What is it?
This is a broad overview of evidence and guidance in the area of COVID-19, obesity, physical activity and nutrition.

It is not an in-depth review, rather a compilation of the main messages available at the date of the latest update.

Who is it for?
The Evidence Overview has been prepared as a resource for the Knowledge Management Cell. It can be shared with colleagues in other Health and Social Care organisations as well as stakeholders and those in partner organisations. It is not intended for direct issue to members of the public.

Contact
Any queries should be forwarded to Elaine Wilmot, Health Intelligence Manager (elaine.wilmot@hscni.net).
Evidence Overview

Obesity in Northern Ireland

In Northern Ireland over 3 in 5 adults aged 16 and over are estimated to exceed a healthy weight (62%). 37% of adults are estimated to be overweight, with a further 25% estimated to be obese. In the case of children over 1 in 4 are estimated to exceed a healthy weight (27%), with 19% estimated to be overweight, and 8% estimated to be obese.¹

Body Mass Index (BMI), a ratio of a person’s height and weight, is widely used as a method to indicate if a person is of a healthy weight. Reference is made to BMI throughout this evidence overview. Please refer to Table 1 which lists BMI ranges and the weight categories they represent.

Table 1: BMI classifications

<table>
<thead>
<tr>
<th>BMI Range</th>
<th>BMI Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18.5kg/m²</td>
<td>Under weight</td>
</tr>
<tr>
<td>18.5 to &lt;25kg/m²</td>
<td>Healthy Weight</td>
</tr>
<tr>
<td>25 to &lt;30kg/m²</td>
<td>Overweight</td>
</tr>
<tr>
<td>30 to &lt;40kg/m²</td>
<td>Obese</td>
</tr>
<tr>
<td>40kg/m² or more</td>
<td>Severely obese</td>
</tr>
</tbody>
</table>

Obesity and clinical vulnerability to COVID-19

The UK government’s ‘Guidance for social distancing for everyone in the UK’ published on the 23 March 2020², and subsequent guidance on ‘Staying Safe and Alert (Social Distancing)’ published on 11 May 2020³ both identified those who are seriously overweight (having a BMI ≥40kg/m²), as being a clinically vulnerable group at an increased risk of severe illness from COVID-19. The UK government recommended that these individuals should be particularly stringent in following social distancing measures.

An article published in The Lancet comments on the lack of information regarding the BMI cut off of ≥40kg/m² cited by the government. The article proposes that the publication of this figure may lead to anxiety in individuals who meet this criterion and now find themselves classified as vulnerable to severe illness if they contract COVID-19. Concerns have also been raised that the BMI cut-off referred to by the UK government may give people with obesity, but with BMI <40kg/m², a false sense of safety with people having a BMI ≥30kg/m² being over represented in intensive care but not listed as being at risk.⁴ In contrast the Centers for Disease Control and Prevention (CDC) in the United States recently expanded the list of those at increased risk of severe illness from COVID-19, lowering the cut-off for categorising...
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a person at increased risk, from a BMI of ≥40 kg/m² down to ≥30 kg/m².\(^5\)

Current evidence does not suggest that being overweight or obese increases an individual’s chances of contracting COVID-19.\(^6\) However as the evidence in the following sections of this review demonstrate overweight and obese individuals are significantly more likely to become seriously ill if they contract COVID-19 in comparison to those of a healthy weight.

**Obesity prevalence in COVID-19 patients requiring hospitalisation**

A high prevalence of obesity among patients hospitalised with COVID-19 has been noted in a number of studies. A publication in the *Journal of the American Medical Association* showed that of 5,700 patients hospitalised with COVID-19 in the New York City area, 47.1% were obese.\(^7\)

A French study also found high prevalence of obesity in COVID-19 cases. The authors found the prevalence of obesity in patients with severe COVID-19 to be 1.35 times higher than the prevalence of obesity in the French population. Among those patients in the ICU obesity prevalence increased to 1.89 times that observed in the population.\(^8\)

Within the UK, a report on the first 10,557 patients admitted to critical care in England, Wales and Northern Ireland by the Intensive Care National Audit and Research Centre (ICNARC) showed a high proportion of patients were overweight or obese. BMI was recorded for 9,992 patients, indicating that 73.7% of these patients were overweight or obese.\(^9\) Please refer to Table 2.

