

Healthy Lives, Healthy People:

A call to action on obesity in England

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FOREWORD

England, along with the rest of the UK, has an unenviable position as one of the world leaders in excess weight. We have one of the highest rates of obesity in Europe and one of the highest in the developed world.

Indeed, most people in England today are overweight or obese. Excess weight is a leading cause of type 2 diabetes, heart disease and cancer, adding costs to the NHS – money that could be spent on other priorities. Many lives are blighted each day by back pain, breathing problems or infertility caused by overweight and obesity, contributing to low self-esteem and reduced quality of life. At a time when our country needs to rebuild our economy, overweight and obesity impair the productivity of individuals and increase absenteeism.

Past efforts have not succeeded in turning the tide. We need a new way of looking at the issue – and new approaches to tackling it together.

We have worked closely with a range of partners to develop a new approach for England. These include academic and clinical experts, charities working to combat the causes and consequences of excess weight, dedicated practitioners in the NHS and wider public sector involved in front-line work, employers, and key players in the food industry and physical activity sector. We have looked at the science and at innovative initiatives to encourage healthier lifestyles and to tackle obesity up and down the country, and considered how we can build

on the foundations proposed in *Healthy Lives, Healthy People*, our public health White Paper, to make a step-change towards a healthier weight for everyone.

We are today announcing new national *ambitions* which offer a clear rallying cry for our combined efforts:

- a sustained downward trend in the level of excess weight in children by 2020
- a downward trend in the level of excess weight averaged across all adults by 2020.

Past experience tells us that these are truly stretching ambitions. But those we have spoken to tell us that there is much we can achieve if we all pull together – both as individuals, and as partners with a role in supporting and helping individuals so that the healthier choices become the easier choices. We will review progress every year with a wide range of experts and delivery partners to ensure that, together, we are doing everything we can to support individuals to improve their health.

Overweight and obesity are a direct consequence of eating and drinking more calories and using up too few. We need to be honest with ourselves and recognise that we need to make some changes to control our weight. Increasing physical activity is important but, for most of us who are overweight and obese, eating and drinking less is key to weight loss.

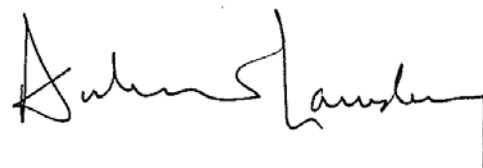
Each of us is ultimately responsible for our health. It's right that we should be free to make choices about diet and physical activity for ourselves and for our families. But while most of us value our health, busy lifestyles and the 21st century environment often make it hard to make the healthy choice. The job for Government and its partners at national and local level is to transform the environment so that it is less inhibiting of healthy lifestyles, to provide the information and practical support we need to make healthier choices to prevent weight gain, and to secure the services we need to help us to tackle excess weight.

Each community has different characteristics and what works best for one will not necessarily work well for another. We will therefore put local government in the lead in developing and implementing strategies which are locally led and locally focused and integrate effort with the NHS, Public Health England and other key partners.

The Government is committed to playing its full part. We will work closely across a range of government departments and will ensure that local effort is supported by high quality data and

evidence of 'what works'. We will continue to invest in and develop Change4Life as a trusted source of support and encouragement to individuals on their behaviour change journey. And we will redouble our efforts to harness the contribution of national partners – including business. We are launching a calorie reduction challenge aimed at reducing calorie intake, which sees business taking a leading role in view of the food and drink industry's reach and influence on our diet, with support from the third sector. The goal is to reduce our national energy intake by 5 billion calories a day in order to bring us back into collective energy balance and help those who need to lose weight to do so.

The Government is committed to giving a lead in our efforts to prevent and reduce excess weight. We look to the full range of partners at national and local level to encourage and support individuals to eat a healthy diet and become more physically active. And we ask the public to work with us by taking responsibility for their own lifestyle choices. This document sets out the challenge, presents a vision of how we can work together, and calls us all to action. Together we can make a difference.



Rt Hon Andrew Lansley CBE MP
Secretary of State for Health

EXECUTIVE SUMMARY

The scale of the issue

Overweight and obesity represent probably the most widespread threat to health and wellbeing in this country. A total of 23% of adults are obese (with a body mass index – BMI – of over 30); 61.3% are either overweight or obese (with a BMI of over 25). For children, 23.1% of 4–5-year-olds are overweight or obese, and 33.3% of 10–11-year-olds. The trend has been upward over the past decades, although it appears to have now levelled off in children and there are signs of levelling off among younger adults. However, the absolute level of obesity is very high – England, along with the rest of the UK, ranks as one of the most obese nations in Europe – and there are few signs yet of a sustained decline. We also continue to see clear health inequalities with regard to obesity.

Why it matters to individuals, society and the economy

It is the consequences of overweight and obesity that make these statistics so serious. Excess weight is a major risk factor for diseases such as type 2 diabetes, cancer and heart disease. Alongside the serious ill-health it provokes, it can reduce people's prospects in life, affecting individuals' ability to get and hold down work, their self-esteem and their underlying mental health. Excess weight costs the NHS more than £5bn each year. More broadly, it has a serious impact on economic development.

The basis of the new approach

The overall approach to tackling overweight and obesity set out in the *Call to action* has been informed by:

- the latest evidence of the underlying issues and causes, starting with the Government Office for Science's Foresight report of 2007
- the latest evidence of 'what works' – and in particular good practice from a range of initiatives at local and national level
- extensive engagement with a wide range of delivery partners and experts over the past months.

These have guided the development of the Government's approach, building on the foundation laid down in the White Paper *Healthy Lives, Healthy People*.

The analysis of the causes of excess weight and recent increases, as set out in the Foresight report, holds good. The Government supports the Foresight view that while achieving and maintaining calorie balance is a consequence of individual decisions about diet and activity, our environment (and particularly the availability of calorie-rich food) now makes it much harder for individuals to maintain healthy lifestyles – and that it is for Government, local government and key partners to act to change the environment to support individuals in changing their behaviour.

A new focus and a new level of ambition

To tackle overweight and obesity effectively we need to adopt a life course approach – from pre-conception through pregnancy, infancy, early years, childhood, adolescence and teenage years, and through to adulthood and preparing for older age. There are specific opportunities and challenges at each stage of the life course and action is needed at all ages to avert the short- and long-term consequences of excess weight and to ensure that health inequalities are addressed. Action needs to encompass an appropriate balance of investment and effort between prevention and, for those who are overweight or obese, treatment and support.

The Government is determined to bring a new drive to this issue and, following consultation with partners, is setting two new national ambitions to act as a ‘rallying cry’ for us all, and show what might be achieved if we all pull together:

- **a sustained downward trend in the level of excess weight in children by 2020**
- **a downward trend in the level of excess weight averaged across all adults by 2020.**

Delivering the ambitions – key components of a successful approach

Delivery of the ambitions will call for a distinctive, new approach. The main components are:

- *Empowering individuals* – through the provision of guidance (e.g. new Chief Medical Officers’ guidelines on physical activity),

information (e.g. feedback on children’s BMI status through the National Child Measurement Programme), encouragement (e.g. through Change4Life) and tailored support on weight management (at local level), and backed by application of insights from behavioural science. We will favour interventions towards the less intrusive end of the Nuffield ladder – with a focus on equipping people to make the best possible choices.

- *Giving partners the opportunity to play their full part* – e.g. by building on the part that the food and drink industry can play through the Responsibility Deal, particularly in relation to helping to reduce our collective calorie intake, and developing a greater role for business and other partners in Change4Life and its wide supporter base.
- *Giving local government the lead role in driving health improvement and harnessing partners at local level* as set out in *Healthy Lives, Healthy People* and, crucially, giving it freedom to determine the local approaches which work best for local people and for specific population groups facing the greatest challenges. The Government will monitor and reward progress against outcomes, and not process.
- *Building the evidence base*, recognising that there is a need to develop further the evidence base on effectiveness and cost-effectiveness in many areas of action on overweight and obesity, and much to be done to promote the spread of good practice and full use of evidence.

Empowering people and communities to take action – a new opportunity for local leadership

Local government is uniquely well placed to lead efforts to support individuals in achieving and maintaining a healthy weight, through:

- *Harnessing its reach* – excess weight has many causes, and at the same time the types of action that can help to prevent it can bring wider benefits. Local government is ideally placed to lead on developing comprehensive local strategies on overweight and obesity, involving core prevention and treatment measures. It is also well placed to harness the potential of a wide range of other instruments, including: synergies with sustainable transport plans; application of planning rules to benefit healthier lifestyles; use of green spaces and other opportunities for physical activity and sport; healthier catering provision in local authority and education premises; and bringing influence to bear on the local out-of-home catering sector.
- *Bringing together a local coalition of partners* – supporting health and wellbeing boards to operate effectively and a wide range of partners from the public, private and voluntary and community sectors so that tackling obesity is genuinely seen as ‘everybody’s business’.
- *Commissioning a comprehensive and integrated range of interventions* – the need is for a *spectrum* of interventions, from purely preventive, through brief advice on weight loss, through to weight management services and ultimately surgery, commissioned and

provided in an *integrated* way which makes efficient use of different routes into support and different kinds of provision, backed by an agreed *local pathway*. The opportunity will be for local government to work seamlessly with local clinical commissioning groups and (where appropriate) the NHS Commissioning Board to build on excellent examples of good practice so that the best becomes the universal.

Building local capability – local and national working together

Local government stands to make the greatest impact if it is able to work together with central government – and in particular the new Public Health England (PHE). At the national level, we will support local effort through action in the following key areas:

- *Providing robust data and evidence:*
 - Continued commitment to and investment in the National Child Measurement Programme
 - Developing new measures of adult and maternal obesity to provide data at local level
 - Supporting data analysis and a culture of evaluation through the National Obesity Observatory (and transitioning its role into PHE)
 - Supporting good practice collection, collation and dissemination through the Obesity Learning Centre (and transitioning its functions into PHE)
 - Investing in well-targeted research.

- *Helping to build local capability:*
 - Supporting effective commissioning of weight management services through further development of the *Standard Evaluation Framework* and new National Institute for Health and Clinical Excellence (NICE) guidance on best practice for adult and child weight management services
 - Bringing together extensive best practice material in authoritative new NICE guidance on *Working with local communities to prevent obesity*
 - Maximising the contribution of the planning system through a new *Healthy Places Planning Resource*
 - Supporting NHS healthcare professionals' contribution through the Healthy Child Programme, NHS Health Check and 'making every contact count'.
- the introduction of calorie labelling in out-of-home settings to support *informed* decisions by consumers
- a greater and leading role (alongside Government and others) in reducing the population's calorie intake by 5 billion calories (kcal) a day to help to close the gap between energy in and energy out, as part of a calorie reduction challenge, for example through reformulation, portion control or changing the balance of food promotion.
- Improving at-a-glance nutrition information for consumers on food and drink, as a result of the framework provided by the new EU Food Information Regulation
- Continued effort to support healthier food provision in the education system

National leadership – the Government's role

Central government also has a key leadership role – there are key tasks which can only be delivered from the centre. We have scrutinised these to ensure that they reflect areas where national-level action is warranted and genuinely complement local activity – and do not displace it:

- *Helping people to make healthy food and drink choices:*
 - Using the Responsibility Deal Food Network to harness the contribution of the food and drink industry as a force for good, through:
 - *Helping people to be more active:*
 - New Chief Medical Officers' guidelines on physical activity including recommendations for early years and sedentary behaviour
 - Developing a new national ambition on physical activity
 - New pledges by a range of businesses to support physical activity through the Responsibility Deal Physical Activity Network
 - A range of initiatives and opportunities linked to the London 2012 Olympic and Paralympic Games, including Places People Play, Sportivate, Gold Challenge, and the School Games

- Getting the most inactive children in schools into sport through Change4Life school sport clubs
- Continued support for active travel through the Local Sustainable Transport Fund and Bikeability
- Continued advice and support through NHS Choices.
- *Transforming the environment – for health and the economy:*
 - An acceleration of efforts to encourage healthy workplaces that help to address obesity
 - Maximising the potential of the planning system to support health and economic development through the proposed National Planning Policy Framework
 - Speaking directly to individuals and families through Change4Life, underpinned by a new strategy, new messages and a range of new initiatives.

