

A young girl with curly hair, wearing a light blue t-shirt, is smiling and looking slightly upwards. She is outdoors in a grassy area with trees in the background. The image is the background for the entire page.

# **HEALTHY WEIGHT, HEALTHY LIVES: ONE YEAR ON**

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**HEALTHY WEIGHT,  
HEALTHY LIVES:  
ONE YEAR ON**





# FOREWORD

In tough times, it can feel more difficult to make healthy choices.

But, regardless of the economic climate, people still want to be able to make those healthy choices. Parents are asking for tips on how to get their kids up and about; shoppers are putting healthier options in their trolleys; and employers are seeing the difference it makes to supporting employees to be healthy.

If people are not given the opportunities to make these choices, the consequences are grim: overweight and obese individuals are at increased risk of type 2 diabetes, cancer, heart and liver disease. And if nothing changes, it is forecast that weight problems will cost the wider economy £50 billion by 2050.

So, our role is to build on the ambition we set out a year ago: we want to enable everyone in society to make those healthy choices and maintain a healthy weight.

However, this is not just a role for government: it is the responsibility of us all. Manufacturers and retailers can support their customers by providing and promoting affordable, healthy products. Schools can teach children how to cook healthy meals from scratch and ensure that all kids are more active. Local authorities can help people walk and cycle to work.

*One Year On* sets out the next steps to achieve our aspirations. Over the coming year, we want to: help people make healthier choices; continue to create an environment that supports healthier choices; provide quality services for those in need of weight management advice and support; and enable all those involved in delivery to work effectively together.

Change4Life has already made a huge impact and will be central to our efforts over the

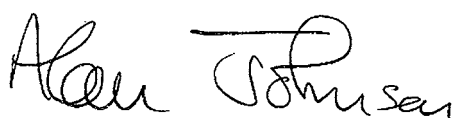
coming year. The £75 million social marketing campaign has been instrumental in bringing together partners from grassroots to national supermarkets and charities to help us all 'Eat Well, Move More and Live Longer'. Initial findings from the campaign suggest that we are succeeding in reaching out to the families and children who are most at risk. That is why we will go further in the next year and extend the campaign to at-risk adults, too.

Children continue to be central to our focus. The first few years of a child's life are crucial to the development of a healthy weight. So we will give parents and practitioners the practical knowledge they need to help ensure that young children learn healthy habits to last a lifetime. Once a child is old enough to go to school, we will continue to make sure that their playtime, lunchtime and lesson time promote healthy lifestyles. To do this, we will extend the mandatory nutritional standards and launch an enhanced Healthy Schools Programme. The £235 million Play Strategy will bring safe, welcoming, interesting and free spaces for children to increase their opportunities to be active.

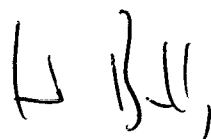
Food manufacturers and retailers have made real efforts through the Healthy Food Code, and in other ways, to improve their offering to consumers. Together we're making it easier for people to eat healthily, even on a budget. But, there is more we can do. We want to give people the knowledge and information to maintain an appropriate energy balance between the food they consume and the energy they expend. We will help consumers by providing them with clear calorie labelling when they are eating out, and we will rebalance the marketing of food to children to ensure that children are properly protected from the marketing and promotion of unhealthy food.

Making it easier for people to be active in their everyday lives is also vital to achieving our ambition. By 2012, we want to have helped 2 million adults to get more active. We have recently published *Be active, be healthy*, which sets out how we will achieve this. We will work with local authorities to ensure that towns and cities are planned to encourage active lifestyles, and we will build on our walking and cycling schemes.

We said we would reflect and learn from the first stages of implementing the *Healthy Weight, Healthy Lives* strategy. Together, we have made a good start – there are early signs that we are halting the seemingly relentless rise in childhood obesity. Now is the right time to consider how we can best learn from the past and the present, and what more we should consider in the future. We look forward to working with many other parts of society to achieve our shared ambition – supporting everyone to maintain a healthy weight.

A handwritten signature in black ink that reads "Alan Johnson". The signature is written in a cursive style with a large, stylized 'A' and 'J'.

Secretary of State for Health  
Alan Johnson

A handwritten signature in black ink that reads "Ed Balls". The signature is written in a cursive style with a large, stylized 'E' and 'B'.

Secretary of State for Children, Schools and Families  
Ed Balls



**Our ambition is to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight. Our initial focus will be on children: by 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels.**



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# EXECUTIVE SUMMARY

*Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* was published in January 2008 and was the first step in a sustained programme to combat obesity and support people to maintain a healthy weight. Our ambition is to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to maintain a healthy weight. Our initial focus is on children: by 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels.

The most recent data from the National Child Measurement Programme (NCMP) for 2007/08 and from the Health Survey for England (HSE) for 2007 suggests that, as a nation, we are seeing some success in halting the relentless rise in childhood obesity.

However, it is just the beginning. Thirty years in the making, the obesity epidemic will not be solved overnight. Far too many children are still overweight or obese, and adult obesity rates are shocking and still rising. Government, employers, communities and individuals all have more to do to give people the opportunities that they need to make healthier choices about activity and food.

*One Year On* sets out our progress to date but also the areas we need to focus on together over the next year. The report sets out how we can continue our drive to combat obesity by helping people to make healthier choices; creating an environment that promotes healthy weight; providing quality services that identify, advise, refer and treat those at risk; and strengthening the delivery system.

## CHAPTER 1: HELPING PEOPLE MAKE HEALTHIER CHOICES

We have gathered extensive insights over the past year into attitudes and behaviours around healthy eating and activity. In particular, the NCMP and the launch of the 'How are the kids?' survey and personalised action plan phase of Change4Life have given parents and carers greater feedback on their child's weight and lifestyle. In the next 12 months, we plan to help change how people relate to and understand obesity by giving parents clear information about the importance of healthy weight and the tools to allow them to make healthier choices for themselves and their children.

We will:

- inspire 200,000 families to change their behaviour through the Change4Life social marketing campaign in 2009;
- extend Change4Life to at-risk adults;
- provide new content and tools through the NHS Choices website and NHS LifeChecks to support people in assessing and managing their own lifestyle, including maintaining a healthy weight; and
- examine how children's individual NCMP results may best be shared with health professionals to enable more proactive follow-up with at-risk families and children.



## CHAPTER 2: CREATING AN ENVIRONMENT THAT PROMOTES HEALTHY WEIGHT

Over the past year, we have made progress with, among other things, the launch of the Healthy Food Code, more cooking lessons in schools and the awarding of nine Healthy Towns. It is vital that we continue to act in a wide range of settings to create a social environment that makes it easier for individuals and families to maintain a healthy weight.

We will:

- do more to support children in the important early years of their development through a single set of evidence-based messages on healthy eating and active play;
- use sample surveys and research to collect and track data on the weight status of very young children;
- continue to improve the environment for school-age children, so they eat healthily and are active in and outside of school;



- create more opportunities for activity and healthy eating through building on our Change4Life partnerships across all sectors;
- raise public understanding of the crucial importance for each individual of maintaining an appropriate energy balance;
- see more fast food and other chain restaurants provide calorie labelling for consumers at the point of choice;
- look at developing a voluntary set of principles to underpin all forms of promotion and marketing of food and drink to children, particularly where established mandatory self- or co-regulatory regimes do not exist;
- commission robust evidence of how the government's objectives to improve the nation's health and wellbeing are being delivered locally from a spatial perspective;
- encourage local authorities to deliver active travel initiatives through the next round of local transport plans;
- set up an expert working group on sedentary behaviour, screen time and obesity to consider the latest evidence on the health risks of sedentary behaviour and advise on the implications for messages to families in this area by December 2009;
- evaluate the work of the Healthy Towns and ensure that the learning is shared more widely among the new Healthy Towns network;
- improve the health and wellbeing of public sector employees, starting with the NHS workforce through bespoke programmes to support front-line staff to achieve and maintain a healthy weight; and
- support small- and medium-sized enterprises (SMEs) and non-FITSE companies to adopt the

Business HealthCheck Tool, reporting at board level on the health and wellbeing of their staff.

## CHAPTER 3: EFFECTIVE SERVICES FOR THOSE AT RISK

By supporting healthier choices and creating an environment that promotes health, we aim to ensure that the population maintains a healthy weight. However, for those who are currently overweight or obese, we need to provide effective health services that help them to reduce their weight and become healthier. Going forward, we will provide specific support for those most at risk.

We will:

- release a new framework agreement, which will give commissioners a list of 'pre-qualified' providers that can support local areas in implementing child weight-management services;
- focus on supporting local commissioning of weight management services for adults;
- begin the roll-out of NHS Health Checks for all 40–74-year-olds, which include an assessment of body mass index (BMI) and referral into weight management or exercise programmes where necessary for health reasons; and
- ensure that primary care professionals are better equipped to play their part in providing advice and referral.

## CHAPTER 4: STRENGTHENING DELIVERY

Finally, we need to ensure that we have a delivery system that both prioritises tackling child and adult obesity, and has the capability

to do this. A large network of organisations – such as central and local government, the NHS, and the private and third sectors – need to work together to achieve this. There is growing momentum and commitment towards tackling child obesity locally and regionally. The childhood obesity indicators taken together are the most popular indicators chosen by local authorities for local area agreements (LAAs); and, in 2008/09, child obesity was the fifth most popular metric selected by primary care trusts (PCTs) under the World Class Commissioning Programme. We recognise the complexity of the task and want to continue to support the delivery chain, especially our local frontline partners – such as GPs, school nurses and health visitors – over the coming year.

We will:

- provide £69 million to local areas within PCT allocations in 2009/10 to combat overweight and obesity;
- develop by summer 2009 a new Obesity Improvement Programme, to strengthen local capabilities to both prevent and treat overweight and obesity. This will include a one-stop-shop for sharing best practice, bespoke training to improve capability in the worst-affected areas, and benchmarking data on the extent and effectiveness of local weight management services;
- undertake work quantifying the relationship between food pricing, promotional activity and levels of calorie consumption and BMI and, ultimately, health harm; and we will also scope work to understand actual calorie intake.





# INTRODUCTION



*Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* was published in January 2008 and was the first step in a sustained programme to support people to maintain a healthy weight. Our ambition is to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight. Our initial focus is on children: by 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels.



In *Healthy Weight, Healthy Lives*, we committed to assessing the progress we have made across the five themes:

- promoting children's health;
- promoting healthier food choices;
- building physical activity into our lives;
- supporting health at work and providing incentives more widely to promote health; and
- supporting local commissioning of effective treatment and support when people become overweight or obese.

We promised to examine what more government could do based on the best emerging evidence but also whether everyone in society – employers, communities and individuals – are doing their bit to enable people to make healthier choices.

Like many areas of health improvement, such as alcohol and smoking, tackling obesity is at the heart of the issue of personal responsibility: what people choose to eat and how active they choose to be. However, government plays a significant role in helping support individuals and families in making those choices. It does this by:

- helping people make healthier choices;
- creating an environment that promotes healthy lifestyles;
- providing effective services that identify, advise, refer and treat those at risk; and
- strengthening delivery.

The structure of *One Year On* is based on this approach. It builds on the five themes from *Healthy Weight, Healthy Lives*, but demonstrates how we have developed our thinking over the last year to keep up momentum in tackling unhealthy weight.



*One Year On* sets out that, while good progress has been made – the latest data suggests that the rise in childhood obesity may be flattening out – the scale and the complexity of the challenge means that we cannot assume that the action already taken will be enough. *One Year On* is not the final word – we all need to continue to play our respective parts if we are

to build a society that supports healthy weight. This report is an opportunity to reflect on our progress, learn from emerging evidence and highlight recommendations for further action.

