

HEALTH AND WELLBEING BOARD
18 SEPTEMBER 2025

Annual Review of the Joint Local Health and Wellbeing Strategy

SUMMARY REPORT

Purpose of the Report

1. The report provides a high level overview of progress against the agreed priorities and actions set out within the Joint Local Health and Wellbeing Strategy (JLHWS), which was published in December 2024.
2. The report provides detail for each of the four themes of the JLHWS, alongside a summary data report and a more detailed interactive performance dashboard. The performance dashboard will continue to be developed, as more localised data becomes available.

Summary

3. The report details a number of areas where good progress has been made, with evidence of an improvement in health outcomes. There are also examples of outcomes worsening overall and inequalities within Darlington widening.
4. A number of programmes and actions are underway, or in development, with a focus on reducing inequalities within Darlington and improving outcomes at a population level. The detail provided in the report demonstrates the breadth of work taking place, and some of the exciting plans being brought forward to address local need.
5. The JLHWS is a partnership strategy, and as such all partners represented have an important role to play in ensuring action against the agreed priorities.
6. This is the first Annual Review of the JLHWS and the first opportunity to present the performance dashboard. In addition to the Annual Review, two deep dive thematic reviews will be undertaken each municipal year.

Recommendation

7. It is recommended that:-
 - a) The Health and Wellbeing Board note the content of the Annual Review of the JLHWS as an opportunity to understand progress made against agreed actions, and the challenges which persist for improving health and wellbeing outcomes in Darlington.
 - b) All organisations consider opportunities in their work to support the health and wellbeing of local residents and reduce health inequalities.

- c) The Health and Wellbeing Board receive the performance dashboard, which has been developed as a tool to see trends and variation in key performance indicators.

Reasons

8. The recommendations are supported by the following reasons :-
- a) It is a statutory duty of the Health and Wellbeing Board to have a Joint Local Health and Wellbeing Strategy. The report provides a mechanism to understand progress made against agreed priorities and actions.

Lorraine Hughes
Director of Public Health

Background Papers

[Joint Local Health and Wellbeing Strategy 2025-2029](#)

[Health and Wellbeing Strategy Data Overview](#)

[Darlington Health and Wellbeing Board Performance Dashboard](#)

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Council Plan	The report describes progress against a number of areas within the Council Plan.
Addressing inequalities	The report considers inequalities at a population level and identifies actions to reduce inequalities.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	The report supports the identification of health and wellbeing priorities, which will support the efficient and effective use of resources.
Health and Wellbeing	The report set outs progress being made across a number of health and wellbeing priorities.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All
Groups Affected	The report focuses on the population of Darlington.
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework.
Key Decision	No
Urgent Decision	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

MAIN REPORT

Best Start in Life (Children and Young People)

Performance Summary

9. In Darlington, the proportion of mothers smoking at the time of delivery is 10.6%. This is statistically significantly worse than England (7.4%) but similar to the North East (10.2%), (2023/24). Over the last five years, the percentage of babies born to mothers who smoke has reduced by 5.8 percentage points, representing a 34.2% decrease in the number of babies born to mothers who smoke. The gap between Darlington and England has narrowed over this time period. Initial data for 2024/25 indicates a continued downward trend in the proportion of mothers smoking at the time of delivery, which is encouraging.
10. The proportion of breastfeeding prevalence at 6 to 8 weeks was 40.6% in Darlington, in 2023/24. This is statistically significantly worse than England (52.7%), yet similar to the North East (38.5%). However, breastfeeding prevalence at 6 to 8 weeks has increased in Darlington by 26.2% since 2019/20.
11. In 2023/24 65.7% of children achieved a good level of development at the end of Reception. This is a percentage increase of 4.5% from 2022/23, in terms of the number of children achieving a good level of development. Darlington is statistically significantly similar to England (67.7%) and the North East (66.8%).
12. The proportion of children achieving the expected level in the phonics screening check in year 1 has remained fairly static over the last three years for Darlington, and was 77.7% in 2023/24. For the first time, this is statistically significantly worse than England (80.2%), but similar to the North East (79.2%).
13. Darlington is ranked 1 out of 153 local authorities in England for its rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years), at 252.2 per 10,000. This is statistically significantly worse than England (93.2 per 10,000) and the North East (140.7 per 10,000), in 2023/24. This rate has been increasing since 2021/22, which differs from the declining trend seen in England and the North East. This trend continues for children aged 0-14 years, with a rate of 149.0 per 10,000 population in Darlington in 2023/24, compared to 109.8 in the North East and 72.7 in England. The rate in Darlington is ranked 1 out of 153 local authorities in England.
14. 1 in 4 five-year-olds in Darlington have experience of visually obvious dental decay, in 2023/24. This proportion (25.3%) is similar to England (22.4%), and the North East (22.6%).

