Equality Analysis

A call to action on obesity in England

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Equality analysis

Standard template for DH staff

Prepared by the Equality and Inclusion Team, Department of Health

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help Department of Health staff members to comply with the general duty.

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Equality analysis

Title: *A Call to Action on Obesity in England*

Relevant line in DH Business Plan 2011-2015**:**

The public health White Paper, *Healthy Lives, Healthy People* (section 4.1.ii in the DH Business Plan), included a commitment to publish a linked document on obesity.

What are the intended outcomes of this work?

As set out in the White Paper, the Government is committed to tackling the major public health challenge presented by high levels of overweight and obesity in England. Excess weight is a significant risk factor for diseases such as Type 2 diabetes, cancer and heart disease. It can also affect individuals' ability to get and hold down work, their self-esteem and their underlying mental health. Overweight and obesity costs the NHS more than £5bn each year and has wider impact on economic development.

The *Call to Action on Obesity* sets out the Government's ambitions in relation to excess weight in England, which are to achieve:

- 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

The *Call to Action* sets out how the new public health and NHS systems will enable the wide range of partners with a role to play to take more effective action on preventing and addressing overweight and obesity. Key elements of the new approach include an enhanced role for local areas and a national-level focus on population-level action.

As part of the new approach to obesity, the Government also makes clear that, given the different levels of risk faced by different groups, it is vital that action on excess weight reduces health inequalities. It emphasises that particular attention needs to be given to specific socioeconomic and ethnic groups and to disabled people and people with mental health needs.

Who will be affected?

As set out above, the Government's aim is to reduce levels of overweight and obesity in the population and to prevent weight gain among those with a healthy weight.

In order to achieve this, the new approach to obesity will empower local leaders and decision-makers, and encourage business and voluntary sector partners to make a significant contribution.

Evidence

What evidence have you considered?

The new approach to obesity, as set out in the Call to Action, has been informed by analysis of two key sources:

- The Health Survey for England (HSE), which provides annual data on levels of overweight and obesity in adults
- The National Child Measurement Programme (NCMP), which provides annual data on levels of overweight and obesity in children aged 4 to 5 years and 10 to 11 years old

The HSE provides data at a national and Regional level; the NCMP provides data at national and local area (LA /PCT) level.

It has also been informed by additional analytical work carried out by key partners – in particular the National Obesity Observatory, which has developed a number of reports and data briefings relevant to a number of the equality groups that this analysis relates to.

Disability

There are no population-level data on obesity prevalence in people with physical disabilities. Monitoring of obesity and overweight in people with physical disabilities can be problematic due to practical difficulties with weighing and measuring. For example, legal advice sought as part of the National Child Measurement Programme, which measures Reception and Year 6 pupils in all English maintained primary and middle schools, advises that, to satisfy legal requirements of the programme, only children who are able to stand on weighing scales and height measures unaided should be weighed as part of the NCMP.

Obesity appears to be more common among people with learning disabilities.[1] Health checks have shown that people with learning disabilities had a higher rate of obesity (35%) than the general population (23%).[2]

In terms of mental health, there are bi-directional associations between mental health problems and obesity.[3] The mental health of women is more closely affected by overweight and obesity than that of men. There is strong evidence to suggest an association between obesity and poor mental health in teenagers and adults. This evidence is weaker for younger children. The relationships between actual body weight, self-perception of weight and weight stigmatisation are complex and this varies across cultures, age and ethnic groups.

Sex

Evidence suggests that, at present, obesity and overweight prevalence is similar in males and females. The latest available figures (2009) suggest that 23% of adults in England are obese.

[1] Obesity in people with intellectual disabilities: the impact of nurse-led health screenings and health promotion activities; Marshall D, McConkey R, Moore G; J Adv Nurs (2003);41(2):147-53.
[2] Improving the general health of people with learning disabilities; Kerr, M; Advances in Psychiatric Treatment (2004); 10: 200-206
[3] Obesity and mental health, National Obesity Observatory, March 2011

Evidence also suggests that the rate of increase in prevalence is greater in males than in females. Analysis by the 2007 Foresight report – *Tackling obesities: Future Choices*[4] – suggests that by 2050 60% of men and 50% of women will be obese.

Race

There is no straightforward relationship between obesity and ethnicity, with a complex interplay of factors affecting health in minority ethnic communities in the UK[5], although it is clear that different ethnic groups have very different levels of susceptibility to becoming overweight or obese.