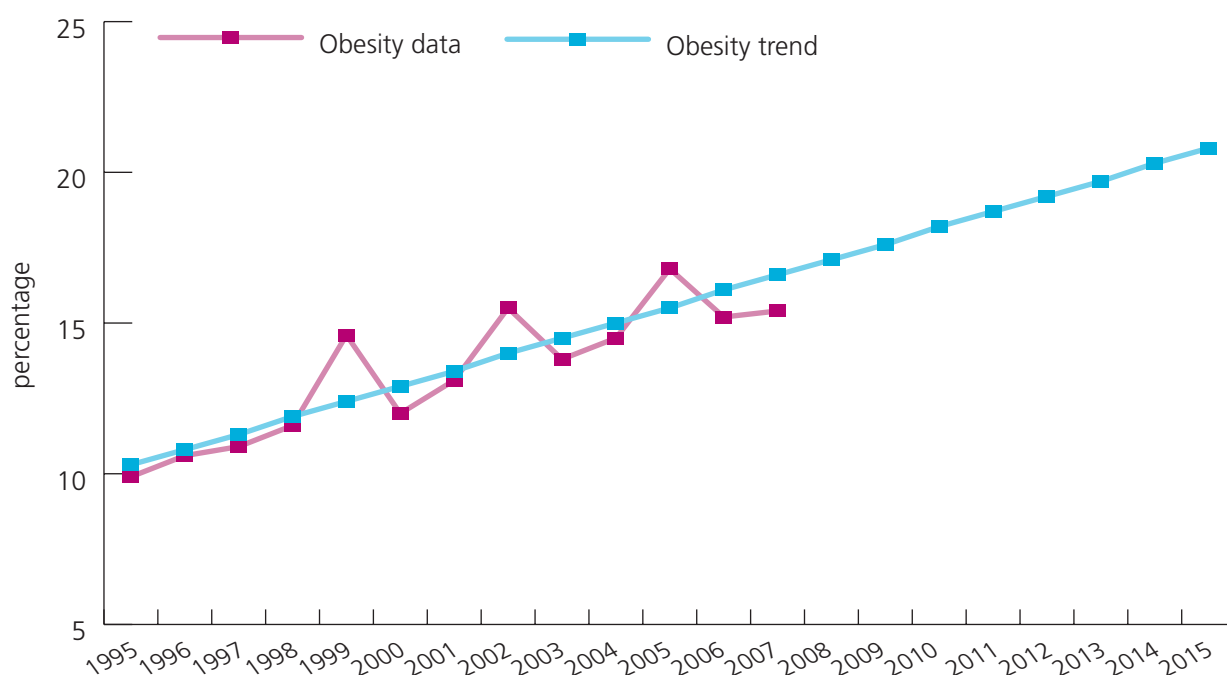
## THE CONTINUING CHALLENGE

Over the course of the last year, we have made a good start – but it is just the beginning of a long process. We must continue to deepen our understanding of obesity and its causes by building a stronger evidence base. We must collect the most appropriate data to inform us as to how we are doing and where we need to focus to reach the extent of our ambition.

*‘There are indications that the trend in obesity prevalence may have begun to flatten out over the last two to three years.’*

*Health Survey for England 2007*

### Percentage of obese children 2–10 years old



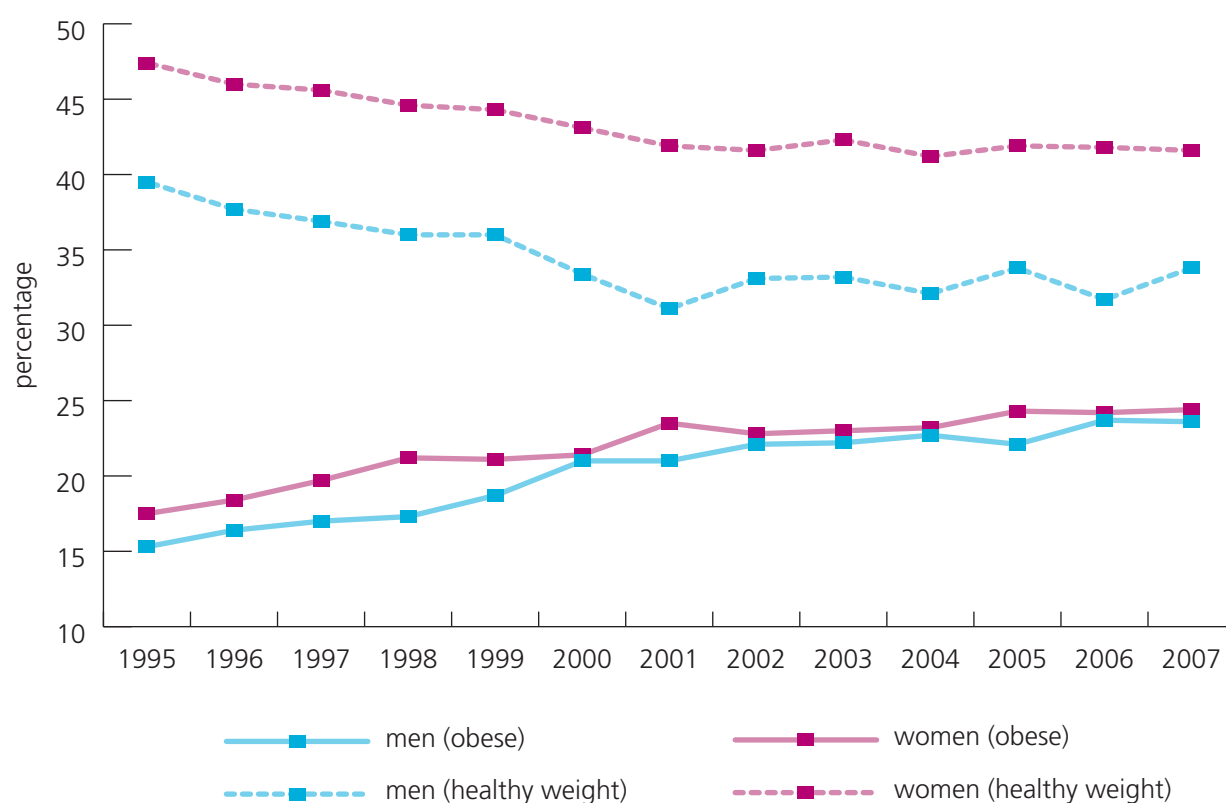
The extent of the surveillance data we now hold on obesity prevalence has greatly improved from the data we held just two years ago. This is principally due to the introduction and successful implementation of the NCMP, which is now a vital and effective source of information on child weight.

In 2008, the HSE showed that the estimated prevalence of obesity among 2–10-year-olds has increased very slightly to 15.4% in 2007, from 15.2% in 2006. This change on its own is not considered statistically significant and, taken with the fall from 16.8% in 2005, suggests that, as the HSE reports from its own data, 'there are indications that the trend in obesity prevalence may have begun to flatten out over the last two to three years' (NHS Information Centre).

Confirmation of this change will require at least one more year's data. More general analyses, using adaptations of Foresight obesity modelling on 2007 HSE data, lend support to this observation. (Forthcoming publication, Brown et al.)



### Percentage of men and women in obese and in healthy weight categories





The HSE data is supported by the 2007/08 NCMP results, which found that 22.6% of reception year children and 32.6% of year 6 children were either overweight or obese – but there was no significant difference between these rates and those from the previous year (2006/07).

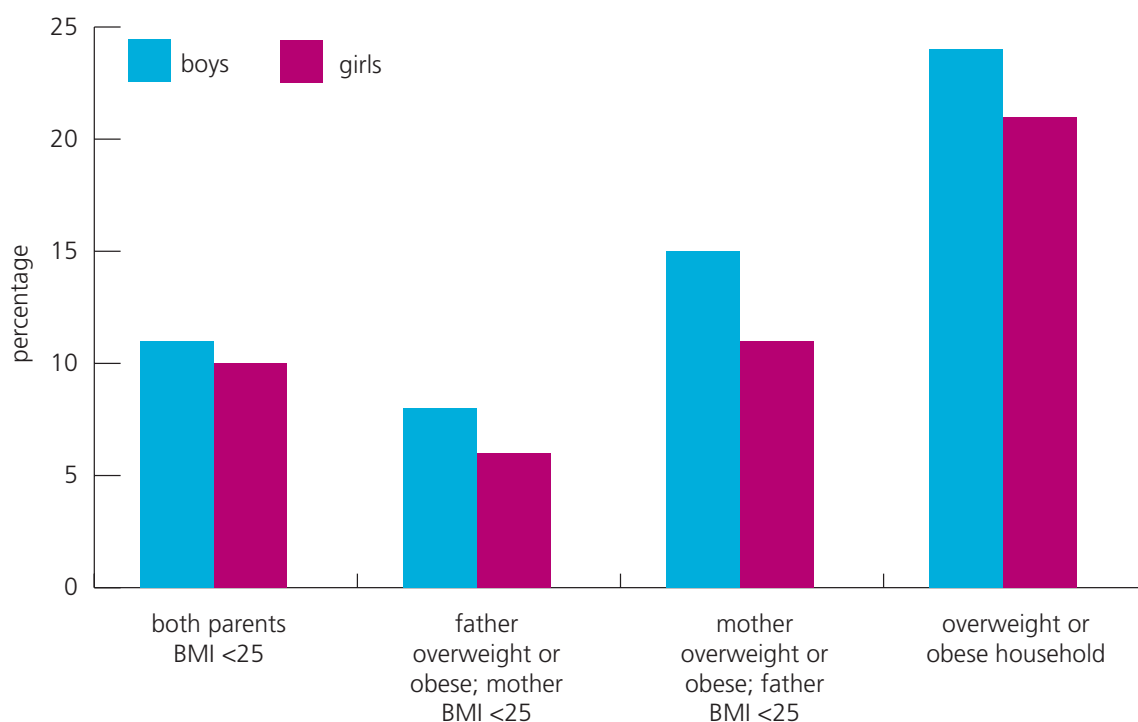
The HSE data also confirms:

- important variations across socio-economic groups, for example different levels of obesity prevalence among women and girls according to the level of household income; and
- a relationship between childhood obesity rates and the weight status of parents, particularly mothers. Childhood obesity rates were significantly higher in households where either parent, or a lone parent, were considered overweight or obese.



The HSE data points to a continuing challenge with regard to excess weight in adults, with only 38% of adults having a healthy weight. However, there are signs that the increase in adult obesity has slowed in the last few years, with no significant change in the proportion of men or women who are obese in 2007 relative to the previous year's data, although the proportion who are overweight has continued to rise.

### Obesity prevalence by parental weight status



There are still gaps in our surveillance data, particularly at a local area level. These include knowledge about the development of excess weight in early (pre-school) years (see Chapter 2 on moving forward to collect data on early years development); about young people and teenagers and their weight status as they transition into adulthood; and about young adults. We will explore the possibility of boosting the HSE to collect more accurate data on teenagers to allow more in-depth analysis.

We will continue to monitor the impact of the implementation of *Healthy Weight, Healthy Lives*, looking at outcome measures (prevalence of obesity and overweight) and at a range of leading indicators (for example measures of the diet and physical activity of children). A full description of these indicators and their current values is in the Annex.



# 1: HELPING PEOPLE MAKE HEALTHIER CHOICES



Our approach to informing consumer choice is underpinned by the views of parents and families, and the role that food and activity plays in families' lives. Research has revealed that parents often do not see obesity as their or their family's problem, nor are they aware of the importance of healthy weight to their child's health. Over the next year, we will change how people relate to and understand obesity by giving parents clear information on the importance of healthy weight and the tools to allow them to change their own and their child's diet and activity.

#### Going forward we will:

- inspire 200,000 families to change their behaviour through the Change4Life social marketing campaign in 2009;
- launch a new phase of Change4Life targeted at at-risk adult groups;
- provide new content and tools through the NHS Choices website and NHS LifeChecks to support people in assessing and managing their own lifestyle, including maintaining a healthy weight; and
- examine how children's individual NCMP results may best be shared with health professionals to enable more proactive follow-up with at-risk families and children.

## 1.1 HOW WE ARE INFORMING CHOICE

### Change4Life



Change4Life is a groundbreaking £75 million social marketing campaign designed to help us all eat better, move more and live longer. Extensive and ongoing academic and consumer research has provided a number of key insights around attitudes and behaviours related to obesity, diet and exercise. These are that:

- although parents realise that obesity is a growing problem, they do not recognise it as their problem;
- most parents tend to underestimate how much they and their children eat and overestimate the amount of physical activity they do;
- most parents do not make the connection between unhealthy weight status in their children and long-term health problems (such as type 2 diabetes, heart disease and cancer); and
- a host of 'unhealthy' behaviours carry no perceived risks for parents, for example sedentary behaviour, snacking levels and excessive portion size.

Using these insights, Change4Life aims to help highlight clearly to parents the links between poor diet and sedentary lifestyles and preventable illnesses and give families the simple tips and tools they need to eat better and do more activity. The aim is to create a social movement to support changes in attitude and behaviour related to diet and exercise.

The campaign launched with a series of high-profile television and print advertisements in January 2009. Through an extensive coalition of partners from all sectors, the campaign is multiplying its reach through affiliated marketing and public engagement campaigns. The Change4Life coalition now includes unprecedented support from grassroots organisations to leading supermarkets and charities.

In the first phase of the campaign, we are concentrating on families with younger and pre-teen children whose current behaviour suggests that their children are the most at risk of weight gain. As well as reaching millions of families through campaigns and the 'How are the kids?' leaflet, we also aim to inspire over 200,000 families to sign up to Change4Life by the end of 2009.

