



Darlington Childhood Healthy Weight Plan

2019 - 2024



A MOST
INGENIOUS
TOWN





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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 plans will focus on prevention, adopting a partnership approach and will be delivered 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 (2017/18) 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 21.2%, this figure is more than double the figure at reception age where the percentage is 8.6%.
- 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 plan is in line with the recommendations outlined in the national government document Childhood Obesity: A Plan for Action (2016) and Childhood Obesity: A Plan for Action: Chapter 2 (2018).

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 adulthood.²
- Obesity and overweight are linked to a wide range of diseases, most notably, diabetes (type 2), asthma, hypertension, cancer, heart disease and stroke.³
- 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 weight.⁴

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. In 2018 Chapter 2 was published outlining actions to work across society setting a national ambition; **“to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030”**.
- 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 factors.⁸
- 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 energy.⁹
- 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.
- 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.

⁶ PMcKinsey 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*



- 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 do.¹⁰
- 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%. 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
- 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

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)
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

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 years (Year 6). Prevalence of underweight, healthy weight, overweight, obesity and severe obesity can be examined at local authority level. 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 NCMP measurements from Darlington (2017/18) provide a childhood obesity profile for the town. Levels of obesity at reception age are slightly below the national and regional figures. By Year 6 levels of obesity have risen above the national average whilst remaining slightly below the regional. The figures below provide more detail for both age groups.

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

| 2017/18 | Overweight | Obese (including severe obesity) | Overweight & Obese Combined | Severe obesity |
|-------------------|--------------|----------------------------------|-----------------------------|----------------|
| England | 12.8% | 9.5% | 22.4% | 2.4% |
| North East | 14.1% | 10.9% | 25% | 2.8% |
| Darlington | 15.2% | 8.6% | 23.8% | 1.8% |

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

Figure 3: Percentage of overweight and obese children at Reception¹⁸
(ages 10 – 11 years)

| 2017/18 | Overweight | Obese (including severe obesity) | Overweight & Obese Combined | Severe obesity |
|------------|--------------|----------------------------------|-----------------------------|----------------|
| England | 14.2% | 20.1% | 34.3% | 4.2% |
| North East | 14.7% | 22.8% | 37.5% | 5.2% |
| Darlington | 12.4% | 21.2% | 33.6% | 5.9% |

The percentage of children who are overweight (at reception age) and who are severely obese (in Year 6) are both above the national and regional figures. The percentage of children in reception classified as obese rises from below to above national figures by Year 6 (8.6% in reception to 21.2% in Year 6).

Figure 4: Reception Prevalence of obesity (including severe obesity) Darlington and its nearest CIPFA neighbours¹⁹

| Area ▲▼ | Recent Trend | Neighbour Rank | Count ▲▼ | Value ▲▼ | 95% Lower CI | 95% Upper CI |
|-------------------------|--------------|----------------|-------------|-------------|--------------|--------------|
| England | ↑ | - | 58,196 | 9.5 | 9.5 | 9.6 |
| St. Helens | ↑ | 5 | 271 | 13.2 | 11.8 | 14.7 |
| Warrington | ↑ | 14 | 27 | 11.5 | 10.2 | 12.8 |
| North East Lincolnshire | → | 2 | 221 | 11.4 | 10.0 | 12.9 |
| Rotherham | ↑ | 12 | 360 | 11.3 | 10.2 | 12.4 |
| Wigan | ↑ | 15 | 399 | 11.0 | 10.0 | 12.1 |
| Doncaster | → | 13 | 388 | 10.8 | 9.8 | 11.8 |
| Stockton-on-Tees | ↓ | 1 | 252 | 10.5 | 9.4 | 11.8 |
| Calderdale | ↑ | 7 | 256 | 10.3 | 9.2 | 11.6 |
| Dudley | → | 3 | 389 | 10.3 | 9.3 | 11.3 |
| Telford and Wrekin | - | 8 | 206 | 10.0 | 8.8 | 11.4 |
| Bolton | ↑ | 6 | 382 | 10.0 | 9.1 | 10.9 |
| Tameside | → | 11 | 286 | 9.8 | 8.8 | 11.0 |
| Plymouth | → | 9 | 264 | 9.7 | 8.6 | 10.8 |
| Derby | → | 4 | 315 | 9.5 | 8.5 | 10.5 |
| Darlington | → | - | 101 | 8.6 | 7.1 | 10.4 |
| Bury | → | 10 | 189 | 8.0 | 7.0 | 9.1 |

Source: NHS Digital, National Child Measurement Programme

Compared with Benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

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

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



Figure 5: Year 6 Prevalence of obesity (including severe obesity) Darlington and its nearest CIPFA neighbours²⁰

