



The Association of Directors of Public Health

What Good Healthy Weight Looks Like

Background

Healthy weight is associated with a healthier life.ⁱ Unhealthy weight can be over or underweight, and both carry unique risk factors. Obesity is associated with an increased risk of non-communicable diseases, can be directly responsible for some cancersⁱⁱ, and is the second largest risk factor for premature death after smoking.ⁱⁱⁱ The UK has the fourth highest level of people living with obesity or overweight in Europe, and it is estimated to cost the UK £126bn annually.^{iv} Malnutrition can also increase the risk of infection and illness, reduce mobility, and reduce quality of life.^v

Enabling healthy weight

Unhealthy weight is a complex problem caused by numerous factors including genetics, diet, family and community, physical inactivity, and the food environment.

- **Physical inactivity:** Studies have shown that increasing physical activity consistently reduces the likelihood of obesity by up to 46% when partnered with a good diet.^{vi,vii}
- **The food environment:** Increased consumption of meals eaten outside the home and the availability of calorie-rich foods have been identified as contributing to the increase in obesity. They are often cheaper and easier to buy than healthier alternatives, with the cost of healthy nutritious food almost three times as much as unhealthy foods.^{viii,ix}
- **Weight-loss medication use:** Although useful as a treatment for some individuals, their increasing use may detract from policy and regulatory solutions required to tackle deep-rooted systemic issues driving high obesity rates at population level. Further, the limited roll out and strict eligibility criteria for weight-loss drugs in the NHS means that people in more deprived communities are less likely to have access to these medications than those in more affluent areas, potentially exacerbating existing inequalities.
- **Health inequalities:** Some groups in the UK are more likely to experience obesity than others. Factors such as income can affect an individual's ability to achieve and maintain a healthy weight. In 2023, 11% of the UK population experienced food poverty, including 18% of children.^x

The role of national policy

While this document is focused on what can be done locally, it must be acknowledged that many levers for change sit at the national level. To create healthier environments, changes to national policy in areas such as national planning and licensing policy are important, as well as advertising restrictions, improved food standards, changes to food formulation to reduce ultra-processed food and products high in fat salt and sugar (HFSS), and investment in local services to enable access to green spaces and promotion of active travel.

Mechanisms are needed to support healthy eating across the life course, including appropriate use of the tax system, greater promotion of schemes such as Healthy Start, and embedding support for healthy weight

into Best Start in Life Family Hubs. See ADPH [position statements](#) for further information on these changes.^{xi}

Purpose of this publication

This publication outlines what good healthy weight for all ages looks like in any defined place. It serves as a guide for public health leaders and practitioners and was developed collaboratively through the synthesis of existing evidence, examples of best practice, practitioners' experiences, and expert opinions. In England, it aligns with the [Local Outcomes Framework](#) (LOF), which sets out shared priority outcomes that councils and partners are collectively working to achieve.

Vision

Current and future generations should live in a local area that supports and enables healthy weight and wellbeing as the norm, through an environment that provides healthier dietary options and opportunities for movement. These environments should make it easier for everyone, regardless of age, background, circumstance, or where they live, to access healthier food, eat healthier diets, and be active, and ensures support is available for people with unhealthy weight. This can only be achieved through collective action across the system, in partnership with local communities.

Principles: Seven pillars for action

To support and enable healthier weight and wellbeing, action over the short, medium, and long term is needed at a local, regional, and national level. The following seven pillars provide an overarching framework for local strategies, and the description provides some specific examples of what good looks like. Activities and plans under each pillar should reflect local needs, resources, and assets.

Pillar 1: Health in All Policies Approach

A Health in All Policies (HiAP) approach is a key part of a whole system approach. HiAP puts investment in prevention and public health at the centre and considers all available policy levers across the system: legislation, regulation, fiscal measures, environmental and planning, communications and marketing, guidelines, and service provision. 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. Such an approach should also build in technology and innovation.

Sector-level collaboration

A long-term, system-wide, integrated approach to prevention at both local and national levels is key to applying a HiAP approach and promoting healthy weight. This requires leadership and collaboration across local authorities and wider local services, including the NHS, third sector, business, and local communities. Partners should come together to build a shared understanding of the issues and coordinating actions that drive sustainable, long-term change alongside support from national Government. The network of stakeholders should be committed to meeting regularly to review, evaluate, and refresh system-wide actions.

