

**4 April 2019**

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**TITLE OF REPORT:           Review of healthy weight across the life course  
(Final Report)**

**REPORT OF:                 Alice Wiseman, Director of Public Health**

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### **Summary**

Obesity is described as one of the most serious public health challenges in the 21<sup>st</sup> Century. It is a complex problem caused by many factors including environmental, biological, social cultural and economic factors, in addition to individual behaviour.

Too often, when faced with this complex problem, the response has been to focus on individual lifestyle choice and interventions to address this. This is convenient but is only one small part of the picture. The evidence is very clear that policies aimed solely at individuals will be inadequate and will not be enough to reverse trends in overweight and obesity. Significant effective action to prevent obesity at a population level is required.

The complexity associated with this problem does not respond to simple solutions. It demands different approaches and a response from the whole Gateshead system working together if we are to reduce prevalence and tackle the agenda effectively. This will require innovative action at an individual, environmental and societal level, across organisational and geographical boundaries, and with a focus on the short, medium and long term

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## **Background**

- Families Overview and Scrutiny Committee have agreed that the focus of its review in 2018-9 will be obesity across the life course. The review has been carried out over a six month period and a final report has been prepared on behalf of the Committee setting out key findings and suggested recommendations.

## **Report Structure**

1. This final report sets out the findings of the Families Overview and Scrutiny Committee in relation to the review of the healthy weight agenda across the life course and the impact of this agenda on Gateshead communities.
2. The report includes:
  - The scope and aim of the review
  - Responsibilities and policy context
  - How the review was undertaken
  - Summaries of key points from evidence gathering sessions
  - Analysis – issues and challenges
  - Emerging recommendations

## **Scope and aims of the review**

3. The scope of the review was to identify and examine:
  - The complexity of the obesity agenda. The Foresight obesity report (2007) identified over 100 factors that contribute to the prevalence of obesity. These can be broadly clustered into groups of influences including societal, media related, food industry, biological, environmental and psychological factors.
  - The current picture in Gateshead, in terms of prevalence of excess weight, the costs and the impact to society, communities, families and individuals.

- The current evidence base as part of a 'whole system approach' including a focus on legislation, regulations, advertising control and the environment
- which people live, play and work
- Identifying challenges and opportunities going forward, to maximise impact across the life course.

## Responsibilities and Policy Context

4. Statutory duties for public health were conferred on local authorities by the Health and Social Care Act 2012 on 1 April 2013. Section 12 of the Act introduced a new duty for the Council to take appropriate steps to improve the health of the people of Gateshead. The mechanisms to do this, providing facilities for the prevention or treatment of illness, such as action on the healthy weight agenda. Some functions are also mandated, for example, the National Child Measurement Programme (NCMP), also known as the School Height and Weight Checks, which is delivered annually by the Council.
5. In August 2016, the government signalled its concern about the obesity problem when it published Childhood Obesity: a plan for action. In June 2018, it then published Childhood Obesity: a plan for action chapter 2. These documents set out the ambition to halve childhood obesity rates by 2030 and to tackle persistent health inequalities by that. significantly reducing the gap in obesity between children from the most and least deprived areas/regions by 2030. There are clear priorities and actions outlined within the plan for local authorities and schools to implement.
6. The evidence base is emerging that implementing a whole systems approach to obesity is the best way to address the obesity problem. This programme of work is being led by the Local Government Association (LGA) and Association of Directors of Public Health (ADPH). It has been developed and tested with 11 local authorities and whole systems approach guidance is being developed for local authorities to implement from Spring 2019. Adopting this approach will help the Council to facilitate delivery of co-ordinated actions involving partners across the system.
7. The most recent Director of Public Health Annual Report for Gateshead is focused on obesity and highlights how societal changes over recent decades have exacerbated our risk of obesity. The report recognises the complexity of the issue, and that it is important that we move away from the idea that obesity is caused by 'lifestyle choices' and instead recognise that the true causes of obesity are often a

result of environmental, social, political and economic pressures. A whole systems approach for Gateshead is entirely consistent with the Council's ambition to make Gateshead a place where everyone thrives and is underpinned by the following aspirations:

- That everyone is able to achieve and maintain a healthy weight.
- That our environment supports healthy weight and wellbeing as the norm.
- That our communities and families become healthier and more resilient, helping to create a healthy weight generation
- Persistent health inequalities associated with overweight and obesity are addressed

