Health and Wellbeing Board *21 Jan 2026*
Report of the Director of Public Health

A compassionate approach to healthy weight in York

Summary

1. This report sets out a new approach to supporting people achieving and maintaining a healthy weight in York, led by the public health team at city of York Council but with implications for the whole system of health and beyond in the city. It gives an overview of services to support children, families, and adults, with a particular focus on the shift to a compassionate approach to weight.

2. The focus of this report is on the framing of, and approach to, healthy weight support in the city, rather than on the wider issues behind weight, diet and exercise – for instance poverty, housing, the 'obesogenic environment', our food systems. These things are the focus of Goal 5 in the Joint Health and Wellbeing Strategy 2022-32, and are reported on regularly to the board.

3. The board are asked to note and endorse the approach set out within this report and are encouraged to promote the ethos of a compassionate approach to healthy weight, and the services available within their own departments/organisations.

Background

4. Up until now, the approach to healthy weight in York, which was set out in the Healthy Weight Healthy Lives strategy, has been somewhat fragmented, with a range of different services, some in-house local authority, some commissioned externally, some provided by the NHS - each often following a traditional 'tiered' or stepped care approach.

5. The most recent Cochrane reviews of behavioural weight management services for children and young people conclude such services only demonstrate small, short-term weight loss in some participants. Weight management interventions are not effective for all, and reliance on

them as a ‘fix’ particularly for childhood obesity may be doing a disservice to our children and their families.

6. For adults, recent NICE guidance on Obesity and Weight Management moves away from a tiered approach and emphasises a more personalised and holistic set of behavioural and specialist interventions. Adult behavioural weight management interventions have a solid evidence base of moderate impact on weight reduction and associated health improvements e.g. cardiometabolic markers such as blood pressure, however maintenance of weight loss is often not achieved in the longer term.[1]

7. Obesity is a complex issue determined by interactions between multiple genetic, social, and environmental factors, including significant changes to modern life including transport methods, urban environments, road safety, access to green space, the way we work, and food production.

8. Obesity is a *chronic, relapsing medical condition* and we need our systems to treat it as such. We also need to recognise that obesity and mental health are closely connected, often feeding into one another. That’s why compassion must be at the heart of how we respond.

9. The recent ‘More Than Weight’ report published jointly by Humber and North Yorkshire & West Yorkshire ICBs showcases the voices of people living with obesity in our region. In this extensive piece of lived-experience research, people described obesity not as a cause, but also as a consequence of trauma, bereavement, poverty, neurodivergence, and emotional distress.

10. Given the above, whilst there is still a place for individual support around weight, this should increasingly take a compassionate, empowering and trauma-informed approach.

Main/Key Issues to be Considered

11. Using Body Mass Index (BMI) as a measure, 60.1% of York’s adult population is overweight or obese. Among York’s young people, 23.2% of reception age children were overweight or obese, raising to 34.7% of year six children. BMI/weight centiles are by no means a perfect way to detect weight status; for example, they do not differentiate between muscle and fat, do not appreciate the phases / spurts of growth children go through or those who are very tall/very small for

[1] Overweight and obesity management: summary of updated NICE guidance

their age. However they are a standardised measure that has been consistently followed for many years and is useful for understanding trends in the population's weight. Across all age groups, there has been an upward trend in obesity levels since the 1950s.

Shift to a compassionate approach

12. At its heart, a 'compassionate approach' to healthy weight – an approach first piloted in Doncaster – will require the reframing of messages around healthy weight, particularly those promoted through, for example, the Health Trainer and Healthy Child services.

13. The approach is defined below:

Key facets of a Compassionate Approach to Healthy Weight

- Challenging weight stigma - end weight stigma and create an environment where people can pursue their health goals without judgment.
- Focusing on health gains - focus on health improvement rather than weight loss.
- Respecting diversity - respect diversity in body shapes and sizes.
- Supporting physical activity - support physical activities that are enjoyable and allow people of all sizes to participate.
- Addressing social and environmental barriers – address social and environmental barriers that make it difficult for people to participate in physical activity and eat the foods they want to eat.
- Being trauma-informed - taking into account the impact of trauma and understanding what people have more or less influence over.
- Recognising complexity – realising that human systems are complex and sustainable change takes time.
- Building relationships - focus on building relationships and supporting connections between people.
- Recognising unintended consequences – for example the rise in the number of people (especially young people) with eating disorders, and the impact that weight-oriented messages may have for people with these conditions

14. This approach is trauma-formed, and also has a strong thread around social justice, given that there is strong correlation between areas of deprivation and higher instances of overweight/obesity. As previously discussed, the multifaceted nature of obesity means that those who are closer to the poverty line, have less opportunity to eat fresh fruit or vegetables, less able to access physical activity opportunities, living in with past/current trauma are more likely to be over a healthy weight.

Reshaped public health support services: the Healthy Family offer

15. Building on the ethos and approach outlines above, the public health team have been developing:

16. As will be seen, the emphasis within this set of redesigned services is on prevention, starting at pre-conception and focussing most of our

resource and effort on supporting children and young people within the family setting. This is because they are most likely to be harmed over the life course by excess weight, are most amendable to changes to diet and activity levels, and have the most to gain from developing a lifelong set of habits and environments which support healthy eating.

