

## TERMS OF REFERENCE: OBESITY HEALTH ALLIANCE

Last reviewed: January 2019

<p><b>1</b></p>	<p><b>BACKGROUND</b></p> <p>Obesity Health Alliance (OHA) is a coalition of organisations who have joined together to collectively to drive forward policy and societal change to address the epidemic of overweight and obesity in the UK.</p> <p>The Alliance is composed of leading national health charities, medical royal colleges, campaign groups and membership bodies with an interest in health and public health. An initial gathering of 17 organisations took place in July 2015 at the invitation of the Royal College of Physicians, all of which agreed in principle to working together on obesity policy.</p> <p>In November 2015 existing OHA members collectively identified 10 population level policy interventions to reduce rates of overweight and obesity across the life course, and address the social inequality and cultural differences in overweight and obesity prevalence. These are outlined in the joint position statement, available <a href="#">here</a>. The joint position statement is reviewed every two years.</p> <p>The Obesity Health Alliance confirmed its official name on the 14<sup>th</sup> January 2016.</p> <p>A full list of members is available <a href="#">here</a>.</p>
<p><b>2</b></p>	<p><b>OVERARCHING AIMS</b></p> <p>The aim of OHA is to bring together a range of organisations to share expertise, propose evidence-based solutions, influence and hold to account the decision-makers who are accountable for the public health of the population.</p> <p>The Alliance supports the long term goal of tackling obesity across the life course, which includes addressing the social inequality and cultural differences in overweight and obesity prevalence.</p> <p>To support these aims, OHA Steering Group sets strategic objectives which are supported by collective tactical activity. Based on existing resource, at any one time the OHA works on three priority policy areas, as recommended by the Steering Group and agreed by members at the Annual General Meetings. These are policy areas where there is broad support among members and the right political environment for policy change.</p>
<p><b>3</b></p>	<p><b>MEMBERSHIP</b></p> <p>OHA is made up of the following groups:</p> <p>(1) <b>The Steering Group:</b> This was established following the stakeholder meeting in November 2015. These organisations invest staff time, resources or finances to support the continuation of the alliance and provide oversight and guidance to the secretariat. The maximum number of Steering Group members at any time is nine and the minimum is seven.</p> <p>From 2019 membership of the Steering Group will be reviewed on a three yearly basis with existing members asked to renew their membership based on their ability to provide relevant strategic direction and significant resource to the OHA. If a vacancy on the Steering</p>

Group arises, OHA members will be asked to submit an expression of interest to be considered by the remaining Steering Group members. Where possible, the make-up of the Steering Group should be representative of the make-up of wider members with a range of different types of organisations.

The Steering Group currently comprises:

- British Heart Foundation
- British Medical Association
- Cancer Research UK
- Children's Food Campaign
- Diabetes UK
- Faculty of Public Health
- Royal College of Paediatrics and Child Health
- Royal College of Physicians
- UK Health Forum

The Steering Group may also invite specialist advisors to join the Steering Group on a permanent or ad hoc basis.

Specialist advisors

- Professor John Wass

(2) **Members:** This refers to organisations which have committed to working together as part of the alliance and have signed up to support the ten policy priorities. 'Members' also includes the members of the Steering Group.

(3) **Sub-groups:** The OHA has three sub-groups covering policy, public affairs and communications. These are working groups made up of specialist representatives from member organisations and they deliver tactical activity on behalf of the alliance. Sub-groups are open to all member organisations.

(4) **Associated organisations:** These are organisations which support the goals of OHA but are not able to feed into the policy development. This also includes organisations that are not able to fully support the joint policy position statement. The secretariat keeps them up to date on OHA activity, including by copying into all member emails when appropriate.

This group comprises:

- Local Government Association
- NHS England
- Public Health England
- Obesity Action Scotland
- National Obesity Forum

### **Benefits of Membership**

OHA brings together a wide range of organisations with differing expertise and knowledge. By working together, members benefit from knowledge sharing and can achieve more than acting in isolation. The strength and credibility of the expert collective voice makes it more powerful with stakeholders.

- **Influence:** working in partnership with some of the most influential organisations means we have the credibility to influence at all levels. Members of the OHA Steering Group regularly meet with policymakers and parliamentarians as representatives of OHA and are obliged to share insight and information from these meetings with members (on request) and using it

