



Healthy Weight Health Needs Assessment

Leicester City Council

February 2022

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Executive summary infographic

Leicester profile



32nd

most deprived Local Authority in England



68,662

living in the highest level of deprivation (decile 1)



43%

of children aged 0-15 years reside in the 20% most deprived of areas nationally

Excess weight



65.9%

are estimated to carry excess weight by 2035



24%

of Year 6 students have excess weight



7 per 100,000

hospital admissions for a primary diagnosis of obesity, with figures of conditions exacerbated by obesity estimated to be higher

Wider determinants

39

exercise facilities (gyms/ leisure centres)



2 in 5

use active travel weekly (walking/cycling)



52.8%

are physically active (≥150 minutes per week)



69%

breastfeeding at 6-8 weeks



21%

eat their 5 a day

22nd

highest food outlet density in England



**Please note all figures within this executive summary and report are accurate as of February 2022.*

Purpose of Report

The scope of this report is to provide information, data, and recommendations regarding excess weight in Leicester. The report includes a breakdown of national trends, and how these compare to the local picture. It provides information on the influences on healthy weight, and what existing services, policies and support exists locally. Underweight forms part of the healthy weight narrative, but due to the impact of excess weight being highest, the report focuses upon this.

All data within this report is correct as of February 2022.

1. Introduction

1.1 Language and stigmatisation

This document acknowledges the presence of weight stigma, bias and discrimination that can be found across different forms of communications and can have a harmful impact upon people across the weight spectrum.¹ Misuse of language can have a harmful effect on individuals' mental health, community attitudes, individual self-esteem, and morale, and this document aims to provide baseline evidence on the current situation in Leicester as a platform to bring the system together.

It is important when discussing healthy weight that the narrative remains person centred and that an individual's body size does not influence how they are treated.² To ensure that this report adheres to person centred language and avoids stigmatisation, where possible, obesity and overweight will be referred to as excess weight and will adhere to person centred language that is free from individual blame and stigmatisation. However, when referring to data, the terms overweight and obesity may be referred to.

1.2 Defining excess weight in adults and children

Excess weight is measured through height and weight by body mass index (BMI). The National Institute for Health and Clinical Excellence (NICE, 2006) has recommended the classifications for defining weight in adults, as detailed in the table below.

For most adults, the ideal BMI is in the 18.5 to 24.9 range.³ For children, BMI is used to determine weight status but differs from adult BMI categories due to composition variations in children by age and gender.⁴ Limitations in the use of BMI are acknowledged in that it does not consider muscle mass, overall body composition or racial differences, but it remains the most accepted standardised and easily scalable form of measurement.

Underweight

Weighing too little can contribute to a weakened immune system, feeling tired and fragile bones. In adults, a BMI under 18.5 suggests a weight that is too low⁵ and should be acknowledged when considering healthy weight. Although underweight is an issue that is evidenced as negatively impacting on health, due to the increased impact of excess weight this health needs assessment focuses upon excess weight.

Figure 1: Classification of weight status using BMI

Classification	BMI
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	30.0 – 39.9
Severely Obese	>40

1.3 National excess weight trends

National and regional excess weight

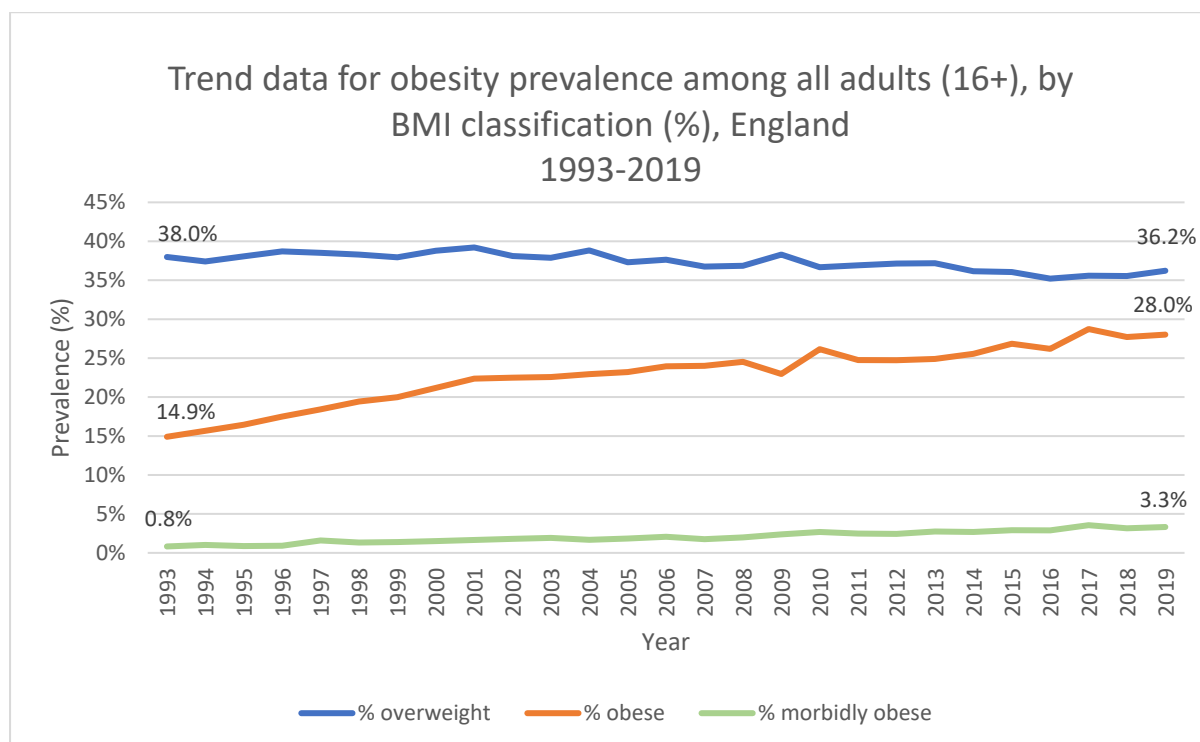
For children and young people aged 2 to 18 years, those who are at the 91st centile or above are overweight, and those at the 98th centile or above are very overweight. The National Childhood Measurement Programme (NCMP) shows that around 1 in 5 children in reception (aged 4-5 years) are overweight or very overweight, rising to 1 in 3 children in year 6. Boys have a higher severe excess weight prevalence than girls in both reception and year 6.

In adults, nationally 62.8% are classified as overweight or very overweight and in the East Midlands 65.4% of adults are overweight or very overweight.

Trends over time

The prevalence of excess weight (overweight and obese) has doubled in the last 20 years and the prevalence of severe excess weight (morbidly obese) has increased significantly since 1993 for both men and women.⁶ In 1993 the Health Survey for England⁷ reported that the prevalence of excess weight among men and women aged 16 and over was 58% (men) and 56% (women) which has increased to 69% in men and 60% in women in 2021.

Figure 2: Trends in obesity prevalence for all adults in England, 1993-2019



Source: Health Survey for England 2019

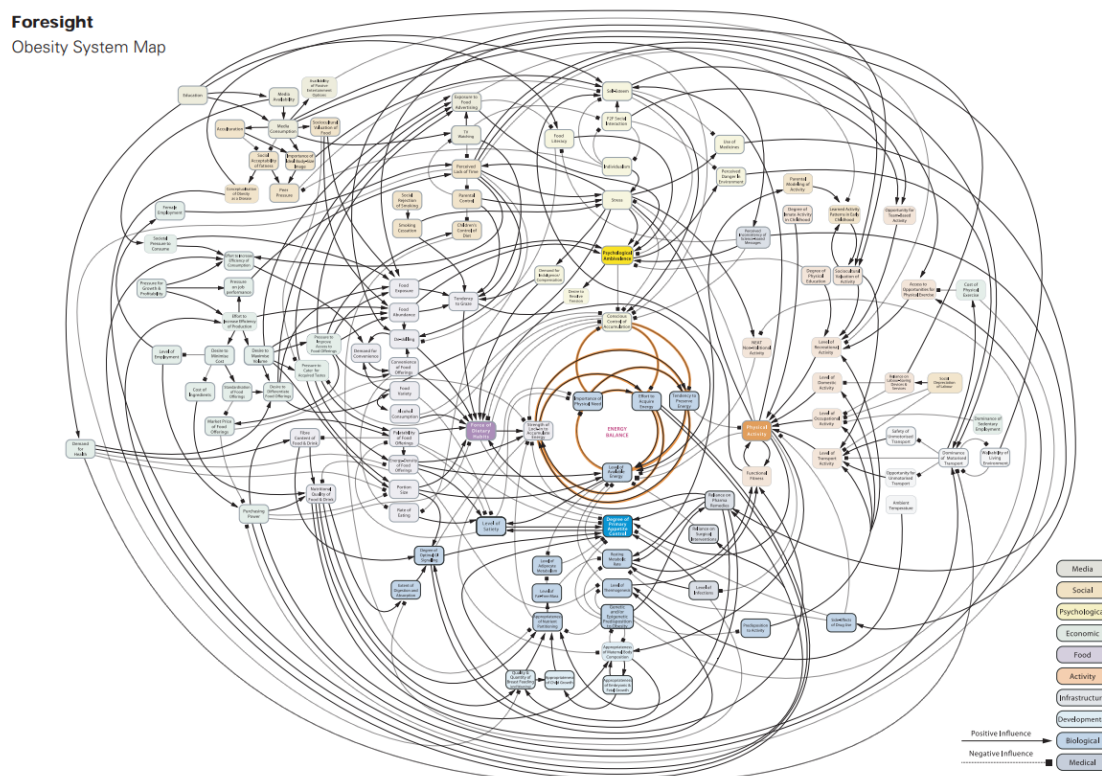
1.4 Complexities and causes of excess weight

Weight gain can occur gradually over time when energy intake from food and drink is greater than energy used through the body's metabolism and physical activity. Excess weight is a complex problem that is influenced by many different factors including the environment we are exposed to, excessive food intake and physical inactivity. Research has identified a wide range of biological, psychological, environmental, and economic determinants that cause and influence excess weight and exacerbate the inequality in experience of the issue across communities.

The environment, influences from family members, changes in lifestyle and the relationship we have with food contribute to excess weight being recognised by many as a global issue.

