Image from Institute of Public Health

What action can be undertaken by local authorities within the North-East system to address childhood obesity?

North-East Children and Young People Healthy Weight Health Needs Assessment

February 2025

Office for Health Improvement & Disparities

ADPH North East

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Purpose of this Health Needs Assessment

This health needs assessment aims to understand what action can be undertaken by local authorities within the North-East system to address childhood obesity. It summarises the healthy weight needs of children and young people in the North-East and makes recommendations to support and enable change at a regional and local level.

Acknowledgements

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- Charlotte Bamford, Local Knowledge and Intelligence Service
- Members of the NE ADPH Healthy Weight and Physical Activity Network

Executive Summary

Executive Summary

Childhood obesity is a significant health issue for children and their families. The prevalence of childhood obesity is not evenly distributed with prevalence higher in children living in the most deprived communities.

On average children and young people are consuming too many calories and not meeting recommendations for a well-balanced and nutritious diet. This increase in calorie consumption is driven by the food environment and changes in the types of food we purchase and consume. On average, healthier foods are more than twice as expensive per calorie as less healthy foods. To afford the government recommended healthy diet, the most deprived fifth of the population would need to spend 45% of their disposable income on food, rising to 70% for those households with children.
The region is significantly worse that the England average on the prevalence of healthy weight for both age groups. The wider gap with England since the pandemic suggests that the region has not returned to pre-pandemic levels to the same extent as England. The prevalence of all categories of obesity remains higher for the North-East region compared with England, particularly since the pandemic for both Reception and Year 6 children. This is particularly notable for Year 6, and the gap between the region and England is more pronounced as the categories of obesity increase.

The North-East had the lowest consumption of fruit and vegetables at age 15yrs (2014/15) of all regions. The North-East is the region with the highest percentage of school age children eligible for free school meals (30.4%) in 2022/23. There is some variation across the North-East in the percentage of school age children eligible for free school meals – between 22.3% to 39.9%. 12% of households in the North-East experience food insecurity, this compares to 10% In England.

In terms of potential exposure to fast-food, recently published data on the density of fast-food outlets in 2024 indicates there are 130.4 per 100,000 for the North-East compared to 115.9 in England, with variation across Local Authorities in the region between 104.6 and 163 per 100,000 population. 3 Local Authorities in the North-East are below the England value.

Sport England's annual Active Lives indicates that 29.4% of children and young people in the North-East (aged 5-16yrs) are less active than 30mins a day. There is variation in this indicator across North-East Local Authorities (ranging from 17.8% to 43.9%).

National insights from children and young people indicate that they have an awareness and understanding in relation to the healthy food and the food environment and are concerned about the affordability and availability of healthy food. There is a need to involve and engage with children and young people in policy development associated with the food environment. This health needs assessment highlighted that more needs to be known about the views and experiences of children and young people living in the North-Eaast in relation to healthy weight, physical activity, nutrition and the food environment.

Executive Summary 2

A bespoke self-assessment tool for local authority public health teams was developed to identify assets and strengths and gaps and opportunities. Key assets and strengths included:

- *Planning/Strategy/Leadership/Governance* - a high level of sign up to the Food Active Healthy Weight Declaration across the North-East; the majority of the local authorities are progressing with a whole system approach to healthy weight
- *Natural and Built Environment* – there are strong partnerships between public health and planning and transport colleagues within local authorities
- *Access to Physical Activity/Sport/Recreation* - there is good local collaboration and partnerships and good engagement in the regional Physical Activity SLI programme
- *Healthy Settings* – there are strong partnerships with 0-19 Public Health services

Key gaps and opportunities included:

- *Planning/Strategy/Leadership/Governance* - *h*aving a multi-agency healthy weight strategy or plan and agreed measures of what success looks like
- *Placed-based or community-centred approaches* - local authority engagement of local people in identifying priorities in relation to healthy weight
- *Food Environment* - healthy and sustainable catering and vending policies, clauses within communication/marketing policies in relation to not receiving sponsorship from food or drink high in fat, sugar and salt(HFSS) and policies in place to restrict advertising of HFSS food and drink
- *Natural and Built Environment* - *p*ublic Health working with transport colleagues to encourage the use of public transport
- *Healthy Settings* - *a*n adoption of a 'whole school' approach to healthy weight
- *Providing Weight Management* Services - commissioning of 'Tier 2' weight management services for children and young people and their families

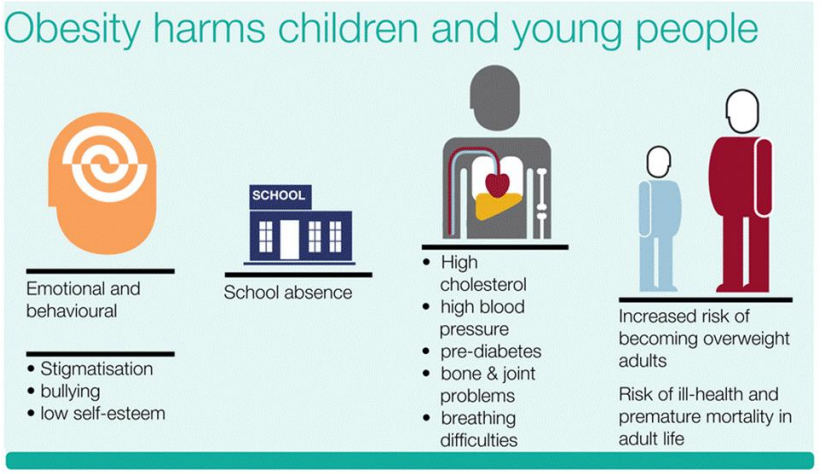
The steering group identified the following priority themes and developed **10 recommendations** across these themes.

- Whole system approaches
- Food environment - Healthier Advertising and Food Procurement and Provision
- Healthy Settings - Whole School Approach

Introduction

Introduction

Childhood obesity is a significant health issue for children and their families. There can be serious implications for a child's physical and mental health, which can continue into adulthood. The prevalence of childhood obesity is not evenly distributed with prevalence higher in children living in the most deprived communities.



Source: Public Health England (2015)

National Context

As part of its health mission led approach the government has set out an ambition to raise the healthiest generation of children in our history. This includes taking action to address the childhood obesity, through implementing restrictions on the advertising of less healthy products (products high in fat, salt or sugar) on TV and online, which come into force on 1 October 2025.

The Department for Environment, Food and Rural Affairs (Defra) is developing a food strategy to improve the food system; which includes healthier, more easily accessible food to tackle obesity and give children the best start in life.

Regional Context

The North-East Association of Directors of Public Health (NE ADPH) Healthy Weight and Physical Activity Network brings together public health teams from across the 12 North East (NE) local authorities to agree shared regional priorities; the network is supported by the Office for Health Improvement and Disparities (OHID) . The current priorities for the network include a regional physical activity sector lead improvement programme, regional food systems programme (Good Food Local North-East), action to childhood obesity and sharing learning and practice in relation to whole systems approach to healthy weight.

The North-East North Cumbria (NENC) Integrated Care System (ICS) has a Healthy Weight and Treating Obesity workstream that has developed a strategy with 4 strategic themes – whole system approach, advocacy around the food environment, equity in service provision and workforce. The NENC ICS has a Children and Young Peoples Network that supports the children's complications from excess (CEW) services.

Scoping and Evidence

Scoping

Health Needs Assessment Methodology

Scoping
- Steering group convened – agreed scope, aims and objectives for HNA
- Rapid review of evidence for whole system approaches to healthy weight conducted

Identifying need
- National and regional data and insights assessed to describe the healthy weight needs of children and young people

Identifying assets
- All North-East Local Authorities completed a self-assessment tool based on 7 strategic healthy weight themes

Priorities & recommendations
- Workshop with the steering group to review the evidence, data and self-assessment findings and agreed priorities and recommendations

Health Needs Assessment Aim

To understand what action can be undertaken by local authorities within the North-East system to address childhood obesity.

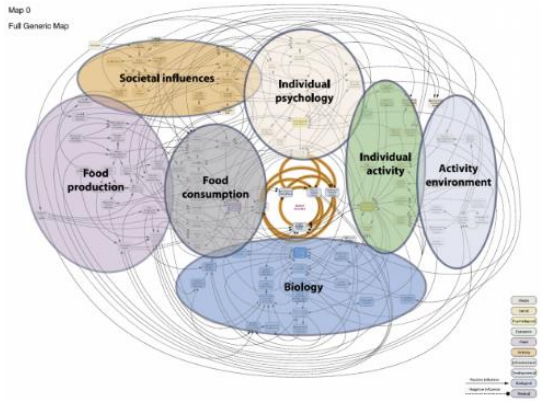
Health Need Assessment Objectives

- To provide a population level description of need associated with the weight status of school age children and young people (aged 0 - 19years and SEND up to 25yrs) in the North-East region of England.
- To audit, understand and reflect on the current position across the North-East region in relation to universal primary prevention associated with promoting healthy weight.
- To identify opportunities for local and regional collaboration in relation to promoting healthy weight.
- To inform local reviews and lead to improvements in the prevalence of overweight or obesity in children and young people.

Evidence – Whole system approaches (WSA)

Foresight (2007) tackling Obesity: Future Choices

The evidence is very clear that policies aimed solely at individuals will be inadequate and that simply increasing the number or type of small-scale interventions will not be sufficient to reverse the rising levels of obesity. Significant effective action to prevent obesity at a population level is required.



NIHR Obesity Review (2022) How can local authorities reduce obesity?

Whole system approaches showed promise however the evidence on how to implement systems approaches to address public health problems is still in its infancy, and further research is needed.

Public Health England (2019) Whole Systems Approach to Obesity Guide

Informed by academic evidence in the field PHE produced a guide and set of resources to support local authorities with implementing a WSA to address obesity and promote a healthy weight.

Public Health Scotland (2022) Whole systems approach (WSA) to diet and healthy weight: early adopters programme process evaluation

A process evaluation of the national WSA Early Adopter Programme was conducted in 4 areas which all followed the PHE guide for implementing a WSA to obesity.

What worked well:

- Positioning WSA work to connect with local structures and strategies
- Stakeholder engagement and participation. A broad base of interest was created, it required sustained work from local leads
- PHE WSA Guide – useful to get started and providing a logical framework to follow
- Workshop experience was positive, highly collaborative, going beyond good partnership working
- PHE guide was flexible to allow tailoring to local context

Difficulties and challenges:

- Capacity of local leads and stakeholders
- Stakeholder engagement and participation – some important players not engaged for a range of reasons
- Engagement of local communities – the WSA process did not engage local people with lived experience
- PHE WSA Guide – for some it was felt to be overly academic and complex

P.van der Graf et al (2025) Developing and implementing whole systems approaches to reduce inequalities in childhood obesity: A mixed methods study in Dundee, Scotland

The key findings from the study build on the current knowledge base about WSA in public health. They confirm and extend the findings from the systematic review of Bagnall et al (2019) and others, which identified 10 facilitators for WSA.

Bagnall et al's (2019) list of 10 facilitators	What van de Graf et al's 92025) evaluation confirms/ extends	Breslin et al (2023)	Salm et al (2023)
Strong leadership and full engagement of all partners	Confirmation	The working group responsible for coordinating the system development comprising individuals with diverse expertise. Barrier: engaging all relevant stakeholders	
Time to build relationships, trust and community	Confirmation but trusting relationships are not enough	Positive relationships between key personnel. Barrier: high staff turnover	
Engaging the local community	Confirmation but understanding of strategies and the wider structures are crucial	Buy-in at community level and national levels	The ability to tailor interventions to community needs
Capacity	Stakeholders need to have knowledge for capacity building to be effective	Barrier: inadequate training in WSA methodology	Governance structures and capacity that enable cross-sectoral collaboration
Good governance and shared values	Confirmation	Belief in WSA effectiveness; and existing governance structures	A citywide framing of obesity solutions in the context of a 'whole system' approach; governance structures and capacity that enable cross-sectoral collaboration; a commitment to early years intervention such as breastfeeding promotion
Appropriate partnerships to create sustainable multilevel environmental change	Confirmation but there is an ongoing need for targeted communication and diverse involvement opportunities		
Consistency in language used across organisations	Confirmation but language must be framed appropriately to encourage engagement with different languages used for community engagement		
Embedding initiatives within a broader policy context	Confirmation	Barrier: reverting to 'old ways' of non-WSA working	A supportive local political context
Local evaluations	Confirmation		
Sufficient financial support and resources	Confirmation	Funding availability; Barrier: insufficient funding	

Obesity Action Scotland and University of Edinburgh (2023) Local Levers for Diet and Healthy Weight in Scotland: Top evidence-backed opportunities

Whilst individual-based interventions remain popular, it is population-level change which will have the most impact on health. In relation to diet and healthy weight, no one action is going to result in huge benefits. A package of synergistic actions, each having a small effect on their own, and together having a larger effect, is required.

