READING HEALTH AND WELLBEING BOARD

Date of Meeting	16 July 2026
Title	Whole System Approach to Healthy Weight Strategy and Implementation Plan 2026-2036
Purpose of the report	To make a decision
Report author	Amanda Nyeke/Nina Crispin
Job title	Public Health Principal/Public Health Practitioner
Organisation	Reading Borough Council
Recommendations	That the Health and Wellbeing Board: 1. endorse the Reading Whole Systems Approach to Healthy Weight Strategy (2026-2036) and its proposed governance arrangements; 2. supports the prioritised Initial Implementation Plan (2026-28) for the first 2 years of the strategy as outlined in Appendix B; 3. agrees to receiving annual updates of the delivery against the action plan for the Healthy Weight Strategy.

1. Executive Summary

1.1. On the 14th of March 2025, the Reading Health and Wellbeing Board endorsed the development of a Whole Systems Approach to Healthy Weight for Reading, recognising the scale and complexity of obesity and the need for coordinated, system wide action.

1.2. Since then, a comprehensive, evidence-informed and co-produced strategy has been developed through multi-agency collaboration, including stakeholder workshops, a task and finish group, and engagement with system leaders, the One Reading Partnership Board, and other key groups to ensure alignment with priorities such as Best Start in Life and strengthen system-wide ownership.

1.3. Engagement through these processes has reinforced strong support for a whole systems approach and clarified the role of the Health and Wellbeing Board in providing strategic oversight, system leadership, and support to unblock barriers to delivery.

1.4. The strategy sets out a ten-year vision to create healthier environments that enable residents to achieve and maintain a healthy weight, recognising the influence of wider determinants such as food, transport, and socioeconomic factors.

1.5. A structured prioritisation process has been undertaken with system partners using Multi-Criteria Decision Analysis (MCDA) and the Must Have, Should Have, Could Have and Won't Have this time (MoSCoW) frameworks. This has informed the development of the initial implementation plan for the first two years, which sets out a focussed and deliverable set of high impact, feasible actions for the early phase of the strategy. This initial phase prioritises:

- Best Start in Life (maternal and early years), aligned with Health and Wellbeing Board priorities and the Joint Strategic Needs Assessment;
- Community involvement and co-design, recognising the importance of lived experience and community led solutions;
- Actions that support system-wide change, prevention, and reduction of health inequalities.

1.6. The Implementation Plan will be reviewed annually and be refreshed on a rolling two-year basis, ensuring that priorities remain responsive to emerging evidence, local need, and system learning.

1.7. A governance structure has been developed to support delivery, placing the Health and Wellbeing Board at the centre of oversight and working through existing partnerships to coordinate system wide action.

1.8. The strategy is now presented for endorsement, alongside the proposed governance arrangements and prioritised implementation approach for the initial phase of delivery (See Appendix A - Reading Whole System Healthy Weight Strategy (2026-2036).

2. Policy Context

2.1. Obesity and the promotion of healthy weight are significant and complex public health challenges and represent one of the most important opportunities to improve health outcomes and reduce inequalities across Reading.

2.2. Maintaining a healthy weight is influenced by a wide range of factors beyond individual choice, including the wider determinants of health such as the environment, access to healthy and affordable food, opportunities for physical activity, socioeconomic conditions, and the commercial determinants of health (the influence of businesses and marketing on people's choices). As such, effective action requires coordinated, system wide approaches across multiple sectors.

2.3. The World Health Organization identifies excess weight as a major risk factor for a range of long-term conditions, including type 2 diabetes, cardiovascular disease, certain cancers, and mental health conditions. These contribute significantly to premature mortality and reduced quality of life.

2.4. National policy increasingly emphasises prevention and whole systems approaches. Key drivers include:

- The NHS Fit for the Future: 10 Year Health Plan for England, which includes weight related issues under the broader obesity prevention theme and prioritises prevention and improving healthy life expectancy;
- Core20Plus5, which focuses on reducing health inequalities of the most deprived 20% of the population in the UK, across 5 key clinical areas which are co-morbidities to obesity;
- The National Institute for Health and Care and Excellence (NICE) guideline NG246 (2025) on overweight and obesity management, which emphasises prevention, early intervention, culturally appropriate care and addressing inequalities;
- Office for Health Improvement and Disparities (OHID) priorities to tackle obesity through system-wide interventions.

2.5. Locally, the strategy aligns with:

- The Berkshire West Joint Health and Wellbeing Strategy (2021-2030);
- Reading's Joint Strategic Needs Assessment, which highlights unhealthy weight and its determinants as a key priority;
- The Best Start in Life Strategy and wider children and young people priorities;
- The Council's Health in All Policies framework, embedding health considerations across policy and decision making.

2.6. Locally, the scale and pattern of unhealthy weight in Reading reflect wider national trends and reinforce the need for coordinated system wide action. Levels of excess weight are high across the life course, with 21.5% of Reception children and 35.8% of Year 6 children living with overweight or obesity, and higher rates in more deprived communities. Among adults, 61.6% are living with excess weight (approximately 86,400 residents), with prevalence increasing faster than regional and national comparators.

