

North Tyneside Joint Strategic Needs Assessment Obesity

April 2025



North
Tyneside
Council

1. Introduction

Obesity has been identified as a serious public health challenge globally and as a major determinant of disability and death. Estimates from the World Health Organisation (WHO) report on obesity in May 2022, suggest that obesity causes more than 1.2 million deaths across the European region every year. This means that obesity is the fourth highest cause of death after high blood pressure, dietary risks, and tobacco, corresponding to more than 13% of total deaths¹.

The fundamental cause of overweight and obesity is an energy imbalance between calories consumed versus calories expended. However, obesity is an incredibly complex issue with many factors to consider including individual behaviours, the built environment, the food environment, genetics, and societal/cultural influences, with many of these factors often being interlinked².

The 2022 WHO report focuses on managing obesity throughout the life course and tackling obesogenic environments. It also considers more recent challenges, including problematic digital marketing to children and the impact of the COVID-19 pandemic on obesity prevalence³.

Obesity is associated with reduced life expectancy. It is a risk factor for several long-term conditions, including cardiovascular disease (CVD), type 2 diabetes, at least 12 kinds of cancer, liver, and respiratory disease. Furthermore, children who are overweight or obese have a higher likelihood of being obese as an adult, increasing their risk of developing chronic diseases⁴.

In the UK it is estimated that around 31,000 heart and circulatory deaths are attributed to excess weight and obesity every year⁵. The NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year⁶.

¹ World Health Organisation (2022). [WHO European Regional Obesity Report 2022](#)

² Government Office for Science (2007) [Foresight report Reducing obesity: future choices](#)

³ World Health Organisation (2022). [WHO European Regional Obesity Report 2022](#)

⁴ Public Health England (2017) [Health matters: obesity and the food environment 2017](#)

⁵ British Heart Foundation 2021

⁶ Public Health England (2017) [Health matters: obesity and the food environment 2017](#)

Obesity and diet-related disease are a public health emergency. England has one of the highest rates of obesity among high-income nations. Two-thirds of adults are living with overweight or obesity, and 29% are living with obesity. More than 20% of children start primary school with overweight or obesity, rising to 36.6% by the time they leave.⁷

2. Key Issues

- 64% of adults (18+ years) in England are classified as overweight or obese. In North Tyneside, the rate is slightly lower at 63.2% (but not statistically different), which means that almost two in every three adults are overweight or obese⁸.
- In England, 22.1% of children in Reception (aged 4–5 years) are overweight or obese, this increases to 35.8% by the time they are in Year 6 (aged 10–11 years). In North Tyneside, the rates are slightly higher (but again not statistically different) at 22.3% in Reception and 36.8% in Year 6⁹.
- Rates of overweight and obesity have been increasing, locally and nationally, year-on-year, with a decrease locally in adults from 2021–22 to 2022–23. It is expected that these rates will continue to rise, possibly accelerated by the impact of the COVID-19 pandemic¹⁰.
- Certain communities are disproportionately affected by obesity including, those living in areas of high deprivation, people from Black, Asian, and other minority ethnic groups, and people with learning disabilities. These population groups are at greater risk of developing obesity, may be less likely to engage with weight management services, and therefore typically have higher rates of obesity¹¹.
- Obesity is associated with reduced life expectancy and increases the risk of developing a range of long-term health conditions. Studies also show that people living with obesity are more likely to experience severe illness or death from COVID-19¹².

⁷ House of Lords (2024). [Recipe for health: a plan to fix our broken food system](#)

⁸ OHID (2024). [Fingertips Obesity Profile](#) [accessed March 2025]

⁹ OHID (2024). [Fingertips Obesity Profile](#) [accessed March 2025]

¹⁰ Cancer Research UK (2022). [Overweight and obesity projections for the UK](#) [accessed November 2024]

¹¹ OHID (2022). [Adult obesity: applying All our Health](#) [accessed November 2024]

¹² DHSC (2020). [Tackling obesity: government strategy policy paper](#)

- Obesity is also associated with poor psychological and emotional health and poor sleep in both adults and children. People living with obesity often experience stigma because of their weight, which can have a negative impact on their self-esteem¹³.

3. High Level Priorities

Given the high prevalence of overweight and obesity across all age groups in the borough and the subsequent health inequalities, strategic plans must be appropriate for the level of need and accessible to all. The causes of excess weight are complex and individuals' abilities to achieve and/or maintain a healthy weight are influenced by a range of factors, not just individual behaviour change. Therefore, this must be considered when planning services. The following high-level priorities consider the impact of the built, natural and food environment on individuals and the population:

- Continue to implement a whole system approach to tackling obesity incorporating public awareness and education, advocating for policy change, and regulation (improving food labelling for example), healthcare interventions and food environment changes to improve access to access healthy food in unserved or underserved communities.
- Continue to focus on the wider determinants of health, health promoting infrastructures and organisational culture shifts. These elements are used in the 16 commitments of the Healthy Declaration that the North Tyneside Health and Wellbeing Board signed in 2022.
- Continue to address excess childhood weight by continuing to implement, respond to and monitor the National Child Measurement Programme
- Continue to commission weight management and behaviour change programmes for populations who may experience barriers or inequalities with access to universal programmes or be at an increased risk of excess weight. For example, our 12th Man programme and our Slimming World offer.

