

HEALTH AND HOUSING SCRUTINY COMMITTEE
19 AUGUST 2026

HEALTHY WEIGHT STRATEGY SCOPING REPORT

SUMMARY REPORT

Purpose of the Report

To provide scrutiny with an overview of healthy weight in Darlington, identifying the current population needs, key determinants influencing healthy weight and a proposed approach to the development of a Healthy Weight Strategy.

Summary

1. Overweight and obesity are key public health challenges locally and nationally impacting on life expectancy, healthy life expectancy and opportunities throughout the life course.
2. A whole systems approach to creating a healthy food environment is the evidence based model recommended by academia and public health leadership.
3. Key tools and programmes to support the development of a healthier food environment are the Healthy Weight Declaration, Good Food Local North East and the Sustainable Food Places network.

Recommendations:

4. It is recommended that Scrutiny Committee:-
 - (a) Note the contents of the report.
 - (b) Support the approach and timeline outlined for the development of the Healthy Weight Strategy and the actions identified, including the commitments of the Healthy Weight Declaration.

Lorraine Hughes
Director of Public Health

Background Papers

Darlington Best Start in Life Planⁱ
Darlington Joint Health and Wellbeing Strategyⁱⁱ
Darlington Climate Change Action Planⁱⁱⁱ
Darlington Physical Activity Strategy 2025 - 2035^{iv}

author : Jane Buckton Extension 403 042

Council Plan	This work will support the core principle of addressing inequalities and the priorities of giving children and young people the best start in life and enabling residents to live well.
Addressing inequalities	Recognises the impact of health inequalities on the population and focuses on actions to address these.
Tackling Climate Change	The work on Green Space, local growing and nature based programmes as well as reducing food waste are key elements in the Climate Change Action Plan.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme.
Health and Wellbeing	The work is intended to have a positive impact on the health and wellbeing of the people living, working and visiting Darlington
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All wards
Groups Affected	Predominantly residents but also those working in and visiting Darlington
Budget and Policy Framework	This report does not recommend any change to the Council's budget and policy framework.
Key Decision	No
Urgent Decision	No
Impact on Looked After Children and Care Leavers	The actions recommended in this report are for all people living and working as well as visiting Darlington, there are no specific actions identified at this point for Looked After Children or Care Leavers.

MAIN REPORT

Wider Context

5. The World Health Organisation (WHO)^v highlights the growing global overweight and obesity epidemic, and the associated health risks and early deaths from diseases including cardiovascular diseases, diabetes, cancers, neurological disorders, chronic respiratory diseases, and digestive disorders. In childhood there is a greater risk of early onset type two diabetes and cardiovascular disease; children living with overweight and obesity are at an increased risk of overweight and obesity in adulthood. This impacts quality of life as well as the life expectancy and healthy life expectancy. The WHO also recognise the complexity of interactions that cause obesogenic environments globally and the need for a system wide approach to tackle the issue. In 2023 to 2024, 64.5% of adults aged 18 years and over in England were estimated to be overweight or living with obesity^{vi}. Overweight and obesity have been steadily increasing over recent decades globally as well as nationally.

6. Although underweight affects a relatively small proportion of the UK population (2.1% of the UK population are classified as underweight^{vii}) compared with overweight and obesity, it remains a significant public health concern. Being underweight is associated with an increased risk of nutritional deficiencies, frailty, reduced muscle strength, impaired immunity, poorer recovery from illness, and adverse health outcomes. The burden is particularly evident among older adults, people with chronic illness, and those at risk of malnutrition. Public health approaches to healthy weight should therefore address the full weight spectrum, recognising the importance of preventing both undernutrition and excess weight while promoting equitable access to nutritious food, physical activity, and personalised support.
7. Poverty and deprivation are major determinants of good nutrition and healthy weight in the UK, influencing both food choices and wider health outcomes. People living in more deprived communities are significantly more likely to experience overweight and obesity than those living in the least deprived areas. Socioeconomic factors such as income, education, employment, housing, access to healthy food, and opportunities for physical activity all influence the risk of developing obesity^{viii}. The Food Foundation Broken Plate report 2025^x highlights that households on low incomes are more likely to experience food insecurity, with rising food, energy and housing costs reducing the amount of money available for nutritious food. As a result, families may rely on cheaper, energy dense foods that are high in fat, sugar and salt but low in essential nutrients, increasing the risk of poor diet quality, obesity and diet-related diseases. Deprivation is also associated with reduced access to healthy food retailers, fewer opportunities for physical activity, poorer housing conditions, and increased levels of stress, all of which can contribute to unhealthy weight gain. Children living in the most deprived areas are significantly more likely to be overweight or obese than those in the least deprived areas, and these inequalities often persist throughout adulthood.
8. A notable barrier to addressing overweight and obesity is weight stigma^x, it is a societal assumption that the cause of overweight and obesity is lack of self-discipline and that personal responsibility should be taken. However, evidence shows us that overweight and obesity is a complexity of genetics and environment. Weight stigma has a detrimental impact on physical and mental health, and it is a barrier to accessing services. There is an opportunity to challenge this common misconception.
9. Reducing obesity: future choices^{xi} (often referred to as the Foresight report) shows that healthy weight is a result of a complex system clustered into themes:
 - food production
 - food consumption
 - physiology
 - individual physical activity
 - physical activity environment
 - individual psychology
 - social psychology

National Policy and Guidance

10. National healthy weight policy in England is based on a whole-systems approach that recognises obesity as a complex condition influenced by biological, behavioural, environmental and social factors. Government policy aims to support healthier diets, increase physical activity and reduce health inequalities through a range of measures, including restrictions on the promotion and advertising of foods high in fat, sugar and salt, calorie labelling, the Soft Drinks Industry Levy, and access to NHS weight management services. National strategies emphasise prevention across the life course and recognise the importance of addressing the wider determinants of health, particularly the relationship between deprivation and obesity.^{xii}
11. The 10 year Fit for the Future Health Plan for England (2025)^{xiii} identifies obesity as one of the leading causes of poor health including cancer, cardiovascular disease, and type two diabetes. The plan recognises how our health and food choices are shaped by the environment that we grow, live and work in, known as the social determinants of health. It aims to move from sickness to prevention and included some key priorities as a “moonshot” to end the obesity epidemic by tackling childhood obesity through junk food and advertising restrictions as well as improving food in schools and steps to mitigate against poverty including restoration of the value of the Healthy Start scheme^{xiv} and the expansion of free school meals^{xv} for all school age children with a parent in receipt of Universal Credit. The plan also aims to engage employers to create healthier workplaces and more opportunities to be physically active, including the Place Partnership with Sport England; Darlington is currently in the test and learn phase of this programme.
12. The Association of Directors of Public Health (ADPH) What Good Healthy Weight for all ages Looks Like^{xvi} briefing paper aims to support local public health teams with a framework to bring together the collective efforts across the system. The seven pillars of the framework are:
 - a) system leadership
 - b) long term whole system approach
 - c) health planning environment
 - d) community engagement
 - e) focus on inequalities
 - f) life course approach
 - g) monitoring, evidence, evaluation and innovation

