



DARLINGTON
Borough Council

Health and Wellbeing Board Agenda

3.00 pm

Thursday, 16 September 2021

Sports Hall, Dolphin Centre, Darlington, DL1 5RP

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at Meeting.
2. Declarations of Interest.
3. To hear relevant representation (from Members and the General Public) on items on this Health and Wellbeing Board Agenda.
4. To approve the Minutes of the Meeting of this Board held on 18 March 2021 (Pages 5 - 8)
5. Darlington Vaccination Update –
Presentation by Chief Finance Officer, NHS Tees Valley Clinical Commissioning Group
(Pages 9 - 14)
6. Integrated Care Systems –
Verbal update by the Chief Finance Officer, NHS Tees Valley Clinical Commissioning Group
7. Needs Led Neurodevelopmental Pathway –
Presentation by Head of Commissioning and Strategy for Children, Young People and Maternity, NHS Tees Valley Clinical Commissioning Group
(Pages 15 - 28)

8. Childhood Obesity Planning options in relation to hot food takeaways –
Joint presentation by Director of Public Health, Principal Planning Officer and Policy
Research Officer
(Pages 29 - 50)
9. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Board are of
an urgent nature and can be discussed at the meeting.
10. Questions.



Luke Swinhoe
Assistant Director Law and Governance

Wednesday, 8 September 2021

Town Hall
Darlington.

Membership

Councillor Clarke, Cabinet Member with Children and Young People Portfolio

Councillor Harker

Councillor K Nicholson, Cabinet Member with Health and Housing Portfolio

Councillor Mrs H Scott, Leader of the Council

Councillor Tostevin, Cabinet Member with Adults Portfolio

James Stroyan, Group Director of People

Penny Spring, Director of Public Health

Dr Posmyk Boleslaw, Chair, NHS Tees Valley Clinical Commissioning Group

David Gallagher, Chief Officer, NHS Tees Valley Clinical Commissioning Group

Michael Houghton, Director of Commissioning Strategy and Delivery, NHS Tees Valley Clinical
Commissioning Group

Mark Pickering, Chief Finance Officer, NHS Tees Valley Clinical Commissioning Group

Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust

Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust

Mike Forster, Operational Director, Children's and County Wide Community Care Directorate,
Harrogate and District NHS Foundation Trust

Alison Slater, Director of Nursing, NHS England, Area Team

Joy Allen, Police, Police, Crime and Victims' Commissioner, Durham Area

Sam Hirst, Primary Schools Representative

Nick Lindsay, Secondary Schools Representative

Carole Todd, Darlington Post Sixteen Representative,
Rita Lawson, Chairman, Darlington Voluntary and Community Sector Engagement group
Dr Amanda Riley, Chief Executive Officer, Primary Healthcare Darlington
Michelle Thompson, Chief Executive Officer, Healthwatch Darlington
Rachel Morris, Head of Department for Nursing and Midwifery, School of Health and Life Sciences, Teesside University
Christine Shields, Assistant Director Commissioning, Performance and Transformation
Jehanne Readman, Project Manager, Primary Healthcare Darlington

Since the last meeting of the Board, the following items have been sent to the Chair/Members of the Board:-

- County Durham and the Tees Valley Clinical Commissioning Groups Stakeholder Briefing – Little Orange Book to provide health guidance to new parents
- NHS Tees Valley CCG Stakeholder Briefing – Support for End of Life and Palliative Care (PEoLC) Strategy in Tees Valley
- Consultation – Annual CCG Assessment – HWB Engagement
- NHS Tees Valley CCG Stakeholder Briefing – Home Oxygen Assessment Service
- Healthwatch Darlington Annual Report 2020 2021

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Fay, Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays e-mail hannah.fay@darlington.gov.uk or telephone 01325 405801

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HEALTH AND WELLBEING BOARD

Thursday, 18 March 2021

PRESENT – Councillor K Nicholson (Cabinet Member with Health and Housing Portfolio), Councillor Clarke (Cabinet Member with Children and Young People Portfolio), Councillor Harker, Councillor Mrs H Scott (Leader of the Council), James Stroyan (Director of Children and Adults Services), Penny Spring (Director of Public Health), Sue Jacques (Chief Executive) (County Durham and Darlington Foundation Trust), Nick Lindsay (Head Teacher Longfield Academy) (Secondary Schools Representative), Rita Lawson (Chairman) (Darlington Voluntary and Community Sector Engagement group), Dr Amanda Riley (Chief Executive Officer) (Primary Healthcare Darlington), Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington), Mark Pickering (Chief Finance Officer) (NHS Darlington Clinical Commissioning Group) and Jennifer Illingworth (Director of Operations, Durham and Darlington) (Tees, Esk and Wear Valley NHS Foundation Trust)

ALSO IN ATTENDANCE – Lisa Holdsworth (Commissioning Officer) (Darlington Borough Council) and Hannah Fay (Democratic Officer)

APOLOGIES – Dr Posmyk Boleslaw (Chair) (NHS Tees Valley Clinical Commissioning Group), David Gallagher (Chief Officer) (NHS Tees Valley Clinical Commissioning Group), Michael Houghton (Director of Commissioning Strategy and Delivery) (NHS Tees Valley Clinical Commissioning Group), Mike Forster (Operational Director, Children's and County Wide Community Care Directorate) (Harrogate and District NHS Foundation Trust), Alison Slater (Director of Nursing) (NHS England, Area Team), Sam Hirst (Primary Schools Representative) and Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative)

HWBB12 DECLARATIONS OF INTEREST.

Michelle Thompson, Healthwatch Darlington declared an interest in Minute HWBB15 and HWBB16 below. There were no other declarations of interest reported at the meeting.

HWBB13 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.

No representations were made by Members or members of the public in attendance at the meeting.

HWBB14 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON :-**(1) 3 SEPTEMBER 2020**

Submitted – The Minutes (previously circulated) of the meeting of this Health and Wellbeing Board held on 3 September 2020.

RESOLVED – That the minutes be approved as a correct record.

REASON – They represent an accurate record of the meeting.

(2) 17 DECEMBER 2020

Submitted – The notes (previously circulated) of the inquorate meeting of this Health and Wellbeing Board held on 17 December 2020.

RESOLVED – That the notes of the inquorate meeting be approved as a correct record.

REASON – They represent an accurate record of the meeting.

HWBB15 COVID-19 IN DARLINGTON

The Director of Public Health and Public Health Principal gave a presentation updating Members on Covid-19 in Darlington.

Details were provided of the four tests and the key points of the road map out of lockdown; that the easing of restrictions would be done in four steps with a minimum of five weeks between each step; and that the Stay at Home campaign would continue throughout all stages in the road map.

In relation to the deployment of the vaccine programme in Darlington, it was reported that as of 11 March 2021 34,489 vaccines had been given; 94 per cent of those aged 70 year had received their first dose; and that 37.14 per cent of all adults had received their first dose. Reference was made to the variation in uptake of the vaccine between areas in Darlington, and that the reasons for this variation were being investigated.

In relation to the effectiveness of the vaccine in reducing hospitalisations and deaths in those vaccinated, it was reported that there had been a decrease in the number of COVID emergency admissions and in hospital bed occupancy.

Members were advised that case detection rates were lower than the five year average; the case detection rate in over 60's had increased from December but remained lower than the younger age groups; and that the seven day case rate was showing a slowing in the rate of new positive cases.

Members were advised that 98.3 per cent of Darlington's positive cases were the Kent variant.

Details were provided of the cumulative totals for testing in Darlington, including PCR tests, lateral flow tests and school based testing; and the expansion of testing opportunities by the Department for Health and Social Care

Reference was made to the COVID-19 recovery next steps which included the development of a recovery framework, offering the opportunity to align this public health approach with other agendas including economic recovery and climate change; and a health inequalities impact assessment had been undertaken in the North East which had identified vulnerable groups to be considered a part of the recovery plan.

The Chair made reference to the increase in cases in Darlington that had been reported in the media; that this was an increase of 35 cases in the previous week and was attributed to the movement of young people; and that Darlington had been working well in relation to COVID-19.

Discussion ensued on the figures for lateral flow tests and the effectiveness of the vaccine.

RESOLVED – That the thanks of the Board be conveyed to the Director of Public Health for her informative presentation.

REASON – To convey the views of the Board.

HWBB16 DARLINGTON CARERS' ACTION PLAN 2020-22

The Director of Children and Adult Services submitted a report (previously circulated) providing information about carers in Darlington and seeking endorsement of the Darlington Carers Action Plan 2020-22 (also previously circulated).

The report stated that the 2011 census identified that there were 11,048 carers in Darlington; a national Carers Action Plan for 2018-20 was published by central government in June 2018, outlining the cross-government programme of work to support carers in England and building on the previous National Carers Strategy; and that despite a stated intention by government to publish plans for carers post 2020, nothing had been published.

It was reported that the Darlington Carers' Strategy Steering Group had developed a Darlington Carers' Action Plan for 2020-22 as a local response to the needs of carers; and that this was based on the key themes of services and systems that work for carers; employment and financial wellbeing; supporting young carers; recognising and supporting carers in the wider community and society; and building research and evidence to improve outcomes for carers.

Members were informed that the COVID-19 pandemic had resulted in a decrease in referrals to both the Carers Support and Young Carers Services; and that these numbers were starting to increase again.

RESOLVED – (a) That the Darlington Carers' Action Plan 2020 – 22 be endorsed.

(b) That Members act as champions for carers in Darlington and consider how to support progress of the carers' agenda in Darlington

REASON – To enable Darlington to continue to support carers and to be responsive to the challenges carers face as a result of the pandemic.

HWBB17 SUPPLEMENTARY ITEM(S) (IF ANY) WHICH IN THE OPINION OF THE CHAIR OF THIS BOARD ARE OF AN URGENT NATURE AND CAN BE DISCUSSED AT THE MEETING.

The Leader advised Members of a recommendation from Cabinet on 9 March 2021 that the Health and Wellbeing Board investigate the impact of hot food takeaways on the health of residents, and in particular on childhood obesity in Darlington; and that this information was required in order to introduce supplementary planning laws.

RESOLVED – That the Health and Wellbeing Board investigate the impact of hot food takeaways on the health of residents, and in particular on childhood obesity in Darlington.

REASON - To contribute to the further health and wellbeing of the Town.

