Reading
Borough Council
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HEALTHY WEIGHT NEEDS ASSESSMENT
PROMOTING HEALTHY WEIGHT FOR ADULTS IN READING
EXECUTIVE SUMMARY

Reading
136.9 per 100,000

Fast Food outlets per 100,000 population (2024/OHID)

March 2025

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1. Purpose and aims

The purpose of this health needs assessment is to better understand the needs in terms of healthy weight for adults in Reading's population and to review the available evidence to meet those needs.

The aims of this health needs assessment are to summarise the evidence-base for nutrition, physical activity, and healthy weight; to better understand how health inequality is connected to excess weight and to examine the wider and commercial determinants of healthy weight.

It should be noted that further community engagement with children and young people in Reading is needed to understand their needs. This will be conducted at a later date.

1.1 Objectives

The objectives of this needs assessments are to:

- Define who is impacted by excess weight.
- Understand the factors that contribute to excess weight both nationally and locally.
- To review existing services and local assets.
- Compare activity in Reading with evidence based best practice.
- Understand how best to support people to overcome some of the barriers identified in achieving a healthy weight.
- Identify gaps in local service provision, policy and action.
- Form evidence-based recommendations to reduce the prevalence of excess weight locally.
- Inform future commissioning intentions.
- Provide direction and influence resource allocation that prioritises the reduction of excess weight in Reading.

1.2 Scope

The scope of this needs assessment is to understand how to prevent overweight and obesity amongst the adult population of Reading and to effectively promote the achievement and maintenance of a healthy weight. Healthy Weight is the primary aim and while being underweight is a problem for some groups, excess weight impacts a bigger proportion of the local population and the increasing trend is of concern. Local Authorities are well placed to respond and to influence the determinants at a local level. This needs assessment provides recommendations about how Reading Borough Council with its system partners can influence local services and activities that promote the maintenance of a healthy weight for the Reading population.

1.3 Methodology

To address the aims and objectives set out above a mixed-method research approach was undertaken. This is set out in the chart below. The research was undertaken by a working group drawn from the core Public Health Team with experience and expertise in the field of healthy weight.

Healthy Weight Needs Assessment (HWNA)

Local insights from Public and professional Engagement	Desk based research national

Surveys x 3	Interviews and focus groups	Local data collection

1.3.1 Data Review

Desk-based research was undertaken to understand the current local and national evidence base. A range of sources were used including the Office for Health Improvement and Disparities (OHID), Sports England, NHS Digital, The Kings Fund, GOV.UK and the National Institute for Health and Care Excellence (NICE).
In addition, local evidence sources were used that included the evaluation of local provision.

1.3.2 Engagement

Local communities and partners were engaged in the needs assessment process during the consultation period of 5th May 2023 to 16th June 2023. A multiple-pronged approach was taken to the consultation.

There were three surveys:

1. A public facing survey aimed at parents, carers and the public who live in Reading

2. A survey to healthcare professionals including those within the voluntary community sector

3. A survey to educational settings, ranging from early years to further education 18 years and under

A series of 12 focus groups and professional interviews were carried out using a range of media including online platforms and in person interviews or discussions. The interviews followed the same theme as the questionnaires and were more fluid in their approach to navigating or leading areas that were of most concern and pressing for the audience.

In all survey areas in which engagement activities were held online, support was provided to ensure that attendees were able to use online platforms such as MS Teams or Zoom or could join the meeting via a telephone line. When the engagement activities were held face to face, additional care was taken to ensure that those people taking part were in a safe and accessible environment.
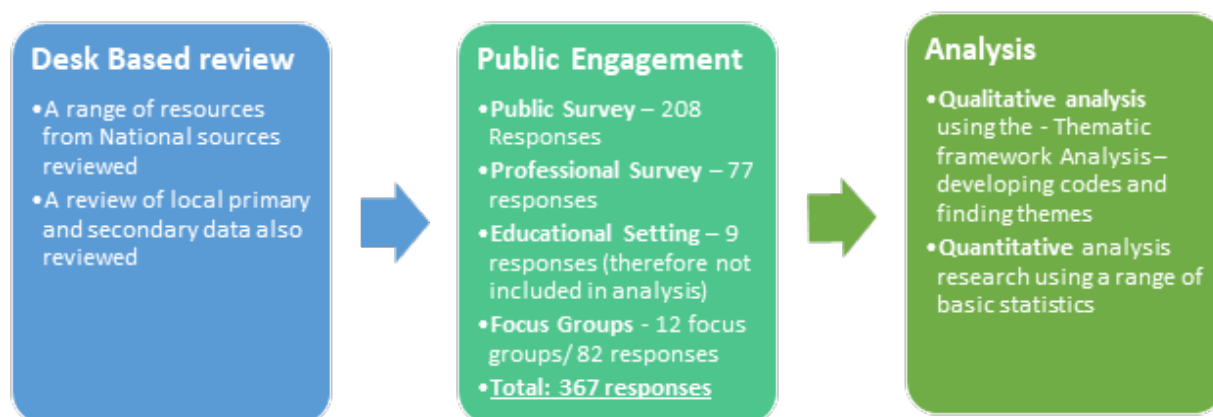
1.3.3 Analysis

Figure 1.1 below summarises the steps in the engagement and analysis of data. Qualitative data from the focus groups and free text from the consultation were analysed using a thematic analysis approach using MS Excel and MS Word. Both were available and an integral part in the analysis.

The quantitative data was taken from the consultation feedback. The analysis of the quantitative data included detailed analysis of responses to some of the questions received from a range of ethnic minority groups.

A total of 367 people engaged with the consultation to capture their views and experience around weight. The response rate to the survey was not high with only 9 responses received from educational settings. Further steps will need to be taken to engage with young people and professionals who influence children and young people.

Figure 1.1 - summary of steps undertaken and engagement outputs.

