in children in Sandwell 2023/24

In 2023 to 2024, 24.2% of children in reception (aged 4 to 5 years) were overweight or living with obesity



In 2023 to 2024, 44.6% of children in year 6 (aged 10 to 11 years) were overweight or living with obesity



Trend over time

The NCMP programme has been running for 18 years in Sandwell, which means that the children who were measured in Reception in 2007/2008 would be in Year 6 for the academic year 2013/24. From that year onwards it is possible to track the same children.

A group weighed in 2007/2008 in reception and again in year 6 in 2013/14, with the trend continuing, figure 11. The proportion of children who are a healthy weight in reception, compared to year 6 weights, had a lower proportion of healthy weight than regional and national. In a class of children in reception, the number of children who are a healthy weight reduces by a third once they reach year 6, with the gap between reception and year 6 healthy weight widening as the years move to group 11.

90.00% 80.00% 70.00% 60.00% 50.00% 40.00% 30.00% 20.00% 10.00% 0.00% Group 2 Group 3 Group 4 Group 5 Group 6 Group 9 Group 10 Group 11 Group 1 Group 7 Group 8 Reception Sandwell ■Year 6 Sandwell Reception West Midlands Year 6 West Midlands Reception England Year 6 England

Figure 11: Proportion of children of a healthy weight in cohorts from 2007-2024

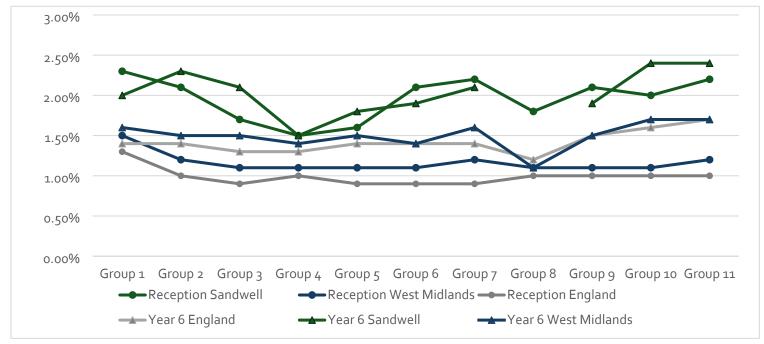
Source: National Child Measurement Programme data.

Underweight children

In sandwell there is the dual picture. Although Sandwell has a high proportion of children who are overweight and obese, there is also a high proportion of children who are underweight, this has also increases gradually in sandwell since the start of the NCMP.

When comparing the cohorts of children who were measured in 2007/8 and again in year 6 in 2013/14, this shows that the number of children underweight has increased overtime and the there a slightly more children who are underweight in each year group 2023/24 compared to their weight in reception.

Figure 12: Proportion of children underweight in cohorts from 2007-2024



Source: National Child Measurement Programme data.

Sandwell by ward and town.

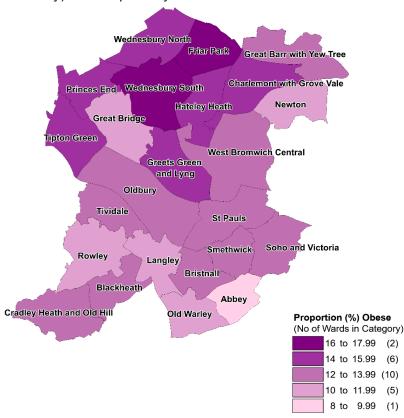
Reception age children – areas of focus.

The national average of children who are obese (including severely obese) is 9.6% in Sandwell this is 13.4% across the borough. There are areas of Sandwell with highest proportions of children obese and severely obese. Sandwell has 18 wards statistically worse than England and one ward, Abbey which is statistically better. All wards, except for Abbey are statistically similar to Sandwell average, table 2.