The potential for change and next steps

The *Call to action* illustrates the potential of the new approach and what can be achieved to help individuals if all partners play their full part. The Government is committed to progress for the long term and to continuing to engage the widest range of partners. A new National Ambition Review Group for obesity, chaired by the Parliamentary Under Secretary of State for Public Health, will be set up to bring together key delivery partners annually to review progress and consider how effort can be reinforced.

1. THE SCALE OF THE CHALLENGE

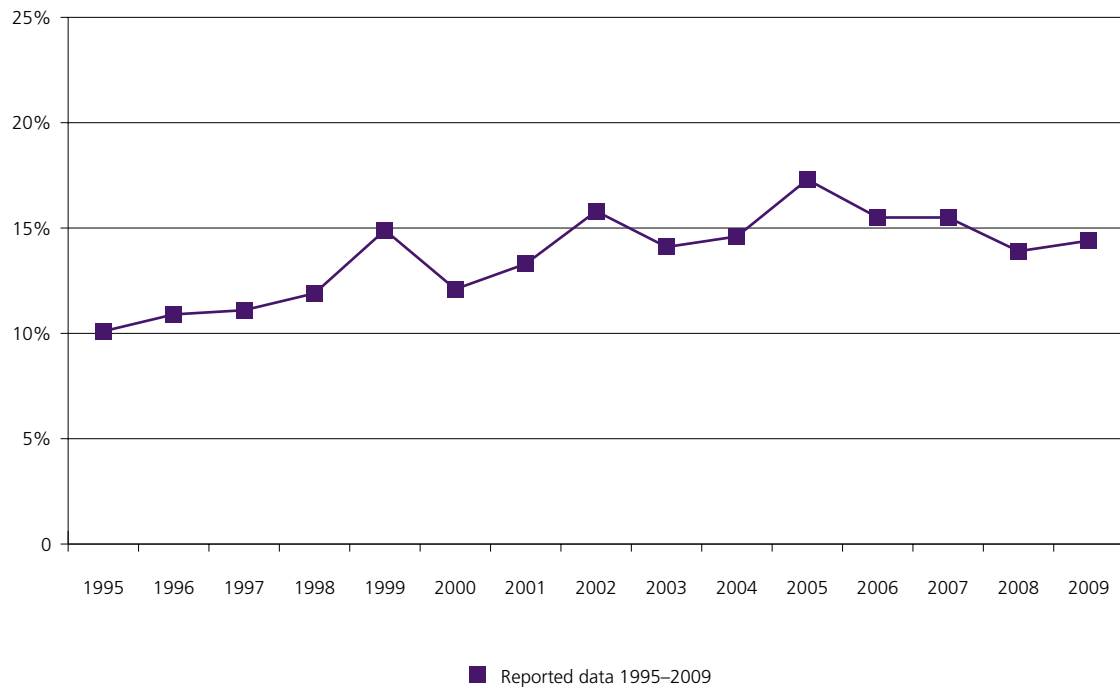
Current levels of overweight and obesity

- 1.1 A clear majority of the adult population in England is either overweight or obese.¹ This rate – 61% – is higher than almost all other developed countries.² Levels of overweight and obesity among children are also worryingly high – affecting one third of 10–11-year-olds and almost a quarter of 4–5-year-olds.
- 1.2 As recently as the 1980s, obesity rates among adults in England were one third of what they are today.³ Since then, the prevalence of obesity has risen substantially and the weight of almost the whole population has increased.
- 1.3 The increase in childhood obesity has been particularly stark – from the mid 1990s, when the Health Survey for England began collecting annual data, levels of childhood obesity have increased at a steady pace of about one percentage point every two years, until around 2007.
- 1.4 The prevalence of obesity over the past 15 years for both children and adults is shown in Figures 1 and 2 opposite.

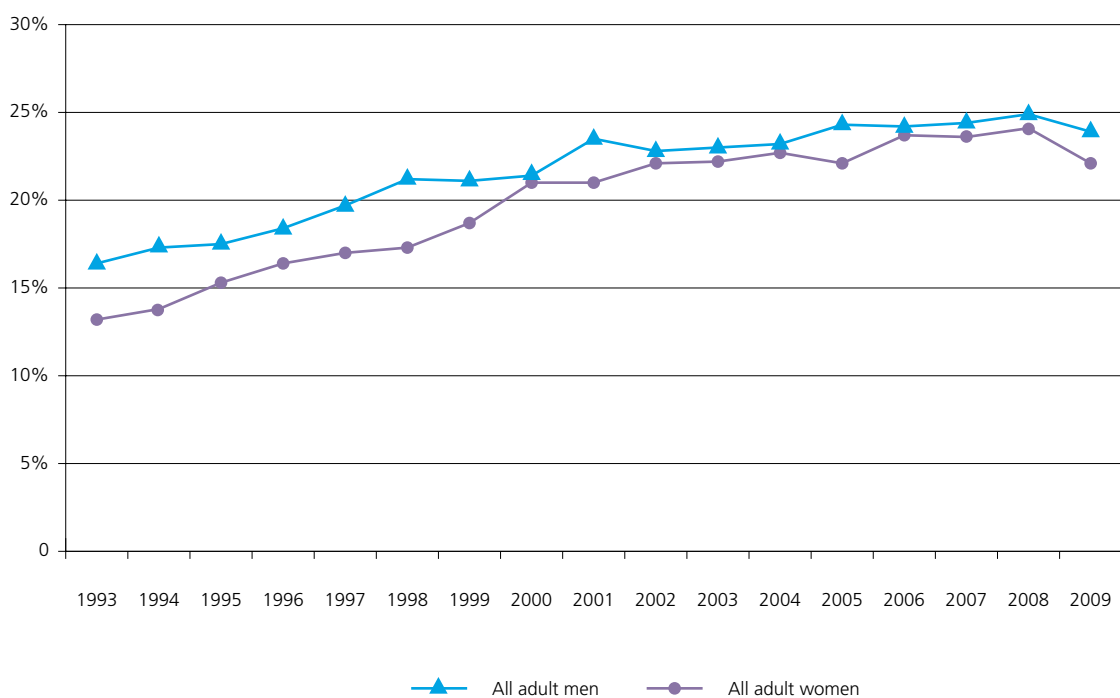
Table 1: Prevalence of overweight and obesity in children and adults

	Children 4–5 years old	Children 10–11 years old	All adults	Adults 45–65 years old
% obese	9.8%	18.7%	23.0%	over 30%
% overweight or obese	23.1%	33.3%	61.3%	over 70%

Health Survey for England (2009) and National Child Measurement Programme 2009–10, NHS Information Centre.

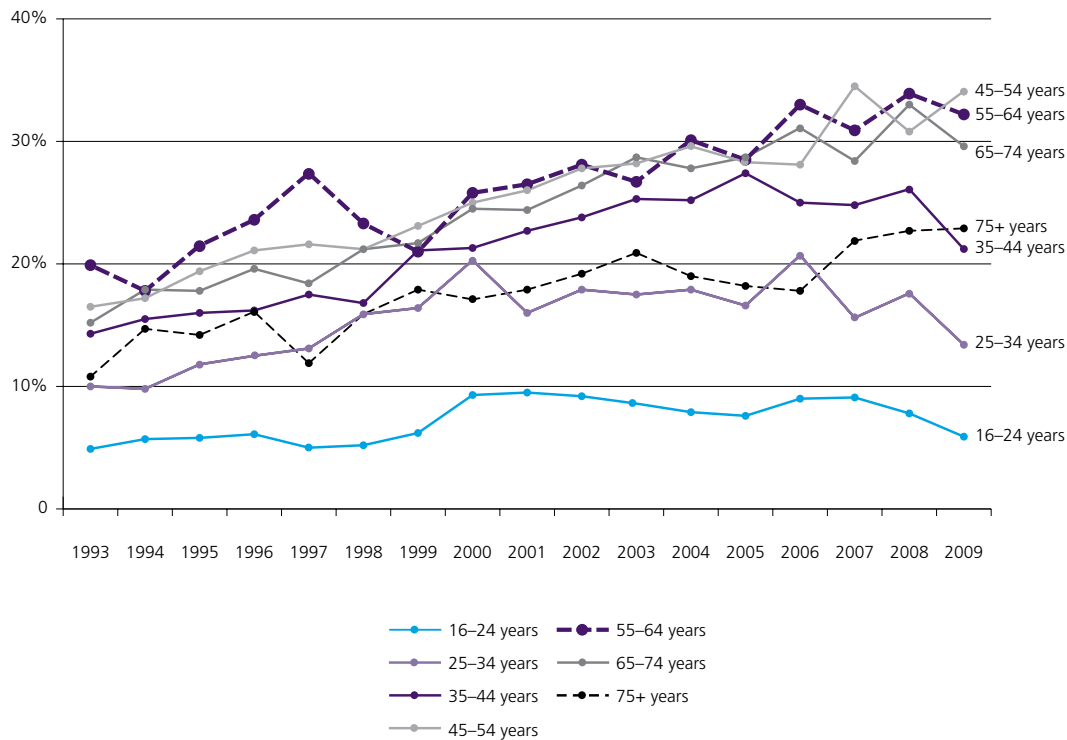
Figure 1: Obesity prevalence among children 2–10 years old

Health Survey for England (2009), NHS Information Centre, 2010.

Figure 2: Obesity prevalence for adults

Health Survey for England (2009), NHS Information Centre, 2010.

Figure 3: Obesity prevalence for adult men of different age groups



Health Survey for England (2009), NHS Information Centre, 2010.

1.5 In recent years, the upwards trend appears to have flattened out for both children and adults. While this is encouraging, it is too soon to have any confidence that this will be sustained and that levels will not rise again in future. And for adults, while the overall prevalence appears to be levelling off, the pattern differs greatly by age group, with the prevalence of obesity in middle-aged and older adults continuing to rise. This is shown in Figure 3 in relation to men; a similar pattern exists for women.

