

Healthy Weight Needs Assessment for Berkshire West

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Table of Contents

Executive Summary	4
Introduction	12
Aim	12
Objectives	12
Governance	12
Policy Context	12
National Policy Drivers	12
Local Policy Drivers	13
What is overweight and obesity?	13
Defining childhood obesity	14
Defining adult obesity	14
Epidemiological data	16
Children and young people	16
Adults	23
Causes of obesity	26
Life course – Who is at risk and when?	28
Risk Factors	28
Diet	28
Parental obesity	34
Breastfeeding	34
Weaning	36
Food Environment	37
Physical Activity	42
Sleep	47
Mental and emotional wellbeing	47
Adverse Childhood Experiences (ACES)	48
Learning Disability / Disabilities	49
Disability	49
Poverty	50
Body Image	52
Consequences of Obesity	53
Cost and economics of obesity	53
Hospital Admissions	53
Diabetes	54
What do we know works?	55
Current Provision - Tiers 1-4	59

Children.....	60
Adults.....	60
What services / assets does Berkshire West have to prevent and meet this need?.....	63
Local views and user feedback.....	129
Early Years Settings.....	129
School Settings.....	130
Health Professionals.....	130
Patient / User Feedback.....	131
Children.....	133
Gaps in service provision identified in Berkshire West.....	134
Recommendations.....	136
Appendices.....	139
Appendix 1.....	139
Appendix 2.....	142
Health Professionals.....	149
Patient / User Feedback.....	151
Children.....	153
References.....	154

Tables

Table 1 - Berkshire West gaps identified from healthy weight mapping	7
Table 2 - Measuring and interpreting BMI in children.....	14
Table 3 - Adult BMI Classification	15
Table 4 - Waist circumferences and associate health risks	15
Table 5 - Berkshire West hospital admission related to obesity	54
Table 6 - Berkshire West Surveillance Data	64
Table 7 - Berkshire West healthy lifestyle / weight interventions.....	66
Table 8 - Berkshire West National Diabetes Programme	116
Table 9 - Workplace Health.....	117
Table 10 - Training and Quality Assurance	122
Table 11 – Mapping of Treatment Tiers 1-4	123
Table 12 - Berkshire West gaps identified from healthy weight mapping	134

Figures

Figure 1 – National obesity prevalence for reception age children by level of deprivation.....	17
Figure 2 – National obesity prevalence for year 6 age children by level of deprivation	17
Figure 3 – Reception prevalence of overweight and obesity in west Berkshire.....	18
Figure 4 – Reception prevalence of obesity including severe obesity in West Berkshire	18
Figure 5 – Reception prevalence of obesity including severe obesity combined by gender.....	19
Figure 6 - Reception: Prevalence of overweight including obesity combined by ethnicity.....	19
Figure 7 - Reception age obesity by deprivation quintiles in Berkshire West	20
Figure 8 - Year 11: Prevalence of overweight including obesity.....	20
Figure 9 - Year 6: Prevalence of obesity including severe obesity.....	21
Figure 10 - Year 6: Prevalence of obesity including severe obesity combined by gender	21
Figure 11 - Year 6: Prevalence of overweight including obesity combined by ethnicity.....	22
Figure 12 - Year 6 obesity by deprivation quintiles in Berkshire West	22
Figure 13 - Percentage of adults classified as overweight or obese.....	23
Figure 14 - Obesity QOF Prevalence	24
Figure 15 – The Foresight obesity systems map	27
Figure 16 - Year olds who are eating 5 portions of fruit and veg per day	31
Figure 17 - % of adults reporting eating the recommended 5 a day in Berkshire West.....	33
Figure 18 - Numbers of portions of fruit consumed daily in Berkshire West	33
Figure 19 - Numbers of portions of vegetables consumed daily in Berkshire West.....	34
Figure 20 - Mother who breastfeed in the first 48hrs of delivery	35
Figure 21 - Mothers who give breastfeed babies 6-8 weeks after birth	36
Figure 22 - Density of fast food outlets by local authority	38
Figure 23 - Year olds with a mean daily sedentary time in the last week over 7 hours per day.....	45
Figure 24 - Year olds who are physically active for at least one hour per day seven days per week.....	45
Figure 25 – 15 Year olds who are physically active for at least one hour per day seven days per week	46
Figure 26 - Percentage of physically active adults.....	46
Figure 27 - Percentage of physically inactive adults.....	47
Figure 28 - Year olds who think that they are the right size.....	52

Executive Summary

The World Health Organisation (WHO) defines overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health. Health risks relating to obesity are many and well known with the WHO highlighting the fact that overweight and obesity are major risk factors for many chronic diseases.

Methodology

This needs assessment involved undertaking a literature review, analysing epidemiological data and undertaking stakeholder interviews.

Nationally

Nationally, 67% of men and 62% of women were classified as overweight or obese in 2019. 22.4% of reception age children and 34.3% at year 6 are overweight or obese, together with over half (62%) the adult population. Models predict that obesity in Europe will continue to rise by 2030, with predictions for the UK indicating that 36% of men and 33% of women will be obese by 2030.

Locally

At Year 6 local NCMP data for 2017/18 shows that children who are overweight and or obese indicates that Wokingham and West Berkshire remain lower than the national and South East at 26.1% and 28.7% respectively – this equates to 1 in 4 children in Wokingham and 1 in 3 in West Berks who are overweight or obese aged 10/ 11 years old. Reading data remains in line with the national average at 34.3% meaning that over 1 in 3 children are overweight or obese aged 10/ 11 years old.

Prevalence for adults classified as overweight and or obese indicates that whilst lower than the both national and South East averages there are still over half the adult population across Berkshire West classified as overweight or obese (Wokingham at 50.9%, Reading at 55.7% and West Berkshire at 56.6%). Local data on child and adult obesity in Berkshire West mirrors that of national data where by obesity prevalence is strongly correlated with deprivation and is highest in the most deprived areas.

Negative impacts on health outcomes are well known and significant for people who are above a healthy weight. However, these negative health outcomes may be preventable and through continual attention to healthy behaviors including healthy eating, and regular physical activity incorporated into daily life.

Whilst Berkshire West have some of the lowest obesity rates in the country, 1522 Year 6 children and 205,252 adults are above the healthy weight threshold. In addition, it should be noted that obesity is linked to a number of strategic priorities across the Integrated Care Partnership and Integrated Care System including Cancer, Cardiovascular Disease and diabetes. For example, it is estimated that there are over 21,981 individuals (6489 undiagnosed) with type 2 diabetes across Berkshire West.

Weight Management Responsibility and Provision Tiers 1-4

Weight management services are most commonly delivered in a tiered approach, with four levels of multi-component treatment options and weight maintenance support and entry based on BMI.

These include:

- **Tier 1** covers universal prevention offers supporting people to maintain a healthy weight through education and campaigns and healthy lifestyle programmes.
- **Tier 2** covers lifestyle multicomponent weight management offers – encouraging long-term behaviour change.
- **Tier 3** covers specialist multi-disciplinary weight management support - participation of these are required to access tier 4 bariatric surgery.
- **Tier 4** covers bariatric surgery.

Commissioning responsibilities

Current responsibility for commissioning tier 1 and 2 remain with local authorities and tiers 3 and 4 with CCG's. This suggests the need for close partnership working to offer clear consistent messages regarding the healthy weight pathway at local level, best practice and the best journey for individuals moving between the different tiers.

Healthy Weight Pathway

Through data analysis and stakeholder feedback this review has identified a number of gaps within the local healthy weight pathway for tiers 1 to 4. Stakeholders have requested an up-to-date, clear and concise healthy weight pathway showing clear progression from tiers 1 and 2 through to tiers 3 and 4 including details of criteria needed to progress through the tiers..

Additional gaps identified include support for schools and a lack of tier 3 provision for both adult and child weight management. Current local authority provision at tiers 1 and 2 suggest that weight management provision in Berkshire West is currently inadequate to meet local need. For example, current commissioning provision of 915 adult weight management places and 210 child weight management places equates to just 0.4% and 14% of the adult and Year 6 child overweight and obese population.

Causes of obesity and who is at risk?

Obesity is a complex multifaceted issue. Obesity is a complex issue influenced by many factors. While at an individual level the main causes are poor diet and sedentary lifestyles, the Foresight report (2007) identified over 100 "wider determinants" of individual, and family eating and physical activity habits. A term that often refers the role which environmental factors play in determining both nutrition and physical activity is the 'obesogenic environment'. This implies that the current environmental is making it easy to access affordable higher fat / sugar / energy food and drinks choices as well more inactive and sedentary behaviour. Evidence indicates that obesity interventions focussed at downstream reactive approaches will not begin to solve this issue needing instead to refocus upstream on the systems and cause of obesity.

It is now widely accepted that there are certain times throughout life which increase obesity risk, early years have lasting influence on health through to adult life. Concentrating on the life course approach should be emphasised and is supported by the evidence with the first 1000 days of life outlined as critical to dictating health risks. Acknowledging other key ages regarding obesity throughout the life course supports focus on health in pregnancy, adolescence and puberty, menopause and older age due to decreasing Basal Metabolic Rate BMR.

Berkshire West

Berkshire West appears to be dynamic and forward-thinking with many innovative programmes already in place that target modifiable risks factors, such as increasing physical activity and promoting healthy eating and dietary messages. Local stakeholders are also keen and enthusiastic to identify their role within the healthy weight agenda.

The mapping activity and feedback from local stakeholders across Berkshire West identified that 99% of all stakeholders spoken to are keen to support the healthy weight agenda, though some are unsure if it should be a priority due to Berkshire West having a lower obesity prevalence compared to national data. This confirms the need to raise awareness of actual obesity numbers locally and what they actually mean for each of the local authorities.

Berkshire West already has an overarching strategy in place outlining priorities for healthy weight work - 'Berkshire [West Healthy Weight Strategy](#)'. The strategy, dated 2018, is up to date and remains fit-for-purpose with the health and wellbeing boards of all three local authorities previously having signed up to the strategy and its recommendations. The strategy also aligns the ambitions of Wokingham, West Berkshire and Reading and therefore provides a useful platform to share learning, avoid duplication and build capacity as the new Integrated Care Partnership develops and encourages more joint commissioning.

However, whilst there is clearly a strategy in place and commitment and enthusiasm across Berkshire West, gaps have been identified as outlined in Table 1. In particular, the governance appears unclear and actions and ownership are distinctly lacking progression and these are reflected within the recommendations below.

Table 1 - Berkshire West gaps identified from healthy weight mapping

Gap Identified	Comment
<p>PR and communications Healthy weight is not always seen as a priority with the decision makers across Berkshire West</p>	<p>Diabetes is routinely promoted as the local priority which given rising rates it is but obesity should also be promoted as a priority given lack of decrease in local rates and increasing inequalities.</p>
<p>Health in pregnancy interventions Particularly for pregnant women with a BMI 30 and above</p>	<p>Obesity has been highlighted by the BOB Local maternity programme group</p>
<p>Early Years Lack of quality assurance to assure consistent messages across Berkshire West</p>	<p>There is a lot of work happening but messages often differ and quality assurance is needed to avoid confusion. An example is portion sizes for children through the ages</p>
<p>School programme / interventions Lack of work within the school setting and a lack of local healthy schools programmes in Wokingham and Reading</p>	<p>There is lack of emphasis on place and the environment and the school setting is an example - there isn't a school programme to support schools to be health promoting environments and support healthy lifestyle behaviour change across all three LA's</p>
<p>Lack of practical cooking sessions Reported lack of practical cooking training opportunities</p>	<p>Feedback reported lack of access to practical cooking sessions, though there seemed to be adhoc offers through CC work</p>
<p>Lack of Quality assurance Quality assurance is needed for the plethora of healthy lifestyle and weight messages being promoted</p>	<p>There is a lot of work happening but messages often differ and quality assurance is needed to avoid confusion</p>
<p>Lack of Training Raising the issue of weight training</p>	<p>The lack of this training was feedback from various stakeholders. Health professionals are report a lack of confidence in raising the issue with patients</p>
<p>Lack of a Healthy weight pathway</p>	<p>The CCG locality leads are supportive of working in partnership with public health to develop a clear easy to understand healthy weight pathway from tiers 1 to 4. Some work is not being progressed at BOB ICS level</p>
<p>Lack of emotional health and wellbeing support</p>	<p>There is a lack of emotional health and wellbeing support both re prevention to build resilience and self-esteem as well as in treatment</p>

Gap Identified	Comment
Lack of CCG funded Tier 3 weight management offer	There is a need for local authority to work in partnership with the CCG as evidenced above and to ensure that tiers 1-2 flow to allow appropriate patients the best journey through to tier 3 and 4. The lack of tier 3 provision does not offer a patient centred approach, is not best practice and ultimately could impact tier 2 outcomes if people access tier 2 through lack of tier 3
Lack of data and monitoring on ethnicity / disability and weight	Local data is needed
Lack of data and monitoring on Looked after children	Local data is needed
Lack of evaluation on programmes offered	Emphasis is placed on delivery across Berkshire West at the expense of evaluation. Limited evaluation is undertaken and yet is needed to support future allocation of resources for this agenda.
Lack of a Berkshire West policy on fast food outlets and proximity to settings frequented by children	Emphasis is needed on the environment and a local policy should be considered working alongside local planning teams. A national piece of work is currently underway at looking to develop a national food strategy.
Lack of Sugar Smart campaign work	Emphasis is needed on the environment and this is a topic that stakeholders suggested is needed.
Lack of health on all agendas	A greater emphasis should be placed on a 'health in all policies' approach ensuring that a healthy diet and promoting physical activity form part of all policies and strategies that can influence individual behaviour

Recommendations

Recommendation One - Whole Systems Approach

Whilst there has historically been a focus on individualised approaches (otherwise known as lifestyle drift) to tackle obesity through the commissioning of weight management services, this in itself is unlikely to successfully address the obesity epidemic. A growing body of evidence now suggests that a whole systems approach (WSA) are needed to tackle obesity involving a wide range of partners and stakeholders. Given the enthusiasm reported by stakeholders to work collectively to reduce obesity, adopting a whole systems approach can add value by engaging stakeholders across the wider system, to develop a shared vision and actions that tackle the upstream drivers of obesity, many of which lie outside the realms of public health. Some of examples of this have recently been identified as part of [PHE's WSA obesity pilots](#).

Recommendation Two - Establish clear governance

There appears to be a lack of governance / ownership of the Berkshire West Healthy Weight agenda. Governance and ownership is needed to raise Healthy Weight as a priority and drive, facilitate and monitor progress of the Healthy Weight Strategy recommendations and future WSA work.

Recommendation Three- Greater partnership working between NHS and LA's

There is a need to commission and develop effective children and adult weight management provision across all tiers of the pathway. In particular, there is a need for the CCG to commission sufficient evidence based and best practice Tier 3 and Tier 4 adult provision.

Recommendation Four – LA's to develop clear commissioning intentions for Tier 2 adult weight management services

Current Tier 2 adult weight management provision is inconsistent across the three local authorities. Local authorities should consider developing a consistent offer that provides clarity on the eligibility and referral criteria that takes into account the diabetes prevention programme and the local dietetics service. This should also align with NHS England's Plans to provide weight management support in primary care for individuals with hypertension and Type 2 Diabetes as part of the Long Term Plan

Recommendation Five – To work towards delivering the Berkshire West Healthy Weight Strategy 2017-2020

Though the 2017-2020 Berkshire West Healthy Weight Strategy remains fit for purpose governance is required to ensure actions are progressed and that healthy weight remains a priority. Once governance is established, the Healthy Weight Steering Group should draft a local delivery plan. The plan should work across the life course including health in pregnancy and target at risk groups to maximise prevention (using universal programmes and a universal proportionalism approach). The Berkshire West Healthy Weight strategy recommendations were and remain:

Tier 1 - A health-promoting environment:

Align with national policy such as the PHE sugar, calorie reduction and reformulation programmes.

- Raise awareness of why a healthy weight is important, what a healthy weight is for adults and children and how to maintain this. For example through supporting National campaigns

(such as Change 4 Life and One You), the NCMP and training front line staff in more settings to be able to use a 'Making Every Contact Count' style approach to raising the issue.

- Promote healthy eating and an active lifestyle for all children in schools and at home.
- Enable and encourage people of all ages to move more on a daily basis through structured or unstructured physical activity, in line with Chief Medical Officer Guidelines. This includes promoting and enabling active play, walking, cycling and other forms of active travel, exercise and sport.
- Encourage children and adults to minimise prolonged periods of sedentary behaviour such as screen time.
- Provide appropriate information about healthy weight, the impact of maternal obesity and appropriate infant feeding; ideally given to parents before conception, but also during pregnancy and in infancy.
- Ensure that residents can access advice about preparing and or buying affordable, culturally acceptable, healthy meals and snacks.
- To maximise community assets and support community engagement

Tier 2 - Focus on inequalities: Work with the most deprived communities to ensure that interventions, services and approaches delivered through local authorities and the NHS can be shaped and targeted to ensure the whole community benefits, particularly those most in need.

- Consider targeting tier 2 programmes for adults to support facilitation to tiers 3 and 4 and targeting tier 2 programmes for children and young people as no dietetic provision is offered for Berkshire West.
- Work with the most deprived communities to ensure that interventions, services and approaches delivered through local authorities are shaped to ensure the whole community benefits.
- Consider using remaining resources to develop universal support for schools.
- Continue to ensure that commissioned Lifestyle based programmes for overweight or obese adults and children in the community adhere to NICE guidance.
- Ensure that providers of these programmes encourage sustainable behaviour change by signposting people to tier 1 healthy eating and physical activity programmes or to their GP if more intensive support is required.
- Work to provide more healthy weight support for families in early years settings and for teenagers.

Tier 3

- Continue to work with our partners to consider how gaps in Tier 3 provision could be addressed.
- Ensure that providers of tier 2 commissioned services recognise when to refer obese patients or those with significant health conditions to their GP to access specialist clinical support; for example Dietetic services or clinical psychology.

Recommendation Six – Greater emphasis on the built environment

Working to achieve a health promoting environment e.g. in relation to critical behaviours such as food intake and physical activity. This could involve working more collaboratively with local planners to restrict and limit access to unhealthy foods or encourage active travel.

Recommendation Seven - Training and communications

Establish training and quality assurance to ensure evidenced based consistent healthy weight / lifestyle messages are promoted throughout Berkshire West. This might include the production of a healthy weight communications strategy.

Recommendation Eight - Policy and development

Commissioners and Providers should adopt a 'healthy weight in all policies approach', whereby all policies consider the negative or positive consequences on health weight. This could involve the three local authorities signing up to Food Active's 'Declaration of Health Weight' which would demonstrate commitment to reducing the number of people who are overweight or obese.

Recommendation Nine - Monitoring and evaluation

All interventions and services to be monitored with data recorded to support evaluation and improvement and to allow resources to be tailored to best meet population needs.

Introduction

Aim

The aim of the review is to inform future healthy weight work including; the prevention agenda, weight management, planning for joint commissioning in 2021 and consideration of next steps in line with working towards a whole systems approach to obesity. The review examines the prevalence of overweight and obesity across the lifecourse and identifies the current unmet need for preventing and treating excess weight and obesity in Berkshire West. The report concludes with evidenced based recommendations.

Objectives

1. To gain awareness of existing strategies, policies and commissioned (or recently de-commissioned) services relating to weight management in Berkshire West.
2. In liaison with partners, map current interventions, and where possible assets which contribute to maintaining a healthy weight across the life course, including active travel and active play, physical activity programmes (adult and child) and third sector activities.
3. To gather learning from neighbouring local authorities based on assessment / evaluations of offers and projects implemented elsewhere,
4. To produce a costed implementation plan for potential weight management providers which might be commissioned at tier 2 level (seperate document)

Please note that this report is part of a larger piece of work that has also included a full and detailed review of potential tier 2 providers that follow the National Institute for Health and Clinical Excellence (NICE) guidance and PHE recommendations, together with in-house programmes to support future commissioning decisions and an in-depth mapping exercise looking at what South East neighbours, Core Cities and areas trialling work on the whole systems approach (WSA) are offering, at tier 2 and where possible rationale to allow Berkshire West to apply learning. Separate reports are available for both and will be references throughout this report.

Governance

The healthy weight review was overseen by the Berkshire West Healthy Weight Steering Group chaired by Matthew Pearce Public Health Consultant in West Berkshire.

Policy Context

National Policy Drivers

Key current policy drivers for the healthy weight agenda include the Public Health Outcomes Framework, the Local government association guidance including 'Making Obesity Everybody's Business' 2017, Public Health England Guidance, NICE guidance relating to the healthy weight agenda both in relation to prevention and treatment, and the NHS outcome framework and long-term plan. The Marmot Review (2010) Fair Society, Healthy Lives provides a strategic review of health inequalities in England.

The Government childhood obesity strategy A Plan for Action, 2018 outlined the aim to halve childhood obesity by 2030 and to significantly reduce the gap in obesity between children from the most and least deprived areas.

Healthy Lives Healthy People saw a call to action on obesity in England outlining the Governments approach to tackling obesity in England with a need for concerted action across society to achieve a downward trend in excess weight by 2020. Recently guidance on 'What Good Healthy Weight for all ages Looks Like' was published by (ADPH, 2019). A full list of the National Policy Drivers can be found in Appendix 1

Local Policy Drivers

Berkshire West already has an overarching strategy in place outlining priorities for healthy weight work - Berkshire West Healthy Weight Strategy. The strategy is up to date and remains fit-for-purpose with the health and wellbeing boards of all three local authorities signing up to the strategy and the recommendations. However, whilst there a strategy in place and commitment and enthusiasm across Berkshire West, governance appears unclear and actions and ownership are distinctly lacking progression.

Berkshire West Healthy Weight Strategy 2018-20

The document was endorsed by all three the health and wellbeing boards for Wokingham, West Berkshire and Reading in 2018. The strategy advocates a co-ordinated approach to the prevention and management of overweight and obesity across Berkshire West and highlights the following priority areas for action:

1. Providing information and support to help people manage their weight.
2. Helping the least active members of the population to move more.
3. Working with schools and families to help more children be a healthy weight.
4. Providing more support for parents in early years settings.
5. Supporting/encouraging teenagers to eat healthily and have active lifestyles.
6. Ensuring our leisure centres offer support and activities to help people maintain a healthy weight throughout life.

What is overweight and obesity?

The World Health Organisation (WHO) defines overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health. Health risks relating to obesity are many and well known with the WHO highlighting the fact that overweight and obesity are major risk factors for many chronic diseases, including type 2 diabetes, cardiovascular disease (which is the main cause of premature death in the UK) and some cancers, in addition to joint and mobility issues, depression, low mood and fertility issues. For children and young people the health risks will include those of adults with signs usually being seen later in life. Risk factors for type 2 diabetes are similar for children as for adults with obesity being a leading risk factor.

Diabetes UK 2018, reported that the number of type 2 diabetes diagnoses continues to rise in children and young people particularly among girls and the south Asian population. They emphasised the fact that whilst rates are rising this condition is preventable in both adults and children alike, therefore it is not surprising that reducing obesity and inequalities is both a national and local priority.

Nationally, 22.4% of reception age children and 34.3% at year 6 are overweight or obese, together with over half the adult population. Public Health Framework Outcomes (PHOF) data 2017/18 indicates 62% of UK adults are currently classed as overweight or obese with models predicting that obesity in Europe will rise by 2030, with predictions suggesting that 36% of men and 33% of women will be obese by 2030.

There is a clear link between deprivation and obesity with the Local Government Association (LGA) recently stating that obesity prevalence within the 10% most deprived areas is double that of the 10% least deprived areas. Data from the National Dietary Nutrition Survey (NDNS) 2016 supported these findings, stating that obesity varied by household income, with those in the lowest quintile of household income having the highest mean BMI and highest prevalence of obesity.

Defining childhood obesity

WHO 2015 defines overweight and obesity as "abnormal or excessive fat accumulation that presents a risk to health". The National Obesity Observatory (NOO) states that the British 1990 (UK90) growth reference charts should be used to determine the weight status of a population of children. A BMI centile greater than or equal to the 85th is classified as overweight (including obese). However NOO also state that when measuring an individual child (for example in a clinical setting that the weight status is defined using the UK90 growth charts clinical cut off points which are seen below in Table 2.

Table 2 - Measuring and interpreting BMI in children

Measuring the individual child		Measuring at population level -NCMP	
≤0.4 th centile	Very underweight	≤0.2 nd centile	Underweight
<0.2 nd centile	Underweight	>2 nd - <85 th centile	Healthy Weight
>2- <91 st centile	Healthy Weight	≥85 th centile	Overweight
≥91 st centile	Overweight	≥95 th centile	Obese
≥98 th centile	Obese		
≥99.6 th centile	Severely obese		

WHO (2015) stated that childhood obesity is one of the most serious public health challenges of the 21st century. Whilst the problem is global, it is steadily affecting many low and middle-income countries, particularly in urban settings. The Royal Society for Public Health (RSPH) 2017 reported the UK is in the grip of an obesity epidemic with one of the highest childhood obesity rates in Europe.

Childhood obesity has significant consequences for children's physical and mental health and wellbeing, as well as the long-term future of the NHS. There is a strong correlation between deprivation and prevalence of obesity, with current rates of obesity on leaving primary school (Year 6) in areas in the most deprived decile at 24.7% compared with 13.1% in areas in the least deprived decile.

Defining adult obesity

For adults (men and women aged 18+) there are two main ways to assess weight, these are Body Mass Index (BMI) and waist circumference (NICE, 2014). BMI is commonly used to measure the prevalence of obesity and is weight in kilograms divided by the height squared in metres

(kg/m²). Excess weight in adults is identified as a BMI of over 25 with obesity classified as having a BMI of 30 and above (see Table 3).

Table 3 - Adult BMI Classification

Classification	Body Mass Index (kg/m²)
Healthy Weight	18.5–24.9
Overweight	25-29.9
Obesity I	30-34.9
Obesity II	35-39.9
Obesity III	Over 40

(NICE 2014)

Though BMI is frequently used as an indicator of an individual’s weight status NICE recommends the use of BMI in conjunction with waist circumference as the method of measuring overweight and obesity and determining health risks. NICE states that it should be noted that BMI is not a perfect measure, as some people with athletic build / highly muscular adults may see a less accurate measure of adiposity. In addition, some population groups, such as people of Asian family origin and older adults have comorbidity risk factors that are of concern at different BMI levels (lower for adults of an Asian family origin and higher for older people). The recommendation is however that BMI can and should be used as an indicator of excess fat, particular at the population level.

An alternative and often more accurate measure of excess fat and increased health risks (linked to a higher risk of diseases such as Type 2 diabetes and coronary heart disease) is waist circumference, and this can be used as an additional measure in people who are overweight (with a BMI of 25 to 29.9) or moderately obese (with a BMI of 30 to 34.9). Once an individual’s BMI measurement is over 35 higher health risks are well known. Waist circumference cut off points are indicated in Table 4 below:

Table 4 - Waist circumferences and associate health risks

BMI Classification	Waist circumference		
	Low	High	Very High
Normal weight (18.5 – 24.9)	No increased risk	No increased risk	Increased risk
Overweight (25-29.9)	No increased risk	Increased risk	High risk
Obese (30-39.9)	Increased risk	High risk	Very high risk

Black, Asian and other Minority Ethnic groups (BAME) are at higher risk of type 2 diabetes and other health conditions at equivalent BMI levels. For Asian (South Asian and Chinese), Black African and African-Caribbean populations NICE (2013) recommends that the above mentioned waist circumference thresholds are reduced and that BMI 23kg/m² indicates increased risk and BMI 27.5kg/m² indicates higher risk. (NICE, 2013). Rising BMI and or waist circumference levels indicate increasing health risks.

Epidemiological data

National

Children and young people

The NCMP provides valuable data on childhood obesity. The programme was established as a surveillance programme to measure the height and weight of children in reception class (aged 4 to 5 years) and year 6 classes (aged 10 to 11 years) to assess and monitor overweight and obesity levels in children within primary schools. Nationally, the latest 2017/18 data indicates that 22.4% of reception age children (4-5years old) are overweight or obese and 34.3% of year 6 aged children (10-11 years old).

This means that more than 1 in 5 children aged just 4 / 5 years old are overweight and or obese and this increases to 1 in 3 for children aged 10 / 11 years old. More starkly, almost 1 in 10 children aged 4/5 years old are obese a figure that doubles to 1 in 5 children and young people being obese aged 10/11 years old. It is well known that obese children are more likely to be obese adults (Biro 2010)

Prevalence - Overweight including obesity

Comparing the early years of the national NCMP data collection in 2006/7 the prevalence for UK reception age children has decreased from 22.9% compared to the current data 2017/18 22.4% and increased for year 6 age at 31.7% compared to 34.3%. It should be noted however that some caution should be applied to the 1st year of the NCMP data due to very poor coverage rates in the early stages of the programme.

Obese including severe obesity

The national prevalence of obesity continues to increase in the year 6 age range with data increasing slightly from 20.0% in 2016/17 to 20.1% in 2017/18 whilst the latest reception data is relatively stable at 9.5% in 2017/18.

Gender and Ethnicity

The prevalence rates for ethnicity were similar at reception age seeing more of a difference in obesity prevalence in year 6 with 22.2% for boys and for 18% for girls. Ethnicity variance for obesity prevalence was highest for Black children in both reception and year 6.

Obesity prevalence by level of deprivation

It is well known that there is a strong relationship between deprivation and obesity.

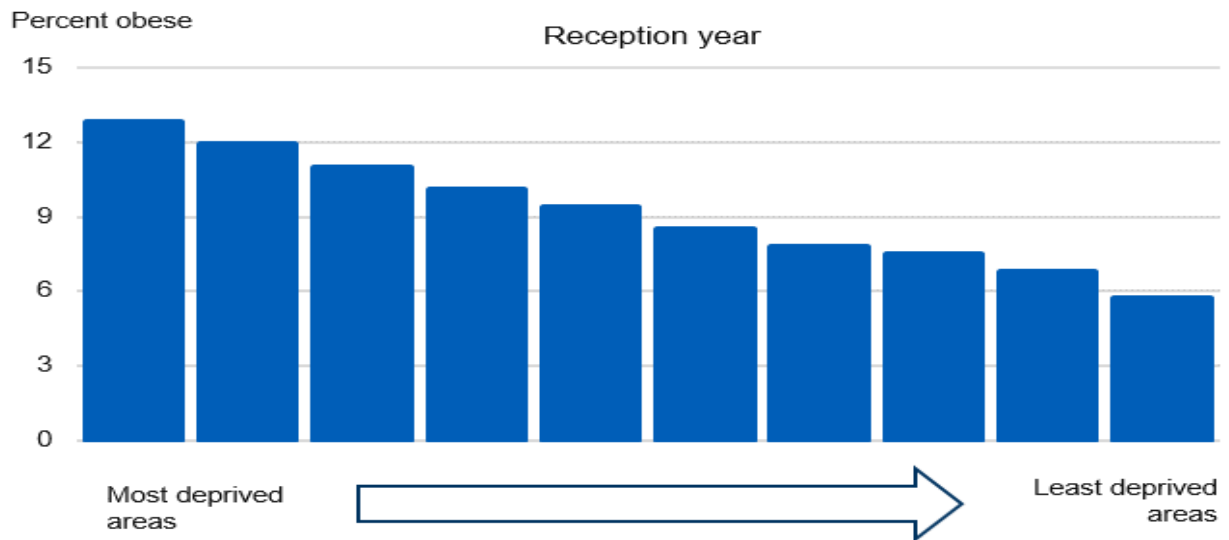
The Royal Society for Public Health report 2015 emphasised the strong correlation between deprivation and prevalence of obesity, with rates of obesity on leaving primary school in areas in the most deprived decile at 24.7% compared with 13.1% in areas in the least deprived decile.

This was echoed by work from Kelly 2015 stating that children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well off counterparts and by age 11 they are three times as likely.

Current government data by the Social Metrics Commission indicated that in 2016/17 there were an estimated 4.5 million children living in poverty (33%). Poverty was defined using the definition of anyone who cannot afford the basic needs of life: food, clothing and shelter.

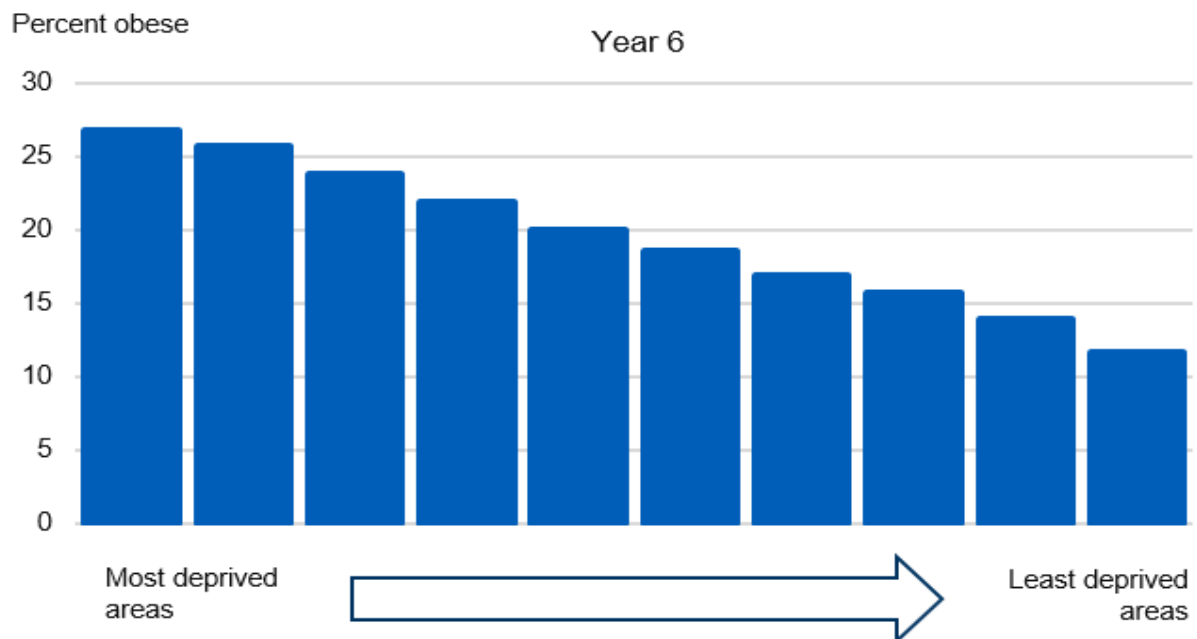
Current data highlights that the gap in inequality is not reducing with both reception and year 6 obesity prevalence in the most deprived areas being over double obesity prevalence in the least deprived areas as can be seen below in Figures 1 and 2 below.

Figure 1 – National obesity prevalence for reception age children by level of deprivation



Source - NHS Digital 2019

Figure 2 – National obesity prevalence for year 6 age children by level of deprivation

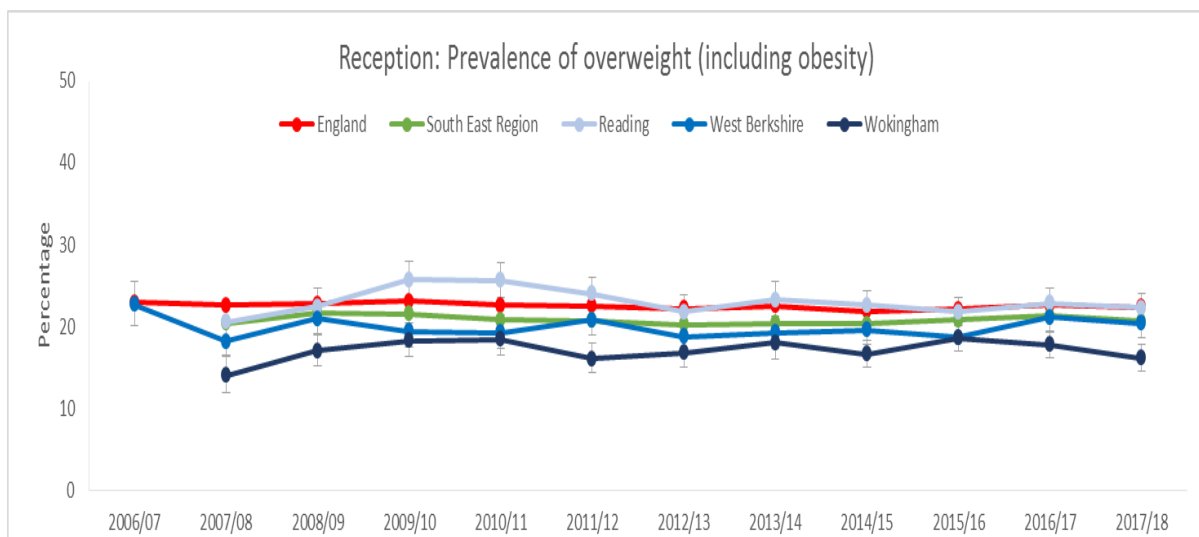


Source - NHS Digital 2019

Local – Reception age children (4-5 years)

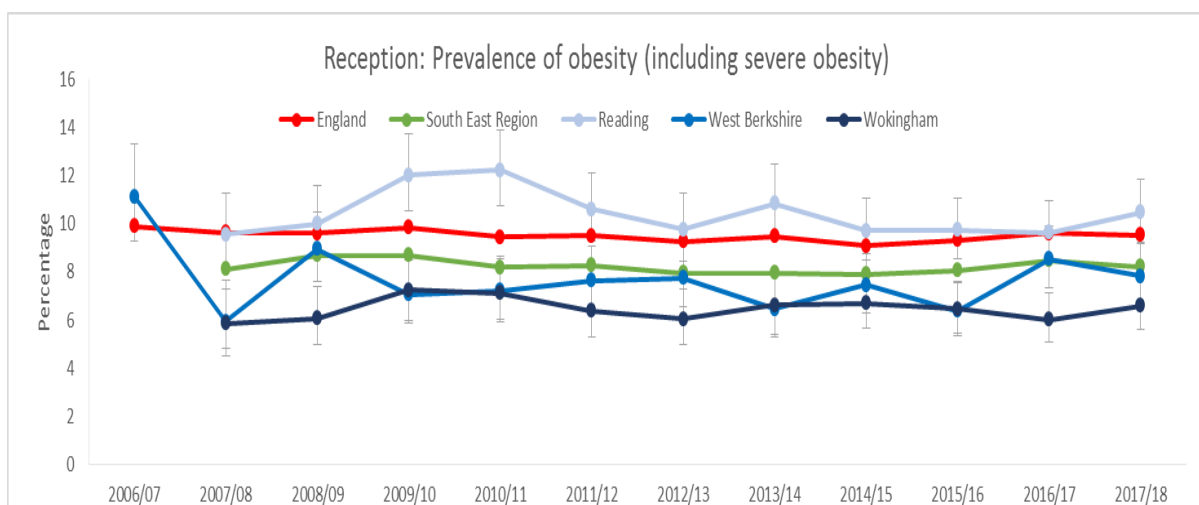
In Berkshire West, overweight and obesity rates are seen to be lower than or align closely with national averages. The most recent data from the 2017/18 NCMP shows that Wokingham and West Berkshire are lower than the national and South East averages at 16.2% and 20.4% respectively – however this still equates to 1 in 6 children in Wokingham and 1 in 5 in West Berks who are overweight or obese. Reading follows the national average closer at 22.3% with the national average being 22.4% meaning that more than 1 in 5 children are overweight or obese age just 4 / 5 years old. Figure 3 indicates prevalence in reception age children (4-5years)

Figure 3 – Reception prevalence of overweight and obesity in west Berkshire



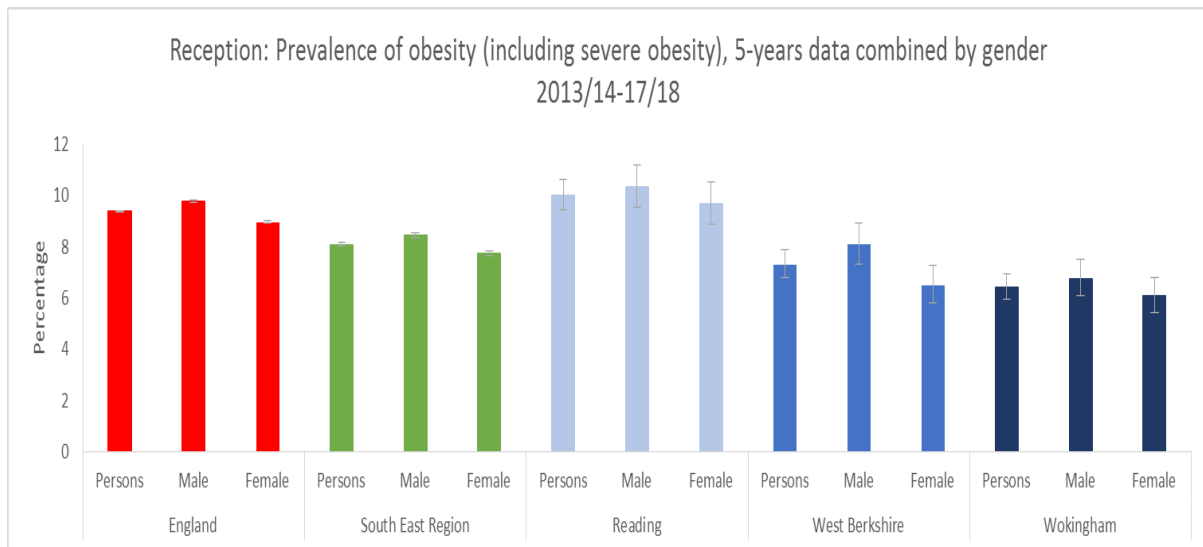
Obesity rates including severe obesity for reception aged children follow a similar pattern to overweight with 6.6% of 4-5 year olds being obese in Wokingham, 7.8% in West Berkshire and 10.5% in Reading as compared to national data of 9.5% obese and 8.25% prevalence in the South East region. This data means that approximately than 1 in 10 4-5 year olds in Reading are obese (Figure 4).

