
Whole Systems Approach to Healthy Weight

For consideration by: Health Scrutiny Commission

Date: 14/12/2021

Lead director: Ivan Browne

Useful information

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- Report version number: 2

1. Summary

Excess weight has multiple causes, and significant implications for individual's health, services and beyond. There is no one solution to tackle such an ingrained and complex problem, and the disproportionate impact on individuals and families living in more deprived areas means that the status quo is no longer acceptable. In Leicester we have a range of services working towards combatting healthy weight, but the simple truth is that it is not enough.

Whole systems working allows us to respond to the complexity of excess weight through a different and dynamic way of working. The approach will enable the Local Authority to lead communities, stakeholders and partners to prioritise and tackle obesity across the life course through collective, empowered and strategic action. The approach allows us to work as a system, identify gaps and reflect honestly on existing provision. Building upon existing strengths a whole systems approach is long term, with shared ownership, collaboration, and the opportunity for innovation at its core.

Excess weight disproportionately affects parts of our communities that are at greater risk through existing inequalities. Mental, emotional, and physical health are negatively impacted on by excess weight, along with the impact they have on services, population productivity and the economy. We must prioritise healthy weight.

2. Recommended actions/decision

The health scrutiny commission is asked to:

- Endorse the proposed whole systems approach to healthy weight.
- Engage in the approach, contributing and advocating during stakeholder engagement workshops and wider conversations.

3. Detailed report

The picture in Leicester

19% of Leicester residents aged 16+ are obese, with a further 31% classed as overweight. You are more likely to have excess weight if you are aged 44-64 years, have low levels of education, poor mental health, limiting long term illness or with a disability. Those with excess weight are more likely to develop a range of conditions including diabetes, cancer, hypertension, and stroke. Leicester has a significantly higher prevalence of diabetes than England.

Leicester experiences high levels of deprivation and health inequalities which have an impact on the health and wellbeing of its residents. Its communities are diverse, and members of these communities are at an increased risk of experiencing a number of life-limiting long-term conditions at a lower Body Mass Index (BMI) including diabetes and cancer.

The prevalence of excess weight in adults is predicted to reach around 70% by 2034. Crude estimates using current obesity rates suggest that by 2030 there will be around 4000 more adults with obesity in Leicester, with the majority (2500) of those being over 65 years old, and by 2040 there will be over 7000 additional adults with obesity. The resulting 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 year. Excess weight impacts on the whole life course and therefore impacts on all services, but disproportionately on social care.

The COVID-19 pandemic highlighted the poorer health outcomes faced by individuals with excess weight when contracting the virus. Particularly in the context of Leicester and the extended lockdowns, it has given extra emphasis on the importance of maintaining a healthy weight to reduce the severity of coronavirus and aid recovery.

The scale and complexity of the problem means that Local Government and the NHS alone will be insufficient in solving the problem. It is vital to engage with all aspects of society including communities, private companies, voluntary organisations, and other departments to better understand and develop how we can collectively help the people of Leicester achieve and maintain a healthy weight.

Excess weight

Having excess weight (defined as overweight or obese) is a complex problem influenced by many different factors including excessive food intake and physical inactivity. There are a wide range of biological, psychological, environmental and economic determinants that add to the complexity. The obesogenic environment, influences from family members, changes in lifestyle and the relationship we have with food contribute to excess weight being recognised by many as a global epidemic.

Biological influences

Biological influences can impact unfairly on our ability to maintain a healthy weight. We cannot change where we are born, our age, our ethnicity or if we are born with a disability. Genetics play a role in excess weight, with specific genes increasing the likelihood of weight gain in some individuals. However, genes do not always predict future health.

Hormonal changes during life, and the impact of stress upon our bodies can impact on weight gain. During the life course metabolic rates slow and the experience of excess weight increases as we age due to lifestyle changes.

Psychological influences

Depression, sleep issues, eating disorders, anxiety, substance misuse, mental health treatments, body image and experience of abuse can all contribute to weight gain. Excess

weight can lead to many of these psychological burdens, but psychological illnesses can also cause excess weight.

The relationship between psychological influences and excess weight will be a priority area in the whole systems approach to healthy weight in Leicester.

