

Supporting Healthy Weight and Active Lifestyles.

Date: 12th March 2024

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- It is reported that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015 and that the UK-wide NHS costs are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year ([Public Health England 2017](#)).
- Given the wide-ranging implications of living with obesity on health and beyond, the Adults, Health and Active Lifestyles Scrutiny Board agreed to utilise its March 2024 meeting to have a themed focus on supporting healthy weight and active lifestyles for the population of Leeds.
- Information has therefore been provided to the Scrutiny Board by Public Health, the Leeds Health and Care Partnership, the Leeds GP Confederation and Active Leeds, which is appended to this report. Senior representatives from these organisations and service areas will also be attending the Scrutiny Board's meeting to help address Members' questions and contribute to the Board's discussion.

Recommendations

Members are requested to consider and provide any comment on the information appended to this report as well as determining what, if any, further scrutiny work it may wish to undertake on this matter.

What is this report about?

- 1 The Adults, Health and Active Lifestyles Scrutiny Board agreed to utilise its March 2024 meeting to have a themed focus on supporting healthy weight and active lifestyles for the population of Leeds.
- 2 The following information has therefore been provided to the Scrutiny Board by Public Health, the Leeds Health and Care Partnership, the Leeds GP Confederation and Active Leeds:
 - **A report from Public Health setting out the local approach and plans in place to deliver an environment that leads to a healthier weight** – this report (set out in Appendix 1) presents the issues behind the high levels of excess weight in Leeds and outlines the evidence and recommendations for interventions that local authorities can deliver to create an environment that leads to a healthier weight.
 - **A report from the Leeds Health and Care Partnership on the Leeds Tier 3 Specialist Weight Management Service Recovery and Redesign Plans** – this report (set out in Appendix 2) sets out the progress that has been made since the Scrutiny Board's earlier consideration of the Tier 3 Specialist Weight Management Service provision in July 2023.
 - **A report from the Leeds GP Confederation** – this report (set out in Appendix 3) presents the perspective of primary care and General Practitioners, via the Leeds GP Confederation.
 - **A joint report from the Director of City Development and Director of Public Health on the Physical Activity Ambition** - this report (set out in Appendix 4) provides an update on the Physical Activity Ambition for Leeds, which is being led by Active Leeds and Public Health. It includes details of work programmes and achievements delivered by Active Leeds and Public Health against the priority workstreams.

What impact will this proposal have?

- 3 The Scrutiny Board is keen to explore the Leeds offer around supporting health weight and active lifestyles given the wide-ranging implications of living with obesity on health and beyond.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 4 Services aimed at achieving a fit and healthy population aligns with the vision of the Leeds Health and Wellbeing Being Strategy that '*Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest*'.
- 5 Embedding physical activity into everyday life also provides a unique opportunity to contribute to the other city strategic pillars of Inclusive Growth and Zero Carbon, as well as aligning with key strategies such as the Leeds Mental Health Strategy, Transport Strategy and developing the Local Plan.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

- 6 Senior representatives from Public Health, the Leeds Health and Care Partnership, the Leeds GP Confederation and Active Leeds will be attending the Scrutiny Board's meeting to present the appended reports and contribute to the Board's discussion.

7 The appended reports also provide further information in terms of any relevant consultation and engagement processes that have informed the content of the information provided.

What are the resource implications?

8 Details of any related resource implications will be captured within the appended reports.

What are the key risks and how are they being managed?

9 Details of any related risk management implications will be captured within the appended reports.

What are the legal implications?

10 This report has no specific legal implications.

Appendices

- Appendix 1 – Report from Public Health setting out the local approach and plans in place to deliver an environment that leads to a healthier weight.
- Appendix 2 - Report from the Leeds Health and Care Partnership on the Leeds Tier 3 Specialist Weight Management Service Recovery and Redesign Plans.
- Appendix 3 - Report from the Leeds GP Confederation.
- Appendix 4 - Joint report from the Director of City Development and Director of Public Health on the Physical Activity Ambition.

Background papers

- None.

Healthy Weight in Leeds: Our Approach and Plans

Purpose of Report

This report is presented as one of four and focuses on the role of Leeds City Council in developing and delivering prevention focused population interventions to increase the proportion of people with a healthy weight. The three additional reports focus on the role of the NHS in delivering behavioural and pharmacological interventions to support weight loss; the perspective of primary care and General Practitioners, via the Leeds GP Confederation; and an update on the Physical Activity Ambition for the city.

The purpose of this report is to present the issues behind the high levels of excess weight in Leeds. It outlines the evidence and recommendations for interventions that local authorities can deliver to create an environment that leads to a healthier weight. Child and Adult healthy weight plans are described and attached in appendix A and B, the Local Government Healthy Weight Declaration (Appendix C) and Leeds Food Strategy (hyperlinks to web version included) are also included in the main body of the report. Our approach utilises a combination of population and life course interventions demonstrated through the strategy and plans presented. Child and adult health are inextricably linked and interdependent on one another due to the profound impact of the early years on adult health and wellbeing and vice versa. Because of this child and adult interventions are both included in this report and the intention is to develop a single Healthy Weight Plan for the city that covers adults and children.

The key points of the report are:

- The proportion of adults and children who are overweight or living with obesity remain high in Leeds and nationally. This affects approximately two in three adults, one in five 4–5-year-olds and over one in three 10–11 year old children in Leeds. The highest percentages of obesity are in the 10% most deprived parts of Leeds affecting one in three adults.
- The causes of excess weight are complex. However, two of the main factors are an increasingly unhealthy environment and the extensive marketing and availability of cheap, nutrient poor food which is high in fat, sugar, and salt.
- Addressing environmental and commercial factors that affect food intake are likely to have the greatest impact on increasing the percentage of adults with a healthy weight from a current estimated level of 33%. In terms of children when considering maintenance of a healthy or healthier weight from early childhood and throughout the full life course, food intake and physical activity have a more equal role.
- National and local approaches have overly focused upon individual lifestyle interventions for example, education, food labelling and information campaigns that have limited effectiveness and can increase inequalities. Successful approaches need to be built around a system wide approach with priority placed upon addressing unhealthy environments.
- Local Authorities can play a vital role in positively influencing many aspects of the unhealthy environment as part of this system wide approach.

Scrutiny is asked to note the contents of this report and consider the Leeds approach and plans being presented.

1.0 Background

The distribution of population weight has changed dramatically in the past 30 years coinciding with an increasingly unhealthy environment and the practices of the commercial food industry.

Food systems have become saturated with ultra-processed, energy dense foods that are high in fat, sugar, and salt. Marketing, sponsorship, and promotions are everywhere, tapping into emotions, exploiting vulnerabilities, and shaping social norms. Price promotions are more widespread in the UK than anywhere else in Europe. Nutritious foods are less accessible and unaffordable to lower income groups and fast-food takeaways are more common in urban areas with high deprivation. Unhealthy foods are intensely promoted with price reductions on multiple purchases. Advances in modern technology shape work and leisure time, and transport and urbanisation has reduced the need to move as much.



Children, young people and vulnerable population groups including people diagnosed with a severe mental illness or learning disability are more susceptible to unhealthy environments that prompt behaviours. In these population groups, habitual active behaviours need to be structurally embedded into a daily routine and supported through the built environment¹ (walkable neighbourhoods, structured activity in schools/ community settings, active play etc).

There are two key controllable variables attributed to maintaining weight; food intake and physical activity (both routine daily activity and additional exercise). While being physically active is of course important to health, particularly in maintaining lean muscle mass, experts agree that inactivity amongst adults is a much less prominent cause of excess weight than unhealthy eating, and once people have gained weight, studies show that exercise alone is a much less effective way of losing it than improving diet. Physical activity does have a role in improving mental health which, in addition to contributing to our overall wellbeing, may help in part to support weight loss and can help to maintain a healthy weight once people have lost weight. In terms of children when considering maintenance of a healthy or healthier weight from early childhood food intake and physical activity have a more equal role. The city is responding to increasing physical activity in all ages with the 'Physical Activity Ambition', progress against which is being presented in a parallel report. This paper will therefore focus on the food, policy, and environmental elements that are being delivered within the broader strategy that addresses all determinants of a healthy weight.

¹ WHO. European Regional Obesity Report 2022. Available from:
<https://iris.who.int/bitstream/handle/10665/353747/9789289057738-eng.pdf?sequence=1>

2.0 Economic Impact

Obesity exacts a societal cost in terms of reduced well-being and mortality. For example, financial costs result from the care and treatment of obesity-related diseases and workplace costs by decreasing worker productivity and increasing the need for support services. Obesity is estimated to cost the NHS £6bn a year and the UK economy £27bn a year through lost productivity.

3.0 The Relationship between Weight, Health, and Wellbeing

Excess weight can lead to serious health consequences such as cardiovascular disease (mainly heart disease and stroke), type 2 diabetes, musculoskeletal disorders like osteoarthritis, some cancers (endometrial, breast and colon) and sleep apnea. These conditions can cause substantial disability and premature death². Obesity can reduce life expectancy by an average of 3 to 10 years.

In addition to this physical impact, mental wellbeing is also affected with both adults and children being more likely to experience poorer mental health including depression and anxiety. Weight bias, discrimination and stigma are often experienced by children and adults living with obesity causing harm to mental health³. It can cause barriers to accessing health care, anxiety about going to public places and self-harming behaviours such as alcohol misuse and disordered eating patterns.

Chronic stress, depression and anxiety may also lead to excess weight due to the additional challenges this poses to moderating consumption in an unhealthy environment⁴. Children and adolescents are more likely to experience low self-esteem and bullying which can impact on other aspects of their life, including educational attainment and the development of friendships. Adults are more likely to experience discrimination and to earn lower wages.

A healthier weight and better mental health can help prevent these problems, stop them from getting worse, or even reverse them.

² Institute for Government. Tackling Obesity: Improving Policy Making on Food and Health. April 2023. Available from: <https://www.instituteforgovernment.org.uk/sites/default/files/2023-04/tackling-obesity.pdf>

³ Rubino F et al. Joint International Consensus Statement for Ending Stigma of Obesity. Nature Medicine. 2020; 26; 485-497. Available from: <https://www.nature.com/articles/s41591-020-0803-x>

⁴ Obesity Health Alliance. A 10-year Healthy Weight Strategy. 2021. Available from: <https://obesityhealthalliance.org.uk/wp-content/uploads/2021/09/Turning-the-Tide-A-10-year-Healthy-Weight-Strategy.pdf>

4.0 Levels of Healthy Weight, Overweight and Obesity in Leeds

Table 1 – Levels of Overweight and Obesity in Children and Adults

Age Group	Overweight & Obesity combined		Living with Obesity	
	Leeds	National	Leeds	National
Reception Child	21.3%	21.3%	9.4%	9.2%
Year 6 Child	37.4%	36.6%	23.3%	22.7%
Adult (18+)	65.0%	63.8%	24.2%	Not available

4.1 Children

2022-23 figures show that Leeds child obesity rates have decreased since the higher levels during COVID-19. In reception age (children aged 4-5 years old) obesity has decreased from 9.9% to 9.4% which are similar to 2017/18 and much lower than the COVID-19 years. Year 6 (children aged 10-11 years old), child obesity levels are at 23.3% which are lower than during COVID-19, however, remain slightly higher than pre-COVID levels which were at 20.8% in 2019/20. These trends for both school age groups are similar to the national child obesity rates.

Children's excess weight figures, which combine overweight and obesity figures, shows that for this year (2022-23) excess weight in reception age children has decreased slightly from 22.4% to 21.3% and for Year 6 it has also decreased slightly from 39.4% to 36.6% nationally.

National and local data shows there is a strong relationship between children living with obesity and deprivation, with obesity rates double for children living in the most deprived wards when compared to the least deprived. Aggregated data over the last five years shows the proportion of children living in the most deprived fifth of Leeds who are living with obesity rose slightly, moving to 12.3% from 11.9% for Reception children and from 27% to 28% for Year 6, which is in line with the general trend seen in the rates in England and Yorkshire and Humber Region.

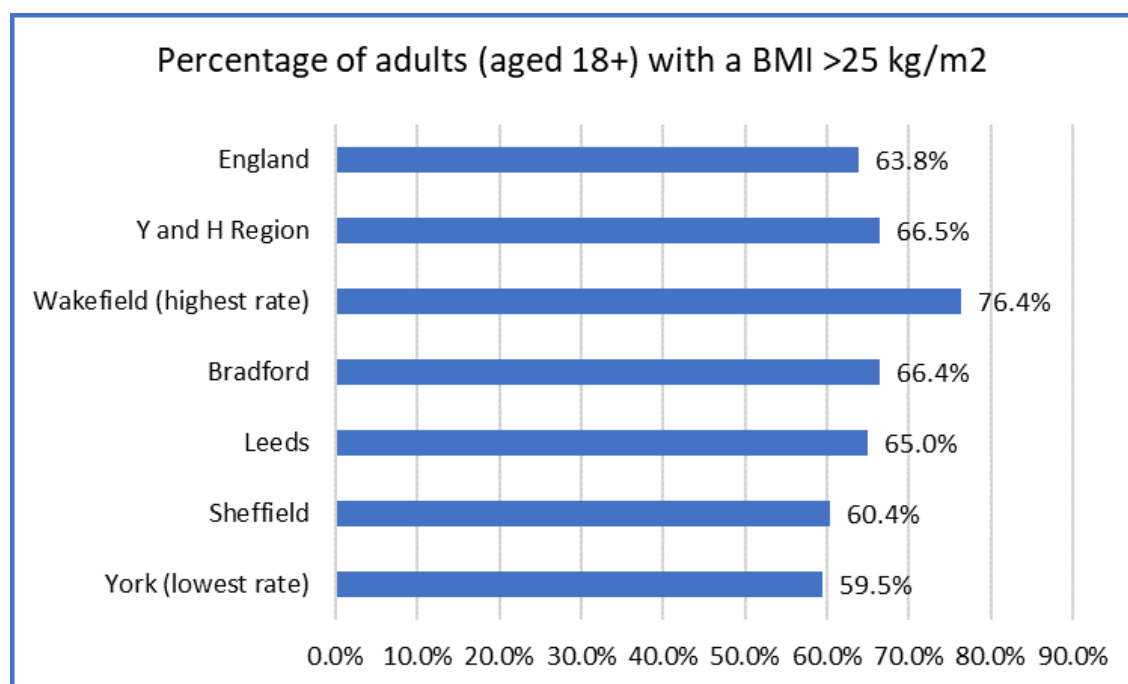
4.2 Adults

According to the World Health Organisation's definition, adults with a body mass index (BMI) from 25 to 30 kg/m² are classed as overweight and those with a BMI of 30 kg/m² are living with obesity.