**Table 2:** BMI of patients admitted to critical care in England, Wales and Northern Ireland\(^9\)

<table>
<thead>
<tr>
<th>BMI</th>
<th>BMI Category</th>
<th>Patients (n)</th>
<th>Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18.5 kg/m²</td>
<td>Under weight</td>
<td>75</td>
<td>0.8%</td>
</tr>
<tr>
<td>18.5 to &lt;25 kg/m²</td>
<td>Healthy Weight</td>
<td>2,556</td>
<td>25.6%</td>
</tr>
<tr>
<td>25 to &lt;30 kg/m²</td>
<td>Overweight</td>
<td>3,436</td>
<td>34.4%</td>
</tr>
<tr>
<td>30 to &lt;40 kg/m²</td>
<td>Obese</td>
<td>3,135</td>
<td>31.4%</td>
</tr>
<tr>
<td>≥40 kg/m²</td>
<td>Severely obese</td>
<td>790</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

Within the Northern Ireland context, ICNARC reported on 134 patients admitted to critical care. BMI was recorded for 133 of these patients and showed that 83.5% of these patients were overweight or obese. Please refer to Table 3.\(^10\)
Table 3: BMI of patients admitted to critical care in Northern Ireland

<table>
<thead>
<tr>
<th>BMI</th>
<th>BMI Category</th>
<th>Patients (n)</th>
<th>Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18.5kg/m²</td>
<td>Under weight</td>
<td>2</td>
<td>1.5%</td>
</tr>
<tr>
<td>18.5 to &lt;25kg/m²</td>
<td>Healthy Weight</td>
<td>20</td>
<td>15.0%</td>
</tr>
<tr>
<td>25 to &lt;30kg/m²</td>
<td>Overweight</td>
<td>42</td>
<td>31.6%</td>
</tr>
<tr>
<td>30 to &lt;40kg/m²</td>
<td>Obese</td>
<td>55</td>
<td>41.4%</td>
</tr>
<tr>
<td>≥40kg/m²</td>
<td>Severely obese</td>
<td>14</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

Obesity as a risk factor for hospitalisation from COVID-19

Beyond presenting the prevalence of obesity among hospitalised patients, a number of studies have explicitly identified obesity as a risk factor for hospitalisation from COVID-19.

A recent review of evidence concerning excess weight and COVID-19 by Public Health England concluded that individuals who are overweight (BMI ≥25kg/m²) or obese (BMI ≥30kg/m²) are more likely to be hospitalised if infected by COVID-19 than those individuals with a healthy weight. This review also notes that increasing BMI progressively increases the risk of hospitalisation.

A study of 3,615 patients who tested positive for COVID-19 in the United States identified obesity as a risk factor for hospital admission among those aged under 60. This study quantified the risk stating that patients under 60 years old and with a BMI of 30-34kg/m² were 2.0 times more likely to be admitted to acute care (95% CI 1.6-2.6, p<0.0001), and 1.8 times more likely to be admitted to critical care (95% CI 1.2-2.7, p=0.006) compared to those patients aged under 60 and with a BMI <30kg/m². For patients with a BMI ≥35kg/m² the risk was 2.2 (95% CI 1.7-2.9, p<0.0001) and 3.6 (95% CI 2.5-5.3, p<0.0001) times higher respectively.

Another US study of 5,279 patients with confirmed COVID-19 identified a BMI ≥40kg/m² as the second strongest predictor of hospitalisation, the strongest predictor being old age.

