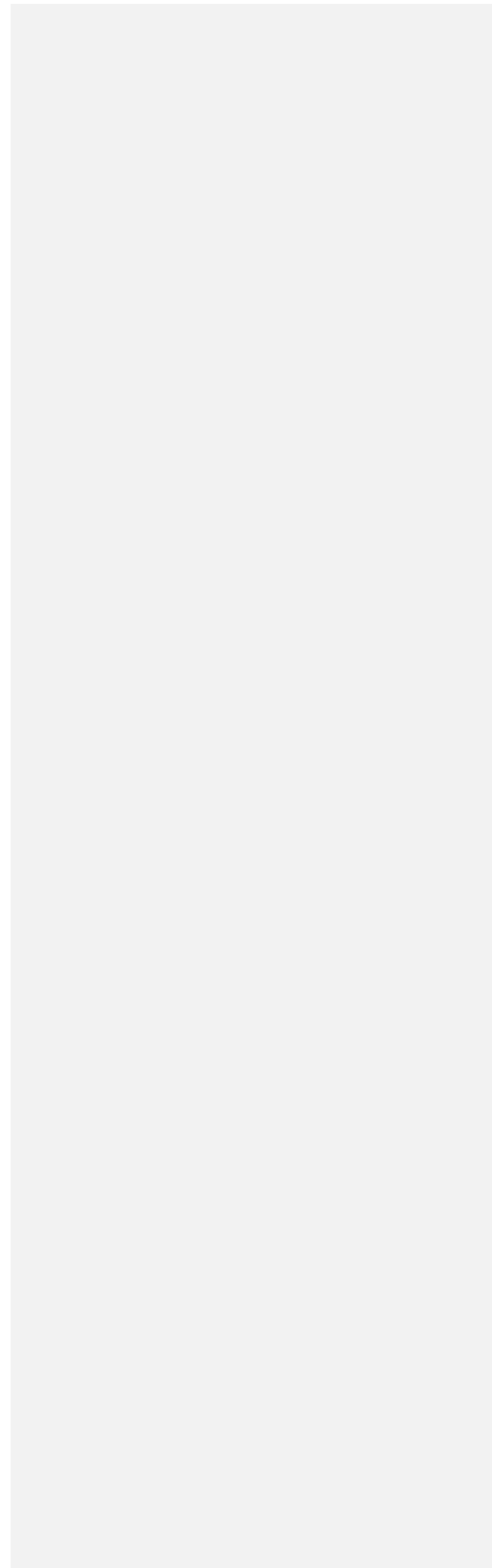




Healthy Weight Strategy for Leicestershire
Progress Report 2023/2024



Contents

Introduction.....	2
Progress against actions.....	4
1. Theme 1: Promoting a Healthy Weight Environment.....	4
2. Theme 2: Support for People to Achieve and Maintain a Healthy Weight.....	8
3. Theme 3: Prioritise Healthy Weight Through Systems Leadership.....	10
Case studies.....	16
1. Food Poverty Report.....	16
2. North West District Council Poverty Officer.....	17
3. North West District Council Pilot of Food Planning and Takeaways.....	18
4. Healthy Options for Eating Out - summary of schemes	19
5. Tier 3 Weight Management Pilot.....	20
6. Food Box Programme.....	21

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Introduction

Maintaining a healthy weight and balanced nutrition is important for overall good health. It helps to minimise the risk of long-term conditions and supports healthy child development. Unfortunately, data from 2021/22 show that around six out of ten adults aged 18 years and over are classified as overweight or obese, and over one in four are classified as obese. There are similar challenges in the weight of young children. In 2022/23 the prevalence of overweight and obesity in reception-aged children was nearly one in five and the prevalence of overweight or obesity in year 6 children was nearly two in five. Evidence also shows that as deprivation increases the number of children at a healthy weight decrease, and the number of children measured as overweight or obese increases.

Having a healthy food environment where nutritious and affordable food is widely available, and people have the skills and knowledge to be able to cook healthy food is fundamentally important in supporting the healthy weight of our residents and reducing the risk of long-term conditions¹. National and international research indicates the need for a systems approach (including Health in All Policies) to tackle the complex interacting factors associated with obesity and malnutrition². Such approaches have been shown to improve employability and productivity of local populations and can reduce demand for social care.^{3,4,5}

Action mapping is a key step in establishing systems working. It allows stakeholders to understand the breadth of what is currently being undertaken and helps prioritise future action for maximal impact². Many of the actions set out below include this crucial mapping stage. Where gaps had been identified interventions shown to be effective are now being tested. Such interventions include for example increasing the availability of healthier food and beverage in different settings⁶ and improving nutritional intake by adopting community kitchens and providing free fruit and veg to high risk groups^{7,8}.