¹³ OHID (2022). [Adult obesity: applying All our Health](#) [accessed November 2024]

These high-level priorities are reflected in North Tyneside's Joint Health and Wellbeing Strategy and align with the North Tyneside Healthy Weight Alliance Action Plan.

4. Those at risk

Overweight and obesity are terms that refer to an excess of body fat and they usually mean that a person has a higher weight than considered healthy for their height. The most common method of measuring obesity is the Body Mass Index (BMI). BMI in adults is calculated by dividing a person's weight (in kilograms) by their height (in metres²). The calculation for children is slightly more complex. Table 1 and Table 2 below show the different weight classifications and their associated BMI range.

Table 1. BMI classifications for adults

Classification	BMI
Underweight	(<18.5)
Healthy weight	(18.5) – (24.9)
Overweight	(25.0) – (29.9)
Obese	(30.0) – (39.9)

Table 2. BMI percentile classifications for children*

Classification	BMI Centile
Under Weight	<2 nd centile
Healthy Weight	2 nd – 84.9 centile
Overweight	85 – 94.9 centile
Obese	≥ 95 th centile

**Thresholds above are those conventionally used for population monitoring and are not the same as those used in a clinical setting, where overweight is defined as a BMI ≥ 9th but below the 98th centile, and obese is defined as a BMI ≥ 98th centile.*

The main cause of weight gain is eating too many calories. Whilst this may sound overly simplistic, evidence shows that most adults are eating around 200 to 300 extra calories a day, and children who are already living with excess weight are consuming up to 500 extra calories per day¹⁴.

¹⁴ Public Health England (2018). [Calorie reduction: The scope and ambition for action](#)

The Eatwell Guide sets out the principles of a balanced diet¹⁵, but typically many people are eating too much sugar, saturated fat and salt and not enough fibre, fruit, and vegetables. Unhealthy diets are the primary driver of obesity and preventable diet-related disease. People from all income groups are not meeting the recommended dietary guidelines. Also, in recent decades, unhealthy and often highly processed foods have become more widely available and are heavily marketed and advertised and often cheaper than healthier alternatives¹⁶.

Over the last 50 years, what we eat and how we eat has changed markedly. Both adults and children are constantly exposed to food advertising and promotions and the high density of food outlets on high streets encourages people to buy and eat more. People eat outside of the home more often and, whilst the sector makes substantial contributions to the economy, on average it provides 20–25% of an adult's energy intake¹⁷. (and this may now be an underestimate). Portions are typically bigger and often higher in fat, sugar, and salt.

Almost anyone can become overweight or obese if they regularly consume too many calories, but some groups are more likely to experience excess weight than others. This means that the prevalence of overweight and obesity in some groups in North Tyneside will be higher or estimated to be higher than the wider population. Groups that are more likely to be living with excess weight include:

- People living in more deprived areas
- People from some minority ethnic groups
- People with learning disabilities
- People with some long-term health conditions
- Males

¹⁵ NHS (reviewed 2022). [The Eatwell Guide](#) [accessed November 2024]

¹⁶ House of Lords (2024). [Recipe for health: a plan to fix our broken food system](#)

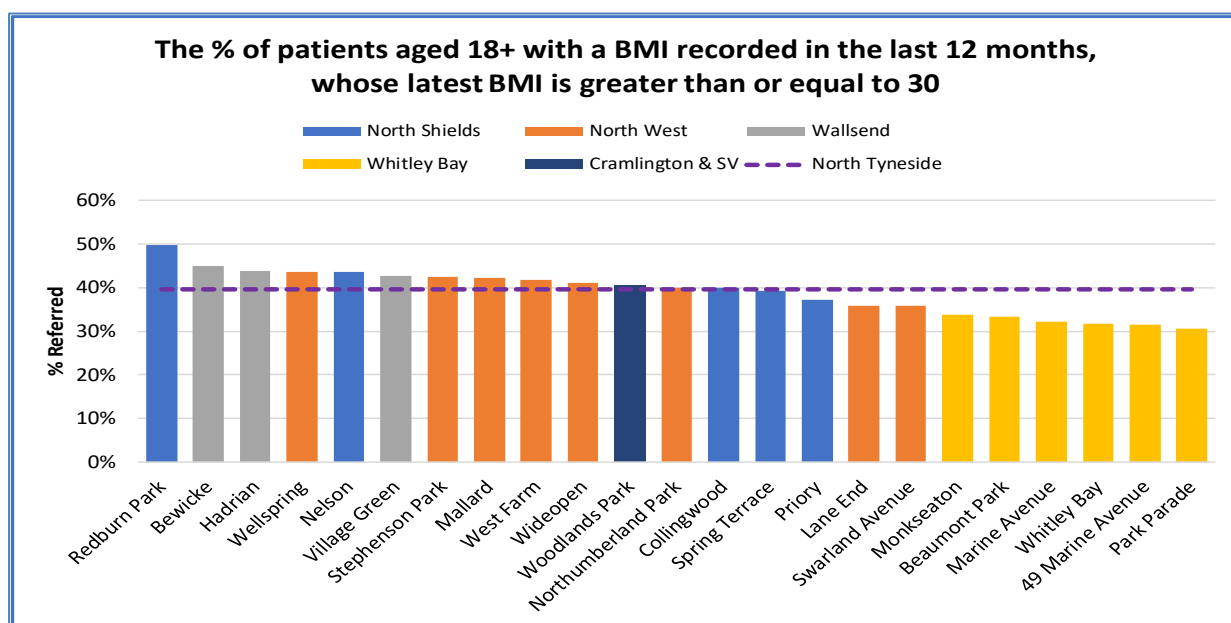
¹⁷ Public Health England (2018). [Calorie reduction: The scope and ambition for action](#)