The ADPH position on healthy weight^{xvii} also highlights the need to take preventative actions and a whole system approach to create an environment that promotes good health and enables healthy eating; it also recommends that all frontline staff in the public sector should access the MECC (Making Every Contact Count) training to have conversations about healthy weight in a compassionate manner, and that efforts to address climate change at a local and national level are prioritised.

13. The Public Health England Whole Systems Approach to Obesity, a guide to support local approaches to promote healthy weight^{xviii} gives a practical guide to the complexities of the approach in order to address the drivers of overweight and obesity, which often sit outside of the public health direct responsibilities. This is also known as a health in all policies approach, and it requires the development of a collective vision to highlight how each of the stakeholders contribute towards tackling overweight and obesity. Changing a system

is a long term aim and requires leadership to drive enabling system behaviours as shown in figure 1 below

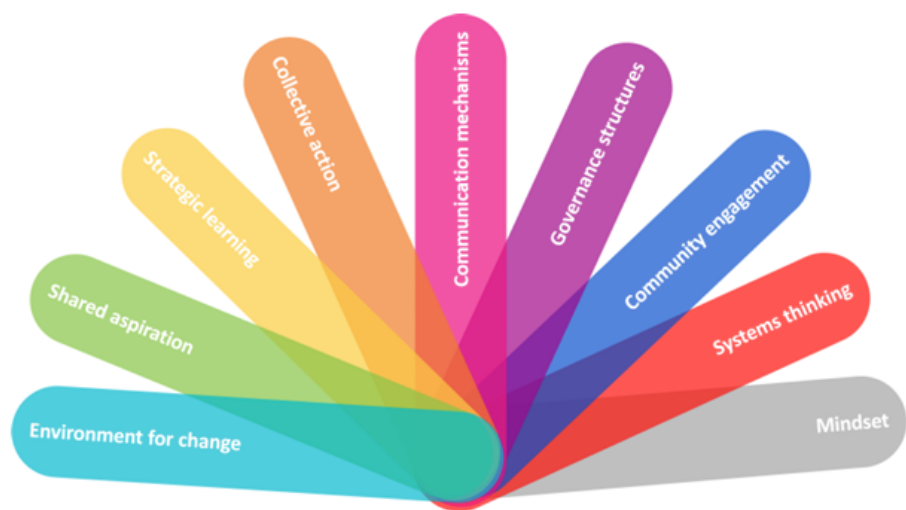


Figure 1

14. Figure two shows a process for implementing a whole systems approach. Implementation of this approach would need engagement internally from adults and children’s services, communications, heritage, sport and leisure, economic development, environmental services, highways and transportation, housing and planning. External stakeholders should include (but is not limited too) the VCSE sector, local businesses, schools and early years providers, health care providers (County Durham and Darlington Foundation Trust, Harrogate and District Foundation Trust, Tees Esk and Wear Valley Foundation Trust, GPs, dentists and pharmacists) and North East and North Cumbria ICB.

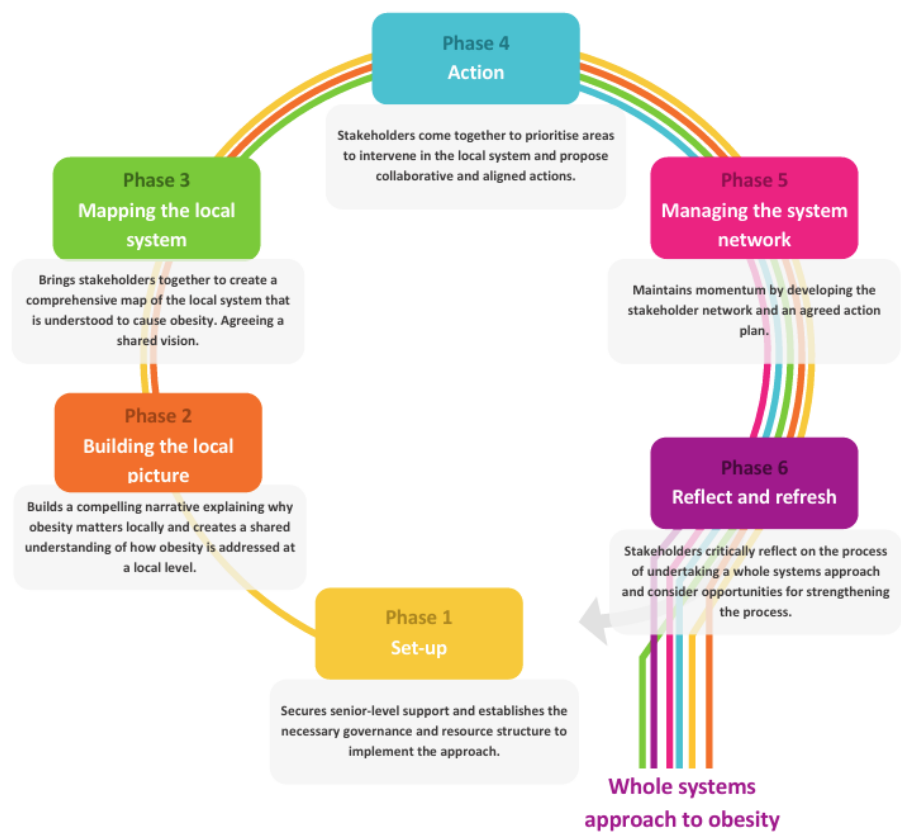


Figure 2

15. The recently updated GP contracts^{xix} now include indicators for identification of adults living with obesity to facilitate access to weight management support in primary care and equitable identification and management of adults living with obesity who meet the clinically defined NICE recommended pharmacotherapy and structured behavioural support criteria.

