Integrated Impact Assessment (IIA)

Informing our approach to fairness

Proposal:	Public Health whole systems approach on healthy weight and obesity
Date of assessment:	November 2020
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Planned review date:	January 2021

Newcastle City Council

Section A: Current service

1. What does the service / function / policy do?

This impact assessment sets out how the council aims to address healthy weight and obesity outcomes in the city.

The council currently commissions a range of public health services which specifically aim to address healthy weight and obesity in Newcastle. These programmes aim to support individuals and focused communities through increasing physical activity in sedentary groups and/or improving the nutritional knowledge and cooking skills of families and children with unhealthy diets. The programmes are intended to aid participants in setting realistic goals, linked to positive behavioural change, that will enable them to achieve and maintain a healthy weight.

There are currently 19 active contracts, involving nine different providers, who deliver the programmes directly linked to the public health obesity portfolio. These have been in place since 2013/14 (see Appendix 1 for details). The contracts/services broadly fit into three categories:

- Physical Activity
- Nutritional/Food
- Information, Advice and Guidance

Public Health budgets continue to be subject to financial pressures and have limited and reducing resource to deliver the mandated and non-mandated public health priorities. There is £900,000 re-prioritisation of spending to be achieved in Public Health spending in 2021/22, as part of the Council's Medium-Term Plan (MTP) to ensure public health programmes focus on the areas that can have the greatest impact.

Following engagement activity in Summer of 2018 it was agreed to maintain funding for these contracts within the obesity portfolio up to March 2021 in order to align them with the MTP and ensure market stability during engagement with stakeholders about the future strategic direction.

2. Who do we deliver this service for?

The majority of programmes are focused on six wards of the city; three in the East (Walker, Walkergate and Byker) and three in the West (Wingrove, Benwell and Scotswood, and Elswick). These are predominantly for children under the age of 11 (and their families) who attend schools in the targeted areas. This geographical targeting was based on 2011/12 data from the National Child Measurement Programme (NCMP); at the time these programmes were initiated these areas were found of have the greatest numbers of children aged 4/5 (Reception) and 10/11 (Year 6) who were obese or overweight.

During 2018-2019 the combined funded programmes delivered a total of 1,519 individual sessions to 13,962 attendees. These ranged from targeted activities in school and community settings to open meetings or events in communities looking at physical activity, healthy eating and collaboration with partners.

The number of participants in the current offer has generally decreased over the years of delivery. This may be attributed to an overall reduction in budget since the beginning of the programmes.

3. Why do we deliver this service?

The council has a duty to improve public health through mandated and non-mandated functions. Non-mandated activities are discretionary based on local priorities and choices of action are informed by the Public Health Outcomes Framework (PHOF), the local joint strategic needs assessment, joint health and wellbeing strategy and other, ad hoc, data sources. The general duty to improve public health includes the provision of facilities for the prevention or treatment of illness.

Two mandated public health functions are directly associated with obesity action: the National Child Measurement Programme (NCMP) and NHS Health Check. Both programmes involve identifying people (children and adults respectively) who have an increased risk of poor health due to their weight. Interventions resulting from any identified risk should include Brief Advice to make positive behaviour changes and/or signposting towards appropriate support but does not mandate any responsibilities to provide ongoing support, such as structured exercise.

In addition to topic/disease specific outcome measures, such as prevalence of obesity or rates of physical activity, public health actions relating to addressing the obesity contribute to the overarching Public Health Outcomes Framework for Life Expectancy; Healthy Life Expectancy; and Inequality in Life Expectancy due to the serious health risks associated with being overweight and the unequal distribution of overweight/obesity across the population.

4. How much do we currently spend on this service / function / policy?

Gross expenditure	Gross income	Net budget	Comments:
£570,970	(£570,970)	£0	This spend is split between programmes across three areas: • £299,152 on physical activity; • £212,863 on nutrition and food; • £83,589 on information, advice and guidance. The contracts are funded from Public Health grant (shown as gross income). We have also used reserves to fund some activity over and above the budget in previous years – the spend on this activity is £25,000 per year and is included in the spend on nutrition and food shown above.

5. How many people do we employ to deliver this service?

No. posts	No. full time equivalent officers	Comments:
N/A	N/A	These services are delivered by third party providers.