Figure 4 – Reception prevalence of obesity including severe obesity in West Berkshire



The three areas of Wokingham, West Berkshire and Reading follow the national distribution when looking at obesity prevalence by gender (see Figure 5).

Figure 5 – Reception prevalence of obesity including severe obesity combined by gender

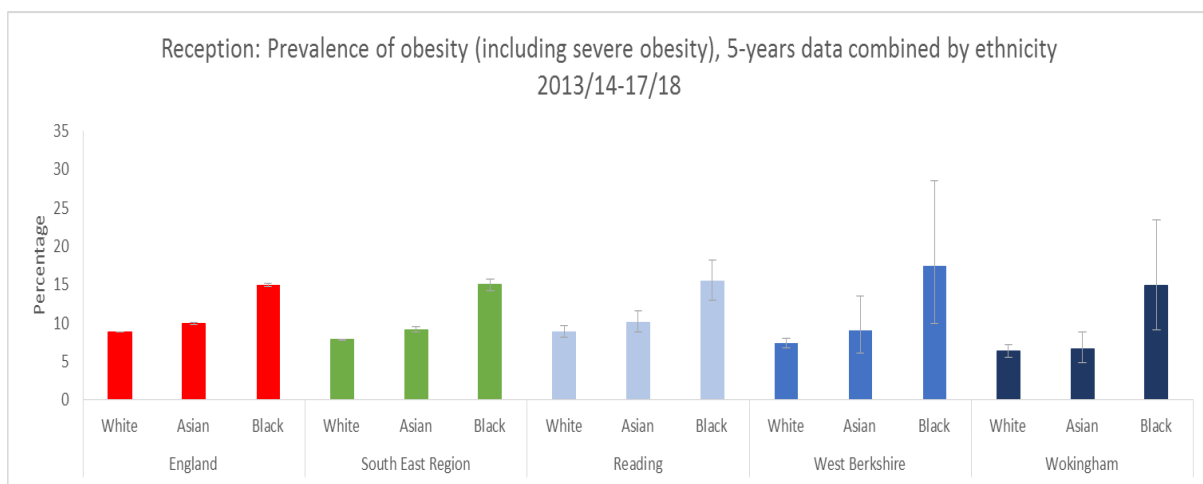


In Berkshire West, Reading has the highest prevalence of obesity combined by gender with 10.4% boys and 9.7% girls classified as obese. The biggest difference across Berkshire West when combining gender is seen in West Berkshire where 8.1% boys and 6.5% girls are obese meaning 1 in 12 boys are obese as compared to 1 in 15 girls.

Ethnicity

Local data on ethnicity also mirrors the national obesity data when split by ethnicity (see Figure 6).

Figure 6 - Reception: Prevalence of overweight including obesity combined by ethnicity

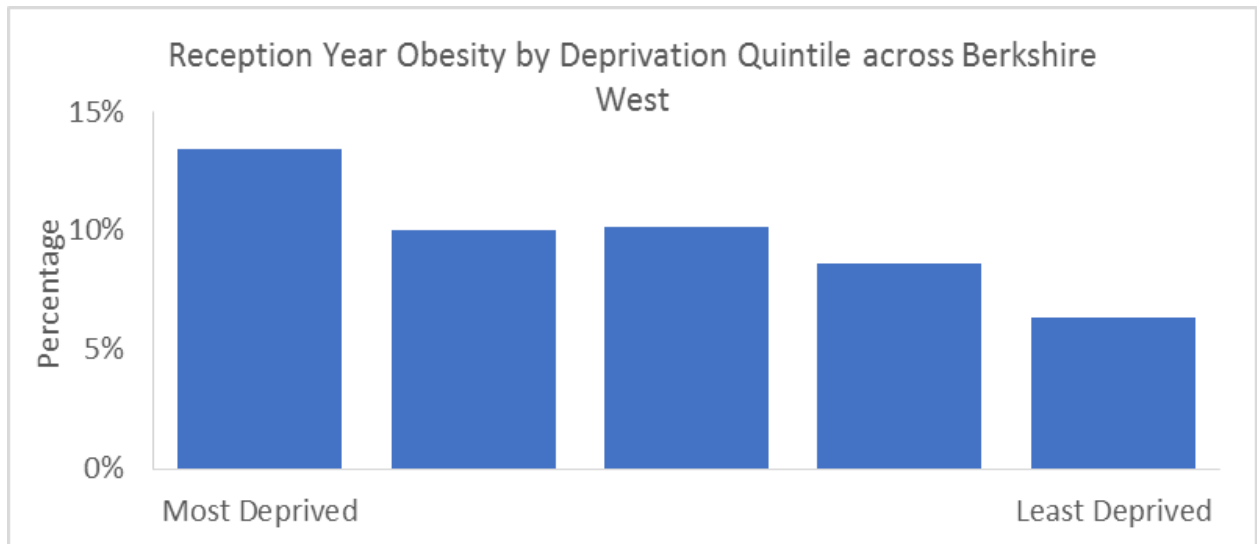


West Berkshire data indicates data for reception age BME children of 17.5% is higher than the national average of 15%, although the difference is not statistically significant.

Deprivation

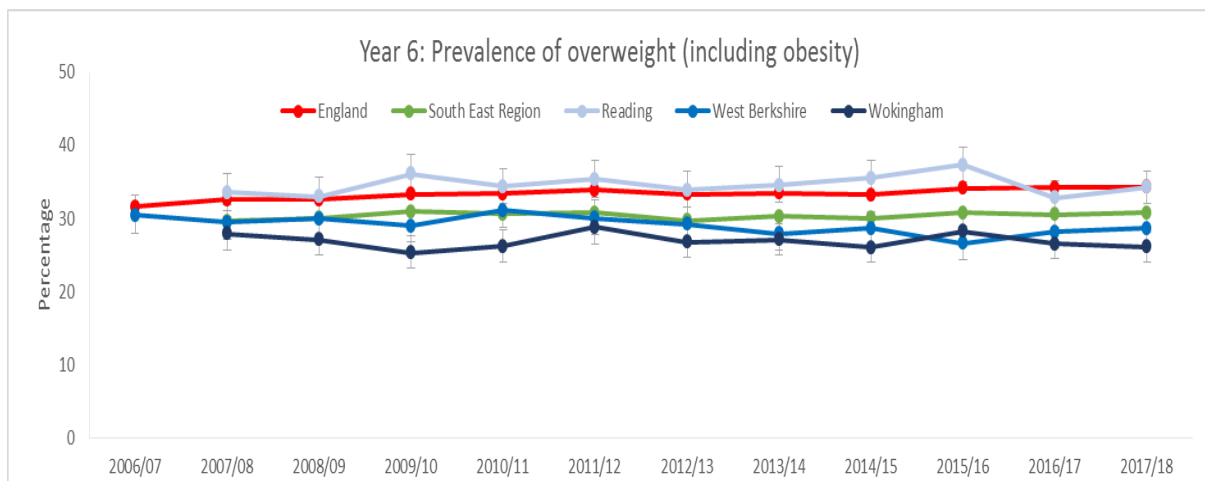
Deprivation data in relation to obesity across Berkshire West mirrors the national picture with high levels of obesity found in more deprived areas compared to the least deprived areas (see Figure 7).

Figure 7 - Reception age obesity by deprivation quintiles in Berkshire West



Latest NCMP data for 2017/8 Year 6 children aged 10-11 years indicates that Wokingham and West Berkshire are lower than the national 34.3% and South East averages at 34.3% and 30.8% respectively – this equates to 1 in 4 children in Wokingham and 1 in 3 in West Berks who are overweight or obese aged 10/ 11 years old (see Figure 8)

Figure 8 - Year 11: Prevalence of overweight including obesity

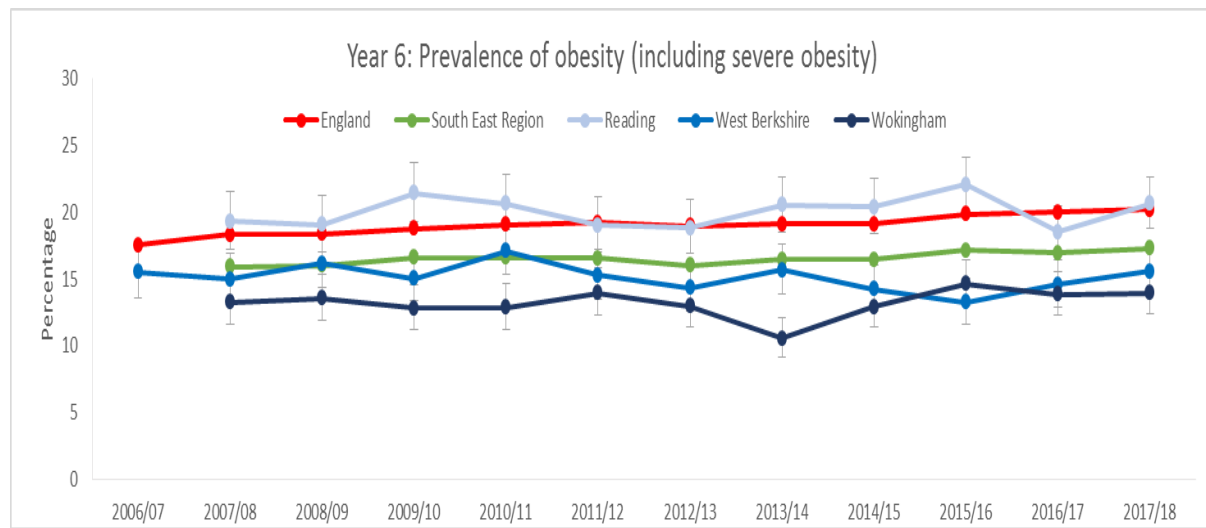


Reading data is the same as the national average at 34.3% meaning that over 1 in 3 children are overweight or obese aged 10/ 11 years old. This can be seen in Table above.

Local – Year 6 Age Children (10-11 years)

NCMP data for Year 6 children aged 10-11 years indicates that Wokingham and West Berkshire are lower than the national 34.3% and South East averages at 13.9% and 15.5% respectively seemingly low rates and a positive message however – this still equates to 1 in 7 children in Wokingham and 1 in 6 in West Berks who are obese aged 10/ 11 years old (see Figure 9).

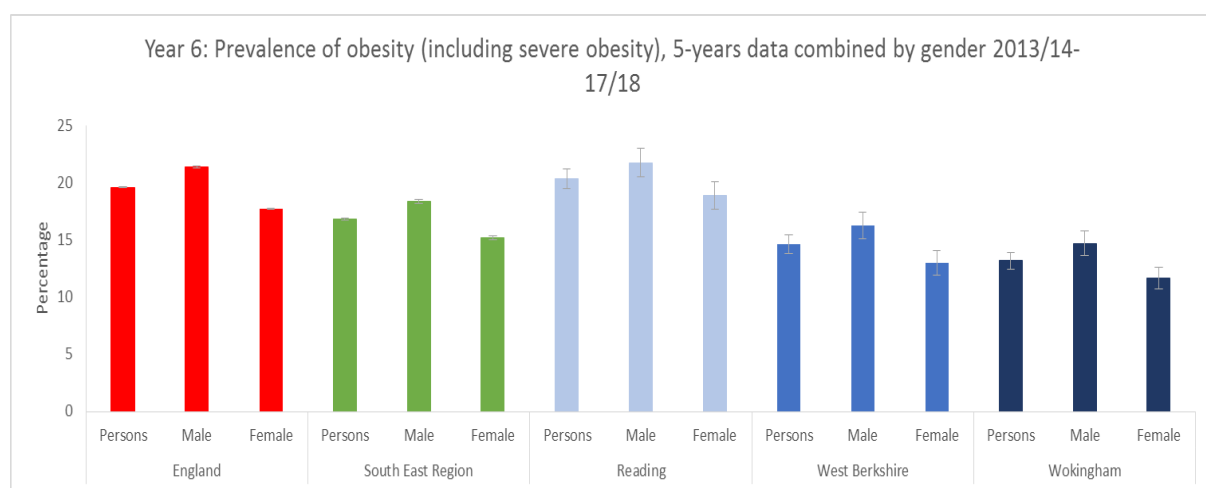
Figure 9 - Year 6: Prevalence of obesity including severe obesity



Gender

Local data reflects the national and South East regional picture for prevalence of overweight including obesity combined by gender with a higher % of boys being overweight or obese (See figure 10).

Figure 10 - Year 6: Prevalence of obesity including severe obesity combined by gender

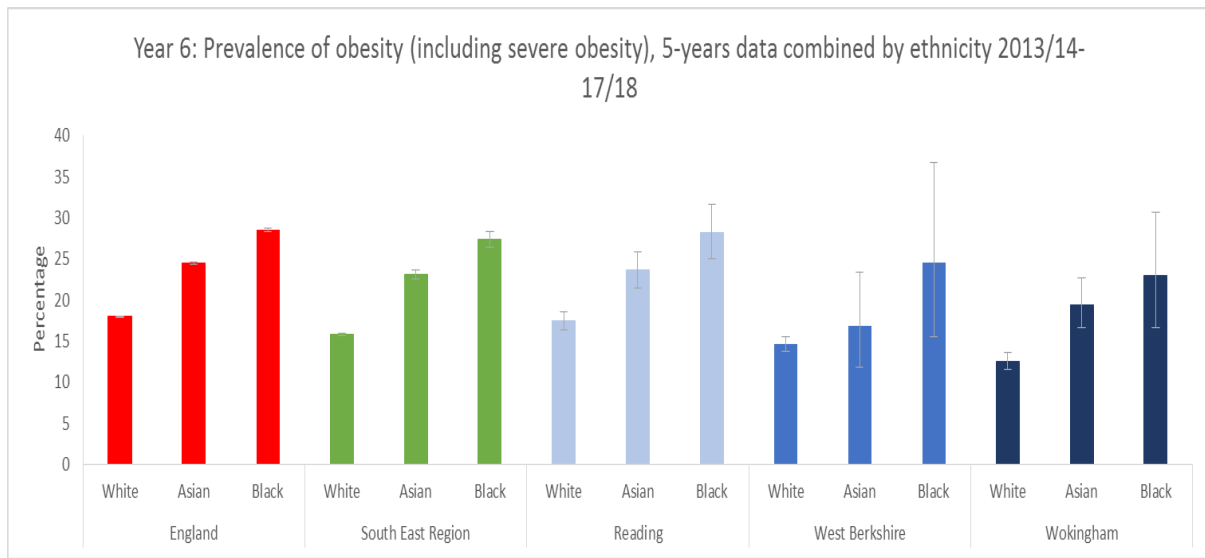


Reading, though following national distribution data, indicates that 21.8% boys are obese compared to 21.4% nationally and 18.9% of girls compared to 17.8% nationally. This means that over 1 in 5 10-11 year olds in Reading are obese.

Ethnicity

Local data mirrors the national distribution for NCMP obesity data when combined for ethnicity (see figure 11)

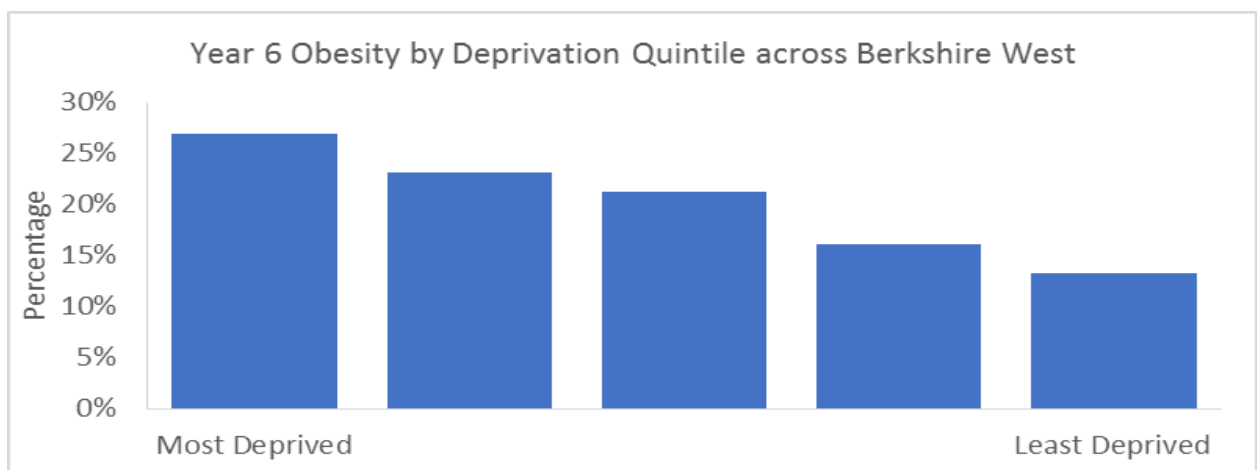
Figure 11 - Year 6: Prevalence of overweight including obesity combined by ethnicity



Deprivation

The pattern clearly continues through to the year 6 data with a similar pattern but increasing obesity rates as seen in figure 12. Year 6 obesity data for quintile 5 increases to over 50% more than in reception age data.

Figure 12 - Year 6 obesity by deprivation quintiles in Berkshire West



Adults

Prevalence

Rates of obesity and overweight have been stable in recent years, but slightly increased in 2017. Obesity prevalence increased steeply between 1993 and 2000, with a slower rate of increase after that. The prevalence of obesity has generally fluctuated between 23% and 27% from 2003 to 2016. In 2017, it was 29%, higher than in recent years. Over half (64%) the population are classed as overweight and or obese. In addition, 35% of men and 49% of women had a very high waist circumference indicating higher health risks. (Health Survey for England 2017).

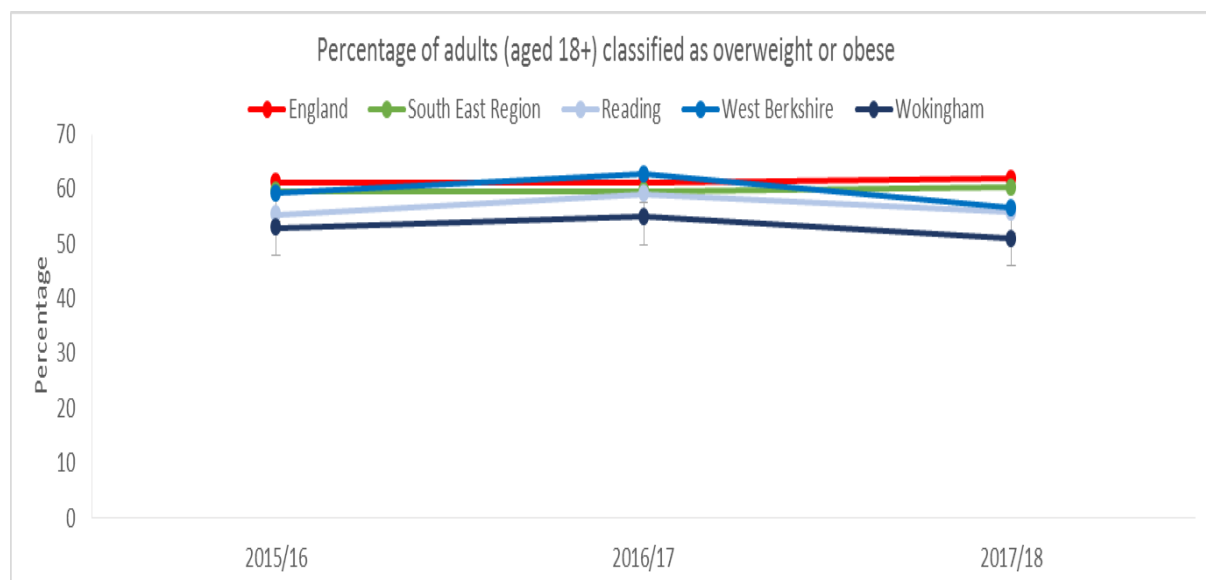
Diabetes prevalence was associated with central obesity, measured by waist circumference. 12% of men and 9% of women with a very high waist circumference had either diagnosed or undiagnosed diabetes. This compared to 6% of men and 2% of women with high waist circumferences and 4% of men and 1% of women with a desirable waist circumference. (Health Survey for England 2017).

Obesity including severe obesity

27% men and 30% women were classed as obese and 2% of men and 5% of women morbidly obese (defined as a BMI 40 and above).

Prevalence for adults classified as overweight and or obese indicates that whilst lower than the both national and South East averages there are still over half the adult population across Berkshire West classified as overweight or obese. Data indicates prevalence for Wokingham at 50.9%, Reading at 55.7% and West Berkshire at 56.6% (see figure 13).

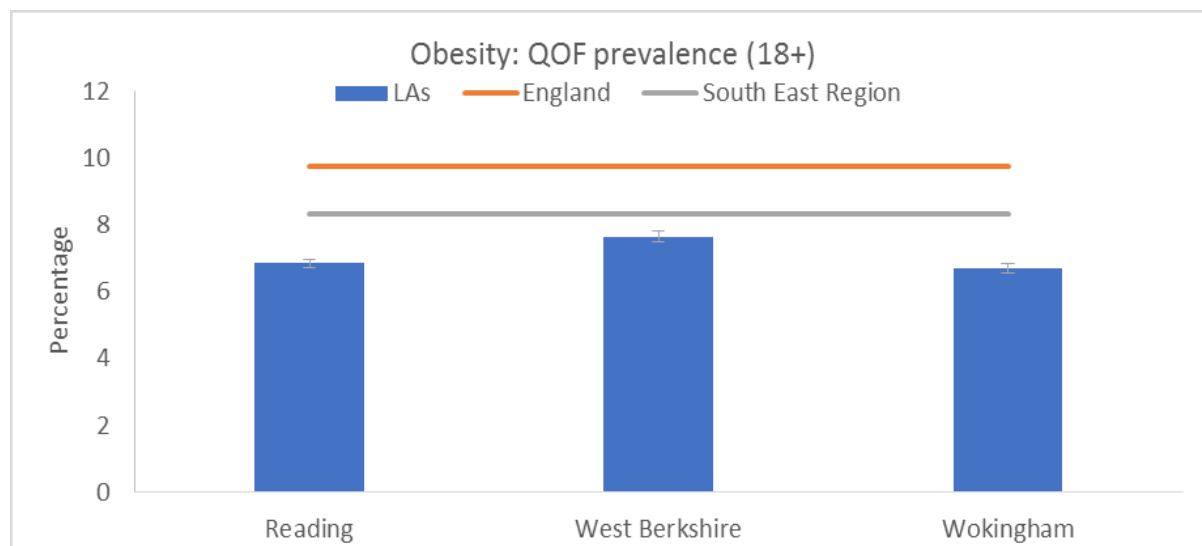
Figure 13 - Percentage of adults classified as overweight or obese



In GP practice, indicators are agreed as part of the GP contract negotiations annually. These indicators have points attached that are given to GP practices based on how they are doing compared against these measures. The indicators cover the management of major public health concerns, for example smoking and obesity. For obesity the national average is 9.8% as can be seen

in figure 14. Caution should be applied to this data as it will be an underestimate of the real issue of obesity across Berkshire West recording only patients who attend their GP practice.

Figure 14 - Obesity QOF Prevalence



Obesity prevalence by gender

Men are seen to be more likely to be overweight, whilst women more likely to be obese. The Health Survey 2017 data indicated that 67% of men and 62% of women were overweight or obese of which, 27% men and 30% of women, were obese with 2% of men and 5% of women being morbidly obese.

Considering waist circumference, as for BMI, there were increases between 1993 and 2017 for both men and women in the proportion with a very high waist circumference. The proportion of men with a very high waist circumference (more than 102 cm) rose from 20% in 1993 to 35% in 2017. The proportion of women with a very high waist circumference (more than 88 cm) rose from 26% to 49%. The increase in waist circumference indicates an increased health risks e.g. type 2 diabetes, hypertension and CVD.

Obesity prevalence by ethnicity

The Active Lives Study, 2015/16, found that Black adults were the most likely out of all ethnic groups to be overweight or obese, and were more than twice as likely as Chinese adults to be overweight or obese.

The Health Survey for England cited the WHO review undertaken in 2004 that concluded that increased risk of chronic diseases occurred at lower BMI levels in Asians than White Europeans. The majority of the evidence was related to diabetes, with increased risk at lower BMI cut-off points for Asian adults (including South Asian and Chinese adults). NICE guidance published in 2013 concluded that people from Black, Asian and other minority ethnic groups are at an equivalent risk of diabetes, other health conditions or mortality at lower BMI levels than the White European population. NICE guidance 2013, recommends use of lower BMI cut off points for these populations.

Obesity prevalence by level of deprivation

Obesity varied by household income, with those in the lowest quintile of household income having the highest mean BMI and highest prevalence of obesity. The variation was more pronounced among women and was around twice as common among women in the lowest quintiles as in women in the highest quintile (38% compared with 18%).

Maternal obesity

The Centre for Maternal and Child Health 2010 found that the UK prevalence of women with a known BMI ≥ 35 at any point in pregnancy, who give birth $\geq 24+0$ weeks' gestation, is 4.99%. This translated into approximately 38,478 maternities each year in the UK. The prevalence of women with a pregnancy BMI ≥ 40 in the UK is 2.01%, while obesity (BMI ≥ 50) affects 0.19% of all women giving birth.

Marchi et. al. 2015, is cited in the document, Healthier Weight Services in England Before, During and After Pregnancy, reporting that there are a number of specific adverse outcomes associated with maternal overweight and obesity for both mother and child including higher rates of mortality, complications such as gestational diabetes and hypertension and higher rates of admissions to neonatal units. Given rising obesity rates and the high risks of adverse outcomes, maternal overweight and obesity before, during and after pregnancy is considered a significant public health priority. Recommendations include that local maternity systems should prioritise maternal healthier weight within their local work streams. This should not however just focus on midwives providing care but should look at the wider health professional network. Additional emphasis needs to be on improving services which encourage physical activity and for women with a raised BMI. There is also evidence supporting maternal obesity linking to lower rates of breastfeeding.

This review identified a gap regarding health in pregnancy support and interventions across Berkshire West. This has also been identified in the STP Local Maternity Plan that has identified obesity as one of two key local priorities. In addition on undertaking mapping as part of this review it is apparent that the development midwifery lead at Royal Berkshire Hospitals has expressed interest in working in partnership and has identified the need to draft pathways to promote best practice across Berkshire West.

Maternal obesity

Evidence has shown that obesity is linked with increased risks of complications throughout pregnancy. Stirrat et. al. 2013 supports the fact that maternal obesity increases the health risks of both mother and child and pregnant women with a BMI of 30 and over are termed high risk and offered additional monitoring and support. In addition evidence indicates that children with one or both parents being overweight and or obese significantly increase their risk of becoming overweight and or obese.

Gender and Ethnicity

Though there is a gap in accessing data on ethnicity and gender locally (with future commitments being to record particularly ethnicity data) and overweight and obesity it is known as cited in the Healthy Weight Strategy for Berkshire West that 12% of Wokingham's population, 5% of West Berkshire population and 35% of Reading's population are from Black and ethnic minority groups and as national data indicates Black adults are most likely to be overweight and or obese of all ethnicity groups

Deprivation

With clear links to obesity and deprivation Berkshire West though containing some of the most affluent areas in the UK also has clearly defined areas of deprivation.

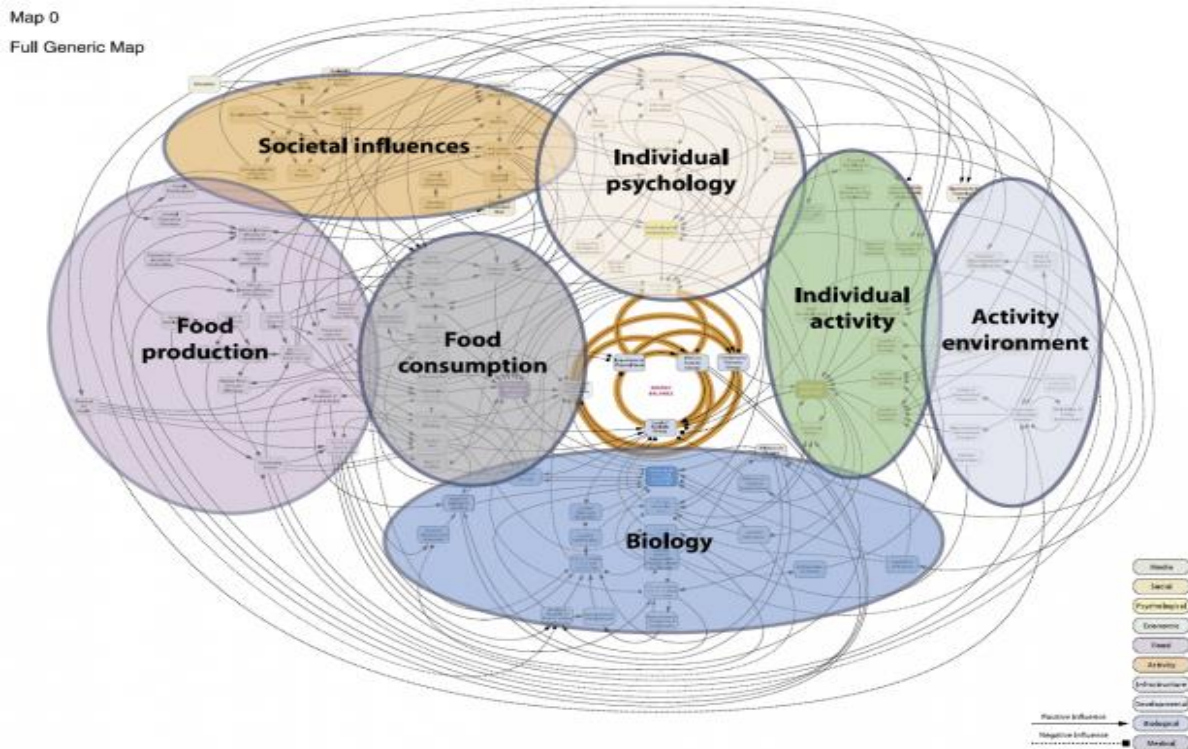
Wokingham is the second least deprived area in the UK however two areas within Wokingham are ranked as in the most deprived areas in the UK these are Wokingham Without and Norreys. Wokingham residents benefit from two years extra life expectancy for both men and women, however men in the most deprived 20% have 4.5 years less left expectancy and for women the gap is wider still at 5.5 years less life expectancy.

West Berkshire also sees a distinct gap in life expectancy due to deprivation with men having a life expectancy of 75.3 years in Victoria compared to 85.2 in Bucklebury, this is a gap of almost 10 years. Women see a similar gap with those in Thatcham North having a life expectancy of 80.6 years as compared to 90.2 years in Birch Copse. Reading residents have an average life expectancy of 78 years for men and 83.1 for women with a gap of 10 years for men and 5 years for women comparing those living in the most affluent areas to most deprived areas.

Causes of obesity

WHO 2015, stated that the fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended. This remains largely true at an individual level, however as identified in the Foresight Report 2007 the obesity map Identified 100+ variables that can all influence energy balance as seen in the Foresight map below. Obesity is multifactorial and therefore must be addressed as such. Foresight outlined that eating and physical activity are two critical behaviours with the potential to influence energy balance in the body. However, eating behaviour is shaped by the drive and opportunities to eat. This means that energy intake may vary hugely from person to person going from zero to several thousand calories each day. Physical activity is the behavioural component of energy expenditure. Foresight states 'it is a function of individual metabolic predisposition, modulated again by the prevailing environment'. A term often referred to with regard obesity is that the UK is an obesogenic environment and considering the critical behaviours it is easy to see that current environmental and lifestyle choices are promoting and making it easy to access affordable higher fat / sugar / energy food and drinks choices indicating that opportunities are increasing rather than decreasing and the environment and lifestyle factors are promoting sedentary behaviours thus supporting the need for work at an environmental level as priority.

Figure 15 – The Foresight obesity systems map



Foresight 2007

Evidence indicates that obesity interventions focussed at downstream reactive approaches will not begin to solve this issue needing instead to refocus upstream on the systems and cause of obesity. Evidence is increasingly supporting the move towards refocussing vision and resources to take a whole systems approach to obesity to really start making a difference.

Factors that influence obesity

As well as the social environment, factors that are acknowledged to have a role include genetics, though obesity that is linked solely to genes or monogenetic obesity is rare. Genes can play a part and Goodarzi (2018) reported that genes by environment and lifestyle interaction analyses have revealed that our increasingly obesogenic environment might be amplifying genetic risk for obesity, yet those at highest risk could mitigate this risk by increasing physical activity and possibly by avoiding specific dietary components.

The life course is now widely accepted and it is known that there are certain times throughout life which increase obesity risk, early years have lasting influence on health through to adult life. Emphasis should be on the life course approach, this is supported by the evidence with the first 1000 days of life outlined as critical to dictating health risks. Obesity risks can begin with maternal obesity indicating increased risk to the child, parents being obese increasing the risk that the child will be obese, breastfeeding and weaning choices either increasing risk or offering protection. Lifestyle behaviours and patterns are formed and learned in the early years and it is accepted that targeting early years will bring the biggest value for money by decreasing risk and focusing on prevention. Acknowledging other key ages regarding obesity throughout the life course supports focus on adolescence and puberty, menopause and older age due to decreasing Basal Metabolic Rate BMR.

Lastly there are the financial elements with clear links between obesity and deprivation and a need to work to reduce the excess of affordable high energy low nutritional foods.

Life course – Who is at risk and when?

Children

Stirrat's work identified that a child's risk and the early years of life are linked with learning and developing patterns of lifestyle patterns and behaviours that continue throughout life.

Obese children are also more likely to become obese adults.

Adolescents and puberty

Puberty results in an increase in body fat and weight.

Menopause

With decreased energy needs as menstruation ends and a decreasing BMR that continues as we age this is a common time of weight gain. Pre menopausal women also gain some hormonal protection in relation to heart disease as identified by Whyne et. al. 2015. Oestrogen protects the heart and blood vessels and tends to have higher rates of HDL cholesterol pre menopause thus meaning healthy lifestyle behaviours are needed post menopause as risk of developing heart disease and or circulatory conditions such as stroke increases. The British Heart Foundation outlines that women who undergo early menopause are at higher risk of premature heart disease.

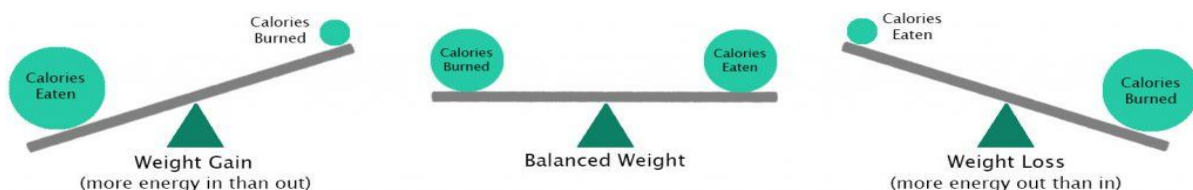
Older adults

As we age though BMR levels reduce energy intake often stays the same thus increasing the risk of weight gain, this is also a time when activity can start to decrease and yet the need to eat healthy and keep mobile is crucial to healthy aging and to help reduce years living in ill-health and disability.

Risk Factors

Diet

The energy balance equation is often cited as a key issue in weight management.



WHO 2015, stated that the fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended as seen above. However as identified in the Foresight Report 2007 the obesity map Identified 100+ variables that can all influence energy balance. This work started to highlight that obesity is complex with many behavioural and social factors that combine and contribute to the causes of obesity. Foresight 2017 stated the common perception is that if only people ate less and did more the problem of obesity would be solved however the evidence describes this as a deceptively simple analysis masking the real challenges of achieving a solution, there is an underlying complexity to obesity requiring a multifaceted approach.

This has already been discussed under causes of obesity.

WHO, 2015 stated that globally, there has been an increased intake of energy-dense foods that are high in fat together with an increase in physical inactivity and sedentary behaviour, this they said was due to the increasingly sedentary nature of many forms of work, transportation, and increasing urbanisation.

The main dietary recommendations from the report were to work towards; increasing the consumption of fruit and vegetables, (including legumes), whole grains and nuts; limiting / decreasing the energy intake from total fats and to aim to shift overall fat consumption away from saturated fats to unsaturated fats and limiting / decreasing the intake of sugars. All the above advice is incorporated in the current UK healthy eating guidance and policy recommendations. Physical activity (regular, moderate- to vigorous-intensity activity daily) was also highlighted in the recommendations.

National Diet and Nutrition Survey (NDNS) 2016

The latest survey data in 2016 reported key findings including that the UK population continue to consume too much sugar and saturated fat with intakes of both being above the dietary recommendations. Diets were lacking in fruit and vegetables, oily fish and fibre. Intakes of free sugars and fibre failed to meet the recommendations for **all** age groups. A positive finding was that the mean total fat and trans-fatty acids intakes were in line with current dietary recommendations.

The NDNS trend data also indicated that free sugars and sugary drinks consumed by children had reduced. Reductions were also seen in in both the percentage of children who consumed them as well as a reduction in the quantities consumed. Overall, the trends indicate little change seen to fruit and vegetable intakes with the 5-a-day target remaining low at just 10% for 11-18 year olds. A downward trend in alcohol consumption for all age groups aged 11 years and over was also seen and this was statistically significant for girls 11-18 years old.

The NDNS also indicated evidence that differences in income lead to differences in food consumption; reporting that trends indicated that with increasing income there was a decreasing trend for children seeing lower percentage consumption of sugar sweetened drinks with lower intakes of free sugars being seen for children.

Sugar

The Scientific Advisory Committee on Nutrition (SACN) 2015 recommended that the average intake of free sugars should not exceed 5% of total dietary energy. This advice was based on SACN's assessment of the evidence on the effect of free sugars on the risk of dental caries and on total energy intake. The report stated that higher sugar intakes were found to increase the risk of higher energy intakes and the higher the consumption of sugars, meaning the more likely people were to exceed their estimated average requirement (EAR) for energy. Therefore the report concluded that, if intakes of free sugars are lowered (and adhered to), the more likely it is that the EAR for energy will not be exceeded, and SACN concluded that this could go some way to addressing the significant public health problem of obesity. These recommendations were supported by PHE within the Sugar Review 2015 and by the government as recommendations within the Childhood Obesity Strategy - A plan for action 2016.

The Government strategy 2016, A Plan for Action, included recommendations for a sugar tax to be applied to sugary drinks with monies gained from this tax to be used in schools to support increasing physical activity opportunities. The UK Healthy Capital Fund / sugar levy came into force in 2018 with sugary drinks containing more than 8g sugar per 100ml having a tax applied at the rate of 24p per 1000ml and drinks containing between 5-8g of sugar per 100ml facing a lower tax of 18p per 1000ml. The Healthy Pupil Capital Fund is the fund containing monies gained from the sugar tax and that schools can now bid for to spend on improving school sports facilities and to promote healthy living interventions in school. Funding is given to multi agency academy school trusts directly otherwise to local authority areas. This funding process started 2018. Many local authorities are targeting use of the local authority funding for those schools in quintiles 4 and 5 and with areas of high childhood obesity.