From data collected through Sport England's Active Lives Adult Survey (self-reported height and weight), it is estimated that 65% of the Leeds adult population have a BMI over 25.

In comparison with all other towns and cities in the Yorkshire and Humber Region, Leeds has the 4th lowest rates in the region and has slightly higher rates than England.

Figure 1. Comparison of Leeds with other cities in the Yorkshire and Humber Region and England (Active Lives Adults Survey 2021/22)



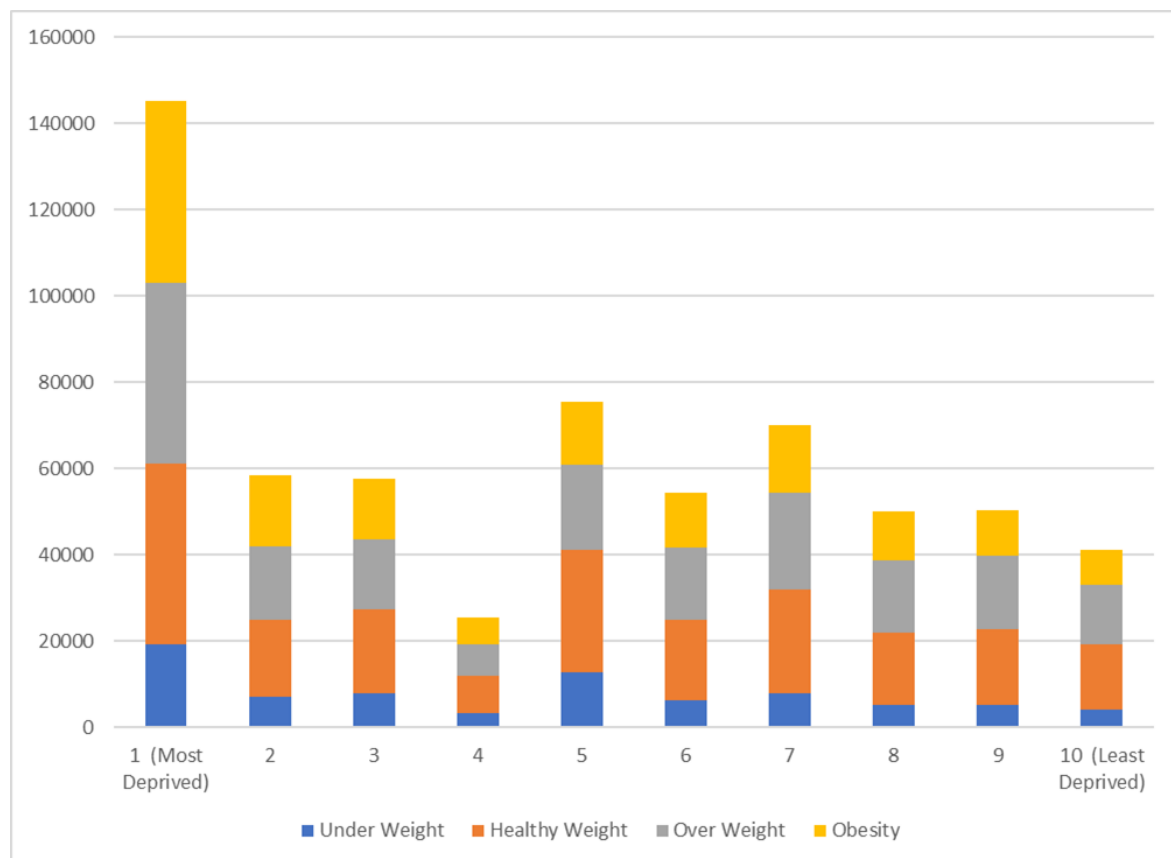
More in depth data is drawn from GP practices in Leeds, most recently in 2023, exploring the **numbers and percentages** of all patients, with a recorded BMI, by BMI category.

This data (illustrated in Figure 2) shows that people living with obesity are most likely to live in the most deprived 10% decile than any other decile. 27.8% (number = 42,224/ 151,918) of the total number of people living with obesity are living in decile 1. All other deciles are less than 11%, with the lowest levels in decile 4 (4.1%) and 10 (5.3%).

Overall, there are estimated to be 145,211 adults registered with a GP in Leeds who live in decile 1. Of these, 29% (number = 42,224/ 145,211) have a BMI recorded of 30 or above compared to 20% (number = 8,094/ 41,094) in decile 10 (least deprived). Of the whole adult Leeds population with both a recorded BMI and IMD decile, 6.7% are living with obesity in decile 1 compared to only 1.3% in decile 10.

Obesity is disproportionately affecting more people who live in decile 1. This supports the need to address root causes of obesity that are associated with lower socio-economic status such as a higher density of hot food takeaways, support into employment, fair wages, access to affordable healthy food etc. However, it is also a condition that is widespread across the city and affecting 151,918 adults in total (24% of the adult population), with an additional 189,545 in the overweight category. This demonstrates the importance of utilising whole population strategies that improve health for all, with emphasis on interventions that have a greater effect on the more deprived areas.

Figure 2. Comparison of GP registered patients with a recorded BMI (March 2023) and IMD decile (2019) to show differences in the number of adults for each BMI category by decile.



The inequality widens further when specific population groups, life stages and risk factors are also considered alongside socio-economic factors. A few key groups to be aware of are:

- Women with a diagnosis of depression (31.7% of all women with depression are living with obesity)
- Men or women with a diagnosed learning disability, autism or severe mental illness (37.0% of people with a severe mental illness are living with obesity).

5.0 National Context

In 2007, the Government Office for Science Foresight published a review titled ‘Tackling Obesities: Future Choices’⁵ highlighted that weight is mostly driven by circumstance and the environment we live in.

‘Society, has radically altered in the past five decades with major changes in working patterns, transport, food production and food sales’

It concluded that the most ‘socially responsible and prevention focused’ scenario would be most effective in the long term. The report recommended that population-level interventions that impact everyone and rely on non-conscious processes are most likely to be both effective and equitable in tackling major risk factors for overweight and obesity.

Since the report’s publication, national efforts to address obesity in line with this recommendation have been hampered by a combination of issues but mostly due to concern about the perception of ‘nanny-statism’ and lobbying from commercial industry. As a result, recent government policies implemented in England have focused on campaigns and behaviour change programmes that emphasise an individual’s personal responsibility to self-manage their health. There is a role for this, however these interventions have limited success if wider systemic and social issues are not addressed adequately. Furthermore, corporate messaging about public health, consistently focusing and shifting emphasis upon the benefits of physical activity and distracting from the importance of a healthy nutritious food intake, are tactics to maximise sales and profits.

There has also been a tendency to focus on policies that rely on the voluntary adoption of healthier practices by the commercial industry, despite evidence showing that large corporations are unlikely to do this without regulatory action. Measures that have had some effect include the sugar levy on beverages introduced by UK government in 2018. This is an equitable whole population approach that has been shown to have greater impact on children and lower income groups, while simultaneously reducing sugar consumption across the whole population. Legislation on food and drink product placement in the retail sector has recently been implemented, but is unlikely to have a significant impact without additional measures. Restrictions on food advertising and promotions have however been delayed with a continued emphasis on ‘working with’ the food industry to voluntarily adjust the nutritional content of foods produced and advertised.

The food industry is highly influential in shaping the environment, social norms and increasing accessibility, availability and affordability of high fat, sugar, and salt foods. Policy that regulates food industry activity, to promote a healthy and nutritious diet as the norm and to make healthy food more accessible with regards to availability and price needs to happen at a national level.

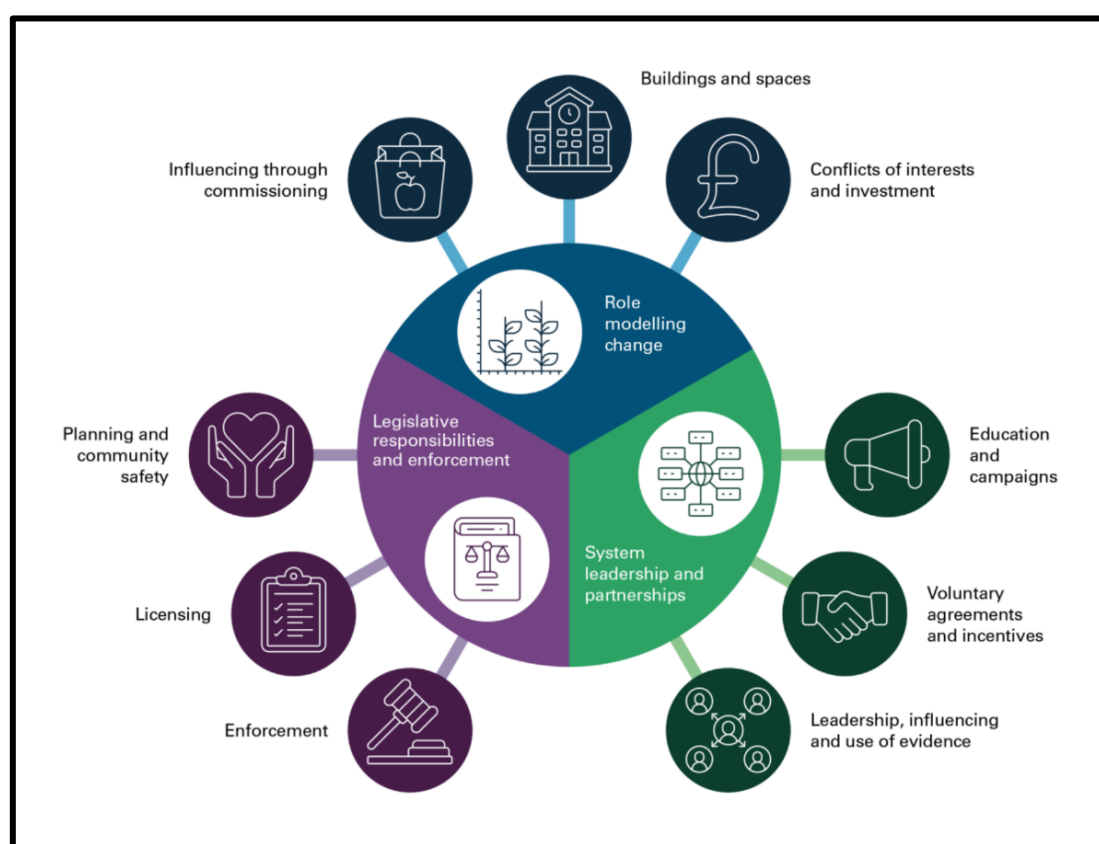
⁵ Foresight - Tackling Obesity: Future Choices Project Report. Government office for science. 2007. Available at: [Tackling obesities: future choices - project report \(2nd edition\) \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212222/tackling-obesity-future-choices-project-report-2nd-edition.pdf)

6.0 Our Approach and the Role of Local Authorities

Although there is a reliance on Central Government to design and implement legislation and regulation, there are a range of actions that can be implemented locally to increase the numbers of people in Leeds who are a healthy weight.

The Health Foundation have developed a framework to support Local Government action (Figure 3) to address the leading risk factors for ill health including poor diet. This includes action to improve the quality and nutrition of foods offered out of the home, addressing the high density of hot food takeaways, implementing procurement and advertising policies, increasing access to physical activity and greenspace and using local public health intelligence to inform licencing and planning.

Figure 3. Framework for Local Government Action: Addressing the Leading Risk Factors for Ill Health⁶



To inform the interventions to deliver the framework, the National Institute for Health Research (NIHR) conducted a review of the evidence to tackle obesity relevant to local authorities⁷. ([How can local authorities reduce obesity? - NIHR Evidence](https://www.nihr.ac.uk/resources/evidence-reviews/how-can-local-authorities-reduce-obesity/)).

⁶ The Health Foundation. Briefing: Addressing the Leading Risk Factors for Ill Health – a framework for Local Government Action. October 2023. Available from: https://www.health.org.uk/sites/default/files/upload/publications/2023/LG%20risk%20factors%20briefing_RG_B_final.pdf

⁷ National Institute for Health and Care Research. How can local authorities reduce obesity? Insights from NIHR research. Available from: <https://evidence.nihr.ac.uk/how-local-authorities-can-reduce-obesity/>

The review reiterated the need for system wide approaches both within local authorities and with local partners, which will primarily benefit the health of the population but also realise additional benefits including addressing health inequalities, contributing towards net zero and increasing economic productivity.

The review does recognise the competing pressures that local authorities are facing such as rising social care costs, but also highlighted that rising prevalence of obesity has a negative impact on tackling many of these pressures. The review also recognised that tackling obesity at a population level goes hand in hand with the 'levelling up' agenda.

Population interventions across the life course are being co-ordinated in Leeds through four key strategies and plans which support healthy weight in the city:

1. The [Leeds Food Strategy \(2023\)](#) has been developed with "FoodWise" (the city's local food partnership). The overarching vision is to have a vibrant food economy where everyone can access local, healthy, and affordable food produced in ways that protects our natural environment. Improving Leeds healthy food availability and affordability and reducing the impact that unhealthy food environments have on Leeds citizens health and wellbeing is central to the strategy.
2. The **Adult Healthier Weight Plan (AHWP)** aligns with the Best City Ambition and Marmot City commitment with its emphasis on the role of social and environmental determinants of health. It also seeks to increase awareness of the complexity of obesity and the protective factors for reducing the risks associated with weight gain.
3. The [Child Healthy Weight Plan](#) sets out a whole system preventative programme from pregnancy to 19 years old and the contribution that Leeds City Council and key partners will deliver to promote child healthy weight and address obesity over the coming 5 years with the vision every child in Leeds will be a healthy weight.
4. Leeds City Council adopted the **Local Government Healthy Weight Declaration (HWD)** in 2018 (Appendix C) to establish an environment, infrastructure and cultural shift that make a healthier weight accessible. This is an internal policy using the Council's influence and powers involving cross-departmental working.

There is a proposal to work towards the creation of a single Healthy Weight Plan for the city that covers adults and children rather than separate plans and also consider appropriate governance arrangements to steer and oversee healthy weight work programmes across the life course.