Section B: Proposal for future service

6. How do we propose to change the service / function / policy?
During the period over which the commissioned services have been in place, obesity trends have continued to rise in both adults and children in Newcastle. These trends include specific inequalities in particular age groups and ethnicities and are consistently patterned by deprivation in population groups at significantly higher risk. Since the design of the current Public Health obesity provision, there has been substantial new evidence and guidance on the national strategic direction on obesity, in particular guidance on how local areas can develop systems-wide approaches, and on modifying our food and retail environments, as well as investment in active travel infrastructure. Individuals' weight cannot be addressed in isolation because exercise habits and eating behaviours reflect social norms, particularly within families and routine settings (schools, workplaces, travel routes), and derive from the complex interaction of environmental and social influences. We propose to shift the focus on tackling obesity from measures that largely focus on individual behaviour change to action on the structural causes of obesity in our environment, culture and society via a whole-systems approach. Being overweight or obese means that individuals are at risk of poor health, including long term conditions, and premature death. Overweight and obesity increases the risk of developing long term conditions earlier in life and living more years of life in poor health. In addition to the physical health risks, obesity is associated with lower quality of life, experience of stigma, social isolation and depression for both children and adults. Obesity is a health inequalities issue and rates are closely associated with poverty, further worsening health and social inequalities associated with people living in deprived communities. Overweight and obesity are also associated with more severe disease outcomes and increased risk of death from COVID-19. In the UK, children are becoming obese at an earlier age and staying obese for longer which has significant implications for their health and wellbeing both now and in the future. Children from lower income households are more than twice as likely to be obese than those in high income households and this inequality gap is set to increase. Projections suggest that if this trend continues, as many as 1 in 3 children in the most deprived areas of England will be obese by 2030 (Report of the Chief Medical Officer, 2019) Children and adults from some black and minority ethnic (BAME) communities are at increased risk of inactivity and obesity and have experienced increased risk to the poor outcomes from COVID-19 specifically. The scale of obesity in Newcastle's population means that direct delivery to individuals or groups is not feasible within the current infrastructure and, based on the best available evidence, is not the most effective approach to halt or reverse this increasing trend in either the short or long term. In Newcastle, during the COVID-19 pandemic we have seen more households that are unable to regularly access enough nutritious food, which has been closely associated with poverty.

Evidence increasingly demonstrates the association between poverty and obesity specifically, which is attributed to availability and access to affordable healthy food that is not processed, without high sugar and fat content. The cheapest food available is often the most energy dense and least nutritious.

Addressing the link between poverty and obesity for our whole population requires holistic action on the underlying social factors that affect our physical and mental health – the quality of our homes and employment, our schools and workplaces, our green spaces and built environment, how we travel and having sufficient income and opportunity to access affordable healthy food. Barriers to accessing healthy, quality food and a healthy weight, are not only diet and physical activity, but relate to media use, sleep, advertising, geography, housing, and social characteristics such as race and employment. In relation to children, to prevent childhood obesity, family-based interventions that recognise the social circumstances in which children are growing, and risk factors for obesity, should be the responsibility of all services, settings and professionals to promote healthy, balanced diets through proportionate support on fundamental causes.

Our current use of the Public Health budget which targets groups or individuals to target behaviour change won't deliver the population shift that we require at scale.

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We propose to discontinue funding of the existing contracts and put in place the following mitigations:

- Continue collaboration and cooperation between public health, transport, housing, planning, leisure, economic development, education, social care and communities to promote and enable healthy behaviours within everyday life. This will allow us to better reflect and celebrate the total effort being made to promote healthy diets and active lives within the city, and close associations between our environments and health. We have a positive track record of adopting this approach; for example through public health investment in the city's parks trust, Urban Green, the Parklife programme, and taking action to address unhealthy food environments.

- Implement an approach that supports individuals, families and communities to adopt and sustain more physically active lifestyles and healthier eating habits through the environment in which they live.

The direction of travel proposed involves a change in how Public Health addresses the obesity challenge facing the city. This approach intends to make obesity and its underlying causes everyone's business; not just the responsibility of health and social care. In practice, engaging the broad range of sectors than can influence the weight and health of our population, represents a shift from time-limited interventions to reduce obesity, to preventing obesity, which will maximise the many physical, mental and social benefits of being physically active and eating healthily.

We propose to facilitate this through two key approaches:

- Place-based interventions targeting key settings that influence routine physical activity levels and eating behaviours, i.e. schools, workplaces, green space and parks, travel routes and leisure facilities.