Breakfast

Breakfast supports better nutritional adequacy. The British Dietetic Association (BDA) report breakfast helps top up energy stores that are used up each night providing energy for the daily activities and yet it is a meal frequently skipped. The British Nutrition Foundation (BNF) survey in 2015 found that whilst 92% of 5- 11 year olds reporting having had breakfast on the day of the survey, only 24% of secondary school children reported the same. 14% of the secondary children reported only eating breakfast when they felt like it. Research has shown that people who eat breakfast have more overall balanced diets and that eating breakfast may also help improve mental performance, concentration and mood. Many schools support this thinking offering children breakfast before SATS tests. The BDA highlight that establishing a regular eating pattern has been seen to improve glycaemic control reduces likelihood of weight gain and curbs hunger pangs.

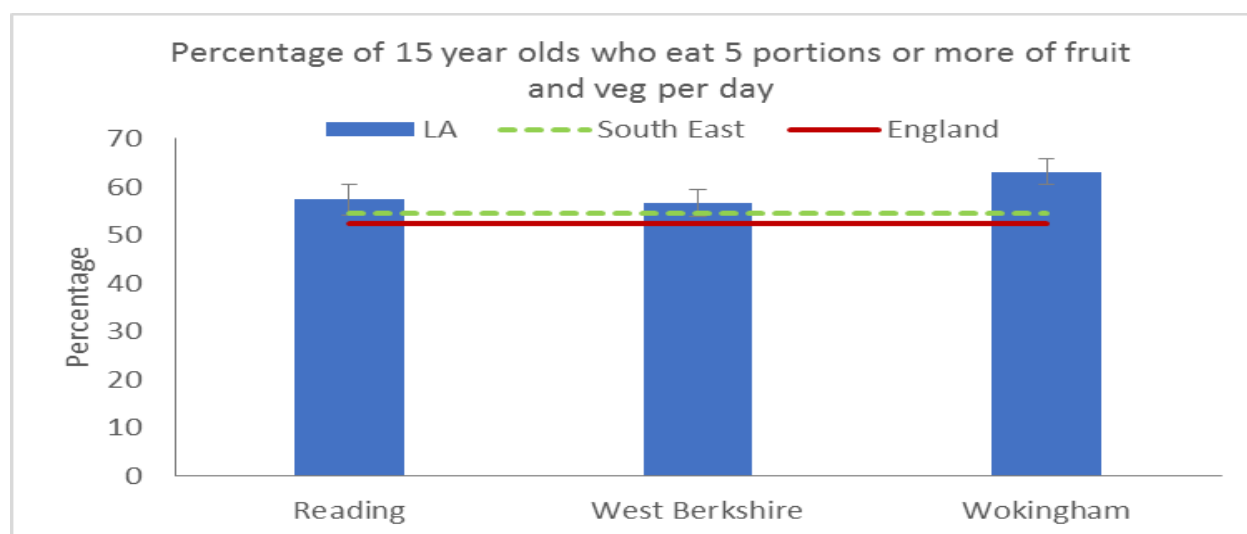
Though there has been some controversy surrounding the issue of breakfast supporting a healthy weight. Work by Moberly in 2019 concluded that there is no good evidence to support the idea that eating breakfast promotes weight loss or that skipping a meal leads to weight gain. However, on looking closely, the quality of the studies were deemed low and caution was advised when reviewing this research. There is however, some research suggesting that breakfast can ensure better nutritional adequacy as seen in the work by Gaal 2018. Wyatt et. al. in 2012 reported that looking at the Weight Control Registry and individuals who have lost weight and successfully maintained only 4% reported not eating breakfast the conclusion being that eating breakfast is a common characteristic to successful weight loss maintenance and may be a factor in success.

In some areas in the UK schools participate in pupil voice surveys where years 4 and 6 at primary and years in secondary school complete a lifestyle survey. This data informs schools about their population allow them to track trends overtime and compare to the national average, results also allows schools to focus interventions and resources accordingly. There is currently no such data across Berkshire West.

Fruit and vegetable intake

New PHOF data 2017/ 18 shows that reported 5 A DAY intake is higher in all three Berkshire West localities as compared to the national average (see figure 16)

Figure 16 - Year olds who are eating 5 portions of fruit and veg per day



Wokingham data indicates 63.1% of 15 years olds responding reporting eating the recommended minimum of 5 portions of veg per day with Reading 57.4% and West Berkshire 56.5% close behind. Data from the WAY survey 2015 provides estimates of portions of fruit and veg eaten daily. Wokingham sees intake of 2.63 portions of fruit daily and 2.66 portions of veg West Berkshire sees similar with 2.43 portions of fruit and 2.58 portions of veg and Reading similar again with estimates being 2.42 portions of fruit and 2.51 portions of veg. All areas are better than the UK average.

School meal Uptake

National data regarding school meal uptake is limited since the demise of the School Food Trust. The Children’s Food Trust in the State of the Nation Report 2016 collated data from various sources including the school census and the last school meal survey in 2012. Results estimated 5.4m school age children in the UK have school meals and that 4.8m children –have a packed lunch at school, go home for lunch, or go off the school site to eat. The State of the Nation report 2016 found that Chocolate biscuits, crisps, sugary drinks and cereal bars were staple foods commonly found in children’s packed lunchboxes.

Wokingham borough council currently holds the school catering contact for 34 of the 50 schools and latest data for 2017/18 indicates that there is a 53% uptake of school meals compared to 35% in 2012/13.

Reading holds the school catering contract for 44 of the local schools and the latest data indicates that there is a 54.37% uptake of school meals compared to 36.99%.

Considering that free school meals for KS1 children and young people will have had a huge impact on increasing school meal uptake local KS2 data was also reviewed and indicated not such a positive picture when school meals have to be paid for in KS2.

All three local areas have different school catering companies with Caterlink in Wokingham, ISS in West Berkshire and Chartwells in Reading. All three are national companies identifying commitments to the prevention agenda and offering healthy school meals that meet the school, food standards asking the companies to monitor this in settings as part of KPIs would be an easy way to identify what is actually happening in local schools, in addition all the catering companies

communicate a commitment to reducing sugar and undertaking activities to encourage children and young people and their parents and carers that school meals are a good choice. A quick win locally could be to work alongside these caterers to identify barriers to school meals especially Universal Free School Meals (UFSM) and to ensure that taster sessions are offered at events undertaken for new children. Work could also be undertaken locally addressing the sugar agenda by gaining a pledge for companies to remove syrups and drizzles that frequently top school puddings this could ensure that locally schools are more prepared for the new school food standards when they come into force. There is also the issue with some schools not participating in the local school catering contracts, a consideration could be to pilot offering local catering networking days that include key training such as food allergy and CHO counting in-house and smaller caterers are often keen to pay to attend such training and this can start to form a local school food network needed to link to WSA workshops in the future.

School meals and packed lunches

The UK government requested a review of school food in 2013, the review was led by Leon and Dimbleby and was aimed at improving school food. Improving the quality and nutritional value of school food and the overall school dining experience were prioritised and widely promoted following the launch of the school food plan 2013. These recommendations were closely followed by the launch of new updated School Food Standards which came in to force from January 2015.

The standards were devised to be easy to understand and easy to apply at a practical level. Following the School Food Plan 2013 School food and the dining environment are now included in the Ofsted school review. In addition. Additional recommendations included that practical cooking lessons were reinstated back onto the school curriculum and this occurred in 2016 placing emphasis on good food throughout the school day. A whole school approach to food was promoted encouraging schools to look at food throughout the school day rather than just focus on school lunch. Though it is thought that these changes have resulted in some improvements to school food the Government Childhood Obesity Strategy - A plan for action stated that there will be further revised school food standards with amendments to focus on sugar and fibre in line with the SACN findings and recommendations. PHE report that work is ongoing on the new updated school food standards with the working group meeting again in autumn 2019. A point to note is that The School Food Plan 2013 also made the point that 'it is what is monitored that gets done' a consideration that is needed at both local and national levels. Locally areas could be looking at how school settings can be encouraged, motivated and supported to achieve and exceed these standards. Collating the increasing evidence on food and attainment may support this.

Adults

Diet

PHOF data for adults reported eating 5 a day sees 54.8% of the population meeting the recommended minimum of 5 portions daily. Looking individually at fruit and veg data shows that the average portions of fruit eaten daily is just 2.5 and for veg 2.65, this clearly indicates room for improvement.

NDNS - Adults

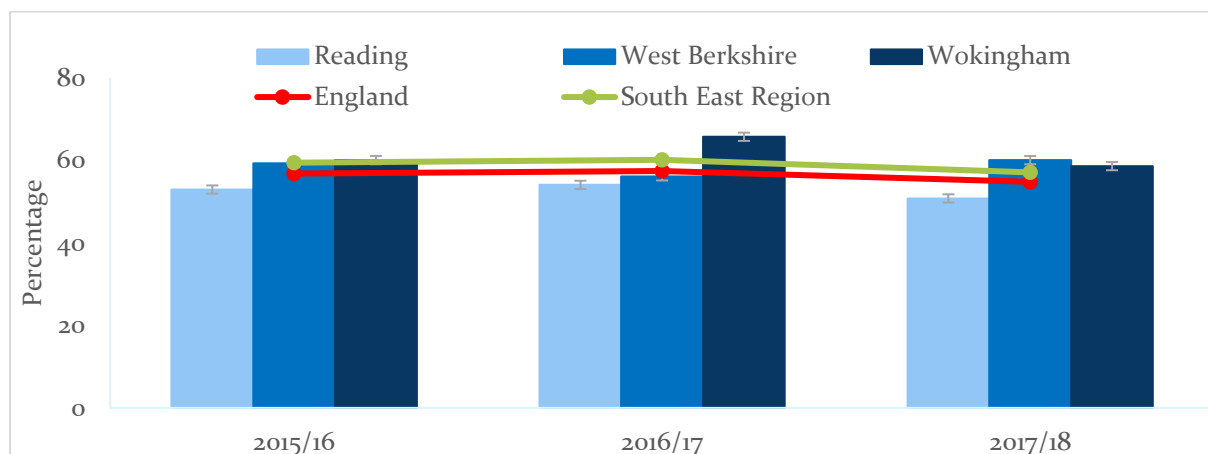
NDNS trend data 2019 indicated a reduction in free sugars and sugary drinks consumed by adults but reductions were smaller when compared to those seen in children. Overall, the trends indicate

little change seen to fruit and vegetable intakes with the 5 a day target remaining low at 30% for adults. A downward trend in alcohol consumption for all age groups aged 11 years and over was also seen. This was statistically significant for adults aged 19-64 years.

Diet - 5 A Day

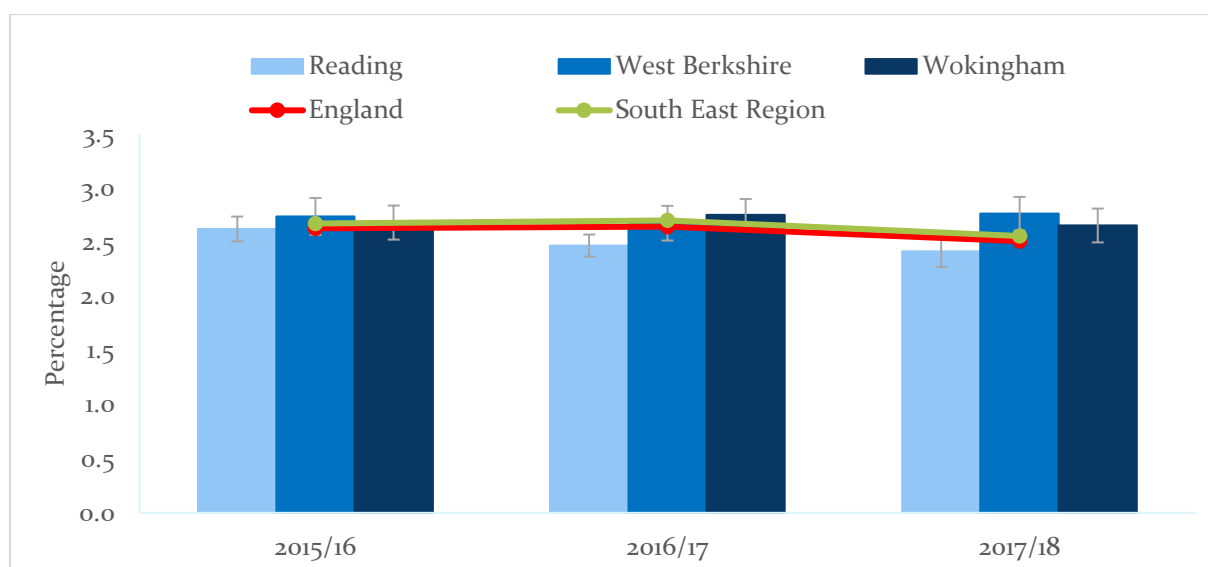
The benefits of eating a minimum of 5 a day are well promoted at national and local level with benefits of decreased risk of heart disease and some cancers, locally in Berkshire West many activities / interventions actively encourage 5 A DAY but still almost half the population are reporting not eating their 5 A DAY!

Figure 17 - % of adults reporting eating the recommended 5 a day in Berkshire West



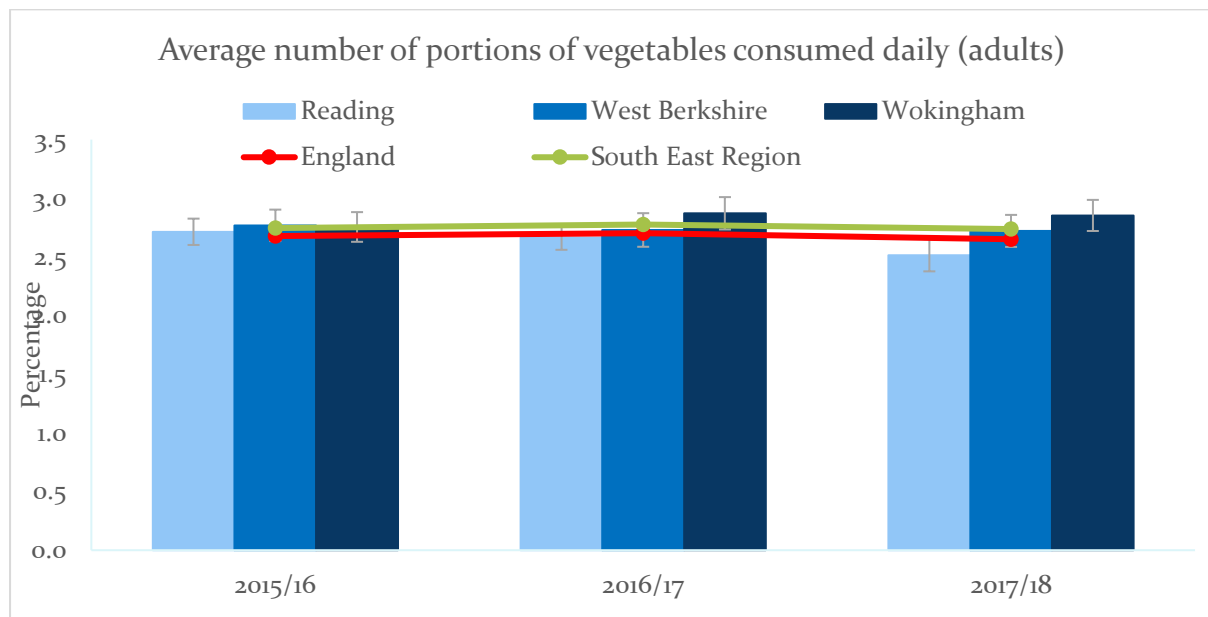
Dividing fruit and veg PHOF data indicates that locally more veg than fruit is eaten as seen in the figures 17, 18 and 19.

Figure 18 - Numbers of portions of fruit consumed daily in Berkshire West



Interestingly there has been much publicised advice linked to lowering carbohydrate and sugar intakes in relation to weight loss which could have impacted on fruit intake. Reduction of sugar can also be misconstrued with people thinking that fruit cannot be consumed. The current healthy eating advice supports a balanced intake including meals based on carbohydrate, protein and fruit / veg and reduction of sugar is particularly focussed on added / free sugar rather than natural sugars found in fruit and milk.

Figure 19 - Numbers of portions of vegetables consumed daily in Berkshire West



Parental obesity

Data from the Healthy Survey for England 2017 indicated that; 28% of children of obese mothers were also obese compared with 17% of children whose mothers were overweight but not obese and 8% of children whose mothers were neither overweight nor obese. Similarly, 24% of children of obese fathers were themselves obese, compared with 14% of children whose fathers were overweight but not obese, and 9% of children whose fathers were neither overweight nor obese.

Knott, et. al. 2018 reported that being overweight or obese does run in families. It is thought that 4 out of 10 children who have one parent who is obese will become obese themselves. And 8 out of 10 children who have two parents who are obese will also become obese themselves.

Breastfeeding

Research continues to increase supporting the fact that breastfeeding has a positive impact on obesity with some studies also linking breastfeeding to encouraging appetite regulation. The recent WHO study in 2019 reported that breast feeding can cut the chances of a child becoming obese by up to 25%; the study found that after adjustment for demographics, children who were never breastfed were 22% more likely to be obese and those who had been breastfed for less than six months were 12% more likely to be obese than children who were breastfed for six months. The protection for children who were exclusively breastfed for six months – with no formula or weaning foods involved – was even higher, at 25%.

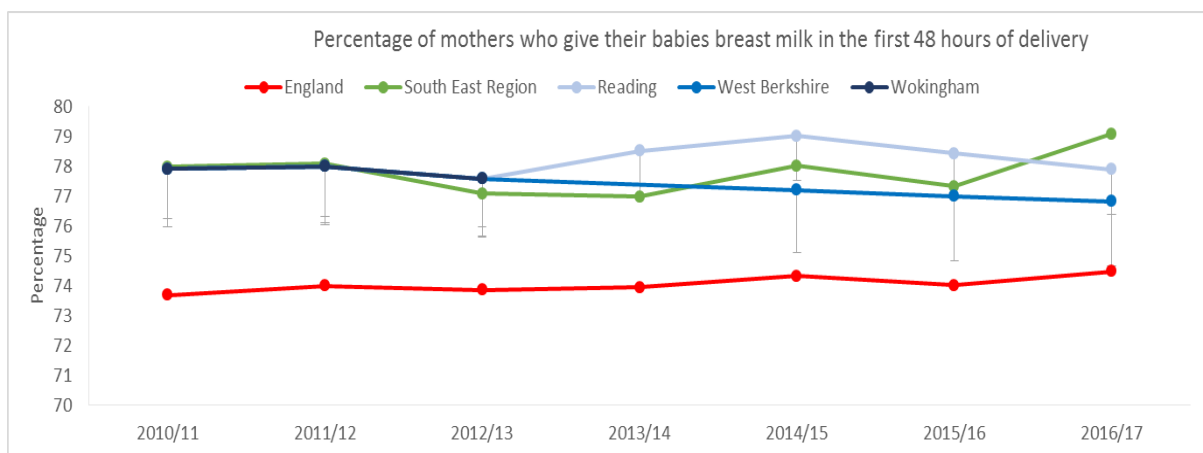
Having considered breastfeeding benefits for the baby, there is also work looking at breast feeding as a way of decreasing maternal body weight. Sharma et. al. looked at mums who had undertaken exclusive breastfeeding for 4 months or more and continuation of breastfeeding for 12 months or more. Findings suggested an inverse association between adherence to breast feeding and long term weight retentions among obese women. Dewey found a greater weight loss in women who breastfed for longer particularly 3-6 months and longer.

PHOF data reports a positive local picture with all areas ahead of the national rates of 42.7% at 6-8 weeks. Wokingham data indicates 61.8% breast feeding at 6-8 weeks, West Berkshire 76% breast feeding initiation and 52% breast feeding at 6-8 weeks and Reading 77.9% initiation and 61.8 continuations at 6-8 weeks.

However the trend data indicates a slight decrease year on year in the breast feeding rates at 6-8 weeks from 2015/16 to 2017/18 in West Berkshire. Trend data is stable in Reading and a slight increase is seen year on year from 2015/6 in Wokingham.

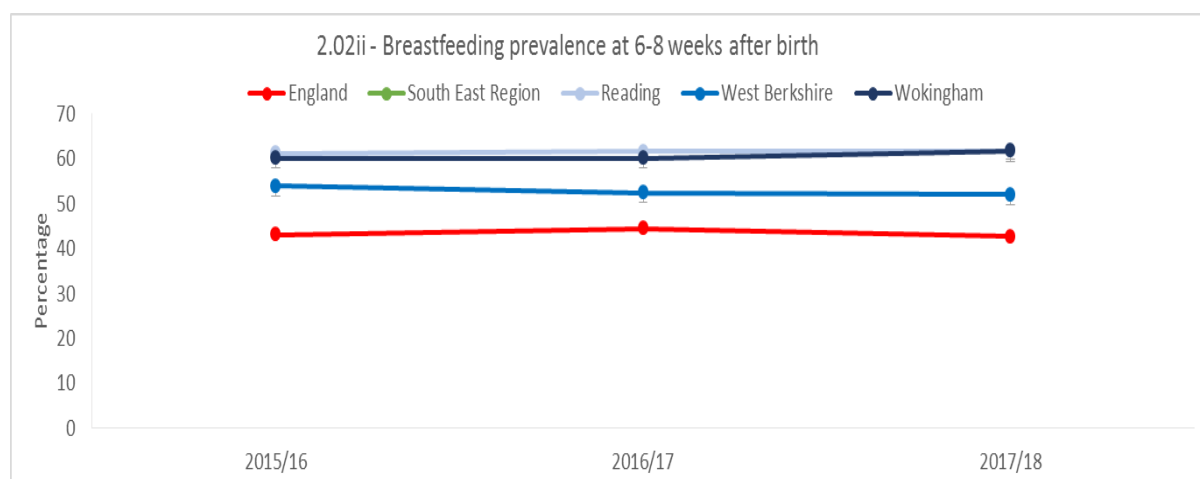
Wokingham, West Berkshire and Reading have breast feeding rates in the first 48hrs higher than the national average (see figure 20)

Figure 20 - Mother who breastfeed in the first 48hrs of delivery



However a positive point is that Wokingham, West Berkshire and Reading continue to have rates of breast feeding 6-8 weeks after the birth that remain higher than the national average (see figure 21)

Figure 21 - Mothers who give breastfeed babies 6-8 weeks after birth



Weaning

The current government weaning recommendations state that weaning should be started at 6 months of age. There is conflicting research suggesting that early and or late weaning can be linked to obesity.

Work by Sloan et. al. in 2008 found that Infants weaned earlier than the recommendations were found to be heavier at 7 and 14 months even after controlling for breastfeeding, the conclusion that early weaning was related to rapid weight gain in infancy.

However a systematic review by Symon in 2017 found no conclusive evidence in weaning early and concluded the most important factor for risk of childhood obesity was maternal obesity.

Many local authorities offer interventions and support on weaning foods and this is supported by Barlow et. al., who in 2010 identified that in certain cases where children could be identified as being at a higher risk of obesity, offering the family early support helped them realise correct portion sizes for the weaning foods and helped the family to establish a pattern of meals with good weaning food choices being made, the work also showed this could lead to positive changes in improving family food too.

Global burden of disease

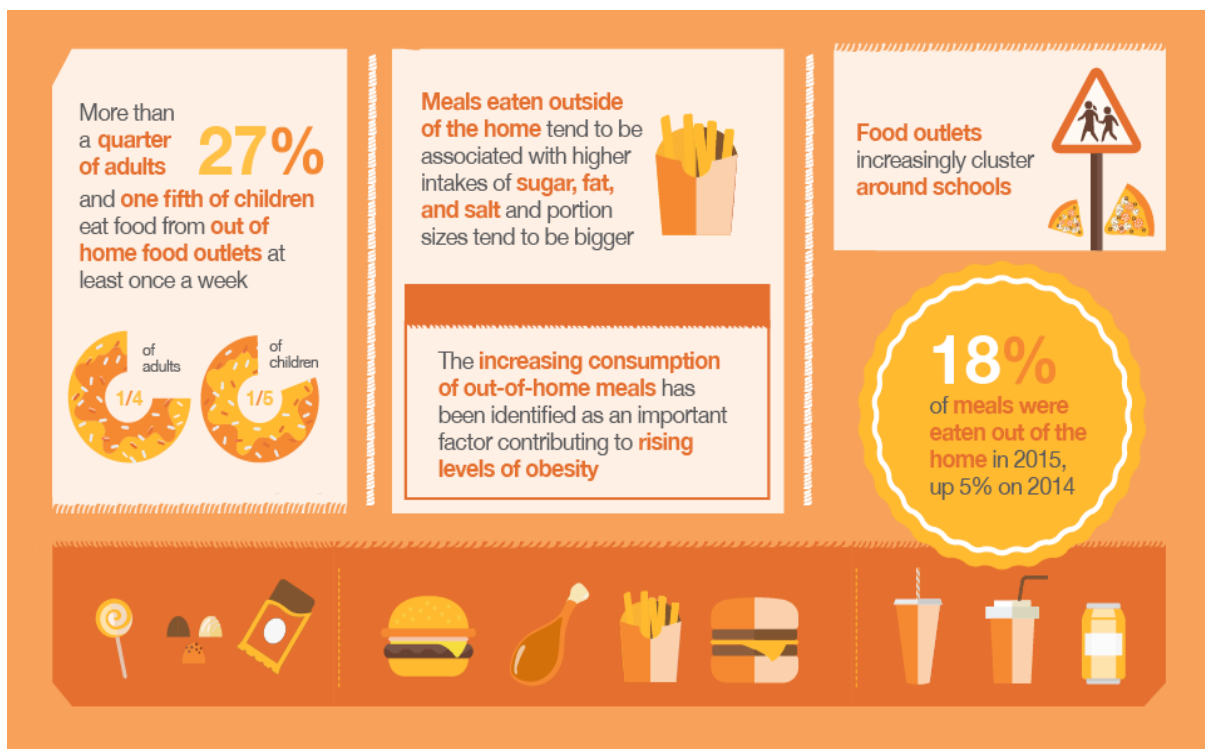
The global burden of disease is research that is undertaken across 195 countries that has shown non communicable diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally. Each year, almost a third of these NCD deaths - 15 million people occur prematurely in people between the ages of 30 and 69 years. Four groups of diseases account for over 80% of all premature NCD deaths these are cardiovascular diseases, cancers, respiratory diseases, and diabetes.

The Global Burden of Disease (GBD) 2017 Risk Factors identified dietary risks as the highest risk factors for premature death with a high BMI rated sixth. Dietary collaborators indicated dietary factors increase the risk of dying from a NCD with 4.1 million annual deaths being attributed to excess salt/sodium intake and more than half of the 3.3 million annual deaths attributable to alcohol use are from NCDs, including cancer.

In addition the GBD diet study 2017 focussed on how dietary factors impacted on NCDs. This study stated the aim to evaluate the consumption of major foods and nutrients across 195 countries and to quantify the impact of their suboptimal intake on NCD mortality and morbidity. Findings were 11 million deaths and 255 million Disability Adjusted Life Years (DALYs) being attributable to dietary risk factors. High intake of sodium, 3 million deaths and 70 million DALYs; low intake of whole grains, 3 million deaths and 82 million DALYs; and low intake of fruits, 2 million deaths and 65 million DALYs, were the leading dietary risk factors for deaths and DALYs globally and in many countries. The GBD also identified a high BMI as the sixth highest risk factor and noted the rapid increase in the prevalence and disease burden of an elevated BMI highlighting the need for a continued focus on surveillance of BMI and identification, implementation and evaluation of evidence-based interventions to address this problem.

Food Environment

PHE identified that the increasing consumption of out-of-home meals – that are often cheap and readily available at all times of the day - has been identified as an important factors contributing to rising levels of obesity. As seen from the infographic below, one fifth of children eat food from food outlets at least once a week, with foods eaten outside tending to be higher in fat, sugar and salt.



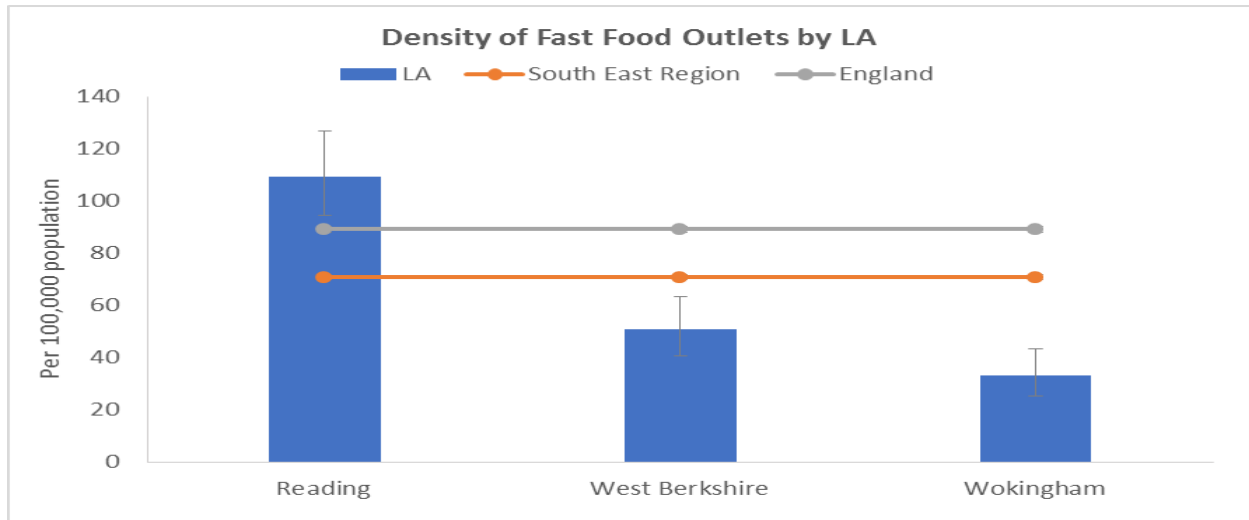
PHE (2017)

PHE 2017 also revealed that the UK's poorest areas are fast food hotspots, with 5 times more outlets found in these communities than in the most affluent. The data also suggests fast food outlets – including chip shops, burger bars and pizza places – account for more than a quarter (26%) of all eateries in England.

NICE guidance recommends encouraging planning authorities 'to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of

schools) Areas around the UK are using supplementary planning documents to implement restrictions on planning for fast food outlets most use 400m but some are moving this to 800m to cover more pupil journeys to and from school.

Figure 22 - Density of fast food outlets by local authority



Areas high in food outlets for higher fat / sugar can lack easy access to healthy food choices and deprived areas are often seen to be food deserts. Data has been requested looking at mapping local supermarkets and food provision with access routes such as bus routes to identify any local food deserts. Reading is the priority due to high level of fast food and takeaway outlets.

Figure 23 - Fast Food Outlets at ward level compared to proximity to local schools across Wokingham 2017

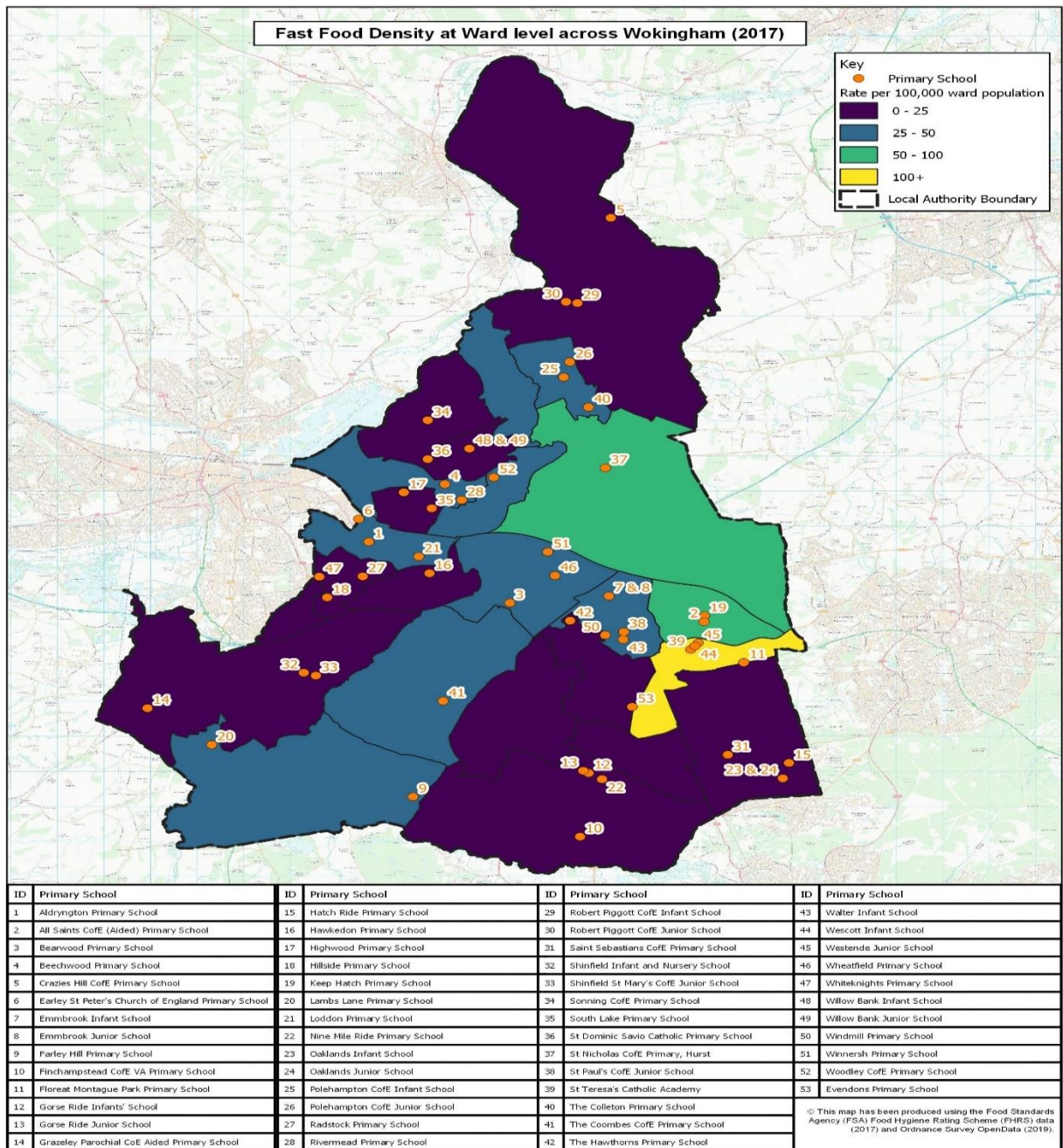


Figure 24 - Fast Food Outlets at ward level compared to proximity to local schools across West Berkshire 2017

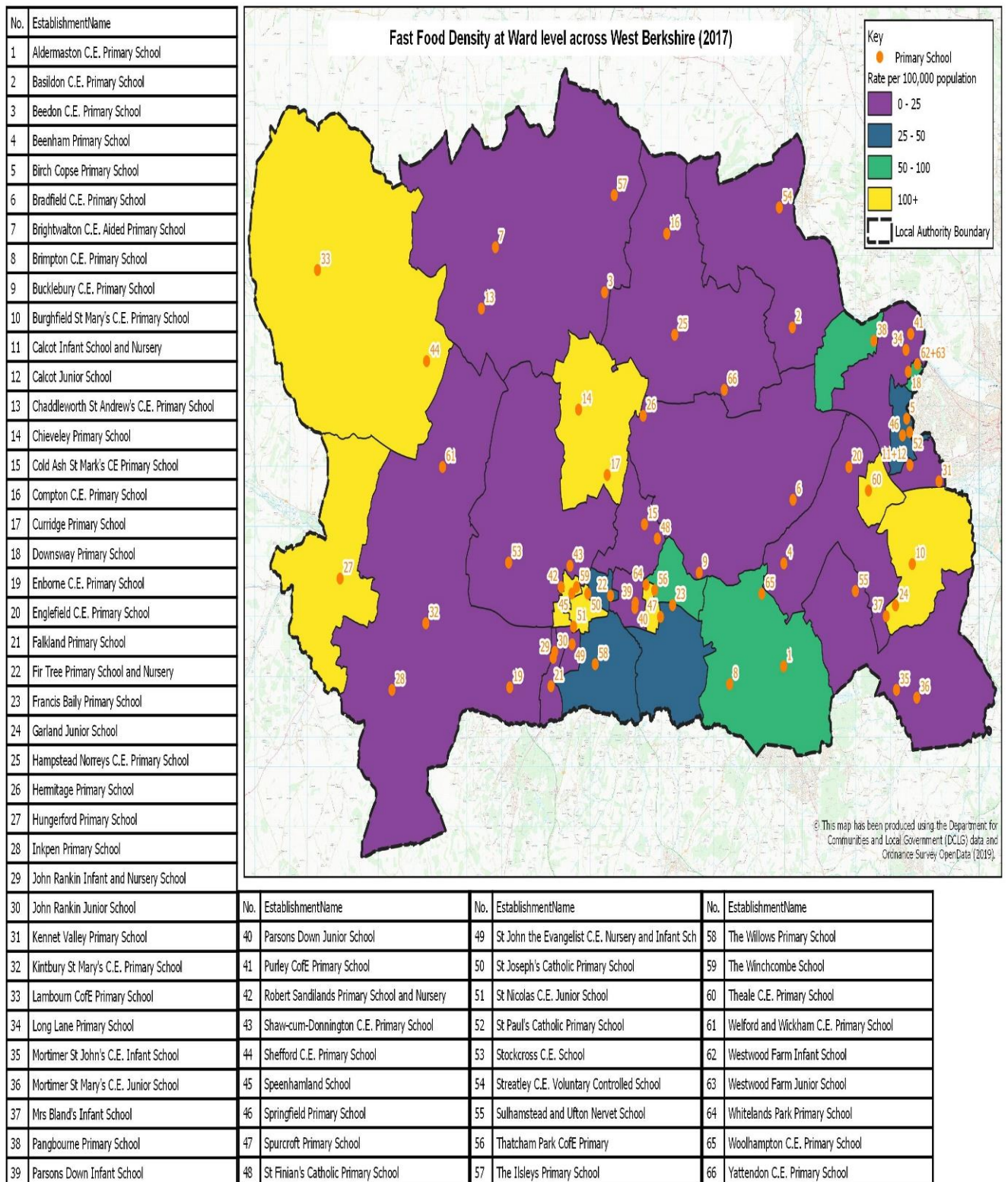
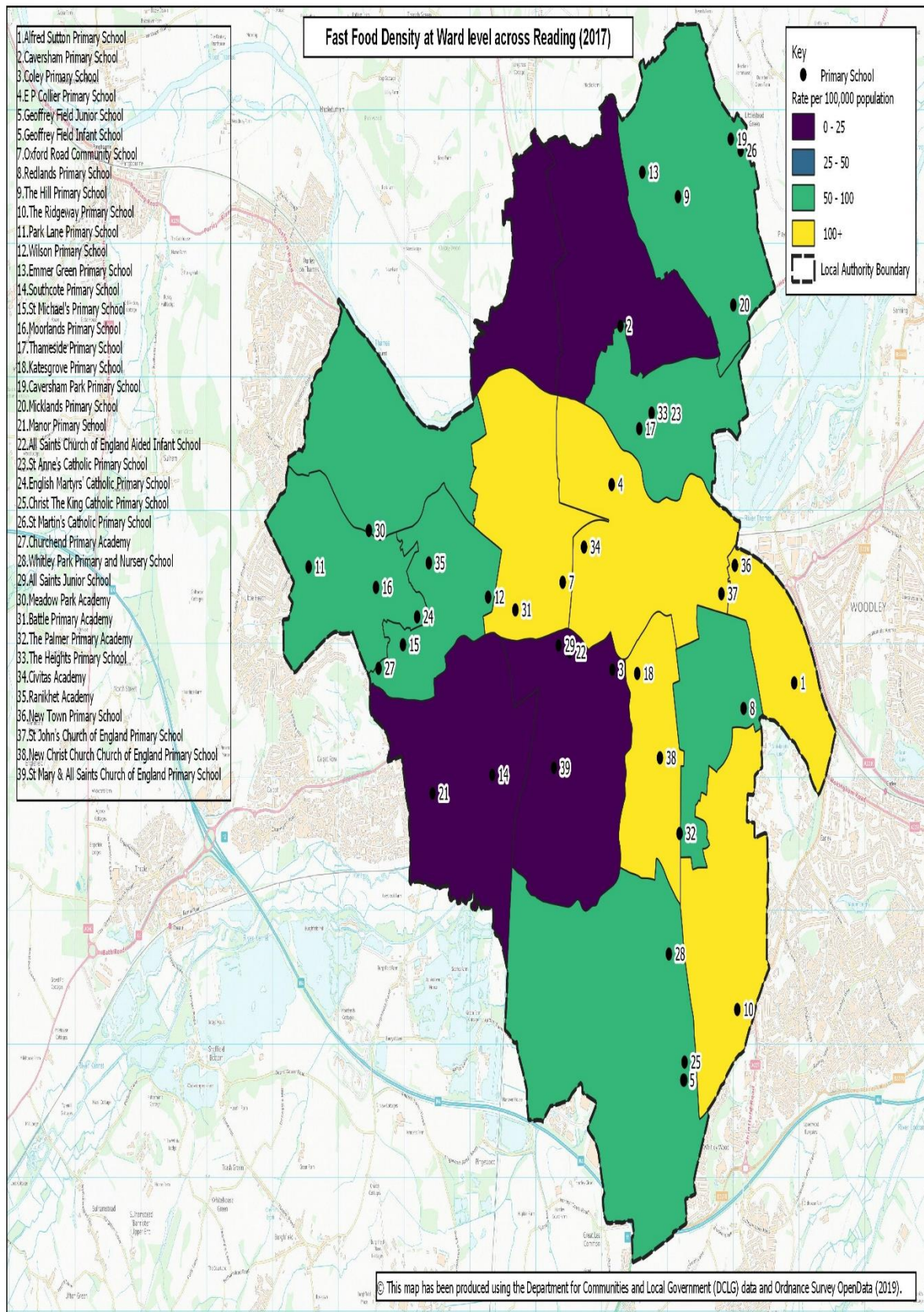


Figure 25 -Fast Food Outlets at ward level compared to proximity to local schools across Reading 2017



Fast Food and Takeaways

Fast food outlets frequently sell energy dense, higher fat / sugar affordable popular foods, (these foods often have poor nutritional quality). The outlets also offer foods that are quick and easy to access with no preparation or cooking needed.

