



**HEALTHY WEIGHT, HEALTHY LIVES:  
A CROSS-GOVERNMENT STRATEGY  
FOR ENGLAND**

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**HEALTHY WEIGHT, HEALTHY LIVES:  
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FOR ENGLAND**



**FOREWORD  
BY THE  
PRIME MINISTER**



When the National Health Service was established 60 years ago, its architects were preoccupied with the lives taken and destroyed by the major infectious disease epidemics that had swept Victorian Britain. Since then, in part as a result of the contribution of the NHS itself, huge

progress has been made in tackling infectious disease and the modern NHS has made common-place, what just 50 years ago would have seemed medical miracles.

These improvements in care and quality of life have saved millions and transformed our experience of healthcare. But they have also exposed a growing problem of the so-called 'lifestyle diseases' of which obesity is the foremost, creating a future of rising chronic disease and long-term ill-health. Heart disease, stroke, cancer and diabetes have taken the place of 19th century diseases as the illnesses that curtail life prematurely, cause long-term incapacity, reduce quality of life and on which we focus our healthcare resources.

These modern 'lifestyle' epidemics are now one of the biggest threats to our health and that of our families. In terms of their impact on our care and health systems, they represent as big a threat to our ambitions for world class services as a lack of investment in the NHS did ten years ago.

In England alone, nearly a quarter of men and women are now obese. The trends for children are even more cause for concern. Almost a fifth of 2 to 5 year-olds are obese, while a further 14 per cent are overweight. The Foresight report indicated that on current trends nearly 60 per cent of the UK population will be obese by 2050 that is almost two out of three in the population defined as severely overweight. If we do not reverse this, millions of adults and children will inevitably face deteriorating health and a lower quality of life and we face spiralling health and social care costs.

Our response as a society to this challenge will be one of the defining elements in our lives over the next 20 years - one of the most powerful influences on the kind of society in which we live and which we pass on to our children. It is why we need a reformed NHS, better able to put information and control in the hands of patients, and better able to prevent illness before it develops.

This strategy marks an important shift in our focus to support everyone in making the healthy choices which will reduce obesity, especially among children. Our ambition is that by 2020 we will not only have reversed the trend in rising obesity and overweight among children but also reduced it back to the 2000 levels. And whilst our focus is rightly on children, we need to see progress on rates of obesity in adults as well. This is an ambitious goal, but achievable if we recognise the desire of people to live healthy lives and respond to it with the opportunities and information people need and expect.

There should be no doubt that maintaining a healthy weight must be the responsibility of individuals first - it is not the role of Government to tell people how to live their lives and nor would this work. Sustainable change will only come from individuals seeing the link between a healthy weight and a healthy life and so wanting to make changes to the way that they and their families live.

The responsibility of Government, and wider society, is to make sure that individuals and families have access to the opportunities they want and the information they need in order to make healthy choices and exercise greater control over their health and their lives. This is what Government can do, and it is what will make a real and sustainable difference to all of us in trying to make healthy choices and lead healthy lives.

And as well as ensuring people have healthy options we must ensure that all of us have access to the information and evidence we need to adopt healthier lifestyles.

We must do nothing less than transform the environment in which we all live. We must increase the opportunities we all have to make healthy choices around the exercise we take and the food we eat.

This strategy is a first step in that transformation. It sets out how the government will discharge its responsibilities, but also calls on all members of society to act, from individuals and families to businesses and charities.

As we publish this strategy today I want to issue a challenge to everyone in this country, from NHS professionals to parents to businesses to Government, to work towards a society in which everyone can exercise greater control over their diet and levels of activity, maintain a healthy weight and lead healthier lives.

A handwritten signature in black ink that reads "Gordon Brown". The signature is written in a cursive, slightly slanted style.

Prime Minister  
Gordon Brown  
January 2008

**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.**



**INTRODUCTION BY THE  
SECRETARIES OF STATE  
FOR HEALTH AND  
CHILDREN, SCHOOLS  
AND FAMILIES**





Britain is a successful country. The post-war period has seen dramatic changes in the way we live: food is cheaper, more abundant and more convenient than ever; our working lives are physically far less demanding; and technological change has given us a wealth of new ways to entertain ourselves.

However, this success is increasingly coming at a cost. In England two-thirds of adults and a third of children are either overweight or obese, and without action this could rise to almost nine in ten adults and two-thirds of children by 2050. This trend has a severe impact on the health of individuals, increasing the risk of diabetes, cancer, and heart and liver disease. The cost will be felt by every single part of society, not just in headline financial or health terms but in very personal ways, affecting the lives and opportunities of millions of people.

The core of the problem is simple – we eat too much and undertake too little physical activity. The solution is more complex. From the nature of the food that we eat to the built environment through to the way our children lead their lives, it is harder to avoid obesity in the modern environment.

The eminent scientists who wrote the Foresight report described obesity as the climate change of public health. And like climate change, action by the Government alone is not enough. We will only succeed if the problem is recognised, owned and addressed in every part of society; in particular it will require personal responsibility and action among individuals, communities, families, teachers, clinicians, industry, and local and national government.

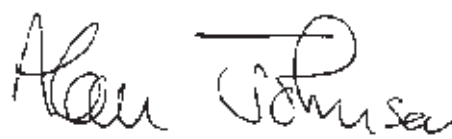
This strategy is the first step in achieving a new ambition of enabling everyone in society to maintain a healthy weight. It sets out a vision of what this means for schools, the food industry, employers, health services and others, and commits the Government to play our part with concrete action.

Schools and children's centres will continue to be critical to supporting parents in raising their children. That is why we are both committed to going further. On top of the £1.3 billion of extra investment in school food, schools PE and sport, and play announced both in *The Children's Plan* and the

Comprehensive Spending Review, this strategy sets out plans to introduce compulsory cooking for all 11 to 14 year olds by 2011. This will give all young people the understanding and skills to eat more healthily, skills that will serve them well throughout their life.

We also recognise the role that the built environment plays in shaping our lives. Many of the great engineering and planning feats of Victorian Britain were driven by the need to improve sanitation, and we want to see planners return to their public health roots to meet the obesity challenge of today. Therefore this strategy describes how the Government will work with planners, architects, health professionals and communities to promote physical activity through the built environment. We will also invest £30 million in 'Healthy Towns' that bring together changes in physical infrastructure and community action to promote healthy living. This will provide lessons that all communities can draw on.

Having been at least 30 years in the making, the rise in the numbers of obese and overweight individuals will not be halted overnight. This strategy is the very first stage of the Government's response to the Foresight report and will be followed by an annual report back to the public that assesses progress, looks at the latest evidence and trends and makes recommendations for further action on how everyone can maintain a healthy weight.



Secretary of State for Health  
Alan Johnson



Secretary of State for Children, Schools and Families  
Ed Balls



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# EXECUTIVE SUMMARY

Britain is in the grip of an epidemic. Almost two-thirds of adults and a third of children are either overweight or obese,<sup>1</sup> and work by the Government Office for Science's Foresight<sup>2</sup> programme suggests that, without clear action, these figures will rise to almost nine in ten adults and two-thirds of children by 2050. This matters because of the severe impact being overweight or obese can have on an individual's health – both are associated with an increasing risk of diabetes, cancer, and heart and liver disease among others – and the risks get worse the more overweight people become. They matter because of the pressure such illnesses put on families, the NHS and society more broadly, with overall costs to society forecast to reach £50 billion per year by 2050 on current trends.<sup>2</sup>

At the core of the problem is an imbalance between 'energy in' – what is consumed through eating – and 'energy out' – what is used by the body, including energy used through physical activity. While individual responsibility for decisions about energy consumption and expenditure is important, recent work by Foresight and others shows that a multitude of factors can affect these decisions. Genetic, psychological, cultural and behavioural factors all have an important role to play and these are difficult to influence. Foresight showed that the changing pattern of our lives, which equally affects food consumption and physical activity, makes it increasingly hard for people to maintain a healthy weight. From the nature of the food that we eat, to the built environment, to the way our children lead their lives, modern life is making it harder for all of us to fulfil our goal of staying healthy and well.

So as the Foresight report pointed out, we are facing a public health problem that the experts have told us is comparable with climate change in both its scale and its complexity. As with climate change, tackling the problem will involve making progress in a wide range of areas, and as a society we will only turn this round over time. Thirty years in the making, the obesity epidemic will not be halted overnight: this strategy is an important stage in what will be Government's year-on-year commitment to do its part to build a society in which we can all maintain a healthy weight.

Halting the obesity epidemic is about individual behaviour and responsibility: how people choose to live their lives, what they eat and how much physical activity they do. It is about the responsibility of the private and voluntary sectors too – a food industry, for example, that takes its responsibility to supply foods that promote health seriously; employers that make the health of their workforce part of their core responsibility.

However, the Government has a significant role to play too: not in hectoring or lecturing but in expanding the opportunities people have to make the right choices for themselves and their families; in making sure that people have clear and effective information about food, exercise and their well-being; and in ensuring that its policies across the piece support people in their efforts to maintain a healthy weight. The Government's approaches to early years, schools, food, sport and physical activity, planning, transport, the health service and other areas all need to support the creation of a society that fully promotes health.

Since 2000, the Government has taken action on a number of fronts to promote healthier food choices and greater access to physical activity, especially among parents and children. In particular, significant improvements have been made to food standards in schools, and to the amount of PE and sport that children do at school. England is considered to be a global leader for its introduction of both front-of-pack food labelling and broadcast advertising restrictions on food products high in fat, salt and sugar within programmes targeted at children.

However, the scale of the challenge dictates that we must do much more to give people the opportunities that they want to make healthy choices about activity and food.

To reflect this, the Government has set itself a new ambition: of being the first major country *to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels.* This new ambition was announced in

September 2007 and forms part of the Government's new Public Service Agreement (PSA) on Child Health and Well-being.<sup>3</sup>

To help fulfil this ambition, the Foresight experts suggested that Government could best focus its actions in five main policy areas – to promote children's health; to promote healthy food; to build physical activity into our lives; to support health at work and provide incentives more widely to promote health; and to provide effective treatment and support when people become overweight or obese.

Across all of these domains, the Government's ambition is no less than a radical transformation in the opportunities that children and adults have to make healthy choices, supported by significant improvements in information and, where needed, practical help. Tackling the obesogenic society that the Foresight report has described for us will require us to find ways to give real control and power back to individuals and families in making choices about their lives.

Because no country has yet succeeded in reversing the trend of increasing numbers of obese and overweight individuals, the evidence on what works effectively in each of these policy areas to tackle the rise in excess weight is less developed than, say, policies to tackle climate change.

So this strategy is the beginning of a sustained programme to support people to maintain a healthy weight, and sets out what can only be considered the first steps towards achieving the new ambition. We will continue to examine not just what more Government can do based on the best emerging evidence of what works, but also whether everyone in society – employers, communities and individuals – is doing their bit to enable people to make healthier choices. **Helped by a panel of experts, we will publish annually an assessment of the progress we are making in halting and then turning around the rise in excess weight,** including leading indicators of behaviour change, such as breastfeeding rates, food consumption, rates of physical activity and children's health. **We will**

**use this annual assessment to develop and intensify our policy focus,** as evidence strengthens on what works and on whether we are being successful or not.

## Children, healthy growth and healthy weight

Our vision for the future is one where every child grows up with a healthy weight, through eating well and enjoying being active. In early years, this means as many mothers breastfeeding as possible, with families knowledgeable and confident about healthy weaning and feeding of their young children. As children grow, parents will have the knowledge and confidence to ensure that their children eat healthily and are active and fit. All schools will be healthy schools, and parents who need extra help will be supported through children's centres, health services and their local communities.

