

# ISSUE 1

# CHOOSING HEALTH: **obesity**

## BULLETIN

Working together to halt the rise in obesity

FOREWORD



**G**rowing concerns over childhood obesity led the government to establish obesity as a major national priority by setting the Obesity Public Service

Agreement (PSA) in 2004. It commits us to halt the year-on-year increase in obesity in under-11s by 2010 in the context of a broader strategy to tackle obesity in the population as a whole.

We have an ambitious and unprecedented target to meet by 2010. Obesity is rising across the developed world and no developed country has yet succeeded in reversing the trend.

Meeting the target is a complex, long-term goal but we have already made huge strides, for example through the Healthy Start initiative, the Healthy Schools Programme, through the £235m invested to transform school lunches and £1.5bn invested in school sport to support our long-term ambition for all children to spend 4 hours each on sport by 2010, with at least 2 hours high quality PE and school sport within the curriculum and 2 to 3 hours of sport beyond the school day. We will continue to build on these successes, with a new Obesity Social Marketing campaign to raise awareness and tools to support healthcare professionals, such as an Obesity Care Pathway and weight loss guide. The National Institute for Health and Clinical Excellence (NICE) is currently consulting on its comprehensive obesity prevention and management guidance.

This is a lot of activity. The Department of Health, the Department for Education and Skills and the Department for Culture, Media and Sport are committed to delivering the actions necessary to meet the PSA target to halt the rise in childhood obesity. We are delighted to bring you this bulletin and believe it provides an excellent overview of the Government's strategy for delivering the obesity PSA programme and achievements to date.

**Caroline Flint**  
Parliamentary Under Secretary of State  
(Public Health)

**Jacqui Smith**  
Minister of State for Schools  
& 14-19 Learners

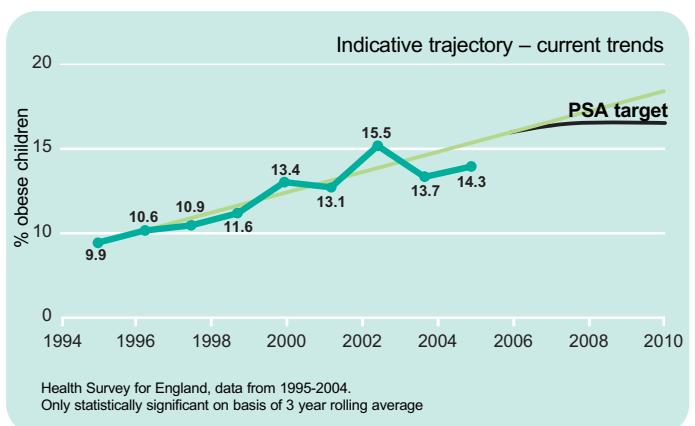
**Richard Caborn**  
Minister of State for Sport

- Latest child obesity statistics show that obesity prevalence in children aged 2-10 rose from 9.9% to 14.3% from 1995 to 2004.
- NICE guidance (now out for consultation) advocates sustained interventions that address diet, physical activity and support for behaviour change.
- Primary Care Trusts (PCTs) will work together with Local Authorities (LAs) to tackle obesity through PCT Local Delivery Plans and LA's Children and Young People's Plans.
- Guidance issued to PCTs on weighing and measuring children in Reception and Year 6 classes in primary schools will provide a basis for targeting local resources and interventions.

## OBESITY DELIVERY STRATEGY

### WHY OBESITY?

Rates of obesity have dramatically increased in England over the last decade. Childhood obesity rose by almost 5 percentage points between 1995 and 2004. If no action is taken, an estimated one-in-five English children will be obese by 2010. The chart below shows the likely trajectory if no action is taken compared with the trajectory necessary to meet the PSA target.