Darlington Vaccination Update

Data up to and including – Sunday
12th September



Darlington - Vaccination Requirements To Meet 90%

1st Doses

	Population	Target 90%				Movement Last 7 Days		Previous Week	Forecasting		
			1st Doses	% Vaccinated	Required For 90% Target	1st Doses	% Vaccinated	1st Doses	Weeks to Achieve 90% at last weeks activity	Required 1st vaccines per week to hit 90% in 6 weeks	Required 1st vaccines per week to hit 90% in 4 weeks
TVCCG	581,852	523,667	481,352	82.73%	42,315	1,063	0.18%	1,095	39.8	7,052	10,579
Middlesbrough	127,459	114,713	97,276	76.32%	17,437	306	0.24%	306	57.0	2,906	4,359
Redcar and Cleveland	116,267	104,640	99,846	85.88%	4,794	157	0.14%	184	30.5	799	1,199
Hartlepool	79,780	71,802	65,893	82.59%	5,909	138	0.17%	155	42.8	985	1,477
Stockton-on-Tees	165,387	148,848	139,759	84.50%	9,089	304	0.18%	316	29.9	1,515	2,272
Darlington	92,959	83,663	78,578	84.53%	5,085	154	0.17%	134	33.0	848	1,271
NENC	2,597,435	2,337,692	2,192,654	84.42%	145,038						

2nd Doses

	Population	Target 90%				Movement Last 7 Days		Previous Week	Forecasting		
			2nd Doses	% Vaccinated	Required For 90% Target	2nd Doses	% Vaccinated	2nd Doses	Weeks to Achieve 90% at last weeks activity	Required 2nd vaccines per week to hit 90% in 12 weeks	Required 2nd vaccines per week to hit 90% in 10 weeks
TVCCG	565,759	509,183	433,711	76.66%	75,472	6,803	1.20%	8,887	11.1	6,289	7,547
Middlesbrough	123,718	111,346	85,615	69.20%	25,731	1,512	1.22%	2,117	17.0	2,144	2,573
Redcar and Cleveland	113,314	101,983	90,988	80.30%	10,995	1,035	0.91%	2,042	10.6	916	1,099
Hartlepool	77,545	69,791	59,541	76.78%	10,250	926	1.19%	742	11.1	854	1,025
Stockton-on-Tees	160,797	144,717	126,144	78.45%	18,573	1,995	1.24%	2,452	9.3	1,548	1,857
Darlington	90,385	81,347	71,423	79.02%	9,924	1,288	1.43%	1,534	7.7	827	992
NENC	2,533,405	2,280,065	2,011,585	79.40%	268,480						

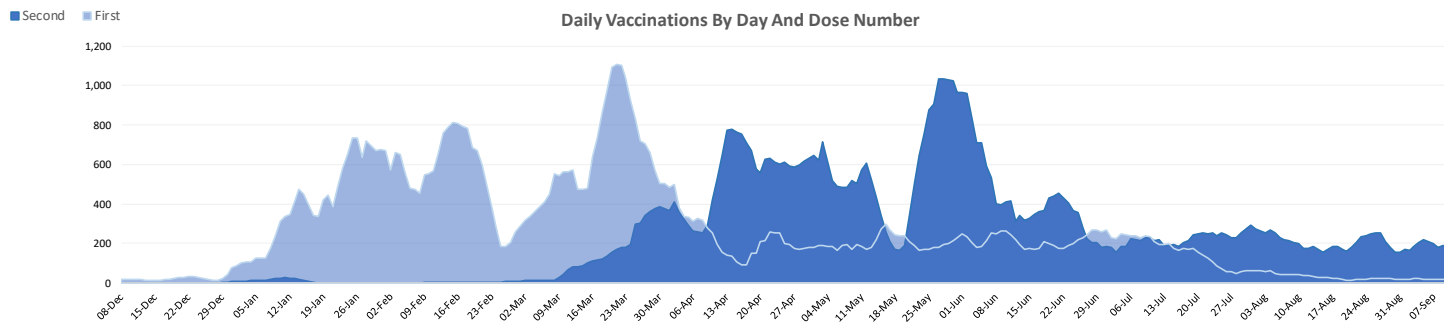
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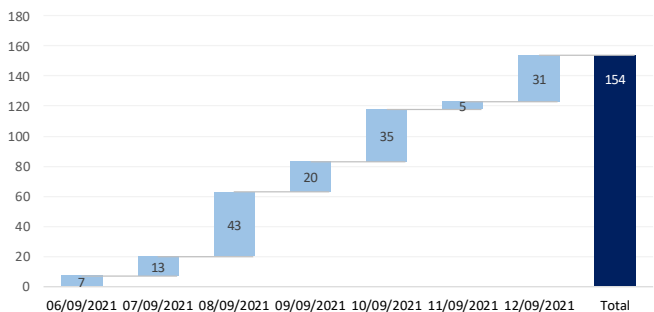
Darlington

JCVI Group	Population	First Vaccine	First Dose Uptake	Second Vaccine	Second Dose Uptake	First Dose Required	% First Required	Second Dose Required	% Second Required
1 - Care Home	631	611	96.8%	607	96.2%	20	3.2%	24	3.8%
2 - Aged 80+ & Frontline Staff	8,467	8,187	96.7%	7,999	94.5%	280	3.3%	468	5.5%
3 - Aged 75 - 79	4,123	4,013	97.3%	3,994	96.9%	110	2.7%	129	3.1%
4 - Aged 70 - 74 & High Risk Adults	9,033	8,639	95.6%	8,540	94.5%	394	4.4%	493	5.5%
5 - Aged 65 - 69	5,374	5,106	95.0%	5,066	94.3%	268	5.0%	308	5.7%
6 - Moderate Risk Aged 16 - 64	15,929	13,995	87.9%	13,189	82.8%	1,934	12.1%	2,740	17.2%
7 - Aged 60 - 64	3,768	3,488	92.6%	3,427	91.0%	280	7.4%	341	9.0%
8 - Aged 55 - 59	4,721	4,284	90.7%	4,192	88.8%	437	9.3%	529	11.2%
9 - Aged 50 - 54	5,174	4,579	88.5%	4,451	86.0%	595	11.5%	723	14.0%
10 - Aged 40 - 49	9,884	8,096	81.9%	7,573	76.6%	1,788	18.1%	2,311	23.4%
11 - Aged 30 - 39	11,049	7,930	71.8%	6,709	60.7%	3,119	28.2%	4,340	39.3%
12 - Aged 18 - 29	12,232	8,331	68.1%	5,476	44.8%	3,901	31.9%	6,756	55.2%
13 - Aged 16 - 17	2,574	1,319	51.2%			1,255	48.8%		
Total	92,959	78,578	84.5%	71,223	78.8%	13,126	14.1%	19,162	21.2%

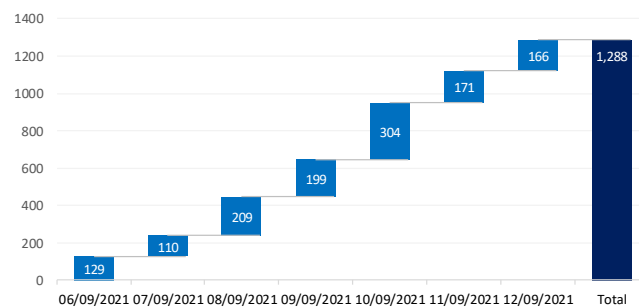
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First Vaccines In The Last 7 Days



Second Vaccines In The Last 7 Days



Tees Valley

Clinical Commissioning Group

Darlington

Vaccination By Ethnic Group				Top 20 Ethnic Groups by JCVI Cohort outstanding 1st Vaccine				
Ethnic Group	Population	First	Second	Age	Ethnic Group	Population	First	o/s 1st vaccine
A: White - British	81,842	88%	81%	18-29	A: White - British	10,156	72%	2,839
99: Not known	3,490	42%	37%	30-39	A: White - British	8,530	79%	1,756
C: White - Any other White background	3,362	59%	51%	40-49	A: White - British	7,964	88%	929
S: Other ethnic groups - Any other ethnic group	991	61%	50%	30-39	C: White - Any other White background	848	51%	416
H: Asian or Asian British - Indian	925	73%	64%	18-29	C: White - Any other White background	742	52%	358
L: Asian or Asian British - Any other Asian background	447	78%	66%	50-54	A: White - British	4,513	93%	312
K: Asian or Asian British - Bangladeshi	357	71%	55%	70-74	A: White - British	8,615	97%	297
R: Other ethnic groups - Chinese	272	63%	55%	55-59	A: White - British	4,216	94%	248
G: Mixed - Any other Mixed background	215	65%	53%	80+	A: White - British	7,917	97%	209
N: Black or Black British - African	208	75%	62%	40-49	C: White - Any other White background	553	64%	201
F: Mixed - White and Asian	153	70%	54%	65-69	A: White - British	5,018	97%	175
B: White - Irish	152	85%	76%	60-64	A: White - British	3,391	96%	150
J: Asian or Asian British - Pakistani	150	73%	62%	30-39	S: Other ethnic groups - Any other ethnic group	267	52%	129
D: Mixed - White and Black Caribbean	150	63%	43%	18-29	S: Other ethnic groups - Any other ethnic group	182	46%	99
E: Mixed - White and Black African	98	78%	60%	30-39	H: Asian or Asian British - Indian	198	54%	92
P: Black or Black British - Any other Black background	81	70%	58%	75-79	A: White - British	3,972	98%	80
M: Black or Black British - Caribbean	66	85%	76%	50-54	C: White - Any other White background	169	59%	70

Vaccination by Deprivation Decile (1 most deprived)		
Deprivation Decile	First	Second
1	74%	64%
2	79%	70%
3	81%	73%
4	84%	75%
5	86%	78%
6	89%	82%
7	89%	82%
8	91%	85%
9	91%	85%
10	93%	87%



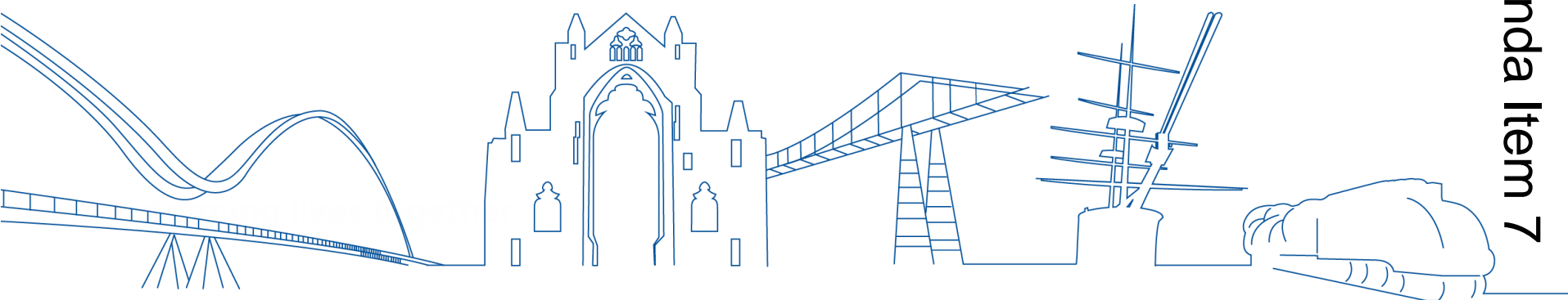
Darlington Key Headlines

- NHSE have set an aspirational target of 90% for first vaccines
- D'ton locality is currently reporting 84.5% uptake for 1st vaccines, this is above the TVCCG average of 82.7% and the NENC regional average of 84.4%
- Capacity for vaccines currently far outweighs demand
- Vaccines in Darlington have been delivered from various sites
 - PCN
 - Vaccination centre
 - Community Pharmacy
 - Pop up clinics for Darlington Pride
 - Roving unit provided by community pharmacy
 - Pop up clinic at Education Village for high risk 12-15year olds before start of term 6th September
 - Walk in clinic provision at Vaccination centre and Community pharmacy
- Cohort 13 - 16-17 year olds has recently been added to data, future updates will include 12-15 year olds and Phase 3 (Booster) as and when appropriate and data available