Initial data on the response to the campaign has been positive in the first month:

- We have had over 100,000 responses to the 'How are the kids?' survey.
- Some 68% of mothers report having seen the launch television advertisement after the first month.
- The website received over 230,000 homepage visits in January 2009.
- Sixty non-governmental and commercial partners had signed up to the programme by mid-March 2009.

Forthcoming phases of the campaign will aim to personalise the issue for parents, explaining what they can do to prevent their own child gaining excess weight. We will support parents in believing that they can change and help them as they try to change.

Over 2009/10, we plan to extend Change4Life to reach other at-risk audiences, including very young children and those ethnic minority communities where levels of childhood obesity are particularly high, while continuing our work with families. **We also intend to launch Change4Life for at-risk groups of adults.**

### National Child Measurement Programme

The vast majority of primary schools in England are now participating in the NCMP, through which PCTs collect height and weight data on all pupils in reception (aged 4 to 5) and year 6 (aged 10 to 11). In 2008, 88% of eligible children were measured through the NCMP.

Over the last 12 months, parents have started to receive personalised feedback on their child's results. Around 50% of PCTs routinely fed back results to parents, with all other PCTs providing results on request. This reflects the huge effort of those involved at both local and regional level.

Feedback from the NCMP ensures that parents are informed of their child's weight status and will provide them with general advice to help them to make positive lifestyle choices for their family and information on how to access support services.

We want to see more PCTs taking part in 2009/10. To achieve this, we will continue to support local authorities and PCTs with guidance, workshops and a toolkit to support implementation of the NCMP and provision of routine feedback. For 2009/10, **we will examine how children's individual NCMP results may best be shared with health professionals** to enable more proactive follow-up with at-risk families and children. From autumn 2009, we will look to pilot various approaches, where PCTs already have well-developed follow-up services in place.

Those families and children who seek further help following feedback of results need to be able to access appropriate weight management services. So, at a local level, commissioners are being supported with commissioning guidance and we will publish a framework of providers that can support them in implementing weight-management services by spring 2009.

### NHS Choices website

The NHS Choices website ([www.nhs.uk](http://www.nhs.uk)) contains a range of information on eating healthily, being active and losing weight, including a new BMI calculator. This tool provides tailored advice for all ages in the form of videos and articles on how to achieve and maintain a healthy weight. Over the last year, these sections of the website were visited 1.25 million times, and the BMI calculator had nearly a quarter of a million visits in its first three months alone. **Over the coming year, we will provide new evidence-based content and tools to support people in maintaining a healthy weight.**

### NHS LifeCheck tools

The development of NHS LifeCheck tools will provide an online health service to help people assess and manage their own health. The NHS LifeCheck programme is based upon a commitment in the 2006 White Paper *Our Health, Our Care, Our Say* to initially develop three NHS LifeChecks for early years, adolescent and mid-life. The service helps people plan for lifestyle change, giving ideas, information and support. Users can set personal goals and request helpful reminders.

An improved NHS Early Years LifeCheck will be launched nationally in June 2009 to coincide with an upgrade of the service. NHS Teen LifeCheck will launch nationally in May 2009. NHS Mid-life LifeCheck pilots have begun, focusing on delivery in the workplace and to ethnic minority groups and homeless people.





## **2: CREATING AN ENVIRONMENT THAT PROMOTES HEALTHY WEIGHT**

We set out in Chapter 1 how we will support individuals to make their own healthier choices. However, as set out in the Foresight report, we also need to create a wider social and economic environment in which it is far easier for individuals and families to maintain a healthy weight.

This chapter covers four areas that the Foresight report highlighted as contributing to the 'obesogenic' environment.

Children and families need to be supported by the places and communities that form a part of their everyday lives. The child health strategy, *Healthy Lives, Brighter Futures*, sets out our long-term vision for improving children's health outcomes, including support for overweight and obese children. Maternity units, Sure Start Children's Centres and other childcare providers can promote healthy weight in children at a crucial stage in their growth. 21st-Century Schools will create a stronger focus on improving the health and emotional wellbeing of children and young people, as part of their commitment to excellent personalised education and development.

The food and entertainment technology industries can play a key role in supporting parents and children to achieve a greater balance in the food they consume and the energy they expend through activity.

Creating an environment that encourages play and active travel will support these efforts. Communities, towns and cities that are planned and organised with a view to supporting families to move more and eat well will have healthier populations.

Employers also have an important role to play in ensuring the health and wellbeing of their workforce. We want the NHS to lead by example with a greater focus on promoting healthy weight in its 1.2 million-strong workforce.



## 2.1 CHILDREN, HEALTHY GROWTH AND HEALTHY WEIGHT

### The Healthy Weight, Healthy Lives vision:

*Every child grows up eating well and enjoying being active. Parents will have the knowledge and confidence to make this happen – including as many mothers breastfeeding as possible – and will be supported by schools, Sure Start Children's Centres, health and other services, all promoting healthy weight.*

### Going forward we will:

- provide additional guidance on the Healthy Child Programme 2–2.5-year review to include recommendations on reviewing the health and development of children and promoting healthy nutrition and physical activity in 2009;
- look to collect and track data on the weight status of very young children as they develop, using sample surveys and research projects which can then inform the 0–5 Healthy Child Programme;
- develop a new ante-natal education and preparation for parenthood programme, which will include providing information and guiding parents-to-be on nutrition and the prevention of obesity;
- invest a further £2 million in 2009/10 to extend the Baby Friendly Initiative on promoting breastfeeding to local areas with substantial numbers of non-breastfeeding mothers;
- support children in the important early years of their development through a single set of evidence-based messages on healthy eating and active play;
- introduce an enhanced Healthy Schools Programme for those schools that already have Healthy School status and are ready to go to the next stage, helping to improve health outcomes, including obesity, which are of most importance for their pupils from September 2009;
- improve food in schools by extending the mandatory nutrient-based standards already in place in primary schools to secondary and special schools in September 2009;
- publish a recipe book of healthy picnic-style meals in time for the school summer holidays;
- continue to improve the environment for school-age children, so they eat healthily and are active in and outside of school; and
- explore the development of a further focus on overweight and obese children in the PE and Sports Strategy for Young People.



### Promoting healthy weight in early years

Over the next year, the child health strategy *Healthy Lives, Brighter Futures* will ensure that we focus more strongly on supporting families in the first few years of their child's life. We know that this life stage is crucial in the development of the weight of a child. By the time of their first year in school, 22.6% of children are either overweight or obese (NCMP data, 2008). We want to provide parents with the knowledge and support to help encourage healthy behaviours in their child from birth which will last a lifetime. Nurses and midwives, including health visitors, play a pivotal role for families with young children as trusted sources of information and support, and a new commission on the future of nursing and midwifery announced in March 2009 will be advising government on their future role. A new Programme of Action on Health Visiting, led by the Chief Nursing Officer, also announced in March 2009, will boost the profile, role and numbers of health visitors over the coming years.

### Healthy Child Programme

The Healthy Child Programme, previously known as the Child Health Promotion Programme, is the universal public health programme for all children which starts in pregnancy. It is the service through which preventative services are delivered, including the prevention of obesity. *Healthy Lives, Brighter Futures* emphasises the importance of the Healthy Child Programme and includes actions to improve the commissioning and delivery of the programme, including strengthening the role of the health visitor in Sure Start Children's Centres.

During the next year, we will **provide additional guidance to practitioners and the NHS on the 2–2.5-year review to include recommendations on reviewing the**

**health and development of children and promoting healthy nutrition and physical activity.** This is one of the reviews that all children are offered as part of the Healthy Child Programme. It provides an important opportunity to review children's health and development, including growth, and to discuss nutrition and exercise. **We will also look at how to collect and track data on the weight status of very young children** as they develop, using sample surveys and research projects which can then inform the 0–5 Healthy Child Programme.

We will continue to expand the Family Nurse Partnership programme to 70 test sites by 2010. This is an evidence-based, intensive, nurse-led, home-visiting programme supporting vulnerable young families and includes a focus on nutrition.

We are also developing **a new ante-natal education and preparing for parenthood programme** which will include providing information to parents-to-be on nutrition and the prevention of obesity. Expert input, a survey of users' views and a literature review will be completed by September 2009 and will form the basis for developing this programme.



### *Breastfeeding and the early months: advice and support*

We know that breastfeeding not only protects children against infectious diseases, it also reduces the risk of excess weight later in life. In February 2008, we launched the National Breastfeeding Helpline for breastfeeding mothers with national coverage, and in 2008/09 we invested £4 million to promote the UNICEF Baby Friendly Initiative in areas with the lowest rates of breastfeeding. Further support for breastfeeding through both Sure Start Children's Centres and primary care will include:

- **investing a further £2 million in 2009/10 to extend the Baby Friendly Initiative to local areas with substantial numbers of non-breastfeeding mothers;**
- training frontline staff to promote and support breastfeeding;
- establishing peer support groups for breastfeeding mothers;



- providing easily accessible and timely advice to mothers through the National Breastfeeding Helpline; and
- giving all new mothers a breastfeeding DVD via their midwives and health visitors.

Advice around healthy eating and active play can sometimes be confusing for both professionals and parents. It is important that parents are given clear advice by professionals on healthy eating and active play for their children and that practitioners are supported to do this by having clear, up-to-date, evidence-based guidance. To underpin the developments outlined above, by the end of 2009 we will have worked with experts in nutrition and physical activity to **develop a single set of evidence-based clear messages on healthy eating and active play to support children in the most important early years of their development.** This will provide parents with the knowledge to help encourage healthy behaviours in their child which will last a lifetime.

The continued expansion of Sure Start Children's Centres and the mandatory adoption of the Early Years Foundation Stage from September 2008 will give parents greater assurance that the early years setting for their child is a healthy one.

Through the Early Years Foundation Stage (EYFS), we have already put in place a statutory requirement that all food served to children must be healthy, nutritious and safely prepared. Many Sure Start Children's Centres offer families access to health visitors and advice on nutrition and health. The EYFS will be reviewed in 2010 once it has had a chance to bed in. The full scope of the review is currently being considered but we will look at how EYFS can

better help ensure that children receive nutritious food which is suitable for their needs and encourages them to continue with healthy eating habits in later life.

### School-age children and young people

It is important that habits and messages laid out in a child's early years are reinforced and maintained as that child moves into school life. We are improving schools so that they continue to improve the environment for all children to maintain a healthy weight through the Healthy Schools Programme, the food that is offered during the school day, the opportunities within the curriculum to learn about good diet and develop cooking skills and the opportunities for physical activity. In addition, we have set clear expectations on schools and local authorities to develop high-quality facilities to promote healthy eating and increase participation in sport and PE through the guidance for the Primary Capital programme and Building Schools for the Future programme. Outside of the school day, we are increasing access to safe and stimulating play environments and opportunities for active travel.

### 21st-Century Schools

The Government has recently consulted on its vision of 21st-Century Schools which deliver excellent personalised education and development, have a stronger focus on improving overall health and wellbeing for children and young people, and provide a wider community resource to support families and communities. We will shortly be publishing a White Paper setting out in more detail the steps we will take to realise this vision.

21st-Century Schools build on the foundations laid by Healthy Schools and schools offering access to extended services programmes. Already, 97% of schools in England are

participating in the Healthy Schools Programme, which promotes healthy eating and physical activity, among other themes. **From September 2009, we will introduce an enhanced Healthy Schools Programme** to support those schools that already have Healthy School status to do more in promoting positive health outcomes for their pupils. As many local authorities are already committed to looking at ways to encourage children and families to maintain a healthy weight, schools can use the enhanced programme to help them focus on this area as one of their key contributions to these outcomes. Schools will be encouraged to work with their local authority and primary care trust to identify local health priorities. The criteria underpinning this programme will focus on improving health outcomes for children and young people and will coincide with the new Ofsted inspection framework to be introduced from September 2009, which will incorporate the new wellbeing indicators. This new approach is currently being tested in the South West by a pathfinder programme, Healthy Schools Plus, and will inform our learning ahead of a national roll-out.

We have already announced our intention to develop a new 'School Report Card', which will provide simple, clear information about each school's performance and achievements across the full range of its responsibilities, including the contribution it makes to its pupils' wider wellbeing. This formed part of the consultation on 21st-Century Schools.

### Food and cooking skills

We are committed to ensuring that children have access to healthy food throughout the school day. Many schools now have breakfast clubs, often offered as part of the Extended Schools service, to ensure that more children have a healthy start to their day, as well as a



healthy school lunch. With the School Food Trust, we are improving school food to ensure that it is healthy (including cold lunches and items from vending machines).

More children are now taking healthy lunches in primary schools which is an easy way for children to eat healthily. School food offered in primary schools already has to meet mandatory nutrient-based standards and, **in September 2009, these standards will become mandatory in secondary and special schools** as well.