**HEALTH RISKS OF CHILDHOOD OBESITY**

**PHYSICAL RISKS**

- Respiratory disorders e.g., asthma
- Endocrine disorders e.g., diabetes
- Orthopaedic disorders e.g., joint problems
- Cardiovascular disorders e.g., high blood pressure, chest conditions

**PSYCHOLOGICAL RISKS**

- Stigmatisation
- Poor self esteem
- Depression
- Poor social functioning
- Bullying
- Social exclusion

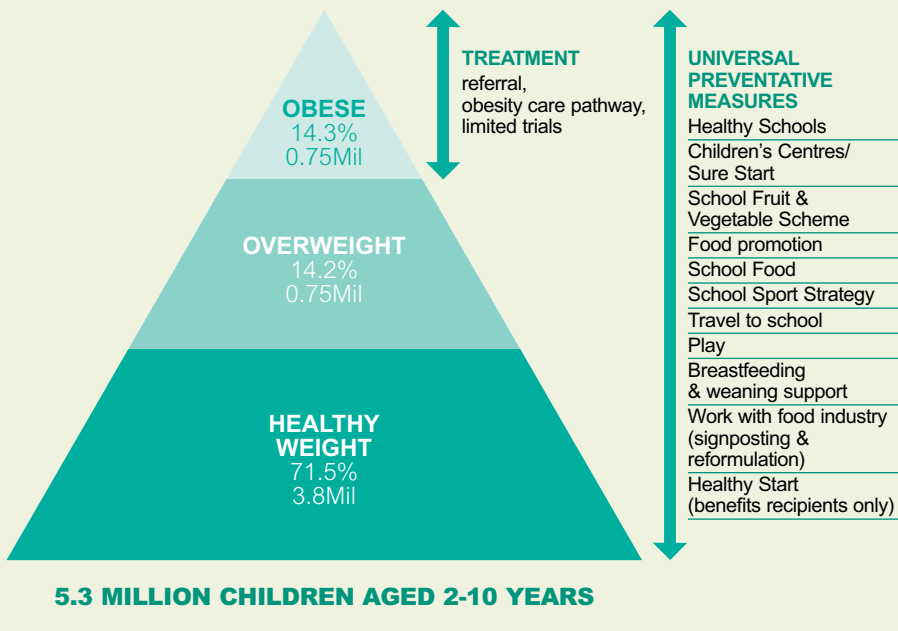
As the table above shows, obese children are at higher risk of numerous physical and psychological health risks in their childhood. Childhood obesity can also create knock-on health problems in adult life and an increased likelihood of becoming an obese adult.

**THE COST OF OBESITY**

- Treatment<sup>1</sup> – **£1 billion**
- Sickness absence<sup>2</sup> – **£1.4 billion**
- State benefits<sup>3</sup> **£1 billion to £6 billion**  
(Source - Health Select Committee, 2004)

In response to rising obesity prevalence in the UK, in March 2004 the Government set the Obesity Public Service Agreement

**CHILDHOOD OBESITY PYRAMID**



(PSA): Delivering the PSA target will be a challenge. Obesity is rising across the globe and no developed country has yet succeeded in reversing the trend. It is clear that obesity is a complex phenomenon that requires a sophisticated response combining prevention and treatment.

**PREVENTING AND TREATING OBESITY**

The Obesity PSA delivery strategy is structured to include universal and targeted interventions:

- **Universal interventions** are preventative interventions aimed at all children. They aim to counter the long running trends that have created an increasingly “obesogenic” environment. These interventions are at the core of the PSA delivery strategy and aim to reduce the numbers of normal weight children becoming overweight, and overweight children becoming obese

(see obesity pyramid above)

- **Targeted interventions** are aimed at treating obese children and their families. The DH Obesity Care Pathway, to be published in May 2006, is an interim measure to provide evidence based guidance to support primary care clinicians in identifying and treating obese children prior to the final NICE obesity guidance being published in November 2006.

**THE OBESITY PROGRAMME**

In 2002, the Choosing Health white paper, along with the Physical Activity and Food and Health Action Plans, set out the Government’s wider agenda on nutrition and physical activity, including new commitments specifically designed to target obesity. This work built on existing activity and public spending on nutrition and physical activity-related programmes for youngsters, such as breastfeeding promotion, food education and physical education in the curriculum. Recent universal initiatives such as the reform of

**“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.”**

<sup>1</sup> For disease brought on by obesity in adults. <sup>2</sup> Loss of production directly attributable <sup>3</sup> Including incapacity and unemployment benefit

the Welfare Food Scheme to Healthy Start, active school travel, healthier school food and PESSCL, the Physical Education, School Sport and Club Links strategy, will help counter the environmental trends that contribute towards obesity.

