Derby City Council

HEALTH AND WELLBEING BOARD
Thursday 23th July 2015

ITEM 06

Report of the Acting Director of Public Health

Derby's Childhood Obesity Strategy

SUMMARY

1.1 An exploratory paper on Childhood Obesity in Derby was considered and approved by the Health & Wellbeing Board in November 2014. This item provides an update to the Board on progress in developing a Derby Strategy for Childhood Obesity.

1.2 Obesity is a complex issue determined by how we live our daily lives, the environment in which we live and work, and how we feel about ourselves.

In Derby we aim to reduce excess weight amongst Derby's children by 5% in 5 years and reduce inequalities in childhood obesity.

1.3 We intend to achieve these aims by taking a bold whole-systems approach, one that requires integrated policies and actions. Our approach will have a particular focus on community level interventions with multiple stakeholders that connect people, families, schools, local government, the voluntary and private sectors

1.4 We will set out to build a shared ambition across communities and agencies to create the conditions that promote healthy weight

1.5 We aim to tackle the 'obesongenic environment', including the availability of 'junk food' and the drivers of sedentary lifestyles such as the reliance on the motor car, perceived public safety, poor air quality and, in some areas of Derby, the lack of open space and recreational facilities.

1.6 We want to tap into the potential for a wide range of people across the City to positively impact public health in their community, by supporting them to have a conversation about adopting healthier eating and physical activity

1.7 Interventions will go beyond health education and behaviour change approaches to incorporate environmental changes to shift norms and enable the adoption of healthy behaviours within everyday life

1.8 Giving every child the best start in life is crucial for them to reach their true potential and the scope of this strategy encompasses infant feeding and early years settings, through schools and the importance of working with families, to promoting healthy transitions into adulthood

1.9 A multi-sectoral Childhood Obesity Strategy Group was established in January 2015 whose purpose is to develop and co-ordinate the implementation of Derby's Childhood Obesity Strategy. The group's membership is detailed below in Appendix 1

of the Strategy.

1.10 The strategy group decided to pilot the Whole System Approach to addressing Childhood Obesity in Normanton. In order to kick-start this pilot, a community event was held a community event in Normanton in April 2015. The newsletter generated by this event is below (Appendix 3).

1.11 The work we are doing in the City to tackle the obesogenic environment aligns with a wider County / City programme to ensure strategic oversight of collaborative work on planning and health. A strategic statement on planning and health is being drafted on behalf of the Combined Authority and this will be brought to the Health & Wellbeing Board in due course.

RECOMMENDATION

2.1 That the Board receive and note the progress made in the development of Derby's Childhood Obesity Strategy and lend support to a Whole System Approach to addressing the issue in Derby.

2.2 That Board members consider the leadership role their organisations / system components might play in preventing obesity and promoting a healthy weight environment.

REASONS FOR RECOMMENDATION

3.1 One in five children in Derby is already carrying excess weight by age 4-5, and by age 10-11 the figure has risen to over a third.

3.2 Obesity puts us at greater risk of type 2 diabetes, heart disease and stroke, certain cancers, low self-esteem and can reduce life expectancy by up to 9 years

3.3 There is a strong association between childhood obesity and deprivation, and the gap between disadvantaged and affluent areas widens as the child grows older

SUPPORTING INFORMATION

4.1 Derby Childhood Obesity Strategy (Appendix 2)

OTHER OPTIONS CONSIDERED

5.1 N/A

This report has been approved by the following officers:

Legal officer	N/A
Financial officer	N/A
Human Resources officer	N/A
Estates/Property officer	N/A
Service Director(s)	Robyn Dewis, Acting Director of Public Health
Other(s)	N/A

For more information contact:	Jilla Burgess-Allen 01332 643098 jilla.burgess-allen@derby.gov.uk
Background papers:	None
List of appendices:	Appendix 1 – Implications Appendix 2 – Derby Childhood Obesity Strategy Appendix 3 – Healthy Normanton Newsletter

Appendix 1

IMPLICATIONS

Financial and Value for Money

1.1 Based on current trends, around 40% of people living in Britain will be obese by 2025. In today's money this will cost wider society an estimated £37.2 billion a year. Encouraging people to adopt a healthy diet and be more physically active could prevent this happening.

1.2 Costs associated with suggested measures to tackle childhood obesity are variable. For example, establishing a Healthy Food Business Award scheme could place significant cost burden on Trading Standards and Environmental Health.

Legal

2.1 There are no known legal implications at this point. It is noted that regulatory / planning measures would require an equality impact assessment.

Personnel

3.1 No immediate personnel issues. There will be opportunity costs to teams engaged in implementing measures. For example, if Environmental Health and Trading Standards teams get involved in work to promote healthier menu choices at local FFOs they will have to limit activity in other areas such as inspections. Discussions with Director of Environment & Regulatory services re capacity management are ongoing.

IT

4.1 No known IT implications.

Equalities Impact

5.1 There is a strong association between childhood overweight/obesity and deprivation, and the difference between levels of childhood obesity in disadvantaged compared to affluent families gets greater as the child grows older. Measures to tackle childhood obesity have the potential to reduce health inequalities and improve the life chances of socially disadvantaged families.

In general, children classed as White British have lower obesity prevalence than most other ethnic groups, with highest rates tending to occur in Black and Bangladeshi groups. South Asian populations are at risk of chronic diseases and mortality at lower levels of overweight than European populations. This differential vulnerability to obesity-related morbidity and mortality is being taken into account in the development of the strategy, to ensure ethnicity-related inequalities are reduced.

Health and Safety

6.1 No implications noted.

Environmental Sustainability

7.1 Measures to promote active travel and increase access to greenspace would have carbon reduction co-benefits, as would measures to reduce the amount of red meat consumed.

Property and Asset Management

8.1 No implications noted.

Risk Management

9.1 No implications noted.

Corporate objectives and priorities for change

10.1 Derby's approach to tackling childhood obesity will support the Derby Plan, the Joint Health & Wellbeing Strategy and the Core Strategy.

June 2015 **Draft Strategy**

Derby City Childhood Obesity Strategy

SUMMARY

- One in five children in Derby is already carrying excess weight by age 4-5, and by age 10-11 the figure has risen to over a third.
- Obesity puts us at greater risk of type 2 diabetes, heart disease and stroke, certain cancers, low self-esteem and can reduce life expectancy by up to 9 years
- There is a strong association between childhood obesity and deprivation, and the gap between disadvantaged and affluent areas widens as the child grows older
- Obesity is a complex issue determined by how we live our daily lives, the environment in which we live and work, and how we feel about ourselves.
- In Derby we aim to reduce excess weight amongst Derby's children by 5% in 5 years and reduce inequalities in childhood obesity
- We intend to achieve these aims by taking a bold whole-systems approach, one that requires integrated policies and actions. Our approach will have a particular focus on community level interventions with multiple stakeholders that connect people, families, schools, local government, the voluntary and private sectors
- We will set out to build a shared ambition across communities and agencies to create the conditions that promote healthy weight
- We aim to tackle the 'obesongenic environment', including the availability of 'junk food' and the drivers of sedentary lifestyles
- We want to tap into the potential for a wide range of people across the city to positively impact public health in their community, by supporting them to have a conversation about adopting healthier eating and physical activity
- Interventions will go beyond health education and behaviour change approaches to incorporate environmental changes to shift norms and enable the adoption of healthy behaviours within everyday life
- Giving every child the best start in life is crucial and the scope of this strategy encompasses infant feeding and early years settings, through schools and the importance of working with families, to promoting healthy

Contents

Introduction

Being overweight or obese can lead to both chronic and severe medical conditions, and the cost to society and the economy of these conditions is high and increasing[1].

Obesity puts us at greater risk of type 2 diabetes, heart disease and stroke, certain cancers, osteoarthritis, low self-esteem, and can reduce life expectancy by up to nine years.

Obesity is a complex issue determined by how we live our daily lives, the environment in which we live and work, and how we feel about ourselves. A bold whole-systems approach to responding to the major challenge of obesity is critical, and one that requires integrated policies and actions[2].

Strategic aims

- To reduce excess weight amongst Derby's reception age children by 5% in 5 years (ie from a baseline of 20.4% in 2013/14 to a target of 15.4% in 2018/19)
- To reduce excess weight amongst Derby's year 6 age children by 5% in 5 years (ie from a baseline of 34.6% in 2013/14 to a target of 29.6% in 2018/19)
- To reduce inequalities in childhood obesity across the City by reducing the gap between the percentage of children carrying excess weight in the top 3 wards and the bottom 3 wards by a third in 5 years (from a baseline of 9.8/10.3 (reception/year 6) in 2013/14 to a target gap of 3.3/3.4 (reception/year 6) in 2018/19.