- Population-based interventions focused on promoting physical activity and healthy eating to populations at increased risk of inactivity/poor diet including people with mental health problems and long-term conditions; BAME communities; Early Years; and people with chronic disease. Included within this approach are targeted interventions informed by best practice and research in order to ensure the best use of public funds and tackle inequalities.

Beyond the current provision of support within the obesity portfolio there are wide-ranging actions currently undertaken by the council that contribute to addressing obesity in relation to both prevention, interventions and support. For example, work in the children and young people's Best Start in Life programme to promote breastfeeding is directly associated with reducing the risk of childhood obesity. Similarly, objectives to increase physical activity and promote healthy eating are core features of the Healthy Schools Programme, which takes a whole setting approach; Active Newcastle team; NHS Interface support; Community Family Hubs; cycling and walking infrastructure; the partnership Newcastle Good Food Plan; and the Better Health at Work Award.

A large proportion of the population in Newcastle are already overweight and obese, both adults and children, and they may have several associated health problems and risks. In line with clinical guidance, we propose that health services continue to lead on the delivery on the treatment and care of people who are identified as having an unhealthy weight and associated ill health / health risks, such as diabetes or high blood pressure, and ensure effective management through embedding early intervention and early action for people living with chronic conditions to prevent them from getting worse. NHS England is currently consulting on the details of the commitment in the NHS long-term plan to procure a weight management service, delivered through a digital Weight Management Innovation Platform.

Our aim is to implement an approach that supports individuals, families and communities to adopt and sustain more physically active lifestyles and healthier eating habits through the environment in which they live. Building on evidence to date, the experience of COVID-19 has magnified the importance of social circumstances in barriers to accessing healthy food for families and children in particular. We recommend that action to address and prevent obesity in children and young people should be included into the future work Children and Families Newcastle integration model, with physical activity levels, food quality, and healthy weight as core features of the health outcomes incorporated within the future service specifications of the delivery objectives.

This will facilitate an evidence-based life course approach to promote a healthy weight, through life course interventions during pregnancy, early years, healthy schools and for young people. This can target those most at risk of obesity and will complement place-based action on the wider determinants of health i.e. takeaways, green space and parks, travel routes and leisure facilities.

This will allow for factors impacting our families' eating, exercise and weight to be addressed holistically, in response to the strong evidence on the social factors impacting obesity and seeking appropriate leadership from across the health-system where interventions are required.

The 2020 Spending Review did not increase spending for the Public Health Grant in 2021-22, despite the pressures of COVID-19, the disease's exacerbating impact on health inequalities, and following on from several years of real-terms reductions to the Grant. Although an uplift was received in 2020-21, this also came with additional obligations that will also impact upon contract costs in 2021-22, the scale of which cannot yet be determined. In this context, in order to maximise the efficiency of resources we are looking for evidence-based measures that will benefit our population at the scale required for a issues as widespread as obesity, which will require collaborative, systems-based solutions to combine resources and expertise in order to address the underlying social causes of overweight and obesity.

We recognise that the success of the proposed approach depends on the expertise and capabilities of our many cross-sectoral partners in the city and we welcome the opportunity to continue our engagement and dialogue as we shape our new approach.

7. What evidence have we used to inform this proposal?

Information source	What this has told us
Shaping our Future Together: our medium term plan 2019-20 to 2021-22,	The Council's response to the continuing financial challenge facing local authorities, setting out the plans for prioritising spending up until 2021-22, including the requirement for £900,000 reinvestment to be made from the Public Health budget in financial year 2021-22 (see appendix 2 of the Medium Term Plan)
NHS Long Term Plan (2019)	The NHS Long Term Plan articulates the links between obesity and poor diet and long-term conditions including type 2 diabetes, high blood pressure, musculoskeletal, respiratory and liver diseases as well as some cancers. The plan also identifies the environmental causes of obesity and the increasing socio-economic inequality in childhood obesity. It commits the NHS to more action on health improvement and reducing health inequalities by providing access to weight management services in primary care for people who are obese and have a diagnosis of type 2 diabetes or high blood pressure and extension of the Diabetes Prevention Programme. Procurement of a digital Weight Management Innovation Platform is being consulted on by NHS England – the proposal will address some of the ambition of the Long-Term Plan and will include extra focus on more socio-economically deprived and BAME communities at