A novel and large-scale study made use of self-reported data from over 2.6 million users of the COVID-19 symptoms tracker app in the UK and US. This app enabled participants to provide updates on symptoms, healthcare visits, testing, the level of health care intervention required and outcomes. (Please note that this study is in preprint and has not been peer reviewed). The study reported obesity to be a key risk factor for attending a hospital, increasing the odds of attendance by between 20% and 40% across population groups. The authors noted several limitations in the study, including that data was self-reported and may be subject to reporting bias, and that the most unwell patients may not have been able to provide updated reports.
due to incapacity or death. In addition the study reports hospital visits as opposed to inpatient admissions. A final consideration is that sampling via an app may under-represent older people, those without smartphones and those who are severely ill.\textsuperscript{13}

**Obesity, negative disease progression and mortality in COVID-19 cases**

Beyond increasing the risk of hospitalisation, emerging evidence is consistent in identifying obesity to be a risk factor for negative disease progression, the need for advanced medical care, and increased mortality from COVID-19.

In a systematic review and meta-analysis of the relationship between BMI, obesity and severity of COVID-19, analysis of six studies comparing BMI in a total of 667 severe and non-severe COVID patients found that patients with severe COVID-19 had higher BMI than non-severe patients (WMD 2.67 BMI units, 95% CI 1.52-3.82). Furthermore, an additional analysis of four studies that compared disease severity in a total of 2,644 obese and non-obese patients demonstrated that patients with obesity had more severe disease outcomes than non-obese patients (OR 2.31, 95% CI 1.30-4.12).\textsuperscript{14}

A meta-analysis of 14 studies involving a total of 403,535 patients reported that patients with BMI $>25\text{kg/m}^2$ were more likely to be critically ill from COVID-19 (OR 2.03, 95% CI 1.75-2.36, p<0.0001), need advanced respiratory support (OR 6.98, 95% CI 5.37-9.07, p<0.001), or die (OR 3.68, 95% CI 1.53-8.83, p<0.001) in comparison to patients of a healthy weight.\textsuperscript{15}

Another systematic review and meta-analysis of 24 studies reported that obesity was a significant risk factor for ICU admission (OR 1.21, CI 1.002-1.46, $I^2=0.0\%$) and invasive mechanical ventilation (OR 2.05, CI 1.16-3.64. $I^2=34.86\%$). The authors also compared BMI categories with each other, and reported that higher BMI categories always carried greater risk of invasive mechanical ventilation than lower BMI categories.\textsuperscript{16} Similarly a systematic review of 20 studies reported a correlation between increasing BMI, especially $>30\text{kg/m}^2$, and worse outcomes.\textsuperscript{17}

A recent review by Public Health England also noted that evidence suggests that people with COVID-19 who are overweight or obese are at an increased risk of serious COVID-19 complications and death compared with those of a healthy weight.\textsuperscript{6}

A separate study of 16,749 patients with COVID-19 who were admitted to 208 UK hospitals also reported that obesity was associated with a higher probability of death. The authors report that when patients admitted to hospital with COVID-19 were obese their risk of death increased by 33% (HR 1.33, 95% CI 1.19-1.49, p<0.001).\textsuperscript{18}
A French cohort study examined the relationship between BMI and the need for mechanical ventilation among 124 COVID-19 patients. This study reported that the requirement for mechanical ventilation increased with BMI category increments, being greatest in patients with a BMI >35kg/m². The authors calculated that the risk of mechanical ventilation was over seven times higher for those with a BMI >35kg/m² compared to those with a BMI <25kg/m² (OR 7.36, 95% CI 1.63-33.14, p=0.02).  

Similarly a US study reported a BMI ≥30kg/m² to be associated with the use of invasive mechanical ventilation in COVID-19 patients, while a BMI ≥35kg/m² was associated with admission to ICU. Another US study also noted that obesity was associated with a significantly higher rate of ICU admission or death. 

A study of 482 patients in Italy found that a BMI ≥30kg/m² placed patients at significantly greater risk for severe illness (respiratory failure and admission to ICU), with the risk being significantly higher in those patients with a BMI of between 30 and 34.9kg/m² and those with a BMI ≥35kg/m². The study also reported that a BMI ≥35kg/m² significantly increased the risk of death.