The Foresight system map⁸ (Figure 3) showcases the complexity of healthy weight in visual format and highlights the vast array of factors that interact.

Figure 3: Foresight System Map



Source: *Tackling Obesities: future choices*.

An overview of some key influences on healthy weight are outlined below.

Wider determinants

The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health. Tackling the wider determinants of health to make a significant impact on reducing levels of excess weight is vital as we will not see sustained improvements in healthy weight by just commissioning services. Factors that cause excess weight include global factors (global food economy, multinational corporations), local factors (health and education systems, socioeconomic status, food economy), community factors (support systems, built environment, culture, beliefs, social networks), individual factors (food, psychology, stress, physical activity) and internal factors (genes, hormones).

Biological influences

Biological influences can impact unfairly on our ability to maintain a healthy weight. We cannot change genetics, age, ethnicity or born disability. Genetics play a role in excess weight, with specific genes increasing the likelihood of weight gain in some individuals. However, genes do not always predict future health. Hormonal changes during life, and the impact of stress upon our bodies can impact on weight gain. During the life course metabolic rates slow and the experience of excess weight increases as we age due to lifestyle changes. The gene, Melatonin 4 Receptor (MC4R) controls appetite and has been linked to increased likelihood of excess weight occurrence in individuals where it is present.

Genetics, age and hormones influence whether individuals store weight around their organs (visceral fat) or externally (subcutaneous fat).⁹ How individual bodies store excess weight impacts on health implications such as heart disease, diabetes and cancer, with higher levels of visceral fat linked to various long-term health conditions.

Psychological influences

Depression, eating disorders, anxiety, substance misuse, mental health treatments, body image and experience of abuse can all contribute to weight gain. Excess weight can lead to many of these psychological burdens, but psychological illnesses can also cause excess weight. Sleep deprivation, although psychological in aspects can be attributed to non-psychological influences such as environmental factors like shift work and noise pollution.

Environmental influences

The streets we walk, transport used, marketing we are exposed to, food outlets we live near, housing situation, employment, air we breathe and the access we have to services and green spaces all impact on the choices that are made by individuals and populations. The presence of inequalities that exist within the environment in Leicester sees disparities in people's ability to access good food, exercise opportunities and services. It is important to note that individuals may move between multiple environments during their day. The evidence of the influence that

environment has on physical activity and excess weight however, remains unclear and the mechanisms are challenging to define.¹⁰

Obesogenic environment

The 'obesogenic environment' refers to the role environmental factors play in determining nutritional and physical activity behaviours, and the obesogenicity of an environment is defined as the sum of influences that the surroundings, opportunities, or conditions of life have on promoting excess weight in individuals or populations.¹¹ Availability, access, and promotion of certain foods, particularly those high in fat, sugar and salt (HFSS) facilitate increased consumption of unhealthy food. Technological advances and the booming takeaway delivery industry have improved access to 'fast food' delivered straight to people's homes in the click of a button, where healthy choices are scarce. During the COVID-19 pandemic, the use of takeaway services has increased exponentially.¹²

From the 1920's onwards the streets on which we live and play formally became a space designated for cars, with other uses for them deprioritised. As cars became more commonplace in society, they began to dominate not only public space but also public understanding of how space should be used. In recent years, in recognition of the wider impacts of traffic dominance, the transport sector has sought to shift the design and management of streets, incorporating cycle lanes and safer walkways conducive to active travel, although statistics show these modes of transport are still far from the 'norm' for Leicester's residents.

Obesogenic environments span further yet and is implicit our everyday lives. Modern advances in technology and design have resulted in more desk-based jobs, escalator use than stair use, online shopping/home deliveries over visiting shopping centres and AI digital assistants replacing the need for us to get up from our sofas to turn lights off in our homes. This all culminates to less movement in our everyday lives.

Economic influences

For women, excess weight increases with increasing levels of deprivation and there is a significant difference between the prevalence of excess weight in those in the highest and lowest income and socioeconomic groups. In men, excess weight prevalence is affected by qualification and occupation-based measures. Leicester is a young and diverse city with many residents experiencing deprivation and poverty. Over two thirds of the population live in the most deprived 40% of areas nationally. With an evidenced link between deprivation and excess weight, the high experience in deprivation in the city can account for some of the excess weight issues experienced.

Nutrition

The average physically active man needs around 2,500 calories a day, and the average physically active woman needs around 2,000 calories a day. Poor diet including foods high in

saturated fat, sugar, and salt (HFSS) can provide excess calories throughout the day that are stored in the body as fat and build up over time. Alcohol consumption, eating out in restaurants, takeaways, large portion sizes and sugary drink consumption can all be influenced by knowledge, family and income and contribute in many circumstances to weight gain.¹³ A poor diet, with large amounts of calories from food that's high in fat and sugar, is one of the primary causes of excess weight. Evidence shows there are significant health benefits to eating a balanced diet and getting at least 5 portions of a variety of fruit and vegetables every day.¹⁴

Physical activity

When energy provided by consuming food is not used, it is stored by the body as fat. The Chief Medical Officer recommends that adults do at least 150 minutes of moderate-intensity aerobic activity, such as cycling or fast walking, every week.¹⁵ Physical activity increases individual's total energy expenditure and can support weight maintenance or loss. It must be noted that energy expenditure through physical activity alone is not a simple solution to reducing excess weight, but it forms a component of daily energy balance.¹⁶ Individual's ability to access, afford and understand the requirements of daily physical activity recommended by the Chief Medical Officer vary.

COVID-19

COVID-19 has caused the collision of two issues, excess weight and the virus itself. Poorer outcomes upon contracting the virus have occurred in patients with excess weight, and often also with existing health conditions. The pandemic has impacted on activity levels nationally but has been most acute in disadvantaged groups and areas of high deprivation. The most recent Sport England Active Lives survey (ALS) (covering May 2020-May 2021) shows that compared to 12 months earlier there were 700,000 fewer active adults, and 1 million more inactive adults in this timeframe.

It is acknowledged that the COVID-19 pandemic has negatively impacted on some behaviours and provided a chance for inequalities to widen. However, it has provided a shared experience to move forwards from along with the opportunity for some to focus on health and wellbeing. There is the possibility that those from disadvantaged communities have seen the pandemic as an opportunity to focus on health and wellbeing, but evidence for this must be explored further to determine whether this is the case or whether inequalities have in the main widened.

Additional causes and risk factors

The previously mentioned complexities and causes of excess weight are a summary of a complex interrelated web of items which are primarily out of an individual's control. Additional risk factors such as certain medical conditions (hypogonadism, hypothalamic influences, polycystic ovarian syndrome, and growth hormone deficiencies) can also increase the risk of developing excess weight. Furthermore, often medication provided such as steroids, beta blockers and antidepressants increase the risk of excess weight.

1.6 Groups at higher risk

Inequalities

Those who live in deprivation, some diverse communities and people with disabilities are disproportionately affected by excess weight. Often, the lower the socioeconomic position of an individual, the higher proportion of both men and women who have excess weight. The impact of deprivation between the most advantaged and disadvantaged communities means those in disadvantaged communities have almost double the prevalence of severe excess weight. In England, for one in five people who are living in poverty, eating healthily becomes a secondary to eating at all.¹⁷

Deprivation

There is a strong positive correlation between socio-economic deprivation and experiencing excess weight. Nationally NCMP 2020/21 showed children living in the most deprived areas are more than twice as likely to carry excess weight than those living in the least deprived areas.¹⁸ The gap in excess weight rates between children from the least and most affluent families in the United Kingdom is larger than any other European Union country.¹⁹ Rates of excess weight related hospital admissions in the most deprived parts of the country are 2.4 times higher than in the least deprived. These differences in rates translate to worse health outcomes for people living in those areas and contribute to deepening health inequalities across the country. The relationship between excess weight and deprivation is largely related to the wider determinants of health, particularly income, access to green space, recreational facilities, housing, and exposure to low-cost energy dense food/food outlets.

Gender

The health risks attributed to excess weight differ between genders, with hormones impacting on energy metabolism, body composition, vascular function and inflammatory responses²⁰. Women with severe excess weight are at greater risk of Type 2 Diabetes, hypertension and myocardial infarction than men. By contrast, men with severe excess weight are marginally more likely to develop osteoarthritis. Results from the 2019 Health Survey for England (HSE) revealed 68% men and 60% of women had excess weight⁷. 64% of the total England population are reported to have excess weight. A greater proportion of men than women were overweight.

Ethnicity

National data shows that rates of excess weight are higher for certain diverse communities. In 2019/20 Black adults had the highest prevalence of excess weight, followed by White British Adults. The lowest prevalence was amongst Chinese adults, and the proportion of adults from the Asian, White Other and Mixed ethnic groups had excess weight lower than the national average. It is important to note that as there is a high risk of type 2 diabetes and cardiovascular

disease among Asian groups at a lower BMI. WHO and NICE both now recommend a BMI cut-off of 27.5 to trigger action to reduce the risk of obesity-related conditions, such as type 2 diabetes, in South Asian and Chinese populations.²¹

Age

Excess weight prevalence is significantly higher among people in mid-life and old age. Adults aged over 45+ years are significantly more likely to have excess weight compared to the overall population, whereas those aged less than 34 are less likely to carry excess weight. This is commonly attributed to changes in lifestyle, increases in frailty and sedentary behaviour along with reduction in physical activity as age increases. As life expectancy increases throughout the world, so do the years spent at greater risk of experiencing excess weight and related health conditions that reduce quality of life. Excess weight exacerbates the existing complications that can come with old age.

Disability

There is limited data on disability and obesity, but it is known that people with disabilities are more likely to experience excess weight and have lower rates of physical activity than the general population. The ALS 2019-20 shows that those living with a long-term limiting disability are almost 10% more likely to be inactive (39%) than those without a disability (27%). Moreover, physical inactivity increases sharply as the number of impairments an individual has increases; 51% of those with three or more impairments are inactive. The disparity in activity levels between disabled and non-disabled groups was narrowing prior to the pandemic but has since widened.²²

Maternal obesity

Mother and child are at higher risk of developing health conditions during and after pregnancy if the mother has severe excess weight. Babies born to mothers with severe excess weight are significantly more likely to experience excess weight themselves in adulthood, caused by biological programming that predisposes the child to gain and hold weight.²³ Women who have severe excess weight are more at risk of stillbirth and complications during pregnancy and/or labour.²⁴

Nationally, around half of women of childbearing age currently have excess weight and this proportion has been increasing steadily over recent years.²⁵ Research indicates that excess weight in new mothers increases with age, deprivation and is also more common among the Black community.