Prevalence of obesity among 4 to 5 year olds is highest in Black African children, followed by Bangladeshi children. By the age of 10-11 years the patterns between boys and girls begin to differ, with the highest levels of obesity reported in Bangladeshi boys (30.7%) and boys of other Asian descent (25.7%), compared with Black Other girls (27%)and Mixed Race girls (19.1%).[6]

The Health Survey for England's 2004 report on the health of ethnic minorities 1993-2004 suggests that among adults certain minority ethnic groups, and principally females from those groups, may have more pressing needs in relation to excess weight problems. It must be noted, however, that datasets for some minority ethnic groups in the survey are relatively small and it is therefore difficult to make reliable predictions. The available data shows wide variation in obesity prevalence rates in different ethnic groups. It shows males from minority ethnic groups appear to have markedly lower obesity prevalence rates than those in the general population. Black African and Bangladeshi females appear to have higher obesity prevalence rates than the general population.[7]

The 2004 Health Survey for England showed similar trends in males from ethnic minority groups, with the exception of Black Caribbean (25%) and Irish (27%) males. Prevalence was highest in Black African (39%), Black Caribbean (32%), and Pakistani (28%) women.

Foresight projections to 2050[8] suggest Black African females and Pakistani males and females are the only minority ethnic groups that will share the trend (though slightly attenuated) for the general population. All other ethnic groups appear to be becoming less obese or becoming more obese at a slower rate than the general population.

However, evidence on international trends suggests that increasing prevalence of excess weight is a global phenomenon; it is rising across the developed countries and, increasingly, in developing countries. Furthermore, there is no evidence to suggest that any population group is immune when in a developed environment.[9]

There is insufficient evidence to explain why certain ethnic minority groups are more likely than

[4] Foresight (2007) Tackling obesities: Future choices – Project report. Government Office for Science
[5] Obesity and ethnicity, National Obesity Observatory, January 2011
[6] National Obesity Observatory (2010) NCMP: changes in BMI comparisons between 2006/07 and 2009/10
[7] NHS Information Centre (2005) Health Survey for England 2004 – The health of minority ethnic groups
[8] Foresight Tackling Obesities: Future Choices – Modelling future trends in Obesity and the impact on Health; Government Office for Science (2007); p.19
[9] Foresight Tackling Obesities: Future Choices – International Comparisons of Obesity Trends, Determinants and Responses – Evidence Review; Government Office for Science (2007); p.1

the general population to have problems with excess weight. Some evidence suggests that particular ethnic minority groups may have a greater genetic susceptibility to developing the adverse health consequences associated with obesity, especially diabetes. This is thought to be a consequence of an underlying genetic susceptibility, but may be exacerbated by adverse environmental circumstances associated with dietary imbalances and inactivity. For example, the 2004 HSE report on ethnic minority groups found that Bangladeshi and Pakistani males and females reported the lowest levels of physical activity.

Age

According to the latest statistics (2009), around 23% of adults are obese and an additional 38% overweight. Among 2 to 15 year olds, 16% are obese and 14% overweight. Projections carried out on the basis of available data and set out in the 2007 Foresight report suggested that 60% of adult men, 50% of adult women, and 25% of children will be obese by 2050, with around 35% of adults, and 30% of children overweight.[10]

Levels of excess weight in children are a particular cause for concern because of evidence suggesting a "conveyor-belt" effect in which weight problems in childhood can continue into adulthood. For example, a US study found that 55% of obese 6-9 year olds and 79% of obese 10-14 year olds remained obese into adulthood.[11]

The 2009 Health Survey for England suggests that prevalence of excess weight is highest in the 45-74 yrs age group, with over 30% obese in these ages and over 40% overweight (41% overweight in 45-54 yrs, 44% overweight in 55-64 years, 48% overweight in 65-74 yrs).

Gender reassignment (including transgender)

There is no available evidence regarding gender reassignment and overweight and obesity.

Sexual orientation

There is no available evidence regarding sexual orientation and overweight and obesity.

Religion or belief

There is no available evidence regarding religion or belief and overweight and obesity.

Anecdotal evidence suggests that barriers, such as cultural attitudes towards acceptable forms of dress, may exist for some females from certain faiths in pursuing particular types of physical activity in public.