Desk Based review
- A range of resources from National sources reviewed
- A review of local primary and secondary data also reviewed

Public Engagement
- Public Survey – 208 Responses
- Professional Survey – 77 responses
- Educational Setting – 9 responses (therefore not included in analysis)
- Focus Groups - 12 focus groups/ 82 responses
- Total: 367 responses

Analysis
- Qualitative analysis using the - Thematic framework Analysis– developing codes and finding themes
- Quantitative analysis research using a range of basic statistics

2. What is excess weight and why does it matter?

Overweight and obesity are defined by the World Health Organisation (WHO), as abnormal or excessive fat accumulation that may impair health. Obesity is one side of the double burden of malnutrition. Worldwide obesity has nearly tripled since 1975, with over 650 million adults being classified as obese in 2016. The focus of this Healthy Weight Needs Assessment for adults is Excess Weight and reaching and maintaining a healthy weight, and how a Local Authority might drive and influence change.

Body mass index (BMI) is a simple index of weight-for-height and is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of their height in meters (kg/m^2). Age also needs to be considered when defining overweight and obesity in children.

Another measure of healthy weight is the waist-to-height ratio. This is a good indicator of excess tummy fat. A person can have a healthy BMI and still have tummy fat. The waist-to-height ratio is calculated by dividing the waist measurement by height. A waist-to-height ratio of 0.5 or higher indicates that there may be an increased risk of heart disease, type 2 diabetes, and stroke.

This follows recommendations from the National institute for Health and Care Excellence (NICE) about identifying and assessing overweight and obesity in adults[1]. BMI is a good measure at the population level, but not at the clinical level and is best when used in combination with the waist to height ratio.

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[1] https://www.nice.org.uk/guidance/ng246/chapter/Identifying-and-assessing-overweight-obesity-and-central-adiposity

2.1 Who is affected?

2.1.1 Maternity

Additional weight before pregnancy and excessive gestational weight gain are major determinants of risk for pregnancy loss, gestational diabetes, hypertensive conditions, labour complications and significant threat to the lives of both mothers and babies. Excess weight also poses additional challenges with conception. Excessive weight gain in pregnancy and post-partum weight retention may compromise future fertility and increase risk for future pregnancies[2].

A recently published report on maternal deaths noted that of the 275 pregnant women who died from 2020 to 2022, 64% of them were obese[3].

Healthy weight before and between pregnancy was one of 6 priority areas previously identified by Public Health England (PHE) publication 'Maternity High impact areas'.

The maternity high impact areas listed and addressed in this publication are:

- improving planning and preparation for pregnancy
- supporting parental mental health
- supporting healthy weight before and between pregnancy
- reducing the incidence of harms caused by alcohol in pregnancy.
- supporting parents to have a smokefree pregnancy.
- reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies

2.1.2 Children

Table 1a below shows that in 2023/24, 21.9% of Reception pupils in Reading were overweight or obese, that is 1 in 5 of 400 pupils. This prevalence was similar to England at 22.1%. The prevalence of underweight Reception pupils in Reading was 1.9%, significantly higher than England at 1.2%. 37% of Year 6 pupils in Reading were overweight or obese, which was similar to England at 35.8%. Table 1b shows that locally, 700 Year 6 pupils were overweight or obese.

It should be noted that this needs assessment is focused on adults. We know that children obesity persists into adulthood, therefore early preventative measures to address obesity risks in children and young people will need to be considered in future assessments.

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[2] Langley-Evans et al. Overweight, obesity and excessive weight gain in pregnancy as risk factors for adverse pregnancy outcomes: A narrative review. Journal of Human Nutrition and Dietetics. 2022. Vol 35, no 2., page 250 - 265. https://doi.org/10.1111/jhn.12999
[3] https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2024/MBRRACE-UK_Maternal_FULL_Compiled_Report_2024_V1.1.pdf

Tables 1a and 1b: Weight among Reception and Year 6 pupils in Reading (2023/24)

Figure 1a Reception

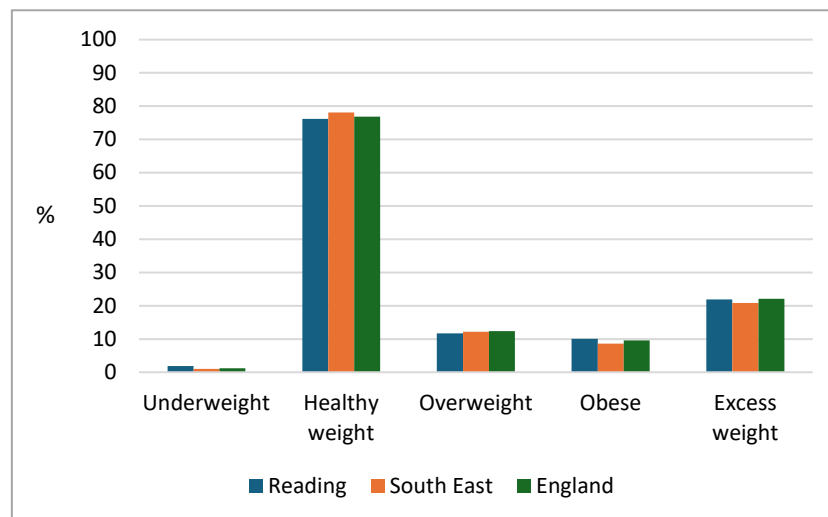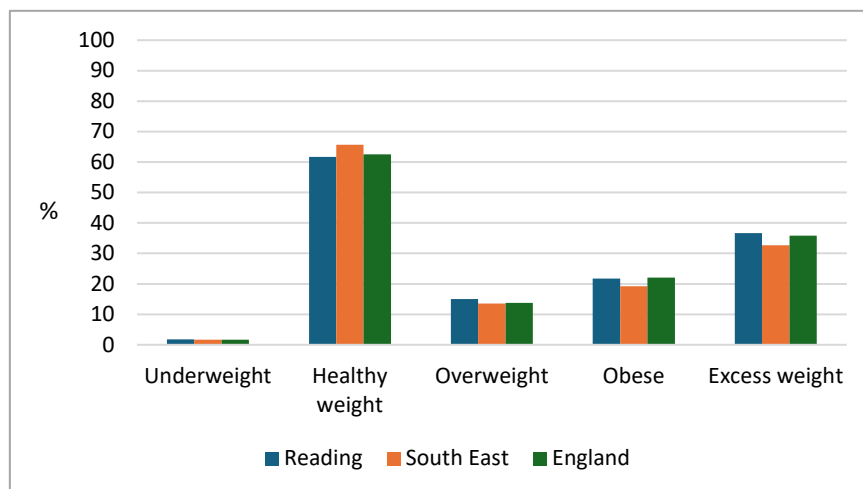**Figure 1b Year 6**

