

HEALTHY WEIGHT: NEEDS ASSESSMENT

Public Health Directorate January 2026
SANDWELL METROPOLITAN BOROUGH COUNCIL

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Executive Summary

Tackling the rising prevalence of overweight and obesity among both adults and children in Sandwell remains a key public health priority.^{1,2,3,4} This report outlines the current situation, highlights contributing factors, and details the work underway and planned to promote healthier lifestyles and improve long-term health outcomes for Sandwell residents.

The Local Picture:

- Adults: 71.6% of adults are overweight or obese, well above the national average (64.5%). Approximately 82,000 adults are living with obesity, almost 14,000 more than expected if local prevalence matched national rates.
- Children: By Reception year, 24.2% of children are overweight or obese. By Year 6 this rises sharply to 44.6%, the second highest prevalence in England. Severe obesity is almost double the national average.
- Physical activity: Only 50.7% of adults in Sandwell are active, compared with 67.4% nationally. Among children, 59.6% of children are active which is 9th of all local authorities nationally.
- Inequalities: Maternal obesity and ethnicity-related risks further contribute to widening disparities.

Key Drivers:

Obesity is driven by a complex interaction of individual, social, environmental, and economic factors. In Sandwell these include:

- Wider structural influences such as planning, housing, and transport policy. High density of fast food outlets in proximity to homes and schools.
- Socioeconomic disadvantage, impacting lifestyle choices and motivators of families.
- Cultural attitudes and intergenerational cycles of unhealthy weight.

Sandwell infrastructure and programmes to support healthier lives:

- A strong network of leisure centres, anchored by the Sandwell Aquatics Centre.
- More than 500 green spaces, with over £4 million invested in improvements.
- Targeted initiatives such as HENRY, Choices Team, Healthy Pregnancy Service, and PlayZones.
- Place-based pilots (e.g. Get Set Go! Friar Park) demonstrating the value of local, co-designed interventions.

Findings:

- Rates of overweight and obesity rise sharply between school entry and Year 6, highlighting the need for early intervention.
- Sandwell consistently records higher prevalence than regional and national averages, with trends worsening post-pandemic.
- Programmes are numerous and innovative, but evaluation and outcome measurement are inconsistent.
- Inequalities are pronounced, with deprivation and ethnicity key determinants of unhealthy weight.

Recommendations:

- Co-produce, develop and adopt a whole-system Healthy Weight Strategy (2026–2031) under the governance of the Health and Wellbeing Board
- Strengthen monitoring and evaluation with a standardised framework capturing outcomes.
- Expand evidence-based early years and school-based programmes.
- Target high-prevalence communities, directing resources to the most affected wards.
- Invest in workforce capability, equipping professionals with behaviour change skills
- Integrate environment and active travel, embedding health in planning policy and improving access to green space and safe walking/cycling routes.
- Enhance weight management pathways, improving Tier 2–4 continuity, cultural sensitivity, and referral uptake.
- Promote healthier food environments, such as: stronger policies around fast food, affordable access schemes, community food projects, and consistent application of healthy catering standards.

National programmes discussed in this report:

The timeline of national policies and attention to the topic is as follows:

- 2004: Choosing Health: Making Healthier Choices Easier (Department of Health) government policy to "halt the year-on-year rise in obesity among children under 11 by 2010," which directly led to the creation of the National Child Measurement Programme (NCMP).
- 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.

Choosing Health: Making Healthier Choices Easier 2004

In 2005 following the above policy, the cross-government obesity unit made up of the Department of Health and the Department for Children, Schools and Families established the National Child Measurement Programme (NCMP); the programme set out to weigh and measure children in Reception (aged 4–5 years) and Year 6 (aged 10–11 years) to assess the levels of healthy weight.

The NCMP is a key public health initiative in England, delivered by local authorities and coordinated by the Office for Health Improvement and Disparities (OHID).⁵ Introduced in 2006, the programme is designed to monitor the growth and weight status of children and provides valuable data to support efforts in tackling childhood obesity and promoting healthy lifestyles.

Each year, children in Reception (ages 4–5) and Year 6 (ages 10–11) in state-maintained primary schools are measured for height and weight, which is then assessed against age and gender specific growth charts to determine a child's weight category.

The NCMP plays a vital role in⁶:

- Understanding trends in childhood weight and growth at local and national levels.
- Informing public health planning, policy, and commissioning.
- Enabling targeted interventions and support for families.
- Supporting schools and communities to create environments that encourage healthier lifestyles.

Parents are informed of their child's results in a confidential manner and supported or signposted to services where appropriate. Participation is encouraged, though parents can choose to opt their child out of the programme.

In the 2007 Department of Health report set the goal to "halt the year on year rise in obesity among children aged under 11 by 2010", in the context of a broader strategy to tackle obesity in the population as a whole⁷. In the 2019 NHS Long term plan the goal was to "halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030"⁸.

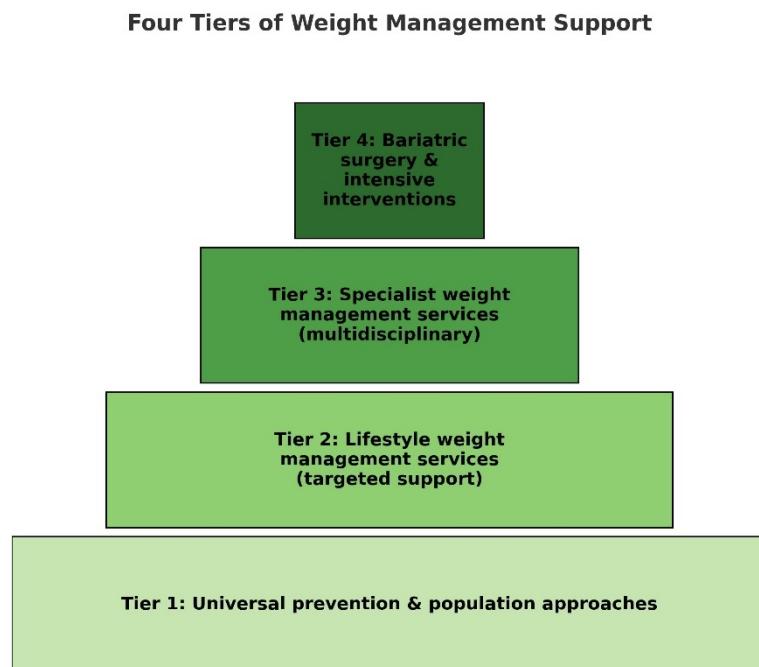
Despite the national attention, the strategies and direction, obesity in England continues to increase year on year.

Weight Management Initiatives:

Weight management is commissioned nationally in tiers of care.

- **Tier 1:** Provided by Local Authorities; includes health promotion, health education and understanding the need for healthy weight. This is the first step on the journey to getting people active and eating a health promoting diet.⁹
- **Tier 2:** Provided by Local Authorities; for those that need additional support,¹⁰ this is for people who are already obese or overweight with multiple health conditions. These individuals struggle to manage their weight on their own and are at risk of long-term health conditions.
- **Tier 3:** Provided by the NHS, is weight management¹¹: This involves medical intervention such as medications around weight loss. These are commissioned by the Integrated Care Board.
- **Tier 4 support¹²:** Provided by the NHS, is for severe and complex obesity services (including obesity surgery and obesity medicine Multi-Disciplinary Teams and specialist weight management programmes).

Figure 1: Tiers of weight management support.



Why is being a healthy weight important?

Addressing the high prevalence of children and adults who are overweight or obese in Sandwell is a critical public health priority.

Excess weight is a major risk factor for a wide range of health conditions, including type 2 diabetes, cardiovascular disease, certain cancers, musculoskeletal disorders, and poor mental wellbeing.

In children, excess weight is associated early onset of the above conditions such as type 2 diabetes but also affects self-esteem and long term mental health¹³. Children who are overweight or obese are also significantly more likely to remain so into adulthood, compounding health risks over the life course¹⁴. Tackling unhealthy weight in children and young people is a vital component to improve long-term health outcomes and reducing health inequalities in Sandwell¹⁵.

The causes of unhealthy weight are multi factored, it can be a combination of a few or all of the associated risk factors such as affordability of a healthy diet and physical activity options, limited access to healthy food options, understanding what constitutes a healthy diet and how to create it, all are more likely in more deprived communities¹⁶.

Tackling obesity requires a whole-system, life-course approach that supports individuals, families, and communities to make and sustain healthier choices¹⁷.

What is obesity?

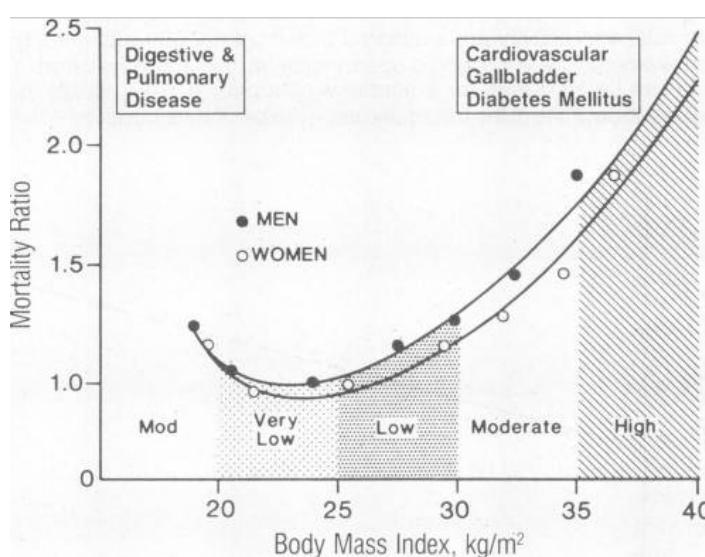
Obesity in simple terms occurs when the energy consumed and the energy exerted by a person is unbalanced, whereby more energy is consumed over time and then stored as fat, if this is not addressed fat continues to develop and impairs health.

There are two ways of measuring which category of weight a person is classed as, these are Body Mass Index (BMI) and the waist circumference of a person.

BMI is the most commonly used indicator for categorising weight and is calculated simply by dividing the individuals' weight (kg) by the height squared (height measurement in meters x height measurement in meters). Based on these criteria a: BMI: <20 (underweight), BMI: 20–25 (normal), BMI: 25–30 (overweight), BMI: 30–40 (obese,) BMI: >40 (morbidly obese)

The most important aspect the indicators is communicating the health risk linked to it. Once an individual's BMI increases above 25 the risk of mortality from co-morbidities increases, this increases more rapidly as the body mass increases from a BMI of 25 onwards¹⁸, figure 2. Those who are overweight are at higher risk of mortality from Cardiovascular disease, Gallbladder cancer and diabetes type 2. This chart shows that those who are underweight also have an increased mortality ratio due to digestive and pulmonary disease.

Figure 2: Display of increase in risk with BMI



Source West J Med. 1988
October; 149(4): 429–441

One of the draw backs of using the measure of BMI is that it does not take into account body adiposity, which is the position on the body that the individual stores fat. An individual's body composition should also be acknowledged, as some people may weigh more due to muscle mass, and therefore a high BMI in this case would not be correctly indicate health risk.

The second indicator is waist circumference, table 1. Waist circumference is found to be a better indicator of the health related impact of an increased BMI¹⁹ as the position of fat on the body, that is if abdominal fat, the higher the risk of cardiovascular disease, metabolic disease and diabetes type 2²⁰.

Table 1: Waist circumference and risk of ill health

Gender	Increased Risk	Substantially increased risk
Men	≥ 94 cm	≥ 102 cm
Women	≥ 80 cm	≥ 88 cm

Reproduced from the National Obesity forum 2007

Obesity with co-morbidities and mortality

People who are obese have a greater risk of developing certain types of diseases which may reduce quality of life and/or life expectancy. Several illnesses are associated with obesity, these are type 2 diabetes, Hypertension, Dyslipidaemia, Coronary artery disease and stroke, respiratory effects (i.e. sleep apnea) cancers, reduced reproductive function, osteoarthritis, liver and bladder disease. Many studies have concluded that the excess body fat carried by those who are obese compared to individuals at healthier weights leads to increased mortality²¹

Type 2 diabetes.

The main illness whereby the aetiology of causation between obesity and disease is known is Type 2 diabetes. Obesity and diabetes are linked via the body becoming less sensitive to insulin. Diabetes itself can add to the risk of poor health as it can cause neuropathy, nephropathy and retinopathy. In contrast, women who lost more than 5.0 kg reduced their risk for diabetes mellitus by 50% or more²². In women this trend appears to be more apparent from the age of 18 onwards and there is a higher risk in those who have been within a higher BMI category for a long period of time rather than those who have had a recent weight gain²³.

The lifetime costs associated with type 2 complications were modelled using the U.K. Prospective Diabetes Study, whereby the direct medical costs of managing complications were estimated. The management of macro vascular disease is estimated to be the largest cost component, accounting for 52% of the costs; nephropathy accounts for 21%, neuropathy accounts for 17%, and retinopathy accounts for 10% of the costs of complications²⁴. Improving glycaemic control prevents these complications and will reduce these costs. The costs of complications were estimated to be approximately £29,000 per patient over 30 years, on average (originally calculated in US dollars).

Hypertension, Coronary Heart Disease (CHD) and Stroke

BMI has been observed as important risk factors for hypertension²⁵, and approximately 45% of the increased risk of CHD. In other research increased risk was also noted in those moderately overweight²⁶.

Measuring obesity in Children.

Adult measures are not applicable for children to measure BMI. The U.S. National Centre for Statistics designed scales so that a child's age and weight can be plotted to gauge whether they are a healthy weight for their age, figure 3 and 4. These were updated in 2007 to replace previous charts proposed in 1990, however these have not changed much in the last 35 years. It must be noted however that these charts, like BMI, are not ideal for every child. Some children may have grown faster than others and therefore are tall for their age; some may be short for their age and later have a growth phase. Hence children may be classed as underweight or overweight when they are a healthy weight but have grown quicker, or slower, than the average child.

To counteract this, the national child measurement programme only suggests action for those children that are obese; therefore, there is a very small probability that their categorisation is incorrect.

By finding the point on the chart where the age scale matches the weight scale and then using the set of curves to find which percentile of the population the child falls under for their weight is used to assess whether they are obese. These charts have also been designed to assess height using the top grouping of curves.

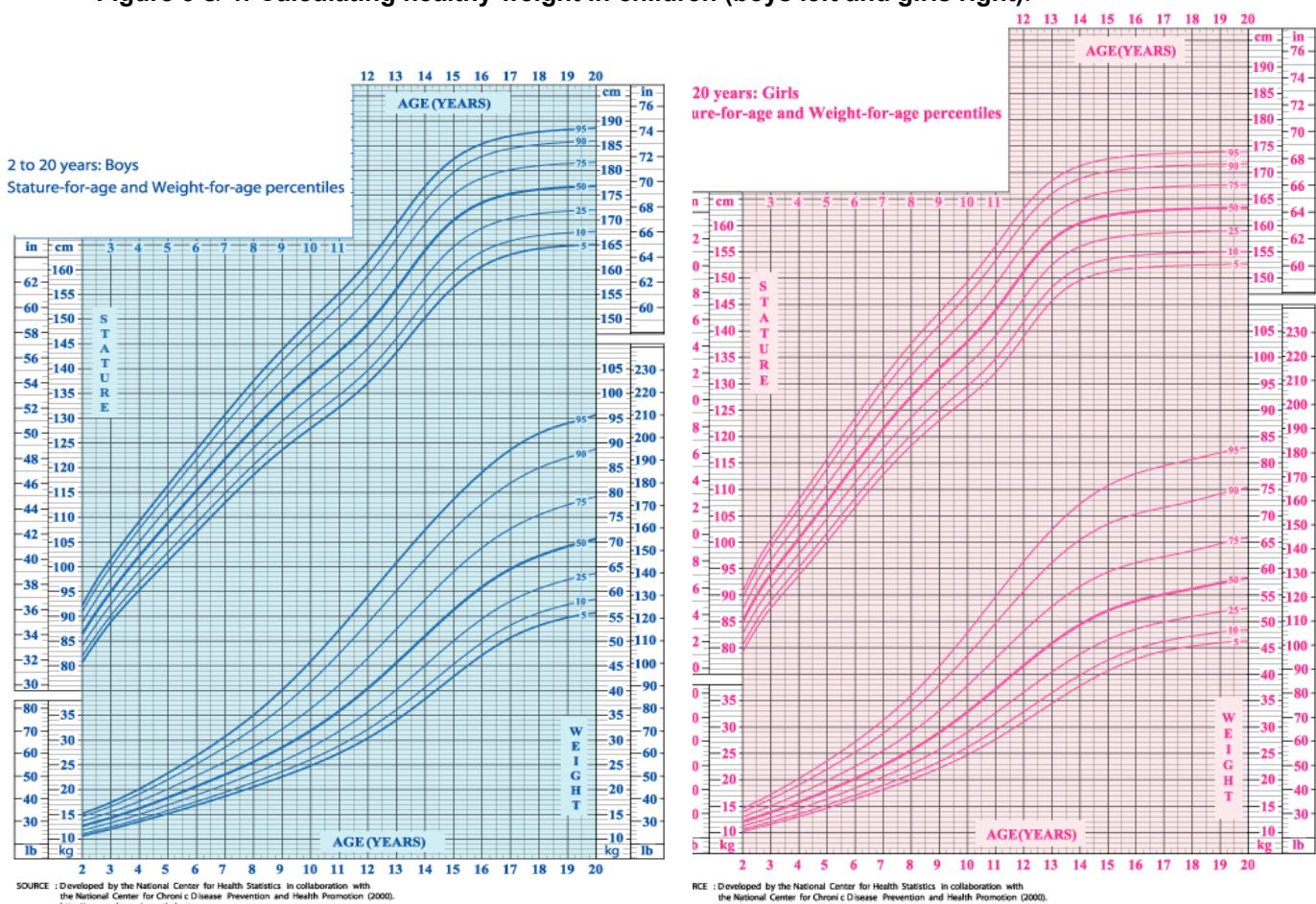
The interpretation for a child's weight is²⁷

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

Research has found that 25% of 2-10 year olds who are obese and 21 % of 11-18 year olds have impaired glucose tolerance; 4% of 11-18 year olds have type 2 diabetes²⁸. The link between Impaired Glucose Tolerance (IGT) and diabetes shows that between 11% and 62% of IGT cases will develop type 2 diabetes, this can be reduced by weight loss (5% total body weight), medication, and exercise by as much as 12 - 58%²⁹. Those who are overweight have an increased risk of developing type 2 diabetes and those who are obese have an even higher risk. Under 18s who are obese may already be showing the initial stages of developing diabetes which may be preventable with weight loss.

Due to 80% of obese children aged 10-14 years of age eventually becoming obese adults²⁸, addressing weight issues in children is of great importance for reducing morbidity and mortality in the future.

Figure 3 & 4: Calculating healthy weight in children (boys left and girls right).



Source: <http://www.cdc.gov/growthcharts/> National centre for health statistics.

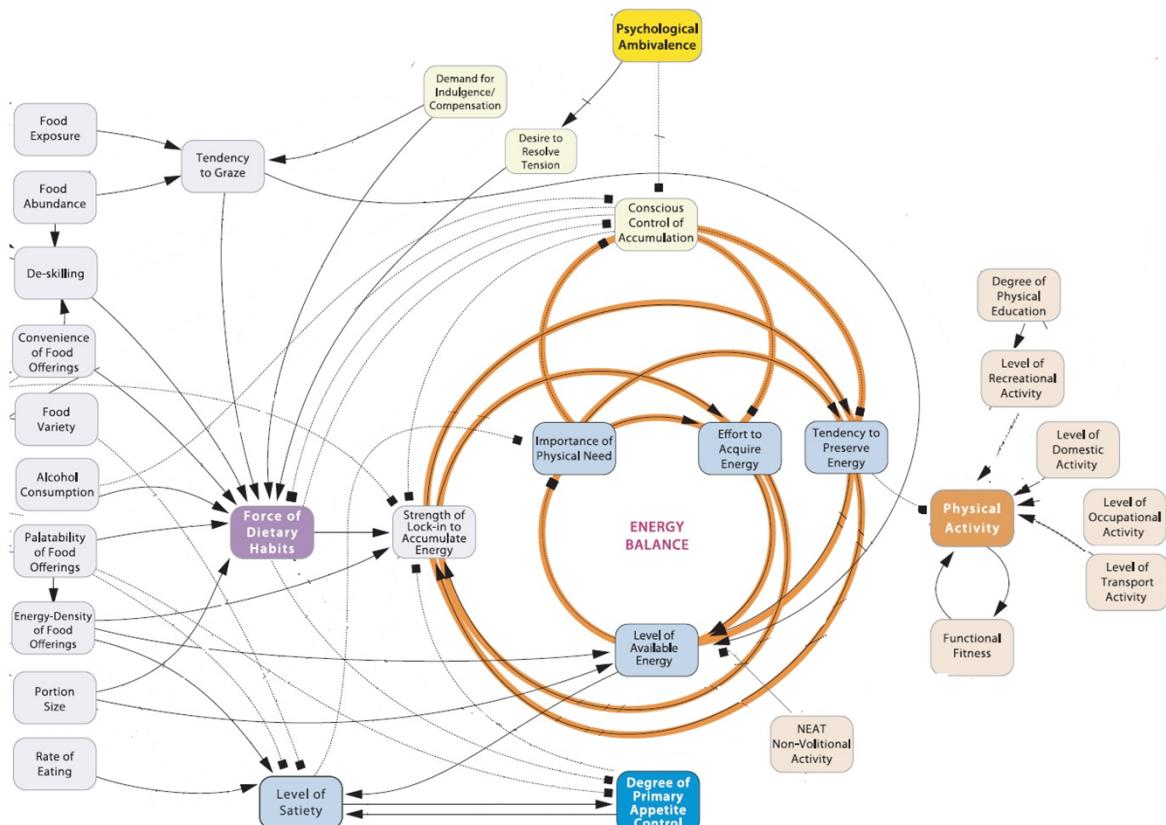
What causes obesity and why is it difficult to tackle.

Obesity is a complex condition caused by the interaction of multiple biological, behavioural, environmental, and societal factors. The 2009 Foresight Report, commissioned by the UK Government, emphasised that obesity is not simply individual choice but the outcome of a “complex systems map” of influences that interact. A simplified version of both dominant causes central to why individuals become obese can be seen, figure 5, full version, Appendix 1.

As discussed, being an unhealthy weight is an imbalance between the calories consumed and those expended, often driven by a complex array of factors driven from an individual:

- environment, such as a lack of active ways to travel, places to access physical activity, to healthy food availability. Environmental cues such as pervasive marketing of, or access to high-calorie foods.
- biology: this plays a significant role, with genetics, medicines, metabolism, and hormone regulation influencing appetite, maternal weight and early-life nutrition
- own psychology: behavioural science shows that weight management is not simply a matter of knowledge or motivation; it is influenced by stress, mental health, body image, and learned habits. People may experience ambivalence towards change, recognising the benefits of healthier behaviours while simultaneously valuing the comfort, convenience, or cultural importance of existing habits.
- their social and family psychology or dependence: due to their social circle enabling consumption of low nutritional foods, high calorific meals or large portion sizes.
- socioeconomic conditions: experiencing limited choice of; healthy food opting for cheaper low nutritional meals, safe and appealing spaces for exercise and opportunities to be active. Work patterns resulting in low energy but also potential to rely on convenience food to save time.
- ability: to be self-aware, to prioritise health, to know what a healthy meal consists of and how to create health-promoting meals conveniently. Have the knowledge on how to eat and engage in physical activity meaningfully.

Figure 5. simplified Foresight report system map.



Source: Modified version of Foresight report 2009.

Physical Activity

Why is physical activity important?

The health benefits of regular physical activity across all age groups are well-established and strongly supported by evidence. In adults, there is robust evidence demonstrating the protective effects of physical activity against a range of long-term conditions, including coronary heart disease, obesity, type 2 diabetes, mental health disorders, and social isolation³⁰. For children and young people, physical activity contributes to the development of strong bones and muscles, helps maintain a healthy weight, and improves cardiovascular fitness. In addition to its physical benefits, regular activity has a positive impact on mental wellbeing reducing symptoms of anxiety and depression, improving mood, and developing a greater self-esteem. It also supports cognitive development by enhancing concentration and academic performance, and the maintenance of a healthy weight³¹.