Why is this important?

National Child Monitoring Programme data show a strong association between childhood overweight/obesity and deprivation, and the difference between levels of childhood obesity in disadvantaged compared to affluent families gets greater as the child grows older.

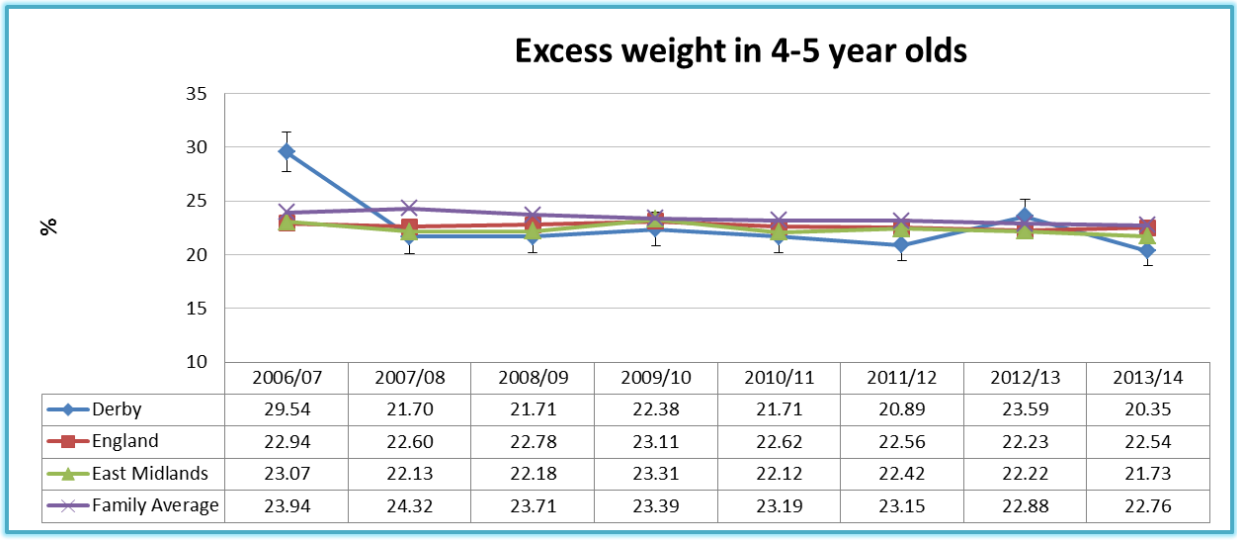
In general, children classed as White British have lower obesity prevalence than most other ethnic groups, with highest rates tending to occur in Black and Bangladeshi groups. At the 2011 census a quarter of Derby's population belonged to a BME group. The Pakistani community was the largest BME group (5.9% of the overall population). Differences in obesity prevalence between ethnic groups remain when potentially confounding factors such as levels of deprivation and urban environment are controlled for[3]. South Asian populations are at risk of chronic diseases and mortality at lower levels of overweight than European populations[4]. This differential vulnerability to obesity-related morbidity and mortality should be taken into account in the development of the strategy, to ensure ethnicity-related inequalities are reduced.

[1] Foresight Report 2007
[2] NICE guidance (2012) Obesity: working with local communities
[3] NCMP Trends Report, NOO Nov. 2014
[4] Obesity and Ethnicity, NOO 2011

The proportion of obese children in England at year 6 was in higher (19.1 per cent) in 2013-14 than in 2012-13 (18.9 per cent) and also higher than in 2006-07 (17.5 per cent).[5] The proportion of obese children at year 6 in Derby in 2013-14 was higher at 20.5% than the national average.

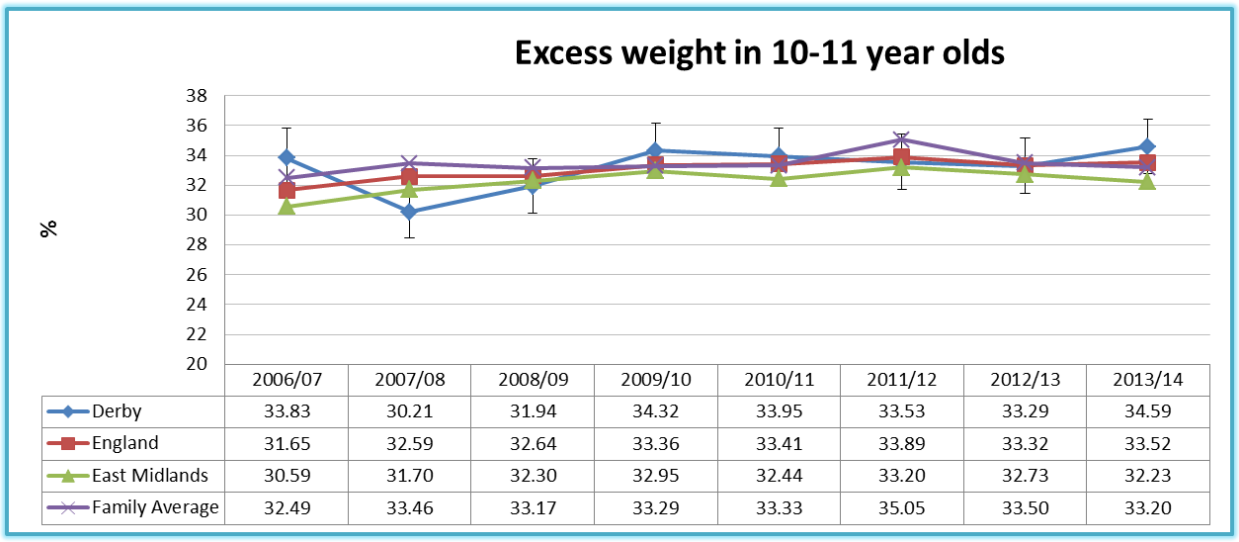
NCMP data 2013-14:

	Overweight (including obese)		Obese	
	Reception	Year 6	Reception	Year 6
Derby	20.4%	34.6%	8.3%	20.5%
England	22.5%	32.2%	9.5%	19.1%



	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Derby	29.54	21.70	21.71	22.38	21.71	20.89	23.59	20.35
England	22.94	22.60	22.78	23.11	22.62	22.56	22.23	22.54
East Midlands	23.07	22.13	22.18	23.31	22.12	22.42	22.22	21.73
Family Average	23.94	24.32	23.71	23.39	23.19	23.15	22.88	22.76

[5] December 2014; National Child Measurement Programme - England, 2013-14 school year



	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Derby	33.83	30.21	31.94	34.32	33.95	33.53	33.29	34.59
England	31.65	32.59	32.64	33.36	33.41	33.89	33.32	33.52
East Midlands	30.59	31.70	32.30	32.95	32.44	33.20	32.73	32.23
Family Average	32.49	33.46	33.17	33.29	33.33	35.05	33.50	33.20

Based on current trends, around 40% of people living in Britain will be obese by 2025. In today's money this will cost wider society an estimated £37.2 billion a year. Encouraging people to adopt a healthy diet and be more physically active could prevent this happening[6].

Just over 20% of children in the UK engage in more than an hour of moderate-to-vigorous physical activity per day, placing the UK 10th out of 29 high income countries. In England, most young people (over 70%) aged 11, 13 and 15 do not meet the recommended levels of physical activity (at least one hour a day of moderate activity)[7].

England has the highest level of sugary soft drink consumption among 38 high income countries, with just under 40% of 11 to 15-year olds reporting they drink soft drinks at least once day[8].

The obesogenic environment

The term 'obesogenic environment' is used to describe modern societies where the availability of green spaces and leisure facilities is poor and the availability of unhealthy foods is good.

