

Review of healthy weight approaches in County Durham

October 2023

CONTENTS

1. Summary
2. Context
3. Scope
4. The County Durham picture
5. Review of local approaches to healthy weight
 - 2014 to present day
 - Examples of what has been achieved
6. Findings
 - Where are we now?
 - Healthy weight in childhood
 - Tier 2 provision within a whole systems approach to overweight and obesity
 - Self-assessment: where do we want to be?
7. Recommendations
 - How will we know we have made a difference:
8. Conclusion

Appendices

Summary

Prevalence of overweight and obesity in County Durham increases as our residents progress through the life course. Around 76% of children are of a healthy weight when they start school; however, this reduces to approximately 60% at age 10-11 years. This trajectory continues into adulthood, where current data shows that 25% of residents over 18 are of a healthy weight. Furthermore, we know that the distribution of excess weight is positively correlated with deprivation.

National policy is now beginning to address what we refer to as the 'obesogenic environment' through regulations that address sugar content, calorie labelling and product placement of foods that are high in fat, sugar and salt (HFSS). Whilst further measures (such as restriction volume promotions of HFSS foods) are planned, they have not yet been implemented.

In 2018, County Durham adopted a whole systems approach to address overweight and obesity through implementation of a whole systems approach, which recognised that the causes of excess weight exist in places where we live, work and play, where the food environment can make it difficult for people to make healthy choices. Since this time, a raft of measures have been implemented to address these systems causes including publication of a healthy food policy, regulation of hot food takeaway prevalence, a healthy options takeaway pilot, a physical activity strategy, and commitment to a regional good food framework and network.

A priority of the County Durham Joint Local Health and Wellbeing Strategy 2023-28¹ is *'Enabling a healthy weight for all'*. In order to achieve this objective, it is necessary to know what progress has been made since 2018 in the development of a local whole systems approach, what needs to be done and how this will be achieved.

This review shows that whilst progress has been made in the past five years, developing and embedding a whole systems approach to obesity is a long-term commitment that requires ongoing monitoring of wider system stakeholder support, commitment and engagement. Furthermore, this review recognises the importance of balancing a population approach to obesity with individual, targeted support as a component of a systems approach. It is also crucial to undertake periodic reviews of the challenges inherent within the system, particularly in the context of previously unforeseen changes such as the COVID-19 pandemic and the cost of living crisis.

¹ <https://countydurhampartnership.co.uk/health-wellbeing-board/joint-health-and-wellbeing-strategy/>

A self-assessment completed as part of this review has yielded a set of recommendations to ensure that ongoing development of the local whole systems approach to overweight and obesity – one that will make significant contribution to the aims, objectives and priorities of the County Durham Joint Local Health and Wellbeing Strategy.

Context

In 2018, County Durham reviewed its approaches to overweight and obesity, and adopted and implemented of a whole systems approach, which recognises that the causes of excess weight exist in places where we live, work and play, where the food environment can make it difficult for people to make healthy choices.

A whole systems approach is a long-term commitment that requires consistent, aligned action and innovation by national and local government, and strong partnership collaboration across sectors and communities at a local level. Durham County Council (DCC) has established support from elected members and senior council leadership in championing a WSA, involving support from both community and interdependent professional stakeholders.

A raft of measures have been implemented to support whole systems development including publication of a healthy food policy, regulation of hot food takeaway prevalence, a healthy options takeaway pilot, a physical activity strategy, and commitment to a regional approach to a regional good food framework and network.

This review acknowledges that a significant body of work has been conducted and implemented this approach in County Durham, provides a renewed assessment of local factors which drive overweight, and informs actions to ensure that work to address this important public health issue is sufficient, targeted and effective.

National policy

In 2019, the government published *'Advancing our health: prevention in the 2020s'*, which outlined proposals for tackling a range of health issues. This included a section on maintaining a healthy weight. A more ambitious strategy came in 2020, in the context of the Covid-19 pandemic, which had exposed the health vulnerabilities of being overweight. In its obesity policy paper *Tackling Obesity: empowering adults and children to live healthier lives*², the government introduced a number of measures aimed at reducing obesity prevalence, including a Better Health campaign, expansion of weight management services through the NHS, food calorie labelling, and ending the promotion of foods that are high in fat, sugar and salt (HFSS) by restricting product placements, volume promotions and

² <https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives>

banning online and TV advertising before 9am. These policy decisions are in various stages of implementation.

Local policy

The County Durham Joint Strategic Needs and Assets Assessment³, the Joint Local Health and Wellbeing Strategy 2023-28⁴, and successive reports from the Director of Public Health have identified achieving and maintaining healthy weight as a key public health issue that must be addressed to improve health and wellbeing across the life course. Furthermore, local policies and strategies relating to the food environment, the built environment, cycling and walking and physical activity identify crucial interdependencies with the healthy weight agenda.

The current approach in County Durham is to create a commercial food environment that provides accessible and affordable healthy options for people⁵, whilst addressing some of the wider commercial determinants of overweight and obesity by monitoring and regulating prevalence of hot food takeaways, availability of healthier options in the out of home food offer, and through advertising of foods that are high in fat, sugar and salt.

County Durham Joint Local Health and Wellbeing Strategy (JLHWS) 2023-28

As informed by the County Durham Joint Strategic Needs and Assets Assessment (JSNAA), 'Enabling a healthy weight for all' is one of the four priorities of the current JLHWS. Living with excess weight has been assessed as one of the biggest contributors to both morbidity and mortality within the County Durham population.

Crucially, the JLHWS recognises that 85% of the influences on life expectancy emanate from health behaviours (40%) and the wider determinants of health (45%), which include what we eat and drink, poverty/deprivation and our natural environment. There is a clear alignment to these findings and a WSA to achieving healthy weight.

The work and progress of the Healthy Weight Alliance (and the Physical Activity Strategy Committee) will be reported annually to the County Durham Health and Wellbeing Board.

Scope

This work reviews progress-to-date since the implementation of a Whole Systems Approach. It encompasses the whole of the life course beginning with maternal healthy weight through to older age, and incorporates a range of settings including Early Years, Family Hubs, community groups, workplaces, education establishments, and food inequality initiatives.

³ <https://www.durhaminsight.info/jsna/priority-areas-for-the-joint-local-health-and-wellbeing-strategy/>

⁴ <https://countydurhampartnership.co.uk/health-wellbeing-board/joint-health-and-wellbeing-strategy/>

⁵ Food Durham [Food Durham | Home of Food Durham and the Growing Durham community project](#)

Out of scope are NHS-led programmes (i.e. Tiers 3 and 4 weight management services, diabetes type 2 programmes and eating disorder services). This review has, however, been undertaken in collaboration with healthcare providers and professionals involved in these services, to ensure we can both assess and frame findings in the context of the wider healthy weight pathway in County Durham

The National Institute for Health and Care Excellence (NICE) has recently published the results of a health technology appraisal for a drug named *Semaglutide* (brand name *Wegovy*), a pharmaceutical intervention for managing overweight and obesity. This, however, is not covered in this review.

The County Durham picture

Children and young people

In 2021/22 around 1,195 (23.9%) reception aged children were living with overweight including obesity in County Durham. This is statistically significantly worse than England (22.3%), and similar to the North East (24.9%). Over the last 5 years, the percentage of reception children classified as being overweight (including obesity) has decreased by 0.8% in County Durham, with the national average reducing by 1.7% and the North East increasing by 1.8%. Figure 1 shows time-series data for reception age prevalence of overweight (including obesity) between 2006/7 and 2021/22.

