



What Good Healthy Weight for all ages Looks Like

The What Good Looks Like (WGLL) programme aims to facilitate the collective efforts of local organisations and wider society (the system) 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. It was developed collaboratively through the synthesis of existing evidence, examples of best practice, practitioners' experiences and consensus expert opinions. It is intended to serve as a guide and will be iterative with regular reviews and updates when new evidence and insights emerge.

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Introduction

The purpose of this document is to provide a high-level framework for what a good quality, local approach to promoting healthy weight looks like. Core to this is recognising that each locality needs to shape and reflect the local context. It is designed to promote a coordinated approach to tackling obesity across the whole system including the NHS, Public Health England, local authorities and their communities. The document signposts to a range of guidance, which provides a more detailed description of how this approach and actions can be taken forward. It also includes a self-assessment matrix to support sector led improvement.

Background

Maintaining a healthy weight has many health benefits, including improved health-related quality of life and a reduced risk of health conditions including heart disease, stroke, type 2 diabetes, liver disease and some cancers.

Yet the majority of adults are above a healthy weight – it is the social norm. Of significant concern is that 1 in 5 children start school above a healthy weight; the proportion rising to 1 in 3 of primary school leavers. There are marked and growing inequalities, with the prevalence of obesity in children in the most deprived parts of the country more than twice that in the least deprived. This has implications not just for health but for employers and social care needs: each year, obesity and its related ill health costs the UK NHS £6.1bn; it also costs local government in England £0.35bn in social care costs and the wider UK economy £27bn.

Obesity is a complex problem and the causes, notably dietary, are affected by factors including our environment, behaviour, biology, physiology and our society and culture – and importantly, the interaction of these determinants. Creating a healthier food environment will support people with eating a healthier diet – advertising, promotions, the make-up of high streets and the food offered in work cafeterias and in local takeaways, cafes and restaurants all influence the food choices we make.

The Government aims to halve childhood obesity rates by 2030, and significantly reduce the health inequalities that persist. To tackle obesity across the population, national and local action is required by many organisations and stakeholders. In local areas a long-term, system-wide approach is needed that makes obesity everybody's business, is tailored to local needs and works across the life course. It is not just for public health professionals to act; local authorities, the NHS, the wider public sector, the third sector and businesses all have an important role to play, working together and with their communities. Importantly, we must provide coherent and consistent messages, for example leisure centres should also provide healthier catering and vending machines.

This will support healthier default choices through a better local environment (e.g. improving the built environment, accessibility of healthier food, and restricting access to less healthy food); preventative population-level approaches (e.g. providing healthy school meals); curative secondary prevention services (e.g. weight management services); and targeted, community asset-based approaches to support those most in need.

Vision and 7 Pillars for Action

Vision: We want current and future generations to live in a local environment that promotes a healthier weight and wellbeing as the norm. This makes it easier for everyone, regardless of age, background, circumstance or where they live, to access healthier food, eat healthier diets and live active lifestyles, and ensures support available for people with excess weight. We achieve this through collective action across the system, in partnership with local communities.

How does this vision work for your local place?

Working to achieve this vision needs action over the short, medium and long term. The following seven pillars provide an overarching framework for local strategies. Activities and plans under each pillar will reflect local needs, resources and assets.

- 1. Systems leadership:** Ensuring that local system leaders, including Council leaders and politicians, Directors of Public Health and NHS leaders, prioritise and champion tackling obesity in the local area and build understanding of the importance of a collaborative approach.

We must take a collaborative sector led improvement approach and adopt a culture of continuous learning and improvement. To support this, the programme of actions to promote healthy weight should have clear governance and scrutiny arrangements in place. *To support sector led improvement, there is a [self-assessment matrix](#) at the end of this document.*

- 2. A long-term whole systems approach:** A broad range of local stakeholders working together to develop an integrated approach to addressing obesity in the local area. We will

work across local authority departments, and with wider local services, including the NHS, third sector, business, and local communities. The approach recognises that rates of obesity have increased slowly over many years, and just as no single action can address this, it will not be 'solved' in the short term.