Pregnancy and maternity

[10] Foresight (2007) Tackling Obesities: Future Choices – Project report; Government Office for Science

[11] Predicting obesity in you adulthood from childhood and parental obesity; Whitaker RC Wright JA, Pepe MS, et al.; N Engl J Med 1997; 337:869-73

About half of women of childbearing age are either overweight or obese. At the start of pregnancy, 15.6% of women in England are obese [12].

During pregnancy and childbirth, obesity presents a series of health risks to the foetus, the infant and to the mother.

Maternal obesity and weight retention after birth are related to socioeconomic deprivation [14]. 34% of pregnant women living in England with a BMI ≥35 were in the most deprived quintile, compared to 27.6% for all maternities[13] . Other factors that appear to predispose women to maternal obesity include increased parity (number of times given birth) and increasing age.

Carers

There is no data available to suggest that carers are disproportionately affected by overweight or obesity.

Other identified groups

Different socio-economic groups experience varying levels of overweight and obesity. The National Obesity Observatory's 2010 data briefing on obesity and socioeconomic status[14] and the NHS Information Centre's analysis of NCMP results indicate that:

- Overall, for women, obesity prevalence increases with increasing levels of deprivation, regardless of the measure used. For men, only occupation-based and qualification-based measures show differences in obesity rates by levels of deprivation
- Among women, most measures show that lower socioeconomic status is associated with a greater risk of obesity. The pattern is less straightforward for men, with only some measures showing a clear relationship between obesity and deprivation.
- Obesity in women rises steadily with falling household income, and there is a significant difference in prevalence between the highest and lowest income groups. The differences are smaller for men and the trend is less clear-cut.
- Obesity is also associated with educational attainment. Obesity prevalence is higher in both men and women who have fewer qualifications.
- The Index of Multiple Deprivation (IMD) 2007 shows that women living in more deprived areas have higher levels of obesity than those in less deprived areas. There is no clear pattern for men.
- The National Child Measurement Programme data shows a clear correlation between the level of deprivation of the area in which a school is located and the level obesity of children at the school [15]

[12] The National Institute of Clinical Excellence (NICE) – 'Dietary interventions and physical activity interventions for weight management before, during and after pregnancy.' (July 2010)
[13] The Centre for Maternal & Child Enquiries (CMACE) – 'Maternal obesity in the UK: findings from a National Project' (Dec 2010)
[14] National Obesity Observatory, Obesity and ethnicity , January 2011
[15] NHS Inforamtion Centre: National Child Measurement Programme: England, 2009/10 school year

Engagement and involvement

Was this work subject to the requirements of the cross-government Code of Practice on Consultation?

No.

How have you engaged stakeholders in gathering evidence or testing the evidence available?

The Department of Health funds the National Obesity Observatory and the Obesity Learning Centre to take forward work on its behalf with regard to building data and evidence. Their workplans and priorities are informed by steering groups (with representation from DH and other partners) and by input from a wider range of partners.

The engagement process that has helped to inform the development of the new approach to obesity has also provided a wide range of partners with opportunities to highlight specific issues. This has included input from the Department of Health's expert advisory group on obesity.

How have you engaged stakeholders in testing the policy or programme proposals?

The development of the new approach to obesity has been informed by engagement with a wide range of external partners. This primarily took place through two linked events held in March 2011, where partners were invited to share their views on the action required to address obesity and to shape the Government's thinking. Additional engagement took place through meetings and further discussions.

Partners involved in developing and testing the proposals have included:

- representatives from local areas with particular population characteristics (eg high levels of deprivation or particular minority ethnic groups)
- organisations and practitioners with experience of providing services to a wide range of individuals and families
- voluntary sector organisations representing the interests of people experiencing specific health conditions

The new approach has also been informed by the Department of Health's expert advisory group on obesity, through ongoing discussions, and by responses to the consultation on the public health White Paper.

The *Call to Action* sets out the Government's intention to ensure an ongoing review of progress against the national ambitions on obesity, through an obesity National Ambition Review Group to be chaired at Ministerial level. This will provide a key mechanism for ensuring ongoing engagement with partners on the implementation of the new approach and areas for potential further improvement, and consideration of how specific population groups are being affected.

Summary of Analysis

Here we set out how key elements of the new approach to obesity, as set out in the *Call to Action*, are expected to enable more equitable action and improve outcomes across the whole

population.