Table 2: Reception Obesity ranked from worst Ward 2021/22 - 23/24

Rank	Ward	Town	Percent
1	Friar Park	Wednesbury	16.7%
2	Wednesbury South	Wednesbury	16.3%
3	Tipton Green	Tipton	15.8%
4	Greets Green and Lyng	West Bromwich	14.4%
5	Princes End	Tipton	14.4%
6	Charlemont with Grove Vale	West Bromwich	14.3%
7	Hateley Heath	West Bromwich	14.3%
8	Wednesbury North	Wednesbury	14.1%
9	Soho and Victoria	Smethwick	13.8%
10	Smethwick	Smethwick	13.7%
11	St Paul's	Smethwick	13.5%
12	Tividale	Oldbury	13.5%
13	West Bromwich Central	West Bromwich	13.1%
14	Oldbury	Oldbury	13.0%
15	Blackheath	Rowley Regis	12.9%
16	Bristnall	Oldbury	12.9%
17	Cradley Heath and Old Hill	Rowley Regis	12.3%
18	Great Barr with Yew Tree	West Bromwich	12.1%
19	Newton	West Bromwich	11.9%
20	Langley	Oldbury	11.8%
21	Rowley	Rowley Regis	11.7%
22	Great Bridge	Tipton	11.6%
23	Old Warley	Oldbury	10.8%
24	Abbey	Smethwick	9.3%

Figure 13: Proportion (%) Obese (Including Severe Obesity) in Reception by Ward 2021/22 - 23/24

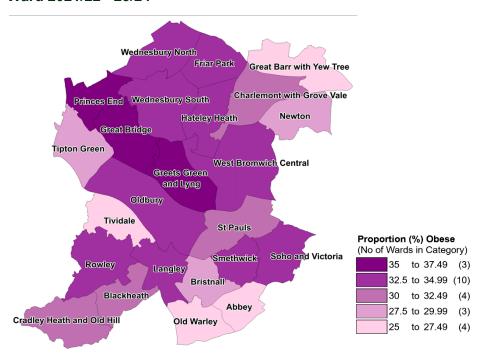


Source: Office for Health Improvement and Disparities Public health profiles 2025 © Crown copyright 2025 accessed 17.01.25 * Average number of pupils in a year as the available data is for three years

Year 6 children - areas of focus.

The national average of children who are obese (including severely obese) is 22.1%, in Sandwell this is 31.0%, which is also the highest in England. The proportion of children who are obese and severely obese in year six also shows a higher proportion in Greets Green and Lyng, Great Bridge and Princes End. There are pockets of lower levels of obese and severely obese Abbey, Tividale, Old Warley and Great Barr with Yew Tree.

Figure 14: Proportion (%) Obese (including Severe Obesity) in Year 6 by Ward 2021/22 - 23/24



Source: Office for Health Improvement and Disparities Public health profiles 2025 © Crown copyright 2025 accessed 17.01.25 © Crown copyright and database rights 2025, Ordnance Survey Licence No AC0000824500

Table 3: Year 6 Obesity ranked from worst Ward 2021/22 - 23/24

Rank	Ward	Town	Percent
1	Greets Green and Lyng	West Bromwich	37.0%
2	Princes End	Tipton	36.2%
3	Great Bridge	Tipton	35.2%
4	Oldbury	Oldbury	34.4%
5	Friar Park	Wednesbury	34.0%
6	Soho and Victoria	Smethwick	33.7%
7	Rowley	Rowley Regis	33.6%
8	Hateley Heath	West Bromwich	33.3%
9	Langley	Oldbury	33.3%
10	Wednesbury South	Wednesbury	33.3%
11	West Bromwich Central	West Bromwich	33.3%
12	Smethwick	Smethwick	32.8%
13	Wednesbury North	Wednesbury	32.7%
14	St Paul's	Smethwick	32.1%
15	Blackheath	Rowley Regis	31.0%
16	Charlemont with Grove Vale	West Bromwich	30.1%
17	Cradley Heath and Old Hill	Rowley Regis	30.0%
18	Tipton Green	Tipton	29.3%
19	Bristnall	Oldbury	28.4%
20	Newton	West Bromwich	27.5%
21	Great Barr with Yew Tree	West Bromwich	26.9%
22	Abbey	Smethwick	26.2%
23	Tividale	Oldbury	25.9%
24	Old Warley	Oldbury	25.5%

Source: Office for Health Improvement and Disparities Public health profiles 2025 © Crown copyright 2025 accessed 17.01.25 * Average number of pupils in a year as the available data is for three years

Ethnicity and healthy weight in Sandwell

The current National Child Measurement Programme (NCMP) tool uses growth charts developed decades ago and based mostly on children who were of a white ethnicity. While it provides a standardised national measure, it does not always reflect the latest understanding of healthy growth, because the tool is that it does not fully reflect ethnic and cultural differences in body composition or growth rates. This can lead to unnecessary concern and therefore work with children is supported by school nurses who are able to assess if the measure is correct.