In this strategy we lay out immediate plans to:

- **identify at-risk families as early as possible and plans to promote breastfeeding as the norm for mothers**
- **give better information to parents about their children's health by providing parents with their child's results from the National Child Measurement Programme (NCMP)**
- **invest to ensure all schools are healthy schools, including making cooking a compulsory part of the curriculum by 2011 for all 11–14 year-olds**
- **ask all schools to develop healthy lunch box policies, so that those not yet taking up school lunches are also eating healthily**
- **develop tailored programmes in schools to increase the participation of obese and overweight pupils in PE and sporting activities**
- **invest £75 million in an evidence-based marketing programme which will inform, support and empower parents in making changes to their children's diet and levels of physical activity**

- **invest in improving cycling infrastructure and skills in areas where child weight is a particular problem, as part of the recently announced package of further funding of £140 million for Cycling England.**

### Promoting healthier food choices

Our vision for the future is one where the food that we eat is far healthier, with major reductions in the consumption and sale of unhealthy foods, such as those high in fat, salt or sugar, and all individuals choosing to eat levels of fruit and vegetables in line with recommended amounts consistent with good health. Individuals and families will have a good understanding of the impact of diet on their health, and will be able to make informed choices about the food they consume, with extra support and guidance for those who need help. The food, drink



and other related industries will support this through clear and consistent information, doing all they can to make food healthy.

In this strategy, we lay out immediate plans to:

- **finalise a Healthy Food Code of Good Practice, in partnership with the food and drink industry, and other relevant stakeholders. This code would challenge the whole industry to adopt practices to reduce consumption of saturated fat, sugar and salt among other measures**
- **promote the flexibilities contained within planning regulations, so that local authorities are able to manage the proliferation of fast food outlets in particular areas, e.g. near parks or schools**
- **ask Ofcom to bring forward its review of restrictions on the advertising of unhealthy foods to children, to begin in July and report early findings as soon as possible.**

### Building physical activity into our lives

Our vision for the future is one where all individuals and families are able to exercise regularly and to stay healthy and well throughout their lives. Individuals and families will understand the links between physical activity, exercise and health, and will be able to take responsibility for their travel and leisure choices as well as increasing the amount of physical activity they undertake in their everyday lives, especially for children. Government, business, local communities and other organisations will support this by creating urban and rural environments where walking, cycling and other forms of physical activity, exercise and sport are accessible, safe and the norm.

In this strategy we lay out immediate plans to:

- **invest in a 'Walking into Health' campaign, aiming to get a third of England walking at least 1,000 more steps daily by 2012 – an extra 15 billion steps a day**

- invest £30 million in 'Healthy Towns' – working with selected towns and cities to build on the successful *Ensemble prévenons l'obésité des enfants* (EPODE) model used in Europe, with infrastructure and other best practice models to validate and learn from whole-town approaches to promoting physical activity
- Set up a working group with the entertainment technology industry to ensure that they continue to develop tools to allow parents to manage the time that their children spend playing sedentary games and online
- review our overall approach to physical activity, including the role of Sport England, to develop a fresh set of programmes ensuring that there is a clear legacy of increased physical activity leading up to and after the 2012 Games.

### Creating incentives for better health

Our vision is a future where all employers value their employees' health, and where 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.

In this strategy we lay out immediate plans to:

- work with employers and employer organisations to develop pilots exploring how companies can best promote wellness among their staff and make healthy workplaces part of their core business model
- launch a number of pilots of well-being assessments throughout the NHS in spring 2008, where individual staff are offered personalised health advice and lifestyle management programmes linked to personal assessments of their health status.

- pilot and evaluate a range of different approaches to using personal financial incentives to encourage healthy living, such as individuals losing weight and sustaining weight loss, eating more healthily or being consistently more physically active

### Personalised advice and support

Our vision is a future where individuals have easy access to highly personalised feedback and advice on their diet, their weight, their physical activity and their health, providing them with personalised information to encourage healthy behaviours. People will also have easy access to authoritative but clear advice on how to look after themselves, making sense of the competing claims made about eating, diet, activity and health. When people are overweight or obese, they will have access to personalised services that are tailored to their needs and support them in achieving real and sustained weight loss, leading to the maintenance of a healthy weight.

In this strategy we lay out immediate plans to:

- seek to develop the NHS Choices website to give highly personalised advice to all on their diet and activity levels, with clear and consistent information on how to maintain a healthy weight
- support the commissioning of more weight management services by providing extra funding for this over the next three years.





Beyond this, the Government will invest in research to deepen our understanding of the causes and consequences of the rise in excess weight, and the evidence of what works in tackling it. This research will be part of wider efforts to develop our knowledge of what works by the newly established Obesity Observatory – part of the wider Public Health Observatory family, and sitting alongside existing Government research and development bodies.

Success will also depend on ensuring that the programme of Government action is fully resourced.

**To this end, the Government will make available an additional £372 million for promoting the achievement and maintenance of healthy weight over the period 2008–11.**

This is over and above the £1.3 billion investment in school food, sport and play and the £140 million further funding for Cycling England, already announced for 2008–11.



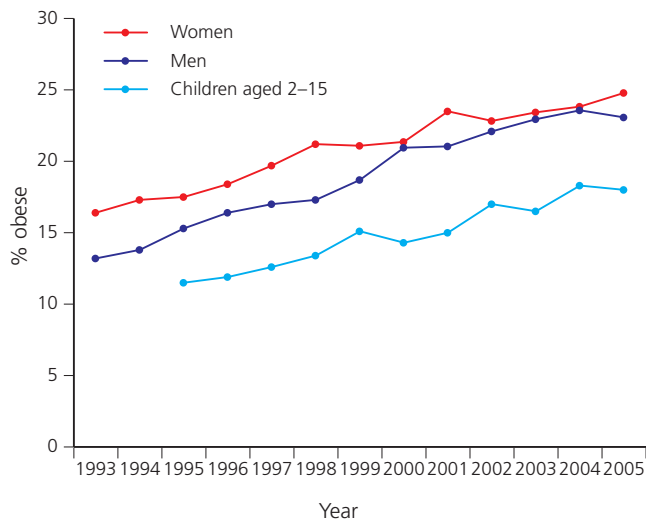


# CHAPTER 1: THE CHALLENGE

## THE CHALLENGE

In the first half of the twentieth century it was uncommon for individuals to be overweight or obese. Since then the number of people with persistent, severe weight problems affecting their health has risen steadily. Although year-on-year data can show peaks and troughs, there has been a clear rise in obesity rates, probably accelerating in the late 1980s and early 1990s.

### Obesity prevalence trends from 1993 to 2005 adults, and children aged 2–15



Source: Health Survey for England

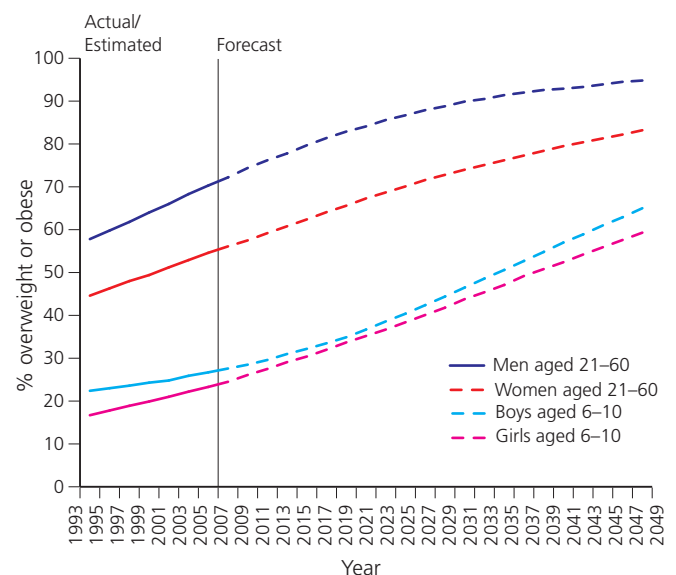
This is a trend repeated almost universally in developed, and increasingly developing nations. Although it is difficult to draw reliable international comparisons, most experts agree that the United States has the greatest problem, with England and Australia not far behind.<sup>2</sup> The rate of increase in England is greater than most comparable countries in Europe.<sup>2</sup>

The trend of weight problems in children is a particular cause for concern because of evidence suggesting a 'conveyor-belt' effect in which excess weight in childhood continue into adulthood. A US

study found that 55 per cent of obese 6-9 year olds and 79 per cent of obese 10-14 year olds remained obese into adulthood.<sup>4</sup>

Looking to the future, the Foresight experts estimated that, based on current trends, levels of obesity will rise to 60 per cent in men, 50 per cent in women, and 25 per cent in children by 2050, with a further 35 per cent of adults and nearly 40 per cent of children overweight.<sup>2\*</sup>

### Forecast trend in the proportion of adults and children who are overweight and obese, to 2050

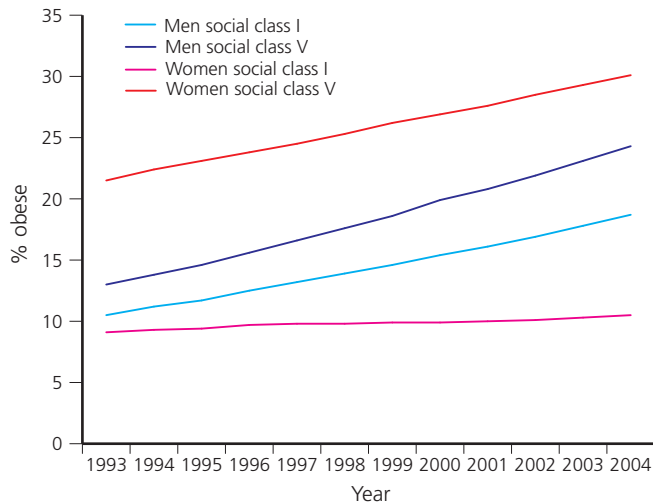


Source: Foresight Tackling Obesity: Future Choices – Modelling Future Trends in Obesity and Their Impact on Health

The trends discussed above apply across society. Obese individuals are present in all socio-economic groups, although they are represented to a slightly lesser extent among the most affluent, particularly for women.

\* This report uses the 85th and 95th percentiles on the 1990 UK Growth Charts to define children as obese and overweight for existing data, in line with the current conventions for population monitoring within the UK. Where given, Foresight-derived projections to 2050 use the IOTF definition to childhood obesity

### Trends in Obesity Prevalence 1993–2004 by Social Class I and V



Source: Foresight Tackling Obesities: Future Choices – Modelling Future Trends in Obesity and Their Impact on Health

Why do these trends matter? Both being obese and being overweight increase the risk of a range of diseases that can have a significant health impact on individuals, although the risks rise with BMI\* and so are greater for the obese:

- 10 per cent of all cancer deaths among non-smokers are related to obesity<sup>5</sup>
- the risk of Coronary Artery Disease increased 3.6 times for each unit increase in BMI<sup>5</sup>
- 85 per cent of hypertension is associated with a BMI greater than 25<sup>5</sup>
- the risk of developing type 2 diabetes is about 20 times greater for people who are very obese (BMI over 35), compared to individuals with a BMI of between 18 and 25<sup>6</sup>
- up to 90 per cent of people who are obese have fatty liver. Non-alcoholic fatty liver disease is projected to be the leading cause of cirrhosis in the next generation<sup>7</sup>

- health effects of excess weight are increasingly apparent even in children; the incidence of both type 2 diabetes and non-alcoholic fatty liver disease used to be rare in children, but is increasing<sup>8</sup>
- obesity in pregnancy is associated with increased risks of complications for both mother and baby
- social stigmatisation and bullying are common and can, in some cases, lead to depression and other mental health conditions

These diseases ultimately curtail life expectancy. **Severely obese individuals are likely to die on average 11 years earlier (13 years for a severely obese man between 20 and 30 years of age)<sup>9</sup> \*\* than those with a healthy weight**, comparable to, and in some cases worse than, the reduction in life expectancy from smoking.