| Area ▲▼ | Recent Trend | Neighbour Rank | Count ▲▼ | Value ▲▼ | 95% Lower CI | 95% Upper CI |
|-------------------------|-----------------|-------------------|-------------|-------------|-----------------|-----------------|
| England | ↑ | - | 116,134 | 20.1 | 20.0 | 20.2 |
| Dudley | ↑ | 3 | 878 | 25.9 | 24.4 | 27.4 |
| Derby | ↑ | 4 | 726 | 23.0 | 21.5 | 24.5 |
| Rotherham | → | 12 | 702 | 22.8 | 21.3 | 24.3 |
| St. Helens | → | 5 | 422 | 22.6 | 20.8 | 24.6 |
| Doncaster | ↑ | 13 | 733 | 21.9 | 20.6 | 23.4 |
| Telford and Wrekin | - | 8 | 443 | 21.5 | 19.8 | 23.4 |
| Stockton-on-Tees | → | 1 | 496 | 21.5 | 19.9 | 23.2 |
| Darlington | ↑ | - | 242 | 21.2 | 19.0 | 23.7 |
| Tameside 22.9 | ↑ | 11 | 534 | 21.2 | 19.7 | |
| Wigan | ↑ | 15 | 727 | 21.1 | 19.8 | 22.5 |
| North East Lincolnshire | ↑ | 2 | 388 | 21.1 | 19.3 | 23.0 |
| Bolton | ↑ | 6 | 782 | 20.8 | 19.5 | 22.1 |
| Calderdale | ↑ | 7 | 503 | 20.8 | 19.2 | 22.4 |
| Bury | ↑ | 10 | 458 | 20.5 | 18.9 | 22.2 |
| Warrington | ↑ | 14 | 463 | 19.5 | 18.0 | 21.2 |
| Plymouth 20.2 | → | 9 | 464 | 18.6 | 17.1 | |

Source: NHS Digital, National Child Measurement Programme

Compared with Benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

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 group between 2006/07 and 2016/17. The prevalence varies, there is no strong trend, with figures dipping below and above the national average for both age groups over time.

Figure 6: Trend in obesity prevalence (including severe obesity) in children aged 4-5years (reception) in Darlington between 2006/07 and 2016/17²¹

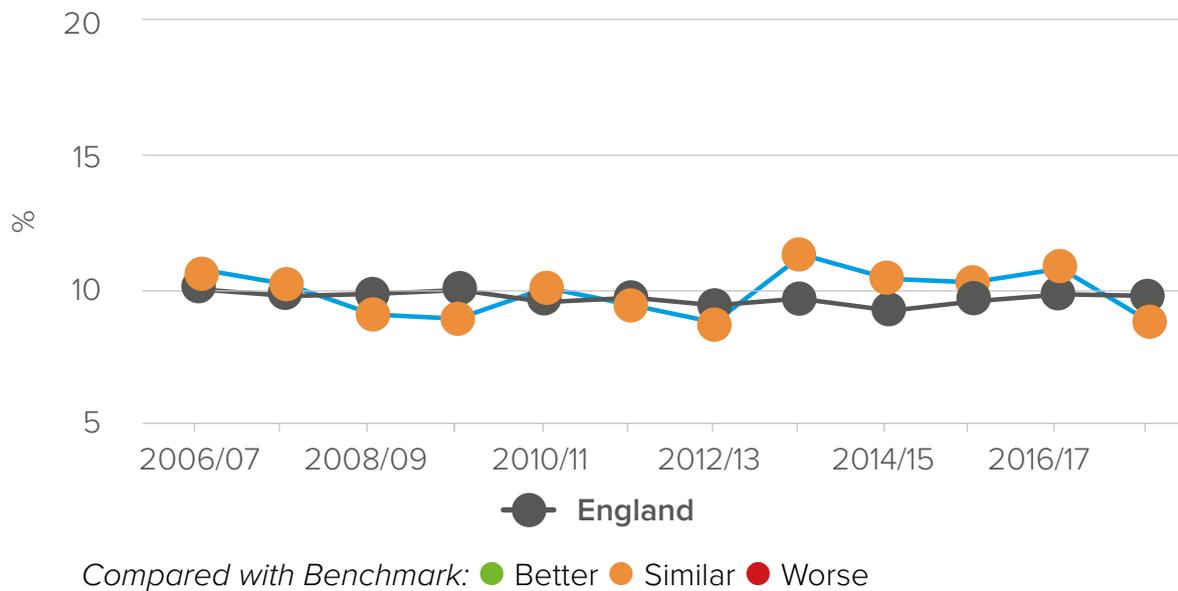
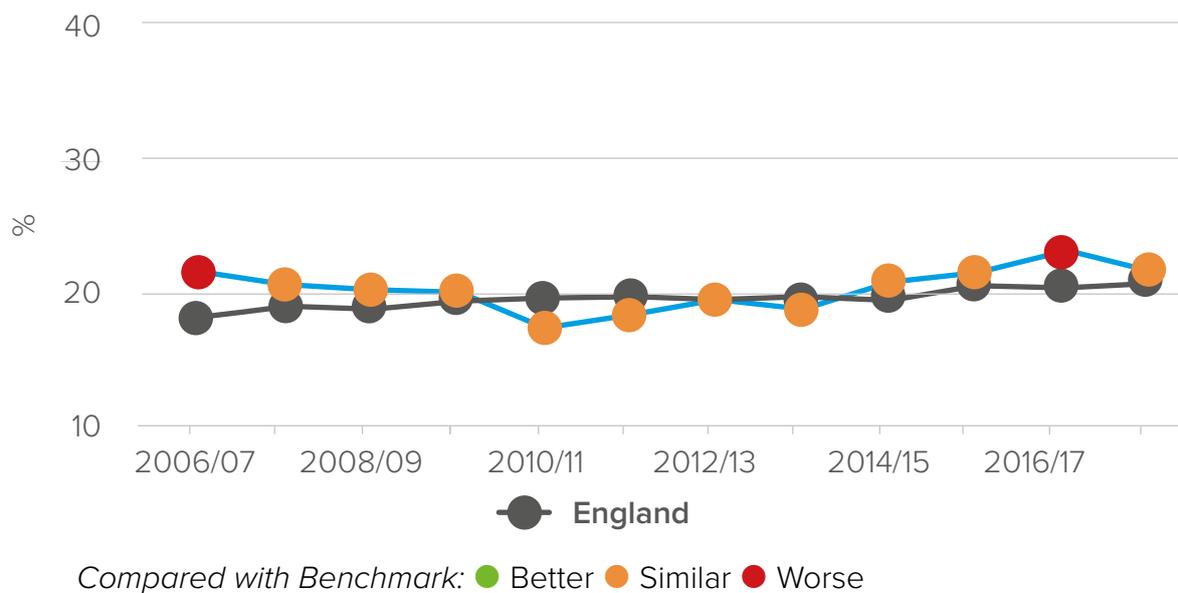


