



Public Health  
England



# Promoting healthy weight in children, young people and families: A resource to support local authorities

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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## Foreword

Childhood obesity has been described as one of the most serious public health challenges in the 21st Century. Currently in England more than one in 5 children are overweight or obese when they begin school and one in 3 children are overweight or obese by the time they are leaving primary school. Being overweight can have serious implications for the physical and mental health of a child in the short and long term including being teased, suffering from low esteem and anxiety.

Local authorities have a critical role to play in creating healthy places in which children can thrive. This is recognised in the Government's Chapter 2 of *Childhood Obesity: a plan for action*. The plan recognises there is ambition among local authorities to tackle childhood obesity but notes there are very real obstacles to achieving this and a disparity in action across the country. The Government will develop a trailblazer programme to support local authorities and show what can be achieved within existing powers.

This resource aims to support local authorities, Clinical Commissioning Groups, NHS providers, and voluntary and community sector organisations by providing in one document the latest evidence, resources and data to encourage a systematic approach to creating local environments that promote healthy weight in children. The document has been informed by a wide range of partners and shows that there is considerable scope for action. It has also been developed in conjunction with Public Health England's whole systems obesity programme and can be used at various stages in the whole systems obesity process.

It is designed to be used as a whole document or each section can be used as a standalone briefing for specific council departments.

We hope this resource will inspire local authorities and their partners to take action and build on what they are already doing to improve the health and wellbeing of children, young people and families.



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## Executive summary

Obesity is one of the most serious public health challenges in England. It was recognised as a complex problem by the UK Government's Foresight Programme, with multiple causes and profound inequalities by gender, ethnicity, socio economic status, geography, and disability.

This complexity demands a whole systems approach if we are to reduce prevalence and give children a healthy start in life. The resources included within this document can be used at various stages of the whole systems obesity process, which requires a coordinated collaborative approach in order to make a positive difference for children and their families at both scale and pace.

The resources will support evidence based actions for a wide range of audiences in local authority, NHS and services who have differing backgrounds and understanding of childhood obesity. This includes:

- Elected Members
- Corporate Leadership Teams
- NHS
- Public Health Teams
- Children's Services – Early Years
- Children's Services – Looked After Children
- Children's Services – Children With Disabilities
- Education, Schools And Post 16 Education
- Economic Development, Regeneration And Employment
- Highways
- Housing
- Leisure, Sport and Culture
- Parks and Green Spaces
- Planning
- Procurement
- Regulatory Services, Environmental Health And Licensing
- Communications and Marketing

The full resource can be used by public health teams to engage partners in tackling obesity, highlighting how to address their own priorities and what actions they can support. This has been achieved by bringing together key current policies and guidance documents in one place. It provides evidenced based practical advice about addressing obesity.

The document has also been designed so that each briefing can be used as a standalone resource. The individual sections provide the rationale for:

- why action is needed
- key messages
- opportunities for action
- supporting resources

The resource is complemented by a collection of local practice examples to support the actions within each of the briefings. The examples have been selected from local authorities who have taken action to tackle obesity and the collection demonstrates some of the innovative approaches they have taken.

## Introduction

Childhood excess weight is a significant health issue for individual children, their families and public health. Nearly a third of children aged 2 to 15 (28%) are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer<sup>1</sup>(see Figure 1). This can have serious implications for the physical and mental health of a child, which can follow on into adulthood and there are significant health inequalities for the poorest families. It is the ambition of this Government to halve childhood obesity rates by 2030 and significantly reduce the health inequalities that persist<sup>2</sup>. This is important in order to reduce the risk of a wide range of long term conditions, reduce the financial burden on the NHS and reduce the risks of obesity into adulthood<sup>3</sup>.



Figure 1: Demonstrates the growing problem of childhood obesity.

In 2016/17 the National Child Measurement Programme (NCMP) reported that more than one in 5 children (23.1% of boys and 22.1% of girls) are overweight or obese when they begin school and one in 3 children (36.1% of boys and 32.4% of girls) are overweight or obese by the time they leave primary school. Obesity rates are highest for children from the most deprived areas and this is getting worse. Obesity prevalence for children living in the most deprived areas is more than double that of those living in the least deprived areas for both Reception and Year 6. Obesity rates are higher in some ethnic minority groups of children (particularly Black African and Bangladeshi ethnicities) and for children with disabilities (particularly those with learning difficulties)<sup>4</sup>.

<sup>1</sup> NHS Digital (2017) [Health Survey for England 2015](#)

<sup>2</sup> HM Government (2018) [Childhood obesity: a plan for action Chapter 2](#)

<sup>3</sup> Singh A.S, et al (2008) [Tracking of childhood overweight into adulthood: A systematic review of the literature](#)

<sup>4</sup> NHS Digital (2017) [National Child Measurement Programme – England, 2016-17](#)

For most children, unhealthy excess weight (being overweight or obese) tracks from Reception to Year 6<sup>5</sup> and therefore needs to be recognised and acted upon. In 2016 the Health Survey for England estimated 23% of children aged between 11 and 15 years are obese<sup>6</sup>.

The majority of children (92.3% of boys and 90.7% of girls) do not eat the recommended minimum of 5 portions of a variety of fruit and vegetables per day and children's consumption of added or processed sugars (non-milk extrinsic) significantly exceeds the maximum recommended level<sup>7</sup>. The evidence shows that overweight and obese children consume between 140 and 500 excess calories per day, depending on their age and sex<sup>8</sup>. The National Diet and Nutrition Survey found that sugary drinks accounted for 30% of 4 to 10 year olds' daily sugar intake<sup>9</sup>. In addition to sugar consumption having an impact on children's weight, it also has a significant effect on oral health with almost one in 4 children aged 5 suffering from tooth decay<sup>10</sup>.

Low levels of physical activity and increased sedentary behaviour of children and young people exacerbate the problems of poor diet and nutrition. Around one in ten 2-4 year old children (10% of boys and 9% of girls) meet the Chief Medical Officer's (CMO) guidelines for physical activity<sup>11</sup> of at least 180 minutes of activity spread throughout the day. Excluding school-based activities, 22% of children aged between 5 and 15 years meet the physical activity guidelines of being at least moderately active for at least 60 minutes every day (23% of boys, and 20% of girls). The proportion of children meeting the CMO's physical activity recommendations is lower in those from lower income households<sup>12</sup>. The time spent being sedentary (excluding time at school) during the week and at the weekend increases with age.

Obesity is an increasing problem in women of reproductive age and could lead to a range of poor maternal outcomes such as gestational diabetes, hypertension, increased risk of caesarean section and pre-eclampsia. In England 27% of women are overweight and 21% of women are obese at the start of pregnancy<sup>13</sup>. It is important for women to be a healthy weight and follow the recommended dietary requirements during pregnancy for the benefit of a child's growth, development and long term health. There is evidence linking breastfeeding with protection against excess weight in later

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<sup>5</sup> PHE (2017) [Analysis of data from the National Child Measurement Programme \(NCMP\) in 4 local authorities from 2006 to 2015](#)

<sup>6</sup> NHS Digital (2016) [Health Survey for England 2016](#)

<sup>7</sup> PHE (2016) [Patterns and trends in child diet](#)

<sup>8</sup> PHE (2018) [Calorie reduction the scope and ambition for action](#)

<sup>9</sup> PHE (2016) [The National Diet and Nutrition Survey](#)

<sup>10</sup> PHE (2018) [National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017 A report on the inequalities found in prevalence and severity of dental decay](#)

<sup>11</sup> DH (2016) [Start active, stay active: infographics on physical activity](#)

<sup>12</sup> NHS Digital (2016) [Health Survey for England 2015. Physical activity in children](#)

<sup>13</sup> NHS Digital (2017) [Maternity Services Monthly Statistics, England](#)

childhood<sup>14</sup>. England has one of the lowest breastfeeding rates in the world<sup>15</sup>. Mothers who are young, white, from routine and manual professions and who left education early are least likely to breastfeed<sup>16</sup>. The Scientific Advisory Committee on Nutrition (SACN) highlighted evidence that UK infants are exceeding their energy requirements and noted that this is of concern in the wider evidence on the prevalence and risk of obesity<sup>17</sup>.

### **Tackling obesity is complex**

Obesity is a complex problem and the causes are affected by many factors including our behaviour, environment, biology, physiology and our society and culture. The Foresight Tackling Obesity report provided a framework to tackle obesity which recognised that the key drivers and levers to mitigate the risk of unhealthy lifestyle behaviours are not exclusive to one organisation or sector<sup>18</sup>. Some of these levers are outside the direct control of public health, but public health teams have a key role in ensuring system leadership is provided and a whole system approach is taken at a local level. There is no single solution to tackling such an ingrained problem and local action to promote healthy weight in children, young people and families requires a set of coordinated collaborative approaches to support change<sup>19</sup>. Obesity is having an impact on people's lives across the life course in relation to quality of life, the risk of developing chronic diseases such as Type 2 diabetes and links to mental health disorders. If action isn't taken, the health of individuals will continue to suffer, health inequalities will continue and the economic and social costs will continue to increase.

Local authorities, along with their partners and stakeholders, are well placed to take action and directly influence the health of their population. Many local authorities are making good progress and putting actions in place to promote healthy weight in children, young people and families. Some of this success is shared in the local practice examples accompanying this document.

### **A whole systems obesity (WSO) approach**

Public Health England (PHE), in partnership with the Local Government Association (LGA) and the Association of Directors of Public Health (ADPH) is developing a 'how to' guide for local authorities to design and deliver a local whole systems approach to support healthy weight across the life course. Developed and tested with 11 local authorities, the guide will provide support through a 6 phased process and is due for publication in spring 2019.

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<sup>14</sup> Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet Series: Breastfeeding* 1. Volume 387, No. 10017, p475–490, 30 January

<sup>15</sup> PHE (2016) [Commissioning infant feeding services: infographics](#)

<sup>16</sup> Davies, S (2014) [Annual Report of the Chief Medical Officer 2014, The Health of the 51%: Women](#)

<sup>17</sup> SACN (2018) [SACN report on Feeding in the First Year of Life](#)

<sup>18</sup> Foresight (2007) [Tackling Obesity: future choices project report](#)

<sup>19</sup> Government Office for Science (2007) [Tackling obesity: future choices](#)

Learning from the local authorities involved, suggests that a whole systems approach involves a change of mindset and a different way of working across the local authority and its local partners<sup>20</sup>. For this to happen, the leadership of elected members and the corporate leadership team is vital and this resource includes sections to engage these key stakeholders.

Pivotal to a systems approach is recognising the role of differing local partners and this resource will contribute towards making the case and sets out opportunities for action.

### **The purpose of this resource**

This resource is made up of a series of briefings to support local authority leaders, departments and services along with Clinical Commissioning Groups (CCGs), other NHS partners and non-Government agencies to promote healthy weight for children, young people and families as part of a whole systems approach. The briefings make the case for taking action to reduce childhood obesity, give examples of actions that can be taken, provide key documents that form the evidence base along with other resources that inform associated topic areas for that particular briefing note. A series of local practice examples have been gathered from local authorities who have already taken action and illustrate what work has been undertaken to deliver these programmes.

The full resource can be used by public health teams to support the WSO process to engage systems partners in tackling obesity, highlighting how this addresses some of their own priorities and what actions they can take. The resource also directly supports the identification and development of short, medium and long-term actions relevant to different systems partners.

### **About the briefings**

Each briefing has been written so it can be used as a standalone document by local authority departments and partners. It will support the local system to promote healthier food, physical activity and healthy environments in which to live, play and work, by providing evidence based, effective services and interventions thus promoting social justice and equality.