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Needs Led Neurodevelopmental Pathway



Why Change was needed

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- Too much focus on diagnosis
- No joint ownership of outcomes across the system
- High numbers of complaints/parental dissatisfaction
- Politically high profile
- Long waits for diagnosis
- Lack of support for families pre/during and post diagnosis process
- Poor communication across the system- between agencies and to parents
- Access to support in school was driven by a diagnosis
- Children waiting for initial assessments in core CAMHS regardless of mental health need



Parent Carer Consultation

First & foremost we carried out parent carer consultation to understand the issues and complexities with the Autism diagnostic process; parents told us:

No support for families – families felt abandoned during the waiting process

No sensory provision

A mixed picture as to the support offered by schools

Long waits

Poor communication



Why a 'needs led' approach

A multi agency partnership was established to look at the issues and determined a way forward:

Looked at models of good practice and also reflected on the work which the CCG had started in North Tees (Stockton & Hartlepool)

Consultation with parents had highlighted the importance of their child's 'needs' being met regardless of a diagnosis

Confusion over what services a family could access without a diagnosis

Importance of a culture change required across the system to move the focus away from a diagnosis



Investing in a 'needs led' approach

The creation of a family support service will go live in December 21 (there is NR funding currently supporting and interim offer delivered by Contact until procurement concludes)

Investment for Sunflower/increasing capacity in existing OT provision to deliver education and support for families and into settings- go live TBC

Development and launch of the Darlington needs led neurodevelopmental website -

<https://teesvalleyccg.nhs.uk/our-work/darlington-needs-led-neurodevelopmental-pathway/>

Package of training developed in partnership with school Senco's – this has been rolled out across all Darlington schools and front line DBC staff team.



Investing in an improved diagnostic service

Investment was required to increase the number of diagnostic assessments completed per month – this will support the reduction in waiting times

Increased investment in TEWV will create capacity- a total of 2.6wte (Psychology, Nursing, SLT)

Multi-agency Panel (Triage) meetings are established, led by TEWV, and the number of Diagnostic Decision Meetings (MAATs) carried out will increase from 10 to 20 following further collaborative work with partners (SaLT)we are not at this point as yet.

Investment ringfenced for further work with CDDFT regarding under 5yrs pathway- changes TBC along with start date.



Changes families will see

Availability of the Darlington neurodevelopmental website – this highlights all services available which families can access if they need support to meet their child's needs. Also lots of self help resources & information

The introduction of a referral form which they need to complete along with a professional who knows their child – like a Senco, GP, speech & language clinician, teacher, Early Help worker etc. this will expand to the Family Support service from December.

Children no longer start their journey for an assessment in Community CAMHS. Referrals are made to the Neurodevelopmental Team. Referrals are reviewed by a multi agency panel made up of representatives from psychology, speech & language, Early Help & Education – the panel refers the child to services which can meet their needs – this might not always mean a referral onto the specialist assessment pathway

Improved communication – letters have been reviewed in partnership with the parent carer forum to make sure they are written in a format which parents can understand. Regular updates as to where your child is at in terms of waits and updates re support which can help you support the needs of your child.



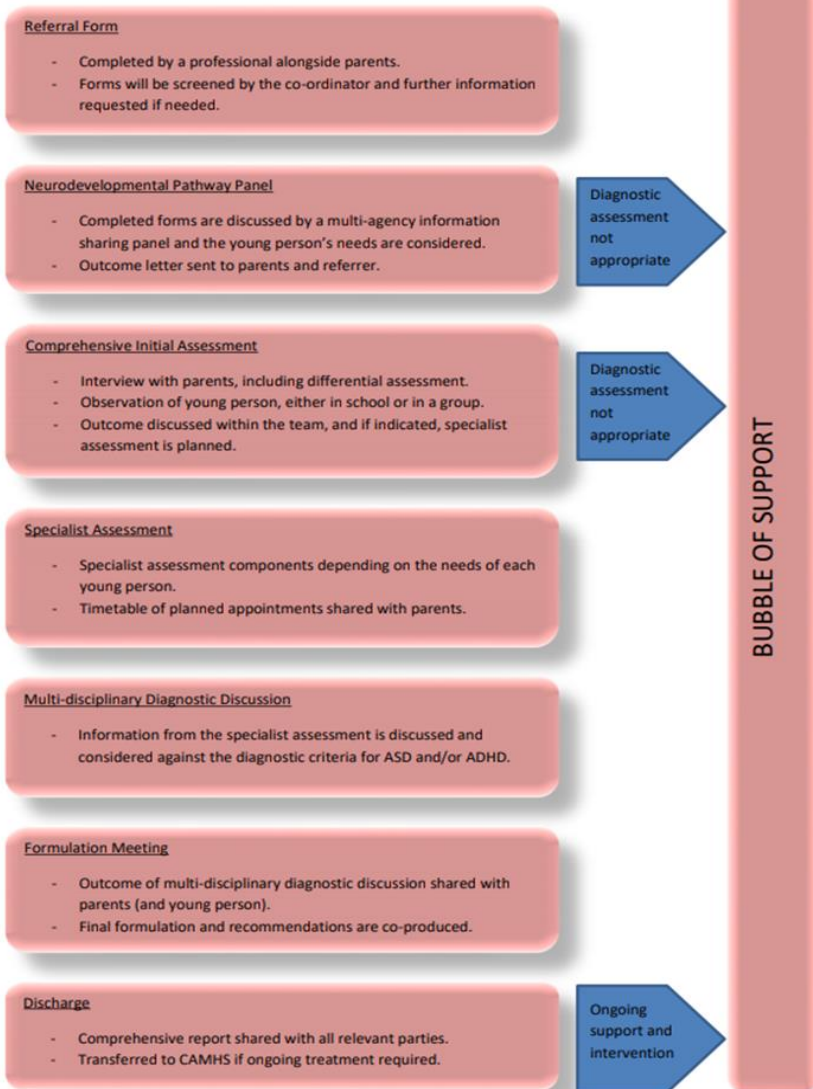


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Services in the bubble of support



Pathway Flow Chart



Current position

- The doubling of MAAT's undertaken from 10-20 per month has been achieved twice over the previous 3 months.
- To date (since April) 88 CYP have been referred to and discussed at the multi-agency triage panel 45 were accepted onto the pathway
- The new pathway is already having a positive impact on the length of time families are waiting for decisions regarding the need for a diagnostic assessment.

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National Autism Strategy – Key points for Children & Young people & how we are on the right track in Darlington

- Investment in finding new ways to reduce waiting times – **CCG investment to double the MAAT's, national interest in our needs led pathway and use of triage**
- Training of education and other front line professionals – **Training programme in place for all Early Years settings, schools, college professionals and front line staff.**
- Each LA area needs an autism strategy to improve local services – **A multi- agency steering group identifies and drives change. This group can support the development of a multi- agency strategy**
- Young people and adults are better supported to develop life skills and be able to access apprenticeships and employment – **Family Support Service will enable children to better understand their needs and support them to address them.**
- Increase in public awareness through a national campaign – **The steering group will work collaboratively to support this national campaign.**
- Investment in preventing mental health crisis for people with autism and money given to LA's to help people in mental health hospitals back into the community –
-



Investment in preventing mental health crisis for people with autism and money given to LA's to help people in mental health hospitals back into the community

- **How we are already responding to this for CYP**
- We have recognised the high percentage of CYP who come onto the Neurodevelopmental pathway with needs associated with anxiety – work is underway to both identify and address these needs at the earliest point.
- We are developing a response to CYP who have been affected by Trauma/adversity
- We will have a sensory offer which will be available to all CYP from birth to 18 – increased sensory difficulties can cause anxiety
- We are developing a Dynamic Support Register (DSR) for CYP with Autism and/or a Learning Disability.
- As part of the DSR work we have recognised the need for training on both Care & Education Training Reviews (CETR) and the DSR processes.
- Key Worker project – commenced August 2021 to work with families of children who have a Learning Disability and or Autism from 4-12 or who have needs associated with either diagnosis.



Next steps

- Ensuring monitoring is in place to enable us to measure the impact of the triage and need led approach
- Ongoing co-production with parent carers is essential
- Implement the response for anxiety which is in development
- Continue with the projects which are coming on line – Sensory, Key Worker, DSR, trauma response
- Develop an offer for those young people in ‘transition’ 18-25
- Continue with the CYP Oversight group
- Work collaboratively to develop an All Age Strategy

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DARLINGTON
Borough Council

Childhood Obesity Planning Options in relation to Hot Food Takeaways

Clare Iley-Christie
Policy Research Officer

Ken Ross
Public Health Principal

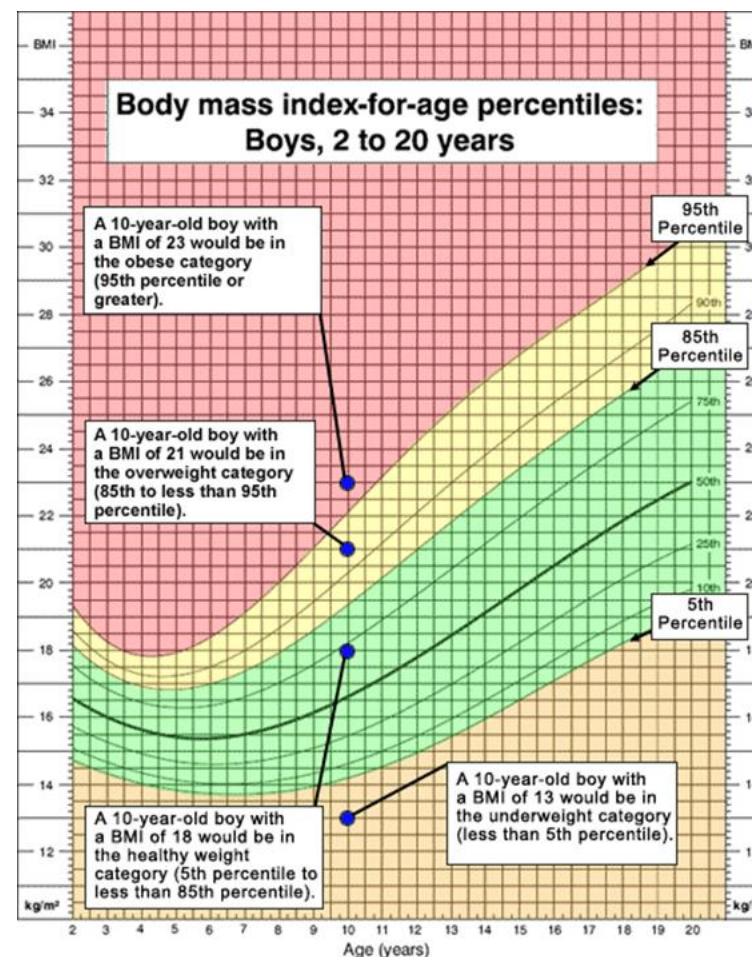
David Nelson
Principal Planning Officer

Health and Wellbeing Board
16th September 2021

Defining Overweight and Obesity In Children

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- Defining children as overweight or obese is a complex process, given that children of different ages and sexes grow and develop at different rates.
- This means that a different method is used for children than for adults.
- BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.