Local Action and Context

Smoking

15. The continued reduction in the proportion of mothers smoking at the time of delivery is due to co-ordinated efforts across the NHS and local authority to reduce smoking rates

among young people and adults, and address tobacco dependency as a strategic priority, including smoking during pregnancy.

16. Women who are identified as smokers during their pregnancy are given clear information about the risks to themselves and their unborn baby by their midwife at booking appointments and are referred to support to help them quit. Some of the initiatives driving this progress have included:
 - a) high quality training for frontline staff;
 - b) referral to stop smoking support and carbon monoxide (CO) monitoring by midwives (as an opt out approach, rather than an opt in approach).
 - c) provision of approved quitting aids to stay off lethal tobacco, including NRT and vapes, an approach [supported by the Royal College of Midwives](#).
 - d) investment in a smoke-free pregnancy incentive scheme, across NENC ICB.
17. Locally work has taken place across County Durham and Darlington NHS Foundation Trust (CDDFT) midwifery teams to ensure smoking status is accurately recorded, so that all pregnant smokers are referred into the Tobacco Dependency in Pregnancy (TDiP) Pathway.
18. Health Visitors in Darlington also offer stop smoking advice/education at antenatal contacts. CO monitoring is led by the midwifery service in the antenatal period, but is also now being offered by the Health Visitor during all mandated contacts, with a good take up to date.

Accident Prevention

19. Accidents are a leading cause of death and serious injury for children and young people, and in response to the high rates of hospital admissions amongst children in Darlington for unintentional and deliberate injuries audit work has been carried out (presented at the June 25 meeting of the Health and Wellbeing Board) to understand the data and pathways of care in more detail. Work is also underway to develop a multiagency accident prevention action plan, informed by the audit work and the evidence base for preventing accidents.
20. Some of the work taking place or under development is summarised below:
 - a) stakeholder engagement through the Injury Prevention Group, which covers Darlington and Durham, with partner organisations working together to agree accident prevention priorities, identify the evidence base for interventions and agree a joint approach to reducing unintentional injuries. This joint approach has been adopted in recognition of shared priorities and common stakeholders, including CDDFT and Harrogate and District NHS Trust, which provides the 0-19 public health services in both areas;
 - b) sharing of local comms and awareness information, to ensure consistent messages are provided;
 - c) development of a joint communication toolkit across Darlington Borough Council, Durham County Council and CDDFT, including a video resource;
 - d) provision of a bespoke training offer for reducing unintentional injuries, delivered by the Child Accident Prevention Trust (CAPT);
 - e) updating the relevant section of the Joint Strategic Needs Assessment (JSNA), to include all relevant fingertips and local audit data;

- f) plans to access the Hospital Episode System (HES) data, to inform an intelligence led approach going forward.

School Readiness

- 21. School readiness remains a strategic priority in Darlington, where persistent inequalities and developmental gaps continue to affect early years' outcomes.
- 22. Recent data from the Early Years Foundation Stage (EYFS) assessments reveal that children in Darlington are falling behind national averages in key developmental areas. According to the latest data, only 68.5% of children in Darlington are achieving expected literacy levels by age five, and 73.8% are meeting expected standards in mathematics; both are below national averages. These figures highlight the need for targeted support, particularly in areas of deprivation, with a focus on those children eligible for free school meals, and among inclusion health groups such as the Gypsy, Roma and Traveller community.
- 23. In addition to school readiness being an area of focus in the JLHWS the Council has embedded school readiness within its broader ambitions for children and young people, as outlined in the Council Plan 2024–2027. Efforts to reduce child poverty, improve maternal and child health and enhancing access to high-quality early years education will play an important role in improving levels of school readiness.
- 24. A multi-agency steering group, led by Darlington Borough Council and supported by NHS trusts, education providers, and parent/carer representatives, is driving a whole-systems approach to school readiness, with all stakeholders working collaboratively to improve outcomes for children and families. Local data is being used to ensure a focus on quality improvement, to help identify areas of greatest need and support the delivery of tailored, responsive interventions for children and families. Implementation of the Darlington SEND Strategy will further compliment this work, by ensuring a focus on inclusive educational provision for children with additional needs.
- 25. The recently published National Best Start in Life Strategy has also emphasised the importance of improving child development, with national and local targets being proposed for the proportion of children achieving a Good Level of Development at the end of the 2027/28 academic year. The expansion of Best Start Family Hubs to all local authorities, including Darlington, will further contribute to these ambitions.