Source: Department of Health and Social Care (Obesity Profile)

* Excess weight = overweight or obese

Between 2007/08 and 2023/24, the prevalence of Reception pupils overweight or obese (excess weight) in Reading increased slightly from 20.8% to 21.9%; 2020/21 data for Reception and Year 6 pupils in Reading is not available due to the covid pandemic.

During this time, the numbers of Reception pupils with excess weight increased from 270 to 400 locally. In England, the prevalence fell during this time from 22.6% to 22.1%.

Among Year 6 pupils, the prevalence of excess weight increased in Reading from 33.7% to 36.7% between 2007/08 and 2023/24. The numbers of Year 6 pupils with excess weight increased during this time from 430 to 700. In England, the prevalence of excess weight increased from 32.6% to 35.8% during this period.

2.1.3 Adults

For adults, the WHO defines overweight, and obesity as follows:

- overweight is a BMI greater than or equal to 25; and
- obesity is a BMI greater than or equal to 30.

BMI provides the most useful population-level measure of overweight and obesity as it is the same for both sexes and all ages of adults. However, it should be considered a rough guide because it may not correspond to the same degree of fatness in different individuals.

The prevalence of obesity and excess weight (overweight and obese) continues to increase nationally. In 2022/2023, 26.2% of adults aged 18 and over in England were obese, while 64% were overweight or obese[4].
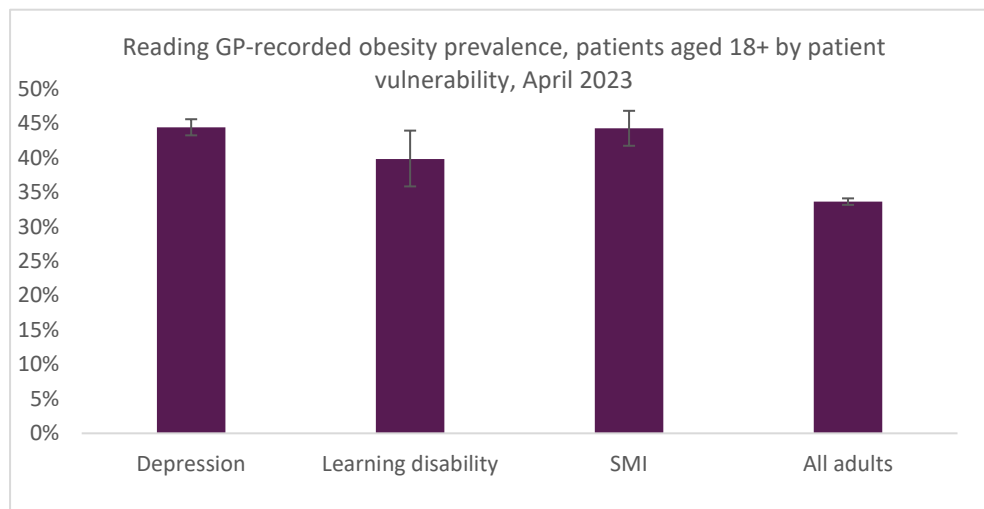
Locally, in 2022/2023, 28.2% of adults 18 and over were obese (England 26.2%), whilst 61.2% were overweight or obese (England 64%). Levels of obesity and excess weight in Reading were (statistically) similar to England.

2.1.4 High-risk groups

Figure 2.1 below shows the prevalence of obesity amongst adults in Reading who are recorded on GP records as having depression, a learning disability, or a serious mental illness (SMI). Data only includes those who have had their BMI recorded in the past 12 months. Obesity prevalence is higher amongst adults with these conditions than it is on average for all adults.

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[4] https://www.gov.uk/government/statistics/update-to-the-obesity-profile-on-fingertips/obesity-profile-short-statistical-commentary-may-2024

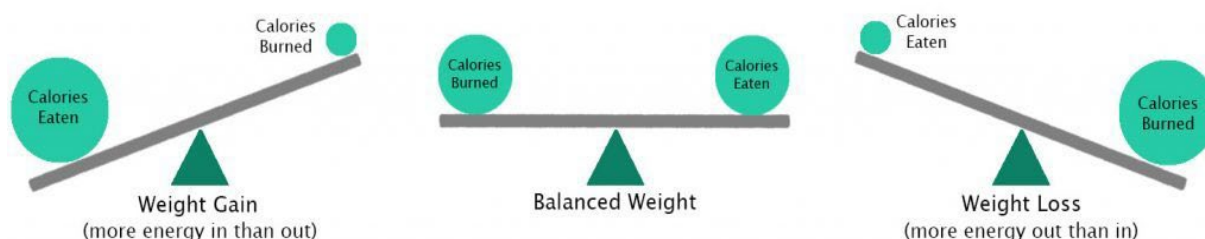Figure 2.1: Reading GP data – obesity prevalence, patients 18+ - by patient vulnerability

Reading GP-recorded obesity prevalence, patients aged 18+ by patient vulnerability, April 2023

(Frimley Integrated Care System, 2023) [accessed April 2023]

2.2 Causes of excess weight and whole systems approach to obesity

Obesity and overweight issues arise from a complex interplay of influences as described below:

- an increased intake of energy-dense foods that are high in fat and sugars; and/or

- an increase in physical inactivity due to the increasingly sedentary nature of many forms of work, changing modes of transportation, and increasing urbanisation