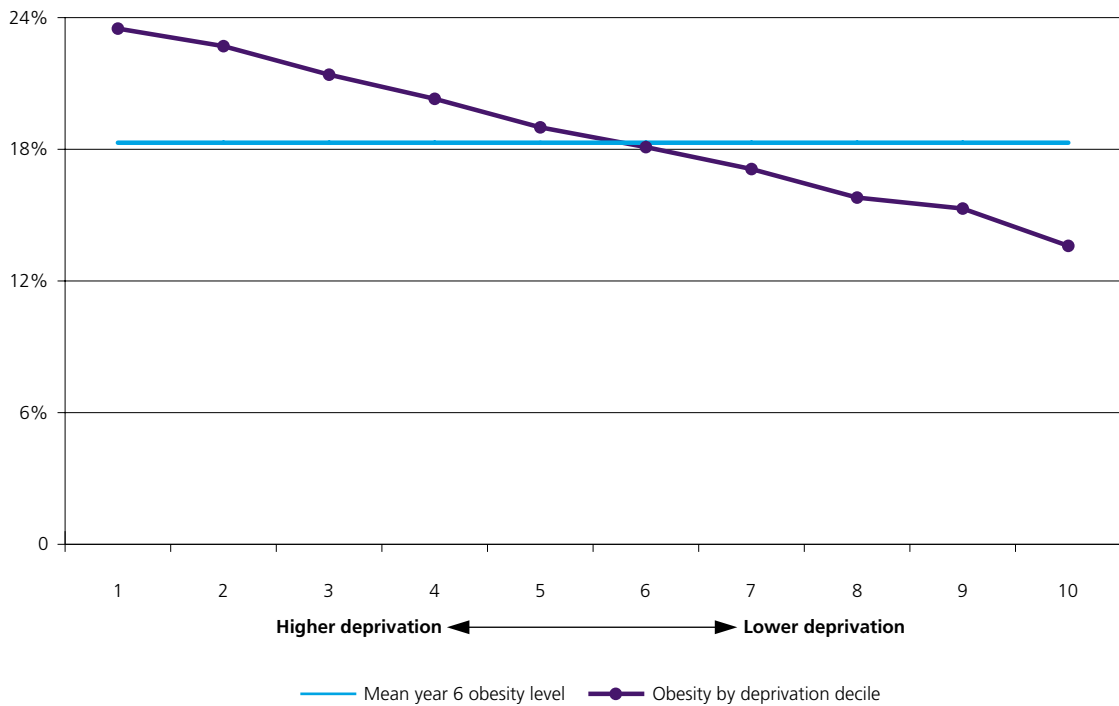
Differences and inequalities

1.6 Research suggests that while no one is 'immune' to obesity, some people are more

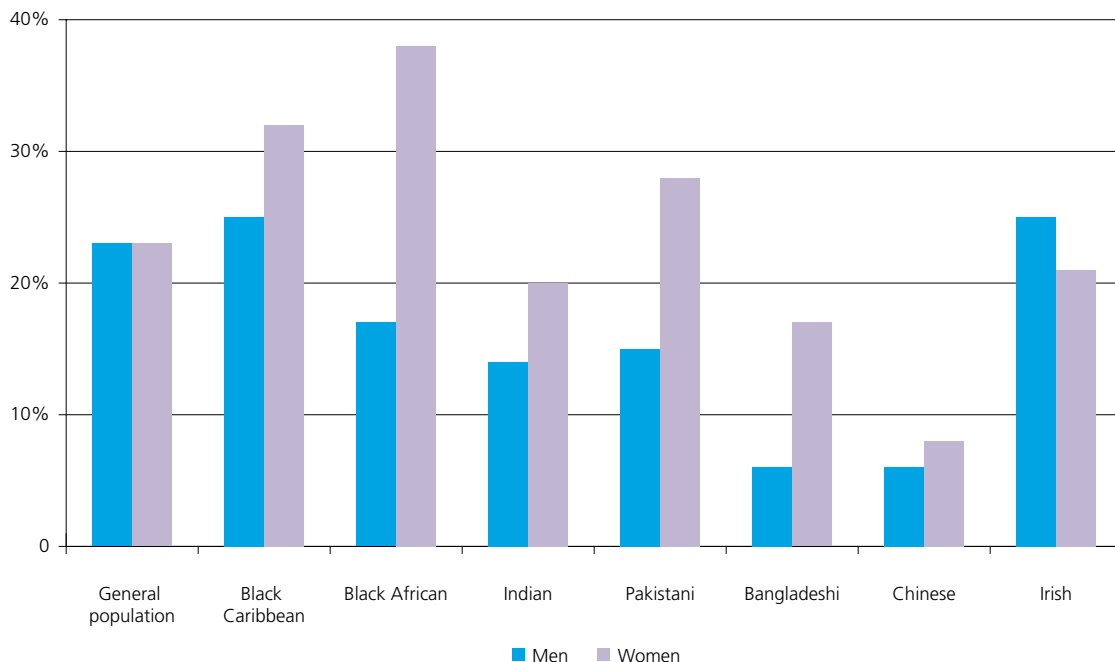
likely to become overweight or obese than others. Some of these differences between individuals have a biological basis but, in addition, social determinants are important.

1.7 As the Marmot review⁴ showed, income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese. For example, women and children in lower socio-economic groups are more likely to be obese than those who are wealthier.

1.8 The National Child Measurement Programme has shown that a strong correlation exists between deprivation and obesity prevalence for children (see Figure 4).

Figure 4: Prevalence of year 6 obesity levels by deprivation decile of school

National Child Measurement Programme 2009–10, NHS Information Centre.

Figure 5: Obesity prevalence (%) across ethnic minority groups

Health Survey for England (2004), NHS Information Centre, 2006.

1.9 Across ethnic minority groups, there are also clear variations in prevalence of obesity, with additional variations between men and women in these groups (see Figure 5).

Future trends

1.10 Modelling carried out for the Government Office for Science in 2007 showed that if the trend continued unchecked, 60% of men, 50% of women and 25% of children could be obese by 2050. Recently reported modelling suggests that by 2030 41–48% of men and 35–43% of women could be obese, again if the trends continue unchecked.⁵ Given the signs that the rise in obesity may be starting to level off for children and adults, it is possible that the historical trends are changing. Nonetheless, with more than a quarter of adults already obese and high levels of obesity in today's children, there already exists a serious, established and growing burden of obesity-related ill-health with consequences for individuals, the NHS and wider society which will be very difficult to address without strenuous effort on the part of the whole of society.

The impact on individuals and families

1.11 Obesity is about health, not appearance. Action is essential because of the risk it poses to people's health, its impact on their lives and the lives of their families, and its impact on the NHS and the economy as a whole.

1.12 Being obese or overweight brings significant risks at a range of different points throughout life.⁶ The health risks for adults are stark. We know that, compared with a healthy weight man, an obese man is:

- five times more likely to develop type 2 diabetes

- three times more likely to develop cancer of the colon
- more than two and a half times more likely to develop high blood pressure – a major risk factor for stroke and heart disease.

1.13 An obese woman, compared with a healthy weight woman, is:

- almost thirteen times more likely to develop type 2 diabetes
- more than four times more likely to develop high blood pressure
- more than three times more likely to have a heart attack.

1.14 Risks for other diseases, including angina, gall bladder disease, liver disease, ovarian cancer, osteoarthritis and stroke, are also raised. People from some ethnic groups, including South Asians, who are more likely to be overweight and obese, also have a higher susceptibility to particular diseases linked to excess weight, such as type 2 diabetes.

1.15 There is evidence that maintaining a stable healthy weight can offer health benefits for cancer survivors, and that both survival and recurrence may be adversely affected by obesity. For instance, substantial weight gain after diagnosis and treatment for breast cancer is adversely associated with breast cancer prognosis. Indeed, obesity appears to increase the risk of recurrence and death among breast cancer survivors by around 30%.⁷

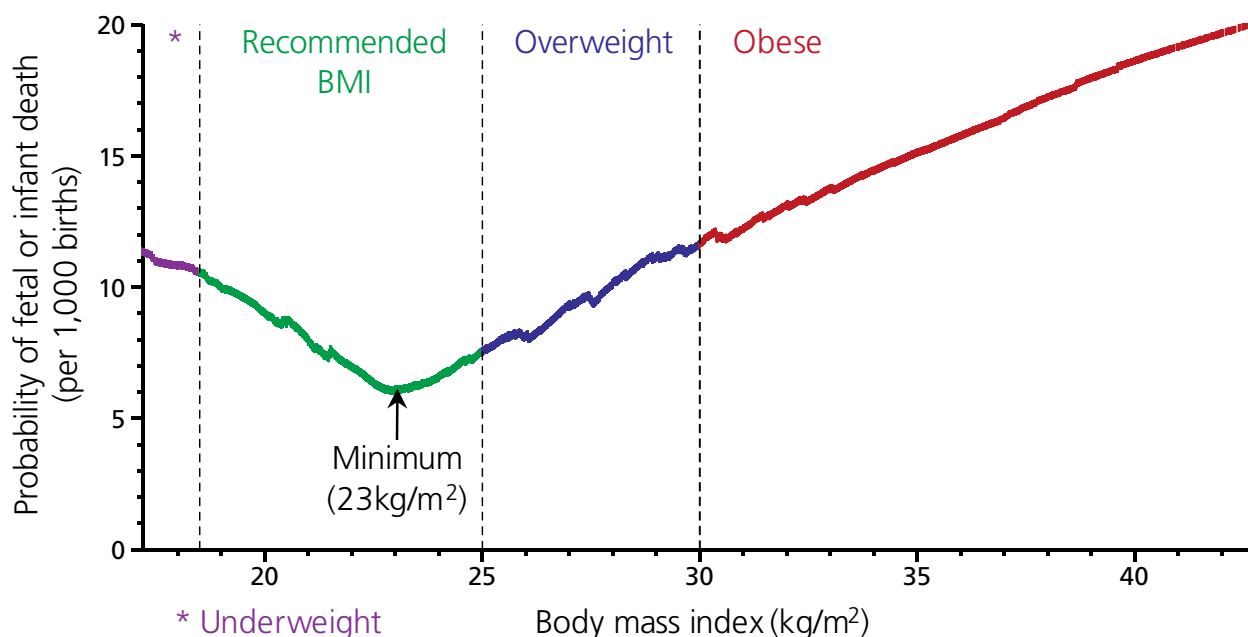
Table 2: Percentage of those with limiting long-standing illness in each BMI category

	Healthy weight	Overweight	Obese
Men	16%	20%	29%
Women	17%	23%	36%

Health Survey for England (2009), NHS Information Centre.

1.16 The evidence also suggests that there are associations between limiting long-standing illness and body mass index (BMI) as shown in Table 2 and between depression and obesity (although it is not clear which way the influence flows).⁸ A recent Canadian survey found that among those who are morbidly obese (BMI >35), one in six have been diagnosed with depression or anxiety. More than half report having low self-esteem and recognise that their weight problems have an impact on many daily activities and on their relationships – limiting, for example, their experience of being active with their families.⁹ There is some evidence to suggest that levels of obesity are higher in people with learning disabilities and those with mental health problems.^{10,11}

1.17 Data shows that during pregnancy and childbirth, obesity presents a series of health risks to the fetus, the infant and the mother. Obesity in pregnancy is associated with an increased risk of serious adverse outcomes including miscarriage, fetal congenital anomaly, thromboembolism, gestational diabetes, pre-eclampsia, dysfunctional labour, postpartum haemorrhage, wound infections, stillbirth and neonatal death. There is also a higher caesarian section rate and lower breastfeeding rate in this group of women compared with women with a healthy BMI. Figure 6 shows the association between maternal BMI and the risk of fetal or infant death.¹²

Figure 6: Association between maternal BMI and the risk of fetal or infant death

1.18 While the real and present danger of obesity in terms of immediate health risks is largely seen in adults, it also has significant effects on children and young people. Obese children are likely to suffer stigmatisation. If a child is obese in their early teens, there is a high likelihood (higher than that of teenagers with a healthy weight) that they will become an obese adult, with related health problems in later life.¹³ There is a growing number of reports of obese children suffering type 2 diabetes, a condition previously found almost entirely in adults.

1.19 There are also significant intergenerational effects. Children in families where at least one parent is obese are much more likely to be obese themselves. A 2009 study, for example, found that obese mothers were ten times more likely than those with a healthy weight to have obese daughters.¹⁴

The impact on the NHS

1.20 The impact of overweight and obesity on individuals and families in terms of ill-health places a significant burden on scarce NHS resources. Currently, around 5–6% of its total budget is spent on the disease consequences of overweight and obesity.

1.21 Earlier modelling has shown that the costs to the NHS of the consequences of excess weight were £4.2bn in 2007, with a potential rise up to £6.4bn in 2015 and up to £9.7bn in 2050. A more recent analysis of the economic burden of a range of risk factors for chronic disease estimated that

overweight and obesity now cost the NHS £5.1bn per year.¹⁵

1.22 The need for specialist equipment in the NHS (for example, stronger beds and trolleys) and the requirement for additional or specialist staff (for example, attending more complex births by obese women) bring additional costs.

A study by the Centre for Maternal and Child Enquiries found that approximately two thirds of maternity units in the UK reported not having immediate access to appropriate extra-wide wheelchairs, examination couches, trolleys or ward beds. The majority of facilities and equipment in maternity units did not have the minimum safe working load of 250kg recommended for the management of women with obesity in pregnancy.¹⁶

The impact on wider society and the economy

1.23 Overweight and obesity have a serious and wide-ranging impact on wider society and the economy.

1.24 Employers bear a major cost. Estimates from the US suggest that more than a quarter of the total cost of obesity may fall on employers, in the form of absentee workers, decreased productivity and short-term disability.¹⁷

1.25 Obesity also impacts on employment opportunities and life chances in general. It has been estimated that lost earnings attributable to obesity amount to £2.35bn – £2.6bn a year.¹⁸ Of this, around

£1.05bn – £1.15bn a year is due to lost earnings as a result of premature mortality attributable to obesity; and £1.3bn – £1.45bn is due to lost earnings from certified sickness (around 15.5–16 million days of sickness directly attributable to obesity). Overweight and obesity are a threat to the economic growth on which the country's future prosperity and wellbeing depend.

- 1.26 Alongside this there is a growing burden on public sector resources, going much wider than the impact on health services. The Local Government Group has set out the impact on local authorities, including the cost to social services of caring for housebound people suffering from illnesses that are the consequence of obesity, and the need for specialist equipment in school rooms, gyms and canteens.¹⁹
- 1.27 Taken together, it has been estimated that the costs of overweight and obesity to society and the economy were almost £16bn in 2007 (over 1% of GDP), with a potential rise to just under £50bn in 2050 if increases in obesity rates were to continue unchecked.