Causes of Obesity

- There is no single cause of overweight and obesity, it is down to a multitude of factors, including (but not limited to):
 - access to healthy food;
 - proximity to fast food outlets;
 - advertising and marketing of unhealthy, calorie dense food and drink
 - opportunities for physical activity.
- Therefore, healthy weight needs to be ‘everybody’s business’, everyone have a role to play. Having strong support across the system can help to drive change, ensuring that healthy weight is considered in all policies and practice.



Burden of Disease in Children

This document was classified as: OFFICIAL

Child obesity in Darlington

Prevalence of obesity by age, 2019/20

Reception (aged 4-5 years) and Year 6 (aged 10-11 years)

Over 1 in 10 children (12.0%) in Reception were living with obesity



Over 1 in 5 children (22.5%) in Year 6 were living with obesity



Source: National Child Measurement Programme 2019/20



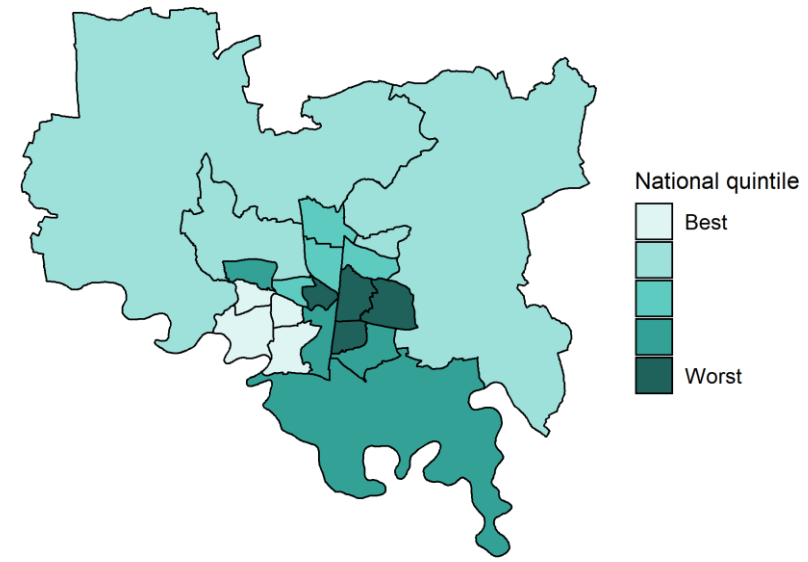
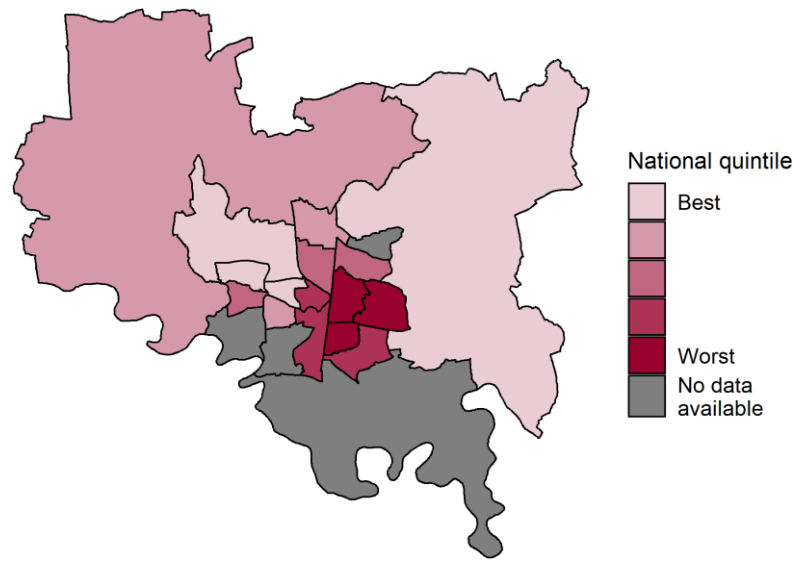
Child Obesity In Darlington

Prevalence of obesity by age 2017/18-2019/20

Darlington Wards

Children in Reception (aged 4-5 years)

Children in Year 6 (aged 10-11 years)



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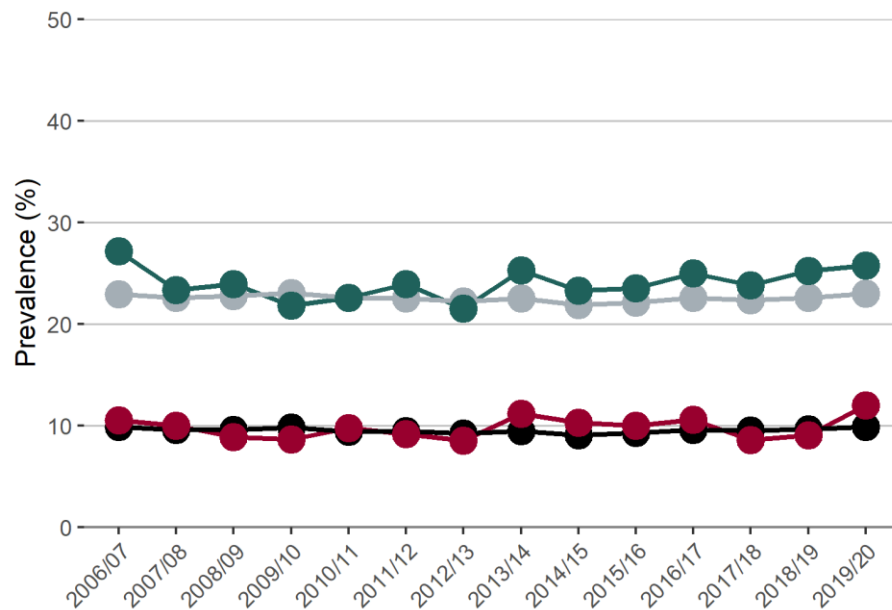
Source: National Child Measurement Programme 2017/18-2019/20

Data combined 3-years,

Child Obesity In Darlington

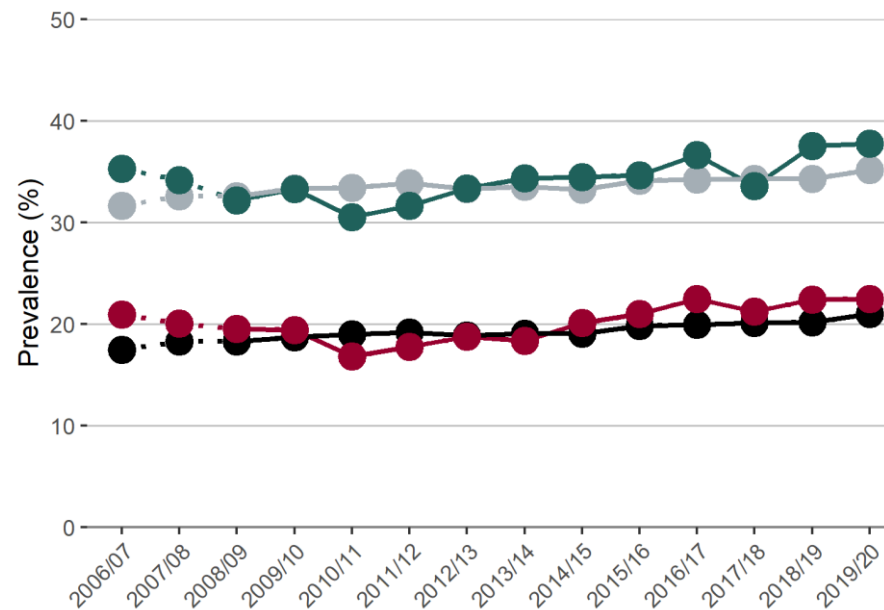
Trend in the prevalence of obesity and excess weight by age

Children in Reception (aged 4-5 years)



● obesity ● obesity – England
● excess weight ● excess weight – England

Children in Year 6 (aged 10-11 years)



● obesity ● obesity – England
● excess weight ● excess weight – England

Source: National Child Measurement Programme

Note: for Year 6, comparisons are not possible with the first years of the NCMP (2006/07 to 2008/09) as low participation levels led to underestimation of obesity prevalence

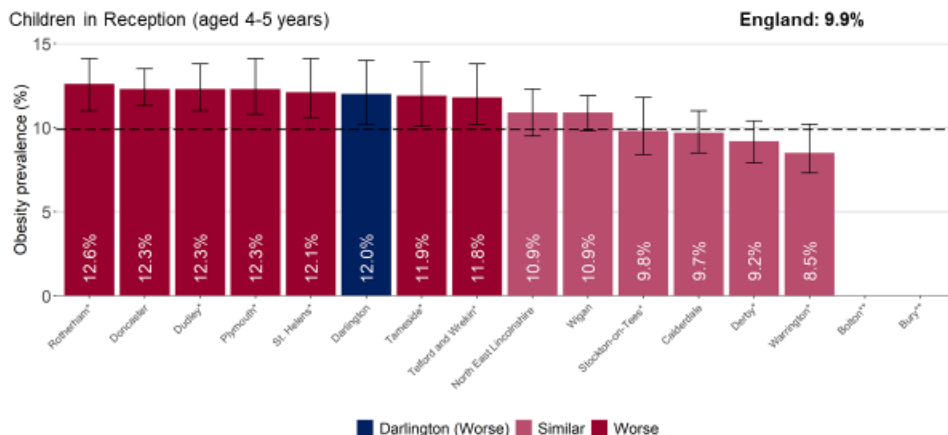
How Do We compare?