Environmental influences

The streets we walk down, the transport we use, the marketing we are exposed to, the food outlets we live near, our housing situation, our employment, the air we breathe, the access we have to services and green spaces all impact on the choices that are made by individuals and populations. The presence of inequalities that exist within the environment in Leicester sees disparities in people's ability to access good food, exercise opportunities and services.

Economic influences

For women, excess weight increases with increasing levels of deprivation and there is a significant difference between the prevalence of excess weight in those in the highest and lowest income and socioeconomic groups. In men, excess weight prevalence is affected by qualification and occupation-based measures. Leicester is a young and diverse city with many residents experiencing deprivation and poverty. Over two thirds of the population live in the most deprived 40% of areas nationally. With an evidenced link between deprivation and excess weight, the high experience of deprivation in the city can account for some of the excess weight issues experienced.

COVID-19

COVID-19 has caused the collision of two issues, excess weight and the virus itself. Poorer outcomes upon contracting the virus have occurred in patients with existing health conditions, often attributable to excess weight. The pandemic has impacted on activity levels nationally but has been most acute in disadvantaged groups and areas of high deprivation. The most recent Sport England Active Lives survey (covering May 2020-May 2021) shows that compared to 12 months earlier there were 700,000 fewer active adults, and 1 million more inactive adults in this timeframe.

It is acknowledged that the COVID-19 pandemic has negatively impacted on some behaviours and provided a chance for inequalities to widen, and we are not yet fully aware of the extent of the impact. The 2020/21 National Childhood Measurement Programme (measuring children in Reception and Year 6 using BMI) shows that obesity prevalence in Reception has increased from 9.9% in 2019/20 to 14.4% in 2020/21, and in year 6 has increased from 21.0% in 2019/20 to 25.5% in 2020/21. Although taken from a smaller sample due to the pandemic, the figures highlight an increase childhood obesity that may be reflected in obesity levels across the population.

Having said this, the COVID-19 pandemic has provided a shared experience to move forwards from and provided the opportunity for some individuals to focus on their health and wellbeing in ways they have been unable to before.

Whole Systems Approach to Healthy Weight

Whole systems approach allows us to respond to the complexity through taking a different and dynamic way of working. We can bring together stakeholders and communities and create a shared vision where everyone has a defined part to play. The approach allows us to work as a system, identify gaps and reflect honestly on existing provision. Building upon existing strengths a whole systems approach is long term, with shared ownership, collaboration, and the opportunity for innovation at its core.

Excess weight has multiple causes, and significant implications for individual's health, services and beyond. There is no one solution to tackle such an ingrained and complex problem, and the disproportionate impact on individuals and families living in more deprived areas means that the status quo is no longer acceptable. In Leicester we have a range of services working towards combatting healthy weight, but the simple truth is that it is not enough.

A whole systems approach will enable the Local Authority to lead communities, stakeholders and partners to prioritise and tackle obesity through collective, empowered and strategic action.

As outlined in the Public Health England (PHE) 'Whole Systems Approach to Obesity: A guide to support local approaches' guidance there are 6 key phases to support the implementation of the approach. These phases are outlined in Appendix 1 with a summary of key actions to be completed during the timeframe.

Benefits of a whole systems approach to healthy weight

The benefits of a whole systems approach are numerous and are summarised below.

- Reflects the leadership role of Local Authorities and enables reach into local places through an extensive range of stakeholders, including communities.
- The system comes together to work as one which provides the opportunity for networking, streamlining, and exploring opportunities for collaboration beyond the approach.
- Higher levels of body fat are associated with or cause various long-term conditions and create an increased risk of several cancers including liver, kidney, colorectal, gallbladder, breast and pancreatic cancer. A whole systems approach provides opportunity to impact upon cancer management in the NHS.
- Impact upon wider health inequalities and reduce NHS burdens and future demand on services through systems changes that provide benefits at a population and life course level.
- Creates a focus on prevention and health in all policies, resulting in increased longer-term return on investment.
- The preventative lens moves away from a traditional weight management service perspective of treating the issue, to an approach which aims to equip our communities to live healthier for longer and provides referrals to services when required. This reduces the need for commissioning of additional wider weight management services and provides the opportunity for gaps in the local weight management system to be addressed.
- Provides excellent opportunity to engage with key stakeholders and communities to influence positive system, lifestyle, and policy changes.