Figure 7: Trend in obesity prevalence (including severe obesity) in children aged 10-11years (Year 6) in Darlington between 2006/07 and 2016/17²²



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

²² Public 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. Prevalence of obesity among children in reception (4-5years) in Darlington is below the national figure and the lowest in the region. There is an increasing trend in Darlington in relation to obesity among children in Year 6, with prevalence above the national average.

Figure 8: Prevalence of obesity among children in Reception²³

| Area | Recent Trend | Count ▲▼ | Value ▲▼ | 95% Lower CI | 95% Upper CI |
|----------------------|--------------|----------|----------|--------------|--------------|
| England | ▲ | 58,196 | 9.5 | 9.5 | 9.6 |
| North East region | ▲ | 3,139 | 10.9 | 10.6 | 11.3 |
| Middlesbrough | ▲ | 259 | 13.0 | 11.6 | 14.6 |
| Hartlepool | ➡ | 132 | 12.2 | 10.4 | 14.3 |
| Newcastle-upon-Tyne | ➡ | 368 | 11.8 | 10.7 | 13.0 |
| Redcar and Cleveland | ➡ | 176 | 11.6 | 10.1 | 13.3 |
| Sunderland | ➡ | 327 | 11.4 | 10.3 | 12.7 |
| Country Durham | ▲ | 619 | 10.9 | 10.1 | 11.7 |
| Northumberland | ➡ | 329 | 10.7 | 9.7 | 11.9 |
| Stockton-on-Tees | ▼ | 252 | 10.5 | 9.4 | 11.8 |
| South Tyneside | ➡ | 169 | 10.4 | 9.0 | 11.9 |
| North Tyneside | ➡ | 215 | 9.8 | 8.7 | 11.1 |
| Gateshead | ➡ | 192 | 9.7 | 8.5 | 11.1 |
| Darlington | ➡ | 101 | 8.6 | 7.1 | 10.4 |

Source: NHS Digital, National Child Measurement Programme

Compared with Benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

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



Figure 9: Prevalence of obesity children in Year 6²⁴

| Area | Recent Trend | Count ▲▼ | Value ▲▼ | 95% Lower CI | 95% Upper CI |
|----------------------|--------------|----------|----------|--------------|--------------|
| England | ↑ | 116,134 | 20.1 | 20.0 | 20.2 |
| North East region | ↑ | 6,287 | 22.8 | 22.3 | 23.3 |
| Sunderland | ↑ | 754 | 25.0 | 23.5 | 26.6 |
| Newcastle-upon-Tyne | ↑ | 667 | 24.6 | 23.0 | 26.2 |
| South Tyneside | ↑ | 375 | 24.2 | 22.1 | 26.4 |
| Hartlepool | ➔ | 261 | 24.1 | 21.6 | 26.7 |
| Middlesbrough | ➔ | 411 | 23.0 | 21.1 | 25.0 |
| Gateshead | ➔ | 449 | 22.9 | 21.1 | 24.8 |
| Country Durham d | ↑ | 1,254 | 22.8 | 21.7 | 23.9 |
| Redcar and Cleveland | ↑ | 327 | 22.3 | 20.2 | 24.5 |
| Stockton-on-Tees | ➔ | 496 | 21.5 | 29.9 | 23.2 |
| Darlington | ↑ | 242 | 21.2 | 19.0 | 23.7 |
| North Tyneside | ➔ | 433 | 20.9 | 19.2 | 22.7 |
| Northumberland | ↑ | 618 | 20.7 | 19.3 | 22.2 |

Source: NHS Digital, National Child Measurement Programme

Compared with Benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

Although the previous figures show us that Darlington’s prevalence of childhood obesity is slightly below the regional average they do not tell us if this is evenly spread across the town.