### Obesity, COVID-19 and younger age groups

As noted previously, a US study identified obesity as a risk factor for hospital admission specifically among those aged under 60. A number of other studies conducted in the US have noted an inverse correlation between age and BMI in COVID-19 patients, with COVID-19 patients with higher BMIs tending to be younger. In another study of 200 patients in the US, the researchers noted that the median age of patients was 64 years. However this differed significantly when BMI was considered. Please refer to Table 4.

<table>
<thead>
<tr>
<th>BMI</th>
<th>Median age</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25kg/m²</td>
<td>73 years</td>
</tr>
<tr>
<td>25-34kg/m²</td>
<td>63 years</td>
</tr>
<tr>
<td>≥35kg/m²</td>
<td>57.5 years</td>
</tr>
</tbody>
</table>

Consequently the authors of one study concluded that in populations with a high prevalence of obesity, COVID-19 will affect younger populations more.

### Obesity, non-communicable diseases (NCDs) and COVID-19

While the aforementioned studies all report on associations between patients’ BMI and COVID-19, it should also be noted that obesity is related to a number of NCDs including diabetes, hypertension and cardiovascular disease. In studies to date
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these conditions have been among the most frequently reported co-morbidities in COVID-19 patients, and with each disease being an identified risk factor for severe COVID-19.\textsuperscript{8,20,25,26,27}

Proposed factors in the contribution of obesity to COVID-19 outcomes

Researchers have proposed several factors that may play a role in obesity contributing to COVID-19 outcomes: altered respiratory physiology; impaired immune response, and; higher levels of the ACE-2 enzyme in adipose tissue – an enzyme for which SARS-CoV-2 shows high affinity and through which it enters cells.\textsuperscript{20,28,29}

Physical activity and the immune system

Previous research has noted that regular moderate intensity exercise is beneficial to the immune system, particularly for older adults and people with chronic illnesses such as cardiovascular disease, diabetes and obesity.\textsuperscript{30}

The Centre for Evidence-Based Medicine at the University of Oxford reviewed evidence regarding whether physical activity can prevent or treat acute respiratory infections. This review found low quality evidence that exercise has no impact on the rate and duration of infections a person is subject to, but that it may provide a small reduction in the severity of symptoms experienced. The authors note however that further research would be required to study physical activity interventions as prevention or treatment in COVID-19 cases.\textsuperscript{31}

Physical activity, COVID-19 and mental health

In addition to benefiting physical health and wellbeing through improving cardiovascular fitness and managing weight, exercise can also serve to improve mental health and wellbeing.\textsuperscript{32} This is of current relevance as evidence from China has shown that the coronavirus pandemic and public health measures aimed at reducing transmission have triggered a variety of psychological problems including panic disorder, anxiety and depression.\textsuperscript{33} The World Health Organisation has also noted that the pandemic has had the impact of elevating levels of stress and anxiety, with the associated public health measures of self-isolation and social distancing producing additional challenges to mental health.\textsuperscript{34}

Nutrition and COVID-19

A number of recent studies have suggested a relationship between vitamin D and the number COVID-19 cases and outcomes, with these studies being reported in the press. A study of average vitamin D levels and the number of COVID-19 cases and death rates across 20 European countries found a negative correlation between vitamin D levels and COVID-19 cases and mortality. The researchers found that
those counties in which the population had low average vitamin D blood levels had higher numbers of COVID-19 cases and deaths.\textsuperscript{35}

Irish researchers have proposed that vitamin D could reduce the risk of COVID-19 infection\textsuperscript{36}, while it has also been suggested that vitamin D could improve the clinical outcomes of patients with COVID-19.\textsuperscript{37} Please note that this second study is pre-print and has not been peer reviewed at the present time.

The NHS has recommended that people should consider taking a daily 10 microgram supplement of vitamin D during the pandemic in order to maintain bone and muscle health. The NHS comment that although there have been some reports that vitamin D may reduce the risk of coronavirus, they state that there is no evidence for this. Rather the NHS advice is intended to help people avoid vitamin D deficiency which could result from more time spent indoors and less exposure to sunlight (a source of vitamin D), when following social distancing and self-isolation guidance.\textsuperscript{38} Likewise the PHA has also recommended that people take a vitamin D supplement during the lockdown period.\textsuperscript{39}

In response to press reports that certain foods or supplements can provide protection against COVID-19, the British Nutrition Foundation\textsuperscript{40} and the Association of UK Dietitians\textsuperscript{41} have issued statements to say that no specific foods or supplements can prevent COVID-19 or boost immunity. Instead they advise that eating a well-balanced diet is important in supporting normal immune function, and that supplements cannot replace a healthy diet.