¹ <https://www.who.int/tools/elena/interventions/fruit-vegetables-ncds>

² https://assets.publishing.service.gov.uk/media/5d396e7140f0b604de59fde9/Whole_systems_approach_to_obesity_guide.pdf

³ Public Health England. Cost of extra formal hours of help for severely obese compared to healthy weight people. Unpublished analysis of Health Survey for England combined data 2011 and 2012. Obesity Knowledge and Intelligence. 2014.

⁴ Department for Work and Pensions. Drug and alcohol addiction, and obesity: effects on employment outcomes. 2016 [Available from: <https://www.gov.uk/government/publications/drug-and-alcohol-addiction-and-obesity-effectson-employment-outcomes>]

⁵ <https://www.local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf>

⁶ Jago R, Baranowski T, Baranowski JC. Fruit and vegetable availability: a micro environmental mediating variable? Public Health Nutr. 2007 Jul;10(7):681-9. doi: 10.1017/S1368980007441441. Epub 2007 Feb 20. PMID: 17381953.

⁷ Iacovou M, Pattison DC, Truby H, Palermo C. Social health and nutrition impacts of community kitchens: a systematic review. Public Health Nutr. 2013 Mar;16(3):535-43. doi: 10.1017/S1368980012002753. Epub 2012 May 31.

⁸ <https://onlinelibrary.wiley.com/doi/abs/10.1093/aepp/ppv017>

Healthy Weight Strategy for Leicestershire 2021-2026

Our vision is a future where everyone in Leicestershire can eat well, be physically active and develop in a way which facilitates a healthy weight. The strategy sets out how we will work together with a range of sectors to make lasting changes to the food, physical activity and social environment to promote a healthy weight and improve nutrition.

Our aim is to increase the number of adults, children and families who are a healthy weight in Leicestershire by 2026. With this in mind, task groups were established to identify actions across the system that would add value to existing commissioned work. Progress against these actions is being monitored through an implementation group. Actions fall under one of three themes as set out in the strategy. These are:

- Promoting a healthy weight environment
- Support for people to achieve and maintain a healthy weight
- Prioritising healthy weight through systems leadership

Vision

Our vision is a future where everyone in Leicestershire can eat well, be physically active and develop in a way which facilitates a healthy weight.

Key Themes

Promoting a Healthy Weight Environment

Support For People to Achieve and Maintain a Healthy Weight

Prioritise Healthy Weight Through Systems Leadership

Improve the awareness and availability of healthy and sustainable food and drink in all sectors

Support settings to prevent obesity and increase healthy weight in adults, children, and families

Co-ordinate a healthy weight pathway which includes prevention, self-management, and weight management support

Develop workforces that are confident and competent having a conversation about and promoting healthy weight

Working with partners and stakeholders to support the development of a whole systems approach to healthy weight

Progress against the 2023/24 Actions

Theme 1: Promoting a Healthy Weight Environment

Improving the awareness and availability of healthy and sustainable food and drink in all sectors

Action: Understanding current access to healthy and affordable food

Identification of barriers to accessing healthy and affordable food in Leicestershire was an important objective of the Healthy Weight Strategy. A key action identified was to work with partners to identify the scope of healthy food projects currently running in the county (see Case Studies 1 and 2).

A mapping exercise was conducted, and this identified:

- 43 foodbanks in the county
- 6 social supermarkets
- 5 community fridges
- 1 community 'larder'

The mapping exercise was undertaken through conversations with food banks, district and borough councils that refer individuals into services, colleagues across LCC departments and Local Area Coordinators. Information was gathered across small areas known as Lower Layer Super Output Areas (LSOAs) and the location of food banks was mapped with population density and Household Support Fund data.

The mapping work showed that often people were accessing less healthy emergency provision rather than healthier non-emergency, affordable food. A staged support model could help to address this by providing a joined-up approach to food support, ranging from rapid crisis management to long-term sustainability and equitable distribution of resources. A potential model could look as follows:

- A crisis tier that would focus on immediate responses to emergencies, disasters, or sudden crises.
- An affordable provision tier that would ensure sustainable access to essential resources without imposing undue financial strain on individuals or communities.
- A supply redistribution tier that would aim to address disparities in resource allocation, promoting fairness and social justice by reallocating resources based on need.

Implementation of a three-tier model would address the issues identified in the mapping.