The scientific consensus is that the rise of obesity has largely been driven by changes in food consumption rather than changes in physical activity. However, physical activity can help people maintain a healthy weight and has many health benefits independent of any impact on body weight.

Authors reviewed the evidence to identify local levers for diet and healthy weight. They identified 7 local levers and have reviewed and summarised the evidence to recommend key actions for each lever.

Obesity Action Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland | New Report: Local Levers for Diet and Healthy Weight: Top Evidence Backed Opportunities

The 7 local levers for diet and healthy weight in Scotland are:

1. Restrict food marketing
2 .Utilise planning to improve food environments
3. Strengthen public food procurement and provision standards
4. Work with the out of home sector to reduce calories on the menu
5. Improve uptake of school meals
6. Promote and support physical activity
7. Protect, promote, and support breastfeeding and healthy diets for children.

Identifying Need

Identifying Need

Presentation of data

The presentation of data is structured into the following sections:

- Regional profile – overview of key demographics for the North-East
- National data – healthy weight related indicators
- Regional data – healthy weight related indicators
- National insights from children and young people
- Regional insights from children and young people

Key data sources

- 2021 Census
- NHS Digital
- Health Survey for England
- DHSC Fingertips Public Health Profiles
- National Diet and Nutrition Survey
- National Child Measurement Programme (NCMP)
- Sport England Active Lives Survey

Data sources

- Routine publicly available data sources were used to describe the healthy weight needs of children and young people in the North-East.
- There are a broad range of factors that impact on healthy weight. Where available indicators from across a range of these related factors were included.
- Where possible the health needs assessment has made use of official national statistics - which means they are produced to high professional standards as set out in the Code of Practice for Statistics.
- Regional or local authority level data is often not available or broken down by characteristics that would allow an assessment in relation to health inequalities (such as IMD, ethnicity, inclusion health groups). The exception to this was some of the data available from the National Child Measurement programme.

Regional Profile

- The estimated population in the North-East according to the 2021 census is 2,647,913, of this the estimated population aged 0-19yrs is 598,277 (22.3%).
- The difference in deprivation between areas is a major determinant of health inequality. In the North-East 31% of people in the region are living in the 20% most deprived Lower Super Output Areas in England. This compares to 20.2% in England.
- The North-East has a rate of poverty at 25%, the second highest region in England (Jospeh Roundtree Foundation, 2024). Some groups have higher rates of poverty and this includes children who have higher risk of poverty compared to the overall population.
- 16.4% of children (aged under 16 years) live in absolute low-income families in the North-East with variation within the region from 11.5% in North Tyneside to 26.2% in Middlesbrough (Public Health Profiles, 2022/23).
- 21% of children (aged under 16 years) in relative low-income families in the North-East with variation from 15.3% in North Tyneside to 31.7% in Middlesbrough (Public Health Profiles, 2022/23).

Age range	Estimated count	Total NE Population
0-4 years	134,305	5.1%
5-9 years	150,473	5.7%
10-15 years	183,275	6.9%
16-19 years	121,224	4.6%
20-49 years	966,220	36.5%
50-64 years	550,957	20.8%
65+ years	540,559	20.4%

Ethnic Group	Estimated count	% of total North-East population
Asian, Asian British or Asian Welsh	98,046	3.7%
Black, Black British, Black Welsh, Caribbean or African	26,635	1.0%
Mixed or multiple ethnic groups	33,271	1.3%
White	2,462,720	93%
Other ethnic group	26,342	1%

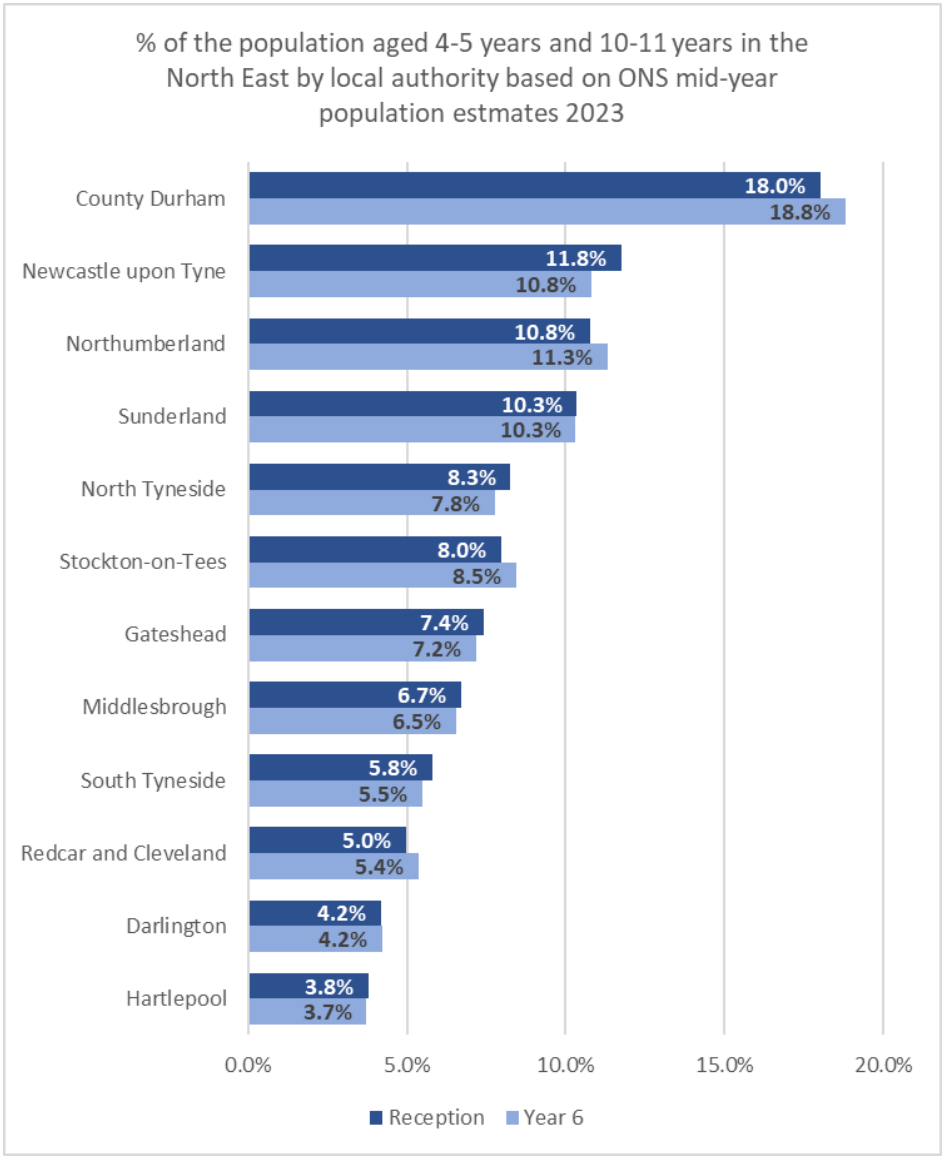
Source: 2021 Census

Population of children aged 4-5 and 10-11 across the North-East region by Local Authority

The National Child Measurement Programme (NCMP) is a national surveillance programme that measures every child annually in Reception and year 6.

For these age groups, in the North-East, over 50% of both Reception age children and Year 6 children reside in four local authorities:

- Country Durham
- Newcastle upon Tyne
- Northumberland
- Sunderland



National data – healthy weight related indicators

Health Survey for England (2022)

The Health Survey for England (2022) published in 2024 provides data on the prevalence of overweight and obesity among children by age, sex and household income. The report also provides child overweight and obesity, by parental BMI status. It covers children aged 2-15years, although as a sample it has much lower coverage than NCMP and therefore the estimates are less precise.

Key findings:

- Among children aged 2 to 15, the prevalence of obesity was 15%, the prevalence of overweight (including obesity) was 27%.
- 21% of children aged 8 to 15 were trying to lose weight, while 5% were trying to gain weight.
- Differences between boys and girls were not statistically significant.
- The prevalence of childhood obesity varied by area-deprivation. Children in the most deprived tertile had around double the prevalence of obesity (21%) of those in the least deprived tertiles (11%)
- Children's overweight and obesity was strongly related to that of their (legal, co-habiting) parents

National Diet and Nutrition Survey (2020)

The National Diet and Nutrition Survey (NDNS) is funded by OHID and the Food Standards Agency and is a rolling programme; a continuous, cross-sectional survey. It is designed to collect detailed, quantitative information on the food consumption, nutrient intake and nutritional status of the general population living in private households in the UK.

Key findings:

- 89% of 4-10yr olds and 82% of 11-18yr olds are exceeding the government recommendation for saturated fat (no more than 10% of total dietary energy)
- 85% of 1.5-3yr olds, 98% of 4-10yr olds and 93% of 11-18yr olds are exceeding the government recommendation for free sugars (no more than 5% of total energy)
- 88% of 1.5-3yr olds, 86% of 4-10yr olds and 96% of 11-18yr olds are not meeting the government recommendation for fibre intake (30g per day)
- 88% 11-18yr olds were not meeting the government 5-a-day fruit and vegetable consumption recommendation

Public Health England (2018) Calorie reduction: The scope and ambition for action

Depending on their age, on average, compared with those with ideal body weights, boys living with overweight and obesity consumed between approximately 140 and 500 excess kcals per day and for girls this was between 160 and 290 excess kcals per day.

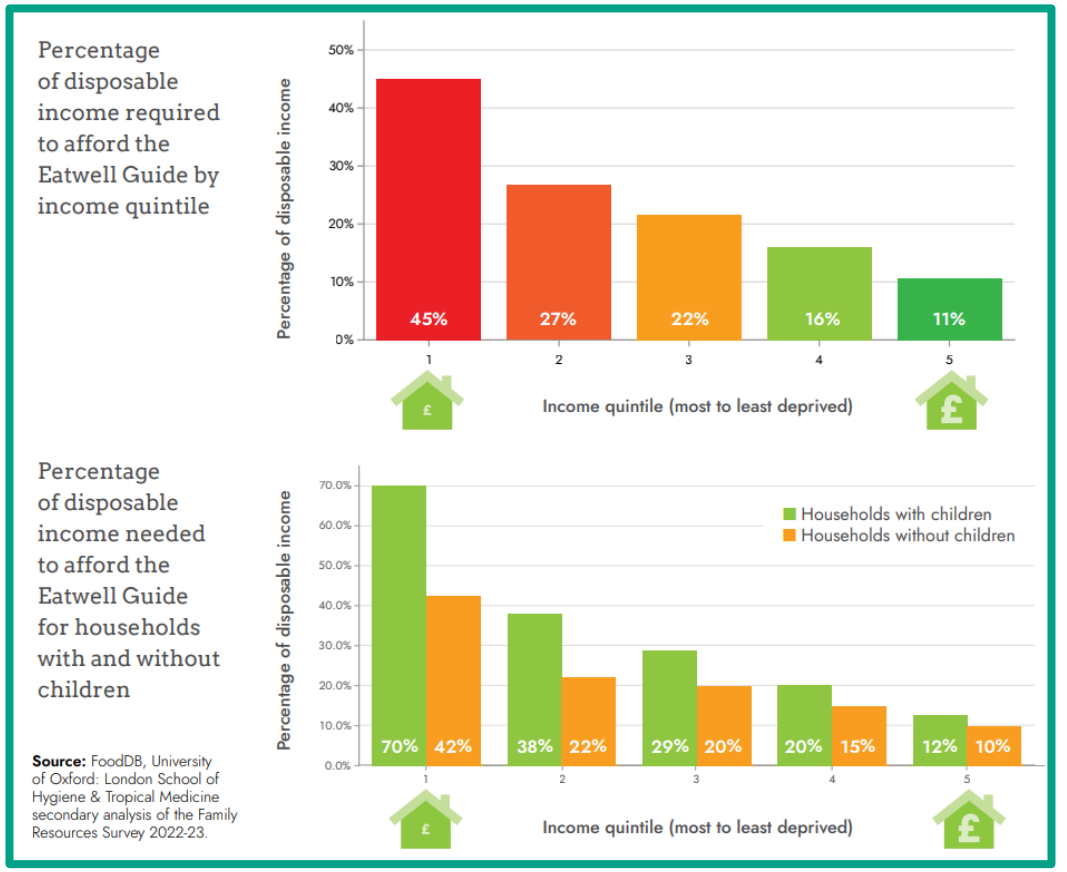
Food Environment

Affordability

- The Food Foundation (2025) The Broken Plate Report shares analysis the Office for National Statistics' Consumer Price Index conducted by the University of Cambridge shows a stark disparity in the cost of healthy and less healthy foods, as defined by the government's Nutrient Profile Model. In 2024, more healthy foods cost more than twice as much as less healthy options, averaging £8.80 per 1,000 kcal compared to £4.30 for less healthy foods.
- While this pattern has persisted for at least the past decade, the gap has widened in the past two years with the price of more healthy foods rising by 21% between 2022 and 2024, while less healthy foods saw an increase of 11% (Food Foundation, 2025).

