



**Public Health  
County Durham and Darlington**

**Preventing Obesity, Promoting Physical Activity  
in Children and Young People  
in Darlington  
2009-2012**

**DRAFT**

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## Introduction

Obesity is a key public health issue; it poses a major public health challenge and risk to future health, well being and life expectancy in Darlington. Levels of obesity in Darlington are among the worst in England. Obesity disproportionately affects the least well off and to reduce health inequalities a reduction must be made in inequalities in lifestyle choices around physical activity and food. In children, obesity is associated with low self esteem, bullying and exclusion from their peer group [REFERENCE]. Physically there may be mobility problems, high blood pressure and abnormal glucose metabolism leading sometimes to non- insulin dependent (type 2) diabetes. Obesity in pregnancy (maternal obesity) leads to an increased risk of stillbirth and death in infancy for the baby and an increased risk of complications in pregnancy for the mother [REFERENCE].

This strategy builds on what was produced by the Obesity Working Group in 2004 but also addresses new issues arising in the challenge of tackling obesity such as maternal obesity and providing more programmes for the increasing number of children and young people who are becoming overweight and obese. The core themes of the action plan are based on the Director of Public Health's plan to tackle the rising tide of obesity but the content of the themes has been identified by Darlington stakeholders.

There is a strong history of excellent partnership working across Darlington and this strategy and action plan, developed with local needs in mind, will contribute to the reduction of overweight and obesity in children and young people across the area.

### 1. Strategic vision, principles and objectives

In 2004 the government set a national target to halt the year on year rise in obesity among children under 11 by 2010 (from the 2002- 04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole. This has been superseded by the goal to

**Reverse the rising tide of obesity and overweight in the population by enabling everyone to achieve and maintain a healthy weight. By 2020 the aim is to reduce the proportion of overweight and obese children to levels in 2000. (DH, 2008)**

This target is a joint PSA target with the Department of Health, Department for Education and Skills and the Department of Culture, Media and Sport.

NICE guidance on the effective treatment of obesity was published in November 2006<sup>1</sup> and forms the basis for local service development plans. Currently almost two thirds of adults and a third of children are either overweight or obese. In 2007 Foresight, Tackling Obesities: Future Choices suggested that without clear action these figures would rise to almost nine in ten adults and two thirds of children by 2050. Being overweight or obese can have a severe impact on an individual's physical health and mental health. These illnesses put pressure on families, the NHS and society more broadly and without action the cost to society is forecast to reach £50 billion per year by 2050.

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<sup>1</sup> NICE. *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children*. NICE, 2006 <http://www.nice.org.uk/guidance/CG43>

Based on the evidence provided by the Foresight Report, the strategy set out a framework for action in five main areas: children, healthy growth and healthy weight, promoting healthier food choices, building physical activity into our lives, creating incentives for better health; and personalized advice and support. A recent introduction into local communities is Change4life (2008) which is a national marketing programme, developed to bring about a societal shift, resulting in fundamental changes in the behaviours that lead people, children and their families to become obese.

## **2. Childhood Obesity – cause, measurement and impact**

### **2.1. What causes obesity?**

The cause of childhood obesity (as with adults) is multi-factorial having behavioural, genetic and environmental components. Research has revealed that parents often do not see obesity as their or their family's problem, nor are they aware of the importance of healthy weight to their child's health. Complex family behavioural factors that include early overfeeding, poor dietary habits developing early in childhood and food being used as an emotional tool are common. However, reduced physical activity rather than an increase in energy intake may be key to the increasing trend in childhood obesity. In particular this inactivity may be related to changes in lifestyle, such as the increased use of the car, television and computer. Children are now sedentary rather than active.

Poverty is the key determinant of what families eat. Lower income families spend a much higher proportion of income on food than higher income families. In addition, fresh food is increasingly only available in supermarkets with local "corner shops" stocking long shelf life, processed foods with high fat, sugar and salt content. Price is the most important factor leading to purchase of cheaper calorie-dense foods. Families are often aware of what the "healthy choice" would be but cannot afford it and may have difficulties with access to it. Initiatives to reduce child poverty are therefore essential in preventing obesity.

The term 'obesogenic environment' has been used to refer to the role environmental factors may play in determining both food intake and physical activity. Environmental factors may play a part in availability and consumption of different foods and the levels of physical activity undertaken by people (Jones *et al*, 2007).

There is a socio economic gradient in the eating habits of children up to age 15 but not in young adults. There is a decrease in fruit and vegetable consumption and an increase in consumption of sweet foods and crisps from affluent to poorer households. Participation in sport is greater in children from more affluent households, the difference being most marked in girls.

Maternal obesity is now recognised to lead to an increased risk of stillbirth and death in infancy for the baby and an increased risk of complications in pregnancy for the mother.

The link between sustained breast feeding and deferred weaning (to at least six months) and reduced risk of childhood obesity is increasingly well established. There is now good evidence of the link between breast feeding and improved emotional attachment between infant and mother. There are established national targets for initiation of breast feeding and new targets in 2009/01 for maintenance of breast feeding at 6-8weeks.

There is important emerging evidence that low birth weight followed by excess weight gain linked to overfeeding in early childhood is strongly associated with childhood and adult obesity. Very rapid weight gain in early childhood is also associated with later obesity independent of birth weight. Reference

## 2.2. Measuring obesity in children

The simple Body Mass Index (BMI) classification is used for obesity in adults; BMI>25 is overweight; BMI>30 is obese. This BMI classification is not applicable to children, since the ratio of weight gain to height gain changes during normal growth, especially around puberty.

The method recommended is to plot the child's BMI on agreed age and sex reference charts. Those currently in use are the UK 1990 reference charts for BMI centiles for children.

The National Institute for Health and Clinical Excellence (NICE) recommends that tailored clinical intervention should be considered for children with a BMI at or above the 91st centile, depending on the needs of the individual child and family, and that an assessment of co morbidity should be considered for children with a BMI at or above the 98th centile. (Department of Health, 2007)

For routine clinical use (for intervention or referral for treatment) however, the following definitions are currently used in the UK:

- Obesity is defined as BMI greater than or equal to 98<sup>th</sup> centile of the 1990 reference chart;
- Overweight is defined as BMI greater than or equal to 91<sup>st</sup> centile of the 1990 reference chart.

## 2.3. Impact of obesity

Childhood obesity is particularly harmful because of the number of children concerned, and the fact that it not only limits a child's ability to enjoy a full and active life, but also increases the risks of diabetes, cancer, and heart and liver disease in later life. The *Healthy Weight, Healthy Lives* strategy builds on other initiatives such as the government-led 5 A DAY fruit and vegetable campaign, and sets out the ambition for the UK to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight

In childhood, excess weight can directly cause mobility problems, hypertension and abnormalities in glucose metabolism. "It not only limits a child's ability to enjoy a full and active life, but also increases the risks of diabetes, cancer, and heart and liver disease in later life" (DSCF and DH (2009, p23). In addition there may be emotional issues related to low self-esteem and the stigmatisation of obesity that is heightened in adolescence and may lead to bullying or exclusion from the peer group. Obesity in adolescence is linked to poor social relations and educational disadvantage.