We know that pupils are more likely to have school food if it is well prepared and served in attractive surroundings. We have therefore also provided additional capital funding to enable schools and local authorities to develop suitable school kitchens and improve dining areas so that more pupils are able to get a healthy meal.

We recognise the importance of cooking skills in enabling children and families to adopt a healthier diet. We have overhauled food technology classes at school to give children

better practical opportunities to learn to prepare and cook a healthy meal. From September 2008, 85% of secondary schools have offered the food technology curriculum, with a greater emphasis on food preparation and cooking, and all 11–16-year-olds are now entitled to learn to cook. Out of school, parents also need support and ideas on how to provide healthy meals on the go for their families. Recognising this, in September 2008 we published the hugely popular Real Meals cookbook and made it available to all Year 7 pupils: since its launch there have been 150,000 downloads of the recipes. Building on this success, we will be publishing a recipe book of healthy, picnic-style cold meals in time for the school summer holidays.

### *Being active in and outside of school*

Schools also contribute to keeping children and young people active through National Curriculum physical education (PE) and through sport. The PE and Sport Strategy for Young People invests over £800 million, reaching out to all 5–19-year-olds through a national network of School Sport Partnerships and County Sport Partnerships (becoming County Sport and Physical Activity Partnerships), to create a world-class system of PE and sport. Between 2003 and 2008, the number of 5–16-year-olds doing two hours' high-quality PE and sport a week increased from 25% to 90%, exceeding the Government's Public Service Agreement (PSA) target for 2008. We are now raising the bar, and offering 5–16-year-olds five hours a week, and 16–19-year-olds three hours a week.

To be successful, schools – together with sports, community and youth clubs – will need to persuade children and young people to take up more sport through being responsive to what young people want, making sport fun and sociable, and tackling the barriers that prevent them doing more. They will also need to actively



encourage involvement by children and young people who are overweight and obese and other groups who have traditionally been less likely to take up sport. We will **explore the development of a further focus within the PE and Sport Strategy for Young People which specifically helps overweight and obese children to achieve and maintain a healthy weight.**



We are encouraging health professionals, led by their local authorities and PCTs, to partner with County Sport and Physical Activity Partnerships, to make sure that health-run programmes for physical activity are closely linked with the PE and Sport Strategy for Young People, and to support obese and overweight young people to take up and maintain participation in PE, sport and dance.

The *Play Strategy* (December 2008) set out the Government's plans to invest £235 million of new money by 2011 to deliver 3,500 new or refurbished play spaces and 30 new adventure playgrounds. This investment in innovative and stimulating local play areas will have an emphasis on the needs of 8–13-year-olds and will increase

their opportunities to be active. In December 2008, the Government announced the acceleration of this capital investment programme, so that all local authorities will be able to access play funding of at least £1 million by spring 2009.

### *Travel to school*

We are also encouraging and supporting schools and families to change the way they travel to school. The Travelling to School Initiative sets out a series of measures to support local authorities and schools to encourage more children to walk, cycle or take the bus to school. The core of the programme is helping schools develop travel plans identifying what can be done in each school, for each pupil, to support sustainable travel. As at March 2008 (according to latest data from the School Census), 17,392 schools (69%) have an approved travel plan; we want all schools in England to have a travel plan in place by 2010. The Department for Transport (DfT), working with the Department for Children, Schools and Families (DCSF), is also providing schools with grants of £1,000 a year for three years to set up 'walking buses' or £500 a year for three years to set up other initiatives such as 'Walk on Wednesday', which increase walking to and from school. We are also investing in training 10-year-olds in cycling skills through the



Bikeability Scheme (formerly Cycling Proficiency) to enable more children to cycle to school.

The child health strategy also announced the Government's intention to extend the Healthy Child Programme to the 5–19-year-old age range to provide an evidence-based programme to help support healthy habits through all stages of a child's life, from childhood to adolescence. This programme will support all the specific activities outlined above in order to promote healthy weight.

**Case Study: Baverstock Sports College: Fit4Life**

Baverstock School and Specialist Sports College in Birmingham identified key stage 3 and 4 students who were not engaged in PE and school sport and had problems with their weight and invited them to take part in the Fit4Life programme. The programme takes a holistic approach, providing education on healthy eating and supporting young people and families to undertake physical activity. A range of initial body measurements are taken from the students by the school nurse and these are then passed on to the personal trainer who works with the young people, in small groups, during one of their two PE lessons a week. One hundred students have passed through the programme to date; 79% of these pupils have shown weight loss, self-esteem issues have been reduced considerably and students have become more active participants in both school sport and PE.



## 2.2 PROMOTING HEALTHIER FOOD CHOICES

### The Healthy Weight, Healthy Lives vision:

*The food that we eat is far healthier, with major reductions in the consumption and sale of foods high in fat, salt and sugar, and everyone eating their five portions of fruit and vegetables a day. Individuals and families will make decisions on their diet based on a good understanding of the impact on their health, and the food, drink and other related industries will support this through clear and consistent information, doing all they can to help parents raise healthy children. Individuals will understand the personal need for calorie balance and will adopt a healthy, balanced diet to reflect their overall energy needs.*

### Going forward we will:

- extend the Healthy Food Code to include a new priority to support individuals to maintain an appropriate energy balance;
- raise public understanding of the crucial importance for each individual of maintaining an appropriate energy balance;
- look at developing a set of voluntary principles to underpin all forms of marketing and promotion of food and drink to children, particularly where established mandatory self- or co-regulatory regimes do not exist;
- consult on proposed voluntary targets for reductions in saturated fat and added sugar across a range of food categories during 2009, and encourage smaller portion sizes for energy-dense food and drink and promotion of no added or reduced sugar drinks. This work will be supported by the Food Standards Agency (FSA) saturated fat consumer awareness campaign and consumer-facing messages under the Change4Life campaign; and
- continue to work with fast food and other chain restaurants to introduce voluntary calorie labelling at the point of choice by June 2009 and to encourage more major caterers to adopt this.

In taking forward the Healthy Food Code, where the Government is able to work closely with industry, there are clear advantages to a voluntary approach. However, the Government will clearly continue to examine the case for a mandatory approach where this might produce greater benefits.

Since we launched Healthy Weight, Healthy Lives, the Department of Health and the FSA have laid out their respective responsibilities on the Healthy Food Code of Practice and have been working with industry and others to take forward the Code. Front-of-pack nutrition labelling is now widespread and we are seeing increasing numbers of manufacturers reducing levels of salt, saturated fat and added sugar in food. Ofcom has reported a 34% reduction since 2005 in children's exposure to adverts on television for food that is high in fat, salt and sugar, and the Change4Life campaign is promoting healthy eating messages such as 'me-size meals' and 'sugar swaps'.



However, more needs to be achieved across all areas of the Healthy Food Code of Practice. We have hosted stakeholder events on the

Healthy Food Code, food promotion to children, reformulation, portion size and nutritional labelling in restaurants, which have informed development of the actions set out below. In addition, the FSA has secured commitments from a number of food companies to become early adopters of calorie labelling at the point of choice in restaurants.

### Achieving an appropriate energy balance

Emerging research suggests that a more holistic approach to dietary habits will have a bigger impact on calorie control than a focus on individual nutritional recommendations in isolation, such as saturated fat reduction. While these messages remain important for wider health reasons such as a healthy heart, **we will work to raise awareness of the energy balance goal** and the importance for each individual of achieving and maintaining an appropriate energy balance. **The energy balance goal will be added to the Healthy Food Code as an additional priority.** The Government will work with industry on their role in offering food that supports this goal, e.g. through existing reformulation or portion size work. We will also work with stakeholders to develop action, through Change4Life, that will help consumers understand their overall calorie requirements. There are international examples of how we might approach this: the Netherlands

### Evidence base

There is growing acceptance that the absolute energy content of the diet, rather than specific macronutrients, is the critical element in preventing and treating obesity. For example, a recent trial showed that reduced-calorie diets resulted in clinically meaningful weight loss regardless of which macronutrients they emphasised. At six months, participants assigned to each diet tested had lost an average of 7% initial weight. At two years, weight loss remained similar for those who were assigned to a diet with 15% or 25% protein, 20% or 40% fat and 65% or 35% carbohydrate (Sacks et al.). A number of recent studies in adults and children also point to the energy density of the diet as a critical risk factor for over-consumption, with less energy-dense diets characterised by a higher intake of fruit and vegetables being protective against excess fatness during childhood.

Nutrition Centre has introduced the concept of a 'Balance Day' and the Queensland Government in Australia runs an Eat Well, Be Active Initiative.

### Rebalancing promotion of food and drink to children

The Healthy Food Code includes a commitment to rebalance marketing, promotion, advertising and point of sale placement, to reduce the exposure of children to the promotion of foods that are high in fat, salt or sugar and increase their exposure to the promotion of healthier options. We welcome initiatives from industry to develop transparent codes of responsible marketing.

In 2009, **we will look at developing a set of voluntary principles to underpin all forms of marketing and promotion of food and drink to children, particularly where established mandatory self- or co-regulatory regimes do not exist.** This will be a voluntary complement to the existing regulatory regime for broadcast and non-broadcast media. The principles aim to establish a consistent, comprehensive approach across all marketing activities to reduce children's exposure to the promotion of less healthy foods, and increase their exposure to healthier options.

In developing the principles, we will look at the coverage of existing codes of practice in this area and take account of the existing regulatory regimes and restrictions. We will draw on international work, consumer group proposals and company good practice. The principles will cover, among other areas:

- complete transparency of company policies in relation to the promotion and marketing of food to children;
- consistency across all different types of media and methods;

- restricting the exposure of marketing of less healthy foods to children (such as placing less healthy food at children's eye line in store); and
- increasing the exposure of marketing of healthy foods (such as promotions and sharing best practice).



### Healthier food choices

There are encouraging signs that individuals and families have been choosing healthier food choices over recent years (though we will need to track this closely during the current economic climate). We will work with industry to make promotion of healthier food commonplace and to maximise the benefits that partnerships with industry and others can bring, for example around our Change4Life campaign.

Despite these positive trends, data from the National Diet and Nutrition Survey shows that we are still eating too much fat and sugar. Research shows, for example, that regular consumption of sugary drinks increases the risk of excess weight gain in children (Olsen and Heitmann).



### Case study: Convenience store project

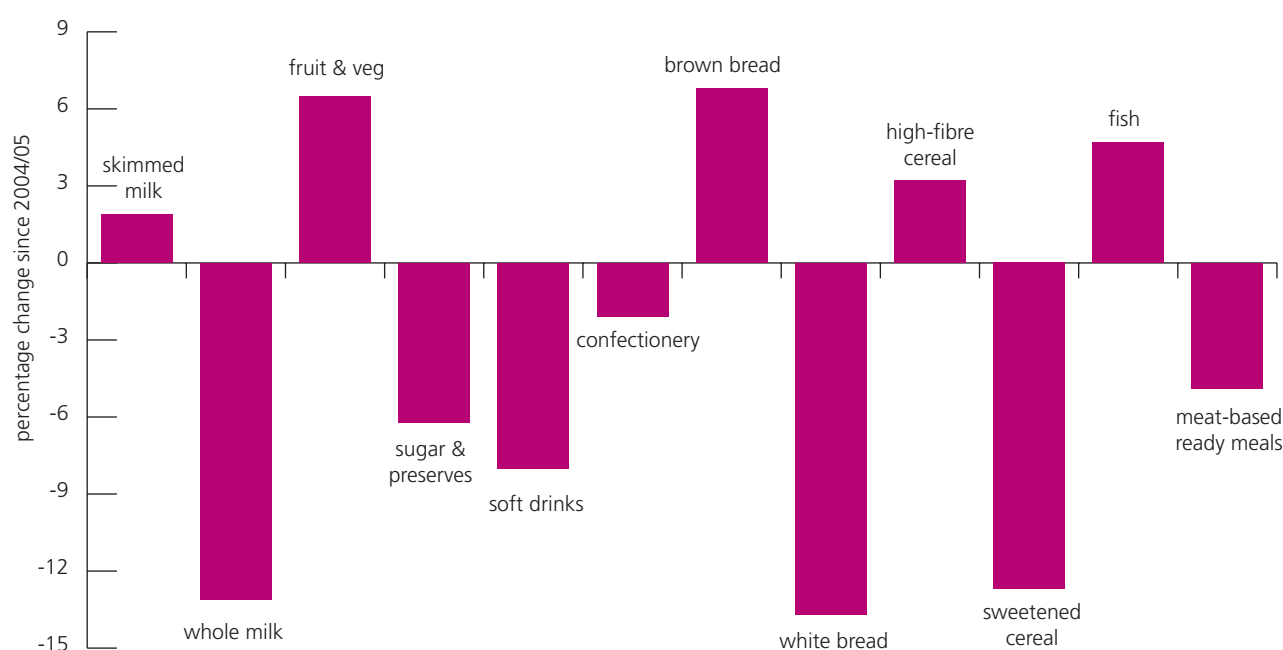
The Association of Convenience Stores and Department of Health launched a Change4Life partnership initiative in the North East in November 2008 to encourage people to eat more healthily through their local convenience store. Twelve stores were chosen from low-income areas that had relatively poor availability of fresh fruit and vegetables and local people were encouraged through the stores to improve their diet by extending the range and quality of fruit and vegetables available in store. Initial results are encouraging, showing an increase in sales of fruit and vegetables and a positive change in consumer attitudes. We aim to have 120 stores involved across the North East by May 2009, followed by a national roll-out over the next two years.