## **How the review was undertaken**

8. The review comprised three evidence gathering sessions. Evidence was sought from Gateshead Public Health Team, Public Health England (Regional and National Leads) and Newcastle University. The sessions were designed to examine the evidence base and current practice around the following areas:
  - The current picture in terms of prevalence of obesity across the life course in Gateshead and the impact on socioeconomic inequalities in obesity and associated risk factors.
  - A complex system and the underpinning factors shaping and influencing obesity e.g. obesogenic environment, food production, food consumption, societal influences, psychological influences, activity environment and biology.
  - The commissioning responsibilities across the system for the healthy weight agenda.
  - Overview of a whole systems approach and the role of the local authority.
  - Learning from national and international good practice and research to inform the next steps for implementation.

## **Summaries of key points from evidence gathering sessions**

### **First evidence gathering summary**

Presentation by Andy Graham, Consultant in Public Health and Emma Gibson, Programme Lead, Public Health.

9. This first evidence gathering session provided an overview of the current picture in Gateshead across the life course, an introduction to the whole system approach being implemented by Public Health England and the proposed outline for future evidence gathering sessions.
10. An overview of the 'Whole System approach' was given which provides a different view to tackling obesity. A system approach to obesity moves away from silo

working on short term interventions to working with partners across the system to review a range of actions to tackle obesity in the short, medium and long term.

11. The complexity of the healthy weight agenda was introduced and it was highlighted that tackling obesity is a long term, large scale commitment. The current prevalence of obesity in the population has been at least 30 years in the making. This will take time to reverse and it is reported that it will be at least 30 years before reductions in the associated diseases are seen. The evidence is very clear that policies aimed solely at individuals will be inadequate and will not be sufficient to reverse this trend.

12. Gateshead Council has made a commitment to 'Making Gateshead a place where everyone thrives.' In terms of the healthy weight agenda, we are beginning to better understand what works to reduce levels of obesity overall, however there is very little accessible evidence available on what works to reduce inequalities or differences in obesity levels between social groups. A Gateshead healthy weight health needs assessment was undertaken in June 2018 by Public Health and data shows:

- Maternal obesity is linked to an increased risk of pregnancy related complications and children becoming obese in later life. Data on the prevalence of maternal obesity are not collected routinely in the UK. In England it is reported that 27% of women are overweight and 21% of women are obese at the start of pregnancy.
- Local data shows that 20% of women have a BMI of over 30 (obese) on antenatal booking (the caveat for the data is that not all women attending a booking appointment at Gateshead Health NHS Trust will be Gateshead residents).
- Modelling indicates that by 2050 nationally 60% of adult men, and 50% of adult women could be obese.
- Data at a local level shows that 69% of adults in Gateshead are classed as overweight or obese, this compares to 66% of adults in the North East 66% and 61% in England. Almost two in every three adults in Gateshead have excess weight and around one in four are obese.

- Obesity rates are highest for children from the most deprived areas. 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 the age of 11 they are three times as likely.
- Over one in five children in Gateshead start school overweight or obese. By Year 6, in Gateshead over 1 in three children are overweight or obese.
- Of those children who are obese at preschool age, research suggests that between 26% and 41% will go on to be obese in adulthood.
- Nationally, only 66% of adult's self report that they undertake the recommended 150+ minutes of physical activity each week. In the North East this is even lower at 64% and for Gateshead 63.2%.
- It is estimated that by 2050, obesity and overweight will cost the NHS almost £10 billion a year, and the full economic cost will rise from around £27 billion today to £50 billion by 2050.
- NHS costs attributed to overweight and obesity in Gateshead are estimated to be £68.7 million per annum for 2015.
- Approximately a third of fast food outlets in England are found in the most deprived communities. Fast food outlets account for more than a quarter (26%) of all places to eat in England.
- Gateshead has the fifth highest rate of fast food outlets per 100,000 population in the North East (160.5 per 100,000) and is above the England value. The presence of fast food outlets in the Metro centre is the highest (29 fast food outlets), followed by the Bridges ward (26 fast food outlets) and Birtley, with 21 fast food outlets. (Please note the fast food outlet is different to the hot food takeaway data used in Gateshead and in this instance 'fast food' refers to covers a range of outlets that include, but are not limited to, burger bars, kebab and chicken shops, chip shops and pizza outlets).

### **The Evidence Base**

- The evidence base on effective action to tackle obesity remains weak, and skewed towards individual level downstream approaches (trying to manage the consequences of obesity rather than more upstream approaches, which attempt to solve the causes which underpin obesity).