Oral Health

- 26. Work is underway to develop a new Oral Health Promotion Strategy for Darlington (across the life course), led by public health, which will include a key focus on improving the oral health of children.
- 27. A supervised toothbrushing scheme is offered across Darlington, supported by the Oral Health Promotion Team employed by CDDFT. Public health has been working closely with nurseries and schools to expand coverage, and at the beginning of July 9 nurseries were offering the programme and 18 out of 28 (64%) primary schools. Efforts will continue to expand coverage further, with additional national funding available to support the continued roll out in early years settings and primary schools.

28. Free toothbrushing resource packs are also being provided through the health visiting service, to embed good toothbrushing habits at an early age, alongside a small supply of baby drinking cups to encourage parents to swap infants from a bottle to a cup at an appropriate age.
29. The government has also confirmed that, following public consultation in 2024, community water fluoridation will be expanded across the North East of England.

Staying Healthy: Living Well

Performance Summary

30. In 2023, the proportion of adults smoking was the lowest it has ever been in Darlington at 7.9%, which represents 1 in 13 adults. Darlington is statistically significantly better than England (11.6%) and the North East (11%) and has the second-lowest proportion of adult smokers in the North East, after Stockton-on-Tees.
31. Darlington is ranked 1 out of 153 local authorities in England for its suicide rate, which is 19.6 per 100,000 population, 2021-23. This is statistically significantly worse than England (10.7 per 100,000) and the North East (13.8 per 100,000). The rate for England is increasing slowly, whereas in Darlington we have seen a large increase since 2017-19. The number of suicides has increased by 47.4% during this period.
32. The proportion of successful completion of drug treatment, for opiate users, was 7.6% in Darlington in 2023, ranking Darlington the highest in the North East. This trend is increasing over time, overtaking the England average (5.1%) and the North East (4.1%).
33. The proportion of successful completion of drug treatment, for non-opiate users, was 21.8% in Darlington in 2023. This proportion is statistically significantly worse than England (29.5%), but similar to the North East (26.4%).
34. The proportion of successful completion of alcohol treatment in 2023 was 28.1% in Darlington. This is statistically significantly worse than England (34.2%), but similar to the North East (30%). Similar to the non-opiate drug treatment completion, the trend displays year-on-year variability.

Local Action and Context

Smoking

35. The Tobacco and Vapes Bill is currently at committee stage in the House of Lords. If passed the Bill will:
 - a) make it illegal to sell tobacco products to children born on or after 1 January 2009, to prevent the next generation from becoming addicted to tobacco;
 - b) give the government powers to stop vapes and other consumer nicotine products (such as nicotine pouches) from being deliberately branded and advertised to appeal to children;
 - c) include an option to give the government powers to extend the ban on smoking in public places to some outdoor spaces and introduce vape-free areas.