5. Level of Need

Overall, 63.2% of adults (18+) in North Tyneside are overweight or obese. This is slightly lower than the England rate, but not statistically different and equates to nearly two in three adults (approximately 189,887)¹⁸.

As above, excess weight is not evenly distributed across the population. Figure 1 below shows the proportion of patients at each GP practice aged 18+ who have had a BMI recorded equal to or higher than 30 in the last 12 months (Dec 23 – Nov 24) ranges from 25% to 55%.

Figure 1: GP practice-level data on patients with a BMI ≥ 30 in North Tyneside, 2023/24¹⁹



National Child Measurement Programme (NCMP) results for North Tyneside showed that in 2023–24, 22.3% of Reception pupils (almost 1 in 4), and 36.1% of Year 6 pupils (more than 1 in 3) were classed as overweight or obese. This compares with national figures of 22.1% and 35.8%, respectively. North Tyneside rates are higher than the national averages, but not statistically significant. These figures equate to approximately 1,250 reception children and approximately 1,850 year 6 children being overweight or obese²⁰. However, North Tyneside has a significantly higher percentage of children

¹⁸ OHID (2024). [Fingertips Obesity Profile](#) [accessed March 2025]

¹⁹ RAIDR Primary Care Data. BMI Recording and Obesity: [Accessed November 2024]

²⁰ OHID (2024). [Fingertips Obesity Profile](#) [accessed March 2025]

classed as physically active than the national figure (54.3%). This is the second-highest percentage in the region. since 2021/22²¹.

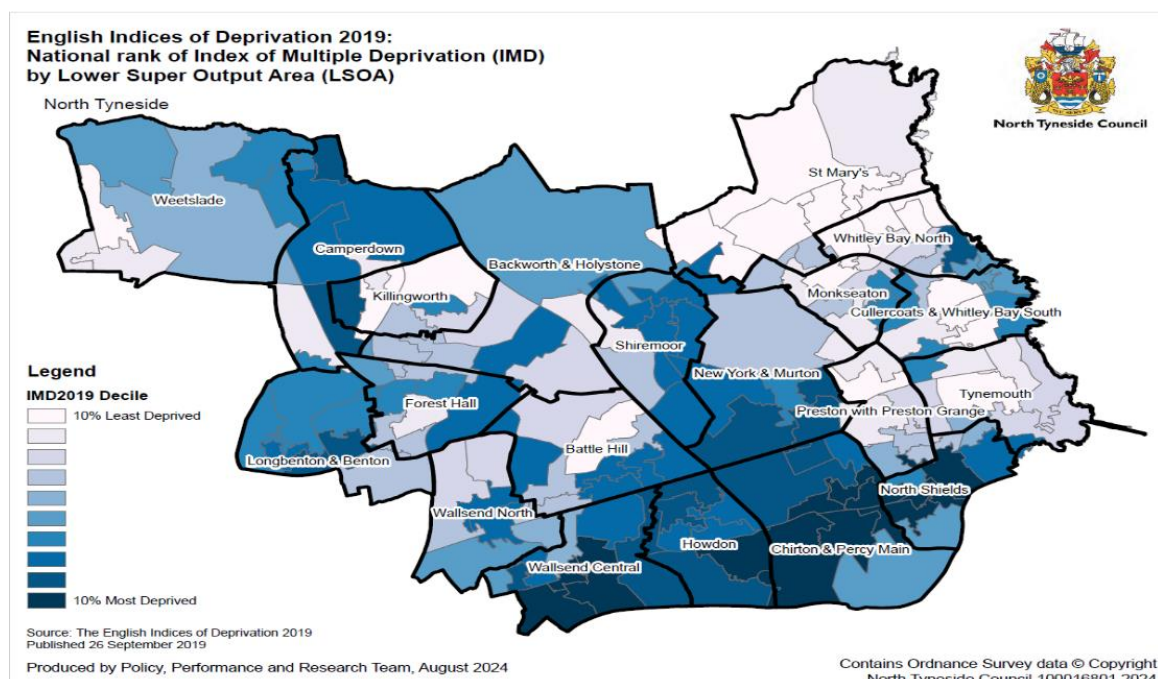
Deprivation

As above, people living in more deprived areas are more likely to be living with excess weight. National data shows that children in the most deprived parts of the country are more than twice as likely to be obese as their peers living in the least deprived areas.²²