It should be noted that an equality analysis to support the *Healthy lives, Healthy People* White Paper has already been published, focusing mainly on the policy intentions relating to the creation of the new public health system. It is expected that further equality analyses will be published in relation to the overarching public health system as policy decisions are developed and finalised and as we move towards implementation. This equality analysis for the *Call to action on obesity* therefore does not seek to repeat the discussion and conclusions relating to the new public health system as a whole.

1. A new focus on the lifecourse

Key to the Government's new approach to obesity is the focus on addressing the issue right across the lifecourse, rather than solely within specific age groups. This is reflected in the two national ambitions set out in the *Call to action*. This approach is in line with the recommendations of both the Marmot Review, *Fair Society, Healthy Lives*, and the conclusions of the Foresight report on obesity. The move to a lifecourse approach has also been supported by partners during the engagement process.

A consequence of the move towards the lifecourse approach will be greater emphasis on supporting individuals who are overweight or obese in moving towards and maintaining a healthier weight. This is due to the fact that the majority of adults in England are already overweight or obese, and a comprehensive approach to obesity across all age groups will therefore require a rebalancing of efforts in terms of prevention and treatment. Given the evidence set out above that some of the protected groups are disproportionately at risk of excess weight, the lifecourse approach and consequent higher prioritisation of providing support to individuals who are overweight or obese has greater potential to deliver positive outcomes.

The lifecourse approach is reflected in the two new national ambitions. There is a risk that the ambitions could be achieved across the population without improved outcomes for specific sub-groups. This has been recognised by the Government making clear that, as part of the new approach to obesity, it is vital that action on excess weight reduces health inequalities. The *Call to action* emphasises that particular attention needs to be given to specific socioeconomic and ethnic groups and to disabled people and people with mental health needs. The obesity National Ambition Review Group, to be established to assess progress against the ambitions, will also be able to consider data relating to specific sub-groups as well as the population as a whole.

2. A new emphasis on local level leadership

The Government's new strategy for public health, as set out in the White Paper, places significant emphasis on the new enhanced role for local areas in relation to health improvement, informed by a deep understanding of the needs and requirements of local communities.

As set out above, this equality analysis does not seek to replicate the equality impact assessment published alongside *Healthy Lives, Healthy People*. However, in summary, the enhanced opportunities for local-level leadership and action will enable more effective and equitable action on obesity by:

- Enabling local government and its key partners to have the freedom to determine the local approaches which work best for local people and for specific population groups facing the greatest challenges

- Bringing together, through health and wellbeing boards, a wide range of partners with a role to play and with experience of working with different communities/population groups, and ensuring a comprehensive approach to obesity put in place to reflect issues identified in JSNA

- Harnessing the full range of local government responsibilities eg around transport and planning to address the wider determinants of health highlighted by the Marmot review

The *Call to action* sets out how the Government will support and enable local areas in implementing their new enhanced responsibilities for public health. This will include two key aspects:

a. Facilitating the sharing of best practice and new evidence

It will be vital that local decision-makers have access to the latest evidence and insights in relation to tackling obesity – particularly as the evidence base in relation to a number of aspects is in its early stages. The National Obesity Observatory and the Obesity Learning Centre are continuing to provide an important resource for local leaders, commissioners and practitioners and support them in making effective decisions about how best to meet the needs of their local populations.

Plans for how Public Health England will deliver on this aspect of its remit are in development and it will be important that evidence and insight in relation to specific population groups, including those with protected characteristics, is core to this function.

To provide further support to local areas, we have asked NICE to develop guidance to assist health professionals in identifying obesity in Black and Ethnic Minority groups.

b. Ensuring that local areas have access to robust data

In order to make effective decisions about preventing and tackling obesity in their local communities, local areas need access to robust prevalence data.

The new approach to obesity includes a commitment to continuing the National Child Measurement Programme and, from 2013, requiring the continued delivery of NCMP by local authorities. The NCMP provides information on obesity prevalence in Reception and Year 6 in primary schools, by sex, ethnicity and socio-economic status. The NCMP ensures that robust and reliable data on levels of overweight and obesity in children, down to local level, are freely available. This data is extremely important in informing local policies, public health planning and in enabling local areas to target interventions to areas where obesity levels are greatest.