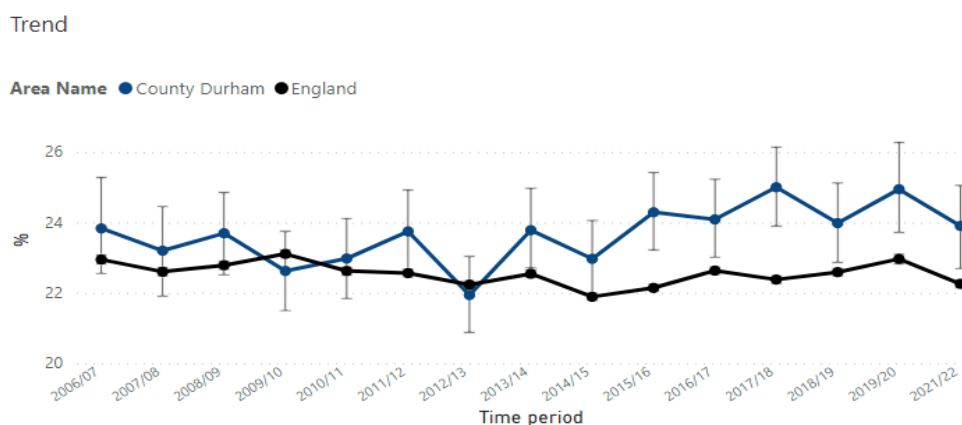


Figure 1: time-series data for reception age prevalence of overweight and obesity 2006/7 – 2021/22

On average there are around 2,280 children living with overweight including obesity in year 6 in County Durham. The levels of children living with overweight in year 6 (39.8%) are statistically significantly worse than England (37.8%), and similar to the North East (40.9%). Over the last 5 years, the percentage of year 6 children classified as being overweight (including obesity) has increased by 5.4% in County Durham. This is a smaller increase than seen in England (+10.3%) and the North East (+9.6%). Time-series data for year 6 age

prevalence of overweight (including obesity) between 2006/7 and 2021/22 is shown in figure 2.

Trend

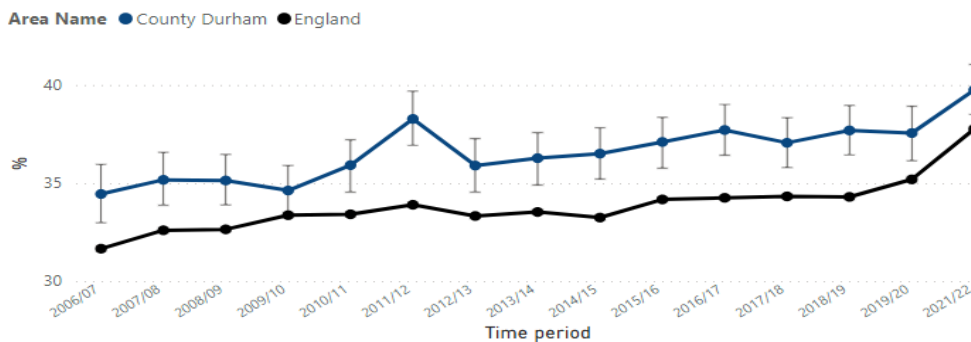


Figure 2: Time-series data for year 6 age prevalence of overweight (including obesity) 2006/7 and 2021/22

In terms of gender, local data reflects national patterns, showing that the number of males living with obesity are greater than that of females for both groups.

Children living with overweight is closely correlated with deprivation, and there is a clear social gradient showing that prevalence of overweight (including obesity) is highest in our most deprived areas. Between 2019/20 and 2021/22, reception prevalence was twice as high (26.6%) amongst children in our most deprived areas compared to those in who were least deprived (13.2%). The correlation for children in Year 6 follows a similar pattern. Figure 3 shows the local area gradient for children in Year 6 living with overweight plotted against the overall deprivation score.

2019/20 - 21/22

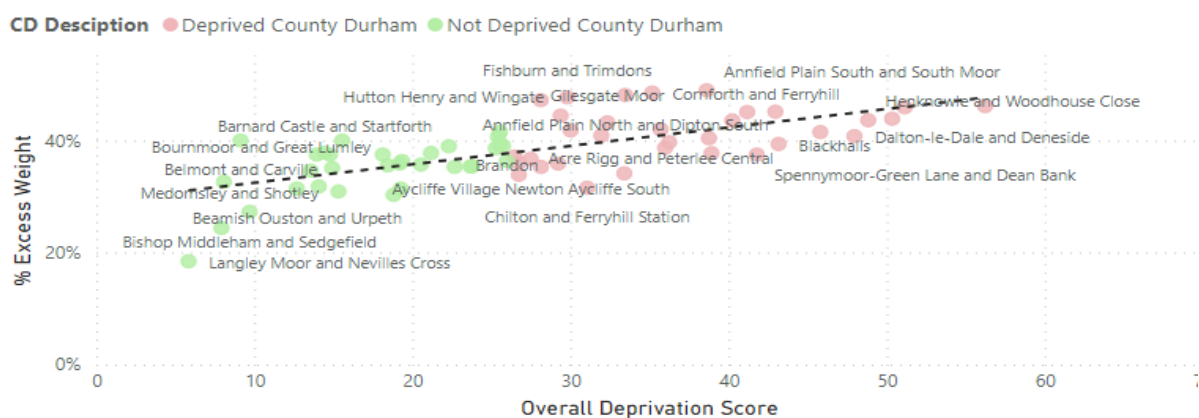


Figure 3: local area gradient for children in Year 6 living with overweight plotted against the deprivation score

Groups most at risk of overweight are those living in poverty, non-breastfed babies, black and minority ethnic groups, children with emotional and behavioural problems, familial obesity, and children with a limiting long-term illness or disability.

Adults

Most adults are classified as overweight if their Body Mass Index (BMI) is 25kg/m² or greater or with obesity if they have a BMI of 30+. Some ethnic groups, however, need a lower cut off BMI since they have smaller structure and a different distribution of body fat (i.e. those of South Asian descent).

The proportion of adults classified as overweight or obese in County Durham 2021/22 (75.2%) is statistically significantly worse than England (63.8%), and the North East (70.5%). The percentage of adults classified as overweight or obese in County Durham has increased by 4.4% since 2020/21. This is a considerably higher percentage increase than both the North East (0.9%) and England (0.5%). Over the last 5 years the proportion of adults classified as obese has increased by 6.9% in County Durham, this is similar to increases in the North East (5.8%) and greater than England (2.8%).

Figure 4 shows time-series trend in the prevalence of County Durham adults classified as overweight or obese between 2015/16 and 2021/22. There was a sustained downward trajectory between 2015/16 and 2018/19, followed by a sharp rise between 2019/20 and 2021/22.