Given the impact on individual health, it is unsurprising that obese and overweight individuals also place a significant burden on the NHS – direct costs are estimated to be £4.2 billion and Foresight forecast these will more than double by 2050.<sup>2</sup> But these also bring costs to society and the economy more broadly – for example sickness absence reduces productivity. Foresight estimate that weight problems already cost the wider economy in the region of £16 billion, and that this will rise to £50 billion per year by 2050<sup>2</sup> if left unchecked. Overall, the work of Foresight and others suggests that weight problems presents society with a greater challenge than previously realised, and that, without additional action, the costs to individuals, the NHS and society will be massive.

\* Body Mass Index (BMI) – see Annex for full description

\*\* Applies to individuals with BMI over 45.

## CAUSES OF EXCESS WEIGHT

At heart, excess weight is caused by an imbalance between 'energy in' – what is consumed through eating – and 'energy out' – what is used by the body, including that through physical activity. On that basis, eating more healthily and being more active are the solutions to maintaining a healthier weight, decisions that are fundamentally an individual's responsibility. Recent evidence from Foresight, however, is clear that a broad set of social and environmental factors influence these decisions, and are increasingly making healthy decisions the hardest to make and stick to. These broader factors can be considered under four headings: human biology, culture and individual psychology, the food environment and the physical environment.

### 1) Human biology

Humans have evolved to survive in an environment where it was never certain when the next meal might be – our bodies are programmed to store energy when it is available. Genetics play a part in this: indeed, a number of studies have now identified a range of specific genes associated with excess weight. It is too simplistic to claim that they pre-destine a person to being obese or overweight but genetic factors do increase the susceptibility of some individuals to obesity.

The pattern of growth through early life also contributes to the risk of excess weight. A baby's growth rate is in part determined by parental factors, with the period immediately after birth of particular importance. Whether a child is breastfed or not, and at what stage weaning begins, have also been shown to affect the risk of excess weight later in life.

### 2) Culture and individual psychology

Weight is a very sensitive issue, especially for parents who understandably fear their child being stigmatised at an early age and being judged as bad parents.

Evidence suggests that many parents:

- struggle to assess their children's weight status accurately – research found only 17 per cent of parents with an obese child were able to correctly gauge their child's weight status<sup>10</sup>
- overestimate activity levels and underestimate the amount of high-fat, high-sugar foods the family eats
- make no connection between poor diet and low activity levels in their children and long-term health problems.

Even when weight is recognised as an issue by individuals and families, there are many factors which means it is often ignored. Once the issue is acknowledged and the need to change some behaviours recognised there may be a psychological conflict which makes it difficult to change the usual behaviour patterns. For example, the short-term desire for a fatty snack or the convenience of driving to the local shops may be more tempting than the long-term gain linked to choosing the healthier option.

It is harder to make healthy choices where others in the family or community are also maintaining unhealthy behaviours. This is further compounded by the welter of competing health claims and quick fixes that can be found in the media daily which can make it difficult and confusing to make a healthier choice.

Repetition of everyday behaviours over time can solidify them into habits that can become very difficult to change later in life. This is of crucial importance when considering the impact of parental behaviour on their children – significantly only 3 per cent of obese children have parents who are neither overweight nor obese<sup>11</sup> (65 per cent of men and 55 per cent of women are either overweight or obese<sup>1</sup>).

### 3) The food environment

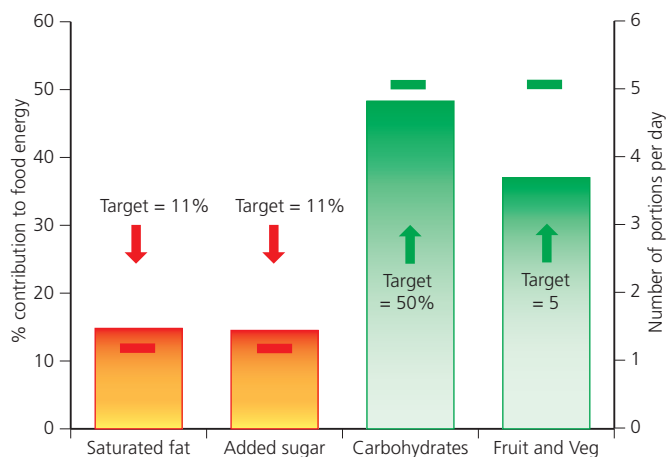
Competitive markets coupled with technological change have enabled the food industry to produce food cheaply and in high quantities in response to consumer demand. This has led to the production of growing volumes of processed foods and ready

## 4 Healthy weight, healthy lives

meals, many of which tend to be high in fat, sugar and salt. Fatty and sugary foods and drinks are also very heavily marketed and promoted, further reinforcing consumer demand, even though it is widely recognised these should be the smallest proportion of a healthy balanced diet.

These trends have contributed to our diet containing too much saturated fat, added sugar and salt, and not enough fruit and vegetables.

### Consumption of selected nutrients and fruit and vegetables vs recommended levels



Source: Family Food Survey 2005/06 and HSE 2005

A diet rich in saturated fat is associated with high levels of blood cholesterol which increases the risk of heart disease.

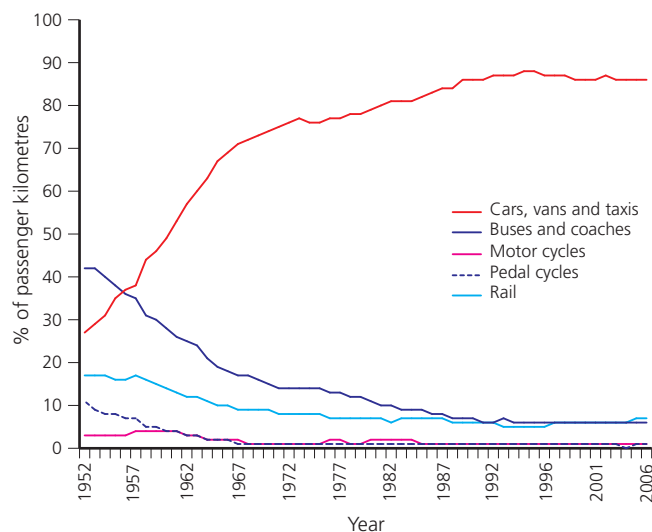
Alcohol consumption is also a part of an individual's calorie intake, and so the rising trend in consumption also contributes to excess weight.

### 4) The physical environment

Over the last few decades new forms of technology have started to make a major impact on daily life. Lives that were for most of the population physically demanding, are now increasingly sedentary, so reducing average energy expenditure. As last year's Royal Commission on Environmental Pollution report on the urban environment<sup>12</sup> highlighted, modern urban systems can serve to discourage activity, thereby promoting weight gain and other health risks. This can be particularly seen in how methods

of travel have changed, with car use increasing substantially since the 1950s.

### Passenger transport by mode (billion passenger km, 1952 to 2006)



Source: Department for Transport statistics

Physical activity is a particular issue in children. For instance, the last two decades have seen a 10 percentage point drop in children walking to school.<sup>13</sup> Today's children are also increasingly spending time in front of a TV or computer screen – an average of five hours and 20 minutes a day, up from four hours and 40 minutes five years ago.<sup>14</sup>

A lack of physical activity contributes to excess weight but also increases the risk of Type 2 diabetes independent of the effects on body weight.

## TACKLING THE CAUSES OF EXCESS WEIGHT

The above brief discussion of the causes of excess weight demonstrates that, like climate change, tackling this problem is complex and multifaceted, involving individuals, communities and industry as well as Government. It is clear that Government action alone will not be enough. Success will only come from the problem being recognised, owned and addressed at every level and every part of society.

While the causes of excess weight are similar to climate change in their complexity, the evidence on solutions is less clear, and indeed no country in the world has yet succeeded in reversing a rising trend of increasing numbers of obese and overweight individuals.

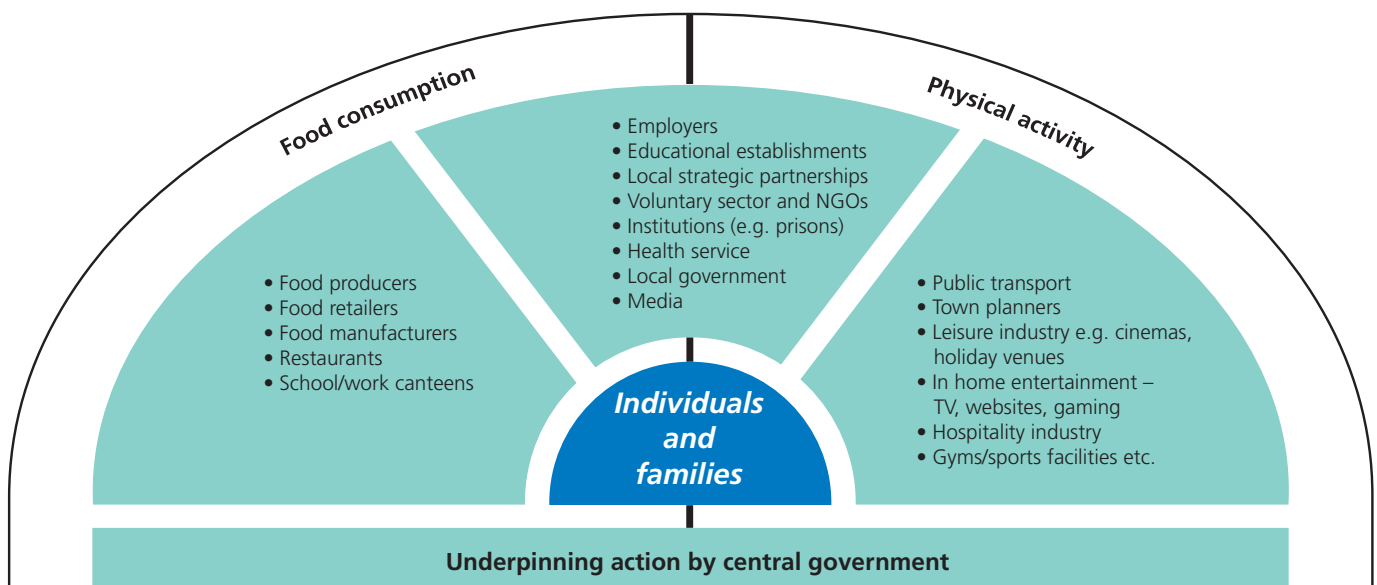
Foresight recognised this in their report but, based on the very latest evidence from the National Institute for Clinical Excellence (NICE) and others, they suggested five areas where Government action to tackle excess weight are likely to succeed.

### Five areas for tackling excess weight

1. *Children: healthy growth and healthy weight* – early prevention of weight problems to avoid the 'conveyor belt' effect into adulthood
2. *Promoting healthier food choices* – reducing the consumption of foods that are high in fat, sugar and salt and increasing the consumption of fruit and vegetables
3. *Building physical activity into our lives* – getting people moving as a normal part of their day
4. *Creating incentives for better health* – increasing the understanding and value people place on the long-term impact of decisions
5. *Personalised advice and support* – complementing preventative care with treatment for those who already have weight problems

This document sets out the immediate actions for Government in these areas, although as the next section makes clear, this is only the start of a long-term commitment to addressing the challenge of obesity.