Ethnicity is an important factor to report when examining healthy weight because there are well-evidenced differences in risk and the onset of weight-related conditions across ethnic groups. Research shows that people from some ethnic minority backgrounds, particularly South Asian, Black African, and some Middle Eastern groups, can be at higher risk of developing conditions such as type 2 diabetes, hypertension, and cardiovascular disease at lower Body Mass Index (BMI) thresholds than the White population. These differences are linked to variations in body composition, fat distribution (especially tummy fat storage), and metabolic responses.

Reception age children

In the reception year data, the highest proportion of underweight children were of Bangladeshi, Pakistani and other Asian ethnicity. This is likely highlighting the issues as raised above that these children may be of a healthy weight but the tool is not a good fit. The ethnicity with the highest proportion of unhealthy weight by numbers measured is White and Black Caribbean and White and black African (however the latter two are small in population size).

Year 6 age children

In the year 6 data, the highest proportion of underweight children were of Chinese, Pakistani and Indian ethnicity, table 4. All ethnicities, except Chinese and other Asian background presented with at least 25% of the year 6 population as obese, any other Black background has the highest proportion at 46% of year 6 being classed as overweight or obese, unhealthy weight impacts most ethnic categories in Sandwell.

Data Caveats and Limitations, ward data may differ from other data sources because:

- Some population groups maybe smaller than others which impact the proportions
- Confidence intervals have not been calculated.
- Ethnicity based on data available in school administration records.

Table 5: Proportion of year 6 children by weight category and ethnicity 23/24.

Reported Ethnicity	Under- weight	Healthy weight	Overweight	Obese	Blank
African	1%	54%	14%	29%	1.2%
Any other Asian background	3%	58%	16%	22%	1%
Any other Black background	0%	39%	13%	46%	2%
Any other ethnic group	2%	50%	14%	33%	1%
Any other mixed background	2%	40%	14%	40%	5%
Any other White background	1%	54%	10%	33%	2%
Bangladeshi	3%	53%	11%	30%	2%
British	2%	54%	13%	29%	3%
Caribbean	0%	57%	11%	29%	3%
Chinese	11%	58%	11%	21%	0%
Indian	5%	51%	14%	29%	1%
Irish	0%	100%	0%	0%	0%
Not stated	2%	58%	15%	25%	0%
Pakistani	5%	51%	11%	32%	2%
White and Asian	1%	49%	16%	30%	4%
White and Black African	3%	43%	13%	40%	0%
White and Black Caribbean	2%	44%	11%	39%	4%
(blank)	0%	50%	25%	25%	0%

Source: National Child Measurement Programme data 23/24

Best practice

1. Early Years and Family Interventions

Why: Habits formed in the first 1,001 days heavily influence long-term healthy weight. Parental understanding and behaviours around feeding and activity are critical determinants.

Best practice:

- **Prioritise the first 1,001 days** with caregiver guidance ensuring consistent messaging across health visiting, midwifery, and early years education, all opportunities to educate on portion size guidance, limiting sugary drinks, and encouraging age-appropriate activity, healthy diet, sleep, responsive feeding.
- Evidence-based parenting programmes such as Health, Exercise, Nutrition for the Really Young (HENRY) or Nutrition and Physical Activity Self-Assessment for Child Care UK (NAP SACC UK) that combine nutrition, activity, and behaviour change skills.
- **Deliver universal and targeted healthy weight promotion** via the Healthy Child Programme, including growth monitoring, responsive feeding and breastfeeding support,
- **Provide family-based, multicomponent interventions** for at-risk families, combining dietary advice, physical activity promotion, and behaviour change skills, while supporting a healthy home environment.
- **Co-produce culturally appropriate programmes** with families in community venues, incorporating cooking skills, food budgeting, and active play into early years offers.
- **Increase access to healthy food** ensuring early years food provision meets national standards and healthy nutrition policies in early years settings.
- Support pre-conception and antenatal weight management supporting women at a pivotal point in lift to support the health of their baby, their health onwards and their child's nutritional health going forward.