Marketing and Accessibility

- Over a third (36%) of food and non-alcoholic drink advertising spend is on confectionery, snacks, deserts and soft drinks, compared to just 3% on fruit and vegetables (Food Foundation, 2025).
- Analysis by the Food Foundation (2025) shows a quarter of places to buy food in England were fast food outlets in June 2024
- The proportion of fast-food outlets also remains much higher in more deprived areas. 31% of places to buy food are fast-food outlets in the most deprived fifth of areas, compared to 22% proportion in the least deprived fifth of areas (Food Foundation, 2025)
- Portion sizes have increased substantially since 1990. Evidence shows that larger portion sizes encourage people to eat more (CMO, 2019). This increase in portion sizes has gradually started to shift public perception of what a normal portion size is.
- Portion sizes in the out-of-home sector tend to be particularly large (CMO, 2019).



Source: The Food Foundation (2025)

For many people a healthy diet is financially out of reach. The most deprived fifth of UK households would need to spend 45% of their disposable income (after housing costs) to afford the Eatwell Guide – the government's official guidance on the types and proportions of food needed for a healthy, nutritious diet, this rises to 70% for those households with children (Food Foundation, 2025).

Travel to and from School

The 2023 National Travel Survey (NTS) is part of a series of household surveys of personal travel by residents of England travelling within Great Britain, from data collected via interviews and a seven-day travel diary.

The NTS collects data in relation to trips to and from school, indicates the main mode of transport between 2002 and 2023 for England for 5-10year olds and 11-16year olds.

In 2023, 47% of trips to and from school were made by walking, 45% by car and 2% by local bus by children aged 5 to 10.

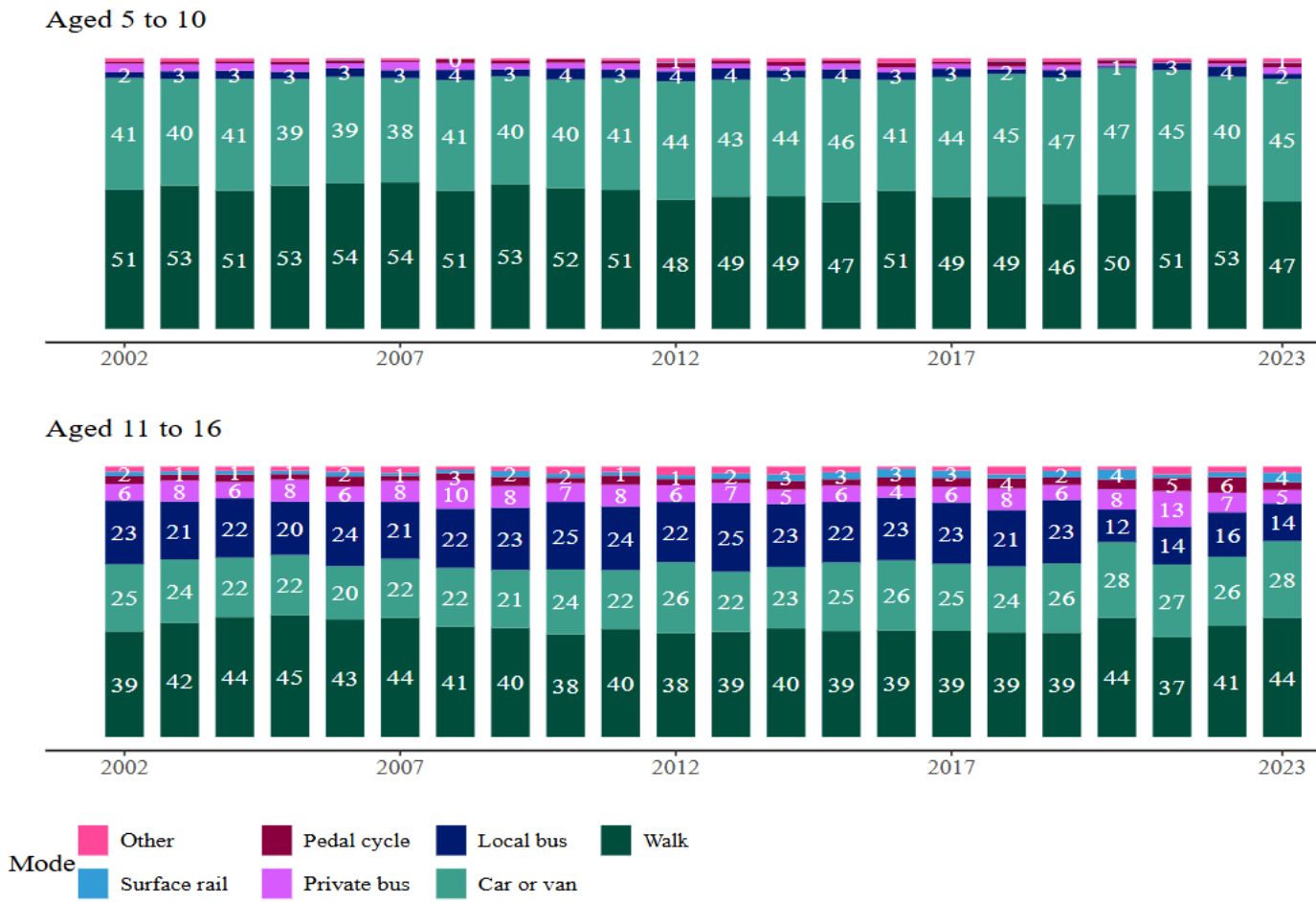
In 2023 children aged 11 to 16 made 44% of trips to and from school by walking, 28% by car and around 14% by local bus.

Children aged 11 to 16 tend to cycle to school slightly more than younger children, with 3% of such trips made by pedal cycle in 2023.

In terms of mode of transport and rural-urban residence, in 2023:

- 3% of trips to and from school were made by walking by children aged 5 to 16 living in urban conurbation areas, 28% by car and 10% by local bus.
- Children living in urban cities and towns made a lower proportion of trips by walking with 44%, 42% by car, 5% by local bus and 3% by cycling.
- 9% of trips to and from school by children living in rural towns and fringes were made by local bus and 8% by private bus.
- Children living in rural villages, hamlets and isolated dwelling made the highest proportion of their trips to and from school by car (63%), followed by local bus (13%) and private bus (12%).

Trips to and from school by main mode and age: England, 2002 to 2023



Source: National Travel Survey (2023)

Key headlines from national data

- On average children and young people are consuming too many calories and not meeting recommendations for a well-balanced and nutritious diet.
- This increase in calorie consumption is driven by the food environment and changes in the types of food we purchase and consume.
- Over a third (36%) of food and non-alcoholic drink advertising spend is on confectionery, snacks, desserts and soft drinks, compared to just 2% on fruit and vegetables.
- On average, healthier foods are more than twice as expensive per calorie as less healthy foods.
- To afford the government recommended healthy diet, the most deprived fifth of the population would need to spend 45% of their disposable income on food, rising to 70% for those households with children.
- A quarter (26%) of places to buy food in England are fast-food outlets.
- Portion sizes have increased substantially since 1990. This increase in portion sizes has gradually started to shift public perception of what a normal portion size is.
- In England, in relation to trips to and from school, the main mode of transport between 2002 and 2023 was walking for both 5-10year olds (47%) and for 11-16year olds (44%). There are differences in the mode of transport to and from school in relation to area of residence (urban-rural).

Regional Data

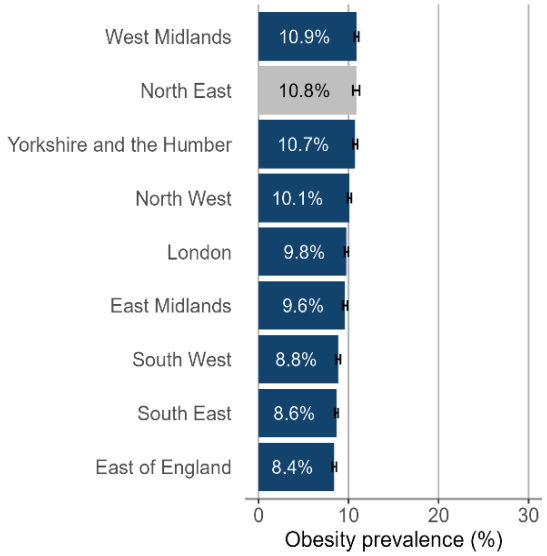
National Child Measurement Programme (NCMP) 2023/24

The NCMP collects annual measurements of the height and weight of over one million children in reception (age 4 to 5 years) and year 6 (age 10 to 11 years) in primary schools across England. The participation rate in the North-East in 2023 to 2024 was 93% in reception children and 94% for children in year 6.

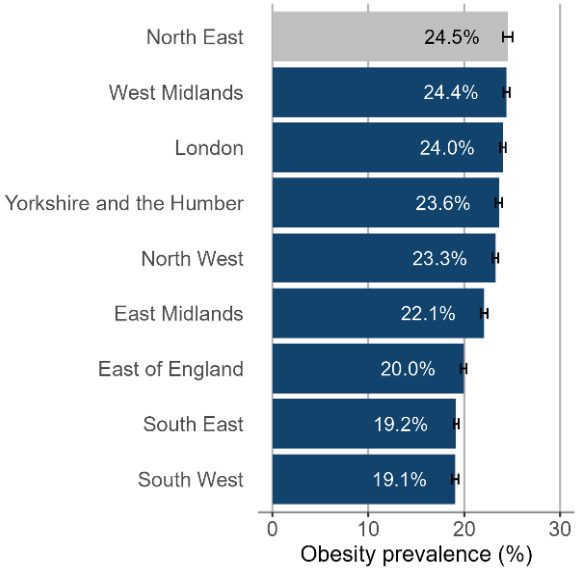
In 2023/24, in the North-East:

- The prevalence of underweight Reception age children remained lower than the national average across the region in 2023/24.
- The prevalence of Reception age children of a healthy weight remains worse than the England average.
- The NCMP has identified **6,390** children in Reception classed as overweight (including obese) with **780** classed as severely obese. This remains higher than the national average.
- The NCMP has identified **11,065** children in Year 6 classed as overweight (including obese) with **1,970** classed as severely obese. This remains higher than the national average.