2. Impacts of excess weight

The experience of long-term conditions is often directly attributable to excess weight, but the link between causation and symptom is difficult to quantify. Productivity, sleep deprivation, mental health, educational attainment, employment status, experience of long-term conditions and development of life limiting or ending illnesses such as cancer can all be linked to excess weight.

The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year.²⁶ Services such as social care, housing, and the wider economy are all negatively impacted by rising excess weight levels.

Figures outlining excess weight (specifically obesity) as cause of death in Leicester are not provided as it is often a background risk factor that contributes to exacerbation of the condition and is not explicitly mentioned on death certificates.²⁷ There is therefore likely to be an underestimate of the number of deaths attributable to excess weight. Public Health England provide an estimate of obesity being responsible for approximately 30,000 deaths each year and reduces life expectancy by approximately 9 years.²⁸

2.1. Hospital admissions and illness

Hospital admissions directly attributable to excess weight

Nationally, in 2019/20 there were 10,780 hospital admissions with a primary diagnosis of obesity.²⁹ In 2019/20, the rate of finished hospital admissions with a primary diagnosis of obesity for Leicester was 7 per 100,000 and 20 per 100,000 for England. There were more admissions among females for both Leicester and England overall. The figures of hospital admissions related to excess weight but not directly attributable are anticipated to be higher.

Cancer

Having excess weight is the second biggest cause of cancer, with more than 1 in 20 cancer cases attributed to excess weight.³⁰ People maintaining a healthy weight or staying healthy in general could prevent around 22,800 cases of cancer every year in the United Kingdom.

Stroke

Excess weight increases your risk of experiencing a stroke and over 100,000 in the United Kingdom have strokes each year.³¹ Research suggests that each unit increase (approximately 3.2kg) in BMI increases the risk of stroke by 5%.³² As excess weight can negatively impact the cardiovascular system long term, the impact upon arteries narrowing can increase stroke risk.

Gallstones

Excess weight increases the amount of cholesterol in your bile, which increases your risk of developing gallstones. Regular consumption of foods high in saturated fat content appears to play a role in the formation of gallstones. Rapid, unsustainable weight loss has been linked to disruptions in bile chemistry which may increase risk of developing gallstones.³³

2.2. Long term conditions

Excess weight can exacerbate health conditions, and health conditions can contribute to excess weight. Musculoskeletal issues such as arthritis, back pain, neck pain and gout can be exacerbated by excess weight. 9.9% of the national population experience arthritis,³⁴ 12% experience low back pain and almost 6% experience neck pain.³⁵

Diabetes

Excess weight (specifically diagnosed overweight or obesity) is the main modifiable risk factor for type 2 diabetes. In England, adults with excess weight are 5 times more likely to be diagnosed with diabetes than adults of a healthy weight. It is estimated that a woman living with obesity is almost 13 times more likely to develop type 2 diabetes than a woman who is not living with obesity.

Asthma

Patients with excess weight are at increased risk of developing asthma and if developed, tend to have worse asthma control. The risk of severe asthma symptoms and asthma attacks is higher in individuals with excess weight.³⁶

Cardiovascular disease

Cardiovascular diseases are the leading cause of mortality worldwide and are the main illnesses associated with severe excess weight.³⁷ Ischemic heart disease, also known as coronary heart disease, is present in 2.23% of the population nationally.³⁸ Being overweight can lead to fatty material building up in arteries which can cause damage and blockages, which can lead to a heart attack. Around 13% of all ages in England (2020/21) experience high blood pressure, referred to as hypertension.³⁹

Liver disease

Liver disease is almost entirely preventable with major risk factors including alcohol and severe excess weight.⁴⁰ Females in the East Midlands have the third highest rates of liver disease admissions to hospital.

Mental health conditions

In 2019/20 11.6% of the adult (18+) population were recorded as having depression.⁴¹ The relationship between severe excess weight and common mental health conditions is complex, with some researchers suggesting that severe excess weight can lead to common mental health conditions, and others suggesting that people with such conditions are more prone to severe excess weight.⁴² The negative impact that excess weight can have upon self-esteem and general psychological wellbeing can manifest differently in adults and children, and the association between the two may not always be made.

3. Determinants and picture of excess weight in Leicester

The demographic characteristics of a population, particularly age and ethnicity, are key risk factors for excess weight. Leicester has a population of over 350,000 and is relatively young compared to England, with high levels of students. It is the 32nd most deprived Local Authority in England with over two thirds of the population living in the most deprived 40% of areas nationally.

Leicester is home to many communities of different ethnicities, faiths, and sexualities with over half (55%) from non-white British backgrounds, three quarters express a faith and 4% are LGBTQ+. Poor housing, fuel poverty, air pollution, access to green space, and the local environment have a significant impact on health and wellbeing.⁴³

3.1 Projected levels of excess weight in Leicester

Projection modelling at a National level revealed a range of 53% (at best) to 64% (at worst) for the proportion of the adult (18 yrs+) population at increased risk of obesity-related disease (i.e. classified as Overweight, Obese or Very Obese) in 2035, based on inputs of parameters from Health Survey England (1991- 2014).

When applied to the Leicester population, based on projected 2035 adult (20+ years) population estimates, this would equate to 183,471 people at risk of obesity-related disease in the worst-case scenario (64% of the adult population) and 151,937 in the best-case scenario (53% of the adult population).⁴⁴ *

**While these figures give an indication of the trajectory of adult obesity in Leicester in the years to come, it is important to note that these are crude estimates derived from non-exacting methodology.*

3.2 Underweight in adults and children

Underweight prevalence was higher than England for both Reception and Year 6 in the 2019/20 National Childhood Measurement Programme, with Reception children in Leicester being three times as likely to be underweight than in England overall.⁴⁵ Asian children in both Reception and Year 6 were significantly more likely to be underweight, and when mapped across the City, areas of high underweight prevalence in Reception correspond to areas with large South Asian populations. In adults, around 4% of those aged 16+ are underweight.⁴⁶

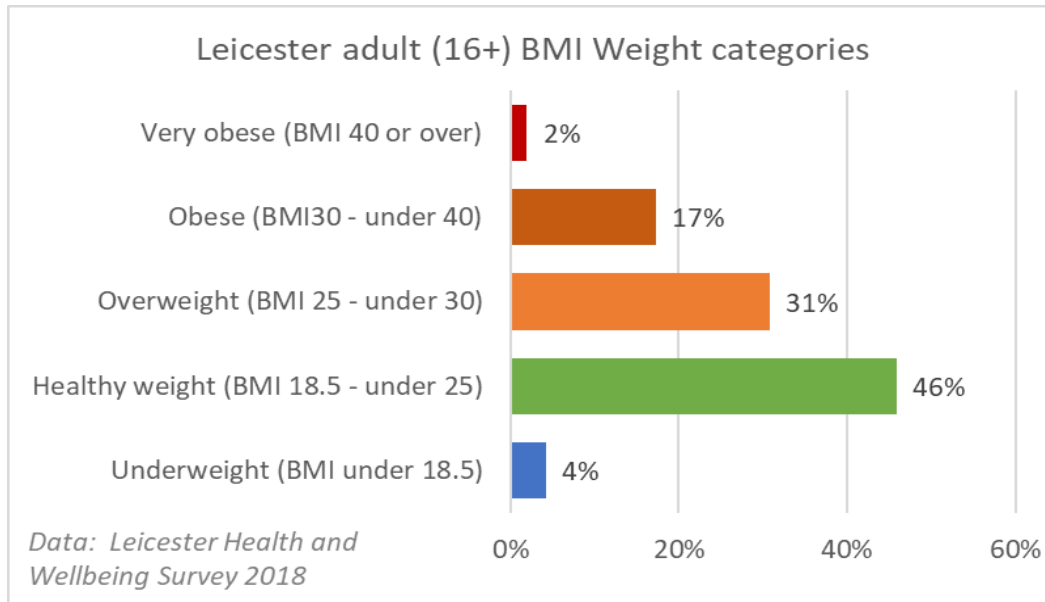
3.3 Adults (aged 16+)

Excess weight in adults

Local data from the Leicester Health and Wellbeing Survey 2018 allows for distinction between BMI categorisations and demographic groups within Leicester. The survey shows the overall prevalence of self-reported severe excess weight for adults aged 16+ in Leicester is 19%.⁴⁷

Less than half of Leicester’s population are classified as having a healthy weight (46%), and 4% are underweight.⁴⁸ In 2019/20 the ALS estimated the level of excess weight among adults (18+) in Leicester at 65.9%, which is statistically similar to England overall at 62.8%.⁴⁹

Figure 4: Weight categories in Leicester residents



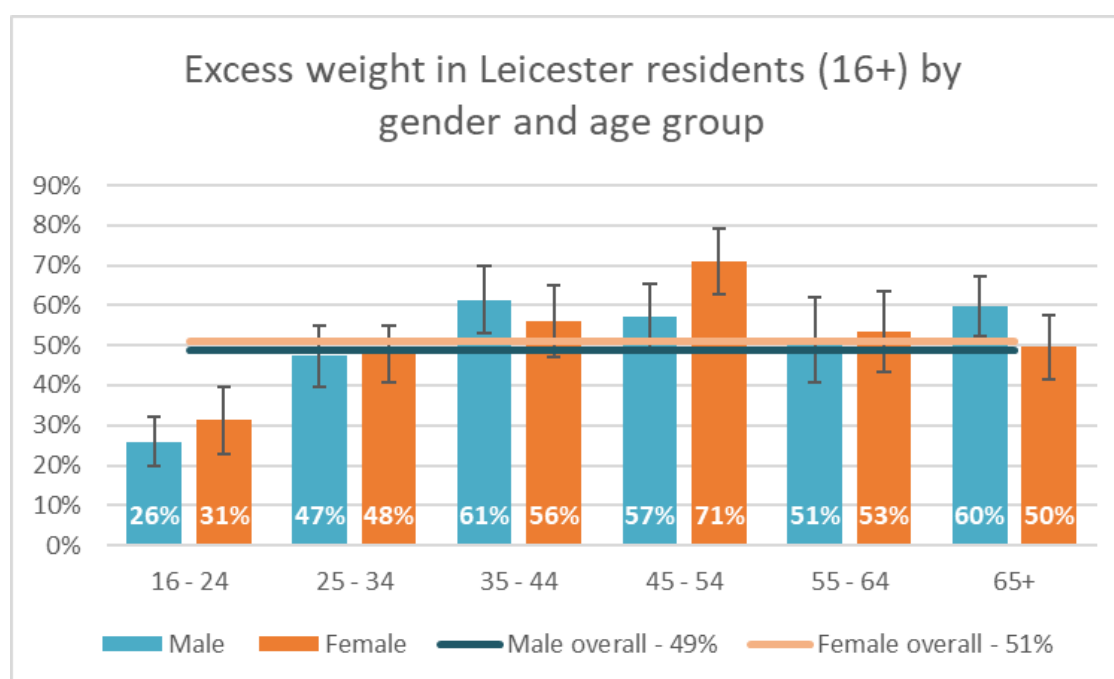
Gender and age

Based on the latest population estimates for Leicester, 354,036 people are living in Leicester. Of this figure, there are 178,126 males (50%) and 175,910 females (50%) residing in the City. Approximately, 20% of Leicester’s population (71,539) are aged 20-29 years old.