Action: Developing healthy planning policies

Another objective of the Healthy Weight Strategy was to explore the potential for developing planning policies regarding the number and location of new/proposed takeaways. This included investigating the current legislative landscape, exploring the limitations and scope for change. It was also important to identify local issues, such as where potential problem locations were (i.e., with a high density of takeaways) and what could be done to manage the number of these within the existing legislation.

A scoping exercise was conducted to see what policies could be implemented within existing legislation to manage the number and location of takeaway premises and identify 'food swamps' where action could be prioritised. This action needed to be taken at the appropriate time in the Local Plan development cycle. At the time of completing the scoping work North West Leicestershire were developing this part of their Local Plan and so put themselves forward to work with the Town and Country Planning Association and Public Health team as a pilot area. The partnership work looked at the strength and availability of health evidence in this area and opportunities that Planning Policy allows. This informed parts of their plan which was released for public consultation between 5th Feb and 17th March. The Local Plan includes a newly drafted policy that seeks to manage the location of take aways (Policy TC2) and includes an assessment created by Leicestershire County Council and North West Leicestershire District Council to assess takeaway applications as they come in (see Case Study 3). Learning from North West Leicestershire will then help inform future spread to other district councils.

Action: Review of schemes encouraging healthier out-of-home eating options

The strategy group were interested in supporting healthier options in out-of-home food environments but were unaware of what had worked in other areas and what the challenges were. A scoping piece of work was undertaken to identify and describe schemes nationally that encourage healthier options in out-of-home food environments (see Case Study 4). Evidence shows that changing food options available and restructuring food environments has the potential to 'nudge' people towards healthier choices (so-called Choice Architecture), thus creating positive behaviour change.

The potential for local implementation of the schemes was considered an important part of the Healthy Weight Strategy work. Locations where such schemes have been piloted/implemented were identified and information regarding their evaluation was requested. This allowed the group to determine how successful and feasible it could be to implement similar schemes locally.

Relevant schemes were identified in 5 Local Authorities and used to create an options proposal for a Leicestershire-wide scheme. The proposal considered cuisine or areas of concern, who the key partners might be, best practice, and learning from elsewhere. Leicester City Council were progressing a scheme pre-covid and a meeting with them was arranged to explore potential joint opportunities. Work is now being done to link with one of the Business Improvement District (BID) Managers to look at the potential for incorporating a trial scheme within their work. A meeting with the Food Group of the Environmental Health Officers is due to be arranged to take this work further.

Supporting Settings to Prevent Obesity and Increase Healthy Weight in Adults, Children, and Families

Action: Mapping of food provision within Leicestershire's local authorities

The workplace provides a prime opportunity for health improvement work. Local authorities are large employers and so supporting them to improve healthy food options for staff at work and

opportunities for being more active through travel to work could have a large impact locally and inform strategies for other workplace settings. Action was taken to describe healthy food options and active travel opportunities within the county and district councils. This included an appraisal of food quality in canteens, vending machines, catering, and provision of equipment/facilities (e.g., fridges, microwaves) to allow staff to bring in their own food. The mapping was also used to identify areas of good practice and areas of improvement.

As a result of this work, Public Health Nutritionists developed a list of potential healthier options for vending machines, and a new vending machine contract was awarded by the Strategic Property team at Leicestershire County Council to RSL Refreshments Systems. The healthier options provided were considered for the new vending machines, but unfortunately, due to the council's financial position these are now to be removed from our buildings.

The Healthy Workplaces programme obtained data about healthy eating of staff with the view to being able to provide further information on healthy eating recommendations to different workplaces. Over 50 workplaces have since been surveyed using the Workplace Health Needs assessment and it was identified that overall outcomes were poor with:

- 16.21% reporting that they eat the World Health Organisation's (WHO) recommended quantity of fruit and veg on a typical day
- 66.22% reporting that they drink the (WHO) recommended amount of fluid on a typical day

Action: Understanding guidance/support for the provision of Healthy Food in Colleges

The group recognised that there has been a considerable amount of work undertaken around school food but identified a gap in work undertaken in further education colleges and sixth forms. Discussions with local sixth form colleges were undertaken to understand existing provision of healthy food on site and support for healthy eating. Work was also undertaken to identify relevant local and national policies/guidance that could inform future action. A review was undertaken of the applicability of Public Health Wales' Healthy FE/HE guidance to Leicestershire. Whilst useful, it was not thought to be suitable at this time. Work is now underway with the Teen Health Service in Leicestershire to determine what support can be offered to further education providers. The Teen Health Service supports parents, carers and young people who want to know more about the help and care available for young people during their adolescent years.