2. Whole-School and Childcare Approaches

Why: Schools are a universal setting for embedding healthy behaviours, tackling stigma, and supporting knowledge of meaningful physical activity and good nutrition. This is also a good setting for social normality and lifelong habits.

Best practice:

- Adopt a whole-school, multi-component approach integrating food, physical activity, mental wellbeing, and parental engagement into policies, curriculum, and extracurricular activities.
- Ensure all pupils achieve at least 60 minutes of moderate-to-vigorous physical activity daily, with a minimum of 30 minutes delivered during the school day via PE, active play, initiatives such as The Daily Mile, WOW Travel Tracker, and active travel schemes.
- Ensure the full implementation the School Food Standards to provide meals meeting nutritional guidelines and portion sizes, supported by healthy tuck shops/ vending machines, breakfast clubs, and water-only policies; remove HFSS (High Fat, Sugar and Salt) products from routine sale.

- **Embed healthy eating education into the curriculum,** including practical cooking skills, nutrition lessons, and food-growing projects, aligned with food provision policies.
- **Provide targeted support for children above a healthy weight** through family-based, multicomponent lifestyle programmes combining diet, activity, and behaviour change, tailored to cultural and local needs.
- Promote and facilitate active travel through safe walking, cycling, and scooting routes, school travel plans, and cycle training.
- **Engage parents and carers** in school healthy weight initiatives via workshops, newsletters, and family activity events to ensure consistent messages between school and home.

3. Physical Activity for All Ages

Why: Regular activity builds physical strength, consumes energy, improves mental health, focus and school attainment and prevents long-term health conditions.

Best practice:

- Physical activity frameworks linking leisure and community sport.
- Accessible, free or low-cost provision like subsidised swimming, led walks, and community sports hubs
- Inclusive offers such as adaptive cycling and women-only activity sessions to reduce participation gaps.
- Follow the UK CMO guidelines for age-specific activity levels, from active play in infancy to balance-focused exercises in later life, with an emphasis on reducing sedentary time.
- **Embed physical activity promotion** across settings schools, workplaces, healthcare, and community venues using brief advice, structured programmes, and environmental changes.
- **Invest in active travel and active design**: prioritising walking/cycling infrastructure, safe routes, and well-connected green spaces in planning decisions.
- **Target inactive and underrepresented groups** with inclusive, culturally appropriate, affordable and accessible programmes, developed using local insight.
- Monitor and evaluate impact using recognised indicators, ensuring ongoing learning and adaptation of programmes.

4. Healthy Food Environments

Why: Local environments shape dietary behaviour; obesogenic environments drive excess calorie intake. Food insecurity is linked to poorer diet quality and higher obesity risk.

Best practice:

- Restrict Hight Fat Sugar Salt promotions and placement in retail/vending environments and use planning controls to reduce unhealthy food density near schools.
- **Partner with retailers** to reformulate HFSS products, promote healthy swaps through store layout and pricing strategies, and reduce portion sizes of high-calorie products.

- **Improve access to affordable, nutritious food** via subsidy schemes, food co-ops, community pantries, and targeted surplus food redistribution, linked with healthy eating education.
- **Deliver community-based food skills programmes**, such as cooking classes, Shop Tours, and budgeting workshops, particularly for families with young children and those in disadvantaged areas.
- Ensure healthier public sector food offers by applying healthy catering standards across council, NHS, and leisure venues, removing HFSS vending, and using procurement to prioritise nutritious options.

5. Targeted Weight Management Support

Why: For those already above a healthy weight, tailored behavioural support prevents progression and improves health outcomes.