Regular physical activity contributes not only to improved individual health outcomes but also offers significant cost savings to the health and social care system. Beyond the direct health benefits, increased physical activity generates wider societal gains, including enhanced social cohesion, greater workplace productivity, and reduced absenteeism. Additionally, promoting active travel options such as walking and cycling can help alleviate traffic congestion and lower air pollution levels, contributing to a cleaner and more sustainable environment.³² Participation in structured group activities, such as sports and recreational games, further promotes important life skills including teamwork, communication, and resilience.³³

The consensus, led by the Faculty of Sport and Exercise Medicine UK and developed through review of the scientific evidence and expert clinical and patient consensus, has concluded that the benefits of physical activity far outweigh the risks for people living with long-term health conditions. The statement finds that physical activity is safe, even for people living with symptoms of multiple long-term conditions.³⁴

Furthermore, NHS England's most recent report (April 2025) *Harnessing the benefits of physical activity across the NHS in England the 'four ways forward'* further supports the evidence of the health improvements that increased physical activity and the importance of removing barriers to accessing, (1) Empowering health care professionals (2) Integrating physical activity into clinical pathways (3) Supporting the NHS workforce (4) Supporting innovation and evaluation with partners.³⁵

Engagement in regular physical activity is a vital component of a healthy lifestyle for both children and adults. It plays a critical role in supporting overall health and development.

Recommended levels of activity³⁶:

Table 2: Summary of Guidelines by age group

Age	CMO recommendation
Infants (less than 1 year):	Infants should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g. crawling. For infants not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over); more is better. NB: Tummy time may be unfamiliar to babies at first, but can be increased gradually, starting from a minute or two at a time, as the baby becomes used to it. Babies should not sleep on their tummies.
Toddlers (1-2 years):	Toddlers should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day; more is better.
Pre-schoolers (3-4 years):	Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play. More is better; the 180 minutes should include at least 60 minutes of moderate-to-vigorous intensity physical activity.
Children and Young People (5 to 18 years)	Children and young people should engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.

	<p>Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.</p> <p>Children and young people should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of not moving with at least light physical activity.</p>
Adults (19 to 64 years)	<p>For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still.</p> <p>Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle strengthening activities should be done on at least two days a week, but any strengthening activity is better than none.</p> <p>Each week, adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity.</p> <p>Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least light physical activity.</p>
Older Adults (65 years and over)	<p>Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.</p> <p>Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.</p> <p>Each week older adults should aim to accumulate 150 minutes (two and a half hours) of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.</p> <p>Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.</p>

Source: DHSE UK Chief Medical Officer Physical activity guidelines.

Review of the data

Adults Physical Activity in Sandwell.

The target for Sandwell Public Health is ensure residents are active and meeting the national guidance around physical activity, this will help overall wellbeing such as mental health and healthy weight, but also reduce risk around long term conditions, healthy life expectancy and life expectancy.

The way in which physical activity is reported is via the Healthy Lives Survey (HLS), this survey is conducted yearly with a sample of the Sandwell population. A small selection of Sandwell population is given the survey, and they report back their levels of activity. Thus, results are from self-reported activity aligned to categories of active, fairly active and inactive.

In 2023/24, data indicates that adult physical activity levels in Sandwell remain significantly lower than the national average, table 3. These data show:

- 35.4% of adults are classified as inactive in Sandwell, compared to 22.0% across England.
- 13.9% of adults in Sandwell are considered fairly active, higher than Midlands and England
- Only 50.7% of adults in Sandwell meet the threshold for being classified as active, compared to 67.4% nationally.

Table 3. Activity levels across Sandwell, Black Country, Regionally and Nationally 2023/24.

	Active adults	Fairly Active	Inactive adults
England	67.4	10.6	22.0
West Midlands	64.1	11.0	24.9
Sandwell	50.7	13.9	35.4
Dudley	60.5	11.4	28.1
Walsall	54.5	12.1	33.4
Wolverhampton	57.7	11.4	30.9

Source: Fingertips DHSC – Healthy Lives Survey

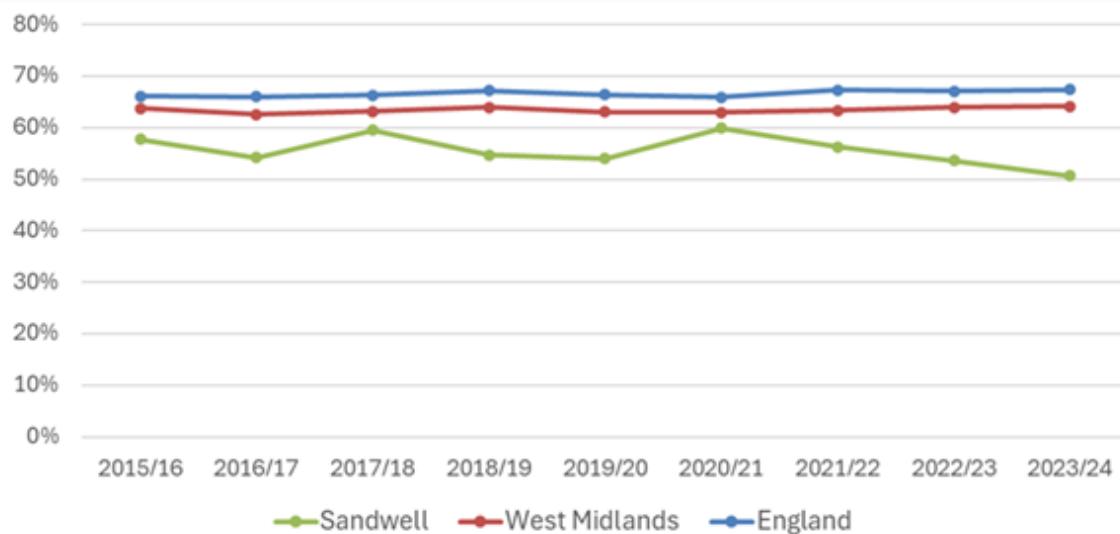
We can review the number of adults who would be active or inactive if the population had the same proportion of activity as the national population. We can see that there is a gap of an additional 42,733 people who would need to be classed as active and 33,874 less people who class themselves as inactive to meet national levels, table 4.

Table 4. Comparing active and inactive in Sandwell compared to and National data 2023/4.

Population 19+ in Sandwell	260,566	260,566
	Adults Active	Adults Inactive
Percentage (%)	51%	35%
Number In Sandwell from Population 19+ and Percentage	132,889	91,198
Number if same proportion as England - 67.4% / 22%	175,621	57,325
Gap	42,733	33,874

Source: Fingertips DHSC – Healthy Lives Survey

The proportion of the population who class themselves as active is getting wider in Sandwell compared to the regional and national population, figure 6. The proportion of people reporting to be active is the lowest it has been in 10 years. There has been a declining trend since 2020/21 when the pandemic reduced the levels activity, however this doesn't appear to have impacted regional or national levels of reported activity.

Figure 6: Percentage of physically active adults, Sandwell, Regionally, Nationally 2015-2024

Source: Fingertips DHSC – Healthy Lives Survey

Children's Physical activity in Sandwell

Like the survey for adults, Sport England (SE) complete the Active Lives Children and Young People Survey (ALCYPS). In the 24/25 survey 59.6% of sandwell children report to meet the nationally recommended levels of physical activity. This places Sandwell higher than the Regional and National average and ninth in the country for physical activity in children, table 5. These data are not available for 23/24 due to the low sample size in that year.

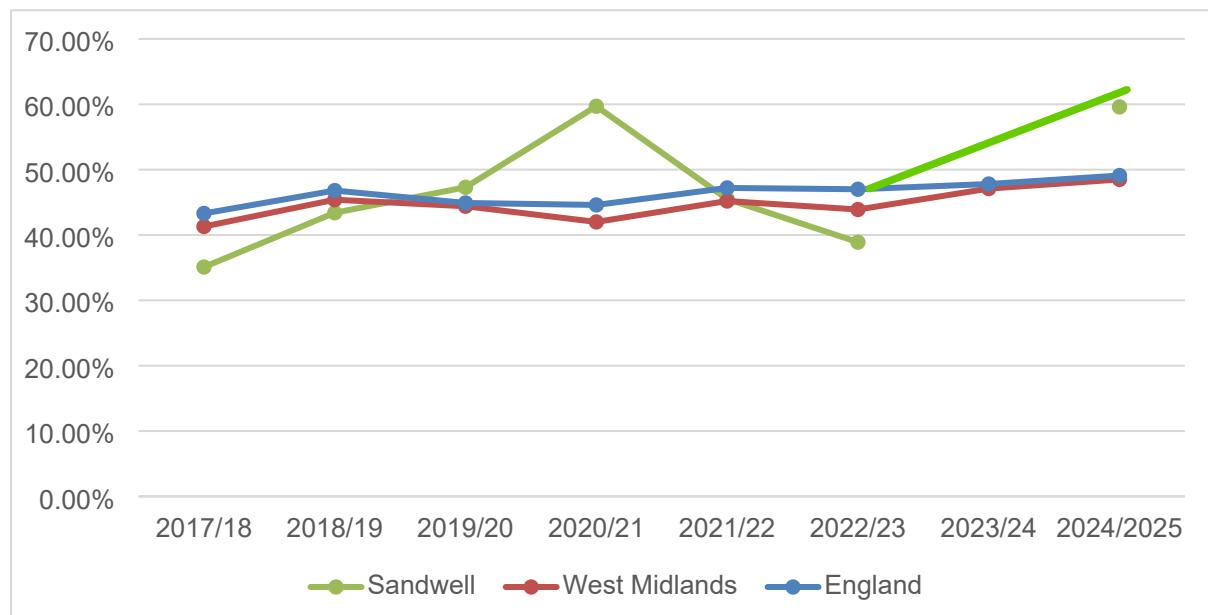
Table 5. The gap in activity levels for children across the Black Country, regionally and nationally 2022/23

Data	Year	Sandwell (%)	Sandwell (n)	West Midlands	England
Percentage of physically active children and young people	2024 / 25	59.6% (9 th highest nationally)	31,000	48.5%	49.1%

Source: Fingertips DHSC – Active Lives Children and Young People Survey

The proportion of the child population who class themselves as active has fluctuated to a high point of 59.7% in 20/21 and has now increased to 59.6%, figure 7. The trend in children is showing a gradual increase overtime.

Figure 7: Percentage of physically active children, Sandwell, Regionally, nationally 2017/18 -2024/25



Source: Fingertips DHSC – Active Lives Children and Young People Survey. Note: no data was available in 2023/24 due to size of sample, a trend line has been drawn.

Physical Activity summary:

Further work needs to be done to understand the reasons why the level of active adults has reduced so markedly compared to regional and national trends but also why it continues to decline.

Both sets of data are only available at a Borough level and need to be understood on a towns level, to see which areas of Sandwell are impacted the most. With many different physical activity options available by town, there is a need to understand this on a more granular level, as to what issues there may be in being active.

Examples of barriers for children and adults could be; inappropriate options available to residents, feelings of safety, accessible recreational spaces, socioeconomic barriers, reduced participation in school-based physical education and extracurricular activities, or even lifestyle changes linked to increased screen time and sedentary behaviour.

Understanding and addressing barriers to why Sandwell residents are not as active as they could be is critical to improving physical activity levels and supporting the health and wellbeing of Sandwell's population³⁷.

The Impact of Fast Food Outlet Density on Weight

The marketing, availability and accessibility of fast food plays a significant role in shaping dietary behaviours and can directly affect risk of becoming overweight or obese. 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: A higher concentration of fast food outlets increases the likelihood that children, families and individuals 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. 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.

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/after school, or lunch times for older children, 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 obesity compared to those without 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, including low prices and attractive packaging, further encourage regular consumption. The Institute for Fiscal Studies (IFS) highlighted those children growing up in "obesogenic environments" which are areas with a high density of fast food and limited healthy alternatives, tend to adopt long-term dietary behaviours that contribute to excess weight gain.

Sandwell have the second highest density of fast food outlets per 100,000 population in the West Midlands. This is second to Stoke-on-Trent and higher than Birmingham, figure 8. There is a pattern between fast food outlets and deprivation, figure 9. The higher the deprivation in the area the higher the density of fast food outlet, figure 9.

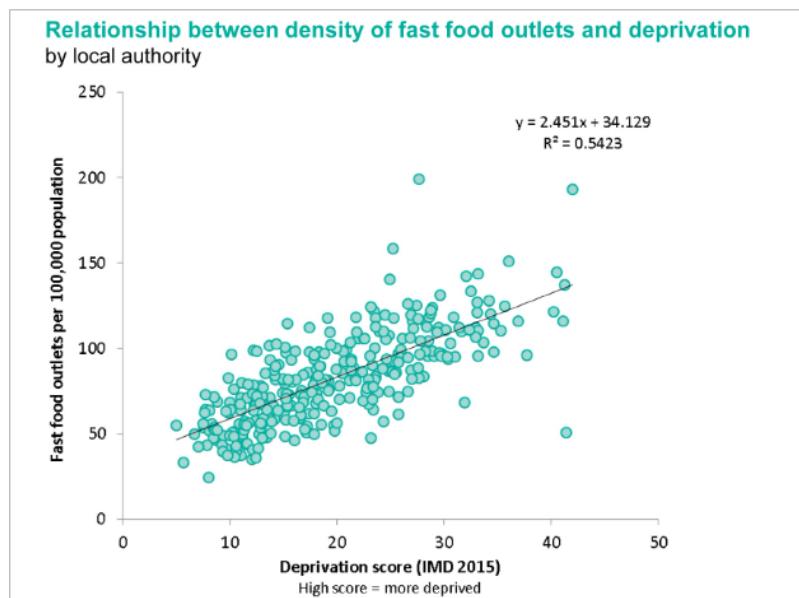
Figure 8: Fast food outlets per 100,00 population 2024

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	66,891	115.9	115.1	116.8
West Midlands region (statistical)	-	6,896	113.3	110.7	116.0
Stoke-on-Trent	-	375	142.5	128.4	157.7
Sandwell	-	473	136.1	124.1	148.9
Birmingham	-	1,586	136.0	129.4	142.9
Walsall	-	389	134.7	121.7	148.8
Dudley	-	438	134.1	121.8	147.2
Wolverhampton	-	360	132.1	118.8	146.5
Coventry	-	449	124.5	113.2	136.5
Telford and Wrekin	-	190	99.0	85.4	114.1
Worcestershire	-	603	98.2	90.5	106.3
Staffordshire	-	879	97.8	91.5	104.5
Warwickshire	-	565	91.5	84.1	99.3
Shropshire	-	283	86.0	76.2	96.6
Solihull	-	175	80.0	68.6	92.8
Herefordshire	-	131	69.0	57.7	81.9

Source: OHID, based on Food Standards Agency data

Source: DHSC Fingertips 2025

Figure 9: Fast food outlets density per 100,000 population by deprivation score of the area 2024



Source: UKHSA 2016³⁸

Interpretation:

There is a relationship between the density of fast food outlets and unhealthy weight which cannot be ignored. There is a planning policy in place for these outlets to not be available within 500 meters of a secondary school. However, enabling families to live on healthy diets requires more input from wider council planning and revenue workstreams.

Although Public Health are working hard to push messages around health promoting diet, if the environment in which families and communities live, contain highly convenient fast food which is highly processed, highly calorific and high fat foods, it is difficult to create healthy eating behaviours.

The root causes of obesity in early childhood are layered and interconnected. They include structural inequalities and inconsistent health behaviours shaped by the social environment. Without action in the earliest stages of life, unhealthy weight becomes entrenched before school begins.

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.

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 6. 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.

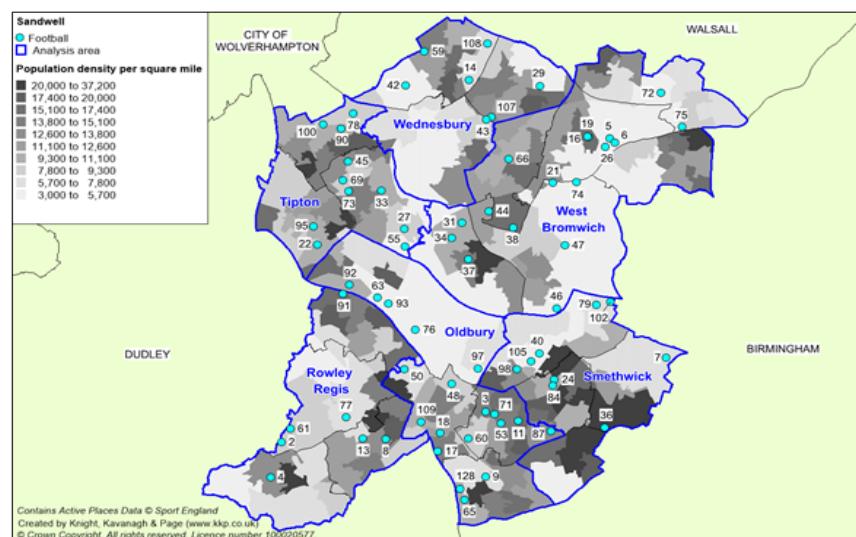
Adult pitches are the most common (86) whilst mini 5v5 pitches are the least (seven).

Football is the most popular sport in Sandwell, with 171 pitches it provides many children and adults with a chance to be active and social. However, most pitches are poor or 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

Table 6: Summary of grass football pitches available to the community

Analysis area	No. of pitches available for community use					Total
	Adult	Youth 11v11	Youth 9v9	Mini 7v7	Mini 5v5	
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 10. map of football pitches across Sandwell



Source: Sandwell Pitch assessment 2022

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

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.

Interpretation

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. The positives show that sport is already valued in Sandwell. Good facilities help people be active, enjoy sport, and connect with others. Protecting pitches, raising quality, and improving quality and planning for future demand will ensure that everyone has the chance to be active and will protect these gains and support health and wellbeing for all ages.

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
- **Good access:** Many centres include accessible features and free parking.
- **Inclusive design:** Portway Lifestyle Centre is a centre of excellence for people with disabilities

Interpretation

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.

Green Spaces in Sandwell

Sandwell is relatively rich in green space for an urban area. The borough has 543 green spaces in total, of which 323 (around 59%) have unrestricted public access. This equates to approximately 3.63 hectares of unrestricted green space per 1,000 residents, which is a good provision compared to many other metropolitan areas. These spaces include parks and gardens, amenity green spaces, natural and semi-natural green spaces, green corridors, sports sites, allotments, and play areas.

Green Spaces include³⁹:

- 32 parks and gardens (including 15 Green Flag Parks, other Council service areas and external partners as of 2025).
- 211 amenity green spaces (from small local spaces to larger communal green spaces).
- 75 natural and semi-natural green spaces (including 9 recognised nature reserves).
- 22 green corridors (such as green walkways, and green space that connects areas)
- 48 outdoor sports sites (including 15 playing pitches, 27 Multi Use Games Areas, 33 outdoor gyms, 4 Bowling Greens, and 12 BMX and skate facilities)
- 34 Allotment sites (with 1,336 plots)
- 69 play areas (including toddler and junior play facilities).

Green Spaces are developed and managed by a team of green space officers, play area inspectors and engineers, and nature reserve specialists.

Recent Investment & Developments

Sandwell Council has invested heavily in parks and green spaces. The Green Spaces Strategy Implementation and Business Plan 2022–25 sets out priorities to upgrade lower-quality spaces, improve facilities and accessibility, and work closely with residents and community groups. In 2022/23, more than £4 million was spent on parks, play areas, outdoor sports facilities and nature reserves across Sandwell. This investment included refurbishing 41 play areas, improving BMX and skate parks, installing outdoor gyms, and enhancing nature reserves. Neighbourhood projects such as the Wednesbury Greenspaces scheme are also upgrading smaller sites with new play equipment, improved footpaths, seating, and biodiversity planting.

Interpretation

Despite this strong provision, challenges remain. Currently the quality of some sites are not at the standard the Sandwell Council would like, as a result a key priority from the Green Spaces strategy is balancing investment between large destination parks, which attract visitors from across the borough, and smaller neighbourhood green spaces, which are vital for everyday health and wellbeing, particularly for residents who cannot travel far.

Green spaces in Sandwell deliver wide-ranging benefits. They promote physical and mental health by providing safe, accessible places for walking, exercise, and relaxation. Environmentally, they support biodiversity, improve air quality, help manage flood risk, and reduce urban heat. Socially, they are places for communities to gather, for children to play, and for residents to engage with nature. They also have educational value through nature reserves, farms, and school programmes.

Pre-Conception healthy weight and first 1000 days:

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, low birth weight, and childhood obesity.

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.

Although we do not have data currently for Sandwell on the number of women who are overweight or obese during pregnancy, we can infer we have a large number from the adult weight data. We have also national data we can overlay onto our own data.

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)⁴⁰.
- 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.

Interpretation

Although outside of the scope of this report, women who are overweight or obese as they become pregnant are at higher risk of complications during pregnancy. As an area with a high infant mortality rate this is of high concern for Public Health.

In addition, the patterns, habits and routines of families are 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. This is a key intervention point for Public health and picked up in later sections.

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 overweight or obese.

As described above around 20% of women are obese at booking nationally, which, based on Sandwell's adult obesity statistics is likely to be higher. Importantly, maternal obesity raises the risk that the child will be large for gestational age, gain weight rapidly in infancy and go on to develop obesity in early childhood.

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 we know 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.

Although it would be inappropriate to collate and report unhealthy weight in babies under two, we can infer the extent of the issue from reception-year data (age 4–5) collected through the National Child Measurement Programme (NCMP), whereby 24.6% 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 months has been linked to rapid weight gain in the first year of life, which increases the risk of later obesity.

This data suggests that many children in Sandwell are entering the school system already at a disadvantage and that unhealthy weight is likely to have developed during the earliest years of life.

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.

Interpretation

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, not only for individual children but for future generations across the borough.

Although outside of the scope of this report, women who are overweight or obese as they become pregnant are at higher risk of complications during pregnancy. As an area with a high infant mortality rate this is of high concern for Public Health.

In addition, the patterns, habits and routines of families are 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. This is a key intervention point for Public Health and picked up in later sections.

Data review

Adults

Sandwell falls 21st nationally for the proportion of adults who are overweight or obese, which is 6.1% higher than the national proportion. Sandwell falls 31st nationally obesity in adults, (included in the former figure) and is 5.4% higher than the national proportion, table 5. There are estimated to be 185,004 adults in Sandwell who are overweight or obese, of these, 68,472 are obese.

If Sandwell were to bring the number of adults obese down to national levels, we would need to bring 13,953 adults out of the obese category, which would count towards the 18,345 adults in the overweight and obese category.

Table 7: Proportion adults overweight and obese, Sandwell, West Midlands and England 2023/2024

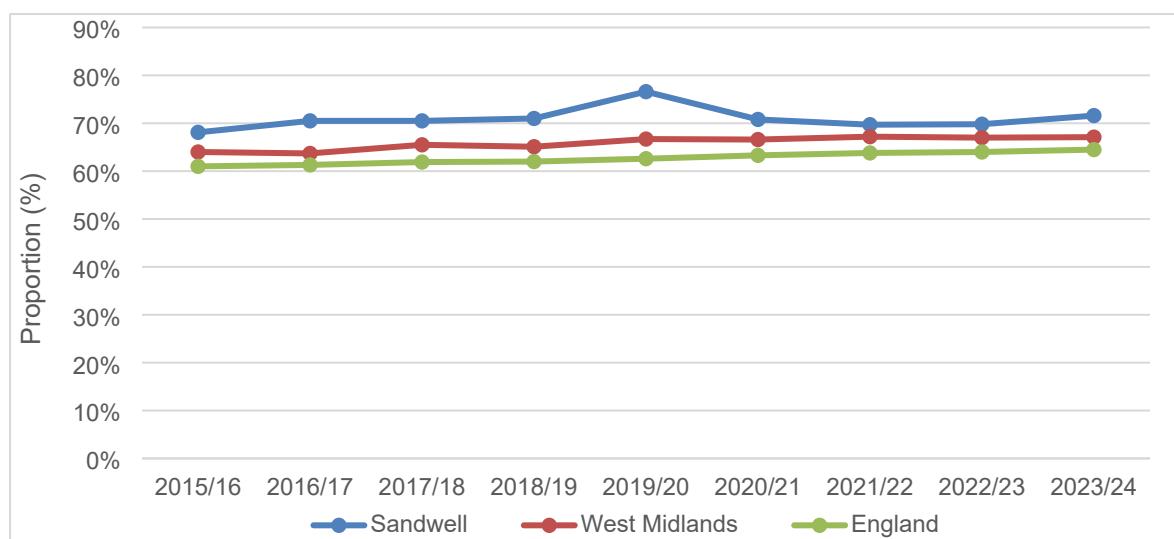
Area	Popn. 18+	Percent (%)	Estimated no.	Number if at national level	Lower confidence (%)	Upper Confidence (%)
Adults' prevalence of overweight (including obesity) 2023/24 Proportion - %						
England		64.5			64.2	64.7
West Midlands		67.1			66.3	67.9
Sandwell (21st nationally)	258,386	71.6	185,004	166,659 (18,345 less)	68.6	74.6
Adults' prevalence of obesity 2023/24 Proportion - %						
England		26.5			26.3	26.7
West Midlands		29.7			29.0	30.5
Sandwell (31st nationally)	258,386	31.9	82,425	68,472 (13,953 less)	29.0	35.0

Source: OHID, based on Sport England data (Survey sample data)

National trend of overweight and obese in adults.