Theme 2: Support for People to Achieve and Maintain a Healthy Weight

Co-ordinate a healthy weight pathway which includes prevention, self-management and weight management support

Action: Focus on children's services and healthy weight

A review of access to weight management services for children in Leicestershire was undertaken and potential gaps in service identified. It was concluded that more emphasis should be placed on children with learning disabilities, as well as those children who are malnourished and underweight (given this is a healthy weight strategy and not an obesity strategy). This resulted in mechanisms for malnourished and underweight children to be identified through the National Child Measurement Programme (NCMP) and input from school nurses to support the families.

Education effectiveness officers have been invited to link in with Leicestershire County Council's weight management service to collaborate with them about how to improve the Children and Young People offer. The NCMP letters that are sent to parents have been updated to include the opportunity for parents to add in their contact details for sharing directly with the weight management service. This will enable the service to call parents and offer them Healthy Eating Healthy Activity (HEHA) support as opposed to waiting for parents to get in touch with the service in the first instance.

Action: Obtaining local insight from the physical activity and weight management services regarding barriers/motivations/values linked to a healthy weight

A Physical Activity and Wellbeing Residents Survey was undertaken in 2022. This included questions specifically related to healthy weight. Responses were analysed to identify insights relating to physical activity and healthy weight and a summary infographic was produced (Appendix A). The insight and associated recommendations will be used to shape resources, websites and social media to improve population behaviour change impact. Indeed, the work has already been used by Active Together to drive the 'Let's Get Moving' strapline, focused campaigns and supporters hub assets and a number of Champions have been identified to share their story on how physical activity has helped with weight management.

Action: Improving the weight management pathway and ensuring all tiers are commissioned

Weight management services are commissioned and provided by local government (tiers 1 (advice/signposting) and 2 (lifestyle services)) and the NHS (tiers 3 (new pilot) and 4 (bariatric surgery)). Given that different commissioning organisations are responsible for this pathway, analysis was done to help understand how well referrals worked across the system and bridge any gaps. This led to improvements in a local website describing to professionals and residents what is available in Leicestershire, and to provide clarity on the different service offers and referral routes available into the different tiers. All GPs now have access to the Prism referral system so that they can refer patients directly into the weight management service for both children and adults.

Partners across the system also worked to develop a business case for a new tier 3 weight management service. Tier 3 services are multidisciplinary and support people who have more complex needs in terms of mental and physical health conditions. The business case was supported, and a new pilot tier 3 weight management service provided by the University Hospitals Leicester is in place (see case study 5). Referral of patients and uptake of the service has been so successful that it has had to close for referrals as it has reached maximum capacity. Outcomes are now being monitored.

Theme 3: Prioritise healthy weight through systems leadership

Supporting improvements to the healthy weight environment is the responsibility of partners across the system. The following actions were established to help improve partnership working and shared learning.

Action: Advocate and embed healthy conversation skills training across the system

Healthy Conversation Skills (HCS) training supports front line professionals in talking about healthy lifestyles with their patients/clients (see <https://www.healthyconversationskills.co.uk/>). The long-term goal is for Healthy Conversation Skills training (HCS) to be embedded in mandatory training across the system so that increased training coverage can help to improve the level of confidence and competence people have to engage in healthy conversations around a range of health behaviours, as well as addressing wider determinants of health. Funding for system wide work has now ended, however there is continuing exploration of avenues for additional funding.

As part of the Healthy Conversations work, a webinar has been delivered to Primary Care Network (PCN) staff during protected learning time. This webinar is a combination of the e-learning and Making Every Contact Count (MECC). Around 1,000 people signed up including roles across GP practices from reception staff through to doctors. From individuals that responded to the post survey, it was found that:

- Nearly 70% responded with a score of 8 or above out of 10, that they were confident at having healthy conversations and supporting individuals to make a healthy change.
- Nearly 70% responded with a score of 8 or above out of 10, that they felt the conversations they were having with individuals around making a lifestyle change were useful.
- 36% said they found the training invaluable.

Action: Develop and implement bespoke healthy weight resources

Action will be taken to develop and implement bespoke healthy weight resources as part of Making Every Contact Count plus (MECC+) and HCS training with the aim of hosting produced

resources on the MECC+ website. When complete these resources will help develop the skills and confidence of a range of health professionals to engage in healthy conversations about healthy weight.

While the resources are yet to be developed, there have been updates to the healthy weight/weight management section of the Healthy Conversations website vaccination clinic resource/toolkit is now complete and will be used as a blueprint for the development of healthy weight resources.