Differences in obesity rates translate to worse health outcomes for people in more deprived areas and contribute to health inequalities. Admissions directly attributable to obesity are over three times more likely in the most deprived areas compared to the least deprived areas²³.

Locally, there is also a relationship between deprivation and obesity. Figure 2 below shows the relative levels of deprivation in North Tyneside, with the darker colours representing the most deprived areas, and the lighter colours representing the least deprived areas.

Figure 2 – Relative levels of deprivation in North Tyneside (2019 Index of Multiple Deprivation)



²¹ OHID (2025). [Fingertips Physical Activity Profile](#). [accessed March 2025]

²² NHS Digital (2024). [National Child Measurement Programme data](#) [accessed November 2024]

²³ NHS Digital 2021. [Statistics on Obesity, Physical Activity and Diet, England 2021](#) [accessed November 2024]

Figures 3 and 4 below show rates of overweight and obesity for Reception and Year 6 children for in 2023-24. They show that wards with higher levels of deprivation (e.g. Chirton, Howdon) generally have higher levels of children with excess weight. Conversely, the least deprived wards in the borough (e.g., St Mary's,) are among those with the lowest rates of childhood overweight and obesity.

Figure 3: Variation in excess weight by ward in North Tyneside, Reception cohort, 2023-24

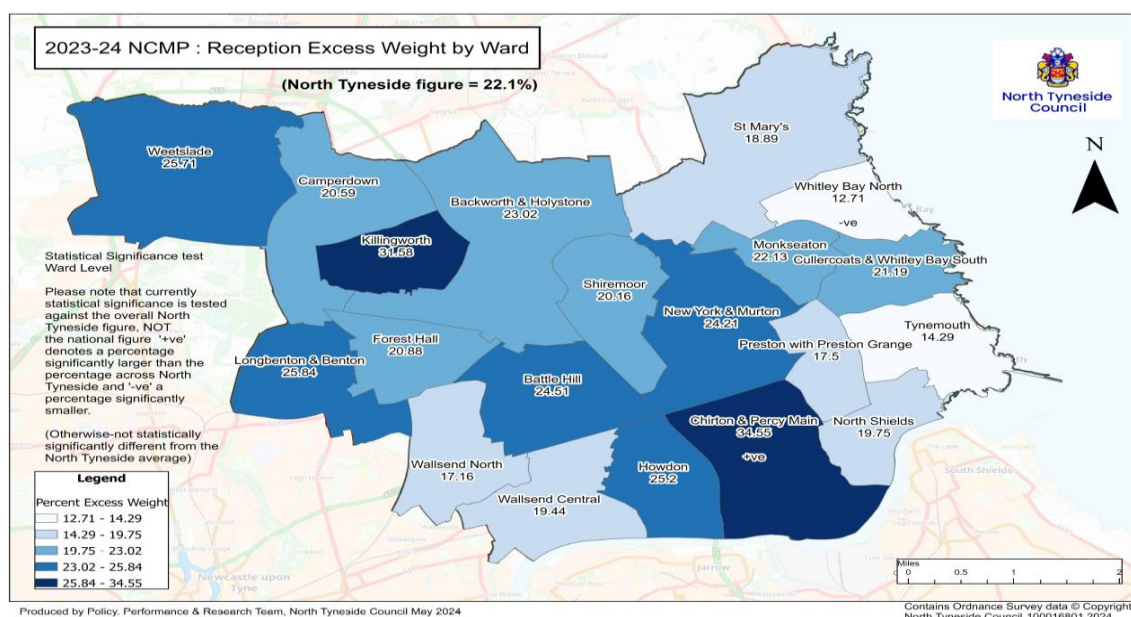
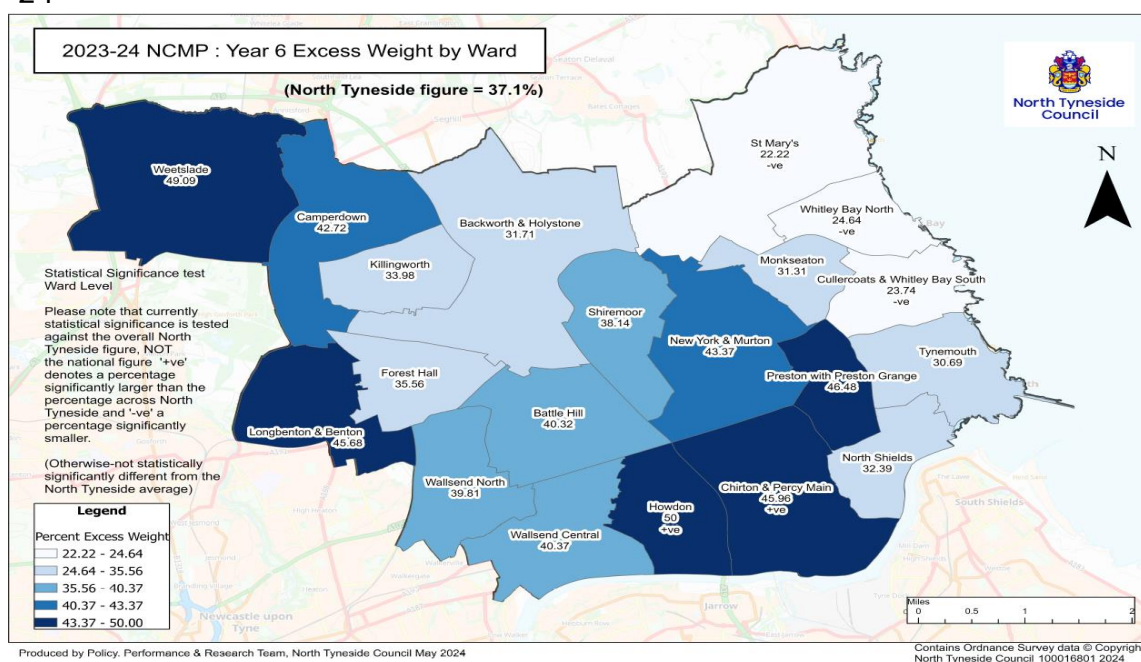