Data from PHE 2016 indicated that there is a strong correlation between rising levels of deprivation and a higher density of fast food outlets and as noted nationally and locally there are clear links between obesity and areas of deprivation with NCMP data indicating that locally Berkshire West is following the national trend.

As mentioned PHE suggested local policy consider planning permission for within a radius of 400 metres of where there are young people and some areas in the UK are now pursuing extending this to 800 metres. **There is currently no such local policy for Berkshire West** concerning the distance of fast food and takeaways near where children and young people spend time such as school settings.

National mapping indicates that in Reading part of Berkshire West adding has high levels of fast food and takeaways, higher than the national average. Table 17 compares across the three local areas.

Physical Activity

The GBD found that found physical inactivity and low physical activity to be the fourth most important risk factor for premature mortality in the UK. The new UK Chief Medical Officers' Physical Activity Guidelines 2019 reflect increasing evidence on sedentary behaviour. Current guidance now recommends -

Under-5s

Infants (less than 1 year):

Infants should be physically active several times every day, including interactive floor-based activity, e.g. crawling.

For infants not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over).

Toddlers (1-2 years):

Toddlers should spend at least 180 minutes (3 hours) per day in a variety of physical activities.

Pre-schoolers (3-4 years):

Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical Activities spread throughout the day, including active and outdoor play. The 180 minutes should include at least 60 minutes of moderate-to-vigorous intensity physical activity.

Children and Young People (5 to 18 years)

Children and young people should engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.

Emphasis is placed on minimising the amount of time spent being sedentary (sitting) for extended periods

Activity / PE in School settings

The 2015 Youth Sport Trust reported findings from the National PE, School Sport and Physical Activity Survey. Results indicated that the average number of minutes spent taking part in PE in a typical week was 102 minutes for Key Stage 1 pupils and 114 minutes for Key Stage 2 pupils.

A Plan for Action 2016 supported this stating that many schools already offer an average of two hours of PE or other physical activities per week. However the report clearly recognised a need to do more to encourage children to be active every day and made recommendations that every primary school child should get at least 60 minutes of moderate to vigorous physical activity a day of which at least 30 minutes should be delivered in school every day through active break times, PE, extra-curricular clubs, active lessons, or other sport and physical activity events.

Inactivity and sedentary lifestyles

Sport England 2018 report that only 17.5% of children and young people meet Chief Medical Officer (CMO) guidelines of more than 60 minutes of activity every day of the week with 32.9%, almost double, being less active (defined as young people who do less than 30 minutes of physical activity per day). Girls were reported to be less likely to be active than boys with 14% and 20% respectively. Girls from Asian and black backgrounds were also found to be less active along with boys and girls from Arab and South American backgrounds. Findings also saw a clear link with children and young people from the most affluent families generally being more active.

Physical Activity

Health benefits of physical activity are well known with increasing evidence indicating regular physical activity can help reduce many health related risks and significantly impact on positive mental health and wellbeing.

The new UK Chief Medical Officer Guidelines published in 2019 recommend minimising time spent being sedentary.

Current physical activity recommendations adults (19 to 64 years)

For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still.

Adults should do activities to develop or maintain strength in the major muscle groups. Each week, adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity.

Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least light physical activity.

Older Adults (65 years and over)

Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week.

Each week older adults should aim to accumulate 150 minutes (two and a half hours) of moderate

intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.

Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.

New PHOF data 2017/18 indicates that nationally over half the population, 66.3% of adults are physically active. Thus meaning that one third of the population are not! Men were seen to be more active than women with 68% and 64% active respectively; this follows the pattern seen in childhood. Data indicated that age and deprivation have an impact on physical activity with levels decreasing with age and deprivation. 72% are physically active in the least deprived areas reducing to 57% in the most deprived areas. Regional variation was seen with Bath and North East Somerset, Isles of Scilly, Richmond upon Thames, Brighton & Hove, York and Islington seeing proportions of their populations of 75% and above being physically active as compared with Wolverhampton, Blackpool and Newham seeing less than 55% of populations being physically active.

There is research showing that there are larger health benefits in getting those adults with sedentary behaviour active, even if they do not reach the recommendations for activity they can see increased life years. Emphasis is currently placed on making physical activity easier and removing some of the perceived barriers.

Inactivity and sedentary lifestyles

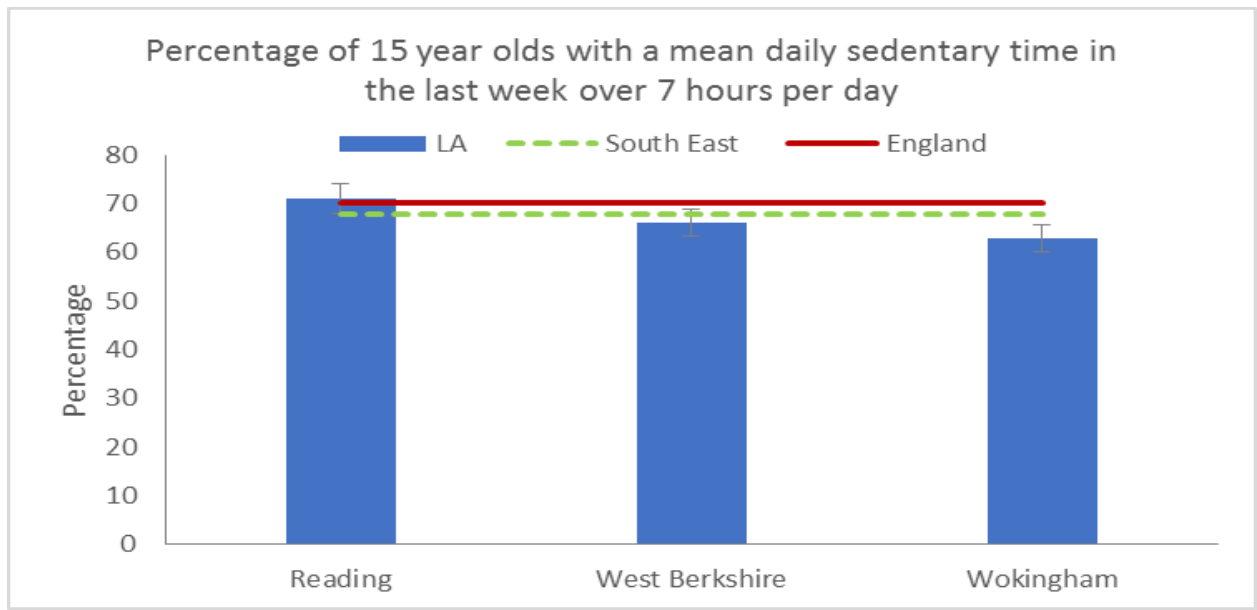
PHOF data 2017/18 indicates that 22.2% of adults are physically inactive. Whilst the 2017 British Heart Foundation (BHF) inactivity report headlines with the findings that around 20 million adults in the UK are insufficiently active, with potentially huge health risks. The WHO ranks sedentary behaviour among the 10 leading causes of death worldwide, the UK analysis of the GBDs, Injuries and Risk Factors Study estimated that physical inactivity contributes to almost one in ten premature deaths from coronary heart disease, and one in six deaths from any cause, research showing that doing regular physical activity can reduce the risk of coronary heart disease the leading cause of premature death and stroke by as much as 35%. The report also highlights that keeping physically active can also reduce the risk of early death by as much as 30%.

Physical inactivity has a significant financial burden on the UK healthcare service, with the direct financial cost estimated to be as high as £1.2billion each year. It has been said that if one prescription could have maximum impact it would be prescribing being physically active.

Physical Activity and Sedentary Behaviour

71% of Reading 15 years olds responding reported sedentary time over 7 hrs a day this was just above the national average of 70.1% West Berkshire's data is slightly better at 66.1%, Wokingham data is significantly better with 62.9% of local 15 years olds reporting sedentary behaviour however this is still an area to be improved on (see figure 26).

Figure 23 - Year olds with a mean daily sedentary time in the last week over 7 hours per day



All three localities see more 15 year olds reporting being active for 1 hour a day than compared to the national average of 13.9% this is seen in Figure 27 however this data also clearly outlines the scope for improving and increasing those being physically active.

Figure 24 - Year olds who are physically active for at least one hour per day seven days per week

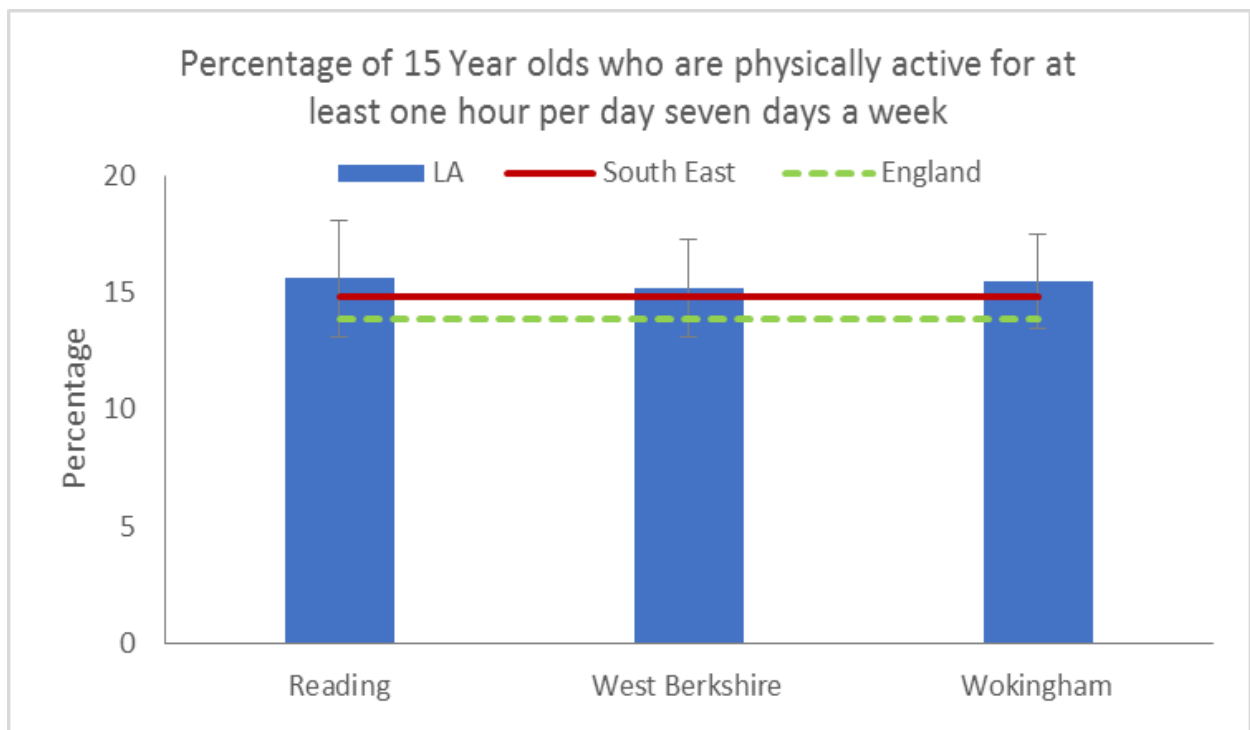
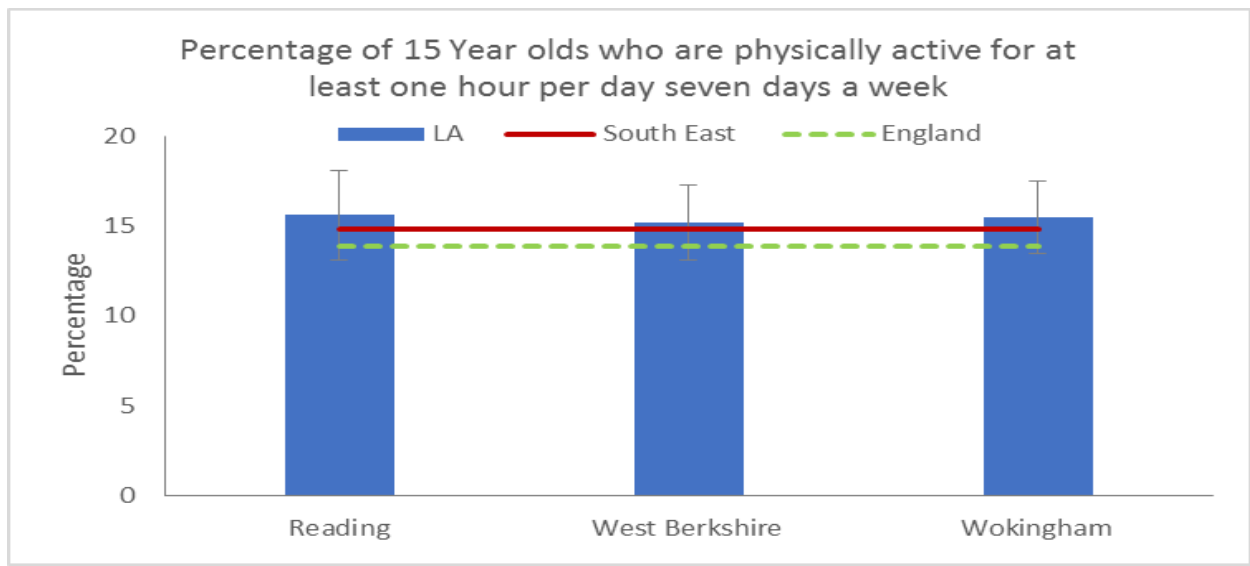


Figure 25 – 15 Year olds who are physically active for at least one hour per day seven days per week

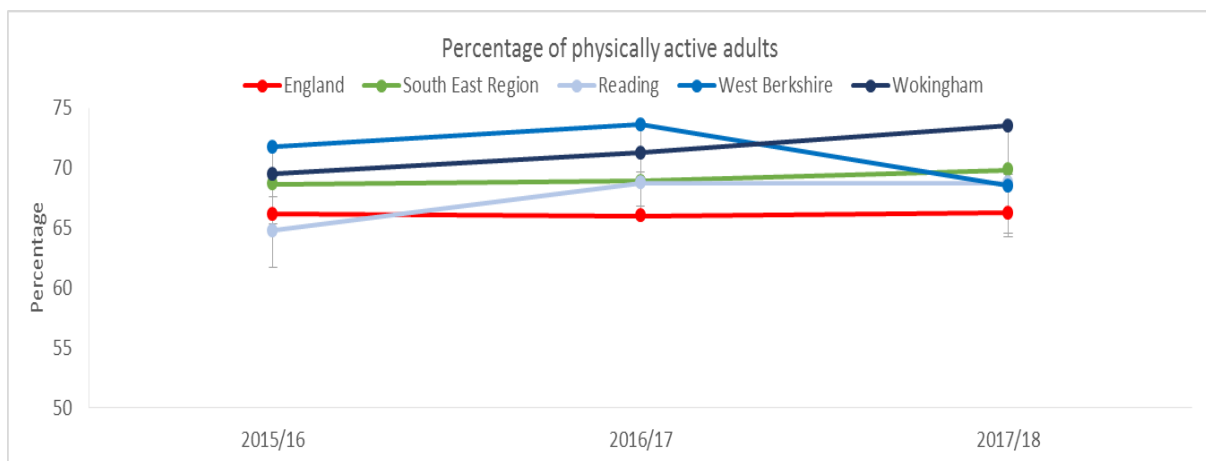


It is very positive that Berkshire West fares better than nationally in relation to 15 years olds being physically active however in real terms the percentages active 1 hour a day for 7 days a week is still very low at just over 15% indicating scope for improvement. Work identifying barriers may be useful.

PHOF data for adults who are physically active 2017/18 indicates that 73.5% of the population in Wokingham, 68.5% in West Berkshire and 68.8% in Reading are physically active all better than the England average. Being physically active is defined as those completing in at least 150 minutes of moderate intensity physical activity a week.

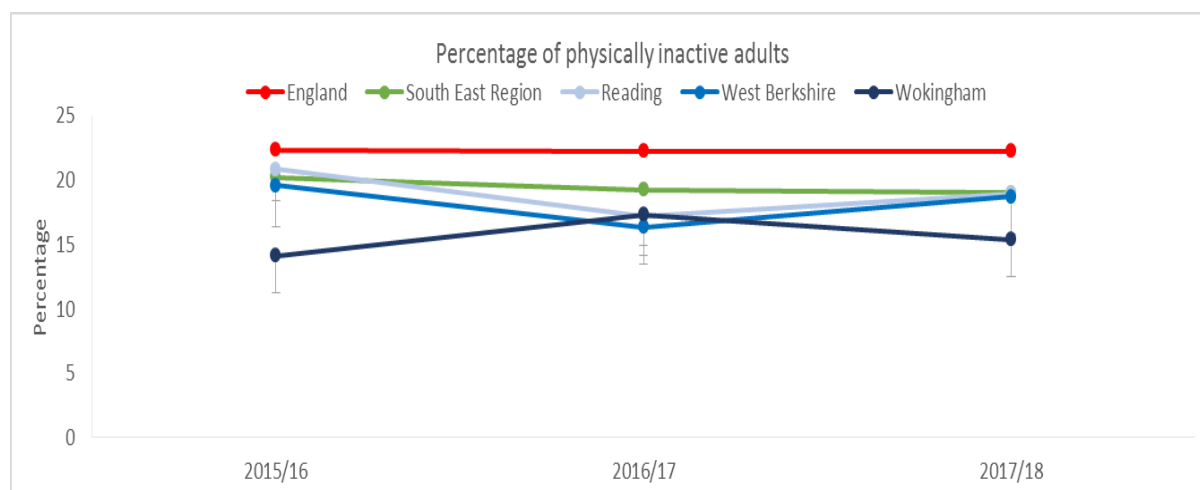
This still leaves 15.4% in Wokingham and 18.7%, 18.9% classed as physically inactive in West Berkshire and Reading respectively. Inactivity is defined as adults engaging in less than 30 minutes moderate intensity activity per week.

Figure 26 - Percentage of physically active adults



All three local authority areas have more people physically active than the national average. West Berkshire sees a increase in physically active adults but an increase in inactive adults implying adults may be more active but not necessarily meeting physical activity requirements, any increase in physical activity especially in the inactive sedentary person can reap huge health benefits results (see figure 29 and 30).

Figure 27 - Percentage of physically inactive adults



Sleep

Poor quality sleep / sleep deprivation has been positively associated with a higher BMI. In children it has been demonstrated that this could partly be connected to the use of technology in the evenings and close to bedtime Arora et. al., 2013, in younger children there is also the possibility of lower activity levels and more sedentary lifestyles impacting on children not being tired at bedtime and thus impacting on sleep time and quality. It is acknowledged that more research is needed in this area.

In adults, work undertaken by Beccutti in 2011 reported that lack of sleep has been shown to result in metabolic and endocrine alterations, including decreased glucose tolerance, decreased insulin sensitivity, increased evening concentrations of cortisol, increased levels of ghrelin, decreased levels of leptin, and increased hunger and appetite and work by Hargens in 2013 whilst again recommending more research in this area did state that sleep disturbances and sleep deprivation, whether caused by insomnia or a sleep-related movement disorder, do appear to have a relationship with development of or exacerbation of body adiposity or vice versa.

Mental and emotional wellbeing

The Berkshire West Healthy Weight Strategy 2018 cited evidence linking obesity and poor mental health is less consistent in children and adolescents, however, there is some evidence to suggest that obesity in adolescence can lead to an increased risk of depression in adulthood and that the symptoms of depression in adolescence increase the risk of obesity in adulthood. There is also additional research linking adverse childhood experiences to obesity and poor health outcomes.

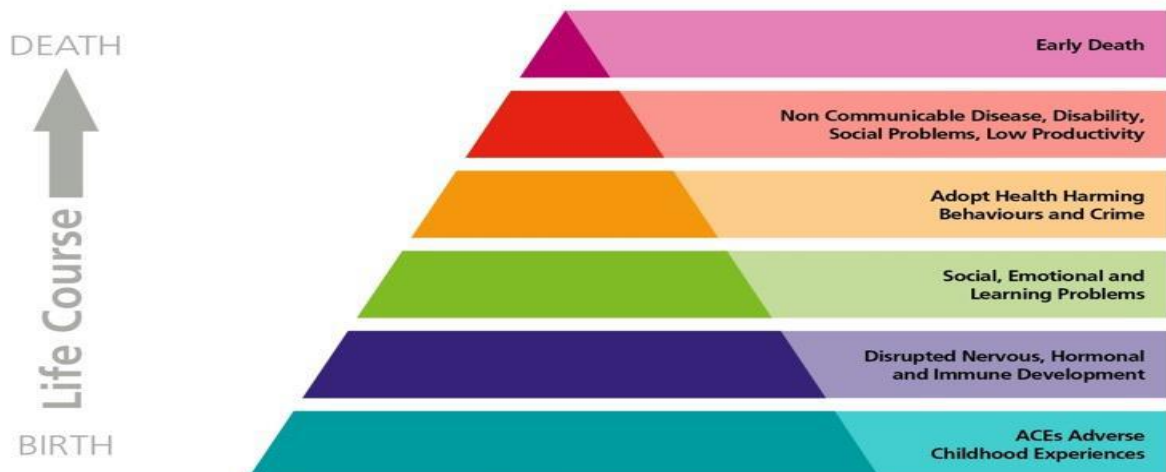
The Way Survey provides additional insight into links between bullying and weight in children and young people. The survey finds that 28% of 15 year olds think they are a 'little too fat' and 6% 'very fat', results with the young people reporting being bullied showing that young people who think of themselves as 'too thin' or 'too fat' reported being cyber-bullied more than those who think their body was 'about the right size' with 20% reporting being cyber bullied compared to 11% of healthy weight young people.

Research found correlations between obesity and significant childhood maltreatment, which tends to manifest in later life as a result of trauma and poor attachment. Work by Luppino 2010, highlighted that there are bi-directional associations between mental health problems and obesity. A systematic review of longitudinal studies examining the relationship between obesity and depression concluding that obese people have a 55% increased risk of becoming depressed and people suffering from depression have a 58% increased risk of becoming obese.

Reasons behind this association in adults is believed to be due to a number of factors, including; poor self-esteem and stigma, unhealthy lifestyle behaviours, medication, hormonal and functional impairment, dieting and weight cycling (repeated loss and regain of excess weight). These associations are particularly pronounced in women, lower socio-economic groups and in cases where people are extremely obese. Luppino's work (2010) also found obesity was likely to increase the risk of depression and that depression was found to be predictive of developing obesity. There is also the risk of people who are overweight / obesity being subject to weight bias causing anxiety.

Adverse Childhood Experiences (ACES)

PHE states that there are 3 direct and 6 indirect experiences that have an impact on childhood development, and the more adversity a child experiences the more likely it is to impact upon their mental and physical health. Evidence suggests children exposed to 4 or more adverse experiences are more likely to participate in risk taking behaviours and find it more difficult to make changes and consequently, have poorer health outcomes.



PHE 2016

Work lead by Isohookana in 2016 concluded that female adolescents with a history of traumatic experiences or difficult family circumstances exhibited an elevated likelihood of being obese and engaging in unhealthy weight control behaviors. Whilst D'Argenio et. al. 2016 findings suggest not only sexual or physical abuse, but also, less severe forms of early-life stress are linked to the

development of obesity later in life and that psychological dysfunction is not the only mechanism mediating the elevated risk of obesity in persons exposed to early-life trauma. Research also outlines that people who have suffered ACES are more likely to have a poor diet. Emphasis should be on work to prevent ACES and offer early intervention to support improved health and mental health outcomes.

PHE cited work by Felitti who discovered that adults patients suffering ACES successfully losing weight in a local Weight Programme were the most likely to drop out. The work identified that overeating and obesity were often being used unconsciously as protective solutions to unrecognized problems dating back to childhood and that counterintuitively, obesity provided hidden benefits being often sexually, physically, or emotionally protective.

Learning Disability / Disabilities

Disability being defined under the equality act 2010 as a person with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Data linking disability and obesity is still relatively limited. However a report by PHE 2014 reviewed obesity and disability in children. The work identified that children and young people with disabilities are more likely to be obese than children without disabilities. This risk increases with age, due to higher rates of obesity. Children and young people with disabilities are at greater risk of serious obesity-related health conditions such as diabetes and asthma as well as cardiovascular risk factors. Obesity may worsen the complications that arise from the health conditions or impairment associated with their disability. Factors linking disability and obesity include diet, physical activity, parental attitudes and behaviour, access to recreational facilities, medication and genetics.

In relation to research undertaken by Emmerson in 2012, it was estimated that there are approximately 1.2 million people in England with a learning disability. Biswas et. al. 2010, found that the prevalence of obesity is higher among people with learning disabilities compared with the general population. This is contributing towards health inequalities and increased risk of cardiovascular and cerebrovascular disease. The government report, Applying All Our Health, in 2018 highlighted that people with a learning disability are much more likely to be either underweight or obese than the general population; less than 10% of adults with learning disabilities in supported accommodation eat a balanced diet, with an insufficient intake of fruit and vegetables and are less likely to engage in physical activity. PHE 2017, recommendations for commissioning tier 2 offers for weight management states that services should not exclude, and should make reasonable adjustments for children and families with physical or learning disabilities and for individuals with mental ill health in line with statutory requirements.

Disability

The Office for Disability Issues 2011/12, estimated that there are 800,000 disabled children in the UK. The family resources survey in 2017/18 estimated that 8% of UK children had a disability.

Children and young people with disabilities are more likely to be obese than children without disabilities and this risk increases with age due to higher rates of obesity, PHE 2013. The report

found that children with disabilities are at greater risk of serious obesity-related health conditions and obesity may worsen the complications that arise from the health conditions or impairment associated with their disability and increase their likelihood of developing pain, mobility limitations, fatigue and depression. Blackburn et. al. 2010, found that the association between disability and obesity in children has been linked to a range of factors including diet, physical activity, parents and carer's attitudes and behaviour, lack of access to recreational facilities and genetics. In addition, both disability and obesity are strongly related to deprivation.

The family resources survey results in 2017/18 estimated that 18% of UK working adults and 44% of state pension aged adults had a disability. It is also recognised that adults with physical impairments, particularly in terms of mobility can make physical activity difficult.

Learning Disability

Emmerson et. al. 2012 estimated there were 1.2 million people in England with a learning disability. The government report Applying all our Health reported in 2018 that people with learning disability have increased health care needs than the general population; with approximately 50% of people with a learning disability having at least one significant health problem and are much more likely to be either underweight or obese than the general population; less than 10% of adults with learning disabilities in supported accommodation eat a balanced diet, with an insufficient intake of fruit and vegetables and are less likely to engage in physical activity.

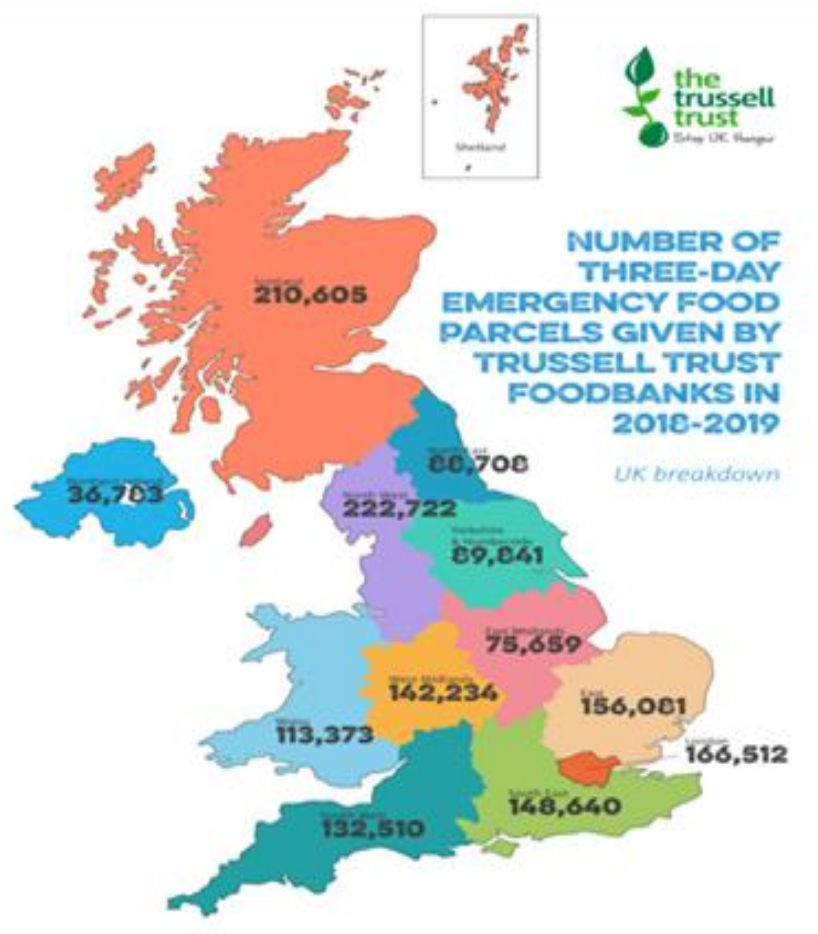
A consensus statement by the BDA 2015 reported prevalence of underweight, overweight and obesity being higher than for the general population. Prevalence of over overweight in adults with a learning disability is 41% men and 31% woman and for obesity 31% of men and 45% of women. The work also highlighted the median age of death for people with learning disabilities is 65 for men and 63 years for women over a decade more than for the male general population and two for decades for women.

Work by PHE 2014 identified that unhealthy diets and lack of physical exercise have close links with social factors such as poverty, poor housing, and social isolation which are experienced disproportionately by people with learning disabilities. PHE outlined that people with learning disabilities have substantially higher rates of conditions associated with being overweight, such as diabetes, heart failure, and strokes.

Poverty

Poverty is defined as anyone who cannot afford the basic needs of life: food, clothing and shelter. Current government data by the Social Metrics Commission (SMC) indicated that in 2016/17 there were an estimated 14.2 million people (~22%) living in poverty in the UK, of which 8.4 million are working age adults and 1.4 million pension age adults. 58% of those living in poverty are said to be living in persistent poverty. SMC report that that though poverty rates fell in 2010, post the financial crisis, they are now showing signs of rising again.

Food banks have been established to allow people in need to access three day balanced food parcels. Trussell Trust supports a national network of food banks including food banks across Berkshire West. Data for food parcel requests 2018/19 can be seen on the map below.



Trussell Trust Food Banks are reporting increases in need for three day food parcels with data for April 2018 to March 2019 seeing a record number of 1.6 million food parcels being given to people in a 12 month period, a reason being given as the 5 week wait for universal credit monies.

The report highlighted that there is some evidence with income leading to differences in food consumption. Trends indicated that with increasing income, there was greater fruit and veg intake (except for men 65 years and older) and a lower percentage consumption of sugar sweetened drinks with lower intakes free sugars in adults. A positive trend saw higher intakes of fibre, however, higher intakes of fat and salt were also seen for adults.

Food Poverty and access to good food

The GBD 2017 outlined that it is evident that diet is an important modifiable risk factor regarding reducing premature deaths from the non-communicable diseases. Its recommendations promote eating a balanced varied healthy diet based on the eatwell guide and food choices are crucial in the energy balance equation however it should be acknowledged that some people struggle to access healthy food choices and or struggle to afford healthy choices.

Lang 2015 defines food poverty as the inability to obtain healthy affordable food. Lang outlined several factors that can impact on Food poverty including people lacking shops in their area or having trouble reaching them, lack of availability of a range of healthy goods, financial issues and lack transport.

There are also those who lack the knowledge and or practical food preparation / cooking skills to know what make a healthy diet, and how to prepare and cook healthy meals.

A report by the Social Market Foundation in 2018 defined the term food deserts as areas not living near supermarket with access to healthy affordable food. Findings estimated that 8% of deprived areas in England and Wales are food deserts with 12% of respondents citing this as a barrier to accessing healthy food.

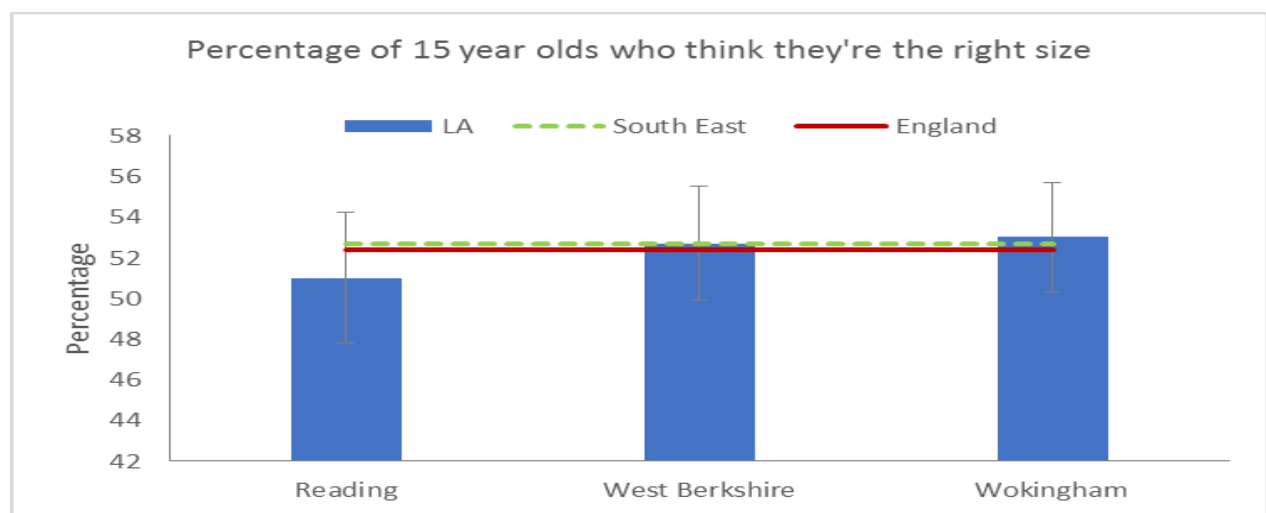
Body Image

Using data from the WAY Survey over half 52% of all 15 years olds participating thought their body was 'about the right size' with 28% thinking their body was 'a bit too fat' and 6 per cent thinking they were too fat'.

Local data

Local results follow the national data in relation to 15 year old young people having the perception that they are the right size / healthy weight this can be seen in Figure 31.

Figure 28 - Year olds who think that they are the right size



Data from the WAY survey indicates that just over half the 15 years who responded felt they were the right size with local data closely mirroring the national picture.

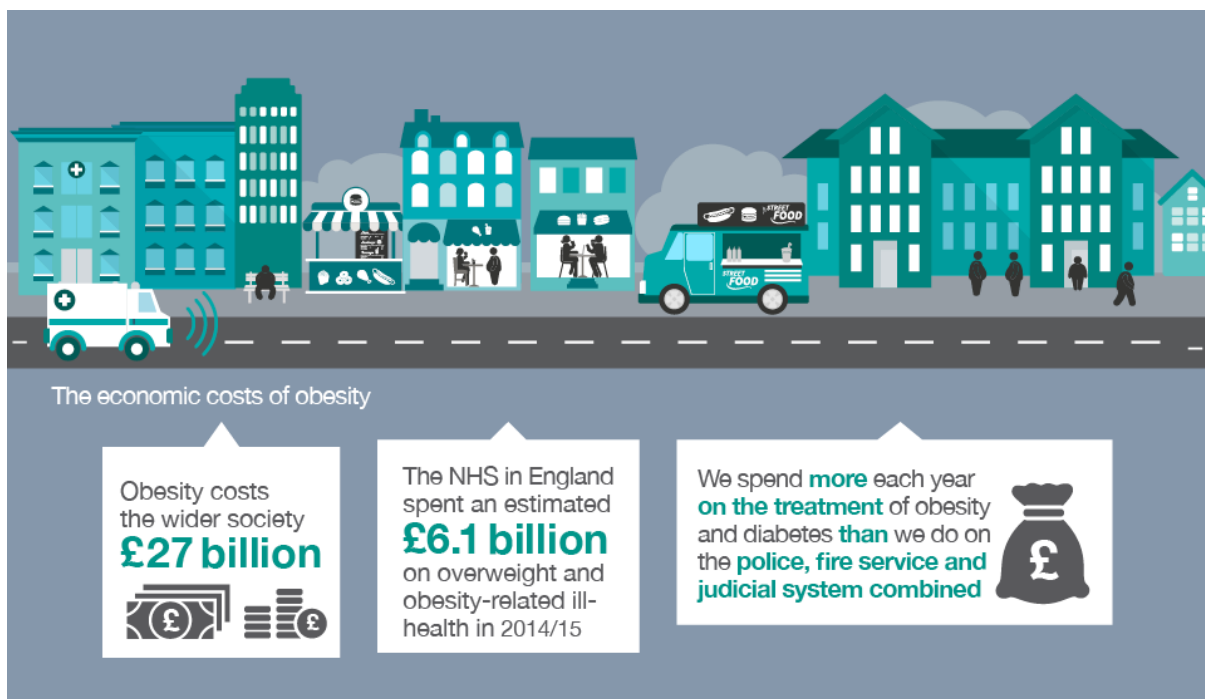
The Way Survey provides additional insight into links between bullying and weight in children and young people. Results show that young people who think of themselves as 'too thin' or 'too fat' reported being cyber-bullied more than those who think their body was 'about the right size' with 20% reporting being cyber bullied compared to 11% of healthy weight young people. The report confirms that girls are more likely than boys to report having been cyberbullied 23% of girls who were 'too fat' compared 14% of boys. Among those who thought they were 'about the right size' 14 per cent of girls and 8 per cent of boys had been cyber-bullied. Recent work in 2019 indicated that those bullied in regard to their size could gain further weight in response to the bullying.