Each briefing follows the same format and has been produced in consultation with a wide range of stakeholders. The full suite of documents is also available in this document as a single reference point for public health teams.

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<sup>20</sup> LGA (2017) *Making obesity everybody's business; A whole systems approach to obesity*

The individual briefings outline the following:

### **Why action is needed**

Provides an explanation why action on childhood obesity is needed to support the work of the particular service, local authority department, NHS commissioners and providers of primary, community, mental and secondary health services.

### **Key messages**

This section outlines how action can be taken by working through the responsibilities and likely policy priorities for each particular service area.

### **Opportunities for action**

Examples of actions have been provided where there is evidence and consensus that they will make a difference. They have not been selected as part of a systematic review of the evidence, and the list is not exhaustive. The order in which the statements are made should not be seen as a ranking of the interventions. Particular actions may already be in place at local level either fully or partially. Local authorities may find these opportunities for action as a useful tool to demonstrate progress to the Health and Wellbeing Board in supporting healthy weight in children, young people and families.

### **Supporting resources**

The key resources have been identified for each briefing, providing the evidence base for the opportunities for action.

### **Useful resources**

This is additional information and resources which may be useful to support the case for action and the proposed actions.

### **Local practice examples**

These examples illustrate actions already taken by local authorities to tackle childhood obesity which are demonstrating early signs of progress. The examples have been selected because they are emerging actions that are yet to be comprehensively adopted across the country and because they do not require high levels of investment to replicate. The template used for each example gives a concise summary of the benefits, challenges and outcomes providing officers with a real understanding of the work that would be required to deliver them.

The full collection of practice examples is published as a separate document to this resource.

The briefings cover the following local authority departments and services:

- Elected Members
- Corporate Leadership Teams
- NHS
- Public Health Teams
- Children's Services – Early Years
- Children's Services – Looked After Children
- Children's Services – Children With Disabilities
- Education, Schools And Post 16 Education
- Economic Development, Regeneration And Employment
- Highways
- Housing
- Leisure, Sport and Culture
- Parks and Green Spaces
- Planning
- Procurement
- Regulatory Services, Environmental Health And Licensing
- Communications and Marketing

In addition to this resource, the regional PHE Centres teams offer support to local authorities. This is through regional networking meetings, workshops, providing advice and directing individuals to reliable online resources to encourage local authorities to take action on reducing obesity in the local area. There is a dedicated marketing partnership team who also support local authorities implement national behaviour change campaigns at a local level. Finally, to support local authorities providing the case for tackling obesity and commissioning services in their local area, **PHE Fingertips** provides a rich source of data and information.

## Briefing for Elected Members

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

### Why action is needed

Childhood obesity and excess weight are significant health issues for children, young people, and their families. It can have serious implications for the physical and mental health of a child, which can then follow into adulthood. The Government is committed to tackling obesity and in June 2018 published *Childhood obesity: a plan for action Chapter 2* with the ambition to beat the challenge of childhood obesity. The plan details that the Government has set a national ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.

The *Childhood obesity: a plan for action* in 2016 laid strong foundations to tackle childhood obesity and achieved some important successes, but recognises further action is required. The key actions are to continue the work on sugar reduction, calorie reduction, advertising and promotions, local areas, and schools. However, due to the complexity of obesity, it is clear that to achieve sustained progress everybody needs to get involved because tackling obesity is not straightforward.<sup>21</sup> All local authorities (unitary, upper and lower tier) can take action and influence through the planning system, food procurement and sales; by commissioning healthy eating, physical activity and lifestyle management services for children, young people and families; and by taking local action that builds on the national Government actions such as the introduction of a levy on sugary drinks.

Elected members can play a key role in ‘championing’ and promoting the importance of healthy weight in children, young people and families at a local level – in effect giving high level visibility and leadership to this issue.

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<sup>21</sup> Government Office for Science (2007) *Tackling obesity: future choices*

Public Health England (PHE), in partnership with the Local Government Association (LGA) and the Association of Directors of Public Health (ADPH), commissioned the Whole Systems Obesity (WSO) programme to develop a practical guide to help councils create a whole systems approach in their local area. This is about creating a positive environment for change in the local area, collaborative working across the local system and the dynamic nature of the local system. Local authority elected members are ideally placed to make this everybody's business, to harness short, medium and long term approaches and to bring on board key stakeholders<sup>22</sup>.

No one is 'immune' to obesity, but some people are at greater risk of becoming overweight or obese than others. The Marmot review highlights that income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese<sup>23</sup>. There are stark inequalities in levels of child obesity, with prevalence among children in the most deprived areas being double that of those children in the least deprived areas<sup>24</sup> (see Figure 2).

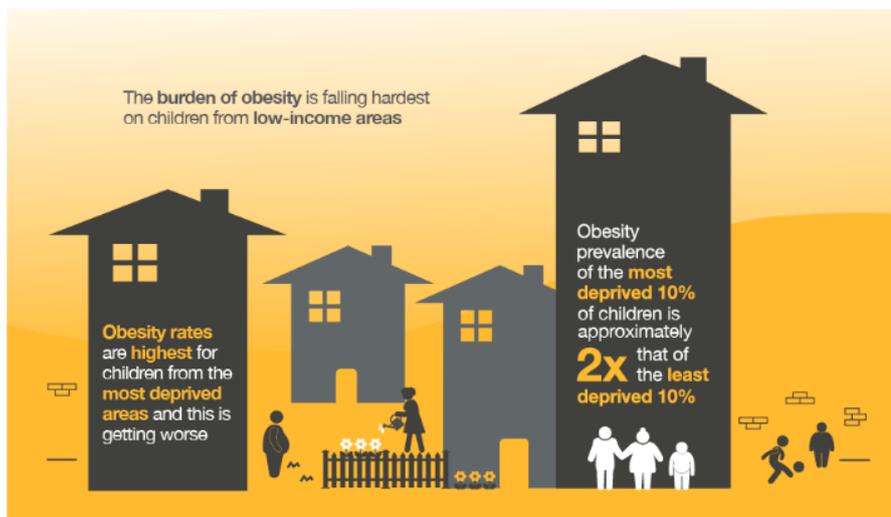


Figure 2: The burden of obesity on low income areas.

Action on promoting healthy weight in children, young people and families addresses and supports many other local authority strategies and plans including regeneration, sustainability and the local economy. It will lead to future health benefits including reduction in Type 2 diabetes, cardiovascular disease and some cancers. In the long term it will lead to a reduction in associated social care needs<sup>25</sup>.

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<sup>22</sup> LGA (2017) [Making obesity everybody's business: A whole systems approach to obesity](#)

<sup>23</sup> The Marmot Review (2010) [Fair Society, Healthy Lives](#)

<sup>24</sup> NHS Digital (2017) [National Child Measurement Programme – England, 2016-17](#)

<sup>25</sup> PHE (2015) [Making the case for tackling obesity – why invest? Making the case for tackling obesity – supporting references](#)

## Key messages

The factors which contribute to child obesity are complex and multi-factorial – weight gain also takes place over a period of time. Obesity happens because calorie intake is above what is required for a healthy body weight. The imbalance in the levels of calorie excess cannot be tackled by increasing physical activity alone. Despite the awareness of healthy eating messages and the need for more exercise most people do not make healthy choices.

National policies aimed at addressing obesity recognise structural actions that go beyond education and information are needed to enable children, young people, and families to make healthier choices. A levy has now been introduced on sugary drinks and consultations concerning tighter restrictions of the advertising and promotion of less healthy food are underway. There is an opportunity to build on this locally, to reduce pressures on families to buy less healthy foods and rebalance their calorie intake by utilising powers such as planning and licensing.

One to one interventions are important to help individuals tackle their own weight; however, this isn't sufficient to tackle the issues at a population level. Local responses will therefore need to consider this complexity and plans would ideally be looking to the medium and longer term (beyond 5 years). A collaborative whole systems approach is likely to be more effective to promote healthy weight in children, young people and families rather than single interventions on their own<sup>26 27 28</sup>. Local partnerships including Integrated Care Systems (ICSs), Integrated Care Partnerships (ICPs), Accountable Care Organisations (ACOs)<sup>29</sup>, voluntary sector, local communities and local businesses should work in partnership to tackle obesity in the local area.

Local authorities took on a duty for local delivery of the National Child Measurement Programme (NCMP) from 1 April 2013<sup>30</sup>. The NCMP involves the annual measurement of the height and weight of children in Reception and Year 6, and the return of the data to NHS Digital. It is a mandated public health programme. The purpose is to provide robust public health surveillance data on child weight status: to understand and monitor obesity prevalence and trends at national and local levels, inform obesity planning and commissioning, and underpin the Public Health Outcomes Framework indicators on excess weight in 4 to 5 and 10 to 11 year olds. It is also key to monitoring the progress of the Government's childhood obesity plan.

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<sup>26</sup> Leeds Beckett University: [Whole Systems Approach to Tackle Obesity](#) To register for the Whole Systems Approach to Tackle Obesity Communities of Interest [click here](#)

<sup>27</sup> Public Health Matters (2015) [Designing a 'whole systems approach' to prevent and tackle obesity](#)

<sup>28</sup> Perspectives in Public Health (2017) [Whole Systems Obesity Programme](#) Vol 137, Issue 3, 2017

<sup>29</sup> PHE (2016) [Local health and care planning: menu of preventative interventions](#)

<sup>30</sup> LGA/PHE (2013) [National Child Measurement Programme. Briefing for elected members](#)

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

To support action on reducing obesity, local authorities should consider utilising systems thinking to tackle obesity. A whole systems approach to obesity will provide a visible and strategic leadership to promote healthy weight in children, young people and families across all levels within the local authority (supporting resource 1).

Adopting a 'Health in all Policies' approach (HiAP) would provide a useful framework which supports whole system working across all sectors in the local authority for tackling complex health issues and embedding health in the work of all partners. This supports a coherent approach for action and will provide a way to cross reference actions in other areas and ensure they do not undermine actions for other departments (supporting resource 2 and 3).

Utilise the Overview and Scrutiny process, which provides elected members with the opportunity to hold to account health and wellbeing boards, clinical commissioning groups, directors of public health, health and social care providers for their decisions and actions (supporting resource 2 and 3). Examples of the type of questions to consider asking are:

- what weight management services are available to children, young people and families in my local authority?
- have the findings from the NCMP data been reported to the Health and Wellbeing Board to inform strategic decisions?
- is there a multi-agency partnership programme of work in place which addresses child obesity?
- are the results from the NCMP data informing the Joint Strategic Needs Assessment and underpinning planning and commissioning decisions for children who are overweight and obese?
- is the local authority working in partnership with schools and nurseries to address issues relating to child obesity by promoting healthy eating plans and active lifestyles?
- how are children and family public health teams providing support and advice to families?

Local authorities should consider developing and adopting a healthy weight declaration or other similar commitment to help galvanise action to promote healthy weight through multi-agency, senior leadership. Deep and broad action will be required across the

system to deliver change in obesity rates (supporting resource 4 and local practice example).

A multi-agency approach which integrates healthy weight can be embedded in the joint Health and Wellbeing Strategy, the joint strategic needs assessment (JSNA) and broader regeneration and environmental strategies. The Health and Wellbeing Board is ideally placed to involve partners in reducing child obesity by making full use of its local systems leadership role to promote a system-wide high-level commitment to taking a short, medium and long-term whole systems approach for taking action (supporting resource 5).

Evidence strongly shows that many parents and even health care professionals can be poor at judging whether a child is a healthy weight. Elected members can help by raising awareness of child obesity, by raising the importance of assessing progress with an objective measurement, such as the NCMP (supporting resource 6).

Elected members can help children and parents who are concerned about their results, whether the child is obese or underweight, by being aware of the leisure and weight management initiatives that are available locally and signposting to and encourage participation in those activities (supporting resource 6).