The ALS 2019/20 shows that females are less active than men. 62% percent of men participate in 150+ minutes of activity a week in comparison to 52% of women. However, both genders have experienced a 5% decrease in inactivity (≤ 30 minutes per week) since 2015/16. Data clearly shows that physical activity levels decline rapidly with age; there is a 20% decline in activity levels from ages 16-34 (66%) to 55-74 years of age (46%). Data is not available for those aged 75+ in Leicester. An inverse pattern is represented in inactive adults, where 21% of 16-34-year-olds report less than 30 minutes per week. The proportion inactive is almost double among those aged 55-74.

Excess weight prevalence is similar between men and women in Leicester across all age groups. Following the national trend, adults are more likely to have excess weight in middle and older age; women 45 to 54 are significantly more likely to have excess weight than women in Leicester overall. Residents under the age of 25 are the only age group significantly less likely to have excess weight than the Leicester average.

Figure 5: Excess weight in Leicester residents by gender and age group



Source: Leicester Health and Wellbeing Survey 2018

Ethnicity

There are no significant differences in overall excess weight prevalence between Leicester’s main ethnic groups using standard BMI classifications. Asian residents are less likely to experience severe excess weight than White residents however, as described below, this obscures the levels of risk associated with excess weight among Asian residents.

The differences in excess weight experience needs to consider that Asian populations are at a greater risk of certain long-term conditions at a lower BMI threshold. As of the 2011 census 37% of Leicester’s adult population was Asian and 6% was Black. BMI data should be understood on the basis that crude excess weight prevalence is likely to significantly underestimate the level of risk to Leicester’s population associated with excess weight.

Social economic factors

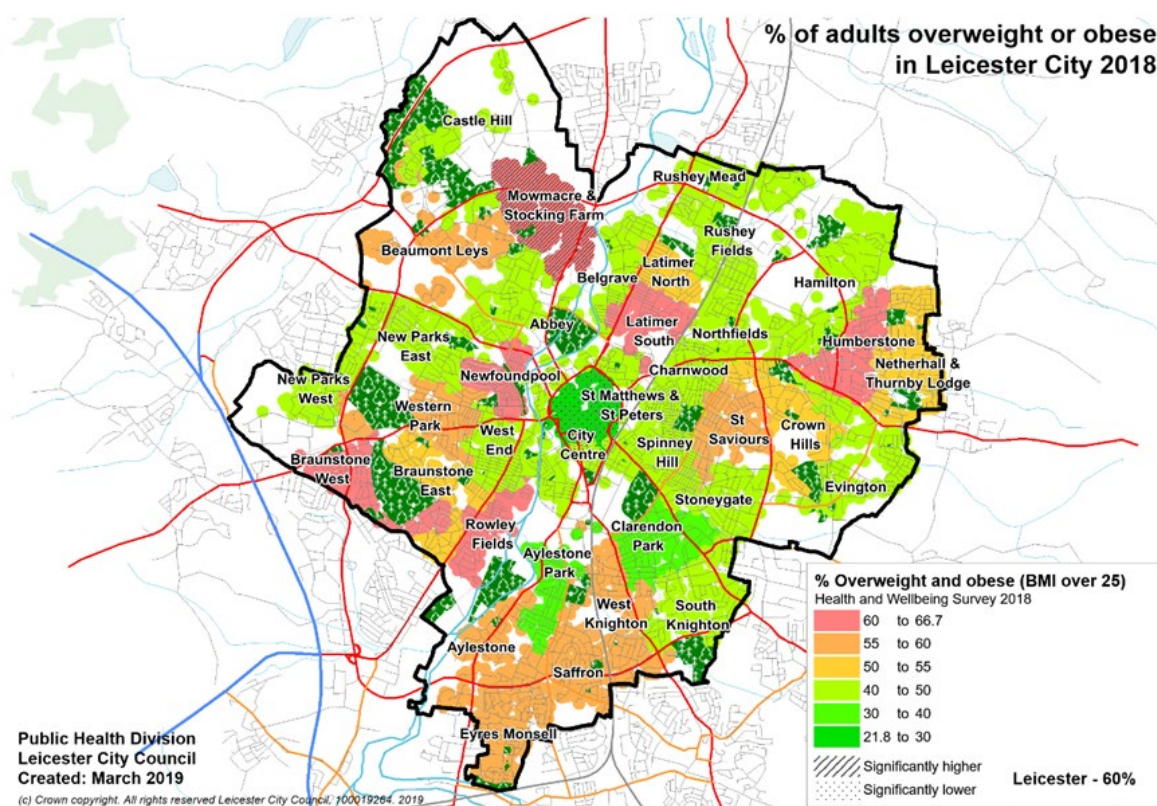
There is a clear association between socio-economic deprivation and experiencing excess weight.⁵⁰ Excess weight prevalence increases with increasing levels of deprivation and there is a significant difference between the prevalence of excess weight in those in the highest and lowest income and socioeconomic groups. Prevalence of type 2 diabetes is 40% more common among people in the most deprived quintile compared with those in the least deprived quintile. In Leicester, people who are in routine/semi-routine jobs and those who are long term unemployed or have never worked (NS-SEC 6-8) are the least active group of all social classes (53%). Estimates suggest that within areas of Leicester, unemployment is as high as 7.1%.⁵¹ The effect of social status in and where individuals are placed within the hierarchy of society can impact on self-esteem and affects a range of behaviours including addiction and nutritional consumption.

Geography

Small area estimates from the Leicester Health and Wellbeing Survey 2018 show geographic variation of excess weight within the city. Prevalence is generally higher in the south and west of the city, although Mowmacre and Stocking Farm are the only areas with a significantly higher level compared to the Leicester average (Figure 3).

It should be recognised that Leicester's Asian population is concentrated in the East of Leicester, so the geographical spread of risks associated with excess weight is likely to be more even than suggested by the geographical spread of excess weight. The below graph depicts combined overweight and obesity figures.

Figure 6: Estimates of adults overweight or obese in Leicester



Physical activity and sedentary behaviour

The Leicester Health and Wellbeing Survey 2018 reports almost three in five (58%) of Leicester residents aged 16+ meet the recommended physical activity levels of 150+ minutes per week. Conversely, one in 10 (11%) of residents reported doing less than 30 minutes of physical activity a week and are therefore classified as physically inactive, and the remaining third (30%) of residents do some, but not enough, physical activity each week.

Periods of inactivity or sedentary behaviour are an independent risk factor for poor health outcomes and should be minimised when possible. Extended periods should be broken up by at least light physical activity.⁵² There are significant health inequalities in relation to physical inactivity according to age, gender, ethnicity, socio-economic status and disability.⁵³ The

2020/21 ALS shows higher rates of inactivity in Leicester compared to England. 36.8% of Leicester's population aged 16+ did less than 30 minutes of physical activity per week and are therefore classed as physically inactive compared to 27.2% in England overall. In Leicester the highest levels of inactivity are found in Black British and lowest levels are seen in Other White ethnic groups but there is no statistical difference between these groups and the Leicester average.

Active travel

Two in five residents use some form of weekly active travel (either walking or cycling as a means of transport). There are differences across the city when it comes to active travel; those in the West are more likely than those in other areas of the city to actively travel, whereas those residents living in the East are least likely to do so. Young people, especially 16-18 year-olds are most likely to walk for travel, and older people over 65 years and retired people are less likely to walk or cycle for travel. Most Leicester residents (69%) do not have access to a bike, with only a fifth (20%) using their own bike. The proportion of residents who borrow a bike or hire and rent a bike is very small (1%).

Asian/British (75%) and Black/British (78%) are also more likely to report having no access to a bike, whilst other White groups are least likely (56%). Other people reporting no cycle access are those living in the most deprived areas, owner occupied housing, and those who are long-term sick and disabled. Wards reporting high levels without cycle access include Belgrave, Wycliffe and Stonegate.

Nutritional behaviours and habits

As the most effective way of increasing our daily energy expenditure, physical activity plays a role in maintaining a healthy weight – including the prevention of weight gain and reduction in body fat – by balancing energy intake from our dietary intake. Irrespective of any change in weight, people who have excess weight will reduce their risk of cardiovascular disease and improve their health by being physically active. In combination with dietary change, physical activity can support weight loss.

Most Leicester residents (87%) feel they have a healthy diet. However, only 21% of Leicester residents say they eat the recommended 5 or more portions of fruit and veg per day, lower than the national rate of 29%.^{54,55} This suggests a poor understanding of what constitutes a healthy diet among Leicester residents.