Data from 2023-24 shows that 71.6% of adults aged 18 and over in Sandwell were classified as overweight or obese, figure 11. The regional average over overweight and obese is 67.1% for the West Midlands and the national average is 64.5% for England. This highlights a concerning local trend and underscores the need for sustained targeted action to address excess weight among adults in the borough.⁴¹

Figure 11: Overweight and obese levels across Sandwell, regionally and nationally 2023/24.



Source: OHID, based on Sport England data

Interpretation:

The trend over the last 10 years is that regionally and nationally the levels of obese and overweight are steadily increasing; despite the national attention the area has gathered.

There is a great amount of work to be done in Sandwell to reduce the number of adults who are overweight and obese into a healthy weight by 18,345 people, in addition, those that are severely obese need support and Sandwell would need to bring 13,953 people into a healthy weight to match national proportions.

A positive sign is that those who are overweight or obese decreased from 2019/2020 to 2020/21 by 6% in Sandwell and did not then increase again. However, looking at the low levels of physical activity in adults in the 3 years, this may impact the levels of the population who are an unhealthy weight in future years.

These data are only available at a Borough level and at this time it is not possible to measure this at a towns level to see which areas of Sandwell are impacted the most. The most up to date data we have on this is the National Child Measurement Data (NCMP) could indicate, based on children's weight patterns, where our areas in Sandwell for targeted intervention as described in later sections.

The outcome of Sandwell being an unhealthy weight, is a symptom of unhealthy lifestyles and not achieving good levels of physical fitness, which is leading risk for longer term illnesses.

Measuring children's weight in Sandwell.

The National Child Measurement Programme (NCMP) began in 2007 in Sandwell and has continued yearly except for during the COVID pandemic in 2020/2021. Unlike the adult surveys this is a representative measurement of Sandwell children, the number of children measured in Sandwell in 2024 to 2025 was 4,295 in reception, and 4,580 in year 6. The participation rate in Sandwell in 2024 to 2025 was 94.2% in reception children and 90.4% for children in year 6

The data for reception age children shows that those overweight and obese continue to increase gradually over 15 years with a dip downwards in 2022/23, followed by an increase in 2023/24 and 24/25.

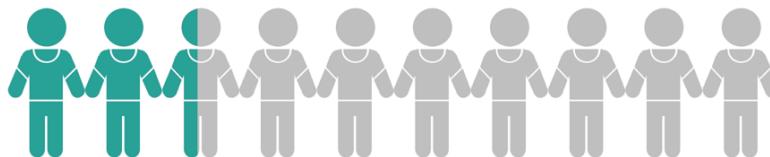
In 2024/25, 24.6% of children in reception (aged 4 to 5 years) were overweight or living with obesity and 45.6% of children in year 6 (aged 10 to 11 years) were overweight or living with obesity⁴², figure 12 and 13.

Figure 12. Prevalence of overweight and obesity in children in Sandwell 2023/24

Prevalence of overweight (including obesity) in Sandwell by age

National Child Measurement Programme 2024 to 2025

In 2024 to 2025, 24.6% of children in reception (aged 4 to 5 years) were overweight or living with obesity



In 2024 to 2025, 45.6% of children in year 6 (aged 10 to 11 years) were overweight or living with obesity

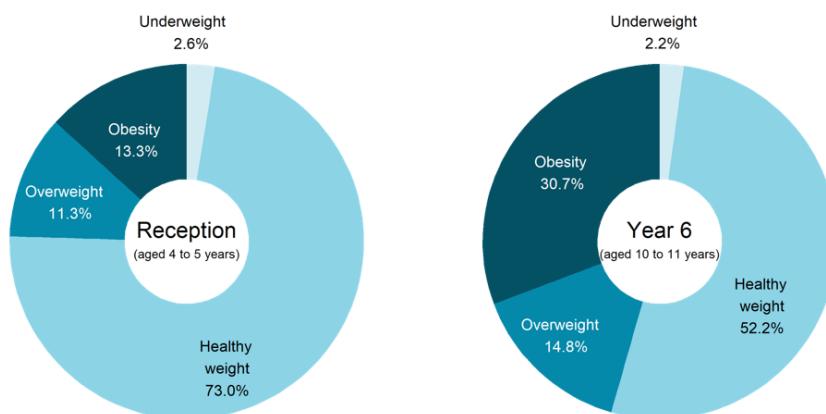


Office for Health Improvement and Disparities

Figure 13. BMI breakdown in children in Sandwell 2024/25

BMI status of children by age in Sandwell

National Child Measurement Programme 2024 to 2025



Totals may not sum due to rounding

Office for Health Improvement and Disparities

Reception age

In Reception year, Sandwell ranks 11th nationally and highest in the region for underweight children, with levels 1.5 percent above the national average (an increase from 1.1% in 23/24). Sandwell would need to reduce the number of children underweight by 63 children to meet the national average.

For healthy weight, Sandwell ranks 240th nationally and is 2.4% lower than the national average. Sandwell would need to increase the number of children of a healthy weight by 103 children to meet the national average.

For Overweight children Sandwell is below the national average, by 1.7%, we have 73 less children overweight than estimated based on national averages, however Sandwell have more children obese than overweight.

For combined overweight and obesity prevalence, Sandwell ranks 113th nationally, previously Sandwell ranked 37th, thus an improvement in the ranking. Levels are now 1.1 percent above the national average compared to 2.1 percentage points above the national average in 23/24. Based on the overweight category this is mostly obese children as Sandwell is below average for overweight children.

For obesity Sandwell ranks 20th for obesity which is also a reduction in ranking from the second highest in England but is now 2.8 percentage points above the national average compared to 2 percent in 23/24. Sandwell would need to reduce the number of children obese by 120 children to meet the national average.

For reception age children there has been an improvement between 23/24 and 24/25 with smaller gap between national average for children of a healthy weight and a smaller gap between sandwell and the national average for overweight and obese. The ranking of Sandwell nationally has reduced.

This distribution highlights that the disparity with national benchmarks is driven primarily by higher rates of obesity, particularly severe obesity, rather than overweight alone.

Table 8: Proportion of reception year children overweight and obese, severely obese, Sandwell, West Midlands and England 2024/2025

Area	Value	Percentage	Gap if at national level
Reception prevalence of Under Weight 2024/25 Proportion - %			
England	5,989	1.10%	
West Midlands	770	1.20%	
Sandwell 9th nationally, highest in the region	110	2.60%	47 (decrease by 63)
Reception prevalence of Healthy Weight 2024/25 Proportion - %			
England	411,345	75.40%	
West Midlands	46,290	74.30%	
Sandwell (118th Nationally)	3,135	73.00%	3238 (increase by 103)
Reception prevalence of overweight (excluding obesity) 2024/25 Proportion - %			
England	71,013	13.00%	
West Midlands	8,075	13.00%	
Sandwell (133rd nationally)	485	11.30%	557 (increase by 73)
Reception prevalence of overweight (including obesity) 2024/25 Proportion - %			
England	128,255	23.50%	
West Midlands	15,205	24.40%	
Sandwell (60 th nationally)	1,055	24.60%	1008 (decrease by 47)
Reception prevalence of obesity including severely obese (4-5 yrs) 2024/25 Proportion - %			
England	57,242	10.50%	
West Midlands	7,125	11.40%	
Sandwell (20th nationally)	570	13.30%	450 (decrease by 120)
Reception prevalence of severe obesity (4-5 yrs) 2024/25 Proportion - %			
England	15,995	2.90%	
West Midlands	2,065	3.30%	
Sandwell (13th nationally)	180	4.20%	124 (decrease by 56)

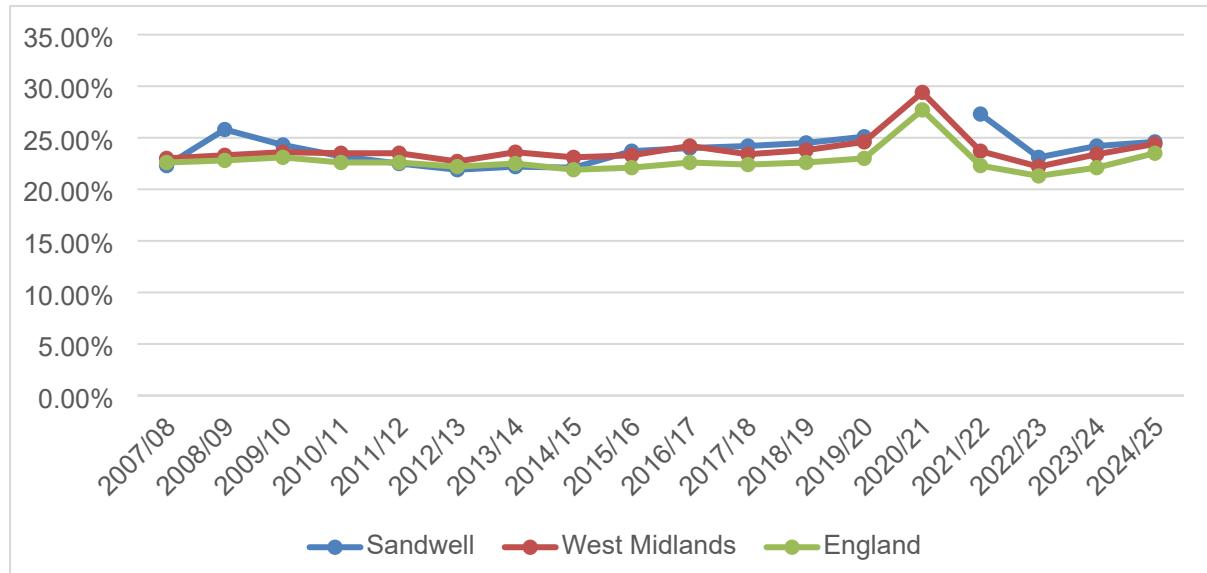
Source: National Child Measurement Programme data.

Reception Year Overweight or Obese – Trend Analysis (2007/08 to 2024/25)

The prevalence of overweight or obesity among Reception year children, after excluding the pandemic year, has overall remained relatively stable over the past 15 years, falling between 21-27%.

Since 2015/16, Sandwell has consistently recorded rates above both the West Midlands and England averages, although these are only 1.7 percent higher, figure 14.

Figure 14. Reception prevalence of overweight (including obesity) (4-5 yrs) 2007/08-2024/25



Source: National Child Measurement Programme data.

Year 6 children

In year 6, Sandwell ranks 25th nationally and 2nd highest in the region for underweight children, with levels 0.6 percent above the national. Sandwell would need to reduce the number of children underweight by 27 children to meet the national average.

For healthy weight, Sandwell ranks the lowest nationally and is 10% lower than the national average. Sandwell would need to increase the number of children of a healthy weight by 458 children to meet the national average.

For Overweight children Sandwell ranks 49th nationally, above the national average, by 0.9%, Sandwell would need to reduce the number of children overweight by just 41 children to meet national averages, however Sandwell have more children obese than overweight.

Sandwell ranks highest nationally for combined overweight and obesity prevalence at 45.6% (an increase from 44.6% in 23/24), which is 9.4 percentage points above the national average (an increase from 8.8% in 2023/24).

Of particular concern, Sandwell records the highest rate of obesity in England, with 30.7% of children classified as obese (a slight reduction from 31% in 23/24), 8.5 percentage points higher than the national figure (a slight reduction from 8.9% in 23/24).

Within the cohort, 2,090 children are overweight or obese (a reduction from 2145 in 23/24), including 1405 who are obese or severely obese (a reduction from 1,490 in 23/24), of whom 430 (a reduction from 465 in 23/24) are severely obese. To reach parity with national figures, an additional 458 children would need to be a healthy weight.

Reducing prevalence to national levels would require 174 fewer children in the severely obese category, contributing to 389 fewer classified as obese overall, and 431 fewer overweight or obese children in total.

This analysis shows that the gap with national benchmarks is driven predominantly by the high prevalence of obesity, particularly severe obesity, rather than overweight alone.

Table 9: Proportion of year 6 children overweight and obese, severely obese, Sandwell, West Midlands and England 2024/2025

Area	Value	Percentage	Gap if at national level
Year 6 prevalence of Under Weight 2024/25 Proportion - %			
England	9,637	1.60%	
West Midlands	1,205	1.80%	
Sandwell (25th nationally)	100	2.20%	72 (decrease by 27)
Year 6 prevalence of Healthy Weight 2024/25 Proportion - %			
England	373,570	62.20%	
West Midlands	40,660	59.40%	
Sandwell (Lowest nationally)	2,390	52.20%	2848 (increase by 458)
Year 6 prevalence of overweight (excluding obesity) 2024/25 Proportion - %			
England	83,544	13.90%	
West Midlands	9,675	14.10%	
Sandwell (49th nationally)	680	14.80%	638 (decrease by 41)
Year 6 prevalence of overweight (including obesity) 2024/25 Proportion - %			
England	217,097	36.20%	
West Midlands	26,635	38.90%	
Sandwell (1st nationally)	2,090	45.60%	1659 (decrease by 431)
Year 6 prevalence of obesity including severely obese (4-5 yrs) 2024/25 Proportion - %			
England	133,553	22.20%	
West Midlands	16,960	24.80%	
Sandwell (1st nationally)	1,405	30.70%	1015 (decrease by 389)
Year 6 prevalence of severe obesity (4-5 yrs) 2024/25 Proportion - %			
England	33,484	5.60%	
West Midlands	4,430	6.50%	
Sandwell (1st nationally)	430	9.40%	256 (decrease by 174)

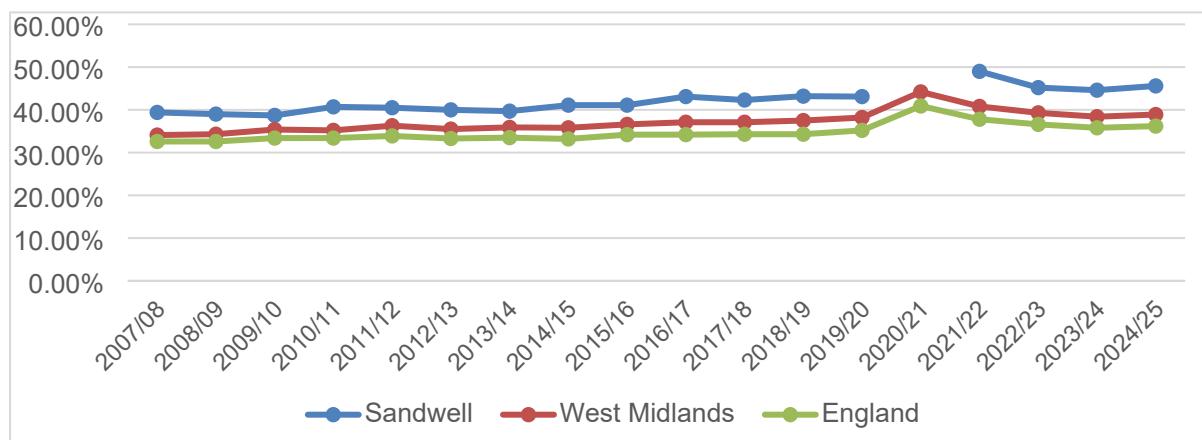
Source: National Child Measurement Programme data.

Year 6 Overweight or Obese – Trend Analysis (2007/08 to 2024/25)

The data for Year 6 children is quite different to that of reception year. In these data Sandwell is much higher than the regional and national proportions of children who are overweight or obese, figure 15. Sandwell data follows a similar trend to West Midlands and national data, of increases and decreases in proportion, but increasing overall across all. This increase was evident before the pandemic and is increasing in line with the previous trajectory.

The gap between Sandwell and the national and regional picture has increased since the COVID pandemic in 2020/21. Sandwell's consistently higher rates highlight a persistent and widening difference compared to the national average

Figure 15. Year 6 prevalence of overweight (including obesity) (10-11 yrs)



Source: National Child Measurement Programme data.

Reception to Year 6 increases in Overweight or Obese (2007/08 to 2024/25)

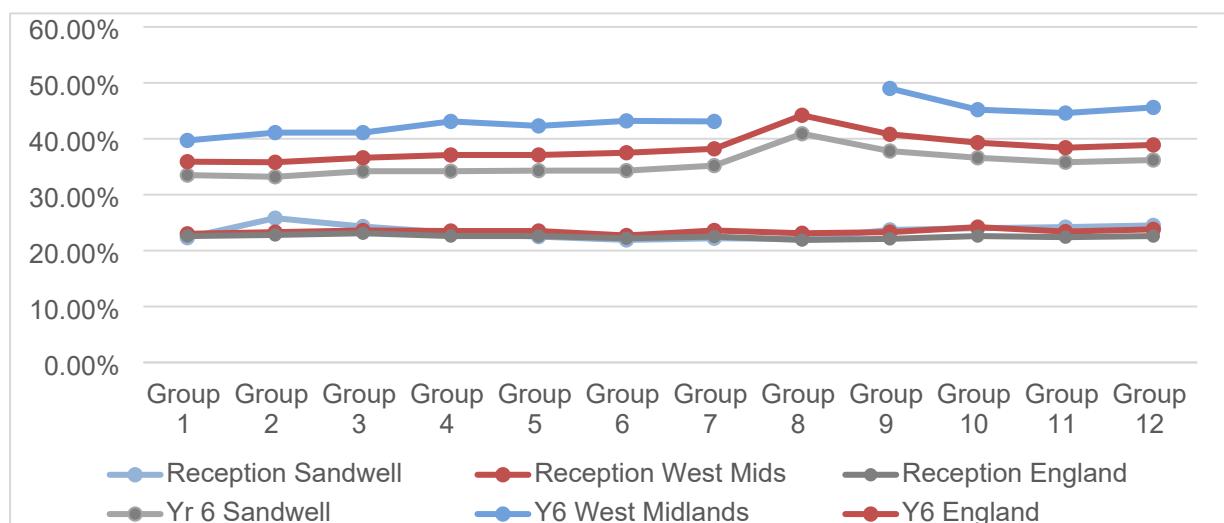
The NCMP programme has been running from 2007/2008 in Sandwell, which means that for the academic year 2013/14, the children who were measured in Reception in 2007/2008 would now be in Year 6. We can therefore group children weighed in 2007/2008 in reception and with those weighed in 2013/14 in year 6 as these are the same children 6 years on, figure 16.

The proportions of children overweight and obese in Year 6 in Sandwell, compared to the reception weights had a much higher proportion than regional and national. In Sandwell the number of children who are obese or overweight almost doubles between reception and year 6.

Year 6 Sandwell has the highest prevalence in all groups, starting around 40% and peaking close to 50%, from group 9 onward the gap between the reception year weight and the year 6 weight has widened.

Reception Sandwell is generally slightly above West Midlands and England averages, but the gap is less pronounced than in Year 6.

Figure 16. Proportion of children overweight (including obesity) grouped from 2007-2024



Source: National Child Measurement Programme data.

Interpretation:

Although the number of children who are overweight or obese in reception is higher than regional and national proportions, the gap at this point is quite small. The gap gets much larger in the six years between reception and year 6.

It is clear that proportions of overweight or obese children are not improving regionally or nationally either considering the national policy context that we are working in the tackle this as an issue. Year 6 data is still increasing overall for Sandwell, regionally and nationally.

Sandwell data still follows the national trend where there are increases or decreases but not to the same extent. Decreases in children overweight or obese are much smaller than seen regionally or nationally.

In Sandwell, rising levels of childhood obesity reflect the combined impact of social, environmental, and behavioural factors that reinforce unhealthy weight gain as children grow older.

- High levels of deprivation mean many families face barriers to accessing affordable, healthy food and safe, accessible opportunities for physical activity.
- The local food environment, with a high density of fast-food outlets near homes and schools, makes calorie-dense, nutrient-poor food more available and appealing, especially for families under financial pressure. The fact that the food a child consumes at the age of 4 or 5 years of age is solely the choice of the parent or carer shows that there is little impact at this point that

the school or external services could have had on the diet of these children without an intervention on the parent.

- Consistent higher than needed calory intake, e.g. if a child increased their intake of food/energy everyday of just one packet of crisps excess to what their body is exerting/outputting energy, then they will gradually gain weight. From the age of 4-5 years of age, at the first measurement, a further 5-6 years whereby the energy consumed was greater than that exerted would lead to these children in Year 6 being of increased weight.
- Physical activity levels among children are lower than the national average, cost of participation and increased sedentary screen time all contributing. Children who start school overweight are unlikely to return to a healthy weight without targeted support.
- The COVID-19 pandemic has further compounded the problem, disrupting routines, reducing active play, and embedding less healthy habits, particularly for pupils whose key developmental years were affected by lockdowns.
- Family routines, cultural attitudes towards diet and activity, and the wider determinants of health such as housing, transport, and planning also play a role in creating “obesogenic environments.”

These factors together explain why Sandwell starts broadly in line with national trends in Reception year, but sees the gap widen significantly by Year 6.

The data highlights a need for sustained, targeted interventions in Sandwell, focusing on healthy eating, physical activity, and family support in the early years to reduce overweight and obesity prevalence before it becomes entrenched in later childhood.

Addressing childhood obesity is essential for giving every child in Sandwell the best start in life. The response to this requires a coordinated, whole-system response through collaborative efforts involving families, schools, health professionals, and community organisations, targeted actions are being implemented to promote healthy growth, support active lifestyles, and embed positive habits from an early age, highlighted in later sections on interventions.

This trend is of concern as if these lifestyles continue into adulthood, we will see a continued increase in adults overweight and obese and the health impacts that follow on from that.

The picture for Sandwell by ward and town.

Data for adults overweight or obese is not available by town, however we can assume that the childhood data and the adult data are similar in pattern. As a result, wards and towns in Sandwell with high proportions of children who are not a healthy weight, it can be inferred to expect the same pattern in adults.

Reception age: Overweight and Obese

To review the trend a 3-year average is used, which is more accurate than the year at a time view of data. There is disparity between wards based on the proportion of children who are overweight and obese, table 11.

Sandwell has five wards statistically worse than England, compared to seven in 23/24. One ward statistically worse than Sandwell (Bristnall), Friar park is no longer statistically different. Bristnall, Princes End and Friar Park have the highest proportions of children overweight or obese. There are seven wards which are below the national average, of which Smethwick, Charlemont with Grove Vale, Oldbury and Soho and Victoria are the lowest.

Overall the levels of overweight and obese are decreasing by ward, only five wards have increased and one has remained the same, which is promising for the future healthy weight trend in Sandwell.

