

Darlington
Childhood Healthy Weight Plan
2017 – 2022
Version 5

DRAFT

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VISION

Darlington is to increase the proportion of children leaving primary school aged 10-11 years (Year 6) with a healthy weight. This will be achieved by developing a whole systems approach to tackling childhood obesity. Darlington will ensure the healthy weight agenda is integrated in other relevant plans; tackling environmental, physical and other determinants which make choosing to eat a healthy balanced diet and having a physically active lifestyle an easier option.

AIM

To increase numbers of children leaving primary school at a healthy weight and reduce inequalities of children and young people in Darlington by identifying priority actions, developing recommendations and implementing plans. These will focus on prevention and a partnership approaches and will have to be within the main envelope of funding.

OBJECTIVES

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

KEY MESSAGES

- The most recent measurements from Darlington (2016/17) show the rate of childhood obesity in the town sits above the national average at both reception and year 6. It is very slightly below the regional average at reception age but in line with North East regional average in year 6.
- The percentage of children at year 6 who are categorised as obese in Darlington is 22%, this figure is more than double the figure at reception age where the percentage is 10%.
- These rates of childhood obesity have significant consequences for the health of our children during childhood and into adulthood. These include mental health concerns as well as diseases such as diabetes and heart disease.
- In Darlington childhood obesity is not evenly spread it is concentrated in the central urban and eastern wards and has a strong correlation with deprivation levels.
- Although the main causes of obesity are poor diet and low levels of physical activity it has been shown that environmental changes can have the most impact on reducing obesity. An environment that promotes activity in travel and recreation and does not provide easy access to energy dense food can reduce obesity levels.
- This method requires a co-ordinated partnership approach from a wide variety of stakeholders to enable effective and sustainable environmental change. This includes planning and development, environmental health, leisure and culture, and licensing.
- Areas identified as having higher levels of childhood obesity would benefit the most from support to modify the environment to make the healthy choice the easy choice. Mapping to understand the detail of the environments is required including; out of home food provision, exposure to advertising and promotions, healthy food provision and active travel routes.
- Tackling the obesogenic environment will be supported by the promotion of the healthy lifestyle message to reinforce the need for healthy behaviours as a means of prevention and treatment for those with excess weight. This will include complimentary and consistent change for life messages.
- By transforming the environment, making healthier choices easier and supporting services to tackle excess weight we hope to increase the number of children in Darlington leaving primary school at a healthy weight.
- This action plan details specific actions following the recommendations outlined in the national government document Childhood Obesity: A plan for Action 2016.

INTRODUCTION

- Childhood obesity and excess weight are significant health issues for children. They can have serious implications for the physical and mental health of a child¹. Obese children are more likely to become obese adults and have a higher risk of morbidity and premature mortality in adulthood².
- Obesity and overweight are linked to a wide range of diseases, most notably, diabetes (type 2), asthma, hypertension, cancer, heart disease and stroke³.
- The effect of obesity on the mental and emotional health of children and young people can also be significant, many children experience bullying linked to their weight⁴.

Figure 1: Obesity Harms Children and Young People⁵



¹ Public Health England, Childhood Obesity: Applying All Our Health (2015)

² World Health Organisation Global Strategy on Diet, Physical Activity and Health (2004)

³ Public Health England, Childhood Obesity: Applying All Our Health (2015)

⁴ National Obesity Observatory. Obesity and Mental Health (2011)

⁵ Public Health England, Childhood Obesity: Applying All Our Health (2015)

- The impact of obesity is not only on health, the cost to the economy is also great: it was estimated that the NHS in England spent £5.1 billion on overweight and obesity-related ill-health in 2014/15. The total cost to society is estimated to be between £27 billion and £46 billion.⁶
- On 18 August 2016, the government published its childhood obesity plan Childhood Obesity: A Plan for Action. The aim of this document is to significantly reduce England's rate of childhood obesity within the next 10 years by implementing the individual commitments in the plan.
- Poor diet and low levels of physical activity are the primary causal factors to excess weight however the likelihood of children becoming overweight or obese is increased by living in a family where at least one parent or carer is obese⁷ There is also strong evidence of a relationship between maternal obesity and the birth of babies above a normal weight range, and the development of childhood and adult obesity, irrespective of environmental and genetic factors⁸
- The amount of sugar that children consume on a daily basis is a major contributing factor to gaining weight. The National Diet and Nutrition Survey found that sugary drinks account for 30% of 4 to 10 year olds' daily sugar intake. Children's consumption of added or processed sugars (non-milk extrinsic sugars) significantly exceeds the maximum recommended level. Their consumption of saturated fat, as part of their daily food energy, significantly exceeds the maximum recommended level of 11% of total food energy⁹.
- In July 2015, the Scientific Advisory Committee on Nutrition (SACN) published its Carbohydrates and Health Report. SACN recommended free sugars intake should not exceed 5% of total dietary energy for all ages from 2 years upwards. Free sugars are defined as all sugars added to foods plus those naturally present in fruit juices, syrups and honey. It does not include the sugars naturally present in intact fruit and vegetables or milk and dairy products.

⁶ McKinsey Global Institute Overcoming Obesity: An Initial Economic Analysis. (2014)

⁷ Public Health England, (2015) Childhood Obesity: Applying All Our Health

⁸ 'Maternal Obesity' noo.org.uk website (December 2015)

⁹ Public Health England (2015) Sugar Reduction: the evidence for action

- In October 2015, Public Health England published its sugar reduction evidence package in which it suggested 8 possible actions to reduce population sugar consumption. The report suggested that a structured and universal programme of reformulation to reduce levels of sugar in food and drink would significantly lower sugar intakes, particularly if accompanied by reductions in portion size.
- Sugar reduction is also a key component in the oral health of children and young people. Tooth decay can be a sign of a poor diet, especially excess sugar consumption which can lead to obesity.
- Low levels of physical activity, and increased sedentary behaviours, of children and young people exacerbate the problems of poor diet and nutrition. In England, only 21% of boys and 16% of girls aged 5 to 15 achieve recommended levels of physical activity. As children grow older, the decrease in activity levels is greater for girls than boys: 23% of girls aged 5 to 7 meet the recommended levels of activity, but by ages 13 to 15 only 8% still do¹⁰.
- Areas of socioeconomic disadvantage in England have higher childhood obesity rates than those in lesser deprived areas. At age 5, children from the poorest income groups are twice as likely to be obese compared to their most well-off counterparts; by age 11 they are three times as likely.¹¹
- The prevalence of underweight children in the UK is much lower than the prevalence of obesity. The proportion of underweight children in 2016/17 at Year 6 was 1.3%.¹² The causes for this are varied and individual to the child including not consuming enough calories, not absorbing enough calories from food or requiring more calories than normal.¹³
- In most cases of underweight children a paediatrician and dietician will support their individual needs but generally a healthy balanced diet is still recommended. This ensures calories are from healthy food sources and sets habits for life.¹⁴

¹⁰ Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers, July 2011.

¹¹ Guidance: Childhood Obesity: A Plan for Action (updated 2017) <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action#fn:11>

¹² NCMP: www.digital.nhs.uk

¹³ www.uptodate.com/contents/poor-weight-gain-in-infants-and-children-beyond-the-basics

¹⁴ www.nhs.uk/Livewell/Goodfood/Pages/Underweightolderchild.aspx

- In some cases the causes of underweight, overweight or obese children can be linked to neglect. This form of neglect is sometimes associated with ‘failure to thrive’, in which a child fails to develop physically as well as psychologically. However, failure to thrive can occur for other reasons, independent of neglect. Childhood obesity resulting from an unhealthy diet and lack of exercise has been considered as a form of neglect, given its serious long term consequences¹⁵. There are robust protection laws and reporting mechanisms for professionals working with children in this situation to ensure they are protected and safeguarded.¹⁶

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¹⁵ Action for Children: Neglect: Research Evidence To Inform Practice

¹⁶ www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/legislation-policy-and-guidance/

Epidemiological Assessment of Need

The National Childhood Measurement Programme (NCMP) measures children’s weight at two age stages: at ages 4 – 5 years (Reception class) and again at ages 10 – 11 year (Year 6). It classifies the results into 4 categories; obese, overweight, healthy weight and underweight. Parents are informed of their child’s result via letter and given the opportunity to seek further advice and support if they want to.

Nationally approximately one-fifth of 4 to 5 year olds and a third of 11 year olds are overweight or obese, as well as two-thirds of adults.

The most recent measurements from Darlington (2016/17) show the rate of childhood obesity in the town sits above the national average at both reception and year 6 and is very slightly below the regional average at reception age but in line with North East regional average year 6. Please see tables below for more detailed figures.