Fast food outlet density

Meals eaten outside of the home tend to be associated with higher intakes of sugar, fat and salt, and portion sizes tend to be bigger. The increasing consumption of out-of-home meals has been identified as an important contributing factor in increasing rates of excess weight.⁵⁶ At 137.6 fast food outlets per 100,000 population, Leicester has the 22nd highest rate in the country and is significantly higher than the national rate of 96.5.⁵⁷

39% of Leicester adults have takeaway food at least once a week with those who are workless, sick/disabled, BME, and aged between 16-34 are all more likely to eat fast food more than once a week, as are those with a poor mental health and wellbeing score.

Supermarket and retailer access

Some wards of the city have relatively low access to fresh fruit and vegetables and are limited to smaller, more expensive corner shops. Those who are elderly, living in deprivation or have disabilities are less likely to be able to travel to larger supermarkets.⁵⁸ Food insecurity, lack of access and the impact of this upon health and wellbeing can impact on the ability to maintain a healthy weight.

Infrastructure and built environment

An ever-increasing body of research indicates that the environment in which we live is inextricably linked to our health across the life course. For example, the design of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity, food access, green space access, mental and physical health and wellbeing outcomes which all influence weight. Therefore, changes to our environment (including both the activity and food-related environment) are a necessary part of any response to support behaviour change and appropriate behaviour patterns. Solutions to address the obesogenic environment such as changes in transport infrastructure and urban design are more likely to affect multiple pathways within the obesity system in a sustainable way⁵⁹ compared to targeted intervention at group, family or individual level.

3.4 Children (0-16)

Excess weight from NCMP

When starting school, around one in five Leicester 5-year-olds experience severe excess weight or excess weight, which is similar to the national rates. In 2018/19 Reception year severe excess weight was 9%, and in Year 6 was 24%.

Breastfeeding

Breastfeeding is one of the most effective ways to ensure child health and survival; it is the most optimal food for infants. It is safe, clean and contains antibodies which help protect against many common childhood illnesses. Breastmilk also provides all the energy and nutrients that the infant needs for the first months of life, and it continues to contribute to the child's nutritional needs up to their second year of life. There is an extensive evidence base that indicates breastfed children have better health outcomes than those not, with breastfeeding linked to stronger IQs, healthy weight, and lower risk of diabetes in later life. There are also additional health benefits for the mother.

WHO and UNICEF recommend that children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life – meaning no other foods or liquids are provided, including water.

Breastfeeding uptake is typically measured at four time-points: at birth, discharge, then 10-14 days and 6-8 weeks post-birth. Breastfeeding uptake at 6-8 weeks is more indicative of a commitment to continued breastfeeding.⁶⁰ In Leicester, the proportion of new mothers breastfeeding declines from birth to 6-8 weeks (Figure 7).

Figure 7: Proportion of mothers breastfeeding at different time-points, Leicester City, 2020/21

Time-point	Breastfeeding prevalence (%) (2020/21)
Birth	72%
Discharge	69%
10-14 days	75%
6-8 weeks	69%

At all time periods, breastfeeding was directly proportional to a mother’s age; with younger age bands breastfeeding less and was also lowest among those of White British ethnicity and those living in higher deprivation. *Source: Leicestershire Partnership Trust (LPT)*

Maternal obesity

The Leicester Health and Wellbeing Survey 2018 found that 27% of women of childbearing age (16-44*) are overweight and 19% are obese. When overweight and obesity are combined (45%), this is significantly lower than the England overall (52%).⁶¹ However, as with overall excess weight prevalence for Leicester, it should be recognised that the city’s large non-white population hides the scale of the underlying risks. Black and South Asian women have a higher incidence of first trimester obesity compared with White women and are at higher risk of adverse outcomes at lower BMI thresholds.⁶² **Data is only available for 16–44-year-olds rather than the ONS definition of childbearing age, which goes from 15 to 44.*

Physical activity

Nationally 44.6% of children and young people are taking part in sport and physical activity for an average of 60 minutes or more every day (2019/20).⁶³ In Leicester, half of children do no vigorous exercise that lasted more than an hour in the last 7 days and about a third of children arrived to school by car.⁶⁴

Poverty and deprivation

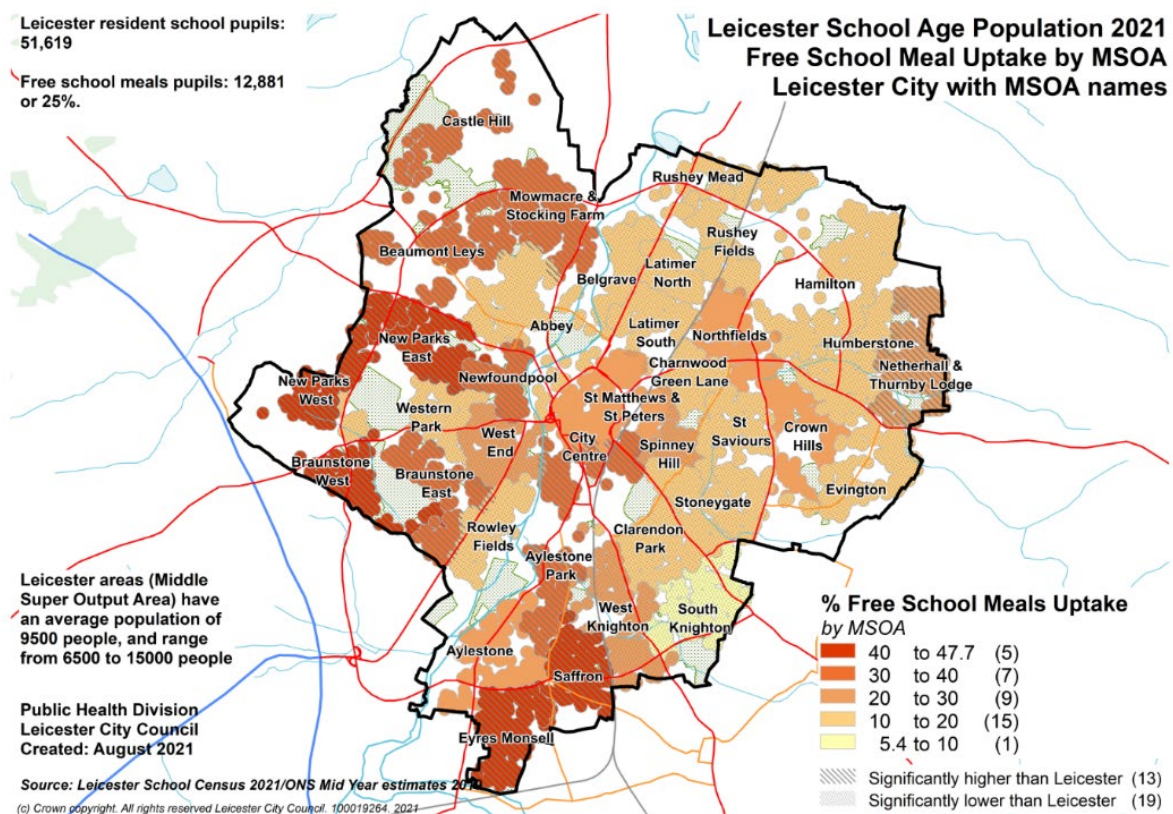
Children living in the most deprived areas are more than twice as likely to be severely overweight, compared to those living in the least deprived areas. Nationally, 20.3% of Reception children living in the most deprived areas had severe excess weight compared to 7.8% of those living in the least deprived. 33.8% of Year 6 children living in the most deprived areas had severe excess weight compared to 14.3% of those living in the least deprived areas.⁶⁵

There is no singular measure for poverty in the city, but prevalence and severity can be estimated using various indicators. These measures each have unique methodologies and report different proportions of children experiencing poverty; areas where poverty is concentrated can also differ by each measure. However, they all show that children in Leicester are significantly more likely to experience poverty compared to the national average. The most robust measure of child poverty is the Income Deprivation Affecting Children Index (IDACI). In 2020, based on the IDACI, 43% of Leicester's children aged between 0-15 years resided in the 20% most deprived of areas nationally; this is equivalent to 32,702 children.⁶⁶

Free school meal eligibility and uptake

12,881 out of 51,619 (approximately 25%) of Leicester resident school pupils are eligible to claim free school meals. This is 2% higher than for England overall.

Figure 8: Leicester school age population free school meal uptake



Healthy Start Voucher uptake

Healthy Start is a government run scheme which provides families access to certain healthy foods and vitamins. Pregnant mothers and children aged up to four years old, in receipt of certain benefits are eligible. In light of the scheme becoming digitalised, data can only be provided till mid-July to reflect a true picture of Healthy Start uptake. Between mid-August of 2020 and mid-July of 2021, the average uptake in Leicester was 60.58%, with a range of 61-54%. This compares to the national rate of 53.80% during the same timeframe. There is no current data on vitamin uptake.

The digitalisation process means a replacement of the physical application form with an online one and removal of paper vouchers for a pre-paid card. Essentially, this means beneficiaries can apply for the scheme in under five minutes, most retailers/markets/food vendors with a card machine can accept Healthy Start and data on vitamin uptake can possibly be captured. However, limitations of this scheme include the hotline being a chargeable number, lack of digital access and literacy and beneficiaries misplacing their card.

Educational attainment

Higher weight is associated with lower educational attainment in children and young people.⁶⁷ The percentage of children achieving a good level of development at the end of reception is 67.7%.⁶⁸ This is significantly worse than the England average of 71.8%. For young people, the Average 8 attainment score metric is a measurement of academic achievements across eight qualifications at the end of key stage 4.⁶⁹ The score in Leicester is 46.3 which is significantly worse than the England average of 50.