Overweight young people have a 50% chance of being overweight adults, and children of overweight parents have twice the risk of being overweight compared to those with healthy weight parents. Obese 10- to 14-year-olds with at least one obese parent have a 79% chance of becoming obese adults (Whitaker et al (1997) cited in Kopelman *et al* (2004, p4).

## 3. Prevalence of obesity

### 3.1. England

- Between 1995 and 2003, the prevalence of obesity among children aged 2 to 10 rose from 9.9% to 13.7%.
- The percentage of children aged 2 to 10 who were overweight (including those who were obese) rose from 22.7% in 1995 to 27.7% in 2003.

- Overall, levels of obesity were similar for both boys and girls aged 2 to 10. For boys, obesity rose from 9.6% in 1995 to 14.9% in 2003, for girls obesity rose from 10.3% in 1995 to 12.5% in 2003.
- Between 1995 and 2003, levels of obesity rose among children aged 2 to 10. However, increases in obesity prevalence were most significant among older children aged 8 to 10, rising from 11.2% in 1995 to 16.5% in 2003.
- 19.8% of children living in households where both parents were either overweight or obese were themselves obese compared with 6.7% of children living in households where neither parents were overweight or obese and 8.4% of children living in households where one of the two parents was overweight or obese.
- Obesity prevalence among children aged 2 to 10 varied according to region and area type. Obesity levels were highest in the North East (18.3%) in 2001 and 2002. Furthermore, obesity was higher among children living in inner city areas than among children living in all other types of area.

Jotangia *et al* (2005)

Table 1 below shows the most up to date figures for the current levels of overweight and obesity in both Reception and Year 6 for England (National Obesity Observatory, 2009)

**Table 1: Percentage of overall prevalence of overweight and obesity for Reception and Year 6 for England 2006/07 and 2007/08**

	Reception		Year 6	
	2006/07	2007/08	2006/07	2007/08
Overweight	13%	13%	14.2%	14.3%
Obese	9.9%	9.6%	17.5%	18.3%

### 3.2. Darlington

The Health Profile for Darlington (Association of Public Health Observatories, 2008) reported that childhood obesity was worse in Darlington than the England average (10.7% and 9.9% respectively) based on Reception Year children in 2006/07. Latest figures for 2007/2008 from the National Child Measurement Programme show that this figure has reduced slightly to 10.2% for obese children. Table 2 sets out the overall percentages for the number of children who measured as overweight and obese during 2007/08 (Cresswell, T, 2009).

**Table 2: Overweight and obesity, reception and year 6, 2005/06, 2006/07 and 2007/08**

Academic year	Reception			Year 6		
	% measured	% overweight	% obese	% measured	% overweight	% obese
<b>Darlington</b>						
2005/06	97.2	18.1	10.1	99.2	14.8	20.1
2006/07	96.9	16.5	10.7	96.7	14.3	21.0
2007/08	99.0	13.5	10.0	98.0	13.9	20.4
<b>England</b>						
2005/06	No data					
2006/07	83.2	13.0		80.5	14.2	17.5
2007/08	89.0	13.0		87.0	14.3	18.3

In Darlington the National Child Measurement Programme figures have been produced at a locality level which allows us to see where the areas of greatest need for intervention and prevention are (Tables 3, 4, 5, 6 and 7 below). In Localities B,C and D there are high percentages of children in Reception and Year 6 who are overweight (Tables 4, 5 and 6) which puts them at greater risk of becoming obese in another few years. Promoting a healthy lifestyle and increasing participation in positive activities among children and young people have been identified as priorities in Localities D, C and A and work is continuing between the School Years Partnership Team and their partners to identify activities and programmes which will contribute to reducing overweight and obesity across those areas.

**Table 3: Locality A**

Branksome, Alderman Leach, Cockerton, Reid Street, Holy Family and Mount Pleasant Primary Schools

	Total measured	% underweight	% normal weight	% overweight	% obese
Reception	190	1%	81%	9%	9%
Year 6	203	1%	69%	10%	20%

**Table 4: Locality B**

Longfield Secondary, The Phoenix Centre (Pupil Referral Unit), Corporation Road, North Road and Harrowgate Hill Primary

	Total measured	% underweight	% normal weight	% overweight	% obese
Reception	168	1%	70%	18%	11%
Year 6	170	1%	61%	19%	20%

**Table 5: Locality C**

Haughton School, Beaumont Hill School, Springfield Primary [Education Village] Gurney Pease, Red Hall, St Bede's and Whinfield Primary Schools

	Total measured	% underweight	% normal weight	% overweight	% obese
Reception	189	2%	72%	15%	11%
Year 6	202	0%	64%	13%	23%

**Table 6: Locality D**

Borough Road Nursery, Bishopton/Redmarshall, Dodmire Infant, Dodmire Junior, Eastbourne, Firthmoor, Heathfield, Hurworth Primary, Hurworth Secondary, St George's, St John's and St Teresa's Schools

	Total measured	% underweight	% normal weight	% overweight	% obese
Reception	313	0%	78%	12%	11%
Year 6	284	0%	62%	13%	24%

**Table 7: Locality E**

Abbey Infants, Abbey Juniors, Carmel RC Technology College, George Dent Nursery, Heighington CE Primary, High Conniscliffe CE Primary, Hummersknott School and Language College, Mowden Infants and Mowden Junior, Skerne Park Primary, St Augustine's RC VA Primary

	Total measured	% underweight	% normal weight	% overweight	% obese
Reception	251	1%	76%	14%	9%

Year 6	281	0%	69%	15%	16%
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## 4. National Targets and Local Aspirations

### 4.1 National targets

*“The Government has set itself a new ambition: of being the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels. This new ambition was announced in xii Healthy weight, healthy lives September 2007 and forms part of the Government’s new Public Service Agreement (PSA) on Child Health and Well-being.*

*To help fulfill this ambition, the Foresight experts suggested that Government could best focus its actions in five main policy areas – to promote children’s health; to promote healthy food; to build physical activity into our lives; to support health at work and provide incentives more widely to promote health; and to provide effective treatment and support when people become overweight or obese.” (Department of Health (2008, pxii)).*

“Our vision for the future is one where every child grows up with a healthy weight, through eating well and enjoying being active. In early years, this means as many mothers breastfeeding as possible, with families knowledgeable and confident about healthy weaning and feeding of their young children. As children grow, parents will have the knowledge and confidence to ensure that their children eat healthily and are active and fit. All schools will be healthy schools, and parents who need extra help will be supported through children’s centres, health services and their local communities.” (Department of Health (2008, pxii)).