Figure 2: Percentage of overweight and obese children at Reception¹⁷ (ages 4 – 5 Years)

2016/17	Overweight	Obese	Overweight & Obese Combined
ENGLAND	13	9.6	22.6
NORTH EAST	13.8	10.7	24.5
DARLINGTON	14.3	10.5	24.8

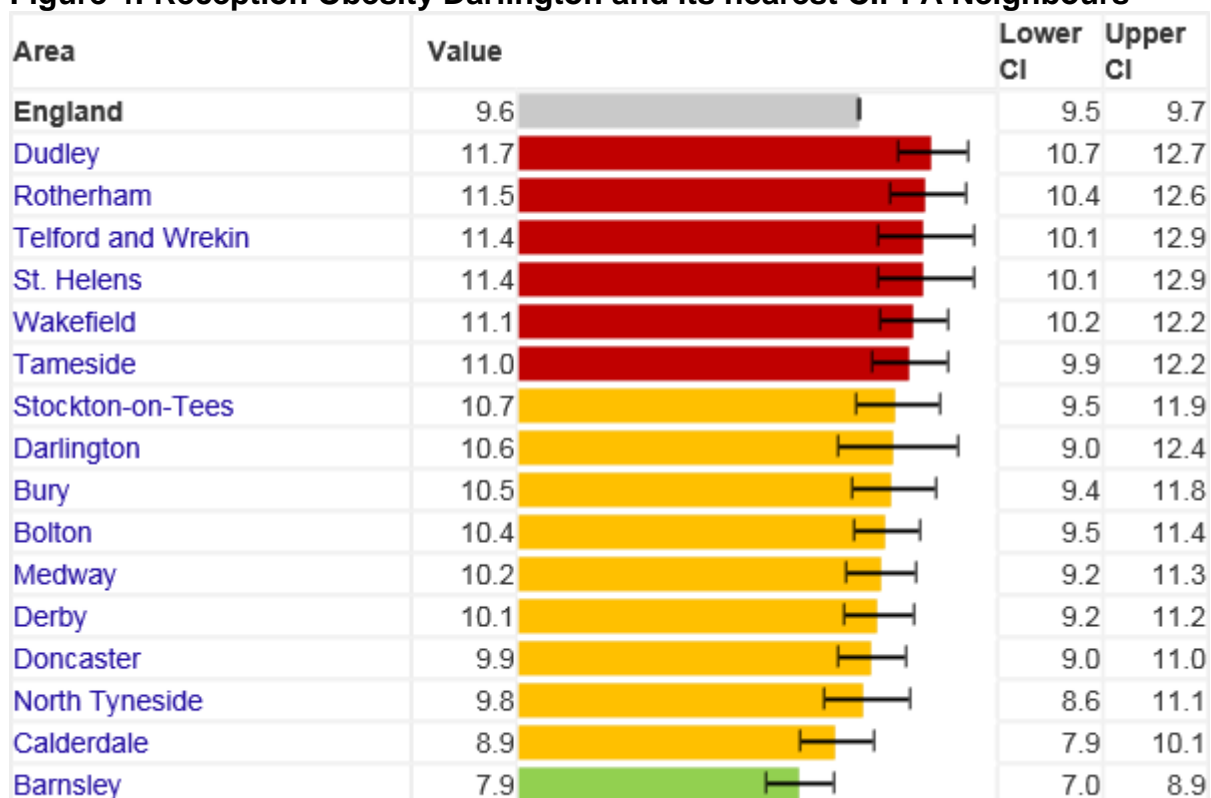
Figure 3: Percentage of overweight and obese children at Year 6¹⁸ (Ages 10-11 Years)

2016/17	Overweight	Obese	Overweight & Obese Combined
ENGLAND	14.3	20	34.2
NORTH EAST	14.3	22.5	37.3
DARLINGTON	14	22.5	36.5

¹⁷ NCMP: www.digital.nhs.uk/catalogue/PUB30113

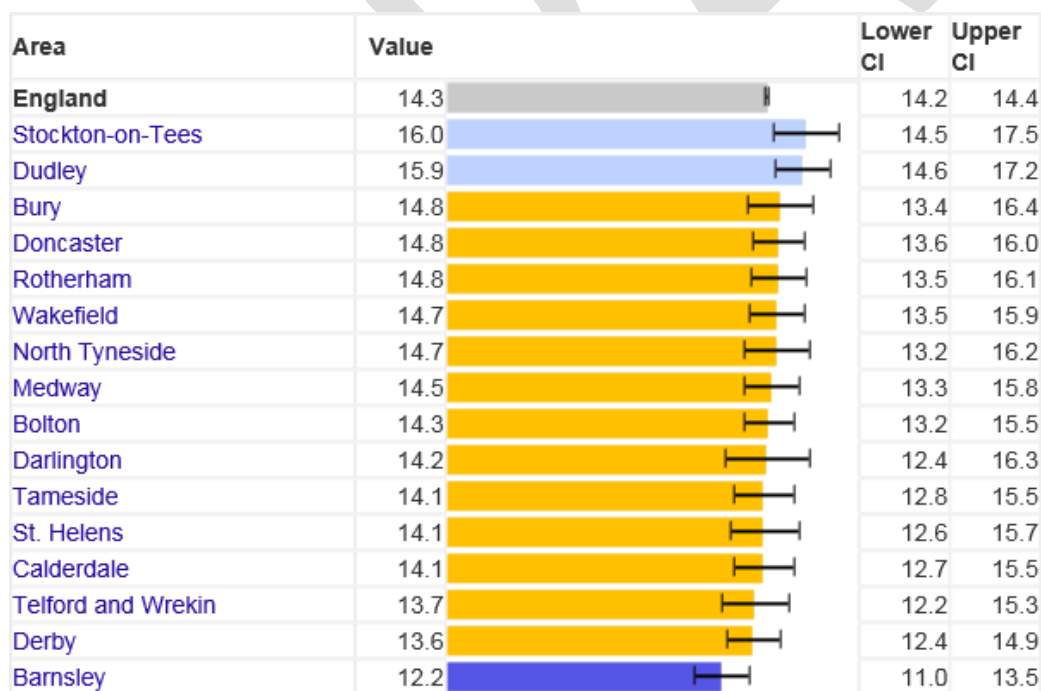
¹⁸ NCMP: www.digital.nhs.uk/catalogue/PUB30113

Figure 4: Reception Obesity Darlington and its nearest CIPFA Neighbours¹⁹



Source: NHS Digital, National Child Measurement Programme

Figure 5: Year 6 Obesity Darlington and its nearest CIPFA Neighbours²⁰



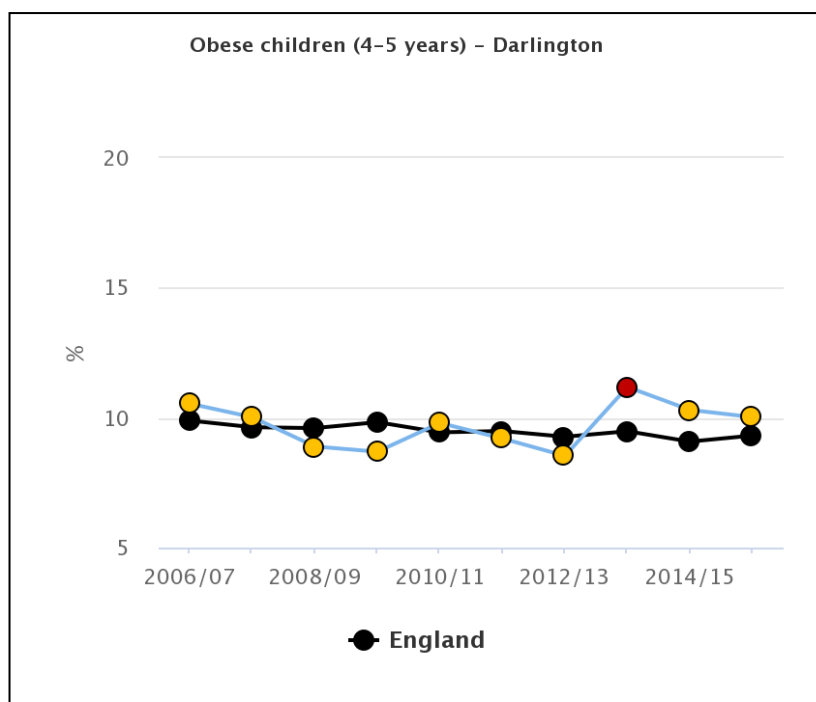
Source: NHS Digital, National Child Measurement Programme

¹⁹ Public health England, Fingertips Tool, NCMP Data www.fingertips.phe.org.uk/profile/national-child-measurement-programme