As an Elected member consider ways to raise the profile of obesity prevention initiatives through involving the community via informal meetings with local people/groups and at formal ward meetings (supporting resource 7 and 8).

## Supporting resources

1. LGA (2017) Making obesity everyone's business. [A whole systems approach to obesity.](#)
2. LGA (2016) [Health in all policies: a manual for local Government.](#)
3. LGA (2017) [Prevention: How do you know that your council is doing all it can to deliver on prevention.](#)
4. Food Active: [Local Authority Declaration on Healthy Weight.](#)
5. PHE (2016) [Local health and care planning: menu of preventative interventions.](#)
6. LGA/PHE (2013) [National Child Measurement Programme. Briefing for elected members.](#)
7. LGA (2013) [Tackling obesity. Local Government's new public health role.](#)
8. LGA (2017) [Sustainability and Transformation Plans \(STP's\). How do you know if STPs are making a positive impact? Social care: Must know.](#)
9. NICE (2013) [Preventing obesity and helping people to manage their weight.](#)

## Other useful resources

Leeds Beckett University: [Whole Systems Approach to Tackle Obesity](#).

To register for the Whole Systems Approach to Tackle Obesity Communities of Interest [click here](#).

Public Health Matters (2015) [Designing a 'whole systems approach' to prevent and tackle obesity](#).

Perspectives in Public Health (2017) [Whole Systems Obesity Programme](#).

DH (2017) [Childhood obesity plan case studies](#).

LGA (2016) [Building the foundations – tackling obesity through planning and development](#).

LGA (2016) [Healthier Food Procurement Case Studies](#).

LGA (2016) [Healthy weight, healthy futures: Local Government action to tackle childhood obesity](#).

LGA (update 2018) [Healthy weight, healthy futures: Local Government action to tackle childhood obesity](#).

LGA (2017) [Prevention: How do you know that your council is doing all it can to deliver on prevention](#).

LGA (2016) [Tipping the scales Case studies on the use of planning powers to limit hot food takeaway](#).

London Food Link: [Local Declaration on Sugar Reduction and Healthier Food Great Weight Debate](#). A London conversation on childhood obesity.

PHE Physical Activity tool kit: [fingertips.phe.org.uk/profile/physical-activity](https://fingertips.phe.org.uk/profile/physical-activity)

National Institute of Health and Care Excellence (NICE) local Government public health briefings:

- [Behaviour change \(2015\)](#)
- [Body mass index thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups \(2014\)](#)
- [Obesity – working with local communities \(2012\)](#)
- [Physical activity \(2013\)](#)
- [Walking and cycling \(2012\)](#)

# Briefing for Local Authority Corporate Leadership Teams

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

## Why action is needed

In June 2018, the Government launched Chapter 2 of the document *Childhood Obesity: Plan for Action*. It states that whether we are parents, teachers, businesses, local leaders or health professionals, we all have a role in helping to improve the health of our children and give our future generation the best possible start in life<sup>31</sup>.

The financial burden of obesity is significant. In 2014/15, it was reported the cost of obesity related ill health to the NHS in the UK was estimated at £6.1 billion per annum<sup>32</sup>. Obesity also impacts on local authorities' social care budgets with direct costs attributed to obesity which have been estimated at £352 million per annum and wider costs to the economy estimated at £27 billion per annum<sup>33</sup>. This is demonstrated in Figure 3.

Action to promote healthy weight in children, young people and families addresses and also supports many other local authority strategies and plans including best start in life for all children; child and family welfare; regeneration; sustainability; urban planning; parks and the local economy.

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<sup>31</sup> HM Government (2018) [Childhood obesity: a plan for action Chapter 2](#)

<sup>32</sup> Scarborough P, Bhatnagar P, Wickramasinghe KK, Allender S, Foster C, Rayner M. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs. *Journal of public health (Oxford, England)*. 2011;33(4):527-35 (The direct cost to the NHS in 2006/07 of people being overweight and obese was £5.1bn. These costs have been updated to £6.1bn to take into account inflation)

<sup>33</sup> PHE (2015) [Making the case for tackling obesity – why invest? Making the case for tackling obesity – supporting references](#)



Figure 3: The cost of obesity to the wider community.

Childhood obesity and excess weight are significant health issues for children, young people and their families. It can have serious implications for the physical and mental health of a child, which can then follow into adulthood, and there are significant health inequalities for the poorest families. At an individual level the root cause of obesity is straight forward, it is when the average calorie consumption exceeds the calorie requirements for maintaining a healthy body weight. However, there isn't one single intervention that can tackle obesity, at a population or at an individual level. Causes of obesity are multi-factorial, including biological; physiological; psycho-social; behavioural; and environmental<sup>34</sup>. Although increasing physical activity levels is important for helping to maintain a healthy body, the levels of excess calorie consumption and the extent of obesity means that reducing calorie intake is critical to addressing the problem at a population level.

Our environment tends to encourage poor and unhealthy diets and physical inactivity. This can undermine intentions to eat better and exercise more. All local authorities (unitary, upper and lower tier) can take action and influence through the planning system; food procurement and sales; by commissioning healthy eating, physical activity and lifestyle weight management services for children, young people and their families; and by taking local action that builds on national Government actions such as the introduction of a levy on sugary drinks.

## Key messages

Obesity happens because calorie intake is above what is required for a healthy body weight. The imbalance in the levels of calorie excess cannot be tackled by increasing physical activity alone. Despite the awareness of healthy eating messages and the

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<sup>34</sup> Government Office for Science (2007) [Tackling obesity: future choices](#)

need for more exercise the healthy choice isn't the easiest or most affordable choice for families.

National policies aimed at addressing obesity recognise structural actions that go beyond education and information are needed to enable children, young people and families to have access to healthier choices. A levy has now been introduced on sugary drinks and consultations concerning tighter restrictions of the advertising and promotion of less healthy food are underway. There is an opportunity to build on this locally, to reduce pressures on families to buy less healthy foods and to rebalance their calorie intake by utilising powers such as planning and licensing.

One to one interventions are important to help individuals tackle their own weight; however this isn't sufficient to tackle the issues at a population level. Local responses will need to consider the complexity of obesity and plans should be developed to cover the medium and longer term (beyond 5 years). A collaborative whole systems approach is likely to be more effective to promote healthy weight rather than single interventions on their own<sup>35 36 37</sup>. Local partnerships including Integrated Care Systems (ICSs), Integrated Care Partnerships (ICPs), Accountable Care Organisations (ACOs)<sup>38</sup>, voluntary sector, local communities and local businesses will need to work in partnership to tackle obesity in the local area. This will help to deliver future health benefits including reductions in Type 2 diabetes, cardiovascular disease and some cancers, and in the long term leading to less associated social care needs<sup>39</sup>.

The delivery of the surveillance aspects of the National Child Measurement Programme (NCMP) is a statutory duty of upper tier and unitary local authorities. The NCMP provides the data for the child excess weight indicators in the Public Health Outcomes Framework<sup>40</sup>. The results not only help to understand local trends in overweight and obesity but provide an important opportunity to inform carers about their child's weight status in a supportive way.

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood

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<sup>35</sup> Leeds Beckett University: [Whole Systems Approach to Tackle Obesity](#) To register for the Whole Systems Approach to Tackle Obesity Communities of Interest [click here](#)

<sup>36</sup> Public Health Matters (2015) [Designing a 'whole systems approach' to prevent and tackle obesity](#)

<sup>37</sup> Perspectives in Public Health (2017) [Whole Systems Obesity Programme](#)

<sup>38</sup> PHE (2016) [Local health and care planning: menu of preventative interventions](#)

<sup>39</sup> PHE (2015) [Making the case for tackling obesity – why invest? Making the case for tackling obesity – supporting references](#)

<sup>40</sup> [Public Health Outcomes Framework](#)

obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

To support action on reducing obesity, local authorities should utilise systems thinking to tackle obesity. A whole systems approach to obesity will provide a visible and strategic leadership to promote healthy weight in children, young people and families across all levels within the local authority (supporting resources 1, 2 and 3).

Adopting a 'Health in all Policies' approach (HiAP) would provide a useful framework which supports whole systems working across all sectors in the local authority for tackling complex health issues and embedding health in the work of all partners. This supports a coherent approach for action and will provide a way to cross reference actions in other areas and ensure they do not undermine actions for other departments (supporting resources 4 and 5).

Local authorities should consider developing and adopting a healthy weight declaration or other similar commitment to help galvanise action to promote healthy weight through multi-agency, senior leadership. Deep and broad action will be required across the system to deliver change in obesity rates (supporting resource 6),

A multi-agency approach which integrates healthy weight can be embedded in the joint Health and Wellbeing Strategy, the joint strategic needs assessment (JSNA) and broader regeneration and environmental strategies. The Health and Wellbeing Board is ideally placed to involve partners in reducing child obesity by making full use of its local systems leadership role to promote a system-wide high-level commitment to taking a short, medium and long-term whole systems approach for taking action (supporting resources 4,5 and 7).

As a large employer, local authorities should be exemplars in workplace health (supporting resource 9). Examples of how this could be achieved are:

- utilise PHE's Workplace health resources which provide guidance to employers including local authorities and commissioners (supporting resource 1)
- adopt the Government Buying Standards for Food and catering services (GBSF) and PHE's healthier catering guidance which offer employees healthier options (supporting resources 11 and 12)
- put policies in place to support access to weight management approaches, for example ensuring the availability of healthy food choices and the provision and promotion of physical activity (walking meetings/non-working lunch)
- work with transport colleagues on travel planning to promote safe modes of active travel to and from work on a daily basis
- promote cycle to work schemes and provide facilities such as showers and secure cycle parking
- have a policy to support breastfeeding in the workplace

- develop policies on healthy vending machines within local authority buildings and leisure centres (supporting resource 13)

Food procured and sold on local authority owned buildings, public spaces and leisure services can be included by ensuring contracts are aligned with GBSF. There may also be opportunities to control advertisements on LA owned advertising hoardings.

Link with the communications and marketing team to develop and promote the work of the local authority (see communication and marketing briefing).

## Supporting resources

1. PHE (2017) collection: Workplace health: [Resources for employers, local Government and commissioners on workplace health](#).
2. LGA (2017) Making obesity everyone's business. [A whole systems approach to obesity – to be published](#).
3. Public Health Matters (2015) [Designing a 'whole systems approach' to prevent and tackle obesity](#).
4. Perspectives in Public Health (2017) [Whole Systems Obesity Programme](#).
5. LGA (2016) [Health in all policies: a manual for local Government](#).
6. LGA (2017) [Prevention How do you know that your council is doing all it can to deliver on prevention](#).
7. Food Active: [Local Authority Declaration on Healthy Weight](#).
8. LGA (2013) [Tackling obesity. Local Government's new public health role](#).
9. PHE (2016) [Local health and care planning: menu of preventative interventions](#).
10. NICE (2013) [Preventing obesity and helping people to manage their weight](#).
11. DEFRA (2014) [Government Buying Standards for Food and Catering Services \(GBSF\)](#).
12. PHE (2014) [Healthier and more sustainable catering](#).
13. PHE (2018) Public health matters: [Hospital vending machines: helping people make healthier choices](#).

## Other useful resources

DH (2017) [Childhood obesity plan case studies](#).

LGA (2013) [Tackling obesity. Local Government's new public health role](#).

LGA (2016) [Building the foundations – tackling obesity through planning and development](#).

LGA (2016) [Healthier Food Procurement Case Studies](#).

LGA (2016) [Healthy weight, healthy futures: Local Government action to tackle childhood obesity](#).

LGA (update 2018) [Healthy weight, healthy futures: Local Government action to tackle childhood obesity](#).