### Map of major sectors that must play a role in tackling excess weight





**CHAPTER 2:  
OUR NEW AMBITION  
– A HEALTHY WEIGHT  
FOR ALL**



The number of obese and overweight individuals has been increasing for at least thirty years. In 2004 the Government set a clear target for tackling obesity: *To halt the year-on-year rise in obesity among children aged under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole.*

The target has been effective in stimulating action across the country. In 2004 the evidence suggested that a focus on children, and on food labelling, promotion and formulation was likely to have the greatest impact. Policies in these areas have delivered notable success, including:

## Children

- Tough new food-based standards are now in place for school lunches and other school food. These will be complemented by nutrient-based standards for school lunches, starting in primary schools from September this year. By 2011 the Government will have invested in excess of £600 million to support the improvement of school food in all parts of the school day
- Over the past three years, the share of children on the School Fruit and Vegetable Scheme eating '5-A-DAY' has increased from just over a quarter to just under a half.<sup>15</sup>



- 86 per cent of school children now do at least two hours of physical education and sport a week – a significant improvement on the 2003–04 figure of 62 per cent and beats the Government's target 85 per cent by 2008.<sup>16</sup>
- At the end of March 2007 more than 14,000 schools in England (56 per cent) had an approved school travel plan as a result of the *Travelling to School* project. Research has shown that school travel plans reduce car use for journeys to and from school in 60 to 90 per cent of schools and, in a substantial proportion (about 15 to 40 per cent), by over 20 per cent.

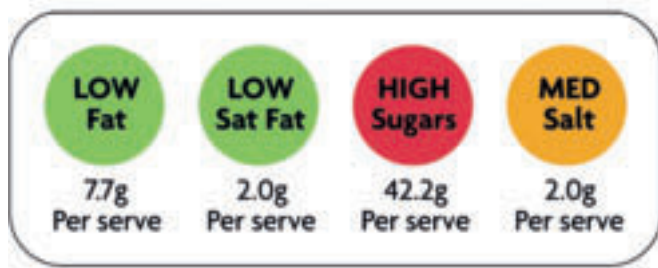


**Just Eat More**  
(fruit & veg)

- Established in 2005, the NCMP weighs and measures children in Reception Year (aged 4–5 years) and Year 6 (aged 10–11 years). Significantly improved coverage has produced one of the largest collection of data on children's height and weight in the world, and this is now being used to inform local planning and delivery of services for children and gather population-

level data to allow analysis of trends in excess weight.

### Food labelling, promotion and formulation



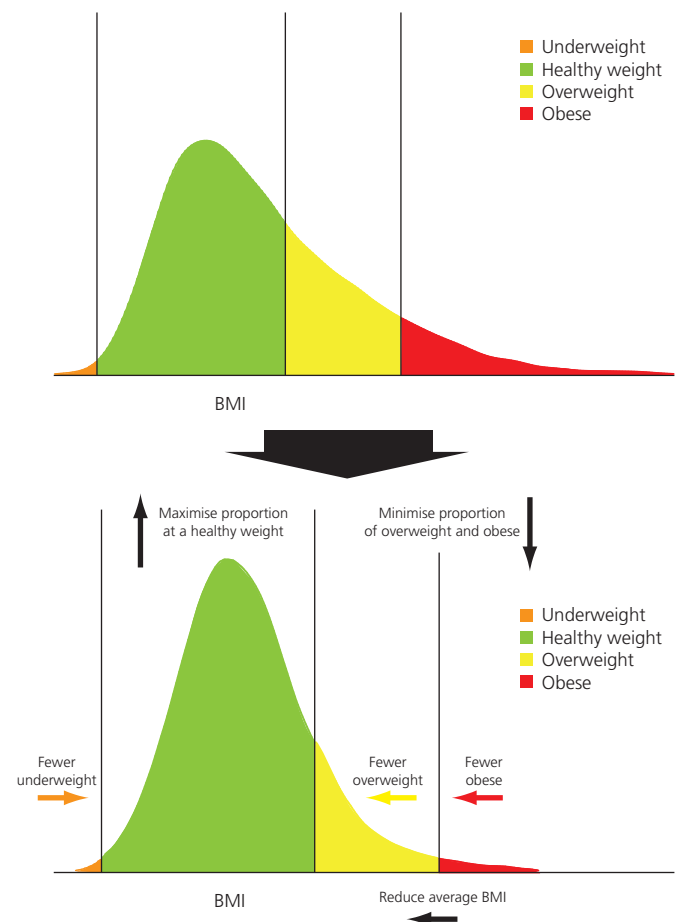
In many areas the UK is a global leader in its approach to food and health:

- the Food Standards Agency (FSA) has worked with the food industry to introduce front of pack labelling – with the aim of making it simpler for families to make healthier food choices. Currently our preferred model, developed by the FSA, is based on a traffic light system which independent research show consumers find easy to understand and helps drive behaviour change. This has already been adopted by many major retailers and manufacturers (see [www.food.gov.uk](http://www.food.gov.uk))
- Ofcom has introduced restrictions on broadcast food and drink advertising to children. These apply to advertising of food products high in fat, salt and sugar within programming of particular interest to children. The restrictions initially applied to programming aimed at under-10s and from 1st January 2008 also apply to programming aimed at under-16s. Industry, under the Advertising Standards Authority, introduced new content rules for all food and drink advertising to children in non-broadcast media, with exceptions for fruit and vegetables

### Developing a new target

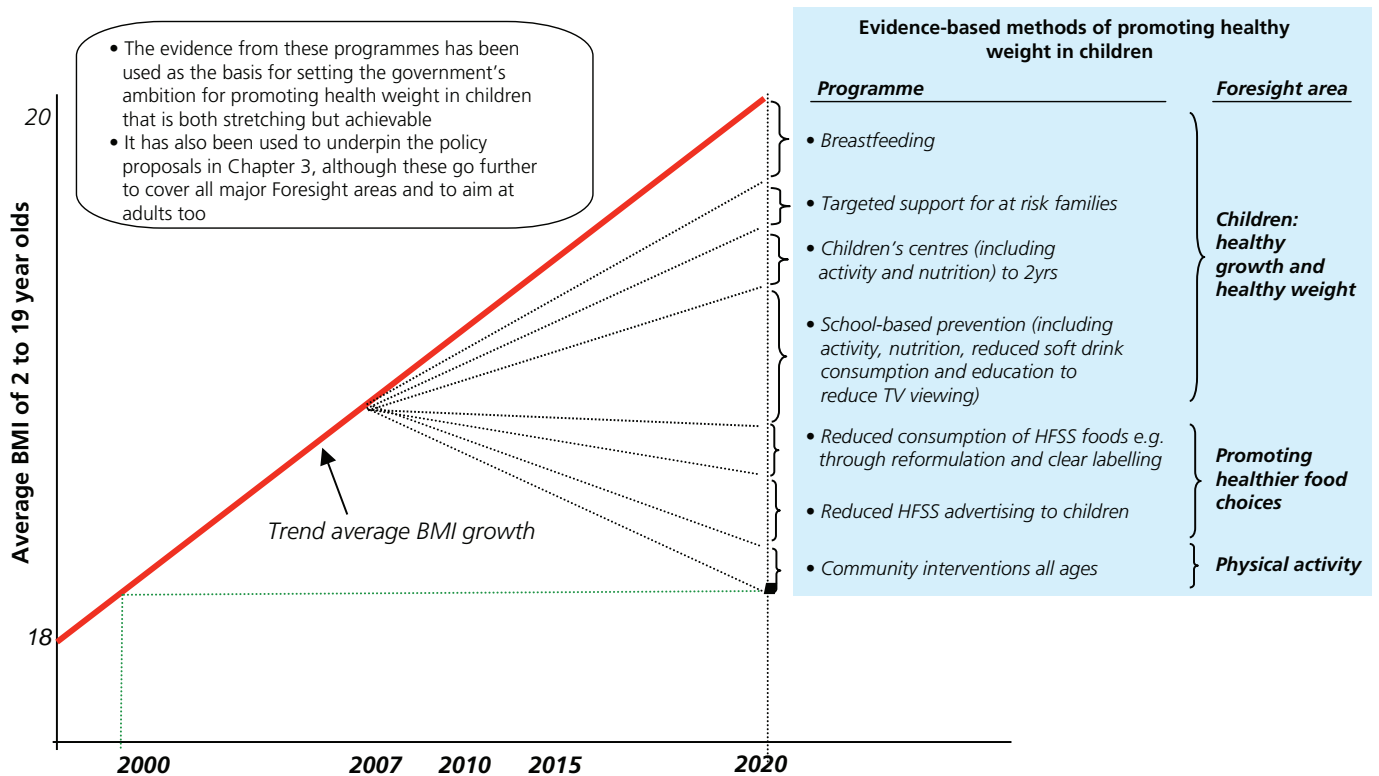
But while progress has been made, at the same time our knowledge has developed. The Foresight report has provided a much clearer understanding of the complexity and scale of the problem. We need to go further, faster. A fundamental shift in approach is required, one that is firmly based on the latest evidence on the size of the problem, its causes and potential solutions.

### Illustrative chart of shifting weight distribution in the population to a healthy weight



First, this means moving away from a focus solely on obesity to one of promoting healthy weight and so healthy lives. Ultimately, this will need to encompass supporting individuals who are underweight and so also at a higher risk of health problems to maintain a healthy weight. However, the Government's initial focus will be on tackling the obese and overweight.

## Illustrative chart of potential reduction in average BMI in children from implementing best practice programmes – indicative trajectory



Source: Department of Health analysis



Second, a fundamental shift in approach means recognising that weight is a problem that affects adults as well as children. The evidence suggests that an initial focus on children is appropriate (see chart): the importance of early years is clear, and children's services provide a variety of avenues for supporting change. However, because parents and parental behaviour has such a strong influence on child behaviour, excess weight problems in children can only be tackled in concert with tackling them in the whole family, and society more broadly.

Finally, a shift in approach means being more ambitious. It will not be enough to simply halt the rise in the numbers of overweight and obese people, it must be reversed if the severe consequences to individual health are to be avoided.

## The new ambition and indicators

The government's new ambition on excess weight, announced in the Comprehensive Spending Review 2007 is to be the first major country: *to reverse the rising tide of obesity and overweight in the population, by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels.*

The Department of Health is responsible for overall policy on obesity and is jointly responsible with the Department for Children, Schools and Families (DCSF) for tackling child obesity. Although the ambition covers a period of 12 years, progress for the first three years 2008-11 will be monitored through the inclusion of child obesity as one of the indicators in the Child Health PSA<sup>3</sup>. This will provide a solid platform upon which to expand efforts to reduce the proportion of overweight children, as well as the proportion of obese children in order to fulfil the 2020 ambition.



While accountability for meeting the ambition will be based on indicators of BMI in Reception and Year 6, we want to ensure that action is not solely focused on these age groups. The Government is therefore committing to publishing an annual report setting out performance against these and other BMI indicators:

- children in Reception Year: overweight and obesity levels
  - children in Year 6: overweight and obesity levels
  - young adults: overweight and obesity levels (based on Health Survey for England data)
  - adults: overweight and obesity levels (based on Health Survey for England data).
- However, because changes to population measures of BMI can take some time to become apparent, the Government will complement these with a range of early indicators of success. These will be based on the evidence of what causes or is correlated to weight problems. As with the indicators on young adults and adults, they will not form additional reporting requirements for primary care trusts (PCTs) and local authorities, outside of the National Indicator Set but will as far as possible be based on existing data, or use centrally-led surveys. Following the publication of this strategy the Government will finalise these indicators, but they are likely to include:
- *Childhood*
    - Proportion of mothers breastfeeding at six months
    - Take-up of school meals
    - Portions of fruit and vegetables consumed daily per child
    - Number of school children doing at least two hours of school sport a week
    - Progress against new ambition for each young person to have access to five hours of PE and sport
  - *Promoting healthier food choices*
    - Nutrient intake data
    - Consumption (and/or sales) of high in fat, salt and sugar foods
    - Proportion of the adult population consuming their '5 A Day'
  - *Building physical activity into our lives*
    - Hours of sedentary leisure activity (e.g. TV viewing)
    - Numbers of people doing recommended levels of physical activity (e.g. number of days on which people have walked or cycled for at least 30 minutes)

- *Personalised advice and support*

- Use data on the onset of Type 2 diabetes in adults to model adult obesity rates in a population
- Proportion of people maintaining weight loss or BMI reduction on completion of weight management programme.