**Impact of COVID-19 on people living with obesity**

Two research studies on the impact of COVID-19 on adults living with obesity\textsuperscript{42} and on the provision of weight management and bariatric services in the UK\textsuperscript{43} are currently being conducted by a research group led by University College London.

A further two studies on the impact of COVID-19 on children and young people who are overweight or living with obesity are also currently being conducted by a research group led by the University of Leeds. The first of these studies is focused on exploring the perceptions, attitudes and actions of children/young people who are overweight or living with obesity to the COVID-19 outbreak.\textsuperscript{44} The second study seeks to explore the impact of COVID-19 on the provision of weight management services for children and young people in the UK.\textsuperscript{45}

**Impact of lockdown on food behaviours and nutrition**

A number of surveys of the UK public provide some insight into how the COVID-19 outbreak and subsequent lockdown have affected food behaviours. A study by King’s College London and Ipsos MORI in April revealed that 35% of people reported
having eaten more food, or less healthy food than normal since the lockdown began.\textsuperscript{46}

Another survey conducted in April reported that 16% of respondents said they were eating more fruit and vegetables since the outbreak began, with 65% reporting they were consuming the same amount as before the outbreak. However 17% indicated they were eating fewer fruit and vegetables.\textsuperscript{47}

A survey of 2,000 adults in England, Wales and Northern Ireland by the Food Standards Agency and Ipsos MORI in May 2020 found that in the preceding month 26% of people reported that they had eaten healthy meals. However 42% reported that they snacked on cakes, biscuits, confectionary and savoury snacks more than usual.\textsuperscript{48}

The Bite Back 2030 healthy eating charity and the Guy’s and St Thomas’s Charity surveyed 1,000 14-19 year olds in England in May and June in order to gain insights into their experiences of food and drink during lockdown. The research described snacking as the biggest negative consequence in eating habits during the pandemic, with snacking increasing by 40%. There was also evidence of an inequalities gap, with young people in poorer families being more likely to snack and, less likely to eat fresh fruit and vegetables than their wealthier counterparts.\textsuperscript{49}

**Impact of lockdown on physical activity**

Evidence of the impact of the lockdown on physical activity behaviours has been somewhat mixed. A survey of 4,343 adults in Great Britain in April reported that 27% of respondents said they were doing more since the outbreak began while 35% reported there had been no changes to their levels of physical activity. However 36% reported they had been engaging in less physical activity since the outbreak began.\textsuperscript{47}

A survey of 2,000 adults commissioned by Yorkshire Cancer Research found that physical activity among adults had declined by a quarter since the UK lockdown came into effect. They survey also found that one third of adults had gained weight during the period, with the average increase being 6lbs.\textsuperscript{50}

A study of the physical activity levels of 802 adult participants in Sicily who reported being physically active prior to COVID-19 quarantine found a significant decrease in weekly physical activity and energy expenditure during quarantine, with the impact being greater among male and overweight participants. The study’s authors note that prolonged periods of lower levels of physical activity can lead to a failure to maintain body weight, thereby increasing health risks.\textsuperscript{51}

In contrast research commissioned by Sport Ireland showed a surge in the number of Irish adults walking, running and cycling since COVID-19 restrictions were
imposed in March 2020, with the percentage of adults who were inactive over the March/April period falling by 8% compared to 2019 levels.\textsuperscript{52}

Within the UK the lockdown has been attributed as having led to a boost in the number of people who downloaded the NHS-backed Couch to 5K app between March and the end of June 2020. Over 858,000 people downloaded the app during this period, an increase of 92% over the same period in 2019.\textsuperscript{53}