Child obesity in Darlington

Prevalence of obesity, 2019/20

Darlington compared to its statistical nearest neighbours, CIPFA 2019



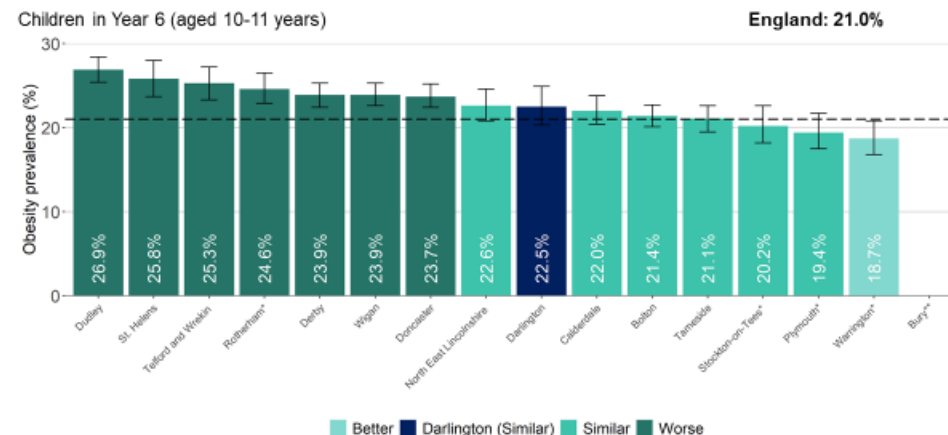
95% confidence intervals are shown
 Local authorities are compared to England value shown as a dashed line on the chart
 Source: National Child Measurement Programme 2019/20
 *Interpret with caution: see notes on slide 3 for more information and download [Excel file for LA data](#)
 **Data value suppressed



Child obesity in Darlington

Prevalence of obesity, 2019/20

Darlington compared to its statistical nearest neighbours, CIPFA 2019

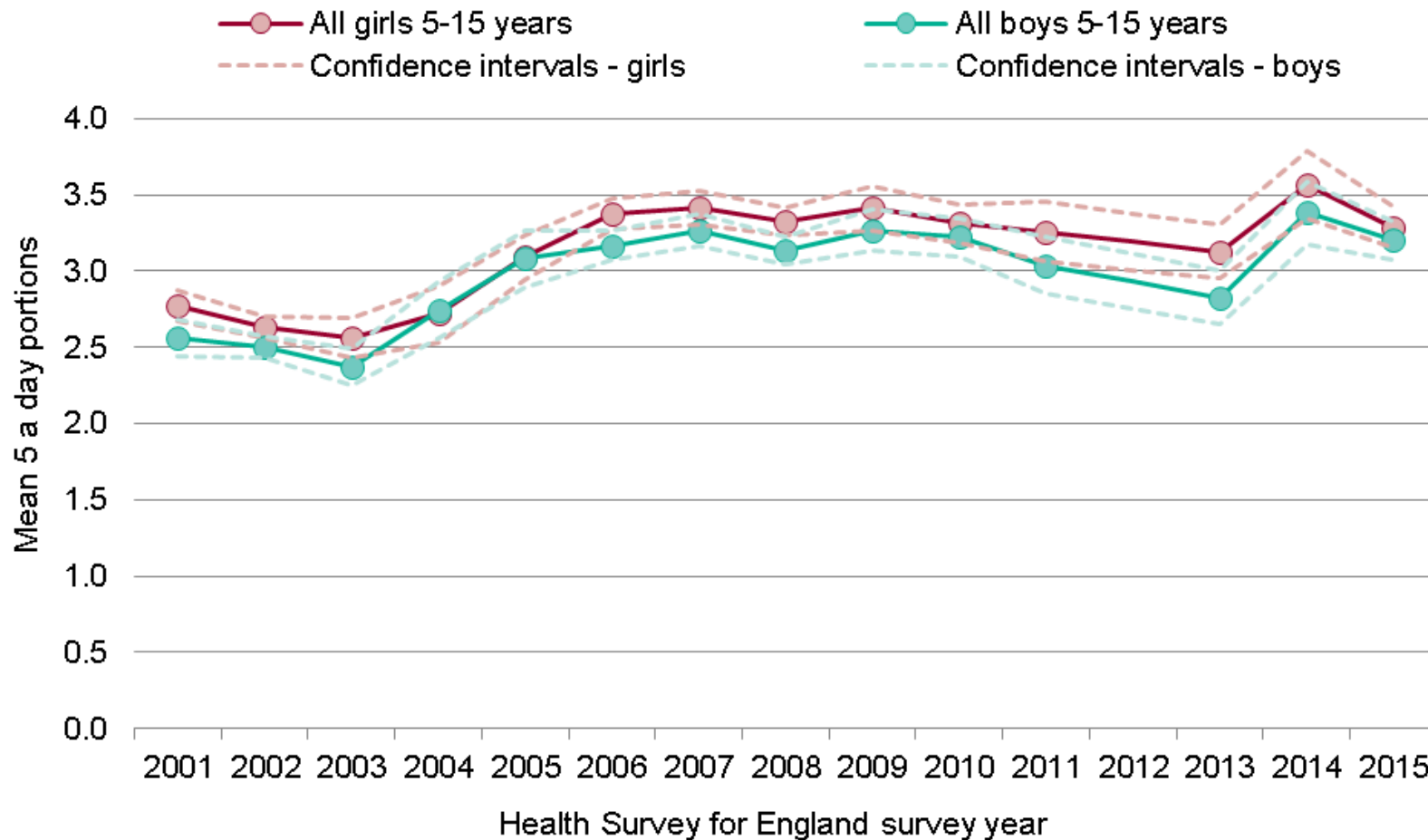


95% confidence intervals are shown
 Local authorities are compared to England value shown as a dashed line on the chart
 Source: National Child Measurement Programme 2019/20
 *Interpret with caution: see notes on slide 3 for more information and download [Excel file for LA data](#)
 **Data value suppressed