- Raises the awareness of departments and organisations role in weight and ensures that healthy weight is a priority.
- Helps to align priorities across the system and aid understanding of the benefits of health in all policies.
- Ensures that responsibility for systems change is shared across a variety of stakeholders, making it a system responsibility to make healthy choices easier.
- The long-term nature of the approach ensures that it remains on the agenda of a variety of departments.
- Existing assets within the community can be maximised and utilised more effectively to benefit the community.
- It provides a community centred way of tackling health inequalities. Involving local communities, particularly disadvantaged groups better reflects the local realities and helps to improve health and wellbeing, whilst reducing inequalities.
- Employability, productivity and days lost to sick leave can all be positively impacted upon in long-term whole systems approaches if excess weight decreases.
- Supports the recovery from the COVID-19 pandemic through positive, system wide changes that create an opportunity to move forwards in a healthier way.
- Potential reduction in demand on children and adult social care.

Other potential benefits include benefits to mental health, physical health, reduction in falls, raised awareness of the impact of excess weight, shared ownership in a variety of workforces, increased use of community assets and reduction in inequalities of groups experiencing disproportionate impact of excess weight. The positive impacts on different departments could be vast and spread through Housing, Neighbourhood and Environmental Services, Adult Social Care, Children's Social Care, Public Health, Tourism and Inward Investment and Sports Services.

Other areas implementing whole system approaches

Many areas have already implemented whole systems approaches to obesity. Public Health have met with East Hertfordshire District Council, Hertfordshire County Council, City of Bradford Metropolitan District Council, Halton Borough Council, Blackburn with Darwen Borough Council and Suffolk County Council to discuss how they developed and implemented WSA in their area, share good practice and identify potential barriers and risks in order to effectively shape our proposals. We have met with areas who were successful in receiving Childhood Obesity Trailblazer funding to discuss their projects and priorities in more detail. Each areas approach does vary but the 6 phases outlined by PHE are used as a guide throughout.

Summary of key points from other area conversations below:

- Senior staff engagement from the start is key to ensure that the approach is given resource, time and endorsement from a variety of departments.
- Test and learn pilot approach taken in some areas to trial the way of working on a particular area of the system or with specific group within the population.
- Campaigns have been implemented to support the whole system approach with some focussing on stigma reducing messaging and informing the population of causes and risks associated with excess weight.
- All campaigns have been insight and behavioural science led.

- Community involvement from the beginning is vital to ensure that they are a key stakeholder.
- Actions must be allocated to individual stakeholders in a timely manner to ensure momentum is not lost.
- Understanding department and stakeholder priorities and aligning them to the approach, whilst considering opportunities for quick successes in the system is key to ensure that there are short, medium and long term aims and objectives.

Proposed Whole System Approach in Leicester

Leicester will build upon the collective experience of COVID-19 to bring together key stakeholders to create a system that aims to make the healthy choice the easy choice. Guided by community consultation and driven by the Leicester Together movement, the approach will work to promote collaboration, innovation and systems change in both smaller areas of the system, and wider. We will strive to endorse an approach that promotes our City as a place where everyone has access to the education, tools and services they need to help them reach and maintain a healthy weight. The approach will align with existing strategy and policy, as well as challenge the system to explore opportunities for reflection and improvement.

Many strengths, policies and interventions already exist in Leicester ([see Obesity JSNA for overview of weight management services](#)), and these will be built upon by focussing on what is strong within the system to help make the healthy choice the easy choice for everyone. Previous work on weight has supported our understanding of what is important to support someone to change their behaviour and reach or maintain a healthier weight. Many services exist to support those who wish to reach a healthy weight, but gaps in the system still exist. Initial conversations with partners suggest actions that can be taken forward in the short term to try and address some of these gaps.

The previously mentioned complexity of excess weight means that the city's food growing offer, mental health services, sexual health services, housing teams, planning, community centres, neighbourhood centres, outdoor gyms, fast food outlets, disability services, social care, weight management services, libraries amongst others all have a role to play within the approach.

The whole systems approach to healthy weight in Leicester will consider the existing priorities and policies. It will be underpinned and supported by the Leicester Food Plan, Joint Health and Wellbeing Strategy, Active Leicester Strategy, Integrated Care System Priorities, Children Young People and Families Healthy Weight Strategy and the NHS Long Term Plan.