Pillar 2: Systems leadership

System-wide priority

Promoting healthy weight must be a long-term, system-wide priority. Local leaders, including Council leaders and politicians, Directors of Public Health (DsPH) and NHS leaders, have a system leadership role and should use this to prioritise and advocate for measures that aim to reduce unhealthy weight, enable healthy, nutritious food in the local area and create active environments. Local leadership needs to promote a collaborative approach involving different sectors and organisations.

Health and Wellbeing Boards (HWBs) should be key drivers for making healthy weight a collective and high-profile priority in local areas. These statutory partnerships bring together senior leaders from the local area, and the Joint Local Health and Wellbeing Strategy sets out the approach for improving health and reducing health inequalities.

Targets and accountability

A specific strategy and a delivery plan must be in place. As part of this, specific goals and targets should be set, including changing the food environment, enabling communities to move more through a modal shift away from cars to active transport, and tackling inequalities and wider public health issues such as climate change.

Outcomes should be monitored and reported, and evidence of impact identified. The strategy should have oversight at senior levels, with a golden thread¹ from the system strategy to sector-level and organisational-level actions. There must be clear accountability, governance, and scrutiny arrangements in place.

Pillar 3: A health-promoting environment

Local environments in which people live, play, and work shape the food we eat and how we move. A range of actions are needed to tackle these environmental causes of unhealthy weight. This can be achieved through joint action between local authority departments (including planning, licensing, transport, environmental services, and economic regeneration), combined strategic authorities, local businesses, NHS estates, voluntary and community organisations, and other stakeholders and networks.

A particular focus should be placed on measures that support and enable physical activity, such as active transport planning, healthy streets, and a diverse local physical activity offer that is accessible across the life course. There should also be measures to enable healthy food consumption through a whole system approach to the food environment. This could include encouraging local food businesses to provide healthier options, restricting the proliferation of fast-food takeaways, especially near schools, regulating food advertising, and ensuring that healthier food and drink options are accessible and affordable to all.

These measures should be incorporated into a long-term strategy that is focused on addressing the drivers of unhealthy weight. The strategy should also include a clear role for local plans in ensuring that planning policy supports healthy weight. There should also be a well-developed Health Impact Assessment process for planning and licensing applications.

¹ The 'golden thread' is a clear, continuous line of connection linking an organisation's overarching vision, mission, and values directly to its daily operations, team goals, and individual employee tasks.

Pillar 4: Community partnership

Local communities must be at the centre of decision-making, driving local solutions. Local authorities must also maximise the use of community assets to mobilise the skills, knowledge, and connections of local communities.

Co-production with local communities should be at the heart of local approaches to developing healthy food and active environments, and central to developing appropriate weight management programmes. This includes working collaboratively on the design, planning, delivery, and evaluation of programmes, identifying need, including education needs, and improving access to the means to prepare healthy food for school children.

It is crucial that the views of people with lived experience are used to influence service design.

Pillar 5: Focus on inequalities

Local public health teams should work with residents who are at higher risk of becoming obese to ensure that interventions, services, and approaches benefit the whole community, particularly those most in need. This can include ensuring that healthy weight and physical activity interventions are non-stigmatising, culturally competent, and effective in increasing uptake.^{xii} These should be a central part of the local strategy, with a range of system partners involved to deliver it (eg social care, schools, mental health services).

Commercial determinants of health

Some commercial actors actively target their products at the most disadvantaged, meaning these groups experience the greatest harm to health.^{xiii} In England, fast-food outlets are more concentrated in deprived and minority ethnic neighbourhoods.^{xiv} Local authority governance should also be protected from the influence of health harming industries (HHIs). The [Good Governance Toolkit](#), endorsed by ADPH, is a set of materials focused on supporting local authorities to improve governance of commercial interactions, relationships and influence, to maximise benefits and minimise risk for population health.

Pillar 6: A life course approach

To facilitate prevention and early intervention, a life course approach which meets the needs of every generation and targets the most deprived or at-risk groups at every age is critical. This should be supported by working collaboratively with organisations that work with specific age groups across the system, including pre-conception and maternity services, early years' settings, schools, workplaces, and services for older people. This will be evidenced in an area by links between life stages being well understood, including intergenerational aspects of unhealthy weight and its causes, and by specific plans and/or goals being in place to address them.