This strategy is guided by the national targets as set out in Every Child Matters outcomes framework which lists [5] indicators of relevance to tackling childhood obesity:

- NI 53 (PSA 12 / DSO 1) Prevalence of breastfeeding at 6 - 8 weeks from birth
- NI 55 (DSO 1) Obesity among primary school age children in Reception Year
- NI 56 (DSO 1) Obesity among primary school age children in Year 6
- NI 57 (PSA 22 / DSO 1) Percentage of 5-16 year olds participating in at least 2 hours per week of high-quality PE and sport at school and the percentage of 5-19 year olds participating in at least 3 further hours per week of sporting opportunities
- NI 52 (PSA 12 / DSO 1) Percentage of pupils who have school lunches

### 4.2 Local Aspirations

At a stakeholder event held in November 2008 hosted by the Deputy Director of Public Health, the following themes were agreed as being a priority in tackling childhood obesity in Darlington and are the foundations around which this strategy is constructed:

1. Map current provision for maternal obesity interventions (and to raise the awareness of the risks associated with raised BMI for both mother and baby)



2. Develop further work to tackle smoking in pregnancy
3. Further promotion of breastfeeding
4. Further action to support schools to meet Healthy Schools Targets and also to support a Healthy Schools Programme approach to nurseries and children's centres
5. Action to exceed the physical activity targets for schools
6. Wider action to increase opportunities for outdoor play linked to physical activity strategies together with action to promote the uptake of sport and leisure opportunities linked to regional planning for the 2012 Olympics.

## 5. What is already being done in Darlington – Prevention

### 5.1. Obesity in pregnancy

There is no current routine data available on obesity in pregnancy, however the rapid rise in prevalence of adult obesity is known. The North East Public Health Observatory (NEPHO) has been funded to carry out an audit of current community based initiatives in relation to maternal obesity and a qualitative study to investigate the development of maternal obesity maternity services across the region. Preliminary findings suggest gaps in provision of community based initiatives and not enough maternal obesity services are being developed to address the demands of maternal obesity across the region. National guidance is still awaited concerning BMI measurement and recommended interventions during the antenatal period

- Work has started to raise awareness amongst health professionals of the serious risks to both mother and baby of obesity in pregnancy.
- Contributed to the regional service evaluation of services directed towards maternal obesity.
- Supported a regional scoping study to identify community based initiatives relating to maternal obesity

### 5.2. Smoking in pregnancy

In County Durham and Darlington approximately 22% of pregnant smokers continue to smoke throughout pregnancy. Smoking status in pregnancy is collated from hospital data, smoking at time of delivery (SATOD). Table 8 shows that since 2004/05 there has been a steady reduction in the number of women smoking at time of delivery. However, this does rely on accurate recording.

**Table 8: Smoking at delivery**

	2004/05	2005/06	2006/07	2007/08	2008/09
Durham	25%	26%	24%	21.3%	23.4%
Darlington	25%	24%	24%	22.5%	20.4%

#### *What was achieved in 2008/09*

- All community midwives now have carbon monoxide monitors and training to improve smoking status recording and increase referrals of smokers to specialist stop smoking advisors
- New smoking and pregnancy pack developed for women
- Smoking and pregnancy now part of junior doctors' training

- NRT now available on maternity wards. Staff trained to provide NRT and make appropriate referrals to a specialist advisor
- Development of smoking and pregnancy guidelines for midwifery
- Annual operating plan (AOP) funding obtained to employ maternity healthcare assistants whose role will involve support to specialist stop smoking advisors.
- The Smoking Cessation Team has continued to link with Fresh and to present case studies of women who have been successful within the Stop Smoking Service. Several have been taken up locally and one nationally within the last 3 months by Chat magazine. These provide a valuable link with the community and promote referrals.
- A new poster is being developed to be given to pregnant women when they first see their Midwife which emphasises the risks of smoking to the mother and the baby. It also outlines the friendly support and free treatment they can access with contact telephone numbers.

### 5.3. Breastfeeding

In both County Durham and Darlington the breastfeeding initiation rate (Table 9) in 2007/08 was well below the national average of 76%. Data collection for breast feeding maintenance was only established in 2008/09 and data quality is an additional challenge. Quarter 3 (October – December 2008) breast feeding at age 6-8 weeks in Darlington was 33.7%; for County Durham in the same quarter 25%.

**Table 9: Breastfeeding initiation rates for County Durham and Darlington**

Year	Breastfeeding initiation rate	
	County Durham	Darlington
2005/06	48.2%	53.3%
2006/07	51.9%	57.3%
2007/08	52.8%	57.9%
2008/09		51%

- NHS County Durham, NHS Darlington and County Durham and Darlington Foundation Trust have registered their intent to work in partnership to achieve UNICEF/UK *Baby Friendly*<sup>2</sup> accreditation.
- A strategic group was established in August 2008 to take forward the breastfeeding agenda. The *County Durham and Darlington Breastfeeding Strategy* is currently being updated and shared with partners for comment and contribution.
- Through the action plan to implement *Maternity Matters* staffing requirements have been identified to deliver the step change required in breastfeeding initiation and maintenance and funding achieved through the AOP process.
- Targeted work is being done with some vulnerable and high risk groups through the teenage pregnancy programmes and the Family Nurse Partnership pilot
- In Darlington the delivery plan for the local area agreement (LAA) (2008 - 2011) contains some key actions to improve the breastfeeding rates in the town
- Ante-natal information regarding breastfeeding is provided to all pregnant women as well as DOH DVD Bump to Breastfeeding. This is provided by midwives and Health Visitors.

- 30 businesses now accredited to the 'Breastfeeding Friendly' project in Darlington with a waiting list of businesses to undergo training. Return to work policy discussed with businesses at training.

#### 5.4 North East Infant Feeding Weaning and Nutrition Guidelines

North East Infant Feeding, Weaning and Nutrition Guidelines have been developed in County Durham and Darlington for babies and children under 5 years, which provides consistent advice for all professionals on:

- Breast Feeding
- Bottle feeding where this is indicated
- Weaning and infant feeding to 12months
- Healthy Eating for 1 to 5 year olds.
- These guidelines have been adopted regionally to tackle obesity in children through structures supporting the Better Health, Fairer Health regional strategy.

#### 5.5. National Healthy Schools Programme

Implementation of the National Healthy Schools Programme (NHSP) has been very successful within schools across County Durham and Darlington. Many schools have gained National Healthy School Status (NHSS) and have firmly embedded the *whole school approach*<sup>3</sup> in their school ethos. The premise behind the NHSP is that healthy children and improved achievement go hand in hand. The programme promotes and supports the links between health, behaviour and achievement. It is about creating healthy and happy children and young people, who do better in learning and in life. By providing opportunities at school for good emotional and physical health, we will improve long term health, reduce health inequalities, increase social inclusion and raise achievement for all.

The current position for schools achieving validation to NHSS is shown in Table 10 below.

**Table10: Number of schools (and percentage of all schools in that grouping) validated to NHSS (01/03/09)**

Local Authority/PCT	Primary Phase	Secondary Phase*	Special Schools	All *
Darlington	20 (69%)	1 (14.3%)	1 (100%)	22 (58%)
County Durham	174 (76.3%)	19 (51.4%)	6 (54.5%)	199 (72.1%)

\* Number includes academies and pupil referral units (PRUs)

All (100%) of Darlington Schools are now engaged on the programme. While 22 out of the 38 schools have already achieved NHS

DATA Food Partnership Training (Design and Technology association). Training programme between secondary school and group of primary schools to enable teaching of healthy diet / cookery skills in primary curriculum. (10 primary schools attend 2 days training and further develop HE work in their own schools.)