LGA (2016) *Tipping the scales* Case studies on the use of planning powers to limit hot food takeaways.

London Food Link: *Local Declaration on Sugar Reduction and Healthier Food*  
*Great Weight Debate*. A London conversation on childhood obesity.

Physical Activity tool kit: [fingertips.phe.org.uk/profile/physical-activity](http://fingertips.phe.org.uk/profile/physical-activity).

National Institute of Health and Care Excellence (NICE) local Government public health briefings:

- Behaviour change (2015)
- Body mass index thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups (2014).
- Obesity – working with local communities (2012)
- Physical activity (2013)
- Walking and cycling (2012)

# Briefing for Health and Social Care

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

## Why action is needed

Childhood obesity is one of the biggest health problems this country faces. More than one in 5 children are overweight or obese when they begin school and one in 3 children are overweight or obese by the time they leave primary school<sup>41</sup>(see Figure 4). This means our childhood obesity rates in the UK are ranked among the worst in Western Europe<sup>42</sup>.

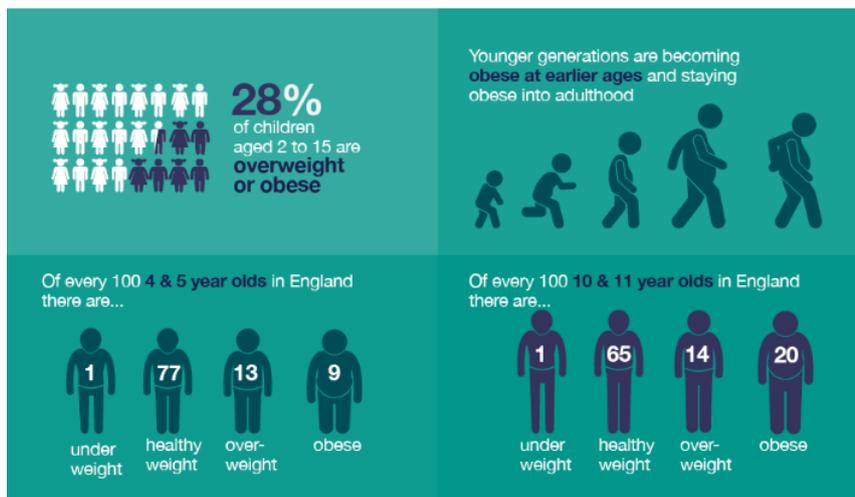


Figure 4: Demonstrates the growing problem of childhood obesity.

It can have serious implications for the physical and mental health of a child, which can follow on into adulthood. At an individual level the root cause of obesity is straight forward, it is when the average calorie consumption exceeds the calorie requirements for maintaining a healthy body weight. However, there isn't one single intervention that

<sup>41</sup> NHS Digital (2017) [National Child Measurement Programme](#)

<sup>42</sup> OECD. (2017). [Health at a glance](#)

can tackle obesity, at a population level or at an individual level. Action on obesity will help support the Government's ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most deprived and least deprived areas by 2030<sup>43</sup>.

The annual costs associated with obesity to the wider economy are estimated to be £27 billion. The direct cost to the NHS in 2014 of people being overweight and obese is estimated to be £6.1 billion<sup>44</sup>. Regarding social care, the annual cost of extra formal hours of help for people with severe obesity compared to people with a healthy weight is estimated at £352 million<sup>45</sup>. There are important links between obesity and social care. There is pressure on health and adult social care, which cannot keep pace with the demand by just making services more efficient. Being obese can increase the risk of developing a range of serious diseases, including hypertension, Type 2 diabetes, cardiovascular diseases, some cancers, obstructive sleep apnoea and musculoskeletal problems<sup>46</sup>.

Public health interventions to promote healthy weight in children, young people and families can help to improve the health of the population and reduce health and social care service demand in the short, medium and long term<sup>47</sup>. There are various opportunities through NHS commissioned services to promote healthy weight across the life course. The Childhood Obesity Plan (both Chapter 1 and Chapter 2) recognises the NHS has an important role in tackling childhood obesity at both a local and national level. Local NHS organisations can take action to create healthier environments on NHS premises by, for example, curbing the sale of unhealthy foods and drink. In addition, other public sector organisations can lead by example in ensuring a healthy food environment for children and parents on their premises.

## Key messages

Obesity happens because calorie intake is above what is required for a healthy body weight. The imbalance in the levels of calorie excess cannot be tackled by increasing physical activity alone. Despite the awareness of healthy eating messages and the need for more exercise the healthy choice isn't the easiest or most affordable choice for families.

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<sup>43</sup> HM Government (2018) [Childhood obesity: a plan for action Chapter 2](#)

<sup>44</sup> Scarborough P, Bhatnagar P, Wickramasinghe KK, Allender S, Foster C, Rayner M. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs. *Journal of public health (Oxford, England)*. 2011;33(4):527-35 (The direct cost to the NHS in 2006/07 of people being overweight and obese was £5.1bn. These costs have been updated to £6.1bn to take into account inflation)

<sup>45</sup> PHE (2015) [Making the case for tackling obesity – why invest? Making the case for tackling obesity – supporting references](#)

<sup>46</sup> PHE (2015) [Making the case for tackling obesity – why invest?](#)

<sup>47</sup> PHE (2016) [Local health and care planning: menu of preventative interventions](#)

National policies aimed at addressing obesity recognise structural actions that go beyond education and information is needed to enable children, young people and families to make healthier choices. A levy has now been introduced on sugary drinks and consultations concerning tighter restrictions of the advertising and promotion of less healthy food are underway. Both of these policies will impact on adults eating and drinking behaviours with the potential to impact on their long term health. There is an opportunity to build on this locally, to reduce pressures on families to buy less healthy foods and to rebalance their calorie intake.

One to one interventions are important to help individuals tackle their own weight; however this isn't sufficient to tackle the issues at a population level. Local responses will therefore need to consider this complexity and plans would ideally be looking to cover the medium and longer term (beyond 5 years). A collaborative whole systems approach is likely to be more effective to promote healthy weight in children, young people and families rather than single interventions on their own<sup>48 49 50</sup>. Local partnerships, including Integrated Care Systems (ICSs), Integrated Care Partnerships (ICPs), Accountable Care Organisations (ACOs)<sup>51</sup>, voluntary sector, local communities and local businesses.

Sustainability and transformation partnerships and accountable care organisations need to identify actions to keep people healthier for longer through service improvements and outcomes as part of their plans to deliver the Five Year Forward View (5YFV)<sup>52</sup>. As part of the 5YFV, NHS England has committed the NHS to:

- expand the Diabetes Prevention Programme which provides tailored, personalised help to reduce risk of Type 2 diabetes, including education on healthy eating and lifestyle, help to lose weight and bespoke physical exercise programmes
- ensure NHS premises offer appropriate food and drink options for staff, visitors and patients<sup>53</sup>
- promote workplace health through the NHS Healthy Workforce programme and the NHS staff health and wellbeing CQUIN

In addition to the 5YFV, the Government's mandate to NHS England for 2018/19 is to lead a step change in the NHS in preventing ill health and supporting people to live

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<sup>48</sup> Leeds Beckett University: [Whole Systems Approach to Tackle Obesity](#) To register for the Whole Systems Approach to Tackle Obesity Communities of Interest [click here](#)

<sup>49</sup> Public Health Matters (2015) [Designing a 'whole systems approach' to prevent and tackle obesity](#)

<sup>50</sup> Perspectives in Public Health (2017) [Whole Systems Obesity Programme](#)

<sup>51</sup> PHE (2016) [Local health and care planning: menu of preventative interventions](#)

<sup>52</sup> NHS England (20104) [NHS Five Year Forward View](#)

<sup>53</sup> NHS England (2017) [Action to reduce sales of sugar-sweetened drinks on NHS premises: Consultation response and next steps](#)

healthier lives which includes contributing the Government's goal to reduce child obesity and doing more to reach the 5 million people at high risk of diabetes<sup>54</sup>.

Obesity is an increasing problem in women of reproductive age and could lead to a range of poor maternal outcomes such as gestational diabetes, hypertension, increased risk of caesarean section and pre-eclampsia. It is important for women to be a healthy weight and have good nutrition during pregnancy to support the child's growth, development and long term health. The implementation of the Better Births recommendations linked to improving population health and prevention aims to increase action on prevention to improve wellbeing, reduce risk and tackle inequalities from preconception through to 6-8 weeks postpartum and ensure every woman is fit for and during pregnancy and supported to give children the best start in life<sup>55</sup>.

The 'Joined up Clinical Pathways for Obesity (report of the working group)' outlines the commissioning responsibilities for each part of the care pathway between NHS England, CCGs and local authorities<sup>56</sup>. Guidance is available to support the commissioning of adult severe and complex obesity services<sup>57</sup>.

The Government's *Childhood obesity: a plan for action Chapter 2* calls for action to enable health professionals to support families. The 'All Our Health' framework for England is a resource which supports health professionals to give families the best advice to ensure a focus on healthy weight. The resource provides tools and resources to support 'health promoting practice' with quick links to evidence, impact measures and top tips on what works<sup>58</sup>. Contained within the suite of tools and resources to support healthcare professionals is:

- **Childhood Obesity:** applying All Our Health
- **Adult Obesity:** applying All Our Health
- **Physical Activity:** applying All Our Health

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

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<sup>54</sup> Department of Health and Social Care (2018) [The Government's mandate to NHS England for 2018-19](#)

<sup>55</sup> National Maternity Review (2016) [Better Births. Improving outcomes of maternity services in England.](#)

[A Five Year Forward View for maternity care](#)

<sup>56</sup> NHS England (2014) [Report of the working group into: Joined up clinical pathways for obesity](#)

<sup>57</sup> NHS England Specialised Commissioning (2016) [Commissioning guidance to support devolution to CCG's of adult obesity surgical services in 2016/17](#)

<sup>58</sup> PHE (2017) [Adult weight management: a guide to brief interventions](#)

Use a systems thinking approach in all discussions and decision making cycles within the sustainability and transformational partnerships/accountable care organisations to support a whole systems approach to promoting healthy weight in children, young people and families (supporting resources 1-3).

Deliver actions identified in the chapters on diet and obesity, physical activity and health and work in the PHE Local Health and Care Planning: Menu of preventative interventions (supporting resources 4-13).

As part of the integrated care pathways, commission evidence-based, preventative public health interventions to promote healthy weight in children, young people and families that are delivered through:

- the commissioning of clinical services and care pathways
- improving health service environments to support healthier food and drink choices, increased physical activity opportunities and reduced sedentary behaviour
- making every contact count so that health professionals empower clients/patients to make healthier choices and improve access to relevant services (see appendix 1 for all NICE guidance)

The 'Everyday Interactions Measuring Impact Toolkit' provides a quick, straightforward and easy way for health care professionals (HCPs) to record and measure their public health impact in a uniform and comparable way (supporting resource 15).

The childhood obesity impact pathway is recommended for healthcare professionals and the wider public health workforce to record and measure actions undertaken as part of routine care which impact on childhood obesity (supporting resource 16).

Adopt PHE campaigns to shape local behaviour change initiatives and visit the Campaign Resource Centre to access free resources and support from the PHE partnerships marketing team (supporting resource 17).

Consider how action can be aligned with other disease specific prevention and health improvement strategies such as initiatives to prevent Type 2 diabetes, cancers and cardiovascular disease as well as broader initiatives such as those to promote good maternal and child nutrition or mental health and reduce harmful drinking.

Develop links with existing services such as the National Child Measurement Programme, NHS Health Checks and the Diabetes Prevention Programme to refer overweight and obese children and adults into weight management services.