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

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

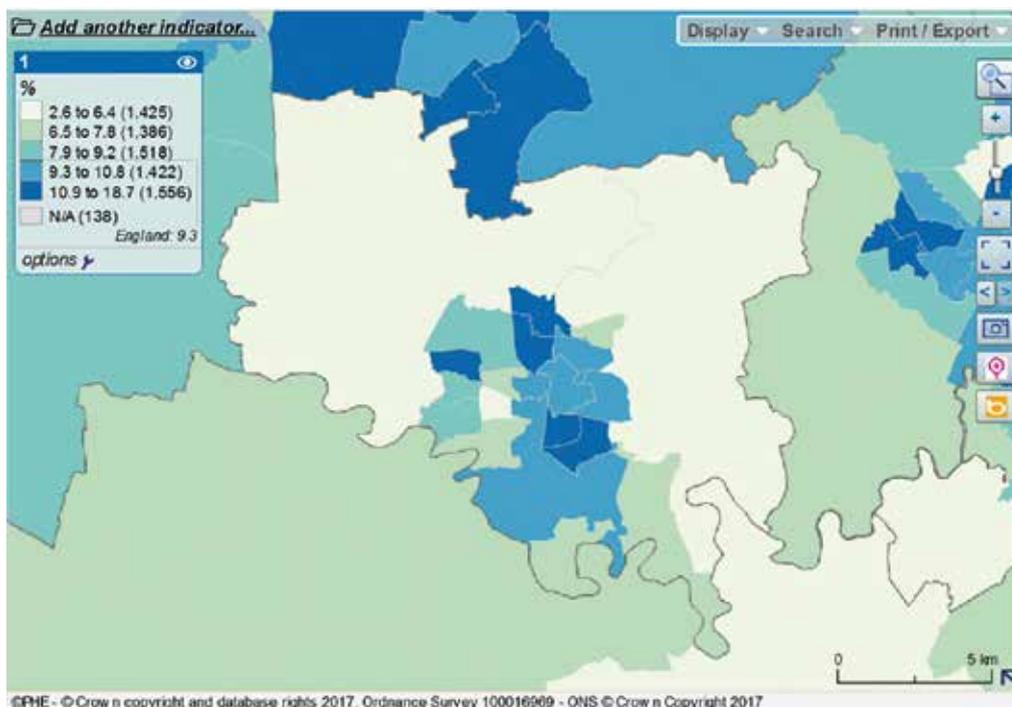
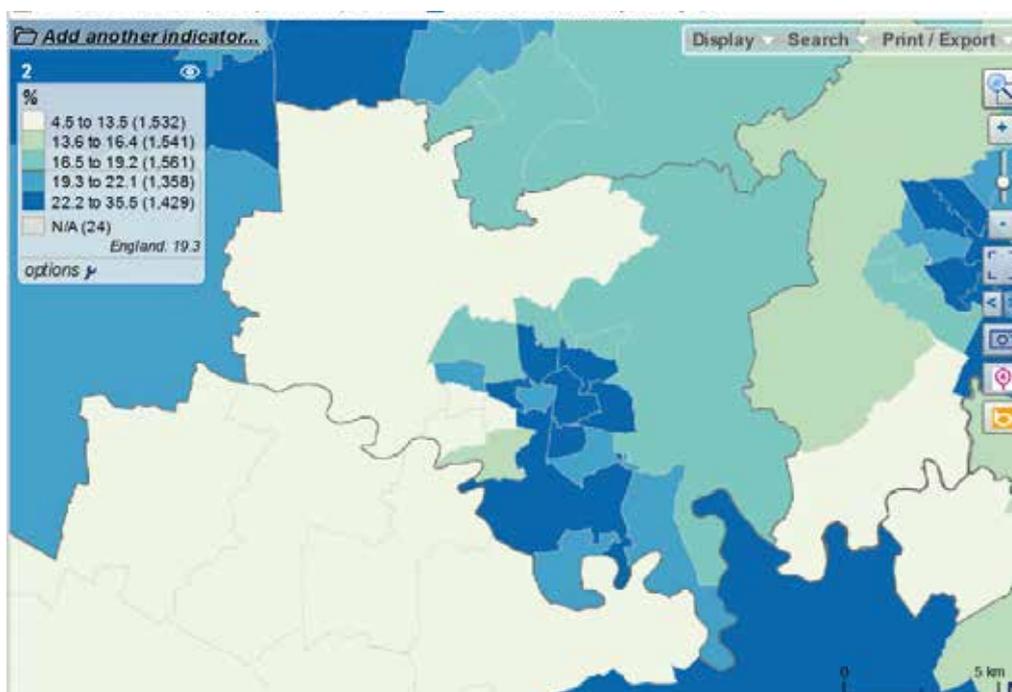


Figure 11: Distribution of obesity across Darlington in Year 6²⁶



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. The figures below show a 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