7.0 Achievements and Progress

7.1 The [Leeds Food Strategy](#) has three core missions, which all have a key role in healthy weight. These are:

- Health and wellbeing
- Food security and economy
- Sustainability and resilience

Examples of current work:

- Establish an LCC healthy catering award for implementation across all our leisure centres and cafe's. A survey is being developed across LCC venues asking customers and staff for their views on the current offer.
- The Food Procurement Guidelines were formally adopted through the Leeds Food Strategy in 2023 to ensure LCC is purchasing and offering sustainable and healthier food and drink items that have a lower content of fat, sugar, and salt. Because of these guidelines 13 food contracts to date have considered the Governments Buying Standards for Food. Civic Flavour provide a healthy options menu at the lowest price point for buffet services in Council buildings. Next steps will be to ensure these are adopted effectively and monitor effectiveness through the strategies internal food group.
- The Eat Well Forum has been re-established by Leeds City Council for coordination of city-wide action to improve health and wellbeing through food. Food Projects work together and network through the Eatwell Forum to support the delivery of the Leeds Food Strategy mission 1 – Health and Well-being. Community Food Projects help people to take control of where food comes from, learn how to cook, understand healthy eating messages and connect. Some examples include the Public Health commissioned Better Together providers delivering projects like the "Recipe station" to provide people with low cost ingredients and recipes to help prepare healthier food and "Food Budgeting sessions" which involve healthy eating information and cooking sessions.
- The Leeds Food Strategy aims to support children and adults in Leeds to be able to access affordable healthy food. An example is the development of a Healthy Start action plan and focused campaign to increase uptake of healthy start vouchers. This addresses some of the socio-economic barriers for healthy weight affecting adults with young children on low incomes.

The issue of the impact of advertising of unhealthy food across Leeds was highlighted during the development of the Food Strategy. Public Health has explored the feasibility and impact of advertising and sponsorship policies that restrict the promotion of unhealthy commodities that cause harm, which usually includes food and drinks high in fat, sugar or salt (as well as alcohol and gambling) for possible adoption by Leeds City Council. Various local authorities who have implemented this policy include Barnsley, Haringey, Greenwich, Knowsley, Bristol, Merton, Southwark and Luton along with Transport for London. There has been no impact or concerns raised regarding a

decrease in revenue following the implementation of these council advertising policies⁸. In the case of Transport for London, an increase in revenue was reported in their evaluation.

7.2 The new draft **Adult Healthier Weight Plan (AHWP)** attached in Appendix A has an emphasis on the role of social and environmental determinants of health. It also seeks to increase awareness of the complexity of obesity and the protective factors for reducing the risks associated with weight gain. The AHWP contains the following priority themes:

1. Build a food system that increases accessibility and availability of nutritious and affordable food that supports health and wellbeing. For example, reviewing the density of hot food takeaways in Leeds to establish a baseline and improve systems for monitoring effectiveness of the current Supplementary Planning Document.
2. Create an environment that enables equitable opportunities for walking, wheeling, and cycling (active travel) and access to nature for wellbeing. For example increasing opportunities for walking and cycling and maximising learning through the Department for Transport pilot programme in Burmantofts, Harehills and Richmond Hill linking social prescribing with active travel (part of the Physical Activity Ambition).
3. Actively promote resilience and wellbeing through compassionate approaches for all adults. For example, through developing training, raising awareness of person centred language and sharing resources. We have co-produced a resource that explains weight stigma: [Stamping out weight stigma: a checklist for the workforce](#)
4. Provide targeted support that increases equitable access for key adult life stages, diverse communities and people living with disability, and long-term conditions. For example, the co-production of a healthy weight framework for Primary Care Network (PCN) health and wellbeing coaches to support patients. Also ensuring that the NHS Diabetes Prevention Programme is accessible to those eligible and tailored to individual needs of diverse communities
5. Increase awareness and understanding of the complexity of obesity and its wider determinants (social, and commercial) that amplify inequalities. For example raising awareness of the social and commercial determinants that affect a healthy weight.

The next steps are to develop the actions with a set of indicators and measures to monitor the plan which will be included in the proposed single Healthy Weight Plan across the life course.

7.3 The key principles that underpin the [Child Healthy Weight Plan](#) (Appendix B) are:

- All children will have access to what they need to be a healthy weight and all care givers will feel confident and be equipped to raise their child to be a healthy weight.
- Families who are most at risk will be identified early and well supported by a highly skilled workforce.
- Leeds will be the best city to raise a family to be a healthy weight.

Working with schools forms a key element of the approach to child healthy weight set out in the plan. Public Health commission the Leeds Healthy Schools Programme to improve young

⁸ [Policies to restrict unhealthy food and beverage advertising in outdoor spaces and on publicly owned assets: A scoping review of the literature - Chung - 2022 - Obesity Reviews - Wiley Online Library](#)

people's health and wellbeing at a population level. This is available to all schools across the city. The programme focuses on supporting schools to help their children and young people grow healthy, safely and with responsibility and resilience, while raising attainment and achievement by improving the health and wellbeing of pupils. The School Health Check is an online self-assessment tool, which is integral to the programme. The tool supports schools to measure themselves against best practice in order to develop and embed the fundamental elements to achieve a holistic whole school approach to health and wellbeing across four core themes: Personal Social Health Economic (PSHE) Education, Healthy Eating, Physical Activity and Social, Emotional, Mental Health.

Bespoke support with policy development and policy review on school food is available through the programme and supports the Healthy Eating theme of the School Health Check. The programme provides resources and support for school food planning. This includes:

- Supporting compliance with the statutory food standards and national school food plan.
- Training for leadership and management of school food.
- Developing food policies and toolkits e.g. Packed lunches and free school meals.
- Support from a healthy eating advisor on food nutrition and cooking in schools.
- Support and education for children living with obesity.

The Leeds Child Healthy Weight Partnership is chaired and co-ordinated by Leeds City Council, Public Health Children and Families Team and consists of a range of key partners which oversees the implementation of the Leeds Child Healthy Weight Plan.

Some of the achievements against the plan include:

- The School Food Friendly framework was launched. 16 schools have self-validated as School Food Friendly, and 14 schools have been externally validated.
- Under 5's and 5-19 year old Healthy Weight Pathways updated and completed.
- Family Healthy Living Programme delivered over 5,000 activity sessions to 4,500 different children with 45% from ethnically diverse groups.
- 77 HENRY Healthy Families and 16 HENRY Growing Up parent courses delivered.

7.4 The Local Government Healthy Weight Declaration (HWD) is a key vehicle for Leeds City Council to use its influence to create a healthier environment that supports a healthy weight. The governance arrangements for the HWD are currently under review. The Healthy Weight Declaration approach also needs to be considered as a possible future vehicle for adoption by anchor organisations in the city particularly NHS partners who are being encouraged to adopt a version tailored for the NHS.

The HWD is embedded within the city's Child and Adult Healthy Weight Plans, Local Plan Update, Physical Activity Ambition – Moving More, Workplace Mental Health and Wellbeing priorities and the Transport Strategy

- Leeds City Council has a Supplementary Planning Guidance policy for controlling Hot Food Takeaways which is currently under review.
- A Healthier Vending Policy was developed through the HWD to ensure food and drink items met specific standards for healthier options. This has led to published research and cases shared nationally.

- Wellbeing sessions continue to be offered to staff. Topics include; stress relief, menopause, sleep well and links to staff networks. The Health and Wellbeing Strategy developed workplace mental health and wellbeing priorities.
- Animation completed to help explain the HWD. Link to animation: [An overview of the Healthy Weight Declaration](#)

8.0 Summary and Recommendations

The numbers of adults and children who are overweight and living with obesity remain high in Leeds and nationally. This causes of this are complex however two of the main factors are an increasingly unhealthy environment and changes in the way in which we acquire and eat food. There has been too much emphasis on trying to support individuals to change their behaviours rather than creating healthy places. Successful programmes need to be built around a system wide approach that includes addressing unhealthy environments.

Local Authorities can play a vital role in positively influencing many aspects of the unhealthy environment as part of this system wide approach. In Leeds there are four key strategies and plans that include population and life course interventions to support healthy weight. They are the Healthy Weight Declaration, Leeds Food Strategy, Adult Healthier Weight Plan and Child Healthy Weight Plan. Updates on progress and next steps for each of these strategies and plans have been described. The intention is to work towards a single healthy weight plan covering adults and children and consider appropriate governance arrangements to steer and oversee work across the life course. It is recognised that the Healthy Weight Declaration is a core component of the work programmes and in terms of future direction and governance.

Scrutiny is asked to note the content and consider the Leeds approach and plans being presented.

Appendix A: DRAFT Leeds Adult Healthier Weight Plan 2024 (AHWP)

Vision: Leeds will be a compassionate, and fair city that provides equitable access to opportunities that support a healthier weight.

Priority Themes	Actions	Aligning Policy
1. Build a food system that increases accessibility and availability of nutritious and affordable food that supports health and wellbeing.	1.1 Develop a Leeds Healthy Options Catering Award and toolkit for local businesses/ organisations working with environmental health, LCC catering and trading standards. 1.2 Work with planning to ensure the local plan update will improve access to healthy food and increase food resilience. 1.3 Implement LCC policy that prevents further development of unhealthy food environments such as advertising, licensing, procurement, and planning. 1.4 Influence wider policy and practice of anchor organisations in Leeds that improve access to a range of affordable, appealing, and nutritious foods.	Leeds Food Strategy Local Authority Healthy Weight Declaration
2. Create an environment that enables equitable opportunities for walking, wheeling, and cycling (active travel) and access to nature for wellbeing.	2.1 Work with planning to: 2.1.1 Improve access to walking, wheeling, and cycling (active travel) in areas of increased deprivation and vulnerable groups. 2.1.2 Protect and develop green and blue infrastructure that support health and wellbeing. 2.1.3 Establish a policy that ensures a range of amenities/ facilities/ services are accessible (complete, compact, and connected policy) for improved quality of life and increased walking. 2.2 Increase opportunities for walking and cycling and maximise learning through the DFT targeted pilot programme.	Physical Activity Ambition Age Friendly Strategy 2022-2025 Local Authority Healthy Weight Declaration
3. Actively protect resilience and wellbeing through compassionate approaches for all adults.	3.1 Address weight bias and discrimination in health care, education and workplaces that affects adult health throughout the life-course through policy, campaigns, and training. 3.2 Raise awareness of and encourage the use of person-first language when referring to obesity. 3.3 Ensure people living with overweight or obesity have access to quality mental health support including disordered eating.	Local Authority Healthy Weight Declaration Mental Health Strategy 2020-25 Priority 1 & 5 Leeds Food Strategy

<p>4. Provide targeted support that increases equitable access for key adult life stages, diverse communities and adults living with disability, and long-term conditions.</p>	<p>4.1 Prioritise targeted support, and interventions for key life-stages between age 18-50 years in lower socio-economic groups to prevent increases in BMI and long-term conditions.</p> <p>4.2 Prioritise adults living with disability, and long-term conditions through targeted programmes specific to their needs.</p> <p>4.2.1 Ensure that the NHS Diabetes Prevention Programme is accessible to those eligible and tailored to individual needs of diverse communities.</p> <p>4.2.2 Identify opportunities to support adults with severe mental illness and/ or learning disability.</p> <p>4.3 Consider diverse communities with multi-cultural needs in the development of policy, campaigns, commissioning, and delivery.</p> <p>4.4 Provide targeted support for adults at increased risk of obesity and long-term conditions to access the NHS Health Checks.</p> <p>4.5 Develop and maintain accessible clinical pathways that provide guidance for health care professionals when referring adults to improve their health and wellbeing including healthy weight and mental health pathways for specialist or targeted services.</p>	<p>Child Healthy Weight Plan Breastfeeding Plan</p> <p>Maternal Healthy Weight Plan</p> <p>Best Start Strategy Age Friendly Strategy 2022-2025</p> <p>Mental Health Strategy 2020-25 Priority 8</p>
<p>5. Increase awareness and understanding of the complexity of obesity and the wider determinants (social and commercial) that amplify inequalities.</p>	<p>5.1 Develop an understanding of the role of food literacy and security in protecting a healthier weight in Leeds.</p> <p>5.2 Raise awareness of the social and commercial determinants that affect a healthy weight.</p> <p>5.3 Identify research development opportunities for understanding the impact of the commercial determinants of health and how to address them in Leeds.</p>	<p>Leeds Food Strategy</p> <p>Marmot City Commitment</p>

Appendix B: Child Healthy Weight Action Plan 2022 (detailed version)

Outcome 1: Leeds is an environment/ city which supports families to be a healthy weight	
Priority	Action
1. Whole School Approach	• Develop School Food Friendly, linked to the Healthy Schools Framework
	• Support schools with achieving School Food friendly status
	• Monitor the number of schools providing food that is fully compliant with the School Food Standards
	• Increase the number of schools accessing Healthy Eating toolkits (School Food Ambassadors, Free School Meals, Packed Lunches, Food Policy)
	• Launch our local Just One More campaign to promote vegetable consumption in schools.
	• Provide an annual analysis report using relevant questions from the My Health My School Survey
	• Work in partnership with Yorkshire Sport Foundation to promote Creating Active Schools Framework
	• Attend meetings of the Sport Leeds Schools Working group, advocating for whole school approach
	• Increase the number of schools accessing Mini Sports Leader toolkit (developing pupil leadership skills to lead play opportunities)
	• Support schools with playtime provision, working together to increase play opportunities that are inclusive and fun (staff training, pupil training)
	• Programme planning for PE & Sport conference organised by Yorkshire Sport Foundation on 22/11/22, including showcasing Play Sufficiency findings and HENRY physical activity pilot at Castleton school
• To add an element of Healthy living training onto the Inspiration - Resilience programme / Mental well-being	
2. Leisure and Green Spaces	• Love Exploring will remain on offer to families in Leeds in a minimum of 10 parks until at least May 2024
3. Built Environment	• To identify and support key objectives from the Leeds Food Strategy
	• To support the development and implement a high fats, sugar, and salt (HFSS) advertising policy for LCC
	• To review and update the Hot Food Takeaway Supplementary Planning Document (SPD), with a view to adopt into policy
	• To support the adoption and implementation of a Health Impact Assessment Policy for new large-scale developments
	• To implement a new data driven system for Public Health to comment on major planning applications
4. Moves more, play and active travel	• To support and advocate for play through the Play Sufficiency Assessment, and implement recommendations from the Play Sufficiency audit and developing action plan