Regional and Local Action

16. Regionally the North East ADPH network have agreed to fund the North East Good Food Local programme for the next three years. Good Food Local is led by Sustain and provides benchmarking and support for local authorities to develop in a range of areas related to food insecurity, food related ill health and the wider food system. The North East report^{xx} has been published for 2025/26 and it demonstrates that some progress has been made by Darlington. We are currently awaiting an individualised report for Darlington, including recommendations for future development.
17. Tackling climate change is a core principle of the Council Plan, we know that climate change is a risk to the availability and affordability of healthy food and widening health inequalities. Part of the Good Food Local benchmarking includes the development of a food partnership for each local authority. We have now established a food partnership in Darlington but have recognised additional resource is needed to enable us to develop it further. The public health team are working with procurement to appoint a VCSE sector organisation to host a Food Systems Coordinator to support with this, funded through the public health grant. The role will drive forward the work locally, utilising the framework of the Sustainable Food Places^{xxi} network which brings together food partnerships to innovate and share best practice to improve access to nourishing food in local areas.
18. Food Active^{xxii} are part of the Health Equalities Group¹ which collaborates with local authorities, NHS organisations, and OHID to focus on advocacy, policy change, research, and targeted campaigns. The Healthy Weight Declaration^{xxiii} is one of the programmes delivered by Food Active to provide an evidence-based framework to facilitate strategic commitment by local authorities to take a system wide approach to healthy weight across. Sixteen commitments on the themes of health promoting infrastructures and environments, organisational change and cultural shift and monitoring and evaluation. Annex one has further details on the sixteen standards. As a participating local authority there is a range of shared learning and support opportunities to develop the local system. There are currently thirty-seven local authorities in England signed up to the Healthy Weight Declaration. Whilst Darlington undertook some of the initial work and signed up to the Healthy Weight Declaration in 2021 it has become apparent that it was not progressed further. However, we have ongoing resource secured with Food Active for the Healthy Weight Declaration, and there are no further cost implications. The resources include time and expertise from the Food Active team, and a partner pledge for organisations in the wider system. The Healthy Weight Declaration commitments are underpinned by the Good Food Local programme and Sustainable Food Places. It is recommended that Darlington seeks to formally commit to the Healthy Weight Declaration, supported by an ongoing audit process of the sixteen commitments, which will underpin the development and implementation of the Healthy Weight Strategy.

¹ Health Equalities Group is a registered charity established in Liverpool in 2005.

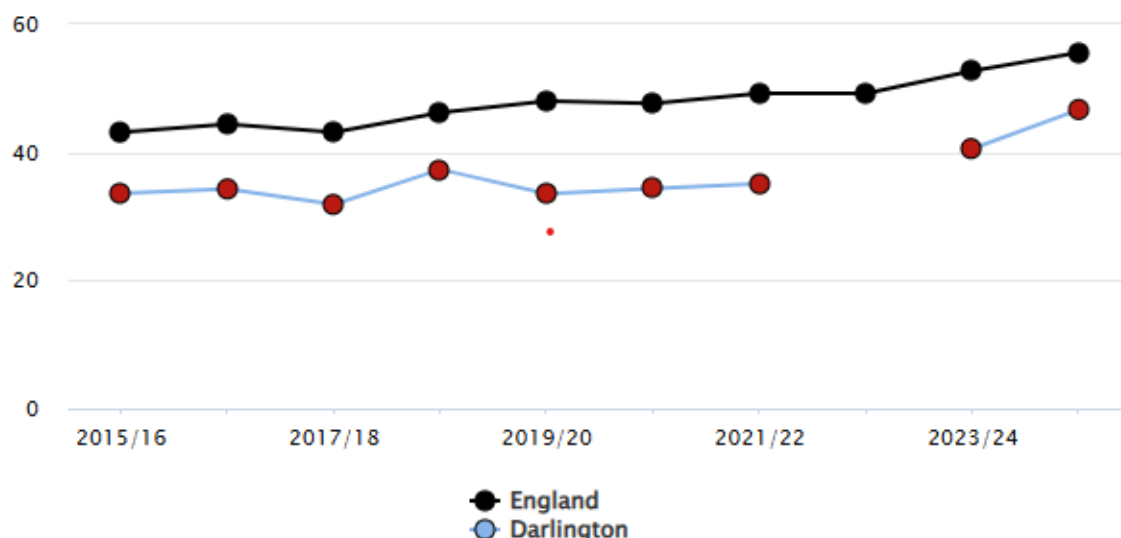
19. 'Out of home food' is an important contributor to dietary intake, as meals purchased from restaurants, takeaways and fast-food outlets are often higher in calories, saturated fat, sugar and salt than foods prepared at home, increasing the risk of overweight, obesity and diet-related ill health. Recent data published in 2025 shows that in Darlington Public Health England^{xxiv} there are 160 fast food outlets, which equates to a rate of 144.7 per 100,000 population, this is the second highest rate in the North East and higher than the average rates in the North East (130.4) and England (115.9).
20. A settings-based approach to healthy weight promotes good nutrition and physical activity opportunity within everyday environments such as schools, workplaces, healthcare settings, and community venues, creating supportive policies, cultures and food environments that make healthy choices easier and more accessible for everyone. Working with the Environmental Health team we have developed the Healthy Early Years Award for our early years settings where early years settings can be supported to improve standards in nutrition, oral health, and physical activity. To date twenty-two early years settings have achieved the standard, and we have continued interest in the programme. There is also a Healthy Catering Award for Darlington, however, this requires development and refresh. The public health team are currently working to develop a school food working group to support school food standards in our schools and educational settings. Workplaces are another key setting to engage in a systems approach to developing a healthy weight environment. Darlington are working regionally to refresh the Better Health at Work Award before adopting it locally to create healthier workplaces.
21. Obesogenic environments (an environment which promotes inactivity and makes healthy food and drinks choices more difficult) can lead to excess calorie consumption and physical inactivity, with the biggest burden on communities in areas of deprivation. In Darlington we are fortunate to have assets which support residents to be physically active. This is highlighted in the Physical Activity strategy 2025-2035^{xxv}. It includes actions to address inequalities and increase opportunities to be physically active. We are also working with Tees Valley Sport Active Partnership and Sport England to deliver the Darlington Place Partnership which aims to increase levels of physical activity, reduce levels of physical inactivity and address inequalities.
22. The first 1001 days are evidenced to be critical in child development; this is the foundation of the Best Start in Life plan for Darlington^{xxvi}. Maternal health and access to healthy food during pregnancy^{xxvii} and in the early years, as well as breastfeeding, offer an opportunity for lifelong healthy weight. The Best Start in Life delivery group brings together maternity, health visiting, children's services, and education, enabling multi agency working to get the best outcomes for families in Darlington. Work is underway to increase uptake of the Healthy Start scheme, including healthy start vitamins, improve breastfeeding rates and support healthy weaning.
23. The Darlington Holiday Activities and Food (HAF) programme provides children and young people in receipt of benefit related free school meals with the opportunity to:
 - a) Eat healthier over the holidays
 - b) Be active during the holiday
 - c) Take part in enriching and engaging activities, have fun and meet new friends
 - d) Feel safe and secure
 - e) Develop a greater understanding of food health and nutrition