	higher risk. Those people evidence shows are less likely to complete a traditional weight management programme will be permitted to be triaged into a higher level of support from the programme.
Time to Solve Childhood Obesity: an independent report of the Chief Medical Officer (2019)	This report by the outgoing UK Chief Medical Officer in 2019 highlights increasing childhood overweight and obesity trend over time, and the increasing gap in weight status of children living in the most deprived communities compared with the least deprived. The report also projects increasing socio-economic inequality in childhood obesity rates by 2030 if action is not taken. In addition to the physical and mental health costs of childhood overweight and obesity, the report attempts to quantify the economic costs of childhood obesity and how they are distributed across society. The report also notes that households with the lowest incomes would need to spend 50-60% of their disposable income to meet government Eat Well nutritional recommendations It makes a series of recommendations to address the underlying causes of obesity: including creating incentives for all_ sectors to act on obesity, changing the built environment and focusing on key settings to support positive changes to societal and cultural norms within families, recognising the close association of overweight and obesity between parents and their children.
Whole System Approaches to Obesity: a guide to support local approaches to promoting a healthy weight (Public Health England, 2019)	Public Health England (PHE) defines a local whole systems approach as one that “responds to complexity through an ongoing, dynamic and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change. A system is a collection of interdependent parts – if something happens to one part others will be affected. In a simple system there may be a clear relationship between cause and effect; in a complex social system, for example regarding obesity, many interconnected parts interrelate with each other in different, unpredictable and evolving ways. This guidance, developed and tested in partnership with local authorities and partners, summarises the case and evidence base for addressing obesity via a ‘health in all policies’ systems approach. It then offers guidance on how local areas can implement this approach

	in practice and builds on previous publications from Public Health England and the Local Government Association on systems approaches to obesity.
Net Zero Newcastle: 2030 Action Plan	In 2019 Newcastle City Council declared a Climate Emergency and has committed to reducing its carbon emissions to zero by 2030. The Net Zero Action plan sets out how climate change links to the city's obesity agenda and identifies the opportunity for improving residents' health through increasing the modal share of active travel (a greater proportion of journeys made by walking or cycling) and by making our outdoor spaces and neighbourhoods more attractive and connected places to walk and cycle. In concert with other transport measures, this can improve physical activity levels and healthy weight and other major health issues in the city such as air quality. This also aligns with the 15 minute city concept, which is being developed in Paris, and is based on planning at neighbourhood level to provide services and infrastructure people need (housing, jobs, green space, recreation, pharmacies etc) within 15 minutes of residents' homes. Crucial to this approach is a reduction in car use and facilitation of travel by bike or walking. The agenda also links into Food Newcastle's sustainable food agenda in reducing the carbon footprint through procurement and tackling food waste.
Tackling obesity: empowering adults and children to live healthier lives (2020)	The UK Government's strategy to address obesity, published in July 2020, focuses on socio-economic and ethnic inequalities in obesity prevalence in the context of increased risk of severe disease and death from COVID-19. It commits to further legislative action on addressing some of the commercial determinants of health, in relation to ending tv and online advertising of high fat, sugar and/or salt (HFSS) foods to children and ending of supermarket volume based promotions of HFSS food by supermarkets (e.g. buy one get one free), following on from the successful introduction of the Soft Drinks Industry Levy (SDIL), commonly called the 'sugar tax.'
Engagement sessions with Stakeholders Summer 2018	In summer 2018 a number of engagement sessions were held with commissioned services and broader stakeholders with a view to developing a new model of delivery for obesity related action. This included consultations with citizens via Let's Talk between 1 and 29 June 2018. Following this a decision was made to postpone the review as decisions about future funding arrangements were yet to be made as part of the development of the medium-term plan.
Public Health Outcomes Framework (PHOF) indicators on Adult and Childhood Obesity in	Data from the National Child Measurement Programme (NCMP) shows that 27% of reception age children in Newcastle are overweight or obese. This is worse than the England average and the trend shows an increasing proportion of reception children are