- Tighter legislation on tobacco, has led to significant reductions in smoking and changed attitudes towards tobacco. However, the introduction of this legislation would not have been possible without many years spent building public acceptance of the case for Government intervention. The healthy weight agenda is not yet at the point where the case for change has been made and we can play a role in doing this as we did with tobacco.
- There is some notable evidence in terms of the Amsterdam model. This approach succeeded by hitting multiple targets at the same time – from promoting tap water to after-school activities to the city refusing sponsorship. From 2012 to 2015, the number of overweight and obese children has dropped by 12%. Amsterdam has achieved what no other country has managed to do, the biggest fall in obesity rates has been amongst the lowest socio-economic groups and there is much learning from this approach.

## **Second evidence gathering summary**

Presentation by Beverly Oliver, Health and Wellbeing Lead, Public Health England.

13. The second evidence gathering session heard evidence on the current national approach to the healthy weight agenda from 'Health and Wellbeing Lead' from Public Health England, Beverly Oliver.

- An update on the Childhood Obesity: a plan for action chapter 2, which outlines the actions the Government will take towards its goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030.
- There has been progress nationally in the two years since the 'Childhood Obesity Plan', particularly in reformulation of the products children eat and drink most. Actions include taking out 20% of sugar in certain products, achieving 2017 salt targets, updating the nutrient profiling model and revised menus for early years settings.
- However, it has been acknowledged nationally that this action is not sufficient. The continuing magnitude of the challenge of obesity requires that the next

steps to tackle obesity need to be implemented and have been outlined in the 'Second chapter of the childhood obesity plan,' these include:

- Enforcing calorie labelling for food consumed 'out of home' (including online food delivery).
- Intention to ban price promotions of high fat, salt and sugar food and drink (HFSS), such as buy one get one free and multi-buy offers or unlimited refills of sugary drinks.
- Intention to ban the promotion of high fat, high salt and high sugar food and drinks (HFSS) food and drink by location (at checkouts, end of aisles and store entrance).
- Consider extending the soft drinks industry levy (SDIL) to milk-based drinks if they fail to reduce sugar by 2020.
- Consulted on introducing a ban to end the sale of energy drinks to children and results will be shared in early 2019.
- Review how the least active children are being engaged in physical activity in schools to ensure that our investment helps all children lead active lives
- A national ambition for every primary school to adopt an active mile initiative, such as The Daily Mile.
- At a place-based level, influence the way places are designed to ensure greater active travel or safe physical activity, and how many fast food outlets can operate near schools.

14. Local authorities have a range of powers to find local solutions however further national support is needed to empower organisations going forward, this includes:

- Development of a trailblazer programme with local authority partners to show what can be achieved within existing powers and understand "what works" in different communities.
- PHE to develop resources that support local authorities who want to use their powers and set out the economic business case for a healthy food environment.

15. There was an update on the main areas of progress from the childhood obesity plan since the original plan was published in 2016:

- Voluntary sugar reduction programme -Companies were challenged to reduce sugar in foods children consume most by 20% by 2020 and 5% by March 2018.
  - Some good progress by the large companies in the market. Achieved 2% overall, not the 5% target set.
- Soft Drinks Industry levy introduced in April 2018 to drive reformulation of soft drinks.
  - Good progress has been made with 49% of products in scope have been reformulated since the levy has been announced with a total reduction of 11%.
- Revenue from soft drinks levy invested into school PE and sport, facilities and breakfast clubs.
  - There has been over £600m invested in schools to date.

16. An overview of the ‘whole system obesity’ programme outlined that the aim is ‘to provide a tried and tested approach and tools, so that within 5 years every local authority can create a local whole systems approach to tackling obesity.’

17. The whole systems approach to obesity was introduced to help local authorities deliver co-ordinated actions involving partners across the system. This is an emerging programme of work and is being led by the Local Government Association (LGA) and Association of Directors of Public Health (ADPH) to develop the programme.

18. Learning from the pilot sites was outlined - Lewisham, Gloucestershire, North Kesteven and Durham that could be implemented in Gateshead:

- Support from elected members and senior leadership team is vital to spearhead the approach, change mind set and give permission to teams to allocate time to the approach.
- Expectations need to be set and managed – this is a long- term approach; it will not deliver a short term solution to obesity.
- Tackling obesity needs to be linked to meeting Local Authority priorities – the Thrive agenda, prosperity; regeneration; local economy; social care etc.