Some of these measures already exist as part of the National Indicator Set, others will need to be developed in consultation with key stakeholders. Performance against the leading indicators will also be published annually, as they will provide us with an early sense of whether we are making real progress in changing the behaviours that underpin the rise in the number of overweight and obese children and adults, in advance of changes in the trends for BMI. We will also use progress on these measures to assess whether and where we need to intensify our policy focus, in order to meet our ambition to be the first nation to reverse the obesity epidemic.

Experience gained from monitoring performance against the new ambition and early indicators will be used to develop specific goals for other parts of the population in future years.





# CHAPTER 3: ACHIEVING THE NEW AMBITION

Achieving the ambition set out in the previous chapter will not be easy. Success will not lie in the Government taking a heavy-handed approach, dictating what people should eat and how active they should be. Rather, success lies in everyone in society playing a part in making and supporting healthier choices. Individual behaviour and responsibility are critical but it is also about the responsibility of the private and voluntary sectors – a food industry, for example, that takes seriously its responsibility to supply foods that promote health; employers that make the health of their workforce part of their core responsibility.

*The vision for all of us must be a society where:*

- *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, children’s centres, health and other services, all promoting healthy weight*
- *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 ‘5 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*
- *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*
- *individuals have easy access to information and advice on healthy eating and activity that is clear, consistent and personal to them. Obese and overweight individuals will be able to access services that are tailored to help them achieve and sustain a healthy weight.*

The Government has a clear role to play in providing leadership for society to achieve this vision. However, this does not mean that the Government should act everywhere and every time, much less tell people to live their lives in a certain way or tell parents how to raise their children. Instead, the role of the Government is to give people the information and opportunity to make the right choices for themselves and their families, to ensure that they have clear and transparent information about food and exercise, and to put in place the right incentives and facilities to support people to make healthier choices in everyday life.

## 1. Children: healthy growth and healthy weight

### Pregnancy and the early years

Information on child health is most important to parents during pregnancy and the first years of life. The evidence shows that breastfeeding, delaying weaning until babies are six months old, introducing children to healthy foods, controlling portion size and limiting snacking on foods high in fat and sugar in the early years can all help to prevent children becoming overweight or obese.

There is also much that the Government is doing to support parents in this: the Child Health Promotion Programme (CHPP) is the overarching programme that covers health reviews, immunisations and advice to parents. It is led by health professionals but other professionals working early years such as children’s centre staff are also involved. Indeed many CHPP services are delivered in children’s centres, which will be greatly enhanced by the roll-out of 3,500 Sure Start Children’s Centres by 2010 – a children’s centre for every community, fulfilling the Government’s commitment in its 10-year childcare strategy, *Choice for parents, the best start for children* (December 2004).

The Government will do more to support parents to promote the healthy growth of their child through the following.

### *Early identification of at-risk families*

Throughout the CHPP, a series of health reviews provide an opportunity for health professionals to identify families that are most at risk from child weight issues and least able to tackle them.

**In particular, the assessment by the 12th week of pregnancy allows health professionals to identify mothers who are already obese or overweight, and to give them advice on healthy weight gain in pregnancy. This is crucial for their baby's development, safety and also to ease delivery.**

**The forthcoming update of National Service Framework (NSF) Standard One (CHPP) will prioritise the promotion of healthy weight in early life, and specify the monitoring and interventions that are to be offered to all children and families.**

### *Making breastfeeding the norm for parents*

There is evidence that those who breastfeed not only provide their child with protection against infectious disease, they also reduce the risk of excess weight in later life. Babies at an early age who are exposed to a variety of flavours from their mothers' diet, develop a taste for a greater variety of foods while being weaned. Because of the importance of breastfeeding in promoting healthy child development, the Child Health PSA includes an indicator for breastfeeding prevalence at six to eight weeks, which will come into use from April 2008.

**In addition to this, the Government will:**

- **invest in an information campaign to promote the benefits of breastfeeding as part of a wider programme of campaigns on healthy development (see page 17)**
- **support a National Helpline for breastfeeding mothers at local rates, providing mothers with access to professional advice in times of need**



- **create an environment in maternity units that promotes breastfeeding by encouraging them to adopt UNICEF's Baby-Friendly Hospital Initiative**
- **pilot and then roll out the new World Health Organization (WHO) growth standards – based on breastfed infants up to the age of two years**
- **develop a code of best practice for employers and businesses on how to encourage, support and facilitate employees and customers who breastfeed.**

### *Ensuring that nurseries, children's centres and childminders support the healthy early development of all children*

The Early Years Foundation Stage, which is compulsory from September 2008, ensures that children's physical well-being and health are promoted through opportunities for physical activity and the requirement that all meals, snacks and drinks that are provided for children must be healthy, balanced and nutritious. Success will be measured using the NCMP data for Reception Year pupils, among other indicators.



**Going beyond this, the Government will develop guidance for professionals working with young children so that they can champion breastfeeding in their areas and establish groups for mothers and fathers to support each other.**

*Developing high-quality intensive support for the families that are at the greatest risk of poor child development*

The Healthy Start programme already provides low-income families with vouchers to exchange for fresh fruit and other products. But a small percentage of families need more direct help – for example in the form of the Family Nurse Partnership, a nurse-led, intensive programme of home visits that has been successful in encouraging breastfeeding and other healthy behaviours among families that need this intensive support.<sup>17</sup> **The Government has committed to invest a further £30 million to enable more areas to pilot this approach, and will evaluate how to provide the most effective support to the most vulnerable children and families.**

### Children and young people

Schools have a responsibility to provide a healthy environment in which children and young people can learn and develop, and to maximise the opportunity for them to live healthy lives. This is now underpinned by a duty on schools to promote the well-being of pupils (guidance will be issued early in 2008). In addition, *The Children's Plan*<sup>18</sup> committed to developing strong school level indicators that taken together measure a school's contribution to pupil well-being, and suggested that child obesity be included.

Recent years have seen a step change in school food, travel to school and ensuring that pupils are physically active. The Government will continue to support these reforms as well as introducing other specific programmes.

Building on its £220 million transitional support for schools and local authorities over the last three years, the Government is investing further in school food during 2008–11, including:

- a £240 million subsidy for schools and local authorities towards the direct cost of school lunches, to help with issues of affordability
- £150 million in targeted capital funding for those local authorities with the highest need for investment in school kitchens
- development by the School Food Trust (SFT) of a network of centres – known as 'School FEAST' (Food Excellence And Skills Training) centres – to boost the skills of school cooks and caterers
- action by the SFT to maximise take-up of school lunches, notably through its 'Million Meals' campaign which focuses on the engagement and commitment of schools, and a new media campaign focused on winning the hearts and minds of teenagers, in particular, to encourage them to embrace healthy eating.

**To promote a culture of healthy eating, the Government now expects all schools – in consultation with parents, pupils and staff to adopt whole-school food policies.\***  
**In particular, schools will be expected to:**

- develop healthy lunchbox policies, so that those not yet taking up school lunches are also eating healthily. The SFT website ([www.schoolfoodtrust.org.uk](http://www.schoolfoodtrust.org.uk)) provides guidance to schools on how to go about this
- assess the adequacy of their lunchtime management arrangements. They need to be able to determine whether current arrangements are conducive to healthy eating or not. In particular, schools should consider the length of time available for lunch, and whether adopting a stay-on-site policy at lunchtime would be helpful in ensuring that all children are eating healthy food.

\* covering the promotion of school lunches; all food provided by or brought into school; and what is taught about food in the curriculum.

Schools which have achieved most on healthy eating have typically been those which have adopted a whole-school approach. Healthy Schools are required to have a whole-school food policy. Now all schools are expected to develop them.

### *Compulsory cooking in schools*

**A further significant boost for cookery and food awareness among young people is the Government's plan to make cooking a compulsory part of the key stage 3 curriculum in schools, from 2011.** Practical cooking is already much strengthened in the recently revised secondary curriculum, which is being introduced in September 2008.

**The 'Licence to Cook', beginning at the same time, means that all pupils aged 11–16 are entitled to learn to cook nutritious dishes from basic ingredients, whether or not their school offers cooking as part of the curriculum.**

Separately, the SFT, supported by £20 million of lottery funding, is establishing a network of 'Let's Get Cooking' cookery clubs, aimed at engaging both parents and children in healthy eating and the enjoyment of cookery.

*Further investment in the Healthy Schools programme, with the impact on child health assessed by Ofsted inspections*

**The Government will provide further investment to help all schools to reach Healthy School standards and make a difference to the health of their pupils. *The Children's Plan* proposed that child obesity should be one of a new basket of indicators that will measure primary schools' wider contribution to pupil well-being.**

### *Extended schools*

Extended schools, working with the local authority and their PCTs, offer ideal opportunities for promoting healthy weight through a whole-school approach involving health professionals, school staff and parents. In July we announced a further



£1.3 billion over 2008-2011 to support the on-going development of extended schools. All schools are expected to offer access to extended services by 2010, providing a core range of activities from 8am – 6pm, all year round, which can include breakfast clubs, parenting classes, cookery classes, food co-ops, sports clubs and use of leisure facilities.

*Ensuring that pupils who are overweight or obese increase their participation in physical activity*

**As part of the commitment to five hours of PE and sport for young people, and with support from Government and the Youth Sport Trust, schools are working to develop programmes of PE and sporting activities to support full participation by all children and young people. Where needed these will be tailored specifically for obese and overweight young people. Where there are particularly good examples of good practice, these will be promoted to all schools in a new on-line resource to be introduced early in 2008.**

We want children to enjoy an active childhood, with more opportunities for active play. *The Children's Plan* announced new investment of £225 million between 2008 and 2011 to allow up to 3,500 playgrounds to be rebuilt or renewed and made accessible to children with disabilities. The funding will also support 30 play pathfinders in disadvantaged areas and new volunteering schemes to support play in local communities. **To back up this new investment we will publish a new national strategy on play in the first half of 2008.**

*More children cycling – especially in areas where child weight is a particular problem*

**The recent announcement of a further £140 million in funding for Cycling England includes funding for improving the cycling infrastructure and cycling skills in selected areas where child weight is a particular problem. This bolsters the commitment for all schools to have travel plans by 2010, and the Government's aim of enabling 500,000 children to take part in Bikeability cycle training by 2012.**

### Information to support parents

While the Government can support parents in ensuring that their children are physically active and eat healthily by promoting these in schools and children's centres, children only spend a minority of their time in these settings. Research by the Government into parental attitudes has highlighted that many parents would value clear and consistent messages on the risks to children from not eating healthily and being inactive, and advice on how to reduce these risks.

Many organisations already provide such advice, but to ensure that all parents have access to a core set of consistent information, the Government will do the following.

*Providing parents with their child's results, on a routine basis, from the NCMP*

**We will ensure that parents routinely receive their child's results from the NCMP, which weighs and measures schoolchildren in Reception and Year 6.** All parents of children who are weighed and measured (unless they choose to opt out of receiving results) will receive their child's results as well as help and signposting to support them in addressing any concerns about their child's weight. Increased numbers of school nurses and school-based parent support advisers will be among those available to help.