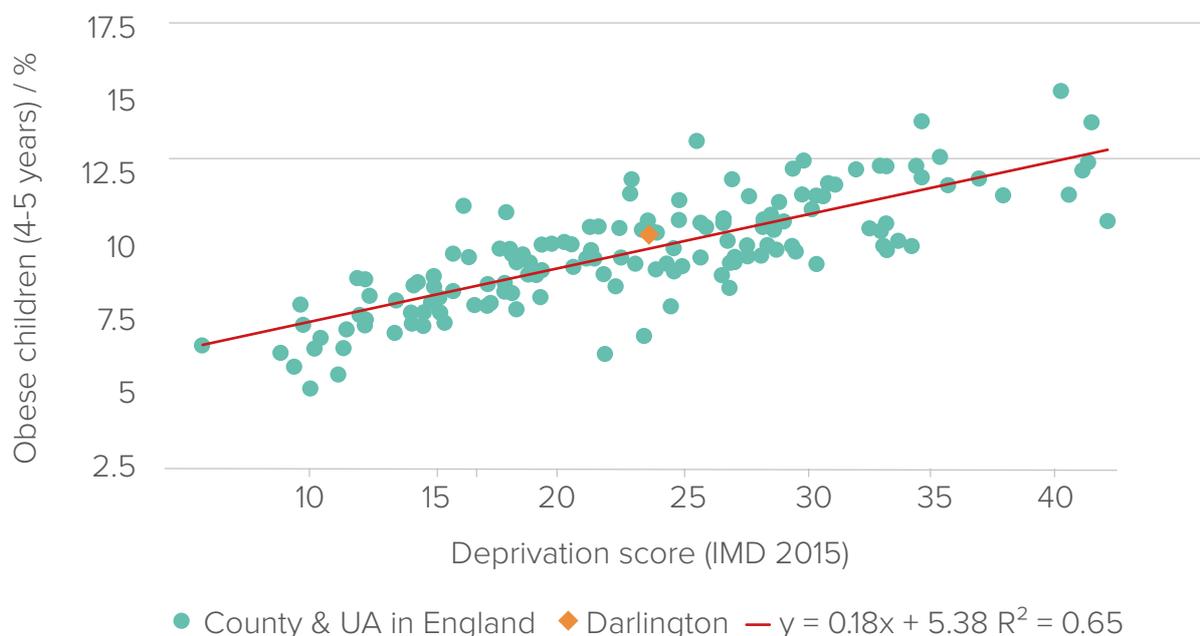


Figure 13: Correlation of obese children at Year 6 with deprivation score for England Local Authorities²⁸



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

²⁶ 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

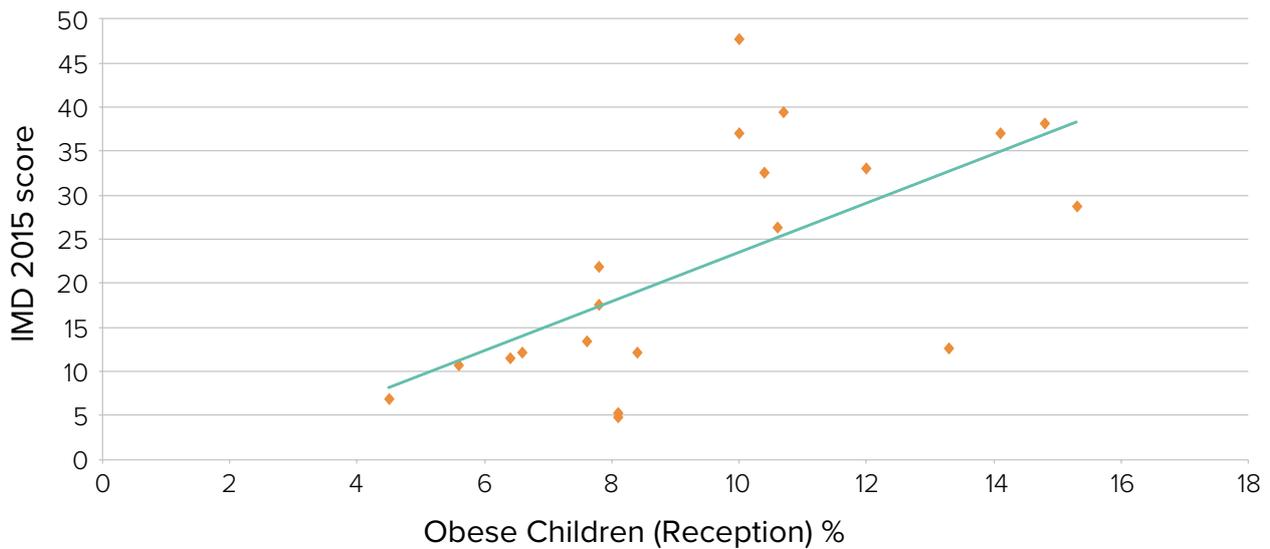
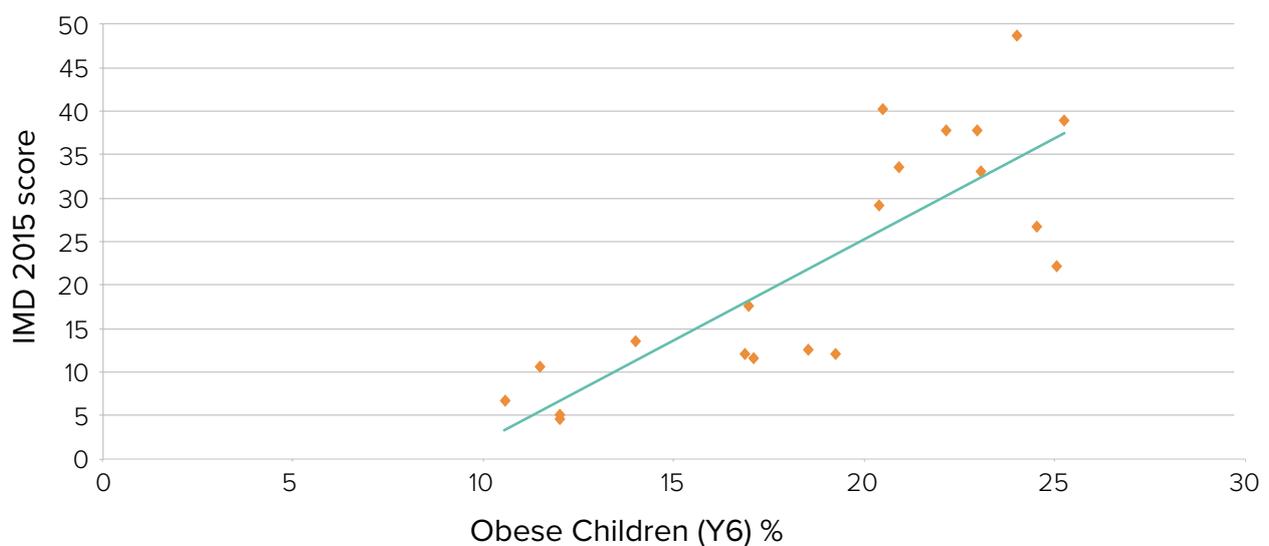