- Need sustained buy in and commitment from stakeholders with competing priorities – many of the actions sit outside public health.
- Time needed to plan, implement and sustain.
- Need to embed a clear understanding of what systems working involves and associated behaviours.

19. The Gateshead Public Health Lead outlined current local action that is being implemented in terms of the healthy weight agenda.

- A recognition of the importance of this issue, means that the Council has also been making progress in taking forward the whole systems learning.
- Gateshead was selected by PHE to review the whole system material and resources developed by pilot sites. The materials are to be finalised and rolled out in 2019 to Local Authorities.
- An application has been submitted from Gateshead to apply for trailblazer funding to tackle childhood obesity at a place-based level (100k per year over 3 years), Edberts House, Newcastle Gateshead CCG are key partners of the whole system place-based approach to childhood obesity.
- Gateshead public health are working with PHE to develop a 'Healthy Weight Declaration'. This will be the first in the region and will support the commitment and sign up from partners to a system approach and the need for all policy areas to address healthy weight. The DPH report focused on 'healthy weight' for 2018 and this was presented to Cabinet in January 2019.
- Initial work has started looking at restrictions on advertising and promotion of high salt, sugar and fat food and drink on the local transport system. This builds on the work currently being implemented on the London Transport System.
- The 0-19 years 'Growing Health Team' (health visitors and school nursing services) provided by Harrogate NHS, has now a dedicated infant feeding and nutrition lead This provides a key focus for breastfeeding, weaning and nutrition for the crucial early years period and also supports healthy weight agenda for school children.
- Work has progressed with the 'Regional Local Maternity Systems Co-ordinator' following the Obesity in Pregnancy Self-Assessment Tool to focus action on key areas of improvements.

- Newcastle Gateshead CCG and Public Health are working together to review current services and approaches to healthy weight being delivered across the system and looking at areas for improvements.
- Gateshead provided an extensive response on the consultation to end their sale of 'Energy drinks' supporting the ban. We are awaiting a national response on the consultation. The next stages are being reviewed in terms of how this can be implemented nationally.
- A healthy weight workshop will be held in March 2019, focused on a system approach and utilises the pilot whole system materials. The aim is to identify opportunities to alter the existing system

### **Third evidence gathering summary**

Presentation by Professor Tim Townsend, Professor of Urban Design for Health. School of Architecture, Planning and Design, Newcastle University

20. The third evidence gathering session focused on obesity and the built environment and obesogenic environment - "an environment which promotes weight gain, and which is not conducive to weight loss.

Key points of the presentation include:

- There is a complex web of societal, behavioural and environmental factors that make it increasingly difficult for most of us to maintain a healthy weight. People in deprived neighbourhoods live shorter and unhealthier lives than those in less deprived ones. Socio-economic status alone does not explain the difference and there is increasing evidence that the physical environments in which people spend their lives are implicated in health disparities.
- The linkages between health and the built and natural environment have long been established and the role of the environment in shaping the social, economic and environmental circumstances that determine health is increasingly recognised. For example, the built and natural environment of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes.
- Residents of walkable neighbourhoods who have good access to recreation facilities are more likely to be physically active and less likely to be overweight

or obese. Research shows residents of communities with ready access to healthy foods also tend to have more healthful diets.

- Convenient lifestyles, technology to perform our work and play functions enables us to move less, and the growing reliance on cars to get about have resulted in a decline in walking and cycling as modes of travel. Nationally, over 50% of journeys made by car equate to five miles or less and 20% are one mile or under which is equivalent to a 20-minute walk! The influence of greenspaces, such as urban parks, has also been a focus of interest.
- Evidence suggests that participating in physical activity in a natural setting is associated with improved mental health outcomes than participation in indoor setting. Overall, however, studies associating greenspaces and physical activity have produced positive results, however there is conflicting findings. In terms of green spaces and health inequalities there is emerging evidence as outlined below:
  - Those living in the most deprived areas are less likely to live in the greenest areas.
  - Those living closer to green spaces tend to live longer than those with no green space.
  - Children who live close to green spaces have higher levels of physical activity
  - The growing evidence base that suggests our high streets are bad for our health and for the obesity epidemic – “toxic high street”. Are some shopping streets in poorer neighbourhoods harmful to physical and mental health, including obesity? There is a growing body of research, which suggests that many contemporary urban environments do not support healthy lifestyle choices and are implicated in the obesity pandemic. This presentation provided detail on the evidence around exposure to unhealthy shops and services and how this may impact on communities e.g. betting shops, money lenders and hot food takeaways. Research has established links between the proliferation of fast food takeaways and obesity in older children.
- The effect of our environment on what we eat is particularly strong when we are in stressful situations and this is particularly true of people living in deprived areas and on low incomes who are facing challenging times. For instance, the stress of wanting to plan and provide healthy meals is heightened when you

are unable to do this realistically due to financial pressure. This leads to extra stress and a likely reliance on the convenient, unhealthy food outlets right on the door step with cheap, accessible unhealthy foods.