36. In April 2025 the All Party Parliamentary Group on Smoking and Health published [‘A roadmap to a smokefree country’](#), setting out the urgent actions needed to end smoking in a generation and calls on all political parties to support a bold, fully funded tobacco control strategy.
37. The council commissions CDDFT to provide a Stop Smoking Hub, which offers specialist behavioural support to people who want to quit smoking. This was a small service with 1.5 WTE smoking advisor capacity, but through the additional Local Stop Smoking Services and Support Grant funding provided since 2024/25 the public health team agreed to increase staff capacity to 3 WTE.
38. The additional capacity means that the Stop Smoking Hub now offers telephone and face-to-face appointments Monday to Friday, between the hours of 9.30am and 5pm, with a later clinic also offered until 7pm on a Monday evening. The service operates from Darlington Memorial Hospital and a number of community venues across the Borough; Citizens Advice Bureau, PHD, Cockerton Pharmacy and Eastbourne Sport Complex.
39. Plans are underway to also offer a drop in at the food bank at The Edge Centre and offer in-reach to A&E, paediatrics and the eye clinic. Furthermore, outreach support into primary care practices is also in the process of being established; this will provide support to individual practices on a monthly rotation, subject to capacity.
40. During 2024/25 314 people set a quit date through the Stop Smoking Hub, and 218 people successfully quit at four weeks. This represents a quit rate of 69.4%, which is amongst the highest in the region. The number of people using the service to make a quit attempt has increased compared to the previous year, as in 2023/24 162 people set a quit date and 134 successfully quit; in 2024/25 351 people set a quit date and 229 successfully quit. Demand is continuing into this year.
41. The ‘swap to stop’ scheme is also offered in Darlington, providing an opportunity for people to swap their cigarettes for a vape. A number of ‘swap to stop’ events have been delivered over the last year, at Darlington Memorial Hospital, the town centre and at businesses such as Amazon, Aldi distribution centre and EE.
42. The service also had a presence at Darlington College Fresher event and the school nursing team offer CO readings at their secondary school drop ins, and can make direct referrals in to the service, as they now support under 18’s to stop smoking.
43. A full communications campaign has been delivered this year, led by Darlington Borough Council. This has included the development of a brand, targeted advertising on bus shelters and digital boards, promotion of key messages on social media and the delivery of a heart trail to promote the importance of heart health and encourage people to think about making a quit attempt.
44. In response to the growing demand for the service public health have agreed to provide a small amount of additional funding for a period of two years, to further increase capacity within the service and employ an additional 1 WTE staff member. This will enable additional outreach provision and support outside of core hours.

Mental Health and Wellbeing

45. Funded by Public Health in its first year, and recently securing ongoing funding from the PCN and ICB, the Darlington Mental Health Network has made significant positive contributions to the development of a collaborative approach to public mental health and prevention. The network has brought together statutory and VCSE services to share good practice, improve partnership opportunities, and strengthen the collective understanding of mental health services, for the purpose of improving the experience of Darlington residents.
46. The Darlington Suicide Prevention Partnership has been reinstated, with broad representation from VCSE, primary and secondary care, emergency services, education, probation, 0-19 service and specialist suicide prevention charities. The partnership will contribute to the development of the updated Suicide and Self-harm Prevention Strategic Action Plan for Darlington.

Addictions

47. The STRIDE service, delivered by WithYou, Recovery Connections and Darlington Borough Council, is available to offer support to young people and adults facing challenges with drugs and alcohol and a local recovery community.
48. There are ambitious targets for the number of people the drug and alcohol treatment services should be working with and the outcomes to be achieved, which are monitored on a quarterly basis.
49. Darlington continues to have a high level of unmet need for local residents with alcohol dependence and not accessing STRIDE. Estimates for unmet need are 68.4%, which is lower than rates for England at 75.9%, but remain too high.
50. Areas of progress have been the establishment of Drug and Alcohol Care Teams at TEWV and CDDFT, with engagement staff working into the alcohol care team at CDDFT on a daily basis, to assertively follow up those identified as requiring support.
51. A dedicated team has been established to build capacity within primary care, thereby taking treatment services directly to the patient.
52. There is now rapid access to 'day hab' and in-patient rehab provision; 80% of those accessing have been assessed as requiring support for alcohol use.
53. A 'same day' assessment process has been implemented to ensure rapid access to treatment and recovery support.
54. Work is now happening with maternity services to develop the service offer to pregnant women, with an enhanced referral pathway promoting a treatment first approach. A promotional video has been produced for use within the maternity department.

Staying Healthy: Ageing Well

Performance Summary

55. In Darlington 29.1% of the eligible population (9,410 people) were invited for a NHS Health Check in 2024/25. Of those invited, 35.5% of people took up the offer of a NHS Health Check, which represents 10.3% (3,343 people) of the eligible population having received a health check in 2024/25, which is statistically significantly better than England (9%), and the North East (9.1%).
56. In 2023/24, the rate for emergency hospital admissions due to falls in people aged 65 and over was 1,623 per 100,000. This rate has decreased since 2021/22, and is statistically significantly better than England (1,984 per 100,000), and the North East (2,122 per 100,000). The rate for females (1,821 per 100,000) is higher than the rate for males (1,354 per 100,000), but they follow the same declining trend.