- lasting impacts of the COVID 19 pandemic with new lifestyle, societal, and environmental norms

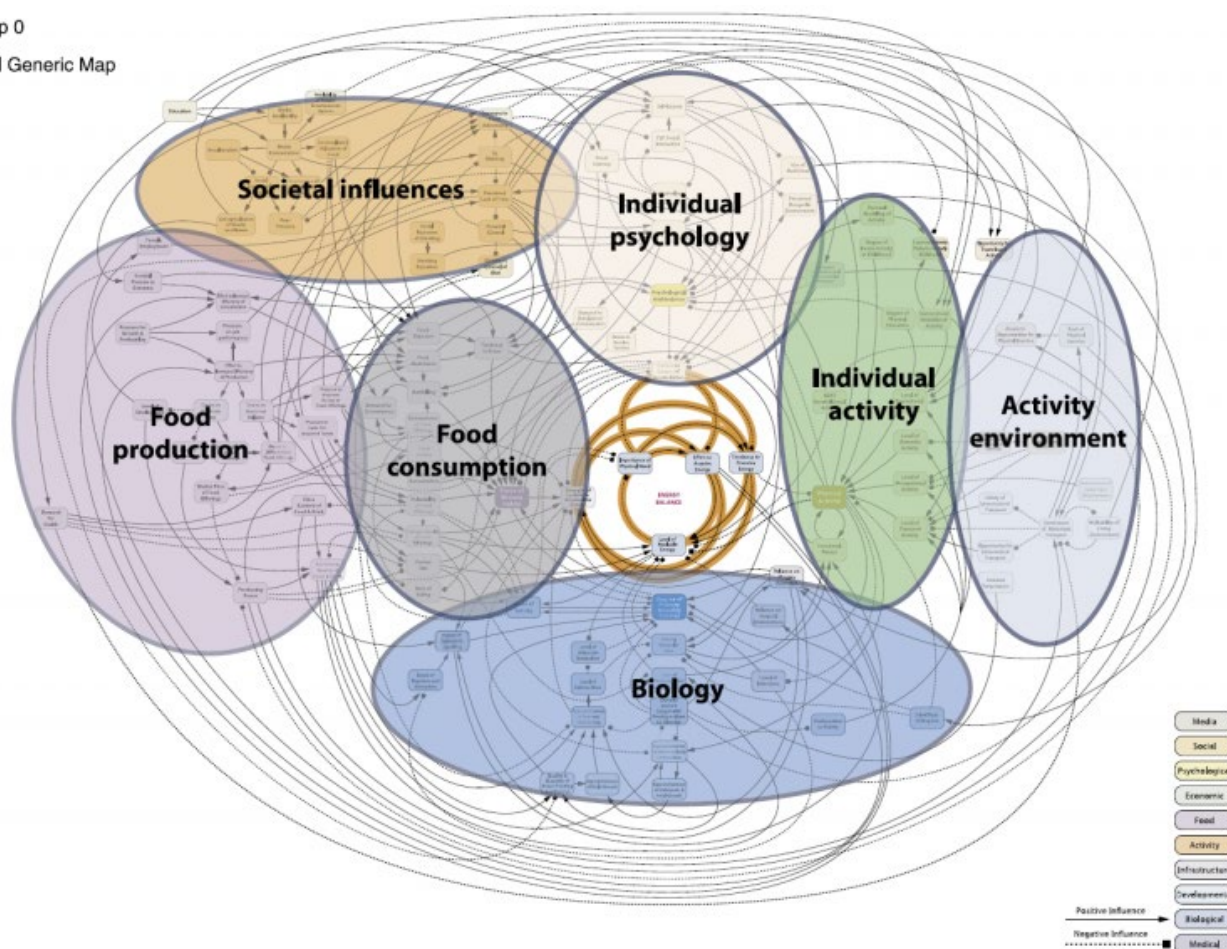Figure 2.2: Energy balance vs energy imbalance

Changes in dietary and physical activity patterns are the result of a complex mix of interactions that can be grouped into environmental, commercial, and societal influences as depicted in the Obesity System Map below (Figure 2.3).

Figure 2.3: The full obesity system map with thematic clusters, from the Tackling Obesities: Future Choices report

Biological influences such as pre-existing inherited susceptibility, co-existing illness, or medications all play an important role.

It should be noted how dietary intake and expenditure are potentially influenced by wider and commercial determinants. The legacy of the COVID 19 pandemic has impacted on people's life, and the cost-of-living crisis is an additional influence on behaviours connected with eating, drinking, and moving and so will fall within the scope of this healthy weight needs assessment.

The complex interaction of factors that lead to individual vulnerability and exposure to risk factors for overweight and obesity as described in the Foresight report (HM Government, 2007) suggests that everyone is at risk of overweight and obesity, with poor diet and sedentary lifestyles causes of obesity at an individual level.

Over 100 wider determinants of obesity were identified by the Foresight report. These encompassed individual and family eating habits; physical activity habits; the food and physical activity environments in which people live, work and play; societal influences such as income; education; occupation as well as individual psychology including mental health and wellbeing.

The Foresight and the McKinsey Global Institute (2014) report stated that no single solution will be sufficient for reversing obesity, emphasising the need for a comprehensive, systematic approach[5].

2.3 Protective factors

There are two main protective factors: diet and physical activity. Both influence the energy balance and are explored in some detail in the needs assessment.