Nutritional behaviours and habits

The 2016 Leicester Children and Young People Health and Wellbeing Survey reported that 1 in 6 children had nothing to eat before lessons, close to one in ten have a take-away on most days and one in five worry 'quite a lot' about having enough to eat. Nearly a quarter of children reported having five or more portions of fruit/vegetables on the day before the survey, 4 out of 5 children have a home cooked meal on most days and foods eaten on most days included fruit/vegetables, high-carbohydrate items like bread, dairy products and sweet items like cakes and chocolate.⁷⁰

Analysis by Public Health England (PHE) has shown an association between childhood excess weight and dental caries. When controlled for deprivation, ethnicity and water fluoridation status, a child-level analysis showed children who were categorised as overweight and very overweight were more likely to have dental caries than those of a healthy weight.⁷¹ The percentage of 5-year-old children in Leicester with decayed, missing or filled teeth is 38.6%, significantly higher than the England average of 23.4%.⁷²

4. Current assets and service provision

There are many key partners in addition to the summarised assets and provision below who can and do play an important role in tackling excess weight including children's centres, health visitors, school nurses, community groups, emergency services, food banks, social prescribers, healthcare workers, nurseries, schools, adventure playgrounds, youth centres and dentists

4.1 Lifestyle related assets

Allotments and food growing locations

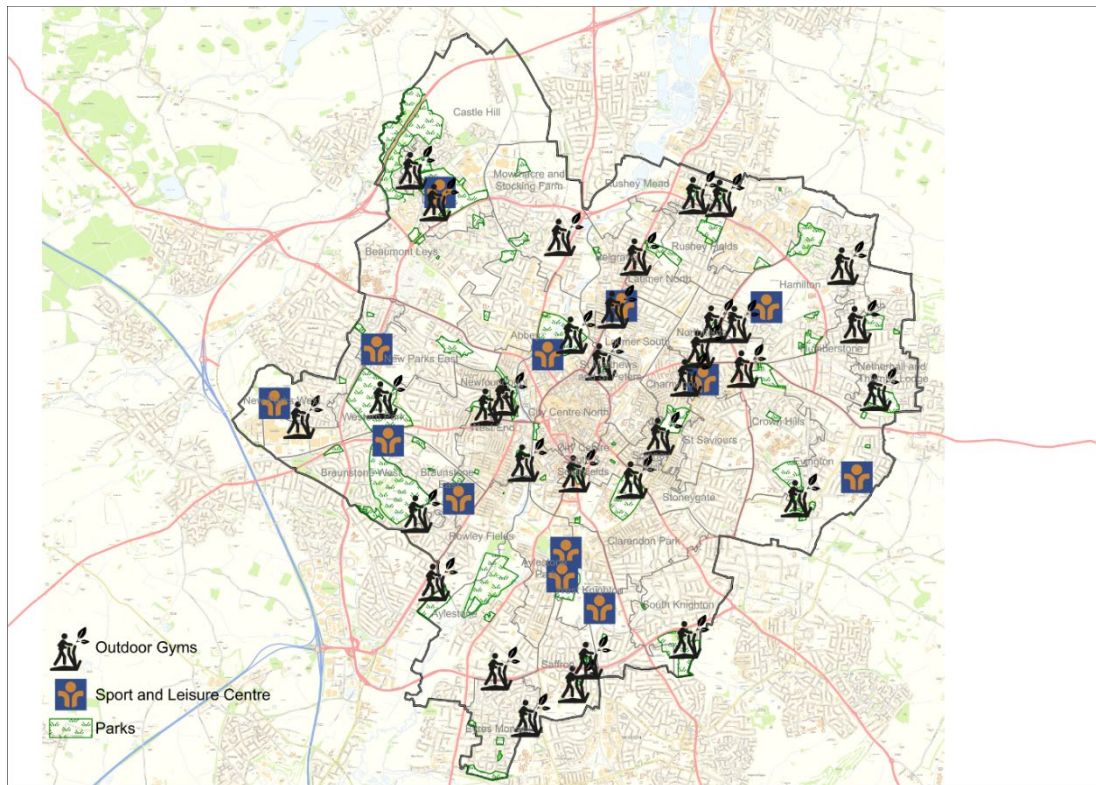
Leicester has 43 allotment sites and over 3,000 plots, 11 of which are managed directly by the local authority and are spread across the city. Historically allotments played a crucial role in maintaining the nation's food supplies during the World Wars, more recently allotments provide people with healthy outdoor exercise, cheap home-grown food, and the company of like-minded people from different social and cultural backgrounds to help combat social isolation and help with mental health.

Active Leicester - Leisure centres and outdoor gyms

Sport Services provide 9 facilities across the city. 7 leisure centres offer a range of formal and informal sport/leisure activities including health and fitness suites, exercise classes, swimming (Learn to Swim programme), gymnastics, sports hall space for badminton, table tennis and community hire. A dedicated climbing facility and 3 full size 3g football pitches are operated by the Council. Gym access is available for those aged 11+. Humberstone Heights Golf Course and Saffron Lane Athletics Stadium exist in addition to the 7 centres.

Leicester has 32 outdoor gyms (ODG's) spanning the city. These are a valuable community asset providing free, accessible forms of exercise. A mixture of resistance and cardiovascular equipment is available in each location ranging from 6 pieces of equipment in Netherhall park to 18 pieces of equipment in Spinney Hill Park. Active Leicester provides a portfolio of outdoor sport and physical activity opportunities ranging from formal sport fixtures to a boating lake for leisure activities.

Figure 9: Outdoor gyms, Sport, and Leisure Centres in Leicester



Private gyms

There are over 20 large private gyms firms operating in Leicester, providing opportunities for individuals to take part in physical activity and classes. Additional self-employed providers and smaller private gym firms will exist. In addition to this, facilities for hire offering Yoga, Pilates, Zumba, dance lessons, self-defence classes, ballet and a variety of other physical activity opportunities and providers exist.

Organisations and grass roots sports clubs

Over 200 sports clubs across the city operating at grassroots level providing sport access to local communities. Active Leicester have links in where appropriate, as do Active Together.

United Leicester – Professional Sports Clubs alliance

Leicester benefits from 5 professional clubs (Leicester City Football Club, Leicester Tigers, Leicestershire County Cricket Club, Leicester Hockey and Leicester Riders) all of which have extensive community programmes with a number of physical activity sessions on offer to local people who wish to improve their fitness, learn new skills, lose weight or socialise with likeminded people. Types of sessions include walking sports, educational sessions on a wide range of health topics, sporting camps and match day opportunities.

Park Run

Free, weekly, 5km timed runs that are open to everyone, free, and are safe and easy to take part in. These events take place in pleasant parkland surroundings and encourage people of every ability to take part; from those taking their first steps in running to Olympians; from juniors to those with more experience; Park Run welcomes everyone. There are 2 Park Runs in Leicester city Victoria Park and Braunstone Park. There is currently 1 junior Park Run in the city at Aylestone recreation ground.

Parks and open spaces

180 parks and open spaces for recreational play including play parks, ball courts, football pitches, basketball courts, multi-use game areas (MUGA), table tennis tables, tennis courts, cricket wickets, football pitches, bowling greens and community orchards

Parks and open spaces assets include 240 play areas within parks, the 'Sports on Parks' programme provided by Active Leicester and 'Run, Walk, Jog' package that offers fixed assets including trails, routes, and information.

The parks, open spaces, community gardens and riverside corridor provide opportunities to participate in organised sport and fitness sessions along with space to enjoy informal recreational physical activity opportunities with friends and family.

Active travel opportunities

Cycling in Leicester

The city has undergone much transformation with many new cycle routes and paths established. There has also been an increase in the availability of secure cycle parking, cycle training and guided rides during the COVID-19 pandemic due to increased funding. Bikeability (cycle training) is also available to schools across the city.

Walking in Leicester

There are many opportunities across Leicester to walk more including programmes to encourage walking to school and health walks for adults. Canal towpaths, historical walks and walking groups all provide additional opportunities.

Choose How You Move/ Betterpoints

The "Choose How You Move" website provides travel information for Leicester and Leicestershire, with a journey planner which allows residents and visitors to consider the

different travel options available to them. The journey planner offers a variety of travel methods starting with the most active or sustainable travel options. Betterpoints is a national App which gives rewards to people who record sustainable transport journeys. It includes local competitions and get additional rewards for attending local active events.

4.2 Environment related assets

Neighbourhood centres and libraries

There are 17 libraries, 16 community centres and five youth centres across Leicester providing access to resources, activities, learning, and room hire. Many local providers use these facilities for a variety of physical and social classes.

Workplace Health

There are many workplace initiatives that aim to reduce the amount of sitting people do through encouraging short breaks at regular intervals, taking the stairs instead of the lift and provision of standing desks.

Active Together (previously Leicestershire and Rutland Sport) support workplaces to improve their health and wellbeing through:

- Workplace Health Needs Assessment - a tested tool to help businesses identify key priority areas of health and wellbeing.
- Opportunities for workplaces to get involved in competitions and Business Games, as well as training and workshops.
- Activity Tracker track your sport and physical activity levels, link to popular tracking apps and create workplace 'challenges'.
- Exercise, health, and wellbeing 'top tips' to support you to lead a healthy lifestyle in and out of work.

General Practices (GPs), Pharmacies and Health Centres

There are 69 GPs in Leicester, of which 92% are within 15-minute walking distance. As of January 2022, there were 417,097 patients registered to a GP in Leicester. Of health centres and pharmacies, there are 33 and 86 respectively.

4.3 Weight management services (adult)

Local authority public health teams have the responsibility for commissioning tier 1 and 2 weight management services. Integrated Care Boards (ICB's) have the responsibility for commissioning tier 3 (specialist weight management services) and tier 4 bariatric services.

The existing adult weight management services available in Leicester are outlined below.

Tier 1

- Leicester promotes and signposts to open access universal services and opportunities, particularly those offered through leisure centres, sports clubs, parks and green spaces and active travel.

Tier 2

- Currently there are three commissioned weight management programmes for adults with slightly different eligibility criteria. Live Well Leicester (the City Council's integrated lifestyle service) undertakes a holistic assessment with the referred client and then agrees which is the most appropriate service for them. GPs refer directly into the tier 3 service or for bariatric surgery.
- Leicestershire Partnership Trust provide targeted weight management groups called LEAP (Lifestyle, Eating and Activity Programme) for people who are overweight or obese. LEAP is accessible for individuals who are overweight and obese and have such as those with learning difficulties or mental health problems.
- Leicestershire Partnership Trust also provide enhanced programmes for people who are obese and have multiple comorbidities and so may need the specialist input of a dietician. This programme is known as DHAL; it is targeted at those with a South Asian diet but is open to anyone who is obese with multiple comorbidities.
- In 2021/22, the Government provided over £30 million of funding to support the upscaling of local authority commissioned adult behavioural weight management services. This was part of an additional £100 million to support people living with overweight and obesity to lose weight and maintain healthier lifestyles. As a result, Leicester recently expanded their Tier 2 provision to enable larger numbers of eligible residents to access both virtual and face to face weight management support. The grant funding in Leicester has also enabled commissioners to increase the amount of sessions targeted to areas of deprivation and hard to reach populations such as diverse communities and people with learning disabilities or mental health conditions.
- In 2021 the NHS launched a digital weight management programme to support adults living with obesity who have a diagnosis of diabetes, hypertension or both to manage their weight and improve their health. People can access the programme via a referral from their GP or pharmacist and receive a 12 week online behavioural and lifestyle programme accessed via a smartphone or computer with internet access.