f) Be engaged with school and local services

24. Sixteen of our local schools accessed the Veg Power^{xxviii} programme. Veg Power is a not-for-profit alliance dedicated to improving access to health sustainable eating. It aims to get children excited about vegetables, fruit, and beans.
25. Local growing activity is a key element to understanding food and creating access to fresh foods. The council owns seventeen allotments sites, three of these are ran by the council the remainder are self-managed sites. There are also allotment sites owned by parish councils in Heighington, Hurworth, Neasham, Sadberge and Middleton St George. Within parks and open spaces there are a number of orchards that have been created across Darlington where the community can pick the various fruits and nuts. Also, in our parks and open spaces there are areas where people can forage for wild food such as areas of wild raspberry canes, hedgerow fruit such as brambles, sloes, hazel nuts and rosehips. There is a beehive in the denes which the Darlington Beekeepers lease from the council to produce honey and carry out education work.
26. There are eight foodbanks to improve access to emergency food, and three social supermarkets operating in Darlington^{xxix} to improve access to food. Social supermarkets provide a more sustainable and empowering approach to addressing food insecurity than traditional food banks. By offering low cost food through a retail style model, social supermarkets enable people to choose their own food, helping to maintain dignity and reduce stigma. In addition to improving access to affordable food, social supermarkets often provide wider support services including welfare advice, debt management, employability support, and community activities. This holistic approach can help to address the underlying causes of food insecurity, strengthen financial resilience, reduce social isolation and contribute to wider health and wellbeing outcomes. Furthermore, social supermarkets support environmental sustainability through the redistribution of surplus food that would otherwise go to waste.