It is also recognised that primary care has a key role to play in the prevention and management of obesity. Tools to support frontline health professionals in their efforts to manage obesity at a local level are being published in May 2006.

- **Obesity Care Pathway** – Evidence-based guidance to support primary care clinicians in identifying and treating children, young people and adults who are overweight and obese, interim to NICE guidance being published November 2006.

- **Your Weight, Your Health (weight loss guide)** – A booklet for patients who intend to lose weight. It aims to clarify the myths around losing weight and preventing weight gain and will provide simple self-help advice with pointers on appropriate diet and physical activity.

[www.dh.gov.uk/obesity](http://www.dh.gov.uk/obesity)

- **Obesity Toolkit** – The Toolkit, developed by the Faculty of Public Health and the National Heart Forum, will help front-line services develop local strategies to prevent and tackle overweight and obesity. Readers will be signposted to information regarding evidence of effectiveness of interventions. When the toolkit is completed it will be disseminated to PCTs and other key local partners.



## THE OBESITY DELIVERY CHAIN



### DELIVERY THROUGH PRIMARY CARE TRUSTS

Locally, delivery will be managed through PCT Local Delivery Plan performance indicators on childhood obesity, which have been agreed with Strategic Health Authorities (SHAs) and will be monitored quarterly by the RSU (Recovery & Support Unit) of the Department of Health. The NICE guidance currently out for consultation recommends the establishment of local obesity strategies to implement ongoing multi-component interventions that address diet and activity.

Regional delivery of obesity strategies occurs through the Government Offices, Directors for Public Health, Regional Public Health Groups and SHAs. Sport England's regional and local presence will work with other stakeholders to increase participation in sport and get families participating more in community sport. They also contribute via the School Sport Strategy. School Sport Partnerships are key in developing after-school activities for children and links with the local community and sports clubs.

Many Local Strategic Partnerships (LSPs) are bringing together a wide range of public sector agencies at the local level and have included childhood obesity targets in their Local Area Agreements (LAAs).

In addition, the new White Paper, *Our health, our care, our say: a new direction for community services*, gives improved opportunities for greater partnership-working between the NHS, the voluntary and community sectors, local authorities, the independent sector, the leisure

industry and other alternative service providers in tackling obesity. For example, the leisure and lifestyle sectors may have a key role in providing effective behaviour change programmes in ways that are more acceptable than traditional NHS care to some groups of patients.

Children's Trusts are likely to include action on obesity in their Children and Young People's Plans, and as part of their local priorities will drive forward improvements in children's health and well-being in line with the Every Child Matters Outcomes Framework.

Organisations involved in providing services to children in children's centres, extended schools and health settings will be teaming up in new ways, sharing information and working together as part of the National Service Framework for Children, Young People and Maternity Services and the Every Child Matters: Change for Children programme.

### SHAPING UP TO THE CHALLENGE

Nationally, progress tracking the PSA target is carried out through the Health Survey for England. However, because there is no existing comprehensive and reliable data at local level, PCTs are being asked to put in place systems to measure childhood obesity by the school summer term of 2006. The guidance recently published by the Department of Health (DH) ([www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4126385&chk=Qb6Blx](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4126385&chk=Qb6Blx)) provides advice on how to measure the height and weight of

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children in maintained schools in two age groups: Reception Year (ages 4-5 years) and year 6 (ages 10-11 years).

The measurement exercise will monitor obesity prevalence among population groups but the exercise is not for the purpose of screening individual children for referral.

The data will make clear which schools and communities have high levels of obesity so that local resources and interventions can be targeted accordingly.

Further guidance on data transfer, handling and analysis for the weighing and measuring exercise will be published in May 2006.