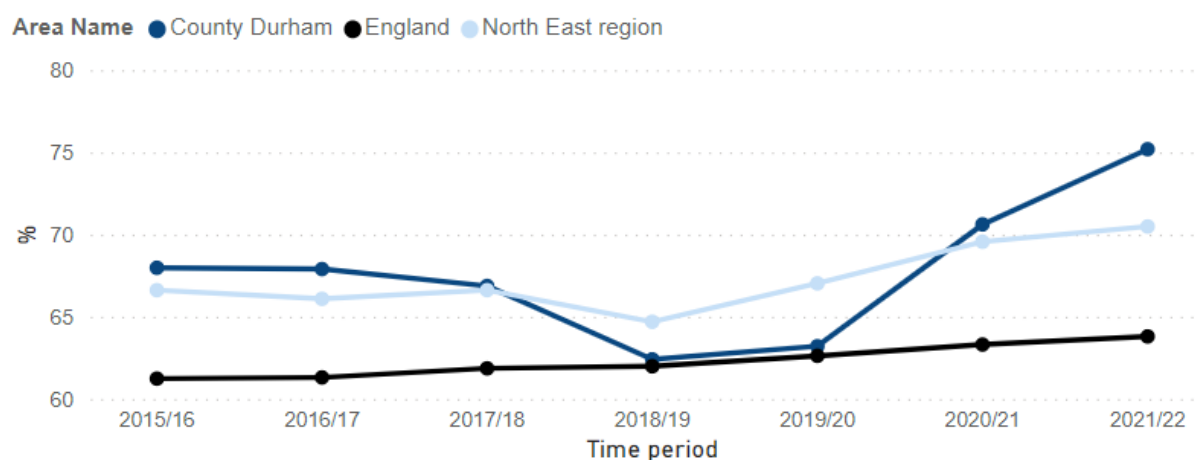


Figure 4: time-series trend prevalence County Durham adults overweight or obese 2015/16 and 2021/22

2020/21 data shows rising rates of obesity across England, and for the first time on available record, an upswing of obesity rates in every deprivation decile. The gap in national rates of obesity between the least and most deprived deciles widened substantially, from 16 points in 2019/20 to nearly 18 points in 2020/21.⁶

Physical activity

⁶ King's Fund 2022: Obesity, deprivation and COVID-19

Children and young people:

Sport England Active Lives survey data (published 2023) shows that 36.9% of children and young people were active for an average of 60 minutes per day, and around 31.7% were active for less than 30 minutes per day. Increased inactivity in those from the most deprived areas, and decreased inactivity in least deprived areas were also noted.

Adults:

Data for the years 2020/21 and 2021/22 (Table 1) shows rising prevalence of physical activity amongst adults in County Durham.⁷

	2020/21 (%)	2021/22 (%)
County Durham	63.5	66.7
North East	63.5	65.4
England	65.9	67.3

Table 1: physical activity prevalence (adults) 2020-2022

Prior to this, prevalence varied between 61.9% (2017/18) and 66.7% (2016/17) with no apparent correlation between local, regional and national averages. Active Lives survey data (published 2023) shows that 59% of County Durham adults were active for at least 150 minutes per week, increasing to 68.5% in the least deprived areas of the County, but reducing to 49.5% in the most deprived areas. Conversely, whilst 30.8% of County Durham adults were inactive, this increased to 38.9% in the most deprived areas of the County and reduced to 20.5% in the least deprived areas.

County Durham Healthy Weight Power BI

DCC Public Health and intelligence specialists have worked closely together to create a one-stop platform where intelligence and data relating to healthy weight in County Durham can be monitored and analysed. This will be integral to monitoring the progress of recommendations/action from this report and can be accessed at [Durham Insight Healthy Weight](#)

Review of approaches to healthy weight

See Appendix One for methodology and consultation process

2014 to present day

In 2014, the first Healthy weight Strategic Framework was published, which focused on a supportive built and natural environment, provision of information and practical support,

⁷ Durham Insights: Healthy weight in County Durham

effective programmes and services, and a workforce which is competent, confident, and effective in promoting healthy weight. The strategic actions focussed on food and health, physical activity, marketing and engagement, capacity building/monitoring/intelligence, and services to help individuals and families achieve and maintain a healthy weight.

In 2015, the report of the Director of Public Health 'Obesity: An issue too big to ignore... or too big to mention?' expressed a call to action to create collective action to halt the rise of obesity. The report set out the many actions that were being taken to improve access to healthy foods and opportunities to be more active and identified evidence-based recommendations.

A 2016 report to the Health and Wellbeing board report provided an overview and approval for the pilot of a whole systems approach (WSA) to achieving and maintaining healthy weight in County Durham. In 2018, an update report 'Working towards a healthy weight in County Durham' outlined progress and published further evidence of work that had taken place in the county, setting out clear short and medium term goals, and providing results of the pilot programme. This would contribute to and inform the OHID [6 phase WSA to obesity](#) toolkit.

In 2018, a local child healthy weight pathway review identified a need to prioritise environmental factors and policy change to address population healthy weight, as well as reducing spending on individual lifestyle and behaviour programmes to address overweight. This decision was made during a budget prioritisation process and saw in the inception of a whole systems approach to obesity in County Durham.

The Director of Public Health Annual Report 2021 'Putting life into living' reported on work undertaken to progress public health strategic priorities that had significant interdependencies with the healthy weight agenda in County Durham – including a focus on 'good jobs and places to live, learn and play' and 'promoting positive behaviours'. Progress in planning matters relating to hot food takeaway prevalence and improving opportunities for children to be active at school are key elements of the systems approach that is continually developing.

Examples of what has been achieved

Local partnerships, stakeholders and governance

The Healthy Weight Alliance is the main partnership overseeing the healthy weight agenda in County Durham, reporting progress to the County Durham Health and Wellbeing Board. The overarching purpose of the alliance is to continue to develop, strengthen, and influence wider population and stakeholders to improve strategic system wide partnerships, with a shared commitment to increasing healthy weight levels across County Durham.

A wide range of stakeholders have been involved in the healthy weight agenda across County Durham, including the physical activity strategy development. An audit and reinvigoration of the Healthy Weight Alliance has welcomed further expertise (as members into the partnership) to ensure there is key representation from across the system. These include partners from NHS and NENC ICS, Education, academics with expertise in healthy weight, as well as cross-departmental representation from Durham County Council and VCS organisations.

The alliance continues to meet quarterly and reports into the County Durham Health and Wellbeing Board. There will be increased focus upon its work as 'healthy weight' is one of the four key priorities of the Joint Local Health and Wellbeing Strategy 2023-28.

Healthy Food:

In 2018, DCC published its 'Sustainable and healthy food policy', demonstrating a commitment to the provision of a good, healthy food offer to staff, clients and visitors. This not only ensured that good food was embedded into council policy, but enabled the council to lead by example, encouraging other actors within the system to emulate such practice.

The County Durham Plan and Hot Food Takeaway prevalence:

In 2018, DCC published *Fast food and its impacts on health*, which outlined the evidence and business case for close, collaborative working between planning and public health teams to address obesity. This evidence briefing supported the *Hot Food Takeaway (A5 Uses) policy* within the County Durham Plan (CDP), which states that planning applications for such (A5) uses will only be approved where the proposal would not result in more than 5% of the premises within a centre being in A5 use. Furthermore, it stated that A5 licences would not be issued for any such premises outside of [defined] centres but within 400 metres of an existing or proposed school or college building.

This represented a significant progress in addressing known determinants of the obesogenic environment, supporting the developing WSA to obesity in County Durham. Furthermore, this was the first step in developing the now close, collaborative working relationships between planning, spatial policy and public health teams.