The case for tackling overweight and obesity

- 1.28 There is a clear 'business case' for addressing overweight and obesity – in terms of the toll it takes on individuals and families, and the costs incurred by the NHS, local government and the economy.

Greater Manchester's strategy for economic growth recognises ill-health as a barrier to prosperity: "The greater the levels of poverty, the greater the levels of ill-health, the greater negative impact in economic terms." It includes as one of its strategic objectives to "improve the economic prospects of adults in our most deprived communities by reducing the number of people with limiting illnesses and out of work due to ill health".
(Prosperity for All: The Greater Manchester Strategy, August 2009)

- 1.29 In some cases, the benefits of investment in preventing and treating obesity will be reaped several years later – particularly in the case of children where the health risks of obesity are less immediate.²⁰ But there are also real short-term gains from taking action – for example, by avoiding the costs of treating patients with diabetes or the specific social care required by those who are housebound because of excess weight.

Calderdale Primary Care Trust invested £130,000 in targeted services in 2010/11, which saw 700 adults lose 5% of their body weight. It expects that this investment will save the NHS £53,000 in the first year, rising to £160,000 in three years.²¹

- 1.30 The scale of the challenge and the benefits to be gained by tackling it call for a new approach and new level of ambition.

2. AN ASSESSMENT OF THE EVIDENCE BASE

2.1 Obesity is a global issue: rates have been rising throughout the developed world and no major nation has succeeded in convincingly reversing the trend. If we are to succeed in England, we will need the whole of society to work together towards a solution.

2.2 And we will need to ensure that we concentrate our collective efforts where they will have most impact – an assessment that must be based on the most robust evidence available.

2.3 As a key part of developing our new approach, we have therefore reviewed the evidence base on the *causes* of obesity and the range and effectiveness of the *actions* which can be taken, at national and local level, to prevent and reverse it. In particular, we have considered:

- the analysis carried out in 2007 by the Government Office for Science’s Foresight programme
- subsequent developments in the evidence base
- relevant learning from initiatives and interventions put in place over recent years.

The continued relevance of Foresight’s analysis

2.4 Since its 2007 publication, the Government Office for Science’s Foresight report – *Tackling obesity: Future choices* – has been a driving force behind efforts to tackle obesity. Foresight’s aim was to produce a long-term vision for a sustainable response to obesity. The report highlighted the wide range of issues that have contributed to the increase in obesity over recent years, and mapped the complex way in which these factors inter-relate and often reinforce one another.

2.5 The Foresight ‘systems map’ made clear that energy imbalance is at the root of obesity. The rise in overweight and obesity signals that, on average, the population of England has for many years been in ‘positive energy balance’ where the habitual energy intake of individuals exceeds their energy needs – more calories going in than going out.

2.6 The Foresight report also provided many other key insights which have informed both national and local level action to date on how to tackle overweight and obesity, including the following:

- The interaction between our biology and our environment makes it harder

for us to make healthy choices – we have evolved to survive in a world where food was scarce and considerable effort was required to obtain it, so our bodies struggle to cope in the modern world where energy-dense food is both ubiquitous and cheap and the energy demands of everyday living are low.

- The choices we make are influenced – perhaps more than we realise – by the day-to-day pressures we face, the behaviour of those around us, the sort of neighbourhood we live in and the prevailing culture relating to food and physical activity which favours overconsumption and inactivity.

2.7 Responses to the obesity challenge in recent years have been informed by an interpretation of the Foresight analysis. But we believe that significant aspects of its analysis and its conclusions have been underplayed – such as the need for a life course approach, and the importance of synergistic efforts at the individual, local and national level. The new approach aims to address this imbalance.

Developments in the evidence base since the Foresight report

2.8 It is critical that we continue to assess new evidence and ensure that our approach is based on the most thorough and up-to-date perspectives.

2.9 Research outputs relevant to obesity have increased significantly in recent years – both in the UK and internationally. The Department of Health’s Expert Advisory Group on obesity, chaired by Dr Susan Jebb and including academic, clinical and public health experts, considered the evidence which has emerged since the Foresight report. It concluded that the new evidence has generally confirmed the *analysis of the causes* of obesity in the Foresight report and this remains a robust foundation for future action.

2.10 Excess weight gain is the result of eating more calories than needed and/or undertaking too little physical activity to match calorie intake. This energy imbalance is driven by a complex web of environmental, physiological and behavioural factors and the evidence does not allow precise quantification of the contribution of individual components. It is clear, however, that reducing overall energy intake is key to losing weight. Increasing physical activity can also be helpful alongside calorie reduction in achieving weight loss and sustaining a healthy body weight, as well as improving overall health.

2.11 A group of independent experts, chaired by Professor Ian MacDonald, has considered data on weight gain in England and advised that a reduction in energy intake of 100 calories per person per day on average would correct the energy imbalance at

a national level and also lead to a moderate degree of weight loss, without increasing the risk of nutritional deficiencies. This serves to calibrate the scale of changes in consumption required at a population level, though the exact change required to achieve a healthy weight will vary significantly from one individual to another. The Scientific Advisory Committee on Nutrition (SACN) is also providing new dietary recommendations for energy intake. These provide benchmarks for how many calories the UK population should consume.

2.12 For physical activity, the new UK-wide Chief Medical Officers' guidelines²² provide a clear, evidence-based set of recommendations on appropriate levels of physical activity across the life course to achieve a range of health benefits with knock-on gains for the NHS and society. The guidelines recognise that, as a nation, we are too inactive and spend excessive periods of time being sedentary, and challenge us to change our activity habits. Adults should aim to be active daily and are advised to achieve 150 minutes or more of at least moderate intensity activity each week, which will also contribute to achieving and maintaining a healthy weight. For those adults who are already overweight or obese, physical activity brings important reductions in health risks – the more activity they do, the lower their overall risk of mortality and morbidity.

2.13 In recent years, the behavioural sciences have provided rich insights into why we behave as we do and have also suggested new ideas for how we might help people to make changes to those behaviours – for example, to improve their health. The publication of the MINDSPACE report in 2010 by the Institute for Government and the Cabinet Office has been a catalyst for new thinking in health policy. These insights are relevant to our new approach across a range of areas, including social marketing campaigns and work with business. Within the MINDSPACE acronym, the following will be particularly relevant to work on obesity:

- the role of **M**essenger (for example, working with trusted health professionals and educators to deliver information)
- the use of **I**ncentives (by, for example, providing industry-funded promotional incentives to trial healthier products, through Change4Life)
- the importance of **S**alience (for example, pregnancy is a good time to talk to women about the health implications of their diet and activity levels both for themselves and for their child)
- the use of **C**ommitments (for example, through our pilot collaboration with LazyTown, which will encourage parents and children to make reciprocal commitments to healthier changes).

2.14 Behavioural science is also teaching us more about the challenges people face in seeking to improve their health. In particular the Department of Health's Healthy Foundations segmentation model²³ provides rich data on multiple health topics, behaviours and attitudes for the same individuals. This highlights that many people who are overweight and obese have not only a poor diet and low activity levels (as might be expected) but also other lifestyle risks (such as drinking above recommended limits or smoking). This is often compounded by their surrounding communities where other social issues, such as lower educational attainment, poor housing or crime, are heightened. If people in such circumstances are to improve their health then, over and above information, the whole system at a local level must be engaged to facilitate change.

2.16 Demonstrating cause and effect in relation to overweight and obesity, affected as they are by such a wide range of influencers, will always be difficult. We also have some way to go before we have convincing evidence of cost-effectiveness across a spectrum of approaches. Nonetheless, we have looked closely at 'what works' in developing our thinking.

Learning from practice

2.15 Finally, we have taken to heart the emphasis placed by Foresight on 'practice-based evidence' – making sure that we learn as much as we can from initiatives and interventions put in place by a range of partners at a national and local level. Encouragingly, evidence relating to effective interventions has increased since the Foresight report, although overall it is unclear to what extent these interventions have contributed to the possible levelling off in the prevalence of obesity.

3. A NEW APPROACH AND A NEW AMBITION

3.1 The scale of the challenge facing England – in terms of the impact of overweight and obesity on individuals and families and the rising costs being borne by the NHS and other sectors – leaves us in no doubt of the need for concerted action and a new direction. Levels of overweight and obesity are far too high and possible signs that rates of increase may be levelling off are no grounds for complacency. As a country, we need to set a new approach and bring a new level of ambition to tackling this issue, *drawing on* the Foresight analysis and more recent evidence, *addressing* gaps and weaknesses in recent efforts, and *taking on board*, as far as possible, the perspective and experience of the full range of partners committed to tackling obesity from whom we have heard over recent months.

3.2 At its heart, the new approach:

- *sets a clear, new direction* for our efforts, based on the insight that action across the life course and across the range of prevention and treatment is needed if we are to generate lasting momentum for change
- *challenges us all to a new level of ambition*, reflecting the scale of the task and the importance of action, and providing a ‘rallying cry’ for us all to respond to

- *turns on its head* the perception, held by some, that obesity is Government’s problem to solve. The solution lies in each of us taking responsibility for our health and taking appropriate action to manage our weight, with *local and central government*, and a *wide range of delivery partners*, providing integrated and tailored support to help us with a challenge which many of us struggle to tackle alone.

A new direction

Moving beyond the focus on children towards a life course approach

3.3 To date, there has been a strong focus at a national level on child obesity and on prevention. Many local areas have also focused their energies here. This remains an important area and we now have strong foundations for continuing this work. We will now maximise the potential for the National Child Measurement Programme to inform local prioritisation and decision-making – working with the Department for Education, it can enable schools to better support the health and wellbeing of their pupils. But focusing on children alone will not adequately address the existing and growing burden of adult overweight and obesity. Foresight itself highlighted the importance of ‘shifting the curve’ through

whole-population approaches and we will now, for the first time, address this critical conclusion.

- 3.4 This means a new emphasis in the message to all of us – being frank that the need to manage weight applies equally to us as adults as it does to children; that we need to deliver the immediate health benefits that this will bring as well as laying the foundations for good health for tomorrow’s adults. It means ensuring that the action we take at national level helps people to reach and maintain a healthier weight across the life course, and supporting local areas in taking a similar approach. And it means a recognition of the potential positive knock-on effects that can occur by focusing on different parts of the population. For example, as children’s habits in relation to food and activity largely reflect those of their parents, encouraging behaviour change among adults can have a positive intergenerational effect.

Enabling preventive action and ensuring support for those who need it

- 3.5 As our priority is now healthy weight in adults as well as children, effective and tailored support for the more than 60% of adults who are already overweight or obese is essential. Successful local strategies will need to strike a balance between ‘treatment’ interventions that help individuals to reach a healthier weight and sustained preventive effort to help to make healthy weight increasingly the norm. These are not alternatives – both are vital if we are to ‘shift the curve’.

- 3.6 Many local areas already commission weight management services and a range of providers are already delivering and developing evidence-based services aimed at different population groups. The commissioning of weight management services will remain the responsibility of local areas, but we will provide support to build local capability and support evidence-based approaches.

A new level of ambition

- 3.7 The serious nature of the challenge calls for a new level of ambition as well as a new direction. We are therefore setting out two new national ambitions for us all to play a part in achieving:

- **a sustained downward trend in the level of excess weight in children by 2020**
- **a downward trend in the level of excess weight averaged across all adults by 2020.**

- 3.8 We have defined the ambitions in terms of excess weight, in recognition of the health risks posed by overweight as well as obesity. And, given the different levels of risk faced by different groups, it is vital that action on obesity reduces health inequalities. Particular attention needs to be given to specific socio-economic and ethnic groups and to disabled people and people with mental health needs.

3.9 These ambitions are not centrally driven targets for Government, local authorities or any other partner with a potential role to play. Rather, they represent our view – closely informed by the views of our partners – on what could be achieved as a result of the new approach set out in this document and a combined effort across the piece.

3.10 The ambitions will provide a clear sense of what we are all working towards through collective effort. We need transparent arrangements to track progress. We will set up a National Ambition Review Group for obesity, chaired by the Parliamentary Under Secretary of State for Public Health, bringing together a wide range of experts and delivery partners annually to take stock of progress and consider what more needs to be done to achieve maximum impact.