### **Good practice in Gateshead**

21. Five-years on since public health responsibilities moved back into local government and the first significant planning reforms in England, the Town and Country Planning Agency (TCPA) re-examined the challenges experienced by councils in 2018 and beyond in integrating health and planning settings in localities. Gateshead's role in this project was to host a workshop in September 2018 on health and planning, in looking at how to influence creating healthy places where people thrive. Work has started within the council and with partners looking at new innovative ways of integrating health and wellbeing through planning sector and development processes, through the green infrastructure environment. An action that emerged, which is not current practice, is to map Gateshead's green infrastructure layered upon Gateshead's obesity levels by location and establish 'hot spots' where more immediate action could be taken in a specified location. This would take a holistic approach, across the specialisms and sectors to ensure real change happens on the ground.

### ***Gateshead Supplementary planning Document***

22. In Gateshead, a Supplementary Planning Document (SPD), supported by an integrated public health policy, has been used successfully to control the proliferation of hot food takeaways in areas with high levels of child obesity. The conditions set out in the SPD mean that there are currently no locations where opening a new hot food takeaway would be suitable. Since the SPD was adopted, no new planning applications for hot food takeaways have been approved. The number of applications has also dropped.

23. The planning system alone cannot solve the problem of obesity whose causes are many and complex. One obvious obstacle is that councils' planning powers can do nothing to address the clustering of fast food outlets that are already in place. Planning experts highlight that the planning system is not designed to deal with the

detail of how a business is operated, but rather with how land is used: the licensing system if it were strengthened might be a more effective route for looking at issues of quality. The food environment is one aspect; however, it is important to recognise that there are also links with the built environment and its impact on health. There are still challenges for the future:

- This SPD applies only to Hot Food Takeaway's (A5 use), not fast food outlets (A3 restaurant use).
- There are issues controlling mixed use developments /ancillary use.
- It doesn't impact on existing premises – the public don't see much change.
- Many other initiatives across the system are needed to tackle obesity - one initiative alone won't work.

24. A further complexity is that many local shopping streets in deprived areas are already a 'toxic' mix of takeaways and other unhealthy businesses (payday loan, betting shops, etc.). The supplementary impact of issues such as depression, due to indebtedness, or addictive behaviours associated with gambling on obesity levels in poorer communities, encouraged by the access and availability of these shops and services, is yet to be unravelled, but again further research is urgently needed.

## **Analysis – Issues/challenges emerging from the review**

25. During the course of the evidence gathering sessions a number of key issues and challenges were identified:

- Complexity- Obesity is a complex issue with many drivers, meaning efforts at prevention are particularly challenging. According to the UK national obesity strategy, long term sustainable change will only be achieved through the active engagement of schools, communities, families and individuals with action required across government, industry and the Public Sector. There is no single intervention which can resolve this issue due to the complexity involved and in order to address this challenge it is clear that a response by the whole Gateshead system is required.

- Long term commitment- Successfully tackling obesity will be a large-scale commitment and will take time to reverse - it is reported that it will take at least 30 years before significant impacts are achieved on the diseases associated with obesity. Just as obesity develops slowly, both within individuals and populations, it will take time to establish new habits and build new structures to support healthy diets and enhanced physical activity.
- Whole system approach - No single measure is likely to be effective on its own in tackling obesity. This is difficult to accept because our ways of working are based on identifying feasible solutions to tangible problems. With obesity this simple linear assumption (do A and B will occur) is not realistic. A different approach is required which recognises complexity and brings together a range of organisations and individuals to consider how society can respond – a whole-system approach. The challenge is to identify the components in the system and the connections between them, understand the behaviour of the system, and identify where to intervene to drive change.
- The evidence base -The evidence on effective action to tackle obesity remains weak and skewed towards an individual downstream approach, trying to manage the consequences of obesity rather than upstream approaches, which attempt to solve the problems underpinning obesity. The evidence is very clear that policies aimed solely at individuals will be inadequate and that simply increasing the number or type of small-scale interventions will not be sufficient to reverse this trend. Significant effective action to prevent obesity at a population level is required. Much of the existing evidence base on obesity fails to take adequate account of the complex nature of the obesity system.
- How do we challenge the Food Industry? The obesogenic environment is powered by widespread availability and the food industry's multi million pound promotion of high fat, high sugar and high salt food and drinks. How do we challenge and influence the Food Industry to make a sustained change?
- Weight bias and stigma. Considerable work is still required to re-frame the focus on healthy weight, to move away from the continued focus on personal shortcomings, individual blame and individual behaviour change interventions. There is extensive research highlighting the bias and stigma and personal