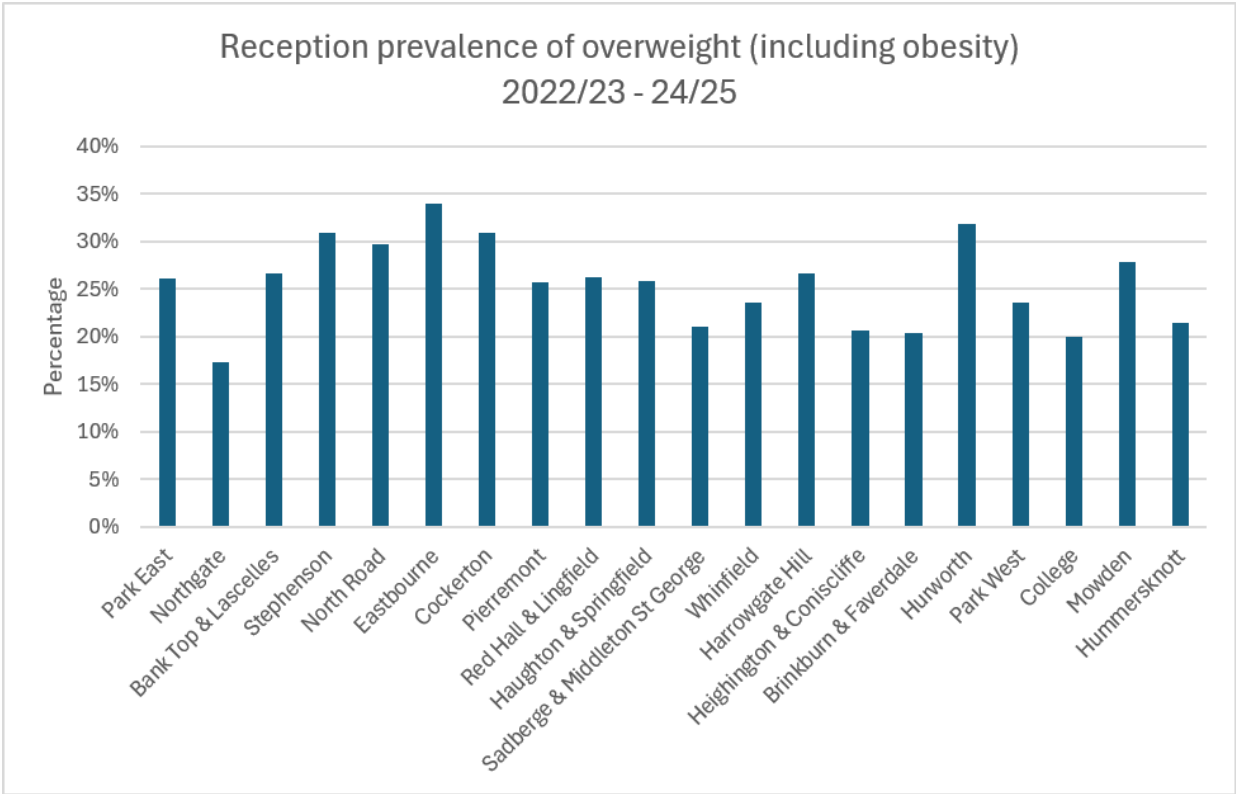
Information and Analysis

27. Breastfeeding Data at 6 to 8 Weeks



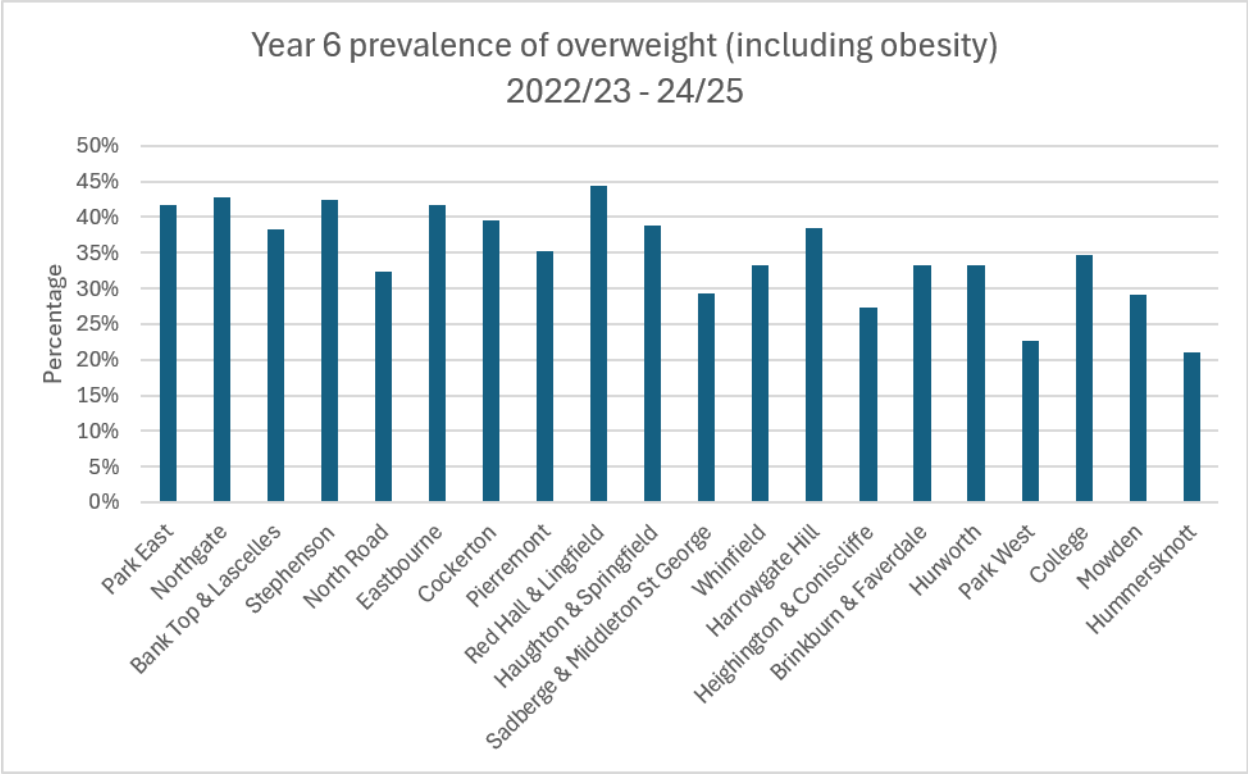
Breastfeeding can help reduce the risk of childhood obesity and is an important early-life intervention for supporting a healthy weight. Following national trends breastfeeding rates at six to eight weeks have increased from 33.6% in 2015/16 to 46.7% in 2023/24 in Darlington. This is lower than the rate for England which was 55.6% in 2023/24 but higher than the rate for the North East which was 38.5%.

28. Childhood overweight and obesity rates



The prevalence of overweight (including obesity) in reception children in Darlington in 2024/25 is 26.9%, this is statistically significantly higher than the England average (23.5%), but similar to the North East (26.7%).

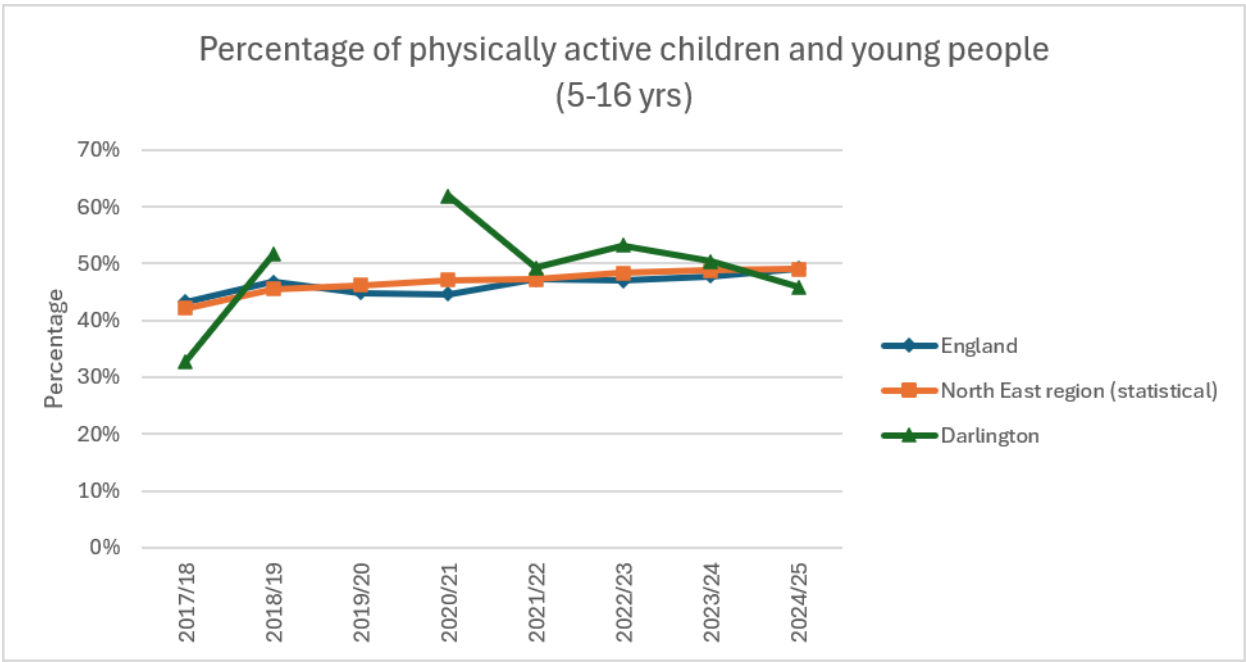
Using pooled data (2022/23-24/25), broken down by ward, Darlington has a maximum prevalence of overweight (including obesity) for reception children of 34% in Eastbourne. Eastbourne ward is ranked in the top 30% most deprived areas in England. Darlington has a minimum of 17.2% prevalence of overweight (including obesity) for reception children in the Northgate ward. The graph above displays the wards in order of deprivation, with the left being the most deprived and the right being the least deprived. Wards on the left of the graph generally tend to have prevalences of overweight around 26-34%, whereas wards on the right tend to have prevalences of overweight around 20-28%.