²⁰ Public health England, Fingertips Tool, NCMP Data www.fingertips.phe.org.uk/profile/national-child-measurement-programme

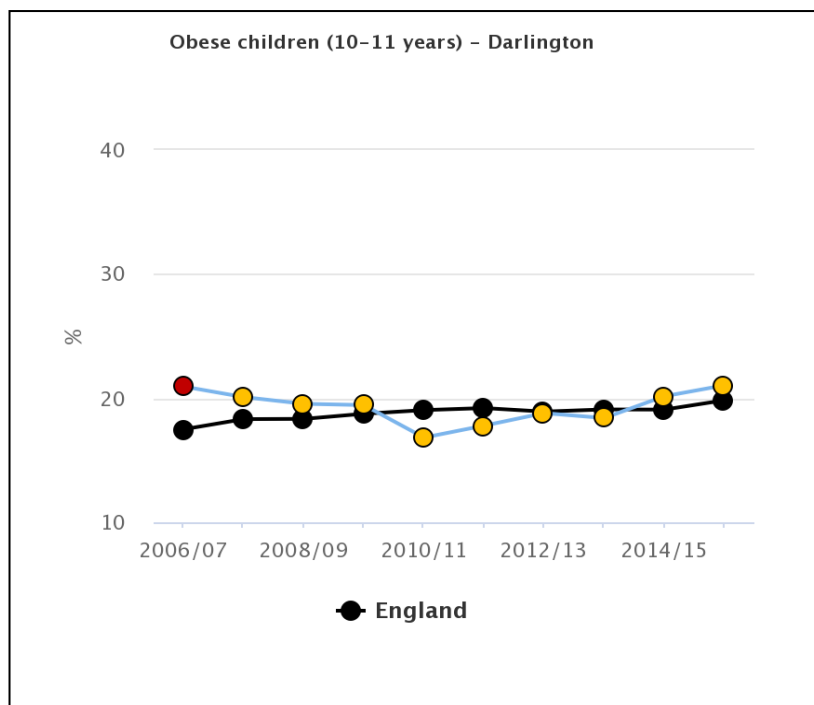
The charts below show us the childhood obesity rates in Darlington, compared to England, at each age range between 2006/07 and 2014/15. We can see that the rates vary, there is no strong trend, with figures dipping below and above the national average for both age ranges over time. However currently both measurements are above the national average.

Figure 6: Trend in obese children aged 4-5 years (reception age) in Darlington 2006/7 to 2014/15²¹



²¹Public health England, Fingertips Tool, NCMP Data www.fingertips.phe.org.uk/profile/national-child-measurement-programme

Figure 7: Trend in obese children aged 10-11 years (Year 6 age) in Darlington 2006/7 to 2014/15²²

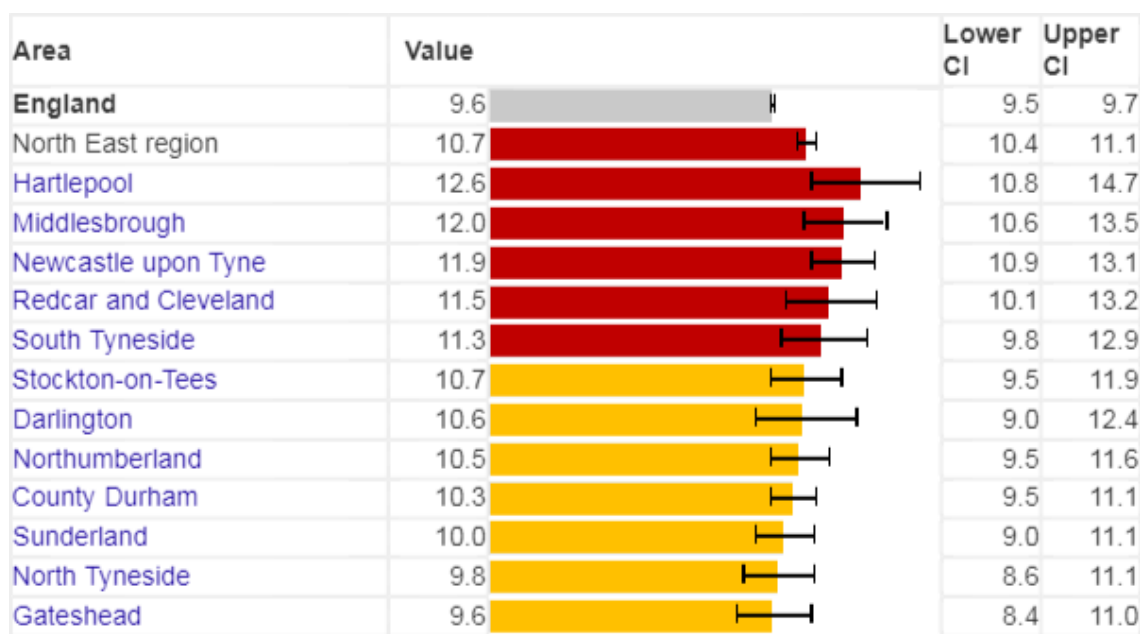


²²Public health England, Fingertips Tool, NCMP Data www.fingertips.phe.org.uk/profile/national-child-measurement-programme

North East Regional Childhood Obesity

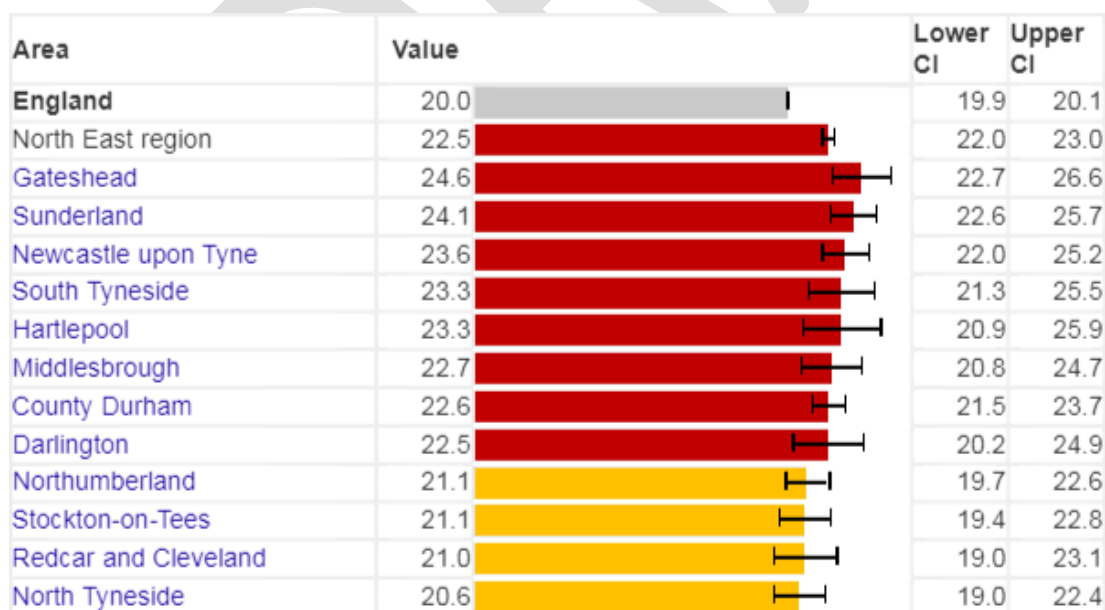
The tables below show obesity prevalence at the two measurement stages across the north east region and broken down by local authority area. Darlington's value is in line with the regional average at both measurement stages.

Figure 8: Prevalence of obesity among children in Reception²³



Source: NHS Digital, National Child Measurement Programme

Figure 9: Prevalence of obesity children in year 6²⁴



Source: NHS Digital, National Child Measurement Programme

²³ Public health England, Fingertips Tool, NCMP Data www.fingertips.phe.org.uk/profile/national-child-measurement-programme

²⁴ Public health England, Fingertips Tool, NCMP Data, www.fingertips.phe.org.uk/profile/national-child-measurement-programme

Childhood Healthy Weight Action Plan for Darlington 2017 – 2022

Although the tables above show us that Darlington's prevalence of childhood obesity is in line with the regional average they do not tell us if this is evenly spread across the town.

The two maps below show the distribution of obesity across Darlington in reception and Year 6. They show that it is not equally distributed across the borough with a concentration in the urban centre and eastern wards.