Best practice:

Children

- Run multicomponent, family-based programmes (diet, physical activity, behaviour change like goal-setting and self-monitoring).
- Design sessions to be practical and engaging, delivered by trained staff; include cooking/label reading/portion size and active play.
- Adopt a healthy growth focus, using weight maintenance when appropriate for age and stage.
- Maximise accessibility and retention with flexible formats/times/venues and active follow-up on missed sessions.
- Embed safeguarding & mental-health checks, with clear referral pathways.
- Evaluate consistently and follow up at 6 and 12 months to assess sustained change.
- Integrated care pathways linking Tier 2, 3, and 4 services
- Culturally tailored provision informed by community insight and co-production.

Pregnant women who are pregnant with a high BMI

- Maintaining a balanced diet and engaging in regular physical activity before, during, and after pregnancy.
- Managing weight gain during pregnancy to ensure the health of both the mother and the baby.
- Support and advice on breastfeeding practices and the use of formula when necessary.

Approaches in Sandwell

Sandwell Public Health has adopted all evidence based approaches to improving the health and wellbeing of children and families, aligned with national priorities to reduce childhood unhealthy weight. As a result, the local authority delivers programmes across the full range of nationally recognised domains, focusing on prevention, physical activity, nutrition, targeted support, and community co-production.

Early Years and Pregnancy

- Family Hubs provide integrated support for parents and children, including nutrition advice, parenting programmes, and active play sessions.
- HENRY Growing Up Healthy Families offers an 8-week course for parents of children aged 5–12, helping to embed healthy habits at home.

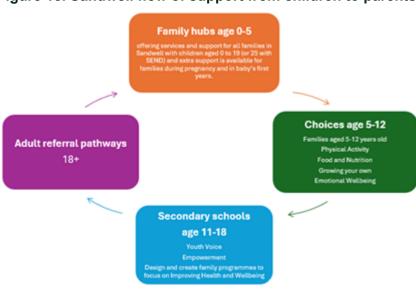
School-Based Programmes: Choices team—school based programmes for all

- The Choices Team works with schools to:
 - o Develop and implement whole-school health plans.
 - Promote initiatives such as The Daily Mile, Bikeability, and WOW (Walk Once a Week).
 - Deliver training for Playground Leaders and Lunchtime Supervisors.
 - o Support schools to access public health grants.
- Engages families through fun, accessible activities in schools and community venues.
- Sessions include cooking, nature walks, supermarket tours, and grow-your-own food.
- Parents and carers participate alongside children to encourage whole-family learning.

Workforce and Professional Support

 Ongoing training for early years, school and community staff, enables sensitive, confident conversations around healthy weight, and understanding good nutrition and positive activity.

Figure 15. Sandwell flow of support from children to parents.



Physical Activity and Active Travel

- Sandwell Stride provides local walking groups.
- Street Tag and Go Jauntly encourage walking, running, and exploration.
- · Free swimming.
- WOW (Walk Once a Week) supports active travel.

Food Environment Interventions

- Family Bake and healthy cooking workshops support low-cost, nutritious meal preparation.
- Shop Tours with Lidl and Groundwork help families understand food labelling and budgeting.
- Open Heaven Food Pantry promotes healthy swaps through visual resources and taste tests.

Choices team - Child Weight Management

• Targeted interventions are embedded within community programmes and the Choices teams which support children through a tailored programme of child and family support.

Community Engagement and Peer Support

- Ongoing co-production is a core feature of Sandwell's approach, demonstrated through programmes such as Get Set, Go Friar Park,
- Public Health Development Officers (PHDOs) play a key role in enabling this approach. Based in each of Sandwell's six towns, they act as connectors between residents, schools, GPs, voluntary groups and statutory services. PHDOs coordinate town-level networks, strengthen referral pathways, and support the design and delivery of localised health improvement initiatives rooted in the needs and strengths of each community.

Get Set, Go Friar Park

- A co-produced, place-based programme designed with residents in Friar Park.
- Activities included multi-sports, silent discos, healthy cooking, food swaps, and walk leader training.
- Delivered in partnership with schools, GPs, faith settings, and community organisations.

Digital Tools and Platforms

- Go Jauntly and Street Tag offer fun, accessible ways to boost movement in families.
- Digital Fitness Sessions and wellbeing support encourage digital inclusion.