### PERFORMANCE MANAGING THE OBESITY PSA

DH manages the performance of the PSA target through SHAs and national performance is reported to Parliament bi-annually in the Autumn Performance Report and the Departmental Report.

To ensure local progress against the PSA target, Local Delivery Plans (LDPs) will monitor progress against the obesity target.

Independent annual assessment and rating of the performance of NHS organisations is carried out by the Healthcare Commission. The Commission's new assessment process, the annual health check, will report in October 2006 and will assess all

healthcare organisations on basic standards in relation to their work on public health, including obesity.

LAA's have the option to include the prevalence of obesity in primary school children among their outcome targets. Local areas can also be rewarded for achieving stretched outcomes over and above national obesity PSA targets through their LAA. Government Offices are responsible for negotiating and monitoring these agreements and Regional Directors of Public Health and Regional Food and Health Leads are involved in evaluating and negotiating local targets. PCTs have a role in agreeing local targets with their local authorities and LSPs.

### COMMUNICATIONS

The obesity bulletin will be updated every six months. The DH, DfES and DCMS will also provide tailored advice for different players in the delivery chain (eg school nurses) on their specific roles. The implementation of the final NICE guidance (due to be published in November 2006) will be practically supported by the new Implementation Team at NICE.

The planned social marketing campaign will target children and their parents. There will be a concerted effort to disseminate key messages down the delivery chain, with a key role for Government Offices.

### NATIONAL AUDIT OFFICE – AUDIT COMMISSION – HEALTHCARE COMMISSION CHILD OBESITY REPORT TACKLING CHILD OBESITY – FIRST STEPS

This report highlighted the difficulties in reducing child obesity and the complexity of the obesity delivery chain. It suggests a number of areas where the departments could work more quickly and effectively and identifies several points for improvement.

The five key recommendations of the report are:

- Greater clarity and direction from the target-holding Departments
- Regional roles and responsibilities should be better defined
- Local partnerships need to be strengthened
- Frontline staff require more support
- A need to involve and influence parents and children.

There have been many considerable improvements in these areas since the fieldwork for this report was carried out, such as guidance in the form of the Food in Schools toolkit and for weighing and measuring children. Additionally, local partnerships are being strengthened by the performance management of PCTs and children's trusts will play an important role in coordinating local programmes to tackle child obesity.

## WHAT WORKS? – THE EVIDENCE

**NICE has developed guidance to inform healthcare professionals, nurseries and schools, businesses, local authorities and the general public on 'what works' and best practice for the prevention and management of obesity.**

NICE is now inviting comments on the first draft of the guidance (the consultation runs between 16 March and 11 May 2006) and the final guidance will be published in November 2006. Stakeholders are encouraged to read and comment on the draft guidance, which is available on the NICE website [www.nice.org.uk](http://www.nice.org.uk).

### KEY PRIORITIES FOR IMPLEMENTATION

KEY PRIORITIES FOR IMPLEMENTATION - EXAMPLES	
KEY AUDIENCE	PRIORITY
NHS	Establish local obesity strategies to enable health professionals to implement multi-component interventions to prevent obesity.
Local authorities	Engage with local partners to consider the quality and layout of the local environment to provide opportunities for increasing physical activity levels.
Pre-school settings	Action to improve children's diet and physical activity levels through minimising sedentary activities and providing opportunities for regular and structured physical activity.
Schools	Take a whole school approach and consider the implication of school policies on the ability of children and young people to maintain a healthy weight, eat a healthier diet and be physically active.

The following articles give details of the work being carried out to improve the eating habits of children and families.



#### SELLING THE RIGHT CHOICE – HOW SOCIAL MARKETING COULD MAKE BEHAVIOUR CHANGE A REALITY

A social marketing strategy is being developed, integrating traditional marketing techniques with a range of local and national interventions to motivate people to lead healthier lifestyles.

The social marketing strategy will focus, initially, on children aged 2-10 and their parents and carers. Recent research has identified that obese children have a greater snacking habit (50% higher) than children of normal weight and it is parents who purchase 80+% of the snacks. The approach will be to support households as a unit, both parents and children.