Newcastle and England (2019 data)	overweight or obese for each of the last five years. By the time children are in their final year of primary school in Newcastle, age 10-11, more than 40% of them are overweight or obese. Though childhood obesity and overweight levels are patterned by socio-economic deprivation, the issue is widespread and the vast majority of wards in Newcastle have higher rates of child overweight and obesity than England as a whole. Nearly 61% of adults are overweight or obese in Newcastle; which is similar to the rate for England, demonstrating how excess weight in adults is now a social norm. For England, NCMP data shows specific ethnic groups have higher rates of overweight/obesity: • At age 4-5 Black and mixed Black and White ethnic groups have higher than average rates of overweight and obesity, and rates are higher than White British • At age 10-11, Black, Asian and mixed Black and White ethnic groups have higher than average rates of overweight and obesity Among adults, people of Black and mixed Black and white ethnicities have higher rates of overweight and obesity (PHOF data, from the Sport England Active Lives survey).
Changing weight of the whole UK population over time; adults and children	Nationally, comparing data from the National Child Measurement Programme (NCMP) with survey data of British children in 1990, shows that body weight has increased for nearly all children across the distribution; this is not just an issue for the significant minority of children who are overweight or obese. (Chief Medical Officer report, 2019). Adult obesity levels follow the same increasing trend when comparing Health Survey for England data annually from 1993, where, for example adult obesity in men has risen from less than 15% to more than 25% over this period. (PHE, 2020). Given that this population change has occurred over a relatively short period of time, it is not possible for changes to genetic factors to explain this increase. Instead, this rapid population change indicates the underlying causes of overweight and obesity are widespread and common to our shared environment.
Health related behaviours survey 2019 (see in particular short film on diet, physical activity and oral health; summary reports and city-wide primary/secondary reports also available.	Survey of children aged 8-15 across 70 schools in the city shows that children are doing less physical activity. Though caution should be used when comparing the survey data with previous years (most recently 2017) because not exactly the same schools were surveyed in each version of the survey.

	More primary and secondary students reported in 2019 that they travelled to school by car/van via walking or cycling and there was a decrease in the percentage of children who enjoyed physical activity at primary level. Between 2017-2019 there were improvements in the amount of secondary school students (year 8 and 10) reporting that they did at least 5 hours of moderate intensity physical activity per week, though this still remained less than half of students at 41%.
Change 4 Life Evaluations (2019)	Evaluations of the programmes in the East of West of the city found that the programmes are continuing to meet their outcomes, some of which are proxy measures for supporting weight loss and behaviour change. However, the trend for obesity rates age at age 4-5 had increased over the last five years in the west of the city. In the East Change 4 Life area both overweight and obesity trends were increasing for children age 10-11 in 2018-19. A key strength of the programme was noted to be the coordination of the Change 4 Life partnership in the West of the city, which included 103 members in 2018-19.
Experiences of responding to food insecurity in Newcastle during COVID-19	During the COVID-19 pandemic we have seen more households that are unable to regularly access enough nutritious food which has been closely associated with poverty. This demand continues to increase as the economic impact of COVID-19 unfolds. New eligibility for Free School Meals increased by 97.55% in Newcastle the period April to October 2020 compared to the same period in 2019. This will likely continue to increase as the economic impacts of COVID-19 unfold. Moreover, our Community Family Hubs, Citylife Line Service and the voluntary and community sector experienced significant demand for free and low-cost food from families with children, predominately those with single-parent households and where there were more than two children. Specific vulnerabilities exposed by COVID-19 associated with food insecurity included housing-related barriers to home cooking (e.g. cost of utilities); parents with infants (unclear of Early Years support available / household budgeting and accessing welfare); and limited voluntary and community sector infrastructure available to support BAME families.
PHE Health Matters – obesity and the food environment (2017)	Shows association between density of fast-food outlets and socio-economic deprivation, with the most deprived communities having the highest density of outlets. This association is present at all levels across the social gradient.

8. What will be the financial impact of this proposal(s)?
Savings of £570,970 will be made against revenue budgets and our call on Public Health reserves will be reduced by £25,000.

9. What will be the impact upon our employees of this proposal?		
No. FTEs	**% workforce**	
We are only able to quantify the impact on the workforce we employ. We recognise that there is also the potential for these proposals to impact on the workforce of partners and commissioned service providers		

Section C: Consultation

10. Who have we engaged and consulted with about this proposal?			
Date	**Who**	**How**	**Main issues raised**
Summer 2018	Public Health, Commissioned services and broader stakeholders	Face to face groups and Let's talk	In summer 2018 a number of engagement sessions were held with commissioned services and broader stakeholders with a view to developing a new model of delivery for obesity related action. This included consultations with citizens via Let's Talk between 1 and 29 June 2018. Following this a decision was made to postpone the review as decisions about future funding arrangements were yet to be made as part of the development of the medium-term plan.
Ongoing during 2020	Newcastle Gateshead Clinical Commissioning Group (CCG) Food Newcastle	Via Public Health membership of CCG Healthy Weight Group, engagement with Primary Care Networks, quarterly CCG Governing Body meetings Informal discussion around whole-system approach to obesity	Direction of travel and relationship of whole systems approach with increased NHS focus on healthy weight, obesity prevention and reducing health inequalities in line with the NHS Long-Term Plan, Government Obesity Strategy and Public Health England Whole Systems Approach to Obesity guidance.