Commissioned services

Public Health commissioned services, such as health visiting and school nursing, have a key role in supporting families with advice and referrals for help with nutrition and weight. Weight-loss medication should not be used as a population measure for reducing the prevalence of, and harms associated with, obesity. Instead, there should be more of a focus on prevention through weight management programmes and creating environments that promote good health.

It is the responsibility of public health to commission effective weight management services for all ages, with provision tailored for specific groups as needed. The public health weight management offer should be part of a coherent local offer for local people, alongside NHS commissioned services, including digital programmes and services that incorporate weight loss drugs.

Pillar 7: Monitoring, evidence, evaluation, and innovation

A central tenet of public health is demonstrating effectiveness through evidence and intelligence. A collaborative practice improvement approach is needed to facilitate a culture of continuous learning and improvement. Monitoring and evaluation are important for establishing an evidence-based approach for creating environments that facilitate healthy weight, and for developing effective weight management services.

A good local approach to monitoring, evidence, evaluation and innovation includes ensuring that:

- Evaluation and learning are part of the culture across the system, with learning proactively shared via communities of learning and similar approaches.
- Local leaders support and drive innovative approaches and action research to improve service delivery in local areas, including using new technologies.
- The range of services and approaches are continually reviewed and adapted to support the needs of local communities. This should be informed by a wide range of data, including wider determinants, risk factors, and related health challenges.
- The collection and use of equality data is embedded in the design and evaluation of programmes. Some of these should be delivered universally, while others should be targeted to meet the needs of specific communities. Data can be broken down to understand the impact of unhealthy weight and related risk factors among different local communities.
- Monitoring and evaluation of healthy weight strategies, specifically whole system approaches, are not judged solely on long-term obesity prevalence. They should also consider less tangible measures, such as how partners work together, collaborative opportunities generated, what information is shared across the system, and shifts in local environments and service pathways.
- Evidence for the long-term benefits, harms, and cost-effectiveness of weight-loss medications, including the role of physical activity and nutritional advice, is carefully assessed and used to inform local approaches.
- Evidence on the wider determinants of health (eg physical activity, active travel, access to healthy food) is collected and used in programme planning and evaluation.

Alongside this approach, there is a need for improved data collection. More research is needed into the management of overweight and obesity among individuals at higher risk, such as people from Black, Asian, and other ethnic minority backgrounds, and people with learning disabilities. There should also be opportunities for data collection and intervention across the life course to effectively monitor weight, nutrition, and physical inactivity.

Resources

This section highlights a range of guidance, which provides a more detailed description of how this approach and action can be taken forward.

Systems leadership and a whole systems approach

[Whole systems approach to obesity](#) – guidance to support local approaches to achieving a healthier weight.

[Promoting healthy weight in children, young people and families](#) – resource to support local authorities, NHS, commissioners, voluntary and community sector organisations to reduce obesity.

[Fit for the future: 10 Year Health Plan for England](#).

[Healthy Weight Healthy Wales](#) – long term strategy to prevent and reduce obesity.

[Whole system approach for Healthy Weight](#) (Wales).

[A blueprint to halve obesity in the UK comparing over 30 policies to help reduce the prevalence of obesity](#) – toolkit to support the design, implementation, and scaling of dietary health policies that are most likely to work.

A health-promoting environment

[National Planning Policy Framework](#) – guidance for promoting healthy communities.

[Planning Policy Wales](#) – guidance on promoting healthy places.

[Healthy High Streets: good place making in an urban setting](#) – information on how high streets can be used as an asset to improve the health of communities.

[Encouraging healthier 'out of home' food provision](#) – toolkit to help local authorities and businesses to provide healthier options for food eaten 'out of home'.

[Spatial planning for health](#) – evidence informed approaches for designing healthy places.

[Planning healthy places](#) – guidance for local authorities in Wales for embedding health in planning policy.

[Food Partnerships and Strategy Toolkit](#) – toolkit developed by Sustainable Food Places to help develop a food partnership which looks at the whole food system.

[Sustain \(2029\) Hot Food Takeaways: Planning a route to healthier communities](#) – guidance for Councils in collecting evidence to support and defend planning policies to restrict new hot food takeaways.