Diversity, literacy levels, deprivation, existing inequalities and barriers out of individuals control such as access to good food, services and open spaces will be considered throughout the approach in Leicester. Understanding of information, terminology used, barriers and enablers for weight will all be explored. Various cultures perceive weight and define health in different ways. To ensure that the approach is tailored to Leicester and understands our communities, Public Health will prioritise consultation and engagement.

Community engagement

The community engagement process for the whole systems approach to healthy weight will build upon existing insight and relationships. We will utilise the Asset Based Community Development (ABCD) approach to focus on skills, experience, talent and enthusiasm of local individuals and communities to help us build a healthier Leicester, by recognising, celebrating and harnessing the community assets that are already there. The community will be represented throughout the approach and will be consulted with on specific elements. It is proposed that the below steps will be taken initially to ensure that the community is considered throughout the approach:

- Existing insight and relationships collated.
- Existing networks utilised to inform of approach and ask for input (faith groups, community groups, community wellbeing champions, community connectors, care leavers, youth council).
- Focused consultation with diverse communities, mental health and learning disabilities will take place through existing forums (such as Learning Disability Partnership Board).
- Invitation to stakeholder workshops sent to a variety of community representatives and leaders.
- Wider public consultation carried out on behaviours, strengths of system and potential gaps.
- Wider public consultation carried out on campaign.
- Public facing group set up for open conversation regarding the approach. Themes from these meetings to feed into system network and core working group.
- System network group inclusive of any who want to attend from wider communities and provides opportunities for the sharing of best practice and challenges to overcome.

Senior leadership engagement

Based on insight from other areas implementing whole systems approaches, senior leadership endorsement has been identified as the item of highest priority. This forms a key component of the approach with support, buy in and understanding from senior leaders required to allow release of staff and input into the work where appropriate. It is proposed a tailored letter/email to each Director of internal departments, Health and Wellbeing Board members and Executive Officers outlining the approach will be drafted and sent.

Outline of approach

The approach will align with the 6 phases of the 'Whole Systems Approach to Obesity: A guide to support local approaches' PHE guidance but will consider the specific needs of Leicester. Community engagement, stakeholder conversation and empowerment, and challenging the narrative around weight will be a golden thread throughout the approach. There will be a mixture of yet to be defined short term and medium term aims, with an overarching vision for the approach. The approach will combine enabling individual behaviour change by identifying gaps in the existing system, with the wider system level changes to impact on population health.

The key elements and proposed timescales of Leicester's whole systems approach to healthy weight are outlined below.

Leicester Phase 1 – Set up (September 2021-March 2022)

- Core working team established.
- Public Health team engagement.
- Health Needs Assessment carried out.
- Other WSA areas conversed with and learnt from.
- Campaign planning to support approach commences.
- Induction meetings had with priority departments and areas (Transport, Active Travel, Leicestershire Nutrition and Dietetics Service, Leicestershire Partnership Trust, CCG, Environmental Health, Neighbourhood Services, Housing, Planning, diet related, Sports Services, Adult and Childrens Social Care, Primary Care Networks and representatives of any additional key stakeholders).
- Divisional Management Team and Lead Member Briefing attended.
- Personalised email/letter sent to all Leicester City Council Directors, Chief Executive officers and members of the Health and Wellbeing Board outlining approach proposed and how it is beneficial to their workstream. Include detail of workshops in all letters and ask for release of staff to attend.
- Project planning documentation and resource defined.
- Workshop dates are set.

Leicester Phase 2 – Building the local picture (April 2022)

- Map local policy, partners, assets, and interventions that exist.
- Development and implementation of stakeholder engagement workshop.
- Understand community interest and capacity (formal community consultation commences).

Leicester Phase 3 – Stakeholders come together (June 2022)

- Workshop 1 is hosted with the intention of bringing stakeholders together, starting to map the system more comprehensively and to enable the core working team to develop a shared vision after the workshop is complete.

Leicester Phase 4 – Action (July 2022-December 2022)

- Workshop 2 is hosted 4 weeks after workshop 1. The draft vision is presented at the workshop, and further system mapping carried out in workshop. The draft whole systems action plan and priority areas are identified during this workshop.
- Launch communication and marketing campaign at workshop 2.
- After the workshop a final shared vision is created, actions are allocated and the shared action plan, system maps and vision are shared with all stakeholders for their comment.
- Public facing vision and action plan are created and published.