Figure 15: Correlation of obese children at Year 6 age by Darlington Ward compared to IMD 2015 score for Wards³⁰



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

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

Findings from the Healthy Lifestyle Survey in Darlington

A healthy lifestyle survey has been conducted in primary and secondary schools in Darlington since 2015. The Primary School Healthy Lifestyle Survey 2018/19 took place during September 2018 with 23 primary schools in Darlington submitting survey responses and 2,488 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:

- 79% of pupils included, 'to keep fit and healthy' as one of their reasons for exercising.
- The most popular activity was 'playing sports or games' (74%).
- 79% of pupils stated they eat a balanced diet. However 51% and 35%, respectively, reported that they eat sweets and chocolate and drink fizzy drinks everyday.
- 81% of pupils reported eating breakfast every day.
- 9% claimed to have energy drinks weekly. However 80% recognised that they were not good for health.
- The most popular activity was 'walking or running around' (61%).
- 56% of pupils reported eating breakfast everyday.
- 70% of pupils reported that they eat a balanced diet. However, 55% and 41% respectively claimed that they eat sweets and chocolate and fizzy drinks everyday.
- 20% of pupils reported to have energy drinks weekly, however over 80% recognised that they were not good for health.

The results indicate that as children move from primary to secondary education they are less likely to eat breakfast (reduction from 81% to 59%) everyday. The consumption of sweets and chocolate and fizzy drinks slightly increases as they get older.

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 plan.

The Secondary School Healthy Lifestyle Survey 2018/19 surveyed 4072 children from across seven different schools. The key findings include:

- 63% of pupils included 'to keep fit and healthy' as one of their reasons for exercising.

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

There is broad consensus that obesity is the result of many factors, activities and determinants and requires action from individuals and wider society. We must support new ways of making the issue everyone's business at a local level. In 2017, Public Health England, the Local Government Association, Association of Directors of Public Health and Leeds Beckett University published a briefing for local authorities *'Making obesity everyone's business. A whole systems approach to obesity'*.³² A whole systems approach is an ongoing, dynamic and flexible approach that enables stakeholders to come together, share

an understanding of the reality of the challenge, consider how the system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a partnership how to work together to bring about sustainable change. There are many potential stakeholders that can contribute to this agenda.



³¹ Foresight Report: Tackling Obesity: Future Choices'

³² Local Government Association Making obesity everybody's business: A whole systems approach to obesity

Figure 16: Partnership: The Key to Success³³



A key 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 an important part of planning policy.”³⁴

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.³⁵

The healthy choice is even more difficult to make in deprived areas, which have less disposable income and a higher density of takeaways.³⁶

Darlington will seek to transform the environment so that it supports healthy lifestyles and make healthier choices easier by focusing on 3 key areas:

1. Out of home food provision
2. Access to green space
3. Active travel.

³³ Public Health Matters Blog: Designing a ‘whole systems approach’ to prevent and tackle obesity

³⁴ Healthy Lives: Healthy People

³⁵ Measuring Up The Medical Profession’s Prescription For The Nation’s Obesity Crisis Academy of Medical Royal Colleges’ 201

³⁶ Public Health England. (2013) Obesity and the environment: fast food outlets

Out of Home Food Provision

- Public Health England estimated in 2014 that there are over 50,000 fast food and takeaway outlets, in England. On average, there are more fast food outlets in deprived areas than in more affluent areas.
- The increasing consumption of meals out of the home or takeaways has been identified as an important factor contributing to rising levels of obesity.³⁷



Source: PHE, Public Health matters blog: Health Matters: Obesity and the food environment

- 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.

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

- 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.
- Local councils and food businesses (such as fast food takeaways, restaurants, cafes, mobile food vendors, market stalls, corner shops, convenience stores, leisure centres and children’s centres) have great influence over the lives of their local community.
- There are examples of councils working with outlets to create a healthier food environment.



Source: PHE, Public Health matters blog: Health Matters: Obesity and the food environment

- 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 important areas for action.
- 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.