Tier 3

- There is a gap with no local tier 3 provision of a specialist multidisciplinary team weight management service, although the DHAL and LEAP programmes described in tier 2 could be considered the dietetic component. There is a small team of dieticians based in the University Hospitals in Leicester (UHL) that provide Tier 3 dietetic support to less than 150 patients per year. Commissioning tier 3 is the responsibility of Clinical Commissioning Groups.

Tier 4

- Leicester City CCG commission tier 4 bariatric surgery, however numbers of Leicester residents accessing bariatric surgery are low. Bariatric surgery is the option of choice

(instead of lifestyle interventions or drug treatment) for adults with a BMI of more than 50 kg/m² when other interventions have not been effective.

4.4 Current service provision (children)

Leicestershire Nutrition and Dietetic Service (LNDS)

Public Health commission LNDS to deliver a child weight management service called FLiC (Family Lifestyle Club). It is run by Dietitians and Local Council Physical Activity leaders across 8 weeks for children aged 8-13 years and their families, offering support and information about weight management. Each week involves fun active games for the children. Whilst the children are involved in active games, there are topic-based discussion for parents led by a Dietitian. At the end of each session children and parents get back together to take part in a fun, informative and tasting/food preparation session.

Healthy Together, Leicestershire Partnership Trust (LPT)

Public Health commission Leicester Partnership NHS Trust (LPT) to deliver the 0-19 Healthy Child Programme, known locally as Healthy Together. Healthy Together includes:

- Public Health Nursing (Health Visiting), 5 Universal mandated contacts plus evidence based packages of care. The universal offer includes: Promoting the benefits of breastfeeding, weighing babies, promoting good oral health, advice on weaning, nutrition, activity and physical development of children.
- Early Start (intensive support for vulnerable women) As above, families meet regularly with Public Health Nurses (Health Visitors) for up to 2 year.
- Leicestershire Nutrition and Dietetic Service, support for Early Years settings to embed healthy eating into settings.
- Public Health Nurses (School Nursing) offered to all high school children, assess children and young peoples emotional health and wellbeing, nutrition, physical activity, risk taking behaviour and oral health and discuss issues with the child or young person, delivering support or referring to a different service as necessary.
- Digital health Contact via the Public Health Nurses (School Nursing), offering advice and support Public Health issues including on healthy eating and physical activity.
- National Child Measurement Programme (NCMP). Nationally mandated, children in reception and year 6 have their height and weight taken. Parents are informed of the results, offered information on healthy eating and becoming more active, and some parents are offered a place for their child on Family Lifestyle Club (FLiC). Children are not given their results via this process, but parents may choose to share results with their child.
- Leicestershire Nutrition and Dietetic Service, FLiC. Short courses for the whole family looking at behaviour change to improve eating and exercise habits.

LPT have a digital offer which consists of healthforunder5s.org.uk, healthforkids.org.uk and healthforteens.org.uk and free text advice service Chat Health for parents and young people.

Food for Life

Provided by the Social Association and commissioned by Public Health, Food for Life provides a holistic, whole school evidence-based programme of tailored support that includes resources, training, cooking on the curriculum, food growing, the dining experience and the pupil voice. The programme has an accredited scheme for schools to achieve Bronze, Silver or Gold awards. Lunch box audits are carried out by LNDS. Currently 83 schools are enrolled, 23 are bronze, 4 are silver and one school has achieved gold.

Community Food Growing Support

Public Health have commissioned The Conservation Volunteers (TCV) since 2014 to deliver the community food growing support programme. The programme, developed as part of the 'Healthy Eating' Initiative aims to promote healthy eating to help reduce the number of people who are overweight/obese and/or affected by diet related illness by expanding food growing projects in the city. The programme, called Let's Get Growing offers free training and advice to community groups who have little food growing knowledge and experience and runs alongside a grant programme (Get Growing Grant) that is available to community groups and schools to help fund food growing projects.

School Sport & Physical Activity Network (now Inspire Together)

National School Games Programme. A nationally funded offer free to schools including a limited competition programme, leadership opportunities, targeted health club resources and links to community opportunities.

Local SSPAN Membership enhanced offer. A comprehensive offer to support schools developing the National School Games programme to offer more choice and opportunities relevant to Leicester City schools

PE & Sport Premium advice and guidance. 5 Key Indicators plus Swimming. Enhanced health/well-being and physical activity offer

The Daily Mile (TDM)

TDM aims to improve physical, mental, emotional, and social health and wellbeing of children, regardless of age or circumstances. It encourages children to walk, jog or run outside in the fresh air for 15 minutes every day. It is simple, free & sustainable. Led in partnership between Public Health and SSPAN there are currently 54 schools currently participating in TDM (as of Jan 2020). It is a manifesto commitment of Leicester City Council to have 60 primary schools and five secondary schools participating in The Daily Mile.

Beat the Street

Beat the Street is an evidence-based intervention designed to increase physical activity levels across a community. It is a free 6-week game where people earn points by walking, running or cycling between beat boxes located across the city. It connects individuals with their local environment and supports long term behaviour change by making physical activity an enjoyable, integral part of everyday life.

4.5 Additional services

Live Well Leicester

Live Well Leicester undertakes a holistic assessment with clients referred from their General Practitioner (GP) or other health professional and some self-referrals. Subject to meeting the service specific referral criteria, the client will select which of the Lifestyle Services to be referred to including weight management programmes, exercise on referral scheme, smoking cessation, alcohol support services and others.

Making Every Contact Count+ (Healthy Conversation Skills)

Making Every Contact Count is available to Local Authority, voluntary sector staff, University Hospitals Leicester (UHL) and Leicestershire Partnership Trust (LPT) staff. The training helps individuals understand their role in behaviour change, the importance of prevention and what impact wider determinants have on health.

Wider services

Additional services operate across the city which contribute towards health and wellbeing. These include themes around social isolation (Lets Get Together), mental health (Time to Change) and adventure playgrounds. Wider internal services including Neighbourhood and Environmental Services, Housing, Planning, Development, Transport, Adult Social Care and Childrens Social Care and Early Help all have themes of health and wellbeing throughout and provide opportunity for contact with clients. These include Children, Young People and Family Centres, assisted living support, class provision, contact with professionals and information.

5. Evidence base and policy for preventing and treating excess weight in adults and children

The following section contains a summary of relevant policy for preventing and treating excess weight in adults and children. Evidence suggests that in adults multidisciplinary interventions that involve a combination of diet, physical activity and behavioural components have mixed results when impacting upon weight reduction.⁷³ Within children, interventions including diet and physical activity can reduce excess weight risk in those aged 0-5 years, with variations in success of weight reduction using intervention types across the age groups.⁷⁴ However, limitations in research surrounding quality and follow up of such interventions exist.

A focus upon prevention, wider determinants and systems working alongside intervention and treatment is recommended in many policies.

5.1. National policy, strategy and guidance

National policy impacting upon the weight agenda is not limited to the documentation mentioned below. Wider policy, legislation and guidance impact on healthy weight and are considered as part of health in all policies approach.

This section and the following of the health needs assessment will be reviewed and updated. Additional policy and strategy may exist but not be referenced in the below text. Policy and strategy such as the Soft Drinks Industry Levy and statutory commitments and guidelines for different parts of the system are not referenced but are captured in an alternate document.

Policy/strategy	Summary	Access
<i>What good healthy weight for all ages looks like</i>	The What Good Looks Like (WGLL) programme aims to facilitate the collective efforts of local organisations and wider society towards improvements in their population health outcomes. This publication represents the practical translation of the core guiding principles of the new Quality Framework for the Public Health system and features of what good healthy weight for all ages looks like in any defined place.	What-Good-Healthy-Weight-Looks-Like.pdf (adph.org.uk)

Policy/strategy	Summary	Access
<i>Tackling Obesity: empowering adults and children to live healthier lives</i>	The Government released a policy paper on tackling obesity in July 2020 that aims to empower children and adults to live healthy lives. Priorities of the plan include working to expand weight management services, introducing legislation to add calorie labels to food, calorie labelling on alcohol and banning the advertising of foods high in fat, sugar or salt before 9pm.	Tackling obesity: empowering adults and children to live healthier lives - GOV.UK (www.gov.uk)
<i>Whole systems approach to obesity: A guide to support local approaches to promoting healthy weight</i>	Tackling such an ingrained problem requires a long-term, system-wide approach that makes obesity everybody's business, is tailored to local needs and works across the life course. This document provides the tools and resources to implement a whole systems approach to healthy weight.	Whole systems approach to obesity: A guide to support local approaches (publishing.service.gov.uk)
<i>Obesity Health Alliance: Turning the Tide – A 10-year Healthy Weight Strategy</i>	A 10-year strategy collectively developed by the Obesity Health Alliance setting out 30 recommendations for the UK Government to turn the tide and aim to successfully reverse the persistently rising levels of excess weight.	Turning-the-Tide-A-10-year-Healthy-Weight-Strategy.pdf (obesityhealthalliance.org.uk)
<i>The National Food Strategy</i>	The National Food Strategy's ambitious proposals provide a long overdue perspective and starkly set out the challenges the United Kingdom faces and how our current food system is harming our health and our environment.	The National Food Strategy - The Plan
<i>Healthy Weight Environments Using the Planning System</i>	The Town and Country Planning Association (TCPA) and Public Health England have set out six elements to help achieve healthy weight environments through planning. These are: <ul style="list-style-type: none"> • movement and access - promoting active travel and physical activity • open spaces, recreation and play - providing informal and 	Healthy weight environments: using the planning system - GOV.UK (www.gov.uk)