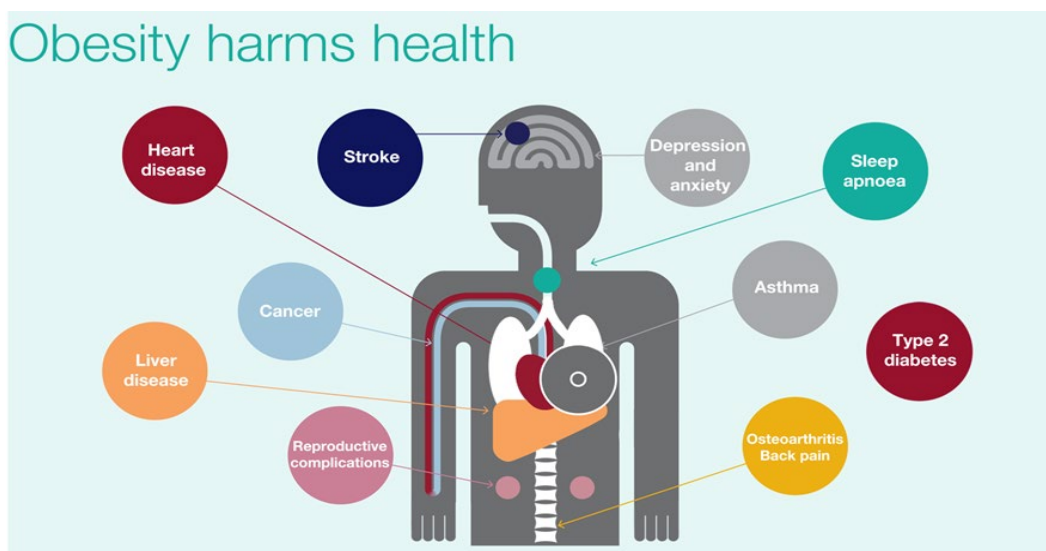## 2.4 Health impacts of excess weight

IN 2022 the Office for Health Improvements and Disparities reported that the impacts of excess weight are individual, societal and economic.

Being overweight and obese can have a detrimental impact on physical and mental health. Excess weight is linked to a wide range of diseases, including type 2 diabetes, hypertension, some cancers, heart disease, stroke, and liver disease. Excess weight is also linked to psychological and emotional health issues and sleep disorders.

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[5] Public Health England. Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf

Figure 2.4 below illustrates some of the main health issues that can be caused by excess weight. Obesity reduces a person's life expectancy by an average of 3 years and severe obesity reduces it by 8-10

Figure 2.4: Office for Health Improvement & Disparities

2.5 Economic impacts of excess weight

The current annual social costs of obesity in the UK are estimated to be around £58 billion, equivalent to 3% of GDP for the UK in 2020. This includes direct costs such as the cost of obesity-related diseases on the health system, including COVID-19 and mental health issues and the loss of quality adjusted life years for individuals. It also includes the wider costs to society such as loss of productivity and cost of social care (Frontier Economics[6])

Other findings include[6]:

- The estimated annual NHS spend on obesity related diseases is £6.5 billion[7] per year.

- The estimated cost of obesity-related risks of Covid-19 is £4 billion.

- Costs tied to loss of productivity and increased social care are estimated to be up to £7.5 billion.

- A 10% reduction in obesity prevalence could lead to significant cost savings, not only to the NHS but also in terms of improved quality of life and workplace productivity. This social gain could be equivalent to almost £6 billion per year.

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[6] https://www.frontier-economics.com/media/hgwd4e4a/the-full-cost-of-obesity-in-the-uk.pdf
[7] https://healthmedia.blog.gov.uk/2023/06/07/government-plans-to-tackle-obesity-in-england/

3. Local weight management services

Reading offers a range of services, interventions and activities that contribute to helping people keep active and manage their weight. However, there is a need to ensure that these are systematic, coordinated and integrated to increase their visibility and effectiveness.

Reading Borough Council commissions the delivery of lifestyle and behavioural weight management services for children, families, and adults. Currently, there are four main services that deliver weight management support:

1. Free Swims
2. Physical Activity Referral Scheme (PARS)
3. Adult Weight Management (AWM)
4. Cardiac, which is a PARS version for those who have had a cardiac episode.

PARS, AWM, and Cardiac are delivered under a contract with Greenwich Leisure Ltd (GLL). See Appendix 10.3 for a full report on Healthy Weight Needs Assessment from the Healthwise programme report 2023

The 'Free Swims' service delivers free swims for senior residents of Reading at Reading Sport & Leisure Sites who qualify through the 'Your Reading Passport' card. The primary purpose of the service is to help secure an increase in physical activity and to promote healthy lifestyle choices by removing barriers to sport and physical activity, especially for those currently inactive and from the most deprived areas of the Borough. The 'Free Swims' offer is also offered to young people accessing the holiday programmes.

Reading has several walks in and around the borough to promote physical activity and connection with nature and community in groups. More information about weight management and physical activity can be found at RBC Walks webpage and the Reading Service Guide.
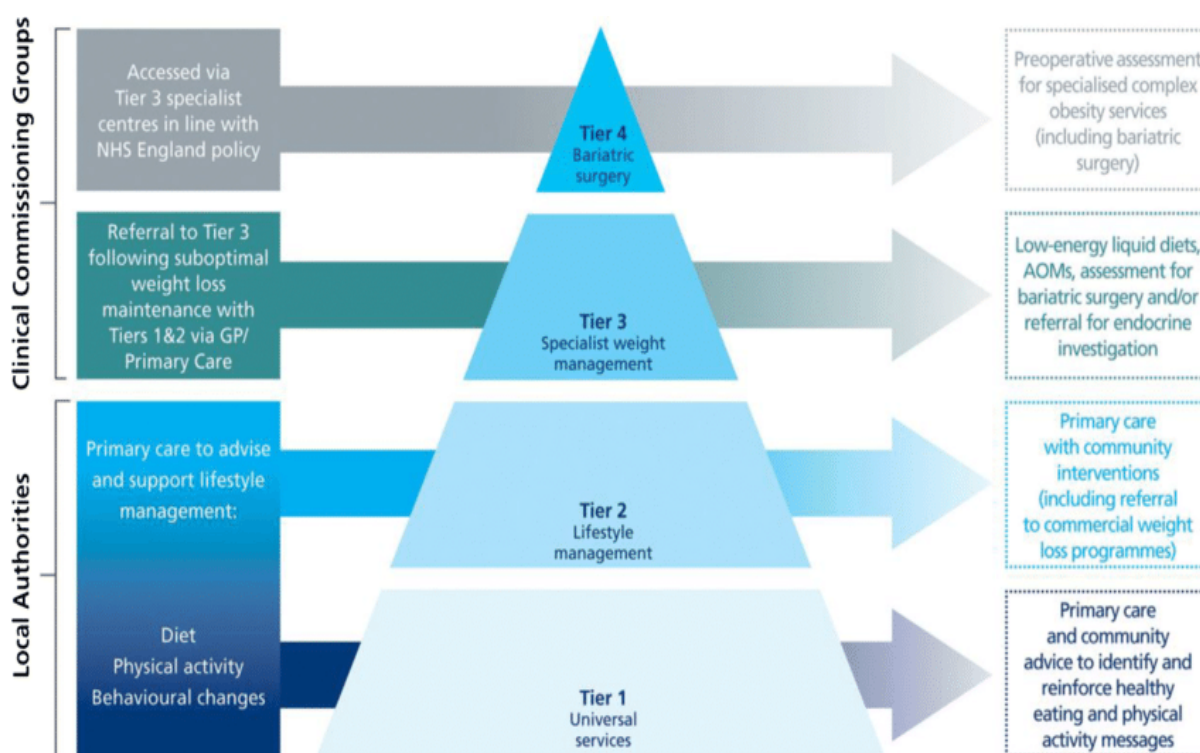
Gamification can be a method for increasing active travel and physical activity. Intelligent Health ran their Beat the Street programme between 25 September to 6 November 2024 in South and East Reading. This involved children, families and community members walking to boxes around schools, parks and pre-determined areas to collect virtual points.