Leicester Phase 5 – Managing the network (August 2022-ongoing)

- System network members are defined, and the first meeting held shortly after workshop 2.
- Format of meetings (likely a larger network and smaller task and finish group) established and relevant parties invited.
- Ongoing review of action plan and progress.

Leicester Phase 6 – Reflecting and refreshing

- Progress monitored, new partners or stakeholders identified and identify any areas for strengthening.
- System is continually monitored for progress on the approach, and any changes that require system adaptation.

Changing and challenging the narrative through a communication and marketing approach

A campaign will be developed as the brand behind the whole systems approach work. The aim is for the campaign to be a recognisable brand in the city and bring together information on various topics into one place.

Narratives around excess weight often attribute blame to individuals and highlight a lack of awareness of understanding for the many factors that impact health and wellbeing. Alongside implementing a whole systems approach to healthy weight, Leicester Public Health will work collaboratively with the Communication and Marketing team or an externally commissioned social marketing firm to create an insight led campaign to:

- Raise profile and awareness of key healthy living messages relating to behaviours and influences impacting on physical activity, weight and the wider determinants of health.
- Raise awareness of the negative consequences of weight stigma.
- Challenge preconceptions around weight.
- Ensure people are well informed on causes of excess weight.
- Promote a narrative that ensures people are aware of risks of excess weight.
- Provide opportunity to explain and explore myths associated with excess weight.
- Share personal stories of Leicester residents where appropriate.

The campaign will be launched during the second stakeholder workshop as an opportunity for promotion, endorsement, and celebration by those present.

It is proposed that this campaign builds upon the Live Well Leicester brand, raising awareness of the existing service and omitting the need to introduce a new brand to the City. Timelines and key messaging for the campaign will be discussed with the Live Well Lifestyle Service to ensure that any increase in referrals is prepared for. Other whole system approach areas have implemented campaigns to run alongside their work and have used them as a platform to engage stakeholders and the communities in their approach by having a recognisable and trustworthy brand (see other area campaign information below).

Bradford Council: mylivingwell.co.uk

Monitoring and evaluation

Evaluation will be built into the whole systems approach to healthy weight from commencement. To effectively evaluate the approach a series of short, medium, and long-term objectives will be defined after the stakeholder engagement workshops in Spring 2022. These will be outcome focussed and be collective to monitor the wider system

impact of the approach, along with the use of national data sets to monitor the levels of excess weight over time.

An evaluation partnership with a local University will be explored to facilitate effective evaluation of the programme. De Montfort University Local are carrying out a healthy weight project to align with the proposed whole systems approach to healthy weight which will be explored for its capacity to support and assist in the creation of an effective evaluation. Other areas that have implemented whole systems approaches have carried out such partnerships successfully and will be conversed with further to assist in these conversations with the Universities.

Project governance

The proposed project governance will consist of the below pathway.

- Oversight and high-level governance provided by Health and Wellbeing Board.
- Whole Systems Approach Board initiated consisting of Public Health Consultant and officers working on approach.
- Healthy Weight Alliance and Stakeholder Group to ensure momentum and communication upheld.
- Public facing group to facilitate ongoing community engagement and accountability.
- Core Working Group carry out day to day duties.

Attendance to the Chief Executive and City Mayors Briefings will be appropriate during the senior leadership engagement of the approach. It is not anticipated that this will form part of the ongoing project governance, but other appropriate boards, steering groups and partnership meetings will be attended to ensure that the systems values of stakeholder engagement and transparency of the approach are upheld.

Budget

The project is supported by a £40,000 recurrent budget. These funds will be allocated during the action planning stages. It is anticipated that the budget will be split between communication and marketing, community engagement and stakeholder engagement.

It is acknowledged that resources and support from other departments will form part of the approach and cannot be accounted for at this time.

Appendix 1: Overview of the 6 phases of the whole systems approach to healthy weight

Phase 1: set-up

This phase aims to secure senior level support and establish necessary governance and resource structure to implement approach.

- Health Needs Assessment
- Project Initiation Document
- Community consultation
- Healthy weight social marketing campaign planning
- Induction meetings and initial conversations hosted with key stakeholders
- Engagement with senior leaders to gain support
- Core working team set up
- Resource for project established
- Accountability and governance pathways established

Phase 2: Building the Local Picture

Phase 2 builds a compelling narrative explaining the importance of a whole systems approach locally and aims to create shared understanding of how to address excess weight at a local level.