Figure 17: Hot food takeaway “hotspots” heat map³⁸

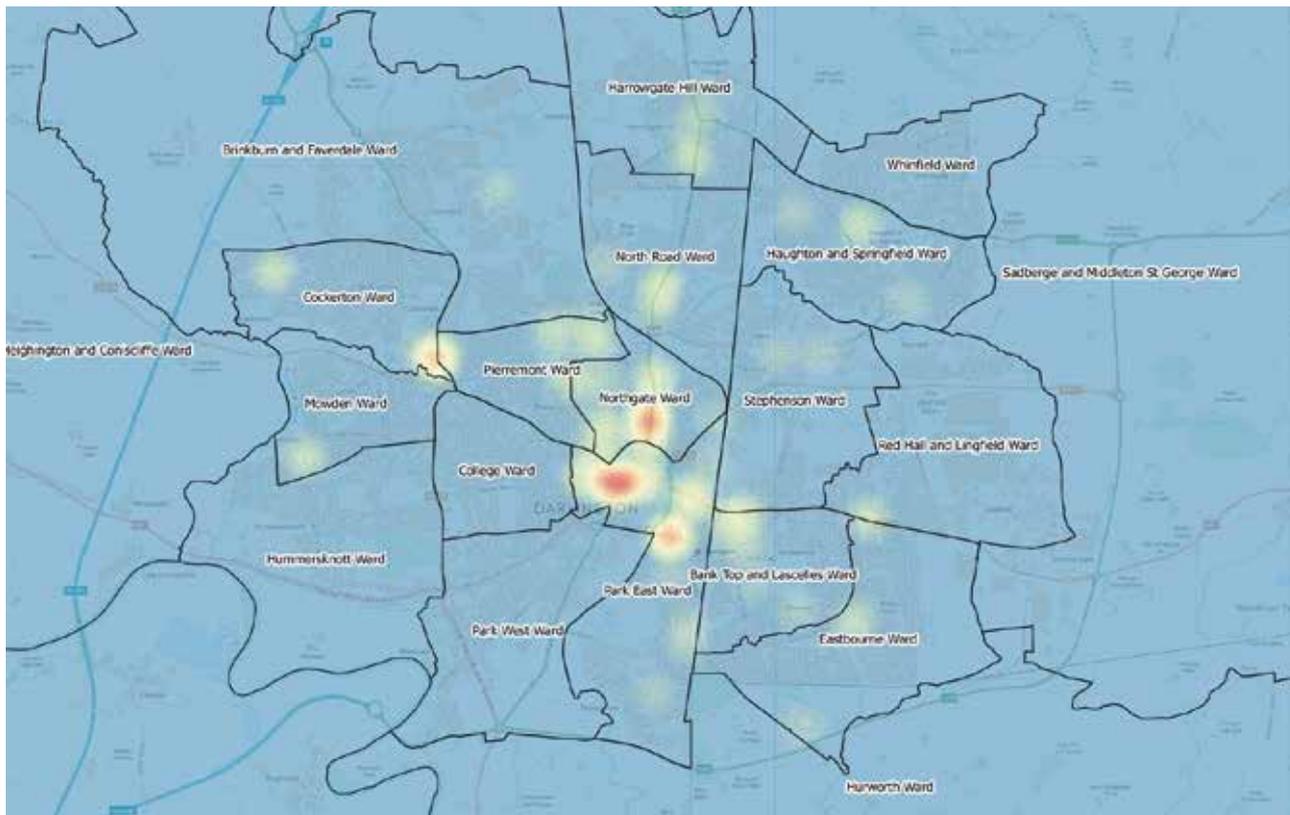


Figure 18: Number of hot food takeaway outlets by ward³⁹

| 2015 Ward Name | Number of Outlets |
|--------------------------------|-------------------|
| Bank Top & Lascelles | 9 |
| Cockeron | 6 |
| Eastbourne | 2 |
| Harrowgate Hill | 3 |
| Houghton & Springfield | 3 |
| Heighington & Coniscliffe | 1 |
| Hurworth | 1 |
| Mowden | 2 |
| North Road | 6 |
| Northgate | 27 |
| Park East | 40 |
| Pierremont | 10 |
| Red Hill & Lingfield | 4 |
| Sadberge & Middleton St George | 4 |
| Stephenson | 6 |

³⁸ Created by Public Health Team QGIS

³⁹ 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 levels.⁴⁰
- Improving access to green spaces for all social groups can reduce health inequalities due to the unequal access to green space across England.⁴¹ 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.⁴² Research shows that there are higher levels of physical activity in areas with more green space.⁴³
- Green spaces come in a wide of forms including established parks and woodlands, natural grasslands and wetlands and green corridors such as riverbanks and cycle ways.⁴⁴
- 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.⁴⁵
- 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 accompanying this document 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.

⁴⁰ World Health Organisation Urban Green Spaces and Health

⁴¹ PHE Local Action on Health Inequalities: Improving Access to Green Space

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

⁴³ 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.

⁴⁴ Building the foundations: Tackling obesity through planning and development

⁴⁵ Public Health England, 2014, Local action on health inequalities: Improving access to green spaces