Figure 4: Variation in excess weight by ward in North Tyneside, Year 6 cohort, 2023-24



Ethnicity

People of Black, Asian, and other ethnic minority backgrounds have a higher risk of diabetes and other health conditions. Guidance published by the National Institute for Health and Care Excellence (NICE) advises that people of Black, Asian, and other ethnic minority backgrounds are at an equivalent risk of diabetes and other health conditions or mortality due to excess weight at a lower BMI than the White European population²⁴.

In the UK, deprivation disproportionately affects certain ethnic minority groups due to historical inequalities, systemic barriers, and socio-economic factors. Data from the UK government and studies such as the Indices of Multiple Deprivation (IMD) indicate that Black, Bangladeshi, and Pakistani communities experience higher levels of poverty, unemployment, and poor housing conditions compared to White British populations.

Geographical disparities also play a role, with ethnic minority groups often concentrated in deprived urban areas, where access to quality education, healthcare, and employment opportunities is more limited.

Data published in April 2024 assessing overweight and obesity prevalence across different ethnic groups, shows that nationally:²⁵

- 63.8% of adults aged 18 and over were overweight or living with obesity up by 0.5% from the previous year
- 70.8% of Black adults were overweight or living with obesity – the highest percentage out of all ethnic groups
- 33.1% of adults from the Chinese ethnic group were overweight or living with obesity – the lowest percentage
- Children from certain UK minority ethnic groups, particularly Black African origin and Bangladeshi ethnicities are more likely to develop obesity and prevalence has increased, with the ethnic groups that previously had the highest obesity prevalence, in the most part, experiencing the largest increases²⁶.

²⁴ NICE (2023). [CG189. Obesity: Identification, assessment and management](#) [accessed November 2024]

²⁵ OHID (2024). [Ethnicity facts and figures: Overweight adults](#) [accessed November 2024]

²⁶ OHID (2024). [National child measurement programme](#) [Accessed November 2024]

Although local level data is not available on rates of overweight and obesity within ethnic groups across North Tyneside, it is reasonable to assume that prevalence rates in North Tyneside will mirror those seen nationally. It is possible to extrapolate approximate figures within North Tyneside based on current population estimates and national prevalence rates, as shown in Table 3 below.