Action: Understand the key services delivered as part of the weight management system

Action was taken to identify and work with partners to understand the key activities/services delivered as part of the weight management system, to highlight gaps in services and seek opportunities for greater collaboration/improved efficiency. This work fell into a number of key areas including focusing on improvements to post-pregnancy provision and understanding how national and local services connected (e.g. digital weight management service, weight management tiers etc). A scheme to provide pregnant women and new mums with healthy food boxes has also been piloted (see Case Study 6).

Observations suggested that there appears to be a good spread of delivery across all tiers (tiers 0/1-4). Active Mums is a good resource to encourage physical activity for new mums and is a useful format for providing nutritional advice. The work identified that the healthforkids, healthforteens and healthforunder5s websites have gaps relating to dietary advice and Primary care/GP colleagues reported not understanding local referral pathways. This highlighted that GPs had not received recent information regarding referral routes. A system flow diagram was developed to aid better understanding.

There was also a need to link in with Health Visitor schemes to ensure that information and referral pathways are known and communicated and look at longer-term provision of community support and information through community-based pharmacies. As a priority, after a website review it was felt that there was opportunity to standardise signposting and messaging. The next steps will be to identify sources of information and ensure consistency of references/messages with Active Together and Leicestershire County Council's Weight Management Services.

Action: Working with partners and stakeholders to support the development of a whole systems approach to healthy weight

Achieving a whole systems approach to healthy weight means working across partners from the NHS and local government (public health, planning and social care) to set and advocate a common approach to embedding considerations around healthy food and weight into the delivery of services and development of policy. It means influencing work streams that have potential to impact on health outcomes and health inequality within the populations, such as strategic planning and growth.

Following a Public Health workshop with representatives from districts Planning teams, the Office for Health Improvement and Disparities, Town, and Country Planning Association, and Active Together, an agreement was reached on a common approach to health impact assessment (HIA) screening in the county. This will be built into local plans for each district going forward. Based on best practice nationally the screening tool and agreed approach will allow for early dialogue around sites where a health impact assessment could be delivered as part of the planning applications as well as allow for local adaptation and criteria to be added to meet local contexts. Following Health in All Policies training with the Education team it has been agreed that Public Health can be involved in all school designs going forward to ensure healthy design considerations are included for all new build schools across the county.

Action: Influencing corporate decisions to ensure healthy outcomes and increasing organisational understanding of factors that contribute to a healthy weight

Leicestershire County Council are a Health in All Policies organisation. Health in All Policies is a priority within the Health and Wellbeing Strategy, and an agreement was made with the Growth Advisory Board in 2022 to embed health considerations in all decisions with a 'health implications' section added to all Leicestershire County Council Cabinet and Scrutiny reports. This prompts all departments to consider health impacts within their work all policies, strategies, programmes, and proposals across the organisation. To support the 'health considerations' section we have produced a Health Impact toolkit, guidance and E-form as well

as a tiered training offer to help teams consider health efficiently and effectively within their work. There are three levels training available to all staff-

- **Health in All Our Work** - an eLearning course for all staff to increase knowledge of wider determinants of health and how it links to every department of the council.
- **Health in All Our Decisions** - Practical 'how to' sessions around health influences, Health Impact Eform, health consideration section process and health priorities for Leicestershire.
- **Health in All Policies** - Senior leader sessions providing a more strategic viewpoint around Health in All Policies, financial cost savings of preventative work on complex upstream issues, shared goals and synergies in working.



Part of the tiered training offered is the 'Health in All Our Decisions' training which has been delivered to the County Council Senior Management team, Democratic Services, Education team, Policy team and the Planning team. Each session explores how health considerations can be implemented as early as possible with each team's decision making. Information from the Health Inequalities Joint Strategic Needs Assessment regarding most at-risk populations and Middle Layer Super Output Areas (MSOA) areas of concern has been built into the training to ensure impacts on those locations and populations are considered as part of the Health Impact process on all corporate activities going to Cabinet. We have worked closely with Democratic services and the Policy team to improve the robustness of health considerations in Cabinet reports and how health implications can be included earlier during the redesign/withdrawal of services/ policy development stages.

Through the training a number of key working agreements have been agreed across the organisation. These include: agreement with the planning team that Public Health will be consulted on all applications that fall into one of the 15 MSOAs indicated in the health Inequalities Joint Strategic Needs Assessment (JSNA), applications involving the selling of corporately owned land, as well as any applications that would impact specifically on groups of concern indicated by the Health Inequalities JSNA, for example, applications that impact on looked after children and young people. There has also been agreement with Environment and Transport for a full Health Impact Assessment to be undertaken on the Leicestershire Highways Design Guide redesign and

LTp4 Local Transport Plan. Public Health involvement in all highway design boards and are consulted on highway design decisions routinely. Providing opportunities to ensure health outcomes and active travel recommendations are embedded within highways considerations.