Figure 10: Distribution of obesity across Darlington in Reception²⁵

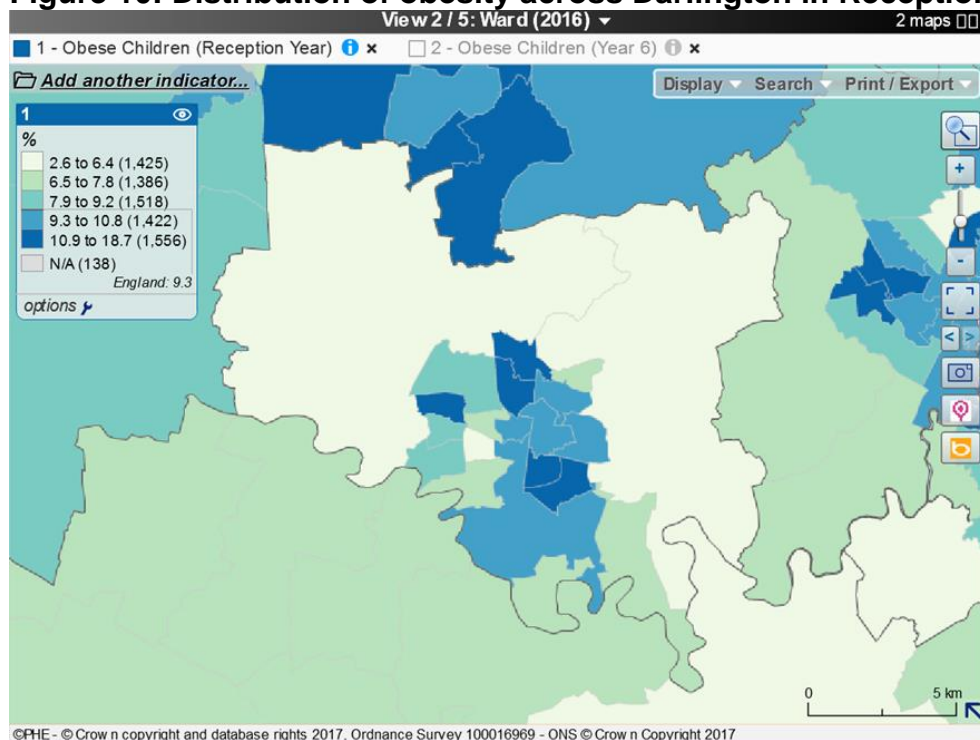
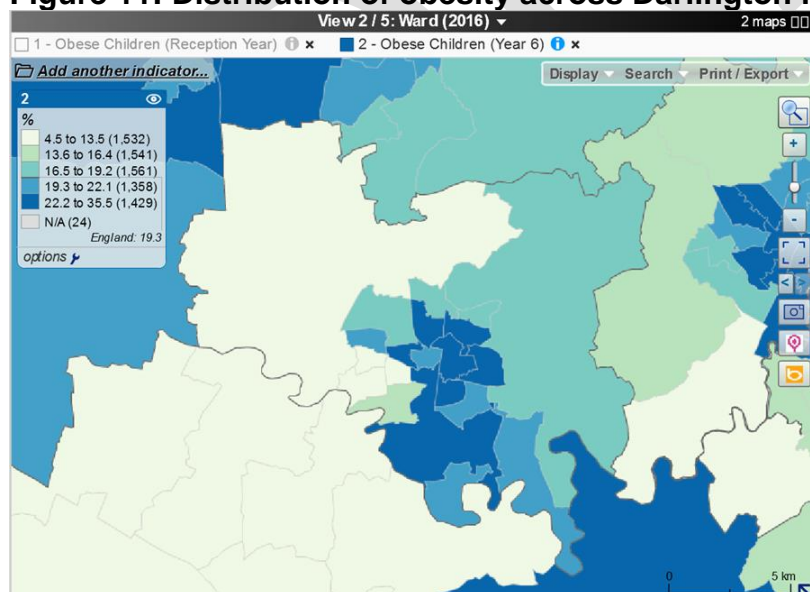


Figure 11: Distribution of obesity across Darlington in Year 6²⁶



²⁵ Public Health England, Local Health Tool, www.localhealth.org.uk

²⁶ Public Health England, Local Health Tool, www.localhealth.org.uk

This unequal distribution and in particular the apparent link with poverty/deprivation and obesity is supported when the deprivation scores and obesity rates (%) in reception and Year 6 are compared. There is below a definite correlation between deprivation and obesity in primary school children.

Figure 12: Correlation of Obese children at reception age with deprivation score for England Local Authorities²⁷

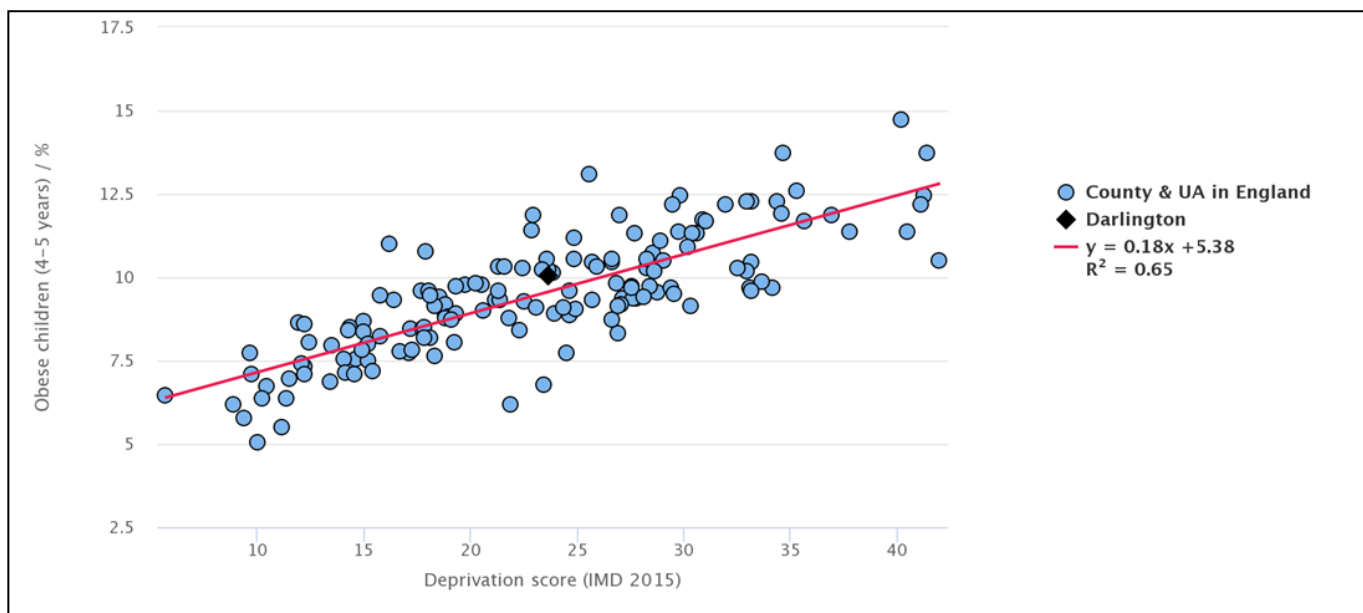
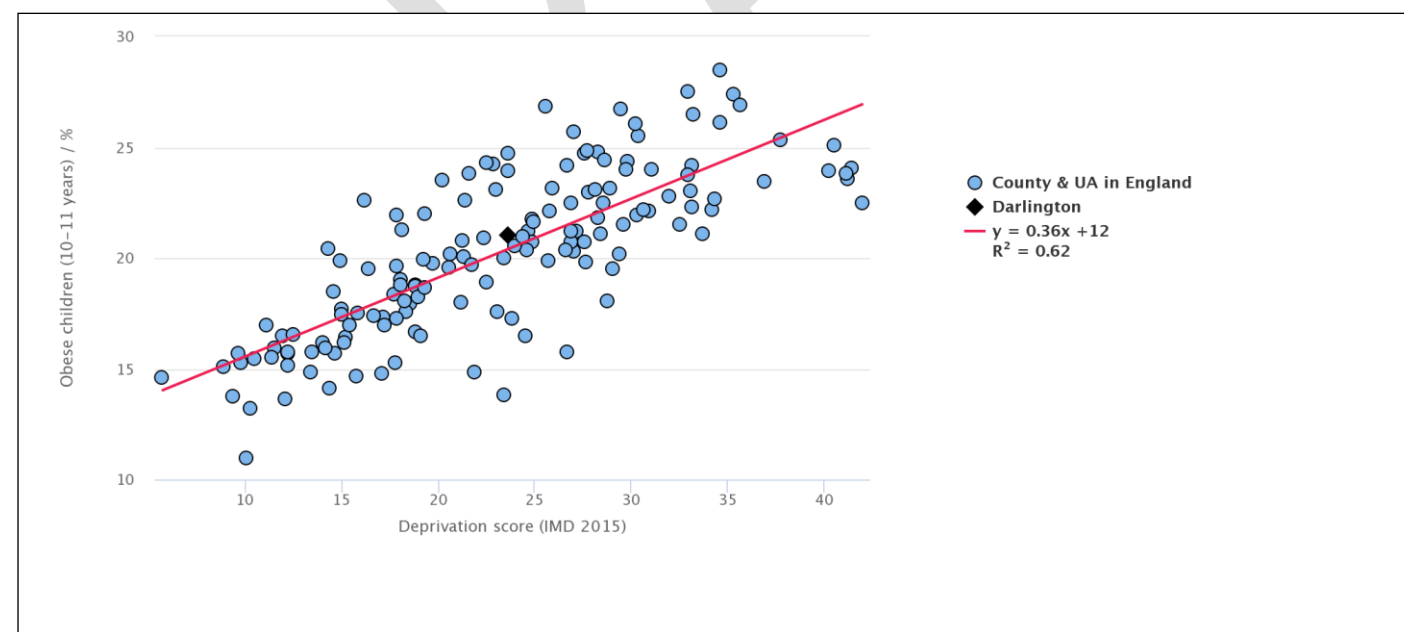