	Children and Families Newcastle	Discussions around whole-systems approach to health weight, access to healthy food and physical activity	Direction of travel around whole systems approach and future potential for embedding this into Children and Families Newcastle model.
December 2020 – January 2021	Current service providers Partner organisations involved with of Change 4 Life East/West partnerships Service users Voluntary and community sector representative group Food Newcastle CCG via Healthy Weight Group Primary Care Networks Children and Families Newcastle	Direct contact with individual providers Existing partnership forums Through partners and direct submission through Let's Talk budget consultation. Direct contact with sector representatives Partnership meetings Regular meetings and discussion Continuing discussion and engagement Continuing discussion and engagement with partners	

Section D: Impact assessment

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	**Detail of impact**	**How will this be addressed or mitigated?**
People with protected characteristics		
Age		
Potential beneficial impact	The majority of the currently commissioned programmes are targeted towards children under the age of 11 and their families in specific parts of the city. Overweight and obesity is more common among adults as they age. Currently, adults may only access support to treat obesity as part of disease management pathways, for example type 2 diabetes; there is less focus on preventing obesity in the whole population, across all ages. A whole systems approach to healthy weight, including place based approaches and evidence based targeted interventions, provides better opportunities for people of all ages to be physically active and access healthy food, whilst being able to focus on specific populations most at risk, such as those with long-term conditions.	
Potential disadvantage	The programmes currently provided are predominantly aimed at children under the age of 11 and their families. Though levels of obesity are not reducing in the targeted areas of the city where the activities take place, children who participate in these programmes may be deriving wider benefits from the activities and may be disadvantaged if the programmes are discontinued.	Through this whole-system approach we aim to develop greater opportunities for routine physical activity in daily living, such as enhancing our walking and cycling network and engagement in parks, while improving access to healthy foods and nutrition through key settings, such as quality school meals and breastfeeding support. This approach will shift efforts from targeting groups at risk with time-limited intensive support to achieve weight loss, into increasing physical activity and healthy eating in the whole

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
		population. At the same time, this approach will be complemented by a new direction of travel for Active Newcastle (leisure specialists). Over the last 3 years Active Newcastle have made significant changes to the way they work to adopt a systems approach to physical activity in the city. New developments are insight led, based on shared and collaborative values and look to respond to residents' differences and work collaboratively with locally trusted community groups or health advocates. Approaches build delivery capacity and capability by upskilling council staff and volunteers and partners within key community organisations. This also includes a greater understanding of the impact of settings such as workplaces and job roles on inactivity levels and the roles that local businesses play in providing an active and healthy workplace for their employees. Going forward, Active Newcastle will be organised into distinct areas of the city, taking into consideration previous geographical working relationships, how residents identify with where they live in the City and other strategic work areas where staff have already built relationships e.g. Children and Family Hubs, Primary Care Network Areas and the Holiday Hunger Network. As part of this approach, Public Health and Leisure officers will continue working closely with health services to provide early intervention and

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	**Detail of impact**	**How will this be addressed or mitigated?**
		secondary prevention opportunities, such as through Making Every Contact Count (MECC), Active Newcastle's physical activity specialists, and developing focused action with Newcastle Gateshead CCG Healthy Weight and Obesity group. Similarly, as part of the Integrated Care System public health will continue to support quality improvement of healthcare services to support and underpin healthy behaviours, particularly as Primary Care Networks (PCNs) develop in their role to address population health and increase social prescribing.
Disability		
Potential beneficial outcome	The currently commissioned programmes are not specifically targeted towards those who are living with long-term conditions or disability; however, overweight/obesity is a contributory factor in the development of many common long-term conditions that may result in disability. Similarly, people with learning disabilities are more likely to live with obesity and face additional barriers to being physically active, therefore a shift towards a whole-systems approach, focusing on environmental and social factors, in key settings, in addition to evidence based support for those most at risk, may provide improved opportunities for people with disabilities to be physically active and access healthier food.	
Gender reassignment / identity		
There is no evidence of an additional impact on people because of their gender identity.		