Interestingly, some work cited by LGA and undertaken by the research by the Association for Young People's Health found that in relation to weight young people reported wanting support to access counselling services and to be able to 'talk to people who have been there'. Parents / carers also highlighted the need for more emotional health and support. This highlights that there needs to be further focus on emotional health and wellbeing as a whole and yet this is an area that is routinely lacking particularly as part of healthy weight / lifestyle offers.

Consequences of Obesity

Cost and economics of obesity

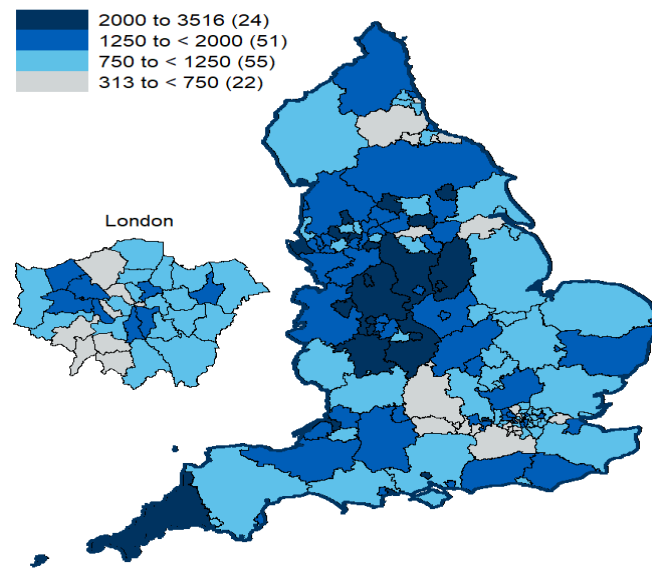
PHE 2015 reported that the financial burden of obesity was significant. Data for 2014/15 indicated the cost of obesity and related ill health to the NHS in England was estimated at £6.1 billion per annum. The costs to the wider economy were even greater, estimated at £27 billion per annum.



Hospital Admissions

NHS Digital data on hospital admission rates includes admissions attributable to obesity, those where obesity is a factor and bariatric admissions. The national data indicates in 2017/18, there were 10,660 hospital admissions attributable directly to obesity. 711,000 admissions where obesity was a factor which is an increase of 15% since 2016/17 and 6627 bariatric admissions which was a 2% increase from 2016/17.

NHS Digital 2018 highlighted that Wokingham, Reading, West Berkshire along with Richmond upon Thames were local authorities that all recorded hospital admission rates where obesity was a factor by Local Authority (LA) - rate per 100,000 populations **below** 500 per 100,000 populations.



NHS Digital 2018

In addition all three local areas saw a decrease in hospital related obesity related admissions over the last three years. Current admissions are seen in Table 5 below. It should be noted that the data has limitations including underestimation.

Table 5 - Berkshire West hospital admission related to obesity

Admission Description	Wokingham	West Berkshire	Reading
Admissions attributable to obesity	25	50	40
Admissions where obesity is a factor	490	675	565
Admissions in relation to bariatric	25	45	35

Disability

There is currently no access to data across Berkshire West regarding obesity and disability. The current tier 2 providers report that to date no referrer or user of the service has raised a disability or questioned accessibility or suitability in relation to a disability. However user feedback from primary care have raised that they may not refer to the current service as it stands as they are unsure of how to describe the offer to patients.

Diabetes

The local Strategic Transformation Partnership which includes Berkshire, Oxfordshire and Buckinghamshire (STP) and the Clinical Commissioning Group (CCG) have priorities that are clearly focused on reducing type 2 Diabetes due to UK rates. Local estimated diabetes diagnosis rates for Berkshire West are still increasing as seen from recent PHE data –Wokingham increased from 62.3% in 2015 to 67.7% in 2018, West Berkshire from 63.8 to 67.3 and Reading seeing increases from 64.1% to 68.1%. It is estimated that there are over 21,981 individuals (6489 undiagnosed) with type 2 diabetes across Berkshire West, there is, however, little emphasis from either the STP or the CCG on obesity and yet reducing obesity is clearly evidenced as a cornerstone of both prevention and treatment of type 2 Diabetes as well as many other health risks. A key point in the Diabetes UK position statement on reducing type 2 diabetes included: 'to tackle the rising diabetes crisis calls for

a range of interventions at a UK level to help make the healthy choice the easy choice and to drive down overweight and obesity levels'. DM UK also reported being disappointed by the lack of ambition in the Childhood Obesity Plan (COP) published in August 2016 saying it fell far short of the urgent and ambitious action that is needed to reduce childhood obesity.

What do we know works?

NICE 2006 outlined the need for a reduction in energy and increase in physical activity to support prevention and treatment. It outlined that support and interventions should be targeted early in life for maximum impact and to allow healthy lifestyle patterns to be established.

Additional NICE guidance developed covers prevention and treatment as seen below:

Prevention

Obesity prevention

Clinical guideline [CG43] Published date: December 2006, last updated: March 2015.

Guidance outlined the need for strategic and delivery priorities.

Preventing excess weight gain

NICE guideline [NG7] Published date: March 2015

Guidance supported designing services and interventions to help prevent excess weight gain.

Physical activity for children and young people

Public health guideline [PH17] Guidance encourages physical activity for all ages

Physical activity: brief advice for adults in primary care

Public health guideline [PH44] Published date: May 2013 Guidance encourages physical activity

FACT

Evidence supports structured, multifaceted approaches (including healthy eating and physical activity) including behaviour change strategies, support for emotional health and wellbeing and increasing self-esteem. Social support and self-monitoring is also recommended

Cochrane Review Prevention

Children and Young People

Oude et. al. in 2009, as part of the Cochrane review, stated that combined behavioural lifestyle interventions compared to standard care or self-help can produce a significant and clinically meaningful reduction in overweight in children and adolescents.

In 2011, Waters et. al. concluded: that there was **strong evidence to support beneficial effects of child obesity prevention programmes on BMI, particularly for programmes targeted to children aged six to 12 years**. However, cautioned given the unexplained heterogeneity and the likelihood of small study bias, these findings must be interpreted cautiously.

The review also noted that range of programme components were indicating the following could to be promising policies and strategies:

- A school curriculum that includes healthy eating, physical activity and body image.
- Increased sessions for physical activity and the development of fundamental movement skills throughout the school week.
- Improvements in nutritional quality of the food supply in schools.
- Environments and cultural practices that support children eating healthier foods and being active throughout each day.
- Support for teachers and other staff to implement health promotion strategies and activities (e.g. professional development, capacity building activities).
- Parent support and home activities that encourage children to be more active eat more nutritious foods and spend less time in screen based activities.

The updated Cochrane Review by Brown et. al. 2019 considered the effectiveness of a range of interventions that include diet or physical activity components, or both, designed to prevent obesity in children.

Children aged 0 to 5 years

- Brown et. al. stated that moderate certainty evidence that dietary and physical activity interventions compared to control reduce BMI and BMIz in children aged 0 to 5 years. Dietary combined with physical activity interventions on BMI shows that the effect of interventions differed between settings, so that there appears to be no effect of combined diet and physical interventions on BMI set in childcare/preschool but interventions delivered at home or the wider community reduced BMI.

Children aged 6 to 12 years

- Brown et. al. stated physical activity interventions compared to control reduced BMI in children aged 6 to 12 years, but do not reduce BMIz. Low certainty quality evidence indicated dietary combined with physical activity interventions compared to control reduced BMIz in children aged 6 to 12 years. Good evidence indicated dietary interventions did not reduce either BMI or BMIz in children aged 6 to 12 years.

Children aged 13 to 18 years

- Brown et. al. stated that physical activity interventions delivered on their own, compared to control, might or might not reduce BMI (very low-certainty evidence), and might reduce BMIz (low-certainty evidence) in children aged 13 to 18 years. Dietary interventions alone and dietary interventions combined with physical activity interventions have no effect on either BMI or BMIz
- Findings indicated that three RCTs, in children aged 6 to 12 years, compared one type of active intervention with another. No evidence indicated that any of the three types of intervention (diet, physical activity or combined diet and physical activity) were more effective than each other. However, it is worth highlighting that descriptions of most interventions included some element of advice on diet or physical activity.

- Both diet or physical activity interventions, or both, to prevent obesity, are effective in reducing BMIz and BMI in children aged up to 12 years. And for adolescents and young people aged 13 to 18 years, diet or physical activity interventions alone are not effective in reducing BMIz and BMI.
- The 2019 review concluded that interventions to prevent childhood obesity do not appear to result in adverse effects or health inequalities, but we noted that the analysis of outcomes by PROGRESS factors (including SES) was rarely conducted and continues to be a stubborn problem.

FACT
Interventions to prevent childhood obesity do not appear to result in adverse effects or health inequalities

Prevention is recommended throughout the life course throughout early years, school and community settings

Foresight

Foresight 2007 started the thinking that obesity is a highly complex issue one that goes beyond the energy balance equation and advice of eat less, do more. Though the current recommendation do recommend that people eat less energy / calories and undertake more physical activity to support achieving a healthy weight and reducing health risks additional support is needed and ultimately systems change across the local population.

Foresight highlighted the message that there is no single solution to tackle obesity and a broad range of actions involving stakeholders from across the system is needed.

Obesity Everybody’s business –A Whole Systems Approach asked why do we need a different approach to tackling obesity? The response was that tackling obesity is not straightforward and to date no country has been successful in reversing obesity trends and that evidence for the effectiveness of individual measures to tackle obesity, at a population level, is limited. Therefore a new approach was needed. A whole systems programme was commissioned by PHE. The purpose of the commissioned programme is to test theory and local practice about systems approaches and translate the learning into practical guidance to help councils set up WSA.

A recent review of international policies, approaches and action to address obesity undertaken by Public Health Wales 2018 concluded that no country in the world has successfully managed to reduce obesity prevalence at a country level; however it acknowledged that there were pockets of innovative approaches which have been successful reducing obesity in children.

The review cited Chan et. al. 2018 stating that evidence points to interventions taking a systems approach which should target factors contributing to obesity, should target barriers to lifestyle change at personal, environmental and socioeconomic levels, and actively involve different levels of stakeholders and other major parties. Throughout the evidence review emphasis focussed across the life course to reinforce and sustain long term behavioural change.

Public Health Wales identified that successful work had common themes –

- All included multi-level action across different sectors including community, schools and early year settings, industry and government city departments
- Involved strong leadership, often from a key figure such as a mayor, who shared a vision
- Involved ownership and community participation and mobilised existing structures within the communities
- Influenced individual and environmental factors
- Took a long term approach with realistic targets and goals
- Flexible enough to evolve as they were delivered and vary target groups or geographical areas
- Had strong communication/ marketing element

The Association of Public Health Directors APHD 2019 government document what good healthy weight look like Supported recommendations previously mentioned highlighting the requirements as:

Systems leadership: A collaborative approach and continuous learning is needed

A long-term whole systems approach

Use of behavioural science in combination with systems thinking early in the development of policies

A health-promoting environment: Align with national policy such as the PHE sugar and calories reduction and reformulation programmes.

Community engagement: Maximise community assets

Focus on inequalities: Work with the most deprived communities to ensure that interventions, services and approaches delivered through local authorities and the NHS can be shaped and targeted to ensure the whole community benefits, particularly those most in need.

A life course approach: Target the most deprived or at risk groups at every age to maximise prevention.

Monitoring, evidence, evaluation and innovation:

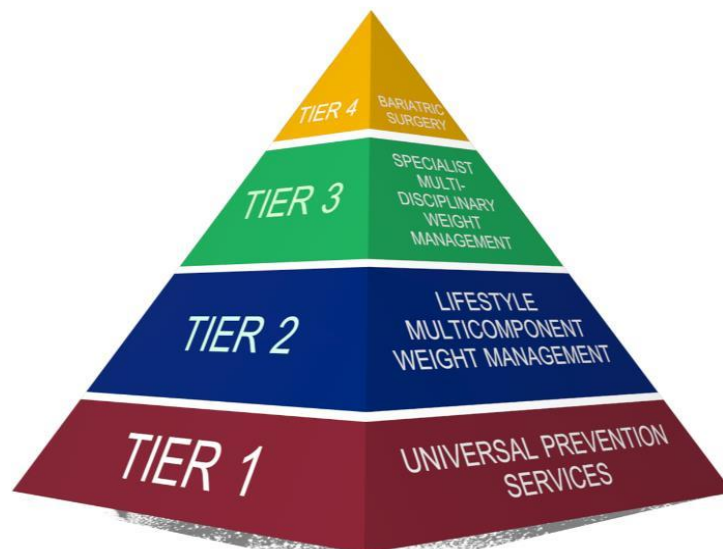
Recognise that tackling obesity will require innovation and technology to help transform service delivery.

FACT

Evidence is now supporting a long-term whole systems approach to obesity with systems leadership

Current Provision - Tiers 1-4

Weight management services are most commonly delivered in a tiered approach, with four levels of multi-component treatment options and weight maintenance support and entry based on BMI.



PHE 2016

- **Tier 1** covers universal prevention offers supporting people to maintain a healthy weight through education and campaigns and healthy lifestyle programmes.
- **Tier 2** covers lifestyle multicomponent weight management offers – encouraging long-term behaviour change.
- **Tier 3** covers specialist multi-disciplinary weight management support - participation of these are required to access tier 4 bariatric surgery.
- **Tier 4** covers bariatric surgery.

Commissioning responsibilities

Public Health in Local Authorities became the responsible commissioner for obesity interventions in 2013 however significant issues soon became apparent in part according to NHS England because of the split commissioning of the Severe and Complex Obesity pathway. It reported that issues reflected that access to surgery was dependent on CCGs commissioning Tier 3 services and these being in place as part of the pathway there were also issues as the description of Tier 3 used by NHS England differed in the detail from the Tiers described in the NICE guidance. Therefore the commissioning of adult severe and complex obesity surgery services became the responsibility of the CCGs from 2017. Rationale was that this would mean opportunity for CCGs to be able to design effective care pathways to meet the needs of their target population.

Thus, from 2019, responsibility for commissioning of tier 1 and 2 remains with local authority and tiers 3 and 4 with the CCG suggesting the need for close partnership working to offer clear consistent messages regarding the healthy weight pathway at local level, best practice and the best journey for individuals moving from tiers 1 and 2 through to tiers 3 and 4 rather than seeing individuals slipping through gaps in tier provision.

Healthy Weight Pathway

This review has identified a gap for a local healthy weight pathway for tiers 1 to 4 which was recognised by many stakeholders. Stakeholders have requested an up-to-date, clear and concise healthy weight pathway showing clear progression from tiers 1 and 2 through to tiers 3 and 4 including details of criteria needed to progress from through the tiers. This work needs to be undertaken jointly by public health and the local CCG.

A positive outcome of the review is that CCG locality groups for all three areas Wokingham, West Berkshire and Reading are positive and enthusiastic to work in partnership with public health to develop such a local pathway. Development of a Berkshire West healthy weight pathway is a key recommendation of this review.

Children

Tier 1 offers

There are a range of universal prevention offers across Berkshire West these are included in the local mapping document, gaps identified and recommendations will consider how to strengthen the universal offer. Offers in place focus on healthy eating and physical activity and can be seen in Table 7. During the mapping stakeholders routinely flagged up the importance of intervention in the early years age groups, highlighting the need for more resources to support work in schools across Berkshire West.

Tier 2

Current tier 2 weight management offers for children and young people are provided by S4H who provide the Lets Get Going programme for children and young people who are 7 – 12 years of age. Minimum programmes are commissioned annually with Wokingham commissioning 3 programmes with a minimum of 30 places to maximum of 45 if recruitment was at the maximum, West Berkshire commissioned 4 programmes with a minimum of 40 places to maximum of 60 and Reading commissioning 7 programmes with a minimum of 70 places to maximum of 105.

Table 11 provides an overview of the local offers and collates outcomes.

Adults

Tier 1 offers

There are a range of universal prevention offers across Berkshire West these are included in the local mapping document, gaps identified and recommendations will consider how to strengthen the universal offer. Offers in place focus on healthy eating and physical activity and can be seen in Table 7. During the mapping stakeholders routinely flagged up the importance of early years work and the need for more focus on quality assurance to promote consistent messages.

Local Tier 2 offers

Current tier 2 weight management provision is patchy and not consistent across Berkshire West. There is currently one adult Tier 2 weight management programme in Wokingham, West Berkshire and Reading which has been in place since 2013. The programme commissioned is Eating for Health (E4H) this is provided by Solutions for Health (S4H). The current offer is NOT targeted and does not currently allow self-referral. The number of programmes commissioned varies according to the local authority with Wokingham commissioning 16 programmes offering minimum of 160 places with

minimum group size defined as 10 per group and a maximum of 240 places if the maximum 15 people were recruited for each group. West Berkshire commissioned 20 programmes with a minimum of 200 places to a maximum of 300 and Reading commission 25 programmes with a minimum of 250 places to maximum of 375.

Dietetic Provision for Berkshire West

The local dietetic service is provided by Berkshire Healthcare NHS Foundation Trust dietetic team. The team report providing very limited support to a small number of GP referred adult weight management patients. These patients will have co- morbidities / complexities and rationale for not accessing E4H. This meets the PHE recommendation regarding complex obesity at tier 2.

The dietetic team previously offered a dietetic lead group weight management programme called Weight Off Your Mind and this has now been replaced by a rolling weight management webinar programme, this was due to a pilot project seeing results of increased easier recruitment for people accessing and completing the programme and similar weight outcomes.

The dietetic team also lead on Counterweight Plus which was commissioned from April 2019 to support type 2 diabetic patients this is a meal replacement programme and is being used to achieve diabetes remission as seen in the Direct Trial.

It should be noted that there is currently NO paediatric dietetic offer in place.

FACT

Tier 2 provision across Berkshire West will not solve the obesity issue in Berkshire West.

Local Tier 3 Offers

Tier 3 Specialist care should include 1:1 management by a medically qualified specialist in obesity. This may be community or hospital based +/- outreach and delivered by a team led by a specialist obesity physician. Patient management will also include specialist dietetic, psychological and physical activity input. This will include group work and access to leisure services. There will be access to a full range of medical specialists as required for co-morbidity management

Historically Berkshire West had a Tier 3 offer called Barometer this has been decommissioned and no longer exists. Provision at Tier 3 is where there is a clear gap in the local offer, the CCG are aware of the current gap in the pathway but currently priority is focussing on diabetes rather than obesity even though reducing weight is seen as a corner stone in type 2, diabetes prevention and treatment.

The gap at tier 3 is a real concern as guidance states that any patients accessing tier 4 should have accessed tier 3 previously for assessment and support. Importantly people accessing tier 3 can decide that with support they can make changes and do not need to proceed to tier 4 and those who do proceed to tier 4 will have accessed the medical, dietetic, psychological support that will help and be continued at tier 4 supporting positive outcomes. The gap in tier 3 provision can also impact on those people accessing tier 2 services as there is the possibility that those with more complex needs will access tier 2 when they should be accessing tier 3 support, this can lead to tier 2 services never meeting their true potential and the individual not accessing the best experience which should be strived for.

FACT

**There is a lack of Tier 3 service for weight management in Berkshire West
This is gap in service provision**

Local Tier 4 Offers

Bariatric surgery refers to operations designed to reduce weight. These operations work by restricting the amount you are able to eat and/or reducing the amount of food you can absorb. Options include gastric band, gastric bypass, Sleeve gastrectomy and gastric balloon all of which are undertaken in Berkshire West. Gastric band and gastric bypass are the most frequently performed.

Recommendations made by the Priorities Committee: January 2016 states that

Bariatric surgery is a treatment for appropriate, selected patients with severe and complex obesity that has not responded to any other non-invasive therapies. Bariatric Surgery will only be considered as a treatment option for people with morbid obesity providing all of the following criteria are fulfilled:

- The individual is considered morbidly obese. For the purpose of this policy bariatric surgery will be offered to adults with a BMI of 40kg/m² or more, or between 35 kg/m² and 40kg/m² in the presence of other significant diseases.
- There must be formalised MDT (multidisciplinary team) led processes for the screening of co-morbidities and the detection of other significant diseases. These should include identification, diagnosis, severity/complexity assessment, risk stratification/scoring and appropriate specialist referral for medical management. Such medical evaluation is mandatory prior to entering a surgical pathway.
- Morbid/severe obesity has been present for at least five years.
- The individual has recently received and complied with a local specialist obesity service weight loss programme (non-surgical Tier 3 / 4), described as follows: This will have been for duration of 12-24 months. For patients with BMI > 50 attending a specialist bariatric service, this period may include the stabilisation and assessment period prior to bariatric surgery. The minimum acceptable period is six months.
- The specialist obesity weight loss programme and MDT should be decided locally. This will be led by a professional with a specialist interest in obesity and include a physician, specialist dietician, nurse, psychologist and physical exercise therapist, all of whom must also have a specialist interest in obesity. Important features are the multidisciplinary, structured and organised approach,
- Assessment of evidence that all suitable non-invasive options have been explored and trialled and individualised patient focus and targets. In addition to offering a programme of care the service will select and refer appropriate patients for consideration for bariatric surgery.
- Plastic surgery correction of redundant skin following weight loss is not normally funded from NHS resources, except in exceptional clinical circumstances.

As the recommendations state local criteria is BMI > 35 with comorbidities or a BMI > 40, this following the 2013 NICE guidance. The local provider in Berkshire West is the Royal Berkshire Hospitals Trust with patients supported by a multi-disciplinary team.

The local process includes a first appointment with a bariatric nurse, followed by group sessions explaining the bariatric pathway and timeframes followed by a medical multi-disciplinary team review MDT led by the physician but clients are also seen by the dietitian and the clinical psychologist.

These are then followed by appointments with the dietitian and clinical psychologist to support and help establish targets for weight and behaviour change before progressing to surgery.

There is another review by the MDT (this can be offered at clinic or by phone / virtual clinic; this is at the end of the pathway before the client is referred to the surgical team to meet the surgeons. The assessment / preparation process through to surgery is approximately 12 months.

This process means patients will have been triaged will meet the criteria for surgery and have established they want the surgery. Following surgery clients are supported with follow-up for two years mainly by dietitians and as needed a medical review can be booked with the physician.

FACT

There is a need for a Berkshire West Healthy Weight Pathway to streamline the process from Tiers 1 through to Tier 4.

What services / assets does Berkshire West have to prevent and meet this need?

Mapping work was undertaken taking a life course approach. The mapping should be seen as a live document rather than a completed document as information is still being collated ongoing as due to time constraints activities and assets will have been missed.

Surveillance interventions in Berkshire West

The NCMP surveillance programme is delivered across Berkshire West, data indicates excellent uptake as seen in Table 6 below:

Table 6 - Berkshire West Surveillance Data

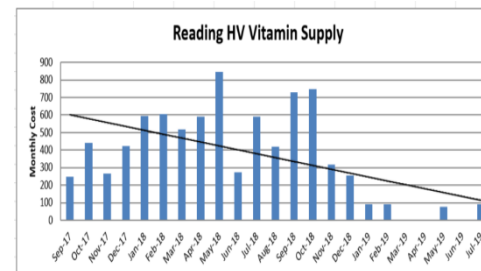
<u>Intervention</u>	<u>Description</u>	<u>Outcomes / Recommendations</u>
NCMP	The National Child Measurement Programme (NCMP) was established as a surveillance programme to measure the height and weight of children in reception class (aged 4 to 5 years) and year 6 classes (aged 10 to 11 years) to assess and monitor overweight and obesity levels in children within primary schools.	<p>Outcomes 2017/8 data</p> <p>Wokingham Reception cohort 1, 828, uptake 1,806 = 98.7% Year 6 cohort 1,915. uptake 1,831 = 95.6%</p> <p>West Berkshire Reception cohort 1,858, uptake 1,849 = 99.5% Year 6 cohort 1,869, uptake 1784 = 95.4%</p> <p>Reading Reception cohort 2,080, uptake 2,077 = 99.8% Year 6 cohort 2,015, uptake 2,015 = 100%</p> <p>Currently only one visit to a school is made to undertake the measurements</p> <p>All eligible schools in Berkshire West participate in the NCMP programme.</p>
NCMP Feedback	<p>Feedback Feedback is provided by letter to the underweight, overweight and very overweight children. The national NCMP letter is adapted for use. The school nurse team highlighted they have few contacts of parents / carers as a result of these letters and suggested reviewing the letters / offer to increase engagement. The team are also open to healthy lifestyle messages and engaging school settings as part of local delivery.</p>	<p>Outcomes</p> <p>Parental engagement post feedback letters</p> <p>Wokingham No complaints and no parental requests for support following the feedback letters.</p> <p>West Berkshire No complaints, no parental requests for support following the feedback letters.</p> <p>Reading One informal complaint – the parent did not follow the complaints process further, five parents requested help following receipt of the feedback letter. These were followed up by the school nursing team.</p> <p>Recommendation Take learning from other areas around the UK in engaging parents / carers</p>

Table 7 Examples of the many local Interventions offered throughout the life course across Berkshire West

Table 7 - Berkshire West healthy lifestyle / weight interventions

Intervention	Description	Outcomes / Recommendations
<p>Health in Pregnancy</p>	<p>There are no interventions in Wokingham, West Berkshire or Reading.</p> <p>This is a gap in practical provision.</p> <p>However the STP LMP has highlighted obesity as a priority and developed a LMP of which delivering HIPs and lifestyle messages are part of the action plan.</p> <p>In addition the development midwife at RBH has recognised a need for pathways to be developed in partnership and developing these is part of her remit.</p>	<p>Outcomes N/A</p> <p>Recommendations</p> <p>Continue to progress the local LMP and consider way to bridge the gap in HIP provision</p> <p>Support development of a pathway for pregnant women with BMI of 30 and above. Work in partnership with RBH to develop pathways</p>

Intervention	Description	Outcomes / Recommendations
<p>Healthy Start Programme</p>	<p>The Healthy Start scheme is designed to help low income pregnant women and families with children under four buy cow's milk, plain, fresh and frozen fruit and vegetables and infant formula milk and vitamins.</p> <p>Miscellaneous N.B To gain actual data regarding Healthy Start prescriptions would need SLT sign off when the trend in prescribing is more informative.</p>	<p>Wokingham Report stable prescribing of the Healthy Start Vitamins.</p> <p>West Berkshire has highlighted a reduction in vitamin prescriptions. The team lead suggested a targeted piece of work to ensure that those who still need to access the scheme are still being reached.</p> <p>Reading The HV team are awaiting missing data for 2019.</p> <p>Recommendation Local areas to consider trends and consider a targeted piece of work to identify and ensure families in need are accessing the vitamins.</p>



Intervention	Description	Outcomes / Recommendations
Healthy Child Programme 0-5 years	<p>This offers evidence based content and process for the 2 to 2½ year review and emphasises preventing obesity, promoting emotional wellbeing, language and learning development.</p>	<p><u>Wokingham, West Berkshire</u> <u>And Reading</u></p> <p>Berkshire West commissions the integrated health visiting and school nursing services to deliver. Services are linked to early years, childcare and educational settings. The Health visitors offer advice and support around breast feeding and introducing solids. Children Centres also provide advice and guidance around introducing solids and healthy eating.</p> <p>School nurses continue the messages as part of NCMP delivery. School nurses offer support based on C4L but no training is currently in place to ensure consistent messages across local areas.</p> <p>Recommendations</p> <p>Review school nurses role in the healthy weight agenda.</p> <p>Establish healthy lifestyle training to ensure consistent evidenced based messages being promoted. Support signposting to other local interventions.</p>
Healthy Child Programme 5-19 years	<p>The programme is the early intervention and prevention public health programme describing a universal progressive service for children, young people and their families. It builds on the Healthy Child Programme: Pregnancy and the first five years of life.</p>	<p><u>Berkshire West</u></p> <p>School nurses continue the messages as part of NCMP delivery. School nurses offer support based on C4L but no training is currently in place to ensure consistent messages across local areas.</p> <p>Recommendation</p> <p>Review school nurses role in the healthy weight agenda.</p>

Intervention	Description	Outcomes / Recommendations
UNICEF Breastfeeding Initiative Accreditation Berkshire West	Berkshire Healthcare has the UNICEF BFI breastfeeding accreditation.	Outcomes No formal outcomes reported Clinical staff are able to support breastfeeding mothers. N.B This is included within the local LTP work.
Breastfeeding Interventions	Several activities and interventions are undertaken in various forms across Berkshire West including those integral to the role of HV.	Outcomes Where possible these are reported for individual activities. Stakeholder Feedback A comment that was routinely highlighted in all three local authorities was that breastfeeding support is underfunded given the evidence supporting breastfeeding and early year's intervention. Recommendations Establish healthy lifestyle /weight training to ensure consistent evidenced based messages being promoted
Breast Feeding Berkshire West	Professional Development Lead Health Visiting Infant Feeding Lead is in place for Berkshire West	Recommendation Public health to work in partnership to establish consistent healthy infant feeding / weaning messages

Intervention	Description	Outcomes / Recommendations
<p>Breast Feeding Wokingham</p>	<p>There is a small team, of 7 supporting Volunteer-led face-to-face breastfeeding support (evidence-based info, non-judgemental) at drop ins, usually alongside a baby weigh-in clinic with Health Team present.</p> <p>Previous service also included offering (up to 6 weeks of age) phone and text support with individually assigned Peer Supporter, along with potential home visits.</p> <p>Free to the participant</p> <p>Small annual cost to WBC Current small-scale service (supervision of volunteers and administration) is £2,750 for 1 year. Previous service (individual phone/text support) was £6, 728 for 1 year.</p>	<p>Outcomes</p> <p>For 2017/18 -(service with phone/text/home visits from Peer Supporters) as well as volunteer drop-ins:</p> <p>524 referrals were collected for mothers living in Wokingham from 1st April 2017 to 31 March 2018.</p> <p>364 responded to contact from the Peer Support Worker within the six-week support period (69%).</p> <p>204 of these 364 mothers took up the support offered (56%).</p> <p>64 further referrals were collected (it was not possible to confirm whether the mother lived in Reading or Wokingham). 15 of these mothers responded, and 9 were supported.</p> <p>The 2017-8 Statistical Release by Public Health England* for Quarter 4 shows that women supported by our service achieve significantly improved outcomes compared to those who do not use the service:</p> <p>Breastfeeding prevalence at 6-8 weeks for women living in Wokingham Borough who responded to contact from their PSW in Q4 2017-8:</p> <p>Wokingham: 89%, compared with 58.6%** for all women in Wokingham</p> <p>The breastfeeding rate at 6-8 weeks across England in Q3 2017-18 is 43.1%</p> <p>For Q4 and Q1-4 2017/18: 74% mothers rated the service as 4 or 5 stars For June 2019 – volunteer drop-ins across Wokingham 74 mums were supported, across 8 drop-in locations</p>

Intervention	Description	Outcomes / Recommendations
Health Visitors Berkshire West	<p>Currently – introduction to solids sessions in all localities.</p> <p>Targeted at -Parents/carers with babies approx. 4-7 months</p>	<p>Outcomes</p> <p>Not available as it was noted that collating data would have taken time gathering information from each locality. Each locality holds a slightly different infant feeding session.</p> <p>It is known that there is a substantial uptake in each locality, with positive feedback from participants.</p> <p>Stakeholder Feedback</p> <p>There is a gap in supporting families in practical cooking skills</p> <p>Recommendations</p> <p>Establish consistent weaning information training including information on portion sizes of foods.</p> <p>Establish practical cooking opportunities as this is flagged up as a gap for local families</p>
Children’s Centres Wokingham		<p>A varied timetable is offered including activities that link to healthy lifestyle / weight. Healthy cooking is offered on an adhoc basis only.</p> <p>Outcomes</p> <p>Interventions are often not evaluated due to time constraints but numbers families engaging / attending are recorded and have been requested</p>

<p>Children's Centres West Berkshire</p>	<p>A varied timetable is offered including activities that link to healthy weight. Healthy cooking is offered on an adhoc basis only. Interventions are often not evaluated due to time constraints but numbers families engaging / attending are recorded</p>	<p>A varied timetable is offered including activities that link to healthy lifestyle / weight</p> <p>Outcomes 2018/9</p> <p>Family Hub East Outcomes</p> <p>Healthy Eating for Young Children (7 week course) 5 attended</p> <p>Introducing Solids Workshops 111 attended</p> <p>Breastfeeding support referrals 45 referrals</p> <p>Wiggle Tots 284 attended</p> <p>Wiggle Babies 432 attended</p> <p>Thrive Wellbeing Group 8 attended</p> <p>Postnatal courses 358 attended</p> <p>Story Walks 20 attended</p> <p>Stay and Play sessions</p> <p>Calcot 787 attended</p> <p>Padworth 626 attended</p> <p>Theale 1,402 attended</p> <p>Newbury and West Family Hub Outcomes 2018/19</p> <p>N.B Nos are for children who attended and do not include the parent or carer who attended with the child.</p> <p>Weaning sessions = 57 attended</p> <p>Breastfeeding support = 90 attended</p> <p>Healthy Eating Course = 29 attended</p> <p>Maestro's Music (physical activity) = 28 attended</p>
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Intervention	Description	Outcomes / Recommendations
		Universal drop-in sessions where we promote 'fun to be fit' = 450 attended Messy Play (physical) = 121 attended
Children's Centres Reading	Reading Memorandum of Understanding for CC agenda. Weight Management Strategy Strategy for universal and targeted activities for families. Referrals from 9 month/2 year health ASQs. This includes Healthy cooking on a budget courses Link with Local shops/ partnership Linking and referrals to Readibank Inclusion and focus of physical activities both in groups and at home Linking with all Reading Childcare providers Promotion of Physical activities in local parks Pre and Post weight measures	A varied timetable is offered including activities that link to healthy lifestyle / weight and Reading also have a weight management strategy for the CC agenda too. Outcomes for quarters 1 and 2 were - Number of parents attending healthy cooking course = 139 Families attending health living activities = 857 Childcare settings linked to healthy eating promotions/resources= 20 Families supported through 1-1 work =180
Weaning and Faddy Eating	These are undertaken in various forms across Berkshire West	
Play and activity	These are undertaken in various forms across Berkshire West	

Intervention	Description	Outcomes / Recommendations
Bean Stalk Wokingham	<p>Ready for School Tool</p> <p>Ready for school is ready for life is the Bean Stalks message</p> <p>The topics covered are –</p> <ul style="list-style-type: none"> Communication Social environment Learning together Health and wellbeing and Self help <p>http://wsh.wokingham.gov.uk/early-years-childcare-and-play/</p> <p>The team are keen to share with West Berkshire and Reading</p>	<p>The Beanstalk was launched at the 2017 PHE conference as an example of good practice it was launched across Wokingham early years settings in 2018 and a monitoring tool has since been developed.</p> <p>Training supports the Beanstalk</p> <p>Outcomes</p> <p>All settings in Wokingham have the information and resources</p> <p>The team have run 4 ready for school ready for life sessions with parents and children</p> <p>Recommendations</p> <p>Include healthy food and activity messages as part of the Bean Stalk</p>
West Berkshire Flying Start Programme	<p>Aim:</p> <p>Our project aimed to support parents from vulnerable families in the Thatcham area to learn how best to support their children in preparation for starting school. These families were identified by their eligibility for 2 year old funding and in collaboration with local settings, schools and the Family Hub we tried to identify the most vulnerable.</p> <p>Session 7 focuses on Healthy Eating</p>	<p>Outcomes</p> <p>Schools & Settings Involved:</p> <p>4 schools & 4 settings</p> <p>Twenty families received a personal invitation and were originally invited to a “meet and greet” and four parent sessions. This was then increased to 9 sessions due to the needs of the group and the popularity of the sessions. A crèche was originally planned but was not available at the last minute so we encouraged parents to bring their children and any siblings along. Fifteen families attended the busiest session and there was a core of 7 families that attended regularly.</p> <p>Impact on School Readiness</p> <p>This will be measured in due course as part of the full evaluation. The Flying Start families will be monitored throughout the Reception year to see how successfully Flying Start children transition in to school, how ready they are for school and their attainment at the end of the year. On entry and profile data will be collected and reviewed.</p>

Intervention	Description	Outcomes / Recommendations
Wokingham Toddler group	Mums and Dads, parent and toddler play session every Thursday morning at the Rainbow Centre Target audience Children under 5 years old	Outcomes Reduce social isolation in parents with young children by providing a low cost play group to attend. Also providing healthy snack for the children. Recommendations Consistent messages needed for all healthy lifestyle activities
Wokingham Mum and baby exercise group	Mums Zone, mother and baby exercise class. Target audience New mums	Outcomes Providing gentle physical exercise for mother and baby to do together. Improving physical and mental health of new mothers, sessions will also include healthy snack and information on mental health/mindfulness Recommendations Consistent messages needed for all healthy lifestyle activities
West Berkshire School nurse lead Ready Steady School Pilot	School Readiness Pilot West Berkshire 0-19 universal services (Health Visiting and School Nursing) are seeking to develop a pilot project to address ways that these needs can best be met and formulate a programme. Insight from parents whose children have just started school in terms of what would have helped them the most and what was most important to them and their child will form the foundations of programme planning, but a scoping exercise will also include seeking feedback from all Early Years provisions across the West Berkshire and Reading localities.	Outcomes Due to research carried out by Helen Victoria Smith, a PhD student in the School of Education at the University of Nottingham, demonstrating that attempts to ensure all children are ready for school are being undermined by a targeted approach (Smith, 2018). By making a universal offer to all families in West Berkshire, the reach of the programme to those vulnerable families may be positively impacted by the fact that the families are not being singled out and in fact that many, if not all parents can benefit from some basic advice and signposting to support their children's health and development needs prior to starting at school.
Reading School Readiness	Reading school readiness is incorporated in the Early Years Foundation Stage across the whole under 5 sector	Outcomes No outcomes provided

Intervention	Description	Outcomes / Recommendations
<p>Reading School Nurses</p>	<p>School nurse pilot The Reading School Nursing team identified change was needed and developed a new way of working (piloted during 2017-18). By separating roles of School Nurses within the team the aim was that the safe-guarding commitment was managed effectively, allowing half of the team to focus on their Public Health role and to commit to regular visits to schools, action issues for Year 7 pupils identified on the Year 7 questionnaires and deliver health promotion to support the Annual Health Promotion Plan</p>	<p>Outcomes Childhood obesity was identified as a school nurse public health priority.</p> <p>Students / user feedback highlighted that they would like school nurses to be around more and to deliver more health promotion support including mental health support and support re sexual health and obesity.</p> <p>Recommendation School nurse public health role be defined across Berkshire West</p>

Intervention	Description	Outcomes / Recommendations
<p>Reading School Nurses Year 4 Healthy Lifestyle Resource development</p>	<p>School Nurse Pilot and Production of Year 4 Healthy Lifestyle Resource to support Healthy Weight</p> <p>July 2018, School Nursing met with a Year 4 teacher at Emmer Green primary school who agreed to assist the team in the development of a new healthy lifestyle lesson plan, supported by the involvement of the year 4 students in her class. This resource would be aimed at Year 4 children and would support our public health priority of 'childhood obesity'. Together a 30-40 minute presentation was developed which made use of four short clips, 2 about healthy eating and 2 which were to lead interactive physical activity components during the session. The staff have now been prepared to deliver this session to our schools and will start by delivering to the top 10 primary schools who recorded the highest very overweight measurements during the Year 6 National Child Measurement Programme 2017-18 as identified by our NCMP screening team.</p>	<p>Outcomes</p> <p>The pilot is being delivered to 10 schools, The 10 schools were selected as the ones with the highest numbers of very overweight children in the year 6 NCMP last academic year 2017</p> <p>This is still being piloted and outcomes will be forwarded when completed.</p>

Intervention	Description	Outcomes / Recommendations
Wokingham Balance Bike Clubs	Target Audience Age 2- 4 years 1 hour session, Weekly in term time, at 2 venues: FBC & Woodford Park Cost per session £66 FBC (Winter) £40 FBC (Summer) £57.50 Woodford Pk Cost per head £3 - £5.50 per 1 hour session	Outcomes Average of 12 attending at each session (112 children 2018/2019)
Wokingham Bikeability Balance courses	4 weekly balance bike sessions of 45 minutes each. Target audience Ages 4 – 5 years Delivered to Reception/year 1 in schools Bikeability grant = £25 per head. Includes cost of transporting bikes. £25 per head for 4 sessions	Outcomes 114 children in 2018/2019
Wokingham Learn to ride club	Target audience Age 5 – 10 years 1 hour session weekly after school, In term time. 2 venues. £61.60 (Woodford Park) £66 (FBC) Parental contribution of £5	Outcomes 98 children in 2018/2019 6 children per group