Prior to adoption of the CDP in 2020, public health led on a detailed Health Impact Assessment of the plan itself – including matters relating to healthy weight. This HIA is now reviewed annually by senior representatives from planning and public health teams and has led to an impending review/update of the A5 Uses policy.

Healthy options take away pilot

Durham County Council has sought to increase the healthy options provided by out-of-home food businesses as part of a wider, whole systems approach to tackling overweight. A

masterclass pilot was delivered that combined learning and practical input to encourage hot food take away providers to make simple, healthy changes to food provision and nudge customers towards healthier choices.

To obtain the Award at the pilot stage, businesses were required to attend the Masterclass and comply with at least three pledges made during the Masterclass. These pledges were then monitored in order to grant the 'Healthy Options Takeaway Award.' Plans are underway to develop learning from this pilot and extend across a wider geographical spread.

County Durham Physical Activity Strategy 2023-28

In July 2023, the County Durham Health and Wellbeing Board signed-off *Moving Together in County Durham*, a multi-agency shared strategy whose vision is that residents will be more active. It introduces a systems approach to moving more, recognising the benefit of joint stakeholder collaboration to create long-term change.

Built on the core principles of Community, Collaboration, Engagement, Focus on inequalities, celebration, and learning, the strategy has four key priority action areas:

- Children and Young People
- Inclusive communities
- Active Environments
- Health and social care

These actions, alongside ongoing work to create a systems approach to moving more, will complement the work outlined in this paper to address matters relating to overweight and obesity in County Durham.

The Sustain Good Food Programme

Durham County Council is part of a collaboration of North East local authorities that has been awarded funding by Sustain⁸ to work towards creating a regional good food network and framework. Whilst this programme is in its infancy, this will see a regional, multi-agency approach to ensure close collaboration between local food partnerships (i.e. Food Durham) to create a regional sustainable food partnership whose aim is to make healthy food the easiest, and most affordable option.

⁸ [Find out about sustainable food and farming in the UK | Sustain \(sustainweb.org\)](https://www.sustainweb.org/)

The Healthy Weight Pathway resource

This is a 'one stop shop' resource to support to GPs and health care professionals to refer and signpost patients to advice, guidance, and weight management services, interventions or programmes to suit their needs.

The resource has been distributed across general practices, primary care networks and social prescribing link workers, and has led to ongoing work to increase awareness and skills associated with healthy weight/lifestyle conversations between health and social care professionals and service users.

Findings

Where are we now? A review of six phases of WSA

<u>Phase</u>	<u>Aim</u>	<u>Key steps</u>
Phase 1 Set-up	Secures senior-level support and establishes the necessary governance and resource structure to implement the approach.	<ol style="list-style-type: none"> 1. Engage with senior leaders to obtain their support 2. Set-up a core working team to undertake the day-to-day operations and coordinate the approach 3. Establish resources to support the process 4. Secure the accountability, advice and support of a group of senior stakeholders offering a broad range of expertise to ensure the approach has sufficient challenge, governance and resource
Phase 2 Building the local picture	Builds a compelling narrative explaining why obesity matters locally and creates a shared understanding of how obesity is addressed at a local level.	<ol style="list-style-type: none"> 1. Collate key information about obesity locally 2. Start to understand the local assets including community capacity and interest 3. Establish a comprehensive overview of current actions 4. Identify the departments, local organisations and individuals currently engaged in supporting work around obesity
Phase 3 Mapping the local system	Brings stakeholders together to create a comprehensive map of the local system that is understood to cause obesity. Agreeing a shared vision.	<ol style="list-style-type: none"> 1. Prepare for workshop 1: <ul style="list-style-type: none"> • Identify and engage wider stakeholders • Prepare presentation slides and add local information • Prepare facilitators to undertake system mapping 2. Deliver workshop 1: system mapping 3. Begin to develop a shared vision
Phase 4 Action	Stakeholders come together to prioritise areas to intervene in the local system and propose collaborative and aligned actions.	<ol style="list-style-type: none"> 1. Prepare for workshop 2: <ul style="list-style-type: none"> • Create a comprehensive local system map • Prepare presentation slides and add local information • Prepare facilitators to support action mapping • Refine a draft shared vision 2. Deliver workshop 2: action planning 3. Develop a draft whole systems action plan 4. Refine the shared vision
Phase 5 Managing the system network	Maintains momentum by developing the stakeholder network and an agreed action plan.	<ol style="list-style-type: none"> 1. Develop the structure of the system network 2. Undertake the first system network meeting 3. Present the finalised shared vision 4. Agree the action plan
Phase 6 Reflect and refresh	Stakeholders critically reflect on the process of undertaking a whole systems approach and consider opportunities for strengthening the process.	<ol style="list-style-type: none"> 1. Monitor and evaluate actions 2. Maintain momentum through regular meetings 3. Reflect and identify areas for strengthening 4. Monitor progress of the whole systems approach and adapt to reflect how the system changes over time

Figure 5: The six-phase approach to developing a whole systems approach to obesity, PHE 2019

This section of the review considers the progress that County Durham has made against the six-phase model shown at figure 5. The findings show what has been done, to what extent, and whether any further action is required to further develop the whole systems approach to healthy weight.

Summary of findings

There has been progress across all six phases of the whole systems approach in County Durham since 2017/18, and it is clear that skills and knowledge acquired during these initial phases continue to be used and developed. The review has, however, highlighted that phases three (systems mapping) and five (managing the system) are those which require ongoing consideration.

Key findings

Phase One: set-up

This phase incorporates creating the environment for change, engaging senior leadership, setting up task groups and establishing resources. DCC officers worked with academics from Leeds Beckett University and key local stakeholders to review policy documents, actions and network. Furthermore, DCC 'strengths' were identified. All of these actions were completed through a range of local multi-stakeholders workshops and events.

The County Durham Healthy Weight Alliance was crucial to this element of WSA work, progressing the key strategic themes through identified sub-groups (see *Healthy Weight Strategic Framework for County Durham 2014-20*).

The COVID-19 pandemic and staff changes caused some loss of momentum in this work, indicating some need to review and re-engage organisations at a senior level to re-affirm leadership support. In the past year work has taken place with Healthy Weight Alliance to review and engage system wide membership, identify, and agree priorities.

Phase 2: building a local picture

This phase creates a shared understanding of why a systems approach matters and how healthy weight is being addressed in County Durham. A multi-stakeholder workshop held in March 2017 generated good insight and understanding of local consequences and causes of obesity. It is evident from documents created between 2017 to 2018 that a significant amount of work took place to ensure key information was collated to understand local assets and capacity, and to inform actions, as well as identifying key partners and collaborators. This firm foundation has enabled a continuation of effective working practices and progress up to present day. It should, however, be noted that understanding local assets and community capacity and interest must be ongoing to ensure a sustained understanding of how obesity is addressed at a local level.

We can see this in many areas of work across the system that has been outlined in this review, including the strong partnerships with planning and public health in the healthy build and planning process, the coproduction of a Health Impact Assessments (HIA) for the County Durham Plan, and the County Durham Leisure Transformation Programme - as well as an evidence-based HIA for building developers, and cross-service development of the County Durham Plan Hot Food Takeaway policy.

The recent partnership collaboration in producing the Moving Together in County Durham physical activity strategy is further evidence of the embedded partnership approach, which is significantly interdependent with the local healthy weight agenda.