<sup>3</sup> National Healthy Schools Programme. *Whole School Approach to the National Healthy Schools Programme*. 2007 [www.healthyschools.gov.uk](http://www.healthyschools.gov.uk)

- Let's Get Cooking Clubs: 9 schools in Darlington running School Food Trust funded cookery clubs for 3 years.

#### *Healthy Early Years Standard*

The philosophy and model of the NHSP has been extended locally through the development of the County Durham Healthy Early Years Standard (CDHEY) and the Darlington Healthy Early Years Standard (DHEY). This is being piloted with 6 County Durham and 6 Darlington Sure Start Children's Centres. This development contributes to the establishment of a healthy settings model for County Durham and Darlington to address health improvement for children and young people 0-19 years.

#### **5.6. Action to exceed the physical activity targets for schools**

[AWAITING INFORMATION FROM DARLINGTON BOROUGH COUNCIL'S SPORTS DEVELOPMENT TEAM]

#### **5.7. Wider actions to increase opportunities for outdoor play linked to physical activity strategies together with action to promote the uptake of sport and leisure opportunities linked to regional planning for the 2012 Olympics**

[AWAITING INFORMATION FROM DARLINGTON BOROUGH COUNCIL'S SPORTS DEVELOPMENT TEAM]

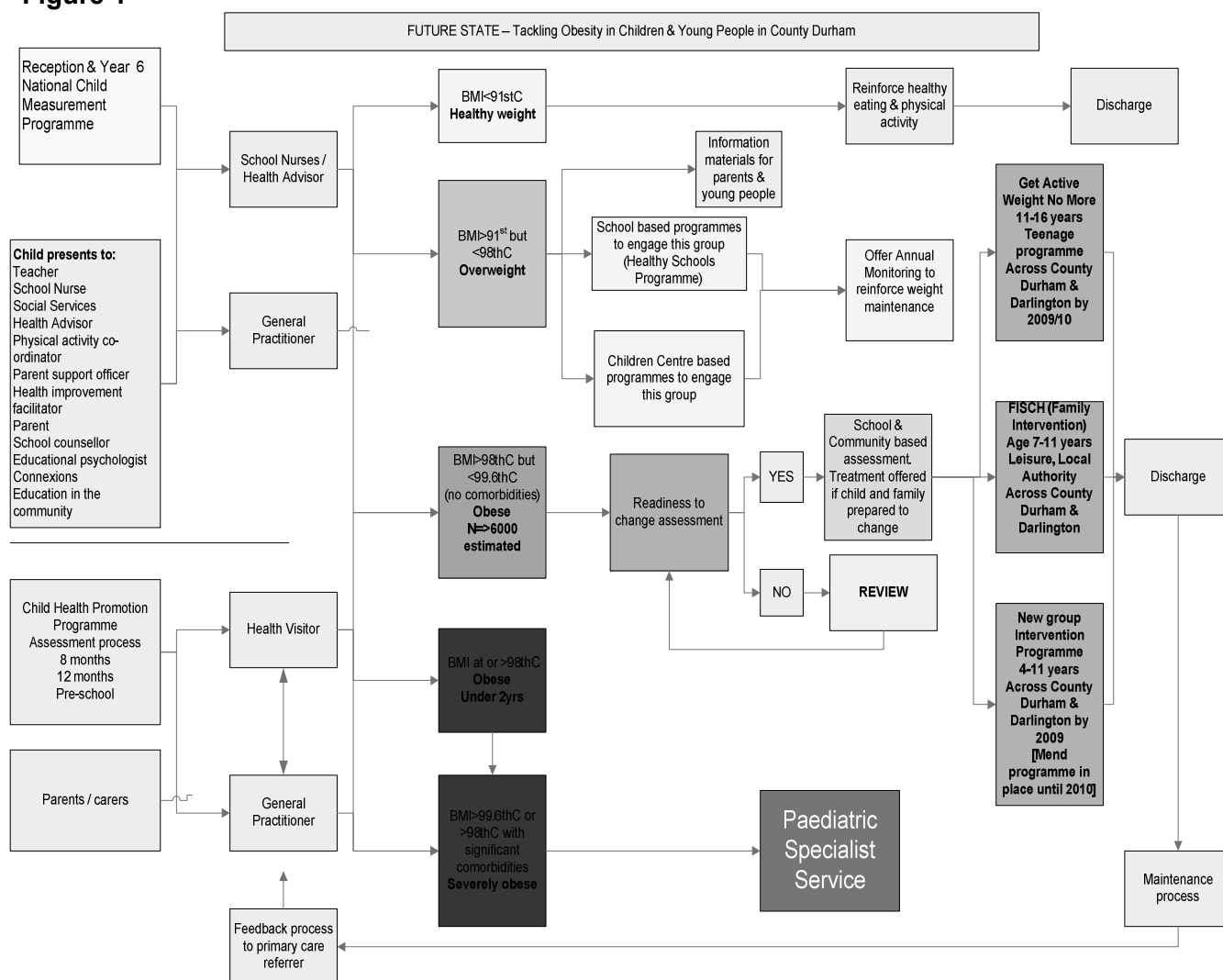
### **6. What is already being done in Darlington - Treatment**

#### **6.1. Intervention Pathway**

An integrated pathway for children and young people has been developed with community and family based interventions that cover County Durham and Darlington (see Figure 1). The key components of the intervention pathway are:

- Agreed entry criteria (weight greater than the 98<sup>th</sup> centile on the UK 1990 reference charts for BMI centiles for children.)
- Availability of group and one to one interventions which involve the child and family.
- A specialist paediatric service for obese children with associated diseases or disabilities or who are "morbidly" obese (under 2 years of age or weight greater than 99.6<sup>th</sup> centile).

**Figure 1**



### 6.2. Children's Specialist Obesity Clinic

This new clinic started in November 2008 and comprises a consultant paediatrician, a clinical psychologist and a specialist dietician. The team links with physical activity providers in the community. The service covers the whole of County Durham and Darlington, in Darlington the clinics are held at Darlington Memorial Hospital. The team sees the whole family together for a brief assessment before developing a programme for the child and family to work through. Referral criteria are:

- Aged under 2 years and BMI at or higher than 98th centile **or**
- Aged over 2 years and BMI above 98<sup>th</sup> centile with co-morbidities **or**
- Aged over 2 years and BMI over 99.6<sup>th</sup> centile

### 6.3. FISCH Programme (Family Initiative Supporting Children's Health)

This programme was set up 3 years ago in the North of the County in conjunction with the previous Primary Care Trust and district council structure. It is based in schools and covers

Year 4 and Year 5. There is a Physical Activity Officer and a Health Advisor on each team responsible for delivery of FISCH. There are 6 locality teams around County Durham and Darlington.