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	**Detail of impact**	**How will this be addressed or mitigated?**
Sex		
Potential disadvantage	One of the commissioned providers delivers two physical activity services in 8 schools in the East of the city; targeted at boys and girls respectively. These programmes aim to engage children in sport who wouldn't traditionally engage in team sports or play for local clubs. It is possible that the gender specific format of these programmes is a factor promoting participation for these children.	Through this whole-system approach we aim to develop greater opportunities for routine physical activity in daily living, such as enhancing our walking and cycling network and engagement in parks, while improving access to healthy foods and nutrition through key settings, such as quality school meals and breastfeeding support. This approach will shift efforts from targeting groups at risk with time-limited intensive support to achieve weight loss, into increasing physical activity and healthy eating in the whole population. At the same time, this approach will be complemented by a new direction of travel for Active Newcastle (leisure specialists). Over the last 3 years Active Newcastle have made significant changes to the way they work to adopt a systems approach to physical activity in the city. New developments are insight led, based on shared and collaborative values and look to respond to residents' differences and work collaboratively with locally trusted community groups or health advocates. Approaches build delivery capacity and capability by upskilling council staff and volunteers and partners within key community organisations. Much of the approach involves an improved understanding of the motivations and barriers to participating in physical activity for different communities and the team have developed an increasingly intelligent approach to tailoring

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	**Detail of impact**	**How will this be addressed or mitigated?**
		messaging and engagement to a range of different audiences that may traditionally not access physical activity, for example in a competitive sporting environment.
Marriage and civil partnership		
There is no evidence of an additional impact on people because of their relationship status.		
Pregnancy and maternity		
Potential beneficial outcome	The majority of the currently commissioned programmes are targeted towards children under the age of 11 and their families. A whole systems approach to healthy weight provides better opportunities for people across all stages of the life-course to be physically active and achieve and access healthier food, which may positively impact on maternal healthy weight and behaviours associated with reduced lifetime risk of obesity in their children.	
Race and ethnicity		
Potential beneficial outcome	Currently commissioned services are limited in their reach, in specific wards in the east and west of the city as a result of NCMP data from the time they were commissioned. A whole systems approach including an evidence based, culturally relevant focus on specific populations, including BAME communities most at risk of overweight and obesity and its associated poor health outcomes can enable more people to live in an	

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
	environment that supports physical activity and access to healthy food.	
Potential disadvantage	The programmes currently delivered in the targeted wards are in some of the most ethnically diverse areas of the city and may indirectly have a disproportionate impact on specific BAME communities, including those most at risk of overweight and obesity and of associated poor health and long term conditions. Decommissioning these services may result in an actual or perceived disadvantage for individuals currently engaged with the services.	A whole systems approach will enable action on the multiple and wide-ranging underlying causes of overweight and obesity and will support more effective action to be taken in collaboration with communities, in key settings, and in our travel and built environment infrastructure. The current programmes do not record data on participation from specific BAME communities or obesity rates within communities. A whole systems place-based approach can support evidence-based and culturally relevant interventions in those communities most at risk of overweight and obesity, including specific BAME communities, enabling more people to live in environments support physical activity and access to healthy food. Action on the social and environmental causes of overweight and obesity will be complemented by increased commitment to health improvement and reducing health inequalities from the NHS, including weight management services for those with long-term conditions as outlined in the Long Term Plan
Religion and belief		
There is no evidence of an additional impact on people because of their religion.		
Sexual orientation		
There is no evidence of an additional impact on people because of their sexual orientation.		

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	**Detail of impact**	**How will this be addressed or mitigated?**
Other potential impacts		
People vulnerable to socio-economic impacts		
Potential beneficial outcome	Currently commissioned services are limited in their reach, in specific wards in the east and west of the city as a result of NCMP data from the time they were commissioned. Though patterned by levels of socio-economic deprivation, the scale of child overweight and obesity across the city is such that the vast majority of wards have higher than England average rates of childhood overweight and obesity, both at age 4-5 and age 10-11. A whole systems approach will enable children and adults across the city, including those living in deprived communities, beyond the currently targeted wards, to access healthy food and live more physically active lives through structural changes to our environment.	
Potential disadvantage	The programmes currently delivered in the targeted wards are in some of the most socio-economically deprived areas of the city, which experience some of the highest rates of childhood overweight and obesity rates. Ending delivery of these services may result in disadvantage for individuals currently engaged with the services.	A whole systems approach will enable action on the multiple and wide-ranging underlying causes of overweight and obesity and will support more effective action to be taken and partnership with communities, in key settings, and in our travel, built environment and green space infrastructure. This will be supported by the place-based approach to physical activity being developed by Active Newcastle. Action on the social and environmental causes of overweight and obesity will be complemented by increased commitment to health improvement and