There is an agreement with the Education Team that Public Health can feed into new school design with healthy design and architecture recommendations on all Primary and Secondary Schools built in Leicestershire. The TCPA and The Department of Education have been in contact to express interest in this work and to find out more as this progresses. A summary of the evidence base is being developed to aid recommendations for adoption of the approach on many aspects including increasing physical activity, dual use of facilities for schools and the wider community as well as food growing options.

The Leicestershire County Council HiAP model including all training and processes has been developed in collaboration with our district colleagues to ensure it can be easily shared and implemented within districts councils across Leicestershire.

Action: Reducing the number of inappropriate referrals to NHS digital weight management service and improving awareness of alternatives

Digital weight management is a national programme specified by NHS England. Potential participants are identified through GP systems and referrals for the service made by the practices. Patients referred must meet the eligibility criteria or they are rejected as inappropriate and patients referred but eligible may decline to participate. It is important that any inappropriate referrals or any patients declining the digital service are offered a local alternative.

As it stands, LLR are performing well on the number of appropriate digital weight management service referrals (84%) and are on track to achieve ambition of 85%. NHS England provide very little information on inappropriate referrals and so ICB colleagues are continuing to seek answers to important questions including where inappropriate referrals are coming from and what intervention can be taken to support their reduction, what happens to inappropriate referrals who are excluded but not contacted, and what happens appropriate referrals who when contacted do not want the digital programme at the time. Finding answers to these questions is challenging as the programme is managed centrally by NHS England.

Action: Supporting the weight management offer provided by Primary Care Networks

Several PCNs have prioritised weight management in their DES plan. Work is in progress to understand what can be done to support these further. The PCNs are:

- South Blaby and Lutterworth - obesity
- G3 PCN - improve wellbeing
- Oadby and Wigston PCN - improve health and wellbeing
- Cross Counties PCN - Q-Risk of 5-9, aged over 50, and not on a statin
- Melton, Syston, and Vale PCN - comorbidities and hypertension

Case Studies

The following case studies take a more detailed look at some of the actions described above.

Case Study 1 - Food Poverty Report

Mapping of food banks and food provision in Leicestershire revealed a nuanced landscape where deprivation, geographical challenges, and evolving needs intersect. Geographical mapping highlighted a high density of food bank provision in areas with significant deprivation, such as Loughborough and Coalville, but a lack of availability of food banks in other areas of deprivation within towns like Market Harborough and Melton Mowbray. Additionally, these areas face challenges of access to affordable healthy food due to rurality.

The evolving nature of food insecurity demands a shift from crisis-oriented responses to more sustainable solutions. While foodbanks traditionally offer short-term emergency provisions, chronic food insecurity necessitates long-term support. In response, initiatives like YourStore network and Feed the Hungry Mobile Community Pantry provide affordable food options, aiming to bridge the gap between foodbanks and mainstream stores. However, the proliferation of such initiatives is needed to address chronic food insecurity comprehensively and prevent individuals from reaching crisis points.

Moreover, addressing food insecurity requires a holistic approach encompassing wider support services. These include debt advice, mental health support, and job skills training, which are crucial for empowering individuals to overcome underlying challenges contributing to food insecurity. The availability of such support services does however remain limited across the county, indicating an urgent need for expansion and coordination.

Coordination emerges as a critical component in tackling food insecurity effectively. Initiatives like Melton Borough's coordinated approach to food poverty, incorporating emergency food provision and support services, offers a promising step forward. Similarly, the presence of a Food Poverty Officer in North West Leicestershire facilitates closer collaboration among food banks and the implementation of more effective strategies. A dedicated role focused solely on addressing food poverty enables the establishment of trusted relationships and tailored interventions, essential for long-term success.

Achieving a coordinated response will require commitment at both local and county levels. While individual boroughs and districts are taking proactive steps, a unified approach underpinned by collaboration between local authorities is essential. The establishment of permanent positions within Leicestershire County Council, dedicated to addressing food poverty, could foster greater cooperation and ensure a sustained effort to combat food insecurity across the region.

In conclusion, the mapping of foodbanks and food provision in Leicestershire has shed light on the complex interplay of deprivation, accessibility, and evolving needs. While existing initiatives offer valuable support, addressing chronic food insecurity demands a multifaceted approach encompassing affordable food provision, wider support services, and enhanced coordination. By working collaboratively and investing in dedicated resources, Leicestershire can strive towards a future where food insecurity is alleviated, and all residents have access to the resources they need to thrive.