School age children can access school meals that offer a balanced diet. In Reading, current provision to support school meals include the Free School Meals Programme and the Healthy Start Voucher scheme. Alongside this, most primary schools offer a Wraparound Childcare provision which might include a breakfast club and an after-school club. These clubs can include some food provision and physical activities.

The Community Wellness Outreach programme is being delivered by the Royal Berkshire Hospital's Meet PEET in Reading to provide NHS Health Checks in local community settings and identify people who may be at risk of high blood pressure, diabetes or cardio-vascular disease.

In addition, Reading Voluntary Action, through the Community Wellness Outreach project, has funded 10 "Give it a Go" memberships (£30 per membership) delivered by GLL. The six-week programme allows individuals to try different activities within the leisure centres. GLL added a "Week 0" as an introductory session that includes a tour of the leisure centre, tea & coffee, a Q&A session (covering topics such as what to wear and what to bring), and assistance with membership applications. This is not a Healthwise product or programme and is not monitored for any related outcomes.

Currently in the United Kingdom, weight management services are classified into four 'tiers'. Tiers 1 and 2 are currently commissioned by Local Authorities and Tiers 3 and 4 by Integrated Care boards (or ICBs), formally Clinical Commissioning Groups. Figure 3.1 below shows the pathways in England.

Across the Buckinghamshire, Oxforshire and Berkshire (BOB) Integrated Care Board (ICB) patients can access a Tier 3 pathway that includes weight the loss medications Semaglutide and liraglutide. The consultant led service is available to patients under the Right to Choose Framework.

A Tier 4 service is provided at the Royal Berkshire Hospital (RBH) and receives 550 referrals each year. The entry route is through the Endocrinology service. The expectation is that clients will progress to surgery and the waiting time from referral to surgery is around 3 years. The Acute Provider Collaborative Group have recently commissioned a deep dive into Bariatric Surgery.

4. Whole Systems Approach to obesity

The whole systems approach to obesity is an essential guide for local authorities about the implementation of a Whole Systems Approach to Obesity (WSAO)[8]:

Phase 4
Action
Stakeholders come together to prioritise areas to intervene in the local system and propose collaborative and aligned actions.

Phase 3
Mapping the local system
Brings stakeholders together to create a comprehensive map of the local system that is understood to cause obesity. Agreeing a shared vision.

Phase 5
Managing the system network
Maintains momentum by developing the stakeholder network and an agreed action plan.

Phase 2
Building the local picture
Builds a compelling narrative explaining why obesity matters locally and creates a shared understanding of how obesity is addressed at a local level.

Phase 6
Reflect and refresh
Stakeholders critically reflect on the process of undertaking a whole systems approach and consider opportunities for strengthening the process.

Phase 1
Set-up
Secures senior-level support and establishes the necessary governance and resource structure to implement the approach.

Whole systems approach to obesity

Reading Borough Council Public Health Team is in the early stages of promoting and planning the implementation of a Whole Systems Approach to Obesity. This takes account of a complex geographical area and complicated health economy. The planning of each phase will be in collaboration withs system partner organisations from all sectors; working together to take a multi-agency approach to reducing obesity across the population in Reading.

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[8]https://assets.publishing.service.gov.uk/media/5d396e7140f0b604de59fde9/Whole_systems_approach_to_obesity_guide.pdf

4.1 Whole Systems Approach, Health inequalities and Wider determinants of health

A whole systems approach to obesity is a good example of a 'Health in All Policies' approach. It draws on a local authority's potential to engage local communities and local assets with the sustained, visible and active support of elected members, the chief executive and senior leaders to send a clear signal that tackling obesity is a priority for the whole local authority, not just the public health team. The wider determinants of health, social and health inequalities, poverty, and social isolation can be positively influenced at a local level by a WSAO to help mitigate the exposure to risk factors and remove barriers so that everyone can lead a healthy life.

This can be achieved by:

1. **Addressing the social determinants of health**: Poverty, unemployment, and social exclusion, play a crucial role in obesity. A Whole Systems Approach to Obesity can help to promote equity and reduce health inequalities.

2. **By engaging stakeholders across multiple sectors:** to address the social determinants for example by addressing food insecurity, a significant factor in obesity. This could be working with local food producers and suppliers to provide affordable, healthy food, and reduce the risk of obesity.