Table 11: Reception overweight and obese ranked from worst Ward 2021/22 - 24/25

Area	Town	Value 24/25	Value 23/24	95% lower CI	95% upper CI
Bristnall	Oldbury	29.6	28.6	25.8	34.7
Princes End	Tipton	28.6	31.5	24.6	32.1
Friar Park	Wednesbury	27.8	28.4	24.4	32.4
Blackheath	Rowley Regis	27.1	25.6	22.6	31
Wednesbury North	Wednesbury	26.8	28.9	22.8	30.6
Hateley Heath	West Bromwich	25.4	26.7	22	29.1
West Bromwich Central	West Bromwich	25.2	26.7	21.4	28.9
Great Barr with Yew Tree	West Bromwich	25	24.3	21.6	28.9
Tividale	Rowley Regis	24.7	26.0	21.3	29
Cradley Heath and Old Hill	Rowley Regis	24.5	24.5	20.6	28.1
Rowley	Rowley Regis	24.3	24.5	21	28.4
Wednesbury South	Wednesbury	24.3	25.3	20.6	27.8
Sandwell		23.9	24.9	23.2	24.7
Greets Green and Lyng	West Bromwich	23.7	24.6	20.3	27.3
St Pauls	Smethwick	23.7	24.1	20.6	26.9
Langley	Oldbury	23.6	22.7	20.2	27.4
West midlands		23.3	22.4	23.2	23.5
Great Bridge	Tipton	23.1	23.2	19.7	27
Tipton Green	Tipton	22.9	25.8	19.9	26.7
England		22.3	21.9	22.2	22.3
Abbey	Smethwick	21.7	21.3	18.2	27
Old Warley	Oldbury	21.7	22.6	18.4	25.9
Newton	West Bromwich	21.4	23.8	18	25.9
Oldbury	Oldbury	21.0	21.7	17.6	24.1
Soho and Victoria	Smethwick	21.0	24.1	18.5	24
Charlemont with Grove Vale	West Bromwich	20.7	25.0	17.3	24.9
Smethwick	Smethwick	19.4	22.2	16.2	22.8

Source: Office for Health Improvement and Disparities Public health profiles 2025

Reception age: Obese and severely obese.

To review the trend a 3-year average is used, which is more accurate than the year at a time view of data.

Sandwell has 16 wards statistically worse than England, compared to eighteen in 23/24. One ward statistically worse than Sandwell (Friar Park), Friar park, Bristnall and Blackheath have the highest proportions of children obese, table 12.

All of the wards are above the national average, of which Rowley and Abbey are the lowest.

Overall the levels of overweight and obese are decreasing by ward, only four wards have increased, which is promising for the future healthy weight trend in Sandwell.

Table 12: Reception Obesity ranked from worst Ward 2021/22 - 24/25

Area	Town	Value 24/25	Value 23/24	95% lower CI	95% upper CI
Friar Park	Wednesbury	16.5	16.7	13.6	20.3
Bristnall	Oldbury	14.8	12.9	11.5	18.4
Blackheath	Rowley Regis	14.1	12.9	11.5	18.3
Wednesbury South	Wednesbury	14.0	16.3	11.7	17.7
Greets Green and Lyng	West Bromwich	14.0	14.4	11.8	17.6
Hateley Heath	West Bromwich	14.0	14.3	11.4	17.1
Princes End	Tipton	13.4	14.4	11.1	16.9
Tividale	Rowley Regis	13.4	13.5	10.7	16.7
Wednesbury North	Wednesbury	13.4	14.1	10.6	16.7
St Pauls	Smethwick	12.9	13.5	10.8	15.8
Sandwell		12.8	12.8	13.4	13.4
Tipton Green	Tipton	12.7	15.8	10.5	16.0
Cradley Heath and Old Hill	Rowley Regis	12.7	12.3	10.0	15.7
West Bromwich Central	West Bromwich	12.6	13.1	10.2	16.0
Oldbury	Oldbury	12.6	13.0	10.2	15.5
Great Bridge	Tipton	12.5	11.6	10.1	15.9
Smethwick	Smethwick	12	13.7	9.6	15.1
Great Barr with Yew Tree	West Bromwich	12	12.1	9.4	14.9
Soho and Victoria	Smethwick	12	13.8	10.2	14.6
Newton	West Bromwich	11.9	11.9	8.7	14.8
Charlemont with Grove Vale	West Bromwich	11.5	14.3	8.6	14.5
Langley	Oldbury	11.3	11.8	8.7	14.1
Old Warley	Oldbury	10.9	10.8	8.1	13.8
West Midlands		10.8	10.8	11.3	10.9
Rowley	Rowley Regis	10.7	11.7	8.1	13.4
Abbey	Smethwick	10.1	9.3	7.1	13.5
England		9.8	9.6	9.7	9.8

Source: Office for Health Improvement and Disparities Public health profiles 2025

Year 6 – Overweight and obese

To review the trend a 3-year average is used, which is more accurate than the year at a time view of data. There is disparity between wards based on the proportion of children who are overweight and obese, table 13.

Sandwell has 21 wards statistically worse than England, compared to 23 in 23/24. One ward statistically worse than Sandwell (Greets Green and Lyng). Greets Green and Lyng, Langley and Princes End have the highest proportions of children overweight or obese.

All wards are above the national average, of which Newton, Abbey and Old Warley are the lowest.

Overall the levels of overweight and obese are decreasing by ward, only four wards have increased and one has remained the same, which is promising for the future healthy weight trend in Sandwell.

Table 13: Year 6 Overweight (Including Obesity) by Ward 2021/22 - 24/25

Area	Town	Value 24/25	Value 23/24	95% lower CI	95% upper CI
Greets Green and Lyng	West Bromwich	51.1	51.4	47.4	54.8
Langley	Oldbury	49	48.6	44.6	53.3
Princes End	Tipton	48.9	49.6	45.4	53
Rowley	Rowley Regis	47.8	48.6	43.9	52.1
Hateley Heath	West Bromwich	47.5	48.1	44	51.4
Wednesbury South	Wednesbury	47.1	50	42.9	50.9
Friar Park	Wednesbury	46.7	48.6	42.7	50.2
Soho and Victoria	Smethwick	46.7	48.1	43.3	49.7
West Bromwich Central	West Bromwich	46.5	47.9	42.3	51
Bristnall	Oldbury	45.7	45	41.1	49.6
Wednesbury North	Wednesbury	45.3	45.8	41.2	49.6
Oldbury	Oldbury	45.2	46.9	41.3	49.1
Sandwell		45.1	46.3	44.3	45.9
St Pauls	Smethwick	45.0	46.5	41.5	48.6
Great Bridge	Tipton	44.8	49.6	41.1	49.2
Blackheath	Rowley Regis	44.7	44.8	40.3	49.2
Smethwick	Smethwick	44.6	47.3	40.8	48.7
Tividale	Rowley Regis	42.5	41.1	38.8	47.3
Charlemont with Grove Vale	West Bromwich	42.2	42.2	36.9	46.3
Tipton Green	Tipton	42.1	44	38.6	46.5
Cradley Heath and Old Hill	Rowley Regis	41.8	43.3	37.9	45.7
Great Barr with Yew Tree	West Bromwich	41.0	41.7	36.5	44.9
Newton	West Bromwich	40.7	45	36.0	45.6
Abbey	Smethwick	39.5	38.1	35.4	44.9
West Midlands		38.9	39.5	38.6	39.1
Old Warley	Oldbury	37.6	41.2	33.6	42.1
England		36.2	36.7	36.1	36.3

Source: Office for Health Improvement and Disparities Public health profiles 2025

Year 6: Obese and severely obese.

To review the trend a 3-year average is used, which is more accurate than the year at a time view of data. There is disparity between wards based on the proportion of children who are obese, table 14.

Sandwell has 20 wards statistically worse than England, compared to 22 in 23/24. One ward statistically worse than Sandwell (Princes End). Princes End, Greets Green and Lyng, and Rowley have the highest proportions of obese children.

All wards are above the national average, of which Abbey, Old Warley Great Barr and Yew Tree are the lowest.

Overall the levels of overweight and obese are decreasing by ward, only four wards have increased and one has remained the same, which is promising for the future healthy weight trend in Sandwell.

Table 14: Year 6 Obesity (Including Severe Obesity) by Ward 2021/22 - 24/25

Area	Town	Value 24/25	Value 23/24	95% lower CI	95% upper CI
Princes End	Tipton	37.0	36.2	33.3	40.6
Greets Green and Lyng	West Bromwich	34.8	37.0	31.2	38.2
Rowley	Rowley Regis	34.5	33.6	30.5	38.3
Langley	Oldbury	34.0	33.3	29.7	38.0
Friar Park	Wednesbury	33.3	34.0	29.6	36.7
Hateley Heath	West Bromwich	33.1	33.3	30.0	37.0
Wednesbury North	Wednesbury	33.0	32.7	29.3	37.3
West Bromwich Central	West Bromwich	32.7	33.3	28.7	36.8
St Pauls	Smethwick	32.5	32.1	29.1	35.7
Blackheath	Rowley Regis	31.9	31.0	27.7	36.1
Great Bridge	Tipton	31.9	35.2	28.2	35.7
Soho and Victoria	Smethwick	31.5	33.7	28.4	34.3
Sandwell		30.7	31.9	30.0	31.5
Wednesbury South	Wednesbury	30.3	33.3	26.7	34.1
Oldbury	Oldbury	30.2	34.4	26.9	34.1
Charlemon with Grove Vale	West Bromwich	30.1	30.1	26.2	35.0
Smethwick	Smethwick	28.9	32.8	25.6	32.8
Bristnall	Oldbury	28.6	28.4	24.4	32.1
Tipton Green	Tipton	28.1	29.3	24.8	32.0
Cradley Heath and Old Hill	Rowley Regis	27.9	30.0	24.2	31.3
Tividale	Rowley Regis	26.4	25.9	22.9	30.4
Newton	West Bromwich	25.9	27.5	22.0	30.6
Great Barr with Yew Tree	West Bromwich	25.7	26.9	22.4	29.9
West Midlands		24.8	25.3	24.6	25.0
Abbey	Smethwick	24.7	26.2	21.3	29.7
Old Warley	Oldbury	23.8	25.5	20.2	27.6
England		22.3	22.7	22.3	22.4

Source: Office for Health Improvement and Disparities Public health profiles 2025

Overall Changes Between Reception and Year 6

Sandwell is statistically worse than England in all four areas in these data but Reception age is closer to England data than Year 6.

Data Caveats

- Low numbers of pupils are measured as being Underweight and so to get a more statistically robust data the two school years have been combined together and pupils in other years could be Underweight and the weight of all pupils measured could have changed since they were measured
- The data shows Confidence Intervals (CI) where the data is 95 percent certain to be within this range and is useful when the numbers in the data are small and allows comparisons of different data- for example in this data the data for individual ethnicities in Sandwell has far wider confidence intervals than Sandwell and England overall where far more pupils are in the data
- The data shows the results of a statistical test of data measured compared to Sandwell and England to see if any differences between two sets of data are statistically significant (this test is advised with this data rather than simply if Confidence Intervals overlap)
- Body Mass Index (BMI) which provides weight categories is not always seen as the best measure but can be used to raise highlight groups where more pupils are Underweight
- Due to data disclosure only ethnicities with 5 or more pupils Underweight are shown and as the data shows the smaller the number of pupils the wider the Confidence Intervals are

Interpretation:

- These figures indicate a clear upward trend in excess weight as children progress through primary school, highlighting the need for early intervention and sustained support throughout childhood. The local picture also reveals significant variation by ward and socioeconomic status, with higher rates of childhood obesity observed in the most deprived communities. This further reinforces the importance of targeted approaches that address the wider determinants of health, including food insecurity, limited physical activity opportunities, and environmental factors that influence lifestyle behaviours.⁴³

Residents of Sandwell are experiencing unhealthy weight from an early age. There are strong patterns of inequality, with higher risk in more deprived communities. Influences begin before birth and continue throughout the early years, including maternal health, feeding practices, physical activity, access to healthy food, and exposure to unhealthy environments.

Children who are overweight in Reception are very likely to remain so or worsen by Year 6, showing that early action is critical. This then continues into the adulthood, maternity and the cycle begins again.

Ethnicity and overweight and obese

The current National Child Measurement Programme (NCMP) tool used to categorise children's weight status is based on growth charts and BMI thresholds 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.

a limitation of the tool is that it does not fully reflect ethnic and cultural differences in body composition or growth rates. For example, some ethnic groups may have naturally slimmer builds or different patterns of fat distribution that are entirely normal for their health, but which fall outside the narrow BMI-based "healthy weight" category. This can lead to unnecessary concern, misdirected interventions, and the potential stigmatisation of children who are in fact healthy.

However, ethnicity is an important factor to report on when examining overweight and obesity 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 central adiposity), and metabolic responses. By reporting on ethnicity, public health teams can ensure that thresholds, interventions, and messaging are appropriately tailored, avoiding under-diagnosis or late intervention in higher-risk groups.

Reception age children

In the reception year data, the highest proportion of underweight children were of Indian and Any other Black ethnicity. This is likely highlighting the issues as raised above that these children may be of a healthy weight, Figure 15. The ethnicity with the highest proportion of Overweight and Obese is in the White and Black African and British ethnicities. Obesity was highest in the White and Black African and Pakistani backgrounds.

**Table 15: Proportion of Reception children by weight category and ethnicity 24/25
(Pupils resident in Sandwell measured in Sandwell)**

Reported Ethnicity	Underweight	Healthy Weight	Overweight	Obese	Overweight and Obese (two groups added)
African	1%	78%	10%	10%	20%
Any other Asian background	5%	82%	5%	6%	11%
Any other Black background	1%	74%	12%	12%	24%
Any other ethnic group	4%	75%	10%	9%	19%
Any other mixed background	0%	73%	13%	11%	23%
Any other White background	1%	85%	7%	6%	13%
Bangladeshi	5%	76%	7%	8%	16%
British	1%	76%	11%	10%	21%
Caribbean	2%	78%	9%	7%	16%
Indian	7%	79%	5%	8%	13%
Not stated	4%	79%	11%	7%	18%
Pakistani	5%	75%	7%	11%	19%
White and Asian	2%	78%	14%	7%	21%
White and Black African	0%	78%	11%	6%	17%
White and Black Caribbean	2%	74%	13%	9%	22%

Source: National Child Measurement Programme data

Year 6 age children

In the year 6 data, the highest proportion of underweight children were of Indian and Pakistani and ethnicity, in Figure 16. All ethnicities presented with at least 26% of the year 6 population as obese, any other Black background has the highest proportion at 53% of year 6 being classed as overweight or obese. Again, based on the model not being a perfect fit to allow for ethnicity differences it is difficult to know if this is a correct category for the children and may relate to a healthy weight. However obesity impacts all ethnic categories in Sandwell, with at least 25% being obese.

Table 16: Proportion of year 6 children by weight category and ethnicity 24/25 (Pupils resident in Sandwell measured in Sandwell)

Reported Ethnicity	Underweight	Healthy Weight	Overweight	Obese	Overweight and Obese (two groups added)
African	1%	61%	16%	22%	37%
Any other Asian background	10%	56%	16%	17%	33%
Any other Black background	1%	54%	16%	28%	44%
Any other ethnic group	1%	58%	18%	21%	39%
Any other mixed background	0%	66%	9%	23%	32%
Any other White background	0%	59%	13%	25%	38%
Bangladeshi	3%	55%	14%	25%	39%
British	1%	57%	15%	24%	39%
Caribbean	1%	53%	22%	22%	44%
Indian	5%	57%	19%	18%	37%
Not stated	0%	54%	25%	18%	43%
Pakistani	5%	56%	18%	21%	38%
White and Asian	3%	61%	16%	20%	36%
White and Black African	0%	76%	18%	7%	24%
White and Black Caribbean	1%	53%	16%	26%	42%

Source: National Child Measurement Programme data

Data caveats and limitations, ward data may differ from other data sources because:

- Some population groups may be smaller than others which impact the proportions
- Confidence intervals have not been calculated
- Ethnicity based on data available in school administration records.
- This data is based on the postcode where the pupil lives in the data measured in Sandwell schools (other sources may be by school or local authority) where pupils live in Sandwell
- Only ethnicities with a meaningful number of children measured are shown in the data

Deprivation and weight.

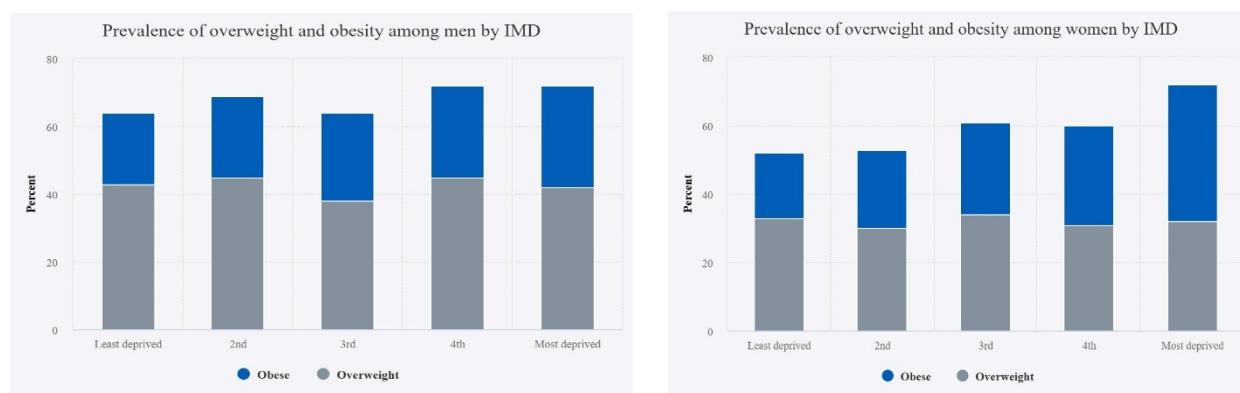
Understanding the relationship between weight and deprivation is central to tackling health inequalities. Across England, the Index of Multiple Deprivation (IMD) consistently demonstrates a strong and persistent social gradient in overweight and obesity. Children and adults living in the most deprived communities are significantly more likely to have excess weight than those in more affluent areas. This pattern is seen both nationally and locally in Sandwell, reflecting the wider structural and environmental determinants of health.

The IMD combines data on income, employment, education, health, crime, housing, and the living environment to provide a detailed picture of deprivation at neighbourhood level.

Nationally, obesity prevalence was lowest among adults living in the least deprived areas (20%) and highest in the most deprived areas (34%)⁴⁴. The proportion of men who were either overweight or obese was lowest in the least deprived quintile (64%) and highest in the most deprived quintiles (72% and 71% in the fourth and fifth most deprived group, respectively), figure 21. A much greater difference was seen for women than for men.

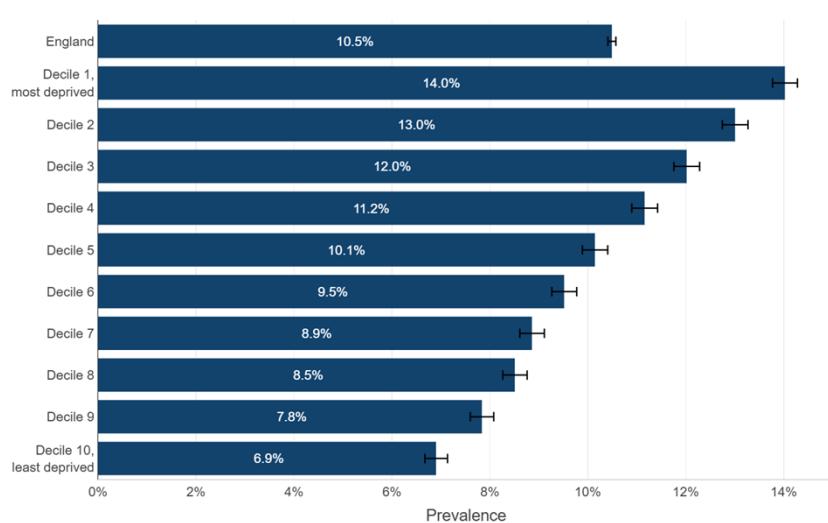
For women, the proportion who were either overweight or obese was 52% in the least and second least deprived quintiles, compared with 72% in the most deprived, figure 22.

Figure 17 and 18: National Overweight and obesity among men (left) and women (right) by IMD, 2024.



Source: <https://digital.nhs.uk>

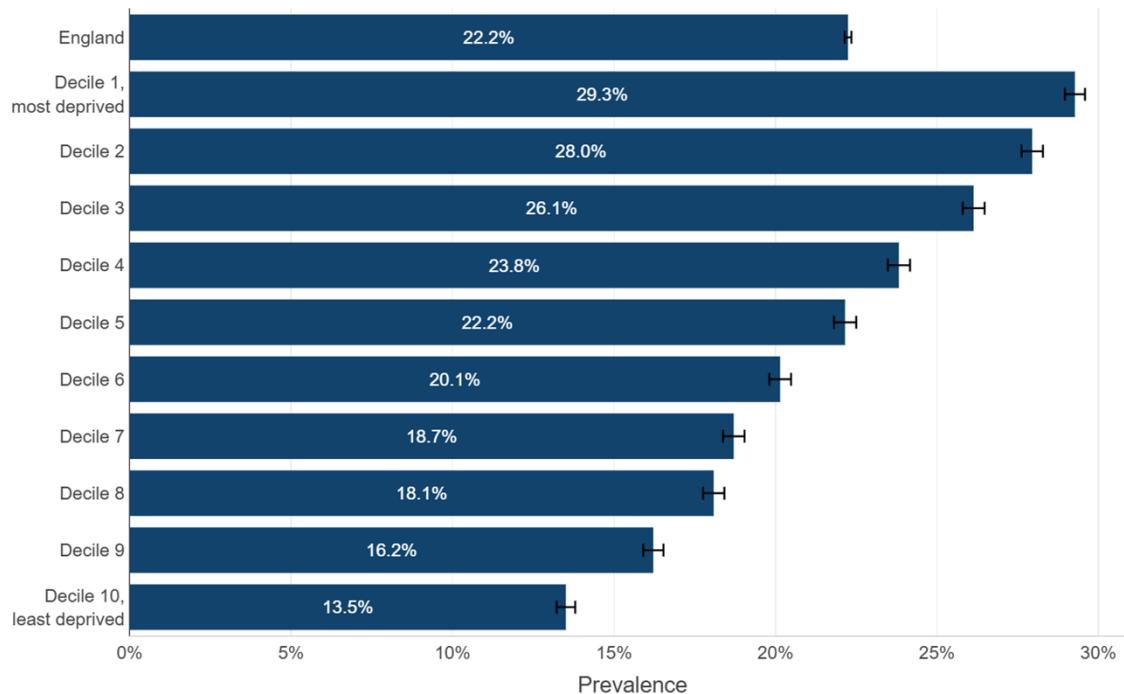
Figure 19: National Overweight and obesity among reception aged children by IMD, 2024/25



Source: National Child Measurement Programme data.

Source: <https://fingertips.phe.org.uk/static-reports/obesity-physical-activity-nutrition/national-child-measurement-programme-2024-2025-academic-year.html#deprivation>

Figure 20: National Overweight and obesity among Year 6 aged children by IMD, 2024/25



Source: National Child Measurement Programme data.

Analysis of National Child Measurement Programme data shows a correlation between higher levels of deprivation and higher rates of overweight and obesity. In Reception year, children from the most deprived areas are already more likely to be living with excess weight, table 17. By Year 6, this inequality has widened further, highlighting the cumulative impact of environmental, social, and economic disadvantage on children's health, table 18.

The data shows that children in Sandwell who live in poorer areas are more likely to have an unhealthy weight (overweight or obese) than those in richer areas. For example, at Reception age in the most deprived decile, 25 out of 100 children are overweight or obese. In the middle groups this is about 21 out of 100, and in one of the richer groups it is 17 out of 100.

In Sandwell far more children live in areas where the population is more deprived, and only a very small number live in the areas where people are more affluent. For example, nearly two-thirds of all children live in the two most deprived groups, but only about 2 in 100 live in the more affluent groups. This means the overall picture for Sandwell is strongly shaped by the children in areas of more deprivation, because there are more of them and they have higher rates of unhealthy weight.