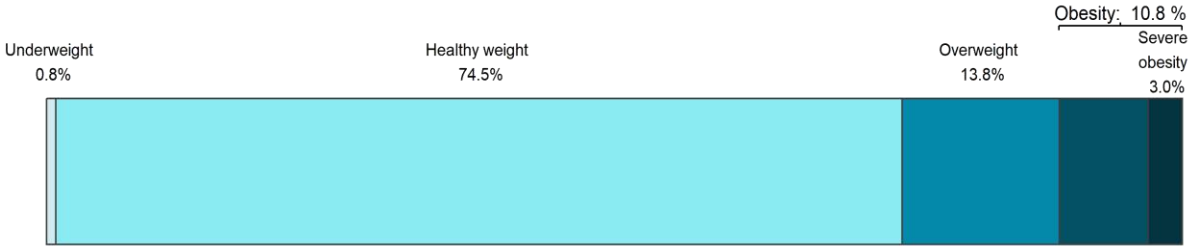
Obesity prevalence – Reception



Obesity prevalence – Year 6



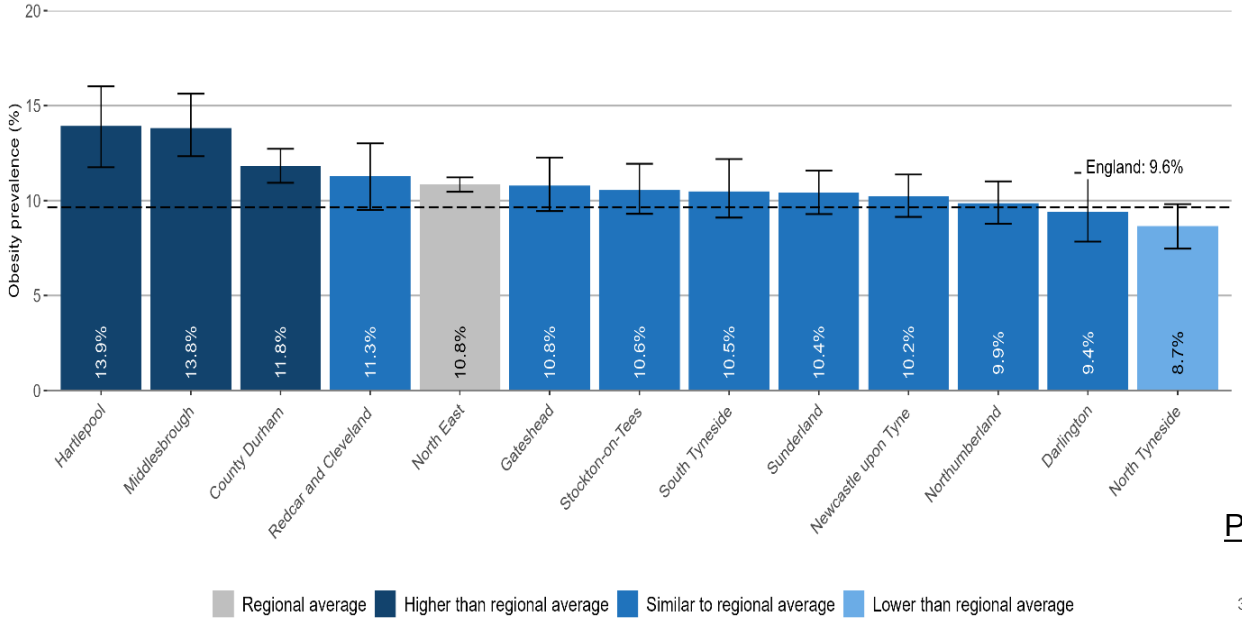
BMI status of Reception age children in the North-East (NMCP 2023/24)



BMI status of Year 6 age children in the North-East (NMCP 2023/24)

Local Authority Variation

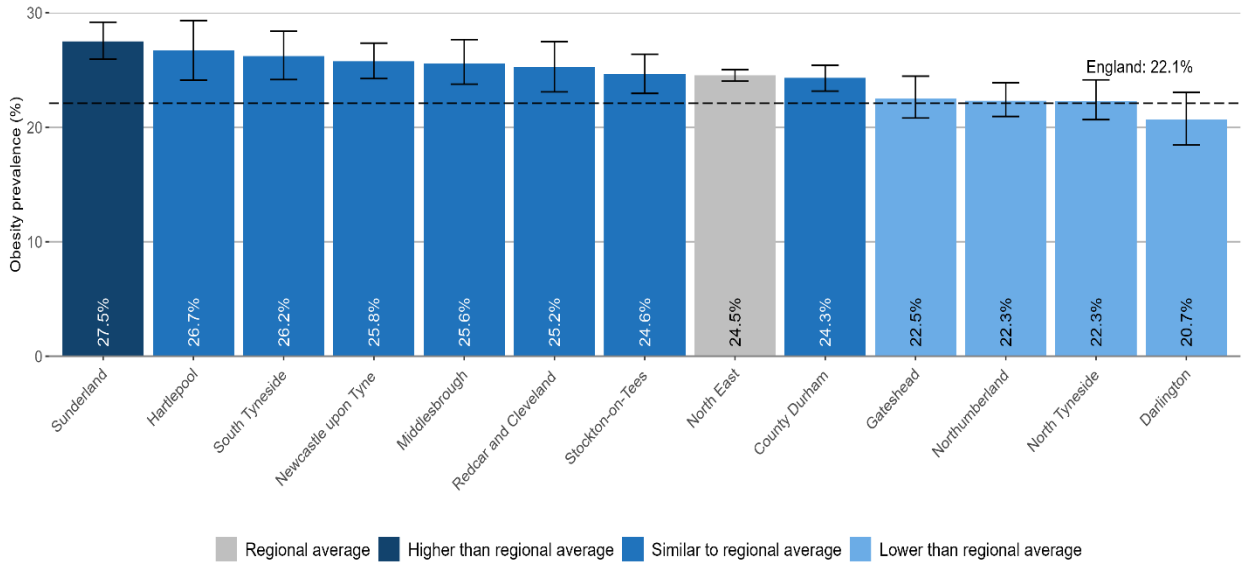
Prevalence of obesity in Reception children the North-East and by Local Authority 2023/24



There is variation across Local Authorities in the North-East in terms of prevalence of obesity in Reception, ranging from 8.7% in North Tyneside to 13.9% in Hartlepool.

There are 2 Local Authorities in the North-East that have a prevalence of obesity in Reception aged children that is below England levels; Darlington and North Tyneside

Prevalence of obesity in Year 6 children the North-East and by Local Authority 2023/24



There is variation across Local Authorities in the North-East in terms of prevalence of obesity in Year 6, ranging from 20.7% in Darlington to 27.5% in Sunderland.

Darlington is the only Local Authority in the North-East that has a prevalence of obesity in Year 6 aged children that is below the England level

NCMP – Inequalities data

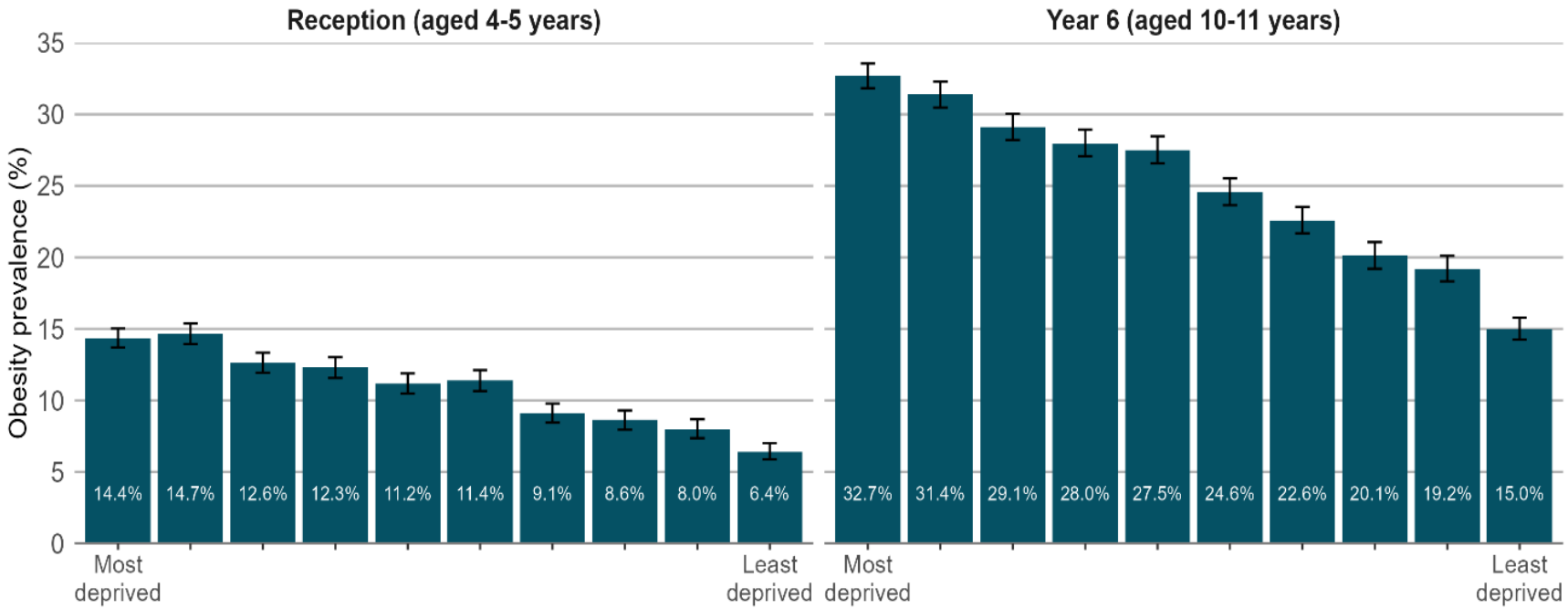
Deprivation

There is a strong relationship between deprivation and obesity.

Reception
In 2023/24 the prevalence of obesity was over twice as high among reception children living in the most deprived areas (14.4%) as among reception children living in the least deprived areas (6.4%).

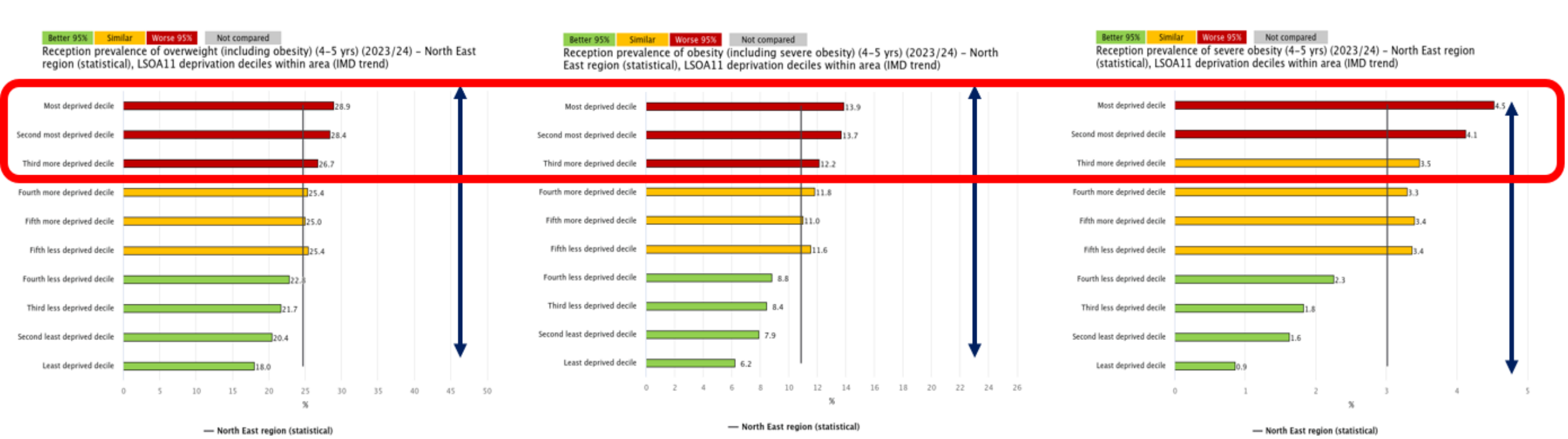
Year 6
In 2023/24 the prevalence of obesity was over twice as high among children living in the most deprived areas (31.7%) as among children living in the least deprived areas (15.0%)

Obesity prevalence in the North-East by deprivation 2023/24



NCMP – North-East Inequalities data

Reception – North-East prevalence of overweight (including obesity) by deprivation deciles 2023/24



In the North-East in 2023/24:

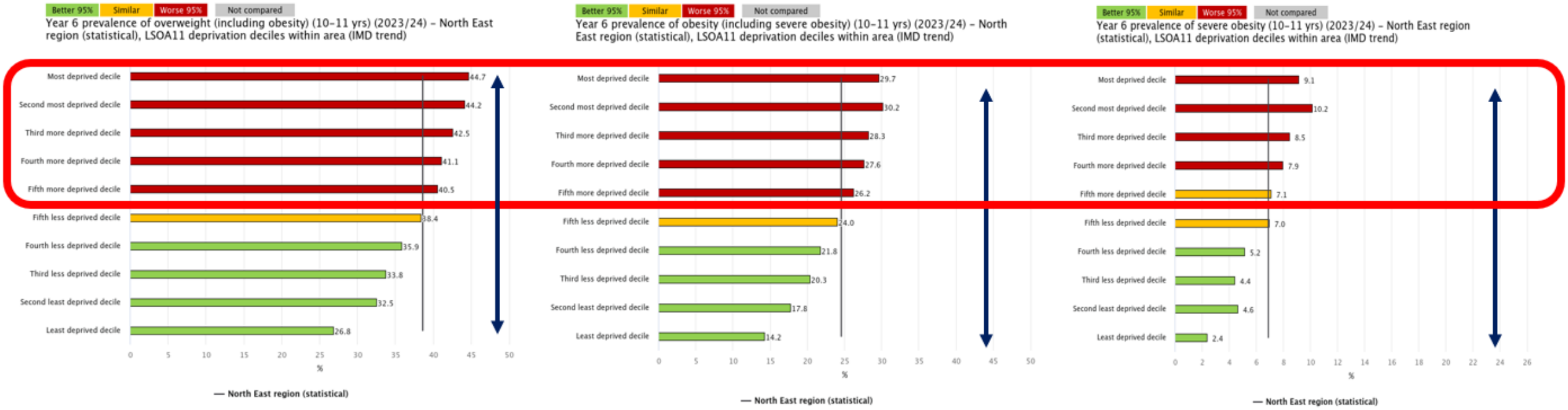
The prevalence of Reception age children classed as overweight (including obese) is **38%** lower in the least deprived decile compared to the most deprived decile (with a narrower gap of **35%** for England)

The prevalence of Reception age children classed as obese (including severely obese) is **55%** lower in the least deprived decile compared to the most deprived decile (with a narrower gap of **53%** for England)

The prevalence of Reception age children classed as severely obese is **80%** lower in the least deprived decile compared to the most deprived decile (with a narrower gap of **73%** for England)

There is an **association between prevalence of obesity and deprivation**.

Year 6- North-East prevalence of overweight (including obesity) by deprivation deciles 2023/24



In the North-East in 2023/24:

The prevalence of Year 6 children classed as overweight (including obese) is **40%** lower in the least deprived decile compared to the most deprived decile (with a wider gap of **42%** for England)

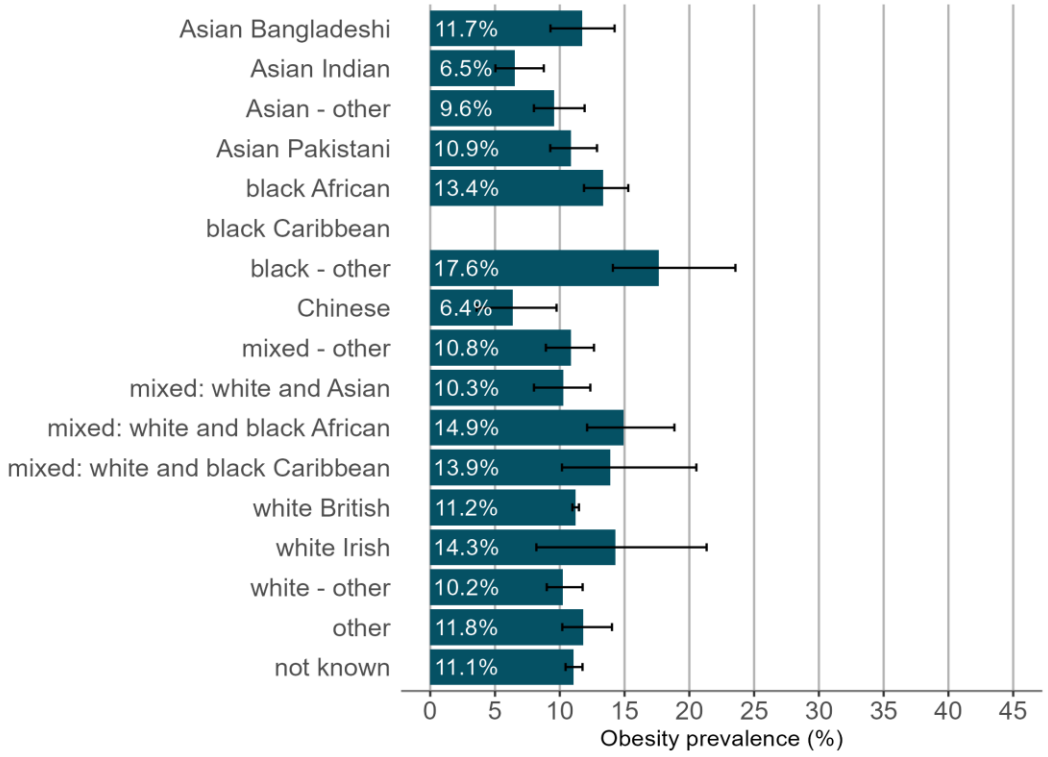
The prevalence of Year 6 children classed as obese (including severely obese) is **52%** lower in the least deprived decile compared to the most deprived decile (with a wider gap of **55%** for England)

The prevalence of Year 6 children classed as severely obese is **74%** lower in the least deprived decile compared to the most deprived decile (with a wider gap of **76%** for England). For the second most deprived quintile, the gap is **76%,** the same as England

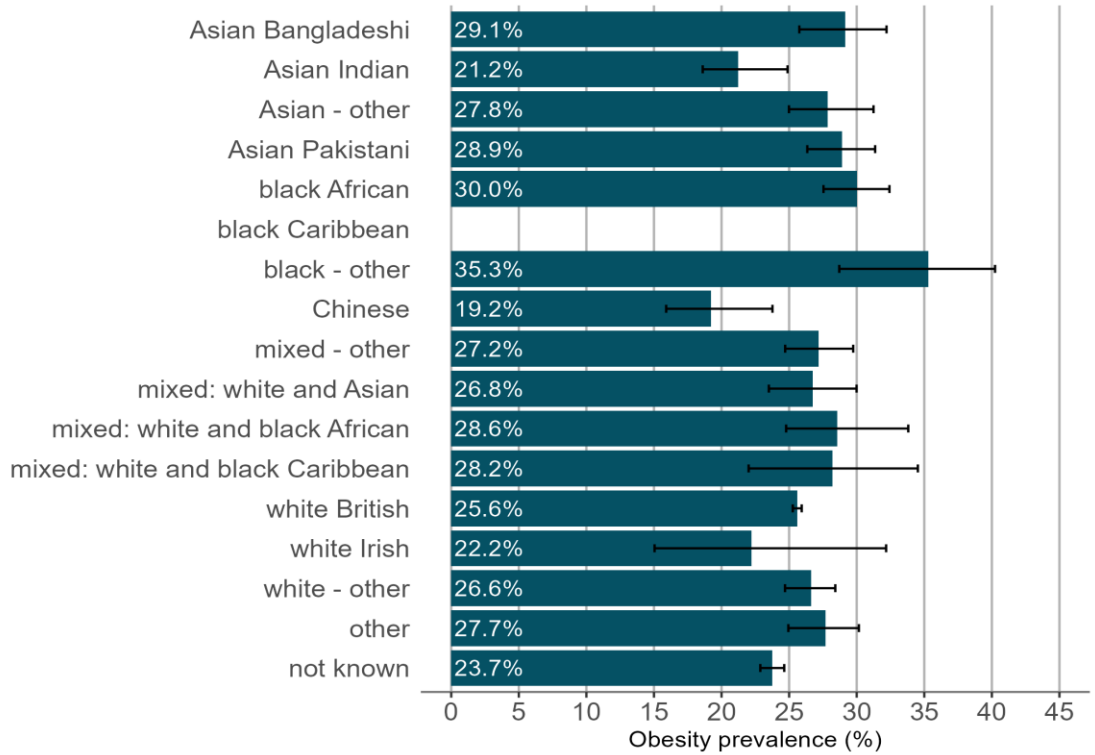
There is an **association between prevalence of obesity and deprivation**.

Ethnicity

Obesity prevalence in Reception by ethnic group in the North-East (2023/24)



Obesity prevalence in Year 6 by ethnic group in the North-East (2023/24)



Missing data is supressed for disclosure control reasons. Data grouped over 3 years (2021 t0 2022, 2022 to 2023 and 2023 to 2024). 95% confidence intervals are shown.

In 2023/24, in both reception and Year 6, the proportion of children living with obesity was highest for Black (other) children (17.6% and 35.3% respectively) and lowest for Chinese children (6.4% and 19.2% respectively). The North-East region is less diverse than other regions, however there are differences between ethnic groups.

Sex

NCMP data in 2023/24:

- For Reception age children, the only significant sex differences for the North-East region are for underweight children where a **significantly higher proportion of males are underweight** compared to females in the region (1.1% male v 0.5% female).

- There are no significant differences by sex for the North-East region in the prevalence of Year 6 children classed as underweight.

- Sex differences are however evident for other indicators in the North-East, where **males are significantly higher**:
  - Prevalence of overweight (including obese) (40.7% male v 36.3% female)
  - Prevalence of obesity (including severe obesity) (26.8% male v 22.1% female)
  - Prevalence of severe obesity (8.2% male v 5.5% female)

Diet and Nutrition

There is limited data available at a regional level of the diets of children and young people.

In terms of fruit and vegetable consumption - the most recent data available (Fingertips, Public Health Profiles 2014/15) indicates that the North-East region has the lowest proportion of **15yr olds who eat 5 portions of fruit and vegetables per day** (**46.8%** compared to 52.4% in England).

Research is growing into the impacts of providing free meals to primary school children. Recent studies have looked at Universal Free School Meal (UFSM) schemes already implemented in primary schools and comparing changes in outcomes in these LAs with those that do not run UFSM schemes. Key findings include receiving UFSM reduces prevalence of obesity by 9.3% among Reception children and 5.6% among Year 6 children on average. This corresponds to a 1.3 and 1.4 percentage points reduction in obesity (Food Foundation, 2022).

The **North-East region has the highest proportion of eligible school age pupils in England; 30.4% in the North-East compared to 23.8% in England** with the lowest proportion in the South-East region at 18.8%.

There is variation within the Nort- East in relation to eligibility for free school meals across Local Authority areas, this variation ranges from almost 40% in Middlesbrough to 22.3% in Northumberland.

(Source Fingertips: Public Health profiles)

Research has found that **food insecurity is associated with childhood overweight and obesity**.

The most recent data (2022/23) in relation to food insecurity suggests that **12% of households in the North-East experience food insecurity**, this compares to 10% In England. Regions vary from 8% in the South-East, South-West and East of England and 13% in the North-West.

(Source Fingertips: Public Health Profiles)

Natural and Built Environment

There is strong evidence linking the density of fast-food outlets to the level of area deprivation, and the data shows higher concentrations of fast-food outlets in England's most deprived communities (PHE, 2018).

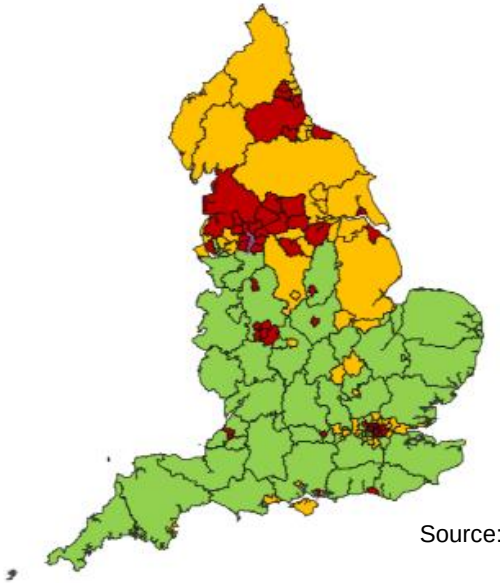
Neighbourhood food environments have been labelled "obesogenic" when they facilitate the overconsumption of energy dense, nutrient poor foods, and increased levels of overweight and obesity. Burgoine et al (2014) examined environmental exposure to takeaway food outlets, in Cambridgeshire, based on domains at home, at work, and along commuting routes. They found that overall, access to takeaway food outlets in all three domains combined was positively associated with takeaway food consumption, body weight, and obesity.