3. **Creating a supportive environment that fosters healthy lifestyles**: Implementing changes to local policies, infrastructure, and programs. For example, by providing more access to local healthy food options, increasing local opportunities for physical activity, creating safe walking and cycling routes. This could make the healthy choice the easiest choice and mitigate the impact of socio-economic factors on health outcomes.

4. **Collaboration with high-risk populations**: High-risk populations, such as children, low-income groups, and ethnic minorities can be supported in the coproduction of appropriately tailored interventions whilst ensuring delivery of universal services at a scale and intensity proportionate to the degree of need.

It is clear from the available evidence that obesity is linked to wider social and economic inequalities and is not just a health issue. People living in areas with poor access to healthy food options, to safe places to exercise and experiencing higher levels of deprivation are more likely to be obese. A WSAO can help to make changes that mitigate the impact of the socioeconomic environment and reduce the risk of obesity.

NICE guidelines state "It is unlikely that the problem of obesity can be addressed through primary care management alone. More than half of the adult population are overweight or obese and a large proportion will need help with weight management. Although there is no simple solution, the most effective strategies for prevention and management share similar approaches. The clinical

management of obesity cannot be viewed in isolation from the environment in which people live."

Summary

- There is an overarching national 'Call to Action' on obesity with published policy aims for population weight loss.

- Local authorities are encouraged to implement the Whole Systems Approach to Obesity (WSAO) to collaborate and align their efforts with other public services and organisations such as planning, regulation, sport and green spaces all to be mobilised to tackle obesity and improve the health in their local area.

- Guidance on a Whole Systems Approach to Obesity provides an opportunity to move away from relatively short-term interventions towards a long-term approach that rebalances individual behaviour change with a systematic structural approach that engages the full range of partners across the local system in Reading.

- Local authorities are encouraged to use their local regulatory powers to curb fast-food outlets and to promote active travel and physical activity.

5. Recommendations

Theme	Description of action
Wider Determinants and Commercial Determinants	**Reframe the narrative** So that upstream prevention is at the heart of what public health are about and the impact this has specifically to reversing the tide of excess weight.
	Work toward becoming a public health council Consider developing a Health in all Policy approach that delivers prevention and sustainable outcomes at every opportunity.
	Adopting a healthier advertising policy in Reading Improving the food environment and increasing the opportunity for advertisement for profitable sectors (non-food related ads) as successfully seen in other areas who have already adopted such an approach, i.e. reducing fast food advertising
Training	**Upskilling workforce** Including adult social care about eating well, signposting and Making Every Contact Count or similar programs.
	Develop a mechanism To capture and evaluate the impact of raising the issue of weight to residents and patients through the VCSE Joy app.
	Public facing support/training for unpaid and paid carers To support themselves and support the person they are caring for, in terms of food, nutrition and others. This should include practical cooking sessions and guidance with training for paid carers supporting those living in shelter/supported living accommodation.
	Raise the profile of the Whole Systems Approach to obesity To support policy makers and key stakeholders across Reading Borough Council to recognise their role in reducing the prevalence of excess weight.
Physical Activity	**Promote physical activity in daily life** Encourage integrating physical activities like walking, cycling, and using stairs into everyday routines. Employers and local authorities should create environments that support these choices.
	Tailor interventions for seldomly heard groups Develop and implement weight management physical activity programs tailored to the diverse needs of the community, considering different age groups, cultural backgrounds, and physical abilities. E.g., for men, use strategies like male-friendly language, men-only groups, and activities linked to sports clubs. Include behaviour modification and motivational strategies for increased participation and effectiveness.
	Leverage technology and gamification Utilise interactive, web-based platforms and incorporate gamification elements in fitness programs to increase motivation, enjoyment, and adherence to physical activity, especially among

	younger and digitally inclined individuals. Ensure that they suit individual preferences and cultural contexts for maximum effectiveness.
Eating Well and our Food Environment	**Build healthier communities** By connecting communities to support better food choices, helping people to make better food decisions for better health and wellbeing. A whole system approach, sharing information and resources.
	Tackle food poverty Improve access to nutritious food for all, provide support to groups that provide a safe space to residents, food and beverages. Explore opportunities for increasing training and skills. Improve access to cooking and budgeting courses.
	Create healthier environment Develop an environment that promotes healthy eating and physical activity as part of daily life e.g. a sustainable transport network that makes walking and cycling the default form of travel around our communities; reducing the number of licensing authorisation for fast food outlets.
	Reduce fast food advertising Particularly near places where children congregate schools and nursery schools and promote messages about healthy eating.
	Support and incentivise local food outlets to provide a healthier food offer.
	Create a minimum standard of food/drink offered across all public sector facilities Ensure Government Buying Standard-based criteria are used in the procurement of food and catering services by public sector facilities.
	Ensure Healthy Start is well promoted across Reading By a range of professionals: healthcare, community voluntary sector and council and that there are clear pathways to support a wide range of eligible people and families to sign up to the scheme and to be able to access fresh fruit & vegetables, milk and supplements.
	Schools Increase free school meal uptake, this is better value for schools and ensure that children have access to at least one hot, nutritious meal during the day.
Weight Management Provision	**Develop holistic and compassionate services** To provide a variety of options including non-traditional weight management services including: - Exercise only groups (Tier 1) - Smaller groups - Age/life-course /gender course appropriate - Longer term support - Targeted specific cohort such as Learning Disability - Emotional/mental health links with food and behaviour change insights - Other outcomes such as Physical activity, Blood pressure and wellbeing taken into consideration – not just weight.