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	**Detail of impact**	**How will this be addressed or mitigated?**
		reducing health inequalities from the NHS, including weight management services for those with long-term conditions as outlined in the Long Term Plan.
Businesses		
Potential beneficial outcome	Poor physical and/or mental health is a barrier to employment and Newcastle has high numbers of people living with long term conditions, for many of which, overweight or obesity is a risk factor. Addressing overweight and obesity across the whole population could result in a healthier and more productive workforce. People in work spend a significant proportion of their time at work. Focusing on key settings, including workplaces, has the potential to directly benefit workplace productivity and engage businesses as key actors in a whole systems approach.	
Potential disadvantage	Actual financial disadvantage to currently commissioned organisations.	Ongoing dialogue and engagement with currently commissioned organisations and wider stakeholders, as key participants in shaping our future systems approach.
Geography		
Beneficial outcome	Moving towards a whole population systems approach will enable people everywhere across the city to better access healthy food and be physically active. A whole systems approach also links well with the council's renewed focus on neighbourhoods, including through concepts such as 15 minute cities.	
Potential disadvantage	Ending delivery of the current services may result in actual or perceived disadvantage	A whole systems approach will enable action on the multiple and wide-ranging underlying causes of

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	**Detail of impact**	**How will this be addressed or mitigated?**
	for the individuals engaged in these services in the currently targeted wards.	overweight and obesity and will support more effective action to be taken and co-produced with communities, in key settings, and in our travel and built environment infrastructure supported by Active Newcastle's place-based approach. Action on the social and environmental causes of overweight and obesity will be complemented by increased commitment to health improvement and reducing health inequalities from the NHS, including weight management services for those with long-term conditions as outlined in the Long Term Plan.
Community cohesion		
There is no evidence of an additional impact on community cohesion between people with different characeristics.		
Community safety		
There is no evidence of an additional impact of the proposal on community safety.		
Public Health		
Beneficial outcome	A whole systems approach will enable action on the multiple and wide ranging underlying causes of overweight and obesity and will support more effective action to be taken in collaboration with communities, in key settings, and in our travel and built environment infrastructure. Action on the social and environmental causes of overweight and obesity will be complemented by increased commitment to health improvement and reducing health	

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	**Detail of impact**	**How will this be addressed or mitigated?**
	inequalities from the NHS, including weight management services for those with long-term conditions as outlined in the Long Term Plan This approach will facilitate more active travel, linking in with Local Cycling and Walking Infrastructure Plans, the city's Net Zero carbon ambition and improve access to healthy food across the city. Enabling our whole population to achieve and maintain a healthy weight through increased opportunities to be physically active and access to healthier food offers a range of benefits associated with better health outcomes, both related to and independent of obesity. This also ensures most effective use of limited public health resources to maximise the collective population benefit of increased physical activity and improved diet, while using the best available evidence to design targeted interventions relevant to the communities most at risk of overweight and obesity.	
Climate		
Potential beneficial outcome	The proposal for a whole systems approach supports the agenda set out in Newcastle's Net Zero 2030 Action Plan, primarily by enabling increased opportunities for active travel (travel by walking or cycling).	

Type of impact (Actual / potential disadvantage or beneficial outcome; none)	Detail of impact	How will this be addressed or mitigated?
	Walking and cycling infrastructure is receiving significant investment to support this approach. The North-East Joint Transport Committee (which covers Northumberland, Tyne, Wear and Co Durham) is receiving approximately £9,000,000 in the second phase allocation of the Local Authority Active Travel Fund to enable this work. In addition to this Newcastle is accessing match funding to support active travel, for example through the Transforming Cities fund.	

Appendix 1: Contracts in scope of this proposal

Area	Numbers of contracts/ Number of providers
Physical Activity	10 Contracts delivered by 7 Providers
Nutritional/Food	6 Contracts delivered by 3 Providers
Information, Advice and Guidance	3 Contracts delivered by 3 Providers