### Case study: Kids' food range

In January 2008, Disney and Tesco teamed up to produce a co-branded kids' food range – Winnie the Pooh's easy-peeler citrus fruits, Tigger's wholegrain porridge and Mickey Mouse's prepared meals all help children to eat a balanced diet. The range, aimed at children between 5 and 12 years old, includes fresh fruits, yoghurts, breakfast cereals, fruit juices, flavoured water and milk, and provides nutritious alternatives to popular prepared meals through a range of healthier meals.

We have a three-fold approach to reducing the amount of fat and sugar in our diets. First, consumers themselves need to understand the behaviours that they need to change and switch to healthier options with less fat and sugar; second, manufacturers and retailers need to

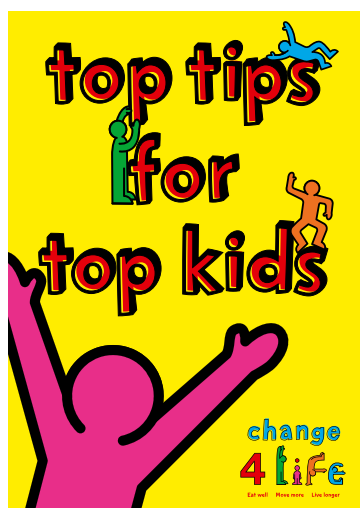
### Some positive changes in the pattern of spending on food



promote healthier options to help this switching; and finally, manufacturers and caterers need to reformulate products and meals so that they contain less fat and sugar.

### **We will look to reduce fat and sugar intake in these three ways:**

- Consumer behaviour: through the Change4Life campaign, the 'sugar swaps', 'cut back fat' and 'snack check' messages encourage children and parents to switch from high-sugar drinks and foods and high-fat foods, as well as reduce levels of snacking on foods such as confectionery, which is also a major source of added sugar in children's diets. Consumers can also use labelling to help them make these choices.



- Promotion of healthier options: for instance we would like to see retailers and manufacturers actively promoting smaller size soft drink cans. We will also work with the soft drinks industry to encourage them to increase the share of marketing budgets they spend promoting low- or no-sugar alternatives, which now make up over 60% of the market, as opposed to higher-sugar varieties.

- Food reformulation: the FSA will publish and consult on voluntary **targets for industry on reductions in saturated fat and added sugar during 2009**, with the expectation that industry will work towards meeting or exceeding these aspirational targets.

### **Case study: Food reformulation**

Britvic has reduced the sugar levels in its range of soft drinks – the sugar content of R White's Lemonade has been reduced by 60% and sugar levels in J2O have fallen by 11%.

Companies such as PepsiCo have reduced the levels of saturated fat in its products, particularly Walkers Crisps, which now have 80% less saturated fat than in 2005. In October 2008, McVitie's relaunched its range of biscuits with 50% less saturated fat.

Retailers have also taken steps to reduce saturated fat. Sainsbury's has removed 9 tonnes of saturated fat from its sandwich range, while Iceland has reduced saturated fat in its ready meals by two-thirds.

### **Calorie and nutrient labelling**

To support people in achieving an appropriate energy balance, it is vital that they have clear, accessible information about the number of calories they are consuming. Universal calorie labelling will be important in helping people manage their overall intake and thereby achieve a healthy weight.

People are now used to seeing nutritional labelling on the front of the pack when they buy their food but can be confused by the different approaches. In January 2007, the FSA commissioned an independent evaluation of the

effectiveness of the three main front-of-pack signpost labelling approaches used in the UK and initial findings suggested that people are generally positive about using nutritional signposting on the front of packs of food. The FSA will consult stakeholders before agreeing its recommendations.



The Healthy Food Code also included a commitment to provide information on the nutritional content of food in a wide range of settings including theme parks, restaurants and takeaways. We now eat one in every six meals outside the home and findings from the Family Food Survey indicate that in the UK around 12% of calories are eaten outside of the home. New York City has introduced statutory requirements for calorie labelling in chain restaurants and initial evidence suggests that this approach raises awareness of the calorie content of the food, influences choice and reduces calorie consumption. In the UK, many businesses already have nutritional information available to customers, though not at the point of sale. The Government is keen to ensure that nutritional information (particularly calorie

content) is available for consumers at the point of choice. **As a first step, some fast food and other chain restaurants will introduce calorie labelling at the point of choice by June 2009.**

We welcome this step and will encourage more businesses to adopt this approach and will consider it in the development of the Healthy Food Mark in the public sector.

The FSA will evaluate consumer usability and understanding of the information, together with the practical implications and costs for businesses.

### Case study: Calorie labelling

In October 2008, Yum! Brands, the parent company of Pizza Hut, KFC and Taco Bell, announced that it would be the first business to voluntarily place calorie information on restaurant menu boards across all their stores in the USA by 2011.



## 2.3 BUILDING PHYSICAL ACTIVITY INTO OUR LIVES

### The Healthy Weight, Healthy Lives vision:

*The vision for all of us must be a society where everyone is as active as they feel able and understands the impact of this on their health, taking responsibility both for how they travel and how they spend their spare time. Government, businesses, local communities and others will create urban and rural environments that make activity accessible, safe and the norm.*

### Going forward we will:

- publish an audit of current walking scheme provision for school-age children in summer 2009;
- invest £5 million into cycling over the next year, as committed in *Healthy Weight, Healthy Lives*, managed through Cycling England;
- encourage local authorities to deliver active travel initiatives through the next round of local transport plans;
- set up an expert working group on sedentary behaviour, screen time and obesity to consider the latest evidence on the health risks of sedentary behaviour and advise of the implications for messages to families in this area by December 2009;
- evaluate the work of the Healthy Towns and ensure that the learning is shared more widely among the new Healthy Towns network; and
- commission robust evidence of how the Government's objectives to improve the nation's health and wellbeing are being delivered locally from a spatial perspective.

Regular, moderate physical activity is a vital part of our efforts to combat obesity. We want to make it easier for people to be active in their day-to-day lives. Over the next year we plan to continue to create a healthier built environment, to offer greater opportunities for active travel and to gain a better understanding of sedentary behaviour.

### Promoting physical activity

Government has substantially increased its investment to support active travel and will continue to seek further appropriate opportunities to invest. We have also recently

published *Be active, be healthy* (2009) – a new framework for the delivery of physical activity alongside sport, contributing to our ambition to get 2 million more adults active by 2012, as outlined in the publication *Before, during and after: making the most of the London 2012 Games* (June 2008).

Sport England's new strategy, also published in June 2008, aims to get 1 million adults more active through increased participation in regular sport. It is making funding of up to £480 million available to national governing bodies to grow

their sport. The remainder of Sport England's 1 million target will be delivered via higher and further education and engagement with the commercial and third sectors.

Working towards our goal of getting at least a third of the nation walking at least an extra 1,000 steps a day by 2012, we have, among other things, piloted a scheme to get more families walking, particularly those in harder-to-reach groups, and have **commissioned an audit of current walking scheme provision for school-age children**, which captures details of national, regional and local schemes to provide examples of good practice to share with schools and communities. We will publish this audit in summer 2009. We plan to extend the Walking the Way to Health Initiative over the next two years to establish stronger links with primary care and other partners to develop the success of this established volunteer-led programme.

Change4Life is helping partners across society get involved in promoting walking and cycling. Sub-brands have been developed to support physical activity, including Walk4Life and Bike4Life. These are being made available for use across the country, and include the promotion of programmes such as Walking Buses, Bikeability and Cycling Cities and Towns.



**We will also encourage local authorities to consider walking and cycling opportunities as preferred modes of travel with children and young people.** In order to do so, it is important that we provide more robust evidence to help make the case for these modes. This is why the Government has commissioned a detailed evaluation of its investment in cycling, to assess those interventions which have the greatest impact and to help guide investment locally.



As announced in *Be active, be healthy*, we have commissioned a tool to appraise walking schemes for use by local authorities which will be available by the end of 2009.

**Some £5 million has been committed over the next year as part of the overall £140 million Government investment into cycling.** This will help embed health into the range of initiatives being taken forward through the programme being run by Cycling England and help ensure a co-ordinated effort and reflect the alliance between government departments. An example of this in action was the use of the data on obesity levels for 4–5-year-olds and 10–11-year-olds, collected through the National Child Measurement Programme, as a criterion in the selection of a further 12 local areas to be designated Cycling Cities and Towns. Funding for these and the existing six Cycling Cities and Towns will account for £48 million of the Cycling England programme. Each region has at least one Cycling City/Town, which will assist in the sharing of best practice. In addition to these projects, many local areas are working to promote cycling to the wider community and to staff, including improved provision through new routes and cycle parking spaces.

## Evidence base

Evidence is beginning to suggest that sedentary behaviour is a risk factor for weight gain and obesity-related disease – independent of levels of physical activity. While evidence suggests that sedentary behaviours need to be looked at broadly and not just in relation to TV viewing, data from the US suggests that children who watch over eight hours of TV per week at 3 years of age were more likely to be obese at 7 years of age, and a recent study has shown that pre-school children who watch a lot of television are considerably fatter than those who do not (Jackson et al.).

## Addressing sedentary behaviour

We are committed to reducing the amount of time children spend doing sedentary activity. We will, therefore, set up an **expert working group on sedentary behaviour, screen time and obesity to consider the latest evidence on the health risks of sedentary behaviour and advise of the implications for messages to families in this area by December 2009.**

While on the one hand sedentary behaviour is increasing, especially among young people, on the other hand there is also a rising trend in 'active gaming', a term used for video games that also provide exercise. A small number of early studies have reported positive impacts on activity levels – for example, interventions using games that promote dance as a tool to encourage young girls to be more active (Maddison et al.; Maloney et al.). However, while 'active gaming' can help to broaden the range of activities that children engage in, particularly in those who do not enjoy the more traditional forms of activity, it is important that they are enjoyed as part of an active lifestyle that includes opportunities for traditional forms of exercise. The DCSF has commissioned a mapping of evidence in relation to sedentary behaviour and obesity in children and young people, which may help to clarify the findings of initial studies and put them into a broader context.

## A supportive built environment

According to the Foresight report, environmental factors are critical in influencing the decisions that individuals and families make about being active. Emerging research continues to demonstrate the potential for preventing obesity through well co-ordinated and sustained community intervention. Changing the built environment in this way both helps to tackle obesity and also helps in the fight against climate change. For example, encouraging people to walk and cycle, or providing spaces so they can grow their own fruit and vegetables, will not only improve their health, but also help to reduce their carbon footprint.



Based on this emerging evidence, the Government set up the **Healthy Community Challenge Fund (HCCF)**. This provided funding to a small number of local areas to test and evaluate their ideas on how to make activity and healthier food choices easier for local communities. As announced in November 2008, nine local areas were successful in their bids to the HCCF. These **Healthy Towns** are Dudley, Halifax, Manchester, Middlesbrough,



### Evidence base

The Be Active Eat Well Programme based in the town of Colac in Victoria, Australia, clearly demonstrated the potential for preventing obesity through well co-ordinated and sustained community intervention. Focusing on building community capacity to create its own solutions to promote healthy eating and physical activity, this programme was effective at slowing the rate of weight gain in primary school-aged children. Importantly, in light of concerns over health inequalities, there were also significant reductions in the social gradient in weight gain (Sanigorski et al).

Other community-based interventions have also reported promising signs of reducing BMI. However, the level of impact on obesity prevalence is often small. The recent publication of the impact of a school-based nutrition and physical activity information programme, begun in 1992 in Fleurbaix and Laventie in France, also demonstrates the long-term potential of sustained community-level action. After an initial increase between 1992 and 2000, trends in mean BMI and prevalence of overweight started to reverse, with a significant reduction in girls by 2004 compared to comparison towns with a particular impact on lower socio-economic groups (Ramon et al.). This emphasises the need to pursue interventions for significant lengths of time to produce identifiable changes in weight status, and the authors suggest that community awareness and engagement were a critical element to success.