Obesogenic	Promotes healthy weight
Easy to buy cheap high calorie / processed foods	Easy to buy affordable healthy food, such as fruit and vegetables, provision of allotments and opportunities for school and community growing projects
Shops discount high calorie / processed	Shops actively promote healthy

[6] NICE http://www.nice.org.uk/advice/lgb10/chapter/key-messages
[7] PHE 2013, How healthy behaviour supports children's wellbeing
[8] Health Behaviour in School-aged Children (HBSC) study. WHO 2012

foods	alternatives
High density of fast food outlets	Adequate, affordable and accessible leisure facilities, planning policies to limit the concentration of fast food outlets
Restaurants provide large portion sizes and limited healthier options	Restaurants offer smaller portions at lower prices and a range of healthier options
Congested streets make walking / cycling unsafe / unpleasant	Low levels of car traffic and adequate, safe and joined up cycle lanes and pavements / paths, reduce the reliance on travel by private car and encourage and enable the use of forms of transport
Poor air quality and high noise levels in urban areas	Clean air and acceptable noise levels in urban areas
Few parks and areas of greenspace, existing open spaces under threat of development	Adequate accessible parks and greenspaces; existing green infrastructure is protected and enhanced; good links to the countryside; new open spaces created
Parks and greenspace poorly maintained and / unsafe	Provision of high quality, accessible parks and greenspace which are safe, well maintained, well lit, and well used
Schools have limited outdoor sports / play areas	Schools provide adequate good quality outdoor sports and play areas; School playing fields and other outdoor sports facilities are protected

Study of the 'food environment' has included both potential 'food deserts[9]' and also availability and access to healthy and unhealthy foods. It is recognised that junk food is widely available, not only in fast food takeaways but in convenience stores, newsagents, petrol stations and supermarkets. However, much of the research in this area has focused on Fast Food Outlets (FFOs).

Takeaway food tends to be high in fat & salt, and low in fibre, fruit & vegetables[10] . Researchers at *Which?* found that a single Indian takeaway could contain as much as 23.2g of saturated fat, more than the recommended 20g maximum allowance a woman should eat in a day.

[9] Food desert are areas where it is almost impossible to buy healthy food at reasonable prices without private transport
[10] London Food Board 2012

Nationally, fast food outlet density is strongly correlated with deprivation (not taking confounding factors into account) – the higher the deprivation, the more fast food outlets per 100,000 population. In the UK in 2012 it was estimated there were 78 fast food outlets per 100,000 population[11].

Evidence suggests there is a positive association between eating food prepared outside of the home (mainly fast food) and obesity in children and young people[12]. Links between fast food outlet density and obesity have been studied, but the evidence is not strong.[13] A recent review of studies that looked specifically at schools concluded that there is very little evidence for an effect of the retail food environment surrounding schools on food purchases and consumption.[14]

An important limitation of studies conducted to date is that the majority have not adjusted for physical activity, a very important confounder for obesity. It should also be stressed that these studies use population level data (as opposed to individual level), which means that if an association between FFO density and obesity is observed we cannot infer causality. Where studies have used individual level data, the association between fast food outlet density and obesity has not been verified[15].

Fast food outlet density in Derby

In Derby there are 275 FFOs, which is a rate of 77 per 100,000 population which isin line with the National average).

The map below shows there are some areas in the City where FFOs do appear to cluster in areas where childhood overweight is more prevalent but the picture is not clear-cut, with some FFO clusters in areas of low childhood overweight, and some areas of high childhood overweight where FFO are relatively scarce. It should also be noted that Derby is a compact City and the largest concentration of FFOs is in the City Centre, which is in-line with planning policy. As a result a number of residential areas are located in close proximity to the City Centre..

Planning law[16] puts uses of land and buildings into various categories known as 'Use Classes'. Hot Food Take-aways which sell hot food for consumption off the premises fall within Use Class A5.In 2013/14 the Council received 12 applications for a change of use to A5 use; of these, 10 applications were granted (one of which was granted at appeal).

[11] http://www.noo.org.uk/uploads/doc/vid_15683_FastFoodOutletMap2.pdf
[12] NICE, NG7 Obesity evidence update 2015
[13] PHE, CIEH & LGA Briefing 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf
[14] Williams, J., et al. "A systematic review of the influence of the retail food environment around schools on obesity- related outcomes." Obesity Reviews 15.5 (2014): 359-374.
[15] Fraser, Edwards, Cade & Clarke 2010. The geography of fast food outlets: A review. Int J Environ Res Public Health 7:2290-308
[16] The Town and Country Planning (Use Classes) Order 1987 (as amended) and the Town and Country Planning (General Permitted Development) Order 1995 (as amended)

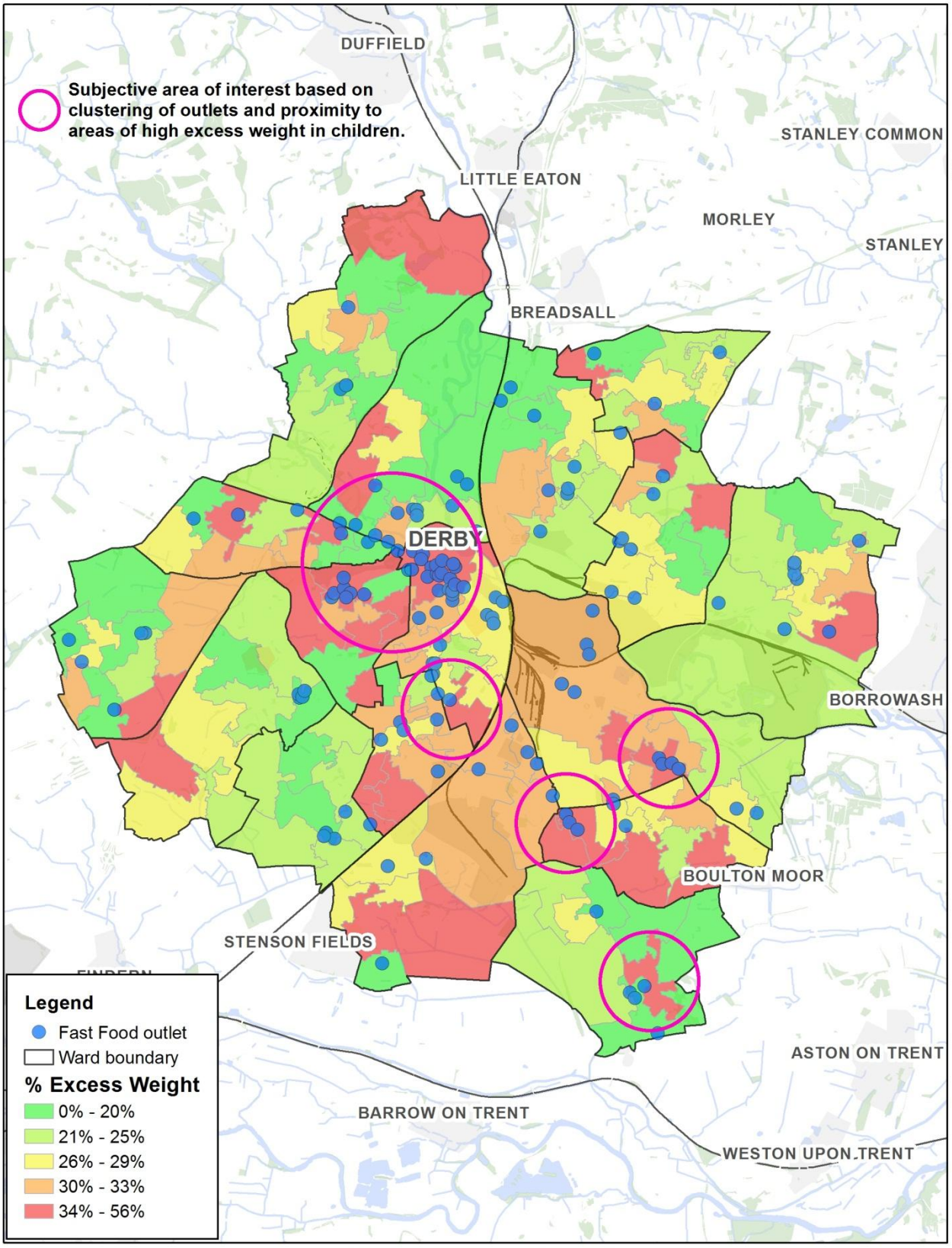
Since 1 April 2014 the Council has received six applications for a change of use to A5; of these only two have been approved.

Although the focus is on the provision of FFOs, it is recognised that other outlets such as newsagents, supermarkets and petrol stations also sell unhealthy foods – all of which tend to be open during the day. In addition, some outlets which sell sandwiches, pastries and cakes aren't classified as A5 (such as Greggs, Birds and Subway). Consideration of these non A5 businesses should also be incorporated in our approach.

In addition, the trend towards people buying fast food over the internet and via apps such as Just Eat has made access to unhealthy food even more readily available.