The Public Health Starting Well team has established working partnerships and continued work across sectors relevant to maternal and childhood healthy weight, including the healthy schools and early years frameworks, Healthy Start, Oral health and Breastfeeding.

Phase 3 – mapping the local system

This section brings stakeholders together to create a comprehensive map of the local system that is understood to cause obesity. It involves identifying and engaging wider stakeholders before undertaking systems mapping.

The March 2017 WSA workshop identified a range of key goals and priorities: creating an environment that encourages and enables people to be more active, giving children the best start in life by addressing excess weight in early years, and influencing the local food environment to enable people to make healthier choices. At this time, these were considered to be most likely to garner commitment to, capacity and momentum for bringing about change.

More recently, Public Health has engaged with intelligence specialists to commence system mapping work in both healthy weight and physical activity and this work is ongoing.

Phase 4 – agreeing collaborative actions

Stakeholder WSA workshops held in 2017 agreed a shared vision and collectively identified and agreed actions to address and meet the key goals and priorities outlined above. These workshops also enabled a review of key partner engagement (and associated objectives), which partners still needed to facilitate engagement and working together to maximise WSA development.

The approach used in this particular phase was replicated by the County Durham Healthy Weight Alliance (HWA) to create their action plan in September 2020 – in response to the challenges presented by COVID-19. At this time, actions were created under the 5 key

themes of Communications, COVID-19, Partnerships, Food and Nutrition, and Physical Activity.

This approach was again used by the HWA during 2021 to consider the current system and how it might contribute as a cause of obesity. The alliance identified issues such as hot food takeaways, active travel, and access to healthy food (amongst others) as some of the key issues. The HWA action plan was reviewed 2022, and priorities were updated to include: systems leadership, commercial determinants (local food sector, retailers, advertising and promotions), health promoting environments (hot food takeaway policy, healthy options takeaways, climate emergency and food), and organisational change (i.e. availability of healthy food offers, access to fresh water).

It should also be noted that the 2022 review also included HWA membership. As a result, the HWA now benefits from refreshed representation from a broad range of local stakeholder organisations.

Phase 5 – Managing the systems network

In this phase, the focus is on managing the system and finalising action plans. This involves sustaining momentum by developing the stakeholder network and commitment to the agreed action plan.

During the original WSA development in 2017/18, it was agreed that further action was required around planning and licensing, active travel, food availability, and changing social norms. It is clear from more recent HWA reviews that most of these matters are now firmly on the radar.

Phase 5 is ongoing. Identified stakeholders are charged with addressing the key goals through an action plan that is regularly reviewed. This is the current HWA action plan. Furthermore, these actions should be subject to review and adaptation as aligned to identified need. Information in Phase 4 (above) shows that this process has been adopted between 2020 and 2023.

Phase 6 – Reflect and refresh

This review has guided phase six. In the prior timeline of work, plans were in place to measure actions with regular meetings scheduled to maintain momentum. COVID-19 implications on Public Health resource and capacity have been acknowledged as a factor limiting this particular aspect of progress, in addition to staffing changes. Recent partner feedback suggests it is more acceptable and feasible to use the Healthy Weight Alliance as the main forum to keep momentum of agreed actions, with time bound task and finish groups where required for specific pieces of work.

Healthy weight in childhood

Review of childhood healthy weight pathway 2018

This review was set against several other significant pieces of work that were also taking place at this time:

- Negotiation of extension to the 0-19 (now 0-25) Family Health Service
- DCC Culture and Sport restructure
- Whole Systems Approach to obesity pilot
- Review of the wellbeing service

The purpose of this review was to develop a set of recommendations to support children to maintain a healthy weight, as well as supporting those identified by the NCMP (and their families) as obese or overweight.

The review recommended an options appraisal of the [then] Tier 2 provision for children and young people (FISCH programme). This was decommissioned shortly afterwards in favour of a population level whole systems approach, with a focus on prevention; addressing the wider, multi-factorial environmental issues that are known determinants of overweight and obesity.

The 2018 review produced the following recommendations:

Any future approach to support children (and families) to achieve and maintain a healthy weight should:

- *be evidence based*
- *engage and support families not just children*
- *follow a universal, primary prevention approach, within which conversations around healthy weight take place as early as possible in a child's life - ideally before or within the early stages of weight gain.*
- *be part of a system wide approach to healthy weight.*
- *support all staff who have contact with children and families, particularly within the early years of a child's life, who will be key to the implementation of this model, to initiate positive and supportive conversations*
- *be mindful of and seek to address the influential role of the environment including the availability and advertising of less healthy options especially for older children.*
- *acknowledge and work to address social norms around less healthy foods and drinks and sedentary lifestyles including 'screen time' across all ages*
- *incorporate and raise awareness of locally available, affordable, family focussed programmes of physical activity*

There is no evidence in this current review that supports moving back to a targeted/commissioned model. Indeed, the recommendations made in the 2018 review remain current and still stand firm in our approach. The recommendations below, however, call for a family-based approach to any future targeted weight management services.

Where are we now?

The Family Health Service includes all elements of the Healthy Child Programme, and one of its key aims is to *reduce childhood obesity by promoting healthy eating and physical activity*. This is one of the six health visiting early years high impact areas, as well as being one of the six school aged key priority areas. A key aspect of this service is delivery of the NCMP at reception and year 6.

The service employs Specialist Community Public Health Nurses (SCPHN), who have an enhanced role for ensuring that (amongst other key areas of work) healthy weight/infant feeding are embedded into mainstream practice. Furthermore, clinical champions within the family health nurse workforce have responsibility to provide operational frontline guidance and support to their colleagues on (amongst other areas) matters relating to healthy weight.

Maternal Healthy weight

A key aim is to improve knowledge and confidence amongst midwives so that they are able to have supportive, non-stigmatising healthy weight conversations with pregnant people, and signpost to sources of advice and support for good nutrition and physical activity

Progress to date

DCC PH team and the 0-25 Family Health Service were part of a task and finish group to produce a resource containing advice and guidance during pregnancy. The 'Maternal Healthy Weight Best Practice Guidance' document has been published by NHS colleagues and shared amongst midwives and allied health care practitioners as appropriate.

The HENRY programme

The current Family Health Service specification identifies delivery of the Health Exercise Nutrition for the Really Young (HENRY) programme – a community-delivered intervention designed to equip parents/carers of pre-school children with the skills and knowledge to provide a healthier family lifestyle and so prevent obesity.

The Family Health Service is expected to lead on the commissioning and roll out of HENRY in County Durham, and is expected to deliver (as a minimum) the following courses:

- Core Training

- Raising The Issue
- Healthy Start In Childcare

Progress to date

The launch of HENRY in County Durham coincided with the COVID-19 pandemic which impacted the delivery model and plans. County Durham chose the train the trainer approach; however, training of frontline staff has halted in the past year, with some concerns raised that trained staff in early years did not have the capacity to attend training or train others. Suggestions to modify training delivery include video resources and continuing professional development for EY practitioners.

NCMP

A recent appraisal carried out by HDFT on the effectiveness of NCMP communications with parents identified significant challenges. A task group has set actions with Public Health evidence-based guidance. HDFT has consulted DCC PH team for support in addressing early conversations with parents regarding health education and nutrition.

Progress to date

A 'Mapme' pilot is currently underway in County Durham to support communication with parents in the context of perceptions of their child's weight status.