New responsibilities for a new ambition

3.11 The collective effort needed to deliver the new national ambitions needs to be grounded in a clear understanding of the roles we all have to play.

Putting individuals at the heart of the new approach

3.12 Our lives are our own and it is for each of us to decide whether and how to change our behaviour and improve our health. However, as Foresight has shown, individual choices are influenced by the wider environment. We will do what we can to help people to make better choices for themselves and their families by:

- providing clear and accessible information – for example, through Change4Life and supporting local areas in sharing of information on children’s weight status with parents
- making changes to the environment that address the wider determinants of obesity
- providing sustained support where necessary.

3.13 In line with the Government’s core values of freedom, fairness and responsibility, and the approach outlined in *Healthy Lives, Healthy People*, we will favour interventions that equip people to make the best possible choices for themselves, rather than removing choice or compelling change. Our view that action towards the less intrusive end of the Nuffield Council on Bioethics intervention ladder²⁴ is most appropriate in most cases will see a focus on voluntary agreements and supporting people in making healthier choices, rather than reducing choice.

3.14 In recent years, the behavioural sciences have provided new ideas for how Government and others can help people to make healthier choices. We want to harness these ideas to the full and expand the evidence base for their efficacy. We will also make more of our main social marketing vehicle, Change4Life, ensuring that it continues to have real impact beyond awareness-raising. And, since we believe that the ‘psychosocial’ part of Foresight’s map has been underplayed

to date, we will build our understanding of how issues such as self-esteem and confidence may affect our choices. This will complement our work on the issue of 'body confidence', led by the Home Office, where we are working with the media and other partners to encourage wider use of positive and healthy body images.

3.15 This document does not cover the issue of eating disorders, as this was addressed in the cross-Government outcomes strategy for mental health – *No health without mental health: Delivering better mental health outcomes for people of all ages*, published in February 2011. National Institute for Health and Clinical Excellence (NICE) guidance on eating disorders was published in 2004 and is due for review in 2011.

A rebalancing of efforts to strengthen local action

3.16 Our new approach recognises the major limitations of centrally directed and top-down approaches. It will instead empower local leaders and communities to take their own decisions, without interference from the centre. This approach more closely aligns with Foresight's call for action at the individual, community and national level, rather than a reliance on central direction and control. The Public Health Outcomes Framework, to be published later this year, will provide a new, transparent way to assess progress locally and nationally. The draft framework proposed two outcome indicators on healthy weight prevalence in children and adults.

Giving partners the best possible opportunity to play their part

3.17 Over recent years we have seen action taken by a range of partners, including:

- increased engagement by physical activity providers and the food and drink industry
- employers looking for ways to support their workforce in being more active and eating a better diet
- service providers from all sectors developing new approaches both to prevent obesity and to treat those with existing weight problems
- voluntary sector organisations campaigning about the issue and exploring new approaches
- a greater public recognition of the importance of this issue and evidence of people taking action, either at an individual level (for example, over 500,000 people joining Change4Life) or a community level (for example, 55,000 people committing to be Change4Life 'local supporters').

3.18 There is already a wide range of activity, expertise and investment in place. We are committed to creating a Big Society that empowers different organisations and individuals to play an even greater part. And, in line with this, one of the biggest contributions Government can now make

is to provide ways for partners to make the fullest possible contribution – for example, through the Public Health Responsibility Deal.

Improving the evidence base

3.19 While there has been considerable emphasis on testing and evaluating new approaches, for example through the nine Healthy Towns which have explored different ways of enabling healthy choices, and investment in walking and cycling which has sought to build our understanding of the cost-effectiveness of active travel, the evidence base in relation to tackling obesity is still emerging. We now have some clear overall pointers about what mix of approaches may work, but we have only limited concrete evidence that any specific interventions are having a unique impact. Much of the recent research in this area is based on small-scale studies and it remains unclear whether the interventions being assessed would translate to different settings or be effective for different population groups or communities. A more concerted effort is therefore needed both to synthesise and disseminate emerging evidence about effectiveness and cost-effectiveness and to put in place rigorous evaluation of local interventions.

4. EMPOWERING PEOPLE AND COMMUNITIES TO TAKE ACTION – A NEW OPPORTUNITY FOR LOCAL LEADERSHIP

- 4.1 At the heart of the new approach to obesity, and to public health overall, is the enhanced role for local government in the future and an accompanying focus on locally led action. From 2013, upper tier and unitary local authorities will receive a ring-fenced public health grant to fund their new public health responsibilities. Local areas will have the freedom to spend money in the way they think will best meet the needs of their community, achieves public health outcomes and is in line with specific conditions that will be attached to the use of the grant.
- 4.2 Different communities face different challenges and will have their own preferences about how to address those challenges. There is no ‘one size fits all’ approach to helping people to reach or maintain a healthy weight – a key point reflected by Foresight in its use of the term ‘obesities’.
- 4.3 While there are guidelines about the key risk thresholds for individuals and, in the case of those who are overweight or obese, recommended clinical interventions, there is no universal ‘care pathway’ that specifies every single type of service that a local area should provide or who should provide it. It is also clear, as we set out in Chapter 1, that certain population groups are more likely to be obese, and these inequalities need localised responses.
- 4.4 Local areas are best positioned to develop a locally tailored strategy and to create evidence-based interventions to meet the needs of their communities – in particular the needs of disadvantaged areas and groups, and the most vulnerable. The nine communities which have been testing community-wide approaches to preventing and addressing obesity through the Healthy Towns initiative have already started to demonstrate the tremendous potential for locally led change. This potential has also been shown through the wide range of work taken forward under the Communities for Health programme, and through wider work in other local areas. The new, enhanced role for local areas brings a number of crucial opportunities for tackling obesity:
- harnessing the reach of local government
 - bringing together a coalition of partners
 - commissioning a comprehensive range of interventions and treatments in partnership with the local NHS.

Harnessing the reach of local government

4.5 *Healthy Lives, Healthy People* stated that it is *local* government that is best placed to influence many of the broader environmental factors that affect health and wellbeing. Local authorities' broad portfolio of responsibilities puts them in a unique position to help people to be more active or to eat more healthily, and in doing so to help to deliver on other important objectives and priorities. This is particularly important in relation to the prevention and treatment of overweight and obesity, which is touched by and touches such a wide range of influences and opportunities for action. Some of the opportunities for harnessing the reach of local government include:

- *Promoting active travel* – for example, by ensuring that Local Transport Plans maximise the potential to encourage walking and cycling and other forms of active travel. This can bring important health benefits but also contributes to objectives in relation to sustainability and congestion.
- *Ensuring the widest possible access to opportunities to be physically active* through the use of parks and other outdoor spaces, as well as drawing upon sport and leisure services and working closely with a range of providers through County Sports Partnerships. The Natural Environment White Paper²⁵ sets out new opportunities for communities

to protect and improve nature in their neighbourhoods, for example through the Localism Bill and proposals for a new Green Areas Designation which will give local people an opportunity to protect green spaces that have significant importance to their communities.

- *Making the most of the potential for the planning system to create a healthier built environment* – for example, by ensuring that buildings and spaces are designed in a way that makes it easy for people to be active. A number of local areas have also taken steps to use existing planning levers to limit the growth of fast food takeaways, for example by developing supplementary planning policies.
- *Working with local businesses and partners to increase access to healthy food choices* – many local authorities are already working hard to provide advice, encouragement and training to local businesses and other organisations in order to promote the range of food on offer to local communities, and to show that small changes can make a big difference.
- *Linking activities on healthy weight to initiatives relating to the environment and sustainability* – allotments and food growing projects can, for example, support environmental objectives and at the same time provide opportunities for people to be more active and eat more healthily.

Case study: Worcester Connect2 project

Worcester, with a population of just under 100,000, is of a size to allow high levels of active travel. Its local councils, Worcester City and Worcestershire County, recognise this and have worked for some time to address issues of congestion, pollution and the unpleasantness of traffic-dominated streets. In particular, it was recognised that east-west active travel was suppressed because the river Severn cuts the city in half and has only one narrow bridge over which traffic is usually heavy.

In partnership with Sustrans, community organisations and individuals, the two councils put together plans and assembled the funding for a new pedestrian and cycle bridge south of the city centre, the creation of and improvements to local traffic-free walking and cycling routes, and on-road improvements, to create the basis of an active travel network in the southern half of the city. The infrastructure work is backed up by events, an arts programme and publicity, all aimed at marketing the new opportunities to travel more actively. Local volunteers look after the new routes and organise rides to get individuals started on active travel.

In the first eight months after the new bridge was opened, 125,000 walking and cycling trips – for all journey purposes – were made over it. This contributes to the city's success in raising walking by 19% and cycling by 31%, with car use falling by 12% between 2004 and 2008. The partners are now planning further work to keep up the growth in active travel.

- *Leading by example* – many authorities are providing leadership in their local area by ensuring that there is healthier catering provision in the settings and services that they run and in schools under local authority control, or by promoting a switch from driving to cycling among their own staff.
- *Making the most of key opportunities to engage with communities and promote behaviour change*, for example through contacts with libraries and youth services.

contribute to wider objectives of creating and sustaining a vibrant local economy. They will also understand the impact of deprivation and its influence on the ability of individuals to adopt healthier lifestyles, and the need for local, culturally sensitive approaches to community engagement.

Bringing together a coalition of partners

4.6 Directors of Public Health will have a unique opportunity to work with other professionals to embed health into the fabric of local government, and to

4.7 As set out in Foresight's analysis, effective local action on obesity requires a wide coalition of partners to work together in order to create an environment that supports and facilitates healthy choices by individuals and families. The importance of this has been underlined by the Childhood

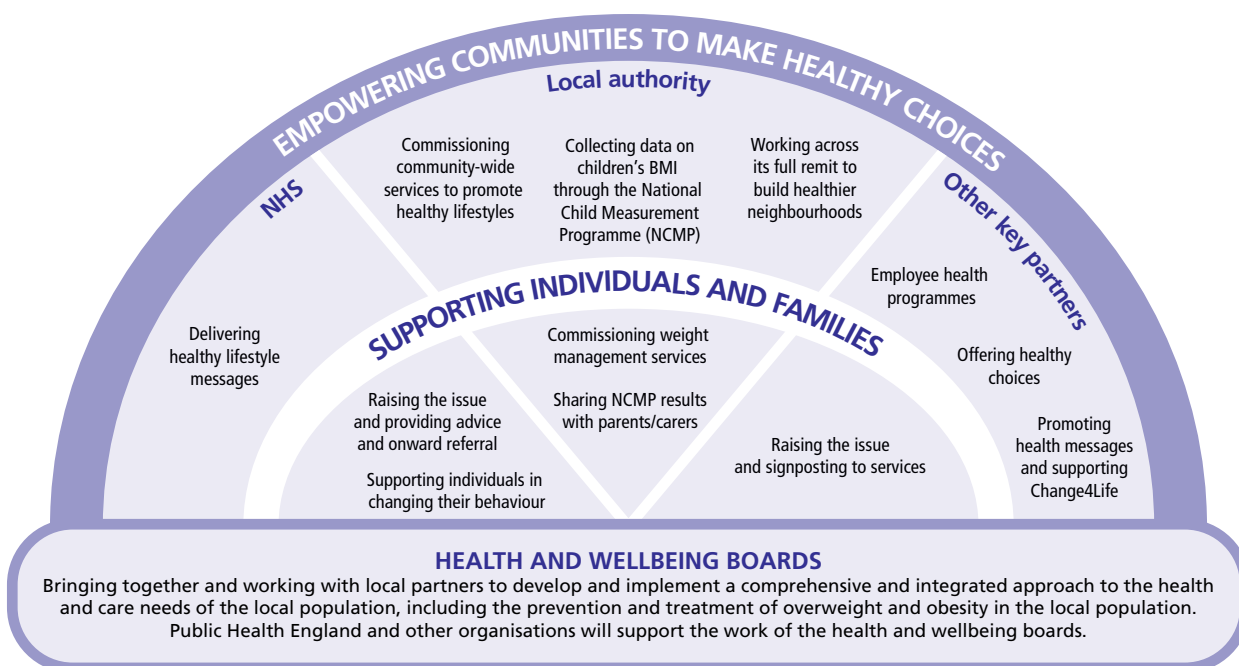
Obesity National Support Team, which worked with more than 40 local areas facing the greatest challenges, and insights from the Healthy Towns programme and from the wide range of partners who have informed the new approach to obesity.