The wider weight management system in York

17. Alongside the redesigned public health services to support people to achieve and maintain a healthy weight, there are other formal offers of weight management support available to adult York residents within the NHS. These include

    - Tier 2 digital weight management scheme
    - The NHS Diabetes Prevention Programme
    - The NHS Low Calorie Diet (focussed on diagnosed Type 2 diabetics)
    - Tier 3 (psychological support)
    - Tier 4 (Bariatric pathways)

18. The above interventions from public health services, and the broader strategic approach to a compassionate weight, aim to sit alongside formal clinical services, and will reach a far greater proportion of the population than they are able to do.

19. The effectiveness of drugs in the GLP1 receptor-agonist class (e.g. Tirzepatide (Mounjaro) or Semaglutide (Wegovy)) is increasingly recognised for weight loss. Some of the pathways described above will incorporate these medications through specialist services and now through prescriptions obtained in primary care, in a phased approach which starts with those with a BMI of 40 or over and long-term conditions. These medications are currently injectable, but oral versions have recently been approved in the US.

20. The evidence these drugs lead to rapid weight loss at the individual level has now been shown through multiple international trials, and beyond weight as an endpoint they are increasingly being found to positively affect outcomes such as cardiovascular events, bone health and dementia incidence.[2] Less positively, they come with a number of side effects around nutrition, gallstones, dehydration as well as worries around the increasing availability of counterfeit medications.

[2] GLP-1 drugs effective for weight loss, but more independent studies needed | Cochrane

21. It seems clear now that for long term benefit, these medications would need to be taken for life, and recent research has shown that once their use is stopped, weight is regained rapidly (within 18 months), up to four times as fast as after behavioural weight management interventions.[3]

22. In addition, it is important to recognise that a pharmacological approach to weight loss through these jabs does nothing to improve people's diet and nutrition or physical activity levels, both of which have a huge benefit for health independent of weight. In fact, there is evidence [4]

23. At the population level, with 25.2% of the York adult population having a BMI of over 30, a large number of residents (an estimated 42,357) would need to be treated to have a meaningful effect on population obesity levels. For instance, the NHS is currently paying £122 per patient per month for the maximum dose of Mounjaro, so the pharmacological costs alone (without associated clinical costs or wraparound behavioural support) of treating this group in York would be around £62m.

24. In comparison, if everyone who is overweight reduced their calorie intake by just 216 calories a day, equivalent to a single bottle of fizzy drink, obesity would be halved.[5]

System level interventions

25. Whilst this paper has focussed on support services, there are myriad other things which support healthy weight in York at a structural level, particularly for children and young people.

26. Interventions around healthy and affordable food shape much of dietary environment which determines our weight. Locally, examples of this would be through the Holiday Activity Fund, through provision of fresh fruit and veg to 4-6 yr olds, through community provision of healthy food at for instance Tang Hall Coop, The Place in Westfield, and Planet Food in Southbank, and through the rollout of free school meals and breakfast clubs through York Hungry Minds project.

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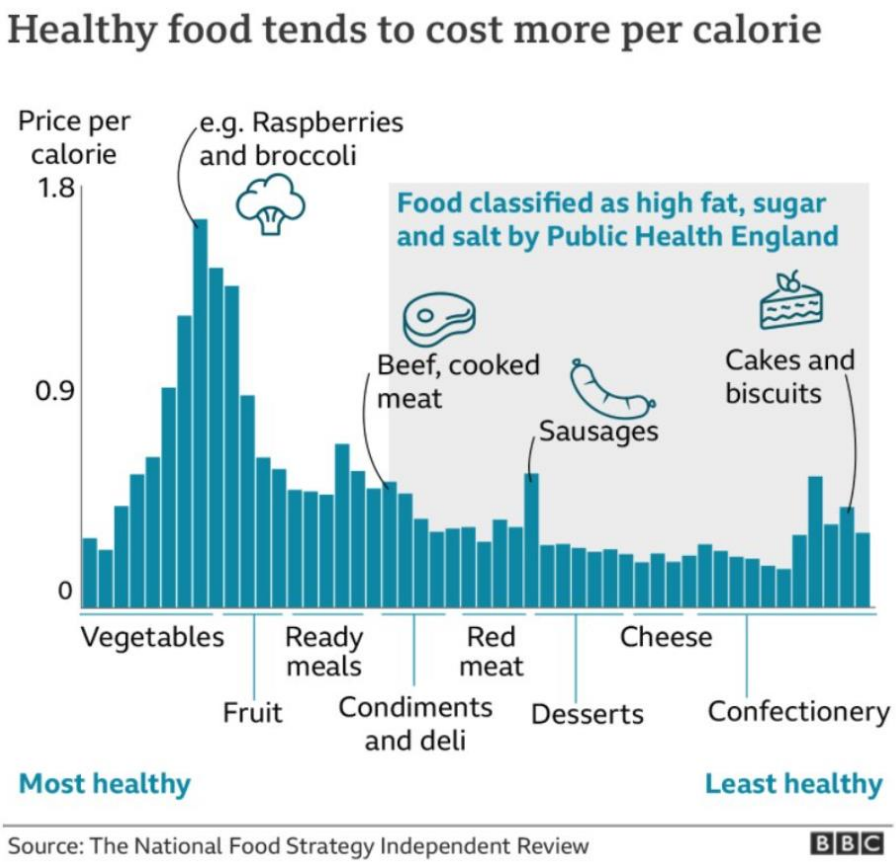
[3] Weight regain after cessation of medication for weight management: systematic review and meta-analysis | The BMJ