Derby City Council

Excess weight (NCMP 2012/13) in children by LSOA, and proximity to Fast Food outlets.



Author: Andrew Muirhead, Public Health Department, Derby City Council, 01332643085

Derby's physical activity environment

Provision of accessible, high quality open space is a key route to improving the physical and mental well-being of the community. Derby is well served for urban green spaces. In total, the City has 1187.5 hectares of publically accessible open space which equates to just over 15% of the total area of the City. This total is made up of the following:

- 2 City Parks
- 7 District Parks
- 37 Neighbourhood Parks
- 10 Local Nature Reserves
- Over 50 sites of wildlife interest
- 181 hectares of Amenity Green Space
- 26 allotments
- 6 cemeteries
- 91 facilities for children and young people

The Council's Open Space Study highlighted a contrast in the provision of public green spaces across the City with areas of the city, such as the wards of Normanton, Boulton and Derwent, which have a deficiency in many types of green space while some of the suburbs have a surplus. The aim of the emerging Core Strategy is to address the disparity of the provision of open space across Derby.

In addition to Derby's network of open space, the City has 13 Green Wedges. These wedges serve two functions; firstly they help define the City's various neighbourhoods and, secondly, they provide a link between the countryside and the urban core.

However, it is of concern to note that NEME survey findings indicate the proportion of adults in Derby using outdoor space for exercise (11% in 2013/14) is significantly lower than average.

The Council's Outdoor Sports Strategy has been developed to understand the current provision of outdoor sports facilities and to ensure that everyone has access to a range of high quality pitches.

Infant feeding

Healthy infant feeding can help set children on track for maintaining a healthy weight through life. Breastfeeding has a protective effect on child overweight and obesity by inducing lower plasma insulin levels, thereby decreasing fat storage and preventing excessive early adipose development. The underlying protective effect of breastfeeding against obesity is based on the unique composition of human milk and the baby's metabolic and physiological responses to human milk.[17] Furthermore, a breastfed infant cannot be over-fed in contrast to a formula-fed infant, and a breastfeeding woman burns an extra 500 calories per day.

Derby's breastfeeding prevalence at 6-8 weeks for 2013/14 was 43.8% which was a large improvement on 39.8% in 2012/13. Derby Healthcare Foundation NHS Trust was successful in becoming a fully accredited Baby Friendly Initiative Trust in 2014.

School meals

The nutritional quality of school meals has improved dramatically over the last few years, but food quality varies between schools and uptake is still low (43% nationally).

Evidence suggests that children who take up school meals tend to eat a healthier diet than those who take packed lunches or are allowed to go off site to have takeaway meals. Only 1% of packed lunches meet the nutritional standards that currently apply to school food[18].

In Derby schools, 11% of pupils eligible for free school meals did not claim them in 2013[19].

Many studies have shown that hunger affects concentration, and that well-nourished children fare better at school. The 'School Food Plan' has been endorsed by national government and includes extension of free school meal provision to all infant school children from September 2014.

Children who habitually consume breakfast are less likely to be overweight than those who skip breakfast. School breakfast clubs offer a chance for pupils to have a healthy breakfast in a social environment, setting them up for the school day ahead.

Physical activity

Physical activity is a key determinant of energy expenditure and a fundamental part of energy balance. Physical activity is the most variable component of daily energy expenditure and therefore plays an important role in weight management.

Regular physical activity can reduce the risk of obesity, as well as many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, mental health problems and musculoskeletal conditions.[20]

[17] Oddy, Wendy H. "Infant feeding and obesity risk in the child." Breastfeeding Review 20.2 (2012): 7
[18] Adamson et al School Food Plan 2013
[19] DfE, Pupils not claiming free school meals, Dec. 2013

Research suggests that remaining seated for too long is bad for your health, regardless of how much exercise you do[21]. Sedentary behaviour (including using a computer, watching TV, reading travelling by car etc) is associated with being overweight and obese, type 2 diabetes, some types of cancer, and premature death.

Making the outdoor environment more conducive to physical activity can reduce obesity. Creating an environment where people actively choose to walk and cycle as part of everyday life can have a significant impact on public health and may reduce inequalities in health. It is an essential component of a strategic approach to reducing obesity and may be more cost-effective than other initiatives that promote exercise, sport and active leisure pursuits.[22]

People living in the most deprived areas of England are ten times less likely to live in the greenest areas compared to people living in the least deprived areas.[23]

Access to good quality green space is associated with positive health outcomes, including:

• improvements in mental health and wellbeing, such as depression, stress, dementia

• increased longevity in older people

• lower body mass index (BMI) scores, overweight and obesity levels and higher levels of physical activity

• better self-rated health

Social and family context

It can be tempting to place the burden of the childhood obesity epidemic upon the shoulders of parents, who are responsible for providing children with healthy family meals, for controlling how much screen time or outdoor play time they have, for taking them to sports clubs, for getting them a bike, for teaching them to cook, and for rationing the amount of junk food they consume. But of course, the picture is more complicated than that.

Not all parents know how to cook a range of healthy affordable meals from scratch; many working parents do not have time. Limiting children's screen time when you are going against what is now the norm for children meets considerable resistance. Allowing outdoor unsupervised play time when you are concerned about real or perceived risks is not a straightforward decision. Not all families can afford bikes or club subs. And pester

[20] http://www.noo.org.uk/NOO_about_obesity/lifestyle/PA
[21] Wilmot EG, Edwardson CL, Achana FA, et al. Sedentary time in adults and the association with diabetes, cardiovascular disease and death: systematic review and meta-analysis. Diabetologia. 2012
[22] PHE & LGA 2013 Obesity and the environment: increasing physical activity and active travel
[23] http://www.instituteofhealthequity.org/projects/improving-access-to-green-spaces/evidence-review-8-improving-access-to-green-spaces

power, influenced by powerful corporate marketing of junk food, makes choosing the healthy option a battle.

Recent research in the UK shows that parents very rarely recognise that their child is overweight[24]. Our notion of what a normal weight child looks like appears to have shifted. This shift will need to be sensitively challenged for parents to be effectively engaged in addressing the issue.

Interventions offering parent support and home activities that encourage children to be more active, eat more nutritious foods and spend less time in screen based activities have been shown to be effective[25]. However, local experience from Derby's Livewell service indicates that lack of recognition of the problem from parents, and stigma associated with childhood obesity serve to prevent engagement with this type of support for many families.

A whole system approach for Derby

Intervention to tackle obesity can be at one or more levels, ranging from individual, to family, to community (workplace, school, neighbourhood etc) to societal. Individual level interventions have had very limited population level impact. There will be no single solution or set of interventions that will reliably reduce childhood obesity in Derby. Our dynamic ecological-systems approach to tackling obesity will have a particular focus on community level interventions with multiple stakeholders that connect people, families, schools, local government, the voluntary and private sectors.

Interventions will go beyond health education and behaviour change approaches to incorporate environmental changes to shift norms and enable the adoption of healthy behaviours within everyday life. We will set out to build a shared ambition across communities and agencies to create the conditions that promote healthy weight.

We will learn from other approaches such as the Healthy Schools Whole Schools approach. This is based on the premise that the result will be greater than the sum of its parts. By embedding health in all areas of school life, a shift in school culture is effected, so that the school becomes a health-promoting environment. Each individual health-promoting intervention within that school is enhanced by the others in a magnifying way. A school is a simple system compared to the interlocking systems that determine obesity levels in an area.

Experience from effective large-scale initiatives to improve health through system change (for example North Karelia - Puska et al. 1985) indicates that to effect significant population impact in reducing obesity both top-down (for example Political Leadership) and bottom-up (for example community development) intervention are likely to be

[24] Black, James A., et al. "Child obesity cut-offs as derived from parental perceptions: cross-sectional questionnaire." British Journal of General Practice 65.633 (2015)

[25] Waters E, de Silva-Sanigorski A, Burford BJ, Brown T, Campbell KJ, Gao Y, Armstrong R, Prosser L, Summerbell CD. Interventions for preventing obesity in children. Cochrane Database of Systematic Reviews 2011, Issue 12

required. Complex Adaptive Systems[26] theory also suggests decentralised action is required to achieve change.

To address the social gradient that exists in childhood obesity, we will adopt a proportionate universalism approach (as advocated by the Marmot Review[27]), intervening across the social gradient but at a scale proportionate to the level of need so that health inequalities in obesity are reduced.