**Table 17: Proportion of reception children by weight category and level of deprivation 24/25
(Pupils resident in Sandwell measured in Sandwell)**

IMD Decile	Percent of Children Measured in Decile	Underweight	Healthy Weight	Overweight	Obese	Overweight and Obese (two groups added)
1 (Most Deprived)	23%	3%	75%	10%	10%	20%
2	43%	3%	77%	9%	9%	18%
3	15%	4%	78%	9%	8%	17%
4	5%	2%	77%	7%	13%	20%
5	5%	4%	80%	6%	10%	16%
6	7%	4%	81%	8%	6%	14%
7 (Less Deprived)	2%	5%	80%	5%	11%	15%
Overall	100%	3%	77%	9%	9%	18%

Source: National Child Measurement Data. Note: Sandwell does not have families in deciles 9 and 10 and a very limited number in deciles 7 and 8. Decile 8 data is too small to show data

**Table 18: Proportion of year 6 children by weight category and level of deprivation 24/25
(Pupils resident in Sandwell measured in Sandwell)**

IMD Decile	Percent of Children Measured in Decile	Underweight	Healthy Weight	Overweight	Obese	Overweight and Obese (two groups added)
1 (Most Deprived)	24%	3%	55%	17%	23%	41%
2	44%	2%	57%	17%	22%	39%
3	14%	4%	56%	16%	23%	38%
4	6%	3%	57%	16%	22%	38%
5	5%	3%	64%	13%	19%	32%
6	6%	2%	68%	12%	16%	28%
7 (Less Deprived)	2%	3%	57%	16%	20%	36%
Overall	100%	2%	57%	16%	22%	2%

Source: National Child Measurement Data. Note: Sandwell does not have families in deciles 9 and 10 and a very limited number in deciles 7 and 8. Decile 8 data is too small to show data

Interpretation

Clear social gradient: The figures show that children in Sandwell's most deprived areas are more likely to have an unhealthy weight than those in more affluent areas. This is consistent with national evidence that links deprivation to poorer health outcomes.

Population distribution matters: Because most children in Sandwell live in the most deprived deciles, the higher prevalence of unhealthy weight in these groups has a greater impact on the overall borough average. By contrast, the relatively small number of children in affluent areas means their lower rates of obesity do not significantly reduce the overall figures.

Health inequalities: The data highlight persistent health inequalities. Children in deprived areas face higher risks of overweight and obesity, which can increase their chance of long-term health problems.

Targeted action required: Interventions to improve healthy weight should prioritise children in deprived areas, where both the need and the potential impact are greatest. At the same time, support should remain available across all groups to prevent widening inequalities.

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 increased gradually in Sandwell since the start of the NCMP, from around 70 children to around 110 children.

Reception age - Underweight children

Sandwell falls 11th nationally for levels of underweight children, at 2.6% which is 1.4% above the national proportion. This is also the highest across the West Midlands region. There were 110 children who were underweight.

If Sandwell were to bring the number of children underweight down to national levels, we would need to bring 47 children out of the underweight category.

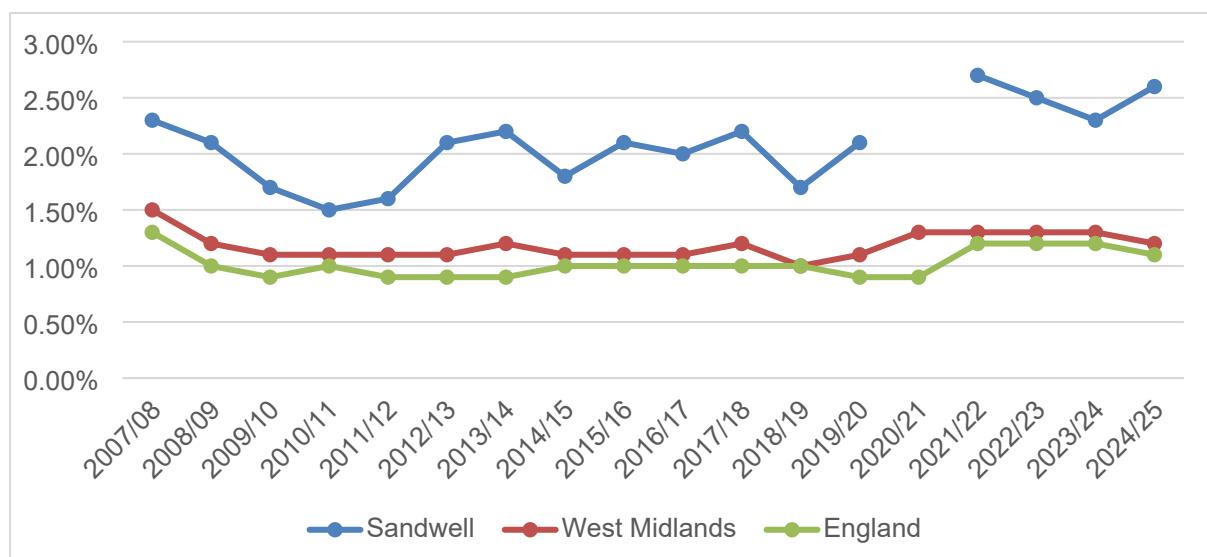
Reception underweight – Trend Analysis (2007/08 to 2023/24)

Sandwell consistently records a higher proportion of underweight Reception children than both the regional and national averages, figure 21. The rate in Sandwell started at just over 2% in 2007/08, dipped to around 1.5% in 2010/11, and has fluctuated since, with peaks above 2% in several years, most notably in 2021/22 (around 2.7%).

West Midlands and England have remained relatively stable at around 1%–1.3% over the whole period, with only slight increases since 2019/20. The gap between Sandwell and the England average is persistent, with Sandwell's rate often around 0.5–1 percentage point higher.

Sandwell has a consistently greater proportion of underweight Reception children compared to both the regional and national levels, and this difference has been sustained over more than 15 years.

Figure 21: Reception prevalence of underweight (4-5 yrs)



Source: National Child Measurement Programme data.

Year 6 - Underweight children

Sandwell falls 25th nationally for levels of underweight children, at 2.4% which is 0.6% above the national proportion. This is also the highest across the West Midlands region. There were 100 children who were underweight, which is a decrease of 15 children on the previous year.

If Sandwell were to bring the number of children underweight down to national levels, we would need to bring 72 children out of the underweight category.

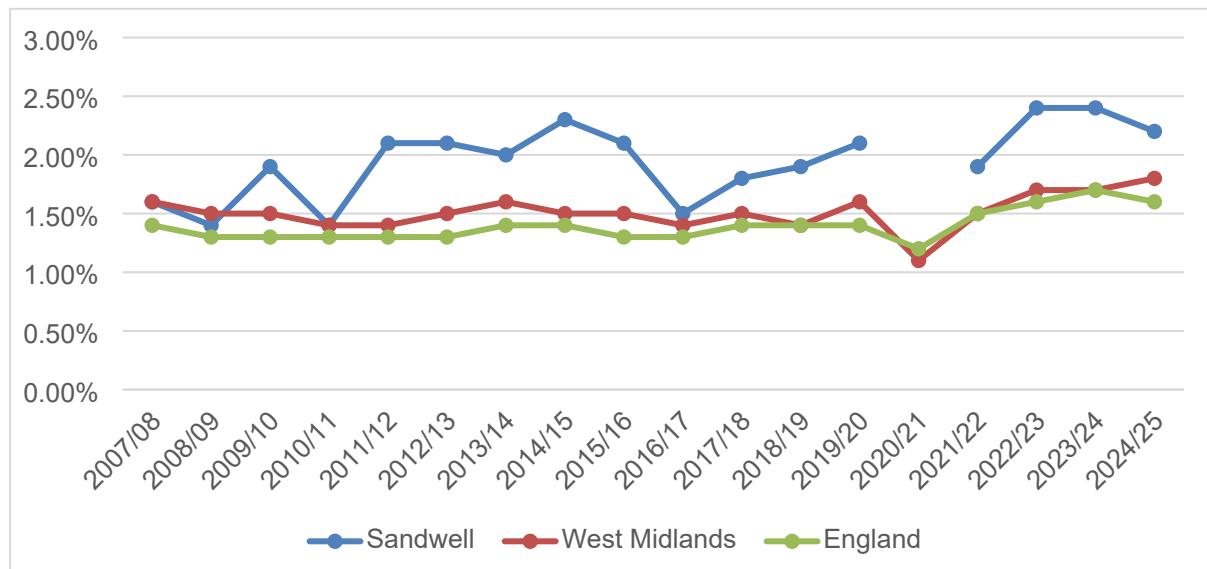
Year 6 underweight – Trend Analysis (2007/08 to 2023/24)

Sandwell consistently reports a higher proportion of underweight Year 6 children than both the regional and national averages, figure 22. Rates in Sandwell start at around 1.6% in 2007/08, rise to peaks above 2% in 2011/12, 2014/15, and 2022/23, and remain around 2.4–2.4% in the most recent

three years. Year 6 pupils consistently and significantly higher than both regional and national levels over the 15-year period.

West Midlands and England follow similar patterns to each other, staying mostly between 1.3% and 1.6%, with a small dip in 2020/21 and a gradual increase in recent years. The gap between Sandwell and the national average is persistent, but has decreased in the last few years, with Sandwell's rate now almost 0.5% higher.

Figure 22: Year 6 prevalence of underweight (10-11 yrs)



Source: National Child Measurement Programme data.

Out of area differences.

The data for Sandwell reports that there are 45.6% of children who are overweight or obese. The data for those who live and go to school in Sandwell this is 38%, 7.6% lower.

The number of children in the national data is 4,295 in reception and 4580 in year 6, a total of 8,875. The number of children in the Sandwell data set who live and school in Sandwell is, 4120 in Reception, and 4312 in year 6, a total of 8432 which is 443 different. This is approximately 5% of the data set which is missing. This is a national issue and all Local Authorities have this discrepancy, due to the data sharing, as a council we can not receive the data on those measured by other Local authorities. What this means is that, children who school outside of Sandwell have a lower proportion of healthy weight in Reception and Year 6.

Table 21, the comparison of nationally reported data and locally available data.

Data Source	Year	underweight	healthy weight	overweight	very overweight
Sandwell Dataset	Reception	3.0%	77.1%	9.0%	9.0%
National Dataset	Reception	2.6%	73.0%	11.3%	13.3%
Difference	Reception	-0.4%	+4.1%	-2.3%	-4.3%
Comment		Better in national data	Better in Sandwell data	Better in Sandwell data	Better in Sandwell data
Sandwell Dataset	Year 6	2.3%	57.4%	16.4%	22.0%
National Dataset	Year 6	2.2%	52.2%	14.8%	30.7%
Difference	Year 6	-0.1%	+5.2%	+1.6%	-8.7%
Comment		Better in national data	Better in Sandwell data	Better in national data	Better in Sandwell data
	Grand Total	226	5648	1079	1319

Source: National Child Measurement Programme data nationally reported and Sandwell data set.

Weight Management for adults with the wider system:

As described weight management is commissioned nationally in tiers of care.

Public Health provide:

Tier 1: this is where Public Health keep resident healthy, using health promotion, health education, eating a health promoting diet, staying physically active.

Tier 2: Public Health provide a programme of support for people who are already obese and struggle to manage their weight on their own. These individuals may be experiencing or at risk of long-term health conditions. The tier 2 weight management service commissioned by Public Health started February 2024.

Tier 3 This level of support is provided by the NHS, and for some providers the tier 2 weight management must be completed before these can be accessed. This includes medical intervention such as medications or surgical support around weight loss.

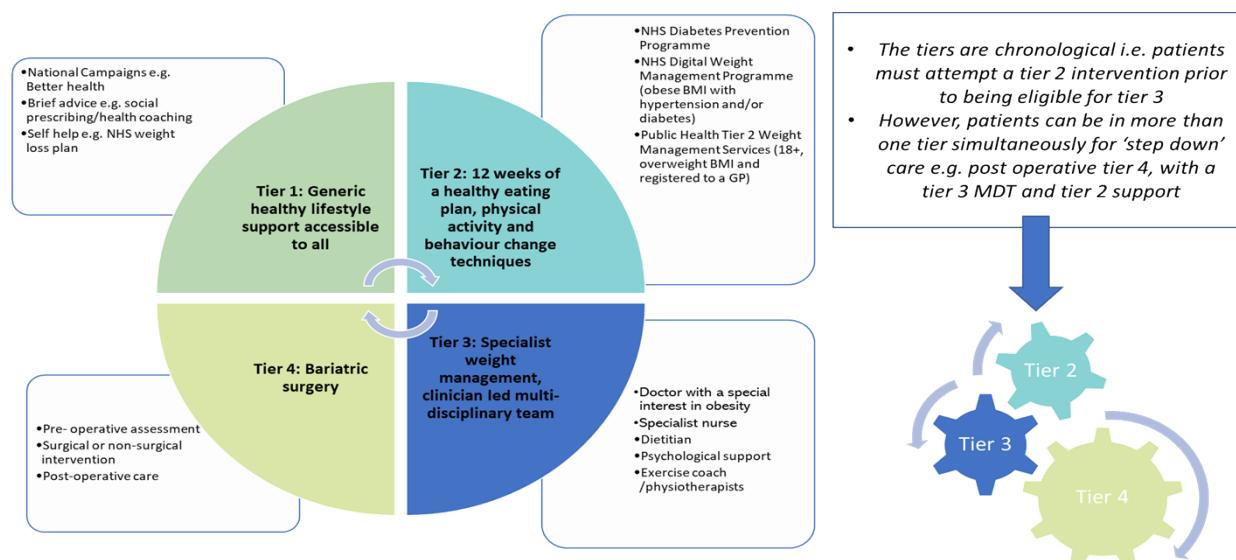
Tier 4: This is where other tiers have not worked to support the individual and includes severe and complex obesity services (including obesity surgery - bariatric surgery and specialist weight management programmes, post-surgical and annual follow up).

Obesity Pathway Development

We have been working in collaboration with our Integrated Care Board (ICB) partners to develop a consistent and integrated care pathway that effectively links Tier 2, Tier 3, and Tier 4 services. This strategic partnership is designed to enhance the coordination of care, improve accessibility, and ensure that individuals are consistently supported with the right level of intervention at each stage of their journey.

There may be cases where Tier 1-2 is not viable and a Tier 3 immediate referral is required (e.g. housebound, mobility, comorbidities, enduring mental health) this would require a joint review by the primary care clinician and Public Health team

Figure 24: Tiers of weight management and how they align.



Public Health Tier 2 Programme: Additional support.

Types of Tier 2 programmes have been researched and refined over decades, evidence suggests that the best way to give individuals support to lose weight once they are obese is a 12-week intensive programme of support, with behavioural support, goal setting and more bespoke dietary advice.

If the individual has diabetes, they can also attend the national diabetes prevention Programme. These services offer group sessions, advice, support from friendly coaches and help with eating, activity and wellbeing.

The hope is that after completing Tier 2 lifestyle services the structured, evidence-based support help individuals achieve long-term behavioural change. For most patients, this support will be sufficient

There are three ways to get support

- The NHS Better Health website <https://www.nhs.uk/better-health/lose-weight>. Residents can download a free NHS weight loss plan (which is self motivated)
- The NHS Digital Weight Management Programme, which cannot be accessed unless referred by a GP or pharmacist referral. self-referrals are not possible. You must have a BMI over 30 and have diabetes, high blood pressure, or both.
- The Public Health Sandwell Council programme – which is linked from the NHS better Health website to the Sandwell Council home page.

Access to Tier 3 and Tier 4⁴⁵.

There are strict eligibility criteria for all of these treatments

Most providers of Tier 3 services require individuals to have completed Tier 2 services in the last two years, to be eligible for tier 3 services.

1. Specialist Multidisciplinary Team (MDT) Clinics

- Usually include a consultant physician/endocrinologist, specialist dietitian, psychologist/therapist, and physical activity support.
- Provide intensive, tailored weight management programmes (diet, behaviour change, activity, and psychological support).
- Address underlying physical and mental health issues linked to obesity (e.g. binge eating, sleep apnoea, diabetes).

2. Pharmacological Interventions

These are provided with clinical monitoring and lifestyle support, Prescribing anti-obesity medications such as:

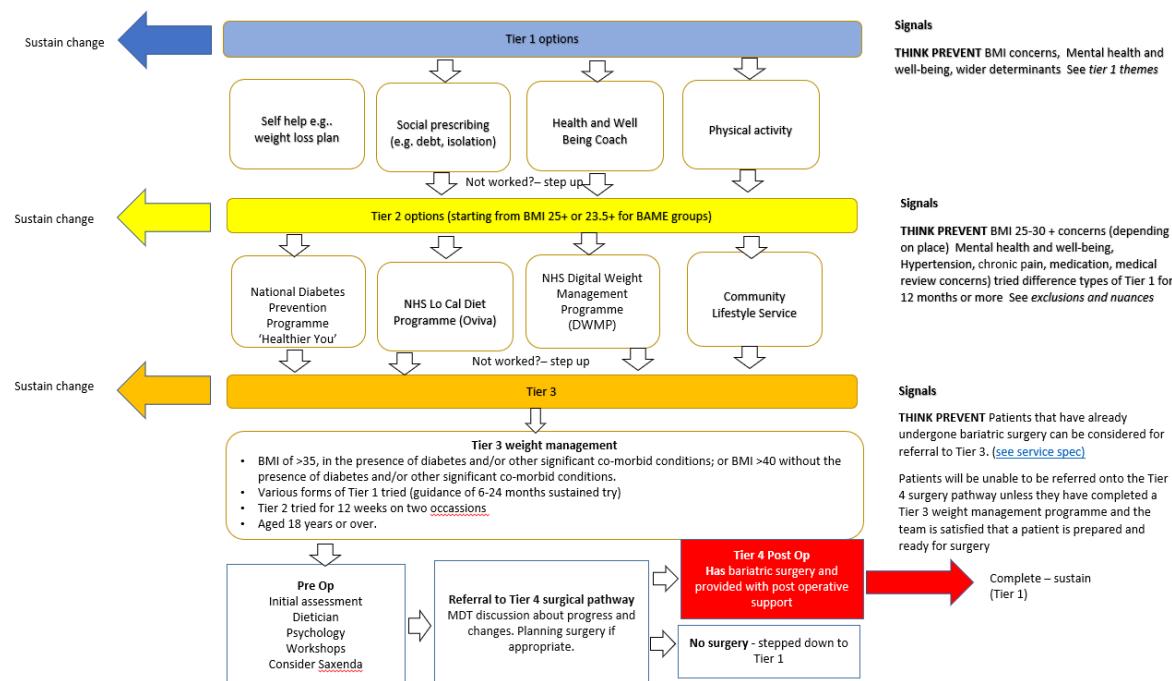
- **GLP-1 (glucagon-like peptide) agonists:** The current raft of GLP-1 medicines are weight-loss medicines that mimic the actions of glucagon-like peptide-1 (GLP-1). These are Semaglutide (Ozempic and Wegovy) and Tirzepatide (Mounjaro). GLP-1 has several effects on the body, including reducing appetite and helping the body to produce more insulin (the hormone that regulates blood sugar). GLP-1 medicines are useful in the treatment of type 2 diabetes, and for weight loss and weight management⁴⁶.
- **Orlistat (brand names Xenical, Alli and Orlos):** Orlistat works by preventing some (approximately one third) of fat from the food you eat from being absorbed. The undigested fat is passed out in stools.

3. Intensive Lifestyle Interventions

- Structured low-calorie diet or total diet replacement programmes, often medically supervised.
- Combined with behavioural therapy and exercise support.
- Examples include very low-calorie diet (VLCD) programmes (typically 800 kcal/day, used short-term).

4. Psychological & Behavioural Interventions

- Cognitive behavioural therapy (CBT) for eating behaviours.
- Support for emotional eating, food addiction, or trauma-related weight issues.
- May involve group sessions, one-to-one counselling, or digital/remote models.

Figure 25: Pathway for tiers of support for weight management

The below table shows data from Primary Care as of July 2024. This details the number of patients registered at their practice and who would be eligible for Tier 3 services split by ethnicity and BMI.

Table 22: Estimated number of patients eligible for tier 3 services.

	Dudley	Sandwell	Walsall	Wolverhampton
Number of patients registered at GP practice	337,132	380,803	309,873	308,410
Eligible for specialist weight management tier 3 (White)	34,759	13,331	27,789	14,445
Eligible for specialist weight management tier 3 (Non-White)	2,050	4,574	4,828	3,943
Diabetes BMI of = 35 (White)	3,538	3,980	3,173	1,577
Diabetes BMI of = 32.5 (Non-White)	387	1,369	912	735
Diabetes BMI between 30.0 kg/m ² and 34.9 (White)	3,538	3,659	2,947	1,514
Diabetes BMI between 27.5 kg/m ² and 32.4 (Non-White)	4,082	1,948	3,218	1,693
BMI of = 35 (White)	10,672	20,593	8,962	4,816
BMI of = 32.5 (Non-White)	702	6,055	1,539	1,351
BMI between 30.0 and 34.9 (White)	15,635	24,873	11,311	5,943
BMI between 27.5 to 32.4 (Non-White)	1,148	10,077	2,847	2,296

Source: Black Country Integrated Care Board

Tier 4: Bariatric surgery

There are several different types of bariatric surgery, all of which involve reducing the size of the stomach that is available to receive food. This reduces the amount of food that a person can consume, resulting in weight loss.

Bariatric Surgery Procedures

- Gastric Bypass (Roux-en-Y)

- Stomach is reduced and rerouted to the small intestine.
- Limits food intake and reduces nutrient absorption.
- Very effective for long-term weight loss and remission of type 2 diabetes.

Sleeve Gastrectomy

- Around 75–80% of the stomach is removed.
- Reduces appetite hormones (ghrelin) and capacity.
- Increasingly the most common bariatric surgery in the UK.

Adjustable Gastric Banding

- A silicone band is placed around the upper stomach to create a small pouch.
- Adjustable via a port under the skin.
- Less common now due to lower long-term success and higher re-operation rates.

Interpretation.

The Integrated Care Board (ICB) is working to improve the rate of residents being treated for weight management and the co-morbidities which are associated with severe obesity. Considering the number of residents eligible for tier 3 services the low number could be:

1. Referral Pathway Barriers

- GP awareness and engagement: Some practices may not be fully aware of eligibility criteria or confident in referring.
- Limited feedback loop: If referrers don't hear back about outcomes, they may not continue to refer.
- Patients do not wish to be referred.

2. Service Design and Accessibility

- Eligibility thresholds previously too restrictive. May not refer based on them not meeting criteria previously.
- Previous limitations within the tier 3 services and service capacity concerns: If GPs perceive long waiting lists.
- Lack of local visibility: Patients and clinicians may simply not know the service exists.

3. Cultural and Equity Factors

- Language and cultural barriers: Sandwell's high ethnic diversity means standard Tier 3 offers may not feel culturally appropriate.
- Stigma and reluctance: People may be less willing to accept a referral if weight services feel judgmental or not community-based.
- Trust in services: Some groups may prefer informal community or Tier 2 offers and decline Tier 3.

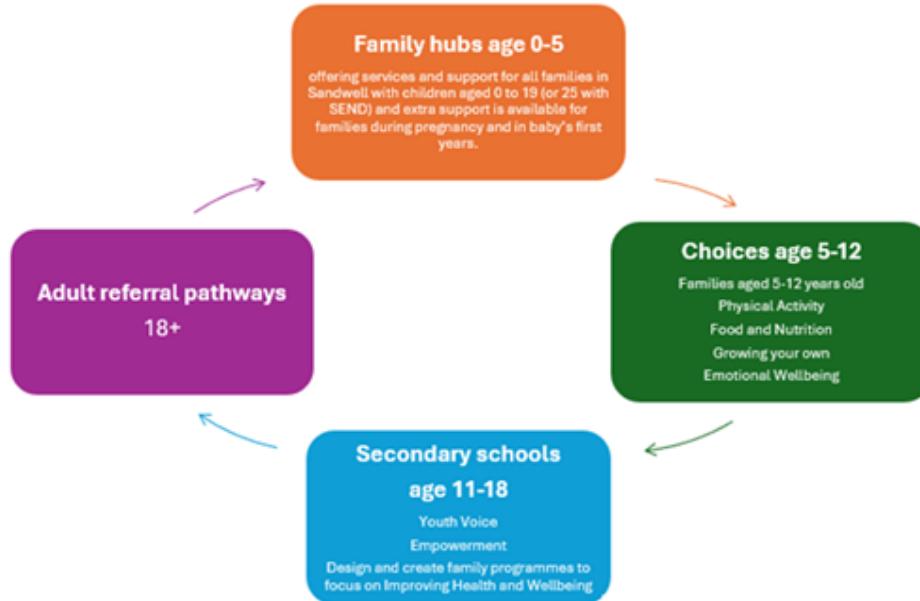
4. Competing Pathways

- Direct to Tier 4 surgery: Some patients may be referred straight into surgical pathways (especially if diabetes/complex conditions present).
- New pharmacological options (semaglutide, tirzepatide): GPs might hold back on Tier 3 referrals if expecting drug pathways to open up.