*Investing £75 million in an integrated marketing programme over 2008–11*

**The Government will invest £75 million in an integrated marketing programme to inform, support and empower parents to make changes to their children's diets and levels of physical activity.** More details about the programme can be found in Chapter 4, but it will include simple universal messages for all families as well as tailored messages for at-risk families. There will be an emphasis on highlighting opportunities to take part in activities in the local area – everything from fruit-tasting sessions to 'walking buses' and safe play areas.

## 2. Promoting healthier food choices

### The food and drink industry

As parents change their behaviour to improve their own health and to help secure a healthier future for their children, so too must the food industry change to support everyone in making healthier choices about food. Some manufacturers, retailers and caterers have been very active in encouraging healthier eating but, given the scale of the prospective crisis in excess weight, more needs to be done. The progress made by the FSA and different sectors across the food industry towards reducing salt intake provides a model for successful engagement.

The Government expects companies in every food sector to demonstrate their commitment by pledging action to promote healthy eating.

**The Government will therefore work with industry leaders and other relevant stakeholders to finalise a Healthy Food Code of Good Practice, based on the good work that they are already undertaking. Ministers and industry leaders would then establish the Code as a challenge to the industry as a whole.**

### Healthy Food Code of Good Practice

1. A single, simple and effective approach to food labelling used by the whole food industry, based on the principles that will be recommended by the FSA in light of the research currently being undertaken.
2. Smaller portion sizes for energy-dense and salty foods.
3. Rebalance marketing, promotion, advertising and point of sale placement, so that we 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 healthy options.
4. Reductions in the consumption of and levels of saturated fat and sugar in food – in particular the consumption of drinks with added sugar, along the lines of the continuing action on salt.
5. Increased consumption of healthy foods, particularly fruit and vegetables.
6. All food businesses to work with the FSA, DH and other stakeholders to deliver a single set of key healthy eating messages.
7. Information on the nutritional content of food in a wide range of settings (for example, theme parks, visitor attractions, restaurants, take away foods) to be clear, effective and simple to understand.

Where the Government is able to work closely with industry, there are clear advantages to a voluntary approach, and this Code of Good Practice will seek to realise these. However, the Government will

clearly continue to examine the case for a mandatory approach where this might produce greater benefits, particularly for children's health. There is good evidence that the FSA's traffic light labelling system is understood by consumers. It has been shown to be effective in changing consumer behaviour, and we therefore want the FSA to continue to work with the industry to see it adopted more widely. However, there are a number of different labelling systems currently in operation. The FSA has commissioned an evaluation of these jointly with the industry – when complete, we will expect industry to adopt a single labelling system based on its recommendations.

Additionally, the FSA will shortly publish a programme of work with industry to reduce saturated fat and added sugar levels in foods, and to reduce portion sizes where appropriate. We expect businesses to participate constructively in this programme.

As food eaten outside the home becomes more important, it is essential for the Code to incorporate the catering industry. We have asked the FSA to extend its work with the sector to develop a programme with clear outcomes covering procurement, menu planning, kitchen practice and consumer information.

One of the challenges that we face in promoting healthy eating is the availability of foods high in fat, salt and sugar in local neighbourhoods, including the prevalence of fast food restaurants and takeaways in some communities. Local authorities can use existing planning powers to control more carefully the number and location of fast food outlets in their local areas. **The Government will promote these powers to local authorities and PCTs to highlight the impact that they can have on promoting healthy weight, for instance through managing the proliferation of fast food outlets, particularly in proximity to parks and schools.**

Finally, it will be important to work with the review of food commissioned by the Prime Minister from the Strategy Unit, Cabinet Office, to determine what further action can be taken to encourage healthier

and more sustainable diets within the context of the entire food supply chain.

### Food advertising and marketing

The advertising and marketing of food to children is important, since the widely held view of public health experts is that this has a powerful influence on children's food habits – and so on excess weight in childhood. The Government has worked with Ofcom and the Advertising Standards Authority (ASA) towards the introduction of tough new restrictions to reduce significantly the amount and impact of the promotion to children of foods high in fat, salt and sugar. These restrictions are already having an impact.

However, the position needs to be kept under review. **We have therefore asked Ofcom to bring forward its review of the current restrictions, beginning in July (once six months worth of data have been collected) and reporting its early findings as soon as possible.**

New restrictions are also already in place for non-broadcast media. The ASA objective, like Ofcom's, has been to ensure that children are not exposed to excessive advertising of foods high in fat, salt and sugar – a proportionate response to the evidence as analysed by the FSA and Ofcom. The ASA is reviewing all of its advertising codes in 2008 and will put out revised codes for public consultation later this year. The findings of Ofcom's review into the effectiveness of the latest HFSS food advertising codes will be taken into account in formulating and enforcing revised broadcasting codes.

However, these codes do not cover advertiser-owned websites. The Institute of Standards in British Advertising (ISBA) has published best practice principles in this area to ensure a responsible approach to marketing to children. Indeed, some companies have gone further and committed to take down their child-oriented websites and eliminate games aimed at children under 12. We welcome this action but, as with advertising, the impact of these principles will need to be kept under review to ensure that they keep pace with evolving practices.



Overall, the combination of healthy eating messages and restrictions on advertising foods high in fat, salt and sugar should together serve to help make the healthier choice the easier one for individuals and families.

## 3. Building physical activity into our lives

### Promoting participation in physical activity

Many individuals already participate in physical activity through walking or cycling for short journeys, gym memberships, dance sessions, and formal sport. The private sector provides a wealth of opportunities, and the Government supplements these through the work of Big Lottery – which funds the £155 million Children's Play initiative and the development of healthier lifestyles through the £165 million Well-being programme, and will contribute £50 million to the Sustrans Connect2 initiative.

In addition to this, Sport England will receive £392 million from the Government and an estimated £324 million from Lottery funding over the period 2008–11, to deliver community sport. Sport England is developing a new strategy to build a world class community sport infrastructure to sustain and increase participation in sport and allow everyone the chance to develop their sporting talents.

Dance has huge potential for both young and old in contributing to healthier lifestyles. It is an artform which can truly engage people both mentally and physically and is particularly appealing to girls and those who are turned off by competitive sports. Dance Links is an important part of the National School Sport Strategy, and should of course feature in the Youth Sport Trust's work with Healthy School Co-ordinators to help pupils who are overweight or obese increase their participation in physical activity. In terms of dance in the community, the Government and Arts Council England (ACE) have worked closely to promote the health benefits of dance. We will continue to explore what more can be done to maximise the health benefits of dance.

However, being physically active does not require people to be on the move all the time – it is about getting the balance right between physical activity and less active pursuits. People can be helped to get this balance right. For instance a family timer is included or can be downloaded for a range of technologies (e.g. Xbox 360 and Nintendo Wii), which allows parents to limit the amount of time the console can be used.

A lot is already happening, but the Government believes that more must be done if we are to promote healthy weight across the whole population. To go further faster in promoting participation in physical activity, the Government will:

- **support a 'Walking into Health' programme of innovative campaigns (e.g. encouraging walking to and at work) with the aim of getting a third of England walking at least 1,000 more steps daily by 2012 – an extra 15 billion steps a day**
- **Set up a working group with the entertainment technology industry to ensure that they continue to develop tools to allow parents to manage the time that their children spend playing games and online.** To underpin this, we will also commission research to review the evidence on the impact of this 'screen time' on children's outcomes – including their physical health and activity levels – and will consider the case for offering guidance to parents

- **review its overall approach to physical activity, through the HM Treasury-led development of a new physical activity strategy. This strategy will be clearly aligned to the new ambition on healthy weight, and will include consideration of:**
  - **ensuring that Sport England develops a robust strategy to focus on building and delivering a truly world-class sports infrastructure, maximising the impact of Government investment into sport**
  - **seizing the opportunity of the London 2012 Olympic Games and Paralympic Games to develop a number of physical activity initiatives that will inspire people to be more active in the run up to the 2012 Games and beyond**
  - **establishing a potential new body, 'Active England', to drive forward the Government's commitments relating to wider physical activity, complementing Sport England's work. The review will consider the scope and funding of any such body before reaching a final decision.**

### A supportive built environment

There is significant potential for promoting 'active travel', particularly given that 55 per cent of trips by car are under 5 miles, with 25 per cent under 2 miles.<sup>11</sup> Promoting walking and cycling as viable alternatives to car use for such journeys could have substantial benefits – not only for promoting healthy weight, but also for climate change, congestion and the wider environment. The methods used by communities that successfully promote active travel include traffic calming, and building more cycle infrastructure. The most successful areas galvanise the whole community, including local businesses, so that everyone contributes.

Chapter 1 described how many communities are already putting in place measures to encourage physical activity, often to meet environmental, safety or congestion goals. Local authorities have an important contribution to make in their 'place-shaping' role, as planning authorities and working in local partnerships with other agencies. Through local area agreements, they can set specific objectives for their communities.

The Government has a range of policies and programmes in place that aim to support these efforts.

- Our continued sponsorship of the Green Flag award scheme and voluntary sector programmes such as British Trust for Conservation Volunteers (BTCVs). Green Gyms provide opportunities for communities to increase their levels of activity in open spaces.
- The three Sustainable Travel Towns have increased walking by around 20 per cent and cycling by almost 50 per cent in two years,<sup>19</sup> providing lessons for other communities to emulate (see case study).
- The 'Manual for Streets' gives advice on effective street design that encourages people to walk and cycle to local destinations.

### Peterborough Sustainable Travel Demonstration Town<sup>19</sup>

Peterborough is one of three towns taking part in the Government's Sustainable Travel Demonstration Town programme. Peterborough Council has used part of the £3.2 million in funding that is available to implement Individualised Travel Marketing, which works with households to offer tailor-made information and support to enable them to consider alternatives to the car.

#### Impact

Results from the first phase of the programme include:

- a 13 per cent reduction in car use
- a 21 per cent increase in walking
- a 25 per cent increase in cycling
- a 13 per cent increase in public transport use.

New guidance from NICE sets out the first recommendations – based on evidence of effectiveness and cost-effectiveness – on how to improve the physical environment in order to encourage and support physical activity. It complements previous NICE guidance on obesity and is intended to guide future investment in urban design, transport routes, buildings and school playgrounds. The new guidance is aimed at the NHS and other professionals who have a role in the built or natural environment, including those working in local authorities and the education, community, voluntary and private sectors. NICE's recommendations include ensuring that:

- any planning applications for new developments prioritise the need for people to be physically active as a routine part of their daily life
- pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining roads
- public open spaces and public paths can be reached on foot or by bicycle, and are maintained to a high standard
- any new workplaces are linked to walking and cycling networks
- during building design or refurbishment, staircases are designed and positioned to encourage use, and are clearly signposted
- school playgrounds are designed to encourage varied and physically active play.

NICE has also developed tools to help organisations to implement this guidance.

But if the fabric of our urban and rural spaces is to change so that they encourage healthy living, then we need to go further. A fundamental shift in our built environment will not happen overnight, but there is more that can be done to ensure that health is built more robustly into the fabric of our lives. In particular, the Government will:

- **invest in training for planners (urban, rural and transport), architects and designers on the health implications of local plans (e.g. spatial plans and planning applications)**

- develop and promote a toolkit that draws together all the ways in which planning policy and powers can be applied to promote physical activity, showcasing examples of good practice where communities have achieved success. This will build on the NICE guidelines.
- ensure that the Thames Gateway and the Growth Areas and Growth Points are exemplars of best practice
- encourage local planning authorities, when considering planning applications relating to all types of outdoor space, including open space and playing fields, to support the vision of a more physically active society
- include options for strengthening the role of assessing health impacts within the current consultation on the New Approach to Transport Appraisals
- use the planning policy review announced in the Planning White Paper to identify where changes can be made or additional guidance produced, to help tackle obesity and support healthy communities. This will build on the agenda already set out in *The Children's Plan* to improve the usability of public spaces for play

The Government will also work with a number of interested local authorities to sign up to a Healthy Community Challenge Fund. This will test and validate holistic approaches to promoting physical activity. Towns and cities that sign up – badged ‘healthy towns’ – will be expected to invest in infrastructure improvements that implement the lessons of a variety of programmes (e.g. Homezones and Cycling Demonstration Towns). These improvements will need to be combined with efforts to galvanise local members of the community to take action to change both food and activity habits, following the example set by the EPODE model in Europe (see below). The fund will total £30 million during 2008–11, with the expectation that signatories will supplement these funds with their own.