Table 3: Population breakdown of ethnic categories within North Tyneside²⁷

Ethnic category	Population % of North Tyneside	Approx. number of adults	National prevalence % rates	Approx. number of adults classified as overweight or obese
White Other	1.5%	2,509	59.1%	1,482
Asian	1.9%	3,178	57.6%	1,830
Mixed	0.9%	1,505	60.1%	904
Black	0.4%	669	70.8%	473
Total population of adults North Tyneside = 167,310				

Source: [OHID obesity and ethnicity 2021/22](#) & [ONS 2021 Mid-Year Population Estimates](#)

Learning Disabilities

Data on the prevalence of excess weight in people with Learning Disabilities (LD) in England (aged 18+ years) showed that approximately 31% of men and 45% of women with learning disabilities are obese. This compares with 24% of men and 27% of women without a learning disability²⁸. Obesity in people with learning disabilities is linked to a higher risk of chronic diseases such as cardiovascular disease, Type 2 Diabetes, and certain cancers²⁹. In addition, obesity in people with learning disabilities contributes to a reduced life expectancy and exacerbates existing health problems. There is also evidence demonstrating a higher prevalence of obesity in children with physical and/or intellectual disabilities³⁰

Gender

National data shows that men are more likely to be living with excess weight than women. Additionally, men are less likely to engage in universal weight

²⁷ [OHID obesity and ethnicity 2021/22](#) & [ONS 2021 Mid-Year Population Estimates](#) [Accessed November 2024]

²⁸ **BDA (2021)**. [Weight management for people with learning disabilities](#) [accessed November 2024]

²⁹ **Public Health England** (undated) [Health inequalities: Overweight, obesity and underweight](#) [accessed November 2024]

³⁰ **Public Health England (2020)**. [Barriers and facilitators to supporting families with children most at risk of developing excess weight](#) [accessed November 2024]

management programmes and some Tier 2 weight management programmes. Locally, data also shows gender differences in excess weight in children, though this is more nuanced.

6.Unmet Needs

North Tyneside Council provide a children's Tier 2 weight-management service (children with a BMI >91st centile), and commission several adult Tier 2 weight-management programmes (adults with a BMI usually ≥ 25). In addition, Tier 3, and Tier 4 specialist weight-management services (adults with a BMI usually ≥ 40) are also available to residents. They are commissioned by the North East and North Cumbria Integrated Care Board (ICB) and provided by Northumbria Healthcare NHS Foundation Trust.

On the basis that 63.2% of the North Tyneside adult population are classified as overweight or obese, approximately 126,906 adults who are potentially eligible for a weight-management service. Of those, 29,858 who would be eligible for a Tier 3 or 4 service.

On the basis that 22.3% of Reception pupils and 36.8% of Year 6 pupils in North Tyneside are classified as overweight or obese, approximately 468 Reception children and 832 Year 6 children are eligible for the Tier 2 children's weight-management service³¹.

The current annual capacity for Tier 2 and Tier 3 programmes is:

- Children's Tier 2 services: approximately 120 spaces annually
- Adult Tier 2 services: approximately 400 spaces
- Adult Tier 3 services: approximately 570 spaces (annually)
- Total capacity 1,090 (annually)

Across all settings and tiers, the level of need greatly exceeds capacity, resulting in large unmet need.

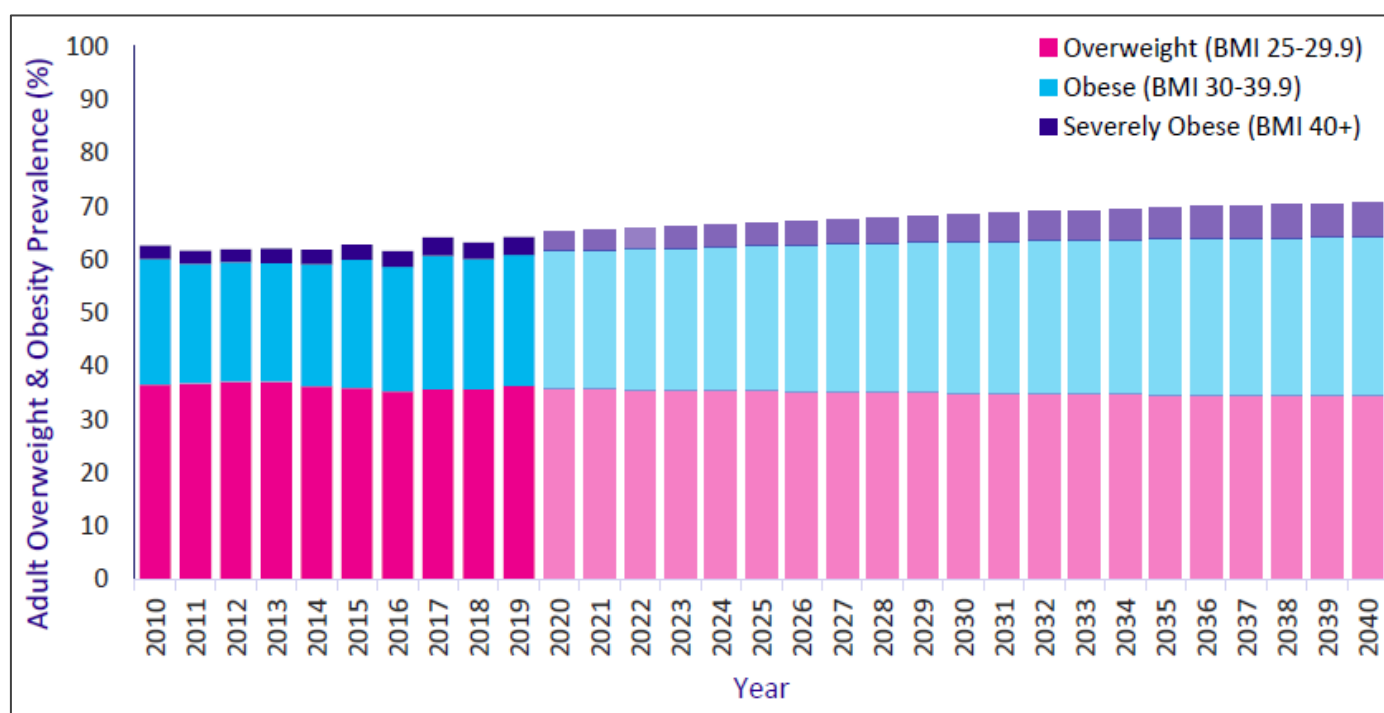
³¹ Data from System1 HealthCare [Accessed November 2024].