Case Study 2 - North West Leicestershire District Council Food Poverty Officer

The Food Poverty Officer, operating within the Health & Wellbeing framework, has spearheaded various initiatives to alleviate food poverty in Leicestershire. These include the successful School Uniform Project, running across twenty venues and set for a repeat in 2024, thereby saving families money for essential needs. Additionally, the officer introduced a meal planner distributed in food banks to stretch nutritious emergency food parcels across seven days. Cooking videos and courses, developed in collaboration with partners, promote healthier eating habits and budget-friendly meals. Efforts extend to understanding referral system gaps and addressing issues of healthy eating and food accessibility. Collaboration with local councils, schools, and health departments ensures a comprehensive approach, while initiatives like pop-up markets and cooking courses empower communities with fresh, affordable options. Through partnerships, communication campaigns, and educational programs, the officer aims to build sustainable solutions, bridging gaps in food provision and support services across the region.

Cooking Course:

In Greenhill, Thringstone, and Agor Nook, a collaborative cooking course was developed with WE Care UK, focusing on slow cooker use due to its affordability. Partnering with various organizations, the course aimed to educate participants on reducing food waste, saving money at the supermarket, batch cooking, and preparing healthier meals from scratch. Sessions

included recipe discussions, demonstrations, and opportunities for participants to try recipes at home. Open discussions covered topics such as the health implications of takeaways, accessing low-cost food options, and promoting healthier eating habits for children. Visits from health and wellbeing officers and food waste reduction teams added additional support and guidance throughout the program. Other cooking across the district by the Food Poverty officer has also included the Health and Wellbeing team working together with some fantastic results and clients still using the slow cooker after 6 months.

School Uniform Swap Shop:

The FPO initiated a school uniform swap shop across the district, operating in over 18 venues during the summer of 2023. These locations provided racks and signage for public donations of school uniforms, aimed at alleviating financial burdens for families during the summer break. Some venues extended support until mid-October, with NWLDC Newmarket maintaining a rack. The project aimed to ease financial strain, enabling families to prioritize essentials like food and bills. In the upcoming year, the project plans to enhance support by incorporating signposting for healthier recipes, partner information, and exercise support from the health and wellbeing team.

Case Study 3 - North West Leicestershire District Council Pilot - Food in Planning

North West Leicestershire District Council put a local plan out to consultation in February 2024 which included a new proposed policy on food takeaway applications. Feedback on this is not yet available, but Policy TC2 addresses the regulation of hot food takeaway establishments, a concern now heightened due to changes placing them as a distinct category, requiring planning permission. While acknowledging their role in community service and evening activity, the policy highlights potential negative impacts like noise, amenity disruption, and health concerns, particularly in areas of deprivation where high concentrations of takeaways correlate with worse health outcomes. Planning Practice Guidance is cited for managing these impacts, emphasising health and amenity considerations and litter control. Criteria for assessing proposals include existing takeaway density, proximity to sensitive locations like schools, and health indicators for the local community. The proposed policy extends district-wide, recognising impacts on town and local centres, notably seen in Ashby de la Zouch and Ibstock, where concentrations of takeaways affect shopping and service provision.

Case Study 4 - Healthy Options for Eating Out - Summary of Schemes

Several schemes in various regions have been established that engage businesses to promote healthier food choices. These schemes overall are led by a combination of Environmental Health teams, Trading Standards teams, Public Health leads, and Weight Management services, with close ties to food hygiene scores as prerequisites.

Eat Out Eat Well is a multi-authority national scheme originating from Surrey, managed by Environmental Health with links to Public Health, as indicated by the scheme in Northamptonshire. Similarly, Healthier Options Takeaways is run by Nottingham County Council involving stakeholders such as Public Health, Weight Management services, and Environmental Health. The Healthier Choices Award, as seen in Blackpool Council, focuses on recognising establishments offering healthier options, with main stakeholders being Public Health and Environmental Health. Food for Health (Tower Hamlets) involves the Public Health Projects Team, Environmental Health, and Trading Standards Place Directorate. Recipe 4 Health is a Trading Standards Scheme with key stakeholders in Public Health and Environmental Health, run by Blackburn with Darwen Borough and Lancashire County Council.