### EPODE case study<sup>20</sup>

EPODE (‘Ensemble prévenons l’obésité des enfants’, or ‘Together, let’s prevent obesity in children’) is a community based, family oriented nutrition and lifestyle education programme. It aims to prevent child obesity by bringing together influential individuals and groups in the community – including education and health professionals, retailers and the media – in a campaign of local physical activity and healthy eating initiatives aimed at both children and their parents. Since the programme was launched in 2004, more than 100 French towns have joined the 10 pilot communities. The programme is also being rolled out into Belgium and Spain.

The official results from the 10 EPODE pilot towns will be published in 2009. However, early results seem promising. For example, in 2004, 19 per cent of the children in Saint Jean, a town in the Midi Pyrénées region, were overweight. A year later this figure was down to 13.5 per cent.

## 4. Creating incentives for better health

### Employer incentives

The workplace can have a significant impact on employee health, and can present an opportunity to promote healthy living. Employers have a role to play in supporting working adults to make healthy choices. Many well-run organisations already address health and well-being at work as an essential part of business improvement.

Employers can support their staff in a number of ways: making healthy options available in staff canteens, providing fitness facilities and investing in facilities for cyclists. Employers will reap the benefits in improved productivity, high staff morale and retention, and reduced sickness absence costs.



Much good work is already happening across Government to improve the health of working-age people and to encourage employers to protect and promote the health of their workforces – most notably through the health, work and well-being strategy. The FSA has also recently announced plans to work with employers, catering providers and their suppliers to develop practical ways to deliver healthier workplace catering.

However, we want to build on this to achieve a real cultural change. The benefits of work to health need to be understood by all, and the potential of the workplace to boost health and fitness should be maximised. To support all this, the Government will:

- **consider how the findings of the forthcoming review of the health of the working-age population (being carried out by Dame Carol Black, National Director for Health and Work) can contribute to meeting our new ambition on healthy weight**
- **work with employers and employer organisations to develop pilots exploring how companies can best promote wellness among their staff, and make healthy workplaces part of their core business model**
- **explore with the fitness and leisure industries how to boost the use of their facilities during off-peak times by both families and staff under flexible working conditions. Such initiatives could include employers fostering relationships with local leisure facilities, and variable charging rates for peak and off-peak hours**
- **launch a number of pilots of well-being assessments throughout the NHS in spring 2008, where individual staff are offered personalised health advice and lifestyle management programmes linked to personal assessments of their health status.** These programmes have been shown to boost employee health and to bring benefits to employers through fewer absences and a more engaged workforce.

### Case study examples from 'Well@Work' pilots

'Cold Turkey' and 'Biggest Loser' were two weight loss competitions offered to employees through two Well@Work projects. Both demonstrated rapid success in achieving weight loss and in the future will need to show that this can be sustained.

**Cold Turkey** was a team-based competition run over 11 weeks. The team that achieved the greatest weight loss was the winner and received a trophy. Also, fruit baskets were awarded to the team with the greatest percentage loss each week during the competition. In total, 14 teams lost an average of 8kg each (the range was from 0 per cent to 6.9 per cent) – equivalent to 0.7kg per week.

**Biggest Loser** was an eight-week individual weight loss competition. The man and woman who achieved the greatest percentage weight loss received £130 in gift experience vouchers each, while the man and woman who lost the most waist circumference received £30 in vouchers each. Weight loss ranged from 0.4 per cent to 6.4 per cent.

### Incentives across society

More broadly, the benefits to individuals and public bodies of taking action to reduce the prevalence of weight problems often come many years in the future, while the costs are immediate. We need to rework the incentives for individuals and public bodies to encourage actions now, thereby avoiding the often much larger costs in later years. In the USA, for example, there is some evidence that small financial payments, as part of broader programmes to tackle obesity, have proven particularly effective in incentivising individuals to both achieve and maintain weight loss.

However, we are a long way from understanding what kinds of incentives work, which groups might be most affected by them, and how cost-effective these interventions are.

- **At the individual level, we will build up our knowledge of which interventions are most effective in encouraging individuals and families to change their behaviour. We will provide resources to pilot and evaluate a range of different approaches to encouraging healthy living. For example, we will look at using financial incentives, such as payments, vouchers and other rewards, to encourage individuals to lose weight and sustain that weight loss, to eat more healthily, or to be consistently more physically active.**
- **At the commissioner level, we will also look at whether we can better structure health funding flows (including Practice Based Commissioning (PBC) financial flows) to promote effective upfront investments in healthy living. We will consider whether we can use health resources more flexibly, building on the Commissioning for Health and Well-being flexibilities.**

## 5. Personalised advice and support

### Personalised advice for all

The recently launched 'NHS Choices' website provides advice to everyone on making the choices that lead to a healthier life. The website already includes some advice on nutrition and exercise, but at present it is generic and not tailored to the needs of individuals.

**The Government will seek to further develop the NHS Choices website so that it provides highly personalised advice on diet, activity and how to maintain a healthy weight. The Government will work with the FSA and other relevant bodies to ensure that this advice is based on the best available evidence, so that individuals can make sense of often conflicting advice from other sources. We will also explore**

**the potential to include information on which companies meet which aspects of the codes of good practice in food and entertainment technology.**

### Personalised care for obese and overweight individuals

While prevention measures across the whole population will in time lead to a healthier nation, the situation of those who are already overweight or obese also needs to be considered as a crucial element of our strategy. The number of overweight and obese individuals is forecast to continue rising, and it is essential that effective services are available to help these people to meet the personal challenge of reducing their BMI and maintaining a healthy weight.

Many people currently choose to face that challenge alone, or with the assistance of commercial weight management organisations. Given the health risks associated with being overweight or obese, the NHS needs to take an increasingly proactive role in providing advice on and access to weight management services.

The Government has already published a clinical care pathway and guidance for GPs on the management of excess weight problems, recommending that GPs agree personal weight plans with patients. Additionally, the Quality and Outcomes Framework incentivises GPs to keep a register of all adults registered to their practice with a BMI of over 30. The NICE guidance of 2006 has also laid a firm foundation for the NHS to commission weight management services.

Many PCTs are increasing their provision for both children and adults with weight problems, and knowledge of what works is growing. However, depending on their particular needs, many local areas will need to accelerate their provision to match the growing demand. **The Government will support the commissioning of more weight management services by providing extra funding for this over the next three years.**

The Government will also take a number of steps to support PCTs in commissioning and implementing

weight management services. These steps will focus on weight management services for children, in line with the new ambition's initial focus, and they include:

- **developing a toolkit for PCTs and local authorities to assist with the effective commissioning of weight management services**
- **considering how best to support local areas in widening the numbers and types of staff and professions that can play a role in sensitively identifying and referring overweight and obese children into appropriate services**
- **funding research into effective weight management for under-fives.**

In addition, we recognise the vital role played by the commercial sector, the third sector, social enterprise and other providers in ensuring that more people can access effective services and in increasing national understanding of what works. We will continue to engage with these providers to explore ways in which the sector can be developed to respond to future demand.

Although the initial focus of this strategy is on children, it is also important that, in time, the needs of adults who are overweight or obese are considered. More support needs to be provided to those who wish to move towards a healthier weight.

Many of the steps set out above will help local areas to improve the provision of services for adults as well as children. But in addition to weight management services, primary care professionals – including GPs and practice nurses – will remain a trusted first port of call for people seeking advice about healthier lifestyles.

However, the Government has received some feedback that suggests that GPs are not making full use of the clinical care pathway, nor their BMI registers. To address this, the Government will **evaluate and, if needed, update the existing clinical care pathway for the management of weight problems. It will ensure that health**

**professionals are able to use this important resource effectively.**

The Government will also ensure that healthcare professionals are equipped to support adults who may wish to work towards maintaining a healthier weight, for example by:

- **developing a 'Let's Get Moving' resource pack for GPs and practice nurses based on lessons from the London pilots. This will help sedentary adults (and those at risk of adverse health outcomes associated with low activity levels) to become more active – for example by helping to set individual goals, signposting patients to local opportunities and keeping track of their progress as part of personal weight plans**
- **exploring further opportunities for identifying adults who would benefit from moving towards a healthier weight, and making them aware of opportunities for support.** For example, as announced by the Prime Minister, the Government will soon be bringing forward proposals for the systematic assessment of adults in England for the risks of heart disease, stroke, kidney disease, hypertensive disease and diabetes.

The NHS Next Stage Review is developing a vision for world-class primary and community services, which will focus ever more strongly on promoting health, preventing illness and managing long-term conditions – not least in response to lifestyle risk factors such as obesity. This is likely to mean reaching out to the harder-to-reach groups among our diverse population rather than waiting for them to present at the GP surgery. The review will consider the contractual and commissioning arrangements for primary medical care, including how to reshape incentives to provide a stronger focus on health outcomes and continuous quality improvements.

And finally, it is of course important that local health services also meet the needs of those individuals for whom pharmaceutical or surgical interventions may be appropriate. NICE has set clear guidelines on the appropriate use of such interventions.



# CHAPTER 4: DELIVERING CHANGE

Chapter 3 described some concrete steps that all members of society can take to contribute to meeting the new ambition, and set a clear direction for what needs to be done in the medium and long-term.

### Facilitating a national dialogue

As we know, tackling the rise in unhealthy weight is not something Government could or should do on its own. Everyone needs to play their part – individuals and families, teachers and schools, doctors, nurses and the wider health service, the food, leisure, advertising and broadcasting industries, and many more – all will need to play a role. To develop a stronger sense of our respective responsibilities to tackle unhealthy weight, and to build a Coalition for Better Health, the Government will facilitate a national dialogue on society's response to the epidemic of excess weight. So over the coming months the Government will work with the Government Offices, strategic health authorities (SHAs), PCTs and local authorities to engage citizens, businesses and others in events across the country, including:

- deliberative events
- citizens' juries
- regional summits including business, the voluntary sector, trade unions and Government

By their very nature these events will cover a vast range of issues, including those where Government has no role but which are important to citizens in addressing how they can maintain a healthy weight. Engaging parents will be a priority.

### A comprehensive marketing programme

To tackle unhealthy weight, it's clear we need a wider cultural shift in the way we nourish and raise our children, resulting in fundamental changes to those parenting behaviours that lead to childhood overweight and obesity. As a catalyst for this cultural change, we have developed a £75 million marketing programme based on extensive research and audience insight.

To be effective, we will create a mix of simple universal messages with broad impact, tailored

messages for different at-risk families and targeted products developed for those who have the greatest need. This will not be a Government campaign telling people how to raise their children; rather, a Government-encouraged movement, to which everyone – parents, service providers, third sector and commercial partners – can belong and contribute.

The evidence tells us that it is easier for individuals to maintain a healthy weight than it is to shed pounds, and easier to establish good patterns of activity and good eating habits than it is to change habits that have become ingrained. Accordingly, the primary emphasis of the marketing programme is on preventative measures and the establishment of good dietary habits and activity levels from early infancy. This will encompass several themes, including: breastfeeding, healthy weaning, encouraging uptake of '5 A Day', improving understanding of the components of a healthy diet and encouraging everyday activity. The secondary focus is on the promotion of interventions that change behaviours in older children.