7. Projected Need and Demand

In 2020, a government policy paper 'Tackling obesity: empowering adults and children to live healthier lives'³², set targets to reduce the number of adults living with obesity, and to halve childhood obesity by 2030. However, nationally projected rates of overweight and obesity in Reception pupils are expected to rise to almost 25% by 2040, with the rate among Year 6 pupils expected to rise to over 40%³³.

Furthermore, as shown in Figure 5 below, projected trends in data for adults (16+years) suggest that overweight, obesity and severe obesity will all increase over coming years. This upward trend is likely to have been accelerated by the impact of the COVID-19 pandemic. It is projected that there will be more individuals who are obese than people who are healthy weight in the UK by 2040, making obesity the most common BMI status³⁴. This will mean increased demand on local authority and NHS weight management services.

Figure 5. Overweight and obesity prevalence projections for adults (aged 16+) in the UK. Source [CRUK 2022 report](#)



³² DHSC (2020). [Policy Paper. Tackling obesity: empowering adults and children to live healthier lives](#) [accessed November 2024]

³³ LGA (2022). [Future health challenges: public health projections – childhood obesity](#) [accessed November 2024]

³⁴ Cancer Research UK (2022). [Overweight and obesity projections for the UK](#) [accessed November 2024]

8. Community Assets and Services

North Tyneside has a range of the community assets and services that could contribute to reducing levels of overweight and obesity, particularly those that support residents to be more active and participate in recreational activities. North Tyneside Council operates five leisure centres and swimming pools, three tennis courts, a community athletics track and several grass football pitches. There are also several private gyms and other leisure facilities. In addition, our beaches, parks, wagonways and cycling infrastructure also provide outdoor opportunities for residents to be more active. There are also a range of accessible programmes, interventions and other opportunities available to residents, as set out below.

Active North Tyneside

Active North Tyneside is part of North Tyneside Council's sport and leisure service and is funded by Public Health to deliver free or low-cost programmes to residents across the life course to support physical activity and healthy weight. There is a clear focus on addressing inequalities and the barriers prevent some residents from being more active, with targeted work in 0-20% most deprived areas in the borough and with other vulnerable groups, for example, young people who are not in education, employment, or training (NEET), children in care and supported families.

Pregnancy and Early Years settings

In North Tyneside there are also a range interventions delivered during the 1001 critical days and beyond. These programmes take a preventative approach to obesity before children transition into school. Initiatives currently underway within North Tyneside include:

Breastfeeding has a range of health benefits, including a lower risk of obesity for both mothers and children when they are older. North Tyneside 0-19 Children's Public Health Service has a range of programmes in place relating to infant feeding and have recently maintained their UNICEF Gold Status.

The Healthy Start programme is also part of the Healthy Child Programme. In addition to access to vitamins, it provides eligible families with £4.25-£8.50 per week to buy items such as fruit and vegetables. Increasing the uptake of

Healthy Start Vouchers remains a priority in North Tyneside and there are currently 1132 beneficiaries signed up to the scheme.

North Tyneside Healthy Schools Award

The Healthy Schools Award is to recognise schools' achievements in supporting the health and wellbeing of their pupils. As part of the award schools must ensure that their curriculum includes opportunities for pupils to learn about several types of food in the context of a healthy and a balanced diet (using the Eatwell guide).

Voluntary and community sector

North Tyneside Council has an excellent relationship with the voluntary and community sector (VCS) via VODA. VODA is a registered charity that provides support, advice, training and information to volunteers and VCS organisations operating in North Tyneside. The Council work closely with VODA to ensure that funding opportunities are communicated with the sector to support initiatives around healthy weight (alongside other key priority areas).

The Living Well North Tyneside platform³⁵ (launched in summer 2021) brings together a range of organisations consisting of the local authority, VCS, and healthcare. The aim is to connect communities with trusted information, helping local residents find and access services, activities, and events (including those in relation to weight-management) to support them to live well locally.