An effective whole system is multi-level and takes a Health in All Policies approach. It ranges from upstream efforts to build health-promoting environments to the provision of integrated healthy lifestyle services for those who need support to manage their weight. And it looks across the life course, from maternity and early years services to support for older populations. The local system needs to work beyond public health, recognising that actions to tackle obesity can also benefit other agendas. For example, working with existing fast food takeaways, and restricting a proliferation of new establishments, may also help litter and waste management.

It will also consider all available policy levers across the system: legislation, regulation, fiscal measures, environmental and planning, communications and marketing, guidelines, and service provision. Also consider their affordability, practicality, effectiveness, cost-effectiveness, acceptability, safety and equity.

We must use behavioural science in combination with systems thinking early in the development of policies through the enhancement of existing services and interventions to understand uses and appropriately and efficiently target effective interventions.

- 3. A health-promoting environment:** Local environments in which people live, play, and work often encourage excess calorie consumption and inactive lifestyles. A range of actions need to be put in place to tackle these environmental causes of obesity. This can be done with local authority department (including planning, transport, environmental services and economic regeneration), local businesses, NHS estates and other stakeholders.

This includes aligning with national policy such as the PHE sugar and calories reduction and reformulation programmes and using guidance to promote diverse high streets, encourage local food businesses to provide healthier choices, restrict the proliferation of fast food takeaways and ensure that healthier food and drink are available in national government and local authority and NHS estates. There are a range of other levers that could be considered including local action on advertising.

- 4. Community engagement:** Local communities should be at the centre of decision-making, engaged in the whole systems approach and driving local solutions. We must maximise the use of community assets to mobilise the skills, knowledge and connections of local communities.

- 5. Focus on inequalities:** There are marked inequalities in the drivers of obesity, such as access to healthy food, as well as in overall rates of obesity among children.

We will work with our most deprived communities to ensure that interventions, services and approaches delivered through local authorities and the NHS can be shaped and targeted to ensure the whole community benefits, particularly those most in need.

- 6. A life course approach:** Developing life course approaches which deliver, meet the needs of every generation, and target the most deprived or at risk groups at every age helps to maximise prevention and early intervention.

This is supported by working collaboratively with specific life-course settings across the system, including maternity services, early years' settings, schools, workplaces and services for older people, to promote health and enable people who need support to access it. The delivery of the mandated National Child Measurement Programme (NCMP) should be regarded as an opportunity to engage and connect other parts of the system.

- 7. Monitoring, evidence, evaluation and innovation:** Evaluating actions and approaches, continuous improvement and sharing data and good practice across the local system to inform decisions and practice.

Recognise that tackling obesity will require innovation and technology to help transform service delivery and that this will be most effective if informed by evidence and theory, including evidence of people's needs.

Clear and shared expectations of how an intervention will work and the effect it will have are crucial for all implementation. These will also enable collection of appropriate local data to evaluate for shared decision-making and continuous improvement.

Supporting evidence and guidance

This section highlights a range of guidance, which provides a more detailed description of how this approach and actions can be taken forward. They have not been selected as part of a systematic review of the evidence but provide examples of actions where there is evidence and consensus that they can make a difference.

Systems leadership and a whole systems approach

[Making obesity everybody's business: A whole systems approach to obesity \(LGA, 2017\)](#)

A briefing for elected members on PHE's whole systems obesity programme. PHE guidance is due for publication in spring 2019.

[Promoting healthy weight in children, young people and families: resource to support local authorities \(PHE, 2018\)](#)

Briefings and practice examples to promote healthy weight for children, young people and families as part of a whole systems approach. Helps to make the case for different stakeholders to take action to reduce childhood obesity and provides examples of actions that can be taken.

[Improving people's health: applying behavioural and social sciences: A comprehensive and collaborative strategy to enable public health professionals to use behavioural and social sciences to improve health and wellbeing.](#)

A comprehensive and collaborative strategy to enable public health professionals to use behavioural and social sciences to improve health and wellbeing

[NHS Long Term Plan \(NHS, 2019\)](#)

The NHS long-term plan sets out key ambitions for the NHS over the next 10 years

A health-promoting environment

Planning & physical environment

[Healthy High Streets: good place making in an urban setting \(PHE, 2018\)](#)

Information for local decision makers examining how high streets are used as an asset to improve the overall health of local communities

[Strategies for encouraging healthier out of home food provision: a toolkit for local councils working with small food businesses \(PHE, 2017\)](#)