	Weight management provision should be inclusive For neurodiversity, mental health, cultural heritage, physical disability, limited mobility and ethnicity. This is particularly important for people who live in economically deprived areas with respect to physical activity and access for all to green spaces and parks.
Referral Pathway	**Clear Summary of pathway made available from Tier 1 to Tier 4.** This would aid referrals and those who signpost to understand what services are available and to whom.
	Continue the collaborative working group between Public Health, integrated care board (ICB) To review care pathways, explore what can be done to minimise some of the gaps and to consider the value of inviting a Dietitian to this group.
	Work with service providers to maintain free, acceptable waiting times and improve referral quality within Tier 2 adult weight management at Healthwise. This will include doing engagement work and training with referral, especially health care professionals.
Marketing and Communication	**Explore ways to raise the profile of physical activity pathways to service providers** Including the Voluntary, Community, Social Enterprise sector, Healthcare Professionals and residents. Improve awareness of and use of weight centric and physical activity pathways in Reading for service providers through the JOY app for example.
	Develop a local social marketing strategy for maintaining a healthy weight through eating well and moving more There will need a universal offer and a culturally appropriate offer for targeted audiences whose specific needs not met via the universal communications strategy. This should be informed by insights work and collaboration with existing networks such as community health champions, Healthwatch Reading and the Voluntary Community Social Enterprise sector.
	Social Marketing To support the Reading Food Partnership.

6. Summary of identified gaps

The needs assessment provided an opportunity to scan the local systems and identify gaps in service provision. See a list below:

Chapter	Identified Gap(s)
Local Assets Mapping	❖ The findings of local assets mapping workshops are that the most impactful area local government can focus efforts on is Living and Working Conditions. However, these are the areas where there are the fewest interventions and actions based on the information collected to date. ❖ Although there are gaps in attendance, this picture is reflective of activity across the system, as seen across England with efforts tending to focus on lifestyle change in recent years.
Food and our environment	❖ There are no specific restrictions on advertising content beyond those provided by the Advertising Standards Authority. ❖ As Reading's advertising licence for bus shelters and free-standing units expires in May 2025, there is now an opportunity to review the local advertising policy to explore if it is possible to reduce exposure to fast-food advertising, noting the revenue implications.
Local weight management pathways	❖ Tier 3 provision ❖ Lack of choice for Tier 2 Adult Weight Management programmes, reliant on Healthwise as Healthwise is the sole current provider in Reading. ❖ The current pathway for children needs to be mapped. There is not a Tier 2 pathway, which is the responsibility of the Local authority to provide.

7. Glossary

Needs Assessment

A systematic process that identifies needs within a specific group or geography. It enables policy makers to make decisions according to current gaps, allocating resources and developing interventions based on findings.

Compassionate approach to healthy weight

An approach that shifts blame away from individuals, implements measures towards healthier environment and recognises the unequal impacts of poverty and inequality on people.

Healthy Weight, Overweight and obesity

Definitions of underweight, desirable weight, overweight and obesity among adults and children are defined using the body mass index (BMI) which is a measure of the weight to height ratio. BMI is a calculation that takes a person's weight in kilograms and divides it by the square of height in metre.

In adults, underweight is defined as having a BMI of either less than 18.5 or less than 20; overweight is defined as having a BMI of 25 or more; obese is defined as having a BMI of 30 or more, and morbidly obese is defined as having a BMI of 40 or more.

Please note that the term 'obese' and 'very overweight' are used interchangeably throughout this document.

Body Mass Index

BMI is a simple index of weight-for-height and is calculated by dividing a person's weight in kilograms by the square of their height in metres (kg/m2). BMI is a widely used indicator that does not distinguish between muscle and fat therefore may not accurately reflect health risks at individual level.

Indices of Multiple Deprivation – measures relative deprivation across a range of parameters experienced by people living in small areas called Lower-level Super Output Areas (LSOAs) in England.

Inequalities - Inequities in health are caused by the unequal distribution in the determinants of health, including power, income, goods and services, poor and unequal living conditions, and the differences in health-damaging behaviours that these wider determinants produce. Large socioeconomic, gender and ethnic inequities exist in terms of obesity[9].

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[9] WHO (2013) Obesity and inequities Guidance for addressing inequities in overweight and obesity

Inductive coding thematic approach

A qualitative data analysis method that is employed to identify common themes and patterns in mostly textual data, usually from interview transcripts, field notes or open-ended survey responses. The opposite of inductive coding is deductive coding with pre-established categories prior to data analysis. Inductive coding allows themes to emerge from the data until the researcher reaches saturation whereby no new theme is identified.

National Child Measurement Programme (NCMP) - the National Child Measurement Programme (NCMP) for England records height and weight measurements of children in Reception (aged 4-5yr) and Year 6 (aged 10-11yr) enabling analysis of prevalence and trends in childhood obesity levels.

NICE – National Institute for Health and Care Excellence. NICE guidelines make evidence-based recommendations on a wide range of topics, from preventing and managing specific conditions, improving health and managing medicines in different settings, to providing social care to adults and children, and planning broader services and interventions to improve the health of communities.

Obesogenic environment - The term 'obesogenic environment' refers to the role environmental factors may play in determining both nutrition and physical activity. It has been defined an environment that promotes gaining weight and one that is not conducive to weight loss" within the home or workplace (Swinburn, et al., 1999).

Whole Systems Approach (WSA)

A method for addressing complex problems by considering varying components of the system and its context. It calls for a holistic approach and collaboration to tackle its multifaceted components.

8. Acknowledgment

With thanks and Acknowledgement to:

- **The Core Working group**: Amanda Nyeke Public Health Programme Manager; Chrysanthi Tsiarigkli, Data Intelligence officer; Nina Crispin - Information & Engagement Officer; Sabine Mayeux, Community Food Worker; Yasmine Illsley, Public health Programme Officer and lead author; Joshua Rencher, GP Graduate

- Sarah Shildrick, Nana Wadee, Deborah Newton, Paul Tinder, Shared Public Health team

- Elisabeth Gowen, West Berkshire, Senior Public Health Programme Officer – Professional Survey development and analysis

- Reading Borough Council Web team, in particular Christian Edwards and Angela Wilcox

- Compass Recovery College colleague – (coffee and chat morning)

- Eva Karanja at Alliance for Cohesion and Racial Equality (ACRE) - for hosting us twice to do community engagement.

- Amanda McDonald, Comms Team – for support with promotional flyer and social media during engagement

- Reading Climate Action Network and Incredible Edible Reading for sharing their views in surveys and at events

- Community partners and residents who responded to surveys