However evidence of an inequalities gap in physical activity has been found by surveys by Sports England and Sports Wales. These surveys have noted that both adults and children in poorer communities were doing less exercise during lockdown than people in more affluent areas.\textsuperscript{54,55}

**Impact of school closures on childhood obesity, physical activity and nutrition**

Researchers from the US have cautioned that prolonged school closures that serve to increase children’s time out of school over the summer period may worsen childhood obesity by presenting challenges to physical activity and diet.\textsuperscript{56} Evidence suggests that when children are out of school during holiday periods they engage in less physical activity in the absence of physical education classes, and have less healthy diets. Together these factors result in an increase in weight and a decrease in cardiovascular fitness. Such impacts are likely to be greater when children’s outdoor activities are further limited as has been the case in recent months due to public health measures.\textsuperscript{57}

A number of researchers have investigated the impact of school closures and lockdown conditions on children’s weight within the context of COVID-19. A US study used a model to predict the impact of COVID-19 on childhood obesity in the US. A number of scenarios relating to the duration of school closures (from 2 to 6 months), and anticipated declines in children’s physical activity over the summer holiday period were modelled, with each scenario predicting increases in children’s BMI.\textsuperscript{58}

A study of the lifestyle behaviours of 41 children living with obesity in Italy found that under lockdown conditions time spent engaging in physical activity declined by more than two hours per week. In contrast screen time increased by nearly five hours per day, with time spent sleeping increasing by an extra half hour per day. The study reported no changes in children’s vegetable consumption, but did note an increase in the consumption of fruits. However consumption of crisps, red meat and sugary drinks increased significantly.\textsuperscript{59}
Guidance and Regulations

Guidance for people living with obesity

The UK government has identified people who are seriously overweight (those with a BMI ≥40) as a clinically vulnerable group who are at increased risk of severe illness from COVID-19, and who should be particularly stringent in following social distancing measures (Last updated: 25 July 2020).

Similarly the European Association for the Study of Obesity (EASO) state that it is critical that those with obesity, and particularly those with a BMI greater than 40, take all possible precautions to avoid infection (Last updated: 2 April 2020).

Guidance for weight management and obesity services

NHS England’s COVID-19 prioritisation within Community Health Services states obesity and weight management services should partially stop. It is recommended that behavioural interventions for weight loss stop, however weight management services that also provide management of associated co-morbidities should triage patients to assess which patients may need ongoing support, with this support to be provided remotely (Last Updated 2 April 2020).

Physical activity guidance and regulations

In March 2020 the UK government advised the public to exercise inside where possible, and outside once a day, making sure to adhere to social distancing guidelines (Last updated 25 June 2020).

On March 28 2020 the NI Executive adopted powers to restrict movements in order to reduce transmission of coronavirus. These regulations stated that no-one was permitted to leave their home without reasonable excuse. One circumstance however under which people could leave their homes is to exercise, either alone or with members of the same household.

In line with the NI Pathway to Recovery plan outdoor spaces in Northern Ireland and some sports amenities reopened on 27 May 2020. Indoor gyms were allowed to reopen from 10 July, and public swimming pools from 24 July, however both are subject to capacity limits. In addition gyms will have to implement reduced class sizes and ensure additional spacing between equipment.

The World Health Organisation (WHO) provides recommendations on the minimum levels of physical activity for different age groups. They advise that adults engage in 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity physical activity, or a combination for the two each week. The guidance is intended for people without any symptoms or diagnosis of acute respiratory illness. Children
and adolescents aged 5 to 17 years are advised to engage in moderate to vigorous intensity physical activity for 60 minutes each day, including activities that strengthen muscle and bone on at least 3 days per week.

Children under the age of 5 are advised to spend at least 180 minutes a day engaged in physical activities. (Last updated 27 March 2020).

Nutrition guidance

The World Health Organisation's (WHO) nutrition advice during the COVID-19 outbreak is to eat a well-balanced diet, with people who do so tending to healthier, have stronger immune systems, and lower risk of illness and infectious disease.