This toolkit helps local authorities and businesses to provide and promote healthier options for food eaten away from home

[Spatial planning for health. An evidence resource for planning and designing healthier places \(PHE, 2017\)](#)

This review provides public health planners and local communities with evidence informed principles for designing healthy places

[Building the foundations. Tackling obesity through planning and development. \(LGA, 2016\)](#)

This report identified a series of themes and more specific elements that help to create healthy-weight environments

Healthier work-places

[Healthier and more sustainable catering. A toolkit for serving food to adults \(PHE, 2017\)](#)

Catering guidance that offers practical advice on how to make catering affordable, healthier and more sustainable

[The Government buying standard for food and catering services \(DEFRA, 2015\)](#)

Official Government Buying Standards (GBS) for food and catering services

[Physical Activity, Healthy Eating and Healthier Weight: a toolkit for employers \(Business in the Community, 2018\)](#)

The toolkit includes a checklist of actions for employers to take, under the broad themes of being prepared, encouraging physical exercise and healthy eating, and providing knowledge and training

Community engagement

[A guide to community-centred approaches for health and wellbeing \(PHE, 2015\)](#)

This guide outlines a 'family of approaches' for evidence-based community-centred approaches to health and wellbeing

[Obesity: working with local communities PH42 \(NICE, 2017\)](#)

This guideline covers how local communities, with support from local organisations and networks, can help prevent people from becoming overweight or obese or help them lose weight. It aims to support sustainable and community-wide action to achieve this.

Focus on inequalities

[Reducing health inequalities: system, scale and sustainability \(PHE, 2017\)](#)

Guidance to support local action on health inequalities to improve outcomes

[BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups \(PH46\) \(NICE, 2013\)](#)

This guideline covers the link between body mass index (BMI) and waist circumference and the risk of disease among adults from black, Asian and other minority ethnic groups in the UK.

A life course approach

[Weight management before, during and after pregnancy PH27 \(NICE, 2010\)](#)

This guideline covers how to assess and monitor body weight and how to prevent someone from becoming overweight or obese before, during and after pregnancy

[Example menus for early years settings in England \(PHE, 2017\)](#)

Example menus and useful guidance for early years settings to help meet the Early Years Foundation Stage requirements for food and drink

Monitoring, evidence, evaluation and innovation

Health improvement guidance and resources

[Sugar reduction and wider reformulation](#)

These documents explain how PHE is approaching sugar reduction as part of its wider reformulation programme

[Sugar reduction: the evidence for action \(PHE, 2015\)](#)

This report details a review of the evidence on interventions to help the nation reduce their sugar consumption

[Change4Life](#)

Change4Life aims to help families lead healthier lives by eating well and moving more

[OneYou; 400-600-600](#)

OneYou aims to help adults live more healthily. The OneYou 400-600-600 message aims to help people make healthier choices when eating and drinking on the go

[The Daily Mile](#)

The Daily Mile aims to help children get fitter by running, walking, or jogging for 15 minutes a day in school or nursery

[Obesity prevention CG43 \(NICE, 2016\)](#)

This guideline covers preventing children, young people and adults becoming overweight or obese. It outlines how the NHS, local authorities, early years' settings, schools and workplaces can increase physical activity levels and make dietary improvements among their target populations.

[Preventing excess weight NG7 \(NICE, 2015\)](#)

This guideline covers behaviours such as diet and physical activity to help children (after weaning), young people and adults maintain a healthy weight or help prevent excess weight gain.

Guidance: Integrated healthy lifestyle services

[Obesity: identification, assessment and management CG189 \(NICE, 2014\)](#)

This guideline covers identifying, assessing and managing obesity in children (aged 2 years and over), young people and adults

[Weight management: lifestyle services for overweight or obese adults PH53 \(NICE, 2014\)](#)

This guideline covers multi-component lifestyle weight management services including programmes, courses, clubs or groups provided by the public, private and voluntary sector

[Weight management: lifestyle services for overweight or obese children and young people PH47 \(NICE, 2013\)](#)

This guideline covers lifestyle weight management services for children and young people aged under 18 who are overweight or obese

[Behaviour change: individual approaches PH49 \(NICE, 2014\)](#)

This guideline covers changing health-damaging behaviours among people aged 16 and over using interventions such as goals and planning, feedback and monitoring, and social support