If we accept that obesity is the result of complex systemic factors then we must 'expect the unexpected' when adopting a whole-system approach. Unpredictability results from adaptation to local contextual factors, non-linear changes, and evolution in the system. We expect that intervention via one route can modify the effect of intervention via another route. For example, the impact of healthier food in park cafes could be enhanced by positive local media involvement; improved cycle infrastructure could positively enhance the health impact of a cycle to work scheme. Similarly, change at one level within the system can trigger change at another level. For example, breakfast clubs providing healthy choices might create demand for healthier breakfast items in families, causing local shops to adjust to meet new demands; improved lighting and maintenance of footpaths might alter individual perceptions of safety and trigger increased use of walking routes.

Our delivery model

Determinant of obesity	Intervention routes	Stakeholders	Examples of good practice
Food environment	Regulations & licencing Food businesses Workplaces that provide catering Schools & EY settings Access to affordable healthy produce	Environmental Health Trading standards Schools and Early Years settings Local food businesses Local employers Food for Life Partnership	SPDs restricting proliferation of fast food outlets Responsibility Deal – local partners Heart of Derbyshire Award Scheme School Food Plan Allotments and community grow schemes
Food consumption	Cooking & growing skills Obesity care pathway Lifestyle services	Community groups Education Third Sector NHS partners Weight loss organisations	Livewell integrated lifestyle service Magic Breakfasts Change 4 Life Eat better, start better Breastfeeding peer support

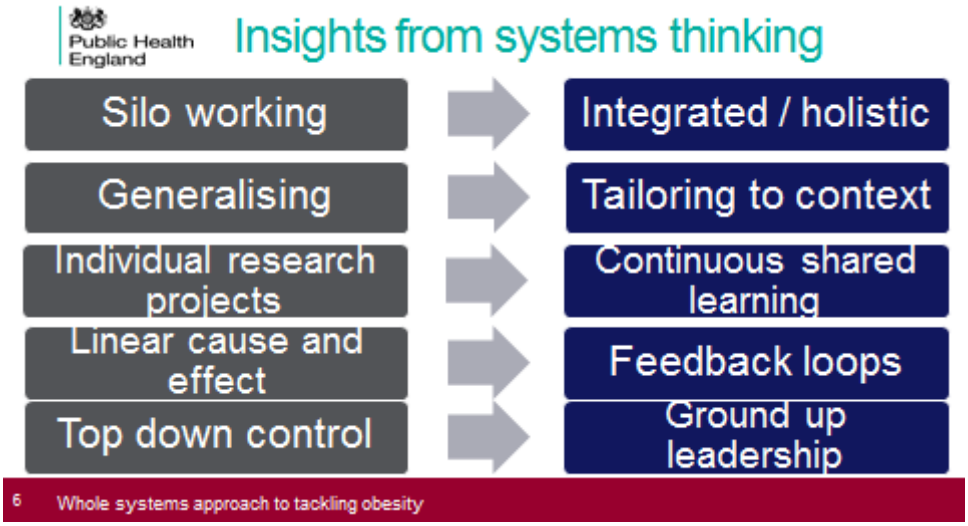
26 http://www.health.org.uk/public/cms/75/76/313/2590/Complex%20adaptive%20systems.pdf?realName=jIq8CP.pdf

27 Fair Society, Healthy Lives http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Physical activity environment	Transport & active travel Parks and open spaces Leisure & sports facilities	Transport & planning policy Schools & Early Years settings Elected Members Neighbourhood Boards Leisure industry Community groups (eg friends of parks)	Safe well-maintained parks and play areas that become 'healthy hubs' Integrated, safe and coherent city-wide active travel corridors Streets designed to promote walking & cycling (eg 20's plenty schemes) Protection and improvement of existing green spaces Accessible and affordable leisure & sports facilities
Individual physical activity	Subsidised access to PA opportunities Physical education / literacy Health & social care settings Workplaces Lifestyle services	Education Local Authorities NHS partners Leisure industry Local employers	Cycle to work scheme Derby County Community Trust Cycle Derby Bike-it Derby Change 4 Life
Social psychology	Media Social marketing	Local citizens Community leaders	EPODE[28] Change4Life
Individual psychology	Health & social care settings	NHS partners Weight management services Adults & Children's social care	MECC[29] Motivational interviewing Psychological therapies

Taking a whole system approach can require a different way of working, as illustrated by figure * below.

[28]EPODE is a European programme that aims to prevent childhood obesity by acting on the behaviour of the whole family, changing its environment and social norms.
[29] "Making Every Contact Count" http://www.makingeverycontactcount.co.uk/



Mobilisation of the wider workforce

We want to tap into the potential for a wide range of people across the city to positively impact public health in their community (RSPH 2014) (for example, police community support officers, town planners, health trainers, and health champions). The NICE guidance on Obesity: Working with Local Communities (2012) recommends involvement of community champions and advocates. Lay health champions are community volunteers with an interest in promoting health within their communities who are supported to do this with training, supervision, reimbursement of expenses etc. This wider pool of people is a much needed and considerable asset in tackling obesity and its potential should be harnessed.

Making Every Contact Count (MECC) was set up as a programme which aims to skill up the whole NHS workforce (including non-professional staff such as hospital porters) to do basic health improvement work, supporting health enhancing behaviour change. Its reach is broadening now to include everyone who comes into contact with members of the public and has the opportunity to have a conversation to improve health. Health champions, adopting an evidence-based MECC approach, could be trained from a broad range of public sector organisations, community organisations, and local residents.

The food environment

A four-pronged approach is recommended:

1. Work with **takeaway businesses and the food industry** to make food healthier. NICE recommends working with local food retailers, caterers and workplaces to encourage local provision of affordable fruit and vegetables and other food and drinks that can contribute to a healthy, balanced diet; and encouraging local retailers to use incentives (such as promotional offers) to promote healthier food and drink options. The aim should be to make the healthier choice the easiest and relatively cheaper choice[30]. Interventions could include:

[30] NICE PH35

a. Nudge (altering the choice architecture, for example removing salt shakers from counters, using a healthier alternative to frying)
b. Reward (for example set up a Derby public health Responsibility Deal for businesses to sign up to)
c. Local subsidies (such as price discounts and vouchers) for healthier foods such as fruits and vegetables can increase purchase and consumption of these products[31].
d. Provision of healthy eating information and training to local Food Businesses

Resources to support this work include our Environmental Health / food safety team, our Trading Standards team, and the Responsibility Deal Toolkit for Local Authorities.[32] This toolkit contains 'healthy tips' lists designed specifically for different types of FFO (Chinese takeaways, chip shops etc).

Working in partnership with the public to stimulate shifts in the demand for healthier options will strengthen this approach, especially in neighbourhoods where fast food outlets' profit margins are slim and local incomes are low.

Opportunities to influence the healthy food offer of other types of outlet, including convenience stores and newsagents should also be explored. Since the majority of these outlets are run by large national companies a different approach will be required, perhaps involving advocacy or lobbying.

There are cafes and kiosks selling snacks in parks and golf courses across the City. Healthy eating requirements could be incorporated into any future procurement processes for these when their leases are due for renewal.

2. **Schools** should introduce strategies aimed at reducing the amount of fast food school children consume during lunch breaks and on their journey to and from school.
    a. Ensure schools with breakfast clubs provide healthy breakfast choices (and consider incorporating physical activity opportunities)
    b. Ensure / improve quality and uptake of school meals (adhere to national nutritional standards as advocated by the School Food Trust; work with Food for Life Partnership to promote higher uptake).
    c. Recommend a 'stay on site' approach at mealtimes
    d. Discourage vending of sugar-sweetened drinks and energy dense snacks in school
    e. Consider banning fizzy drinks in school. There is strong high-quality evidence that consumption of sugar sweetened drinks is associated with

[31] Ruopeng An (2013). Effectiveness of subsidies in promoting healthy food purchases and consumption: a review of field experiments. Public Health Nutrition, 16, pp 1215-1228. doi:10.1017/S1368980012004715.
[32] DH, PHE, LGA 2013 'Localising the Public Health Responsibility Deal – a toolkit for local authorities; Helping you to mobilise local businesses to improve the health of your population'.

childhood obesity, and that interventions aiming to reduce their consumption lead to reductions in obesity[33].