2.7. Diet and physical activity patterns further reflect these challenges, with fewer than 30% of adults meeting recommended fruit and vegetable intake and around one in five adults

classified as inactive, alongside clear inequalities across socioeconomic groups. The wider environment also plays a key role. Reading has a higher than average density of fast-food outlets (244 outlets; 136.9 per 100,000 population) and licensed premises (556, equating to 13.8 per km²), alongside factors such as cost of living pressures, transport, and urban design, which influence the choices available to residents.

2.8. National and local policy drivers recognise the importance of addressing these wider determinants through system level approaches. These include the Advertising (Less Healthy Food Definitions and Exemptions) Regulations 2024 and Reading Borough Council's local restrictions on high fat, salt and sugar advertising, alongside planning and licensing powers to support healthier environments. Together, these factors highlight the complex interplay of social, economic, environmental, and commercial determinants shaping healthy weight. Obesity related impacts are estimated to cost the local system between £326 - £726 million per year, reinforcing the need for a coordinated, preventative, whole systems approach to improve health and reduce inequalities.

2.9. Overall, high levels of excess weight in both adults and children, alongside significant inequalities, reinforce the need for a coordinated, long-term whole systems approach that engages all partners and sectors.

3. The Proposal

3.1. Obesity is widely recognised as a complex system influenced by multiple interconnected factors. The Foresight Obesity System Map shows how a wide range of factors including behaviour, biology, environment and social conditions interact to influence weight (See Appendix C for the Governance Structure and System Context and Appendix D for the Foresight Obesity System Map).

3.2. It is proposed that the Health and Wellbeing Board:

- Endorses the Reading Whole Systems Approach to Healthy Weight Strategy (2026-2036);
- Agrees to provide strategic oversight and system leadership for its delivery;
- Endorses the proposed governance arrangements;
- Supports the Initial Implementation Plan (2026-28), recognising this as the first phase of a rolling programme of delivery, to be reviewed and refreshed every two years.

3.3. The strategy provides a long-term, evidence-informed framework for addressing unhealthy weight across Reading through coordinated system-wide action. It adopts a life course approach and is aligned with national policy and local priorities, including the Health and Wellbeing Strategy and Health in All Policies framework. Significant work has been undertaken to refine the implementation approach, incorporating feedback from system partners and strengthening alignment with key partnership priorities.

3.4. A structured prioritisation process has been undertaken with system partners using Multi-Criteria Decision Analysis (MCDA) and MoSCoW frameworks. This has enabled partners to identify a focussed set of high-impact, feasible actions for implementation over the next two years, while maintaining the longer-term ambition of the ten-year strategy.

Governance and System Leadership

3.5. To support delivery, a strengthened governance model has been developed, reflecting feedback from the Health and Wellbeing Board and system partners and ensuring clear accountability and alignment across the system.

3.6. The Health and Wellbeing Board will provide strategic oversight and system leadership, including monitoring progress, aligning system priorities, and supporting the removal of implementation barriers.

3.7. Implementation will be coordinated through a Whole Systems Healthy Weight Network and aligned with existing partnerships across the system, ensuring that implementation is integrated and not delivered in isolation.

3.8. Further detail on governance structure and implementation arrangements is set out in Appendix C.

Prioritisation Approach

3.9. A structured prioritisation process was undertaken with system partners to identify high-impact and feasible actions for implementation over the next two years. This was informed by local evidence, stakeholder input, and consideration of impact, need, feasibility, and value for money.

3.10. This approach ensured that priorities are based on evidence, agreed by partners and focused on reducing inequalities.

3.11. Delivery of these actions will be supported through a combination of existing resources, system partner contributions, and, where applicable, internal and external funding opportunities, as outlined in Section 9.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1. The proposals in this report contribute to the Berkshire West Joint Health & Wellbeing Strategy 2021-30 and each of its five priorities:

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

4.2. The strategy also aligns strongly with the priorities of the Reading Borough Council Plan (2025-2028) to deliver its vision to:

- Promote more equal communities in Reading.
- Deliver a sustainable and healthy environment and reduce Reading's carbon footprint.
- Safeguard and support the health and wellbeing of Reading's adults and children

4.3. In addition, the strategy supports the implementation of the Health in All Policies framework which was adopted in December 2025, by embedding health considerations across multiple policy areas, including planning, transport, education, and the wider determinants of health.

5. Environmental and Climate Implications

5.1. The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).

5.2. The Whole Systems Approach to Healthy Weight Strategy aligns with climate and sustainability objectives by promoting:

- Active travel and reduced reliance on car journeys
- Healthier, more sustainable food choices
- Environments that support walking, cycling, and community wellbeing

5.3. There are no direct adverse environmental implications arising from this report.

6. Community Engagement

6.1. The development of the Whole Systems Approach to Healthy Weight Strategy has been informed by a comprehensive programme of engagement and co-production with residents, stakeholders and partners across the system. This includes consultation undertaken through the Reading Healthy Weight Needs Assessment (2023), alongside ongoing engagement throughout strategy development.