Sport England Place Based Expansion - Sandwell

Sport England is investing over £250 million nationally across the next five years to expand their place based partnerships in up to 100 new locations. The Black Country, including Sandwell, has been selected as one of the first areas. The programme focuses on tackling physical inactivity and health inequalities by working in defined local places, building on community insight and local assets. It aims to increase physical activity, decrease inactivity and provide positive experiences for children and young people. This will include:

Development phase (funded by the £1.28m grant) 2024-2026:

- Reviewing physical activity in health, housing, transport and leading on evidence and performance. Using insight and "test and learn" pilots to understand what drives inactivity, who is most affected and how to respond locally. This will build and use strong local structures with buy-in from senior leaders, community groups, and statutory partners.
- Priorities in Sandwell (aligned with Move More Sandwell)
 - o Walking: Expand walking schemes such as Sandwell Stride.
 - o Cycling: Grow cycling programmes like Cycle More Sandwell.
 - o Green spaces: Make better use of parks and open spaces for physical activity.
 - o Leisure offer: Strengthen the role of Sandwell Leisure Trust and Places for People in providing accessible opportunities.
 - o Children and young people: Ensure positive activity experiences through schools, clubs, and community play.
 - o Community engagement: Work at neighbourhood level, tailoring activities to the needs and assets of each town.
- System change ambitions:
 - o Embed physical activity into health prevention, housing policies, and transport planning.
 - o Develop a theory of change and evaluation framework to measure real improvements.
 - o Build capacity of clubs, schools and voluntary groups to deliver more inclusive opportunities.
 - Strengthen collaboration across NHS, council, and voluntary sector.

The work above will prepare the ground for a full award (larger, long-term investment) by showing progress in reducing inactivity and widening participation.

Why it matters for Sandwell:

Sandwell faces high levels of inactivity and unhealthy weight. Data shows 38% of adults are inactive (England average is 25.8%) and fewer children meet the recommended daily activity levels compared to the national average Sandwell and partners will use the development phase to test and learn what works, gather insight on barriers to activity, and build a robust case for the full award. This includes community engagement, system leadership, evaluation, and a shared action plan. The goal is to embed physical activity as a core part of prevention, neighbourhood working and community wellbeing

Case study: Get Set, Go! Friar Park.

Friar Park, the most socioeconomically disadvantaged ward in Wednesbury, has the highest levels of unhealthy weight in reception children. Public Health launched, the *Get Set, Go! Friar Park* initiative, a three-month pilot project designed to address multiple health issues simultaneously, adopting an asset- based community approach. The aim was to assess whether this focussed intervention could drive long-term health and well-being improvements, utilising the community for the benefit of the community.

Get Set, Go! Friar Park officially launched in May 2024 and since then the programme has delivered a range of targeted interventions, with monitoring and impact undertaken via surveys and case studies. Results suggest increased participation, greater awareness of healthy lifestyles and improved social connections. It is hoped that this will act as a scalable and sustainable model for community health improvement across Sandwell.

The programme was structured around key themes:

- Physical Activity
- Healthy Eating & Food Access
- Weight Management
- Health & Well-being
- Community Support & Engagement
- Digital Inclusion

To ensure sustainability and local ownership, Public Health engaged trusted Friar Park partners from the start, avoiding a 'parachute in, parachute out' approach. Partners included: Community centres, faith settings, and local deliverers, Council services, GP surgeries, Food providers, Schools and Children's centres and other community organisations

Key Initiatives

- Multi-Sports & Skills Sessions (Powered by CAN)
- Walk & Running Leadership Training
- Open Heaven groups: Silent Disco, Nerf Wars, Nature Makers (toddler sessions), Toddler groups
- Wodensborough Boxing Club: Wodensborough boxing club runs sessions for children aged 7-14.
- Family Bake/Healthy Cooking Sessions (Friar Park Millenium Centre)
- Healthy Cooking Sessions (Open Heaven)
- Food Pantry Resources (Open Heaven)