#### WORKING WITH THE FOOD INDUSTRY

The food industry plays a major role in helping us all to make healthier choices through reformulating foods, better labelling and reducing portion sizes, in conjunction with increasing consumer awareness. DH and Food Standards Agency (FSA) are working with the food industry to identify ways to reformulate foods to encourage energy balance, for example by reducing levels of fat (particularly saturated fat) and added sugar, and encouraging consumers to switch to healthier options. Many retailers and manufacturers recognise that consumers are seeking healthier foods. Health is the new point of competitive difference for food retailers and manufacturers. The FSA has set out a new approach to clear front of pack labelling of fat, saturated fat, sugar and salt content of foods, which is being followed by Sainsbury's, Waitrose and Asda ([www.food.gov.uk](http://www.food.gov.uk)).

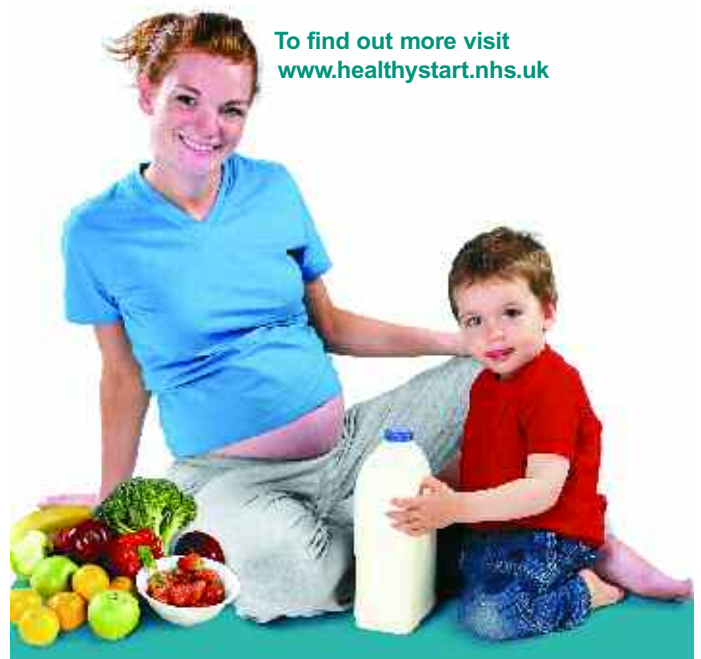
DH is also working with OfCOM on restricting the amount of advertising of foods high in fat, sugar and salt to children. Overall we want children to see an improved balance of food promotion.

#### GETTING OFF TO A HEALTHY START

Scientific evidence has linked breastfeeding with reduced obesity in later childhood. Encouraging breastfeeding is crucial, particularly in lower socio-economic groups where breastfeeding rates are lower and obesity prevalence in the past has been higher. The 'Healthy Start' scheme (the reformed Welfare Food Scheme) offers fresh fruit and vegetables as well as milk and formula, helping to ensure that breastfeeding and non-breastfeeding mothers benefit equally from the new scheme.

Young children and mums-to-be in Devon and Cornwall are the first to benefit from Healthy Start. The scheme will go nationwide later this year and pregnant women and young children in low-income families, and all pregnant under 18s, will receive vouchers which can be redeemed for milk, fresh fruit and vegetables and infant formula milk at local shops.

To find out more visit  
[www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)



### SCHOOL FOOD STANDARDS

In March 2005, the Secretary of State for Education and Skills announced a £235m package to transform the quality of school meals. Over the next three years £220m of new grants will be given directly to schools and local education authorities to raise the quality of school meals.

The Education and Inspections Bill has extended the power of local authorities and school governing bodies to regulate nutritional standards for all food and drink provided on school premises, not just school lunches. The Bill also relaxed the duty on local education authorities and governing bodies to charge for food and drink. This means that those local authorities that wish to provide some pupils with healthier meals and drinks, free of charge, will be able to do so.

Nutrition standards for primary and secondary schools are being revised and will be in place by September 2006. Ofsted now considers healthy eating in school as part of their inspection process and the School Food Trust provides independent support for schools to improve their meals.