Positive feedback from the scoping exercise indicated that these schemes potentially led to healthier lifestyles and improved the image of participating food establishments. For instance, Eat Out Eat Well evaluations noted that customers were more likely to order from menus with health indicators next to items. There were observed impacts on staff motivation and behaviour, with changes in own diets and encouragement of customers. The schemes were praised for practicality, flexibility, and adaptability, with ongoing guidance and support from award assessors valued. However, challenges such as time constraints, concerns about cost, lack of consumer awareness, and difficulties in full scheme embedding across partners and departments were noted. Key motivators for participation included commercial gain, personal interest, free schemes, credibility, and involvement of statutory services.

The Trailblazer Programme, Recipe 4 Health, was part of a government-led initiative aiming to tackle obesity and health inequalities. This three-year project focused on influencing food businesses to provide healthier options and offers support such as business development training, mentoring, and nutritional advice. Although there were challenges such as low uptake in initiatives like food voucher trials, clear communication about the scheme's objectives was deemed essential for its success. The project also emphasises the importance of community

engagement, seen through the success of events and a rebrand informed by local businesses and children.

To conclude, the schemes aimed at promoting healthier food choices demonstrate commendable efforts by local authorities to address public health concerns. While these initiatives have shown promising results in encouraging healthier lifestyles and enhancing consumer trust, challenges such as time needed to implement and cost concerns remain. With ongoing support and clear communication, these schemes have the potential to foster lasting improvements in community health and well-being.

Case Study 5 - Pilot tier 3 weight management service

Tier 3 weight management services offer multidisciplinary weight management support for people with complex or severe obesity. A new Tier 3 service is being piloted in LLR. Historically, the region lacked adequate support for individuals with severe obesity who did not wish to seek surgery or had complex obesity-related needs. Various reports and reviews highlighted this gap in provision, leading to the initiation of a pilot program funded with £1 million over three years by the LLR Integrated Care Board (LLR ICB).

The pilot, managed by University Hospitals of Leicester (UHL), aims to assess the effectiveness and feasibility of a multidisciplinary Tier 3 weight management service. This service involves collaboration between UHL, Leicestershire Nutrition and Dietetic Services, Leicester Partnership Trust, and other primary and secondary care services. The multidisciplinary team includes consultant physicians, specialist dietitians, nurses, physical exercise therapists, and psychologists, among others.

Eligibility criteria for accessing the service are based on NICE guidance, but due to limited resources, the pilot cannot offer treatment to all eligible patients. Instead, strict eligibility criteria and careful screening are employed to allocate treatment based on health-related risk. The service is currently closed to new referrals as it has reached capacity. Outcome data and case studies are yet to be generated as the service requires patients to undergo a 12-week period of support in their dedicated pathway before assessment can occur.

Despite challenges such as overwhelming demand and budget constraints, the pilot seeks to address the unmet needs of individuals with severe obesity in LLR, potentially paving the way for recurrent funding and sustained support beyond the pilot period.

Case Study 6 - Food Box Programme

Leicestershire County Council and the LLR ICB partnered with social enterprise Venner Nutrition to support expectant and new mums with healthy food boxes, nutrition advice and guidance to encourage them to create positive habits within their families. Below is a case study of one such example.

Conna had a struggle with healthy options and trying to improve healthy eating post pregnancy. She was referred to the Food Box programme by the Pregnancy Nutritionist following a conversation about this. Conna said that she didn't normally follow recipes but found them "easy and worded nicely in a way that is easy to understand and not too 'chefy!'" She hadn't tried recipes and food like couscous and some beans before, and there were a few vegetables she hadn't eaten since she was a child. She tried them again with the Food Box programme and now really likes them! Food boxes can last for a long time. Conna is a single parent and so the Venner box lasted for nearly two weeks, which gave her more support without wasting any food.

Conna enjoys cooking and the programme gave her the confidence to experiment with different ingredients, recipes are super quick 15-30 mins! She had previously had her gall bladder removed and so eating a healthy diet was important, i.e. reducing oil and fats. The programme gave her the support to cook for her and her family's needs. While Conna has some allergies and had to adapt some of the recipes, she was able to do that. Conna- "thought healthier foods are more expensive but now since the Food Box programme I realise what I'm eating and incorporate more healthy foods and its more economical when you know what you are doing.....loads of variety in each box, also loved that they included breakfast/snack things and also lunches...definitely helped me to pay more attention given the gall bladder removal and knowing what to eat and what's right for me".

The key learning points taken away from this programme were to make QR codes more visible in the booklet to ascertain more feedback from people using them, it was also found to be important to consider allergies and to reduce food waste. The programme was successful in improving knowledge and cooking skills and helping people to understand that healthy eating doesn't have to be expensive if managed correctly.