The prevalence of overweight (including obesity) in Year six children in Darlington in 2024/25 is 35.7%, the lowest in the North East region. Darlington is statistically significantly lower than the North East average (39.1%), but similar to the England average (36.2%).

Using pooled data (2022/23-24/25), broken down by ward, Darlington has a maximum prevalence of overweight (including obesity) for Year six children of 44.4% in Red Hall and Lingfield. Darlington has a minimum of 21.1% prevalence of overweight (including obesity) for Year six children in the Hummersknot ward. Hummersknot is in the top 10% least deprived areas in England. The graph above displays the wards in order of deprivation, with the left being the most deprived and the right being the least deprived. Wards on the left of the graph generally tend to have prevalences around 38-44%, whereas wards on the right tend to have prevalences around 21-35%.

29. Children’s Physical Activity Data



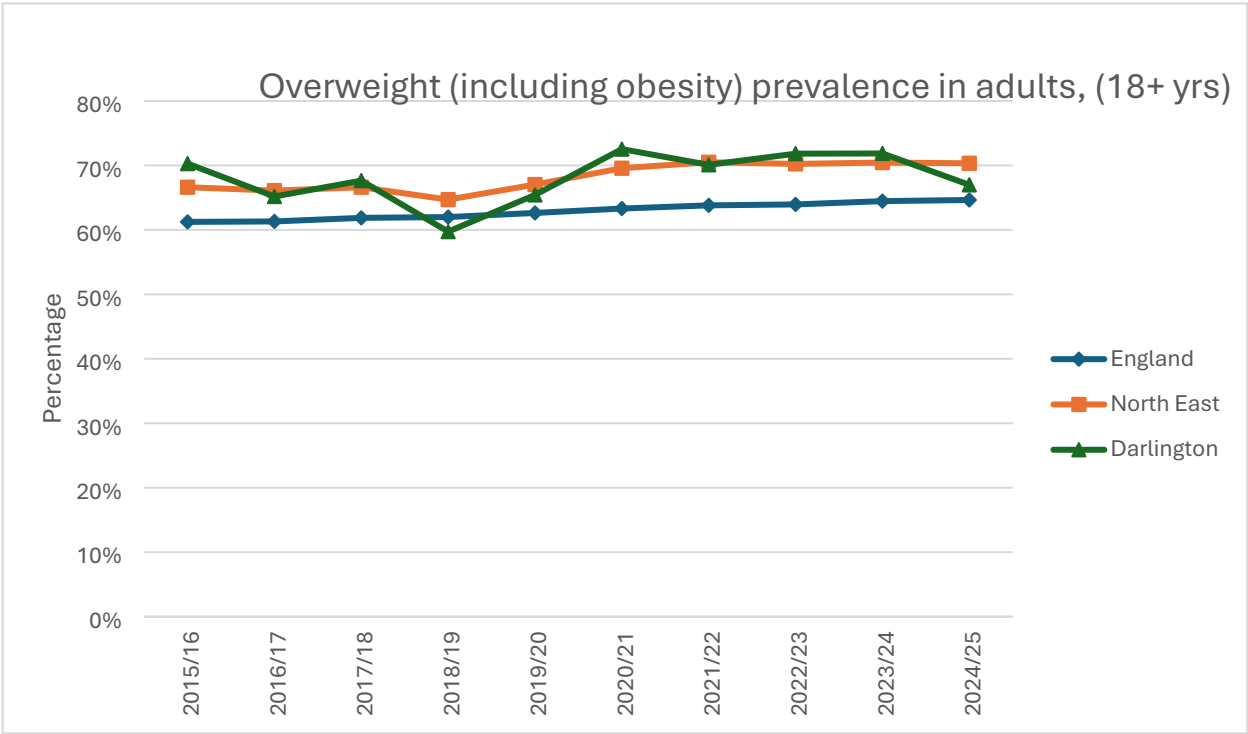
In Darlington the percentage of physically active children is 45.9% which is slightly lower than the North East average (49%) and England average (49.1%).

30. Children’s Oral Health

On average, one in four children aged five in Darlington have visible signs of tooth decay, this is similar to the England average (22.4%) and the North East average (22.6%). The rate of tooth extractions in children aged five to nine years old in Darlington is 1051.3 per 100,000, this similar to the regional rate but almost double the rate of tooth extractions in England at 657.3 per 100,000.

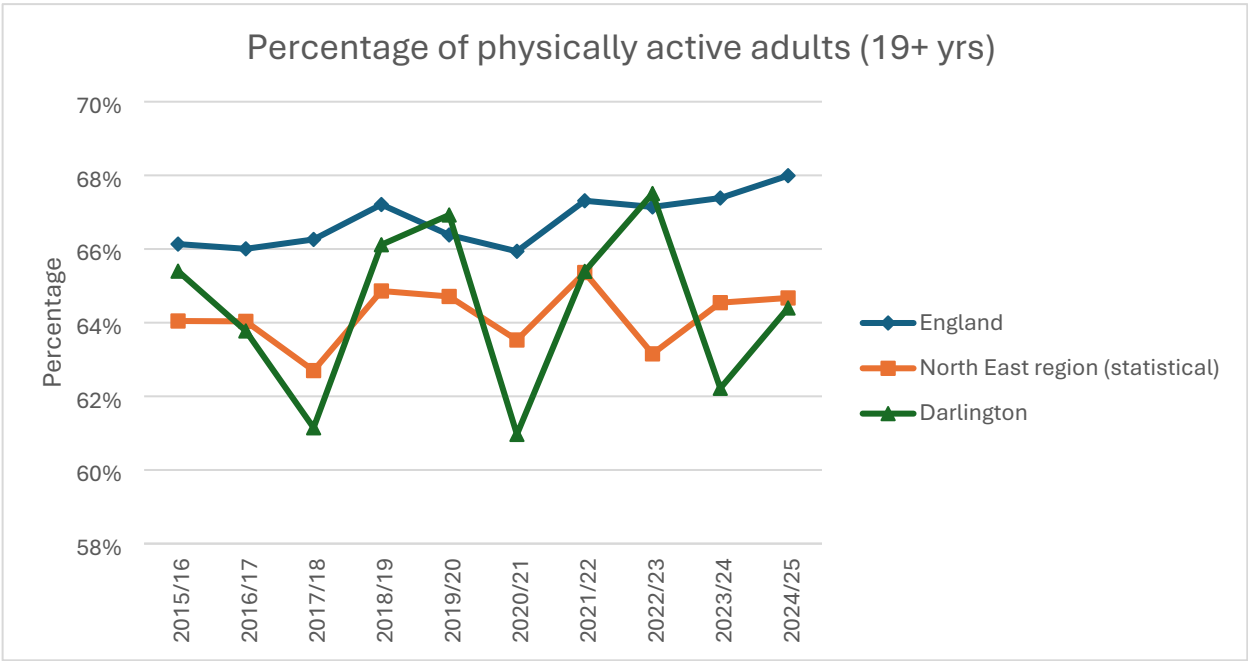
In Darlington, five year olds in wards with a higher rank of deprivation have a higher average number of decayed, missing or filled teeth, in 2024/25. There is a wide variation across Darlington, with data for some wards showing children having an average of two plus decayed, missing or filled teeth per child, whilst for some wards it is less than one in three children have decayed, missing or filled teeth at five years old.