FISCH is a 10 week programme in which there is a 1 hour time slot within the curriculum and an extra hour before or after school. Each session at the school comprises a mix of physical activity and nutrition information all of which is age appropriate and delivered through a fun and participatory programme. Children are weighed at the beginning of the programme with their parents' consent. If a child or children in any of the classes is identified as being overweight or obese the Health Advisor will offer one to one support to the family. Initial delivery of FISCH in Darlington is planned for September 2009 and this will progress to full school coverage in 2010.

## **7. What needs to be done – Prevention**

### **7.1. Obesity in Pregnancy**

- Use results of regional scoping study and service evaluation to inform local plans.
- Continue to raise awareness of the serious risks to both mother and baby of obesity in pregnancy and associated links with childhood obesity.
- Develop a pathway of care for pregnant women that incorporates prevention and treatment of obesity.
- Develop a weight control programme for pregnant women who are obese, working with midwives and health visitors.

### **7.2 Smoking in Pregnancy**

- Continue to deliver brief intervention training with a wide range of key frontline staff.
- Development of a pilot initiative which puts all pregnant smokers into consultant-led care to increase quit attempts
- Following the review of the regional *10 high impact actions in reducing smoking preconception, during pregnancy and after delivery*, the County Durham and Darlington action plan will be updated to ensure evidence based actions are delivered.

### **7.2. Breast Feeding**

- Infant feeding co-ordination roles and actions to be delivered.
- Development of dedicated breastfeeding supporters and maternity care assistants.
- All mothers to have access to ante-natal peer support and peer support contact within 48 hours of discharge or within 48 hours of home birth.
- Implementation of 2009/10 actions towards achieving UNICEF/UK *Baby Friendly* accreditation by 2013 in partnership with County Durham and Darlington Foundation Trust.
- Establishment of standardised data collection across County Durham and Darlington linked to the review of child health information systems.
- Continue to work with both of the Children's Trusts and both Local Strategic Partnerships/LAAs to promote breast feeding, fully engaging partners in the launch of the revised breast feeding strategy.;
- Work with major employers through the healthy workplace award schemes to ensure all major employers in County Durham and Darlington have a breastfeeding return to work policy by 2010;
- Work with colleagues across the North East to move breastfeeding to the cultural norm, using a range of techniques including social marketing.

### **7.3. Meet Healthy Schools Targets**

- Achieve the Local Area Agreement stretch targets for the NHSP by end of December 2009 which for Darlington means 100% of schools to have achieved validation to NHSS.
- Deliver, from September 2009, an enhanced NHSP (*Healthy Schools Plus*) to help schools implement an outcomes-based model of universal and targeted health interventions, and also meet the proposed OFSTED pupil wellbeing indicators, as part of the wider government vision of the 21<sup>st</sup> century school.
- Evaluate the Darlington Healthy Early Years pilot for potential roll-out to all Children's Centres from April 2010.
- Establish a healthy settings approach for all 0-19 years' settings as a key model to address health improvement for children and young people (to include the implementation of the national Healthy Further Education (FE) Programme once available).
- Continue to strengthen partnership work to bring about the sustainable delivery of a healthy settings model across County Durham and Darlington.

#### **7.4. Action to exceed the physical activity targets for schools**

[AWAITING INFORMATION FROM DARLINGTON BOROUGH COUNCIL'S SPORTS DEVELOPMENT TEAM]

#### **7.5. Wider action to increase opportunities for outdoor play linked to physical activity strategies together with action to promote the uptake of sport and leisure opportunities linked to regional planning for the 2012 Olympics**

[AWAITING INFORMATION FROM DARLINGTON BOROUGH COUNCIL'S SPORTS DEVELOPMENT TEAM]

### **8. What needs to be done – Treatment**

In relation to the intervention pathway the following will be delivered in 2009/10:

- Standardisation of information materials for parents and young children.
- Mapping of children centre activities utilizing Healthy Early Years Standard as a framework
- Development of a training resource for use by professionals during readiness to change assessment.
- Utilisation of recommendations from social marketing research for planning interventions.
- Development of Intervention programme targeting teenagers 11yrs -16yrs, by December 2010.
- Development of new group- based intervention programme targeting 4–11 year olds to be operational by January 2010.

### **9. Key Documents**

This strategy is underpinned and lead by the following strategies, guidelines and papers:

- Every Child Matters: Change for Children (Available at: [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk))
- NICE Guidance CG43 Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (Available at: [www.nice.org.uk/CG043](http://www.nice.org.uk/CG043))
- Foresight: Tackling Obesities: Future Choices (Available at: <http://www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/KeyInfo/Index.asp>)

- National Healthy Schools programme (information available at: [www.healthyschools.gov.uk](http://www.healthyschools.gov.uk))
- Darlington Sport and Physical Activity Development Plan (Darlington Borough Council, 2007) (**NB: Currently under review**)
- Co Durham and Darlington Food and Health Action Plan: 2008-2011 (Public Health, NHS Co Durham)
- Darlington Children and Young People's Plan 2008-2011: Putting Children First (Available at: [http://www.darlington.gov.uk/dar\\_public/documents/Childrens%20Services/CYPD/CYPP%202008%20Putting%20Children%20First.pdf](http://www.darlington.gov.uk/dar_public/documents/Childrens%20Services/CYPD/CYPP%202008%20Putting%20Children%20First.pdf) )
- Healthy Weight, Healthy Lives (Available at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_082378](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378) )
- Healthy Weight, Healthy Lives: A Toolkit for Developing Local Strategies (Available at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_088968](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088968) )
- NICE PHG17: Promoting physical activity for children and young people (Available at: [www.nice.org.uk/ph17](http://www.nice.org.uk/ph17) )
- Healthy Lives, Brighter Futures: The Strategy for Children and Young People's Health (Available at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094400](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400) )

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## 10. Action Plan

Action	Organisation(s)	Lead(s)	Expected outcomes	When
<b>10.1 Strategy endorsement and implementation</b>				
1.1 Endorse the strategy	Children's Services Darlington Borough Council Children's Trust Board PCT Board Darlington Strategic Partnership		Strategy endorsed by <ul style="list-style-type: none"> <li>• Healthy Darlington Themed Group</li> <li>• Children's Trust Board</li> <li>• Children and Young People Scrutiny Committee</li> <li>• PCT Board</li> </ul>	<ul style="list-style-type: none"> <li>• Sept 09</li> <li>• Sept 09</li> <li>• Draft revision June 09</li> <li>• Oct 09</li> </ul>
1.2 Identify named group and lead to take strategy forward		Children's Trust Board  Children's Service <i>Darlington Borough Council</i>  Miriam Davidson Director of Public Health <i>NHS Co Durham and NHS Darlington</i>  Sue Hoare Leather Strategic Lead for Children's Obesity <i>NHS Co Durham and NHS Darlington</i>		
1.3 Develop and agree local action plan based on this document	DBC Leisure Services PCT Public Health Team Local Schools	Time limited steering group		