Local Action and Context

NHS Health Checks

57. NHS Health Checks is a targeted programme for eligible people between the ages of 40 and 74 years, providing an opportunity to identify early signs of poor health and thereby enabling earlier intervention to improve outcomes. People who are eligible should be invited for a health check once every five years. The programme is not offered to those in the age cohort who have already been diagnosed with one of the following conditions; heart disease, stroke, kidney disease and diabetes.
58. In Darlington NHS Health Checks are delivered by the GP Federation, Primary Healthcare Darlington (PHD). All 11 GP practices are engaged with the programme and overall the rates of the eligible population in the borough receiving a health check are consistently above regional and national averages.
59. The public health team has recently undertaken a data quality review, to ensure that the data received is collated in the most effective way. Public Health are working with PHD to explore how this data can be used more effectively to target those areas where uptake is lower, and expected need greater, to begin to address variation across practices and strengthen the focus on reducing inequalities.

Making Every Contact Count (MECC)

60. MECC is a proactive public health approach designed to embed health-promoting conversations into everyday interactions across a wide range of services. It empowers staff, whether in healthcare, education, social care, or community roles, to use brief, informal moments to support individuals to make positive changes for their physical and mental wellbeing.
61. These conversations are not formal consultations but short, supportive exchanges that can lead to signposting individuals to relevant services or encouraging small, manageable lifestyle changes.

62. In Darlington MECC is a central component of the public health approach to prevention and is being implemented through training programmes that equip professionals and volunteers with the skills and confidence to have meaningful conversations about topics such as healthy eating, physical activity, mental wellbeing, alcohol use and most recently, gambling.
63. Over the past year delivery partnerships have been strengthened and training capacity expanded. The Public Health team are working with Learning and Skills to develop a coordinated approach to the delivery of MECC training, to ensure trained tutors are ready to deliver sessions for individuals and staff from organisations across the Borough. Plans are also being developed for MECC to be embedded across Darlington Borough Council.
64. MECC is underpinned by a regional digital infrastructure, which continues to be developed and maintained. The MECC Gateway acts as a central hub for training materials, resources, and promotional content. This ensures continued access to training materials and promotional content, making resources easily accessible and supporting staff to deliver brief, health-focused conversations confidently.

Smoking

65. Making a quit attempt at any age brings immediate health benefits and the Stop Smoking Hub encourages and supports quit attempts across all ages, offering effective ways to stop smoking such as vapes, NRT products and pharmacological support, such as varenicline.
66. There is a continued focus on reducing exposure to tobacco smoke and normalising smokefree environments. Fresh are supporting the continued development of the ICB 'Healthier Together' website to promote new 'tobacco smoke is poison' resources to all health care partners and are also embedding key messages into the NENC asthma care bundle.

Maximising Independence

67. St Teresa's Hospice, in partnership with Darlington Borough Council's public health team, has launched an innovative eight-week Ageing Well Programme to support adults aged 65 and over. The programme is designed to:
 - a) increase understanding of ageing;
 - b) increase understanding of lifestyle choices that promote health and independence;
 - c) raise awareness and understanding of Advance Care Planning;
 - d) foster peer connection, emotional resilience and reduce social isolation.
68. Grounded in a strengths-based approach and aligned with both local and national health priorities, the initiative will be piloted with hospice volunteers, before being rolled out to the wider community.

Healthy Places

Performance summary

69. As of 2020-23, 4.5% of employees in Darlington had at least one day off in the previous week. This is statistically significantly worse than England (2.2%) and the North East (2.4%). This statistic is increasing over time, and Darlington ranks highest nationally.
70. In 2022/23 64.9% of the population with a physical or mental long-term condition were in employment in Darlington. This statistic remains static and is similar to England (65.3%), and the North East (57.1%).
71. In 2024, Darlington had 160 fast food outlets, which is the equivalent to 144.7 per 100,000 people. This is ranked second highest in the North East, next to Sunderland. It is statistically significantly worse than England (115.9 per 100,000 people), but is similar to the North East (130.4 per 100,000 people).