- Weight Management: held at Friar Park Millenium Centre and Hill Top Community Centre, provided structured support for individuals looking to manage their weight and adopt healthier lifestyles. This offer has continued beyond the pilot study.
- Shop Tours (Lidl & Groundwork Trust): taught families how to shop on a budget, make healthier food swaps, use food labelling.
- LGBTQ+ Coffee Mornings: A mini pride event was organised prior to this to celebrate diversity, promote inclusion and foster community solidarity.
- Digital Inclusion & Cancer Support (St. Francis): The church received support through sessions on digital inclusion and cancer support, the latter introduced in response to a request after several attendees were affected by cancer. Participants were guided in navigating online health resources, enhancing their access to vital health information.
- Craft Wellbeing Support Group (Open Heaven)
- Community Support & Digital Access: A Citizens Advice Coffee afternoon provided crucial support and advice to community members. This initiative increased access to practical assistance, helping individuals address financial and personal challenges impacting their well-being.
- Digital Fitness Sessions: run by Just Straight Talk, taught participants how to monitor their well-being and health information digitally. The course encouraged long-term engagement with digital health tools which empowers individuals to take control of their own health.

Results and Discussion:

A total of 1379 attendees were recorded across all the interventions provided. The post-intervention findings especially regarding physical activity improvement, perceived healthy eating changes, and enhanced mental well-being suggest that the sessions may have had a beneficial effect on the respondents. However, only 33 questionnaires were returned for pre and post intervention, which limits the outcome results. A future intervention will require improved questionnaires. The Public Health team will be watching the National Child measurement programme data for this ward to see the impact of the programme.

Personal Accounts of Impact

"I've met so many wonderful people through these sessions (digital inclusion), and now we walk together regularly. It's not just about fitness- it's about friendship, motivation and feeling part of a community."

"I've learned essential cooking skills that I never had before, and now I'm preparing healthier meals for my two children. It's made a big difference to our diet and routine."

"Many of the group had not cooked with vegetables like aubergines, courgettes, sweet potato, herbs etc. and many had never cooked from scratch. They were coming back telling us what they had cooked the following week!"

"I used to be unsure of what was truly healthy. After Shop Tours I feel more confident with reading labels, making smarter choices and actually saving money."

"When people tried lower salt, fat and lower sugar versions of food together with the full versions, most couldn't tell the difference and said they would be happy to swap."

Strengths, Weaknesses, Opportunities and Threats to child healthy weight in Sandwell

Strengths

- Extensive programme offer: Wide range of initiatives across ages and settings (e.g., Sandwell Stride, Daily Mile, Go-Jauntly, Adaptive Cycling, Choices Team, HENRY, Shop Tours, SCVO Vision 2030 grants, Active Green Spaces).
- Integration of national guidance: Services are aligned with NICE, NHS Long Term Plan, and national obesity strategy.
- Good infrastructure: Significant investment in leisure centres, PlayZones, and green spaces with external funding leveraged (e.g., Football Foundation).
- Targeted interventions: Choices Team and Get Set Go! pilots address high-need wards using community-led approaches.
- High engagement with NCMP: Over 91% measurement rates in Reception and Year 6 provide robust local data.
- Cultural insight research: Efforts to understand and tailor services to diverse communities.

Weaknesses

- High prevalence of unhealthy weight: 44.6% of Year 6 children overweight/obese, above regional and national averages, adult inactivity: 37.6% vs 25.1% nationally; lowest activity in 10 years. The interventions do not appear to impact healthy weight overall.
- Variation by ward: Persistent inequalities, with some wards far worse than England and Sandwell averages.
- Enhanced support for children with unhealthy weight started only in January 2025 and will need to further embed.
- Fragmented data: Limited town/ward-level adult data; difficulty linking outcomes across programmes.
- Environment barriers: High density of fast-food outlets undermines healthy eating efforts, understanding of what is available locally, how to use it, costs and appropriateness.

Opportunities

- Family Hubs and Start for Life: Embedding healthy weight into early years and family support.
- Community co-production: Building on Get Set Go! model to expand asset-based interventions borough-wide.
- Digital engagement: Expanding gamified approaches (e.g., Street Tag, Go-Jauntly challenges) to drive family and school participation.
- Policy leverage: 2025 HFSS restrictions and planning policies on fast food provide supportive context.
- Partnerships: Strong links with leisure, schools, voluntary sector, and ICB can be deepened to ensure integrated pathways.
- Research and evaluation: NIHR and Birmingham University work on NCMP provides evidence to shape future services.