Encourage public sector organisations to provide healthier food and drinks on their premises to support staff and patients make healthier choices. For example consider implementing healthier vending machines (supporting resources 18-19).

Use the Local Maternity Systems and Maternity Transformation Plans to ensure that there are actions included on prevention, breastfeeding, maternal weight and workforce development (supporting resources 20-22).

Encourage hospital and community health care providers to sign up to and work towards achieving the Baby Friendly Standard (supporting resources 23 and 24).

Work in partnership with Public Health colleagues to have a locally agreed obesity care pathway in place for children, young people and families that spans both prevention and management. Co-commission services across the pathway with Public Health based on the most effective evidence and incorporate robust evaluation (supporting resources 25-33).

Healthcare service specifications and contracts should include the following in all provider contracts (supporting resources 34-40):

- use the Eatwell Guide to promote healthy eating in those aged 2 and over
- use the CMO guidance to promote messages around physical activity
- implement the Government Buying Standards for food and catering services (GBSF) and PHE's healthier catering guidance and supporting tools
- use the 'Making Every Contact Count' approach to provide health promoting messages around healthy weight
- use voluntary, community and social enterprise (VCSE) sector opportunities to empower and support children, young people and their families to make lifestyle changes

Monitor the implementation of the Health and Wellbeing CQUIN (supporting resources 41-43).

## Supporting resources

1. LGA (2017) Making obesity everyone's business. [A whole systems approach to obesity – to be published.](#)
2. Public Health Matters (2015) [Designing a 'whole systems approach' to prevent and tackle obesity.](#)
3. Perspectives in Public Health (2017) [Whole Systems Obesity Programme.](#)
4. PHE (2016) [Local health and care planning: menu of preventative interventions.](#)
5. PHE (2016) [Making Every Contact Count \(MECC\): practical resources.](#)

6. HEE e-LfH Making every contact count.
7. HEE e-LfH.
8. PHE (2017) Child weight management: short conversations with families.
9. PHE (2017) Adult weight management: a guide to brief interventions.
10. PHE (2015) All Our Health: personalised care and population health.
11. PHE (2015) Childhood obesity: applying All Our Health.
12. PHE (2015) Adult obesity: applying All Our Health.
13. PHE (2015) Physical activity: applying All Our Health.
14. PHE (2018) Child oral health: applying All Our Health.
15. PHE/RSPH (2017) Everyday interactions. Measuring the public health impact of healthcare professionals.
16. RSPH Childhood obesity impact pathway.
17. PHE Campaign Resource Centre.
18. PHE (2018) Public health matters: Hospital vending machines: helping people make healthier choices.
19. NHS England (2017) Action to reduce sales of sugar-sweetened drinks on NHS premises: Consultation response and next steps.
20. National Maternity Review (2016) Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for maternity care.
21. Maternity Transformation Programme.
22. Department of Health/PHE (2013) The midwifery public health contribution.
23. PHE (2016) Infant feeding: commissioning services.
24. UNICEF Guide to the Baby Friendly Initiative Standards.
25. NHS England (2014) Report of the working group into: Joined up clinical pathways for obesity.
26. NHS England Specialised Commissioning (2016) Commissioning guidance to support devolution to CCG's of adult obesity surgical services in 2016/17.
27. NHS England (2014) Report of the working group into: Joined up clinical pathways for obesity.
28. PHE (2015) Evaluation of weight management, physical activity and dietary interventions: an introductory guide.
29. PHE (2018) Standard evaluation framework for weight management interventions.
30. PHE (2012) Standard evaluation framework for dietary interventions.
31. PHE (2012) Standard evaluation framework for physical activity interventions.
32. NHS England (2017) Sustainability and transformation partnerships.
33. NHS England (2017) Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21.
34. PHE (2016) The Eatwell Guide.
35. Scientific Advisory Committee on Nutrition (2017) Feeding in the first year of life: draft SACN report.
36. Department of Health (2011) UK physical activity guidelines.

37. Department of Health (2011) [Start active, stay active: report on physical activity in the UK.](#)
38. Department of Health (2016) [Start active, stay active: infographics on physical activity.](#)
39. DEFRA (2014) [Government Buying Standards for Food and Catering Services \(GBSF\).](#)
40. PHE (2014) [Healthier and more sustainable catering.](#)
41. NHS England (2018) [NHS Standard Contract 2017-19.](#)
42. NHS England (2016) [NHS staff health and wellbeing: CQUIN Supplementary guidance.](#)
43. NHS England [Commissioning for Quality and Innovation \(CQUIN\) Guidance for 2017-2019.](#)

## Other useful resources

DH [Reducing Childhood Obesity](#) Sign up for email alerts.

BOSS (2014) [Commissioning guide: Weight assessment and management clinics \(tier 3\).](#)

LGA (2016) [Healthier Food Procurement Case Studies.](#)

NCB (2017) [Working together to reduce childhood obesity.](#)

NHS England [Healthy New Towns](#) programme.

PHE [Campaign Resource Centre.](#)

## Briefing for Public Health Teams

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

### Why action is needed

Childhood obesity has been described as one of the most serious public health challenges of the 21st Century. It can have serious implications for the physical and mental health of a child, which can follow on into adulthood. Action on obesity will help support the Government's ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most deprived and least deprived areas by 2030<sup>59</sup>. It will also have an impact on a range of indicators identified in the Public Health Outcomes Framework<sup>60</sup>(PHOF), which include:

- excess weight amongst adults and children aged 4-5 and 10-11 years old.
- diet
- physical activity amongst adults
- diabetes
- mortality from cardiovascular disease, cancer, and other preventable causes
- proportion of the population meeting the recommended 5-a-day
- average portion of vegetables eaten daily

It is estimated that 79% of children who are obese are more likely to experience health problems in adulthood.<sup>61</sup> Consequently, they are at greater risk of conditions such as Type 2 diabetes, coronary heart disease and some cancers in adulthood.<sup>62</sup> Studies have shown that a child with at least one obese parent is more likely to be

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<sup>59</sup> HM Government (2018) [Childhood obesity: a plan for action Chapter 2](#)

<sup>60</sup> PHE (2016) [Improving outcomes and supporting transparency part 2](#)

<sup>61</sup> CMO (2008) The Chief Medical Officer's report 2007. Under their skins: tackling the health of the teenage nation. London

<sup>62</sup> Government Office for Science (2007) [Tackling obesity: future choices](#)

obese themselves.<sup>63</sup> Therefore, it is important that there is involvement from the family when interventions are being delivered, to ensure outcomes are achieved for the child as well as benefits for the whole family.

Oral health is an important aspect of a child's overall health status and to children's school readiness. Almost a quarter (23.3%) of 5 year old children start school with tooth decay with on average 3.4 teeth affected.<sup>64</sup> It is seen as a marker of wider health and social care issues including poor nutrition and obesity. The National Diet and Nutrition Survey highlights the amount of sugar children are consuming through drinks and processed foods which exceeds the maximum recommended levels<sup>65</sup>. In addition to the impact on children's weight, there is a significant effect on oral health.

The prevention of obesity can help address health inequalities, as evidence shows the condition is more prevalent among people from deprived communities and from some minority ethnic groups. For example, the National Child Measurement Programme (NCMP) data for 2016/17 reported that in the most deprived areas, 12.7% of children aged 4-5 years and 26.3 % of children aged 10 – 11 years, were obese. This compared with 5.8% and 11.4% respectively in the least deprived areas. Obesity is also more prevalent among children from black, Asian, mixed and other minority ethnic groups than among their white counterparts<sup>66</sup>.

Obesity is an increasing problem in women of reproductive age and could lead to a range of poor maternal outcomes such as gestational diabetes, hypertension, increased risk of caesarean section and pre-eclampsia. In England 27% of women are overweight and 21% of women are obese at the start of pregnancy<sup>67</sup>. It is important for women to be a healthy weight and have good nutrition during pregnancy in order for a child's growth, development and long term health to be good. There is evidence linking breastfeeding with protection against excess weight in later childhood<sup>68</sup>. England has one of the lowest breastfeeding rates in the world<sup>69</sup>. Mothers who are young, white, from routine and manual professions and who left education early are least likely to breastfeed<sup>70</sup>.

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<sup>63</sup> Perez-Pastor EM, Metcalf BS, Hosking J et al. (2009) Assortative weight gain in mother-daughter and father-son pairs: an emerging source of childhood obesity. *Longitudinal study of trios (Early Bird 43)*. *International Journal of Obesity* 33: 727–35

<sup>64</sup> PHE (2018) [National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017 A report on the inequalities found in prevalence and severity of dental decay](#)

<sup>65</sup> PHE (2014) [NDNS: results from Years 1 to 4 \(combined\) Results of the National Diet and Nutrition Survey \(NDNS\) rolling programme for 2008 and 2009 to 2011 and 2012](#)

<sup>66</sup> NHS Digital (2017) [National child measurement programme](#)

<sup>67</sup> NHS Digital (2017) [Maternity Services Monthly Statistics, England](#)

<sup>68</sup> Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krusevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet Series: Breastfeeding* 1. Volume 387, No. 10017, p475–490, 30 January

<sup>69</sup> PHE (2016) [Commissioning infant feeding services: infographics](#)

<sup>70</sup> Davies, S (2014) [Annual Report of the Chief Medical Officer 2014, The Health of the 51%: Women](#)

## Key messages

The factors which contribute to child obesity are complex and multi-factorial – weight gain also takes place over a period of time. Local responses will therefore need to consider this complexity and plans would ideally be looking to cover the medium and longer term (beyond 5 years). A collaborative whole systems approach is likely to be more effective to promote healthy weight in children, young people and families rather than single interventions on their own<sup>71 72 73</sup>. Local partnerships including Integrated Care Systems (ICSs), Integrated Care Partnerships (ICPs), Accountable Care Organisations (ACOs)<sup>74</sup>, voluntary sector, local communities and local businesses.

A place-based environmental approach to promoting healthy weight in children, young people and families will lead to future health benefits including reductions in Type 2 diabetes, cardiovascular disease and some cancers. In the long term this will lead to a reduction in associated social care needs<sup>75</sup>.

Place-based or community centred approaches aim to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities. These approaches enable people to take control of their health and wellbeing and allow them more influence on the factors that underpin good health. Examples of place based or community centred approaches to promote healthy weight in children, young people and families<sup>76</sup> are:

- engaging local people in identifying their priorities in relation to weight issues, diet, food preparation and cooking and creating active environments in children, young people and families
- working with local people, groups and organisations to decide what action to take locally while recognising concerns and how these actions might best be delivered
- using community engagement and capacity building methods to identify networks of local people, champions and advocates who have the potential to collaborate and co-produce action
- improving integration between providers to develop a range of local options so that the wider determinants of obesity are tackled whilst local individuals are supported to make changes to their behaviour

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<sup>71</sup> Leeds Beckett University: [Whole Systems Approach to Tackle Obesity](#) To register for the Whole Systems Approach to Tackle Obesity Communities of Interest [click here](#)

<sup>72</sup> Public Health Matters (2015) [Designing a 'whole systems approach' to prevent and tackle obesity](#)

<sup>73</sup> Perspectives in Public Health (2017) [Whole Systems Obesity Programme](#)

<sup>74</sup> PHE (2016) [Local health and care planning: menu of preventative interventions](#)

<sup>75</sup> NHS England (2017) [Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21](#)

<sup>76</sup> PHE (2016) [Local health and care planning: menu of preventative interventions](#)

- ensuring partner organisations are clear about their contribution and responsibilities
- supporting, embedding and promoting a social movement around promoting healthy weight in children, young people and families

The implementation of the Better Births recommendations linked to improving population health and prevention aims to increase action on prevention to improve wellbeing, reduce risk and tackle inequalities from preconception through to 6-8 weeks postpartum. It also aims to ensure every woman is fit for and during pregnancy and supported to give children the best start in life<sup>77</sup>.