4.8 Local authorities already perform a vital leadership role by bringing together partners who can galvanise action on local issues. Health and wellbeing boards will encourage further development of these relationships, by bringing together key partners such as health and social care commissioners, and with local authorities free to insist upon having a majority of elected councillors on their health and wellbeing board. These boards will establish a shared view of the needs and potential assets of the community through the Joint Strategic Needs Assessment and will be responsible for developing and

implementing a joint health and wellbeing strategy.

4.9 While we have set out a small number of organisations that must be represented on these boards, local areas will have the freedom to determine the broader membership and the range of partners that the boards will work with. This will enable local areas to engage the wide range of partners that are important in delivering effective strategies and action on obesity. This could include those leading on education, housing and other wider determinants of health. Many of our partners have also highlighted the important role that local businesses and employers can play, such as through employee wellness programmes. An illustration of the roles that different partners could play is set out in Figure 7.

Figure 7: Health and wellbeing boards – bringing together a range of partners to tackle obesity



Case study: A partnership approach to promoting healthy eating in Portsmouth

Portsmouth is a vibrant waterfront city and the second most densely populated city outside London. Four of Portsmouth's wards are in the most deprived fifth of electoral wards in England and, in many, the health of residents is worse than the average for England.

One of nine Healthy Towns, Portsmouth ('Healthy Pompey') built its application on the strong and long-standing partnership between the City Council, Primary Care Trust, voluntary sector and private sector within Portsmouth. It also demonstrated a detailed understanding of health inequalities as well as a long and successful history of delivering services to address them.

A core project of Healthy Pompey is the Yellow Kite Community Interest Company, which aims to make affordable, sustainable and healthy food more widely available through a network of community cafés. The flagship café is based at Southsea Castle with another located in the nearby D-Day museum. The ethos is that, wherever possible, food is locally produced, organic and fair trade.

Yellow Kite is able to offer grants and support packages to other cafés in the area including help with designing menus to introduce healthier food and kitchen makeovers, and there are plans to develop a local food supply and delivery service. To date Yellow Kite has worked with seven community cafés; three have joined the network and received their support grants and the other four are working towards this and are currently in consultation about their menus and overall offer.

4.10 Local residents will have a stronger voice through the new Local HealthWatch in their area. HealthWatch will be represented on the local health and wellbeing boards, which will consider how public health issues are prioritised and tackled.

contribution to make, it is vital that these services and interventions are designed and delivered in a comprehensive and integrated way, and in a way that reflects the reality of people's lives.

Commissioning a comprehensive range of interventions and treatments

4.11 Effective action on obesity calls for a range of preventive approaches and treatment interventions. Different partners will be best placed to deliver these – with some able to maximise the benefit from a range of services and facilities available to the local population and others able to provide more intensive services for individuals. Given the range of partners with a

4.12 From 2013, local authorities will be responsible for commissioning local programmes to prevent and address overweight and obesity, such as weight management services for overweight or obese people and physical activity programmes. The NHS at the local level – including GP practices and community pharmacies – will have a role in terms of identification, providing brief advice, medical management and onward referral. The NHS will also have a responsibility for providing, where appropriate, clinical

action such as prescribing anti-obesity medicines or conducting associated tests and treatment required in the management of obesity and its side effects, for example sleep apnoea.

4.13 NICE guidance (2006) recommends when bariatric surgery may be an appropriate clinical intervention for treating obesity. This service will continue to be funded and commissioned by the NHS and a decision will be taken in due course as to whether in the new system this will be at

the level of clinical commissioning groups (potentially working collaboratively) or by the NHS Commissioning Board.

4.14 The health and wellbeing boards will provide a crucial opportunity to join up investment and commissioning so that approaches are based around the needs of communities and individuals rather than service silos, and driven by a focus on quality and outcomes. This could include the use of personal budgets, currently being piloted across England for health services.

Case study: Birmingham Lighten Up

Birmingham's 'Lighten Up' service has been running since 2009, and has supported more than 6,000 people who want to lose weight.

Adults with a BMI over 30 receive a letter from their GP practice inviting them to contact the Lighten Up call centre to find out about the range of free weight management programmes they can access. People calling the centre are offered the opportunity to attend a number of different weight loss programmes delivered in the area, for 12 weeks, free of charge. Those choosing to take up the offer also receive telephone support to remind them about their bookings, check that they are happy with the programme they have chosen and record their outcomes.

Participants can attend sessions in more than 30 different locations, and they run during the day as well as in the evenings and at weekends. At the end of the 12-week programme, patients receive a 'maintenance package' consisting of a voucher that can be used to purchase weighing scales, a weight record card, or a hints and tips leaflet, and the option of further telephone support from the Lighten Up call centre.

Analysis of service outcomes shows that the average BMI of service users is 34, and that the average reduction in body weight three months after starting to use the service is 5.6%, and 5.1% after 12 months.

The average cost for each service user is £68 a year, and savings have been made by reducing, by nearly half, the number of inappropriate referrals to specialist medical and clinical weight management services. Prescribing of anti-obesity medicines within the area has also slowed in comparison to national trends as primary care professionals are now offering referral to Lighten Up to patients before pharmacological intervention.

Through a collaboration with the University of Birmingham, a randomised controlled trial has been embedded within the service to examine clinical outcomes after one year. This has allowed commissioners to enhance the service by ensuring that the treatments offered are clinically effective.²⁶

Enabling an effective transition

4.15 *Healthy Lives, Healthy People* set out our overarching vision and framework for improving public health outcomes in England. In July we set out our next steps in *Healthy Lives, Healthy People: Update and way forward*, including plans for managing the transition to the new arrangements with – subject to Parliament – local authorities taking on their new public health responsibilities in April 2013.

4.16 Planning for this transition is being carried out locally, under the oversight and with the support of Regional Directors of Public Health. In many areas, primary care trusts (PCTs) are already working with local government to develop and implement locally tailored approaches to tackling obesity. The Department of Health will continue to support and encourage local authorities and PCTs to work together on developing and building these relationships to enable a smooth transition by April 2013.

5. BUILDING LOCAL CAPABILITY TO SUPPORT INDIVIDUALS AND COMMUNITIES – LOCAL AND NATIONAL WORKING TOGETHER

5.1 While local government is already active in improving the health of local communities, its new, enhanced role will in the future see a change in responsibilities and relationships. Central government has a vital role in supporting and enabling local efforts and ensuring an effective transition to the new system.

5.2 Our role will focus on the two key areas of:

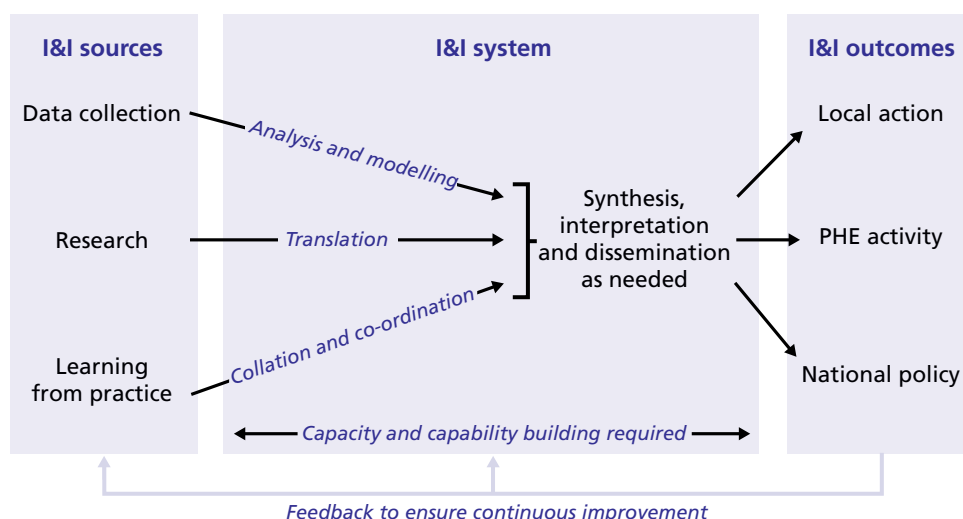
- providing robust data and evidence
- helping to build local capability.

Providing robust data and evidence

5.3 The Joint Strategic Needs Assessment and joint health and wellbeing strategy will highlight the priority issues for local

areas – including health inequalities – and how the health and wellbeing board intends to address them. It will be vital that local areas have easy access to robust and comprehensive data, analysis, information on cost-effectiveness and evidence from practice and research to support this, as illustrated in Figure 8. Public Health England will play a critical role in ensuring that this happens effectively and in fostering a culture of research and innovation – work is under way to define the necessary functions and arrangements and more detail will be set out over the coming months. We are committed to investing in and developing data and evidence to support work on obesity as we transition to the new arrangements, through a number of key measures.

Figure 8: Developing an effective information and intelligence (I&I) function for health improvement



Continuing to develop the National Child Measurement Programme

5.4 Now in its seventh year, the National Child Measurement Programme (NCMP) is a trusted source of world-class data, providing annual information on levels of overweight and obesity in children in primary school reception classes (ages 4 and 5) and year 6 (ages 10 and 11) by local authority area. Feedback from local practitioners highlights its value in providing the high quality data needed to help to tackle child obesity. We know that local areas are taking steps to evaluate and improve the way in which they deliver the programme and we are committed to supporting them in this.

5.5. **The Government will therefore continue to support the delivery of the NCMP in schools**, helping to ensure that locally reliable and nationally comparable data on child weight status continues to be available.

5.6 **We will: seek to redevelop the data upload and feedback support tools; revise and update the NCMP delivery guidance in the light of new evidence and research findings; provide guidance for schools, co-produced by the Department of Health and the Department for Education; and amend the current NCMP Regulations to enable better use of the data.**

5.7 We will also support local practitioners to maximise the impact of the programme to

enable families to make healthier lifestyle choices. By continuing to assess the impact of providing routine and proactive feedback, sharing findings and disseminating best practice **we will help practitioners to make the most of the opportunity that the NCMP presents to support families to change their behaviour.**

Developing new local measures of adult and maternal obesity

5.8 **We are developing a new mechanism for providing local authority-level data on prevalence of overweight and obesity among adults.** Currently we only have national- and regional-level data on adults, but we are working with the Office for National Statistics and Sport England to identify the best way of introducing new questions on the height and weight of adults into an established national survey during 2012. This will allow local areas to assess the scale of the issue in their adult population and to prioritise and plan accordingly.

5.9 The collection of the NHS Health Check dataset will also provide valuable information on the BMI of all those receiving their check. With around 15 million 40–74-year-olds thought to be eligible for an NHS Health Check, this anonymised dataset will provide a wealth of information to supplement data from the new national survey questions.

5.10 Given growing concerns about the effects of maternal obesity, **we will ensure that**

the planned Maternity and Children's Data Set will provide local- and national-level data on the BMI of pregnant women, measured at the booking assessment which takes place by the 12th completed week of pregnancy. This data will help local areas to understand the scale of maternal obesity and to prioritise and plan accordingly.

Supporting data analysis and a culture of evaluation through the National Obesity Observatory

5.11 The National Obesity Observatory (NOO) was established in 2008 in order to provide a single point of contact for wide-ranging authoritative data and evidence on overweight, obesity and their determinants, and to help to drive the evaluation and cost-effectiveness agenda. During 2011/12, NOO will work closely with local areas to deliver datasets, analytical tools, briefings and guidance that will help them to better understand and interpret data to support local action. It will also develop standard evaluation frameworks for diet and nutrition and physical activity, building on the one already in existence on weight management interventions.