Contributory Factors

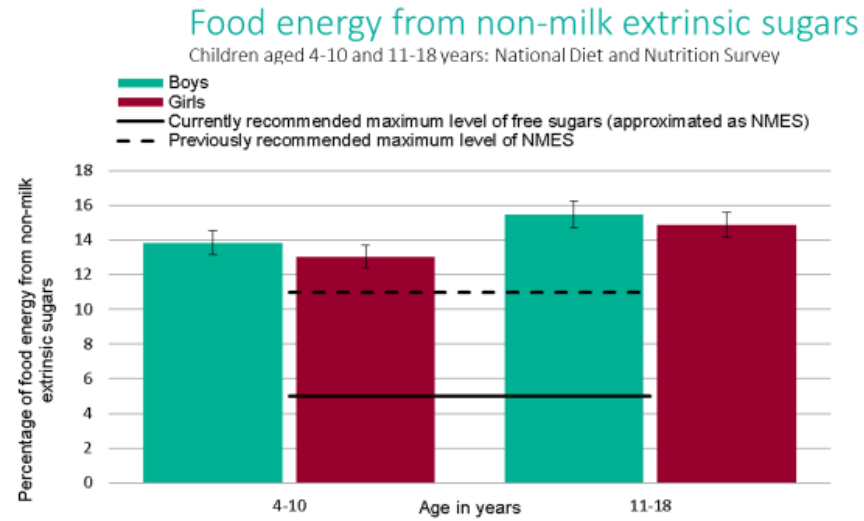
Trend in fruit and vegetable intake

Boys and girls aged 5-15 years: Health Survey for England 2001 to 2015



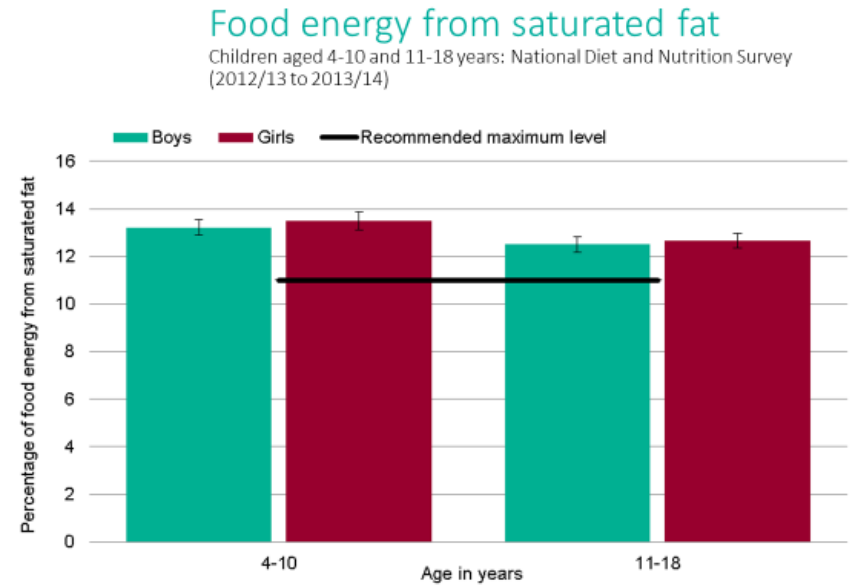
Contributory Factors

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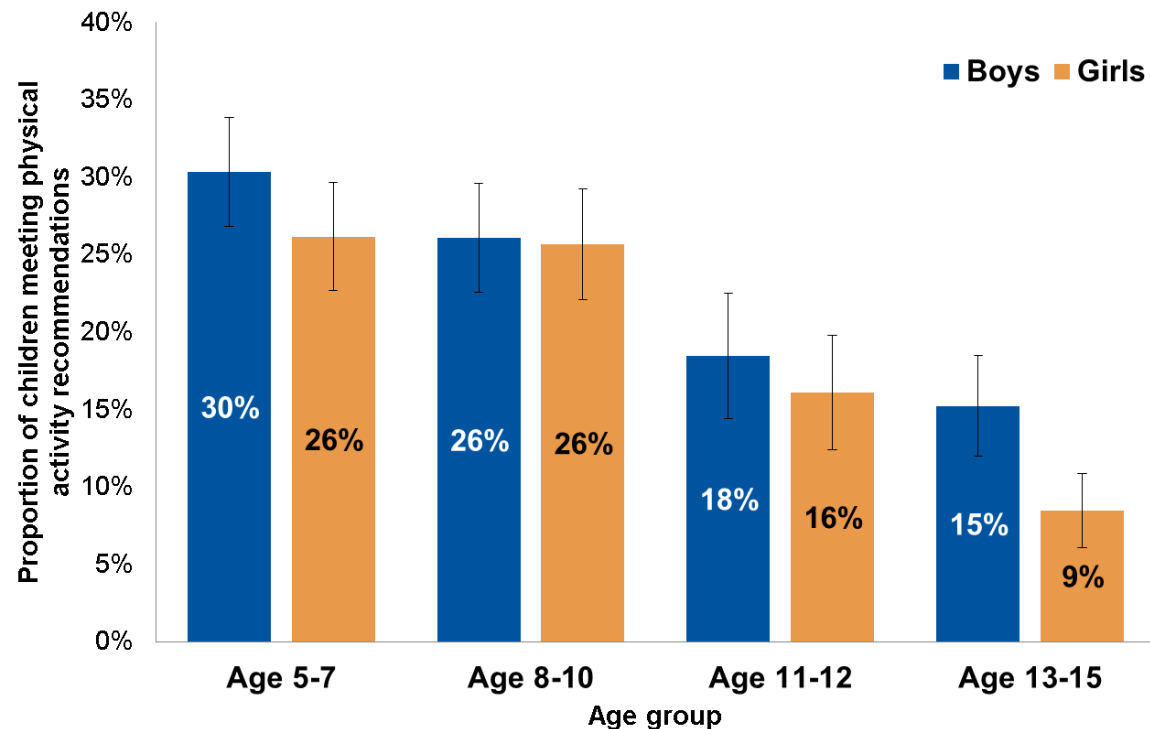
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11

Physical Activity In Children By Age

Proportion of children aged 5 to 15 meeting physical activity recommendations (excluding activities in school lessons), by age and sex, 2015



Source: Health Survey for England 2015, NHS Digital <http://www.content.digital.nhs.uk/catalogue/PUB22610>

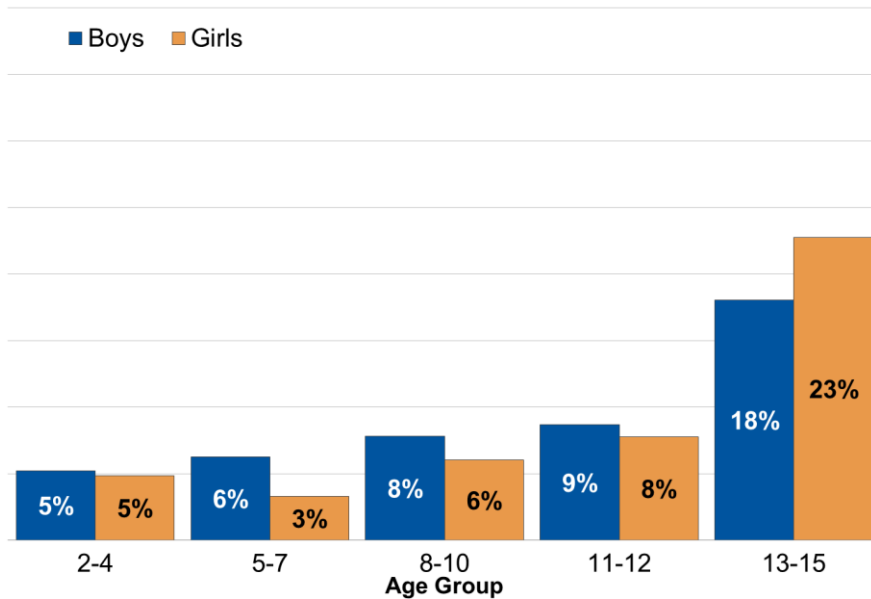
Meets
recommendations

At least 60 minutes (1 hour) of moderate to vigorous physical activity (MVPA) on all 7 days in the last week.

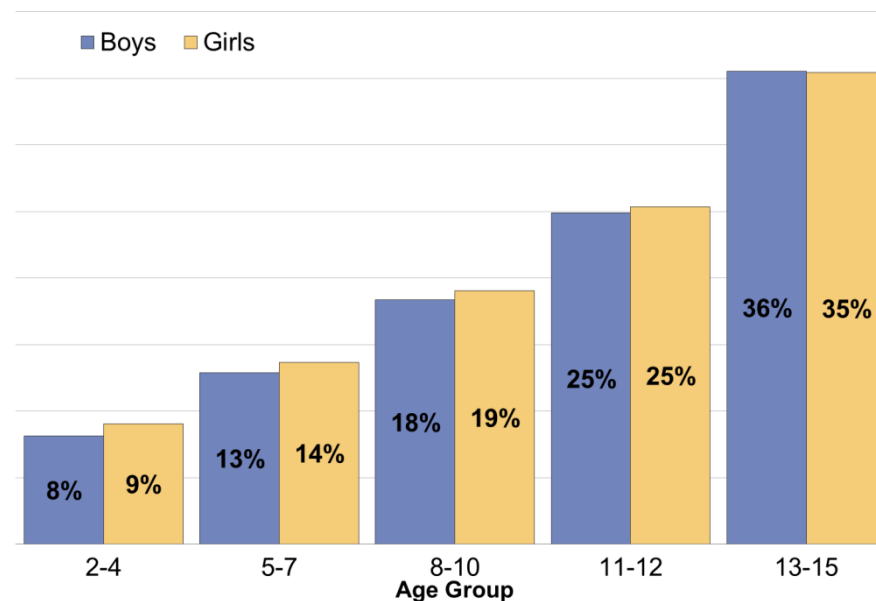
Time Spent Sedentary In Leisure Time

Proportion of children aged 2 to 15 who were sedentary for 6 or more hours per day on weekdays and weekend days, by age and sex, 2015

Weekdays



Weekends



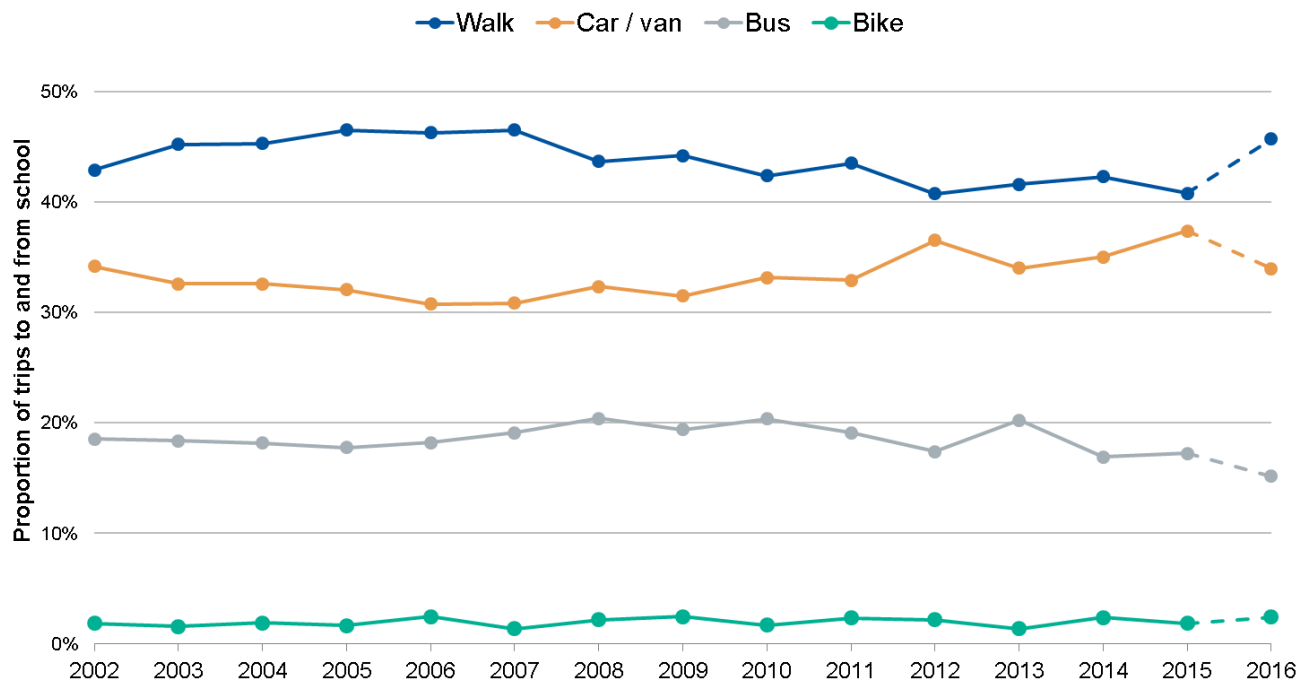
Source: Health Survey for England 2015, NHS Digital <http://www.content.digital.nhs.uk/catalogue/PUB22610>

Sedentary time

Average time children spend watching TV or sitting down doing any other activity. For example, reading, doing homework, using a computer, or playing video games. Sedentary time excludes time at school.

Trends In Travel to School

Proportion of trips to and from school for children (aged 5–16 years) by main mode of transport, 2002 to 2016^a