It should be noted, however, that it is not appropriate for some children's measurements to be included in the data set, as BMI as a measure is not suitable for some children e.g. those with a growth disorder. The NCMP Regulations also state that "Only children able to stand on weighing scales and height measures unaided should be weighed and measured for the

NCMP; children who are unable to do so are legally exempt from participation and should not be included". However, PCTs delivering the NCMP do have a duty to make reasonable adjustments in the way the programme is delivered to children with physical disabilities and special educational needs and should work with schools to try and offer an alternative provision.

The *Call to action* also sets out the Government's intention to ensure – for the first time – that local areas have access to prevalence of overweight and obesity among adults. The survey collecting this data will also collect data on a range of demographic characteristics of respondents, including age, gender, ethnicity and a measure of socio-economic status.

Thus, local areas will have access to local data on children from the NCMP, and on adults from survey questions being developed. With this data, local leaders will be able to plan their response to the local challenge of overweight and obesity across different demographic groups.

3. National-level action

As part of the new approach to obesity, the Government will take forward a number of key actions. These relate to population-level interventions – ie actions that are intended to support behaviour change across the population. Examples of the key Government-led actions are set out below:

Working with business and other partners through the Public Health Responsibility Deal

A key element of the Government's new approach is increasing the role that business plays in improving the health of the nation. The Public Health Responsibility Deal, launched in March 2011, has been established to maximise the benefits of partnership working between public health, commercial and voluntary organisations. In particular it recognises that businesses have both the technical expertise to make healthier products and the marketing expertise to influence purchasing habits, which has great potential to improve public health and tackle health inequalities.

Pledges made through the Responsibility Deal operate primarily via 'supply-side' changes – that is, they are intended to make environmental changes that do not necessarily require significant changes in consumer habits. It is intended that these changes are applied universally rather than targeted at a specific group or groups, and therefore are unlikely to give rise directly to issues of discrimination or inequality in principle. For example, through the Responsibility Deal Food Network, several companies have signed up to provide voluntary calorie information for standardised food and non-alcoholic drink for their customers in out of home settings from 1 September 2011.

At the time of writing, the details of a calorie reduction pledge are also being developed and include a set of principles to guide actions by business in pursuit of the pledge. One of the draft principles is intended to avoid unintended consequences, and refers explicitly to avoiding exacerbating health inequalities.

In practice, and as with any agreement evolved at a national level, it is likely that business participants will generally comprise larger companies with a nationwide presence, giving rise to

a risk that the benefits of Responsibility Deal initiatives will be restricted to a subset of consumers. To mitigate this risk, the Department has produced guidance for SMEs and is seeking to engage with them through relevant representative bodies. We are also exploring how action might be taken at a more local level to broaden the scope of participation.

The Responsibility Deal Physical Activity Network promotes a collective pledge to "tackle the barriers to participation in physical activity faced by some of the most inactive groups in society". Equity groups promoting access to sport and physical activity opportunities for women and BEM communities are active members of the network. We are monitoring numbers of organisations who have signed up to each of the network's collective pledges and will be asking organisations to provide an annual self report on their progress.

Empowering people to make healthier choices about food and activity

Government will play an important role in supporting the provision of effective information to the public to enable people to make informed choices and change their behaviour. A key element of this will include the Change4Life programme. The key priorities for Change4Life for the next three years were set out in *Changing behaviour, improving outcomes: A new social marketing strategy for public health*, published in April 2011. More specific detail is set out in the Change4Life marketing strategy subsequently published alongside the *Call to action on obesity*. The equality analysis for the overarching *Changing behaviour, improving outcomes* strategy sets out the research, analysis and stakeholder engagement that has informed the development of Change4Life's future work programme. It also summarises its potential to make a positive impact on equality groups - by reducing the barriers that currently exist, bolstering motivation to change/adopt healthier behaviour among less-engaged groups, and by increasing access to information and other forms of marketing-driven support.

The new guidelines on physical activity are another example of the role that central Government can play in providing evidence-based information to support behaviour change. Published in July 2011 by the four home country Chief Medical Officers, *Start Active, Stay Active* is the culmination of a review of existing guidelines against the latest international evidence that started in June 2009. One of the specific questions experts were asked to consider as part of the development process was whether physical activity guidelines needed to be modified for children, adults or older people with disabilities or chronic disease. Similarly, they were asked for views on whether the scientific evidence for the health benefits of physical activity suggest that guidelines should vary for women and men or for different population groups based upon race and ethnicity. In response to these questions, *Start Active, Stay Active* includes a clear statement that the guidelines apply to everyone in each specific age group, irrespective of gender, race or socio-economic status, but should be interpreted with consideration of individual physical and mental capabilities. Experts also noted that communication strategies and 'messaging' of the physical activity guidelines to different sub-populations may need to differ in order to be most effective, as reflected in the final report.