Tier 2 provision within a whole systems approach to overweight and obesity

Local data shows a worrying increasing trajectory in overweight and obesity amongst adults in County Durham. The proportion of adults classified as overweight or obese in County Durham 2021/22 (75.2%) is statistically significantly worse than England (63.8%), and the North East (70.5%). The percentage of adults classified as overweight or obese in County Durham has increased by 4.4% since 2020/21. This is a considerably higher percentage increase than both the North East (0.9%) and England (0.5%).

This review has considered the current evidence base concerning targeted (Tier 2) weight management interventions and includes an evaluation of a government funded Tier 2 programme in County Durham between 2021/22.

In respect of the County Durham service, the evaluation highlighted difficulties that were inherent in commissioning and implementing a short-term service within a tight timeframe, as was required by the grant conditions. Anecdotal evidence that is now becoming known suggests that County Durham was not alone in this experience. Such are the specific circumstances around this particular provision, the findings are not sufficiently persuasive to rule out further commissioning of tier 2 services.

Although a decision was taken to focus on population level actions and to decommission Tier 2 weight management services circa 2018/19, current evidence suggests that there is a place for tier 2 services in the context of a whole systems approach, particularly where such programmes are 12-18 months in duration. The same applies to commercial programmes delivered over a longer period, and regional insight supports the academic literature of commercial providers being in a strong position to offer Tier 2 services.

Currently, targeted weight management services are available in County Durham in the form of provision by Wellbeing for Life, the NHS digital weight management programme, and the National Diabetes Prevention Programme.

Self-assessment: Where do we want to be?

The 'What good healthy weight looks like' framework has informed the assessment and identification of the strengths and needs in County Durham's approach to tackling overweight.

Whilst the WSA phased model has been used to show progress made in implementation of the County Durham WSA, the ADPH '*What good weight looks like*' model is an effective means of both assessing where we need to be and monitoring progress against achieving healthy weight going forward.

Findings

1. Systems Leadership

This pillar focuses on ensuring collaboration between Council and NHS leaders to champion healthy weight, supported by clear actions, governance/scrutiny, and a process of monitoring, evaluation and reflection.

A current strength is the supportive leadership structure established through previous work; therefore, a focus on re-establishing momentum towards a joined-up systems approach is necessary.

Consultation identified that our approach would benefit from continued engagement at leadership level through the healthy weight alliance, which has already discussed the merits of County Durham considering sign-up to the Healthy Weight Declaration. Furthermore, ongoing work with regards to food provision and standards has highlighted the benefits of DCC being a vanguard in the 'lead by example' approach, i.e. provision of a healthy food offer, combined with the adoption of behaviour change techniques that make healthier choices the easier choices.

2. Long term systems approach

The second pillar of the framework is essential in effecting long term change and requires ongoing and strengthened collaboration of a wide range of local stakeholders to continue to develop an integrated approach to addressing obesity. This requires some reinforcement of the 'health in all policies' approach; making changes upstream to build health promoting environments that support healthy weight across the life course

In County Durham, GPs and health professionals expressed a training need in supporting patients with weight management. Whilst some practices have health coaches, health care assistants, Social Prescriber Link workers (SPLW) and Nurse practitioners with strengths in this area, there are inconsistencies in various types of models and approaches. SPLWs audit identified that whilst behaviour change training had been provided, there was a lack of confidence in its application in practice.

The Wellbeing for Life service offers some elements of tier 2 to support patients to achieve a healthy weight and management is working with Public Health to incorporate a psychological behaviour change approach as an identified need. The tier 2 evaluation identified the value of a tier 2 weight management service with the built-in capacity to support the patient over 12 months. This proposes the concept of a well thought out joined-up approach, a model which could be supported by health coaches, nurse practitioners and SPLWs as designated staff members within each surgery. There would also be merit in raising the profile of the 12-week national digital weight management programme, as levels of patient referrals to this intervention are reported to be variable across GP practices.

Whilst not within the scope of this review, Tier 3 specialist weight management services are often reported to be oversubscribed. This is thought to be partially as a result of patients not being at the appropriate stage of change, as well as others being referred simultaneously to several services. Accordingly, this would require better alignment across tiers 2, 3 and 4.

In April 2023 Food Durham secured funding for a food partnership coordinator, and a programme of collaborate work to improve the food system in County Durham. The Food Durham board is now scoping its membership, and revisiting its aims, and a review and refresh of the County wide food strategy has begun. This is part of the work to ensure a sustainable and health promoting focus is part of a systems approach to food. This will benefit from wider systems representation.

3. Health promoting environment

Pillar three focuses on taking a range of collective actions to tackle environmental causes of obesity. It advocates for a systems approach aligning with national policy and in partnership across sectors including local authority planning, transport, environmental services,

economic regeneration, businesses, NHS estates and other stakeholders. The framework guidance indicates the importance of improving healthy choices by food businesses and restrictions in the proliferation of fast-food takeaways and advertising of High fat, sugar, and salt (HFSS) products, in addition to ensuring healthier options are the easiest choice in council and NHS estates.

Significant progress has been made at this stage, including development of local planning policies, collaboration cross-council services (i.e. Neighbourhoods and Climate Change, Corporate Affairs, Culture, Sport and Tourism) and development of specific strategies (i.e. Moving Together in County Durham physical activity strategy). Whilst collaboration between Public Health and Planning is particularly strong, this momentum must be maintained, for example through the planned review of County Durham Plan policy number 30 (Fast food outlet policy), and elsewhere through the progression of the Healthy Advertising policy.

More recently, the DCC catering manager participated in the 'Healthy Options Takeaway' pilot and confirmed adoption of the 'Government Buying Standards for food,' and the team is developing a new menu with input from public health. Further work to engage NHS estate and other providers of leisure facilities (i.e. leisure centres, fun and food programmes) on healthy food provision is recommended to ensure a whole systems approach in reducing the obesogenic environment.

The Healthy options takeaway pilot (2023) resulted in participating food outlets making healthy changes, feedback and evaluation identified the potential for a County Durham healthy catering award. Whilst there is limited evidence as to the effectiveness of healthy catering awards in local authorities, there is potential positive impact of making changes across all food outlets, workplaces, early years, schools, family hubs, health, and social care settings. Furthermore, the County Durham Better Health at Work Award (BHAWA) was identified by business and service partners as an opportunity to engage business in the food and movement agenda.

The consensus of local stakeholders is that healthy sustainable food should be offered in all settings, with a particular desire expressed by those working with and in family, children, and young people settings.

4. Community engagement

Pillar four states that local communities should be central to decision-making and engaged in the whole systems approach to drive local solutions. We know that effective change happens with people power and involvement. This is reflected in the 'County Durham Approach to Wellbeing' and the range of coproduced approaches that continue to develop across the county.

From a healthy weight perspective, it is important to maintain and develop the existing strong drive in County Durham towards coproduction and understanding community needs, acknowledging the strengths within community. We see Action Area Partnerships, Community Action teams, Durham Community Action, MECC, HDFT family 0-25 service, Wellbeing for Life and SPLWs as community strengths, where multiagency work is already happening. There must be a continued focus on joining up all leadership and staff, who are best placed to engage and make a difference in communities to understand their role in reducing obesity levels. Raising awareness through public education is a key part of this.