[A guide for delivering and commissioning tier 2 adult weight management services \(PHE, 2017\) and supporting resources](#)

[A guide to commissioning and delivering tier 2 weight management services for children and their families \(PHE, 2017\) and supporting resources](#)

Guides to support the commissioning and delivery of tier 2 weight management services for children, families and adults

Innovation and Technology

[Using digital technology to improve the public's health A guide for local authorities \(LGA, 2018\)](#)

The report showcases how local areas are using digital technology to improve the public's health

[Digital change in health and social care \(Kings Fund, 2018\)](#)

This report shares practical learning from a series of case studies where significant largescale digital change is happening

[Behaviour change: digital and mobile health interventions *In development*](#)

This guideline will cover technology-based interventions for the individual. It will address established lifestyle behaviours including poor diet and lack of physical activity

Evaluation

[PHE Fingertips](#)

Public health profiles providing indicators across a range of health and wellbeing themes that has been designed to support JSNA and commissioning to improve health and wellbeing, and reduce inequalities.

[Standard evaluation framework for weight management services \(PHE, 2018\)](#)

Evidence-based guidance to support the evaluation of weight management interventions

[Sport and Activity Evaluation Framework \(Sport England\)](#)

This resource aims to help sport and physical activity projects

[Obesity: clinical assessment and management QS171 \(NICE, 2016\)](#)

This quality standard covers assessing and managing obesity in adults, young people and children, including referral for specialist care and bariatric (weight loss) surgery

Self-assessment matrix

Given prevalence rates and the multiple causes of obesity, it is unrealistic to expect significant reductions in population levels of obesity in the short term. Tackling obesity requires a long-term commitment.

Progress must be monitored on an ongoing basis, including against outcomes in the Public Health Outcomes Framework and for children using local NCMP data. In the short to medium term, key performance indicators, system level to individual actions, should be put in place, in parallel with measuring progress with integrating a whole systems approach to tackling obesity.

The following table is designed to support local areas with sector led improvement.

Priority area	Developing – opportunity to improve consistency of essential functions	Delivering – essential functions being delivered but no system wide response	Strength – system wide approach to improving outcomes
Systems Leadership	There is some engagement of leaders in the healthy weight agenda across the local system. Where it occurs, leadership is restricted to the boundaries of individual organisational influence and/or occurs in an ad-hoc manner.	System leaders are engaged in promoting healthy weight within the boundaries of their own organisation's influence. Promoting healthy weight is embedded in the wider priorities of the Council, NHS and/or other key stakeholder organisations. There are elements of joined up approaches across organisational boundaries at a working level.	Promoting healthy weight is a clear, long-term system-wide priority for example under the local Health and Wellbeing Board, with leaders across the local system collectively engaged in this agenda on an ongoing basis and promoting distributed leadership. This is linked in with wider system objectives, including national policy and strategy, Sustainability and Transformation Partnerships/Integrated Care Systems and common health agendas such as the Diabetes Prevention Programme.