	<ul style="list-style-type: none"> • To develop understanding and information sharing of safe and inclusive physical activities by trusted providers for children and families, such as ParkPlay
	<ul style="list-style-type: none"> • To ensure continued development of sustainable co-produced activities for children and families within the Get Set Leeds Local localities and continued sharing of learning from the GSSL project.
	<ul style="list-style-type: none"> • To build a “move more” element into the foster carer training
	<ul style="list-style-type: none"> • To complete active travel and young people project with Leeds University and share the learning from this project
	<ul style="list-style-type: none"> • To continue to support, expand and improve the Play Streets offer in Leeds
	<ul style="list-style-type: none"> • To embed the Leeds Commitment to Children's Play, and establish a Play Partnership
	<ul style="list-style-type: none"> • To offer leadership on the Physical Activity Ambition priorities of children, families and play, and teenagers and mental health (to work with Council Children's Directorate to provide local opportunities and awareness of healthy eating)
	<ul style="list-style-type: none"> • To make better links with the local leisure centre to deliver families / parent activities.
5. Local Government Healthy Weight Declaration	<ul style="list-style-type: none"> • To submit an appendices with the Food Strategy executive board paper on reducing advertising of unhealthy foods
	<ul style="list-style-type: none"> • To launch the HWD animation
	<ul style="list-style-type: none"> • To raise the profile of weight stigma particularly with healthcare professionals and in schools and the workplace
	<ul style="list-style-type: none"> • Support the role out of the Pledge for a Healthy and Active Future (PHAF) for Leeds schools
Outcome 2: All children will have the best start for a healthy weight	
Priority	Action
1. Maternal Obesity	<ul style="list-style-type: none"> • Development of a city-wide maternal healthy weight pathway
	<ul style="list-style-type: none"> • Rollout of the Food and Activity for Healthy Pregnancy Training – both virtually and face to face
	<ul style="list-style-type: none"> • Explore how we can engage with women and families more in the preconception period to promote the importance of being a healthy weight
2. Breastfeeding	<ul style="list-style-type: none"> • To support the implementation of the Leeds Breastfeeding Plan - including Baby Friendly Initiative and Breastfeeding Friendly
	<ul style="list-style-type: none"> • Roll out of Breastfeeding Resource for Schools (Sept 2023 onwards)
	<ul style="list-style-type: none"> • Promote the links between breastfeeding and child healthy weight at events e.g. Baby Week, World Breastfeeding Week
3. HENRY	<ul style="list-style-type: none"> • To develop a larger pool of people who will be able to train frontline staff to deliver HENRY locally (both 0-5 and 5-12) which will enable us to continue to scale up the Henry Programme
	<ul style="list-style-type: none"> •To continue to support roll out Henry Right From the Start Programmes across Leeds in a hybrid model (f2f and online) and in line with contract requirements

	<ul style="list-style-type: none"> • Number of families engaging in the HENRY 5-12 programme • Produce an annual report to evaluate the impact of the HENRY 5-12 programme • To disseminate findings from the pilot to introduce physical activity component to HENRY programme at Castleton school, and to explore feasibility of scaling this up. • To develop a pilot workshop for HENRY facilitators to have the skills to deliver family movement sessions • To create effective links with local leisure centre to provide opportunities for families and parents to access classes and activities.
4. Healthy Child Programme 0-19	<ul style="list-style-type: none"> • To commission the 0-19 public health integrated nursing service and have quarterly performance monitoring meetings. To share key points and the end of year report with relevant partners such as the mandated contacts where healthy lifestyle is specifically discussed • To deliver 88 HENRY Healthy Families programmes a year • To review the Healthy Weight/Growth Management 0-19 pathway
Outcome 3: The causes that put particular groups of children at higher risk of an unhealthy weight will be addressed	
Priority	Action
1. Family Healthy Living Programme	<ul style="list-style-type: none"> • To continue to commission the three providers, quarterly monitor their performance and for each provider to produce an end of year report • To report on number of activities and children attending these programmes
2. Healthy Holiday Programme	<ul style="list-style-type: none"> • To discuss the creation of a physical activity toolkit with the Healthy Holidays steering group • To work with Zest to produce the Healthy Holidays plus resources (Healthy Eating) • To support families with physical and healthy eating in partnership with Zest (with Emma Andrews)
3. Adolescent 'weight management programme'	<ul style="list-style-type: none"> • To pilot an Inspiration program with a High School in the JESS cluster (secondary age WM)
Outcome 4: All children and families have information and support including from a skilled workforce	
Priority	Action
1. Restorative Practice Approach	<ul style="list-style-type: none"> • To create a Challenging Behaviour training for children and young people (Active Leeds)
2. Better Health, Healthier Families Campaigns	<ul style="list-style-type: none"> • To encourage and support partners to use the Better Health, Healthier Families resources • To encourage schools to use the Better Health, Healthier Families resources • To promote the local Just One More campaign with schools, early year settings and other key partners
3. Workforce Development	<ul style="list-style-type: none"> • To deliver training on food related and behaviour issues for foster carers • Number of school staff attended physical activity and food related training courses provided by Active Schools + and Health and Wellbeing Service

4. Weight Stigma	<ul style="list-style-type: none"> • To deliver a bitesize session for schools around Weight Stigma and embed as part of the School Health Check and review the My Health My School Survey data to see what/ if anything is reported on children and young people being bullied because of their weight, and if weight/ body image is one of their worries
Outcome 5: Children who are an unhealthy weight are identified early and supported	
Priority	Action
1. Data collection and pathways	<ul style="list-style-type: none"> • To continue to measure BMI of 2-2.5 year olds and share the data with partners
	<ul style="list-style-type: none"> • To finalise the child healthy weight pathways and share with NHS colleagues and partners
	<ul style="list-style-type: none"> • Number of referrals onto the HENRY 5-12 programme and number of referrals who complete courses
2. National Child Measurement Programme	<ul style="list-style-type: none"> • To weigh and measure at least 90% of Reception and Year 6 children from each year
	<ul style="list-style-type: none"> • To produce and distribute findings to key partners
	<ul style="list-style-type: none"> • The NCMP partnership to meet at least twice a year
	<ul style="list-style-type: none"> • To trial contacting parents by phone before they receive the NCMP results letter
	<ul style="list-style-type: none"> • To promote the NCMP data visualisation tool
	<ul style="list-style-type: none"> • To attend the regional NCMP partnership and share learnings and updates
3. Specialist support	<ul style="list-style-type: none"> • To support promoting the Complications to Excess Weight (CEW) clinic at Leeds Children's Hospital to relevant local and regional partners
	<ul style="list-style-type: none"> • To inform paediatric and CEW colleagues of the community programmes available to their children and families
Outcome 6: Key Leeds stakeholders will work with the government and other bodies to shape national policy and practice	
Priority	Action
1. Lobbying	<ul style="list-style-type: none"> • To attend relevant meetings such as OHID, ICB, WY and Leeds, and contribute to discussions and share experiences and examples of good practice
	<ul style="list-style-type: none"> • To lobby work with regional and national government colleagues on key topics such as reducing advertising of foods high in fat, sugar and salt supporting the TV ban.
	<ul style="list-style-type: none"> • To contribute to relevant national consultations
2. Consultation and partnership work	<ul style="list-style-type: none"> • To work with Leeds Youth Board (Bite Back) to collect local insights on the food environment
	<ul style="list-style-type: none"> • The CHEW partnership, physical activity steering group and Eat Well Forums to meet at least three times a year
	<ul style="list-style-type: none"> • To attend the Future in Mind prevention group and identify the links between healthy weight and mental health
	<ul style="list-style-type: none"> • To promote feedback with key groups when required such as families living in deprivation, children living with disabilities, children living in care and BAME groups for completing needs assessments, equality and diversity screening and training

	<ul style="list-style-type: none">• The Healthy Design and Placemaking Group to link in and support CHEW agenda
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Appendix C: Local Authority Healthy Weight Declaration - Our 16 Commitments

Strategic/ System Leadership

1. Implement the Local Authority HWD as part of a long-term System wide approach to obesity.
2. Advocate plans that promote a preventative approach to encouraging a healthier weight with local partners, identified as part of a 'place based 'System' (e g Integrated Care System).
3. Support action at national level to help local authorities promote healthy weight and reduce health inequalities in our communities (this includes preventing weight stigma and weight bias).
4. Invest in the health literacy of local citizens to make informed healthier choices ensuring clear and comprehensive healthy eating and physical activity messages are consistent with government guidelines.
5. Local authorities who have completed adoption of the HWD are encouraged to review and strengthen the initial action plans they have developed by consulting Public Health England's, Whole Systems Approach to Obesity, including its tools, techniques, and materials.

Commercial Determinants

6. Engage with the local food and drink sector (manufacturers, caterers, out of home settings) where appropriate to consider responsible retailing such as, offering and promoting healthier food and drink options, and reformulating and reducing the portion sizes of high fat, sugar, and salt products).
7. Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities Such funding may be offered to support research, discretionary services (such as sport and recreation and tourism events) and town centre promotions
8. Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing near schools and promotions within schools at events on local authority-controlled sites.

Health Promoting Infrastructures/ Environments

9. Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited
10. Review how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity, active travel, the food environment, and food security. Consider an agreed process for local plan development between public health and planning authorities.

11. Where Climate Emergency Declarations are in place, consider how the HWD can support carbon reduction plans and strategies, address land use policy, transport policy, circular economy waste policies, food procurement, air quality etc.

Organisational Change/ Culture Shift

12. Review contracts and provision at public events, in all public buildings, facilities and 'providers to make healthier foods and drinks more available, convenient, and affordable and limit access to high calorie, low nutrient foods and drinks (this should be applied to public institutions scrutiny given to any new contracts for food drink provision).

13. Increase public access to fresh drinking water on local authority-controlled sites (keeping single use plastics to a minimum) and encouraging re-useable bottle refills.

14. Develop an organisational approach to enable and promote active travel for staff, patient's visitors, whilst providing staff with opportunities to be physically active where possible (e g promoting stair use, standing desks, cycle to work/school schemes).

15. Promote the health and well-being of local authority staff by creating a culture and ethos that promotes understanding of healthy weight, supporting staff to eat well and move more.

Monitoring and Evaluation

16. Monitor the progress of our action plan against the commitments, report on and publish the results annually.

Leeds Tier 3 Specialist Weight Management Service Recovery and Redesign Plans

Leeds Scrutiny Board - Adults, Health and Active Lifestyles
Tuesday 12th March 2024

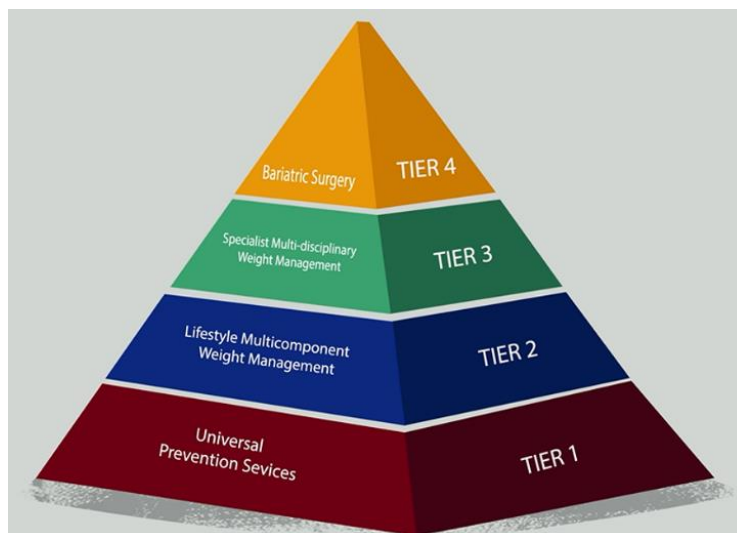
Paper Author(s): Lindsay McFarlane, Head of Pathway Integration, Long Term Conditions, The Leeds Office of the NHS West Yorkshire Integrated Care Board (ICB) - The ICB in Leeds and Ram Krishnamurthy, Clinical Head of Portfolio 2 – Leeds Community Healthcare (LCH)

1.0 Introduction and summary

Weight management services and interventions at both individual and population level are provided in Tiers; Tier 1 and Tier 2 focus on primary and secondary prevention. Local authorities are responsible for commissioning, developing, and ensuring these interventions align with current evidence and best practice guidance.

Tier 3 and Tier 4 represent more specialist, clinically led weight management services, and are commissioned by the NHS. The principle of service provision is to ensure a continuum of person-centred support along a multi-disciplinary weight management pathway that is able to meet individual needs, with higher numbers supported at the lower levels. This is intended to reduce demand for specialist support where the cost and complexity of need is higher. An illustration of this to set the scene is included in **Figure 1** below, in accordance with NICE, Public Health Guideline 53 – ‘Weight management: lifestyle services for overweight or obese adults’.

Figure 1: Tiered model of weight management provision



Source: Image from ‘Lets Talk About Weight, Public Health England, 2009

This paper is designed to provide the Leeds scrutiny board with an update concerning our Tier 3 Specialist Weight Management service in Leeds. The West Yorkshire ICB in Leeds is the commissioner of this service offer.

The update position summarises that good progress is being made in terms of service recovery and planning for the future redesign of specialist weight management services in Leeds. The highlights include:

- Measures have been taken to mitigate areas of risk / impact on patients and referrers as a result of the current pause to referrals into Tier 3 Specialist Weight Management Services.
- Service recovery is progressing well although it is slow due to the complexity of the patient caseload; we can evidence a reduction in the caseload by 19.7% through appropriate patient management / pathway completion of 260 patients within the tier 3 specialist weight management service between July 2023 and January 2024.
- Opportunities have been identified to further support service recovery; all opportunities will be implemented by the end of June 2024, and will be informed by involvement with patients, carers, staff and referrers.
- Leeds Obesity demographic data has been refreshed and now includes latest BMI data for 23/24; this will help inform referral criteria, prioritisation and future service design.
- July – December 2024, will be utilised to track impact/rate of recovery of opportunities being progressed within the service for redesign.
- Jan-March 2025: Recovery progress will inform timeline / date for when it's feasible to resume to any new referrals (for surgical and medicines pathways). We cannot currently confirm a date.

2.0 Background

The Leeds Tier 3, Specialist Weight Management Service was paused to new referrals from the 15th July 2023, following agreement with Leeds system partners and discussion with the Adults, Health and Active Lifestyles Scrutiny Board during a working group meeting held on 28th June 2023. A summary of the main issues raised during the working group, along with key conclusions and recommendations, was captured in the form of a Statement by the Scrutiny Board, which was formally agreed during the Scrutiny Board's meeting on 11th July 2023 ([link to Scrutiny Statement](#)). The Leeds Health and Care Partnership Executive Group (PEG) then provided a formal response to the Scrutiny Board's Statement, which was shared during the Board's formal meeting on 12th September 2023 ([link to formal response letter](#)).