Intervention	Description	Outcomes / Recommendations
Wokingham Scooter training	<p>The aim of this training is to improve the child's awareness of road safety issues, particularly with those children who use their scooter to travel to school.</p> <p>The training involves 15 children at a time on the playground for a 45 minute session.</p> <p>Following the training, resources for each child who participated will be provided to maintain the learning and include a comic and parents' guide, sticker and certificate.</p>	<p>Outcomes</p> <p>317 children accessed the training in 2018</p>
Wokingham Woky Wheels	<p>Target audience</p> <p>All - Inclusive cycling for adults with SEND</p> <p>2 hours per week in term time.</p> <p>£50 per weekly session £5 per head</p>	<p>Outcomes</p> <p>Average of 10 attendees per week</p>
Wokingham Bikeability Level 1 training	<p>Bikeability</p> <p>Level 1 training</p> <p>Target audience Age 7 – 10 years</p> <p>2 hour session in schools or holidays</p> <p>Cost to run</p> <p>£80 per session for 10 – 12 children</p>	<p>Outcomes</p> <p>83 children in 2018/2019</p> <p>Maximum of 12 children allowed per group</p>
Wokingham Bikeability Level 2 training	<p>Bikeability</p> <p>Level 2 training</p> <p>Target audience Age 10 – 14 years</p> <p>6 – 8 hours of training in school term time</p> <p>£480 per course,</p> <p>12 children per group</p> <p>(Bikeability grant for 1329 places)</p>	<p>Outcomes</p> <p>1,597 children trained in 2018/2019</p>

Intervention	Description	Outcomes / Recommendations
Wokingham Bikeability Level 3 training	Bikeability Level 3 training Target Audience Age 11 – 16 1 day course or 2 half days in secondary schools (or some primary schools) in term time. £240 per course, 6 trainees per group (Bikeability Grant for 57 places)	Outcomes 57 trained in 2018/2019
Library –Early years and other age groups Berkshire West	The local libraries have been identified as key assets in all three local authorities. Outlined as an asset that is under used.	Outcomes Allows access to key population groups Feedback Staff in all local authorities highlighted that local libraries are under used by health and the potential for activities to be held in the venues and staff to be strained to deliver consistent lifestyle messages and national campaigns.
Healthy Child Programme 5-19 years	The programme is the early intervention and prevention public health programme describing a universal progressive service for children, young people and their families. It builds on the Healthy Child Programme: Pregnancy and the first five years of life.	<u>Berkshire West</u> School nurses continue the messages as part of NCMP delivery. School nurses offer support based on C4L but no training is currently in place to ensure consistent messages across local areas. Recommendation Review school nurses role in the healthy weight agenda.
Wokingham Healthy Pupils Capital Funding 2019	School were identified based on IMD and NCMP obesity data, 19 schools were identified and contacted inviting them to submit bids for the funding.	Outcomes 14 schools submitted bids and 100% were accepted

Intervention	Description	Outcomes / Recommendations
West Berkshire Healthy Pupils Capital Funding 2019	<p>Primary schools were selected based on the three year accumulative National Child Measurement Data as having a prevalence of obese/overweight children above the West Berkshire average.</p> <p>The secondary schools are local authority maintained and Little Heath School is a voluntary aided school. The two special schools are local authority maintained and are through phase settings.</p>	<p>Outcomes 13/17 Schools were awarded HPC Funding</p>
Reading Healthy Pupils Capital Funding 2019	Awaiting data	<p>Outcomes Awaiting data</p>
Wokingham School nurse YOT	<p>All young people attending Youth Offending Service (YOS) are offered an initial health assessment which includes measuring height, weight and calculating BMI.</p> <p>Healthy eating discussion is part of the assessment. Numbers too small to run a group.</p> <p>Cost – part on RBHT role Free to participants</p>	<p>Specialist nurse lead has undertaken training on eating disorders provided by CAMHS. General healthy eating is very much part of the role and training as a public health nurse.</p> <p>Outcomes No outcomes documented</p>
Wokingham Healthy Schools	No current provision	<p>N/A</p> <p>Stakeholder Feedback The need for work in schools was highlighted by the majority of stakeholders spoken to this was the most requested recommendation across the three areas.</p>

Intervention	Description	Outcomes / Recommendations
West Berkshire Healthy Schools Programme	West Berkshire offer a Traded Healthy Schools offer for local schools. This includes a toolkit of resources for schools to complete a review, identify actions and complete in order to receive the Health and Wellbeing in Schools Award Costs £200 WBC school, £400 independent school	Outcomes 12 schools including 1 special, 1 independent have purchased the award in the first 6 months.
West Berkshire Healthy Schools Programme	PSHE Subject Lead - support and review	Outcomes Every school is entitled to support which may include a visit, emails, phone calls, CPD to focus on PSHE. This includes a review of current programme and support to develop. Free offer as this is core to H&WB in Schools Coordinator role
West Berkshire Healthy Schools Programme	Hub newsletter - promote key lifestyle messages and raise awareness	Outcomes Newsletter emailed to distribution list every 6 weeks, uploaded to WBC website, WB education portal, hard copies in council buildings. Free offer as this is core to H&WB in Schools Coordinator role
West Berkshire Healthy Schools Programme	PSHE Subject network	Outcomes Heads of PSHE meet 3 times a year to share best practice, identify gaps, review resources and national landscape the network is led by H&WB in Schools coordinator Free offer as this is core to H&WB in Schools Coordinator role

Intervention	Description	Outcomes / Recommendations
West Berkshire Learning Well offers Healthy Lifestyle” Workshop	<p>For the year 2018-2019 “The Healthy Lifestyle” Workshop, formerly the Good Food Challenge and The Big Food Challenge became part of the free “core” offer of the Health and Wellbeing in Schools programme. Similar to the previous years the intervention was designed for year 3 pupils in targeted schools. These were schools that were above the West Berkshire average for overweight and obesity in either year 6 or Year R according to NCMP (National Child Measurement Programme) data.</p> <p>1 or 2 hour workshop delivered by West Berkshire Wellbeing trainers</p>	<p>Outcomes</p> <p>38 workshops were delivered to approximately 1100 children</p> <p>Outcomes also see a general trend of strong improvement around the knowledge of the healthy eating qualitative questions.</p> <p>Question number 3, around snacks and calories did occasionally see a decrease in correct answers at the end of the workshop. This could be due to the complexity of the question. Most of the children were unaware of what calories were at the start of the workshop and perhaps found this concept quite challenging to learn and then apply.</p> <p>User Feedback</p> <p>Teachers gave feedback re whether there could be alternative activities for SEN children and so for next year we will hope to produce some alternative activities for SEN children to complete where necessary.</p> <p>Consultations with colleagues who specialise in this area will be undertaken in order to ensure any materials are quality assured.</p> <p>The Workshop will also prove valuable to schools as statutory relationships and health education becomes compulsory at primary schools from September 2020. The workshop covers the majority of learning outcomes associated in the guidance around “Physical health and fitness” and “Healthy eating”.</p> <p>Recommendation</p> <p>To include promotion of school lunch and ongoing work for schools and at home</p>
West Berkshire Learning Well offers	<p>Health and Wellbeing in Schools Award</p> <p>RSPH YHC</p> <p>Living Family Workshop</p> <p>Level 2 Award</p>	<p>Outcomes</p> <p>Health and Wellbeing in Schools Award – 8 schools</p> <p>RSPH Young Health Champions qualification – 1 school 14 students</p> <p>Living Well family workshop x 1</p> <p>The Level 2 Award was cancelled.</p> <p>The Understanding Healthy Lifestyles workshop was developed during 18/19 FY and is available for schools to book in AY 19/20.</p>

Intervention	Description	Outcomes / Recommendations
Reading Healthy Schools	No current provision	N/A Stakeholder Feedback The need for work in schools was highlighted by the majority of stakeholders spoken to this was the most requested recommendation across the three areas.
Wokingham and West Berkshire The Good Food Challenge Healthy Eating Workshops – aimed at year 3	Wokingham Public Health and Wellbeing team has commissioned The Good Food Challenge which is designed to teach Year 3 children the key messages around Healthy Eating. Year 3 was chosen as in this year, they are no longer eligible for Universal Free School Meals, and many may start to have packed lunches. By educating the children about the right balance needed for a healthy diet, they are given the tools to make healthier choices. Good dietary choices in Year 3 could lead to a healthier weight which would be recorded in the National Child Measurement Programme in Year 6. This intervention was delivered by members of the Environmental Health Team and a Public Health Dietitian from Trading Standards between September 2017 and July 2018	Outcomes Reach This project reached 32 schools through 40 sessions, delivered over the 2017/18 academic year. 1202 children engaged in the intervention and the children’s knowledge of the key messages increased from 42% to 80%. The majority of the sessions were delivered in June 2018 to enhance the schools’ Health and Wellbeing weeks. The sessions were delivered by Environmental Health Officers and a Public Health Dietitian. Question 1 - How big is a portion of fruit or vegetables? Few of the children correctly answered that a portion is roughly a handful before the intervention. Question 2 - Which 2 drinks won’t harm your teeth if you have them between meals? Knowledge of this message was good before and after the intervention. Question 3 - Why is too much sugar unhealthy? Knowledge of this message was good after the intervention. Question 4 - Why is too much fat unhealthy? Knowledge of this key message was good after the intervention. Many children thought that fat was bad for their tummies before the intervention. Question 5 - What type of fat is unhealthy for your heart? This is a challenging question, and few children were familiar with the word ‘saturated’ fat before the intervention. Question 6 - Why do you need to eat protein foods? Many children thought that protein provided energy. Although this is true, it is not the primary purpose of this nutrient, which is for growth and repair.

Intervention	Description	Outcomes / Recommendations
		<p>Question 7 - Which type of cereals have lots of sugar? A large proportion of the children understood this message after the intervention. Understanding what types of products are high in sugar will help them to make healthier choices.</p> <p>Question 8 - How many fatty/sugary items should you have for lunch? This is a crucial message and the children had a good understanding of this message after the intervention.</p> <p>Total There was a significant improvement in the children’s knowledge of the key messages from 42% to 80%</p> <p>Recommendation There is currently a lack of behaviour change and ongoing work promoted for at home and in schools. It would be useful to promote school dinners rather than just focus on packed lunches and also include physical activity / dental messages. Link to government Healthy rating system</p>
<p>Berkshire West Policy surrounding Fast Food Outlets near schools</p>	<p>There is no current policy in place surrounding the proximity of fast food outlets to settings frequented by children and young people, given that Reading sees high fast food outlet saturation across the City a recommendation is that this is considered in the near future as emphasis on environment is needed</p>	<p>Outcomes N/A</p>
<p>Berkshire West Sugar Smart campaign</p>	<p>There is currently no work surrounding Sugar and Sugar Smart Stakeholders have frequently raised this topic especially in relation to early years and schools a recommendation is that this is considered</p>	<p>Outcomes N/A</p>

Intervention	Description	Outcomes / Recommendations
Wokingham School Travel Plans	<p>Schools are not obliged to have a school travel plan and If they do have a travel plan they do not need to share it with WBC unless they have are submitting a planning application, in which case the travel plan will need to accompany the planning application. The team encourage schools to use Modeshift STARS for school travel planning but they do not have to use this scheme and schools will often get a consultancy to write their travel plan if they need one for planning purposes.</p> <p>All Wokingham schools had a travel plan in 2010 but it is not known how many have updated the travel plans</p>	<p>Outcomes</p> <p>In the last academic year 7 schools have applied for Modeshift STARS Accreditation and therefore will have updated school travel plans on Modeshift STARS. In addition 14 other schools are also using Modeshift STARS (mainly for travel survey results) but do not yet have complete travel plans on the system.</p> <p>Another 5 schools have travel plans on the system which have not been updated in the last academic year, but are less than 4 years old.</p>
West Berkshire School Travel Plans	<p>All the Primary, Secondary, Special and Nursery schools had a Travel Plan by 2010 which was the Government target. Some of them have continued to implement them and have reviewed and updated their plans – especially if they have had changes to their site or buildings.</p>	<p>Outcomes</p> <p>2018/19 Data</p> <p>Primary (including Infant and Junior): 66</p> <p>Secondary: 10</p> <p>Special: 2</p> <p>Nursery: 2 (these are standalone nurseries linked with the LEA – many schools have their own nurseries)</p> <p>iCollege: 1</p>
Reading School Travel Plans	<p>Reading school were supported to develop and implement travel plans in 2010</p>	<p>Outcomes</p> <p>Most of Reading schools have travel plans in place as per 2010 but they haven't necessarily updated them recently.</p>

Intervention	Description	Outcomes / Recommendations
Active Travel West Berkshire Nursery age children	Steposaurus Steposaurus has been designed in collaboration with the two West Berkshire Council Nursery schools as a walking reward scheme for the under 5s. In a similar way, and following the success of Go Kinetic pupils are rewarded with a sticker on their Steposaurus card each time they walk to school. schooltravelplans@westberks.gov.uk	Outcomes 13 schools engaged in active travel activities across West Berkshire
Active Travel School age Mode Shift Stars Wokingham	Modeshift STARS is the national schools awards scheme established to recognise excellence in the UK with a focus on walking and cycling. https://modeshiftstars.org	Outcomes The local 5 primary/infant/junior schools in the Wokingham area and the Active Travel team work with ~ 11 of them on Modeshift STARS 5 schools applying for bronze accreditation - 1 school retaining silver accreditation - 1 school applying for silver accreditation - Approx. 5 other schools actively using the system Schools are not currently targeted
Active Travel School age West Berkshire	Throughout West Berkshire alongside the transport department we offer the Go Kinetic active travel reward scheme. Rewarding primary school children for actively travelling to school through incentives. £500 cost to WBC re resources Free to schools	Outcomes 13 schools engaged in active travel activities across West Berkshire Feedback It is a challenge in a full curriculum to engage schools with this programme

Intervention	Description	Outcomes / Recommendations
Active Travel School age Mode Shift Stars West Berkshire	Modeshift STARS is the national schools awards scheme established to recognise schools that engaged in active travel activities in support of walking and sustainable travel. https://modeshiftstars.org Nationally offers a template to schools in order to promote sustainable travel Cost to WBC Annual subscription fees approximately £900 Free to schools	Outcomes Schools that engaged in active travel activities in support of walking and sustainable travel.
Wokingham Community Kids Club	Kids Club Every Wednesday, term time for ages 4-7 5-6.30pm Target audience ages 8-11 6-7.30pm held at the Norreys Church, Norreys Ave, Wokingham	Outcomes Providing a warm and welcoming environment, close to the children’s own homes within the Norreys Ward. A chance to socialise with friends and develop new relationships, social skills and sharing a hot meal together Group is led by the Young-People themselves, activities chosen by the group (crafts, group games, sports activities and occasional trips to Elizabeth park, Wokingham Library etc.) Recommendations Consistent messages needed for all healthy lifestyle activities
Wokingham Community Kids Club	Winnersh Youth Group, term time weekly youth group running in the Rainbow Centre Target Audience 11-15 years old	Outcomes Providing a safe place for young people to see their friends or meet new peers living in their community
Wokingham Community Kids Club	Winnersh Kids Club, weekly kids club at the Rainbow Centre, running in term time 7-10 year olds living in the Winnersh area	Providing a safe place for young people to see their friends or meet new peers living in their community Recommendations Consistent messages needed for all healthy lifestyle activities
Wokingham Transition cycle workshops and rides	Target audience (Year 6 pupils) 1 hour workshop and 1 hour led ride to secondary school £270 per school (for 18 children) £15 per head	Outcomes 36 children at 2 schools in 2018/2019

Intervention	Description	Outcomes / Recommendations
Wokingham Bikes, big trucks and you project	Target audience (Year 5 or Year 6) 1 day at each school, 7 staff to deliver project	Outcomes 2 schools, 120 children
Wokingham Youth Group	The group runs Thursdays 5-7pm This is not every week at this time as we are working together build a user led youth group, held at the Norreys Church, Norreys Ave, Wokingham	Outcomes Providing a warm and welcoming environment, close to the children's own homes within the Norreys Ward. A chance to socialise with friends and develop new relationships, social skills, peer support, sharing experiences, learning new skills, volunteering, and valuing each other. Group is led by the Young-People themselves, activities chosen by the group (chosen discussions, sports activities, meeting out in their community, Elizabeth park, Skate Park and working together to look at opportunities to raise funds for other activities i.e. Thorpe Park, Bowling, Swimming Recommendations Consistent messages needed for all healthy lifestyle activities
Wokingham Shinfield Youth Group	Shinfield Youth Group Weekly group for children aged between 8-12 years With opportunities for 12+ to stay on as 'Young Leaders' Runs during Term-Time, on Mondays from 4.30-6pm at the Community Flat in Shinfield Rise Group supported by Youth Worker employed by Shinfield Parish Council	Outcomes Providing a warm and welcoming environment, close to the children's own homes on the estate. A chance to socialise with friends and develop new relationships. Support for children transitioning up to Secondary schools. Group is led by the Young-People themselves, activities chosen by the group (normally cooking and eating some food together, group games and occasional trips to the local park) Recommendations Consistent messages needed for all healthy lifestyle activities

Intervention	Description	Outcomes / Recommendations
Wokingham Active Kids Holiday Club program	<p>The programme runs every half term and during the summer holidays at both Loddon Valley and St. Crispin’s leisure Centres. The holiday camps are physically activity driven, to support healthy weight in children attending each camp.</p> <p>The target age range for each camp is 5-12yrs and there is no set attendance criteria, parents follow the booking procedure to book on for whatever days they wish.</p> <p>The cost for either an 8-6pm booking per child is £28 per day and for a 09:30 – 3:30pm booking the price is £19 per child per day.</p>	<p>Outcomes</p> <p>The overall uptake to these camps is high with attendance numbers each week averaging 200 – 250 per week at Loddon Valley and 100 – 150 at St. Crispins</p> <p>Recommendations</p> <p>Consistent messages needed for all healthy lifestyle activities</p>
School Holiday Club West Berkshire	<p>Healthy Holiday Club (Pilot) Project. 5 (3 full days) healthy lifestyle holiday clubs took place during the summer holiday 2018, with follow up clubs held during October 2018 and February 2019 holidays. The programme combines key public health promotion messages such as healthy eating, benefits of physical activity, promoting good oral hygiene, reducing sedentary behaviour, improving skills for learning and improved wellbeing.</p> <p>£24000 Commissioned programme</p> <p>Target Vulnerable pupils aged 5 – 11 from Thatcham primary schools</p>	<p>Initially, the aim was to run a programme that was linked to reduce the attainment gap and attempted to set something up to see if participating in a healthy holiday club had any effect on attainment, but because of the way that attainment data is collected, this was not possible.</p>
School Holiday Club Reading	<p>Fully supervised physical activity club for 4-12 year olds</p> <p>£11 per child</p>	<p>Outcomes</p> <p>No data provided</p>

Intervention	Description	Outcomes / Recommendations
The Big Pedal Wokingham	Sustrans Big Pedal is the UK's largest inter-school cycling, walking and scooting challenge. Schools compete to see who can record the greatest number of human powered journeys over two weeks. The best five days decide the final position. Children and supporters can all register their journeys.	Outcomes In 2019 we had 20 WBC schools sign up to take part in the BIG PEDAL and 16 schools actively taking part.
Active Travel Reading	Reading Transport Strategy	Reading launched a consultation on a new transport strategy for Reading www.pclconsult.co.uk/transport2036 .
Active Travel Mode Shift Stars Reading	Modeshift STARS is the national schools awards scheme established to recognise schools working to have demonstrated schools participating in cycling, walking and sustainable travel. https://modeshiftstars.org	Two schools have received Modeshift STARS accreditation and the transports team
Food for Families	Allotments across Reading, targeting deprived areas, support for local people to grow their own food, learn about fruit and veg. Includes some cookery. Free to access and fully accessible plots. Registration required	Outcomes No data collated
Love food Hate Waste	Promotes healthy eating through interactive activities (growing your own food for example)	Outcomes No data collated Recommendations Consistent messages needed for all healthy lifestyle activities
Reading Indian Community Café	Offers low cost traditional and healthy meals and exercise for senior citizens and for young children. Open to anyone.	Outcomes No data collated

Intervention	Description	Outcomes / Recommendations
Reading Wheelchair Rugby	For ages 12 and over Berkshire Banshees was set up after a meeting held in mid-2016, - website is www.berkswr.co.uk -	Outcomes Training in earnest in Nov 2017, with 3 players, this grew to 8 in year 1, ending July 2018 and at the last training session before the summer break held on Sat 27th July 2019 there are now 15 registered players with GBWR and Berks Banshees. Not all play all the time, but we regularly get 8 - 12 players taking part. Ages range from 17 - 65, 5 ladies 11 men play. All have a disability; access is open to allow anyone with a physical disability to take part. GB rules are stricter when playing official tournaments but locally are not so rigid.
Reading Rockets	Basketball teams for disabled people.	Outcomes 2018/19 20-23 young people playing basketball on a weekly basis (roughly 30 sessions per year) 49 young people attend our SEN Holiday sports camps Alongside our SEN Programme there is also a Special Olympics play unified program which brings together mainstream and SEN Schools to train and compete together. This year attendance saw 197 young people involved in this programme.
Walking Ruby	Open to all ages and abilities including injured players, £2.50 to attend	Outcomes Data requested
Bikeability West Berkshire	Bikeability scheme is run in West Berkshire It is the modern standard for cycle training, giving children and young people the skills and confidence to cycle on today's roads. The training is approved by the government, and delivered by instructors meeting nationally-approved standards. Bikeability is delivered at three levels, each increasing your child's skills and confidence on increasingly busier roads	Outcomes 2018 The team delivered 28 Bikeability courses. These included 319 combined level 1 and 2 places and 12 level 3 Bikeability places.

Intervention	Description	Outcomes / Recommendations
Bikeability Reading	Bikeability scheme is run in Reading It is the modern standard for cycle training, giving children and young people the skills and confidence to cycle on today's roads. The training is approved by the government, and delivered by instructors meeting nationally-approved standards. Bikeability is delivered at three levels, each increasing your child's skills and confidence on increasingly busier roads	Bikeability Core Training Level 1 110 Level ½ combined 1450 Level 2 0 Level 3 328 Bikeability PLUS Bikeability Balance Bikeability Bus Bikeability Fix 35 Bikeability Promotion Bikeability On Show Bikeability Parents Bikeability Learn to ride 350 Bikeability Recycled Bikeability Ride Bikeability Transition
Berkshire West Cycling Routes	Public cycle networks http://www.reading.gov.uk/media/5438/Cycling-in-Reading/pdf/Reading_Cycle_Routes_Network_Map_OUTSIDE_Mar_16_web_final.pdf or http://www.reading-travelinfo.co.uk/cycling/routes.aspx	Outcomes N/A
Berkshire West Rambling	https://www.ramblers.org.uk/ ;	Outcomes N/A
Reading Oracle	The Oracle offer play activities for families during summer holidays.	Outcomes Numbers requested for 2019 Summer

Intervention	Description	Outcomes / Recommendations
Berkshire West Train Stations	Great Western Station have bike racks at the stations	Outcomes Cycle racks are routinely well used
Wokingham Community Cafe	Community Cafe – Every other Wednesday, 12-2pm held at the Norreys Church, Norreys Ave, Wokingham	Outcomes Low cost café Providing a warm and welcoming environment within the Norreys community for residents to a low cost café. This provides the chance to, get to know their neighbours, prevent isolation and loneliness. We also provide low cost activities for families through the school holidays.
Wokingham Personal Travel Planning (PTP) Project	Travel Advisors will be visiting homes on our new estates to talk to them about active and sustainable travel and give them relevant information in a PTP pack. The packs are A5 size and will be tailored to each household. They will include information such as our MJW calendar of activities, local maps, bus timetables, discount vouchers (MicroScooter, bike shops), train timetables, benefits of active travel to school etc.	Outcomes All activities provide an opportunity to signpost onto relevant local services Nos accessed requested

Intervention	Description	Outcomes / Recommendations
Adult Education Wokingham	<p>Target audience Adults 19+ as this is adult education</p> <p>For the wellbeing in Mind courses learners have to score appropriately on the GAD7 and PHQ7 indicators. For other courses learners have to have been resident in the EEU for a minimum of 3 years. Courses are advertised widely and learners can apply independently. Cost if any to the participant –If targeted – unemployed / Suffering from EHWB issues / carers / disengaged -courses are free otherwise there is a course charge ranging from £5.00 to £45.00 dependent on course type and length.</p>	<p>Outcomes</p> <p>Healthy eating / living / cooking Programmes</p> <p>None have been run since early 2017</p> <p>There are currently no plans to deliver any healthy eating type courses this term, but we do have a tutor who is able to deliver these if there is a need.</p> <p>A minimum of 8 learners are needed to make a course viable and participants are usually recruited via advertising at schools, children’s centres etc. together with general publicity</p>
Launchpad Reading	<p>Launchpad Reading offers activities and training aimed at learning new skills and increasing well-being to people who are homeless or at risk of homelessness.</p> <p>Target audience is Clients of Launchpad Reading, people who are 18+ and homeless, or at risk of homelessness. Referral to Launchpad is via the Housing advice team at Reading Borough Council</p> <p>Big Lottery Funded</p>	<p>Outcomes 2018/19</p> <p>Cooking – 9 clients over 3 sessions</p> <p>Indoor Climbing – 9 clients over 6 sessions</p> <p>Yoga – 12 clients over 24 sessions</p> <p>Sport in Mind – 5 clients inducted to badminton, table tennis and football</p> <p>Client feedback / quotes:</p> <p>“I have more knowledge on cooking different styles of food”</p> <p>“I have gained cooking skills”</p> <p>“I have learnt there are different vegetables and some of the group have different ways of how they like their food”</p> <p>“I have used my new skills at home when I never knew how to cook”</p> <p>The client group are particularly diverse complex and tend to disengage from formal education/training, however with the right support and encouragement, people are able to engage.</p>

Intervention	Description	Outcomes / Recommendations
Launchpad Reading Growing and Gardening	Gardening: grow and harvest vegetables – in order to exercise outdoors, learn about gardening and healthy eating, build social skills and increase their confidence. Using food grown on the allotment, our clients also learn how to cook healthy meals on a budget, improving their diet and developing crucial life skills. Free to access. Registration required	Outcomes No outcome data provided Recommendations Consistent messages needed for all healthy lifestyle activities
Reading Borough Council	Extra Care Sheltered Units- ran a ‘come dine with me’ club, with a healthy weight focus together with encouraging people to eat a full meal whilst learning about food. Minimal charge to residents to cover expenses	Outcomes None - This programme is currently on hold while new activity co-coordinators are recruited.
Reading Creative Support	A2 Dominion run exercise sessions in extra care units for residents and members of the public	Outcomes No outcome data provided
Berkshire West Mencap	Adult day activities: yoga, rugby, climbing, zumba, tennis, cooking. Fee to attend. Registration required.	Outcomes Awaiting outcomes
Reading New Directions Adult Learning College:	Please note the prospectus is constantly changing. Registration required. Seasonal cooking, 1 day, £47 all adults, salads, light meals, fruity desserts- feedback from learners, includes assessment of learner demographic egg. Area of Reading, level of qualifications	Outcomes No outcome data provided Recommendations Consistent messages needed for all healthy lifestyle activities
Reading Further Education	Reading University have a Sustainable Food Policy in place Community notice boards	Outcomes

Intervention	Description	Outcomes / Recommendations
University of Reading	Wellbeing Team offer a range of initiatives to support students, link with RBC public health team to share resources and ideas, running campus sessions with Recovery College and Drug and Alcohol outreach charity. The university also runs dance classes which can be accessed by anyone in the community- seem to be popular with younger residents	Outcomes No outcomes data provided, numbers attending each intervention requested
Reading Recovery College Fitness and nutrition course	Compass Recovery College will be running a 3-week course on fitness and nutrition, with the course being led by a personal trainer from CSD Fitness. This course is open to anyone aged 18-25. The sessions will include: <ul style="list-style-type: none"> • Nutrition demos • Making healthy meals on a budget • Fitness assessments Future goal setting	Outcomes No data is collected, the team did highlight they are currently reviewing provision.
Reading Recovery College	Healthy Living (5 sessions) and Physical Health (1 session) people with a mental health condition. In-house service, free to attendees. compass.opportunities@reading.gov.uk	Outcomes No outcome data provided
Reading Community Learning College	Working with BAME residents, principally women, with little or no English language. Incorporate exercise sessions and shared meals. Free to access. Registration required	Outcomes No outcome data provided

Intervention	Description	Outcomes / Recommendations
Reading Globe Lunch Club	African-Caribbean over 50s lunch club, has a specific focus on health education, incorporates healthy lunches, exercise and education sessions. Small fee to attend (£3 approx.)	Outcomes No outcome data provided Recommendations Consistent messages needed for all healthy lifestyle activities
Alliance of Racial Equality	Support multiple community groups for BAME residents, these have included sessions on health generally, and also participation in awareness raising campaigns such as diabetes prevention. Free to attend. Closely linked with BHFT	Outcomes No outcome data provided Recommendations Consistent messages needed for all healthy lifestyle activities
Wokingham and West Berkshire Trussell Food Banks	Trussell Trust supports a national network of food banks including food banks across Berkshire West	Outcomes Trussell Trust Food Banks reported increases in need for three day food parcels Outcomes for 2018 / 2019 saw a record number of 1.6 million food parcels being provided Locally Trussell Trust supports food banks across the UK, and report that in Berkshire West crisis food pack requests have been 2400 for Wokingham 3360 for West Berkshire Over the last year.
Reading Readifood Foodbank	The Reading food bank is Readifood and this is an independent food bank	Outcomes Readibank reported steadily increasing demand over the last few years with an average of 160 parcels being requested every week totalling 8320 in the last year.
Berkshire West Social Prescribing	Supports individual goal setting, linking to community and hobbies/activities. Use the wellbeing star. Free for residents to access. Registration required.	Outcomes More information requested
Parks and Playgrounds	<u>Berkshire West</u>	Outcomes Wokingham has 119 parks and playgrounds West Berkshire has 45 play areas, 22 parks and two Green Flag Award winning parks Reading has 88 parks and playgrounds

Intervention	Description	Outcomes / Recommendations
Wokingham Family Rides/Led Rides/Workplace rides (Adults and accompanied children)	Occasional rides in Summer holidays, Bike week, & My Journey events £40 for 1 hour ride, £80 for 2 hour ride £5-10 per head	Outcomes Average numbers are 8 – 12 riders
Wokingham Borough Council Swimming	General Swim And Free Swim	Outcomes 2018/19 Data requested CARNIVAL POOL & FITNESS SWIM Adult swim and other - 47,571 Swim schools - 14,040 Swim Lessons - 1,690 LODDON VALLEY LEISURE CENTRE SWIM Adult Swim and other - 54,834 Under 18's - 12,697 Under 8's free - 28 SWIM SCHOOL 121 lessons - 237 School sessions - 13,765 Lessons - 1,800
Reading Swimming	General Swim Free Swim	Outcomes Data requested

Intervention	Description	Outcomes / Recommendations
<p>Walking for Health West Berkshire</p>	<p>Aimed at -Adults 18 and over Walking for health offers health walks between 30-90 minutes in length. They run at various times throughout the week, though usually midweek during normal working hours. Walks can be started by walk leaders, must be registered and adhere to walking for health regulations.</p> <p>Wokingham Borough Council</p> <p>West Berkshire There are 16 regular walks for health throughout West Berkshire with additional “seasonal” walks that run only at certain times of the year, usually the summer.</p> <p>Reading 5 led walks around Reading.</p> <p>Misc. Costs are just in advertising and marketing and also ordering resources and training resources. Approximately £2000 is budgeted for this. Cost to participants - NONE</p>	<p>Outcomes Outcomes measured for 2018</p> <p>Wokingham Data requested</p> <p>West Berkshire Data is input re number of walkers for each walk on the online walking for health database. A report of walkers from 1st April 2018 to 2019 shows 312 regular walkers, 55 of which were new for the year.</p> <p>Reading</p> <ul style="list-style-type: none"> • Total number of participants- 329 • Total hours walked 171 • Female: 245 male 84 <p>Total volunteer hours: 1336</p>

Intervention	Description	Outcomes / Recommendations
Park Runs	<p>Wokingham</p> <p>West Berks</p> <p>Reading Park Run is a 5km run - it's you against the clock.</p>	<p>Wokingham No data is available for average numbers attending</p> <p>West Berks The Newbury Park Run is held at Greenham Common 350 runners per week</p> <p>Reading Park Run at Prospect Park is averaging 175 runner per week Full data can be found –https://www.parkrun.org.uk/prospect/</p>
Wokingham Ladies bike maintenance	<p>The course is run by Caroline Stewart who is a bike mechanic, a cycling coach and local Breeze Champion. Caroline is also one of very few female cycle mechanics working for a cycle racing team. Ladies on the course are able to gain hands-on training on how to remove wheels from their bikes and how to change an inner tube in the event of a puncture. Research has shown that fear of not knowing how to deal with a puncture has been the biggest barrier to ladies participating in bike rides. They were also taught basic checks to make sure their bikes are safe to ride and tips on looking after their bikes.</p>	<p>Outcomes The team have run 1 ladies bike maintenance course in the last 12 months which had 15 attendees, 13 of whom were new attendees. 2017/18 2 courses were run with a total of 14 attendees across both courses.</p>
Wokingham DR Bike	<p>Free cycle safety check undertaken by a knowledgeable cyclist is not intended to be a substitute for a full service performed by a qualified mechanic. If the bike requires extra attention and/or replacement parts the owner should visit a local specialist cycle retailer, preferably with a Cytech Accredited mechanic.</p>	<p>Outcomes The team estimate they have undertaken 15 Dr Bike events over the last 12 months.</p>

Intervention	Description	Outcomes / Recommendations
Wokingham Adult Cycle Training	Target audience Beginners & Improvers. Age 18+ Saturday mornings, 1 hour session per week – Beginners 1 hour per week – Improvers £50 per weekly session Contribution of £5 per head £5 contribution per adult	Outcomes Average 4 per week (beginners) 2 per week (improvers)
Wokingham Adult Level 3 on road cycle training.	Target audience Age 18+ 1 day course, 6 hours of training £240 per course of 6 trainees £40 per head	Outcomes 6 trainees per course, 2 courses booked
Wokingham Shine Rides	Target audience 60+ Age Group 2 hours , once a week in term time 50 per week (£20 from Sport & Leisure, £30 from My Journey Wokingham £8 per head	Outcomes Average 6 riders per week
Wokingham Move it or Lose it	Target audience Weekly exercise class for over 65s at the Rainbow Centre	Outcomes Aims to improve balance, confidence, mobility, flexibility, strength and independence
Wokingham Bowling Club	Target audience 50+ Bowls, run by a Centre Forward Community Action Group, at the Rainbow Park Community Centre	Outcomes Connecting communities, low cost sport accessible to elderly residents
Berkshire West Age UK	Target audience Age UK Berkshire low cost exercise sessions for anyone over 50	Outcomes None provided

Intervention	Description	Outcomes / Recommendations
Reading Rivermead Over 50s club	Target audience A leisure centre has its own Over 50s co-coordinator who organises social exercise groups- think members have discounted fee for centre. Very popular!! Don't think they measure any outcomes. Registration required	Outcomes None provided
Wokingham Community 50+ lunch club	Target audience 50+ Lunch – on the last Tuesday of each month, 12-2.30pm held at the Norreys Church, Norreys Ave, Wokingham	Outcomes Aims to provide the over 50's the opportunity to build confidence, engage with other to prevent isolation and loneliness, try new activities also ensuring they receive a nutritional hot meal.
Wokingham Zumba Gold	Target audience 50+ Zumba Gold, weekly on a Tuesday at Alexandra place – in partnership with Places leisure	Outcomes Aims to provide exercise and activities for the over 50's, also providing a social element to support reducing social isolation
Wokingham Shinfield Social Club for 60+	Target audience 60+	Outcomes Monthly group run 7-9pm at the Community Flat. Activities are decided by the participants. We normally play board games and every so often have Fish & Chips together! Group established in 2013 to help reduce social isolation and loneliness, Opportunity to signpost to other relevant services (Rogue Traders advice / Green N Tidy for help with maintaining gardens etc.)
Wokingham Fit for Life	Target audience 50+ Fit for Life – weekly on a Wednesday at St Sebastian's memorial hall , Wokingham without	Outcomes Aims to provide exercise and activities for the over 50's, also providing a social element to support reducing social isolation

Intervention	Description	Outcomes / Recommendations
Community Engagement	Wokingham, West Berkshire and Reading identified many varied offers for all age groups	<p>Outcomes please see the full mapping document for more information – often interventions are not evaluated due to time constraints</p> <p>Stakeholder Feedback The team have a wealth of experience of working with the people living in these areas in Reading and have acquired a number of skills in how to communicate effectively and what are the best platforms to utilise. We have a lot of local contacts who could and should be approached in advance of any future Healthy Weight commitments to ascertain their views on the language and methodology being employed. This support a public consultation re Healthy Weight</p>
Wokingham Craft Cafe	Target audience All Craft Café – Every 2 nd and 4 th Thursday of the Month (10am-12pm) at the community house, 17 Billing Avenue, Finchampstead	<p>Outcomes Adult based crafts alongside cake and drinks. Designed to help with isolation and to build better relationships between local residents. Children welcome</p>

Intervention	Description	Outcomes / Recommendations
<p>Wokingham GP Exercise on referral programme</p>	<p>GP Referral – Designed for patients who have a sedentary lifestyle and one or more medical conditions that would benefit from an increased level of physical activity. The 24 week programme offers the patient the opportunity to participate in regular physical activity at a level suitable to your condition.</p> <ul style="list-style-type: none"> • £22.00 membership fee (includes x1 consultation at the beginning, a gym induction and x1 consultation at the end of 24 weeks) • £2.00 pay as you go for the gym • £2.00 pay as you go for swim/aqua classes (only on selected times from the GP referral class timetable) • £21.00 for a 10 session coupon card (can access any of the classes on offer on the GP referral class timetable e.g. badminton, Nordic walking, circuits, Pilates etc.) • Free gym reviews at week 12 and 24 	<p>Outcomes</p> <p>Wokingham</p> <p>Total referred 678</p> <p>Actively participating 148</p> <p>Awaiting processing 15</p> <p>Intending to start 11</p> <p>Completed 147</p> <p>Not participating 213</p> <p>Left early 175</p> <p>Take up 69.3%</p> <p>Behaviour change outcomes 2018/19</p> <p>Participants reporting</p> <p>A year ago they were physically active on most days, but in the last few months have been less active reduced from 19 to 1 at 6 months</p> <p>They are currently physically active on most days, and have been so for longer than six months reduced from 41 to 29</p> <p>Being more active for the last 6 months increased from 39 to 47 at 6months</p> <p>They are not physically active, but are am thinking about increasing the amount of activity I take in the next six months reduced from 246 to 15</p> <p>The amount of activity taken varies: sometimes being physically active, other times not reduced from 117 to 57</p>

Intervention	Description	Outcomes / Recommendations
West Berkshire GP Exercise on referral programme	<p>An Exercise Referral is a specific and formalised programme whereby a medical professional refers a patient to a fitness programme run by local authority leisure centres, they will typically ensure a 12 week supervised programme of physical activity tailored to suit the needs of the referrer and the referred client, with a view to improving their state of health.</p> <p>Initial programme free then £4.35 per session or monthly membership of £28 per month.</p>	<p>Outcomes</p> <p>West Berkshire</p> <p>294 individuals were engaged in the membership scheme attached to programme.</p> <p>551 individuals were recorded as attending AfH classes during the year.</p>
Reading GP Exercise on referral	<p>This is a programme suitable for people with varying medical conditions who need a referral from their GP to participate in regular supervised exercise. This is a 12 week programme.</p> <p>http://www.readingleisure.co.uk/activities-adult/gp-exercise-referral</p> <p>Customers can pay on a casual pay as you go basis, or join on a membership/ Direct debit which start at £16.00 dependent on which activities they attend.</p>	<p>Outcomes</p> <p>Number of referrals in 2018 (Jan-Dec): 140</p> <p>Number of Male: 78</p> <p>Number Of Woman: 62</p> <p>Age ranges</p> <p>16-21years: 4</p> <p>22-35 years: 12</p> <p>36-49 years: 24</p> <p>50+: 100</p> <p>Ethnicity- Not collected</p> <p>Reasons for Referrals:</p> <p>Obesity: 24</p> <p>Plus add in the info on those who have become members and are active members at 6 and 12 months.</p> <p>Member at 6mths: 18</p> <p>Member at 12mths: 3</p> <p>Pre and post for the qualitative outcomes.</p> <p>Please Note: This information is not currently being collected.</p>

Intervention	Description	Outcomes / Recommendations
Reading 50+ Stay Active Programme	<p>Target audience</p> <p>Multi activity morning aimed at the 50+ age group and includes a variety of activities to suit all abilities.</p> <p><u>Adult Activity Search • Reading Sport and Leisure</u></p> <p>Participants can arrive anytime between 9.30-12.00 and participate in their chosen activities.</p> <p>£4.50 per session or included FOC when a silver membership is taken out at a cost of £22.50</p>	<p>Outcomes</p> <p>Number of individual participants attended: during 2018: 61</p> <p>Number of Male: 15</p> <p>Number of Female: 46</p> <p>All participants are aged 50+</p> <p>Ethnicity: not available.</p> <p>Members: currently 15</p> <p>Qualitative feedback</p> <p>From users are that all users feel that they have benefitted by regularly attending through increased fitness levels and general wellbeing.</p>
Wokingham Steady Steps Falls Preventions	<p>Target audience</p> <p>This programme is for the 60+ age group who have been referred by their GP for trips and falls. The aim is to involve activity and support balance, mobility, strength and walking increasing confidence</p> <ul style="list-style-type: none"> • £4.00 per class. Pay as a course, approx. 10 – 12 weeks depending on the term e.g. 10 weeks = £40.00 / 12 weeks = £48.00. Attend once a week • Drop in sessions = £3.00 pay as you go • Progression levels = level 1, level 2, level 3 	<p>Outcomes</p> <p>December 2017 – December 2018 Info:</p> <p>How many offered programme – 250</p> <p>How many took it up – 187 (didn't take it up 63, sent letters to GP's to let them know)</p> <p>Referral methods – GP's or health care professionals</p> <p>How many completed 12 weeks programme – 152</p> <p>Instructors – we have 3 Freelance instructors that get paid £25 a session (we are in the process of getting 5 of our own staff trained up, so in future will look to move in house)</p> <p>Venue – We don't have to pay for 2 of our venues which are Loddon Valley and St Crispin's, Woodford park Leisure Centre we paid roughly £884 for the year and that was 3 hours a week.</p> <p>Participants can progress to SHINE however no data is kept on this progression.</p>
West Berkshire Steady Steps	<p>Target audience</p> <p>Aimed at older people</p> <p>No referral required - access is pay and play.</p> <p>£3.80 per session (card holders - card free to residents; non card holders £4.80)</p>	<p>Outcomes</p> <p>83 individuals recorded as attending sessions throughout year generating 1,762 attendances at an average of 21.23 sessions per individual.</p>

Intervention	Description	Outcomes / Recommendations
West Berkshire Omegas	Target audience £2.80 per session (card holders - card free to residents; non card holders £3.80)	Outcomes 62 individuals recorded as attending sessions over the year generating 1,353 attendances at an average of 21.82 sessions per person.
West Berkshire SEALS	Target audience Children on low incomes near to a pool are invited to partake in free swimming lessons - identified by those who receive free school meals. Free to participants WBC commissions £10000	Outcomes At March 31st 2019 - 12 individuals were identified as having a subscription to the Seals programme.
West Berkshire Exercise classes for young people (or access to exercise classes for YP)	Target audience 13 to 16 year olds - especially girls. £3.75 for card holders (card free to residents)	Outcomes No data to date, classes currently open are those which have been extended to include the age group and not any new specific classes.
West Berkshire Free swimming for young people participating in swimming lesson programme.	Target audience Children up to the age of 15 (primarily 7 to 11 though). Participants cost is Cost of swimming lessons but all swimming for young person whilst on the programme is free.	Outcomes At March 31st 2019 a total of 2,283 people signed up to the programme (of these 2,277 were below the age of 16). Figure is up 42 (or 1.9%) compared to 31/3/2018.