Reducing weight is the best evidence we have so far in lowering the risk of diabetes type 2, in addition to helping a patient into remission status. A multi-agency task group is coproducing a programme to ensure that dietary advice is consistent across programmes, services and health professionals who support those with diabetes type 2 including Xpert, Wellbeing for Life, Nurse practitioners and Health coaches.

Health literacy is being explored to ensure communication and messaging is accessible, appropriate, and framed in a supportive and non-stigmatising format. This has been recognised in the Director of Public Health report 2022, based on the building blocks of good health focused 'healthier, fairer and protected lives'. The way we (leadership and communities) think about healthy weight, eating patterns and moving more (as well as the key messages associated with these) must be simple, with behaviour change incorporated into communications wherever possible.

5. Focus on inequalities

There are marked inequalities in the drivers of obesity and pillar five ensures local authorities consider equity in all healthy weight efforts. Access to healthy affordable food and overall rates of obesity in children are focused within this pillar. Guidance within 'What Good Looks Like Framework' encourages working with most deprived communities to ensure that interventions, services and approaches delivered through local programmes can be shaped and targeted to ensure the whole community benefits.

Ongoing improvements to data sharing on Durham Insights will support the monitoring of data with regards to healthy weight, which includes a new Power BI specific to healthy weight. The narrative and design are being updated to be framed in supportive 'people first' language. Data sets are being extended to include what contributes to levels of obesity, as well as identifying causal effects, such as wider determinants, health conditions, fast food density at ward level, physical activity, with adult and children healthy weight, overweight and obesity at local, regional and national levels.

Furthermore, Moving Together in County Durham strategy development has incorporated community voice and identified actions that are focused on those who face the greatest challenge in accessing or participating in physical activity.

Through the Poverty Action Plan and Steering Group, actions are ongoing to ensure all Food Inequality Initiatives e.g., food banks, food waste and community food pantries can provide food which meets nutrition needs of our most in need by working towards meeting the Eat Well Guide principles.

6. Life course approach

This part of the framework states that life course approaches should deliver, meet the needs of every age stage and target the most 'at risk' groups, with a focus on both prevention and treatment of overweight and obesity.

The Healthy Weight Pathway resource coproduced with and for GPs and health professionals and the Moving Together in County Durham physical activity strategy incorporates a life course approach.

A lack of confidence (and occasionally avoidance) in providing basic nutrition advice was identified in a childhood healthy weight event in March 2023. The HENRY programme is important in supporting staff and families, and work is ongoing towards creating a whole systems model to meet the needs of communities in County Durham. Additionally, recently produced maternal healthy weight guidance should be shared widely and incorporated into all advice for pregnant parents. Early years and Family hubs are engaging with Public Health regarding the importance of key messages around good nutrition and are working towards an approach to providing consistent messages across all settings. The Starting Well team has robust and positive relationships across the system to improve healthy weight including breast feeding, healthy start, oral health and Healthy schools and Early years framework.

The National Child Measurement Programme provides the overweight and obesity statistics for our children in County Durham. County Durham is part of a Mapme study to understand parental perceptions of children's body size that is being led by Newcastle university. A recent HDFT 0-25 team audit report of NCMP proactive calls has informed service changes to increase effectiveness of engagement, including parental communications, supported by Public Health evidence sharing of resources to reduce negative parental reactions – and this should be continually reviewed and developed to maximise programme impact.

Youth council members provided valuable voice to the perception that 'body positive' messages were not in line with dietary messages they observe in their daily life, either through community attitudes or social media. After participating in a mental health

workshop, members questioned why this was not taught in schools, which could be a matter for consideration by our education providers.

7. Monitoring, evidence, evaluation and innovation

The seventh pillar emphasises the importance of using innovation and technology to provide evidence informing a continuous 'reflective improvement' approach. Aligned with phase six of the WSA to obesity guidance, robust planned evaluation and monitoring action plans should be in place, to inform all forward decisions and practice.

Whilst County Durham is at the 'Developing' stage regarding evaluation, established data recording systems are now in place to report against a range of healthy, overweight and obesity indicators for children and young people and adults.

It is acknowledged that the evaluation of whole systems approaches to obesity in a local area is complex, and whilst the current evidence-base is lacking, research is ongoing that could inform future approaches. For example, Public Health Scotland has released a first stage evaluations of whole systems approaches to obesity.

Best practice evidence (as described in phase six assessment of WSA at Appendix A) shows the importance of integrating a mixed methodology of evaluation to ensure community needs and local impact measures are qualitatively and quantitatively gathered, alongside the Public Health Outcomes framework. The mapping of systems is an important element in understanding the leverage points and feedback loops i.e., impact of changes proposed.

Recommendations for future development

An entire system wide response must be at the centre of efforts to achieve healthy weight, as unilaterally no single partner will be able to make the positive changes required for our communities. In County Durham, the Healthy Weight Alliance is committed to tackling the healthy weight agenda. It will remain at the forefront of developing and improving strategic partnerships to reduce the prevalence of overweight and obesity in County Durham.

ADPH What Good Looks Like	Agency/Board/Groups
1. Systems leadership	
Engage Durham County Council leadership to ensure strategic policy developments all consider impact on healthy weight (Health in all Policies)	Durham County Council, Public Health
DCC to continue as a vanguard in the 'lead by example' approach through provision of healthy food in DCC settings, i.e. catering, fun with food, leisure centre provision, catering provision	Durham County Council
Ensure multi-agency representation on Food Durham Board and associated working groups to ensure system-wide knowledge and practice development to improve food system in County Durham	Food Partnership, Healthy Weight Alliance.
Explore the Healthy Weight Declaration as a commitment to a shared mission in taking a whole county approach to increasing healthy weight	Public Health, Healthy Weight Alliance
Consider a refresh of the healthy weight strategic framework 2014-20 for healthy weight at all ages to inform our approach going forward	Healthy Weight Alliance
2. Whole systems approach	
Ensure sufficient multi-agency support, engagement and governance of whole systems approach and monitor through Healthy Weight Alliance and Health and Wellbeing Board.	Healthy Weight Alliance, Health and Wellbeing Board
Through the Healthy Weight Alliance promote and develop shared stakeholder vision – uniting stakeholders with different backgrounds and agendas to whole systems approach objectives.	Healthy Weight Alliance, Health and Wellbeing Board
Work with internal and external stakeholders to complete current systems map that will inform continued whole systems approach development.	Healthy Weight Alliance, Health and Wellbeing Board
Periodically review Healthy Weight Alliance action plans to ensure understanding of key local challenges.	Healthy Weight Alliance, Health and Wellbeing Board