Supporting good practice collection, collation and dissemination through the Obesity Learning Centre and working with NICE

5.12 *Healthy Lives, Healthy People* highlighted the improvements that need to be made to the evaluation of public health interventions. Public Health England will

in future support local areas by providing access to promising practice and emerging evidence, and we will help areas that are testing similar approaches to collaborate and share findings. Over this year, **we will continue to fund the Obesity Learning Centre, run on our behalf by the National Heart Forum**, which provides a one-stop shop for people working on obesity. Over the financial year, the Centre will provide online resources such as case studies and tools, provide easy access to e-learning modules, and offer a way for users to share best practice online. Further to the commitment in the White Paper to support local areas by sharing learning from the experiences of the Healthy Towns, we are making available on the Obesity Learning Centre website a report which pulls together early findings from the programme.

5.13 We have also identified a need for local areas to be supported in their efforts to tackle obesity – and in particular by helping areas to harness the range of factors that impact on obesity by drawing on existing learning and experience. **We have therefore asked NICE to develop new public health guidance on working with local communities to prevent obesity, due in November 2012.**

Investing in research

5.14 Public health evaluation and research will be a critical part of developing the evidence base and, as set out in *Healthy Lives, Healthy People*, we will encourage

continuing research. The National Institute for Health Research (NIHR) will continue to take responsibility for the commissioning of public health research on behalf of the Department of Health, and Public Health England will work closely with the NIHR in identifying research priorities. We are already committed to:

- establishing a new NIHR School for Public Health Research, which will conduct high quality research to increase the evidence base for effective public health practice
- funding, through the Department of Health's Policy Research Programme, a new Policy Research Unit on Behaviour and Health
- funding high quality experimental medicine research in NIHR Biomedical Research Centres and Units on nutrition, diet and lifestyle which aims to ensure that advances in basic scientific research are translated into benefits for patients and the public.

increasingly effective commissioners of weight management services.

5.17 Limited evidence on the effectiveness of these services has often made effective commissioning a challenge. Important steps have been taken through the use, at local level, of the *Standard Evaluation Framework* developed by NOO, providing clear steers on how best to evaluate the impact and effectiveness of locally commissioned services. We have asked NOO to develop an online version of the framework to allow commissioners to compare outcomes and effectiveness, and this is now available on its website.

5.18 In a further boost to local capability in this area, **we have asked NICE to develop best practice principles for adult and child weight management services.** These will be available in spring 2013. As well as supporting commissioners, the principles will also provide a steer for providers who are looking to develop approaches that will meet a wide range of local needs but will also be based on the latest evidence.

Helping to build local capability

5.15 We will help local areas to build their capability further to put them in the best position to meet local needs.

Supporting effective commissioning of weight management services

5.16 Given the increasing importance of 'treatment' in the new approach to obesity, we will support local areas in becoming

5.19 We have also started work with public health commissioners and weight management providers to establish a peer-led network that will champion a collaborative approach to improving commissioning processes and service outcomes.

5.20 In addition, Public Health England will work with local government to enable and

support delivery and improvements against the outcomes specified in the Public Health Outcomes Framework. It will be a source of information, advice and support for local authorities and clinical commissioning groups as they develop local approaches to improve health and wellbeing, including developing services to tackle obesity.

Maximising the contribution of the planning system

5.21 There is clear evidence that built and physical environments are important factors in influencing people's physical activity, access to and consumption of healthy food, and social interaction; they also impact on health inequalities. To support local areas in maximising the contribution of the planning system, the National Heart Forum has developed an interactive online 'Healthy Places' resource on our behalf. Through easy-to-use explanations of legal issues, case studies and links to further guidance, the resource provides information and examples of how the planning system can be used by planning and health practitioners to promote and support healthy living.

The Healthy Places resource is now live and can be found at www.healthyplaces.org.uk

Encouraging and incentivising NHS engagement in public health

5.22 The NHS has a critical role to play in the new system and will be a key part of health and wellbeing boards at the local

level. The Government's role is to create an environment in which different parts of the NHS can make a full contribution. For example, the Mandate between the Secretary of State and the NHS Commissioning Board will be used to highlight priorities for public health.

5.23 The National Quality Board is also currently inviting views on a proposed set of quality standards to be produced by NICE – including one on the treatment of obesity in adults and in children. These standards will set out the highest levels of high quality and cost-effective patient care for specific diseases and conditions, based on the best available evidence. They will enable professionals to make the best decisions about care, patients to understand what they can expect from providers, and commissioners to have confidence in the quality of the services.

5.24 We will ensure that key national initiatives provide the right opportunity for engagement and support, particularly at the points in people's lives where they are most receptive to help with changing their behaviour. For example, we will ensure that:

- midwives, GPs, health visitors and their teams are encouraged to provide information and advice to pregnant women and parents of young children about nutrition and physical activity for the whole family as set out in *Healthy Child Programme: Pregnancy and the first five years of life*. We are increasing

the number of health visitors by 4,200 by 2015 to lead and deliver this vital programme in settings including the NHS and Sure Start Children's Centres

- the new Early Years Foundation Stage, which will provide clear requirements for schools and early years providers from September 2012, has a greater focus on engagement with parents of 0–5-year-olds so that they can enable the best start in life for their children
- a network of Sure Start Children's Centres is retained to provide crucial support on health and other issues, and that these are available to all families but are actively focused on supporting those families in most need
- the NHS Health Check programme, which is a clear government commitment, assesses eligible adults for the shared risk factors for diabetes, cardiovascular disease and kidney disease, including excess weight. Each person having their check will be offered individually tailored advice and appropriate lifestyle support, and risk management
- the community pharmacy contractual framework continues to require pharmacists and their teams to provide healthy lifestyle advice to people presenting prescriptions for diabetes, those at risk of heart disease, people with high blood pressure and those who smoke and are overweight.

5.25 We will also work to support health professionals in raising the issue of overweight and obesity with their patients and the public. Starting a conversation with people about their weight, or the weight of their child, can be a key step in helping them on the journey towards changing their behaviour and reaching a healthier weight. But broaching the issue and engaging people can be difficult.

5.26 It is not the role of Government to tell professionals how best to do their job or how to relate to the individuals and families with whom they work closely in their local communities. Professional bodies are already playing an important role, for example by shaping the curricula of key health professionals in order to build confidence and capability in raising the issue of overweight and obesity. The 'Let's Get Moving' care pathway for physical activity is just one example of the key role primary care can play in enabling behaviour change. We are working with Royal Colleges and other bodies to explore how doctors and other health professionals might best be further supported to make every contact count.

6. NATIONAL LEADERSHIP – GOVERNMENT’S ROLE

- 6.1 While the whole of society needs to work together to combat obesity, there are some key areas where central government needs to demonstrate clear leadership.
- 6.2 *Healthy Lives, Healthy People* set out the importance of taking a cross-Government approach to public health, and described the Government’s role in leading action on obesity across civil society and brokering partnerships with business to help to drive behaviour change.
- 6.3 Our aim is to complement, support and reinforce local efforts to enable people to eat more healthily and to be more physically active in order to reach or maintain a healthy weight. But this will also bring about wider benefits, for example in relation to sustainability and economic growth.
- 6.4 As Foresight has made clear, the abundance of calorie-rich food, coming on top of more sedentary lifestyles for most of us, is at the heart of the obesity challenge that we face. This applies across the life course. Overweight and obesity are a direct consequence of eating more calories than we need. We need to be honest with ourselves and recognise that we need to make some changes to control our weight. Increasing physical activity is important and will help to improve our overall health but, for most of us who are overweight and obese, eating less is key to weight loss.
- 6.5 It is for each of us to take the necessary action, depending on our weight, health and other circumstances. It is for health professionals to advise us on the right balance of diet and physical activity for health and – for most adults – to achieve the necessary weight loss to improve health, and for local government to put in place the services needed to support us.
- 6.6 Government has a crucial role to play, at national level, in shaping an environment which makes it easier for people to adopt and maintain a healthier diet – by ensuring that appropriate and easy-to-use nutritional information can be accessed, through greater availability and promotion of healthier choices, and by encouraging healthier eating in key settings such as the education system.

Helping people to make healthy food choices

- 6.4 As Foresight has made clear, the abundance of calorie-rich food, coming on top of more sedentary lifestyles for most of us, is at the heart of the obesity challenge that we face. This applies across the life course. Overweight and obesity are a direct consequence of eating more calories than we need. We need to be honest with ourselves and recognise that we need to
- 6.7 We believe that we can achieve the most, and do so most quickly, by bringing together key partners from business and the charitable and public sectors. All sectors of the food industry – retailers, manufacturers, trade associations, caterers

and suppliers to the catering industry – can help and support people to make healthier choices. The food industry has unparalleled ability to influence our diet through the food it offers and the way it promotes and markets it. Yet up to now we have not made enough use of its reach as a force for good in nutrition.

- 6.8 That is why healthier eating is a core component of the Public Health Responsibility Deal which we launched earlier this year. By working in partnership, organisations from the business and voluntary sectors have already agreed practical actions to secure quick progress.
- 6.9 Pledges made through the Responsibility Deal Food Network will make an important contribution to shaping the food environment to enable and encourage healthier choices. These include provision of calorie information for food and non-alcoholic drink in out-of-home settings from 1 September 2011. Currently 40 companies have signed up to the pledge to provide voluntary calorie labelling, including McDonald's, KFC and Pizza Hut. This will give people some of the information they need to make healthier choices, and encourage out-of-home food businesses to make healthier options more available. We have negotiated actively in Brussels to ensure that the EU Regulation on the Provision of Food Information to Consumers, as the future framework for the provision of nutrition information, supports this aim and facilitates the use of

at-a-glance voluntary nutrition information in a wide variety of settings. This will include provision for voluntary energy labelling on alcoholic drinks.

- 6.10 Within the context of our national ambitions for tackling excess weight, there is a public health imperative to reduce energy intake relative to energy expenditure. Launched through this document, we are therefore setting a calorie reduction challenge, namely: **to shape the food and drink environment to favour healthier choices, encouraging and enabling the population to reduce our collective energy intake by 5 billion calories (kcal) a day to bring us back into energy balance and help those who need to lose weight to do so.**
- 6.11 The food and drink industry has a particularly crucial part to play in view of its reach and influence on our diet. We are calling on the whole of the industry, spanning production, manufacturing, retailing and catering, to deliver significant and sustained measures to help to drive this initiative forward, including through implementing a calorie reduction pledge in the Responsibility Deal Food Network. The contribution of the food industry might, for example, include reformulation of products to make them less energy dense, portion control, and actions to encourage consumers to choose these products through a responsible balance of promotional activity. This initiative calls

for a real step-change in the public health contribution of the food and drink industry and we are expecting to see significant commitments and will keep progress under review. We will support these efforts through relevant consumer-focused Change4Life campaigns and look to other partners – for example, third sector organisations – also to play a crucial part.

6.12 The scale of the challenge is ambitious – but necessary if we are to make a difference to our health. People will need the full range of support outlined in this document to achieve it. It complements the action we all need to take to increase our physical activity and minimise sedentary behaviour.

6.13 Alongside the Food Network, the Alcohol Network of the Responsibility Deal is looking to develop further pledges which could also support calorie reduction. Calories from consumption of alcoholic drinks account for over 9% of all calorie intake for 16–64-year-olds who drink alcohol, and more for those who drink at higher levels. A measure of spirits has more calories than the equivalent amount of single cream (25ml of spirits at 40% abv = 56kcal compared with 47kcal for 25ml of single cream). Heineken has already pledged to reduce the strength of a major brand. This aims to remove 100m units of alcohol from our consumption each year – the equivalent of 5.6bn calories. The Network is looking to further develop similar pledges.

6.14 Pledges developed under the Responsibility Deal are not intended to replace government action, but to complement the wider role we are playing at national level in relation to food. As well as galvanising action by a range of partners, we also have a role in terms of setting clear standards where it is appropriate to do so, and leading by example.

6.15 While we do not believe it is right to remove choices or mandate what people should eat or drink, there are some groups in society where there is a clear duty of care and more stringent action by Government and others may be warranted, especially in relation to children or other vulnerable groups.

6.16 Schools of course are key settings for health promotion and prevention of ill-health and pupils who are healthy and well are more ready to learn and better able to concentrate in class. Excellent health and pastoral support continues to be the hallmark of good schools which parents want to send their children to. They can help all children and young people to understand the risks associated with certain behaviours and life choices and make the right connections with health and other relevant services to provide early support in order to prevent problems escalating.