Figure 13: Correlation of Obese children at Year 6 with deprivation score for England Local Authorities²⁸



²⁷ Public Health England, Local Health Tool, www.localhealth.org.uk

²⁸ Public Health England, Local Health Tool, www.localhealth.org.uk

The English Indices of Deprivation 2015 are based on 37 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every Lower layer Super Output Area (LSOA), or neighbourhood, in England. Every such neighbourhood in England is ranked according to its level of deprivation relative to that of other areas.

Figure 14: Correlation of obese Children at Reception age by Darlington Ward compared to IMD 2015 score for Ward²⁹

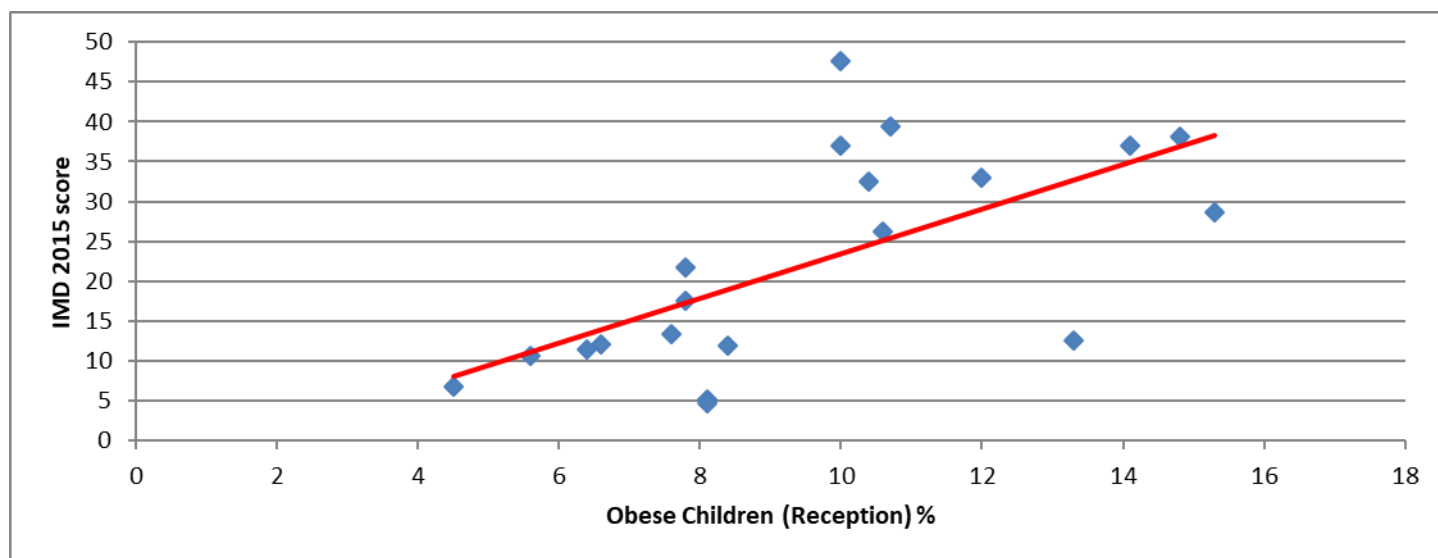
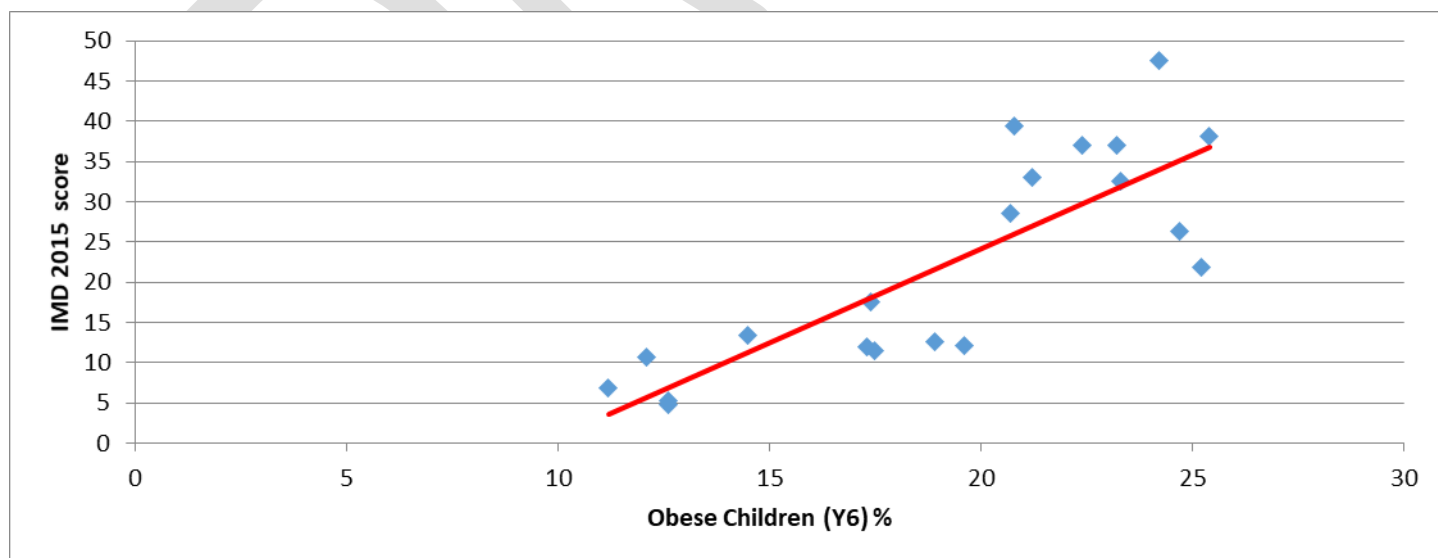


Figure 15: Correlation of obese Children at Year 6 age by Darlington Ward compared to IMD 2015 score for Ward³⁰



²⁹Public Health England, Local Health Tool, www.localhealth.org.uk

³⁰Public Health England, Local Health Tool, www.localhealth.org.uk

Findings from the Healthy Lifestyle Survey in Darlington (primary and secondary schools)

The Primary Healthy Lifestyle Survey 2017/18 took place December 2017 to January 2018 with 16 primary schools in Darlington submitting survey responses. 1,468 number of pupils in year 5 and 6 completing at least one question of the survey. Seven questions in this survey relate to exercise and diet and a further five are related to energy drink consumption. The key findings include:

- 78% (989) of pupils think they achieve the recommended 60 minutes physical activity a day; this is a similar figure to recent years.
- 80% (1019) of pupils included, 'to keep fit and healthy' as one of their reasons for exercising.
- 80% (1012) of pupils stated they eat a balanced diet. However 51% and 35%, respectively, reported that they eat sweets and chocolate and drink fizzy drinks.
- 85% (1079) pupils eat breakfast every day.
- 8% claimed to have energy drinks weekly.

The Secondary healthy Lifestyle Survey 2017/18 surveyed 4872 children from across eight different schools. Among secondary school respondents only 23% (1029) of pupils answered that they achieved 60 minutes of physical activity a day, a big decline from primary school figures. 3001 pupils (65.9%) stated they follow a balanced diet and 2612 pupils (57.3%) eat breakfast every day.

More secondary pupils than primary pupils reported consuming energy drinks. 8% at primary age claimed to have them weekly, this figure rose to 20% by secondary school age. However 80% of respondents at both primary and secondary age recognised that energy drinks were bad for their health.