Intervention	Description	Outcomes / Recommendations
West Berkshire Inclusive Fitness Initiative	Target audience Aimed at disabled people Normal gym fees pay and play or membership.	Outcomes Initial Sports Development Plan completed.
West Berkshire Concessionary access to leisure centres	Target audience People aged 60 plus, people with a disability and those on low incomes. Pay and Play basis up to 5:00pm (Mon to Fri) and between 1:00pm and 5:00pm on a Sat and Sun). £1.95 for swimming, squash, badminton and table tennis. £3.85 for gym.	Outcomes At March 31st 2019 2,001 individuals had a subscription allowing them concessionary access to the leisure centres. (compared to 1,864 at 31st March 2018)
Reading Concessionary access to leisure centres	RBC staff qualify for YRP rates on membership. Info on fees and charges: http://www.readingleisure.co.uk/membership/membership-options/ Info on YRP: http://www.reading.gov.uk/yrp	Outcomes To date no data is collated on numbers of staff accessing this offer.
West Berkshire Walking Football and Netball	Target audience Older people Pay and play cost £2.70 to £4.70 depending on location and if they have a WB Card.	Outcomes 81 individuals recorded as attending a session of walking sport during the year. 1,339 attendances were generated producing an average of 16.53 sessions per person.
West Berkshire Ever Active	Target audience Aimed at older people Session cost will vary depending on type of sessions involved.	Outcomes No outcome data provided
West Berkshire Activ8	Target audience Young people aged 8 to 15 £2.75 card holders - card free to residents (£3.25 non card holders)	Outcomes 1,005 individuals recorded over the year, generating 3,979 attendances at an average of 3.96 sessions per person.

Intervention	Description	Outcomes / Recommendations
West Berkshire Looked After Children (and young people up to the age of 25 who left care due to their age)	Target audience Children in the care system or who have left care due to being 18 years of age. Social worker arranges for a card to be produced and discusses options with young person.	Outcomes 47 individuals have taken part in the programme during the year. (LAC's) and a further 17 Care leavers (Care Leavers scheme commenced in July 2018). 383 attendances were generated. Local authority funds the cost of cards and replacement cards for young people.
West Berkshire Cancer Rehab	Target audience Cancer Rehab – this programme is a group based circuit class designed for people who are pre and post Cancer treatment. It's available to all abilities as patients work to their own ability <u>Cancer Rehab</u> - <ul style="list-style-type: none"> • £41.50 for a 10 session coupon card • Circuit based class • Attend once a week 	Outcomes No outcomes provided

Intervention	Description	Outcomes / Recommendations
West Berkshire Shine 60+	<p>Target audience Shine (over 60's)</p> <ul style="list-style-type: none"> You have to become a Shine member and can access as many classes on the timetable per week (over 70 classes on offer) <p>Payment options -</p> <ul style="list-style-type: none"> £32.50 for 10 session coupon card Direct Debit - £21.25 per month Annual member £185.00 Gym and swim card – you have to purchase a coupon card and then pay as you go to the leisure centre for £2.50 per visit 	<p>Outcomes</p> <p>66 classes/week 21 different activities – dance b</p> <p>1961 active members as of 31 March 2019</p> <p>27 instructors 24 outside instructors 3 S&L staff instructors</p> <p>Classes run in 15 different locations in the community</p> <p>No data is currently kept looking at of people stay and remain active</p>
Wokingham Borough Council Long Term Conditions	<p>Target audience LTC is a physical exercise programme for people living with one or more long term condition such as, Strokes, MS, Parkinson's, COPD and Cardiac conditions. Anyone aged 16+</p> <p><u>Long term health conditions gym costs are –</u></p> <ul style="list-style-type: none"> £36.50 for a 10 session coupon card to use the gym and/or classes Can attend as often as they wish too but they must book. Most attend 1 – 2 sessions per week depending on their condition 	<p>Outcomes</p> <p><u>Uptake</u></p> <p>There are currently 23 gym sessions running per week (capacity of 8 in each session) in the facility at Loddon valley and 2 more sessions using studio space in additional centres, St Crispin's and Carnival Pool. (200 max capacity)</p>

Intervention	Description	Outcomes / Recommendations
Wokingham Cardiac Rehab	<p>Target audience Cardiac Rehab – Active Hearts is Wokingham’s Phase IV Cardiac Rehabilitation Programme. The Programme promotes physical activity for patients who have experienced an acute cardiac episode or have an ongoing cardiac condition.</p> <p>Phase 4 Cardiac Rehab –</p> <ul style="list-style-type: none"> • £39.50 for a 10 session coupon card • Attend once a week in a group based circuit class • At the end of 10 weeks if the client is seen as a high risk then they are offered a further 10 weeks, however if they are more low risk and quite active already we sign post to GP referral/Walking for health/Shine 	<p>Outcomes Data from 2019 (programme lead is off on maternity leave) 38 referrals (since March) 66 attending currently 31 Completed (since January) 15 Not participating (since March) 10 left early (Since March)</p>
Wokingham My Journey	This is a one stop destination for travel information and advice in and around Wokingham borough	<p>Outcomes See main mapping document</p>
Eat Out Eat Well	<p>https://eatouteatwell.org/ Target audience The aim is to support healthier choices on menus-it’s an award scheme for retailers</p>	<p>Outcomes Not running as not considered a priority at present</p>

Intervention	Description	Outcomes / Recommendations
Wokingham Mental health Programme	<p>Target audience</p> <p>This is a free service designed to promote and encourage positive mental health by using sports and physical activity.</p> <p>Sessions are for 1 hour</p> <p>Venues are the leisure sites at St Crispin's Leisure Centre and Loddon Valley Leisure Centre.</p> <p>People can take part by self-referral and or be referred by a GP or Health care professional.</p> <p>Activities included are Pilate's, Badminton, Circuits, Stretch and relax, Health walk and Table tennis.</p>	<p>Outcomes</p> <p>39 participants</p> <p>9 people referred did not take up the offer</p>
Reading Community Wellbeing Team	<p>Feedback</p> <p>The Wellbeing Team works closely with voluntary sector organisations to highlight the benefits of prevention and information. In this context, people with a long term health condition, older people and carers are invited to attend prevention and information events bringing together organisations that can help people make informed choices about their lifestyle</p>	No outcomes available
Berkshire West Community notice boards	All three local authorities emphasised use of the community notice boards	<p>Outcomes</p> <p>N/A</p>
Reading Sports and leisure offers	There are many varied sports and leisure offers across Reading	<p>Outcomes</p> <p>No outcome data is collated except for the GP exercise on prescription and the over 50s activity which are included above.</p>

Intervention	Description	Outcomes / Recommendations
Wokingham Places Leisure	Target audience 1. Carers 2. Deprivation 3. Children with disabilities 4. BME groups	Outcomes Offers to be provided Mums' Zone Mums' Zone is a holistic health and wellbeing intervention targeting inactive mums at risk of poor mental health. It aims to improve mental health and wellbeing by offering a programme (approx. 2 hours per week for 26 weeks) of physical activity and health and wellbeing support, messaging and signposting as well as an opportunity for mums to get together in a comfortable setting to aid social networking and peer support. A survey will be sent out to gather insight in to the needs of the SEND community. This will include collating information to inform the programming of activities such as; soft play, swimming and trampolining, as well as guide new off-site activity Places Leisure will work with the BME Forum as a platform to explore gaps in provision and ensure a targeted approach is implemented to improve access to physical activity and health outcomes – promoting what is already in place.
Berkshire West	There are many varied sports and leisure offers provided by – Wokingham borough council. West Berkshire Borough Council and Reading borough council and Legacy Leisure, Berkshire Active and Places leisure	Little outcome data is recorded other than data included in this mapping document.

Table 8 - Berkshire West National Diabetes Programme

<u>Programme / Intervention</u>	<u>Description</u>	<u>Outcomes and recommendations</u>
National Diabetes Prevention Programme	<p>Target audience Diabetes Prevention Programme For Adults aged 18 and over HBA1C between 42 and 47mmol/mol (6-6.4%) Plasma Glucose between 5.5-6.9mmols/l in the last 12 months Not pregnant Able to take part in light to moderate physical activity</p> <p>Process 1-1 Assessment Weekly group for 7 weeks Prevention groups 2hrs monthly for 4 months 6 and 9 month review appointments</p>	

Table 9 - Workplace Health

Intervention / Programme	Description	Outcomes
Wokingham	<p>Target audience WBC staff</p> <p>There is no established workplace health programme currently in place. HR outline though this is not currently seen as a priority they would be happy to support if priorities changed</p> <p>The My Learning lead agreed re the link between stress and weight</p>	<p>Outcomes N/A</p> <p>Employee Assistant Programme is offered which provides free individual counselling for all employees. The service offers access to face to face counselling, telephone counselling, legal guidance and information services 24 hours a day, 365 days per year.</p>
Wokingham Workplace Health My Learning	<p>Target audience WBC staff</p> <p>On speaking to the My Learning lead he agreed re the link between stress and weight</p>	<p>Outcomes Though there are not any plans to offer courses with a specific focus on healthy weight/stress.</p>
Love 2 Ride Wokingham	<p>Target audience WBC staff</p> <p>The Workplace Cycle Challenge Programme is a proven programme that consistently gets more people cycling. On average 40% of non-cyclists who participate in the programme continue to cycle once a week or more often. 32% of people who cycle occasionally or regularly but who don't yet cycle to work reported cycling to work at least once a week or more often three months after the Challenge. For more results see partners.lovetorie.net</p>	<p>Outcomes No data as yet</p>

Intervention / Programme	Description	Outcomes
<p>Wokingham My Journey</p>	<p>Target audience WBC staff Staff gain access to My Journey information stand at WBC induction days, with advice on sustainable travel and local discounts for new starters</p> <ul style="list-style-type: none"> • Smoothie bike engagement tool available for events/meetings at Shute End • Bike breakfast and Dr Bike at Bike Shed for cycle to work day, Bike Week and Urban Limits tour of Berkshire • Bike loan scheme – available for 3 months, plus advice on maintaining and buying a bike • Pool bike scheme – 2 available to book for day use • Promotion of Love to Ride workplace challenges with WBC team egg Winter Wheelers campaign • Promotion of national cycle to work scheme (salary sacrifice to buy a new bike) • Adult cycle training available locally on Saturday mornings in Woodley • Led lunchtime cycle rides • Enclosed secure bike shed and showers • My Journey website with route maps and journey planner, including competitions with prizes • My Journey quarterly newsletter • Road safety advice and high-vis freebies for pedestrians and cyclists 	

Intervention / Programme	Description	Outcomes
<p>Wokingham Sports and Leisure</p>	<p>Target audience WBC staff</p> <p>Adhoc offers for staff re sport and leisure activities An example of adhoc is the workplace challenge for May 2019 by Get Berkshire Active, encouraging staff to join the “walk a mile in May”]</p> <p>Staff receive 20% off gym memberships</p>	<p>Outcomes</p> <p>Walk a mile in May</p> <p>Staff receive 20% off gym memberships.</p> <p>144 staff currently access this offer</p>
<p>Wokingham Borough Council</p>	<p>Target audience WBC staff</p> <p>Healthier vending offers available in Shute End</p>	<p>Outcomes</p> <p>POS figures requested. Recommend increased healthier offers and focus on reduced portions and reduced energy with reduced cost reflected. This work needs to widen beyond Shute End In addition the sandwich and cake sales weekly on Thursdays could also reflect smaller portions for £1</p>

Intervention / Programme	Description	Outcomes
West Berkshire	<p>Target audience WBC staff</p> <p>All healthy work initiatives are driven by public health in West Berks.</p> <p>Could support PR via the Intranet. Website health and safety so happy to PR consistent messages and signpost Intranet news via regular messages</p> <p>Healthy workplace / charter awards are not seen as priority at present due to small team and last year dropped support of the investor in people award.</p> <p>Healthy workplace awards – in the future HR are open to ownership or part ownership of such.</p>	<p>Outcomes</p> <p>HR are keen and willing to help, support and to publicise any work or initiatives</p> <p>HR did highlight they do lead on stress policy – and can link mindfulness and mindful eating</p> <p>HR would support PH in any Healthy Weight campaign or offer to staff</p> <p>They report they could support by assessing if staff could be given work time to attend or access certain offer and as they manage the occupational health contracted service they could ask that OH pass on consistent messages and raise the issue and signpost to any support too.</p>
West Berkshire	<p>Target audience WBC staff</p> <p>Subsidised gym membership re legacy leisure - ? need PR and revamp to engage</p>	<p>Outcomes</p> <p>HR advised no outcomes but would suggest this scheme needs a refresh and relaunch</p>

Intervention / Programme	Description	Outcomes
Reading	<p>Target audience RBC Healthy Workplace Steering group was established 2019 Public Health are on the working group.</p> <p>Aim is to establish a framework that will link to existing strategy such as the Health and Safety and Wellbeing Strategy</p> <p>Staff Consultation ongoing</p>	<p>Outcomes Healthy weight is being considered as a priority for the working group via lifestyle messages re healthy eating and activity.</p> <p>Several physical activity offers for staff – no outcomes reported as yet Staff MINI health MOT checks Vending is looked after by the facilities manager – who monitors the contract - ? look at healthier vending- and procurement Mindfulness - ? Include in staff offer as linked to EHWP and weight Await staff consultation results</p>

Table 10 - Training and Quality Assurance

It became apparent that there is a lot of healthy lifestyle training offered across Berkshire West, however gaps were identified and a lack of quality assurance to ensure consistent evidenced messages across the areas.

Training	Description	Outcomes
MECC	In place across Berkshire West Utilising the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to physical and mental health	Outcomes MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations
Raising the issue of weight training	No current provision	Outcomes N/A Mapping identified this was routinely outlined as a gap and need
Motivational interviewing training	No current provision	Outcomes N/A
Practical Cooking Training	Some limited provision in CC Target audience Young children and families	Outcomes CC targets not met for 2019 but data only until Q2 so will increase with Q3 and 4 data Mapping identified this was routinely outlined as a gap across the age groups
Care Leavers Healthy Eating Training Wokingham	Healthy Eating Training Target audience Care leavers	Outcomes No information on numbers attending the training No outcomes measured at the end of the training sessions Following a meeting Jasmine Grimshaw is contacting the training lead to look at learning outcomes pre and post the programme
QA of training to ensure consistent evidenced based messages	Gap in provision Teams appear to try and QA and update messages but inconsistent messages being promoted e.g. re portion sizes and sugar	Outcome QA needed Healthy weight and healthy eating updates needed Agree consistent resources

Weight management Interventions have been mapped from tier 2 to tier 4 as can be seen in Table 11:

Table 11 – Mapping of Treatment Tiers 1-4

Treatment	Description	Outcomes
<p>Healthy Weight Pathway linking tiers 1,2 to 3 and 4 and supporting a best practice patient centred approach</p>	<p>This is a gap that has been highlighted by primary care, public health and the provider Locality leads are supportive of working in partnership to develop a clear, consistent pathway on a page that accurately reflects current provision.</p>	<p>Outcome N/A</p>
<p>Tier 2 Solutions 4 Health Eat 4 Health (E4H) programme for adults</p>	<p>This is a 12 week group programme and it includes 45 minutes of activity</p> <p>Eat 4 Health (E4H) is a FREE 12 week Management programme that supports people to lose weight and keep it off long term. Run in groups of 12 – 15 people both daytime and evening in community settings; sessions are interactive, practical and discussion based.</p> <p>Each 1.5 hour weekly session consists of a 45 minute nutrition workshop covering topics such as snacking, portion sizes, fats and sugar. Followed by 45 minutes of light exercise</p> <p>Wokingham 16 programmes with a minimum of 160 contacts to maximum of 240</p> <p>West Berkshire 20 programmes with a minimum of 200 contacts to maximum of 300</p> <p>Reading 25 programmes with a minimum of 250 contacts to maximum of 375</p>	<p>Outcome <u>2019 Annual Report</u> <u>Wokingham</u> 34% participants achieved weight loss of 5% or more 38% Participants that completed the course and have achieved a weight loss equal to or greater than 4.5% 24% Participant’s exercising 150 minutes per week 77% Participants increasing their physical activity level</p> <p><u>West Berkshire</u> 41% participants achieved weight loss of 5% or more 46% Participants that completed the course and have achieved a weight loss equal to or greater than 4.5% 24% Participant’s exercising 150 minutes per week 64% Participants increasing their physical activity level</p> <p><u>Reading</u> 40% participants achieved weight loss of 5% or more 47% Participants that completed the course and have achieved a weight loss equal to or greater than 4.5% 27% Participant’s exercising 150 minutes per week 20% Participants increasing their physical activity level</p>

Treatment	Description	Outcomes
<p>Tier 2 Solutions 4 Health Let's Get Going (LGG) programme for 7-11 year olds</p>	<p>This is a 10 week group programme and it includes activity</p> <p>Let's Get Going (LGG) is a 10 week healthy lifestyle programme with the aim to engage, inspire and enable children and their families to make healthy lifestyle choices long term.</p> <p>This programme is delivered within schools and community settings and is an interactive programme that contains fun workshops and games to encourage children and families to achieve a healthy and active lifestyle long term.</p> <p>Each 1.25 hour session includes interactive workshops covering topics such as the benefits of healthy eating and physical activity, sugary drinks, food tasting and smoothie making. As well as a range of fun games and activities</p> <p>Wokingham 3 programmes with a minimum of 30 contacts to maximum of 45</p> <p>West Berkshire 4 programmes with a minimum of 40 contacts to maximum of 60</p> <p>Reading 7 programmes with a minimum of 70 contacts to maximum of 105</p>	<p>Outcome</p> <p>2017/18 Outcomes Report -Berkshire</p> <p><u>Actual numbers starting the programme requested</u></p> <p>88% of families completed the LGG programme</p> <p>96% children completing increased their knowledge of healthy eating and physical activity</p> <p>88% not originally achieving their physical activity recommendation increased physical activity undertaken.</p> <p>65% of children reduced or maintained their BMI centile</p> <p>64% children reduced screen time to <2 hours per day</p> <p>95% rated LGG as very good or excellent</p> <p>95% of parents rated LGG as good or very good</p>

Treatment	Description	Outcomes
<p>RBH Dietetic provision Virtual group weight management</p>	<p>RBH dietitian ran face to face Why Weight Groups but on gaining feedback from patient’s trialled a virtual group offer – the offer remains 12 weekly sessions and master classes are offered where people need more information.</p> <p>A small pilot was established originally –this was to identify the value of virtual weight management groups –the team have since moved to offering virtual in place of face to face re reduced attrition rates, good feedback and similar weight loss outcomes.</p> <p>Offering an alternative to face-to-face settings (group or 1:1) potentially reduces loss of new referrals if there are barriers to attending in person, e.g. reduced mobility, time constraints, distance, lack of respite care if caring for someone else, and transportation (Banbury et. al. 2018). It also means venues don’t have to be booked for a group session and can reduce car park congestion, freeing up places for other users.</p>	<p>Outcomes</p> <p>Results are for the pilot group 9/13 patients accessed and completed the programme</p> <p>Clinical outcomes</p> <p>There was clinically significant weight loss over the programme for the virtual group, with at least 30% achieving 5% or more weight loss and 90% overall losing weight; though note missing final session weights from 6 (out of 10) people so overall weight loss achievement may be impacted.</p>

Treatment	Description	Outcomes
<p>RBH Counterweight Plus to support type 2 Diabetes</p>	<p>Counterweight-Plus: an evidence- based non-surgical solution –Meal Replacement</p> <p>Process -Screening – 12 week meal replacement – 12 week food reintroduction and 6 months maintenance</p> <p>Guidelines recommend bariatric surgery as the gold standard for individuals with a BMI >40kg/m² or 35kg/m² to 40kg/m² with co- morbidities.¹ However with the increasing number of people qualifying for surgery, the demand cannot be met by public healthcare services. Additionally, many individuals would not choose or be eligible for surgical intervention or be in a position to pay for surgery via private health care. There are requirements for clinically-effective and cost-effective interventions which can achieve weight loss of >15kg in patients with a BMI>30kg/m², or BMI>27kg/m², with T2D at 12 months. This can be achieved with Counterweight - Plus, which combines a total diet replacement (TDR) with a structured programme of food reintroduction (FR), weight loss maintenance (WLM), behavioural therapy and anti- obesity medication.</p>	<p>Outcome</p> <p>This programme started April 2019 so is in the first year, data will be available from 2020 onwards</p>

Treatment	Description	Outcomes
Tier 3 Provision	<p>Gap in provision</p> <p>PHE Commissioning 2015 defines tier 3 as covering specialist multi disciplinary weight management support - participation of these are required to access tier 4 bariatric surgery.</p>	<p>Outcome</p> <p>Historically Berkshire West had a Tier 3 offer called Barometer this has been decommissioned and no longer exists</p> <p>Though there is assessment and long-term support for bariatric clients progressing to surgery a lack of tier 3 provision has been identified. CCG are aware.</p> <p>The gap in tier 3 provision can also impact on those people accessing tier 2 services as there is the possibility that those with more complex needs will access tier 2 when they should be accessing tier 3 support, this can lead to tier 2 services never meeting their true potential and the individual not accessing the best experience which should be strived for.</p>

Treatment	Description	Outcomes
<p>Tier 4 Provision</p>	<p>PHE Commissioning 2015 defines tier 4 as bariatric surgery</p>	<p>Outcome Data has been requested The pathway at RBH Referrals >500/year Operation 250-300/year Clients will fulfil all tier 3 definition by NICE with MDT approach led by metabolic physician involvement Entry is via bariatric nurse group explaining the pathway followed by medical MDT and appointments with the dietitian and clinical psychologist Pre-operative group session run by dietitian and psychologist Review by MDT (either at clinic or on phone in virtual clinic) at the end of the pathway before referral to surgical MDT to meet surgeons The preparation phase is about 1 year After surgery, follow up for 2 years mainly by dietitians and if required, medical review by physician. This is only for patient who wants and fulfil NICE eligibility criteria to have bariatric surgery not general tier 3.</p>

It is apparent that the tier 2 weight management offers alone will never solve the obesity crisis with programmes lead by public health providing access for 915 adults and 210 children and young people per year.

Local views and user feedback

General Feedback from stakeholders across Berkshire West

The mapping activity identified that 99% of all stakeholders spoken to are keen to support the healthy weight agenda, though some are unsure if it should be a priority due to Berkshire West achieving better obesity figures than at a national level. This indicates that there is a need to raise awareness of actual obesity rates locally and what they mean for Wokingham, West Berkshire and Reading and that this is a good time to start consultation on the healthy weight agenda.

Other key feedback that was frequently repeated by stakeholders was

- frustrations that people feel they have been consulted on the healthy weight agenda before but that this has never been followed up by any ongoing actions
- frustration that projects are started appear to achieve good outcomes and then disappear.
- the need for true partnership working to a achieve maximum outcomes

Community Engagement Reading

The team feedback that they have a wealth of experience of working with the people living in these areas in Reading and have acquired a number of skills in how to communicate effectively and what are the best platforms to utilise. They have a lot of local contacts who they feel could and should be approached in advance of any future Healthy Weight commitments to ascertain their views on the language and methodology being employed.

This very much supports a public consultation re the Healthy Weight agenda as mentioned above.

Early Years Settings

Throughout this project feedback has been gathered from users, providers and stakeholders and some of which is included below. Much feedback gained from the mapping activity highlighted the need for more early years and schools provision therefore those settings were contacted and a survey developed using survey monkey.

Survey questions for early year's settings received 176 responses from settings across Berkshire West. 22% of the respondents reported that they thought reducing obesity should be a 'Top' priority across Berkshire West, though some settings thought the term healthy lifestyle was more positive and helpful in engaging families.

Settings indicated that they thought they had a role to support the whole family with healthy lifestyle behaviours and to model healthy eating and physical activity

The settings reported that more support and healthy lifestyle information is needed for parents and carers and the whole family as well as more practical cooking opportunities. Detailed findings from the early year's settings Survey can be found in Appendix 3.

School Settings

Schools were the other setting that the mapping indicated as key, highlighting that more resources were needed to support schools becoming health promoting environments. School network meetings are booked for autumn 2019 to start to consult school staff on the healthy weight agenda, in the meantime school governors were surveyed to gain some initial insight towards the healthy weight agenda in the school settings. Again survey monkey was used to survey the school governors and 31 responses were received again including responses from Wokingham, West Berkshire and Reading. The majority of school governors were aware of the high rates of obesity in Berkshire West and 49% rated obesity as a top / high priority that needed to be addressed. Those responding to the survey cited barriers to a healthy weight as: too much unhealthy food on offer, too much advertising of unhealthy food, a lack of cooking skills and safety issues meaning parents worry about letting children play and be active.

On a positive note the school governors who responded identified their role in the healthy weight agenda as including helping ensure schools to educate pupils and parents, to encourage their schools to have a plan for encouraging children to be active, to ensure that the food provided in school meets healthy eating requirements and to support schools teaching cooking of healthy affordable food. The governors also outlined things that schools could do to support the healthy weight agenda including: removing the cake stall at school 'fayres' and similar events, stop the selling and advertising of food that doesn't meet the school food standards. Barriers to schools supporting the healthy weight agenda were cited as lack of time resources and lack of funding.

Overall school feedback indicated that much positive work is already underway but also a sense of confusion and need for training and help. The majority of schools across Berkshire West seem to still be proud to display and promote the old national healthy schools awards and logos and appeared to value the support that came with the national programme. There was no mention of the new healthy school online rating tool that was mentioned in the Government childhood obesity strategy and that was launched summer 2019. For the full survey and detailed responses please see Appendix 4

Health Professionals

GP Feedback

Survey Monkey was used to gain feedback regarding healthy weight and current tier 2 provision from GPs across Berkshire West. Results indicated positively that 85% routinely raise the issue of weight as part of the GP patient's assessment indicating that healthy weight was very much on their agenda.

Another positive was that 67% had referred to the current local adult weight management programme E4H, however 45% of those not referring indicated that this was because they were not aware of the service, with 45% outlining they were unclear on the referral process and 55% not feeling confident in explaining the service to patients. These responses indicate

a need for clearer communication and partnership working to fully support and engage primary care in appropriate referral to tier 2 offers. Importantly 45% of responding GPs also outlined that they did not think the current service provides adequate support for people with mental health conditions or a learning disability a point that needs highlighting in the imminent healthy weight review of local tier 2 provision. This point is also supported by PHE who outline that services provided should support provision for learning disability clients and that emotional health and wellbeing should be a key part of tier 2 offers.

Asked what would be helpful local GPs responded outlining the need for a healthy Weight Pathway, online / downloadable resources and training /education sessions to help identify patients who are ready to change. There were also requests for a self-refer option for S4H.

Many practices were equipped to allow patients to self-monitor their weight and leave data to be added to the patients' record with reception staff thus supporting the self-care agenda.

There was clear favour for patients being able to self-refer. The feedback also indicated a need for raising the issue of weight training and a preference for online downloadable resources. A clear healthy weight pathway could also support easy referrals with 25% reporting this would be helpful.

Other programmes mentioned were the commercial weight management offers with WW and Slimming World. Additional comments were practical suggesting better advertising and promotion of local offers with leaflets / posters being mentioned, though maybe use of social media should also be included, there were also requests for programmes being offered at specific times of the day with timings being varied and for support for specific population groups e.g. men only sessions.

This could also be a good time to start to look at the scope of reviewing and engaging with primary care to identify what the GP role is and or should be. Work by Blackburn 2015 highlighted that the GP is best placed to raise the issue and to signpost patients to local support. For full survey questions and outcomes please see Appendix 5.

Patient / User Feedback

Patients and users were also consulted as part of this review. Again survey Monkey was used to gain the feedback regarding healthy weight and current tier 2 provision from patients and previous users from across Berkshire West. The CCG patient's engagement groups and Health watch supported the survey. People who were not users were also included as it is known that often it is friends and or family that encourage a person to access support not just the health professional, gaining information on how widely known the local programmes were could be useful in informing future work. Results indicated that 64% of those surveyed had considered using a weight management service and of those that had accessed a service 31% had accessed a commercial weight management programme, 2% had used the free NHS Losing weight getting started offer, 4% had been referred to the local dietetic Group, 2% had been referred for surgery, 2% had created their own diet plan and 4% had been referred to more physical activity. 29% had been offered S4H. Asking those that had accessed the local offer saw 22% (2/9) reporting that the service was excellent and that providers were very welcoming, 33%(3/9) rated it as good, 11% (1/9) rated it as Satisfactory with finally 33% (3/9) as poor, however it should be noted that only one person expanded giving additional

comments explaining the rationale for rating the offer as poor - stating this rating was because the offer was too short. There was no criticism of the programme structure or content noted. For the full survey questions and outcomes please see Appendix 6. Feedback from participants in the current tier 2 weight management offer E4H for adults was collated by the provider and was found to be very positive, an example of the feedback is shown below.

I was recommended by my doctor to attend E4H. I have tried to lose weight previously but never kept it off. I found the leader supportive and realistic and the other group members really worked together as a team. Over the 12 weeks I have made positive changes to my lifestyle. I enjoy food more and know how to make realistic changes. It was exciting to achieve my target and I am rising to the challenge of my next 6 month follow up session. It has been lovely when others have noticed my healthy living achievements.



In general the feedback highlighted the following as helpful – weekly weigh-ins, education sessions with learning on food labels and eating behaviours recorded, physical activity and cooking and eating out resources. Referrals from GPs were noted in most of the feedback. No complaints were received regarding the E4H programme.

The provider S4H collated reasons why participants dropped out of Reading programmes these can be seen below:

Reasons for drop out - Reading



Feedback indicates that there is potential for those referring to the programme to offer a verbal and written description of the offer and ensure it is the right time for the person to access the programme. In addition the provider could reiterate that participants can access at a time when they are ready to change and monitor those who do access at a time better for them. It would be useful to identify what those who stated 'it wasn't as I thought it would be' meant as this could link to GPs reporting they are unsure how to describe and offer the programme

Feedback from participants in S4H Tier 2 Provision – children and young people

Children

Feedback from participants in the current tier 2 weight management offer LGG for children and young people aged 7 to 12 years old included -

- The children really showed an interest and actually the girls responded well to the learning when someone else is teaching.”
- I was worried about the health of my family especially our weight. Now I know what I should buy and cook
- I enjoyed watching my son have fun playing games with other children and I would definitely recommend LGG to other parents & children.”
- It’s a great motivating club, please come back again.”
- We have learnt so much as a family over the 10 weeks and have really enjoyed the sessions. Thank you for the opportunity.”
- It was a great way to learn and get some exercises that were different every week.”
- My child joined to learn more about being healthy, not only did he learn this; he also learnt how to treat and respect his own body. For his size, this has helped his confidence.”
- I am very impressed with the programme and think it should be made compulsory to all schools for years 3 and up.
- “We joined because we wanted to teach the kids about healthy eating and being more active, they loved making the recipes.” “We have learnt so much as a family over the 10 weeks and have really enjoyed the sessions. Thank you for the opportunity.”
- My son is not a very good eater and rejects a lot of foods. Now when he doesn’t want to try new things, I remind him of what he’s been taught at LGG and this encourages him to try them.”
- “We enjoyed the healthy recipes and I have told more parents about LGG. It’s a really nice afterschool club; you don’t need to go anywhere else.”
- “We had a great experience at Let’s Get Going. Kids learned a lot about healthy eating and staying active. I recommend any family
- We enjoyed the healthy recipes and I have told more parents about LGG. It’s a really nice afterschool club, you don’t need to go anywhere else
- We had a great experience at Let’s Get Going. Kids learned a lot about healthy eating and staying active. I recommend any family to join the club.”

Finally No complaints have been received from S4H the tier 2 provider for either adults or children and young people.

Gaps in service provision identified in Berkshire West

The mapping activity is to be used as a starting point to help inform future work and be added to as a live document. However even at this early stage gaps in provision have been identified as can be seen in Table 12 below-

Table 12 - Berkshire West gaps identified from healthy weight mapping

Gap Identified	Comment
<p>PR and communications Healthy weight is not seen as a priority with the decision makers across Berkshire West</p>	<p>Diabetes is routinely promoted as the local priority which given rising rates it is but obesity should also be promoted a priority given lack of decrease in local rates and increasing inequalities.</p>
<p>Health in pregnancy interventions Particularly for pregnant women with a BMI 30 and above. Lack of a healthy weight pathway for pregnant women with a BMI of 30 and above</p>	<p>Obesity has been highlighted by the BOB LMP group</p> <p>RBH Development Midwife has an objective to develop a healthy weight pathway for pregnant women with BMIs of 30 and above.</p>
<p>Early Years Lack of quality assurance to assure consistent messages across Berkshire West</p>	<p>There is a lot of work happening but messages often differ and quality assurance is needed to avoid confusion. An example is portion sizes for children through the ages</p>
<p>School programme / interventions Lack of work within the school setting and a lack of local healthy schools programmes in Wokingham and Reading</p>	<p>There is lack of emphasis on place and the environment and the school setting is an example - there isn't a school programme to support schools to be health promoting environments and support healthy lifestyle behaviour change</p>
<p>Lack of practical cooking sessions Reported lack of practical cooking training opportunities</p>	<p>Feedback reported lack of access to practical cooking sessions though there seemed to be adhoc offers through CC work</p>
<p>Lack of Quality assurance Quality assurance is needed for the plethora of healthy lifestyle and weight messages being promoted</p>	<p>There is a lot of work happening but messages often differ and quality assurance is needed to avoid confusion</p>

Gap Identified	Comment
Lack of Training Raising the issue of weight training	The lack of this training was feedback from various stakeholders and is clearly a gap in provision. Health professionals are reporting a lack of confidence in raising the issue and it is crucial to support partners take their role in the healthy weight agenda
Lack of a Healthy weight pathway	The CCG locality leads are supportive of working in partnership with public health to develop a clear easy to understand healthy weight pathway form tiers 1 to 4.
Lack of emotional health and wellbeing support	There is a lack of emotional health and wellbeing support both re prevention to build resilience and self-esteem as well as in treatment
Lack of CCG funded Tier 3 weight management offer	There is a need for local authority to work in partnership with the CCG as evidenced above and to ensure that tiers 1-2 flow to allow best patients journey through to tier 3 and 4. The lack of tier 3 provision does not offer a patient centred approach as is best practice and ultimately could impact tier 2 outcomes if people access tier 2 through lack of tier 3
Lack of data and monitoring on ethnicity / disability and weight	Local data is needed
Lack of data and monitoring on LAC	Local data is needed
Lack of evaluation on programmes offered	Emphasis is placed on delivery across Berkshire West at the expense of evaluation. Limited evaluation is undertaken and yet is needed to support future allocation of resources for this agenda.
Lack of a Berkshire West Policy on fast food outlets and proximity to settings frequented by children	Emphasis is needed on the environment and local policy should be considered.

Gap Identified	Comment
Lack of Sugar Smart campaign work	Emphasis is needed on the environment and this is a topic that feedback indicated is needed and wanted.
Lack of health on all agendas	To ensure health in all policies which is the aim there needs to be health on all agendas. A Consideration is that public health act as ambassadors taking public health across Berkshire West allowing other teams to identify and take their role and WSA networking will start this process.

On a different note the mapping activity firmly indicated that people, partners, users and stakeholders are all keen and enthusiastic to embrace and play a part in the healthy weight agenda indicating that the time is right to launch this agenda across Berkshire West.

Recommendations

Recommendation One - Whole Systems Approach

Whilst there has historically been a focus on individualised approaches to tackling obesity through the commissioning of weight management services, this in itself is unlikely to successfully address the obesity epidemic. A growing body of evidence now suggests that a whole systems approach (WSA) is needed to tackle obesity involving a wide range of partners and stakeholders. Given the enthusiasm reported by stakeholders to work collectively to reduce obesity, adopting a whole systems approach can add value by providing the opportunity to engage stakeholders across the wider system, to develop a shared vision and actions that tackle the upstream drivers of obesity, many of which lie outside the realms of public health.