### National prioritisation and clear accountability within Government

The Government has sent a clear signal that enabling individuals to maintain a healthy weight is important through the inclusion of obesity as a national priority within the NHS Operating Framework and the Children's Plan. The NHS Operating Framework requires all PCTs to develop plans to tackle child obesity, and to agree local plans with SHAs. It is the Government's expectation that PCTs will seek to work with local authorities to develop these plans, using the Joint Strategic Needs Assessment process that will become a requirement from April 2008. If the PCT and local authority agree that there is a sufficient local need to promote maintaining a healthy weight then they can seek to jointly develop a target within their Local Area Agreement (LAA) that sets out what they will do to achieve this goal, including funding commitments. Additionally, any plans on child obesity must be closely aligned to the Children and Young People's Plans (CYPPs) which set out how local authorities and their Children's Trust partners will meet the needs of children and young people in their area. PCTs and SHAs have a duty (under section 10 of the Children Act 2004) to co-operate with local

authorities at every level in making arrangements to improve children's well-being. This means that local authorities must work together with PCTs and SHAs in drawing up and implementing their CYPP.

Performance against any targets included with an LAA will be assessed through the Comprehensive Area Assessment, which will include publication of performance data against the set of national indicators and an area risk assessment identifying risks to outcomes and the effectiveness of their management. NHS performance will also be monitored on an annual basis through the Vital Signs indicator set. The obesity indicator based on Reception Year and Year 6 NCMP data, which is proposed for use in both the Vital Signs and the National Indicator Set, complements the annual reporting of performance on childhood obesity for the national Child Health PSA, based on data from the Health Survey for England. This demonstrates that accountability for delivery of the new obesity ambition is closely aligned, both across local areas, and locally and nationally.

### Extra resources

**As a demonstration of the Government's commitment to tackling obesity and being overweight, we will make a total of £372 million available for the programmes set out in this strategy document over the period 2008–11. This is over and above the £1.3 billion investment in school food, sport and play, and the £140 million further funding for Cycling England, already announced for 2008–11.**

### Staff skills and capabilities

It will be important for staff in a wide range of organisations to understand the role that they play in addressing activity and nutrition. This will include staff in the NHS, schools, built environment, the food industry and many more.

Therefore training will need to address the different needs of these staff groups but, importantly, it must also recognise how sensitive the issue of weight is and build both the confidence of staff to be able to raise the issue, and the know-how to influence behaviour change.

A number of training programmes already exist, or are in development, that aim to provide staff with

skills and knowledge in nutrition and physical activity. These include:

- The South East Teaching Public Health Network programme to improve teachers' attitudes and knowledge about diet and healthier lifestyles
- The National Personal, Social Health Education Continuing Professional Development Programme for teachers, which includes a module on emotional health and well-being covering issues to do with body image and food choices
- Southampton University's work to develop an e-nutrition teaching programme
- The Association for the Study of Obesity has an annual training course on tackling obesity focused on the needs of healthcare professionals

**The Government will seek to build on these programmes and spread this good practice into the curricula for other professions, working with the relevant training bodies.**

### Extensive support and guidance

Given the complexity of tackling weight issues, where it is identified as a problem, local authorities, PCTs and other organisations will have to work closely together, co-ordinating their activities if they are to successfully tackle it. The funding provided to PCTs as part of the NHS national bundle will allow them to increase their central capabilities to manage and co-ordinate action to tackle excess weight. One option is for PCTs and local authorities to jointly fund a local coordinator to bring together the relevant groups which influence the local environment (e.g. the planning committee, housing associations, transport companies).

**In addition to this, the Government will shortly publish guidance for PCTs, local authorities and other local organisations, describing what programmes and policies they can put in place to set and meet their own local ambitions on healthy weight**, contributing to delivering the national ambition. This guidance will also clarify the links between promoting healthy weight and other local policy aims (e.g. reducing congestion, tackling carbon emissions). The guidance will recognise that if they want to make a difference on obesity, agencies will need to ensure that they have

considered how best to engage and support the needs of diverse local populations and ensure that there is targeted action where required.

The implementation of this local guidance will be supported by the Obesity National Support Team, established in September 2007 to provide intensive support to those PCTs and local authorities with particular challenges. This will be delivered in the context of central Government and local partnerships working together to support excellence as set out in the Government's National Improvement and Efficiency Strategy. Regional Directors of Public Health (RDsPH) will also be critical to ensuring that local areas understand and are able to deliver the new PSA ambition. **They will continue to receive funding to ensure that they are able to provide support to local areas on this issue.**

### Clear Whitehall decision-making

To provide leadership across Whitehall the Government has established a new Cabinet Committee on Health and Well-being. The remit of this committee includes tackling obesity and promoting healthy weight, and the membership includes all of the lead departments. The Cabinet Committee on Families, Children and Young People will also monitor progress with respect to child weight problems.

Reporting to the new committee is a new cross-Government obesity unit. This is based in the Department of Health but led jointly by the Department of Health and the Department for Children Schools and Families, and includes staff and resources from across Government. The major responsibilities of the new unit will include:

- taking forward the commitment outlined in this strategy
- producing the annual report
- leading across Government in developing further proposals as necessary to fulfil our ambition to reverse the rising tide of obesity and overweight
- acting as the focal point for knowledge on healthy weight in Government
- managing relationships between Government, industry and other stakeholders – the unit will

act as the secretariat to the new stakeholder groups (see below)

- building the evidence base on tackling obesity (see Chapter 5).

The unit is supported in its responsibilities by:

1. An **Expert Panel** of academics, building on the Foresight science advisers
2. A **Delivery Reference Group** composed of experienced representatives from across the delivery chain and across the country.

The Government remains committed to assessing the impacts, through the Impact Assessment process, including the health impacts, of its policies upon the public, private and third sectors. 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 DH's website. The policies set out in this strategy are based on the best available evidence and expert opinion. Full impact assessments on these policies will be carried out as these policies are taken forward. The new unit will also work to align policies with the forthcoming Cross-Government Global Health Strategy.

### *Reinvigorated stakeholder engagement*

To support stakeholders in business and the third sector in engaging with each other on how they can meet the challenge of tackling excess weight in the population, the Government will seek to work with stakeholders on how to strengthen existing arrangements. Our aim is to build a Coalition for Better Health, which would:

- reach agreements on joint programmes
- disseminate knowledge on what works, and what doesn't
- challenge each other to go further

This development work will take place over the coming months with a view to launching the new arrangements in the summer.



# CHAPTER 5: INVESTING IN OUR KNOWLEDGE



Good data and a strong evidence base on what works will be fundamental to successful action to promote healthy living and reduce the number of overweight and obese individuals. However, we are still in relatively early days in terms of our understanding of trends in excess weight, the reasons for these, and effective ways of preventing weight gain, maintaining healthy weight and treating overweight and obese individuals.

So this final chapter sets out how the Government will improve the available data and continue to develop the evidence base on what works.

### Better data to identify at-risk individuals and families

The previous chapter set out how NCMP data will be used to hold PCTs and local authorities to account for their performance in tackling obesity where it forms part of LAAs. But since these cover children at the ages of 5 and 11, there is a gap in locally available data for early years, teenagers and adults. **Over time we will develop comprehensive data that allows us to track the trends in weight of people at all ages.** To fill current gaps the Government will explore a number of options, including:

- using existing data on maternal weight to identify at-risk families
- weighing and measuring children in the first two years of life where there is parental or professional concern regarding a child's growth
- collecting height and weight data on young people and adults
- obtaining better information from primary care on obese and overweight patients
- other cost-effective methods of collecting height and weight data on adults
- participation in the WHO European childhood obesity surveillance initiative to provide internationally comparable data
- making full use of data from the Expenditure and Food Survey, and the National Diet and Nutrition Survey.

It is important that any measurements are complemented with clear training on how to properly interpret them, especially in relation to a child's growth potential. The Government will include consideration of this in efforts to improve staff skills and capabilities.

### Building the evidence base

One of the responsibilities of the new cross-Government obesity unit will be to commission new research into the causes of weight problems and programmes to tackle it. The exact nature of the research programme will be developed over the coming months but will relate to specific policy needs. It will be based on the work of the Foresight obesity programme and build on current research and research infrastructure funded by other departments and organisations. As a first step a meeting of Chief Scientific Advisers from across Government has already been held to determine how to take forward work on healthy weight collaboratively, including the important role of the Research Councils.

Beyond this, the Government will invest in research to deepen our understanding of the causes and consequences of the rise in unhealthy weight, and the evidence of what works. Critical to the delivery of this is the new Obesity Observatory. Established in December 2007 as part of the wider Public Health Observatory family, it will work alongside the existing research and development infrastructure. The Obesity Observatory will be commissioned to:

- provide an authoritative source of data and evidence on obesity, overweight and their determinants
- co-ordinate surveillance on obesity and overweight, including working towards the commitment to monitoring made in the WHO European Charter on Counteracting Obesity
- analyse surveillance and indicator data and reporting on progress against the new ambition
- provide guidance on assessing and evaluating pilots and demonstration sites in England
- gather information on international best practice and develop links to the International Obesity Task Force, WHO, and other supranational bodies – including the new EU nutrition and physical activity strategy
- provide technical support to the Expert Panel.

**One of the first tasks of the Obesity Observatory will be to assess the strengths and weaknesses of using the International Obesity Task Force cut-offs for defining BMI against the 1990 UK Growth Reference Standards currently used.**



**CONCLUSION**

Being obese or overweight are problems that at first sight seem easy to solve – individuals should just eat less and exercise more. But while this view has always been too simplistic on reflection, the latest research evidence allows us to understand just how much of what drives individual choices on food and physical activity is influenced by modern society. For this reason, excess weight can genuinely be described as the most significant public *and* personal health challenge facing us today.

This strategy recognises that the challenge that we face is greater than previously realised, and responds by setting out both the immediate Government actions and the future direction of travel to meet the new ambition of ensuring that everyone is able to maintain a healthy weight and so lead a healthier life. The annual progress report that this strategy commits to will encourage and support a continuing dialogue – enthusing everyone in society to find the long-term, sustainable answers so that together we can meet our ambition.



**ANNEX A –  
DEFINITION OF  
OBESITY**

Obesity and being overweight are well-known descriptions and everyone has a rough idea of their meaning, but they are also technical terms with clear definitions defined by the WHO based on the Body Mass Index (BMI – see box for an explanation).

BMI is an effective measure of weight status at a population level but can be less accurate for assessing healthy weight in individuals, especially for certain groups (e.g. athletes, the elderly) where a slightly higher BMI is not necessarily unhealthy. BMI is therefore often supplemented by measuring waist circumference and by considering individual circumstances. However, these complexities mean that, while BMI is well understood by clinicians and professions related to nutrition, it does not always provide a clear guide for the majority of people.

For children the situation is more complicated. There is no fixed BMI to define being obese or overweight since this varies with gender and with growth and development. Parents can get an indication of their child's weight status by checking their position on a standard growth chart but should seek expert guidance before acting on such information.

Although not perfect, leading experts have concluded that BMI is the best measure we have. However, we will keep this under review as part of our commitment to invest in our knowledge.

### Body Mass Index (BMI)

BMI is measured by dividing a person's weight (in kilograms) by the square of their height (in metres). The calculation produces a figure that can be compared to various thresholds that define whether a person is overweight or obese. For adults these thresholds are:

BMI below 18.5	Underweight
BMI between 18.5 and 25	Healthy weight
BMI between 25 and 30	Overweight
BMI between 30 and 40	Obese
BMI over 40	Morbidly obese



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