Before referrals were paused on the 15th July 2023, we enacted the following measures to ensure that referrers were supported and to mitigate areas of risk as identified via a completed Equality and Quality Impact Assessment (EQIA):

- The decision regarding the referral pause was made in collaboration with all system partners during June/July 2023.
- The referral pause start date was clearly communicated to all referrers via the Leeds GP Bulletin and service website; with two weeks' notice provided concerning the referral pause.
- At the request of the Leeds Scrutiny Committee, we established a monthly multi-disciplinary team (MDT) meeting and have clearly advertised and communicated the offer of MDT discussion to support referrers with people they

may need to support in the absence of a referral route. To date 88 enquiries/patient cases have been discussed with the MDT (12 in August, 9 in September, 9 in October, 24 in November, 22 in December, 12 in January).

- A letter has been sent to everyone on the waiting list, giving a summary of the current situation and providing information and links to helpful websites and local support groups.
- There have been minimal complaints regarding the service pause received from patients and referrers. All complaints have been managed appropriately by either Leeds Community Healthcare (LCH) or the Integrated Care Board (ICB) in Leeds depending on the situation.
- All enquiries from local media / MPs have been managed accordingly
- The Leeds Adult Weight Management Pathway was updated to support all partners with additional supporting information.

It was agreed that with the service paused to new referrals, concentration would be given to recovery of the current waiting list together with a service redesign. This paper provides an update on each of these areas.

3.0 Service Recovery

Following the pause to referrals on the 15th July 2023, the table below (**table 1**) illustrates patient numbers within the service at the point of service close and the current position in terms of recovery.

Table 1: Tier 3, Patient numbers and progress within the paused service

	Change
Number of patients within the service (total service case load)	1323 (15 July 2023) 1063 (31 Jan 2024) Reduction of 19.7% in caseload in 6.5 months
Number of patients awaiting intervention (paused)	577 of the total 1063 case load
Number of patients currently receiving intervention	486 of the total 1063 case load

Please note that the service was commissioned to deliver a 12 month clinical pathway and up to 18 months for liraglutide (Saxenda) pathway, however due to the high number of referrals and high clinical caseload, the patients are remaining with the service for longer periods to complete the MDT pathway.

Following the pause to new referrals which commenced on the 15th July 2023, the following recovery activities have been undertaken:

- All referrals have now been triaged and patients communicated with concerning waiting times.
- Non-recurrent monies totalling £192,500 have been prioritised to the service to support recovery in the short-term. This funding has allowed for the additional recruitment and staffing as outlined below, to facilitate recovery.
 - 0.5 wte additional team manager
 - 0.5 wte non-medical prescriber (specialist nurse)
 - 0.5 wte additional clinical lead dietitian
 - 0.6 wte mental health practitioner support
 - 0.5 wte additional dietitian support
 - 0.3 wte additional physiotherapy support

This additional workforce was recruited during August and September by the service and will provide additional capacity to help address the backlog until end of March 2024.

- On the 4th September, NICE Technology Appraisal (TA) 875 was published; mandating access to Semaglutide for managing overweight and obesity - [Overview | Semaglutide for managing overweight and obesity | Guidance | NICE](#). Wegovy (Semaglutide) is a long acting, GLP-1, subcutaneous injection manufactured by Novo Nordisk; designed to suppress appetite leading to significant weight loss. The drug alone does not address the root causes of obesity and needs to be provided as part of a multidisciplinary weight management service that addresses psychological, dietary and physical activity elements of weight management in order to maximise weight loss and the chances of sustaining weight loss beyond the treatment period. There has been significant media awareness concerning this new drug. The service and ICB in Leeds has therefore spent some time assessing how we might be in a position to offer this drug, and have also commenced discussions with the other places of the West Yorkshire (WY) ICB. An investment proposal of up to £328,000 has been prepared and is due for formal approval at the ICB Leeds Committee in March 2024 that will support 108 patients a year to access treatment with a total pathway cost of £3,034 per patient. The investment proposal will be considered and balanced against all other statutory duties but is strongly recommended, given our obligations to deliver in line with Technology Appraisals.
- The EQIA that we completed for the referral pause has been reviewed at an LCH EQIA review panel meeting on the 16th October; where assurance was obtained that all mitigations have been actioned and that good progress is being made on recovery and service redesign planning.

- Staff morale has been low due to the significant number of referrals and caseload within the service. Additional workforce has begun to help to support staff and better manage the caseload. Staff are continuing to manage patient expectations concerning waiting times, including internal waits. With the service paused to referrals, this risk is currently mitigated.

The ICB and LCH, has had discussions with the Leeds Long Term Conditions Population Board where this recovery and redesign pathway aligns in terms of governance. Based on active and waiting list patients within the service and the recovery activities completed to date (as summarised above), it was acknowledged by the LTC Population Board in December 2023 that based on the current rate of recovery and minimal investment (due to wider system financial challenges); patients at the very end of the waiting list will not start a treatment pathway until November 2026 based on the current rate of recovery, and therefore resuming referrals is not yet feasible. System partners on the LTC Board, which include representation from Primary Care, via the Leeds GP Confederation are aware of this position. The service hopes to bring this date forward by exploring and implementing a number of opportunities as below:

Opportunity 1	Early identification by working in closer collaboration with LTHT Tier 4 surgical offer to generate some opportunities across both services
High-level Description	Tier 4 suitable patients (approx. 25% of caseload) identified at month 4 placed on a shared care pathway with LTHT Tier 4 surgical service – potential to reduce tier 3 pathway / reduce waiting time for Tier 4 Efficiencies may be feasible via shared team resources; admin, dietetic and psychological expertise. A small number of patients have been identified as suitable to be reviewed for Tier 4, this should help improve patient experience.
Opportunity 2	Utilise fully the National Diabetes remission offer and also explore the offer of other GLP1 drugs that may support weight loss within the Diabetes Leeds service – this opportunity will result in the discharging of some patients from the current waiting list
High-level Description	Mandate that all patients with Type 2 diabetes and applicable BMI have been offered the national Diabetes Remission offer and exhausted this route first. 400 referrals available across WY in 24/25.
Opportunity 3	Review the psychiatry/mental health support
High-level Description	Have a clear offer of psychiatry / mental health input within the service to support the patient whilst they are in the tier 3 service.

Opportunity 4	Digital offer
High-level Description	Explore all opportunities for digital delivery, i.e. recording of key education messages/videos (structured education) and group delivery online; Wegovy pathway will support this.
Opportunity 5	More structured education
High-level Description	Provide more offers of structured education for weight management whilst patients are awaiting treatment.
Opportunity 6	Revise referral form and pre-referral work up
High-level Description	In preparation for referrals resuming; a structured process for supporting the service in quality of referrals is needed; for example, all bloods completed prior to referral and pre referral entry requirements evidenced in primary care.
Opportunity 7	Implement new medicine pathway for Wegovy
High-level Description	Implement Wegovy pathway subject to funding approval in March 2024. The pathway will offer a 68-week medicines pathway (in line with NICE guidance) for up to 108 patients in year 1 from go live. The service will have capacity to initiate up to 9 patients a month. Implementation will involve prioritisation of the current specialist weight management waiting list with consideration of patient need including both BMI and comorbidities.

The LTC Board, LCH and the WY ICB in Leeds, cannot yet confirm a date for resuming referrals into the specialist weight management service. The board and partners have agreed the following tentative timeframe for immediate next steps:

- March – June 2024: Work through implementation of all above opportunities which are feasible and assess how these will impact rate of recovery (includes design of referral criteria/referral forms – opportunity 6) with patient/carer, staff and referrer involvement (as outlined in **section 4.0**).
- July – December 2024: Track progress/rate of recovery
- Jan-March 2025: Recovery progress will inform timeline / date for when it's feasible to resume to any new referrals (for surgical and medicines pathways).

4.0 Service Redesign Engagement

We are committed to redesigning our specialist tier 3 service in Leeds, whilst paused to referrals, and are committed to involving stakeholders in this service change in line with our statutory involvement duty. Rather than carrying this out as a one-off piece of engagement, our intention is to involve stakeholders, including staff and patients, in a developing conversation. This will provide flexibility in relation to how the work

progresses and where input on specific areas e.g. focus groups on referral criteria, may be best placed.

To date, we have a service redesign engagement workstream project group which is meeting fortnightly. The following activities have been undertaken to inform our engagement plans for this redesign:

Staff and Referrer survey

As part of the commitment to involve stakeholders in this potential service change, we sought the views of staff in the current service, and of external staff who refer people into the service.

Between October and December 2023, 34 members of staff who work in (10) or refer into (22) the Leeds Tier 3 Specialist Weight Management service completed an online survey, providing their thoughts on what works well and what needs improving about the service - (2) staff did not specify where they were from.

Whilst acknowledging the challenges long waiting times and a lack of capacity bring, staff working within the service told us they value:

- the multi-disciplinary team approach,
- the team's caring approach to patients, and
- the benefits of some virtual / online ways of working.

Staff in the service felt that more work to improve referral processes and information and communications with patients, and wider stakeholders, would benefit staff and patient experiences.

Staff referring into the service reported some challenges with the referral process, with information and communication, and also noted a lack of follow-up about patients who had begun the programme.

Focus Groups (including hearing from patients)

Via the staff and referrer survey, we asked for volunteers to offer their time and expertise to participate in future focus groups. Together with patient representative groups, these focus groups will be asked to consider and discuss possible options for the future model of service delivery which arise from opportunity workstreams outlined in **section 3.0**. We will be keen to hear from patients waiting to use the service, those currently using the service, and people who have completed the service to learn from their experiences. We anticipate this involvement activity will contribute to the work looking at feasible opportunities, including the design of referral criteria / referral forms (opportunity 6) between January and June 2024.

Friends and Family Analysis

During September and October, over 350 Friends and Family survey results from the Tier 3 Specialist weight management service between January 2020 and October 2023 have been analysed.

Main themes include:

- The importance of being, and the desire to be, seen face-to-face – especially following the pandemic.
- People want to speak to someone when they call – not just an answer phone.
- The negative impact of staff turnover, resulting in cancelled or rearranged appointments.
- The need for additional support, especially person-centred and psychological.
- The length of the wait to start with the service.

Other parts of our engagement to date include conversations with West Yorkshire colleagues on work taking place elsewhere. The involvement plan is being updated to take account of the developing conversation approach to involvement activities.

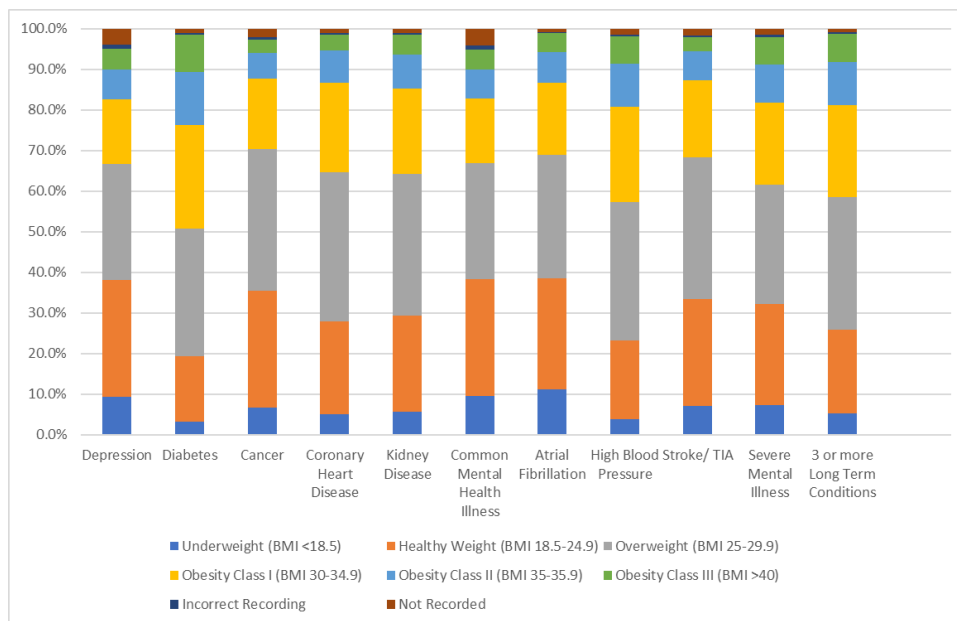
5.0 Latest Leeds Obesity Demographic Data

Alongside service recovery and redesign, we need to consider the refresh of our Leeds obesity demographic data. Some headlines are provided below, with appreciation that related papers provided by Public Health to this scrutiny meeting include further analysis of deprivation and demographics.

Based on 2022/2023, GP practice recordings:

- 29.31% of the Leeds population +18 are a healthy weight (213,760 people out of 729,384 population with a recorded weight in their GP record)
- Almost 40% of the Leeds population; 290,857 are overweight/classed as 'Obesity 1'; a BMI of between 25-35
- 8.3% of the Leeds population has a BMI of 35 and above (60,586) and might be eligible for Tier 3 or 4 specialist weight management services commissioned by the ICB; which this paper relates to.
- As we consider risk stratification of patients as part of the service model (specifically for the Wegovy medicines pathway), we do need to consider the multi-morbidity data that is available from GP records; as summarised in **Figure 2** below for those by BMI. This data will be key for the Leeds Long Term Conditions Population Board.

Figure 2: Percentage of adults 18+ for each BMI category for each long term condition to show prevalence of people with underweight, overweight or obesity classes



Next steps

As detailed within this paper, the next steps are:

- **March:** Communicate timescales and updates as below more widely following Leeds Scrutiny and ICB Committee meetings in March 2024. Alongside the investment case for Wegovy, discussions have also commenced regarding potentially maintaining the current non-recurrent budget of £192,500 – which would further expedite recovery plans. If supported by the ICB Committee in March, the below timescales may change.
- **March – June 2024:** Work through implementation of all opportunities and assess how these will impact rate of recovery with patient/carer, staff and referrer involvement.
- **July – December 2024:** Track progress/rate of recovery
- **Jan-March 2025:** Recovery progress will inform timeline / date for when it's feasible to resume to any new referrals (for surgical and medicines pathways).

Adults, Health and Active Lifestyles Scrutiny Board**12th March 2024****Briefing****Primary care perspective of supporting healthy weight.****1. Purpose**

The focus of the March AHAL Scrutiny Board is on the city's offer to help support healthy weight and active lifestyles.

You have asked for a briefing on a primary care perspective. Recognising that GPs have a key role in the community in terms of helping to identify individuals, potentially through the NHS Health Checks or links with health and wellbeing coaches. Also, when people approach directly, by those in need of advice and support about improving their lifestyle and losing and managing weight safely including signposting to available sources of support or facilitating referrals.