<p>A whole systems approach</p>	<p>Different stakeholders in the local system are independently delivering actions/services to promote healthy weight.</p>	<p>Stakeholders are in the early stages of developing/operationalising a whole systems approach. Parts of the system are working together in a systems way and to align actions. There are key stakeholders who are not yet engaged in the approach, and activity is not formally coordinated or strategically planned.</p>	<p>A long term, whole-systems approach is in place locally, with clear leadership and which encompasses multiple local authority departments; community, primary and secondary care NHS services; NHS leadership; business and third sector. The approach is embedded across the local systems. The network of stakeholders is committed to meeting regularly to review, evaluate and refresh the system-wide actions.</p> <p>Actions include both upstream policy levers to change the food environment, building on national action around calorie and sugar reduction and reformation, and support to individuals to maintain/achieve a healthy weight. Approaches use behavioural insights and involve local communities in decision-making and delivery. Specific goals and targets are set, including in tackling inequalities. Technology and innovation is built into the local approach.</p>
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<p>A health-promoting environment</p>	<p>Some attention is focussed on the health impacts of the physical, food and built environment, and there is limited strategic integration between planning, transport and NHS estate and health.</p>	<p>The local area is using and developing local levers to promote a healthier food and built environment, for example through local planning and licensing processes (e.g. through use of supplementary planning documents to tackle the proliferation of hot food takeaways), using Government Buying Standard for Food and healthy catering guidelines; influencing the availability and cost of healthy food, including health in planning, licensing and transport and/or outdoor advertising. This tends to occur on an ad-hoc basis. Local data are used to develop and refine evidence-informed services and approaches.</p>	<p>There is an area-wide, coordinated and long-term strategy for improving the local environment to address the drivers of obesity. This includes embedding it in the local plan, and uniting planning and public health. Action includes the NHS, transport, local public health, local business and third sector. There is a well-used Health Impact Assessment process for planning and licensing applications which influences outcomes. Evidence and data on a wide range of environmental determinants, for example physical activity, active travel and access to healthy food and tackling over concentration and proliferation of establishments, including hot food takeaways is collected and used in programme planning and evaluation.</p>
<p>Community engagement</p>	<p>There is some and/or inconsistent engagement of communities in the local obesity prevention and treatment approach and local community assets are not being fully used.</p>	<p>Communities leaders and organisations are engaged to understand their views about obesity and healthy weight needs and what resonates with local communities. This is informing healthy weight actions that are being delivered by the local authority. Elements of community asset-based approaches are in place to positive effect.</p>	<p>Communities are consistently engaged and integrated partners in the local obesity prevention and treatment agenda, working collaboratively on the design, planning and evaluation of programmes. Community assets are recognised and their potential to support the local obesity agenda being maximised. Use of community asset-based approaches to support health improvement are common place.</p>

<p>Focus on inequalities</p>	<p>There is limited interpretation of the data on inequalities in obesity in the local context. Some focus is paid to inequalities and inequity in relation to tackling obesity and its causes. There is no systems approach, which target levers/action to address inequalities.</p>	<p>Inequalities within the local obesity system are well understood. Elements of the obesity system target most at risk populations, based on ethnicity, deprivation, disabilities and/or other key characteristics. There is local recognition of the importance of addressing inequalities and it features in how actions can effectively address obesity.</p>	<p>Tackling inequalities relating to obesity and its causes are a central part of the local obesity strategy, with specific plans and goals intended to address inequality levels. This work involves a range of system partners, including for example social care, schools and mental health services, who are well placed to engage key at risk populations. The collection and use of equality data is embedded in the design and evaluation of obesity prevention and care programmes, some of which are delivered universally and others targeted to meet needs of specific communities.</p>
<p>A life course approach</p>	<p>Actions are in place to support different life stages, for example, primary school children and pregnant women. The approach is not across the life course and there are key gaps in action.</p>	<p>The local obesity system involves a range of services working with local people at different life stages across the life course. There is coordination of planning and programming linking services together and connections are being made across organisational boundaries.</p>	<p>Coordinated and sustained actions are in place that benefit local communities across the life course. Settings working with people at different life stages, including maternity, early years, children's services, schools and further education, workplaces and older people's services, are actively engaged and involved in the local obesity agenda. The links between life stages are well understood; evidence and data are used across the system; and services are coordinated and work together. Local inter-generational aspects of obesity and its causes are well understood and specific plans and/or goals are in place to address these.</p>

<p>Monitoring, evidence, evaluation and innovation</p>	<p>There is some use of data and intelligence (including NCMP) in planning and delivery. Some evaluation is carried out and used internally.</p>	<p>Data and intelligence (including NCMP) are consistently being used, where available, to support the delivery of services and approaches. This includes data on wider determinants, obesity risk factors, obesity rates, and obesity-related health challenges. Innovative practice is being encouraged and evaluation is built in to approaches and a culture of learning is in place.</p>	<p>The range of services and approaches are continually being reviewed and adapted, supported by data and intelligence, to support the needs of local communities. This is informed by a wide range of data including wider determinants, lifestyles, risk factors, obesity rates and related health challenges, that can be broken down to understand the impact of obesity among different local communities. NCMP data is being used to assess needs of local populations and develop evidence-based approaches.</p> <p>Local leaders support and drive innovative approaches and action research to improve the impact of obesity prevention and care in the local area. This includes the use of new technologies.</p> <p>Evaluation and learning is part of the culture across the system and is proactively shared via community of learning type approaches.</p>
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