The National Health Service (NHS) recommends that people consider taking a daily 10 microgram vitamin D supplement as they may not be getting enough vitamin D from sunlight if they are indoors for most of the day as a result of following social distancing and self-isolation guidance.

The Public Health Agency (PHA) have also recommended that people consider taking a daily vitamin D supplement during the lockdown period (last updated 30 April 2020).
New strategy to tackle obesity in England

Northern Ireland’s Chief Medical Officer has stated that “The urgency of tackling obesity has been brought to the fore by evidence of the link to increased risk of serious illness and death from COVID-19.”

On 27 July 2020 the Department of Health and Social Care launched a new obesity strategy for England, urging people to lose weight in order to beat coronavirus and protect the NHS. The strategy states that COVID-19 has provided a “wake-up call” and acknowledges the increased risk of hospitalisation, negative disease progression and death from COVID-19 faced by people who are overweight or obese, as well as the extra pressure obesity places on the NHS.

Actions in the strategy include:

- The introduction of a new ‘Better Health’ campaign to help those who are overweight to move towards a healthier weight (https://www.nhs.uk/better-health/)
- The expansion of weight management services available through the NHS so more people can access the support they need to lose weight.
- Publishing a 4-nation public consultation to gather views and evidence on current ‘traffic light’ food labelling.
- Introducing legislation to require large out-of-home food businesses, including restaurants, cafes and takeaways with more the 250 employees to add calorie labels to food they sell.
- Consulting on the intention to make companies provide calorie labelling on alcohol.
- Legislation to end promotions of foods high in fat, sugar or salt (HFSS) by restricting promotions such as buy one get one free.
- Banning the promotion of HFSS products on television and online adverts before 9pm.

In the case of Northern Ireland, Health Minister Robin Swann has stated that many of the actions in the strategy, including restricting promotions of HFSS foods, are devolved issues which require more consideration.

Promotion of active travel

Following the publication of the new strategy to tackle obesity in England, the Prime Minister launched a new scheme aimed to boost cycling and walking in England on the 28 July 2020. The Prime Minister stated that cycling and walking have “a huge role to play” in tackling health and environmentalal challenges. It was announced that bicycles will be made available on the NHS as part of the scheme. GPs in areas of England with poor health will be encouraged to prescribe cycling, with patients being
able to access bikes through their GP surgery. In addition the government is offering £50 bicycle repair vouchers to cyclists.62

In Northern Ireland the Department of Infrastructure launched the ‘Great Things Happen’ campaign on 20 July 2020. This campaign aims to encourage people to walk for shorter journeys rather than using other forms of transport. Announcing the campaign the Infrastructure Minister Nicola Mallon stated that “walking is good for our general well-being. It is good for our physical and mental health and for the environment.”63

Free school meals scheme

On 26 March the Ministers for Communities and Education in Northern Ireland announced the free school meals direct payment scheme. This scheme aimed to ensure that families did not face hardship as a result of school closures by making direct payments into bank accounts for those families eligible for free school meals.64 The scheme was initially scheduled to run until 30 June. However in response to concerns that some children may go hungry over the summer period, especially when direct payments for free school meals were due to end, the scheme was extended to cover the July and August period.65

The Education Minister Peter Weir stated that the free school meals direct payment scheme was backed up by the Eat Well, Live Well programme. This programme, delivered by the Education Authority Youth Service, provides healthy breakfasts and lunches to vulnerable young people. The Eat Well, Live Well programme has also been extended for the July and August period, with the Education Minister stating that the scheme will provide breakfasts and lunches for up to 5,000 young people.66 Demand for the programme has been high and it has reached its approved capacity. As a result new registrations have had to be suspended, however it is noted that options to meet additional demand are being explored.67
Responses to COVID-19 by services

This section of the overview provides examples of COVID-19 responses by weight management and physical activity services. This is for informational purposes only and is not intended as an exhaustive list of services and their responses.

Weight Management Services

A number of weight management services run by Local Authorities in England have ceased face-to-face delivery of services, however are providing remote support to clients.