	<p>to shape and strengthen our activity. By speaking as one voice on key issues to policy makers and the media we can strengthen our influence.</p> <ul style="list-style-type: none"> <li>• <b>Information:</b> the wide range of our members means we can draw on the broadest level of expertise and experience to strengthen our work. Coordination across OHA means we can reduce duplication of activity allowing each organisation to focus their resources on where they can add the most value.</li> </ul> <p>Membership of OHA brings the following specific benefits to individual organisations:</p> <ul style="list-style-type: none"> <li>• Regular information updates on policy development and other news relating to obesity</li> <li>• Detailed, evidence based policy briefings on priority areas</li> <li>• Member logos included on letters to policymakers and press releases (where appropriate)</li> <li>• Opportunities to attend meetings with policymakers (where agenda is focused on particular area of expertise for member organisations)</li> <li>• Template consultation responses</li> <li>• Support and amplification of member organisation activity</li> <li>• Coordination opportunities between member organisations</li> </ul> <p><b>Addition of New Members</b></p> <p>OHA accepts new members, subject to approval of the Steering Group.</p> <p>OHA welcomes membership enquiries from organisations which:</p> <ul style="list-style-type: none"> <li>• Agree and support the OHA joint policy position statement</li> <li>• Are committed to working in respectful and constructive partnership with other organisations within OHA and respect any parameters put in place regarding sharing of confidential information (e.g. not breaking embargos or passing on information to non OHA members)</li> <li>• Have an independent voice from the food, drinks or weight management industry and can declare to OHA Steering Group any direct or indirect funds received from the food, drinks or weight management industry and can demonstrate they have clear policies in place to ensure complete separation of these relationships and policy position development</li> <li>• Can demonstrate their commitment to working within the parameters of evidence based public health measures</li> <li>• Are registered with the Charity Commission or are a social enterprise who do not make a profit from obesity</li> </ul> <p>Interested organisations who meet the conditions above will be asked to complete a short information form to be used by the Steering Group as due diligence to consider membership requests. Prospective members may be asked to provide additional information if the Steering Group have additional questions or concerns about their ability to meet the above conditions.</p> <p>We do not currently accept new members who represent commercial organisations.</p>
4	<p><b>FINANCIAL CONTRIBUTIONS</b></p> <p>Member organisations are asked to make financial contributions to fund the running costs of the OHA. The suggested donation is £1,000 per annum.</p> <p>These contributions will be used to fund:</p> <ul style="list-style-type: none"> <li>• The post of Alliance Lead and supporting staff to develop policy and coordinate activity</li> <li>• Operational costs (e.g. room hire, travel tickets)</li> </ul>

	<ul style="list-style-type: none"> <li>• Website hosting and development</li> <li>• Activity delivery costs (e.g. public polling, events or other activity to deliver the work plan as directed by the Steering Group)</li> </ul> <p>Members can choose to make an annual contribution or to support specific activity costs. We also recognise that members may provide ‘in-kind’ support such as staff time, facilities and other non-financial contributions of value.</p> <p>The Steering Group may also seek external funding from Trusts, Foundations and other funding sources. We do not accept funding from corporate bodies associated with food, drink, weight management or pharmaceutical industries.</p>
5	<p><b>CONFLICT OF INTEREST</b></p> <p>(1) Member relationships with industry</p> <p>We recognise that some of our members have transparent and cooperative relationships with corporate partners in the food and drink industry. To ensure transparency and manage any conflicts of interest, all organisations seeking membership to the OHA should declare to the Steering Group any joint partnerships with, or resources (financial or otherwise) received knowingly from the food, drink and weight management industries (see appendix 1 for our working definitions of these industries).</p> <p>A member information form is required from all existing and prospective OHA members which includes a conflict of interest section where organisations should declare income from the food, drink and weight management industries and detail any restrictions around how this funding is spent. This form should be submitted to the secretariat annually. Members have a duty to declare any new partnerships that could be seen as a reputational risk throughout the year.</p> <p>Members will be expected to provide detail and evidence of the following:</p> <ul style="list-style-type: none"> <li>• What policies are in place to ensure complete separation of partnership and policy position</li> <li>• How Trustee conflicts of interest are reported and managed</li> </ul> <p><i>We rely on members to be transparent and advise us of any information regarding current or previous partnerships where there may be a perceived conflict of interest. It is up to members to make a call on what level of information and detail they provide based on the size and structure of their organisation. Questions or concerns can be discussed with the OHA Lead</i></p> <p>The Steering Group reserves the right to decline or terminate membership to any organisation receiving support from the food and drink industry that is considered by the Steering Group where there is felt to be a wider reputational risk to the OHA.</p> <p>(2) OHA relationships with industry</p> <p>The OHA does not directly engage with the food and drinks industry at this point. We will consider attending events at which industry are in attendance, but that are organised and facilitated by independent bodies, such as an All-Party Parliamentary Group or think tank on a case by case basis.</p> <p>We recognise that individual members may choose to engage with industry in line with their organisational principles. We welcome and can facilitate information sharing between</p>