Recommendation Two - Establish clear governance

There appears to be a lack of governance / ownership of the Berkshire West Healthy Weight agenda. Governance and ownership is needed to raise Healthy Weight as a priority and drive, facilitate and monitor progress of the Healthy Weight Strategy recommendations and future WSA work.

Recommendation Three- Greater partnership working between NHS and LA's

There is a need to commission and develop effective children and adult weight management provision across all tiers of the pathway. Provision is current. In particular, there is a need for the CCG to commissioning Tier 3 and Tier 4 adult provision.

Recommendation Four – LA's to develop a clear commissioning intentions for Tier 2 adult weight management services

Current Tier 2 adult weight management provision is inconsistent across the three local authorities. Local authorities should consider developing a consistent offer that provides

clarify on the eligibility and referral criteria that takes into account the diabetes prevention programme and local dietetics service.

Recommendation Five – To work towards delivering the Berkshire West Healthy Weight Strategy 2017-2020

Though the 2017-2020 Berkshire West Healthy Weight Strategy remains fit for purpose governance is required to ensure actions are progressed and that healthy weight remains a priority. Once governance is established, the Healthy Weight Steering Group should draft a local delivery plan. The plan should work across the life course including health in pregnancy and targets at risk groups to maximise prevention (using universal programmes and a universal proportionalism approach). The Berkshire West Healthy Weight strategy recommendations were and remain:

Tier 1 - A health-promoting environment:

Align with national policy such as the PHE sugar and calories reduction and reformulation programmes.

- Raise awareness of why a healthy weight is important, what a healthy weight is for adults and children and how to maintain this. For example through supporting National campaigns (such as Change 4 Life and One You), the NCMP and training front line staff in more settings to be able to use a 'Making Every Contact Count' style approach to raising the issue.
- Promote healthy eating and an active lifestyle for all children in schools and at home.
- Enable and encourage people of all ages to move more on a daily basis through structured or unstructured physical activity, in line with Chief Medical Officer Guidelines. This includes promoting and enabling active play, walking, cycling and other forms of active travel, exercise and sport.
- Encourage children and adults to minimise prolonged periods of sedentary behaviour such as screen time.
- Provide appropriate information about healthy weight, the impact of maternal obesity and appropriate infant feeding; ideally given to parents before conception, but also during pregnancy and in infancy.
- Ensure that residents can access advice about preparing or buying affordable, culturally acceptable, healthy meals and snacks.
- To maximise community assets and support community engagement

Tier 2 - Focus on inequalities: Work with the most deprived communities to ensure that interventions, services and approaches delivered through local authorities and the NHS can be shaped and targeted to ensure the whole community benefits, particularly those most in need.

- Consider targeting tier 2 programmes for adults to support facilitation to tiers 3 and 4 and targeting tier 2 programmes for children and young people as no dietetic provision is offered for Berkshire West.

- Work with the most deprived communities to ensure that interventions, services and approaches delivered through local authorities are shaped to ensure the whole community benefits.
- Consider using remaining resources to develop universal support for schools
- Continue to ensure that commissioned Lifestyle based programmes for overweight or obese adults and children in the community adhere to NICE guidance.
- Ensure that providers of these programmes encourage sustainable behaviour change by signposting people to tier 1 healthy eating and physical activity programmes or to their GP if more intensive support is required.
- Work to provide more healthy weight support for families in early years settings and teenagers.

Tier 3

- Continue to work with our partners to consider how gaps in Tier 3 provision could be addressed.
- Ensure that providers of tier 2 commissioned services recognise when to refer obese patients or those with significant health conditions to their GP to access specialist clinical support; for example Dietetic services or clinical psychology.

Recommendation Six – Greater emphasis on the built environment

Working to achieve a health promoting environment e.g. in relation to critical behaviours such as food intake and physical activity. This could involve working more collaboratively with local planners to restrict and limit access to unhealthy foods or encourage active travel

Recommendation Seven - Training and communications

Establish training and quality assurance to ensure evidenced based consistent healthy weight / lifestyle messages are promoted throughout Berkshire West. This might include the production of a healthy weight communications strategy

Recommendation Eight - Policy and development

Commissioners and Providers should adopt a 'healthy weight in all policies approach', whereby all polices consider the negative or positive consequences on health weight. This could involve the three local authorities signing up to Food Active's 'Declaration of Health Weight' which would demonstrate commitment to reducing the number of people who are overweight or obese...

Recommendation Nine - Monitoring and evaluation

All interventions and services to be monitored with data recorded to support evaluation and improvement and to allow resources to be tailored to best meet population needs.

Appendices

Appendix 1

National Policy Drivers

National –Public Health Outcomes Framework

Excess weight in children

- PHOF Excess Weight in reception - 4-5 year olds
- PHOF Excess Weight in Year 6 10-11 year olds

Breast Feeding

- PHOF Breast feeding initiation data
 - PHOF Breast feeding at 6-8 weeks
- Breastfeeding is also highlighted within the NHS Outcomes Framework

Excess weight in adults

- PHOF data for adults classifies as overweight / obese

Diet and nutrition

- PHOF Proportion of adults consuming 5 portions of fruit and veg per day
- PHOF Proportion of adults consuming 5 portions of fruit per day
- PHOF Proportion of adults consuming 5 portions of veg per day

Proportion of physically active / inactive adults

- PHOF proportion of adults physically active
- PHOF proportion of adults inactive

Increased healthy life expectancy

- PHOF life expectancy data Males
- PHOF life expectancy data Females

Healthy life expectancy

- PHOF Healthy life expectancy data Males
- PHOF Healthy life expectancy data Females

Reduced differences in life expectancy and healthy life expectancy between communities

PHOF data

Mortality rate from causes considered preventable

- PHOF under 75 mortality rate from cardiovascular diseases (including heart disease and stroke)
- PHOF under 75 mortality rate from cancer

Estimated diagnosis rate for people with diabetes mellitus

- PHOF data regarding the diagnosis of diabetes.

PHOF indicators that link to the healthy weight agenda.

- PHOH child development
- PHOF utilisation of green space for exercise and or health.

NICE Guidance

- Obesity working with local communities (PH42)
- Weight management before, during and after pregnancy (PH27)
- Preventing type 2 diabetes – population and community interventions (PH35)
- Managing overweight and obese adults through lifestyle weight management services
- Managing overweight and obese children and young people through lifestyle weight management services (PH47)
- Behaviour Change individual approaches (PH49)
- BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups (PH46)

NHS Outcome Framework

- Preventing people from dying prematurely
- Reducing premature mortality from the major causes of death
- Under 75 mortality rate from cardiovascular disease
- Under 75 mortality rate from respiratory disease
- Under 75 mortality rate from liver disease
- Under 75 mortality rate from cancer

NHS Long Term Plan (NHS, 2019)

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

Government Childhood Obesity Strategy

- A Plan for Action 2016
- A Plan for Action –Chapter 2 2018

UK-Wide Physical Activity Guidelines 2011

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

Sport and Activity Evaluation Framework (Sport England)

Healthy Lives Healthy People

A call to action on obesity in England outlines the Governments approach to tackling obesity in England with a need for concerted action across society to achieve a downward trend in excess weight by 2020.

The Marmot Review (2010) Fair Society, Healthy Lives

A strategic review of health inequalities in England

What Good Healthy Weight for all ages Looks Like (ADPH, 2019) The Government buying standard for food and catering services (DEFRA, 2015)

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

Making obesity everybody's business:

A whole systems approach to obesity (LGA, 2017)

Using digital technology to improve the public's health

A guide for local authorities (LGA, 2018)

Digital change in health and social care, Kings Fund, 2018

Building the foundations

Tackling obesity through planning and development (LGA, 2016)

Physical Activity, Healthy Eating and Healthier Weight

A toolkit for employers (Business in the Community, 2018)

Public Health England

- Promoting children and young people's emotional health and wellbeing: a whole college approach (PHE 2015)
- Healthy High Streets: good place making in an urban setting (PHE, 2018)
- Spatial planning for health. An evidence resource for planning and designing healthier places (PHE, 2017)
- Healthier and more sustainable catering. A toolkit for serving food to adults (PHE, 2017) Catering guidance that offers practical advice on how to make catering affordable, healthier and more sustainable
- A guide to community-centred approaches for health and wellbeing (PHE, 2015)
- Reducing health inequalities: system, scale and sustainability (PHE, 2017) Guidance to support local action on health inequalities to improve outcomes
- Promoting healthy weight in children, young people and families: resource to support local authorities (PHE, 2018)
- Sugar reduction: the evidence for action (PHE, 2015)
- A guide for delivering and commissioning tier 2 adult weight management services (PHE, 2017) *and supporting resources*
- A guide to commissioning and delivering tier 2 weight management services for children and their families (PHE, 2017) *and supporting resources*
- Standard evaluation framework for weight management services (PHE, 2018)
- Change4Life / One You / The Daily Mile

Appendix 2

Local Plans for Wokingham, West Berkshire and Reading

Sustainability and Transformation Plan -Berkshire, Oxfordshire and Buckinghamshire (BOB)

STP (BOB) Plan – prevention is a priority work stream

STP Local Maternal Pathway 2018

CCG

CCG Strategic plan Berkshire West 2019

Berkshire West ICS Operational Plan 2018-2019

Bariatric Surgery Commissioning Policy Statement 2019

Thames Valley Priorities Committee Commissioning Policy Statement 2019

Policy No. TVPC39 Severe and complex obesity: Eligibility for bariatric

Wokingham

Wokingham Health and Wellbeing Strategy 2017-2020

JSNA Wokingham Borough Council

Sustainable Environment Strategy updated 2014

Licensing Plan –2018

Wokingham Transport Plan

Sub strategies –

- Active Travel Strategy
- Smarter Choices Strategy
- Public transport plan
- Parking policy
- Home to school transport
- Cycling
- School crossing patrol policy

Housing Policy

Planning Policy

West Berkshire

West Berkshire Vision 2026

West Berkshire Joint Health and Wellbeing Strategy 2017-2020

School improvement strategy 2015-2017

JSNA West Berkshire Council

West Berkshire Transport Plan 2011-2026

Sub strategies –

- Active Travel Strategy
- Smarter Choices Strategy
- Passenger Transport Strategy
- Road Safety Strategy
- Network Strategy

Licensing Plan – Undated

Waste Strategy 2002-2022

Housing Strategy 2010-2015
Planning Policy

Reading

Reading Health and Wellbeing Strategy 2017-2020
Reading Health and Wellbeing Action Plan 2017-2020
JSNA Reading Council
Reading Local Transport Plan 2011-2026

Sub strategies –

- Cycling strategy
- Parking policy
- Public transport policy
- Road safety strategy
- Reading open spaces strategy 2007

Reading Neighbourhood Strategy - undated
Reading Climate change strategy 2013-2020
Reading Poverty JSNA 2017
Reading commissioning and procurement strategy 2013 -2016
Planning Policy

Appendix 3

Early Years Settings were surveyed with questions asking about what current practice looked like in their settings answers can be found below.

Does your setting have a food policy?

43%	(75/ 176)	Yes
7%	(12/176)	No
1%	(1/176)	In the process of developing one
50%	(88/176)	Don't Know

What food is offered in your setting?

27%	(48/176)	Yes hot lunch
13%	(22/176)	Yes cold lunch – packed lunch
21%	(37/176)	No lunch provided parents / carers provide packed lunch
25%	(44/176)	Breakfast
80%	(141/176)	Snacks
21%	(37/176)	Tea
22%	(38/176)	Birthday Celebration food

39% (69/176) there were non-responders to some parts of this question – this could be because there were responses from the same setting where just one fully completed the survey

It is apparent that settings need and want help in what constitutes a healthy packed lunch / portion offer and how to challenge unhealthy offers brought in by parents and carers.

Please list any food and or drinks that are banned in your setting?

Food and drink reported were -

Fizzy drinks – this was reported by the majority of settings

Squash

Pork

Cucumber pineapple due to allergies

Biscuits

Chocolate

Sweets

Nuts –this was reported by the majority of settings due to food allergy.

How do you reward children for good behaviour in your setting?

Two of the Settings report rewarding the parents / carers re healthy food choices too.

No food was used as reward emphasis was on -

- Praise
- Stickers
- High 5s

What activities are offered in your setting?

This varied hugely indicating the huge amount of interventions being offered across Berkshire West.

33%	(58/176)	Food tasting
33%	(57/176)	Food preparation activities
45%	(79/176)	Food cooking activities
40%	(70/176)	Healthy eating messages to parents and carers
25%	(144/176)	Promoting activity
22%	(38/176)	Healthy eating messages promoted on the website
18%	(32/176)	Staff have been trained re healthy eating
18%	(31/176)	Staff have been trained re physical activity
33%	(58/176)	Staff have a good knowledge of food portion sizes for early years

A low % of staff report having training on healthy eating and physical activity messages for early year's age group.

Settings were asked to list the top five topics that they felt they needed training and resources -

- Portion sizes through the ages
- Healthy Packed lunches
- Dental health
- Raising the issue of weight training
- Food allergy

In addition some of the settings outlined the need for a healthy eating / nutrition refresher session covering all elements of food. In summary the feedback from early year's settings was positive indicating lots of healthy lifestyle interventions are undertaken, an enthusiasm to be part of the healthy weight agenda and a need for training and support.

Appendix 4

School Governor Survey and Results

School Governors were asked -

Are you aware of the high rates of obesity / childhood obesity in Berkshire West?

(26/31) Yes

(5/31) No

How much of a priority for Berkshire West as a whole do you think tackling obesity / childhood obesity should be?

10% (3/31) Top

39% (12/31) High

19% (6/31) Moderate

0% (0/31) Low

0% (0/31) Not a priority

Please tick the top three things that you think make it harder for children and their families to lead healthy lives in the area surrounding your school.

1st-Too much unhealthy food

2nd Too much advertising of unhealthy food

Equal 3rd Lack skills how to cook

Equal 3rd Safety issues meaning parents worry about letting children play

What do you think the role of your school and school governors is within the healthy weight agenda?

- To Educate pupils and parents
- To encourage the school to have a plan for making children active, such as the daily mile. To ensure that the food provided meets healthy eating requirements and encourage involvement in healthy schools week. To be better informed about the agenda, and this makes me realise that we probably aren't
- Education of the children from as young as 4 about food categories, digestion and exercise. This leads to them making healthy choices as they grow older.
- To educate and provide advice only. Primarily to pupils but, I see no reason why a borough wide initiative couldn't be opened to parents
- educate pupils and parents about the importance of a healthy weight governors: ensure that schools include this within their curriculum
- Acknowledge the issue and, for governors, to challenge the school on meal options and what is covered as part of the curriculum, not just PHSE.
- To educate on healthy eating, teach cooking healthy food and how the cost can be reduced by cooking ingredients
- Guidance and information; and creation of opportunities to exercise and understand nutrition without "preaching"
- Teaching children and their families to enjoy and be able to cook healthy and tasty meals

What does your school do to support the healthy weight agenda?

- Offer good quality school meals, educating parents, e.g. avoid too much snacks and chocolate in packed meals

Is there anything you think your school should be offering?

- Think that we need to talk about this more in governor meetings as an overarching topic, but I don't know what we ought to be discussing within the theme as a whole and some guidance would be useful.
- We would always like to do more but time and financial constraints limit us
- Cooking that goes beyond sweet treats. Healthy snacking in schools.
- Community support for creating healthy meals - professionals to offer workshops on healthy eating/cooking?

Are you aware of the Standards for school food in England document and if so do you use the Standards for school food in in your school setting?

61%	(19/31)	Yes
7%	(2/31)	No
32%	(10/31)	didn't know about the document

Tell us what already exists in your local community that you think encourages a healthy lifestyle for your children.

Answers emphasised physical activity offers -

- Tennis courts and parks locally, new play areas, new paths as well as lots of clubs if parents can afford them - swimming, gymnastics, dance etc.
- sports teams, cubs, brownies/rainbows. little else
- plenty of clubs offering children's activities

What do you think would help schools support the healthy weight agenda more?

- Information and guidance that is already there for them to use- having to develop ideas isn't as helpful as it might be given the existing stress on staff
- Remove the cake stall at school 'fayres' and similar events!
- Teach cooking real food
- Official campaign funded by national government
- Ban sugar, the selling and advertising of crap food.
- professionals offering workshops for the children
- Funding (this was mentioned once)

Please list any other ideas you have to help tackle obesity / childhood obesity.

- Educate the parents as well; school can only do so much if the children are eating unhealthily in the evenings and weekends. Educating parents is not the school's responsibility though.
- Compulsory exercises at the start of each day and for the whole school. one off initiatives are great but, to make a meaningful impact these things need to become part of the curriculum otherwise they are largely forgotten in the long run

- Review how it is measured - look for information beyond just a BMI check - contextual information to be able to offer targeted support for those who need it

Again school feedback indicated positive work happening but also a sense of confusion and need for training and help. The majority of schools across Berkshire West seem to still be proud to display and promote the old national healthy schools logos and appeared to value the support that came with the national programme. There was no mention of the new healthy school online rating tool that was mentioned in the Government childhood obesity strategy and that was launched summer 2019

Appendix 5

Health Professionals

GP Feedback

Survey Monkey was used to gain some feedback regarding healthy weight and current tier 2 provision from GPs across Berkshire West. Results indicated that positively 85% routinely raise the issue of weight as part of the GP patient's assessment. 67% had referred to the current local adult weight management programme E4H

Do you routinely raise the issue of weight with your patients as part of the GP assessment?

85% (11/13) stated they raised the issue of weight
15% (2/13) didn't raise the issue of weight

Have you referred to E4H the adult weight management programme?

67% Yes (18/27)
33% No (11/27)

Please tell us the reasons why you haven't referred any patients to the service in the last 12 months or more.

45% (5/11) I was not aware of the service
45% (5/11) I am unclear on the referral process
55% (6/11) I am not confident in explaining the service to patients
9% (1/11) I do not support the service model
45% (5/11) I do not think the service provides adequate support for people with mental health conditions or a learning disability

Other comments included –

NDPP took a lot of the weight management referrals
I give information for patients to self-refer themselves to E4H
Services changes mean it is often hard to keep up and know what to offer
Timing of programmes is not always suitable
High BMIs this indicates BMIs over 35 with comorbidities or 40 as these are appropriate for tier 3 support

Would you find any of the following helpful?

26% (7/27) Healthy Weight Pathway
74% (20/27) Online / downloadable resources
48% (13/27) Training to help identify patients who are ready to change
30% (8/27) Face to face education sessions for GPs
26% (7/27) Face to face education session for practice staff
15% (4/27) other – self refer option for S4H

Would you refer your patients to any of the following to support their weight loss?

96% (26/27) Weight loss or healthy lifestyle Apps
81% (22/27) online support programmes and resources
52% (14/27) Weight management diary
81% (22/27) Peer support

19% (2/27) Other Answers provided were -
Slimming world / WW/ Low CHO diets / Books

Is there anywhere in practice that patients can weigh / measure themselves and leave the data at reception to be added to their notes?

19% (5/27) Yes

19% (5/27) No

11% (3/27) No but this could easily be set up

51% (14/27) Non responders due to this question not allowing answers to be logged until issue was reported and rectified

Have you any other comments regarding weight management

- I am unclear about the referral options and would value help
- E4H is a great resource
- Need work in schools to help obesity
- Slimming World have good outcomes why can't we refer to that?
- Commercial weight management offer needed
- GP Education needed - this was mentioned twice
- Programmes at different times of day and evening - this was mentioned three times
- Improved advertising and PR – advertise to patients directly
- Men only programmes

GP feedback indicated that 2/3 referred to S4H the current weight management provider. However it also raised the issue that some GPs reported that they were not aware of the programme and or are unsure of how to describe this to patients indicating that ongoing partnership work is needed to support clear communication re the healthy weight agenda and any future tier 2 services. Many practices were equipped to allow patients to self-monitor weight and leave data to be added to patients' record with reception supporting the self-care agenda.

There was clear favour for patients being able to self-refer. The feedback indicated a need for raising the issue of weight training and a preference for online downloadable resources. A clear healthy weight pathway could also support easy referrals with 25% reporting this would be helpful.

Other programmes mentioned were the commercial weight management offers with WW and Slimming World, low CHO diets though used for general weight management advice should be adhering to the eatwell guide with specialist advice needing referral to dietetics. Other comments were practical suggesting better advertising and promotion with leaflets / poster were mentioned though maybe use of social media should also be included, programmes being offered at specific times and for specific population groups e.g. men.

There is also scope to review and engage with primary care and identify what the GP role is and or should be. Work by Blackburn 2015 highlighted that the GP is best placed to raise the issue and to signpost patients to local support.

Appendix 6

Patient / User Feedback

Survey Monkey was used to gain some feedback regarding healthy weight and current tier 2 provision from patients and previous users from across Berkshire West. The CCG patient's engagement groups and Health watch supported the survey. People who were not users were also included as it is known that often it is friends and or family that encourage a person to access support not just the health professional and gaining information on how widely known the local programmes were could inform future work.

Have you ever considered using a weight management service?

64%	(29/45)	Yes
36%	(16/45)	No

Which weight management service have you used?

31%	(17/45)	Commercial weight management programme
2%	(1/45)	NHS Losing weight getting started
4%	(2/45)	Dietetic Group
2%	(1/45)	Surgery
2%	(1/45)	Created my own diet
4%	(2/45)	Gym membership

Have you ever heard of or been offered the Eat4Health weight management service?

29%	(13/45)	Yes
71%	(32/45)	No

Have you ever used the E4H programme?

69% (9/13) Yes

29% of respondents had heard of and or been offered the local tier 2 adult programme.

How would you rate your experience of using the Eat4Health weight management service?

22% (2/9) Excellent 2 very welcoming

33% (3/9) Good 3

11% (1/9) Satisfactory 1

33% (3/9) V Poor Only one person expanded additional comments stating too short programme lots support needed – no criticism of the programme structure or content

Feedback from participants in the current tier 2 weight management offer E4H for adults was collated by the provider and was positive, an example of the feedback is shown below.

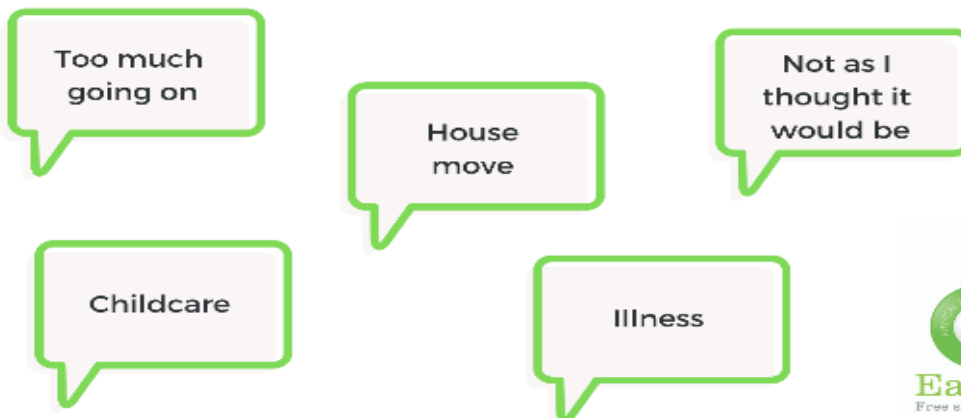
I was recommended by my doctor to attend E4H. I have tried to lose weight previously but never kept it off. I found the leader supportive and realistic and the other group members really worked together as a team. Over the 12 weeks I have made positive changes to my lifestyle. I enjoy food more and know how to make realistic changes. It was exciting to achieve my target and I am rising to the challenge of my next 6 month follow up session. It has been lovely when others have noticed my healthy living achievements.



In general the feedback highlighted the following as helpful – weekly weigh-ins, education sessions with learning on food labels and eating behaviours recorded, physical activity and cooking and eating out resources. Referrals from GPs were noted in most of the feedback No complaints were received regarding the E4H programme.

The provider S4H collated reasons why participants dropped out of Reading programmes these can be seen below:

Reasons for drop out - Reading



Feedback indicates that there is potential for those referring to the programme to offer a verbal and written description of the offer and ensure it is the right time for the person to access the programme. In addition the provider could reiterate that participants can access at a time when they are ready to change and monitor those who do access at a time better for them It would be useful to identify what those who stated 'it wasn't as I thought it would be' meant as this could link to GPs reporting they are unsure how to describe and offer the programme

Feedback from participants in S4H Tier 2 Provision – children and young people

Children

Feedback from participants in the current tier 2 weight management offer LGG for children and young people aged 7 to 12 years old included -

- The children really showed an interest and actually the girls responded well to the learning when someone else is teaching.”
- I was worried about the health of my family especially our weight. Now I know what I should buy and cook
- I enjoyed watching my son have fun playing games with other children and I would definitely recommend LGG to other parents & children.”
- It’s a great motivating club, please come back again.”
- We have learnt so much as a family over the 10 weeks and have really enjoyed the sessions. Thank you for the opportunity.”
- It was a great way to learn and get some exercises that were different every week.”
- My child joined to learn more about being healthy, not only did he learn this; he also learnt how to treat and respect his own body. For his size, this has helped his confidence.”
- I am very impressed with the programme and think it should be made compulsory to all schools for years 3 and up.
- “We joined because we wanted to teach the kids about healthy eating and being more active, they loved making the recipes.” “We have learnt so much as a family over the 10 weeks and have really enjoyed the sessions. Thank you for the opportunity.”
- My son is not a very good eater and rejects a lot of foods. Now when he doesn’t want to try new things, I remind him of what he’s been taught at LGG and this encourages him to try them.”
- “We enjoyed the healthy recipes and I have told more parents about LGG. It’s a really nice afterschool club; you don’t need to go anywhere else.”
- “We had a great experience at Let’s Get Going. Kids learned a lot about healthy eating and staying active. I recommend any family
- We enjoyed the healthy recipes and I have told more parents about LGG. It’s a really nice afterschool club, you don’t need to go anywhere else
- We had a great experience at Let’s Get Going. Kids learned a lot about healthy eating and staying active. I recommend any family to join the club.”

Finally No complaints have been received from S4H the tier 2 provider for either adults or children and young people.

References

Argenio A, Mazzi C, Pecchioli L, Dlorenzo G, Siracusano A, Troisi A, 2009, Early trauma and adult obesity: Is psychological dysfunction the mediating mechanism? *Physiology and behaviour*, Volume 98, Issue 50 pages 543-546

Arora T, Hosseini-Araghi M, Bishop J, Yao GL, Thomas GN, Taheri S. 2013. The complexity of obesity in U.K. adolescents: relationships with quantity and type of technology, sleep duration and quality, academic performance and aspiration. *Pediatr Obes.* Oct; 8(5):358-66. doi: 10.1111/j.2047-6310.2012.00119.x

Barlow J, Whitlock, Hanson S, Hilton M, 2010 Preventing obesity at weaning: Parental views about the EMPOWER programme, *Child Care Health and Development* 36(6):843-9

Beccutia, G, and Pannain, S. 2011. Sleep and Obesity. *Current Opinion in Clinical Nutritional Metabolic Care.* Jul; 14(4): 402–412. doi: 10.1097/MCO.0b013e3283479109

Berkshire West Healthy Weight Strategy 2017-2020

<https://wokingham.moderngov.co.uk/documents/s22650/Enc.%202%20for%20Berkshire%20West%20Healthy%20Weight%20Strategy.pdf>

Biro F, Wren M, 2010, Childhood obesity and adult morbidities *The American Journal of Nutrition* 91(5): 1499S–1505S

<https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/money-and-banking>

<https://www.nursingtimes.net/roles/learning-disability-nurses/obesity-in-people-with-learning-disabilities-possible-causes-and-reduction-interventions/5018063.article>

British Dietetic Association Food Factsheet Breakfast

<https://www.bda.uk.com/foodfacts/breakfast.pdf>

British Dietetic Association, 2017, *The Nutritional Care of Adults with a Learning Disability in Care Settings*, Birmingham.

British Heart Foundation information on menopause and heart disease

<https://www.bhf.org.uk/information-support/support/women-with-a-heart-condition/menopause-and-heart-disease>

https://www.nutrition.org.uk/attachments/608_UK%20Pupil%20Survey%20Results%202013.pdf

British Heart Foundation information on physical inactivity 2017

<https://www.bhf.org.uk/information-support/publications/statistics/physical-inactivity-report-2017>

Brown T, Moore THM, Hooper L, Gao Y, Zayegh A, Ijaz S, Elwenspoek M, Foxen SC, Magee L, O'Malley C, Waters E, Summerbell CD, 2019, Do diet and physical activity strategies help prevent obesity in children (aged 0 to 18 years)? Cochrane Database of Systematic Reviews Maternal Obesity in the UK – Findings from a national project, 2010 Centre for Maternal and Child Enquiries Improving the health of mothers, babies and children Executive Summary and Key Recommendations

Chan, RS; Woo, J. (2010). Prevention of overweight and obesity: How effective is the current public health approach. *Int. J. Environ. Res. Public Health* 7, 765–783

Children Food Trust, 2016, State of the nation report, London
http://media.childrensfoodtrust.org.uk/2016/12/SoN_Report_v4.pdf

Dewey KG, Heinig MI, Nommsen LA, Lonnerdal B. 1991, Maternal versus infant factors related to breast milk intake and residual milk volume: the DARLING study. *Pediatrics* 87:829-37.

Diabetes UK
<https://www.diabetes.co.uk/news/2018/mar/increased-type-2-diabetes-rates-in-uk-children,-study-reveals-95710741.html>

Dinsdale H, Ridler C, Ells L J. 2011. A simple guide to classifying body mass index in children. Oxford: National Obesity Observatory.

Disability Act, 2010
<https://www.gov.uk/definition-of-disability-under-equality-act-2010>

Diabetes UK Position Statement
<https://www.diabetes.org.uk/professionals/position-statements-reports/type-2-diabetes-prevention-early-identification/prevention-of-type-2-diabetes-whole-society-interventions-to-reduce-obesity>

Lyall D, Celis-Morales C, Ward J, Iliodromiti S, Anderson J, Gill J, Smith D, Ntuk U, Mackay D, Holmes M, Sattar N, Pell J. 2017, **Association of Body Mass Index With Cardiometabolic Disease in the UK Biobank**. *JAMA Cardiology*, 10.1001

DWP Official Statistics Disability facts and figures Published 16 January 2014

[http://www.research.lancs.ac.uk/portal/en/people/eric-emerson\(b0f5df7a-0302-414f-aa3a-4e82ce7473e3\)/publications.html](http://www.research.lancs.ac.uk/portal/en/people/eric-emerson(b0f5df7a-0302-414f-aa3a-4e82ce7473e3)/publications.html)

European Youth Tackling Obesity 2015. A Youth Lead Social Marketing Approach to encourage Healthy Lifestyles, <http://www.eyto.org.uk>

Fair F, Soltani H 2018, Healthier Weight Services in England Before, During and After Pregnancy, Sheffield Hallam University, on behalf of Public Health England
Fair Society, Healthy Lives. 2010. The Marmot Review. www.ucl.ac.uk/marmotreview. ISBN 978-0-9564870-0-1

Family Resources Survey

<https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201718>

Felitti, V. J. 1998 Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study' American Journal of Preventive Medicine 14(4): 245–258

Foresight 2007, Foresight Tackling obesities: future choices - project report (2nd edition)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

Gaal S, Kerr M, Ward M, McNulty H, Livingstone 2018, BID Breakfast Consumption in the UK: Patterns, Nutrient Intake and Diet Quality. A Study from the International Breakfast Research Initiative Group, Nutrition Innovation Centre for Food and Health (NICHE), Ulster University,

Gibson L, Halva M, Kelly M, Campbell M, 2017, The effects of breastfeeding on childhood BMI: a propensity score matching approach, Journal of Public Health, Volume 39, Issue 4, Pages e152–e16

<https://www.sciencedirect.com/science/article/abs/pii/S2213858717302000>

Hargens A, Kaleth E Edwards, K Butner, Association between sleep disorders, obesity, and exercise: a review, Nature and Source of Sleep Volume 5: 27–35

Health Services for England

<https://sp.ukdataservice.ac.uk/doc/5439/mrdoc/pdf/5439supportingdocs.pdf>

Healthy eating saves lives <https://www.nejm.org/doi/full/10.1056/NEJMoa1614362>

http://www.healthdata.org/sites/default/files/files/infographics/Infographic_Healthy-Eating-Saves-Lives_2019_Page_2_0.png

HM Government. 2016. Childhood Obesity: A Plan for Action

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016__2__acc.pdf

House of Commons, 2014-15 Impact of physical activity and diet on health

Sixth Report of Session 2014-15

Isohookana R, Martunnen M, Hakko H, Riipinen P, Riala K, 2016 The impact of adverse childhood experiences on obesity and unhealthy weight control behaviors among adolescents, Comprehensive Psychiatry, Volume 71, Pages 17-24

JSNA West Berkshire Council <https://info.westberks.gov.uk/jsna>

JSNA, Wokingham Borough Council <http://jsna.wokingham.gov.uk/living-and-working-well/overweight-and-obese-adults/>

JSNA Reading Borough Council <http://www.reading.gov.uk/jsna/obesity>

Kelly Y, Goisis A, and Sacker A, 2015 Why are poorer children at higher risk of obesity and overweight? A UK cohort study. The European Journal of Public Health

Laureas, 2011 Sport for Good Foundation. Teenage Kicks: The Value of Sport in Youth Crime,

Knott L, Huins H, 2018 If your child is overweight or obese, they have an increased risk of developing various health problems and are more likely to become an overweight adult. Childhood Obesity

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf

Lang T, 2015 https://www.sustainweb.org/foodaccess/what_is_food_poverty/

Local Government Association, 2014 Making obesity everybody's business: A whole systems approach to obesity, London

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf

Luppino F, de Wit L, Bouvy P, Stijnen T, Cuijpers P, Penninx B, et. al. 2010, Overweight, obesity, and depression: a systematic review and meta-analysis of longitudinal studies. Archives of General Psychiatry Volume 67(3):220-9

Marchi J, Denker A, Olander E, Begley C, 2015, Risks associated with obesity in pregnancy, for the mother and baby: a systematic review of reviews, Maternal Obesity/Pediatric Health

Moberly T, 2019, Unscrambling the evidence for breakfast BMJ 2019; 364

<https://doi.org/10.1136/bmj.l456>: BMJ 364:l456

Murray et. al. 2013 UK Health Performance: Findings of the Global Burden of Disease Study 2010. The Lancet 381:997-1020

NHS Buckinghamshire, Berkshire West and Oxfordshire Local Maternity System (LMS) Delivery Plan 2017 - 2021

National Institute for Healthcare Excellence, 2013, PH47 Weight management: lifestyle services for overweight or obese children and young people, London

National Institute for Healthcare Excellence, 2014, CG189 Obesity identification, assessment and management, London

National Institute for Healthcare Excellence, 2013, PH46 BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups, London

National Institute for Healthcare Excellence 2013, PH44 Physical activity: brief advice for adults in primary care, London

National Institute for Healthcare Excellence 2010, PH27, Weight management before, during and after pregnancy, London

National Institute for Healthcare Excellence, 2009, PH17 Physical activity for children and young people, London

National Institute for Healthcare Excellence 2015 CG43 Obesity prevention Clinical guideline London

National Institute for Healthcare Excellence 2015, NG7 Preventing excess weight gain London

National Obesity Observatory, 2009. Body mass index as a measure of obesity
http://www.noo.org.uk/uploads/doc789_40_noo_BMI.pdf

<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/statistics-on-obesity-physical-activity-and-diet-england-2019/part-4-childhood-obesity>

<https://digital.nhs.uk/news-and-events/latest-news/hospital-admissions-where-obesity-is-a-factor-increased-by-18-per-cent>

<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/statistics-on-obesity-physical-activity-and-diet-england-2019/part-1-obesity-related-hospital-admissions>

<https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>

https://khub.net/c/document_library/get_file?uuid=18cd2173-408a-4322-b577-6aba3354b7ca&groupId=31798783

Oude Luttikhuis H, Baur L, Jansen H, Shrewsbury VA, O'Malley C, Stolk RP, Summerbell CD. 2009, Interventions for treating obesity in children. Cochrane Database of Systematic, Issue 1. Art. No.: CD001872. DOI: 10.1002/14651858.CD001872.pub2

Public Health England, 2015, Guidance, Childhood obesity: applying All Our Health, London

Royal College of Paediatrics and Child Health, 2017, State of the child Health Report,

Public Health England, 2017, Health matters: obesity and the food environment

Public Health England, 2016, National Diet and Nutrition Survey, London

Public Health England 2014, Obesity and disability: children and young people, London

Public Health England 2017, a guide to commissioning and delivering tier 2 adult weight management services London

Public Health England Outcomes Framework 2016 - 2019

<https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019>

Public Health England, 2015, Sugar reduction: from evidence into action

Public Health England, 2019, ADPH, What Good Healthy Weight for all ages Looks Like?

Public Health England Physical inactivity 2016: economic costs to NHS clinical commissioning groups

Public Health Wales, 2018, a review of international policies, approaches and action to tackle obesity, Wales

Readifood <https://readifood.org.uk/>

Scientific Advisory Committee on Nutrition 2015. Carbohydrates and Health

<https://www.schoolfoodplan.com/>

<https://www.gov.uk/school-meals-healthy-eating-standards>

https://www.healthynewbornnetwork.org/hnn-content/uploads/Sharma_2016.pdf

Simmonds M, Burch J, Llewellyn A, Griffiths C, Yang H, Owen C, Duffy S, Woolacott N, 2013, The use of measures of obesity in childhood for predicting obesity and the development of obesity-related diseases in adulthood: a systematic review and meta-analysis

<http://www.crd.york.ac.uk/crdweb/ShowRecord.asp?LinkFrom=OAI&ID=32013000890>

Sloan S, Gildea A, Stewart M, Sneddon H, 2008, Early weaning is related to weight and rate of weight gain in infancy Child Care Health and Development 34(1):59-64

Corfe, S, 2008, What are the barriers to eating healthily in the UK? Social Market Foundation. <http://www.smf.co.uk/publications/barriers-eating-healthily-uk/>

Social Metrics Commission Report, 2019 <https://socialmetricscommission.org.uk/>

Sport England 2017, Active Lives Survey 2015-16

<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiTnvG568PZAhURL1AKHQdTcc0QFggnMAA&url=https%3A%2F%2Fwww.sportengland.org%2Fmedia%2F11498%2Factive-lives-survey-yr-1-report.pdf&usq=AOvVaw0lxvQARx1xATyteKBFWEca>

Sport England, Active Lives 2017/18

<https://www.sportengland.org/news-and-features/news/2018/december/06/first-active-lives-children-and-young-people-survey-report-more-than-40-of-children-lead-active-lives/>

<https://www.dovepress.com/effects-of-maternal-obesity-on-early-and-long-term-outcomes-for-offspr-peer-reviewed-fulltext-article-RRN#>

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30041-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30041-8/fulltext)

Trussell Trust Food Banks

<https://www.trusselltrust.org/2019/04/25/record-1-6m-food-bank-parcels/>

Waters E, de Silva-Sanigorski A, Hall BJ, Brown T, Campbell KJ, Gao Y, Armstrong R, Prosser L, Summerbell CD. 2011, Interventions for preventing obesity in children. Cochrane Database of Systematic Reviews Issue 12. Art. No.: CD001871. DOI: 10.1002/14651858.CD001871.pub3

What About Youth Study (WAY), NHS Digital, 2015

<http://content.digital.nhs.uk/article/3742/What-About-Youth-Study>

https://www.researchgate.net/publication/272517353_Women_the_menopause_hormone_replacement_therapy_and_coronary_heart_disease

Who, 2015: WHO Global InfoBase data on overweight and obesity. Fact sheet No 311 on obesity.

WHO, <https://www.who.int/nutrition/topics/obesity/en/>

WHO, 2015, Association between Characteristics at Birth, Breastfeeding and Obesity in 22 Countries: The WHO European Childhood Obesity Surveillance Initiative – COSI 2015/2017

Wyatt H, Grunwald G, Mosca C, Klem, M, Wing R, O’ Hill J, 2012, Long-Term Weight Loss and Breakfast in Subjects in the National Weight Control Registry, Obesity A research Journal, Volume 10, Issue 2, Pages 78-82

Youth Sport Trust 2015

<https://www.youthsporttrust.org/news/youth-sport-trust-launches-2015-national-survey-pe-and-school-sport>