	<p>formal spaces and spaces necessary for leisure, recreation and play</p> <ul style="list-style-type: none"> • food - improving the food environment for both consumption and production of healthier food options • neighbourhood spaces - improving public realm and provision of community facilities to run local programmes such as for weight reduction • building design - improving the internal design and quality of homes and building to promote living healthier lifestyles • local economy - supporting people into local employment in accessible and healthy town centres or high streets 	
<p>NICE guidance</p>	<p>NICE have several guidance documents related to healthy weight including:</p> <p><i>Obesity Prevention (CG43) – 2006 (updated 2015)</i></p> <ul style="list-style-type: none"> - recommends that any weight loss programmes fulfil the following criteria: <ul style="list-style-type: none"> • Are based on a balanced healthy diet • Encourage regular physical activity • Expect people to lose no more than 0.5 – 1kg (1 – 2 lbs) a week <p><i>Obesity: working with local communities (PH42) – 2017</i></p> <p><i>Obesity: identification, assessment and management (CG189) – 2014 (updated 2022)</i></p> <p><i>Weight management: lifestyle services for overweight or obese adults (PH53) – 2014</i></p> <p><i>Weight management: lifestyle services for overweight or obese children and young people (PH47) – 2013</i></p>	<p>Overview Obesity: identification, assessment and management Guidance NICE</p>

	<i>Preventing excess weight gain (NG7) – 2015</i>	
Sport England Strategy – Uniting the Movement	A 10-year vision to transform lives and communities through sport and physical activity. There is a focus on tackling inequalities.	Uniting the Movement Sport England
Gear Change: A bold vision for walking and cycling	National walking and cycling strategy by the Department for Transport. Aiming to achieve a step-change in walking and cycling	Gear change: a bold vision for cycling and walking (publishing.service.gov.uk)

5.2 Local policy

Local policy supporting the weight agenda is not limited to the documentation mentioned below. Wider policy, legislation and guidance impact on healthy weight and are considered as part of health in all policies approach. Additional local policy may include but is not limited to Child Safeguarding, Early Years Strategy, Oral Health Strategy, Housing Strategy, Corporate Plan, Environmental Health Strategy, Adult Services Plan, Arts and Culture Plans and Regeneration and Economic Services Plan.

Policy/strategy	Summary
Leicester Joint Health and Wellbeing Strategy (2019-2024)	<p>The strategy vision aims to give everyone the opportunity to achieve and maintain good mental and physical health throughout their whole life and is focused around 5 themes:</p> <ul style="list-style-type: none"> • Healthy places – making Leicester the healthiest possible environment to live and work • Healthy minds - promoting positive mental health within Leicester across the life course • Healthy start - giving Leicester’s children the best start in life • Healthy lives - encouraging people to make sustainable and healthy lifestyle choices • Healthy ageing - enabling Leicester’s residents to age comfortably and confidently
Leicester, Leicestershire and Rutland Integrated Care System strategy	Transformational priorities are defined as: 'Staying healthy and well', 'Best start in life', 'Living and Supported Well' and 'Dying Well'. Leicester aligns to health and wellbeing strategy (healthy places, healthy lives, healthy ageing, healthy start and healthy minds)
Leicester City Local Plan	A legal requirement outlining the Local Authority’s proposals to organise and allow development over the coming years.
Active Leicester Strategy	The Active Leicester Strategy aims to build a strong future for all in Leicester, transforming people’s health and wellbeing through physical activity and sport. The strategy is currently being redefined

	and will focus on inactivity and reducing inequalities moving forwards.
Leicester's Food Plan	Leicester's Food Plan is an ambition long-term programme which began when the first plan was developed in 2014. It aims to tackle food poverty, see more community food projects in place across the city, increase good food knowledge and awareness, develop a thriving good food economy and new food growing initiatives.
Active Together strategy	The Active Together (previously Leicestershire and Rutland Sport) Strategy provides a long-term vision for physical activity and sport across Leicester, Leicestershire and Rutland to be the most physically active and sporting place in England.
Cycle City Action Plan	The current CCAP is effective 2015-2024. Its primary aim and mission statement: We will deliver the Governments Cycling Delivery Plan and establish Leicester as the UK's leading cycling and people-friendly city. It includes 10 targets to be completed by 2024 including to double everyday cycling by 2018 and again by 2024. The next CCAP will run from 2024 – 2030 and will continue to promote ambitious targets in cycling growth and training
Walk Leicester Action Plan	The current WLAP is effective to 2025. It provides 14 key actions by to support ambitions to improve walking across the city across 3 themes: Planning and Design for Walking, Infrastructure in neighbourhoods and Encouraging people to walk. Its primary ambitions are to increase city centre walking trips by 20% on its 2018 baseline and to allow 75% of primary school children to walk to school by 2025. The next WLAP will run from period 2024 – 2030 and will continue to promote ambitious targets in walking, including the usage of local amenities and school journeys

5.3 National campaigns and resources

The below summary of national campaigns and resources focuses primarily upon diet and nutrition. Wider campaigns that focus on air pollution, smoking cessation, mental health, menopause, and stress are likely to have positive outcomes on excess weight through the interconnected nature of many factors.

Campaign/ resource name	Summary
Better Health	As a result of the government call to action Public Health England (PHE) developed the Better Health campaign that urges people to take stock of how they live their lives in the wake of the covid-19 pandemic. It promotes evidence-based tools and apps with advice on how to lose weight and keep it off. Previously 'Change4Life' was incorporated into the Better

	Health campaign under 'Better Health, Healthier Families'. A variety of apps including Couch to 5K, NHS weight loss, Food Scanner, Active 10, Drink Free Days, Quit Smoking and the Easy Meals app are available as part of the campaign.
<i>This Girl Can</i>	A Sport England campaign celebrating active women who are doing their thing no matter how they look, how well they do it or how sweaty they get. An opportunity to challenge the narrative around how women should look when they exercise. This Girl Can – Active Mums is an additional branch to the campaign aimed at supporting professionals to talk to expectant mothers about exercise. Sport England run various other campaigns throughout the year.
<i>Eat them to Defeat Them (Veg Power)</i>	A multi-award-winning campaign and schools programme encouraging the consumption of fruit and vegetables in primary and secondary schools.
<i>National Walking Month</i>	A yearly campaign by Living Streets, the UK charity for everyday walking focusing on promoting walking as the natural choice for journeys.
<i>Walk to School Programme (Living Streets)</i>	Living Streets lead WOW which is a pupil-led initiative where children self-report how they get to school every day using the interactive WOW Travel Tracker . If they travel sustainably (walk, cycle or scoot) once a week for a month, they get rewarded with a badge. Walk to School week also runs annually in May.
<i>Sustrans Big Walk and Wheel</i>	Sustrans Big Walk and Wheel is the UK's largest inter-school walking, wheeling, scooting and cycling challenge. It runs annually and inspires pupils to make active journeys to school to improve air quality in their neighbourhood.

5.4 Local campaigns and resources

The below summary of local campaigns and resources outlines localised approaches that are in place as of February 2022. The list may omit campaigns which are not explicitly linked to, but still contribute to the health and wellbeing agenda.

Campaign/ resource name	Summary
<i>Live Well Leicester</i>	Overarching public health social media brand focusing on promotion of health and wellbeing messaging and promoting public health priorities to Leicester residents.
<i>Active Leicester</i>	Sport and leisure facility brand and campaign focusing on increasing physical activity and reducing inequalities experienced in access.
<i>Swim Leicester</i>	Active Leicester campaign focused on promotion of children and adult swimming class provision.
<i>Choose How You Move</i>	The Choose How You Move website is the travel portal for Leicester and Leicestershire giving information on walking and cycling within the city and county.

<i>Ride Leicester</i>	Campaign and festival run on a yearly basis by local authority in collaboration with partners to promote the use of bicycles and local cycle infrastructure.
<i>Health for Kids – Move it Boom</i>	Interactive campaign encouraging children to get up and get active by logging activities to play a game that upgrades robots and earns points for their school.
<i>Get Up and Go</i>	Summer campaign provided by the Children’s Social Care and Early Help service promoting and encouraging physical activity across the summer holidays for children and families.
<i>Active Together – Let’s Get Moving</i>	Campaign provided by Active Together (previously Leicestershire and Rutland Sport) with a variety of arms including Let’s Get Moving for Less.

6. Recommendations

The below recommendations should be considered by commissioners and service providers relating to healthy weight and wider.

Approach recommendations

- Implement a whole systems approach to healthy weight that builds upon existing policy and utilises the strengths and assets within the system.
- Ensure that the narrative around healthy weight remains compassionate, free from bias and is not discriminatory.
- Focus on environmental influences on healthy weight and collaborate with local partners to remove the blame from individuals experiencing excess weight and create an environment more conducive to healthier choices.

Service provision recommendations

- Ensure that existing weight management service pathways are clear to health professionals and public.
- Ensure that existing weight management services are appropriate for local population need, considering accessibility and inclusivity based on diversity, disability, and literacy levels.
- Provide specific support that is tailored for pregnant women with maternal obesity.
- Ensure that Tier 1 weight management services provide clear, consistent messaging around nutrition and movement, in a way that is relevant to the population of Leicester.
- Explore the impact of low income on families access to good food and movement.
- Provide clearer access and better promotion of local services, assets and infrastructure to local residents that can support healthy weight through good nutrition and movement.
- Focus provision of services relating to weight management on areas and population groups with higher experience of excess weight.
- Clarify and improve use of existing services and pathways outside of weight management for the promotion of healthy weight and healthy living including social care, children's centres, housing, transport and wider local services.
- Promote the participation of informal physical activity across the city such as active travel, walking, cycling and gardening and ensure that social prescribers are aware of local opportunities to access such opportunities.

- Encourage joining up of services such as mental health, social isolation, weight management, transport, planning and physical activity to pool resources and promote healthy weight in a holistic way.
- Support the local health care sector to ensure that physical environments, food offers, staff training and awareness of the impact of excess weight is embedded across primary and secondary care.

Staff training recommendations

- Ensure that health professionals, and non-health professionals are trained to discuss healthy living, raise the issue of excess weight and be aware of appropriate local services.
- Continue to extend the reach of Making Every Contact Count+ (Healthy Conversation Skills) offer across Leicester.

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