<b>10.2 Maternal Obesity</b>				
<b>Action</b>	<b>Organisation(s)</b>	<b>Lead(s)</b>	<b>Expected outcomes</b>	<b>When</b>
<p>Respond to recommendations from regional and local mapping of service provision for maternal obesity.</p> <p>Raise awareness of serious risks to both mother and baby of obesity in pregnancy and associated links with childhood obesity.</p> <p>Develop a pathway of care for pregnant women who are obese, working with midwives and health visitors. New life – all pregnant women who fit criteria have access to a weight control programme through their Midwife service.</p>	<p>Foundation Trust, NHS county Durham &amp; NHS Darlington. Darlington Borough Council</p>	<p>Sue Hoare- Leather Health Improvement Strategic Lead for Children's Obesity <i>NHS Co Durham and NHS Darlington</i></p> <p>Manager- maternity Matters Project</p>		<p>Sept 2009</p> <p>December 2009</p>
<p>Encourage the uptake of free schools meals. Poster campaign to be implemented across all schools</p>	<p>Darlington Borough Council</p>	<p>Lynn Wake, School Meals and colleague from Education Department <i>Darlington Borough Council</i></p>	<p>All children and families who are eligible for free school meals to be made aware of this facility</p>	<p>TBC</p>
<p>Produce food and health guidance for expectant mothers with BMI&gt;30 (to include specialist diets) Disseminate guidance</p>	<p>NHS County Durham and NHS Darlington Foundation Trust</p>	<p>Sue Hoare-Leather Health Improvement Strategic Lead for Children's Obesity <i>NHS Co Durham and NHS Darlington</i></p> <p><i>Gerardine O Connor Health Improvement Lead for Food and Health. NHS County Durham and NHS Darlington.</i></p>	<p>All expectant parents to be fully informed and supported around eating healthily during pregnancy</p>	<p>July 2009</p>

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To be included in PSHE programme delivered through school nurses		Angela Davidson [CHECK!] <i>NHS Darlington</i>	All young people through schools receive up to date information on the implications of healthy eating and pregnancy and early child development.  [ • ] sessions delivered and [ • ] young people access them	March 2010
Provide practical Healthy Eating support for teenage parents  Increase the take up of support to young parents	Relevant partners across Darlington (and Co Durham)	J Finn Young Parent Support Lead <i>NHS Darlington</i>	<ul style="list-style-type: none"> <li>• Identify and evaluate current provision</li> <li>• Develop services and incorporate into pathways within community programmes</li> </ul>	Mar 2009
Ensure standardised advice is provided through leaflets/literature	Relevant partners across Darlington (and Co Durham)	G Lodge Senior Sister Midwifery <i>County Durham &amp; Darlington Foundation Trust</i> G O' Connor Health Improvement Lead: Public Health <i>NHS County Durham &amp; NHS Darlington</i> G Watson Knowledge Manager <i>NHS County Durham &amp; NHS Darlington</i>	<ul style="list-style-type: none"> <li>• Documentation group review current literature/leaflets provided</li> <li>• Identify and/or produce information/advice</li> <li>• Disseminate to service providers</li> </ul>	Oct 2008
Scope provision and identify capacity to extend the learning from the weaning programme	Health Visitors and Children's Centre Leads	Gerardine O'Connor Health Improvement Lead for Obesity/Food and Health <i>NHS Co Durham and NHS</i>	Needs are to be identified and a commissioning proposal prepared	March 2010

		<i>Darlington</i> Jean Hatton	Increased use of services by mothers who are obese <b>Discussion Needed</b> <b>To expand on</b>	
Review protocols for referrals from midwifery services to ensure that those who are obese get extra call backs				
Increase the proportion of healthy food items provided in vending machines in Leisure Centres	NHS Co Durham and Darlington  Darlington Borough Council	Mike Crawshaw Head of Leisure Services <i>Darlington Borough Council</i> G O'Connor, R Bennett Health Improvement Leads <i>NHS County Durham &amp; NHS Darlington</i>		
Toolkit purchase  BF programme - £250 for kit. Yr 1 and Yr 2 – education around feeding.		Kathy Harvey (MSLC Rep) – Darlington only programme. Debbie Ramshaw for contact details.	<b>MORE INFO NEEDED</b>  <b>FURTHER INFO REQUIRED</b>	
<b>Exercise welcome pack at C.C. including swimming voucher to use aqua natal</b>			<b>Awaiting response from DBC Sports Development Team</b>	
<b>Crèche for aqua natal</b>				
<b>Pilates in Children's centre or at Dolphin Centre</b>				
<b>Engage G.P. – drop in at Dr Piper House</b>				
<b>Antenatal exercise – information, proactive</b>				

<b>10.3 Promotion of Breastfeeding</b>				
<b>Action</b>	<b>Organisation(s)</b>	<b>Lead(s)</b>	<b>Expected outcomes</b>	<b>When</b>
<ul style="list-style-type: none"> <li>Develop both a strategic and an operational Breastfeeding Steering Group</li> <li>Up-date breastfeeding strategy</li> <li>Group to produce, oversee and implement Breastfeeding Action Plan</li> </ul>	<i>NHS County Durham &amp; NHS Darlington</i>	<p>Tricia Cresswell Executive Director of Public Health <i>NHS County Durham &amp; NHS Darlington</i></p> <p>Project Manager, Maternity <i>NHS County Durham &amp; NHS Darlington</i></p> <p>S Hoare-Leather Health Improvement Strategic Lead: Public Health <i>NHS County Durham &amp; NHS Darlington</i></p>	<ul style="list-style-type: none"> <li>Stakeholder group</li> <li>Working Group/s</li> <li>Launch of updated breast feeding strategy throughout County Durham and Darlington.</li> </ul>	<p>May 2009</p> <p>May 2009</p>
<ul style="list-style-type: none"> <li>Roll out UNICEF Breastfeeding training</li> </ul>	<i>NHS County Durham &amp; NHS Darlington</i>	<p>Project Manager, Maternity <i>NHS County Durham &amp; NHS Darlington</i></p> <p>S Hoare-Leather Health Improvement Strategic Lead: Public Health <i>NHS County Durham &amp; NHS Darlington</i></p>	<ul style="list-style-type: none"> <li>Use the findings of mapping exercise carried out in 2008 a range of refresher courses/ updates.</li> <li>Monitor the activity of courses delivered and the uptake of same using the database.</li> <li>Further training requirements are to be co-ordinated by the Breastfeeding Strategy Group</li> </ul>	Ongoing