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

### **Directors of Public Health and their teams**

To support action on reducing obesity, the local authority should consider utilising systems thinking to tackle obesity. A whole system approach to obesity will provide a visible and strategic leadership to promote healthy weight in children, young people and families across all levels within the local authority (supporting resource 1-3).

A multi-agency approach, which integrates healthy weight within the joint Health and Wellbeing Strategy, the joint strategic needs assessment (JSNA) and broader regeneration and environmental strategies. The Health and Wellbeing Board is ideally placed to encourage partners to get involved in reducing child obesity by making full use of its local system leadership role to promote a system-wide high-level commitment to taking a short, medium and long term whole systems approach for taking action (supporting resource 4 and 7).

Adopt a 'Health in all Policies' approach (HIAP) would provide a useful framework which supports whole systems working across all sectors in the local authority for tackling complex health issues and embedding health in the work of all partners. This supports a coherent approach for action and will provide a way to cross reference actions in other areas and ensure they do not undermine actions for other departments (supporting resource 5).

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<sup>77</sup> NHS England (2016) [Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for maternity care](#)

Local authorities should consider developing and adopting a healthy weight declaration or other similar commitment to help galvanise action to promote healthy weight through multi-agency, senior leadership. Deep and broad action will be required across the system to deliver change in obesity rates (supporting resource 6).

Adopt PHE campaigns to shape local behaviour change initiatives and visit the Campaign Resource Centre to access free resources and support from the PHE partnerships marketing team (supporting resources 8).

Encourage schools to visit the School Zone website and explore the free Change4life teaching resources for primary schools, and Rise Above lesson plans for secondary schools (supporting resource 9).

Work with the local authority's communication and marketing team to introduce a clause within the communication and marketing policy not to receive sponsorship from, nor advertise, food/drink high in fat, sugar and salt through billboards, in publications or elsewhere (see briefing note communications and marketing).

Consider how actions can be aligned with other disease-specific prevention and health improvement strategies such as initiatives to prevent Type 2 diabetes, cancers and cardiovascular disease as well as with broader initiatives such as those to promote good maternal and child nutrition, oral health, mental health and reduce harmful drinking.

Develop links with existing services such as NCMP, NHS Health Checks and the Diabetes Prevention Programme to enable referrals of overweight or children who are obese and adults into weight management services.

Ensure all Public Health contracts and other appropriate local authority contracts require providers to:

- use the Eatwell Guide to promote healthy eating in those aged 2 and over (supporting resources 10 and 11)
- use the CMO guidance to promote messages around physical activity (supporting resources 12-14)
- implement the Government Buying Standards for food and catering services (GBSF) alongside PHE's healthier catering guidance and supporting tools (supporting resources 15 and 16)
- utilise the 'Making Every Contact Count' approach and provide health promoting consistent messages around healthy weight (supporting resources 17-23)

- promote workplace health including support for staff to achieve a healthy weight such as supporting staff to become more physically active (supporting resource 24)

Use the local maternity systems and Maternity Transformation Plans to ensure that there are actions included on obesity prevention, infant feeding; maternal obesity and workforce development (supporting resources 25 and 26).

Within the contract for the 0-19 years' service, ensure that:

- community health care providers are signed up to and working towards or have achieved the Baby Friendly Standard (supporting resources 27 and 28)
- the Healthy Start scheme is being promoted effectively and uptake of the scheme is being monitored (supporting resource 29)
- universal and targeted support around diet, physical activity and healthy weight is provided in line with High Impact Area 4: healthy weight, healthy nutrition for early years and High Impact Area 3: improving lifestyles for school age year 5-19 years (supporting resource 30)
- oral health improvement is integrated into the service (supporting resources 31-33)
- public health nurses apply All Our Health: Childhood Obesity in their work (supporting resource 34)
- PHE's operational guidance to support the delivery of the NCMP is followed (supporting resource 35)

Utilise a range of investment modelling tools to compare the cost-effectiveness and direct savings to the health services arising from weight management and physical activity interventions, as well as to the local authority funded community based social care costs and the economic benefit of additional employment that may accrue as a result of these interventions (supporting resources 36 and 37).

Work in partnership with CCGs to put in place a locally agreed obesity care pathway that spans both prevention and management for children, young people and families. Co-commission services across the pathway with CCGs based on the most effective evidence and incorporate robust evaluation (supporting resources 38-44).

Ensure that lifestyle weight management services for children, young people and their families are linked with universal services (including public health nurses, 0-19 years and NCMP) and Tier 3 specialist weight management services for children, young people and their families locally (Appendix 1 NICE guidance and quality standards).

Support the local authority to be an exemplar in workplace health by:

- utilising PHE's Workplace health resources which provide guidance to employers including local authorities and commissioners (supporting resource 1)
- adopting the Government Buying Standards for Food and catering services (GBSF) alongside the PHE's healthier catering guidance and supporting tools (supporting resources 16 and 17)
- putting policies in place to support access to weight management approaches for example ensuring the availability of healthy food choices and the provision and promotion of physical activity such as walking meetings/non-working lunch (supporting resource 25)
- working with transport colleagues on travel planning to promote safe modes of active travel to and from work on a daily basis
- promoting cycle to work schemes and providing facilities such as showers and secure cycle parking
- having a policy to support breastfeeding in the workplace
- having a policy on vending machines within local authority buildings and leisure centres

Undertake mapping of the voluntary, community and social enterprise (VCSE) sector contribution to support healthy lifestyles, increase physical activity and improve access to healthy sustainable food. Ensure that opportunities with this sector are utilised to empower and support children, young people and their families to make lifestyle changes (supporting resource 46 and 47).

## Supporting resources

1. PHE (2017) collection: Workplace health: [Resources for employers, local Government and commissioners on workplace health](#).
2. LGA (2017) Making obesity everyone's business. [A whole systems approach to obesity – to be published](#).
3. Public Health Matters (2015) [Designing a 'whole systems approach' to prevent and tackle obesity](#).
4. Perspectives in Public Health (2017) [Whole Systems Obesity Programme](#).
5. PHE (2016) [Local health and care planning: menu of preventative interventions](#).
6. LGA (2016) [Health in all policies: a manual for local Government](#).
7. Food Active: [Local Authority Declaration on Healthy Weight](#).
8. NHS Digital [Joint Strategic Needs Assessment \(JSNA\)](#).
9. PHE [Campaign Resource Centre](#).
10. PHE [Campaign Resource Centre – School zone](#).
11. PHE (2016) [The Eatwell Guide](#).

12. Scientific Advisory Committee on Nutrition (2017) [Feeding in the first year of life: draft SACN report](#).
13. Department of Health (2011) [UK physical activity guidelines](#).
14. Department of Health (2011) [Start active, stay active: report on physical activity in the UK](#).
15. Department of Health (2016) [Start active, stay active: infographics on physical activity](#).
16. DEFRA (2014) [Government Buying Standards for Food and Catering Services \(GBSF\)](#).
17. PHE (2014) [Healthier and more sustainable catering](#).
18. PHE (2016) [Making Every Contact Count \(MECC\): practical resources](#).
19. HEE [e-LfH Making every contact count](#).
20. HEE [e-LfH](#).
21. PHE (2017) [Child weight management: short conversations with families](#).
22. PHE (2017) [Adult weight management: a guide to brief interventions](#).
23. PHE/RSPH (2017) [Everyday interactions](#).
24. PHE (2018) [Promoting a healthier weight for children, young people and families: consistent messaging](#).
25. NICE (2008) [Physical activity in the workplace \(PH13\)](#).
26. National Maternity Review (2016) [Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for maternity care](#).
27. NHS England (2016) [Maternity Transformation Programme](#).
28. PHE (2016) [Infant feeding: commissioning services](#).
29. UNICEF [Guide to the Baby Friendly Initiative Standards](#).
30. DH [Healthy Start](#).
31. PHE (2016) [Healthy child programme 0 to 19: health visitor and school nurse commissioning](#).
32. PHE (2014) [Delivering better oral health: an evidence-based toolkit for prevention. Third edition](#).
33. PHE (2016) [Improving the oral health of children: cost effective commissioning](#).
34. PHE (2017) [Health Matters: Child dental health](#).
35. PHE (2015) [Childhood obesity: applying All Our Health](#).
36. PHE (2017) [National child measurement programme operational guidance](#).
37. NICE [Return on investment tools](#).
38. PHE (2016) [Weight management economic assessment tool](#).
39. NHS England Specialised Commissioning (2016) [Commissioning guidance to support devolution to CCG's of adult obesity surgical services in 2016/17](#).
40. NHS England (2014) [Report of the working group into: Joined up clinical pathways for obesity](#).
41. PHE (2015) [Evaluation of weight management, physical activity and dietary interventions: an introductory guide](#).
42. PHE (2018) [Standard evaluation framework for weight management interventions](#).

43. PHE (2012) [Standard evaluation framework for dietary interventions.](#)
44. PHE (2012) [Standard evaluation framework for physical activity interventions.](#)
45. PHE (2017) [Child weight management: commission and provide services.](#)
46. NICE (2016) [Community engagement: improving health and wellbeing and reducing health inequalities \(NG44\).](#)
47. NICE (2012) [Obesity: working with local communities \(PH42\).](#)

## Other useful resources

- WHO (2016) [Report on the Commission on Ending Childhood Obesity.](#)
- PHE (2017) [Adult weight management: commission and provide services.](#)
- PHE (2017) [Weight management services - why are they important?](#)
- PHE (2017) [People with learning disabilities: making reasonable adjustments. Obesity and weight management.](#)
- PHE (2018) [Local authority area variation in the oral health of 5 year olds.](#)
- PHE (2018) [Oral health improvement programmes commissioned by local authorities.](#)
- PHE/RSPH (2015) [Healthy conversations and the Allied Health Professionals.](#)
- [Better conversation better health: Health coaching.](#)
- DH (2017) [Childhood obesity plan case studies.](#)
- DH (2009) [Healthy Child Programme 0-5.](#)
- LGA (2016) [Building the foundations – tackling obesity through planning and development.](#)
- LGA (2016) [Healthier Food Procurement Case Studies.](#)
- LGA (2016) [Healthy weight, healthy futures: Local Government action to tackle childhood obesity.](#)
- LGA (2013) [Tackling obesity. Local Government’s new public health role.](#)
- LGA (2016) [Tipping the scales Case studies on the use of planning powers to limit hot food takeaway.](#)
- [London Food Link: Local Declaration on Sugar Reduction and Healthier Food](#)
- [Great Weight Debate. A London conversation on childhood obesity.](#)
- DH (2011) [Statutory Guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies.](#)
- National Institute of Health and Care Excellence (NICE) local Government public health briefings:
- [Behaviour change \(2015\)](#)
  - [Body mass index thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups \(2014\).](#)
  - [Obesity – working with local communities \(2012\)](#)
  - [Physical activity \(2013\)](#)
  - [Walking and cycling \(2012\)](#)
- PHE (2017) [Health Matters Child Dental Health.](#)
- NCB (2017) [Working together to reduce childhood obesity.](#)

NIHR (2017) 'Better Beginnings'.

PHE Fingertips Health Assets Profile.

PHE (2015) Health and wellbeing: a guide to community-centred approaches.

PHE/DH Health Visiting and Midwifery Partnership – pregnancy and early weeks.

PHE (2016) Public health skills and knowledge framework.