### HEALTHY SCHOOLS

Guidance on new criteria for Healthy Schools "A Guide for Schools" is now available ([www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)). The guidance specifies both healthy eating and physical activity as two of the four key themes that schools need to satisfy to achieve Healthy School status. These targeted themes are expected to make a significant contribution towards meeting the Obesity PSA.

The Healthy Schools criteria brings together the wide range of activities that schools can take forward to develop a whole school approach to healthy eating and physical activity, such as the Food in Schools Toolkit, improving school meal standards, and nutrition work within the curriculum. The physical activity strand involves both structured activity within the school day, as well as a broad range of extracurricular activities that promote physical activity.

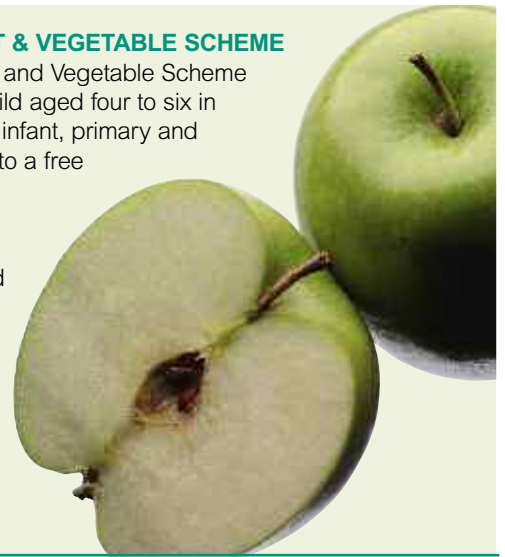
The National Healthy Schools Programme is on track to achieve its target of all schools working towards Healthy School Status by 2009. Over 75% of all schools are already on the Programme and nearly 10,000 have achieved healthy school status.



### SCHOOL FRUIT & VEGETABLE SCHEME

The School Fruit and Vegetable Scheme entitles every child aged four to six in LEA-maintained infant, primary and special schools to a free piece of fruit or vegetable each school day.

Currently around two million children in over 16,400 schools (99% of those eligible) across England are participating in the Scheme.



**Low levels of physical activity and increased sedentary behaviour contribute to an energy imbalance and rising obesity prevalence. The main strands of the Government's strategy to increase physical activity to meet the PSA are the School Sport strategy, the Big Lottery Fund's play initiative and the School Travel Scheme. Sport England, free swimming guidance and links to sports clubs are further examples of programmes to encourage more physical activity and sport.**



### SCHOOL SPORT – ON THE UP AND UP

Investment in school sport in the five years to 2008 will top £1.5 billion. This investment supports the national school sports strategy which aims to ensure that at least 75% of 5-16 year olds spend a minimum of two hours a week (up from 30 minutes in many schools) on high quality PE and school sport by 2006. By 2008 this will be 85%.

The latest figures reveal that 69% of pupils are spending at least two hours in a typical week on high quality PE and school sport, up 11 percentage points on the 2003/04 survey.

The National School Sport Strategy is firmly on track to meet its 2006 and 2008 targets. School Sport Partnerships and schools are now able to offer up to 15 sports, including dance, in a bid to engage those pupils who have been sidelined by traditional sports.

### SPORT ENGLAND PLAYING ITS PART

Sport England published in March 2006 a Physical Activity Resource for Strategic Health Authorities and Primary Care Trusts. The resource is designed to help the NHS “improve the planning, strategic placement, partnerships, resource commitments and performance management of physical activity”.

One of the key target groups for the resource is children, with recognition of the importance physical activity interventions can have on meeting the obesity target. The resource gives practical advice on the need for multisectoral working across education, health and leisure, and the role of Local Area Agreements in facilitating this. The resource is available at

[http://www.sportengland.org/physical\\_activity\\_resource.pdf](http://www.sportengland.org/physical_activity_resource.pdf)

### FREE SWIMMING

A new website that will make waves was launched by Public Health Minister Caroline Flint earlier this year.

The site [www.freeswimming.org](http://www.freeswimming.org) was developed by the Amateur Swimming Association (ASA) and funded by DH. It captures Free Swimming best practice and provides case studies to inform future initiatives.