Eliminate discrimination, harassment and victimisation

We expect that the new approach to obesity will not have an adverse effect in terms of discrimination, harassment or victimisation.

There is some anecdotal evidence that discrimination against individuals who are overweight

or obese may occur, for example, among potential employers. However, while evidence shows there is an elevated risk of excess weight across some of the equality groups (protected characteristics), overweight and obesity is prevalent across all population groups.

Advance equality of opportunity

We expect that the new approach to obesity will provide greater equity in terms of the prevention and 'treatment' of overweight and obesity – for example through the focus across the lifecourse, and through local leadership and action based on detailed knowledge of local community needs.

Promote good relations between groups

There is no evidence that the issue of obesity is a cause of tension within or between the protected characteristics. We expect that the new approach to obesity will not lead to a deterioration of relations between groups.

What is the overall impact?

Based on the evidence available and consultation with partners, we expect that the new approach to obesity will enable more effective action by a range of partners with regard to both preventing obesity and helping people who are already overweight to reach and maintain a healthier weight. As set out above, we also expect that the new approach to public health with increased emphasis on local leadership will enable more effective understanding of and reach to specific population groups. And, given the evidence that some of the protected groups are disproportionately at risk of excess weight, the lifecourse approach and consequent higher prioritisation of providing support to individuals who are overweight or obese has greater potential to deliver positive outcomes.

It will be important that this is monitored in as much detail as possible, for example through the new obesity National Ambition Review Group.

Addressing the impact on equalities

This equality analysis has not identified a risk that the new approach set out in the *Call to action* will lead to adverse outcomes for specific equality groups. There is, however, further potential action that can be taken in order to monitor this, to ensure that national-level activity does not create adverse outcomes, and to support local areas in achieving effective outcomes for the full breadth of their local populations. These are set out in the action planning section below.

Action planning for improvement

There are a number of key areas for action. These are set out in the action plan at the end of this document, but in summary relate to:

- Conducting effective engagement with partners in relation to ongoing monitoring of progress against the new national ambitions for obesity, and with regard to the development and delivery of specific national-level programmes and activities

- Ensuring that local areas continue to have access to robust data and high quality analysis in order to inform local needs assessments and decision-making

For the record

Name of person who carried out this assessment:

Gill Moffett, Obesity Team

Date assessment completed:

26 August 2011

Name of responsible Director/Director General:

Liz Woodeson, Director – Health and Wellbeing

Date assessment was signed:

13 September 2011

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	Consider how best to ensure the interests and needs of equality groups are represented through the obesity National Ambition Review Group	March 2012	GM, HIP
	Support national-level partners in enabling behaviour change among equality groups eg through promotion of specific pledges through the Responsibility Deal	Ongoing	CC and PS, HIP
Data collection	Ensure the forthcoming local measure of prevalence of overweight and obesity in adults is disaggregable by – at a minimum - sex, ethnicity and socio-economic group.	December 2011	PD, HIP
	Promote use of existing standard evaluation framework for weight management services, and forthcoming framework on physical activity interventions, among commissioners in order to increase the availability of information on the effectiveness of services for different population groups	Ongoing	KT, HIP
Analysis and dissemination of evidence	Consider scope for commissioning data briefings on prevalence of overweight/obesity in wider range of equality groups, to inform both local and national-level decision-making	March 2012	AM/GM, HIP
	Ensure development of Public Health England's function around provision of information and intelligence to local	Ongoing	RC, HIP

	areas in relation to obesity includes consideration of evidence regarding equality groups		
Monitoring, evaluating and reviewing	Consider obesity National Ambition Review Group's remit in relation to monitoring progress with regard to equality groups Ensure that evaluation plans for new national-level activities/programmes include consideration of how best to assess impact on/outcomes for equality groups	March 2012 Ongoing	GM, HIP RC, HIP
Transparency	Publish data on levels of overweight and obesity in children and adults, along with disaggregated data by equality groups where possible	Annual	RC, HIP