PHE (2015) Rapid review to update the evidence for the Healthy Child Programme 0-5

PHE Obesity Intelligence – wide-ranging, authoritative information on data, evaluation and evidence related to weight status and its determinants:

- access the PHE Obesity Intelligence Knowledge Hub public library (no need to join): [khub.net/web/phe-obesity-intelligence/public-library](http://khub.net/web/phe-obesity-intelligence/public-library)
- PHE Web: [www.gov.uk/guidance/phe-data-and-analysis-tools#obesity-diet-and-physical-activity](http://www.gov.uk/guidance/phe-data-and-analysis-tools#obesity-diet-and-physical-activity)
- to receive the weekly Obesity Knowledge Update, email: [obesityintelligence@phe.gov.uk](mailto:obesityintelligence@phe.gov.uk)

National Children's Bureau (NCB) Ready to Listen: [What, when and how to involve children and their families in local decisions about health and wellbeing.](#)

# Briefing for Children's Services - Early Years

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

## Why action is needed

Good health, wellbeing and resilience are vital for all our children now and for the future of society. Analysis of the National Child Measurement Programme (NCMP) shows that one in 5 children are overweight or obese when they begin school and for most children, unhealthy excess weight tracks from Reception to Year 6<sup>78</sup>. The Health Survey for England reports that only one in 10 children aged 2 - 4 years meets the Chief Medical Officers (CMOs) physical activity guidelines for this age group.<sup>79</sup> This makes the case for addressing healthy weight behaviours in pre-school children.

The pre-school years are a key time for shaping lifelong attitudes and behaviours. Positive early experiences are vital to ensure children are ready to learn, ready for school, and have good life chances. Parents are the biggest influence on their child's early learning and it is an important time when parents have contact with health and early year's services. Childcare providers can be positive role models and can create opportunities for children to be active and to eat a healthy diet<sup>80</sup>.

Accessible and affordable childcare underpins economic development, helping women into work and tackling poverty. Local authorities have a key role in

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<sup>78</sup> NHS Digital (2017) [National Child Measurement Programme – England, 2016-17](#)

<sup>79</sup> NHS Digital (2016) [Health Survey for England 2015. Physical activity in children](#)

<sup>80</sup> PHE (2017) [Changes in the weight status of children between the first and final years of primary school](#)

A longitudinal analysis of data from the National Child Measurement Programme in four local authorities in England between 2006/07 and 2014/15

ensuring that early years settings create an environment that promotes healthy lifestyles and support children to be a healthy weight and be physically active<sup>81</sup>.

## Key messages

Obesity happens because calorie intake is above what is required for a healthy body weight. The imbalance in the levels of calorie excess cannot be tackled by increasing physical activity alone. The evidence shows that overweight and obese children consume between 140 and 500 excess calories per day, depending on their age and sex<sup>82</sup>. The majority of children (92.3% of boys and 90.7% of girls) do not eat the recommended minimum of 5 portions of a variety of fruit and vegetables per day and children's consumption of added or processed sugars (non-milk extrinsic) significantly exceeds the maximum recommended level<sup>83</sup>.

The universal reach of the Healthy Child Programme provides an opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes. Health visitors and public health nurses provide expert information and support to families, developing relationships through the universal checks that enable difficulties to be identified early and help to be offered when needed. They have a key role in identifying children at risk of childhood obesity<sup>84</sup>.

Effective, high quality early years provision makes a difference to young children and helps to break the cycle of disadvantage to give them a good start in life. Early education and childcare provision is offered by a mix of public, private and voluntary providers. Local authorities must ensure the availability of high quality part-time early education for all three and four year olds, as well as disadvantaged two year olds. Children's early years services have a statutory duty to ensure sufficient childcare for working parents and sufficient children's centres to promote integrated health, early education and childcare<sup>85</sup>.

The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of children from birth to 5 years old. All schools and Ofsted-registered early years' providers must follow the EYFS, including child minders, preschools, nurseries and school reception classes<sup>86</sup>. Ofsted monitor the compliance of early years settings in achieving children's physical health and wellbeing through

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<sup>81</sup> NICE (2015) [Obesity prevention \(CG43\)](#)

<sup>82</sup> PHE (2018) [Calorie reduction the scope and ambition for action](#)

<sup>83</sup> PHE (2016) [Patterns and trends in child diet](#)

<sup>84</sup> PHE (2016) [Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing](#)

<sup>85</sup> DfE (2012) [Early education and childcare: Statutory guidance for local authorities](#)

<sup>86</sup> DfE (2014) [Early years \(under 5s\) foundation stage framework \(EYFS\)](#)

the 'Personal development, behaviour and welfare' section of the Common Inspection Framework<sup>87</sup>.

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

Local authorities have a statutory duty to ensure there is sufficient childcare for working parents, where practicable, and that there are sufficient to promote integrated health, early education and childcare (supporting resource 1-4).

Any actions undertaken by early years providers which are aimed at preventing excess weight gain, improving diet and increasing activity levels should involve parents and carers (supporting resource 5).

Early years providers should look at ways to minimise sedentary activities during play time, and provide regular opportunities for enjoyable active play and structured physical activity sessions. An example of how this could be achieved is through the guidelines for physical activity by the Chief Medical Officers (supporting resource 5 and 6).

Early years providers are in a position to ensure children eat regular, healthy meals in a pleasant sociable environment free from distractions. PHE have developed a resource which provides example menus for early years settings in England (supporting resource 7).

Promote the awareness of Healthy Start which provides free vouchers to families on low incomes that can be exchanged for fresh or frozen fruit or vegetables, milk and vitamins for mother and baby (supporting resource 8).

Adopt PHE campaigns to shape local behaviour change initiatives and visit the Campaign Resource Centre to access free resources and support from the PHE partnerships marketing team (supporting resource 9).

Through the Healthy Child Programme, utilise the mandated contact points to deliver MECC brief interventions on the value of parenting, so children have a healthy

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<sup>87</sup> Ofsted (2015) [The common inspection framework: education, skills and early years](#)

balanced diet and meet the CMO guidelines on physical activity and provide consistent messages about weight and know how to support families to achieve and maintain a healthy weight (supporting resources 10 and 11).

## Supporting resources

1. DfE (2014) [Early years \(under 5s\) foundation stage framework \(EYFS\)](#).
2. DfE (2012) [Early education and childcare: Statutory guidance for local authorities](#).
3. DfE (2014) [Early years pupil premium: guide for local authorities](#).
4. LGA (2014) [Early Years. Must know children](#).
5. NICE (2015) [Obesity prevention \(CG43\)](#).
6. CMO (2016) [Physical activity infographics](#).
7. PHE (2017) [Example menus for early years settings in England](#).
8. DH [Healthy start](#).
9. PHE [Campaign Resource Centre](#).
10. PHE (2016) [Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing](#).
11. PHE (2018) [Promoting a healthier weight for children, young people and families: consistent messaging](#).
12. PHE (2016) [Health matters: giving every child the best start in life](#).
13. PHE (2017) [Changes in the weight status of children between the first and final years of primary school](#). A longitudinal analysis of data from the National Child Measurement Programme in four local authorities in England between 2006/07 and 2014/15.
14. Ofsted (2015) [The common inspection framework: education, skills and early years](#).

# Briefing for Children's Services - Looked after Children

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

## Why action is needed

All parents want their children to have the best start in life, to be healthy and happy, and to reach their full potential. As corporate parents, those involved in providing local authority services for children they look after should have the same high aspirations and ensure children receive the care and support they need in order to thrive. This includes children who live with foster carers or in residential care on either a short or long term basis. They have a key role in creating an environment that promotes healthy lifestyles and developing the knowledge and skills to enable some of our most vulnerable children and young people to achieve and maintain a healthy weight and meet the Government's standards for physical activity.

The health and wellbeing of children critically determines their opportunity in life, however, childhood obesity threatens these opportunities. The burden of childhood obesity is being felt the hardest in more deprived areas with children growing up in deprived communities more than twice as likely to be obese than those in higher income households. Children from black and minority ethnic families are also more likely than children from white families to be overweight or obese<sup>88</sup>. This inequalities gap is increasing and there is a need to address these disparities to help all children, regardless of background have the best start in life.

In June 2018, the Government launched *Childhood obesity: a plan for action Chapter 2*, with a national ambition to halve childhood obesity and significantly reduce the gap

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<sup>88</sup> NHS Digital (2017) *National Child Measurement Programme – England, 2016-17*

in obesity between children from the most and least deprived areas by 2030<sup>89</sup>. This is not going to be easy to achieve, and the plan requires everyone to get behind this ambition to play a part in supporting children making healthier decisions, providing healthier options and creating healthier environments.

## Key messages

Obesity happens because calorie intake is above what is required for a healthy body weight. The imbalance in the levels of calorie excess cannot be tackled by increasing physical activity alone. The evidence shows that overweight and obese children consume between 140 and 500 excess calories per day, depending on their age and sex<sup>90</sup>. The majority of children (92.3% of boys and 90.7% of girls) do not eat the recommended minimum of five portions of a variety of fruit and vegetables per day and children's consumption of added or processed sugars (non-milk extrinsic) significantly exceeds the maximum recommended level<sup>91</sup>.

The statutory guidance on the planning, commissioning and delivery of health services for looked-after children aims to ensure that they have access to any physical or mental health care they may need<sup>92</sup>. Evidence indicates that accurate and up-to-date personal health information has significant implications for the immediate and future wellbeing of children and young people during their time in care and afterwards<sup>93</sup>.

The national minimum standards for providing fostering services include promoting good health and wellbeing standard in which<sup>94</sup>:

- children understand their health needs, how to maintain a healthy lifestyle and make informed decisions about their own health
- children are encouraged to participate in a range of positive activities that contribute to their physical and emotional health
- foster carers receive sufficient training on health and hygiene issues and first aid, with particular emphasis on health promotion and communicable diseases

Children's home regulations include a health and wellbeing standard in which<sup>95</sup>:

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<sup>89</sup> HM Government (2018) [Childhood obesity: a plan for action Chapter 2](#)

<sup>90</sup> PHE (2018) [Calorie reduction the scope and ambition for action](#)

<sup>91</sup> PHE (2016) [Patterns and trends in child diet](#)

<sup>92</sup> DfE/DH (2015) [Promoting the health and wellbeing of looked after children](#)

<sup>93</sup> NICE (2010) [Looked after children and young people \[PH28\]](#)

<sup>94</sup> DfE (2015) [Guide to the Children's Homes Regulations, including the quality standards](#)

<sup>95</sup> DfE (2015) [Guide to the Children's Homes Regulations, including the quality standards](#)

- the health and well-being needs of children are met
- children receive advice, services and support in relation to their health and well-being
- children are helped to lead healthy lifestyles

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

The statutory duty to ensure a looked after child has access to any physical or mental health care they may need should include having a healthy weight, good levels of physical activity, and good oral health (supporting resources 1, 3 and 5).

Utilise the data and information within the Joint Strategic Needs Assessment and Health and Wellbeing Strategy to consider the health needs of looked after children (supporting resource 1).

Providers of care settings for children can create environments that support healthy eating choices, ensure children eat regular, healthy meals. Encourage them to use the PHE example menus for early years settings in England (supporting resource 2).

Providers of care settings for children can create active environments by giving opportunities for play, sport and recreation activities meeting the CMOs guidelines (supporting resource 9).

A healthy diet will impact on children's oral health. A child with poor dental health may be indicative of dental neglect and an early sign of wider safeguarding issues. Dental teams can contribute to a multi-agency approach to safeguard children and guidance is available to support this role (supporting resource 3).

Provide children in care, and those leaving care with the skills, confidence, and knowledge to achieve:

- a healthier weight
- good oral health
- cook and source healthier food
- the required levels of physical activity

Develop and provide social workers and other staff with training on the risks to children and young people of being an unhealthy weight, how to give consistent

messages about weight and know how to support them and their families to achieve and maintain a healthy weight (supporting resource 4).