Portsmouth, Sheffield, Tewkesbury, Thetford and Tower Hamlets. They will share a £30 million investment, to be match-funded, between 2008 and 2011.

### Case study: Middlesbrough

Using community development approaches, Middlesbrough will engage with communities, families and young people in a town-wide programme of urban farming, known as the 'Havana model'. The local authority and PCT aim to bring redundant allotment plots back into use and build on the success of their existing initiatives. They will further encourage the use and growing of healthy food in a range of other community locations, using containers and underused land. Food produced through these activities will contribute to a local festival, the annual town meal.

### Case study: Dudley

In Dudley, a programme entitled 'Let's Go Outside' aims to encourage families to make the most of outdoor areas by transforming parks, play areas and nature reserves into 'family health hubs'. Changes to the infrastructure, complemented by a programme of activities and events, will ensure that the hubs promote a healthy, active lifestyle for all ages. Safe, 'active travel corridors' will be set up to join people's homes to the health hubs.

We received over 160 initial expressions of interest for the HCCF. In order to galvanise this network of interested local areas, we have allocated £425,000 in seed funding to 14 towns (for example Sandwell) that were among the best bids but were ultimately unsuccessful, to enable them to implement some of their



proposed projects. Projects include incentive schemes, cycling initiatives, and work to influence the planning agenda with a strong emphasis on evaluation.

### Case study: Sandwell

Sandwell will be using its seed funding to set up a Sandwell Healthy Urban Development Unit that will co-ordinate, educate, encourage, enable and embed health into planning policy and decision-making. Formalising the working relationship between planning and public health is seen as vital in influencing the urban form from the health perspective.

We want to ensure that the maximum benefit is derived from both the process of selecting the Healthy Towns and from the activities they subsequently undertake and so we will:

- evaluate their activities and ensure that learning is shared more widely among the new Healthy Town network; and
- ensure that emerging lessons from the Healthy Towns are made available to all interested areas, particularly those who

expressed an interest in the programme, through the existing regional obesity networks.

More broadly, the planning system plays a vital role in providing open space, sports and recreational facilities, which are essential for healthy living. Local authorities are expected to develop planning policies that reflect the needs of their area and of their local development plans, which may include tackling obesity.

For example, some local authorities have recognised that the proliferation of fast food takeaways has caused concern within the community. In 2005, The Town and Country Planning (Use Classes) Order 1987 was amended to require restaurants converting to fast food outlets to first obtain planning permission. It can be used to limit the number of fast food outlets in particular locations. The London Borough of Waltham Forest, for example, is producing a supplementary planning document on hot food takeaways, which seeks to restrict new takeaways and place restrictions on numbers within local centres. Recent US research (Currie et al.) has suggested a significant correlation between the proximity of fast food restaurants to a school and child obesity, with a fast food restaurant within 100 metres of a school leading to a 5% increase in the obesity rates at that school. We encourage all local authorities to review whether it is appropriate for fast food restaurants to be located near to schools.

### Case study: Tower Hamlets

Tower Hamlets 'Healthy Town' will pilot incentives and award schemes for healthy food in fast food outlets, cafes, restaurants and shops, initially targeting food outlets on 'High Street 2012' – the route that leads to the Olympic Park. They will also assess the potential for using borough policy and planning levers to limit the number of fast food outlets in their area.

However, there may be more that the Government could do to support these objectives more fully. **Therefore, we will commission robust evidence on how our objectives to improve the nation's health and wellbeing (e.g. through tackling obesity and the promotion of greater physical activity), to provide better access to health and social care services, and to tackle health inequalities are being delivered locally from a spatial perspective.**

This will include an assessment of how these objectives are articulated within development plans; the linkages between local sustainable-community strategies, local area agreements and development plans; and the extent to which these, when taken together, effectively promote key health outcomes. This evidence will provide the basis for Government to consider any actions it should take to support better local delivery, focusing on the health and wellbeing delivery chain, including its spatial component.



*Participants on a healthy eating project, one of Tower Hamlets' 'Healthy Town' initiatives.*



## 2.4 CREATING INCENTIVES FOR BETTER HEALTH

### The Healthy Weight, Healthy Lives vision:

*Our vision is of a society where all employers value their employees' health, and this is put at the core of their business plans. The longer-term risks and costs of ill-health arising from excess weight will be clear to everyone, and there will be stronger incentives for people, companies and the NHS to invest in health.*

### Going forward we will:

- support SMEs and non-FTSE companies in the **private sector** to adopt the Business HealthCheck Tool and report at board level on the health and wellbeing of their staff;
- improve the health and wellbeing of employees in the **public sector**, starting with the NHS workforce, through bespoke programmes to support front-line staff to achieve and maintain a healthy weight; and
- look at the results of subsidised gym pilots for young people and consider whether we can roll-out the scheme to other areas and other facilities.

### Employer incentives in the private sector

Employment settings offer an ideal opportunity for the promotion of healthy living, given the amount of time that employees spend at their place of work. There are significant benefits for employers in ensuring the health and wellbeing of their staff. The Government has been keen to demonstrate these benefits to managers, through its work with Business in the Community (BITC).

BITC has launched its Business Action on Health initiative, with the aim of harnessing the power of business to create a healthier and more competitive society. Under the initiative, private sector employers have committed to introducing reporting at board level on the health and wellbeing of their staff by 2011. The Government has already committed to supporting BITC's ambition to achieve sign-up to this by 75% of FTSE 100 companies. The initiative also provides a range of tools and guidance – developed by

businesses for businesses – to support delivery of this commitment.

The Business HealthCheck Tool, developed in partnership with PriceWaterhouseCoopers and with support for organisations provided by Business in the Community, is already in operation. It enables organisations of all sizes and from all sectors to measure the costs of sickness absence and presenteeism, and to estimate the costs and benefits of investing in health and wellbeing initiatives. To date, over 1,300 people have downloaded the tool, and online surveys of users are running until the end of March 2009 to get feedback that will help us improve the tool.

We will work with Business in the Community to help them offer the best advice to private sector employers around encouraging healthy eating and physical activity, as well as exploring the potential benefits from applying similar

principles to public sector organisations. The Government will support SMEs and non-FTSE companies to adopt the Business HealthCheck Tool, and report at board level on the health and wellbeing of their staff. We will also provide support for SMEs in seeking to improve the health and wellbeing of their employees.

### **We will achieve this by:**

- rolling out health, work and wellbeing co-ordinators, beginning in summer 2009, to stimulate action on health, work and wellbeing in their area and offer advice to businesses;
- extending the NHS Plus Programme for a further three years. This existing network of 115 occupational health providers across England will be extended to support SMEs. Initially the programme is looking to establish 11 demonstration sites to test out the most innovative ways of offering NHS occupational health services cost-effectively to SMEs; and
- piloting a national occupational health telephone helpline for SME employers.

### **Employer incentives in the public sector**

The public sector should lead both as an example of government action and due to the large numbers it employs. The NHS, schools and local authorities all have an important role to play, not only in the services they provide for the public but also in looking after their employees' health and wellbeing. Of the 1.2 million staff in the NHS, it is likely that around 300,000 would be classified as obese and a further 400,000 as overweight. In addition, the credibility of health messages is also supported by the behaviour of health professionals, for example in the reduction and current low levels of smoking among doctors.

We therefore need to prioritise how to best improve the health and wellbeing of NHS staff, with an initial focus on nurses, midwives and health visitors.

Over the next year, **we will develop bespoke programmes to support achieving and maintaining a healthy weight for key frontline staff who advise and interact with children and families on obesity, such as maternity staff, midwives, health visitors and school nurses.** We have also announced a wider review of the health and wellbeing of the NHS workforce, led by Dr Steve Boorman. This review will look at the available evidence and best practice on what makes a healthy workplace, and will consider the risks to the health and wellbeing of the whole NHS workforce arising from their lifestyle – diet and exercise being important to this – leading to recommendations for system-wide improvements by the end of 2009.

In addition, the Department of Health has commissioned a pilot project, 'Creating a Healthier NHS', providing integrated health assessments and targeted health promotion programmes for a group of NHS staff. The programme was launched in June 2008 and will run for 24 months, working with around 2000 staff in a variety of NHS organisations including Mental Health Trusts, Acute Trusts and Primary Care Trusts. Pilot sites are focused in areas with some of the greatest health-related issues such as Yorkshire and the Humber, the North West and London.

We are developing the Healthy Food Mark for the public sector, to signal where public sector caterers are providing healthier, nutritious food and encouraging healthier eating. The initial focus of the Healthy Food Mark will be on meeting general guidelines on food, macronutrients and salt. Caterers will also be

asked to meet agreed environmental standards as part of the criteria. Guidelines on making the procurement of food more sustainable will be developed for this purpose, building on the work of the Public Sector Food Procurement Initiative. The Healthy Food Mark will be developed and piloted throughout 2009 in central government staff canteens, HM Prison Service and NHS services, to assess its practicality and impact in each institutional setting.

### Individual incentives for healthier lifestyles

In 2008 we committed to provide resources to pilot and evaluate a range of different approaches to encourage healthy living, including using financial incentives such as payments, vouchers and other rewards, to encourage individuals to lose weight and sustain that weight loss, to eat healthily and to be more physically active.

We are pleased that over the last year some local areas have initiated pilots, which will help build the evidence base in this area. For example, some PCTs have started programmes to incentivise specific groups to change their behaviour in reducing weight and increasing activity.

From April 2009, the Department of Health will be funding subsidised gym memberships for 16–22-year-olds who regularly go to the gym over a 12-month period in parts of Newcastle, Bristol, Torbay, Manchester and Bury St Edmunds. The pilot will look at the effect that a financial incentive has in recruiting, retaining and affecting behaviour change in young people who are at risk of inactive lifestyles. It will also provide us with general insights about the feasibility and effectiveness of financial incentive schemes targeted at this age group. The Fitness Industry Association has negotiated a bulk-buy deal on behalf of the Department of Health and is our major partner in this work.

Some of the Healthy Towns have incentive schemes as part of their programmes, such as Manchester's innovative 'Points4Life' pilot.

The Department of Health is commissioning a national evaluation, to which local areas will contribute, which will help us learn from these initiatives.

### Case study: Manchester's 'Points4Life' pilot

Manchester will be piloting a loyalty programme called 'Points4Life', which will drive behavioural change through rewarding individuals for making healthier choices, for example on diet and activity levels. Participants in the scheme will be awarded 'points' for making positive choices. These points will be redeemable against healthy goods and services from a range of public and private sector sources.

points 4 life

The 'Points4Life' scheme will be backed up by a programme of investment in the infrastructure and services required to enable people to make choices that the scheme will be rewarding. Manchester will receive £4.6 million from the Government, matched by local contributions.





A close-up photograph of a person's arm and hand lifting a purple dumbbell. The person is wearing a white wristband. In the blurred background, another person is visible, and the setting appears to be a gym with warm lighting.

## **3: EFFECTIVE SERVICES FOR THOSE AT RISK**

### The Healthy Weight, Healthy Lives vision:

*Our vision is a future where individuals have easy access to highly personalised feedback and advice around healthy weight. When people are overweight or obese, they will have access to personalised services that support them in achieving weight loss, leading to a healthy weight.*

### Going forward we will:

- release a new framework agreement, which will give commissioners a list of 'pre-qualified' providers that can support local areas in implementing child weight management services;
- focus on supporting local commissioning of weight management services for adults;
- begin the roll-out of NHS Health Checks for all 40–74-year-olds, which include an assessment of BMI and referral into weight management or exercise programmes where necessary for health reasons; and
- ensure that primary care professionals are better equipped to play their part in providing advice and referral.

This chapter sets out how we intend to help people access individually tailored lifestyle advice that meets their particular diet, activity and weight needs. This covers both advice and information to the general population, and support for overweight or obese individuals who need more help in moving towards and maintaining a healthier weight. As the public becomes more informed (as set out in Chapter 1) of the health problems related to

obesity, we need to make sure that there are sufficient local services to support people when they decide to adopt a healthy diet, become more active and lose weight.

As well as supporting the provision of quality services, government also has a role to play in ensuring that mechanisms are in place to identify people who may benefit from support services and to give them the opportunity to take them up.

## 3.1 COMMISSIONING OF LOCAL SERVICES

Over the last 12 months we have focused our efforts on supporting local commissioning of weight management services for children and young people. This has been an important aspect of ensuring that those parents and carers who receive feedback through the NCMP are able to access quality, appropriate services for their child. We have provided a package of





### Evidence base

The updated Cochrane review, published in January 2009, examines the evidence on interventions for treating obesity in children. It concludes that family-based, lifestyle interventions which include a behavioural programme aimed at changing diet and physical activity provide significant and clinically meaningful decreases in overweight and obesity in both children and adolescents compared with standard care or self-help regimes (Oude Luttikhuis et al.).

support, informed by the views and needs of local commissioners, service users and service providers, that includes a guide to commissioning weight management services for children and young people, offering tools to cover the whole commissioning process. Data from the NCMP is one such tool: analysis of NCMP results will indicate to commissioners and local authorities which parts of their area are most in need of weight management services.