Weight Management for Children.

The Complications of Excess Weight (CEW) service is dedicated to supporting children, young people, and families in identifying and managing any health problems associated with excess weight. They understand the challenges families may face, and their multidisciplinary team (MDT) is there to help families every step of the way. They believe in a holistic approach. Holistic means seeing the full picture and that everything is connected in some way. They will also talk to families about the wider aspects of their life that may influence their health. They provide education, guidance, and ongoing support to empower families to make long-term lifestyle changes.

As of April 2025, 4,784 patients have been registered at 32 CEW clinics across England, since 2021



Best Practice and Evidence base.

In January 2025 NICE created guidance NG246 which aimed to compile and update all previous guidance on overweight and obesity management. This is a main source of best practice across all areas of promoting healthy weight management and achievement.

1. Early Years and Family Interventions

Why: Habits formed in the first 1,000 days heavily influence long-term healthy weight. Parental behaviours around feeding and activity are critical determinants.

Best practice:

- **Evidence-based parenting programmes** such as HENRY or 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, breastfeeding support, responsive feeding, portion size guidance, limiting sugary drinks, and encouraging age-appropriate activity.
- **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.
- **Embed healthy weight promotion within Family Hubs** and Start for Life services, ensuring consistent messaging across health visiting, midwifery, and early years education, and clear referral pathways to local support.
- **Prioritise the first 1,000 days** with caregiver guidance on healthy diet, sleep, responsive feeding, and activity, supported by healthy nutrition policies in early years settings.
- **Increase access to healthy food** by maximising uptake of the Healthy Start scheme and ensuring early years food provision meets national standards.
- **Support pre-conception and antenatal weight management** supporting women at a pivotal point in life to support the health of their baby, their health onwards and their child's nutritional health going forward.

Evidence Sources

1. Department for Education / DHSC – Family Hubs and Start for Life Programme: Service Expectations (2023)
2. WHO – Report of the Commission on Ending Childhood Obesity (2016)
3. DHSC. Health, exercise, nutrition for the really young (HENRY)
4. NICE PH17 Promoting physical activity for children and young people (2009).
5. Childhood obesity: applying All Our Health (2022).
6. NICE NG247: Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years (2025).
7. OHID Healthy Child Programme: Early years high impact area 4: Supporting healthy weight and nutrition (2021)

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. Also, a source of 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, and initiatives such as The Daily Mile, WOW Travel Tracker, and active travel schemes.

- **Fully implement the School Food Standards** to provide meals meeting nutritional guidelines and portion sizes, supported by healthy tuck shops, 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.

Evidence Sources

- NICE PH17 – Promoting physical activity for children and young people (2009)
- NICE PH41 – Walking and cycling (2019)
- UK Chief Medical Officers' Physical Activity Guidelines (2019)
- Department for Education – School Food Standards: A practical guide (updated 2023)
- WHO – Report of the Commission on Ending Childhood Obesity (2016)
- PHE What works in schools and colleges to increase physical activity? (2020)
- NICE NG246 Weight Management; Public Health England weight management guide (2025)

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.

Evidence Source:

- UK Chief Medical Officers' Guidelines (2019)
- Everybody Active, Every Day: An update on the national physical activity framework (Updated 2021)
- NICE NG246 Weight Management; Public Health England weight management guide (2025)
- NICE NG90 – *Physical activity and the environment* (2018)
- NICE PH41 – *Walking and cycling* (2012)
- Sport England – *Active Design* (23/24)

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 High Fat Sugar Salt promotions and placement** in retail 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.

Evidence Sources

- UK Government – *Restricting promotions of HFSS products by location and price: Government response* (2022)
- WHO Europe – *Protecting children from harmful food marketing* (2022)
- Public Health England – *Sugar Reduction: Achieving the 20%* (2017)
- UK Government – *Healthy Food Revolution* (2025)
- The Food Foundation – *The Broken Plate* (2024)
- Planning restrictions on hot food takeaways near schools (PHE, 2018).
- The Food Foundation Food Foundation – *Broken Plate* (2024).
- PHE “Healthy High Streets” toolkit (2018)

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 guidance 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.

Adults

- **Commission multicomponent Tier 2 programmes** (diet, PA, behaviour change) with clear goal-tracking and feedback.
- **Deliver for at least 12 weeks** with weekly/fortnightly contacts, via trained staff, and tailor access to reduce inequalities.
- **Use BMI + waist-to-height ratio** for assessment; apply **lower BMI thresholds** where indicated for some ethnic groups; keep discussions non-stigmatising.
- **Create an energy deficit with flexible dietary approaches**; promote physical activity for health
- Integrated care pathways linking Tier 2, 3, and 4 services
- **Consider approved digital services** where suitable, aligned with ensuring the programme is delivering value.
- **Evaluate consistently** and benchmark outcomes.

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.

Evidence Sources

- NICE NG246 Weight Management; Public Health England weight management guide (2025)
- NICE NG247 - Maternal and child nutrition: nutrition and weight management in pregnancy (2025)
- NICE NG246 Overweight and Obesity Management (2025)
- NICE Early Value Assessment (HTE14) – Digital multidisciplinary weight-management technologies (conditions for NHS use while evidence is generated). (2023)
- OHID/PH/NICE A Guide to Delivering and Commissioning Tier 2 Weight Management Services for Children and their Families (2017)
- OHID/PHE/NICE. A Guide to Delivering and Commissioning Tier 2 Adult Weight Management Services (2017)
- OHID/PHE Standard Evaluation Framework for Weight Management Interventions (2018)

Current Interventions and Programmes

A brief summary of the programmes the details of each program are within the appendix1.

1. Physical Activity Initiatives: encouraging movement through play and everyday routines contributes to a healthy weight

Interventions:

- PlayZones: Activating parks and outdoor play spaces for under-5s.
- Free Swimming: Access for all under-18s during school holidays.
- Family Hub Activities: Play, buggy walks, and physical sessions.
- Active Tots: Movement-based learning in early years settings.
- Cycle More: Family and toddler cycling sessions.
- Street Tag: Walking rewards app used in schools and communities.

2. Utilising Community Infrastructure: Using community settings like parks, libraries, leisure centres and supermarkets enables public health messages and support to be delivered in accessible, familiar environments, increasing uptake and engagement.

Interventions:

- Shop Tours: Healthy food education in local supermarkets.
- PlayZones and park activation: Bringing physical activity to green spaces.
- Healthy Start Voucher Promotion: Delivered via libraries, children's centres.
- Public Health Dietitians (PHDOs): Outreach in community locations.
- Cycle More & Active Travel Promotion: Use of roads, parks, and walking routes to embed movement into daily life.

3. Some families and communities need tailored support due to higher risk of poor health, socio-economic barriers or complex needs. Targeted support ensures equity in outcomes and reaches those most in need.

4. Workplace Health and Staff Wellbeing: Early years professionals and frontline staff influence child and family health directly. Supporting their wellbeing improves service delivery, modelling of behaviours, and retention.

Interventions:

- Early Years Workforce Training: Improving staff knowledge and confidence in healthy eating and activity.
- PHDOs and Family Hub Teams: Embedding wellbeing principles and reflective practice.

5. Partnerships to Tackle Inactivity: Tackling inactivity requires coordinated efforts across local government, education, health, and the voluntary sector. Shared goals and joint delivery improve reach and sustainability.

Interventions:

- Get Set Go: Cross-sector delivery in target neighbourhoods.
- Cycle More: Partner-led delivery with local transport and leisure services.
- PlayZones: Funded in partnership with Sport England.
- Active Travel Routes: Delivered in collaboration with schools and highways.

6. Weight Management and targeted approaches: A growing number of children in Sandwell are entering Reception overweight. Early years weight management includes preventing excess weight gain and offering structured help to families needing additional support.

Interventions:

- Healthy Pregnancy team – supporting pregnant women with a BMI of over 30, or over 25 who are at risk due to co-morbidities.
- HENRY and Choices Team: Supporting family-level change.
- Weaning Support and Feeding Advice: Helping families adopt healthy patterns.
- NAP SACC: Setting-level programme to promote healthy weight environments.
- Choices Team: Family-based lifestyle support, cooking skills, and parenting help.
- Cultural Insights Work: Understanding barriers to healthy behaviour in different cultures.

7. Cultural beliefs, language, and lived experience shape health behaviours. Services need to reflect the communities they serve to ensure uptake and effectiveness.

Interventions:

- Cultural Insights and Co-Design: Embedding local voices in programme design.
- Choices Team: Delivering culturally tailored cooking, eating, and family support.
- PHDOs and Peer Networks: Responsive to cultural values and norms.
- Breastfeeding Peer Support: Delivered with cultural and language awareness.

Interpretation

Sandwell has delivered an impressive breadth of programmes across physical activity, community infrastructure, targeted interventions, and weight management services. The reach is borough-wide, with evidence of strong engagement in initiatives such as Sandwell Stride, Cycle More, and Leisure Centre offers, alongside the development of innovative community-based approaches such as Get Set Go! Friar Park and PlayZones. Targeted support is also expanding, with the rollout of HENRY 5–11, the Healthy Pregnancy Service, and a growing Choices Team model demonstrating demand through waiting lists.

However, despite this activity, the outcomes are not yet shifting the dial on obesity in adults or children. While programmes are generating attendances and participation, the scale, integration, and performance management of these interventions are not at the level required to create system-wide change. This is not a reflection of individual programme quality, but rather that interventions must be joined-up and aligned to the whole systems approach set out in the Foresight obesity map.

Currently, there is insufficient rigour in tracking outcomes at a town level, and monitoring is inconsistent across programmes (for example, limited reporting on the Daily Mile or library stay-and-play sessions). Participation data is often counted as attendances rather than unique individuals, making it harder to evidence sustained behaviour change or population impact. Without stronger coordination and accountability mechanisms, particularly at town level, opportunities to scale up participation and reduce inequalities are being missed.

To achieve meaningful reductions in obesity, Sandwell needs to:

- Strengthen the integration of programmes so that they reinforce each other across the life course and settings.
- Apply greater rigour in outcome measurement and ensure town-level performance management is in place to drive participation numbers and sustained engagement.
- Focus on the whole system, ensuring environmental, behavioural, and service-based interventions align with the broader determinants of health.

In short, great work is happening across Sandwell, but the impact is diluted without a sharper focus on performance, integration, all offers working together.

Current Interventions

Area	Programme	Outcome 2024/25
Physical Activity	Sandwell Stride	Across all 6 towns. 19 walks/week, 5350 visits, 34 walk leaders trained.
	Go-Jauntly (app)	Across all 6 towns. 44 recorded as complete (not all walkers will record their walk), 88 users, however 5900 walk views, and 34000 connections in 6 months. Up for review.
	Street Tag	Starts Summer 2025
	WOW (Walk Once a Week)	Across all 6 towns. 30 schools engaged, plans for expansion, schools on national leaderboard
	Daily mile	Not currently recorded
	Cycle More (Bikability)	Across all 6 towns. 77 schools engaged.
	Cycle more (led rides)	Across all 5 towns (plan to add Tipton) 65 participants
	Adaptive Cycling	492 individuals engaged over 40 sessions, 120 hours delivered.
Utilising the community infrastructure	Family hubs/ Changes	Across all 6 towns in the 6 family hubs. Around 3 activities per week per town, expanding.
	Sandwell Libraries	Across all 6 towns. Stay and play sessions are run from libraries – performance not reported.
	Leisure Centre Offer	All centres. 57,095 subsidised swims (under 18s & over 60s), 129,724 concessionary memberships
	Active Green Spaces	All green spaces. 51 sessions, 584 attendances in Q1, 244 children Q2 236
	PlayZones	Nine sites developed with 50k PH and 150k bid to Sport England
Targeted programmes	Exercise referral pathway	Due to be piloted 2025
	Choices Team	Across all 6 towns. 581 total engaged (253 children, 198 adults), 90 family waiting list February 2025 – April 2025. School nurse referrals / self referrals / CEW clinics / GP referrals
	Cancer Kickers	There have been 30 participants who have attending since the programme started March 2025
	HENRY 5-11	Roll out started 2025 - Sixteen trained in henry approach and 8 trained to deliver the programme.
	50+ Bowls	Starts Summer 2025
Community interventions	Health visiting/ Breast feeding	Across all 6 towns. Universal for all parents – healthy eating and weaning programmes.
	Get Set Go! Friar Park May-Nov 25	1379 attendances across 19 activity types – was piloted to see if community work had an impact.
	Lunch time supervisor training	Across all 6 towns. 782 Playground Leaders trained in 36 schools
	Shop Tours	New programme 2025– data for this due end of August 25.
	Vision 2030 SCVO Grants	Across all 6 towns. 32 projects funded, split across Healthy Lives and Social Connections
	Workplace Health	Council Staff only. 2,219 total activity attendances across football, badminton, Pilates, etc.
Weight management	Weight Management (Tier 2)	Across all 6 towns. 1,411 referrals, 85 completed programme (7.4%)
	Fit Baggies	150 participants planned, evidence of weight loss and improved health
	Choices Team	Numbers of attendances in total April to July 2025 Q1 Report Adults attended – 343. Children attended – 491. Schools receiving HENRY workshops – 5. Waiting lists – 99 people waiting. Shop Tours – 6 x have been delivered A total of 1548 people have gone through Choices since the 17 th February 2025
	Healthy Pregnancy Service	Working with maternity sites. From May to July 2025 there have been 325 referrals and 105 have taken up the service across Sandwell

Recommendations

The report clearly sets out that physical activity and healthy weight are not where it needs to be in Sandwell; there are more people inactive and overweight or obese than regional and national proportions.

Although there is a lot of great work and great interventions happening in Sandwell, the key for the Public Health team is to really start to see a shift in the number of children overweight and obese if we are ever going to get behind and stop the numbers of adults who are overweight and obese

1. Strengthen Whole-System Approaches to Healthy Weight

- 1.1. Tackling obesity and physical inactivity requires whole-system collaboration and strategy across education, health, planning, transport, and community services. Sandwell has strong community-level programmes, but there is a gap in cross-sector alignment and shared accountability.
- 1.2. Establishing a borough-wide Healthy Weight Partnership would formalise joint objectives, reduce duplication, and embed health considerations into wider policies, ensuring long-term sustainable impact.
- 1.3. A strategy needs to be developed by all partners with clear outcomes for the whole of Sandwell, the strategy requires consultation to ensure the strategy complements and embeds within the community for sustainable change.
- 1.4. Ensure services are responsive to the diverse cultural landscape of Sandwell by co-designing programmes, tailoring communication, and working with local peer networks and interpreters.

Reference: Foresight Report (2007); Public Health England Whole Systems Obesity Programme; NHS Long Term Plan (2019).

2. Enhance Data, Reporting and Evaluation

- 2.1. **Establish a standardised data set, which records all intervention and outcomes.**
Current programme monitoring in Sandwell captures activity levels but does not consistently measure outcomes such as numbers of individuals who have sustained behaviour change, weight status, or wellbeing improvements.
- 2.2. Introducing a standardised borough-wide reporting framework across commissioned and in-house services would strengthen evaluation, demonstrate effectiveness, and support continuous improvement. This would also provide stronger evidence to secure external funding and demonstrate return on investment.
- 2.3. Such data is required to be broken down into towns, weight category of individual and whether they are child or adult to show the direct impact of programmes. Following this, an audit can be carried out to either improve services or pivot programmes not as effective as expected.

Reference: NICE NG246 (2025) Physical Activity: Implementation and Impact; Public Health Outcomes Framework.

3. Expand Whole-School and Early Years Approaches

- 3.1. Evidence highlights that whole-school and early years programmes integrating nutrition, physical activity, mental wellbeing, and parental engagement are effective in preventing obesity. Sandwell has variable uptake of initiatives such as The Daily Mile and WOW. Extending these programmes to all schools and early years settings, alongside ensuring compliance with School Food Standards and structured parental engagement, will help normalise healthy behaviours from the earliest years.
- 3.2. Such programmes require more effective monitoring of roll out, such as which schools have taken the programmes on board, which are lined up to start the programmes, the impact of the programmes and how well they are working. This includes all programmes from exercise to healthy food standards in vending machines.

Reference: NICE NG247 (2025) Childhood Obesity: Whole-School and Early Years Settings; Department of Health "Childhood Obesity: A Plan for Action" (2016, 2018).

4. Target Inequalities and Priority Communities

- 4.1. Data show persistent inequalities in obesity and physical inactivity across wards, with higher prevalence in more deprived and ethnically diverse communities. Current provision is not fully tailored to these needs. Resources should be directed to high-prevalence wards using NCMP and local intelligence, ensuring cultural adaptation of interventions and addressing barriers such as cost, childcare, and accessibility. Co-producing solutions with communities will improve engagement and reduce inequalities.
- 4.2. Grow and continue to embed successful locality-based models like Get Set Go, PlayZones, and Choices Team across all six towns, targeting areas with the highest inequality and poorest child health outcomes.

4.3. Targeted work needed: These towns contain the wards with the lowest levels of healthy weight across life stage.

- Wednesbury (Friar Park)
- Tipton (Princes End)
- Smethwick (Soho & Victoria, St Paul's)
- West Bromwich (Greets Green & Lyng, West Bromwich Central)
- Oldbury (Langley, Bristnall, Old Warley)

Reference: NICE NG246 and NG247; OHID Health Inequalities Strategy; NHS Core20PLUS5 Framework.

5. Strengthen Workforce Training in Behaviour Change

- 5.1. Sustainable lifestyle change requires professionals and community leaders to have skills in behaviour change approaches such as Making Every Contact Count (MECC) and motivational interviewing. While Sandwell benefits from volunteer walk leaders and peer support, there is limited systematic workforce training. Expanding training for frontline staff across health, education, and community sectors will ensure consistent and evidence-based conversations that support residents to adopt healthier behaviours. This again, must be within the outcomes framework of staff trained and the referrals made.
- 5.2. Invest in workforce development to ensure professionals and partners can confidently deliver nutrition and movement interventions. Embed staff wellbeing in service planning and reflective practice.

Reference: NICE PH49 (2014) Behaviour Change: Individual Approaches; NHS England MECC Implementation Guide.

6. Integrate Active Travel and the Built Environment

- 6.1. Creating environments that make daily activity easy is a key best-practice recommendation. Sandwell delivers group-based walking and cycling programmes but has limited integration with planning, housing, and transport. Embedding health priorities into planning policy, developing safe school streets, expanding active travel infrastructure, and improving equitable access to green space will support long-term population-level increases in physical activity.
- 6.2. Ensure work carried out is integrated with the Leisure assets and programmes and the pitches strategy which are currently reviewed as part of the leisure team but have not been brought together under the same document before this needs assessment.

Reference: NICE NG90 (2018) Physical Activity and the Environment; Department for Transport Cycling and Walking Investment Strategy (2017); Sport England "Uniting the Movement" (2021).

7. Expand Specialist and Tiered Weight Management Pathways

- 7.1. Best practice requires a clear, accessible, and tiered pathway from prevention to specialist intervention. Sandwell has Tier 2 services but faces gaps in specialist referral options and continuity between tiers. Strengthening pathways with primary care referral protocols and

improved access to Tier 3 multidisciplinary services will ensure residents receive timely and appropriate support, particularly those with severe or complex obesity.

Reference: NICE CG189 (Obesity: Identification, Assessment and Management); NHS England “Specialist Weight Management Services Guidance” (2022).

8. Make Healthy Food the Easy Choice Locally

- 8.1. **Healthy eating should be the easiest option for Sandwell residents**, supported by both infrastructure and culture. This includes expanding affordable food access in high-deprivation areas, strengthening healthy food standards across schools, workplaces, and early years settings, and promoting schemes such as Healthy Start vouchers. Practical interventions such as supermarket tours, cooking skills classes, and community food projects can build confidence in preparing nutritious meals and help normalise healthier diets. Embedding these approaches across community and institutional settings will reduce barriers and support long-term dietary change.

Reference: NICE NG246 (2025) – Obesity: identification, assessment and management (includes food environment and healthy eating interventions). NICE NG247 (2025) – Childhood obesity: whole-school and early years settings (covers healthy food standards and parental support). PHE/Health Matters (2018) – Obesity and the food environment. Childhood Obesity Plan (2016, 2018) – national strategy.

Appendix 1:

Physical Activity Initiatives

Physical Activity Framework

As part of Sandwell's Move More programme of physical activity interventions, we are working in partnership with British Triathlon to develop a comprehensive Physical Activity Framework that supports our commitment to improving community health and wellbeing. By adopting the Swim Bike Run model, we aim to deliver an inclusive public health intervention that enables more residents to become active in ways that are accessible, enjoyable, and sustainable.

This framework will provide a clear, structured approach to engaging a broad range of people from children and young people to adults of all ages and abilities by creating safe, welcoming opportunities to participate in swimming, cycling, running, and walking across Sandwell. The framework sets out how physical activity will be delivered, promoted, and supported locally, with a focus on tackling inactivity within our communities, while also creating opportunities for those who are already active to maintain or progress their participation and achieve their personal sporting goals.

Sandwell's Walking Programmes

Walking is a highly effective, low-impact form of exercise that supports cardiovascular health, mobility, and mood and best of all, it's completely free to participate.

Sandwell Stride⁴⁷

A borough wide community walking initiative led by the Council's Public Health Development team and dedicated local volunteers designed to encourage residents to engage in regular physical activity. Walks are held weekly throughout the year and make full use of Sandwell's diverse green spaces, parks, canal paths, and local neighbourhoods, ensuring accessible opportunities for all residents, regardless of location. These inclusive walks are open to everyone and offer an excellent opportunity to improve physical and mental wellbeing, while also developing social connections and community engagement.

The Public Health Development Officer team (PHDO's) can deliver the walk leader training free of charge as part of their role and continue to seek new walk leaders to develop more community-based walks. Following a recent Cllrs Day, elected members have come forward showing interest in becoming walk leaders and setting up their own walks, and our own PHDO team will be setting up weekly walks which they will personally lead starting and finishing at local leisure facilities helping to widen the scope of how we link different physical activity interventions.

Go-Jauntly

Go Jauntly,⁴⁸ is a user-friendly app designed to help individuals explore walking routes and engage more actively with the outdoors. Users can discover a variety of walking tours based on their location, with simple photo guides and helpful tips highlighting points of interest along the way. The platform offers a range of options, including green travel routes, circular walks, and themed walking challenges across the UK and Ireland.

In addition to exploring existing routes, users can create and share their own walks by uploading photos and adding useful details for others in the community. The app also features 'Nature Notes' (available on iOS), which allows users to log and reflect on positive encounters with nature, an activity shown to support mental wellbeing.

As a pilot we entered into an agreement with Go Jauntly, in April 2020 for 12 months, creating a Sandwell specific section page on the app. This enabled us to create a series of Sandwell walking routes that a resident could see and follow at their convenience through simple pictures and brief text instructions. This initial 12 months saw over 71K walk impressions (total walk views), while Sandwell area active users increased by 162%.

What the Go Jauntly app provides is an instantly accessible, flexible, free, engaging, and attractive option for families to go walking together in Sandwell.

A new opportunity is this app is to create Sandwell inter-school and public walking challenges.

Each challenge is unique to the partner, so we would be able to create and brand specific Sandwell challenges. Here's an example of a challenge created by Go Jauntly for Portsmouth City Council.⁴⁹ (<https://www.gojauntly.com/pompey-monsters-stomp-to-school-challenge>)

Street Tag

An innovative, family-friendly mobile application designed to promote physical activity and community engagement by turning walking, cycling, and outdoor exploration into an interactive, game-like experience.⁵⁰ The app encourages users to collect virtual tags located at various public spaces such as parks, streets, and landmarks by moving within a 40-metre radius of each tag. Points are awarded for each tag collected, contributing to both individual and team leaderboards, which develops a sense of motivation and friendly competition.

Street Tag includes features such as "Power Hours," during which users can earn triple points, and "Health Tag Challenges" which reward the users' consistent participation with streak bonuses. Widely used by schools, families, and local authorities, the platform allows parents to add children to their accounts, ensuring the experience is accessible and inclusive for all age groups. As a public health tool, Street Tag supports the development of active lifestyles and strengthens community connection through shared goals and participation.