3. Regulatory and **planning** measures to be used to address the proliferation of hot food takeaway outlets.
    a. NICE recommends that Local Planning Authorities (LPAs) restrict planning permission for fast food outlets for example, within walking distance of schools[34]
    b. National Planning Policy Framework[35] makes it clear that LPAs have a duty to "work with public health leads and health organisations to understand and take account of the health status and needs of the local population… including expected changes, and any information about relevant barriers to improving health and wellbeing".
    c. The City of Derby Local Plan Review (CDLPR) is the current statutory development plan for the City. It contains policies which restrict the location of fast food outlets, the protection, creation and enhancement of public open space and the promotion of alternative modes of transport to the car.
    d. The emerging Derby City Local Plan – Part 1: Core Strategy reflects the requirements of the NPPF, the Council Plan 2015 to 2018[36] and The Derby Plan 2013-2015[37]. The Local Plan Part 1 contains a number of policies which will influence how the City will develop up to 2028. Appendix 2 contains a brief summary of the policies which will help meet the council's goal to reduce obesity. For example, it contains policies which influences the location of fast food outlets, enhances the natural environment, protects and improves open space and sports facilities and helps provide the policy framework to provide safer opportunities for walking and cycling. It seems, based on local data that the CDLPR has been successful in restricting new A5 uses to within the City's defined retail centres.
    e. The adoption of a Supplementary Planning Document (SPD) could serve to strengthen current local planning policy by restricting development near schools as a material consideration (For example, St Helens has adopted a 400m exclusion zone and Brighton a 800m zone), or by limiting the number of FFOs within retail centres (For example, Birmingham has adopted a 10% threshold). Investigation of the impact of these restrictions elsewhere should be undertaken before embarking on a similar path in Derby. If school exclusion zones were to be implemented they would have to be based on robust evidence and consultation with residents, local

[33] NICE NG7, Obesity evidence update 2015
[34] NICE guidance: Prevention of Cardiovascular disease
[35] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6077/2116950.pdf
[36] http://www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/councilanddemocracy/DerbyCityCouncil-Council-Plan-2015-Draft-3.4-April-2015.pdf
[37] http://www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/policiesandguidance/DerbyCityCouncil-the-Derby-Plan-2013-2015.pdf

businesses and other stakeholders in-line with the Council's Adopted Statement of Community Involvement.

f. There is also scope for planning policy to influence existing FFOs by including a statement in the SPD along the lines of: 'Takeaway owners are encouraged to have regard to the city's health priorities and to provide healthy food options wherever possible".
g. Mirroring an approach taken by other Councils, there may be the potential to restrict, through the imposition of planning conditions, opening hours of FFOs near schools, for example only after 5pm.
h. **Neighbourhood planning** was introduced through the enactment of the Localism Act in 2011. This allows communities to come together through a local neighbourhood forum and shape the future of their community by providing opportunities for development, the protection, provision and enhancement of open space, improved linkages and the continuing viability of local retail centres. It should be noted that Neighbourhood Plans have to be developed through meaningful consultation with the local community and local businesses and be underpinned by a robust evidence-base and cannot conflict with national or local planning policy.
i. Masterplans for major developments could be subject to a **Healthy Urban Design checklist** (similar to that developed by HUDU[38]) which would incorporate questions relating to access to local food shops, alongside other key questions relating to planning healthy weight communities.
j. It is acknowledged that regulatory / planning changes would require equality impact assessment, testing, and consultation according to due process.

4. Culture, norms and habits have a strong influence on eating and physical activity patterns. These include attitudes to children's freedom to roam, food preferences, learned cooking methods, how normal it is to see someone jogging in the park, whether an overweight child is recognised as being overweight, how acceptable it is for children to eat crisps or consume energy drinks on the way to school etc. **Community engagement** is therefore very important to ensure that any proposed changes reflect the priorities, concerns and cultural differences of the affected population. There is a need to influence both the supply side (healthier options in FFOs, provision of exercise equipment in parks etc.) and the demand side (so that the healthier options are welcomed and purchased, and the park equipment is well used).

Physical activity

[38] http://www.healthyurbandevelopment.nhs.uk/wp-content/uploads/2014/04/Healthy-Urban-Planning-Checklist-March-2014.pdf

1. Reduce **screen time**. Strong high-quality evidence suggests that there is a positive relationship between childhood screen time (especially over 2 hours/day) and overweight/obesity[39].

2. Encouraging **active travel**. Modelling suggests that health benefits resulting from high-quality comprehensive spatial planning significantly outweigh the costs with a ratio of 60:1 for improving walking infrastructure and 168:1 for cycling[40]. Derby has a programme of cycle infrastructure improvements planned for 2015, and a well established programme of work promoting cycling in schools (including adapted bikes for people with a disability). Prioritising people over cars by creating shared spaces and reduced speeds (for example homezoning and pocket places[41]) could have wide ranging health benefits by promoting physical activity, reducing accidents, and fostering social cohesion.

3. Encouraging **schools** to incorporate more physical activity into the curriculum (some programmes have succeeded in increasing activity levels 3 fold). Encouraging schools to consistently provide at least 2 hours of physical activity per week. Schools' travel plans can promote walking buses, park & stride, cycle training (Bikeability), Walk Once Weekly or Walk on Wednesday. Schools can also make secure bike parking facilities available for staff and pupils.

[39] NICE, NG7 Evidence update for Obesity, 2015
[40] Kings Fund http://www.kingsfund.org.uk/sites/files/kf/field/field_related_document/improving-publics-health-overview-dec2013.pdf
[41] Pocket Places Derby http://pocketplacesderby.wordpress.com/

4. Improving access to **greenspace.** The emerging Derby City's Local Plan Part 1: Core Strategy contains a policy to protect, enhance and provide open space in the City. There is also an aspiration to improve linkages and access to open space. Where deficiencies occur, the plan seeks to address this. The Local Plan Part 1 includes a spatial objective 'to increase the opportunity for people to socialise, play, be physically active and lead healthy lifestyles through a network of high quality, safe and accessible green infrastructure, sporting facilities, walking and cycling routes to help Derby become one of the most active cities in the country and tackle the incidence of premature deaths and childhood obesity'. This aspiration will require community engagement strategies for it to be realised, and should aim to reduce local health inequalities. An inclusive approach will involve making sure pavements, paths and routes to school are also suitable for wheelchair users.

   Public Health England recommends[42]:

   a. Creating new areas of green space and improving the quality of existing green spaces. Living near green space is important in terms of accessibility, usage and health outcomes. Developing new areas of green space in neighbourhoods where there is little green space, or improving the quality and long term maintenance of green spaces in local areas where the quality may be poor, is likely to improve access to green space.

   b. Increasing accessibility and engagement. Innovative strategies to encourage people to try green spaces and motivate them to venture outdoors can help to improve access to green space. Local residents may also need help to overcome barriers which they have identified that prevent them from accessing green space.

   c. Increasing the use of good quality green space for all social groups. This is likely to result in improved health outcomes and reduced health inequalities. It will also bring benefits in other desirable outcomes, such as greater community cohesion and reducing social isolation.

Logical framework analysis [in draft]

[42] PHE Sept 2014 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357411/Review8_Green_spaces_health_inequalities.pdf

Food environment

	PROJECT SUMMARY	INDICATORS	MEANS OF VERIFICATION	RISKS / ASSUMPTIONS
Impact	Reduction in excess weight amongst Derby's children by 5% in 5 years; Reduction in inequalities in childhood obesity across the City	% 4-5 yr old overweight / obese; % 10-11 yr old overweight / obese % 4-5/10-11 yr olds overweight / obese in most versus least deprived quintile of LSOAs;	NCMP NCMP	N/A
Outcomes	- Creation of liveable environments where it is easy to eat healthily			
Outputs	• Planning policy documents • Improved opportunities for healthy eating • Adoption and implementation of initiatives • Reach and appropriate targeting of interventions within localities			
Projects	• Healthy business award scheme • Healthy Schools & implementation of School Food			

	Plan • Allotments & Community food initiatives • 'Breastfeeding Welcome' scheme			
Activities 	•Stakeholder mapping & engagement •Evidence review •Health needs / assets assessment •Community involvement •Spatial planning work •Liaison with local food businesses •Intervention implementation •Training and awareness-raising •Evaluation			
Input	•Knowledge and intelligence •Evidence-based approaches •Existing obesity prevention work •Political leadership			

	•Existing spatial plans •Stakeholders •Community assets •Human and material resources			