31. Adult Overweight and Obesity Data



In Darlington, the prevalence of overweight (including obesity) in adults in 2024/25 was 67%, it has remained above 60% since 2019/20. Darlington is statistically similar to the North East (70.3%) and England (64.6%) averages.

32. Physical Activity Data



In Darlington, the percentage of physically active adults in 2024/25 is 64.4%, which is an increase from 2023/24 at 62.22%. Darlington is similar to the England average (68%) and the North East average (64.7%).

33. Cardiovascular Disease

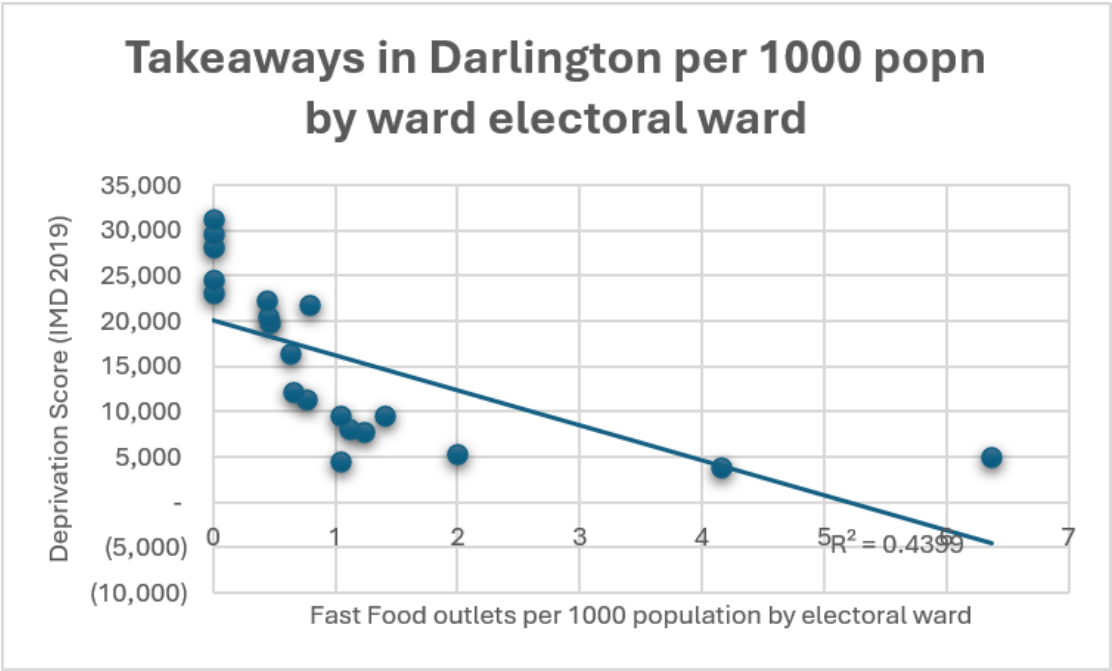
The mortality rate from cardiovascular disease in 2025 was 204.4 per 100,000, this is similar to the England average (212.9 per 100,000) and the North East average (230.6 per 100,000). Darlington has the second lowest rate in the North East, next to Redcar and Cleveland (197.5 per 100,000). When looking at under 75 mortality from cardiovascular disease specifically, the rate for Darlington in 2025 is 81.3 per 100,000. This is also similar to the England average (71.5 per 100,000) and the North East average (82.5 per 100,000).

34. Diabetes

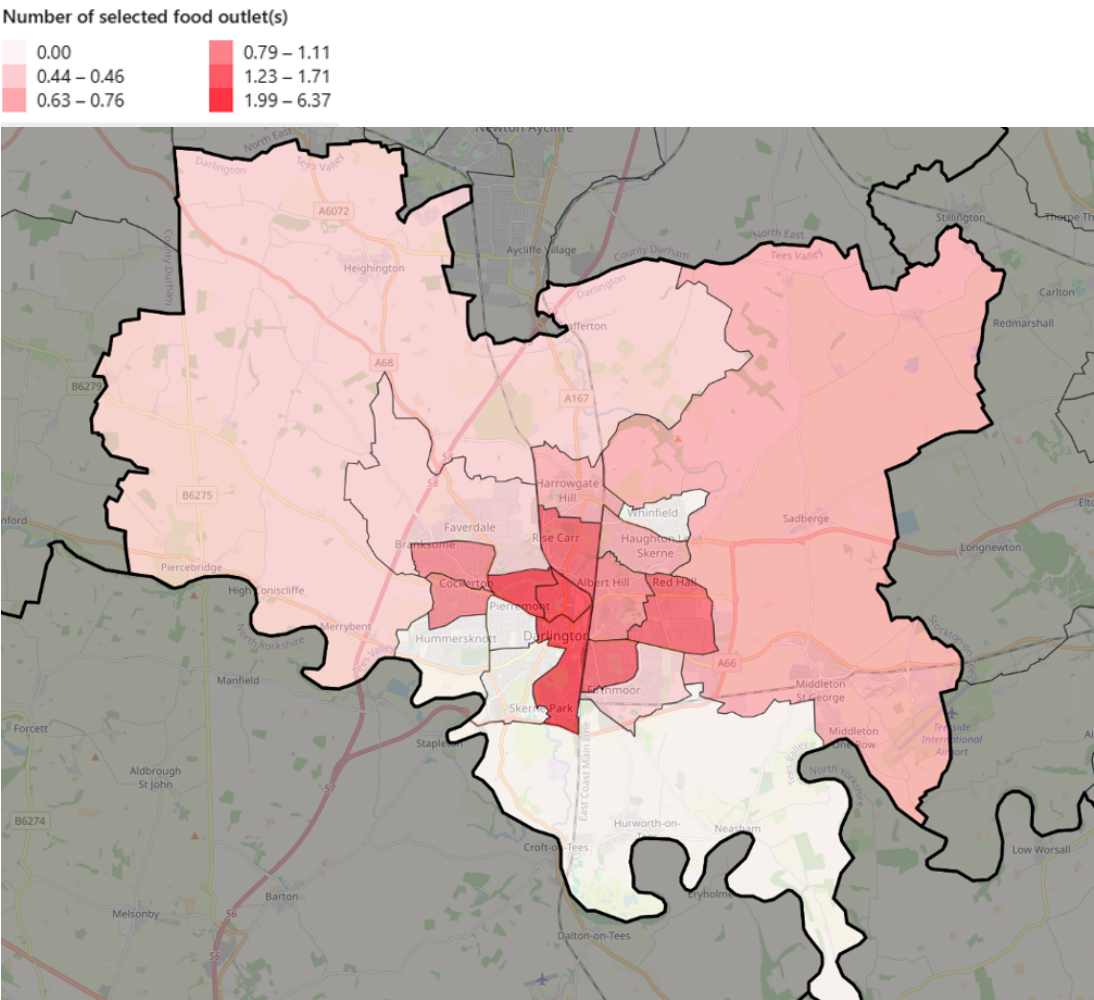
Using data from the Quality Outcomes Framework (an NHS framework used in primary care) Darlington has a prevalence of diabetes of 9.5% in 2024/25. This is statistically significantly higher than the England average (7.9%) and the North East average (8.9%). The prevalence for Darlington has steadily increased since 2012/13. There has been a percentage increase of 25.7% over the past five years.