6.17 The food that children eat in schools should be healthy: Government continues to be committed to statutory nutritional

standards for school meals and the work of the School Food Trust, which will continue to advise Government on food in schools. Schools are also places where children can learn to grow, prepare and cook food, which can equip them with valuable knowledge about preparing nutritious meals.

6.18 However, central government has too often dictated what should be done in schools and how they should do it. The Government's new approach is to put the power and initiative in the hands of schools themselves – they are best placed to judge what is right for their pupils, and to support and learn from each other – and not to burden them with tick-boxes. The Government's role is to support schools to tackle obesity and other lifestyle issues by helping them to access the best evidence and through professional development. Therefore, **we will use the new 'Teaching Schools' programme to explore how schools can play a role in supporting pupils' health and wellbeing**. Many schools have also chosen to be Healthy Schools, taking a whole-school approach to physical activity, healthy eating, mental health and wellbeing, and health education.

6.19 We need particular care in the way we balance protection of children with freedom of choice in relation to the marketing and promotion of food. Controls on the TV advertising of food and drinks high in fat, salt and sugar to children

in the UK were phased in by Ofcom from April 2007. These rules were supplemented with self-regulatory rules for non-broadcast advertising of food to children, and extended to advertising in digital media in March 2011.

- 6.20 In addition, the Department of Health commissioned a consortium led by the National Heart Forum to undertake an analysis of the regulatory and voluntary landscape in relation to the marketing and promotion of food to children. The Food Network has considered the consortium's report and included the subject in its forward work programme.
- 6.21 It is also vital that we lead by example – we cannot exhort others to do things we cannot or will not do ourselves. For example, Government Buying Standards have been introduced in government departments and their agencies to require catering to support healthier food and more sustainable procurement.
- 6.22 We will also continue to support local areas in identifying the synergies between different agendas. For example, current knowledge suggests that a healthy diet will very often also be a sustainable diet. The Department for Environment, Food and Rural Affairs is currently funding a research project to look at the sustainability impacts of a healthy diet, which will potentially provide the evidence base to further join up work towards these two objectives.

Helping people to be more active

6.23 For the first time, in *Start active, stay active* the four UK Chief Medical Officers have provided physical activity guidelines across the life course (including specific guidelines for early years and for reducing sedentary behaviour) on the levels of activity required to achieve general health benefits.

The guidelines:

- recommend that children of pre-school age, capable of walking unaided, should be physically active daily for at least 180 minutes spread throughout the day
- emphasise the importance of vigorous intensity activity for school-age children in the course of being active for at least 60 minutes a day
- create new flexibility for adults to achieve 150 minutes of physical activity every week.

Start active, stay active will help to shape messages through Change4Life and physical activity provision at a local level.

6.24 Given the important health benefits that physical activity brings, we are working with representatives of the physical activity sector to define a new national ambition for physical activity, which will complement and support our collective aims for obesity.

6.25 The Responsibility Deal's Physical Activity Network will build on the guidelines by encouraging and assisting people to become more physically active. More

than 150 organisations have signed up to at least one of five 'Collective Pledges' covering communities, promotion of the new UK guidelines for physical activity, active travel, physical activity in the workplace and tackling barriers (real or perceived) to participation in physical activity.

6.26 The Network also has several ambitious 'Individual Pledges'. For example, StreetGames has pledged to help 50,000 young people in deprived areas to access sport opportunities in their local communities. We are aiming for a ten-fold expansion of the Network and will be announcing new Collective Pledges in the coming months.

6.27 The 2012 London Olympic and Paralympic Games offer the 'once in a lifetime' opportunity to inspire the nation to become more active. Much is already under way to secure a sport and physical activity legacy for the Games, which will translate into health benefits. For example:

- The School Games will create the opportunity for every school and every pupil to participate in competitive sport. They are designed to give every pupil, especially the least active, the chance to participate, compete and develop their talents, by offering them a wide range of sports from which to choose. Linked to this, we will be extending Change4Life Sports Clubs into primary schools. The main focus is making sure that the most inactive pupils in school

are inspired to take part in sports clubs, often for the first time. These primary school clubs will build on the 3,000 already operating in secondary schools, engaging over 50,000 pupils so far. No matter what their experience, ability or disability, the School Games and the Change4Life Sports Clubs will have something to offer for all children and young people.

- Places People Play is a £135m initiative which will make the benefits of London 2012 visible in cities, towns and villages across the country. Investment in regionally significant multi-sport facilities, modernising and extending clubs and opening up local facilities for community sport, and protecting playing fields will help to transform the places where people play sport. Some 40,000 Sport Makers will be recruited, trained and deployed as the next generation of sports volunteers to organise and lead grassroots sporting activities.
- Sportivate will give up to 300,000 participants aged between 14 and 25 the chance to receive six to eight weeks of coaching in a sport of their choice.
- Gold Challenge is an independent initiative which aims to motivate over 100,000 people to test themselves in multiple Olympic and Paralympic sports, and raise over £20m for charity by the end of 2012.
- Government will lead by example through two specific initiatives to

use the Games to create more active and productive workplaces. The NHS Challenge aims to get 2,012 NHS employees active across each of the 152 NHS trusts, equating to 25–30% of the NHS workforce. We will extend this approach to approximately 515,000 civil servants across government through the Civil Service Physical Activity Challenge.

6.28 We will also take further steps to make it easier for people to opt for 'active travel', rather than relying on driving or using public transport:

- The Department for Transport announced a new funding stream in 2010 for local authorities to increase local sustainable travel. The £560m Local Sustainable Transport Fund will fund local delivery projects from 2011/12 to 2014/15. 'Actively promoting increased levels of physical activity' is one of 12 criteria according to which bids are being assessed.
- The National Standard for cycle training, promoted as Bikeability in England, has been designed and developed with the aim of giving people the skills and confidence to cycle safely and well on today's roads. The Department for Transport is providing £11m to support Bikeability training in 2011/12. This will help up to 275,000 10–11-year-olds to benefit from 'on-road' cycle training and is part of our ongoing commitment to Bikeability for the length of this Parliament.

- The Department for Transport will also continue to part-fund Links to School projects during 2011/12, which provide safe cycling and walking routes between schools and the National Cycle Network. This builds upon the important evidence for cycling emerging from the Cycling Cities and Towns.

6.29 NHS Choices will also continue to provide advice and tools to help individuals at different life stages to become more active, to eat more healthily, to maintain a healthy weight and to lose weight if needed – for example, through the popular Couch to 5K application aimed at those who would like to train for a mass participation event, the new BMI calculator and tracker, and tailored information about calorie intake.

Transforming the workplace and the wider environment – for health and for the economy

6.30 The Foresight report highlighted the fact that we now live in an environment that our biology isn't designed for, and one that makes it harder to make the healthier choice. While some of these environmental issues can be addressed at the local level, others can best be tackled nationally.

6.31 For many of us, the workplace is an important environment where we spend much of our time and where we develop habits about what we eat and how active we are (and habits which can then affect the way our families behave). As the working population spend a good deal of

their time either getting to and from or at the workplace, opportunities for activity are particularly important. Schemes that make time available in lunchtimes for activity, encourage regular breaks from sitting and offer incentives for active travel are needed to help the workforce to reach recommended physical activity levels.

6.32 Many employers have taken up a major challenge to improve the health of their workforce through the Responsibility Deal. They recognise the benefits this can bring, to their organisations in terms of productivity and reputation, and to wider society as an expression of their corporate social responsibility.

6.33 The Responsibility Deal's Health at Work Network is working to build on this and has made significant progress. Pledges already made by Network members include promoting consumption of fruit and vegetables in staff canteens and provision of calorie information.

6.34 In addition to galvanising further action by other employers, in government we also have a responsibility towards our own workforce. As set out earlier in this chapter, we are committed to providing healthier choices in relation to food in our workplaces and to promoting activity and active travel.

6.35 Planning is a powerful lever and a major contributor in influencing the wider determinants of health. At community

level, the planning system is increasingly recognised as a vital tool for influencing the environment in a way that builds and supports strong, vibrant and healthy communities.

6.36 The Department for Communities and Local Government has consulted on a new National Planning Policy Framework. One of the core planning principles set out in the proposed framework is that planning policies and decisions should take account of and support local strategies to improve health and wellbeing for all. In addition, in the local plan-making section, one of the proposed requirements is that local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population, including expected future changes, and any information about relevant barriers to improving health and wellbeing. This should promote engagement between the local authority, healthcare organisations, local community representatives and other interested parties to ensure that local and neighbourhood plans reflect the needs and priorities of local communities. Other roles the planning system can play to support health and wellbeing are outlined in the sustainable communities section of the proposed framework.

Speaking directly to individuals and families through Change4Life

6.37 Change4Life is one of the most recognised and trusted brands in health promotion. We will build on and enlarge Change4Life's role, fully harnessing the reach and influence of a coalition of partners.

6.38 **We are publishing alongside this document a new Change4Life strategy, which underlines our commitment to the brand and sets out in more detail the messages we will focus on and how we will work with a wide range of partners to deliver them.**

6.39 We will expand Change4Life to cover all nutrition-related messaging (including a new focus on the key area of calorie reduction) and to other topics that have relevance to our target audiences, such as the harmful effects of drinking alcohol above the recommended daily limits.

6.40 We will continue the programme's natural expansion into early years (via its sister brand, Start4Life) and into advice for middle-aged adults.

6.41 **Government will devote approximately £14m to Change4Life in 2011/12,** which will fund those elements of the programme, such as consumer insight, national advertising, digital content and a customer relationship management programme, which are best done once and from the centre. We have established a

regular calendar of events, which partners will be encouraged to support through local activities, services, products and offers or their own calendar of related activity to suit their own business timeframes.

6.42 Change4Life's success has been driven not just by government investment but also by the efforts of many different partners, who have used it as a springboard for their own efforts. These include over 55,000 Change4Life 'local supporters' – public-spirited individuals and professionals who give time and effort to the promotion of Change4Life's goals within their communities. **We will look to move from a relationship where we ask them to support our initiatives to one where we ask them what they need from us and provide them with the support they request.**

6.43 Change4Life has always worked closely with the commercial sector, including media owners, the fitness industry, play providers and food and drink manufacturers and retailers. Going forwards, **we will continue to work with commercial sector partners to encourage further engagement in the Change4Life movement.** In keeping with the broader Responsibility Deal, partners are already moving beyond communications towards more structural changes in the way they support Change4Life, for example via money-off vouchers for healthier products and building diet and physical activity into employee wellness programmes.

7. REALISING THE POTENTIAL FOR CHANGE

- 7.1 This *Call to action* underlines the scale of the threat to our health and wellbeing, to the NHS and to the economy as a whole posed by current levels of overweight and obesity. Its core message is about the opportunity offered by a new approach to public health in general – and effort on overweight and obesity in particular – to deliver a step-change in support for individuals to improve their health.
- 7.2 That step-change will depend crucially on the combined contribution of a wide coalition of partners – public, private and third sector, at national and local level. The Government is committed to playing its full part. It will drive forward with the range of initiatives set out in this document. It will continue to engage delivery partners at national level and to encourage their contribution through initiatives such as the Public Health Responsibility Deal. And it will seek to secure continuity of delivery and stability of services through a smooth transition from present arrangements to the new public health system.
- 7.3 If preventing and tackling overweight and obesity is ‘everybody’s business’ it is important for all with a part to play to know what progress is being made and to consider what more might be done. The new national ambitions provide a clear aspiration for us all to aim for. The new National Ambition Review Group for obesity will draw together a wide coalition of partners to review progress on obesity and enable us collectively to take stock, based on the latest and most accurate data.
- 7.4 Population-level data will provide powerful indicators of progress. But our aspiration is equally for change to be felt at the level of communities and individuals. If we all play our part, communities will start to benefit from the support that a comprehensive strategy on obesity at local level can generate, led by local government but involving the NHS, local employers and charities. Families and individuals will start to benefit from a wide range of integrated support, including improved preventive advice and information, more opportunities to make healthier food and drink choices and increase physical activity levels, nationally co-ordinated initiatives in areas such as health at work, education and transport, and tailored services where necessary to help them lose weight.
- 7.5 It is the combination of progress across the whole population and tangible improvement in support available to each of us on our behaviour change journey that will be the true mark of the success of the new approach. The Government invites all those committed to preventing and tackling overweight and obesity to respond to this *Call to action* and play their part.

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