North Yorkshire Adult Weight Management Service
https://www.northyorks.gov.uk/public-health-services-during-coronavirus-covid-19#weight
Accessed: 03 June 2020
Providers of the North Yorkshire adult weight management service have ceased face-to-face delivery to clients. The service has also stopped taking new referrals, however service providers are taking details of new clients and creating a waiting list. Individual service providers are developing and providing remote support via telephone and video chat that includes health assessment, nutritional information and advice, behavioural change support and home-based physical activity support. Please refer to Figure 1.

Figure 1: North Yorkshire Adult Weight Management Service response to COVID-19

⚠️ Notice about the coronavirus / COVID-19

Due to COVID-19 developments, the Adult Weight Management Service is being delivered through a ‘remote offer’ for all existing clients.

There will be no face-to-face assessments or nutrition and physical activity sessions offered. The service provider in your area will be contacting all existing clients to work through alternative offers of support, such as telephone contact or where possible, Skype, Facetime or remote group activity.

The service will not be taking on any new referrals from Thursday 18 March 2020 for the foreseeable future. However, please do contact the service provider in your area to record your interest.

Please refer to NHS advice for everyone and GOV.UK - what you need to do for frequently updated guidance on COVID-19.

Please be assured that we are working hard to support our residents through these unprecedented times. Please contact the service provider in your area should you need to discuss anything further.

Healthy Choices – Children and Family Weight Management Service
https://www.northyorks.gov.uk/healthy-choices-children
Accessed: 03 June 2020
In common with the North Yorkshire Adult Weight Management Service, the Healthy Choices service has ceased face-to-face delivery of delivery of services, switching to a remote offer (Figure 2).
Responses to COVID-19 by services continued

Figure 2: North Yorkshire Healthy Choices – Children and Family Weight Management Service response to COVID-19

Healthy Choices – Children and Family Weight Management Service
The Healthy Choices service is currently unable to provide face to face sessions and support. The service will be contacting all existing clients to offer alternative forms of support such as telephone contact or where possible, Skype or Facetime. The service will not be taking on any new referrals now, for the unforeseeable future, however families are welcome to contact the service to record their interest. For more information please contact the Healthy Choices team on 01609 798081 or keep up to date with any future changes in circumstances to the service.

Live Well Stay Well Buckinghamshire
https://www.livewellstaywellbucks.co.uk/News/166/coronavirus-update
Accessed: 03 June 2020
Delivery of community sessions by Slimming World (the services partner organisation), have ceased however they are providing support via telephone. The Live Well Stay Well remote weight management service continues to provide telephone support, while children’s weight management services will be delivered remotely.

Everyone Health Weight Loss Service (Staffordshire County Council)
https://staffordshire.everyonehealth.co.uk/services/weight
Accessed: 15 June 2020
The service has transitioned to online delivery of support and has set up a Facebook group for weekly nutrition and exercise classes (Figure 3).

Figure 3: Staffordshire County Council – Everyone Health Weight Loss Service response to COVID-19
Responses to COVID-19 by services continued

Physical activity services

Every Body Active 2020 (Belfast)
https://www.belfastcity.gov.uk/eba2020
Accessed: 28 July 2020
Normal delivery of Every Body Active 2020 ceased during the coronavirus lockdown, with Belfast City Council stating that the scheme’s delivery partners were working to ensure that people continued to be active. Please refer to Figure 4.

Figure 4: Every Body Active 2020 (Belfast) response to COVID-19

EBA coronavirus (COVID-19) information
During coronavirus (COVID-19), our normal delivery has ceased. Our delivery partners are working to ensure that people are continuing to be more active more often, whilst following current government advice.

If you or any of your household is interested in some new physical activity ideas, check information provided by our programme partners and do not hesitate to get in touch with them. You can also contact our EBA Coordinator by emailing leisure@belfastcity.gov.uk if you want any more information on any of the programmes.

Age NI – Move with Mary
Accessed: 24 June 2020
Age NI teamed up with Lady Mary Peters to launch an exercise programme aimed specifically at keeping older people moving during the COVID-19 lockdown. Move with Mary is a series of 5 exercise videos catering for all ability levels.
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