Data is available on the density of fast-food outlets across England, which gives an indication of potential exposure to fast food.

There is variation in the North-East in relation to the density of fast-food outlets with 3 Local Authority areas (Northumberland, North Tyneside and Stockton) having less per 100,000 population than the England value, with Sunderland having the highest number of outlets per 100,000 population in the region.

Fast food outlets per 100,000 population for North-East Local Authorities (2024)

Area	Recent Trend	Count	Value
England	–	66,891	115.9
North East region (statistical)	–	3,535	130.4
Sunderland	–	458	163.0
Darlington	–	160	144.7
Newcastle upon Tyne	–	439	140.7
Gateshead	–	280	140.6
Redcar and Cleveland	–	193	139.9
Hartlepool	–	132	138.4
County Durham	–	704	132.3
Middlesbrough	–	193	126.4
South Tyneside	–	180	120.6
Stockton-on-Tees	–	223	110.2
North Tyneside	–	231	109.1
Northumberland	–	342	104.6



Source: Fingertips Public Health Profiles

Research indicates that the environment in which we live is inextricably linked to our health across the life course. For example, the design of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes.

The Access to Healthy Assets and Hazards (AHAH) index is designed to allow policy/decision makers to understand which areas have poor environments for health, and to help move away from treating features of the environment in isolation. The index captures multidimensional features of the built environment including accessibility to retail services (e.g., fast food outlets, pubs, gambling stores), health services, green and blue spaces, and overall air quality. The overall index captures unhealthy environments. 20% of the population in the North-East live in LSOAs, which score in the poorest performing 20% on the AHAH index. There is variation by Local Authority with 7.6%of residents in Northumberland living in the poorest performing 20% on the AHAH index, compared to 39.2% in South Tyneside.

Access to Healthy Assets and Hazards Index (2024)

Area	Recent Trend	Count	Value
England	–	11,938,667	20.9*
North East region (statistical)	–	537,379	20.0*
South Tyneside	–	58,336	39.2
Middlesbrough	–	53,760	36.3
Newcastle upon Tyne	–	104,783	34.1
North Tyneside	–	56,977	27.1
Stockton-on-Tees	–	40,130	20.1
Sunderland	–	52,809	19.0
Gateshead	–	30,845	15.6
County Durham	–	75,680	14.3
Redcar and Cleveland	–	17,427	12.7
Darlington	–	11,939	10.9
Hartlepool	–	10,033	10.7
Northumberland	–	24,660	7.6

Source: Fingertips Public Health Profiles

Food Environment

In 2024, ASH commissioned a YouGov public survey that included questions on the food environment, to understand levels of public support for a range of actions aimed at addressing the rising levels of obesity.

There is public support in the NE for:

- Restrictions on advertising of unhealthy food.
- Stopping brands that sell unhealthy food from sponsoring sports events and teams.
- Government to require food manufacturers to reformulate (reduce sugar and calories in foods).
- A levy on food and drink manufacturers for measures to reduce or prevent obesity.

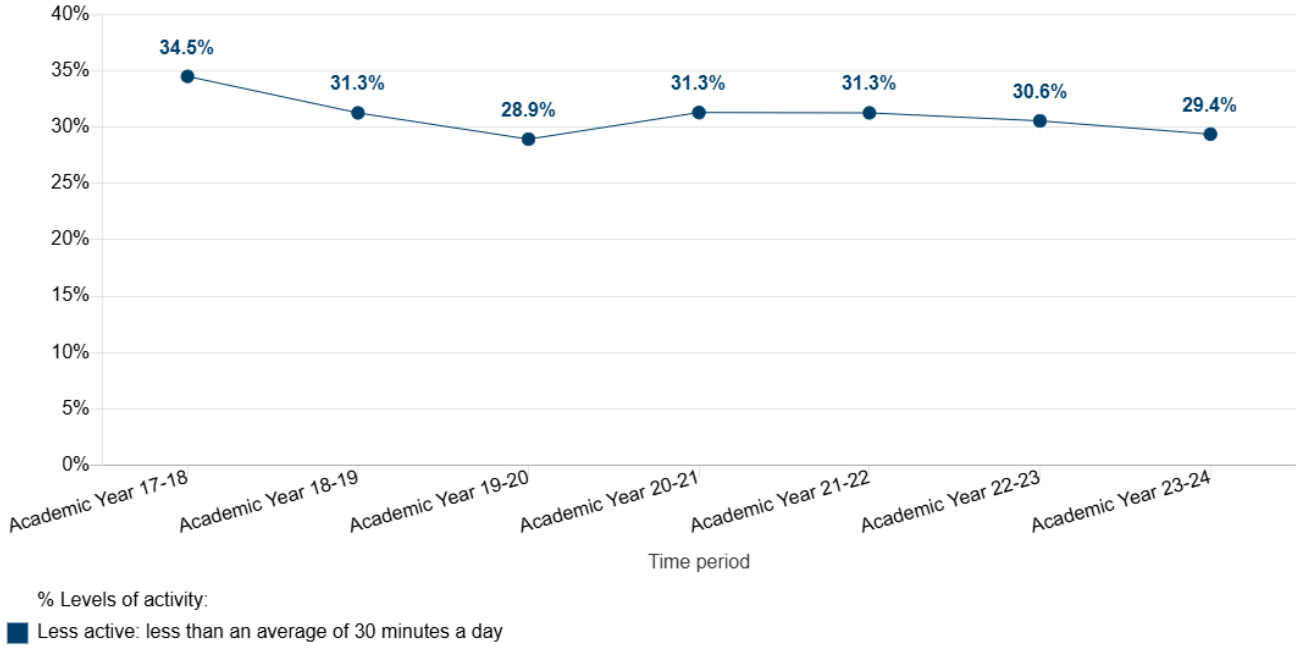
To note: The sample size of this survey was 535 (adults living in the North-East) so caution needs to be taken interpreting these results.

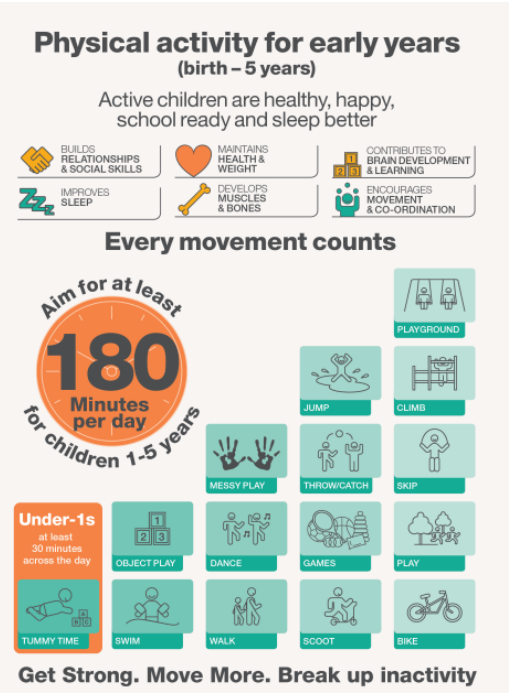
Physical Activity

The Sport England Active Lives Children and Young People annual survey provides an indication of physical activity levels in children and young people across England.

In the North-East the number of children and young people (aged 5-16yrs) who are less active than an average of 30mins a day has been reducing from 34.5% in 2017/18 to 29.4% in 2023/24. This compares to in England in 2023/24 29.6% of children and young people who were less active than an average of 30mins a day.

Percentage of children and young people aged 5-16yrs who are less active less an average of 30mins a day in the North-East (2017/18 to 2023/24)





(Source: CMO, 2019 Physical Activity Guidelines)

Exploring physical activity levels further, there is a variation by Local Authority area within the North-East.

Middlesbrough is the local authority with the highest percentage of 5-16year olds not participating in an average of 30mins per day (43.9%) compared to Hartlepool which has the lowest levels in the region (17.8%).

Oral Health

Extraction of teeth in young children usually involves admission to hospital. In 2024, the proportion of teeth with experience of dentinal decay that had been extracted in 5yr olds across England was 8.1% and **17.1% in the North-East**.

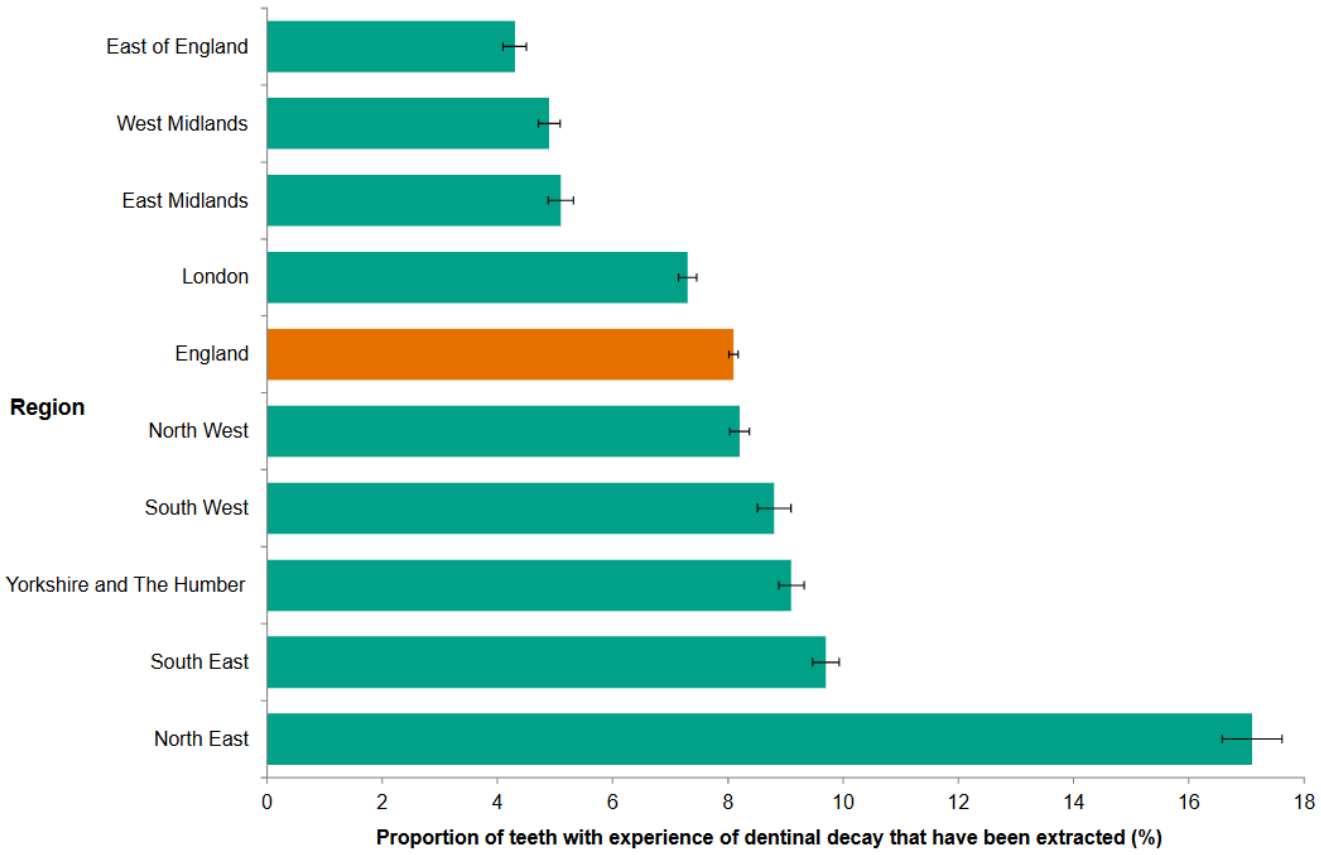
There is variation in prevalence of visually obvious dental decay in 5yr olds in by region in England. 22.2% of 5yr olds in the North-East have visually obvious dental decay, which is not statistically different to England at 23.7% (2021/22).

Within the North-East region there is variation by Local Authority area, with 2 Local Authorities, Middlesbrough (31.2%) and Gateshead (30.5%), having a statistically higher proportion of 5yr olds with visual tooth decay compared to England and 3 Local Authorities with statistically lower proportions; 16.6% in North Tyneside, 16.7% in Northumberland and 17.3% in Stockton.