35. Food Environment

Nationally more deprived areas have higher rates of fast food outlets, with the poorest areas seeing five times more takeaways than the most affluent areas. Trends in Darlington Borough are consistent with this. The below graph demonstrates that more deprived areas in Darlington tend to have a higher ratio of takeaways per 1,000 population.



The map below illustrates the concentration of hot food takeaways across electoral wards in the Borough. Wards shaded in deeper red indicate a higher number of takeaways per 1,000 residents, highlighting areas with greater density. The concentration of hot food takeaways is centred around more deprived urban areas and the town centre disproportionately. This is an important feature of the obesogenic environment which impacts adversely on health outcomes and particularly obesity rates.



Healthy Weight Strategy Planning and Timeline

36. Using the data and evidence provided in this report a Healthy Weight Strategy across the life course will be developed using the framework of the whole systems approach to creating a healthier environment for people to live, work and spend time in Darlington. An indicative timeline of activity is shown below.

Healthy Weight Strategy Development Gantt Chart

Activity	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27
Healthy Weight Scoping agreed at Health & Housing Scrutiny Committee	■							
Engage political support for Healthy Weight Declaration and Strategy	■	■						
Food Partnership Coordinator embedded and VCSE engagement		■						
Engage DBC leadership in Health in All Policies approach		■						
Stakeholder engagement for Healthy Weight Strategy development		■	■					
Establish Healthy Weight Strategy Oversight Group			■					
Launch Healthy Weight Declaration and Partner Pledge sign-up								■
First draft Healthy Weight Strategy and Oversight Group review				■	■			
Second draft for DBC leadership review					■	■		
Final draft, design and print						■	■	■

ⁱ <https://www.darlington.gov.uk/children-and-young-people/best-start-in-life-plan/>

ⁱⁱ https://www.darlington.gov.uk/media/___External-Media/ModernGov/Darlington-Health-and-Wellbeing-Strategy.pdf

ⁱⁱⁱ <https://www.darlington.gov.uk/media/azondld0/cc-action-plan-web-version.pdf>

^{iv} <https://www.darlington.gov.uk/media/hyib0blo/physical-activity-strategy-signed-off.pdf>

^v <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

^{vi} <https://www.gov.uk/government/statistics/obesity-profile-may-2025-update/obesity-profile-short-statistical-commentary-may-2025>

^{vii} [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-underweight-among-adults-bmi-18-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-underweight-among-adults-bmi-18-(age-standardized-estimate)-(-))

^{viii} <https://www.thelancet.com/journals/landia/article/PIIS2213-8587%2820%2930073-5/fulltext>

^{ix} <https://foodfoundation.org.uk/publication/broken-plate-2025>

^x <https://www.nature.com/articles/s41591-020-0803-x>

^{xi} <https://www.gov.uk/government/publications/reducing-obesity-future-choices>

^{xii} <https://commonslibrary.parliament.uk/research-briefings/cbp-9049/>

^{xiii} <https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf>

^{xiv} <https://www.gov.uk/government/publications/healthy-start-extension-application-guidance>

^{xv} <https://educationhub.blog.gov.uk/2025/06/expanding-free-school-meals-what-parents-need-to-know/>

^{xvi} <https://www.adph.org.uk/wp-content/uploads/2019/07/What-Good-Healthy-Weight-Looks-Like.pdf>

<https://www.adph.org.uk/wp-content/uploads/2023/11/Healthy-Weight-Policy-Position-Statement-2023-1.pdf>^{xvii}

https://assets.publishing.service.gov.uk/media/5d396e7140f0b604de59fde9/Whole_systems_approach_to_obesity_guide.pdf^{xviii}

^{xix} <https://www.england.nhs.uk/publication/changes-to-the-gp-contract-in-2026-27/>

^{xx} <https://www.sustainweb.org/good-food-local/north-east/>

^{xxi} <https://www.sustainablefoodplaces.org/about/what-are-sustainable-food-places/>

^{xxii} <https://foodactive.org.uk/>

^{xxiii} <https://foodactive.org.uk/what-we-do/influence-policy/local-authority-declaration-on-healthy-weight/>

^{xxiv} <https://fingertips.phe.org.uk/search/Fast%20food%20outlets>

^{xxv} <https://www.darlington.gov.uk/media/hyib0blo/physical-activity-strategy-signed-off.pdf>

^{xxvi} <https://www.darlington.gov.uk/children-and-young-people/best-start-in-life-plan/>

^{xxvii} <https://pmc.ncbi.nlm.nih.gov/articles/PMC7667467/>

^{xxviii} <https://vegpower.org.uk/>

^{xxix} <https://www.citizensadvisedrc.org.uk/get-help/food-banks>