Action	Organisation(s)	Lead(s)	Expected outcomes	When
<p>Roll out of Baby Friendly Standard through a phased approach to Community Health Settings and Children's Centres</p>	<p>Foundation Trust NHS County Durham</p>	<p>Project Manager, Maternity <i>NHS County Durham &amp; NHS Darlington</i></p> <p>S Hoare-Leather Health Improvement Strategic Lead: Public Health <i>NHS County Durham &amp; NHS Darlington</i></p> <p>D Ramshaw Health Development Specialist: Public Health <i>NHS County Durham &amp; NHS Darlington</i></p>	<ul style="list-style-type: none"> <li>• Action plan to be developed with UNICEF</li> <li>• Apply for the Certificate of commitment with UNICEF</li> </ul>	<p>Ongoing</p> <p>September 2009</p>
<p>Develop local accessible peer support programme for breastfeeding mothers</p> <p>Encourage direct contact by peers within 48hrs of new mothers transfer home.</p>		<p>Project Manager, Maternity <i>NHS County Durham &amp; NHS Darlington</i></p> <p>S Hoare-Leather Health Improvement Strategic Lead: Public Health <i>NHS County Durham &amp; NHS Darlington</i></p>	<ul style="list-style-type: none"> <li>• Breastfeeding Steering Group identify current models of good practice</li> <li>• Service specification to be written, involving stakeholders, to outline paid-for support for peer supporters within the community.</li> <li>• Recognition of peer support services and encouragement of further joint working to increase capacity of existing services</li> </ul>	<p>Sept 2009</p>

Action	Organisation(s)	Lead(s)	Expected outcomes	When
<p>Ensure health professionals have up to date information on vitamins for pregnant mothers</p> <p>Increase awareness and promote the up-take of fruit, vegetables and vitamins provided through Healthy Start scheme</p>	<p>NHS Co Durham and NHS Darlington</p> <p>Children's centres</p> <p>Health visiting teams</p>	<p>J Gilbert Children's Centre Cluster Manager <i>Darlington Borough Council</i></p> <p>G O' Connor Health Improvement Lead: Public Health <i>NHS County Durham &amp; NHS Darlington</i></p>		

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<b>10.4 Smoking in Pregnancy</b>				
<b>Action</b>	<b>Organisation(s)</b>	<b>Lead(s)</b>	<b>Expected Outcomes</b>	<b>When</b>
Commission youth advocacy approach to smoking prevention for young people	NHS Durham and partners	Dianne Woodall Health Improvement Strategic Lead for Smoking Cessation and Tobacco Control <i>NHS Co Durham and NHS Darlington</i> and Health Improvement Lead for Smoking Cessation and Tobacco Control <i>NHS Co Durham and NHS Darlington</i>		30 Sept 09
Develop a communications plan to promote local stop smoking service to support national campaigns and utilizing social marketing approach		Chris Woodcock Social Marketing Manager <i>NHS Co Durham and NHS Darlington</i>	(i) Communications group established  (ii) Action plan developed	31 March 09  30 June 09
Tobacco Alliance to work together with FRESH North East to lobby effectively		FRESH North East Darlington Tobacco Alliance  Dianne Woodall Health Improvement Strategic Lead for Smoking Cessation and Tobacco Control <i>NHS Co Durham and NHS Darlington</i>	Remove vending machines for the sale of cigarettes  Point of sales displays to be kept under the counter	



<p>Pre-conceptual advice and support</p>	<p>NHS Co Durham NHS Darlington Midwives GPs/practice nurses</p>	<p>Dianne Woodall Health Improvement Strategic Lead for Smoking Cessation and Tobacco Control <i>NHS Co Durham and NHS Darlington</i></p> <p>Liz Robinson</p> <p>Debbie Bunford</p>	<p>All pregnant women who smoke or all women who smoke who are trying to become pregnant should be referred into specialist stop smoking services. This support should be available pre pregnancy, during pregnancy and post pregnancy</p>	
<p>Inclusion of risks of smoking into PSHE programme in schools</p>	<p>Children's Services Lead  DBC</p>	<p>Dianne Woodall Health Improvement Strategic Lead for Smoking Cessation and Tobacco Control <i>NHS Co Durham and NHS Darlington</i></p> <p>Wendy Bagnall Health Improvement Strategic Lead for Children and Young People <i>NHS Co Durham and NHS Darlington</i></p>	<p>All school aged children are aware of the risks of smoking and aware of the impact of marketing tobacco products.</p> <p>All school children who smoke are aware of services available to enable them to quit including access to NRT for those aged 12 or over.</p>	
<p>Increase capacity of stop smoking service through increased commissioning. Using a system based approach, improve quality and deliver services in accordance to the new DH monitoring guidance standards. Commission 10 new providers across Co Durham and Darlington.</p>		<p>Dianne Woodall Health Improvement Strategy Lead (Tobacco) and Health Improvement Lead (Tobacco Control/smoking cessation) <i>NHS Co Durham and NHS Darlington</i></p>	<p>i) New service spec developed ii) Contracts signed iii) Commission 10 new providers</p>	<p>30 June 09 30 Sept 09 31 Jan 2010</p>

<b>10.5 Support Healthy Schools targets (including supporting an early years approach to nurseries and children's centres)</b>				
<b>Action</b>	<b>Organisation(s)</b>	<b>Lead(s)</b>	<b>Expected Outcomes</b>	<b>When</b>
Continue to provide Training to catering staff and dinner ladies throughout Darlington	NHS Co Durham and NHS Darlington	Health Development Specialist (Public Health) <i>NHS Co Durham and NHS Darlington</i>	All schools achieving nutritional standards as outlined by FSA	November 2009
Set up a school meals forum to ensure quality standards and support delivery	Darlington Borough Council  Schools			November 2009
Deliver practical healthy eating courses to parents and children in identified communities and in conjunction with the FISCH programme	PCT, DBC, school nurse team, primary school head teachers	R Bennett Health Improvement Lead Obesity/Physical Activity <i>NHS County Durham and NHS Darlington</i>	Food and Health Facilitator to deliver [●] Cooking Together courses for parents and children in the locality(ies) identified as being most in need	Ongoing
Produce a standardised, evidence based healthy eating programme for all mainstream and Special Needs School aged children to be delivered by school nursing teams		Gerardine O'Connor Health Improvement Lead for Obesity/Food and Health <i>NHS Co Durham and NHS Darlington</i>	(i) Detailed delivery programme planned  (ii) Rolling programme implemented for priority schools  (iii) Evaluate	30 Sept 09  30 Sept 09  31 Mar 2010
Increase the number of schools achieving validation to NHSS from baseline at 31 March 2009:  Darlington 57.8% incl primary and secondary	NHS Co Durham and NHS Darlington  Darlington Borough Council	Wendy Bagnall Health Improvement Strategic Lead (Children & Young People) <i>NHS Co Durham and NHS Darlington</i>  Heather Long	100% all schools in Darlington to have achieved or be working towards NHSS	31 Dec 09 (LAA target)