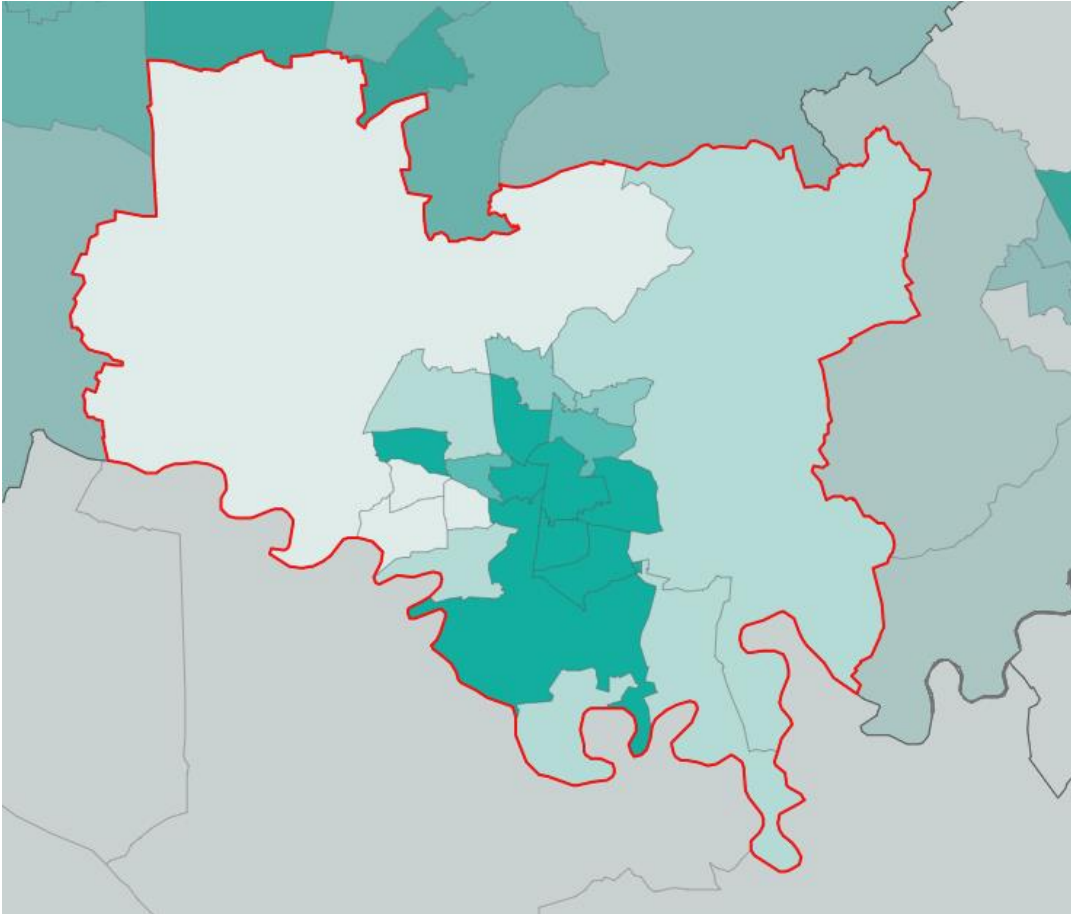


Source: National Travel Survey 2016, Department for Transport <https://www.gov.uk/government/statistics/national-travel-survey-2016>

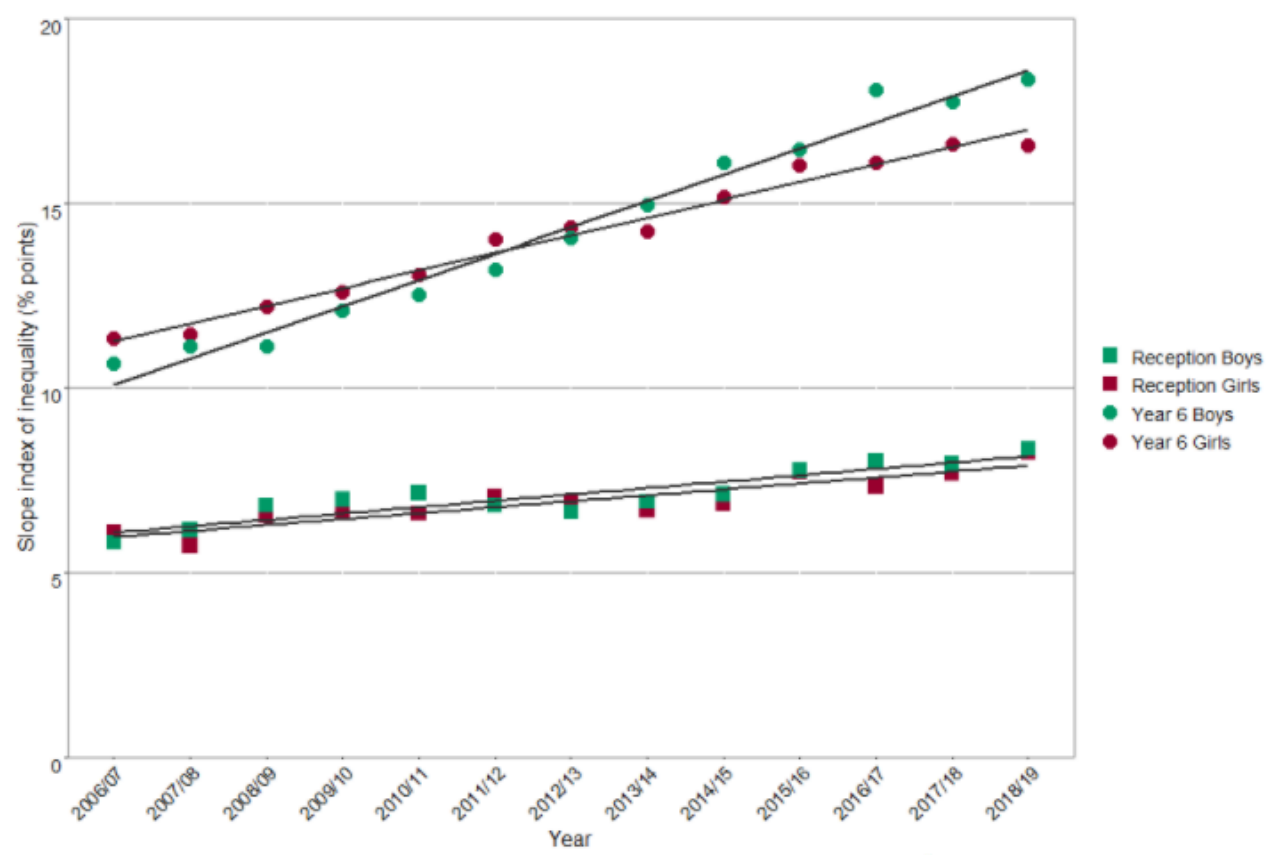
^a In 2016 short walks (of less than a mile in length or less than 20 minutes duration) were recorded on day one for half the sample, and day 7 for the other half of the sample. In previous years, short walks have only been recorded on day 7 of the travel diary. Collecting data on short walks on day one of the travel week has increased the number of short walks reported, which means a break in the time series between 2016 and earlier years.

Contributory Factors Deprivation

Deprivation by Ward Darlington



Trend in Slope Index of Inequality for obesity, by school year and sex



Policy and Guidance

- **National Planning Policy Framework (NPPF)** - sets out explicit policy requirements pertinent to promoting healthy weight environments
- **Planning Practice Guidance (PPG)** support planners with ways to apply the policy in the NPPF. This includes promoting active travel and physical activity, as well as access to healthier food, high quality open spaces, green infrastructure and opportunities for play, sport and recreation.
- **NICE, Cardiovascular disease prevention, Public Health Guideline [PH25]**. June 2010 - recommends actions for local planning authorities to help prevent Cardiovascular disease in their local population.
- **Using the planning system to promote healthy weight environments PHE 2020** - provide practical support for local authorities that wish to use the planning system to achieve important public health outcomes around diet, obesity and physical activity. It

Guidance

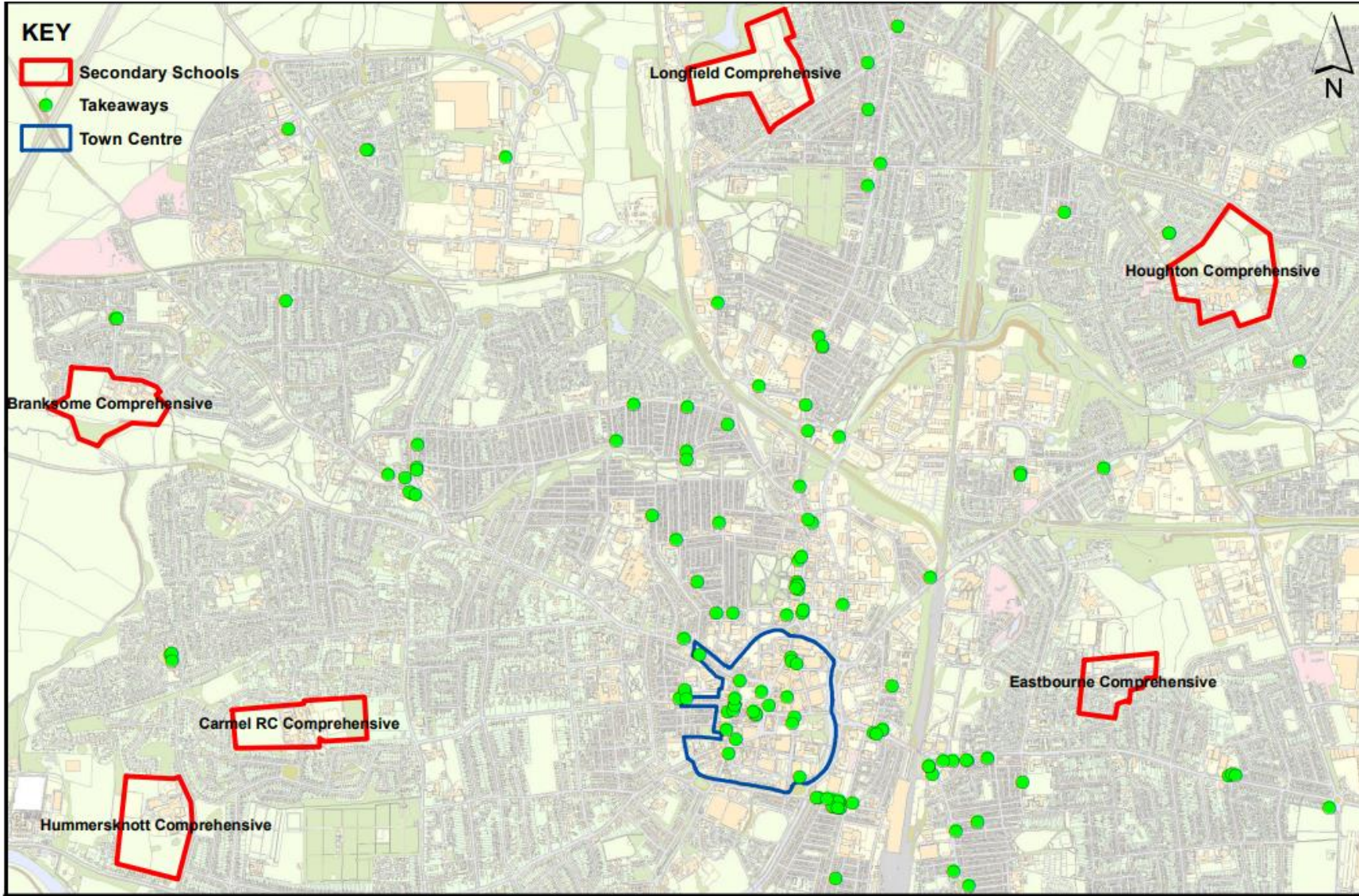
The Town and Country Planning Association (TCPA) and PHE have set out 6 elements to help achieve healthy weight environments through planning in the 2014 publication '**Planning Healthy Weight Environments**'.