Free and subsidised swimming can help to remove barriers of cost and perception by targeting those sections of the community with the most to gain in terms of “health, wellbeing, social inclusion”.



### SCHOOL TRAVEL

There are 10,000 school travel plans in place and DfT (Department for Transport) and DfES are on track to meet the target of travel plans in all schools by 2010.

DfT, through Cycling England, has provided a grant of £950,000 over 3 years to train cycle trainers and develop cycle training centres. A help desk and database of accredited cycle trainers and training centres have been established by the Cycling Tourist Club (CTC) to provide advice for anyone seeking information or details of local accredited trainers. More information is available at [www.ctc.org.uk](http://www.ctc.org.uk).

Last year £10m was invested by DfT to link the existing National Cycle Network to schools. Cycling England is now funding a further £2m to work with Sustrans who are managing the construction of the new cycle network links.

### Heading to a healthier future

A good practice guide, “Football and Health” published in May 2005, highlighted the role of football clubs working with the NHS and other local stakeholders to improve the health of their local communities.

This is part of a broader initiative (Clubs that Count) that will make a significant contribution to obesity and beyond.

For further information on football and health please contact Lily Makurah Adolescent Health project manager

[\(lily.makurah@dh.gsi.gov.uk\)](mailto:lily.makurah@dh.gsi.gov.uk)



### PLAY

The Department for Culture, Media and Sport is the lead Government department for children's play and has a significant role in making children more active from an early age. The Big Lottery Fund is providing £155m over three years to create, improve and develop children's play provision in England. Local authorities are required to develop and agree a robust local strategy for play in consultation with local stakeholders in the community in order to benefit from this scheme.

See [www.biglotteryfund.org.uk](http://www.biglotteryfund.org.uk) and [www.ncb.org.uk/cpc](http://www.ncb.org.uk/cpc)

## The following articles are two examples of pilot treatment programmes for obese children and their families



### MEND

The MEND programme takes an integrated, holistic approach to obesity prevention for the whole family. Children and families spend 1 hour at each session learning about nutrition and how to change eating behaviour and 1 hour taking part in activities. The MEND Programme is a fun, effective and practical lifestyle solution and its approach is in line with the current NICE consultation guidance.

The programme has been piloted in Lewisham and Bromley and was recently awarded £169,000 by The New Deals for Communities (NDC) to extend the Randomised Control Trial (RCT) of the MEND Programme. The results of the RCT will be published in 2007.

Find out more about MEND at [www.mendprogramme.org](http://www.mendprogramme.org)

### WATCH IT!

Watch It! is an individualised, holistic programme to combat obesity. The programme comprises four key components – frequent individual appointments, healthy education lifestyle plans, group activity sessions and parental group sessions. These are run by health visitor trainers who receive specific training as well as ongoing support and supervision. Sessions are held at local community facilities and sports centres.

Watch It! was established in Leeds in 2002 with a grant from the Neighbourhood Renewal Fund to Leeds University. A randomised controlled trial of the scheme is currently being developed and the programme extended to other regions.

For further information see [www.cdhpp.leeds.ac.uk/services/watch.php](http://www.cdhpp.leeds.ac.uk/services/watch.php)

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OBESITY BULLETIN ISSUE 1

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**Circulation List** Medical Directors, Local Authority CEs, Directors of Children and Learning (GOR), Directors of children's services (LA), Healthy Schools Coordinators, School nurse managers, Schools, Sport England

**Description** The Obesity Bulletin provides an update on latest developments in the Obesity programme and highlights good practice. It has been produced jointly by the DH, DfES and DCMS with a DH lead. The Bulletin will be produced 6 monthly and is intended to target obesity leads in SHAs, PCTs, LAs, GORs and OGDs. Bulletin recipients can access further information from the DH website.

**Cross Ref** Measuring Childhood Obesity: guidance to Primary Care Trusts, Obesity Care Pathway Your Weight, Your Health.

**Superseded Docs** N/A

**Action Required** N/A

**Timing** N/A

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