**We are releasing a new framework agreement in spring 2009, which will give commissioners a list of 'pre-qualified' providers that can support local areas in implementing weight management services.**

It will be important to review this package of support to see where it can be strengthened and added to, and during 2009 we will seek views from commissioners, service users and providers.

**Over the next year we will begin to focus on supporting local commissioning of weight management services for adults as well.** From 2009/10 PCTs will begin phased implementation of the NHS Health Checks programme to identify an individual's risk of coronary heart disease, stroke, diabetes and kidney disease. **The new NHS Health Checks, which over time will cover all 40–74-year-olds, will include assessment of BMI and referral into weight management or exercise programmes where necessary for health reasons.**

Everyone will receive a personal assessment, setting out their own level of risk and exactly what they can do to reduce it. For those at low risk, this might be general advice on how to stay healthy. Others may be assisted to join a weight management programme or a stop smoking service. Those at the highest risk might also require preventative medication with statins or blood pressure treatment. PCTs are beginning a phased implementation of their health check programmes in 2009/10, and new funding is being made available in allocations to support the implementation of the checks and the provision of tailored advice and support to help people manage their health. Local areas will need to ensure that the necessary services are in place to provide support to people for whom key risk factors are identified – including advice around weight management and onward referral to more sustained interventions.





Many areas are already commissioning weight management services for adults and there is much good practice – but we also know that we can provide more national-level support. So in order to support the implementation of the NHS Health Checks, we will develop a suite of support for PCT commissioners, covering areas such as effective tendering, market-making and monitoring. We will talk to commissioners over the next few months to find out where we should be focusing our efforts and to learn from good practice that is already happening, and we will develop and disseminate an initial set of resources by the end of 2009.

We will ensure that all of our activity to support commissioners is focused on areas where national-level action will add real value, and that it reflects and aligns with the wider World Class Commissioning agenda.

## Local commissioning of weight management services

### Case study: NHS Rotherham

NHS Rotherham has identified obesity as its most important long-term health challenge – with three in five Rotherham residents likely to be obese by 2050 – and is investing £3.5 million over the next three years to begin to tackle the problem. The PCT has worked closely with local schools on the National Child Measurement Programme, and as a result the high participation rate has helped to provide a solid basis for assessing local need and informing commissioning decisions.

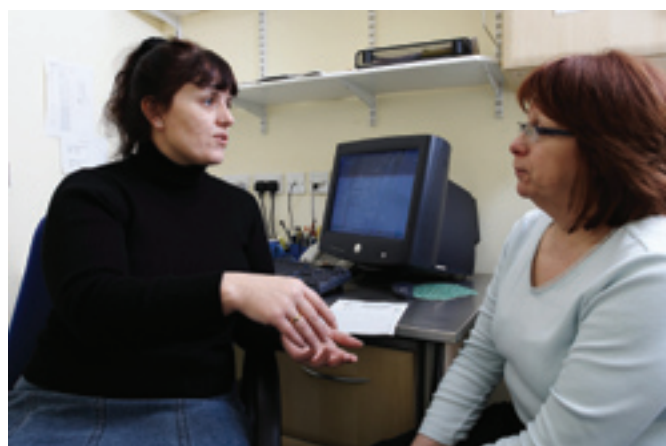
Figures from the last two years have shown that one in three Rotherham children are overweight or obese – and that the numbers are continuing to rise. The PCT has prioritised this as a serious issue that warrants serious investment. Over the next three years, the PCT will commission targeted services for 2,000 children and families, and another 2,000 adults. It is also working closely with the local council to make sure that even more children and families have the chance to eat well and become more active.

For overweight and obese individuals, it remains important that local health services meet the needs of those for whom pharmaceutical or surgical interventions may be appropriate, in line with the guidance provided by the National Institute for Health and Clinical Excellence (NICE). Decisions about which services to commission and how to make them available rest with local areas, but there are some areas where national-level action supports commissioners.



## 3.2 SUPPORT FOR HEALTH PROFESSIONALS

We also want to make sure that GPs and other healthcare professionals are equipped to raise the issue of weight with their patients, to provide advice and, where necessary, to refer people on to suitable services that will meet their needs.



A set of resources was produced for primary care staff in 2006. We are seeking views from a wide range of GPs and practice nurses, and during 2009 we will update these resources or develop new ones in line with the findings of this review.

These new or updated resources will complement the 'Let's Get Moving' resource pack for GPs and practice nurses, as part of the physical activity care pathway that has been developed for sedentary adults. We will begin a phased dissemination of the care pathway and resources across England from spring 2009. This set of resources will also support local areas in implementing the management side of the new NHS Health Checks described above.

As explained in Chapter 1, from autumn 2009 we will pilot approaches to sharing children's NCMP data with health professionals in order to enable more proactive follow-up.

**In 2009 we will also release further tools to make sure that primary care professionals are best equipped to play their part in providing advice and referral, including:**

- an updated directory of providers of training in obesity prevention and management, to be released in April 2009. This will cover training providers which can work with a range of staff from within and outside the health system, in order to better equip them in helping people to increase their activity levels and eat more healthily;
- online training modules from BMJ Learning for doctors and other health professionals to advance their training in obesity management, to be available by summer 2009. The BMJ Learning website has 40,000 registered users in the UK, and we expect that at least 2,000 people will complete these free modules within the first year; and
- a standard of skills and capabilities for people working in obesity prevention and management, by summer 2009.



We will also ensure that community pharmacists and their staff are further equipped to raise the issue of healthy weight and to provide appropriate advice and support. Many pharmacies already provide brief opportunistic and prescription-linked healthy lifestyle advice, including for weight management. With the increasing availability of weight-loss medicines over the counter, they may become a more widely used source of advice and support.



## **4: STRENGTHENING DELIVERY**



### The Healthy Weight, Healthy Lives vision:

*Government cannot and should not act alone to tackle obesity – all sectors of society have a part to play. The success of Healthy Weight, Healthy Lives depends on the commitment and effective relationships between different partners: central and local government; strategic health authorities, primary care trusts and primary care practitioners; schools and regional public health groups; and private and third sector organisations. We must all work in coalition, if we are to reduce the levels of obesity in our population.*

### Going forward we will:

- provide £69 million to local areas within PCT allocations in 2009/10 to combat overweight and obesity;
- encourage local authorities to use their power to promote or improve the economic, social or environmental wellbeing of their area (Local Government and Public Involvement in Health Act 2007) to tackle obesity;
- commission an evaluation of the role of the regulatory environment in promoting and encouraging physical activity and healthy food choices;
- develop, by summer 2009, an Obesity Improvement Programme to strengthen local capabilities to both prevent and treat overweight and obesity. We will invest £1 million over three years;
- undertake work quantifying the links between food pricing, promotional activity and levels of calorie consumption and BMI and, ultimately, health harm; and we will also scope work to understand actual calorie intake; and
- widen the National Obesity Observatory evaluation framework guidelines to encompass community interventions and create a practical toolkit for local practitioners seeking to evaluate obesity-related interventions.

Our Coalition for Better Health provides an opportunity for government to forge action-focused partnership agreements at a national level with our major commercial and NGO partners to achieve our shared aims. These partnerships will focus initially on bringing diverse sectors together to tackle unhealthy weight, and will build on partnerships created through Change4Life. Over the next year, the

coalition will reach further to address other public health challenges.

While there is a lot of promising work already underway throughout England, we recognise the complexity of the task and want to continue to support the delivery chain, especially our local frontline partners, like GPs, school nurses and health visitors.



## 4.1 NATIONAL SUPPORT FOR LOCAL DELIVERY

To support local delivery, at a national level, the Government has:

- set a clear and national ambition for promoting healthy weight and included child obesity in the Child Health Public Service Agreement (PSA 12) to improve the health of all children and young people;
- **allocated £69 million within the NHS allocations for 2009/10 to support PCTs**, as part of the overall allocation of £372 million for promoting the achievement and maintenance of healthy weight over the period 2008/09–2010/11;
- included child obesity in the NHS Operating Framework as Tier Two national priority for local delivery, which means that all PCTs were required to set plans around child obesity prevalence for the period 2008/09–2010/11. The NHS Operating Framework is supported by the Vital Signs indicator set;
- included two child obesity indicators (NI 55 and 56) in the Local Government National Indicator Set (NIS) which are consistent with the NHS Vital Signs. In addition, the NIS includes indicators relevant to tackling child obesity, namely: breastfeeding (NI 53); take-up of school lunches (NI 52); the emotional health of children (NI 50); children and young people's participation in high-quality physical education and sport (NI 57); travel to school (NI 198); and children's perceptions of local play areas (NI 199); and
- put in place a Child Obesity National Support Team (NST), which has played a pivotal role in supporting local areas.



It is clear that since January 2008, there has been growing momentum and commitment towards tackling child obesity locally and regionally. We know that:

- 122 local authorities have selected one or both of the child obesity indicators in their LAAs, making it the most popular indicator overall when combined;
- through the World Class Commissioning assurance process, local health outcomes are being prioritised for local populations, and in 2008/09 child obesity was the fifth most popular metric selected by PCTs (reception year and year 6 combined); and
- SHAs' Vision documents, developed as part of the Next Stage Review, set out regional priorities and commitments, and all include child obesity.

The Local Government and Public Involvement in Health Act 2007 provides opportunities for local councils to improve the quality of life and health for their communities, including covering innovative work on tackling obesity. We will **encourage local authorities to use their power to promote or improve the economic, social or environmental wellbeing of their area. We will support this through commissioning an evaluation of the role of the regulatory environment in promoting and encouraging physical activity and healthier food choices.**

This research will be used to develop an online resource for local authorities and PCTs.



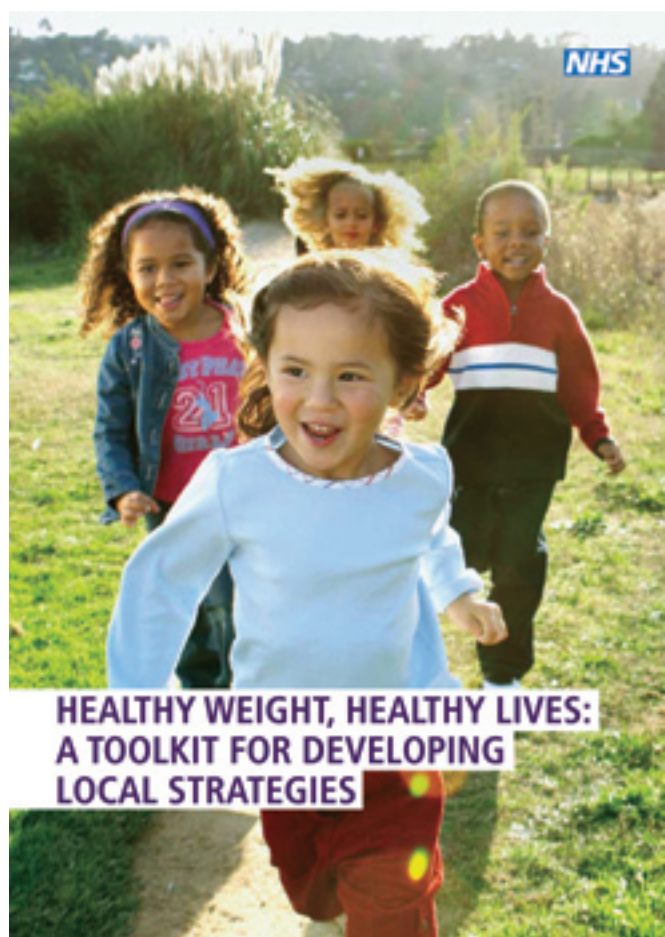
### Principles for effective delivery

Drawing on the NST's experience, and that of local and regional partners, we have identified four principles to guide our work and help ensure effective delivery around Healthy Weight, Healthy Lives:

- 1. high-quality, timely and useful information** should be accessible for the delivery chain; for example, easy access to information on promising practice or data/evidence on obesity;
- 2. clear roles and responsibilities of local delivery partners** are required, including PCTs, local authorities and partners in the private and third sectors;
- 3. local delivery chain capability**, where all health professionals, commissioners and others have the necessary capability, confidence and skills; for example possessing the knowledge and confidence to raise the sensitive issue of weight with adults or children; and
- 4. co-ordination of all partners** at both an operational and strategic level, that recognises competing or mutual interests, and a designated senior lead to co-ordinate activity across all sectors.