Figure 19: Open spaces with wards whole Borough⁴⁶

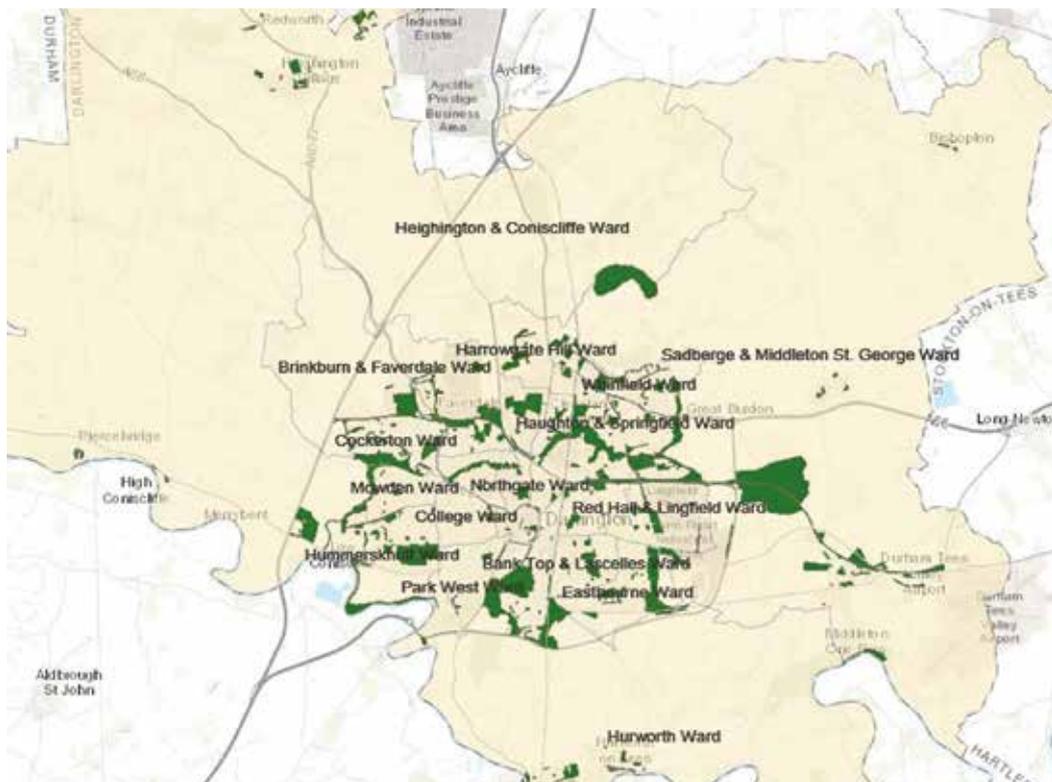
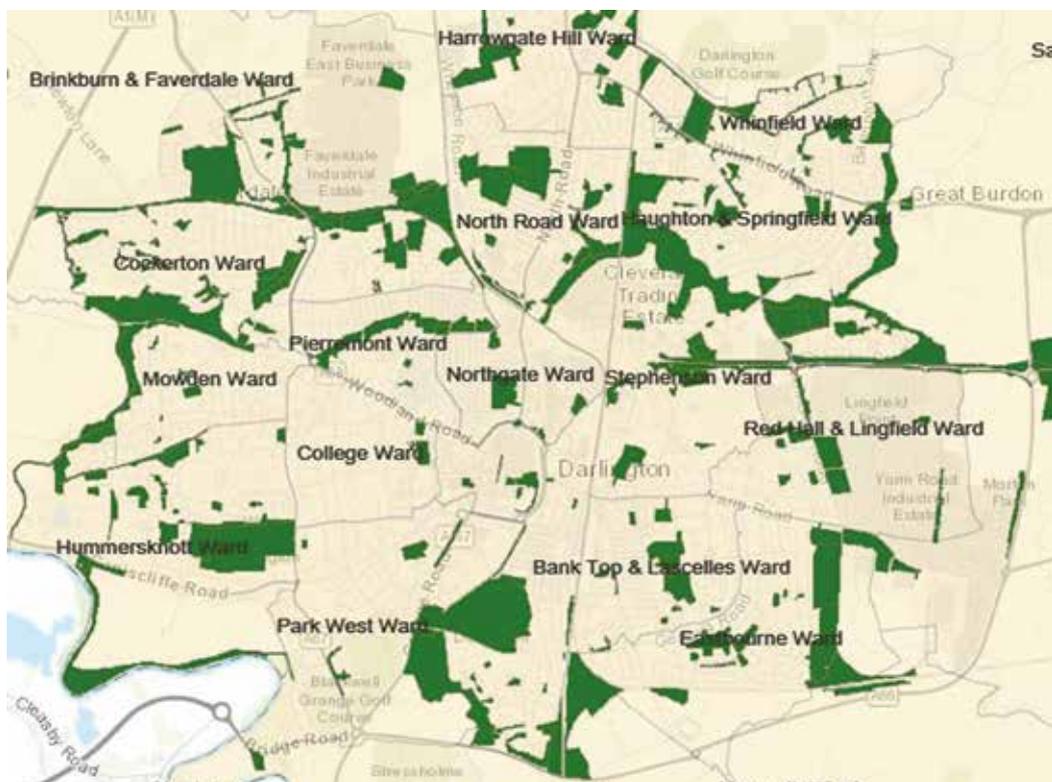


Figure 20: Open Spaces within Town Centre Wards, The Centre Of The Borough⁴⁷



⁴⁶ ArcGIS online

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.⁴⁸
- 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.⁴⁹ However, over a third of adults report they are not as active as recommended suggesting that the true proportion is even less.⁵⁰
- 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.⁵¹
- Practical actions to improve active travel in children include 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 Healthy people, healthy places briefing Obesity and the environment: increasing physical activity and active travel

⁴⁹ 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.

⁵⁰ Healthy people, healthy places briefing Obesity and the environment: increasing physical activity and active travel

⁵¹ Cavill N. Increasing walking and cycling: a briefing for directors of public health. 2013. www.noo.org.uk/slide_sets/activity. (updated March 2016)