Threats

- Rising national and local unhealthy weight trend: Despite programmes, prevalence continues upward, risking long-term health.
- Widening inequalities: Deprived wards (e.g., Friar Park, Princes End) continue to fall behind.
- Sustainability risks: Short-term pilots, reliance on external funding, and stretched workforce could undermine impact.
- Competing pressures: Cost-of-living crisis, affordability of healthy food, and limited family time to engage in activities.
- Public motivation: Low programme completions and availability could undermine community confidence.

Recommendations - Next Steps

1) System governance and accountability

- Establish a Healthy Weight Board under the Health and Wellbeing Board with a senior responsible owner, Launch the programme of work with a summit. The summit will bring together all partners and set the programme of work of with full viability of partners.
- Generate a Borough wide Healthy Weight System Plan (2026–2028), with a published work programme and quarterly public dashboard. across Council, ICS, schools, leisure and the voluntary sector with shared outcomes and pooled resources.

2) First 1001 days and family hubs

- Create a focus for the first 1001 days the lead prevention priority: pre-conception, pregnancy and infancy.
- Continue to scale HENRY and similar through Family Hubs; increase Healthy Start uptake; strengthen breastfeeding and responsive feeding support; offer culturally tailored weaning and sleep routines.

3) Whole school and college approach

- Require every school (including virtual school) to adopt a whole school food and activity plan: School Food Standards, water only, cooking skills, Daily Mile or equivalent, active travel and playground leader schemes.
- Link school nurses, Choices, and Family Hubs with clear referral pathways for children above and below a healthy weight.

4) Healthy food environments

- Use planning and licensing to broaden the limit for new hot food takeaways near schools, improve healthy retail/ vending offers, and set healthy catering standards for all public estate (Council, NHS, leisure).
- Expand Shop Tours, food skills, and community pantry healthy swaps in high need wards.

5) Active places and everyday movement

- Activate parks, PlayZones and green routes for free or low cost physical activity, inclusive of girls and children with disabilities.
- Deliver the Pitches Strategy priorities: improve grass pitch quality, upgrade changing, and add 3G capacity where the shortfall is
 greatest, so children can play safely at the right pitch size.
- Promote and expand activity offers; embed safe routes to school.

6) Targeted weight management and clinical pathways

- Embed further the family based Tier 2 programmes with flexible delivery (group, digital, outreach) and clear links to Tier 3 where needed; integrate mental wellbeing and safeguarding checks.
- Provide NCMP response pathways with proactive, sensitive follow up and multi-language parent support.

7) Community co-production and microgrants

• Scale the Get Set, Go model across priority wards; fund resident-led ideas, faith and youth groups, and peer champions; use small grants with rapid cycles of test and learn.

8) Communications and social marketing

- Run a single banner campaign across schools, leisure and primary care: simple healthy swaps, low cost meal ideas, family movement challenges, Street Tag and Go Jauntly pushes.
- Provide translated, plain-English resources and WhatsApp style assets for schools and hubs.

9) Data, insight and evaluation

- Publish a town and ward dashboard: NCMP trends, Healthy Start uptake, school standards compliance, programme take up and completion, and leisure participation.
- Use real time feedback from families and schools; commission light touch evaluation for major pilots.
- Require all commissioned services to report on equity of reach, completion and sustained outcomes at 6 and 12 months.

10) Funding and commissioning

Create a pooled Child Healthy Weight Fund drawing on Council, ICS prevention, and national sport funds.

This plan connects settings (home, early years, school), the environment (food retail/vending, planning, parks, transport), services (Family Hubs, Choices, weight management), and infrastructure (pitches, leisure centres) with shared governance and tracking. It uses the existing strengths and investments in Sandwell (Family Hubs, Choices, leisure network, Pitch assessment priorities) and focuses effort where it will have the greatest impact for children and families in Sandwell.