Inequalities in oral health exist. In 2024, children living in the most deprived areas had 2.7 times greater prevalence of experience of dentinal decay compared to those living in the least deprived areas.

(Source: Fingertips Public Health Profiles; National Dental Epidemiology Programme survey of 5yr old children in England; 2024)

Proportion of teeth with dentinal decay that have been extracted in 5yr olds in England by region, 2024



(Source: National Dental Epidemiology Programme survey of 5yr old children in England; 2024)

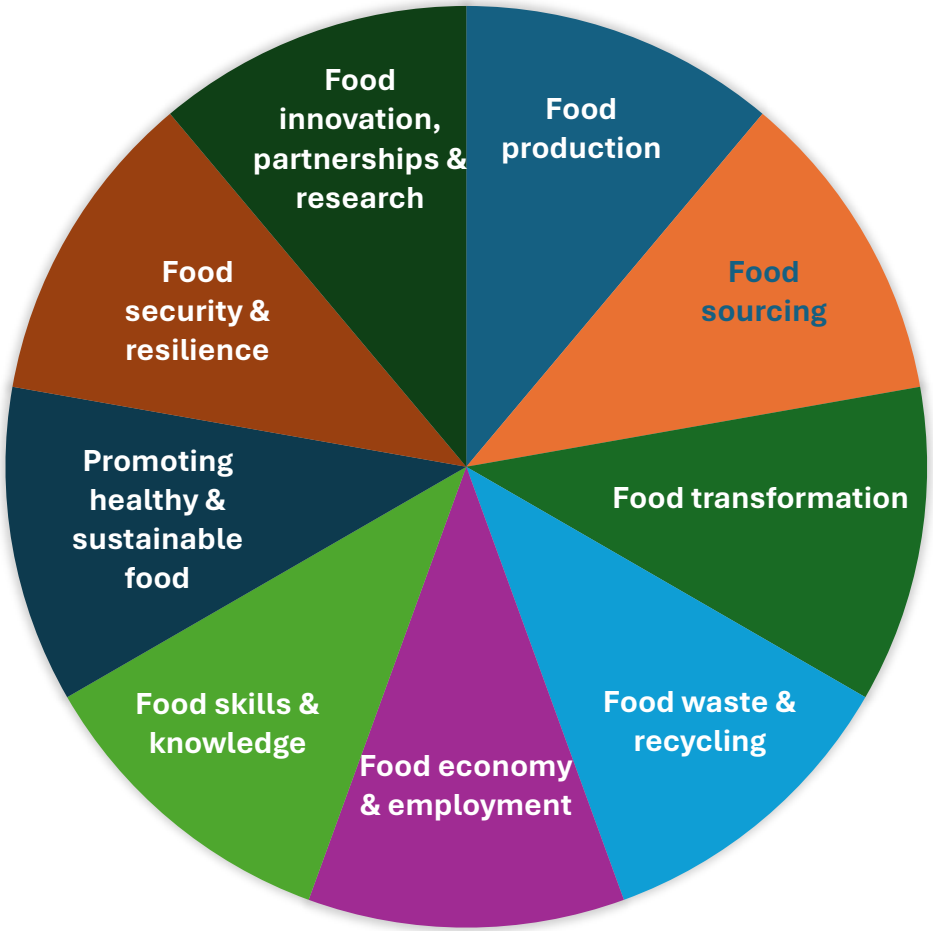
Good Food Local North-East

Good Food Local North-East is a collaboration between Sustain, ADPH NE, Local Food Partnerships, OHID NE and Newcastle University. Building on the Good Food for All Londoners, the North-East programme aims to develop and implement a regional public health approach to good food.

Proposed outcomes:

- Improve prioritisation and equity of good food across the North-East, ensuring the communities that need it most have the greatest access to good food.
- Cement the North East's profile (locally and nationally) as a place where organisations, networks and partnerships are progressing the good food agenda.
- Provide the North-East with a better understanding of local performance and opportunities for focus.
- Be informed by evidence including the needs of and insights from, our communities.
- Help Local Authorities to work on long term solutions/interventions, cement ideas on food systems thinking and address the root causes of the most pressing issues in our food system.
- Increase local commissioning of good food projects.
- Build lasting relationships between stakeholders from across all aspects of the food system that facilitate mutual learning to advance our shared strategic goals.

Themes of interest



All local authorities in the North-East completed a benchmarking exercise in 2024. The benchmarking results and case studies can be found at Good Food Local: The North East report | Sustain

Following the benchmarking Sustain developed recommendations for each Local Authority and a series of regional recommendations for the North-East:

Food Governance and Strategy

- Support the development of a food partnership and food strategy covering all key food issues. This should be developed in consultation with a wide range of stakeholders.

Food Growing and Other Community Food Action

- Ensure there is a lead council officer for food growing, a clear route for residents to access public land, and support to set up community gardens and develop the skills to grow food.
- Ensure good food is celebrated across the council's communications channels and through a variety of publicly accessible events and projects, and support community food initiatives to develop and thrive.

Sustainable Food Economy

- Put in place a Good Food Retail Plan to improve access to healthy, affordable food in the local authority area.

Catering and Procurement

- Having targets or standards for procurement that ensures the food under the council's control reflects a planetary health diet, as well as supporting nature-friendly farmers and those with ethical and environmental credentials e.g. having meat free days, serving organic, local and/or seasonal produce, and using verifiably sustainable fish.

Food for the Planet

- Include timebound, specific and measurable targets on food in climate action plans and assign capacity to act on these commitments.

Healthy Food for All: healthier food environments

- Assign resource to develop a healthier food advertising policy for the council, following good practice.
- Use planning strategies to manage new hot food takeaways.

Healthy Food for All: tackling food poverty

- Strengthen and embed cash-first approaches to reducing poverty, including providing crisis support via cash payments and increasing income maximisation via advice services.
- Implement measures to increase uptake of free school meals and holiday food provision for all potentially eligible families, including use of opt-out automated enrolment processes, working to ensure that these are healthy and sustainably sourced, and support campaigning towards healthy school food for all.
- Develop a target-driven action plan to increase uptake of Healthy Start cards and vitamins, including training for frontline staff and targeted outreach using postcode-specific uptake data.
- Urgently review food provision for people seeking asylum, particularly with regards to food safety standards and infant feeding and bring together relevant council teams and local partners to improve access to food and kitchens.
- Resource nutritious meal provision inside and outside of the home for older and disabled residents and ensure strong referral pathways into services.
- Support development of community food projects which go beyond emergency food provision linked up with wraparound support services.

Headlines from the regional data

NCMP

- The North-East region is significantly worse than the England average on all of the NCMP indicators and is the worst region out of nine regions on number of these indicators.
- Though there has been an increase in the prevalence of underweight children in both Reception and Year 6 reported across the region since the pandemic, the prevalence of underweight children falls well below the national average for both age groups.
- The region is significantly worse that the England average on the prevalence of healthy weight for both age groups. The wider gap with England since the pandemic suggests that the region has not returned to pre-pandemic levels to the same extent as England.
- The prevalence of all categories of obesity remains higher for the North-East region compared with England, particularly since the pandemic for both Reception and Year 6 children. This is particularly notable for Year 6, and the gap between the region and England is more pronounced as the categories of obesity increase.
- There is variation between local authorities across the region on the NCMP indicators.
- The gradient between the most and least deprived deciles is apparent across all categories of obesity for both Reception and Year 6. The width of the gap between the least deprived and most deprived deciles increases as the categories of obesity increases (with severe obesity having the largest gap both regionally and nationally). For Reception children, the percentage difference between the most and least deprived deciles is larger for the region than it is nationally, but this is not the case for Year 6.
- The percentage of underweight children is significantly higher in males compared to females in Reception. There are no other significant sex differences in the Reception data, though trend data for severe obesity suggests that males may be significantly higher than females in the future
- For Year 6 across all categories of obesity, the prevalence of obesity in males is significantly higher than in females. Trend data suggests that this is likely to continue.

Food and nutrition

- The North-East had the lowest consumption of fruit and vegetables at age 15yrs (2014/15) of all regions.
- The North-East is the region with the highest percentage of school age children eligible for free school meals (30.4%) in 2022/23. There is some variation across the North-East in the percentage of school age children eligible for free school meals – between 22.3% to 39.9%.
- 12% of households in the North-East experience food insecurity, this compares to 10% In England.

Food environment

- In terms of potential exposure to fast-food, recently published data on the density of fast-food outlets in 2024 indicates there are 130.4 per 100,000 for the North-East compared to 115.9 in England, with variation across Local Authorities in the region between 104.6 and 163 per 100,000 population. 3 Local Authorities in the North-East are below the England value.

A sample of 535 people in the North-East suggests there is regional public support for:

- Restrictions on advertising of unhealthy food
- Stopping brands that sell unhealthy food from sponsoring sports events and teams
- Government to require food manufacturers to reformulate (reduce sugar and calories in foods)
- Levy on food and drink manufacturers for measures to reduce or prevent obesity

Physical activity

- Sport England's annual Active Lives indicates that 29.4% of children and young people in the North-East (aged 5-16yrs) are less active than 30mins a day. There is variation in this indicator across North-East Local Authorities (ranging from 17.8% to 43.9%).

Oral health

- The prevalence of dentinal decay in children age 5yrs in the North-East is slightly lower than England. However, the proportion of teeth with experience of dentinal decay that had been extracted in 5year olds across England was 6.4%; and 13.4% in the North-East (extraction of teeth in young children usually involves admission to hospital).

Children and Young People's Insights - National

A number of organisations and research studies have engaged with children and young people to gather insights in relation to healthy weight and the food environment.

In 2020 the Royal College of Paediatrics and Child Health (RCPCH) published their 'State of Child Health in the UK' report. As part of this RCPCH workers have spoken with over 630 children (aged 6years+) from across the UK on a range of topics associated with what keeps them healthy, happy and well. In relation to healthy weight, key themes that came from children and young people were:

- Need access to free good food
- Lessons for everyone around cooking skills
- Need to be given a chance to do free activities that don't need lots of equipment
- It should be made harder to eat bad foods – it should be more expensive and not close to school
- There should be healthy weight checks in secondary schools – done in the right way without judgement but with lots of support

NIHR research in 2021 on what influences young people's food choices involved focus groups with 45 teenagers from wealthier areas across England. They found that young people:

- wanted to express their independence and make their own choices about food
- saw socialising as more important than food; their food choices were influenced by where they socialised (such as fast-food restaurants)
- had little money and many felt encouraged to eat unhealthy, cheap, and on-the-go foods
- made quick decisions and often bought food with eye-catching packaging in prominent locations; they liked familiar foods.

Rinaldi et al (2024) conducted research on young people's perspectives on policies to create healthier food environments. They conducted 4 focus groups with 39 young people (aged 12-21yrs) from towns in the North-West and Midlands. The young people reported concerns about:

- the density of fast-food outlets in their local area
- the unaffordability of healthier food
- fast food advertisement

Young people felt that these issues were not being prioritised in local and national policymaking. Young people did not feel involved in local decisions about the food environment. They expressed a need for more meaningful engagement beyond consultation.

Savoury et al (2024) conducted semi-structured interviews with 46 young people in contrasting London LAs with operating takeaway management zones (TMZs), to gather their perspectives on policies that restrict hot food takeaways opening near schools.

They found that the acceptability of zones was high, as the existing food environment remains unchanged and the impact of takeaway management zones was deemed limited by its focus and scope.

Researchers concluded that although young people find TMZs acceptable and believe they have some positive impact on diet, they did not perceive TMZs as effective as they could be. Participants articulated that the management of takeaways on their own is unlikely to reduce exposure to unhealthy foods.

Widening the remit of planning policy to include outlets selling convenience foods may be important for policy optimisation.

Key observations from national insights

- Children and young people have an awareness and understanding in relation to the healthy food and the food environment.
- Children and young people are concerned about the affordability and availability of healthy food.
- There is a need to involve and engage with children and young people in policy development associated with the food environment.

Children and Young Insights from the North-East

A request for any local insights from children and young people in relation to healthy weight was circulated to local authority public health teams via the NE APH Children and Young People Network.

Received copies of school health-related behaviour surveys for 6 local authority areas. One local authority area had gathered views from young people in relation to health inequalities, with some feedback in relation to physical activity and food.