Workplace settings

Across North Tyneside many organisations are signed up to initiatives that recognise them as workplaces that strive 'good work' employers as well as being healthy and safe such as the North East Combined Authority Good Work Pledge. These award schemes focus on maintaining and promoting a safe and healthy work environment and provide opportunities for health and wellbeing activities such as yoga, walking and running group and healthier catering. One of the key considerations is that many people are in work with work limiting conditions including obesity related conditions.

³⁵ [Living Well North Tyneside Health and Wellbeing Hub](#)

North Tyneside Local Plan

As part of the North Tyneside Local Plan³⁶ which was adopted in 2017, the Council aims to limit the opening of new hot food take aways and restrict them in areas where childhood obesity levels are above agreed thresholds. New premises are permitted to open if this and other criteria are met. Therefore, no applications for new hot food takeaways have been granted in locations that do meet the requirements of the Local Plan policy, such as in areas where the levels of obesity in Year 6 children exceed 15%.

In February 2025 North Tyneside Council Cabinet agreed a timetable for the preparation of a new local plan. Work on plan will involve development of a new evidence base and several stages of public engagement through 2025–26 prior to submission of the proposed Local Plan by December 2026.

Planning functions within local government are an important lever to shape the natural and built environment, which can contribute to positive health outcomes through green spaces, housing, transport, and town centres. Improving health and wellbeing is a requirement of the National Planning Policy Framework³⁷

Evidence for Interventions: Government strategies, policies, and guidance

The government have produced several documents around the importance of tackling overweight and obesity, all of which reference evidence on the several types and effectiveness of interventions. These interventions will be either population or individual.

Population level:

- **Junk food advertising ban.** Legislation to curb childhood obesity published December 2024 for implementation by for October 2025. TV adverts for junk food will only be allowed past the 9pm watershed. Fulfilling a key manifesto commitment for the new government and supporting the pledge to give every child the best and healthiest start in life, the advertising restrictions will also include a ban on paid online junk food adverts to reduce children's excessive exposure to many

³⁶ North Tyneside Council (2025). [Local Plan](#) [accessed March 2025]

³⁷ MHCLG (2025). [Policy Paper. National Planning Policy Framework](#) [accessed March 2025]

foods high in fat, sugar or salt and helping to address rising rates of obesity-related diseases such as diabetes and heart disease³⁸.

- **Soft Drinks Industry Levy April 2018.** Introduced to combat childhood obesity by reducing sugar consumption from soft drinks. It targets beverages with high sugar content, imposing a tax of 18p per litre for drinks containing 5–8 grams of sugar per 100ml, and 24p per litre for drinks with more than 8 grams per 100ml. Over 50% of manufacturers have reduced sugar content in their products. This equates to cutting about 45 million kilograms of sugar annually from UK diets³⁹.

Population & Individual Level:

- **Eatwell Guide** reflects the latest dietary recommendations and key public health messages. It applies to most people over the age of five and is suitable for vegans and vegetarians too⁴⁰.
- **Healthy eating: applying ALL Our Health.** This guide is part of All Our Health, a resource which helps health and care professionals, and the wider public health workforce prevent ill health and promote wellbeing as part of their everyday work⁴¹.

NICE guidance

There are several pieces of guidance and guidelines that have been developed by the National Institute for Health and Clinical Excellence (NICE) which underpin and inform delivery of nutritional advice and of weight-management services.

- Overweight and obesity management⁴²
- Type 2 diabetes prevention: population and community-level interventions⁴³
- Type 2 diabetes: prevention in people at high risk⁴⁴
- Behaviour change: individual approaches⁴⁵

³⁸ **DHSC (2024).** Press release: Junk food ad ban legislation progresses to curb childhood obesity

³⁹ **HM Treasury 2018.** [Soft Drinks Industry Levy comes into effect](#)

⁴⁰ **OHID (2024).** [Guidance: The Eatwell Guide](#) [accessed November 2024]

⁴¹ **OHID (2022).** [Adult obesity: applying All our Health](#) [accessed November 2024]

⁴² **NICE (2025) NG246.** [Overweight and obesity management](#) [accessed March 2025]

⁴³ **NICE (2011).** [PH35. Type 2 diabetes prevention: population and community level interventions](#) [accessed November 2024]

⁴⁴ **NICE (2017).** [PH38. Type 2 diabetes: prevention in people at high risk](#) [accessed November 2024]

⁴⁵ **NICE (2014).** [PH49. Behaviour change: individual approaches](#) [accessed November 2024]

- Weight management: lifestyle services for overweight or obese children and young people (PH47), Preventing excess weight gain (NG7) and Weight management: lifestyle services for overweight or obese adults (PH53) have now merged with NG246

9 Views

No views were sought for the purposes of this needs assessment

10. Additional Needs Assessments Required

Given the inextricable link between obesity and physical activity, it is recommended that a needs assessment on physical activity is produced.