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	Schools	Christine Jones School Years Partnership Manager <i>Darlington Borough Council</i>		
Engage target schools with enhanced National Healthy Schools Programme (NHSP) (commencing September 2009) Note: target schools validated to NHSS May–Dec 06		Wendy Bagnall Health Improvement Strategic Lead (Children & Young People) <i>NHS Co Durham and NHS Darlington</i>  Heather Long Christine Jones School Years Partnership Manager <i>Darlington Borough Council</i>	Darlington: 2 schools	31 Mar 2010
Develop a healthy youth setting <i>quality mark</i> in partnership with Darlington Borough Council		Wendy Bagnall Health Improvement Strategic Lead (Children & Young People) <i>NHS Co Durham and NHS Darlington</i>  Mervyn Bell <i>Darlington Borough Council</i>		31 Mar 2010
Increase by 4 the number of FE colleges developing a Health Improvement Strategy and adopting a whole setting approach.	NHS Durham and NHS Darlington Darlington Borough Council FE colleges (QEII, Darlington College)	Wendy Bagnall Health Improvement Strategic Lead (Children & Young People) <i>NHS Co Durham and NHS Darlington</i>	Darlington: 2 FE Colleges	31 Mar 2010
Support pilot Sure Start Children's Centre to achieve Healthy Early Years Standard;	NHS Durham Darlington Borough	Suzanne Irvine Health Improvement Specialist (Children & Young People's	Darlington: 6 Children's Centres	31 Mar 2010

evaluate for rollout.	Council Children's Centres	Settings) <i>NHS Co Durham and NHS Darlington</i>		
Develop training package on Infant Feeding Weaning & Nutrition Guidelines for Babies and Children under 5  Delivery of training and disseminate guidelines to those working with expectant parents and parents of young children -	Co Durham & Darlington  Midwifery, Health visiting, Children's Centres, Childminding Networks and GP Practice	K Errington Health Development Specialist: Public Health <i>NHS County Durham &amp; NHS Darlington</i> C Whitfield Public Health Training Coordinator <i>NHS County Durham &amp; NHS Darlington</i> A Davison Integrated Nurse Team Lead- South PDA <i>NHS Darlington</i> C Newsome Strategic Extended Services Manager <i>County Durham Children &amp; Young People's Services</i>	<ul style="list-style-type: none"> <li>• Subgroup meeting held on 26th January 09 to develop training presentation.</li> <li>• First draft of training presentation written and sent to members for comments.</li> <li>• Final agreement for local delivery through integrated nursing and children's Centres to be confirmed</li> </ul>	TBC
Packed lunch packs have been distributed to all schools.  Through the Locality Co-ordinators schools will raise any further support requirements.	Public Health NHS Co Durham and Darlington  Darlington Borough Council  Schools	Heather Long <i>Darlington Borough Council</i>  Gerardine O'Connor Health Improvement Lead for Obesity/Food and Health <i>NHS Co Durham and Darlington</i>	All children and families are fully informed and supported to bring healthy packed lunches to schools.  Monitored through termly feedback forms from schools.	Sept 2008  Sept 09

<ul style="list-style-type: none"> <li>Implement the FISCH (Family Intervention Supporting Children's Health) programme.</li> </ul> <p>Monitor delivery and participation in FISCH</p>	<p>Darlington Borough Council</p> <p>NHS Co Durham and NHS Darlington</p> <p>Local Schools</p>	<p><i>Steering Group</i> Gemma Saunders Sports Development Officer <i>Darlington Borough Council</i></p> <p>Angela Davidson Integrated Nursing Team Lead <i>NHS Darlington</i></p> <p>Sue Hoare-Leather Strategic Lead for Children's Obesity <i>NHS Co Durham &amp; NHS Darlington</i></p> <p>Ruth Bennett Health Improvement Lead for Obesity and Physical Activity <i>NHS Co Durham &amp; NHS Darlington</i></p>	<ul style="list-style-type: none"> <li>Engage with 10 primary schools by March 2010</li> <li>2 sessions of physical activity for each Year 4 and Year 5 per week over a 10 week period</li> <li>Engagement of parents of children identified as being at risk of developing obesity on a 1:1 basis with the Health Advisor</li> <li>Link parents and children in with PCT's Food and Health Facilitators to engage them on the Cooking Together courses (see above)</li> </ul>	<p>March 2009</p>
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<b>10.6 Actions to exceed physical activity targets for schools</b>				
<b>Action</b>	<b>Organisation(s)</b>	<b>Lead(s)</b>	<b>Expected outcomes</b>	<b>When</b>
<ul style="list-style-type: none"> <li>• Develop a marketing strategy to increase people becoming physical activity champions in their area</li> <li>• Raise the profile of the social benefits of physical activity</li> <li>• Develop incentives for parents to increase uptake to walk children to schools</li> <li>• Develop a Mother's cycle network</li> <li>• Links from Youth Workers to signpost to activity</li> <li>• Communication and sharing of information internally and to partners</li> <li>• Increase the emphasis on young people being involved in less structured sport – all physical activity is important</li> </ul>			<p><b>AWAITING INFORMATION FROM SPORTS DEVELOPMENT TEAM AT DARLINGTON BOROUGH COUNCIL</b></p>	

<b>10.7 Increase play opportunities, promote uptake of sport and leisure linked to 2012 Olympics</b>				
<b>Action</b>	<b>Organisation(s)</b>	<b>Lead(s)</b>	<b>Expected outcomes</b>	<b>When</b>
<ul style="list-style-type: none"> <li>• What do older teenagers want.</li> <li>• Green gym – 16+</li> <li>• 2012 beats type II diabetes. Dancing, swimming, walking, jogging (sharing good practice)</li> <li>• Develop play pathway</li> <li>• Ensure that clubs cater for demand</li> <li>• Ensure provision of higher quality coaches and facilities</li> <li>• Implement a series of Community events using a whole family approach and focussing on 2012 Olympics</li> <li>• Developing marketing sub-group for 2012 – engage wider organisations</li> </ul>			<p><b>AWAITING INFORMATION FROM SPORTS DEVELOPMENT TEAM AT DARLINGTON BOROUGH COUNCIL</b></p>	

<b>10.8 Support further development of Childhood obesity intervention services</b>				
<b>Action</b>	<b>Organisation(s)</b>	<b>Lead(s)</b>	<b>Expected outcomes</b>	<b>When</b>
Use childhood surveillance data to measure levels of childhood obesity and plan services for Darlington and in each locality area.	NHS Co Durham & NHS Darlington  Darlington Borough Council	Sue Hoare-Leather Strategic Lead for Children's Obesity <i>NHS Co Durham &amp; NHS Darlington</i>	Planning of services, targeting areas of need.	December 2009
Using the learning from current Darlington Junior of life programme and building on the 2008/09 launch of FISCH develop and implement three age-appropriate childhood intervention programmes to support children, young people and their families.		Sue Hoare-Leather Strategic Lead for Children's Obesity <i>NHS Co Durham &amp; NHS Darlington</i>	<ul style="list-style-type: none"> <li>• Roll out of FISCH 7-11yrs (second phase) operational by December 2009</li> <li>• Develop service Specification of junior programme (4- 11yrs) by September 2009</li> <li>• Service Specification for teenage programme ( 11-16yrs) completed by December 2009</li> </ul>	December 2009  September 2009  December 2009
Further update the childhood obesity pathway of care as services develop.		Sue Hoare-Leather Strategic Lead for Children's Obesity <i>NHS Co Durham &amp; NHS Darlington</i>		Ongoing



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