To support these principles, since January 2008 we have:

- published *Healthy Weight, Healthy Lives: A Toolkit for Developing Local Strategies* as a resource to help those working at a local level to plan, co-ordinate and implement strategies to prevent and manage overweight and obesity;



- published guidance for PCTs and local authorities on how to set and monitor child obesity goals as part of the Vital Signs and the NIS;
- published *Healthy Weight, Healthy Lives: Commissioning weight management services for children and young people*, which aims to support local areas in commissioning weight management services for children and young people;
- commissioned a directory of training courses, as mentioned in Chapter 3, as a resource for commissioners of public health services in PCTs and local authorities, which will be published in spring 2009; and

- published *Healthy Weight, Healthy Lives: Guidance for Local Areas*, which sets out a framework that local areas might use to deliver their child obesity goals. This guidance provides useful information, and should help to define roles and responsibilities of local delivery partners.

The NST has visited almost 20 local areas across the country, providing dedicated support and advice.

### Case study: The Child Obesity National Support Team

In March 2008, NHS Bristol and Bristol County Council welcomed the NST to support progress, and increase staff awareness of the scale and complexity of the programme. This helped them argue for its inclusion in their local area agreement, and for increased capacity to support the Healthy Weight agenda with the appointment of a healthy weight programme manager. Furthermore, child obesity was adopted as one of the ten World Class Commissioning priorities, and a delivery plan and funding bid were developed, based on Vital Signs using NCMP data.

### The Obesity Improvement Programme

Effective and shared local leadership and partnership are essential to local delivery of services to combat obesity. However, the NST has found, through its ongoing work with local areas, that there are significant gaps in understanding and capability, and therefore there is a need to expand support for local areas to enable the delivery of more effective programmes.

To do this, **we will develop, by summer 2009, a new Obesity Improvement Programme, to provide information, tools, training and innovation, and to strengthen local capabilities to both prevent and treat overweight and obesity.**

Modelled on the Alcohol Improvement Centre, the key components will be:

- **a one-stop-shop website** to be launched in September 2009 to help local areas deliver their obesity objectives. The website will provide a comprehensive listing of best practice and will include a forum for sharing information and data. This will be linked to the resources developed by the National Obesity Observatory;
- **delivery training support**, targeting those local agents facing the biggest challenges or most in need of support; and
- **a national weight management monitoring system** to track the availability of local weight management services as they develop to allow local areas to benchmark their levels of provision, improve the information to providers on the size of the market and to have better information on the services in this emerging area of provision.

## 4.2 UNDERPINNING EVIDENCE AND RESEARCH

We remain committed to building the evidence base on tackling obesity and will learn from our own work and that of others, building upon an existing R&D infrastructure.

Chief scientific advisers from across government agreed *Healthy Weight, Healthy Lives: A cross-government research and surveillance plan for England* (December 2008). The plan outlines the need to prioritise areas for investigation and phasing of investment, and highlights the new NIHR Public Health Research Programme ([www.phr.ac.uk](http://www.phr.ac.uk)) as an important new addition to funding streams. The programme will focus on policy and interventions outside NHS settings which are aimed at improving health outcomes.

Existing cross-funder collaborations will remain important components of the research landscape. For example, the National Prevention Research Initiative brings together a broad range of funders drawn from the public and charity sectors. Pooled funding is used to support research aimed at improving health and preventing disease and addressing issues such as poor diet, physical inactivity and environmental factors that influence those behaviours.

As highlighted in Chapter 2 we are currently commissioning a national evaluation of the Healthy Towns projects and further study of the Convenience Stores project, to consider the sustainability of the initial changes in purchasing. We are also monitoring and evaluating the activities of the Change4Life programme, looking at changes in awareness and attitudes in our target audiences, and including some more detailed analysis of how families are using Change4Life materials and if this has an impact on behaviour. **We will also**



**improve our understanding of energy intake through undertaking research on the relationship between pricing, promotional activity and levels of calorie consumption and ultimately BMI and health harm.** This work will take account of possible variations in impact on different social groups.

We will scope work to understand actual calorie intake, including, for example: better information on discretionary calories, differences in intake in different groups, and at what point calories are 'added' to food in the food production system.

We will continue to evaluate key activities, to ascertain their impact and learn what we could do differently.

In addition, we will work across government to identify policy areas and natural experiments where the impact on obesity and its causes can be assessed and evaluated. For example, working with the Department for Transport on its evaluation of the impact of Cycling Cities and Towns on levels of physical activity.



### The National Obesity Observatory

The National Obesity Observatory (NOO) was established to provide a single point of contact for wide-ranging authoritative information on data and evidence relating to obesity, overweight, underweight and their causes in order to support policy makers. Part of a network of public health observatories working across Britain and Ireland, NOO has made significant progress on a number of key areas, including:

- developing a framework for evaluation of childhood weight management to promote consistent recording standards across work in this area. **In 2009 NOO will seek to widen the framework to encompass other obesity-related community interventions and to create a practical guide to evaluation of obesity-related interventions targeted at local practitioners;**
- mapping available surveillance data for obesity both in England and internationally. Over 2009 this work will continue to evolve, by providing more detail on surveillance data for the causes of obesity, starting with sources of data for physical activity and the activity environment;
- providing innovative analytical and data presentation tools to support policy and practice. The first phase of this is the development of dynamic mapping tools on the NOO website ([www.noo.org.uk/maps](http://www.noo.org.uk/maps)); and

- over 2009 developing a series of evidence briefings to support policy and practitioners; for example the use of BMI and the role of waist circumference in relation to weight status, a summary of current evidence on children's weight management services and a summary of physical activity interventions.

### **Healthy Weight, Healthy Lives Expert Advisory Group**

The Healthy Weight, Healthy Lives Expert Advisory Group continues to support the programme's policy development and evaluation. The group held a horizon-scanning workshop in February 2009 with a wider group of experts, to debate recent developments in research, likely future developments and critical uncertainties. Discussions focused on the potential impact of the current economic uncertainties on Healthy Weight, Healthy Lives and the health of the nation. We will continue to work with experts to refine the horizon-scanning work, learn from emerging research findings and explore the implications for policy development over the coming years.



## 5: CONCLUSION

In *Healthy Weight, Healthy Lives*, we issued a call to action to tackle the most significant public and personal health challenge facing us today. Over the last year, we have worked together, across society, to answer this challenge. However, we still have a long way to go. An epidemic 30 years in the making needs sustained action, through the good times and the tough, if we are to realise our ambition of everyone being able to maintain a healthier weight.

This document recognises the impact of the work undertaken so far and what we can learn from it, identifies emerging evidence and what it tells us about the key future challenges, and sets out the areas we need to work on together, going forward to achieve our ambition.





# **ANNEX: MONITORING HEALTHY WEIGHT, HEALTHY LIVES**

Last year we committed to establish a set of leading indicators in addition to outcome measures. A full description of both these sets of indicators and their current values are presented overleaf.

We will continue to monitor the weight status of the population and the impact of the implementation of Healthy Weight, Healthy Lives, looking at outcome measures of the prevalence of obesity and overweight in adults and in children, with particular attention to primary school children. We will also continue to monitor a range of leading indicators of excess weight in children; for example, measures of the diet and physical activity of children (including fruit and vegetable consumption across different levels of household income).



## OUTCOME INDICATORS

### 1. Obesity prevalence

	2005	2006	2007
<b>Adults</b>	23.2%	23.9%	24.0%
<b>Men</b>	22.1%	23.7%	23.6%
<b>Women</b>	24.3%	24.2%	24.4%
<b>Children 2–10 years</b>	16.8%	15.2%	15.4%
<b>Boys 2–10 years</b>	16.9%	17.1%	16.3%
<b>Girls 2–10 years</b>	16.8%	13.2%	14.4%

Source of data: Health Survey for England.

### 2. Child obesity and overweight prevalence, reception year and year 6

	2006/07	2007/08
<b>Reception year</b>		
<b>Overweight</b>	13.0%	13.0%
<b>Obese</b>	9.9%	9.6%
<b>Year 6</b>		
<b>Overweight</b>	14.2%	14.3%
<b>Obese</b>	17.5%	18.3%

Source of data: National Child Measurement Programme (figures are not adjusted for increased participation rate).

## LEADING INDICATORS

### 1. Percentage of boys and percentage of girls achieving the recommended (high) level of physical activity; and percentage of boys and percentage of girls achieving medium and low levels of activity (2–15 years)

Recommended level is at least 60 minutes of at least moderate-intensity physical activity each day.

	2006			2007		
	high	medium	low	high	medium	low
<b>Boys (2–15)</b>	70%	15%	15%	72%	13%	15%
<b>Girls (2–15)</b>	59%	19%	22%	63%	18%	19%

Source of data: Health Survey for England.

### 2. Percentage of children who walk or cycle to/from school (5–16 years)

	2006	2007
<b>Walking to school</b>	46%	<b>Not yet available</b>
<b>Cycling to school</b>	2%	

Source of data: National Travel Survey (Department for Transport).

### 3. Fruit and vegetable consumption among children: percentage of boys and percentage of girls eating none/five portions or more (5–15 years)

	2001	2006	2007
<b>Boys</b>			
<b>None</b>	12%	7%	6%
<b>Five portions or more</b>	11%	19%	21%
<b>Girls</b>			
<b>None</b>	10%	6%	4%
<b>Five portions or more</b>	11%	22%	21%

Source of data: Health Survey for England.



#### 4. Fruit and vegetable consumption among children by household income: percentage of boys and percentage of girls eating none/five portions or more by household income quintiles (5–15 years)

##### 2006 values:

	Household income quintiles				
	Highest	2nd	3rd	4th	Lowest
<b>Boys</b>					
<b>None</b>	3%	6%	7%	6%	11%
<b>Five portions or more</b>	28%	21%	19%	16%	13%
<b>Girls</b>					
<b>None</b>	3%	4%	6%	6%	8%
<b>Five portions or more</b>	34%	26%	20%	19%	17%

##### 2007 values:

	Household income quintiles				
	Highest	2nd	3rd	4th	Lowest
<b>Boys</b>					
<b>None</b>	2%	3%	5%	8%	10%
<b>Five portions or more</b>	31%	25%	20%	15%	16%
<b>Girls</b>					
<b>None</b>	1%	3%	4%	6%	5%
<b>Five portions or more</b>	27%	26%	18%	18%	18%

Source of data: Health Survey for England.

#### 5. Percentage of infants breastfed at 6–8 weeks

	<b>Infant Feeding Survey 2005</b>	The quality of data currently available is too variable and incomplete to generate sufficiently robust national estimates; work is ongoing to improve data quality
<b>Percentage breastfed at 6–8 weeks</b>	50%	

Source of data: PCT Child Health Information Records (Indicator 1 of PSA 12).

## 6. Percentage of food energy from fat; percentage of food energy from saturated fatty acids; percentage of food energy from non-milk extrinsic sugars

	2006/07	2007/08	Maximum recommended %
Percentage of food energy from fat	38.5%	38.3%	35%
Percentage of food energy from saturated fatty acids	14.7%	14.5%	11%
Percentage of food energy from non-milk extrinsic sugars	14.2%	14.0%	11%

Source of data: Family Food Report (Defra) estimated from the annual Expenditure and Food Survey, taking account of both household purchases and eating out.

## 7. Percentage of children participating in at least 5 hours of sport: percentage of 5–16-year-olds participating in at least 2 hours a week of high-quality PE and sport at school and percentage of 5–19-year-olds participating in at least 3 further hours a week of sporting opportunities (Indicator 5 of PSA 22 (DCMS/DCSF))

	2006/07	2007/08
Percentage of 5–16-year-olds participating in at least 2 hours a week of high-quality PE and sport at school	86%	90%

Source of data: Annual School Sport Survey, data from further education sector and from separate data collection for those not in further education.

## 8. Percentage of pupils who have school lunches

Percentage of pupils who have school lunches	2005/06	2006/07	2007/08
Primary schools	42.3%	41.3%	43.0%
Secondary schools	42.7%	37.7%	37.6%

Source of data: DCSF from data collected annually by School Food Trust (Indicator 2 of PSA 12).

The policies set out in this strategy are based on the best available evidence and expert opinion. The Government remains committed to assessing the impacts (through the impact assessment process) of its policies upon the public, private and third sectors (including the health impacts). Government will fund any new burden on local authorities that results from the document. Additionally, the Government is committed to assessing the impact on equality, including race, disability and gender, and has undertaken an Equality Impact Assessment, which will be published on the Department of Health website. Full impact assessments on these policies will be carried out as they are taken forward.



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