3. A health promoting environment	
Work with Food Durham to support the development a sustainable health promoting County Wide Food Strategy (Food Durham Advisory Board)	Healthy Weight Alliance, Food Durham
Through the Healthy Weight Alliance, work with partners to influence provision of healthier options across all settings to improve healthy choices	Healthy Weight Alliance
Progress recommendations of healthy options takeaway pilot	Public Health
Develop a consistent approach to healthy weight conversations and key nutrition messages across health care settings, including GPs and allied health care professionals	Public Health, NENC ICS, Primary Care Networks
Promote healthy weight and physical activity awareness and resources to health and social care professionals so that they are equipped to offer brief advice/guidance	Public Health, Integrated Care Partnership, CYPS, Primary Care Networks
Progress DCC work with planning and communications to inform out of home food provision, promotion and prevalence.	Public Health, Planning, Comms
Ensure healthy weight, good nutrition and physical activity are explicit within County Durham workplace health programmes/BHAWA	Commissioned workplace health provider
4. Community engagement	
Through the healthy weight alliance, increase engagement with community groups (including volunteer programmes) through awareness raising and public education to build local capacity and capability to promote physical activity and healthy eating	Healthy Weight Alliance, County Durham Together, VCS
Promote matters relating to health literacy in the context of healthy weight and its promotion to County Durham communities	Healthy Weight Alliance, County Durham Together, VCS
Ensure that the County Durham Approach to Wellbeing and principles of coproduction inform future healthy weight initiatives and interventions	Public Health, County Durham Together
Through the Poverty Action Steering Group, ensure Food Inequality Initiatives can provide food which meets nutritional needs using the 'Eat Well Guide' principles.	Durham County Council, VCS, AAPs
5. Focus on inequalities	
Promote provision of training and guidance for healthy eating and moving more to providers of mental health and wellbeing services.	Healthy Weight Alliance, ICP, Primary Care Networks
Through the Poverty Action Steering Group, ensure Food Inequality Initiatives can provide food which meets nutritional needs using the 'Eat Well Guide' principles.	Durham County Council, Public Health, VCS, AAPs

6. A life course approach	
Scope current targeted weight management service provision (i.e. NHS digital weight management programmes) to inform Tier 2 weight management commissioning decisions.	Public Health, ICP
Ensure any commissioned targeted weight management interventions are coproduced and have a 'family focus'	Public Health, DCC Commissioning/Procurement
HENRY: review rollout of training with Family Health Service, ensure that programme delivery is reinstated and increase number of HENRY trained early years practitioners.	Public Health, Family Health Service
NCMP: review findings from 'Mapme' pilot to ascertain if there is a role for DCC PH team to provide support in the ongoing development of communications with parents whose children have been identified as having overweight or obesity	Public Health, Family Health Service
Family Hubs: increase staff knowledge/awareness of key messages and communications relating to good nutrition and regular movement/physical activity	Public Health, CYPS
7. Monitoring, evidence, evaluation and innovation	
Continue to develop the County Durham approach to whole systems approach to obesity, using 'ADPH What Good Looks Like' to track progress	Healthy Weight Alliance
Develop an evaluation and monitoring framework to include coproduction of partnership surveys e.g. 'What have you done in your service, setting/organisation towards the Healthy weight priorities?'	Healthy Weight Alliance
Monitor and review developments in national and local policy/evidence updates that impact upon healthy weight (i.e. planning, urban design, HFSS regulations, advertising and promotion)	Public Health, DCC Planning
Continue to work with regional and national colleagues and organisations to inform and develop local approaches to reducing the impact of the obesogenic environment.	Healthy Weight Alliance, OHID, Sustain, Physical Activity Strategy Committee
Through the healthy weight alliance and local academic partners, consider the potential for multi-disciplinary evaluation approaches to monitor further development of WSA to overweight and obesity	Healthy Weight Alliance, Academic Partners

Next steps

These recommendations identify several key priorities for early consideration:

- Explore the Healthy Weight Declaration as a commitment to a shared mission in taking a whole county approach to increasing healthy weight
- Work with internal and external stakeholders to complete current systems map that will inform continued whole systems approach development
- Develop a consistent approach to healthy weight conversations and key nutrition messages across health care settings, including GPs and allied health care professionals
- Through the healthy weight alliance, increase engagement with community groups (including volunteer programmes) to build local capacity and capability to promote physical activity and healthy eating
- Develop an evaluation and monitoring framework to include coproduction of partnership surveys e.g. 'What have you done in your service, setting/organisation towards the Healthy weight priorities?'

When agreed, all recommendations will inform an action plan with specified timescales for each action.

How will we know we have made a difference?

The actions identified above will be monitored through the Healthy Weight Alliance and reported annually to the County Durham Health and Wellbeing Board against the 'enabling healthy weight for all' objective. We expect to see:

- Improved stakeholder engagement, where all services are committed to working together to increase levels of healthy weight
- A reduction in the access to and promotion of unhealthy food, with a focus on ensuring prevalence of hot food takeaways does not exceed the County Durham Plan threshold of 5%, and monitoring of the policy that restricts advertising of foods that are high in fat, salt and sugar on Durham County Council platforms
- Increase the number of children who are a healthy weight
- Reduction in the proportion of adults who are overweight and obese
- Increase in the number of physically active children, young people and adults

Conclusion

The current whole systems approach to overweight and obesity has its roots in work dating back to the *'Healthy weight strategic framework 2014-20'*, the 2015 DPH report *'Obesity: An issue too big to ignore... or too big to mention?'*, and the 2018 reports on *'Working towards a healthy weight in County Durham'* and *'Review of childhood healthy weight pathway'*.

This review shows that steady progress has been made in the development of a WSA in County Durham and identifies recommendations that will further develop and bolster this approach as the primary means of improving healthy weight across the county.

Developing a whole systems approach to healthy weight is a long-term approach, and managing expectations is an important aspect of this work. It is crucial that key stakeholders are able to continually engage senior leadership and political support, whilst ensuring sustained buy in and ongoing commitment from wider stakeholders – many of whom will have different agendas and competing priorities.

APPENDIX ONE

Methodology

- Literature review
- Review of public health reports 2014 onwards
- Tier 2 weight management literature review and evaluation of recent provision
- Partnership engagement and consultation
- Findings from above used to inform review using the following evidence-based models:
 - Six phase whole systems approach to obesity to review the journey to date and identify gaps and recommendations from the current approach
 - The Association of Directors of Public Health 'What good healthy weight looks like for all ages' using its self-assessment framework to assess progress in developing, delivering and strengthening approaches to healthy weight.

Review consultation process

From January to May 2023, key stakeholders across sectors (VCS, DCC colleagues, health, community groups, public) were consulted by means of one-to-one conversations, task groups and team meetings. Partners contributed through:

- Healthy weight alliance survey: evidence informing what influences an 'obesogenic environment'
- Taking a whole systems evidence-based approach to increase physical activity levels: coproduction at all levels of the system in the development of the County wide shared 'Moving Together in County Durham' physical activity strategy and action plan
- Childhood healthy weight partner collaborative assessment: using the 'What good healthy weight looks like' framework during a partner event (Appendix A provides the table summary of findings, current work and recommendations)
- Primary Care: following on from the coproduction and sharing of the Healthy weight pathway resource, a timebound Healthy weight conversation group was established comprising a range of health professionals and a Social Prescriber Link Worker to create a healthy weight briefing and nurse healthy weight training.
- Obtaining feedback on perceptions to inform the review at established steering and task groups: National Child Measurement Programme, Healthy Start, Children and Young people Moving Together partnership, NE regional Children and young people health needs assessment steering group, Family hub meetings, Poverty Action Strategy group, GRT practitioners' group, NENC maternal healthy weight task group, Healthy place and communities, Right of Way improvement plan, Early years conference and Youth council

- Planning: Healthy Build for life, Healthy place and communities, Right of Way improvement plan

Lines of enquiry were based on what was happening in services, programmes or settings to tackle healthy weight, to identify perceived challenges and needs to enable the promotion of a healthier environment. These resulted in identification of key themes produced to improve approaches to healthy weight.