[Managing takeaways near schools: a toolkit for local authorities](#) – toolkit to support local governments implement evidence based takeaway management zones.

[Using the planning system to promote healthy weight environments](#) – guidance to support local government use of the planning system to promote healthy weight environments, including hot food takeaway management zones.

[Active Design](#) – guidance to set out how the design of environments can enable more physically active and healthy lives.

Community engagement

[Overweight and obesity management NICE guideline](#) – guidance for prevention and management of overweight, obesity, and central adiposity in children, young people, and adults.

Focus on inequalities

[Health inequalities: reducing inequalities in local areas](#) – guidance to support local action on health inequalities.

[Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups](#) for all age groups and all settings.

A life course approach

[Early Years Foundation Stage nutrition](#) – guidance to help early years providers offer healthy, balanced, and nutritious food.

[Maternal and child nutrition](#) – guidance on nutrition and weight management in pregnancy and nutrition in children up to 5 years.

[Nutrition across the life course](#) – fact sheets for nutrition at different life stages.

Monitoring, evidence, evaluation and innovation

[PHE Fingertips](#) – provides indicators across a range of health and wellbeing themes, that has been designed to support strategies to improve health and wellbeing and reduce health inequalities.

[Public Health Outcomes Framework](#) for Wales – reporting tool.

[Standard evaluation framework for weight management services](#) – evidence-based guidance to support the evaluation of weight management interventions.

[Community toolbox](#) – toolkits to help with developing and evaluating initiatives in the community.

[Local Outcomes Framework](#) – to aid measurement of local outcomes-based performance against key national priorities.

About ADPH

The Association of Directors of Public Health (ADPH) is the representative body for DsPH in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

About What Good 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.

ADPH would like to acknowledge the contribution of lead reviewer Sarah Perman, DPH Hertfordshire, to the refresh of this document.

References

- ⁱ Harvard School of Public Health. Healthy Weight. 2022. Available [online](#). Last accessed: September 2026.
- ⁱⁱ World Health Organisation. WHO European Regional Obesity Report 2022. 2022. Available [online](#). Last accessed: September 2026.
- ⁱⁱⁱ The Salt. Bad diets are responsible for more deaths than smoking, global study finds. 2019. Available [online](#). Last accessed: September 2026.
- ^{iv} The Guardian. UK's obesity and overweight epidemic costs £126bn a year, study suggests. 2025. Available [online](#). Last accessed: September 2026.
- ^v The King's Fund. Malnutrition – the 'Pandora's box' of health care we try not to open. 2024. Available [online](#). Last accessed: September 2026.
- ^{vi} Ahmadi MN, Inan-Eroglu E, Mishra GD, Salis A, Stamatakis E. Associations of changes in physical activity and diet with incident obesity and changes in adiposity: Longitudinal findings from the UK Biobank. Preventive Medicine. 2023 Mar;168:107435. Available [online](#). Last accessed: September 2026.
- ^{vii} The Heath Foundation. Relationship between physical activity and health. 2024. Available [online](#). Last accessed: September 2026.
- ^{viii} The Food Foundation. Major report highlights impact of Britain's disastrous food policy. 2022. Available [online](#). Last accessed: September 2026.
- ^{ix} Eskandari F, Lake AA, Rose K, Butler M, O'Malley C. A mixed-method systematic review and meta-analysis of the influences of food environments and food insecurity on obesity in high-income countries. Food Science & Nutrition. 2022 Aug 5;10(11). Available [online](#). Last accessed: September 2026.
- ^x UK Parliament. Food poverty: Households, food banks and free school meals. 2025. Available [online](#). Last accessed: September 2026.
- ^{xi} Blueprint by Nesta. A blueprint to halve obesity in the UK comparing over 30 policies to help reduce the prevalence of obesity. Available [online](#). Last accessed: September 2026.
- ^{xii} Public Health England. Understanding and addressing inequalities in physical activity. 2021. Available [online](#). Last accessed: September 2026.
- ^{xiii} Action on Smoking and Health. Holding us back: tobacco, alcohol and unhealthy food and drink. 2023. Available [online](#). Last accessed: September 2026.
- ^{xiv} The Health Foundation. Inequalities in concentration of fast food outlets. 2024. Available [online](#). Last accessed: September 2026.