6.2. Engagement activities have included multi-agency workshops involving over 25 organisations, a Task and Finish Group providing strategic oversight, and discussions with key partnership boards, including the Health and Wellbeing Board, One Reading Partnership

Board, and Oral Health Board. Targeted engagement has also been undertaken with partners across planning, transport, early years, and the voluntary and community sector to support a Health in All Policies approach.

6.3. Feedback from engagement has been consistent in highlighting:

- The need for a whole systems, preventative approach
- The importance of strong system alignment and integration with existing priorities.
- The value of embedding lived experience and community voice in design and delivery.

6.4. This programme of engagement has ensured that the strategy is co-produced, system-owned, and grounded in local need and lived experience.

Community Involvement and Co-Design

6.5. Community involvement and co-design is a key priority within the strategy, recognising the importance of enabling residents to shape and influence system-wide change.

6.6. Key areas of focus for implementation include:

- Strengthening community co-production and participation through existing networks and structures.
- Developing a structured engagement approach for children, young people, and families.
- Working with partners across planning, transport and local services to improve environments and support healthy behaviours, including active travel.

6.7. This approach supports the Health in All Policies framework and ensures that interventions are relevant, culturally appropriate, and accessible to communities most affected by health inequalities.

6.8. Further detail on the implementation plan is provided in Appendix B.

7. Equality Implications

7.1. Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2. An Equality Impact Assessment has been completed and is included at Appendix E. The strategy is expected to have an overall positive impact, particularly in reducing health inequalities across Reading.

7.3. The strategy has a strong focus on reducing health inequalities and improving outcomes for population groups most affected by overweight and obesity.

7.4. The prioritisation of early intervention, community engagement, and culturally appropriate approaches reflects the commitment to advancing equality of opportunity and addressing the wider determinants of health.

7.5. The co-production approach ensures that the voices of residents, including those from underserved communities, are embedded within the design and implementation of interventions.

8. Other Relevant Considerations

8.1. Not applicable.

9. Legal Implications

9.1. There are no direct legal implication arising from this report.

10. Financial Implications

10.1. The initial two-year implementation phase (2026-2028) is designed to be delivered primarily through the alignment and coordination of existing resources across the system rather than requiring significant new investment. At this stage, no additional core funding pressure has been identified.

10.2. Delivery will be supported through a combination of:

- Existing commissioned public health and prevention services;
- Reprioritisation of internal resources and programmes;
- Workforce development and training (e.g. Making Every Contact Count);
- Contributions from partner organisations, both financial and in-kind.

10.3. A proportion of the Public Health Grant is already aligned to relevant programmes, including healthy lifestyle services, early years provision, and community-based interventions. The strategy provides greater coordination and focus across these existing areas rather than establishing wholly new funding commitments. A number of specific actions are expected to be supported through Public Health resources; however, these remain indicative at this stage and will be subject to formal governance and approval processes.

10.4. Programme coordination, stakeholder engagement, and performance monitoring will be delivered through existing Public Health staffing capacity, with some reprioritisation of officer time. While this may create opportunity costs in terms of staff focus and programme delivery, no immediate service reductions have been identified.

10.5. Delivery is system-wide and will be supported through existing activity across:

- NHS services (e.g. maternity, primary care, lifestyle pathways);
- Local authority services (e.g. early years, planning, transport);
- Voluntary and community sector partners, primarily through in-kind contributions and targeted commissioned activity where appropriate;
- At this stage, contributions are largely through existing programmes and in-kind resource rather than formal pooled budgets. Opportunities to develop more formal funding arrangements will be explored as the programme matures.

10.6. Some elements of the implementation plan, particularly community and environmental interventions, may be progressed subject to external funding or grant opportunities. No financial reliance on these has been assumed at this stage.

10.7. The strategy is expected to contribute to long-term cost avoidance across the health and care system, including reduced demand on health services and adult social care. Value for money and impact will be monitored through the performance and evaluation framework, including tracking outcomes relating to healthy weight, physical activity, diet, wider determinants, and inequalities.

10.8. An Integrated Healthy Lifestyle Service (due to commence in October 2026), already funded through the Public Health Grant, will support delivery of a number of key actions within the strategy.

10.9. Key financial risks include reliance on partner engagement and contributions, and the availability of external funding to support specific initiatives. These risks will be managed through established governance arrangements, ongoing monitoring, and annual review of the implementation plan.

10.10. The proposals are deliverable within the current Public Health Grant allocation and existing resources, subject to the reprioritisation described above.

11. Timetable for Implementation

11.1. The strategy will be delivered over a ten-year period (2026-2036), with an initial focused implementation phase over the next two years based on identified priorities.

11.2. It is proposed that:

- A Whole Systems Healthy Weight Network and Operational Group oversee delivery;
- Progress updates are provided to the Health and Wellbeing Board annually;
- The implementation plan is reviewed and updated annually;
- A formal review of the strategy is undertaken after five years.

12. Background Papers

12.1. There are none.

Appendices

A Reading Whole System Healthy Weight Strategy (2026-2036)
B Reading Healthy Weight Strategy Initial Implementation Plan (2026-28)
C Governance Structure and System Context
D Foresight Obesity System Map
E Equality Impact Assessment