blame, people who are overweight and obese may experience. A recognition of the role and impact of societal changes needs to be acknowledged.

- Inequalities. Obesity is usually treated as a problem and responsibility of individuals or families – not as a social problem. Action needs to be taken to collectively tackle obesity which impacts on stressed communities characterised by insecure and often erratic employment, stress, depression and often a lack of social cohesion. For example, despite spending less on food in real terms than more affluent families, the amount these parents spend is double the percentage of their income compared to parents with more disposable income

## **Emerging Recommendations**

### **Recommendation 1: A whole system approach**

The Council is in an influential position to help lead transformational change in how obesity is tackled. A whole system approach to obesity provides the process to do this and demonstrates a genuine 'health and wellbeing in all policies' approach. Gateshead council will work with stakeholders and communities to develop an ambition for a healthy weight generation in Gateshead.

**Action – The first in a series of whole system healthy weight workshops, utilising tried and tested material will be starting in March 2019.**

### **Recommendation 2: Clear Leadership**

This approach to the obesity problem supports the Council's Thrive strategy and the pledges which underpin this. The Council has the opportunity to be a lead organisation in this whole-system approach. The first step to this will be to develop a vision for a healthy weight generation and engage with key system stakeholders to gain buy-in. This leadership role is crucial in developing a workable whole systems approach.

**Action – Gateshead will have a shared vision and commitment to the Healthy weight agenda, with medium and short term actions that work towards that end vision: 20 year vision, 5-year strategy and a 1 year plan.**

### **Recommendation 3: Strategic and Operational group**

Creation of a strategic steering group to consider the vision for a healthy weight generation for Gateshead and to decide priorities.

**Action – A planning event to consult with a wide range of stakeholders to inform this and the creation of an inclusive 'Healthy Weight Alliance' to tackle operational aspects**

### **Recommendation 4: Health in all polices approach (HiAP)**

Promotion of a health and wellbeing in all policies approach to ensure that the Council gives due consideration to the impact of its decisions on obesity.

**Action – Develop a framework for taking this work forward and to support whole systems working.**

### **Recommendation 5: Focus on inequalities**

A focus on strategies to address the healthy weight agenda across the social gradient.

**Action – to focus efforts on those facing greatest challenge alongside a focus on high risk groups e.g. learning disabilities, pre-pregnancy, pregnancy, infancy and early childhood are critical periods for interventions to reduce obesity and inequalities.**

### **Recommendation 6: Long Term Commitment**

The need for long-term strategies spanning several generations and beyond traditional planning cycles. Longer term commitment is needed from all partners in Gateshead and lessons learnt from tackling smoking, is that it takes longer than 5 years for the impact of public health work to come to fruition.

**Action – The development of a joint: 20 year vision, 5-year strategy and a 1 year plan for Gateshead’s healthy weight ambitions.**

### **Recommendation 7: Healthy Weight Declaration**

To establish a healthy weight declaration for Gateshead working with partners to understand the contribution of each partner and ensure commitment to action through a multi-agency partnership.

**Action – Local declaration developed for Gateshead, in recognising the need to implement and promote policies which promote healthy weight.**

### **Recommendation 8: Community led interventions**

Tackling obesity as part of a place-based, approach driven by the community. Work with and enhance the assets that already exist within in the community so that interventions to tackle obesity are co-produced as part of a place-based approach.

**Action – Build on the 'Fit for the Future' work which is a good example of a community centred approach to address health inequalities and to promote healthy weight to children and families.**

### **Recommendation 9: Tackling food advertising/promotion (HFSS)**

Support advocacy for policy changes at a national level by lobbying efforts to prevent and reduce obesity to encourage national policymakers to devise effective public health policy interventions across the system e.g. advertising and promotions. **Action**