Food consumption

	PROJECT SUMMARY	INDICATORS	MEANS OF VERIFICATION	RISKS / ASSUMPTIONS
Impact	Reduction in excess weight amongst Derby's children by 5% in 5 years; Reduction in inequalities in childhood obesity across the City	% 4-5 yr old overweight / obese; % 10-11 yr old overweight / obese % 4-5/10-11 yr olds overweight / obese in most versus least deprived quintile of LSOAs;	NCMP NCMP	N/A
Outcomes	- Children in Derby eat more fruit & veg, and less high fat / high sugar foods - Parents aware of importance of healthy weight and able to prepare healthy food - Children & families wanting to lose weight			

	supported by local services			
Outputs  	• Skills in healthy food preparation • Knowledge of healthy eating • Adoption and implementation of initiatives • Reach and appropriate targeting of interventions within localities • Media coverage			
Projects 	• Livewell weight management services • Healthy Cooking Classes • Infant feeding support s • Breakfast Clubs • Dietetics Service			
Activities	• Stakeholder mapping & engagement • Evidence review • Health needs / assets assessment • Community involvement			

	• Intervention implementation • Training and awareness-raising • Evaluation • Media work			
Input	• Knowledge and intelligence • Evidence-based approaches • Existing obesity prevention work • Political leadership • Stakeholders • Community assets • Human and material resources			

Physical activity Environment

	PROJECT SUMMARY	INDICATORS	MEANS OF VERIFICATION	RISKS / ASSUMPTIONS
Impact	Reduction in excess weight amongst Derby's children by 5% in 5 years; Reduction in inequalities in childhood obesity across the City	% 4-5 yr old overweight / obese; % 10-11 yr old overweight / obese % 4-5/10-11 yr olds	NCMP NCMP	N/A

		overweight / obese in most versus least deprived quintile of LSOAs;		
Outcomes ⇧	- Creation of liveable environments where it is easy to be active			
Outputs	• Planning policy documents • Adoption and implementation of initiatives • Reach and appropriate targeting of interventions within localities • Improved opportunities for physical activity via: - Safe well-maintained parks and play areas that become 'healthy hubs' - Green Gyms - Integrated, safe and coherent city-wide active travel corridors - Streets designed to promote walking & cycling (eg 20's plenty			

	schemes) - Protection and improvement of existing green spaces - Accessible and affordable leisure & sports facilities			
Projects 	• Healthy Schools • Cycle Derby • Local Sustainable Transport Fund • School Sports Partnership			
Activities 	• Stakeholder mapping & engagement • Evidence review • Health needs / assets assessment • Community involvement • Spatial planning work • Intervention implementation • Evaluation			
Input	• Knowledge and intelligence • Evidence-based			

	approaches • Existing obesity prevention work • Political leadership • Existing spatial plans • Stakeholders • Community assets • Human and material resources			

Individual physical activity

	PROJECT SUMMARY	INDICATORS	MEANS OF VERIFICATION	RISKS / ASSUMPTIONS
Impact	Reduction in excess weight amongst Derby's children by 5% in 5 years; Reduction in inequalities in childhood obesity across the City	% 4-5 yr old overweight / obese; % 10-11 yr old overweight / obese % 4-5/10-11 yr olds overweight / obese in most versus least deprived quintile of LSOAs;	NCMP NCMP	N/A
Outcomes	- Children in Derby are more physically active - Children & families wanting			

	to lose weight supported by local services			
Outputs 	• Improved opportunities for physical activity • Adoption and implementation of initiatives • Reach and appropriate targeting of interventions within localities • Media coverage			
Projects 	• Livewell weight management services • Healthy Schools • Cycle Derby • BikeIT scheme • School Sports Partnership			
Activities	• Stakeholder mapping & engagement • Evidence review • Health needs / assets assessment • Community involvement • Spatial planning work			

	• Liaison with local food businesses • Intervention implementation • Training and awareness-raising • Evaluation • Social marketing • Media work			
Input	• Knowledge and intelligence • Evidence-based approaches • Existing obesity prevention work • Political leadership • Stakeholders • Community assets • Human and material resources			

Social and individual psychology

	PROJECT SUMMARY	INDICATORS	MEANS OF VERIFICATION	RISKS / ASSUMPTIONS
Impact	Reduction in excess weight amongst Derby's children by 5%	% 4-5 yr old overweight / obese; % 10-	NCMP	N/A

	in 5 years; Reduction in inequalities in childhood obesity across the City	11 yr old overweight / obese % 4-5/10-11 yr olds overweight / obese in most versus least deprived quintile of LSOAs;	NCMP	
Outcomes 	- Children and families in Derby are motivated to eat more healthily and be more physically active - Parents aware of importance of healthy weight - Weight problems are recognised within the family - A wide range of professionals offer opportunistic brief intervention for weight loss			
Outputs 	• Adoption and implementation of initiatives • Reach and appropriate targeting of interventions within localities • Media coverage			
Projects	• A healthy weight			

	MECC • Livewell weight management services • Social Marketing campaigns			
Activities 	• Stakeholder mapping & engagement • Evidence review • Health needs / assets assessment • Community involvement • Intervention implementation • Training and awareness-raising • Media work			
Input	• Knowledge and intelligence • Evidence-based approaches • Existing obesity prevention work • Political leadership • Stakeholders • Community assets • Human and			

	material resources			

Appendix 1: partners

Derby Childhood Obesity Strategy Group members

Dave	**Brown**	**Planning Policy**
Maxine	Bull	CYP School Improvement
Jilla	Burgess-Allen	Public Health
Ian	Butler	Cycle Derby
Helen	Castledine-Smith	Environmental Health – Food safety team
Sharon	Dale	Livewell
Will	Evans	Derby Schools Sports Partnership
Helen	Galloway	Health Visitor, Pear Tree Clinic
Kayleigh	Hellewell	DCC Communications
Sajda	Kausar	Community engagement – Public Health
Jangir	Khan	Council member
Kathryn	Milward	Public Health (schools)
Fiona	Moor	DHCFT (dietician)
Richard	Mullings	Public Health
Dan	Robertson	Sustrans (Pocket Places)
Kay	Simcox	Derbyshire Fire & Rescue Service (Health & Wellbeing)
Doug	Walkman	Trading Standards

Appendix 2: How the Core Strategy contributes to healthy weight environments

Derby City Local Plan – Part 1: Core Strategy

The following table indicates how the Derby City Local Plan – Part 1: Core Strategy can help to help meet the Council's aspiration to reduce obesity in the City.

Spatial Vision	
By 2028, Derby will be an attractive, thriving, healthy, lively city of growth, opportunity and innovation for all.	
Spatial Objective	
To increase the opportunity for people to socialise, play, be physically active and lead healthy lifestyles through a network of high quality, safe and accessible green infrastructure, sporting facilities, walking and cycling routes to help Derby become one of the most active cities in the country and tackle the incidence of premature deaths and childhood obesity.	
Core Principles	
Policy CP1(b): Placemaking Principles for Cross Boundary Growth	Create sustainable, safe and high quality urban extensions which are well integrated with, and accessible from, existing areas of the City.
Policy CP2: Responding to Climate Change	Ensure that development is located in the most sustainable locations where it is well related to complementary uses and has access to a range of travel choices including public transport. Reduce reliance on travel by private car and encourage and enable the use of forms of transport other than the private car.
Policy CP3:	Promotes high quality design including privacy, safety and

Placemaking Principles	security; support well-designed streets and spaces, encourage non-vehicular activity and provide well-integrated vehicle and cycle parking.
Policy CP5: Regeneration of Communities	The Council will encourage the sustainable regeneration of the City's older urban areas and outer estates to make them more attractive places to live and work in and to improve the quality of life of their residents.
Policy CP12: Centres	The Council will seek to sustain and enhance the vitality, viability and competitiveness of defined centres and prioritise them as the most accessible and sustainable way of meeting everyday shopping and service needs.
Policy CP14: Tourism, Culture and Leisure	Encourages the development of major new leisure venues and supporting infrastructure
Policy CP15: Food, Drink and the Evening Economy	The Council will encourage food, drink and other evening and night-time economy uses that contribute to the vitality of Derby's centres and which support the creation of a safe, balanced and socially inclusive economy. In considering applications for bars and hot food takeaways, the Council will have regard to: • The character of the area, • The existing number and impact of similar establishments • Proposals outside defined centres should demonstrate why they cannot be located within, or on the edge of a centre and that they are in accessible locations. • Amenity, traffic or safety issues
Policy CP16: Green	The Council seeks to maintain, enhance and manage Derby's green infrastructure to ensure that everyone has access to high