These results show that children's knowledge on healthy eating is good but practical support to improve physical activity levels at secondary school level would be beneficial.

The information from the survey on diet habits e.g. fizzy drink and sweet consumption also has implications for oral health as well as maintaining a healthy weight due to the high sugar content of these foods. Darlington's oral health plan includes actions to reduce their consumption and therefore reinforces the recommendations in this healthy weight action plan.

TO TRANSFORM THE ENVIRONMENT SO THAT IT SUPPORTS HEALTHY LIFESTYLES

Understanding and Adapting the Obesogenic Environment

In 2007 the UK government published the Foresight report '*Tackling obesity: future choices*' it remains the most comprehensive investigation into obesity and its causes. It described the complex relations between the social, economic and physical environments and individual factors that underlie the development of obesity.³¹

Obesity is a multi-faceted issue that requires action from individuals and wider society to tackle effectively. A very important action is to adapt the environment so that it does not promote sedentary behaviour or provide easy access to energy-dense food. The aim is to help make the healthy choice the easy choice via environmental modification and action at population and individual levels.

Adapting the environment can include the built environment by planning in recreational green space as well as active travel routes. The government's public health strategy 'Healthy lives, healthy people', states that "health considerations are... Obesity and the environment: increasing physical activity and active travel are an important part of planning policy."³²

Reducing the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather is another recommendation to tackle the obesogenic environment.³³

The healthy choice is even more difficult to make in deprived areas, which have less disposable income and a higher density of takeaways³⁴

This focus on the environment requires what has been described as, 'a whole systems approach' to tackling obesity³⁵. In 2015 Public Health England, in partnership with the Local Government Association (LGA) and the ADPH, commissioned Leeds Beckett University (LBU) to deliver this three year 'action research' programme. This approach has effective partnership work at its core.

The diagram below details the variety of different partners the healthy weight agenda and obesogenic environment can relate to. Darlington will seek to transform the environment so that it supports healthy lifestyles and make healthier choices easier by focusing on 3 key areas; out of home food provision, access to green space, and active travel.

³¹ Foresight Report: Tackling Obesity: Future Choices'

³² Healthy Lives: Healthy People

³³ Measuring Up The Medical Profession's Prescription For The Nation's Obesity Crisis Academy of Medical Royal Colleges' 2013

³⁴Public Health England. (2013) Obesity and the environment: fast food outlets

³⁵Local Government Association Making obesity everybody's business: A whole systems approach to obesity

Figure 16: Partnership: the Key to Success³⁶



³⁶ Public Health Matters Blog: Designing a 'whole systems approach' to prevent and tackle obesity

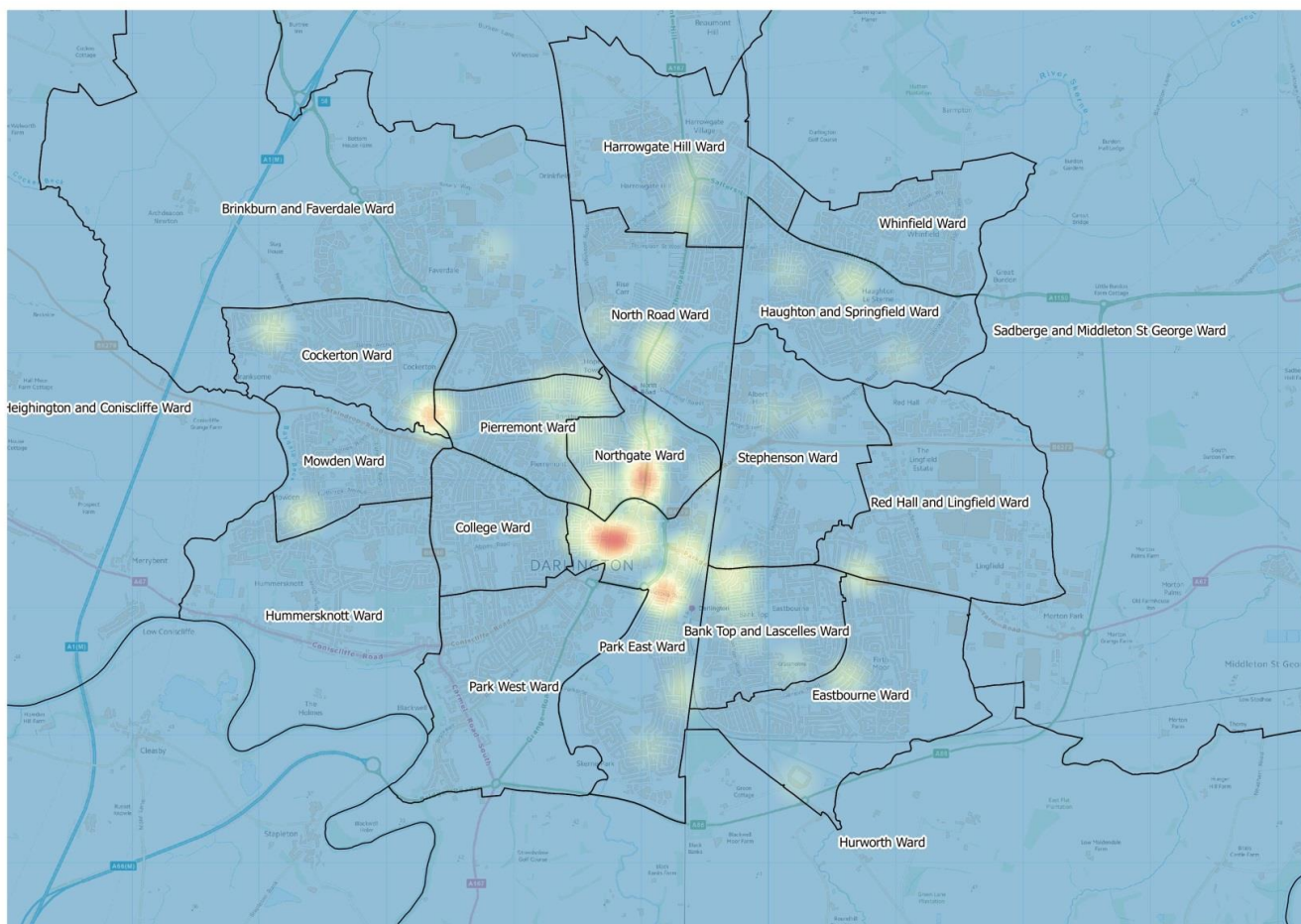
Out of Home Food Provision

- The rise in popularity of out-of-home meals has been identified as an important factor contributing to rising levels of obesity.³⁷ Meals eaten outside of the home tend to be associated with higher intakes of energy, fat and salt.
- One fifth of children eat food from out of home food outlets at least once a week.³⁸
- School children make purchases from a variety of food outlets in the school fringe at lunchtime (if there is a no stay on site policy), and during their journeys to and from school. Popular purchases include confectionery, sugar sweetened drinks, and hot food takeaways. Many outlets have price promotions on these items particularly targeted at children and young people.
- Food outlets, including grocers, takeaways and convenience stores, increasingly cluster around schools. However, it is not only the food environment around schools that influences food purchases and consumption patterns, the whole journey environment needs to be considered. This includes advertising in close proximity to schools on bus stops and billboards for example.
- A number of studies, prevalence of and mapping exercises suggest that there is a greater number of hot food takeaways and obesity in deprived areas.
- Information and education are solid foundations for improving diet, however, a growing body of evidence suggests that more structural changes are needed to achieve sustained behavioural change. These could include reducing the price of healthier foods, increasing the availability of healthier options, reducing pack size, and portion control.
- A hot food takeaway “hotspots” heat map produced for Darlington in 2016 shows that takeaways are concentrated in certain areas, sharing the same postcodes. The total number of outlets (from fast food density outlet data) for 2016 in Darlington is 124.
- Further work is planned to understand the food environment in the areas indicated as having high levels of obesity in the local health maps above. This includes the proximity of takeaways to schools along with mapping of grocers and convenience stores.
- Giving consideration to the, ‘whole journey’ actions to map and restrict advertising of high sugar foods are also detailed in the action plan.
- The Government Buying Standards for Food and Catering Services (GBSF) can be used as a starting point to assess the availability, procurement, price and prominence of healthier ingredients, food products and catering practices.
- The action plan details setting an example by local authority adopting GBSF, and using this good practice to promote the use across the Borough.