The competition will commence on 26th May 2025 and run for a 10-week period, concluding on 6th August. A single round will be held, open to both individual and team entries. As this initiative is being delivered as a test and learn pilot, there are no set KPIs for participants. The app can accommodate an unlimited number of users, allowing for broad and inclusive participation.

WOW (Walk Once a Week) Programme

Developed by the UK charity Living Streets is a year-round initiative designed to promote active travel among primary school children.⁵¹ This pupil-led challenge encourages children to walk, cycle, scoot, wheel, or use the 'Park and Stride' method to travel to school at least once a week. Participation is recorded daily using the interactive WOW Travel Tracker, and pupils who meet the target each month receive a themed, collectible badge each uniquely designed by children across the UK. The 2024/25 theme, *Walk with Imagination*, invites pupils to creatively reimagine their journeys, adding a fun and engaging element to the challenge.

The programme has demonstrated strong outcomes, with participating schools reporting up to a 30% reduction in car journeys and a 23% increase in walking rates. Beyond promoting physical activity and reducing traffic congestion, WOW contributes to improved concentration and readiness to learn, aligning well with broader educational and public health goals.

The programme is also designed to be flexible and inclusive, allowing it to be adapted to the diverse needs of school communities.

Daily Mile

The Daily Mile⁵² is a simple, evidence-based initiative designed to improve the physical, emotional, and social well-being of children by encouraging them to run, jog, or walk for 15 minutes each day during school hours. Requiring no special equipment or clothing, it is inclusive and easily implemented, helping to embed healthy habits from an early age.

In Sandwell, the programme is actively supported and delivered by the Public Health Development Officer (PHDO) team as part of a broader commitment to tackling inactivity and promoting lifelong health. Aiming to embed The Daily Mile into at least three primary schools per town.

To support schools, PHDOs provide tailored assistance including:

- School assemblies and classroom sessions to introduce the programme and promote pupil engagement.
- Daily Mile route mapping, identifying suitable and safe outdoor areas for schools to use.
- Ongoing guidance and support for staff to integrate The Daily Mile into the school day with minimal disruption.

Sandwell's Cycling Programmes

Cycling is simple, cost effective, and one of the easiest ways to get more active, lose weight and become healthier. Cycling can help you build stamina, burn excess calories, and make your heart healthier.⁵³

Cycle More Sandwell (Activator Post)

In August 2022 Sandwell Public Health entered into an agreement with British Cycling to host a 'Cycle Activator'. The Cycle Activator's role is to raise the profile and levels of cycling in Sandwell, set up and deliver 'Lets Ride' & 'Learn to Ride' sessions, Ride Leader training, attend promotion events to raise the profile of cycling and to establish a timetable of led rides in Sandwell's parks and green spaces. To date Cycle Activator delivers led rides in Victoria Park, Brushstrokes, Lewisham Park, Brasshouse, Lightwoods Park Smethwick, Brunswick Park Wednesbury, Sandwell Valley, Victoria Park Tipton continue, a cycling survey has been completed and uptake of bikability is increasing.

- The 'Winter' Brushstrokes and Canals & Rivers Trust ride to Walsall Art Gallery In March
- Irish Association in Langley have reactivated the cycling hub, with new links to Jigsaw exploring opportunities for neuro-divergent riders.
- Kuumba in West Bromwich have led rides with skills development. Some participants are now interested in the Activator course. Kuumba are planning a sponsored ride programme for spring.
- Hallam Street Hospital aims to start weekly rides, with staff joining the Activator.
- The West Smethwick Activator Course on 22nd February 2025 has seven riders booked.
- A led family ride took place at Bromwich Hall Park.,
- British Cycling's City Academy coach continues to run a Tuesday City Hub at the Millennium Centre, Wednesbury, with over 20 children attending.
- Two skills camp days were held at Sandwell Valley during half term.
- Future use of Tipton bike hubs will be discussed with the Tipton Muslim Community. Led Easter rides are planned at Sandwell Valley, in partnership with 'The Leisurely Pedal,' including learn-to-ride and confidence-building sessions.
- SHAPE Festival on 12th July 2025, with 'The Leisurely Pedal' using bikes at the Valley, including a Surrey bike and tandem. Discussions are ongoing with Sandwell Parents of Disabled Children (SPDC) to restart bike use at Lightwoods House and Victoria Park.
- The Smethwick PHDO is gauging interest from Women & Girls groups for cycling sessions, linking with teenage girl programmes, and using bikes at Victoria Park, Lightwoods Park, and West Bromwich Leisure Centre.
- Alongside this the PHDO team have helped promote and engaged 77 schools within Sandwell to the Bikability programme, a national cycle training programme in the UK designed to give children (and sometimes adults) the skills and confidence to ride a bike safely and competently on roads.⁵⁴

Cycle More Sandwell (Led Rides)

By offering free or low-cost participation, publicly funded cycle rides remove financial and social barriers to physical activity particularly in underserved or deprived communities. This ensures that more people, regardless of income or background, can benefit from opportunities to be active. Organised cycle rides often include training and route planning support, helping participants gain the confidence and skills needed to cycle more regularly and independently. This creates lasting behaviour change that can lead to long-term health improvements.^{55,56} The service will target non-cyclists, those with low cycling ability/confidence, competent cyclists wanting to ride with families or those less confident or competent cyclists wanting to advance further or ride with less competent cyclists.

We are currently undertaking a procurement exercise to commission a provider to deliver a 2+1 year led cycle ride programme for Sandwell that is accessible to Sandwell residents of all ages that can access a bicycle and suitably fitted to the available bikes for each session.

We will offer led rides in each of the six (6) towns of Sandwell at varying times and days. There will be the need to accommodate daytime, after 5.00pm and weekend sessions. A minimum of two (2) rides per week in each town will be required, any option for enhanced delivery in a location that is based on demand, insight and consultation will need to be agreed with commissioners.

Adaptive Cycling

Adaptive cycles play a crucial role in making cycling accessible to a diverse spectrum of individuals, including those with various learning and physical disabilities, as well as health conditions. These cycles encompass a wide array of designs tailored to accommodate specific needs, such as reconfigurable wheels, pedals, and seats, facilitating accessibility for almost any individual desiring to ride. Despite their transformative potential, adaptive cycles are produced in limited quantities, rendering them costly and challenging to procure, thereby restricting access for many within society.⁵⁷

In 2022-23 Sandwell Public Health commissioned Midland Mencap to deliver a 12-month pilot adaptive cycling programme, this proved extremely popular and impactful for Sandwell residents. Over the course of 40 sessions, the programme successfully engaged 492 individuals from a diverse range of organisations, schools, and families across the community. In total, 120 hours of accessible cycling were delivered, providing inclusive opportunities for participants of all ages and abilities to take part in physical activity.

Notably, 233 participants experienced cycling for the first time, either on an adapted or mainstream cycle. These introductory sessions sparked considerable enthusiasm and interest among individuals and partner organisations, with many expressing a strong desire for further sessions in the future. They saw whole family's book onto the sessions as the project allowed them all to cycle together. One booking included three generations of one family cycling together from a 6-year-old child to a 73-year-old grandparent. The project allowed them to use multiple adapted cycles, which they had never used before.

In addition to direct participation, the sessions generated wider community interest. Conversations were recorded with members of the public who encountered the sessions while using green spaces, many of whom inquired about the project and its future developments.

The presence of adapted cycles, drew significant attention from passers-by, prompting questions about how to access or purchase similar equipment for personal or community use.

We are currently undertaking another procurement exercise with the aims to facilitate a series of sessions using the green spaces and parks within the six towns comprising Sandwell, alongside other designated locations or venues deemed suitable for hosting adaptive cycling activities. This initiative will empower residents to enhance their cycling proficiency and enjoy greater access to cycling opportunities across the borough.

The programme will offer up to 40 weeks of provision per year, equating to approximately 150 hours of delivery. This flexible model allows for enhanced scheduling during the spring and summer months, when demand and participation typically increase, while accounting for reduced uptake during the winter period. Specific delivery schedules will be agreed in consultation with the commissioning body to ensure alignment with local needs and strategic priorities.

In addition, sessions may be ringfenced and tailored for specific community groups, schools, or other interested organisations which will be identified through the PHDO team. This targeted approach helps to maximise engagement among priority populations and ensures that delivery is inclusive, responsive, and accessible to those who may benefit most from participation.

Sandwell's swimming Programmes

Swimming offers are under "Leisure Centre Offer" as Sandwell do not currently provide community swimming options other than at swimming facilities.

Utilising the community infrastructure

Family Hubs

In 2022 Sandwell received investment for three years to transform their services into a family hub model. Family hubs bring services together to improve access, improve the connections between families, professionals, services, and providers, and put relationships at the heart of family support. The Family Hubs support families from conception through to 0-19 years with further support offered up to 25 years for those with special education needs and disabilities (SEND).

A particular focus of the funding is to support essential services in the crucial Start for Life period from conception to age two, particularly focusing on the first 1001 critical days and the services which support parents to care for and interact with their children.

As part of this offer workstreams to improve perinatal mental health and parent-infant relationships, early language and home learning environment and infant feeding are being delivered.

The Family Hubs are delivered through a hub and spoke model working closely with voluntary sector partners and faith groups running across each town within Sandwell.

There are various activities being delivered from the hubs for families such as baby and toddler clubs, play and stay sessions, wellbeing and buggy walks along with various parenting programmes and initiatives. Sandwell Changes and The Breastfeeding Network also delivery sessions and Maternity Services, Healthy Pregnancy Service and Health Visiting also run weekly clinics.

Early years = “Sandwell Changes” Programme

Based out of family hubs and other community settings, Changes is Sandwell’s very own programme to help parents throughout their parenting journey. It provides courses focusing on different age groups including the Early Years, Primary School Years and the Secondary School Years. The program helps parents understand their children’s needs, improve their parenting skills and connect with other parents. Changes also provides an antenatal programme which supports expectant parents and grandparents. Public Health messages and lifestyle advice and support is threaded throughout each programme.

The programme also offers activities to families living in Sandwell with pre-school aged children (early years / under 5 years). These sessions focus on supporting children’s movement, development and wellbeing. Sessions are offered across various community setting including Family Hubs, these include Bop to the Beat Mini Disco, Mini Multi-sports, Ready Steady Wean, Little Chefs and Dealing with Fussy Eaters. Sessions are offered throughout the year, which parents can book for free.

Active Green Spaces

Accessing green spaces is widely recognised as beneficial for both physical and mental health and wellbeing. These natural environments such as parks, woodlands, and open public spaces provide opportunities for physical activity, relaxation, and social connection, all of which are important contributors to overall health.⁵⁸

From a physical health perspective, green spaces encourage active lifestyles by providing accessible areas for walking, cycling, and play. Regular physical activity in these settings helps to reduce the risk of chronic conditions such as heart disease, obesity, type 2 diabetes, and high blood pressure.⁵⁹

Despite the challenges associated with its industrial and post-industrial landscape, Sandwell is home to a rich network of parks and green spaces, proudly holding 14 prestigious Green Flag Awards. These well-maintained and accessible natural environments present a valuable opportunity for residents to engage in physical activity, supporting healthier, more active lifestyles and contributing positively to both physical and mental wellbeing.⁶⁰

In 2022, Sandwell Public Health commissioned The Albion Foundation (TAF) to deliver a two-year *Active Green Spaces* programme. The initiative was designed to activate and enhance the use of Sandwell’s parks and green spaces by providing structured, community-informed activities.

Delivery was shaped by local demand, engagement, and consultation, ensuring that the programme was responsive to the needs and interests of residents across the borough.

During this period TAF exceeded the target KPI’s of engaging with 500 participants per contracted year seeing 627 in year one (1) and 2364 in year two (2), dramatically exceeding the KPI targets showing the impact activating green spaces can have on activity levels.

Due to the success and popularity of the project alongside the importance of activating green spaces it has been re-commissioned following a competitive commissioning process. The new and current provider is the Active Wellbeing Society (TAWS),⁶¹ who commenced deliver in January 2025 with the same KPI of engaging with 500 participants each year with an even wider range of activities.

Leisure Centre Offer

Public health-funded swimming provision offers a wide range of benefits that support physical, mental, and community wellbeing. These programmes are particularly valuable in improving access, reducing inequalities, and promoting long-term health outcomes across diverse populations. Key benefits include improving physical health, supporting mental wellbeing, increasing access, and reducing inequalities, promoting water safety and lifelong skills, and encouraging lifelong healthy habits.^{62,63}

Sandwell boasts a highly improved leisure infrastructure, which is considered exemplary both within the West Midlands Combined Authority region and potentially at a national level. This can be evidenced by the presence of five relatively new facilities, with a sixth currently under construction.⁶⁴ These investments reflect a strategic commitment to improving community health, well-being, and access to high-quality leisure facilities across Sandwell. Alongside this extensive provision, annual funding from Public Health is used to support subsidies equating to £973,000 per year.

During 2024–25, Sandwell Public Health continued its commitment to promoting physical activity by funding free swimming provision for residents aged 60 and over (available before 1:00pm daily) and for those aged 18 and under (during school holidays).⁶⁵ Through this targeted investment, a total of 7,955 individuals engaged with the programme, resulting in 57,095 subsidised swimming visits.

This initiative has played a key role in increasing access to physical activity, particularly among age groups who may face barriers to participation and contributes to wider public health objectives around healthy ageing and active lifestyles in young people.

In addition to subsidised swimming, Sandwell Public Health funding also supports a concessionary membership scheme aimed at increasing access to physical activity for residents who may face financial or social barriers.⁶⁶ Eligible groups include individuals over the age of 60, recipients of Jobseeker's Allowance, Income Support, Council Tax Benefit, Working Tax Credit, Housing Benefit, Carer's Allowance, Disability Living Allowance, asylum seekers, and holders of the Portway Pass.

Over the past 12 months, this funding has enabled the support of 129,724 concessionary memberships, including 31,511 new memberships. In total, this resulted in 363,636 active visits, demonstrating the significant reach and impact of the programme in promoting inclusive, community-wide engagement in physical activity.

PlayZones (Multi Use Games Areas MUGA) and Football Foundation

PlayZones are safe, inclusive, and accessible outdoor facilities designed to bring communities together through recreational football and a variety of other sports. This initiative forms part of the Football Foundation's innovative new capital investment programme, funded by the Premier League, The FA, and the Government via Sport England.⁶⁷

Community engagement is at the heart of the PlayZones Programme. Facilities have been co-designed with local communities to ensure they reflect local needs and preferences, including the types of sports and activities offered. The PHDO team has led the engagement and consultation process for the PlayZones project, ensuring that local voices shape both the design and activation of the spaces. This collaborative approach increases long-term community ownership, use, and impact. Activation and ongoing management are as crucial as the physical infrastructure itself, and spaces will be available for community use day and night, year-round. The Football Foundation has consistently found that the most effective community sport spaces are those designed, delivered, and activated in partnership with local people.

Research and insight have shown that:

- Recreational formats of football and other sports are especially popular with priority groups.
- These groups seek safe, welcoming, and well-lit environments with natural surveillance.
- Activation plans and simple booking systems are essential to ensuring ongoing, inclusive use.

The PlayZones Programme aims to tackle inequalities in physical activity and access to facilities by directing investment into communities with the greatest need. It will deliver new or refurbished outdoor mini pitches designed for football and other physical activities, enabling increased participation, particularly among four key priority groups;

- People from lower socio-economic backgrounds.
- Women and girls.
- Disabled people and those with long-term health conditions.
- Ethnically diverse communities.

Sandwell's PlayZones portfolio comprises of nine sites and has been successfully developed with a £50,000 contribution from Public Health, which played a key role in securing substantial external investment into the borough, alongside this an application for a further £150,000 has been submitted to Sport England to support the activation of all nine (9) sites.

- West Smethwick Park, Smethwick = Fully funded by the Football Foundation
- Victoria Park, Tipton – Grant Value = £182,234 (86%), Council Contribution = £28,591
- Victoria Park, Smethwick – Grant Value = £164,464 (85%), Council Contribution - £28,591
- Tividale Park – Grant Value = £156,298 (85%), Council Contribution = £28,591
- Oakwood Park – Grant Value = £163,261 (85%), Council Contribution = £28,591
- Bearmore Park – Grant Value = £143,364 (84%), Council Contribution = £28,591
- Jubilee Park – Grant Value = £153,987 (84%), Council Contribution = £28,591
- Windmill SAFS- Grant Value = £153,229 (84%), Council Contribution = £28,591
- Lewisham Park – Grant Value = £155,052 (84%), Council Contribution = £28,591

Community Interventions

Health Visiting Service

Health visitors are registered nurses or midwives who have additional training qualifications in community public health nursing. Health visiting is a universal service, offered to all pregnant women, and children between the ages of 0-5 years.

Health Visitors provide the latest advice and information on public health to promote healthy lifestyles, relationships and safe parenting.

Along with delivering mandated contacts they also run Well Child Clinics across various settings which includes weighing babies and focus on specific topics such as weaning, breastfeeding etc.

Breastfeeding Network

The Breastfeeding Network (BfN) is committed to empowering mothers and parents to breastfeed for as long as they choose. The peer supporters support the feeding journey but helping with establishing and continuing breastfeeding, expressing, bottle feeding, weaning from breastfeeding and introducing solids.

They provide face to face support at home and within the community and also delivery activities such as baby groups and walking groups.

Get Set Go! (Friar Park)

Friar Park, the most socioeconomically disadvantaged ward in Wednesbury, experiences some of the poorest child health outcomes in Sandwell, including the third-highest rate of child poverty in the borough. In response to these challenges, Sandwell Public Health launched *Get Set, Go! Friar Park*, a three-month pilot initiative designed to tackle multiple health issues through an asset-based, community-led approach. The project aimed to evaluate whether a focused, place-based intervention could deliver sustainable improvements in health and wellbeing.

Launched in May 2024, *Get Set, Go!* has delivered a variety of targeted activities and interventions, with outcomes monitored through surveys, feedback, and case studies. Early findings indicate increased community participation, heightened awareness of healthy behaviours, and strengthened social connections. The initiative is being explored as a scalable and sustainable model for improving community health outcomes across other areas of Sandwell. The programme was structured around key themes Physical Activity, Healthy Eating & Food Access, Weight Management, Health & Well-being, Community Support & Engagement and Digital Inclusion.

The initiative was shaped through a multi-disciplinary collaboration across Public Health teams, including, Communities & Partnerships (including Development Officers), Weight Management, Food, and Physical Activity teams, Research & Intelligence, Vulnerable Communities & Children teams, and Lifestyle Services.

To ensure sustainability and local ownership, we 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, children's centres, and other community organisations.

During the programme period a total of 19 different activities were delivered and a total number of 1379 attendees were recorded across all the interventions provided, these included...

- **Multi-Sports & Skills Sessions (Powered by CAN):** The multi-sports and skills sessions aimed to improve health, promote physical activity and reduce health inequalities for children aged 5-11 by engaging them in a range of sports in a structured way.
- **Walk & Running Leadership Training:** The walk leadership and running leadership training at Friar Park Millennium Centre has equipped three volunteers with walk leadership training, while two others have received funding to become running leaders. The impetus of this is to make communities healthier, more connected, and resilient.
- **Silent Disco (Open Heaven):** Open Heaven was supported to purchase silent disco equipment, and silent discos were held weekly. This offered a fun and engaging way for children and families to participate in physical activity.
- **Nerf Wars (Open Heaven):** The nerf wars provided a fun and engaging way for young people, especially gamers, to be physically active. By making exercise enjoyable, these sessions promoted movement, teamwork, and social interaction, to improve both physical and mental well-being.
- **Street Tag (Launching Spring 2025):** Due to logistics, Street Tag will be launched in the legacy phase of Get Set, Go Friar Park! This initiative will encourage participants to walk or run while earning points through an app, promoting outdoor activity. The focus will be on community and school engagement, and it is hoped that this will be the catalyst to encourage greater adoption of physical activity.
- **Boxing Club:** Wodensborough boxing club runs sessions for children aged 7-14, helping to improve fitness, discipline, and community engagement. Due to limited resources, the club sought and was granted funding to expand safely and accommodate more children.
- **Nature Makers:** Open Heaven hosted Nature Maker sessions which were designed to connect toddlers with the environment through nature walks and craft-making with collected natural objects. By fostering an appreciation of the outdoors and encouraging active play, the initiative promoted a healthier and creative lifestyle for young children.
- **Family Bake/Healthy Cooking Sessions (Friar Park Millennium Centre):** These sessions ran weekly through the summer of 2024 and are now held monthly at the centre. The sessions focussed on teaching families how to prepare healthy meals, with the long-term goal of encouraging healthier eating habits and reducing diet-related health issues.
- **Healthy Cooking Sessions (Open Heaven):** The healthy cooking sessions focussed on small group workshops that taught participants how to prepare nutritious, budget friendly meals.
- **Food Pantry Resources (Open Heaven):** Open Heaven food pantry was funded to provide educational materials and signage to encourage healthier food choices within the community.
- **Weight Management (Tier 2):** The weight management (Tier 2) programme held at Friar Park Millennium 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):** The Shop Tour programme, delivered in collaboration with Groundwork Trust, offered education supermarket tours that taught families how to shop on a budget, make healthier food swaps, and understand food labelling.
- **Open Heaven Toddler Group:** Open Heaven toddler group was granted funding to provide food-related play equipment to help children learn about healthy eating through play, along with signage to reinforce positive messages about nutrition. An example of a session included: parents were given a bingo card featuring a range of fruit and vegetable items and were encouraged to allow their toddlers to try them, documenting their experiences with photos. The impetus of this was to support healthy eating that could influence lifelong positive dietary behaviours.
- **LGBTQ+ Coffee Mornings:** The coffee mornings were set up to provide a safe and welcoming space for socialising and community support. A mini pride event was organised prior to this to celebrate diversity, promoting 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):** The craft group offered a creative and therapeutic space for both adults and young people to explore stress management and recovery strategies. Funding was provided for pyrography and resin art materials.
- **Community Support & Digital Access:** A Citizens Advice Coffee Afternoon (September 25, 2024) 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 (Sept 20 - Nov 8, 2024):** The Digital Fitness sessions which were 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.

Get Set Go! Sandwell

Building on the success of the *Get Set, Go! Friar Park* programme and as part of the Sport England Place-Based Expansion,⁶⁸ we plan to adopt the *Get Set, Go!* approach more widely across Sandwell.

This model will be used to engage communities through a range of tailored interventions and will serve as the foundation for a borough-wide engagement and consultation process. This process will inform and underpin the development phase of the expansion work, ensuring that future activities are co-produced with local communities and aligned with identified needs and priorities.

Schools (Lunch Time Supervisor and Playground Leader Training)

Research has shown that primary school children who engage in just 10 minutes of additional structured physical activity each day experience significant benefits, including improved cognitive function, better classroom behaviour, and, ultimately, enhanced academic performance.⁶⁹

To support this, the Communities and Partnerships Team offers free training for school staff, equipping them to facilitate engaging and inclusive playground games. Playtime is a vital component of the school day, providing children with opportunities to be active, develop social skills, and refresh their focus for learning.

This training helps staff understand the dynamics of playground activities, the critical role physical activity plays in children's development, and offers a wide range of games suitable for all key stages. To date, we have delivered this training in 52 schools, reaching 648 members of staff.

The Playground Leader training programme was developed in response to feedback from lunchtime supervisors, who noted that their responsibilities often prevented them from consistently organising games or fully supervising playtime activities.

To address this, a dedicated course for Key Stage 2 pupils was created, offering them the opportunity to become Playground Leaders. Through this training, pupils develop essential leadership skills, including effective communication, positive body language, encouraging inclusive participation, and ensuring safe play.

As part of the course, Playground Leaders learn and facilitate the same games introduced to lunchtime supervisors. They receive feedback on their delivery, focusing on strengths and areas for improvement. Each leader is provided with a comprehensive handbook containing all training materials and a variety of games to support their role.

Most participating schools implement a leadership rota, allowing trained pupils to lead playground games on a regular basis.

To date, the programme has been delivered in 36 primary schools, resulting in the training of 782 Playground Leaders.

Due to high demand for continued development, a Volume Two handbook was created. This advanced training resource builds on the foundational course, enabling both lunchtime supervisors and existing Playground Leaders to deepen their skills and expand their knowledge.