Infrastructure	quality natural and semi-natural habitats, green space and sport and recreation facilities.
Policy CP17: Public Green Space	The Council is committed to ensuring that everyone has access to a network of multi-functional public green spaces. It will seek to ensure that this network provides a diverse range of spaces to meet city-wide needs. The policy aims to protect and enhance existing open space and provide new open space, if necessary, to support new development. The policy will only permit the loss of open space or playing pitches in certain circumstances. The Core Strategy also provides accessibility standards for all types of open space. Additional standards for quantity and quality will be provided in the Part 2 Local Plan.
Policy CP18: Green Wedges	The Council will continue to identify Green Wedges as areas of land that define and enhance the City's urban structure, maintain the identity of the different residential neighbourhoods, provide an uninterrupted link to the countryside, form part of the wider Green Infrastructure network and play an important role in climate change adaptation.
Policy CP19: Biodiversity	The biodiversity and geodiversity assets across the City will be protected, enhanced, managed, restored, strengthened and created in a manner appropriate to their significance.
Policy CP21: Community Facilities	The Council recognises that facilities that meet Derby's community, social, health, welfare, education, spiritual, cultural, leisure and physical activity needs and aspirations are key to how the City functions and our ability to create thriving communities. The Council will work with strategic partners to achieve this.
Policy CP22: Higher and Further Education	Encourages the improvement of transport links between the City Centre, the University District, the main University Campus and the identified campus on Pride Park.
Policy CP23: Delivering a	The Council will ensure that people living, working and travelling within Derby will have viable travel choices and effective, efficient

Sustainable Transport Network	and sustainable transport networks which meet the needs of residents and businesses while supporting sustainable economic growth and competitiveness. Ensure that new development is located in accessible locations that are well served by frequent high quality bus services and which help to facilitate walking and cycling. Supports proposals which contribute to better safety, security and health for all by improving road and rail safety, improving security on transport networks and promoting active travel.
Policy CP24: Strategic Implementation	The Council will work with partners to deliver the Council's long-term transport strategy in association with the Local Transport Plan. Initiatives include the implementation of the 'Statement of Actions' in the Council's Rights of Way Improvement Plan, implementation of a strategic cycle network and implementation of Park & Ride at Boulton Moor and at the Royal Derby Hospital.
Areas of Change	
Policy AC4: City Centre Transport & Accessibility	The Council will seek to maximise the efficiency of the transport network and provide equality of opportunity through sustainable access choices, providing for and promoting the use of cycling, walking and public transport.
Policy AC6: Castleward and the Former DRI	The area will be transformed into a vibrant residential and commercial neighbourhood. As part of the regeneration, new schools and community facilities, small-scale convenience shopping, a pedestrian link between the railway station and the City Centre and improved pedestrian and cycle links to Bass' Recreation Ground will be provided.
Policy AC7: The River Derwent Corridor	Aims to unlock the economic, heritage and leisure potential of the river; including maximising the river corridor's leisure and tourist potential and promoting the corridor as a sustainable transport route for walkers and cyclists.
Policy AC14:	The Osmaston area will be transformed to create a residential

Osmaston Regeneration Area	neighbourhood in which families will aspire to live and which will be economically vibrant. This will be achieved through the redevelopment of a number of key brownfield sites and the renovation, improvement or replacement of poorer quality housing and facilities.
Policy AC18: Wragley Way	A cross boundary site providing up to 180 dwellings in the City and a further 2000 in South Derbyshire. Policy requires new on-site shopping and community facilities, green infrastructure, cycleway and pedestrian links
Policy AC19: Manor Kingsway	Allocated for up to 700 dwellings. Policy requires a new local centre, pedestrian and cycle routes within the site, new sports facilities and open space.
Policy AC20: Rykneld Road	Allocated for up to 900 dwellings. Policy requires the expansion of the Heatherton Local Centre, measures to encourage alternative forms of transport rather than the car, cycle and pedestrian links & measures to enhance green infrastructure and biodiversity.
Policy AC21: Hackwood Farm	Allocated for a minimum of 400 dwellings in Derby and at least 690 in South Derbyshire. Policy requires a new on-site local centre, provision of new public green space new pedestrian & cycle links and the implementation of a new bus service.
Policy AC22: Mickleover and Mackworth	Allocated for up to 421 dwellings on two sites. Policy requires links to the existing cycle network, new areas of public green space, improvements to the Green Wedge, improvements to existing recreational and community facilities, new health centre, additional changing facilities and improved play facilities.
Policy AC23: Boulton Moor	Allocated for approximately 200 dwellings in the City and approximately 800 in South Derbyshire. Policy requires improvements to the Green Wedge and existing open space, the creation of significant green space, shopping and community facilities, sustainable transport measures, high quality cycle routes.
Policy AC24: South of Chellaston	Allocated for around 100 dwellings in the City and around 750 in South Derbyshire. Policy requires the safeguarding of the route of the Derby and Sandiacre Canal, links to existing walking and cycling routes.
Policy AC25: Brook Farm	Allocated for up to 275 dwellings. Policy requires improved cycle and pedestrian links, formation of a green corridor, provision of public green space.

Policy AC26: Land South of Mansfield Road, Oakwood	Allocated for up to 200 dwellings. Policy requires comprehensive landscaping, open space and improved cycle and pedestrian links.
Policy MH1: Making it Happen	Ensures that the necessary infrastructure is in place to support future development. Also states that the Council will use planning obligations to secure the necessary infrastructure.

43

Appendix 3: Glossary of terms

BMI (body mass index)	a measure of whether a person is a healthy weight for their height
Complex Adaptive Systems (CAS)	a way of thinking about and analysing things by recognising complexity, patterns and interrelationships rather than focusing on cause and effect
Food deserts	areas where it is almost impossible to buy healthy food at reasonable prices without private transport
Green wedge	areas of predominantly open land that penetrate the city from the surroundi ng countryside, providing separation between the different neighbourhoods and land uses within the city
National Child Monitoring Programme	national government-led programme whereby children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) have their height and weight measured during the school year to inform local planning and delivery of services for children
Obesogenic	term used to describe environments that promote obesity as opposed to healthy lifestyles

[43] The information is taken from the Core Strategy which was approved at Full Council on 26 November 2014 and as such is the plan which the Council considers to be both sound and legal. The policies in the plan may change as the document progresses to adoption, primarily following examination by an independent Planning Inspector. Any changes will be incorporated in the table in due course.

Author:	Jilla Burgess-Allen, Public Health Specialty Registrar
Sponsors:	Sadiq Perveez, Strategic Director of Adults, Health and Housing Cllr Ranjit Banwait, Derby City Council Leader
Date:	05/06/2015

Appendix 3: Healthy Normanton Community Event Summary

Over 50 people came along to a Healthy Normanton event chaired by Cllr Fareed Hussain at JET on 21st April. The focus was on childhood obesity.

Because childhood obesity is a really complex problem with many causes, the idea was to involve a wide range of people to look at the big picture and think about how to tackle the issue in Normanton.

There was lots of discussion about what it is that makes it hard for children to eat a healthy diet and get enough physical activity.

We started by thinking about what a healthy Normanton would look like and quickly got on to coming up with ideas for what we can change to move towards that vision.

It was just the start of course, and everyone who came along, and others who couldn't make it, now need to start joining up the dots, making links with one-another, and taking the first steps to making some of the great ideas a reality. As one woman present said, 'just start doing it!'

What would a healthy Normanton be like?

Here is the vision people at the event conjured up…

Children would develop healthy eating habits early in life

Parents would have the skills and the time to prepare healthy affordable meals

Local schools and early years settings would support health in lots of different ways

Local parks would be safer and more attractive with better facilities

There would be lots of opportunities for children and families to stay active, whether that be outdoor play, walking, cycling, or taking part in organised groups or clubs.

It would be normal to see people going for a run

There would be less demand for junk food and more demand for healthier alternatives

There would be no new takeaways, and those we have would make it easier to choose healthier options

There would be fewer cars on Normanton Road, more trees, and clearer pavements

Normanton would be a happy melting pot of communities working together to sustain healthy eating and fitness

What can we do about it?

People came up with some fantastic ideas about what we can do to start to make the vision of a healthy Normanton a reality. Here are some of them:

- Organise a series of themed initiatives in local schools and other settings.
- An international food fair at one of the local schools, which pupils producing a cookbook alongside it.
- Local green grocers to display recipe cards submitted by local people.
- Install a tandoor in Pear Tree community garden.
- Introduce a healthy eating reward scheme for local fast food outlets to sign up to.
- Develop a Normanton Neighbourhood Plan, which would allow local people to have more say in how their neighbourhood develops.