2. Background

General Practice is an active participant in the Long Term Conditions Population Board where many of the decisions relating to Weight Management are agreed. The decisions relating to Tier 3 Weight Management, whilst understanding the rationale including the financial position, have not been wholly supported by General Practice. Pausing Tier 3 weight management services, in order to recover and redesign the service has an impact on patients as well as General Practice. As significant, is the absence of Tier 2 weight management services.

3. Impact

When a patient is identified as having weight issues, the options for General Practice are extremely limited. This is having a significant impact on the ability of GP practices in Leeds to help and support their patients who are overweight or obese and who are at risk of developing related complications.

GPs are asked to check a patients BMI for multiple conditions and are expected to provide primary prevention with NHS health check. But then with no options to offer this can undermine the clinician-patient relationship given no practical therapeutic actions to offer patients after completing an NHS health check or discussing weight management.

Unless patients have diabetes or hypertension, for which a national digital weight management system is an option, there is no Tier 2 weight management service for GPs to refer them to and the decision to pause Tier 3 weight management services accepting any further referrals has already had a huge impact. This being increased demands on General Practice and limited ability to slow down the progression of associated diseases.

Ultimately primary care will be the first service to see the effects of the worse health outcomes which will result from the lack of a tier 2 service, further increasing primary care workload in the medium term.

It is recognised that there are specific healthy weight pathways for 0-5 year olds and, 5-19 year olds. Although some of the services where children are referred to in the pathways can have long waits.

4. The reality

The reality in a GP Practice is;

- For the vast majority of people identified or seeking support, the options are extremely limited.
- Roles in Primary Care Networks (PCNs) tend to be directed towards filling the gaps caused by a reduction in other services. For example, PCN Health Coaches to cover Tier 2 work. This then limits PCN roles on other functions, for example improving access.
- Any options for patients usually come with a cost; leisure centres, weight loss programmes. This then impacts areas of deprivation the most. Potentially increasing health inequalities.
- Weight is often a cause of multiple other clinical conditions. These will be the focus of attention of the clinicians, whilst attempting to motivate someone to lose weight.
 - *A real example: Patient is significantly overweight and requires a knee replacement. Surgery paused until weight is lost. No services to support weight loss. Patient tries their best with limited success. Knee gets worse, becomes immobile. Mental health deteriorates.*
- Education on food choices, combined with cost of living problems, make the GPs impact on encouraging weight loss extremely limited.
- Concern over use of and access to injectable drugs to combat obesity.
- Limited communication to the public of decisions made outside of primary care resulting in unnecessary difficult conversations with patients with the GP being the messenger.
- GPs are expected to deliver the NHS England weight management enhanced service <https://www.england.nhs.uk/gp/investment/gp-contract/weight-management-enhanced-service/> but are unable to do so because no tier 2 service exists to refer to, despite this enhanced service stating that local government have been given the funding to deliver this service.

So, what is General Practice doing to mitigate;

- A component of NHS Health Checks is motivational interviewing. This will offer lifestyle advice, signposting and resources in an attempt to make positive behavioural change. This impact of this is limited due to the volume of Health Checks and the time available with patients.
- There maybe local services or interventions that patients can be signposted too, but these will vary. For example, Weightwatchers / Slimming World. Inevitably these have a cost and there is not consistency.
- Social Prescribing colleagues within practice will offer support with healthy living, including smoking and weight. This can be limited and in part, is only as good as the available services within the community and the ability of the social prescriber to offer motivational interviewing type techniques.

- Some PCNs are looking at appointing a dietician. However, the Direct Enhanced Scheme (the NHS England contract for PCNs) has not been confirmed for 24/25, therefore PCNs are unable to make firm commitments regarding staff.

5. Summary

In summary there is a strong sense that the absence of Tier 2 or 3 service for weight management is both unacceptable and counter-productive as it'll lead to increased health-related costs for the city in the future. For individual patients and colleagues in Primary care this position can lead to poor quality care and worsening outcomes.

Leeds has made a commitment as a “Marmot City”, central to which is to reduce health inequalities, and yet failing to provide a service to help people reduce their weight will only widen health inequalities further. It will be the poorest who cannot afford to pay for private weight management support who will be impacted the hardest.

There is a recognition of the financial pressures impacting local government. However, obesity currently costs the NHS £6 billion annually, a figure which is expected to rise to over £9.7 billion each year by 2050 if action is not taken. To cut the weight management service in Leeds will not only impact the health of our patients but also increase cost pressures on the NHS in the future.

It is critical that we do all we can now to help patients who need to lose weight and would welcome your support to reinstate this essential service.



Report authors: Emma Powell, Project Enabler
/ Gill Keddie, Active Leeds Development
Manager / Judith Fox, Public Health Manager /
Heather Thomson, Head of Public Health

Tel: 07562 439 310

Physical Activity Ambition Update

Date: 12th March 2024

Report of: Director of City Development and Director of Public Health

Report to: Adults, Health and Active Lifestyles Scrutiny Board

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

This report provides an update on the Physical Activity (PA) Ambition for Leeds which is being led by Active Leeds and Public Health. It includes details of work programmes and achievements delivered by Active Leeds and Public Health against the priorities.

Recommendations

- a) Note and comment on the content of the report.
- b) To note the progress on the Physical Activity Ambition and priority workstreams.

What is this report about?

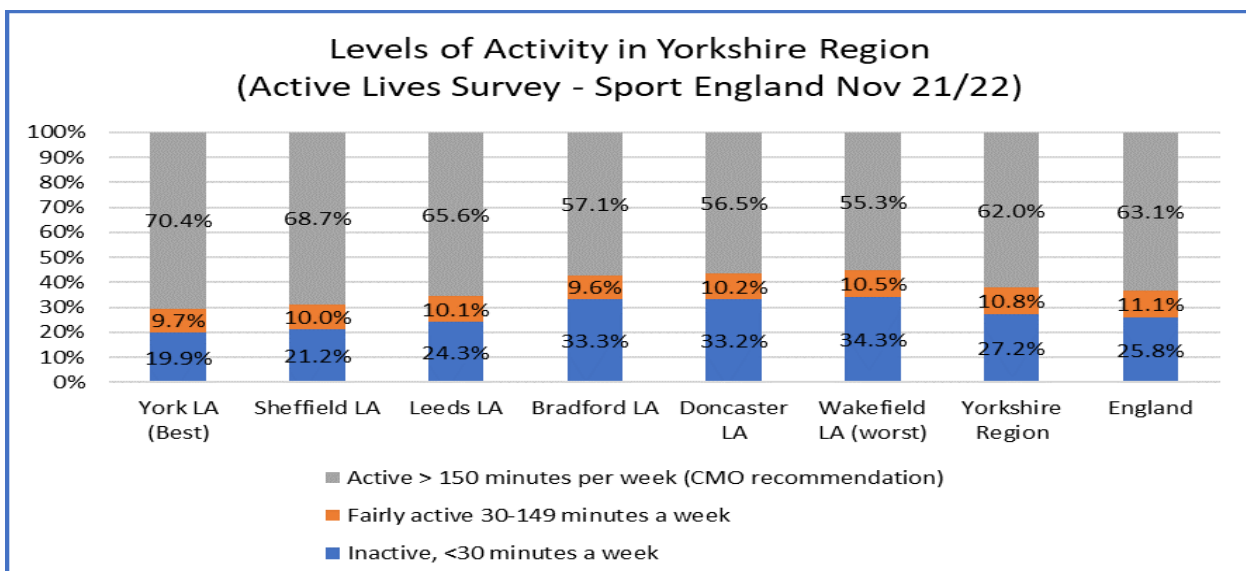
- 1 This report is presented as one of four reports and provides an update on the Physical Activity Ambition work following the last update to AHAL Scrutiny provided in March 2023. The three additional reports focus on the role of Leeds City Council in increasing the numbers of people who are a healthy weight; the role of the NHS in delivering behavioural and pharmacological interventions to support weight loss; and the perspective of primary care and General Practitioners, via the Leeds GP Confederation.

Leeds Physical Activity Context:

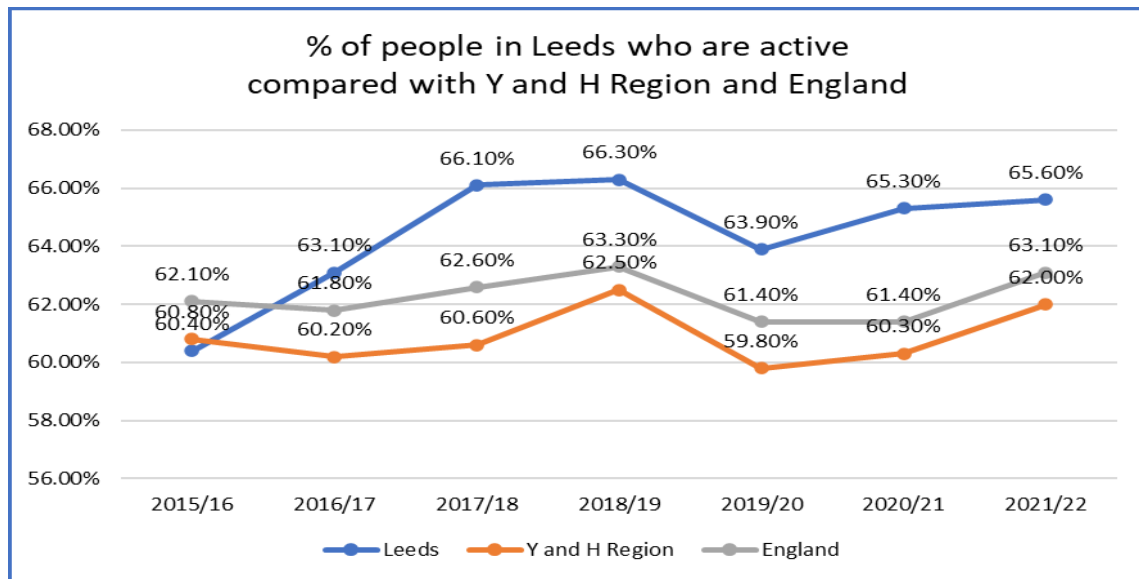
- 2 There is clear evidence that being physically active is essential for good physical and mental health and wellbeing (World Health Organisation, 2023). As well as being physically active, it is important that all adults and children minimise the time spent being sedentary for extended periods according to the Chief Medical Officer (CMO) Guidelines, 2019.
- 3 Delivering the city's vision for physical activity '*Leeds is a place where everyone moves more every day*' contributes to achieving the Best City Ambition. Creating a city where everyone moves more impacts positively upon health and wellbeing, carbon emissions, and inclusive growth.
- 4 Physical activity remains a key priority for Leeds City Council and is embedded throughout city policy and strategy. Physical Activity is a priority within the Leeds Health and Wellbeing Strategy 'A city where everybody can be more active, more often' and contributes to reaching our vision to be a healthy and caring city where people who are the poorest improve their health the fastest. It is also highlighted as a key theme within the Big Leeds Chat, as well as contributing to the Leeds Marmot City Commitment to create a fairer, healthier city for everyone.

Levels of Physical Activity in Leeds

- 5 Physical Activity data (adults age 16+) is collected by Sport England via the 'Active Lives Survey'. The latest Active Lives data shown in Figures 1 and 2 currently shows that for 2021-2022 Leeds compared well with other towns and cities in the Yorkshire and Humber Region, being the 5th most active area out of 15. The rates of people who meet the CMO guideline of at least 150 minutes of activity per week is 65.6% in Leeds compared with 62% across Yorkshire and the Humber and 63.1% in England. Although this is a positive picture there is much more to be done with the focus being on inactivity levels as this where the most health and economic gains are to be found.
- 6 **Figure 1: Sport England Active Live's Adult Data for Leeds, Yorkshire and England Nov 2021/22.**



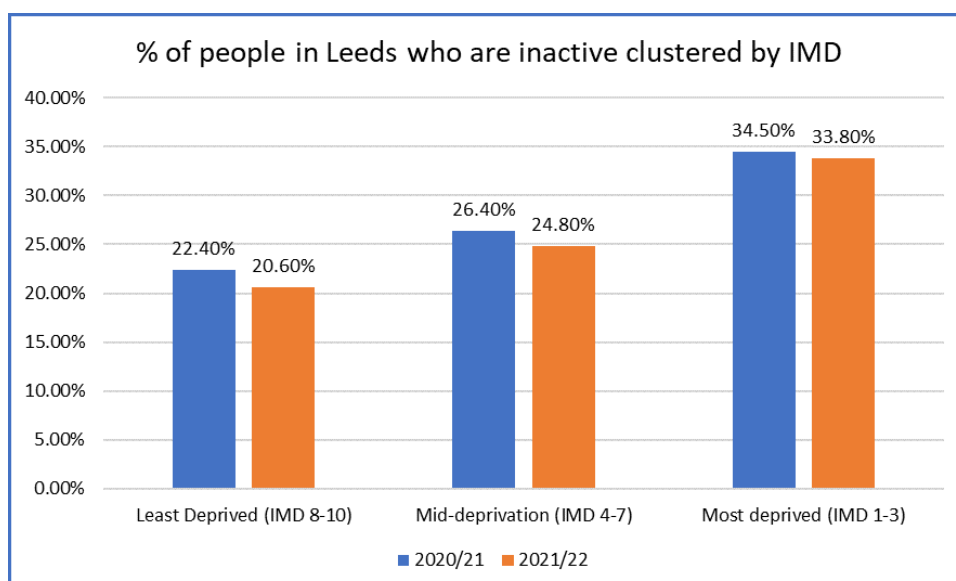
- 7 When looking at progress over time since 2015, a fluctuating trend is apparent with a notable increase of people meeting the CMO activity guidelines prior to the Covid-19 pandemic, peaking in 2018/19 (66.3%). This trend is also seen in both the regional and national figures although since 2016/17 Leeds has been consistently higher.
- 8 **Figure 2:** Sport England's Active Lives Survey comparing Leeds with Yorkshire and Humber Region



Overall, Leeds appears to be recovering in terms of physical activity following the pandemic with activity rates almost back to those in 2017/18.

- 9 However as shown in Figure 3, on further examination of data by deprivation (collected since 2020/21), it is noted that the levels of inactivity in the city remain highest in the most deprived areas of the city and whilst there is an improvement in people moving from inactive to active or fairly active, this shift has been greater in the least deprived areas (1.8% change) compared with most deprived (0.7% change). This indicates there is a continued need to focus work with these communities to better understand the barriers to physical activity including environmental factors and identify the preferred type of activity.

10 **Figure 3 Active Lives Survey: Inactive clustered by IMD 2020-2022**



What impact will this proposal have?