Shop Tours

The Sandwell Shop Tours programme is a community-based initiative designed to support families with the knowledge and confidence to make healthier food choices when shopping. Led by Sandwell Choices Team, the programme offers guided tours in local supermarkets and food stores, helping participants understand food labels, compare product ingredients, and identify affordable, nutritious options.

Targeted at families across the borough and children identified through the NCMP programme and School Nursing team, the Shop Tours aim to build practical skills around healthy eating, budgeting, and meal planning. By creating a supportive and interactive session within the local environment, the programme helps to address barriers to healthy eating and contributes to long-term improvements in diet and wellbeing in a practical way.

Vision 2030 Grants (SCVO)

Since January 2020, SCVO (Sandwell Council of Voluntary Organisations) has been delivering the Vision 2030 Community Grants Programme, following the approval of a Cabinet Report to fund the initiative through Public Health until the 2025/26 financial year.

The programme has been delivered in close partnership with the Public Health Development Officer (PHDO) team, with jointly agreed priorities focusing on:

- Building social connections.
- Youth activities.
- Promoting healthy lifestyles.

In addition to these core priorities, the programme has also supported several targeted short-term strands in response to emerging needs.

These have included:

- COVID-19 community recovery.
- Community mental health initiatives.
- Climate change awareness and action.
- Warm spaces provision during colder months.

SCVO brings significant added value to the delivery of the programme. This includes its broad communication reach across voluntary, community, and faith-based organisations, as well as the provision of tailored capacity-building support to grant applicants. This support is delivered in a sensitive and context-appropriate manner, ensuring groups are empowered to apply for and effectively use funding.

The full allocation of £120,000 in funding for the 2023/24 financial year was successfully distributed, resulting in a total of 32 grant awards averaging £3,763 per grant. Funding was evenly allocated across two key priority areas: Building Social Connections (16 awards totalling £62,401) and Healthy Lives (16 awards totalling £57,999).

Workplace Health & Staff Wellbeing

Investing in workplace health and physical activity interventions delivers significant benefits for both employees and organisations. These initiatives not only improve physical and mental wellbeing, but also contribute to increased productivity, reduced absenteeism, enhanced employee engagement, and stronger organisational culture. By promoting active lifestyles and creating supportive environments, employers can foster a healthier, more resilient workforce while also achieving measurable business outcomes.^{70,71} Over the past two years, the Public Health Development Officer (PHDO) team has worked in close collaboration with the Sandwell Workplace Wellbeing Hub to develop and coordinate a range of activities aimed at supporting the health and wellbeing of SMBC staff.

To date, these efforts have resulted in meaningful engagement and positive outcomes across the workforce.

- Football (evening session) - 663 attendees.
- Football (afternoon session) - 342 attendees.
- Badminton - 545 attendees.

- Pilates – 175 attendees
- Table tennis (SMBC and Roway Lane) – 494 attendees
- Book club has 43 colleagues who have joined the group.

Partnerships to tackle inactivity

Physical Activity Framework and British Triathlon (Swim Bike Run)

In partnership with British Triathlon,⁷² we are working to address physical inactivity and improve lives by promoting increased movement and activity across Sandwell. Building on the wealth of excellent work already underway throughout the borough, our initial strategic meeting will bring together key partners to share current initiatives and explore opportunities for collaboration around shared priorities and outcomes.

Following this, we will engage directly with residents to better understand their needs, interests, and the barriers they face in becoming more active. In parallel, we will consult with community partners to learn more about their ongoing work and identify how we can further support and amplify their efforts.

Insights from these engagements will inform the development of a borough-wide Physical Activity Framework. This framework will provide a clear picture of how individual and collective efforts align with strategic outcomes, highlight existing gaps, and identify priority areas for action.

Key Outcomes:

- Identify shared priorities for increasing physical activity across Sandwell.
- Understand current challenges and barriers to participation.
- Begin defining key actions to enable more residents to engage in regular physical activity.

A key element to this will be the implementation of the Swim Bike Run programme developed by British Triathlon,⁷³ helping to support communities to be more active with a strong link to develop more sporting aspirations and linking community physical activity to Sandwell's green spaces, leisure facilities and cycling development plans.

Community Sports Grants Programme

Launched in the summer of 2023, the programme takes an innovative and creative approach to addressing low levels of sport and physical activity participation across Sandwell.

Central to its success is a strong emphasis on collaborative working, with productive partnerships established among key agencies and stakeholders. Recognising the rich diversity of Sandwell's communities, the programme acknowledges that barriers to participation can be multifaceted and complex. By harnessing local insight, knowledge, and expertise, the initiative aims to co-design targeted and relevant sports projects that are responsive to local needs and community aspirations. The programme also aligns closely with the 2022 Commonwealth Games Legacy. As a proud host borough for the Queen's Baton Relay and Commonwealth Games events, Sandwell is committed to maximising the long-term benefits of this legacy through sustained investment in community sport.

The programme has been led by Sandwell Sports & Leisure team with support from the Public Health team (PHDO's) and funding of £30,000. To support this ambition, Sandwell Council has committed £135,000 in annual core funding, along with dedicated Officer time to ensure the programme's effective delivery.

This commitment is also helping to unlock additional match funding, bringing further investment into the borough to enhance programme impact and reach. To date the project has supported 37 awards and a full report on the programme and outcome is being developed by Sport & Leisure.

Commonwealth Active Communities (CAC)

Active Black Country, in collaboration with Sandwell and wider Black Country partners, successfully secured funding from Sport England's Commonwealth Active Communities Fund (CAC).⁷⁴ This initiative aimed to build on the legacy of the 2022 Commonwealth Games as a catalyst for driving long-term, transformational change in physical activity and community engagement across the Black Country.⁷⁵

The funding aimed to increase activity levels among the least active populations, promoting both physical and mental well-being while addressing inequalities in participation. As part of this investment, a network of community connectors was established across Dudley, Sandwell, Walsall,

and Wolverhampton. These connectors lead and co-ordinated a range of local activation activities during the Games, with efforts continuing beyond the event to ensure lasting impact.

In Sandwell, three (3) priority wards Langley/Bristnall (two wards collaborated due to close proximity to the Sandwell Aquatic Centre and suitable access to green spaces), St. Pauls, and Soho & Victoria were identified for targeted intervention. This selection was based on a combination of need, current physical activity levels, levels of deprivation, and insights gathered through consultation with the relevant Public Health Development Officers (PHDOs). These wards formed the focus of delivery activity and benefited from the allocated £70,000 of Commonwealth Active Communities (CAC) funding designated for Sandwell. This saw a total of 34 separate sessions and activities delivered alongside 17 water safety programmes.

Data on participant numbers and active visits to the funded activities is currently being gathered by Active Black Country and the Sandwell Community Connector from a range of delivery partners. This information will be made available in due course and will support the comprehensive evaluation and assessment of the impact of the Commonwealth Active Communities (CAC) programme.

British Weightlifting (Oldbury Academy)

Public Health and the PHDO team have supported Oldbury Academy and British Weightlifting to enhance community engagement and increase access to strength-based physical activity. Based at Sam's Fitness (Sam Hayer British Weightlifting Coach and member of the school PE department), this collaboration aims to develop a sustainable community weightlifting offer that supports both grassroots participation and talent development. In addition to promoting local health and wellbeing, the initiative also plays a key role in supporting national competitions, positioning Sandwell as a hub for inclusive weightlifting opportunities.

To date these have included the National Schools Weightlifting Championships, Para Powerlifting Open, and Adaptive Open, with Sandwell seeing a young person from Oldbury become the England Champion for her age and weight class. Alongside this Public Health are supporting ways we can use the community gym at the academy to best serve the local community and linking up to activities led by the Choices Team.

Weight Management and targetted approaches.

Sandwell's current Tier 2 adult weight management service is provided by ABL (A Better Life),^{76,77} and commenced delivery in January 2024 for a 2year contracted period. KPI targets for the programmed are set at:

Outputs	Targets
Number of individuals referred to programme	900 each year (minimum)
Number of people completing programme	540 (based on 60% completing) each year
Number of individuals reduction of weight at week 12	540 (based on 60% completing) each year
Number of individuals contacted at 6 weeks post programme	540 (based on 60% completing) each year.
Number of individuals re-starting 12-week intervention	N/A

Outcomes	Targets
Improved self-reported wellbeing at week 12	540 (based on 60% completing) each year

To date, the service has received a total of 1,411 referrals, demonstrating clear demand and need for the programme. The majority of referrals have originated from primary care, with additional referrals received through self-referral pathways. A total of 85 individuals have successfully completed the programme, representing 7.4% of the 1,141 referrals received. It is important to note that a number of participants are currently engaged in the 12-week programme and are progressing towards completion.

Delivering effective weight management services presents inherent challenges due to the complex and multifaceted nature of overweight and obesity. Addressing these issues requires sustained engagement, behavioural change, and personalised support factors that can impact both uptake and completion rates.

While the current delivery model has encountered performance difficulties, including staffing shortages and an unacceptable waiting time of approximately eight weeks, the Public Health Team has responded swiftly. Weekly performance review meetings are in place, and targeted improvement measures have been introduced to support the provider.

These difficulties and low completion rates highlight the difficulties in addressing high prevalence of overweight and obesity in Sandwell and we remain committed to working collaboratively to improve outcomes. However, as we move into the fourth month of Year 2 delivery, we have made the strategic decision not to proceed with the optional Year 3 extension.

Instead, we are developing a new delivery model that builds on learning to date and aims to offer a more responsive, effective service for residents and in line with newly released guidance from NICE.
⁷⁸

The remaining eight months of Year 2 will be used to both support the provider in achieving improved results and to lay the foundations for the launch of an enhanced Adult Weight Management (AWM) provision, designed to better meet the complex needs of our population and contribute to long-term health improvements across Sandwell.

Fit Baggies

Sandwell Public Health have commissioned Fit Baggies⁷⁹ a 10-week health, fitness, and lifestyle program for the Sandwell community, developed and delivered by The Albion Foundation. Each session features thirty minutes of lifestyle education, covering topics such as diet, mental health, and lifestyle improvements, followed by one hour of exercise. Fit Baggies will be free to join for Sandwell residents who meet the following criteria: Age 18+, Body Mass Index (BMI) of 25 or higher. The aim of Fit Baggies is to engage inactive individuals whose health will benefit from increased physical activity and healthier eating and drinking habits.

The programme will deliver three cohorts of twenty-five participants per year over the next two (2) years totalling 150 participants overall. The program's previous achievements of seeing weight loss within all participants is evidence of its effectiveness. This accomplishment underscores the program's success in guiding participants toward healthier lifestyles and achieving weight management results. The program's comprehensive approach is highlighted by participants experiencing not only weight loss but also reductions in waist circumference and lower blood pressure.

Children's weight management – Choices team

As mentioned above the Choice's team support the strategical approach to addressing obesity focused on implementing targeted interventions for children, families, and communities. This programme implements HENRY 5-11.

Healthy Pregnancy Service

The service provides advice on healthy weight and lifestyles, nutrition, balanced diet, and exercise to pregnant women with a BMI of over 30 and above. For those with a BMI of under 35, they receive a brief intervention from the service and are also signposted to the Changes Programme to access the activities running in Sandwell for expectant families such as aqua-natal, pregnancy yoga etc.

For those with a BMI over 35, women receive one to one support from the service which is tailored to the individual need of the women. Support is delivered from various clinics across Sandwell including Maternity and Family Hubs, libraries and community centres.

Targeted interventions

Targeted interventions are essential in public health to effectively address the unequal distribution of health outcomes across populations. These interventions are designed to focus resources, programmes, and support on specific groups, communities, or health issues that are at higher risk or have demonstrated greater need. By doing so, they ensure a more equitable and efficient use of public health resources. Sandwell Public Health have and are committed to developing such interventions when need and evidence can be shown.

Sandwell Exercise Referral Pathway

We continue to look at new interventions that focus on utilising Sandwell's extensive leisure portfolio as we see them as a key partner and venue in tackling physical inactivity as well as reducing rates of overweight and obesity. We are currently developing a new Sandwell exercise referral pathway for primary care, secondary care, rehabilitation, and occupational health.⁸⁰

In the initial phase of the primary care pilot, we aim to engage three selected locations to refer between 50 and 100 patients each to the scheme. This controlled rollout will enable effective measurement of impact, outcomes, and overall success.

If the pilot proves successful, the programme will be scaled up to include six to twelve locations across Sandwell, thereby expanding referral pathways into leisure services for individuals who are most likely to experience significant health improvements through such interventions.

The second phase of the programme will focus on supporting individuals completing clinical rehabilitation pathways, such as pulmonary and cardiac rehabilitation. This phase is designed to ensure a seamless and robust transition from clinical care to community-based physical activity. By facilitating continued engagement with leisure services, the programme aims to reduce the risk of further health complications or relapses, and support sustained long-term health and wellbeing. While the programme will not be offered free of charge permanently they will get a substantial reduction in membership fee.

The Choices Team

To support the strategical approach to addressing obesity in Sandwell, we have introduced a new initiative and team. The Choices Team will be focused on implementing targeted interventions for children, families, and communities. This team will engage in activities designed to improve physical activity, promote healthy eating, and facilitate weight management. To support these efforts, we have commissioned the Healthy Families Growing Up Programme, known as HENRY (targeting ages 5-11). This initiative will complement the existing HENRY program for ages 0-5, which has been successfully implemented through Children's Centres and Family Hubs across Sandwell. By expanding the age range, we are building continuity and trust, reducing barriers to engagement, and easing concerns associated with new or unfamiliar programs.

Since the commencement of the Choices programme on 17th February 2025, a total of 253 children and 198 adults have engaged with the programme, bringing the total number of participants to 581. The programme has also successfully hosted engagement events, reaching 130 families.

HENRY 5 to 11

The Henry programme⁸¹ provides an integrated range of services supporting families from pregnancy through age 11. These services include workshops, structured programs, accessible resources, and online support, all underpinned by the HENRY framework's behaviour-change principles.

The program empowers parents with the confidence, skills, and knowledge to create a healthier family environment, giving children a strong start. In line with a life-course approach, we are also designing future interventions for ages 11-18 to ensure comprehensive support for young people as they transition into adulthood.

Cancer Kickers

Cancer Kickers Walking Football,⁸² is a new walking football initiative is a volunteer-led, co-produced activity designed specifically for Sandwell residents living with cancer. Delivered in partnership with Sandwell Metropolitan Borough Council's Public Health Communities and Partnerships Team, The Active Wellbeing Society, Places Leisure, and the Birmingham County FA, the project is spearheaded by local volunteer Kevin McMahon.

Walking football is increasingly recognised for its health benefits, offering a safe, enjoyable way to stay active, develop new social connections, and re-engage with a love for the game.⁸³ It also provides a welcoming introduction for those who are new to football.

Cancer Kickers Walking Football sessions are played at a slower, controlled pace, significantly reducing the risk of pain, discomfort, and injury. Each session includes:

- Outdoor physical activity and structured games led by a qualified football coach and a Level 4 Cancer Rehabilitation Practitioner.
- An indoor peer support group offering a relaxed space for conversation, refreshments, and social connection.

The social component is as vital as the physical activity, providing participants the opportunity to share experiences and build relationships in a supportive and informal environment.

In the first 3-months of the Public Health funded sessions 30 participants have been engaged with the project with expected active visits of 390 in the first 3 months, with agreements in place for TAF for continue delivery in the future.

50+ Bowls (Bowl for Health)

Bowl for Health⁸⁴ is an eight-week introductory programme designed for individuals who are new to the sport of bowling or returning after a break. The programme offers a clear and supportive introduction to the basics of the game, helping participants build the confidence to join a local club upon completion.

Suitable for complete beginners, the sessions require no prior experience in bowling or any other sport, and all equipment is provided. Originally developed and successfully piloted in 2017 by Holy Trinity Bowling Club in Formby, with support from MSP, the programme has since expanded. Based on its success, MSP, in partnership with the Merseyside Sports Foundation, secured funding from the National Lottery Community Fund to roll out the programme across clubs in Sefton and Liverpool, with support from Active Sefton and Liverpool City Council.

Delivered by qualified, friendly coaches with assistance from club volunteers, the programme is primarily aimed at older adults seeking to improve their physical and mental wellbeing. A key feature of Bowl for Health is the emphasis on social interaction, with time set aside after each session for participants to connect, particularly valuable for individuals' experiencing loneliness or social isolation. The sport is also highly inclusive, welcoming those with long-term health conditions or disabilities.

We are currently working with our contracted Active Green Spaces provider, The Active Wellbeing Society (TAWs), and in collaboration with Sandwell Council's Parks Department, to bring Bowl for Health to Sandwell. Plans are underway to revitalise three (3) disused and neglected bowling greens, Tat Bank Road, Victoria Park, and Hides Road as community spaces for the programme, supporting health, wellbeing, and social inclusion in the borough.

Community and cultural insights and research

Healthy Weight Needs Assessment – Cultural Insight Research Projects

In response to findings from the National Child Measurement Programme (NCMP), Sandwell Public Health is undertaking two research projects to better understand the factors influencing healthy weight across the borough.

These projects aim to ensure that future services are informed by the lived experiences of our diverse communities and are culturally appropriate and inclusive.

Project One: Focus Groups

As part of a broader Healthy Weight Needs Assessment, the Sandwell Public Health team is conducting a series of informal, semi-structured focus groups with parents and families. The objective is to gather valuable insight into cultural and social attitudes related to healthy weight, eating habits, physical activity, and body image.

These focus groups are designed to be flexible and can be integrated with existing programmes, community meetings, or activities to make participation more accessible.

Target Participants, we are particularly interested in engaging with:

- Parents attending Choices programmes.
- Faith networks.
- Parents of school-aged children.
- Tier 2 Weight Management programme participants.

Research Objectives:

1. Identify cultural considerations that need to be considered when commissioning or delivering weight management services.
2. Explore cultural differences in attitudes towards healthy weight, eating habits, and physical activity.
3. Gather feedback on how services can be adapted or improved to meet the cultural needs of local communities.

Discussion Topics & Prompts:

1. Healthy Eating
 - What challenges do families face when trying to eat healthily?
 - In what ways do cultural beliefs or traditions influence eating habits?
 - Do you feel local healthy eating services consider cultural diversity? How could they improve?
2. Physical Activity
 - What are the main barriers to families being physically active?
 - How does culture influence participation in physical activity?
 - Are current services inclusive of diverse cultural, ethnic, and religious backgrounds?
 - How can physical activity programmes become more culturally responsive?
3. Perceptions of Healthy Weight
 - Do diverse cultures have varying understandings of what is considered a healthy weight?
 - What role does the media play in shaping perceptions of healthy weight and body image?
 - How can service providers become more aware of these cultural perceptions?
4. Mental Health and Emotional Wellbeing
 - How does emotional wellbeing impact healthy eating and physical activity?
 - What connections exist between mental health and perceptions of healthy weight or body image?
 - How can services better integrate mental health support within healthy lifestyle programmes?

Findings from these focus groups will be used to shape the development of culturally sensitive weight management services in Sandwell. Facilitating conversations and engaging families is crucial to the success of this work.

Project Two: NCMP Research study by Birmingham University

Over 2 years, the National Institute for Health Research (NIHR) are evaluating the impact of the NCMP on children's wellbeing. 500 children is the target for Sandwell over 10 schools, Year 6 children and Parents/ Carers.

A mixed-methods research plan, developed in collaboration with local authorities (LAs), schools, parents/carers, children, and policymakers, structured across three distinct work packages.

WP1: Impact of Measurement on Children

This work package will involve the collection and analysis of both quantitative survey data and qualitative ethnographic data. Specifically, it will gather survey data from:

- Parents/carers.
- Year 6 pupils

Additionally, qualitative data will be collected through interviews with parents/carers, teachers, and NCMP delivery teams, as well as through direct observations of the NCMP delivery in schools. WP1 will be conducted in partnership with six diverse local authorities from various regions across England.

WP2: Cost-Effectiveness and Wider Value of Delivery Models

WP2 will focus on evaluating the cost-effectiveness and broader value of different delivery models for the NCMP. This will involve the collection and analysis of qualitative data and survey data from local authority staff responsible for the NCMP.

WP3: Integration and Dissemination of Findings

WP3 will integrate and disseminate the findings from both WP1 and WP2, providing a comprehensive overview of the data collected.

Additionally, this work package will incorporate insights from previously funded analyses that address key aspects of strand 1 of the research specification.

NAP SACC UK Programme Training and Delivery

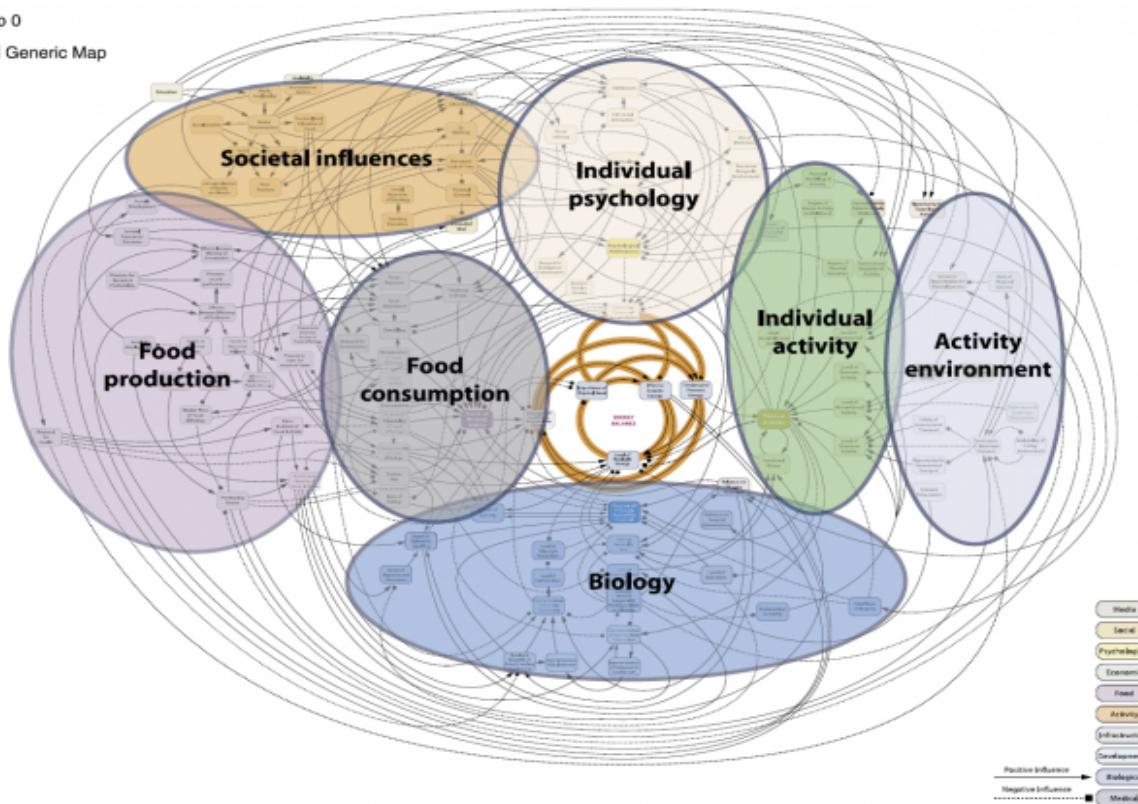
An increasing number of young children start primary school experiencing overweight or obesity which can have a negative impact on their health and development as they grow older. Previous research has shown that differences in the environment in which children spend their time can affect how much weight they gain.

It is very difficult to make changes to children's home environments, so a programme called NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care)⁸⁵ aimed to provide support to nurseries to help them to make their nurseries as healthy as they can be for the children who attend them. The programme is being used very successfully in the United States, but it is not yet known how well NAP SACC might work in the UK.

This study aimed to test whether the NAP SACC programme would be useful for UK nurseries. The programme has been adjusted so that it was suitable for UK nurseries (NAP SACC UK). The programme was delivered in Sandwell by the PHDO's who undertook training at Bristol University to enable them to deliver the training and 6 nursery locations in Sandwell were identified helping to give better understanding and insight into the physical activity levels and opportunities within the age range alongside eating habits. In total the team were able to engage with three (3) nursery settings delivering the NAP SACC to 13 members of staff.

Map 0

Full Generic Map



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