³⁷ Government Office for Science. Tackling obesity: future choices - project report (2nd edition)

³⁸ Public Health England; Strategies for Encouraging Healthier ‘Out of Home’ Food Provision

Figure 17: Hot food takeaway “hotspots” heat map³⁹



³⁹ Created by Public Health Team QGIS

Figure 18: Number of Hot food takeaway outlets by Ward⁴⁰

2015 Ward name	Count of outlet
Bank Top & Lascelles	9
Cockerton	6
Eastbourne	2
Harrowgate Hill	3
Haughton & Springfield	3
Heighington & Coniscliffe	1
Hurworth	1
Mowden	2
North Road	6
Northgate	27
Park East	40
Pierremont	10
Red Hall & Lingfield	4
Sadberge & Middleton St George	4
Stephenson	6

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⁴⁰ Created by Public Health Team QGIS

Access to Green Space

- There is substantial evidence that access to good quality green spaces can have benefits to the health and wellbeing of individuals and communities including overweight and obesity levels⁴¹.
- Improving access to green spaces for all social groups can reduce health inequalities due to the unequal access to green space across England.⁴² The most deprived areas are less likely to be near green spaces and therefore the people living there will have less opportunity to experience the health benefits of green space compared with people living in less deprived areas.⁴³ Research shows that there are higher levels of physical activity in areas with more green space.⁴⁴
- Green spaces come in a wide of forms including established parks and woodlands to natural grasslands and wetlands to green corridors such as riverbanks and cycle ways.⁴⁵
- The location of good quality green space and individual's proximity to it are not the only barriers to accessing it. Often people include barriers to using green space such as fear for personal safety, antisocial behaviour, poor maintenance of green spaces, and lack of transport.⁴⁶
- The maintenance of local green spaces is often a local authority responsibility; providing an opportunity to improve and create green space through joint work across different parts of the council and beyond, particularly public health, planning, transport, and parks and leisure.
- The maps below show open green space in Darlington, the action plan aims to support the availability of green space by identifying barriers to accessing it and promoting its use across the borough for play and recreation.

⁴¹ World Health Organisation Urban Green Spaces and Health

⁴² PHE Local Action on Health Inequalities: Improving Access to Green Space

⁴³ PHE Local Action on Health Inequalities: Improving Access to Green Space

⁴⁴ Ellaway A, MacIntyre S, Bonnefoy X. Graffiti, greenery, and obesity in adults: secondary analysis of European cross sectional survey. *British Medical Journal*. 2005;331(7514):611-2.

⁴⁵ Building the foundations: Tackling obesity through planning and development

⁴⁶ Public Health England, 2014, Local action on health inequalities: Improving access to green spaces

Figure 15: Open spaces with wards whole borough⁴⁷

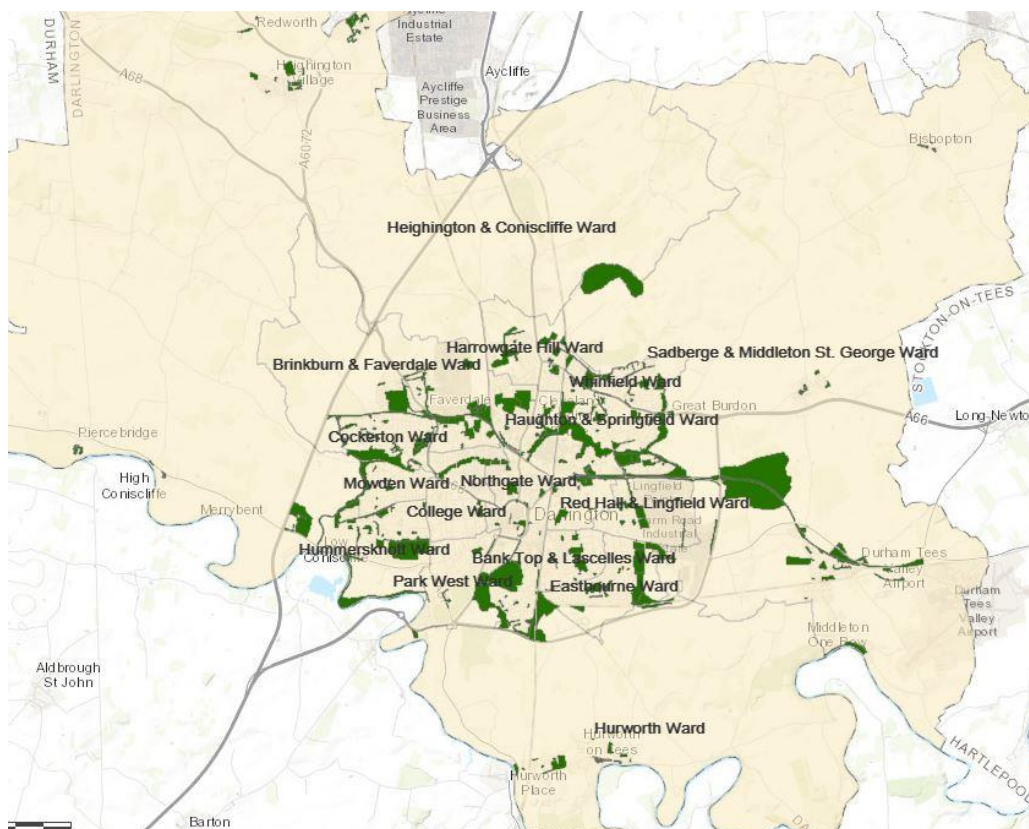
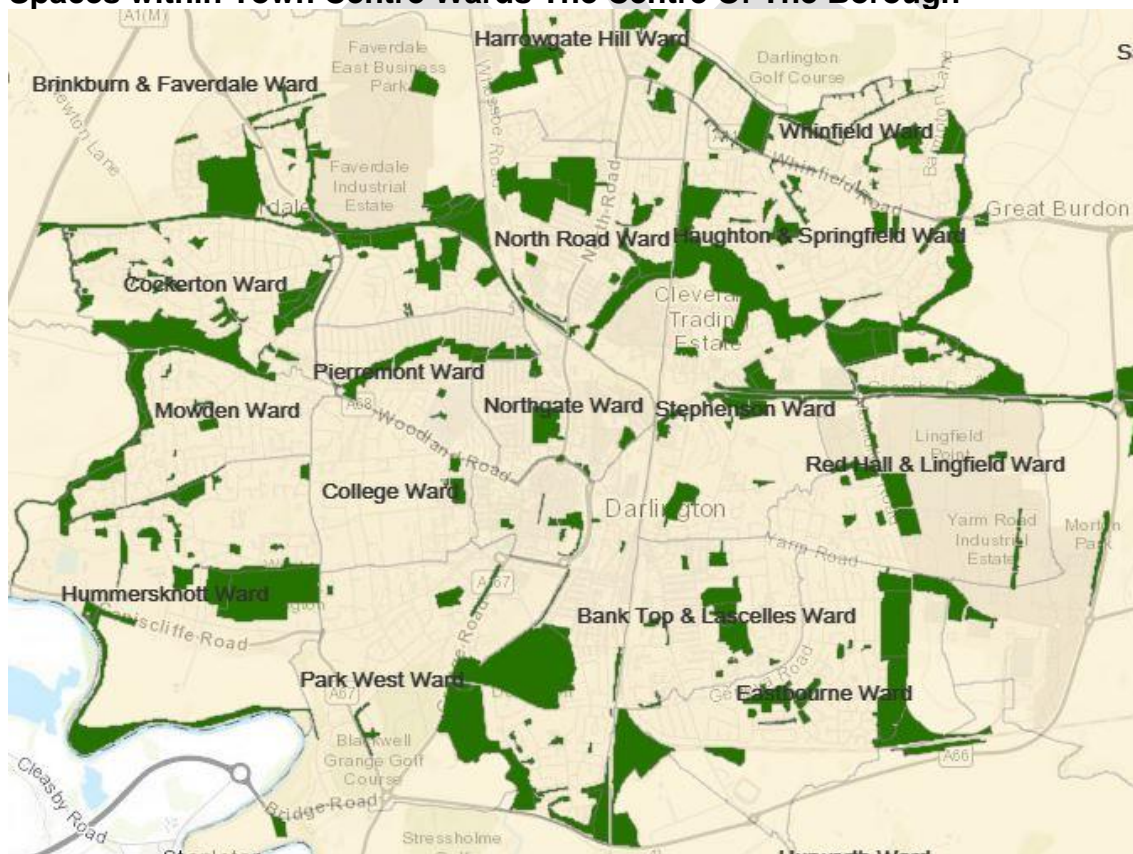


Figure 16: Open

Spaces within Town Centre Wards The Centre Of The Borough⁴⁸



⁴⁷ ArcGIS online

Active Travel

- Darlington's Active Travel Strategy works to support the health indicators outlined in the Corporate Performance Management Framework to increase physical activity and reduce obesity levels. Darlington's Sport and Physical Activity Strategy 2014-19 has the vision that, 'More Darlington residents are more active more often'.
- Regular physical activity is a key factor helping to prevent obesity and excess weight. The Department of Health recommends that adults complete at least 150 minutes (2.5 hours) of moderate-intensity aerobic activity every week. Children over five should take at least 60 minutes of moderate to vigorous intensity physical activity every day.⁴⁹
- Physical activity that can be incorporated into everyday life, such as brisk walking and cycling, has been found to be as effective for weight loss as supervised exercise programmes.⁵⁰ However, over a third of adults report they are not as active as recommended suggesting that the true proportion is even less.⁵¹
- Creating an environment where people actively choose to walk and cycle as part of everyday life can have a significant impact on public health and may reduce inequalities in health. It is an essential component of a strategic approach to increasing physical activity and may be more cost-effective than other initiatives that promote exercise, sport and active leisure pursuits.⁵²
- Practical actions to improve active travel in children included in the plan are mapping to and from school journeys and identifying and overcoming barriers to active travel. Barriers can range from physical problems like busy roads to safety concerns and confidence issues. *Darlington's Local Transport Plan* supports the healthy weight plan by promoting active travel.