- 11 Working together, Active Leeds and Public Health continue to drive forward the vision of the Physical Activity Ambition: *Leeds is a place where everyone moves more every day*. This is supported by a wider network of partners that are involved throughout the governance structures and projects detailed below. Examples of these partners include Leeds Beckett University, Yorkshire Sport Foundation, Health Partnerships Team and the Leeds Place Based Integrated Commissioning Board. All partners recognise that the approach to decreasing inactivity levels is long-term, involving systemic change as well as seeking to harness the strength of individuals and their communities.
- 12 It is also acknowledged that a greater impact can be achieved in physical activity levels if the change occurs at a societal and environmental level and takes a population approach rather than just focusing upon individual lifestyle interventions. This is the basis of our city-wide approach with all elements of this work under-pinned by a focus on reducing inequalities within the most disadvantaged populations and communities. This can only be achieved by working across the system with a range of partners not only those engaged in physical activity and health but wider to influence system changes.

Physical Activity Governance

- 13 The Leeds Everyone Moving More Leadership Group supports this work by championing and influencing change in line with the Physical Activity Ambition. There are operational working groups in place to drive progress on the priorities. Physical activity is a complex, city-wide topic that no individual organisation owns. The Council and partners adopt an enabling, place-making role working together with multiple stakeholders.
- 14 Representation within the Leadership Group is system-wide covering multiple Leeds City Council departments including Operations & Active Leeds, Public Health, Strategy & Policy, Planning and Sustainable Development, and Climate, Energy and Green Spaces as well as the Executive member for Public Health and Active lifestyle. External representation comes from Healthwatch Leeds, Leeds Integrated Care Board, Sport England, Yorkshire Sport Foundation and the Third Sector.

Insight and Evidence Driven Approach

- 15 As previously reported to this Scrutiny Board in February 2022, the development of the new Physical Activity Ambition began with a city-wide conversation called "Get Set Leeds". Get Set Leeds was a proactive engagement campaign which was the largest-ever study completed in Leeds around the importance of physical activity on the lives of over 4,500 residents. It encouraged people to share ideas on what getting active meant to them and what might support them to move more. It also focused on identifying assets, barriers, and co-producing solutions. A summary of the findings and key messages can be found here: https://www.youtube.com/watch?v=N_LD9RxEia8
- 16 In response to the Covid-19 pandemic Leeds Beckett University was commissioned to undertake Rapid Literature Reviews from January 2021 to help to understand the impact that Covid-19 was having on physical activity and wider determinants. The Rapid Literature Reviews have been significant in helping to focus the priorities for the Physical Activity Ambition. Leeds Beckett University has continued to review the literature in order to help shape and guide the work.

Physical Activity Framework and Priority Update

- 17 Based on guidance from the World Health Organisation Global Action Plan on Physical Activity 2018-2030, the Physical Activity Ambition has applied a framework of four objectives (Figure 4).

18 **Figure 4:** Leeds Physical Activity Ambition Framework

Active society	Active environment	Active people	Active systems
We will create a social norm where it is the easiest choice to be physically active every day.	We will work with people to understand the external drivers affecting their physical activity levels	We will work with identified target groups to create small changes to how capable they feel to be physically active every day and test new ways of working.	We will work in partnership to create a healthier place, a greener city and a stronger local economy.

19 Active Environments and Active People were selected as the initial focus for the Physical Activity Ambition and programmes of work were developed under these. This was agreed by the Physical Activity Ambition Steering Group, Health and Wellbeing Board in 2021 and Adults, Healthy and Active Lifestyles Scrutiny Board in 2022.

20 During 2023 the programmes of work were refreshed and expanded in line with current insight and research and against the strategic direction in the city. This refresh involved engagement with partners and the Leeds Everyone Moving More Leadership Group.

21 There are now seven workstreams, taking a life-course approach, and updates on their progress are described below.

Active People

Children and Young People: Young Minds Get Active (YMGA)

22 This workstream focusing on young people and mental health is being led in partnership across Yorkshire Sport Foundation, Public Health, Children and Families, Active Leeds and third-sector physical activity partners (supported by Street Games and Voluntary Action Leeds), and mental health specialists including MindMate Ambassadors and local schools.

23 The YMGA working group has recently been reviewed and now has a refreshed co-produced purpose statement: *Our group is dedicated to improving the mental wellbeing of children and young people in Leeds. We firmly believe that engaging in Physical Activity plays a crucial role as part of the offer support and as a protective factor. Our primary objective is to expand access to Physical Activity for our children and young people.*

24 In June 2023 a communications campaign was launched called 'Make Your Move' which includes [20 videos](#) co-produced with young people about how movement can help their mental health. Videos featured a wide range of activities including basketball, skating and being out in nature.

25 Content on the [MindMate website](#) was updated with campaign assets and supporting materials. The website promotes partner organisations that follow a trauma-informed approach to ensure young people can access support suited to their mental health needs.

26 'Make your Move' has had significant reach. To date, the campaign has:

- Reached 53,368 social media accounts within target group (16-25 year olds in Leeds).
- 1,366 link clicks from Meta (mostly Instagram) to landing page on MindMate site.
- 3,936 video views of 15 secs or more.
- Overall, the 'Click Through Rate' for the campaign was 3x greater than the average for other MindMate campaigns.

27 Following a review of the action plan, the next steps of this workstream will focus on the intended outcome: *The physical activity workforce (including third-sector organisations delivering physical activity opportunities) has a good knowledge of what support is available to support young people to manage their mental health and feels able to navigate referral processes and information systems.*

Children and Young People: Play

28 Play Sufficiency is an ongoing process of research and action to assess, improve and protect children's opportunities for play. Play Sufficiency is a powerful organising principle of community development. By using an evidence-based approach and looking at communities through the lens of a child it has the potential to bridge policy and unite cross-service departments to improve children's lives through developing communities that work for all age groups.

29 Leeds is proud to be leading the way by being the first city in England to work through a full Play Sufficiency Assessment. The research element has been led by Active Leeds, working with Fall into Place, Public Health and Child Friendly Leeds. Play consultants Ludicology have been commissioned to guide Active Leeds through this journey, funded through the Sport England supported project Get Set Leeds Local (GSL).

30 Play Sufficiency is about securing sufficient opportunities for children's play and involves far more than simply looking at designated provision. It is about cultivating the time, space and attitudes needed for children's play. The initial assessment provides a thorough account of the ways in which spaces, services, practices and policies currently work across Leeds to support or constrain children's opportunities for play. It also provides an opportunity to identify ways in which adult run organisations can improve their responsibilities towards children and their play. This will in turn inform the development of a strategic action plan aimed at cultivating more favourable conditions for children's play.

31 The Play Sufficiency assessment and subsequent action plan will explore and influence work across a wide range of departments, including those associated with policy development and strategic partnerships, the built and natural environment, and community and children's services.

32 In December 2023 proposals for this workstream were taken to Executive Board where it was agreed:

- For Executive Board to support and endorse the Play Sufficiency priorities, which directly link to Child Friendly Leeds Wish 2, the new play priority in the refreshed Children and Young People's Plan and the Physical Activity Ambition.
- To approve the appointment of the Executive Member for Children's Social Care and Health Partnerships as a Play Champion to raise awareness of Play Sufficiency and to support the work of Play Sufficiency across all directorates of Leeds City Council.
- For the Play Champion to help drive the development of the Play Sufficiency Action plan and provide annual oversight of progress to the Executive Board.
- For the Executive Board to support embedding the Play Sufficiency principles and recommendations within the Priority Neighbourhood Partnership Plans

33 The outputs for 2023/2024 will be:

- A full Play Sufficiency assessment report identifying current levels of satisfaction, strategic priorities, strengths and weaknesses of organisational systems and recommended areas for improvement.
- A strategic and cross-departmental action plan, making best use of the people and financial resources available.

- The continuation of an informed Play Sufficiency Partnership and the development of a governance model for this strategic group.
- The establishment of local Play Sufficiency partnerships at a focused neighbourhood level.
- The development of a Community of Play to celebrate play within the city.
- The capturing and sharing of good practice in Leeds through the partnerships, events and workshops to demonstrate where colleagues, departments and partners have responded to the Play Sufficiency principles.
- The development of a Play webpage, which hosts the Play Sufficiency resources and information (as well as other play-related content for the city) and links directly to the Child Friendly Leeds and Physical Activity Ambition webpages.

Ageing Well

- 34 The focus on the Ageing Well priority came from a Rapid Health Needs Assessment that identified inactivity levels had risen during the Covid-19 pandemic for those aged 65 years and above. In particular strength & balance activity was reported to have decreased. Modelling also predicts that 110,000 more older people are projected to have at least one fall per year as a result of inactivity (OHID, 2021).
- 35 A working group consisting of multiple partners including Active Leeds, Public Health and Health Partnerships have co-produced an action plan covering the following areas:
- Communications
 - Workforce development
 - Age friendly providers and venues
 - Connections with secondary care
- 36 In June 2023 a Leeds strength and balance campaign was launched. This campaign focused on strength and balance for people aged 40 years upwards and/or living with frailty or a long-term condition. This campaign has been influenced by the research reviews conducted by Leeds Beckett University (2021; 2022) which advised that the target audience should be lowered to 40years.
- 37 Since the launch of this campaign the assets produced have reached a significant number of people and include:
- Impressions (number of times the adverts have been seen): 2,013,853
 - Reach (number of people the adverts have been seen by): 182,169
 - Link clicks: 2447
- 38 The strength and balance campaign received additional funding from the Frailty Steering Group and has been extended to March 2024. The campaign directs this targeted audience to supporting materials on the Active Leeds website. This provides more information linked to topics covered in the campaign such as 'new beginnings and retirement', 'menopause' and 'building confidence'. There are also details on how to exercise at home and support available in the local community.
- 39 A review of the Ageing Well priority is currently underway with partners across the city.

LEAP - Leeds Encouraging Activity in People

- 40 'Leeds Encouraging Activity in People' is a pilot targeted exercised referral programme with the primary aim of increasing physical activity levels of inactive people who have a long-term health condition. LEAP targets 4 specific health conditions within the NHS Core20PLUS5 approach:

mental health, diabetes, COPD and hypertension. Physical activity is known to positively affect or help manage these conditions. The pilot project is currently in four Primary Care Network areas which are: West Leeds, Armley, Middleton and Hunslet, and HATCH (Chapelton, Burmantofts, Harehills and Richmond Hill). This is a new priority workstream within the Physical Activity Ambition.

- 41 The project works by an individual being referred through a professional such as a GP or community provider or self-referring (meeting the criteria above). The individual is seen and supported by a clinically qualified exercise professional and offered a 52-week bespoke personalised exercise programme. The individual has the choice of local activities which could result in one or more of the following options: discounted leisure centre membership, free / low-cost community activities, home-based programmes, walking/ cycling opportunities. Between April 2023 and January 2024 there have been 865 people through the referral process.
- 42 LEAP is currently being evaluated by Leeds Beckett University to help establish if the model works for Leeds. There are three key questions in understanding the pilot:
- What impact does LEAP have on physical activity levels?
 - What are the associated health and wellbeing impacts of LEAP?
 - How do the routines and practices within LEAP influence these?
- 43 The report is currently in draft with Leeds Beckett University with some of the preliminary key messages:
- LEAP delivers an effective behaviour change approach.
 - Most referred clients were inactive before LEAP, 80% of whom became active after joining the programme.
 - LEAP is effective in helping individuals who are ready to become physically active to make this a reality.
 - LEAP is especially effective in helping people living with multiple morbidities to become more physically active. 73.9% physically inactive clients with multiple morbidities became regularly physically active
 - When participants become more active, they report an improvement in their mental health. 76.3% of all clients achieved statistically significant improvements in SWEMWBS (Short Warwick Edinburgh Mental Well-Being Scale) scores.
 - Those who join LEAP with a mental health condition experience the highest mental health benefits, moving positively 5.6 points up on their SWEMWBS scores.
- 44 LEAP is currently funded until March 2024 through multiple partners including Active Leeds, Public Health and the ICB. With support of the evaluation, a programme board and supporting operational groups an options appraisal of how to best proceed into the next financial year is being explored.

Active Environments

Get Set Leeds Local

- 45 Get Set Leeds Local (GSSL) is a Sport England funded project which combines a place-based approach with community-based co-production. The project began in December 2019 and is funded until November 2025. The total Sport England funding committed to the project to date is £832K. Our place-based approach ensures we work in an asset-based way to bring people

together to develop innovative community projects that meet local need and help create environments to maintain healthy lifestyles.

- 46 GSSL supports Leeds City Council's locality-based approach focusing work in areas within the top 1% most disadvantages neighbourhoods with a focus on building on existing strengths and capacity in communities. Work is currently focussed in four of our priority localities in Leeds; Seacroft, New Wortley, Beeston and Holbeck. In addition to this over the next two years GSSL Project Team will begin to embed its approach within the Easterly Grove, St Wilfreds priority locality within the Gipton and Harehills ward.
- 47 GSSL starts with people, building strong connections at a local level using co-production. Our co-production principles guide a process of working with people to design and deliver projects together as communities are more likely to take part in activities if they've been included in their development. We take time listening, talking, and working with people to understand their needs building strong relationships with communities and genuine commitment to overcoming barriers. To support this, Sport England funding can be injected into projects to help overcome barriers in the form of our community chest and co-production funding pots.
- 48 GSSL's evaluation is delivered through Leeds Beckett University who lead on a developmental process evaluation. This means the story of the project is recorded through-out the project life cycle and fed back regularly to the project team so that they can immediately use the learning to adapt how the project runs. Through the collation of case studies, project stories and journey maps GSSL has started to build a picture of what works well where, when and for whom in each community. This learning is being turned into resources such as the development of an interactive online toolkit that anyone designing community based physical activity initiatives can use.
- 49 The learning from our evaluation partners so far suggests the project approach has led to the following impact:
- By engaging flexibly and responsively with communities, GSSL has built reciprocal, trusting and sustainable relationships
 - Credibility has been established with local partners through the genuine commitment from the outset to co-production.
 - GSSL has established trusted relationships by undertaking a subtle, supporting role, not a leading role with community organisations. Consciously avoiding situations where dependency can be built, and local initiative crowded out. The community chest pot has been valuable in generating interest, commitment and trust in communities.
- 50 A key role for the GSSL project team is to share the learning that is emerging through this work. GSSL is building understanding about how to develop active places in our most deprived communities. It is hoped it is also demonstrating an approach that can be used in community development work across all sectors in Leeds.
- 51 Over the last 4 years the GSSL team have supported multiple community projects covering a wide range of physical activities to local residents. These projects celebrate moving more in a variety of ways including Football, roller skating, cycling, dance, swimming, running and play as well as litter picking and gardening. Many of these projects have received our community chest pot funding, training and larger co-production funds along with further support and guidance from the Active Leeds team. Key to this has been the teams support in building connections with other assets in their communities. The variety of projects are celebrated in our GSSL newsletter released twice a year, sharing the journeys of these projects. Please find our newsletters here: [Get Set Leeds 2023 Newsletter](#)