These are:

- movement and access - promoting active travel and physical activity
- open spaces, recreation and play - providing informal and formal spaces and spaces necessary for leisure, recreation and play Using the planning system to promote healthy weight environments
- food - improving the food environment for both consumption and production of healthier food options
- neighbourhood spaces - improving public realm and provision of community facilities to run local programmes such as for weight reduction
- building design - improving the internal design and quality of homes and building to promote living healthier lifestyles
- local economy - supporting people into local employment in accessible and healthy town centres or high streets

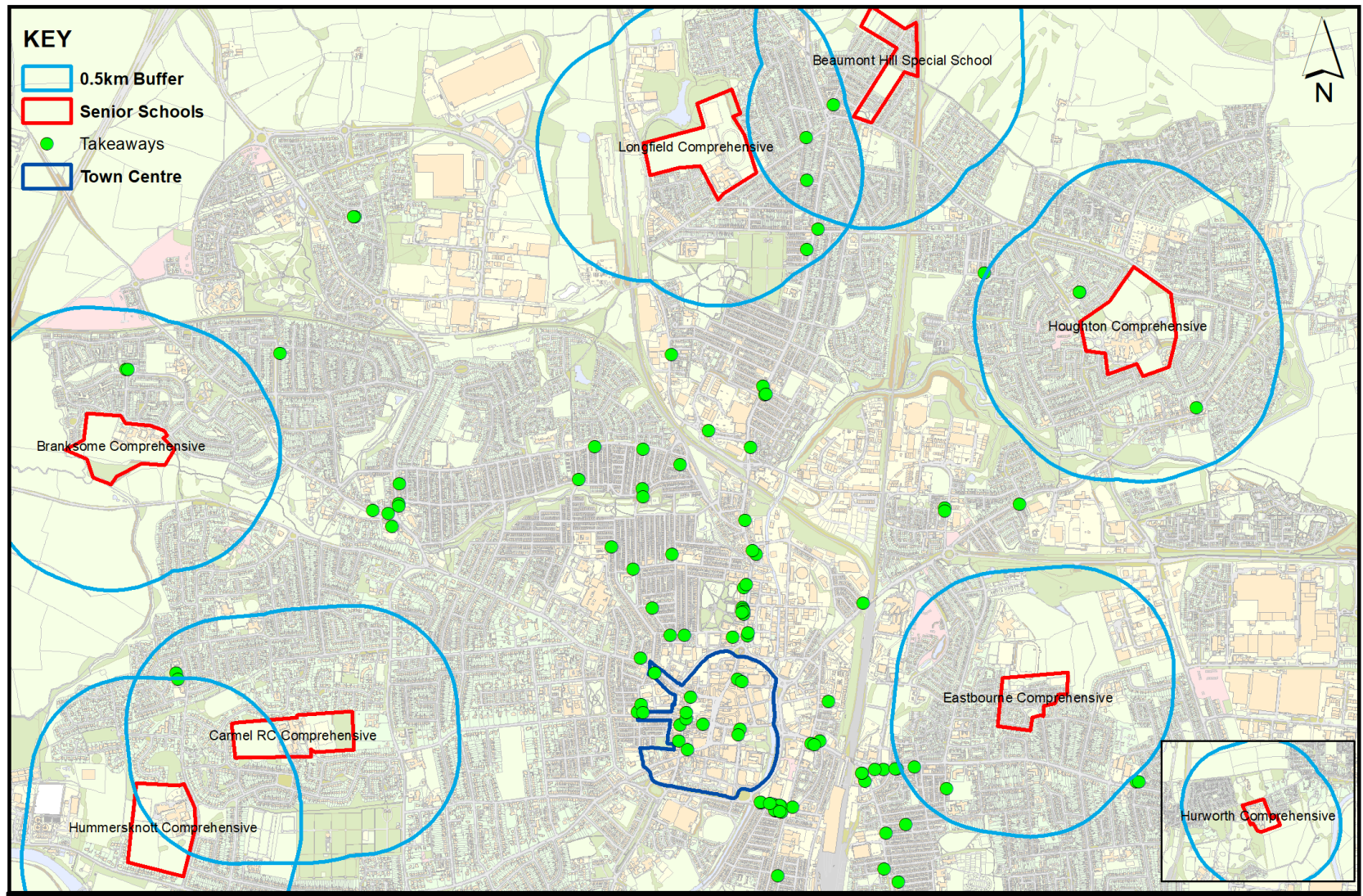
Exclusion Zones

- Evidence for planning restrictions on fast food takeaways The NICE Public Health Guideline on Cardiovascular disease prevention recommends action to encourage local planning authorities to restrict planning permission for takeaways and other food retail outlets in specific areas ,for example, within walking distance of schools.
- The single most common planning policy adopted to promote health has been the introduction of takeaway food outlet exclusion zones around locations often frequented by children and families such as schools.
- Exclusion zone buffer sizes are often 400 metres, which has been considered a reasonable 5-minute walk. The 400-metre distance is outlined within the Urban Design Compendium and the guidelines for providing journeys on foot as a reasonable walking distance



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	Drawing Title:	TAKEAWAYS PROXIMITY TO SECONDARY SCHOOLS (Map 1 of 3)	Date:	02/09/21	Area:	DBC
			Drawn:	CIC		




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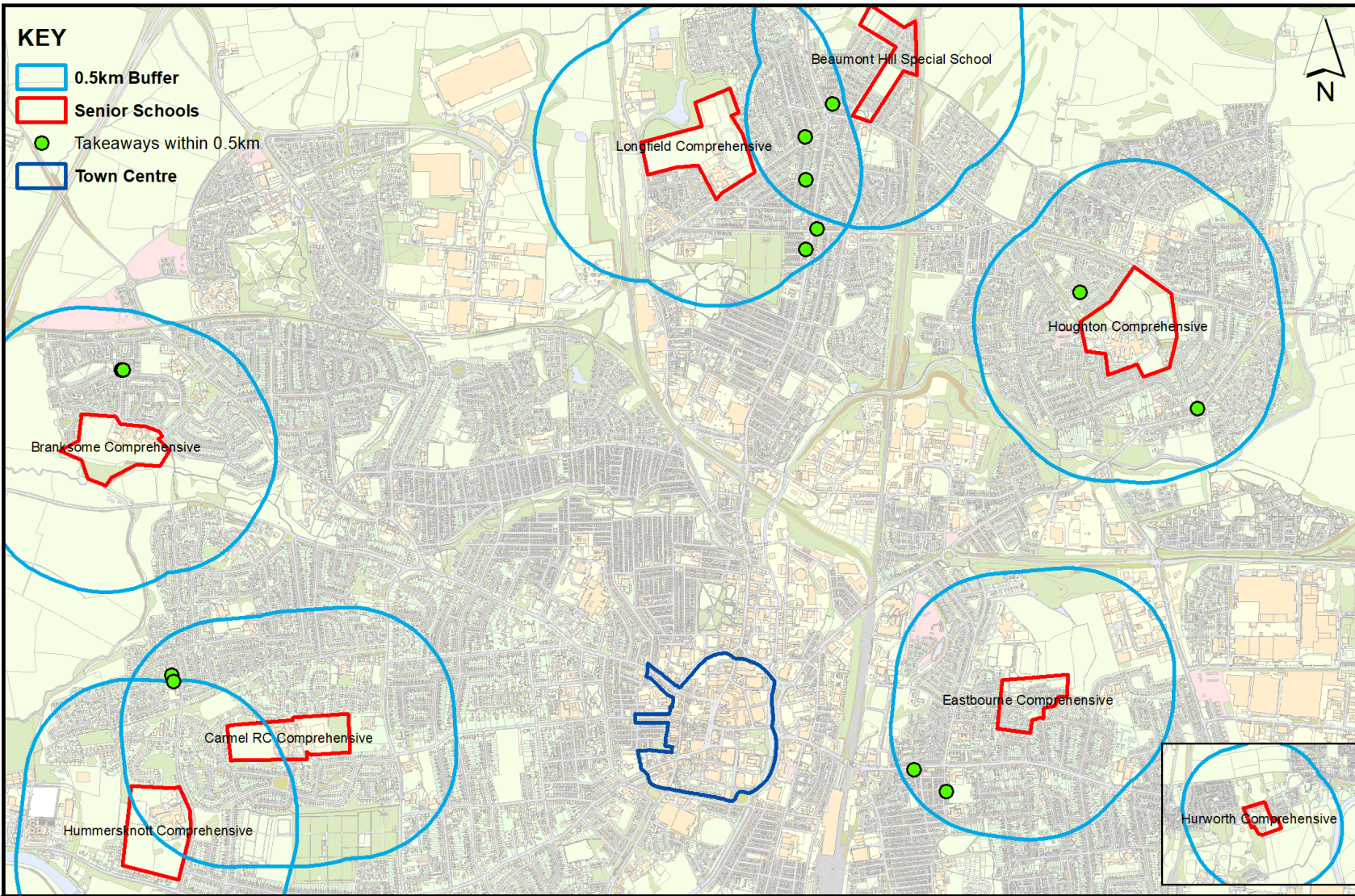


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	Drawing Title:	TAKEAWAYS WITHIN 0.5km OF SENIOR SCHOOLS IN DARLINGTON	Date:	13/09/21	Area:	DBC
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KEY

-  0.5km Buffer
-  Senior Schools
-  Takeaways within 0.5km
-  Town Centre



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Project Title: **DARLINGTON BOROUGH COUNCIL**

Drawing Title: **TAKEAWAYS WITHIN 0.5km OF SENIOR SCHOOLS IN DARLINGTON**

Scale: **1:23,000**

Date: **13/09/21**

Drawn: **CIC**

Ref: **A3**

Area: **DBC**

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Healthier Food Environments

- Although planning cannot directly control the type of food being sold, it is appropriate to highlight the issue to food operators during the planning process.
- Improving the quality of the food environment around schools has the potential to influence children's behaviour through their food and drink purchasing habits. It is important to note that taking action on hot food takeaways is only part of the solution, as it does not address confectionery and other food and drinks that children can buy in shops near or on the way to and from schools
- A council can demonstrate how it is working as part of a whole system approach, where planning forms part of a wider approach to addressing obesity.

Childhood Healthy Weight Plan for Darlington 2019 – 2024

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Childhood Healthy Weight Plan for Darlington 2019 – 2024

Objectives and Actions

Objectives

- **To transform the environment so that:**
 - it supports healthy lifestyles by increasing and maintaining use of green space for play and recreation.
 - that healthier choices are available in the provision of out of home food.
 - by supporting the public sector to lead by example with food choices.
- **Increase making healthier choices easier by:**
 - providing information and practical support on active travel.
 - by delivering an awareness raising campaign.
- **To support the services needed to tackle excess weight:**
 - by increasing breastfeeding rates.
 - by Making Every Contact Count (MECC).

Action Planning

- Understanding and Adapting the Obesogenic Environment
- Out of Home Food Provision
- Access to Green Space
- Active Travel