	<p>members about industry insights and meeting outcomes.</p> <p>This position will be reviewed on a yearly basis or more frequently in response to the changing policy environment – e.g. as part of Government led model to tackle policy priorities where industry are stakeholders such as marketing or reformulation.</p>
6	<p><b>ROLES AND RESPONSIBILITIES</b></p> <p><b>Principles</b></p> <p>Individual organisations are at liberty to follow their own policy positions and campaigns, but agree to follow shared OHA messaging when speaking on behalf of the OHA, in order to maximise message impact. Where organisation’s own policies on overweight and obesity deviate from OHA policy members should flag this to the Steering Group.</p> <p>OHA members will support and disseminate the messages set out in the joint policy position statement on obesity. Members are expected to alert the Steering Group to any public statements or activity they are making that conflict with the OHA joint policy position statement. They should provide as much notice as possible.</p> <p>Where there are areas of disagreement between organisations, members will attempt to resolve disagreements respectfully in private rather than in the public domain.</p> <p>Members agree to keep information shared by the OHA secretariat, Steering Group or other members confidential and not share member updates with individuals or groups outside of the OHA.</p> <p><b>The Steering Group</b></p> <ul style="list-style-type: none"> <li>• To be accountable for leading strategy and governance of the OHA.</li> <li>• To contribute significant staff time, resources and financial contributions in order to ensure the continuation of the OHA.</li> <li>• To lead the development of OHA policy, communications and influencing activity. Any contentious or divisive issues, or any substantive changes in policy, will be considered by the full membership prior to implementation.</li> <li>• To meet quarterly to discuss progress against the Group’s objectives and work plan and fully engage in discussions and decision making.</li> <li>• To discuss arising issues by teleconference and email to enable a timely response.</li> <li>• To undertake political advocacy work such as communication with key influencers to further the objectives of the OHA.</li> <li>• To act as media spokesperson (if media trained) on behalf of the OHA</li> <li>• To share information with OHA members on current policies and upcoming activities relating to obesity policy, via the Secretariat.</li> <li>• To feed back to Secretariat comments and where appropriate, actively sign up to OHA documents in a timely manner.</li> </ul> <p><b>Members</b></p> <ul style="list-style-type: none"> <li>• To share advance information with OHA members on current policies and upcoming activities relating to obesity policy, via the Secretariat.</li> <li>• To feed back to Secretariat comments and where appropriate, actively sign up to OHA documents in a timely manner.</li> </ul>

	<ul style="list-style-type: none"> <li>• To attend and participate in decision making at the Stakeholder Group meetings.</li> <li>• To promote the work and messages of OHA to their members and stakeholders.</li> <li>• To provide a yearly financial donation or other resource to support the running of the OHA.</li> <li>• To promptly update the member form on a yearly basis and report any new partnership with industry to the secretariat throughout the year. The secretariat should be notified a minimum of two weeks before any public announcements are made.</li> </ul>
<b>7</b>	<p><b>ACCOUNTABILITY</b></p> <p>The Steering Group is accountable to all members involved regarding the progress achieved against the joint policy position statement objectives.</p> <p>The OHA Alliance Lead handles the Secretariat function of the alliance. The Alliance Lead is accountable to the Steering Group and is hosted and line managed by one of the Steering Group organisations on a rotating basis.</p>
<b>8</b>	<p><b>SECRETARIAT</b></p> <p>The Secretariat will carry out the administration and paper drafting required to achieve the agreed actions of the Steering and Stakeholder Groups.</p> <p>The Secretariat will:</p> <ul style="list-style-type: none"> <li>• Work with the Steering Group to set objectives, strategies and work plans for the OHA</li> <li>• Coordinate policy development, communications and influencing activity</li> <li>• Report to the Steering Group on progress and outcomes of activity</li> <li>• Act as a central information point for all stakeholder organisations and share information regarding progress and activities</li> <li>• Organise the administration of Steering and Stakeholder Group meetings</li> <li>• Chair Steering Group teleconferences, sub group meetings, draft agendas and minutes, and circulate these prior and post the teleconferences respectively</li> </ul>
<b>9</b>	<p><b>HOSTING</b></p> <p>The OHA secretariat is hosted by one of the Steering Group members on a rotating basis. The host organisation provides administrative capacity to the OHA including IT support, receipt of funding, payment of suppliers and legal employment of the Alliance Lead.</p> <p>The host organisation has no additional influence over OHA policy or strategy. All decisions are made jointly by the full Steering Group. The Alliance Lead reports to the full Steering Group and spends one day a week working from different Steering Group members' offices.</p> <p>Between March 2016 and February 2019, OHA was hosted by UK Health Forum. From February 2019, OHA is hosted by Diabetes UK.</p>
<b>10</b>	<p><b>MEETINGS</b></p> <p>(1) Steering Group</p> <p>The Steering Group will hold quarterly meetings which will be chaired by the Secretariat. Draft agendas for these meetings will be circulated to the Steering Group the week before for comments and amendments. A confirmed agenda will be sent to participants prior to the</p>

	<p>meeting. Minutes will follow for comment and amendments within one week of the call. The minutes are available to all members on request. Teleconferences will be coordinated on an ad hoc basis to deal with emerging and/ or contentious issues.</p> <p>(2) Annual General Meeting The Stakeholder Group will meet once a year with an AGM. The Secretariat will organise these meetings. Update teleconferences will be organised once a year for members to dial into to hear about and feed into future plans.</p>
<b>10</b>	<p><b>REVIEW</b></p> <p>These terms of reference will be reviewed on a yearly basis. Last review date: January 2019</p>