Active Workplaces

- 52 This project focuses on working with employers & employees to co-design projects that focuses on their health and wellbeing challenges using physical activity. This is a new priority workstream within the Physical Activity Ambition.
- 53 The aims of this work are:
- To support organisations with their health and wellbeing challenges using physical activity approaches.
 - To support individuals within the workplace to improve their mental and physical health.
 - To develop a flexible Active Workplaces model with robust evaluation. Learn how to co-create work-based projects and share learning to scale.
 - To create and develop a network of relationships with organisations in the city and increase the connectivity to the physical activity system in Leeds.
- 54 The Active Workplaces approach has three elements that work together to meet the aims above.
- The Active Workplaces Network: This is a platform for sharing research, insight, and current best practice. Currently 125 organisations have signed up to attend a twice-yearly event in conjunction with Leeds Beckett's University and University of Leeds. This conference style event provides these organisations with the latest research and insight and allows a space for the system to connect and network together.
 - Wellbeing Leads Thinking Group: A smaller focused thinking group of Wellbeing Leads that are invested in collaboration and joining up to support and learn from each other's challenges and solutions.
 - Developing partnerships with organisations: Co-creating approaches with the workplaces to engage workers and managers in physical activity. This includes approaches for prevention and resilience as well as physical and mental health. The offer to workplaces within the model includes but not limited to consultancy, delivery staff, events, training and capacity building, health and wellbeing coaching, confidence and capability building.
- 55 The Active Workplaces project has been supporting a range of Leeds City Council internal teams & services by working with the internal 'Be Well' approach. A variety of supporting activity includes interactive health and wellbeing events, direct delivery of 1-2-1 health and wellbeing check in's and the co-design of projects that support increased physical activity in the workplace.
- 56 The innovative Active Workplaces approach has been recognised by key agencies like Public Health Wales and Greater Manchester (GM) Moving, and as such we have been invited to join a UK wide forum to share best practice and contribute to learning / evidence base.
- 57 Through the Active Workplaces development work we have initiated a range of paid partnership, in which organisations are directly appointing Active Leeds to deliver a range of health and wellbeing services.

DfT Active Travel Social Prescribing Project

- 58 Active Leeds, Public Health, Leeds Integrated Care Board and partners have been successful in securing funding from the Department of Transport (DfT) for a 3-year revenue project (£1.3 million across 2022 - 2025) to implement an Active Travel Social Prescribing project in the Burmantofts,

Harehills and Richmond Hill (Primary Care Network) area of the city. The project aims to increase physical activity levels through prescribing walking and cycling in primary and secondary care. Links between infrastructure development (existing and new) will also aim to encourage more Active Travel.

59 The project is based on community and partner engagement, centred around several interventions including:

- communication,
- a focus on the physical and social environment,
- the development of three urban trails (one in each of the ward areas),
- a range of walking activities such as led walks and buddying schemes,
- learn to ride sessions,
- development of bike hubs
- a bike voucher scheme.

60 Two Walk It Ride It Officers have now been in post for five months with one Officer focusing on building the pathways from Social Prescribing into walking and cycling activities and the other leading on community conversations, engagement and activation.

61 There are now several different referral pathways in place, some examples include:

- Social Prescribing (Linking Leeds and from the Primary Care Network),
- Clinical pathways (including Shape Up 4 Surgery),
- Self-referral,
- and from the Third Sector.

62 Achievements to highlight are:

- Walking commissions have been set-up with Health for All and Touchstone.
- Cycling group has recently started with Shantona Women's Group.
- 15 walk leaders have been trained from the local area.
- Cycle North and British Cycling are adapting offers to better meet need.
- Love Exploring App in all three wards.
- Active Travel Master Plan and Complementary Measures guidance developed.
- 3 Urban Trails developed.

63 Development of the physical environment around healthy place making is a key focus of the project. The pilot is working with the community and partners to create safe, clean and traffic free spaces that are accessible and well-connected to support people to walk, wheel and cycle more often.

64 An Active Travel masterplan for the Burmantofts, Harehills and Richmond Hill area and Complimentary Measures strategy are now complete providing evidence-based plans, which include improving and connecting walking, wheeling and cycling routes, highlighting opportunities for pocket parks and recommendations on way finding.

65 Three Urban Trails have been co-produced with residents, the Third Sector and wider partners and services. They include a play trail in Burmantofts, a sensory trail in Richmond Hill and movement trails in Harehills. Trail packs have been produced and will be used to support a series of community stakeholder co-design events from April 2024.

66 The Project Team are currently planning a full calendar of walking, wheeling and cycling activities and events from Spring 2024. This will involve a varied programme ranging from taster walking

sessions for Social Prescribing Teams, “all things cycling” come and try family community days, launch of a community chest pot, continuing to build buddying schemes and the development of an adapted / accessible wheeling and cycling offer.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 67 Embedding physical activity into everyday life provides a unique opportunity to contribute to the three city strategic pillars of Inclusive Growth, Health and Wellbeing and Zero Carbon. This work also aligns with other key strategies such as Mental Health Strategy, Transport Strategy and developing the Local Plan.
- 68 There is good evidence that the benefits of increasing physical activity are wide ranging including impact on employment and employability, promoting engagement and civic trust and reducing isolation. It is also clear that by increasing the amount of people actively traveling into and across Leeds will also contribute to reducing carbon emissions and help reach the city’s zero carbon target. Realising the ambition to increase levels of physical activity has the potential to contribute to a healthier place, a greener city and a stronger local economy.
- 69 The Health and Wellbeing Strategy refresh has brought the Physical Activity Ambition and this pillar closer together in developing priority 5: A city where everybody can be more active, more often. This aligns closely with the Physical Activity Ambition: Leeds is a place where everyone moves more every day. The priorities set out in this report directly impact and work towards this vision and the health and wellbeing strategy priority.
- 70 Looking closer at the priority workstreams; priority 1: A Child Friendly and Age Friendly City where people have the best start and age well links with the target populations within the Physical Activity Ambition. Play sufficiency is an issue which contributes to priorities across the three pillars of the Best City Ambition and is most likely to be incorporated into the revised Health and Wellbeing pillar. Building on the recent publication of the new Health and Wellbeing Strategy, to reflect the benefits for the physical, mental and emotional wellbeing of children and young people which play can have. The further promotion of Play Sufficiency through the Best City Ambition provides opportunity and support moving forward, helping to ensure it can be embedded into wider strategic planning across the Council and city.
- 71 Further still, Play provides a unique opportunity to contribute to the three city strategic pillars of Inclusive Growth, Health and Wellbeing and Zero Carbon. This work also aligns with other key strategies such as Mental Health Strategy, Transport Strategy and developing the Local Plan. Play is now a priority in the new Children and Young People’s Plan: Priority number 8: Children and young people have safe spaces to play, hang out and have fun. Play is also a priority within other strategies such as the Leeds Parks and Green Spaces strategy 2023 – 2032 and Child Poverty Strategy 2019 – 2022.
- 72 The Get Set Leeds Local Project is a great example of how this work reaches priority 2: Strong, engaged and well-connected communities by working in a placed-based and focusing on building on existing strengths and capacity in communities.
- 73 The Physical Activity Ambition work focuses on prevention and impacts priority 8: promoting prevention and improving health outcomes. An example of this is through the campaign work in the ageing well workstream. Here the target age was lowered to ensure prevention was the driving agenda for long-term conditions and risk of falls.

74 Priority 12: a mentally healthy city for everyone links directly with the aims and objectives of the Young Minds Get Active workstream which focuses on improving the mental health in young people.

Zero Carbon:

75 The DfT Active Travel Social Prescribing Project aims to increase active travel opportunities and decrease the reliance on the car. Additionally, this project and others such as the Get Set Leeds Local projects works with our local communities to improve the spaces around us to be active and play in.

76 Insight from children and parents/carers suggest there are several constraints that stop children from playing in the streets outside their homes, including traffic, (busy roads and cars going at high speeds) and parked cars. Where streets are quieter with adults to support children's play, conditions for play were reported as good.

Inclusive Growth Strategy:

77 Evidence shows physical activity has a positive impact on reducing sickness levels, helps manages conditions at work to stay in work and helps people to gain valuable skills to transfer into the workplace such as team working and leadership. In terms of Inclusive growth, a healthy workforce means a more productive higher resilient workforce. The Active Workplace project works directly to impact this.

78 Additionally Play Sufficiency positively contributes to several areas of the Inclusive Growth Leeds 2023 – 2030 strategy. In particular, Play Sufficiency links to the following 'Big Ideas':

- People: Tackling poverty and inequality to improve people's lives – ensuring Leeds is the best city for children to grow up in.
- Productivity: Stimulating innovation which drives and delivers measurable impact towards a healthier, greener and inclusive future.
- Place: Connecting and strengthening our communities.
- Place: Investing in our places and transport to create a sustainable economy and greener future.

What consultation and engagement has taken place?

79 The Physical Activity Ambition approach to reducing inactivity aims to connect work that is taking place at a city-wide level with a more in-depth engagement across the life course with priority neighbourhoods / communities and under-represented groups.

80 The Physical Activity Ambition benefits from clear and effective management and robust governance which ensures engagement at all levels continues. The involvement of a wide range of senior leaders through the Leadership Group benefits the programme of work towards the vision of Leeds is a place where everyone moves more every day.

81 Ongoing conversations continue to engage people across Leeds and encourages the co-production of physical activity through focus groups, community panels and attending community committee sessions. Working with communities, building partnerships and co-producing solutions is at the heart of the Ambition.

82 The physical activity co-production principles toolkit was established to ensure working with people is embedded into the ethos of this work. These guiding principles encourage all areas of the project to work towards an improved standard of co-producing. For example:

- Local engagement and working with the council communities' team and residents and community chest funding (as part of Get Set Leeds Local) has seen the establishment of community level projects co-produced with partners and residents.
- Through the Play work – over 50 hours of consultation with young people has been completed feeding directly in the research
- Engagement and co-production is embedded into the scoping process taken when working through any of the priorities agreed in the Physical Activity Ambition work.

Wards affected:

Have ward members been consulted?

Yes

No

What are the resource implications?

83 Public Health, Active Leeds, Health Partnerships, Climate, Energy and Greenspaces, Planning and Transport colleagues all collaborate and contribute to the project along with partners in the Place Based Partnership, Sport Leeds Board, Leeds Beckett University, and the Third Sector. By working together as a city this is an effective use of resources and enables whole-system changes to be made.

84 Locality working is resource intensive, however, long-term investment in some of the 1% areas has built reciprocal, trusting, and sustainable relationships which has underpinned successes. This has been successful by engaging flexibly and responsively with both residents and external organisations in these priority localities. In-depth engagement in advance of projects starting has been helpful as well as having in-depth knowledge of the assets available.

85 The social return on investment from increasing the numbers of people being more physically active is significant for the city including social, economic, physical and mental health benefits. Every £1 spent on community sport and physical activity generates nearly £4 for the economy and society based upon the findings of a recent study by Sheffield Hallam University.

86 The Physical Activity Ambition work is funded through time limited grants and for this programme of work to achieve long term behavioural change consideration needs to be given to the sustainability of the resources to fully realise the benefits. For example, Sport England has continued to invest into the Get Set Leeds Local programme for over five years allowing the team to work for long periods within some of the most deprived areas of Leeds.

What are the key risks and how are they being managed?

87 The programme of work is currently reliant upon short-term external funding to complete projects. Strong relationships and partnership working alongside careful financial management allows us to mitigate this and realise the long-term gains that can be made through reducing inactivity levels and associated health, economic and zero carbon benefits.

88 The programme of work is driven by LCC staff across numerous teams and directorates. In order for the Physical Activity Ambition to be realised this needs to remain a priority for those teams and within strategic policies despite financial pressures. The Leeds Everyone Moving More Leadership Group is now in place and can support and influence this for the future.

What are the legal implications?

89 There are no legal implications arising from this report

Options, timescales and measuring success

What other options were considered?

90 None.

How will success be measured?

- 91 Progress will continue to be measured through the annual Sport England Active Lives Survey, which in addition to the overall physical activity levels provides data across age ranges (including children and young people), by IMD (as highlighted in sections 9 and 10) and by gender. Yorkshire Sport Foundation also pulls together a Leeds dashboard of physical activity measures (collated from wider national sources) which includes, for example, data around walking, cycling and active travel. For children and young people, activity and inactivity levels will be measured through the My Health, My School survey, utilising a local and much larger sample size.
- 92 As referenced earlier in the report the Physical Activity Ambition sits as one of the twelve priorities of the Health and Wellbeing Strategy and the work will be monitored as part of the ongoing monitoring and evaluation of the Strategy.
- 93 The Physical Activity Ambition is underpinned by a Monitoring and Evaluation framework and work on this is led by a cross partner group, including Leeds Beckett University and Yorkshire Sport Foundation. It includes a range of indicators such as the Influencer Framework and Social Network Analysis to establish the baseline and to measure progress at both a systems and intervention level. This is annually reviewed.
- 94 Evaluation is embedded in the seven priority workstreams with examples shared earlier in the report. The Department of Transport Active Travel Social Prescribing project is another strong example of working with an evaluation partner, Urban Foresight, to collect a range of measures and insights through questionnaires / surveys, interviews, focus groups and case studies to better understand how we are making a difference and use this learning elsewhere.
- 95 On a project level there are monitoring and evaluation frameworks in place which are linked to the Physical Activity Ambition framework and provide more specific detail for those projects.
- 96 Active Leeds has service specific key performance indicators such as number of health referrals, physical and mental health improvements in participants, memberships, new joiners, membership yields, course programme utilisation, activity and participation figures, expenditure and income, staffing levels, social value indications and equality and diversity targets etc.
- 97 Working in partnership with Leeds Beckett University specific evaluation is embedded into projects such as LEAP to ensure that the pilot project is working for Leeds and meeting its objectives.

What is the timetable and who will be responsible for implementation?

- 98 In order to have significant impact on inactivity levels across Leeds a long-term commitment to the vision: "*Leeds is a place where everyone moves more every day*" is required. The Physical Activity Ambition is driven by Active Leeds and Public Health but relies on wider partnership working where everyone recognised that physical activity is everyone's business. This is supported by the governance structures surrounding the programme of work.

Appendices

- None

Background papers

- None