[4] Lack of support for people on weight loss drugs leaves them vulnerable to nutritional deficiencies, say experts | University of Cambridge

[5] Healthy food revolution to tackle obesity epidemic - GOV.UK

27. Locally, we have implemented restrictions on advertising of High Fat, Salt and Sugar (HFSS) products across council owned advertising space, though the Council's advertising and sponsorship policy. As previously mentioned, there is a need to move away from the individualised framing of obesity, towards a shift to the harms that industry are causing. Ultra-Processed Foods are, gram for gram, often cheaper than fresh, healthy foods. When this is combined with significant industry lobbying and massive advertising spend, the influence of industry on our health becomes a significant concern.



28. Through the development of a Health Supplementary Planning Document, we are looking to clearly articulate how health needs including healthy weight issues are taken into consideration by housing developers. This will include ways in which people move through spaces (footpaths, cycle paths, lighting), the minimum requirements of open and green spaces, play, recreation and physical activity provision, and opportunities for communities to come together in a cohesive way.

29. Within national policy, the 10-year Health Plan for England will:

- Ban the sale of energy drinks for under 16s

- Strengthen local councils' power to block new fast-food outlets near schools
- Update school food standards legislation
- Increase the value of Healthy Start
- Expand eligibility of Free school meals
- Uplift the rate at which the Soft Drinks Industry Levy (SDIL) is paid, and consult on wider changes
- Apply the updated Nutrient Profile Model
- Introduce mandatory health food sales reporting for all large companies in the food sector
- Set mandatory targets on the healthiness of sales for the largest companies in the food sector

Next Steps

30. As has been demonstrated throughout this report, addressing the underlying causes of obesity are far ranging and multi-faceted. It will require a whole system approach to embedding and enabling change, providing support to families and creating the environments that foster good health outcomes.

31. The Health and Wellbeing Board individuals and organisations can support the system changes in the following ways:

- Trauma-informed practice in obesity care

  Embedding trauma-informed and trauma responsive approaches in relation to obesity and weight, including outcomes on engagement, retention, and mental health.

- Stigma reduction

  Look for ways of reducing weight stigma in services, including training, reflective practice, and policy change. Create an environment where people can pursue their health goals without judgment.

  Focus on health gains, rather than weight loss, weight status etc. A shift towards person centred, goal-oriented outcomes.

- Consider the Commercial Determinants of Health

  Look at how industry impacts upon the choices architecture we are all presented with around food, movement, transport. Carefully consider the implications of advertising, sponsorship, partnership

etc. of big industry – the message that this sends and the motives behind this.

Strategic/Operational Plans

32. This report aligns with the 5th Goal in the Joint Health and Wellbeing Strategy 2023-2032 to 'Reverse the rise in the number of people living with an unhealthy weight'

Recommendations

The Health and Wellbeing Board are asked to:

i. Approve and endorse the ethos and service changes lying behind the proposed 'compassionate approach' to healthy weight

   Reason: to provide effective, supportive and non-stigmatising services and support around weight in the city

ii. Consider the implications of this 'compassionate approach' for each individual organisation

   Reason: to embed and disseminate our agreed approach across city organisations.

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Report Approved [x] **Date** *9/1/26*

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Report Approved [tick] **Date** *Insert Date*

Specialist Implications Officer(s) *List information for all i.e*
Financial Officer's name
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Organisation name
Tel No.

Wards Affected: *List wards affected or tick box to indicate all [most reports presented to the Health and Wellbeing Board will affect all wards in the city – however there may be times that only a specific area is affected and this should be made clear]* **All** [tick]

For further information please contact the author of the report
Background Papers:

***All relevant background papers must be listed here**. A 'background paper' is any document which, in the Chief Officer's opinion, discloses any facts on which the report is based and which has been relied on to a material extent in preparing the report*

Either the actual background paper or a link to the background paper should be provided.

Annexes

***All annexes to the report must be listed here**. Any paper which is supplementary to the main report, and intended to be read with it, should be referred to in the report as an 'annex'. Each annex should be a separate document to the report and given a number or a letter, e.g.*

‘Annex A’ and be marked accordingly on the first page. Also state which if any are ‘exempt’ with a clear reason why.

Glossary

A separate document must be attached to each report *which clearly lists in alphabetical order any abbreviations used within the report and its associated annexes.*