⁴⁸ ArcGIS Online

⁴⁹ Healthy people, healthy places briefing Obesity and the environment: increasing physical activity and active travel

⁵⁰ Department of Health. Start active, Stay Active: a Report on Physical Activity from the Four Home Countries' Chief Medical Officers. London: Department of Health 2011.

⁵¹ Healthy people, healthy places briefing Obesity and the environment: increasing physical activity and active travel

⁵² Cavill N. Increasing walking and cycling: a briefing for directors of public health. 2013. www.noo.org.uk/slide_sets/activity_updated (March 2016)

Childhood Healthy Weight Action Plan for Darlington 2017 – 2022

	Key Areas of Action	Desired Outputs	Expected Outcomes	Timeline	Co-ordinators/ Leads	Funding Position
1a	Develop a communication plan to promote the key actions of strategy	<p>Work with partners to inform public on action plan</p> <p>Work through social media.</p> <p>Use One Darlington as a vehicle to promote positive views across public</p>	Public will support the actions of action plan	April 2018	Public Health Communications Team	Within existing Resource
1b	Undertake a mapping exercise in areas identified as having higher levels of childhood obesity	Understand the, 'journey to school' including proximity of takeaways to schools along with mapping of grocers, convenience stores and advertising	Identify communities, establishments and routes that would benefit most from information and support	September - December 2018	Public Health	
1c	Restrictions on advertising of high sugar foods to children	<p>1. Develop a check list for organisations to follow.</p> <p>2. Restrict food adverts on bus shelters locally and any advertising space within statutory</p>	Reduced exposure to advertising reducing demand from parents	January – March 2019	<p>Transport and Planning Team Darlington Borough Council</p> <p>Darlington CCG</p>	Within existing Resource

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	Key Areas of Action	Desired Outputs	Expected Outcomes	Timeline	Co-ordinators/ Leads	Funding Position
		authority control.			CDDFT NHS Foundation Trust	
1d	Support levy of Sugar Sweetened Beverages	Identified retailers supported with information to stock alternative drinks Reduce sugar consumption within soft drinks	Reduce sugar intake & therefore calories intake Improve oral health in children	January – March 2019	Public Health	Within existing resources
1e	Making healthy options available in the public sector	Local Authority to adopt the GBSF standards Promotion of standards to public organisations.	All statutory body premises will receive standards & be encouraged to adopt.	September 2018	Public Health	Within existing resources
1f	Develop licencing conditions to reduce the number fast food catering establishments local to schools.	Audit through food mapping Approved licence conditions	Prevent further new premises from opening	September - December 2018	Darlington Borough Council Licensing and Planning Department	Within Existing Resource
1g	Support the availability of green space across Darlington for play and recreational use	Support and promote the objectives of the Darlington Green Infrastructure Strategy.		January 2019	Darlington Borough Council Planning Department Healthy New	Within Existing Resource

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	Key Areas of Action	Desired Outputs	Expected Outcomes	Timeline	Co-ordinators/ Leads	Funding Position
					Towns Project	

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	Key areas of Action	Desired Outputs	Expected Outcomes	Timeline	Co-ordinators /Leads	Funding Position
2a	Using the Change 4 Life Programme of communication and activities to engage and encourage families to make healthier choices.	Consistent, complementary healthy lifestyle promotion campaigns across the town. Maintenance & development of Healthy Darlington brand Promotion of Sugar Smart App and 2 100kcal snack per day message	Consistent messages promoting healthier choices across all media throughout the town.	To commence July 2018 with quarterly review	Communications and Public Health Team of DBC 0- 19 service Communications Teams of partner organisations Healthwatch	Within existing resources
2b	Deliver an awareness raising campaign	Highlight the benefits of leading a healthy lifestyle in an engaging way to children, young people and families.	Link with Darlington College art students.	Commence in July 2018 with launch of plan in childhood obesity week	Public Health Darlington College DBC Communications	
2c	Develop and support children to enjoy an hour of physical activity every day	Improving the co-ordination of quality sport and physical activity programmes	More children will be physically active School Games	January - July 2019	Move More Team Dolphin Centre	Move More contract Potential Sport

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	Key areas of Action	Desired Outputs	Expected Outcomes	Timeline	Co-ordinators /Leads	Funding Position
		for schools Promotion of new interactive tool which will help schools plan for at least 30 min PA/day Walk and cycle to school schemes	School swimming Holiday Programme		DBC Travel Team	England funding
2d	Support the new healthy rating scheme for primary schools	Inform appropriate colleagues of the content and purpose of the scheme	Darlington primary schools will adopt the scheme	September 2018	HDFT Public Health Primary Schools	Within Existing Resource
2e	Making School Food Healthier	All schools to commit to the new School Food Standards (2015)	Awareness of national School Food Plan Maintain and increase breakfast clubs	January 2019	PSHE Lead Schools Public Health	Within Existing Resource
2f	Supporting individuals to make use of nationally regulated information such as Front of Pack labelling.	Use e-learning opportunities. Promotion of Sugar Smart App Incorporate into any	Increased knowledge of individuals Healthier choices made sustainably	September 2019	Developing Darlington	Within existing resources

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	Key areas of Action	Desired Outputs	Expected Outcomes	Timeline	Co-ordinators /Leads	Funding Position
		relevant training				
2g	Supporting Early Settings	Promote government guidelines for early years settings Promote Chief Medical Officers Guidelines for Physical activity in Early Years	Adoption and implementation of settings and guidelines by early years settings. Healthy Start Scheme uptake increase	September 2019		
2h	Ensure all early years services include advice about oral health in information provided on health.	A resource including a list of key messages around oral health according to PHE guidance	Reductions in children tooth decay levels Increased numbers of children accessing NHS dental services	September 2018	Public health Team Early years, DBC 0-19 provider Health Education England	within the existing envelope of funding

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	Key areas of Action	Desired Outputs	Expected Outcomes	Timeline	Co-ordinators/ lead	Funding Position
3a	Enabling early years staff to support families	Early Years staff feel confident discussing nutrition, weight and neglect with children, their families and adults. Consistent healthy weaning advice	Making Every Contact Count resources and training are accessed. Obesity and nutrition modules are accessed by NHS staff via the E-learning for Health platform.	September 2019	Harrogate & District Foundation Trust Public Health	Within Existing resource
3b	Inform on the adoption of the national programme to reduce sugar content of everyday foods by 20%	Letters of expectations to relevant organisations	Reduction of high levels of sugars in foods	January 2019	Public Health England Public Health	Within existing resource
3c	Inform on the national agenda to include saturated fat content of everyday foods.	Letters of expectations to relevant organisations	Reduction of high levels of saturated fat in foods	January 2019	Public Health England Public Health	Within existing resource
3d	Increase rates of Breast Feeding	Consistent breast feeding advice		September 2019	Harrogate & District Foundation Trust NHS Services	Within existing resource

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	Key areas of Action	Desired Outputs	Expected Outcomes	Timeline	Co-ordinators/lead	Funding Position
3e	Improve Maternal Health Ensure access to appropriate physical activity opportunities	Healthy weight Healthy diet Physically active	Brief interventions Low physical impact activities will be available	September 2019		Within existing resource
3f	Ensure frontline health and social care staff working with children and young people give advice on the importance of oral health.	Increased knowledge on oral health among front line professionals working with vulnerable C&YP	Improved oral health for vulnerable groups Increase in access to primary NHS dental services	September 2019	Health Education England Public Health team, DBC PHE Social care	Within existing Resource

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