Overall, limited data was available from children and young people in relation to healthy weight, physical activity, nutrition and the food environment.

Key observations from the school Health Related Behaviours Surveys in the North-East

The school health related behaviours surveys all have slightly different questions. There was some commonality in relation to:

- Secondary school pupils were most likely to say that they normally have nothing at all to eat (or only a drink) before school in the morning (in primary school 4-7% rising to 16-24% in secondary school)
- Consumption of fizzy drinks on ‘most days’ increases between primary (20-23%) and secondary school (29-34%)
- A difference becomes apparent with age in relation to ‘enjoying taking part in physical activity’. Younger pupils are more likely to ‘strongly agree’ that they enjoy taking part in exercise and sport
- One of the most popular activities for both primary and secondary school age pupils (for both boys and girls) was ‘going for a walk’.

Identifying Assets and Opportunities

Identifying Assets and Opportunities

Identifying assets is an important part of a health needs assessment. A bespoke self-assessment tool for local authority public health teams was developed using evidence from the following sources:

Healthy-Weight-Policy-Position-Statement-2023-1.pdf (adph.org.uk)

How can local authorities reduce obesity? - NIHR Evidence

What-Good-Healthy-Weight-Looks-Like.pdf (adph.org.uk)

Promoting healthy weight in children, young people and families: A resource to support local authorities (publishing.service.gov.uk)

The self-assessment was structured around the following themed sections:

- Planning, strategy, leadership, governance
- Place-based or community centred approaches
- Food environment
- Healthy settings
- Natural and built environment
- Access to physical activity/ sport/ leisure
- Providing weight management services

Local Authority Self-assessment

The self-assessment included a series of questions under each theme and local authorities could respond Yes/No to each question. For each question there was an opportunity to include additional qualitative information.

At the end of each theme, there was also an opportunity for local authorities to highlight any particular strengths or areas for development. The self-assessment tool was piloted with one local authority and amendments made prior to wider circulation.

All 12 North-East Local Authority public health teams completed the self-assessment tool between August and October 2024.

The analysis of the self-assessments involved identifying gaps/potential opportunities, as well any assets or strengths for each theme.

Self-assessment findings

The following tables summarise the findings from the self-assessment process, with key gaps/opportunities identified and a summary of the strengths and assets.

Planning, Strategy, Leadership, Governance

Gaps/ potential opportunities	
Is there a multi-agency Healthy Weight Strategy or Plan?	6 No 6 Yes
Are there agreed measures of what locally agreed success looks like?	8 No 4 Yes
Is local commissioning informed by needs assessment and driven by agreed strategy?	5 No (1 N/A) 6 Yes

Strengths and assets

- 11/12 local authorities are leading a whole system approach (WSA), using the steps within the PHE WSA guidance or using a health in all policies approach to healthy weight.
- 9/12 local authorities ate signed up to/in the process of signing up to Food Active Healthy Weight Declaration or similar to galvanise action.
- Local authorities identified strong local partnerships with VCSE and Food Partnerships as being important strengths.

Self-assessment findings

Place-based or Community Centred Approaches

Gaps/potential opportunities	
Does the LA engage local people in identifying their priorities in relation to healthy weight?	5 No 7 Yes

Strengths and assets
- Strong local partnerships
- Local authorities identified and the use of existing groups such as health champion networks as being important

Food Environment

Gaps/potential opportunities	
Does the LA have healthy and sustainable catering and vending policies?	8 No 1 Yes 1 some 1 partial
Does the LA have a clause within communication/marketing policies not to receive sponsorship from food/drink high in fat, sugar and salt (HFSS)?	8 No 3 yes 1 in dev
Does the LA have a policy in place to restrict advertising of HFSS food and drink?	11 No (2 in dev) 1 Yes

Strengths and assets
- Strong relationships with planning colleagues
- Good Hot Food Takeaway Policies/ Supplementary Planning Guidance to restrict Hot Food Takeaways

Self-assessment findings

Healthy Settings

Gaps/potential opportunities	
Do schools adopt a 'whole school' approach to healthy weight?	7 No 4 Yes 1 DNR

Strengths and assets
- Good relationships with 0-19 public health services
- Interventions in settings linked to NCMP
- Holiday Activity Fund programme

Natural and Built Environment

Gaps/potential opportunities	
Does the public health team work with LA colleagues to encourage the use of public transport?	3 No 9 Yes

Strengths and assets
- Strong relationships with planning and transport colleagues
- Work to develop health impact assessments in spatial planning

Self-assessment findings

Access to physical activity/ sport/ leisure

Gaps/potential opportunities	
Does the LA commission physical activity programmes/interventions targeted at CYP/ CYP and their families?	5 No 7 Yes

Strengths and assets

- Good collaborations and partnerships in place with a wide range of stakeholders
- 10/12 local authorities are part of the North-East Physical Activity Sector-led Improvement programme

Providing Weight Management Services

Gaps/potential opportunities	
Does the LA commission Tier 2 weight management services for CYP/ CYP and their families?	7 No 3 Yes 1 DNR

Strengths and assets

- 10/12 local authorities commission services for CYP/CYP and their families that have a component of healthy weight/ holistic approach (but are not Tier 2 services)

The analysis identified the following themes in relation to strengths and opportunities

Assets and strengths

Planning/Strategy/Leadership/Governance

- High level of sign up to the Food Active Healthy Weight Declaration across the North-East
- The majority of the local authorities are progressing with a whole system approach to healthy weight

Natural and Built Environment

- Strong partnerships between public health and planning and transport colleagues within local authorities

Access to Physical Activity/Sport/Recreation

- Good local collaboration and partnerships
- Good engagement in the regional Physical Activity SLI programme

Healthy Settings

- Strong partnerships with 0-19 Public Health services

Gaps or opportunities

Planning/Strategy/Leadership/Governance

- Having a multi-agency healthy weight strategy or plan
- Having agreed measures of what success looks like

Placed-based or community-centred approaches

- Local authority engagement of local people in identifying priorities in relation to healthy weight

Food Environment

- Healthy and sustainable catering and vending policies
- Clauses within communication/marketing policies in relation to not receiving sponsorship from food or drink high in fat, sugar and salt(HFSS)
- Policies in place to restrict advertising of HFSS food and drink

Natural and Built Environment

- Public Health working with transport colleagues to encourage the use of public transport

Healthy Settings

- An adoption of a ‘whole school’ approach to healthy weight

Providing Weight Management Services

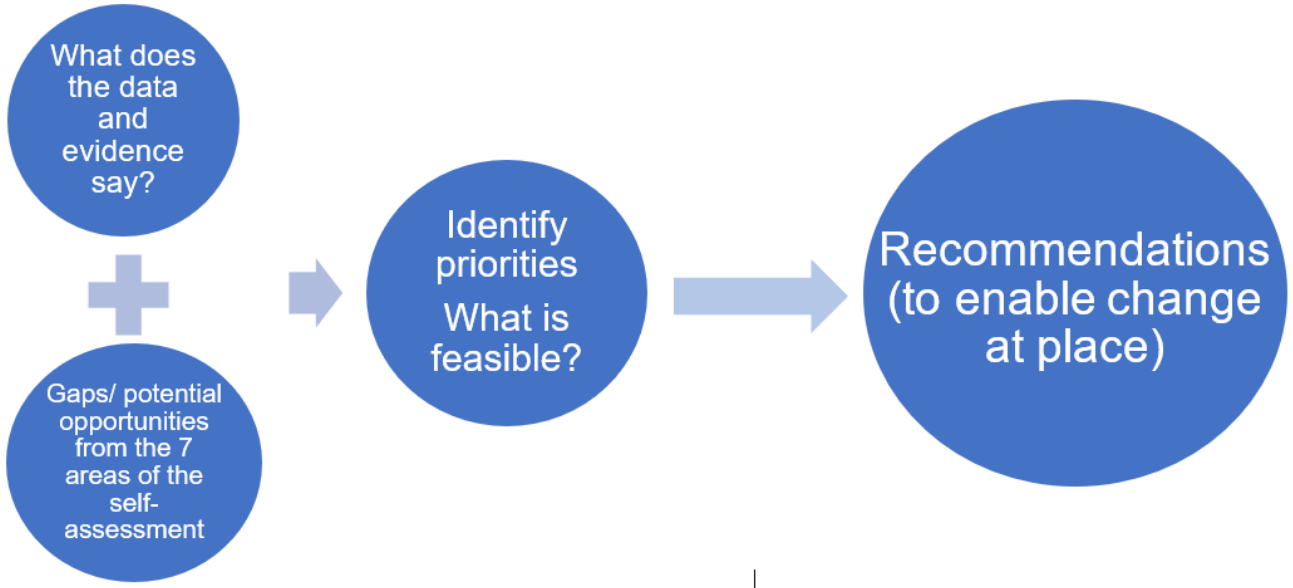
- Commissioning of ‘Tier 2’ weight management services for children and young people and their families

Priorities and Recommendations

Priorities and Recommendations

A workshop with the steering group (consisting of representatives from a range of organisations) was held to identify priorities and develop recommendations for the health needs assessment.

The steering group reviewed the data and insights, the analysis from the self-assessment process alongside the available evidence.



During the workshop, the steering group identified the following priority themes:

- Whole system approaches
- Food environment - Healthier Advertising and Food Procurement and Provision
- Healthy Settings - Whole School Approach

The steering group developed 10 recommendations across the priority themes.

To support the development of recommendations the steering group developed the following principles:

- Regional action - where there are efficiencies and work at scale supports local action.
- Focus on a few evidence based priority areas where there is opportunity for greatest impact.
- Make recommendations which are feasible and enable change at place.
- Recognising the protective factors and strengths in the system; celebrating that these are still important, and the need continue to maintain progress.

Recommendations: Whole System Approach

Recommendation 1:

Where not already in place **Local authorities** to consider:

- the leadership arrangements that are in place to support a whole systems approach to healthy weight
- the development of a multi-agency strategic plan for healthy weight

Recommendation 2:

North-East ADPH Healthy Weight and PA Network to support a sector lead improvement process to explore any learning from the local authorities in the North-East that have noted a change/improvement over time relative to local demographics of obesity levels in Reception and or Year 6 below the England value.

Recommendation 3:

Local Authorities to consider further exploration of NCMP data; such as comparison with their nearest neighbours or explore data at a smaller geographical level such as electoral ward and MSOA data (pooled across 3 years) to view variation within local authorities

Recommendation 4:

North-East ADPH Network to work with the North-East Local Authority Com's network to co-design and develop a LA Healthy Weight Com's toolkit to support a 'healthy weight in all policies' approach. The toolkit will support all local authority departments to understand their role and contribution to a whole system approach to healthy.

Recommendations: Healthier Food Advertising

Recommendation 5:

Local authorities to consider developing Healthier Food Advertising Policies that:

a. restrict advertising of products high in fat, sugar, or salt (HFSS) by local authorities themselves

b. restrict HFSS product advertising by third parties on council-owned spaces, assets, and events

Recommendation 6:

North-East ADPH Health Weight and PA Network to offer support in relation to CPD and sharing and learning opportunities associated with developing Local Authority Healthier Food Advertising Policies.

Recommendation: 7:

ADPH North-East to consider:

a. advocating and collaborating regionally in relation to introducing restrictions of HFSS product advertising on the regional transport networks

b. collaborating with system partners such as NENC ICB to advocate nationally around restriction of HFSS product advertising.

Recommendations: Food Procurement and Provision

Recommendation 8:

In facilitates owned and operated by local authorities, **Local Authorities** to consider:

a. conducting a baseline audit to understand the proportion of healthy food and drink on offer

b. implementing a plan, based on the audit findings, to increase the proportion of healthy food and drink on offer.

c. reducing the calorie content of food on offer/ introducing a calorie cap per item sold

Recommendation 9:

a. **Local authority** public health teams to consider gathering insight to understand current food vending contracting arrangements that are in place.

b. **North-East ADPH Healthy Weight and PA Network** to support collaboration across local authorities in relation to moving to healthier vending contract arrangements.

Recommendations: Healthy Settings – Whole School Approach

Recommendation 10:

a. **Local authorities** to map current school food provision and interventions to gain an understanding of the current position.

b. **NE ADPH Healthy Weight and PA Network** to support sharing and collaboration between local authorities in relation to school food provision and interventions.

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