Local Action and Context

Workplace Health and Good Work

72. The Health and Growth Accelerator programme is an early intervention initiative for employed but struggling individuals, aiming to prevent long-term work absence with NHS and GP support.
73. The program has three pillars:
 - (i) Scaling Patient Advisor Service (PAS): this expands a successful biopsychosocial support model, using medical record searches for patients with multiple-fit notes to encourage GP referrals via Local Enhanced Services (LES). ICB teams are commissioning these services, with plans to add clinical capacity for mental health and musculoskeletal health (MSK) and with £1.5 million earmarked for digital therapeutics.
 - (ii) NHS and Social Care Workforce Support: this pillar enhances an existing well-being hub by tripling mental health support, access to NHS staff (from 800 to 2400) and expanding into social care, with future plans for MSK support.
 - (iii) Supply of Good Work: this focuses on how the NHS Integrated Care System can promote "good work" through initiatives like Better Health at Work Awards, SHINE framework alignment, and leveraging NHS spending power (£7 billion) as an anchor institution. The idea of offering NHS Occupational Health services to local SMEs is also being explored.
74. Tees Valley Combined Authority has secured a £17.7 million to deliver a five-year "Connect to Work" programme, which is expected to go live in October. The aim is to help individuals with disabilities and severe health conditions return to work. The programme targets are to support approximately 4,500 people.
75. The Tees Valley Youth Guarantee Trailblazer recently secured three years of additional funding. A "soft launch" has been held, and the programme targets 18–21-year-olds who are NEET (Not in Education, Employment, or Training). The program acknowledges that a

lack of work experience is a major barrier for young people entering the job market. Key interventions include:

- a) convening role - bringing together partners (local authorities, colleges, training providers) to address the NEET agenda;
- b) work tasters and placements - £3.3 million of the initial £5 million budget is for paid, meaningful work placements, aiming for positive progression into employment or education;
- c) tracking and early intervention - tracking Year 13 leavers to identify NEET risks and engaging disengaged youth using social media (e.g. TikTok) to incorporate their "youth voice";
- d) mapping - identifying existing organisations, funding, and systemic "fill points";
- e) local evaluation - ongoing assessment of the program's impact.

76. The 'Get Tees Valley Working' plan, a local strategy responding to the national 'Get Britain Working' initiative, is a co-designed plan involving the Tees Valley Combined Authority, ICB and DWP. The ambitious goal is an 80% employment rate over the next decade, aiming to get approximately 37,000 more people into work and address the current 25% economic inactivity rate in Tees Valley.
77. Scoping work has begun in Darlington, working with businesses via a survey to seek views about workplace health, the Better Health at Work award and other programmes. The survey also seeks to understand if local businesses value workplace health and understand the benefits and gather views on what would be helpful to support them.

Good Food Local

78. Good Food Local is a benchmarking tool to help Local Authorities improve their food systems. Darlington has submitted its second benchmarking survey to assess progress against the Good Food Local framework. This provides a structured approach to improve local food systems, foster collaboration, and promote sustainable and healthy food environments. As we are in our initial steps our first Food Partnership meeting was held in July, with the next planned for September, bringing together local organisations to establish local priorities and develop workstreams.

Planning and Health Impact Assessments

79. The council continues to embed health into its planning processes through Policy DC3 of the Local Plan (2016–2036), which requires Health Impact Assessments (HIAs) for residential developments of 150+ homes and all major non-residential schemes. HIAs assess how developments may affect physical, mental, and social wellbeing, and guide developers in enhancing positive impacts and mitigating risks. Public Health supports this process with tailored tools, including a Comprehensive HIA Tool, helping developers align proposals with local health priorities.
80. Previously HIAs have been completed for large housing schemes such as Skerningham Garden Village and Greater Faverdale, where assessments considered access to green space, active travel infrastructure, and proximity to health services. These examples demonstrate how planning can actively support healthier living environments and reduce health inequalities. HIA expertise continues to be offered for development works.

81. A key area of focus has been the control of hot food takeaways, particularly in areas with high childhood obesity and deprivation. Work has been undertaken to establish planning policies to limit the development of new hot food takeaways near schools and in areas with an already high concentration of existing outlets. Implementation of the policies is subject to final approval. These measures also support the borough's broader commitment to shaping healthier food environments through spatial planning.