- Collate key information on obesity locally
- Understand local assets including community interests and capacity
- Establish a comprehensive overview of current actions and identify the departments, local organisations and individuals currently engaged in supporting work around obesity.

Phase 3: Mapping the local system

Bring stakeholders together to create a comprehensive map of local system that is understood to cause obesity.

- Workshop 1 is hosted, and activities carried out help empower individuals to understand their, and their organisations role, in a whole systems approach
- Core working team develop a shared vision after the workshop
- Core working team formulate system maps after the workshop and draft priorities to be discussed in workshop 2
- Gaps in provision that we can impact on quickly are identified and action taken

Phase 4: Action

Stakeholders come together to identify priority interventions in the local system and propose collaborative and aligned actions

- Workshop 2 takes place where draft vision and system maps are shared.
- New healthy weight campaign is launched.

Phase 5: Managing the System Network

Momentum is maintained in phase 5 by developing a stakeholder network and an agreed action plan.

- Draft action plan is shared with wider stakeholders

- Actions are accountable to individuals within organisations
- First system meeting takes place
- Which new stakeholders should be engaged are determined.

Phase 6: Reflect and refresh

Stakeholders critically reflect on the process and consider opportunities for strengthening the process.

- Actions are monitored and evaluated
- Momentum maintained through regular meetings
- Areas for strengthening identified
- Process monitored and adapted to reflect changes in system over time

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial implications

4.2 Legal implications

There are no direct legal implications for the recommendations in this report.

Where the project moves on to stakeholder engagement and working with partners, the legal commercial team should be engaged if there are contractual requirements to consider in the case of engaging stakeholders or partners to deliver services to the public.

Legal and procurement teams should also be engaged if a decision is made to include further services in current service provider contracts, where applicable and there is a change in charges being paid to them.

Shireen Elias
Qualified Lawyer
Ext 4479

4.3 Equalities implications

When making decisions, the Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

Tackling obesity and helping people achieve or maintain a healthier weight is complex.

The city experiences high levels of deprivation and health inequalities which have an impact on the health and wellbeing of its residents. Its communities are diverse, and members of these communities are at an increased risk of experiencing a number of life-limiting long-term conditions. A number of equalities considerations are outlined within the report, including the current health inequalities in communities in the city.

It is accepted that the COVID-19 pandemic has negatively impacted on some behaviours and provided a chance for inequalities to widen.

The whole systems approach should support the authority to think about and act on how we can connect and align, to strengthen action to tackle and prevent obesity. It can facilitate a community centred approach to tackling health inequalities – involving local communities, in particular disadvantaged groups, and can better reflect the local realities, help improve health and wellbeing and reduce health inequalities.

Gaining a better understanding of how to collectively help people achieve and maintain a healthy weight should lead to positive outcomes for people from across all protected characteristics and help to narrow some health inequalities.

As part of consultation and engagement, equality monitoring may be useful to identify whether there are certain issues or barriers which may be more likely to affect certain protected characteristic groups and whether there are differing experiences between different groups. This may also help to ensure that the consultation and engagement is representative of the population or whether there are any gaps which need to be addressed.

Collecting data on local obesity prevalence and trends and understanding the connections between obesity and health inequalities and other local priorities, is essential to ensure robust foundations are in place to strengthen the approach. Understanding the viewpoint of local communities will prove helpful when engaging with them.

Equality Officer, Surinder Singh, Ext 37 4148

4.4 Climate Emergency implications

Following the council's declaration of a climate emergency and ambition to reach carbon neutrality in the city, the council has a vital role to play in addressing carbon emissions relating to the delivery of its services, and those of its partners. Carbon emissions service delivery should be managed through considering opportunities for the use of low carbon travel, efficient use of buildings and facilities and sustainable procurement practices as relevant.

It should also be noted that work which promotes healthy lifestyles can have co-benefits for tackling the climate emergency, for example through encouraging sustainable behaviours such as walking and cycling, local food growing and lower-carbon dietary choices among residents.

Aidan Davis, Sustainability Officer, Ext 37 2284

4.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

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5. Is this a private report? No

6. Is this a “key decision”? No