## Supporting resources

1. DfE/DH (2015) *Promoting the health and wellbeing of looked after children*.
2. PHE (2017) *Example menus for early years settings in England*.
3. Harris, J. et al. *Child protection and the dental team: an introduction to safeguarding children in dental practice*. (Committee of Postgraduate Dental Deans and Directors (COPDEND) UK, Sheffield, 2009).
4. PHE (2018) *Promoting a healthier weight for children, young people and families: consistent messaging*.
5. NICE (2010) *Looked after children and young people [PH28]*.
6. DfE (2011) *Fostering services: national minimum standards*.
7. DfE (2015) *Guide to the Children's Homes Regulations, including the quality standards*.
8. Viner R. et al (2010) Childhood protection and obesity: framework for practice *BMJ* 2010;341:c3074.
9. CMO (2016) *Physical activity infographics*.

## Other useful resources

The Children and Families Act 2014.

LGA (2014) Must know children's services: *Early help, corporate parenting and adoption*.

## Briefing for Children's Services – Children with Disabilities

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

### Why action is needed

Children and young people with disabilities are more likely to be obese than children without disabilities and this risk increases with age<sup>96</sup>. It is estimated that 40% of children aged under 8 years old with a disability are obese<sup>97</sup>. The risk of obesity among children and young people with disabilities may be related to personal factors such as genetic or metabolic conditions, diet, levels of physical activity or use of medications with a side-effect of weight gain. Additionally, environmental factors such as inaccessible neighbourhoods and lack of access to recreational facilities may also play a part in this relationship with obesity. This puts them at greater risk of serious obesity-related health conditions such as diabetes, asthma, musculoskeletal problems and cardiovascular risk factors. As such, childhood obesity may represent a particular threat to the long-term health of many children and young people with disabilities<sup>98</sup>. Obesity may have an adverse effect on the complications that arise from the health conditions or impairment associated with the disability. Obesity also increases the likelihood of developing pain, mobility limitations, fatigue and depression.

The Children and Families Act 2014 introduced a coordinated system and integrated Education, Health and Care (EHC) plans for all children and young people with special educational needs (SEN) and disabilities from birth up to 25 years. To support children and young people with SEN or disabilities, local authorities and clinical

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<sup>96</sup> Reinehr T, Dobe M, Winkel K, Schaefer A, Hoffmann D. Obesity in disabled children and adolescents: an overlooked group of patients. *Deutsches Arzteblatt International* 2010; 107(15):268-75

<sup>97</sup> CHIMAT (2011) [Disability and obesity: the prevalence of obesity in disabled children](#)

<sup>98</sup> Minihan PM, Fitch SN, Must A. (2007) What does the epidemic of childhood obesity mean for children with special health care needs

commissioning groups should consider commissioning services jointly. Therefore, along with schools, colleges and health services, local authority children's services play a key role in supporting children and young people with special needs and disabilities to be a healthy weight.

## Key messages

Obesity happens because calorie intake is above what is required for a healthy body weight. The imbalance in the levels of calorie excess cannot be tackled by increasing physical activity alone. The evidence shows that overweight and obese children consume between 140 and 500 excess calories per day, depending on their age and sex<sup>99</sup>. The majority of children (92.3% of boys and 90.7% of girls) do not eat the recommended minimum of five portions of a variety of fruit and vegetables per day and children's consumption of added or processed sugars (non-milk extrinsic) significantly exceeds the maximum recommended level<sup>100</sup>.

Once established, obesity is very difficult to reverse so prevention and early intervention are key. Children who are obese and young people with chronic conditions and disabilities could be at risk of under-management of obesity due to the attention being given to their existing illnesses<sup>101</sup>.

Factors linking disability and obesity among children and young people include diet, physical activity, parental attitudes and behaviour, lack of access to recreational facilities and medication.

Children and young people with disabilities represent a diverse population with a wide range of complex health needs and efforts to promote healthy weight and prevent obesity in this group should be tailored accordingly<sup>102</sup>.

Obesity-related conditions can add to the medication and equipment needs of children and young people with disabilities and thereby undermine their independence and limit opportunities for social interaction, leisure and physical activities.

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of

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<sup>99</sup> PHE (2018) [Calorie reduction the scope and ambition for action](#)

<sup>100</sup> PHE (2016) [Patterns and trends in child diet](#)

<sup>101</sup> Chen AY, Kim SE, Houtrow AJ, Newacheck PW. Prevalence of obesity among children with chronic conditions. *Obesity (Silver Spring)*. 2010;18(1):210-3. Epub 2009 Jun 11

<sup>102</sup> Minihan PM, Fitch SN, Must A. (2007) What does the epidemic of childhood obesity mean for children with special health care needs

childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

Local authorities have the opportunity to achieve better health outcomes for children and young people with disabilities by bringing together local services to help improve access to health services, leisure and play facilities.

Raise awareness to health care professionals and policy makers about the risks overweight and obesity pose to children and young people with disabilities so that they can work with families and communities to help reduce the risks and ensure professionals give consistent messages around healthy weight (supporting resource 1).

There is a need for interventions in the early years of life to prevent, as much as possible, children with disabilities reaching an unhealthy weight and developing related health conditions.

When developing health promotion strategies, ensure they encompass a multi-professional, multi-agency approach with the family and child at the centre. Adopt PHE campaigns to shape local behaviour change initiatives and visit the Campaign Resource Centre to access free resources and support from the PHE partnerships marketing team (supporting resource 2).

Encourage mainstream and special schools to visit the School Zone website and explore the free Change4life teaching resources for primary schools, and Rise above lesson plans for secondary schools (supporting resource 3).

Ensure weight control and chronic disease prevention are core components of health education and transition planning (to adult services) for children and young people with disabilities and incorporated into Education, Health and Care (EHC) plans.

Use the 'What works in schools and colleges to increase physical activity' and adopt a co-ordinated 'whole school approach' utilising the 8 promising principles (supporting resource 4).

Use the Government Buying Standards for Food and Catering Services (GBSF) nutrition criteria and the School Food Standards for primary schools to champion a whole school approach to food to create a culture and ethos of healthy eating (supporting resources 5-7).

## Supporting resources

1. PHE (2018) **Promoting a healthier weight for children, young people and families: consistent messaging.**
2. PHE **Campaign Resource Centre.**
3. PHE **Campaign Resource Centre – School zone.**
4. PHE (2015) **What works in schools and colleges to increase physical activity.**
5. DEFRA (2014) **Government Buying Standards for Food and Catering Services (GBSF).**
6. DfE (2015) **Standards for school food in England.**
7. DfE (2017) **Breakfast clubs in high deprivation schools.**
8. DfE/DH (2015) **Promoting the health and wellbeing of looked after children.**
9. PHE (2014) **Obesity and disability: children and young people.**
10. DfE/DH (2015) **SEND code of practice: 0 to 25 years.**
11. LGA (2014) **Must knows Children: Special needs and disability.**

## Other useful resources

**The Children and Families Act 2014.**

**CHIMAT (2011) Disability and obesity: the prevalence of obesity in disabled children**

**Activity Alliance disability inclusion sport.**

# Briefing for Education, Schools and Post 16 Education

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

## Why action is needed

In June 2018, the Government launched Childhood Obesity: a plan for action Chapter 2, and set a national ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030<sup>103</sup>. The plan states that schools have a fundamental role in equipping children with the knowledge they need to make healthy choices for themselves and create healthy environments for children to learn and play. This builds on the actions in Chapter 1 of Childhood obesity: a plan for action which set the commitment to support children with high quality nutrition and at least 30 minutes of physical activity per day whilst at school<sup>104</sup>. Chapter 2 also sets a national ambition for every primary school to adopt an active mile initiative or similar intervention.

Good health and wellbeing are vital for all our children now and for the future of society. Analysis of the National Child Measurement Programme (NCMP) shows that one in 5 children are overweight or obese when they begin school and for most children, unhealthy excess weight tracks from Reception to Year 6. The NCMP data highlights that obesity rates double during the primary school years and increases further in secondary education<sup>105</sup>.

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<sup>103</sup> HM Government (2018) [Childhood obesity: a plan for action Chapter 2](#)

<sup>104</sup> HM Government (2016) [Childhood Obesity: a plan for action](#)

<sup>105</sup> NHS Digital (2017) [National Child Measurement Programme – England, 2016-17](#)

Overweight or children who are obese are more likely to experience poor health and there are links with educational attainment<sup>106</sup>:

- healthy school meals in school-age children are linked with improved school attendance and exam grades<sup>107</sup>
- men and women with fewer qualifications are more likely to be obese
- around a third of adults who leave school with no qualifications are obese, compared with less than a fifth of adults with degree level qualifications<sup>108</sup>

In addition to poor educational attainment, life can be more difficult for children who are overweight or obese and they are likely to experience bullying, stigmatisation and low self-esteem<sup>109</sup>. Children are more likely to develop Type 2 diabetes in childhood<sup>110</sup> and more likely to be obese in adulthood<sup>111</sup>, with a higher risk of developing life threatening conditions such as cancer, heart disease and liver disease.

## Key messages

Obesity happens because calorie intake is above what is required for a healthy body weight. The imbalance in the levels of calorie excess cannot be tackled by increasing physical activity alone. The evidence shows that overweight and obese children consume between 140 and 500 excess calories per day, depending on their age and sex<sup>112</sup>. The majority of children (92.3% of boys and 90.7% of girls) do not eat the recommended minimum of 5 portions of a variety of fruit and vegetables per day and children's consumption of added or processed sugars (non-milk extrinsic) significantly exceeds the maximum recommended level<sup>113</sup>.

The Healthy Child Programme sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. School nurses and public health nurses support children and young people

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<sup>106</sup> Caird J, Kavanagh J, Oliver K, Oliver S, O'Mara A, Stansfield C, Thomas J (2011) *Childhood obesity and educational attainment: a systematic review*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London

<sup>107</sup> Belot M & James J (2011) *Healthy school meals and educational outcomes* Journal of Health Economics 30 489–504

<sup>108</sup> Roberts K, Cavill N, Hancock C, Rutter H. (2013) *Social and economic inequalities in diet and physical activity*. Oxford: Public Health England Obesity Knowledge and Intelligence

<sup>109</sup> Gatineau M, Dent M (2011) Obesity and mental health, National Obesity Observatory: Oxford UK

<sup>110</sup> Abbasu A, Juszczak, D et al (2017) Body mass index and incidence of type 1 and Type 2 diabetes in children and young adults: a retrospective cohort study: Journal of the Endocrine Society, 1 (5), 524-537

<sup>111</sup> Simmonds M, Llewellyn et al. (2016) Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. Obesity Reviews, 17(2), 95-107

<sup>112</sup> PHE (2018) *Calorie reduction the scope and ambition for action*

<sup>113</sup> PHE (2016) *Patterns and trends in child diet*

and families to improve their health and wellbeing<sup>114</sup>. A healthy balanced diet is important for a child's development. The School Food Standard was introduced to ensure food provided for pupils is nutritious and of high quality, by setting the requirements for all food and drink in schools<sup>115</sup>.

Emerging evidence suggests an association between being physically active and academic attainment and attention<sup>116</sup>. Being physically active also helps to promote physical and emotional health and wellbeing<sup>117118</sup>. In children, physical activity is critical for motor development, cognitive improvement, psychosocial and cardio-metabolic health; reducing body fat and helping to increase academic achievement<sup>119</sup>. Children and young people who are physically active are more likely to continue the habit into adult life<sup>120</sup>. The evidence has been distilled into 8 promising principles for practice which have been tested with children and young people and practitioners. Figure 5 demonstrates these 8 principles.

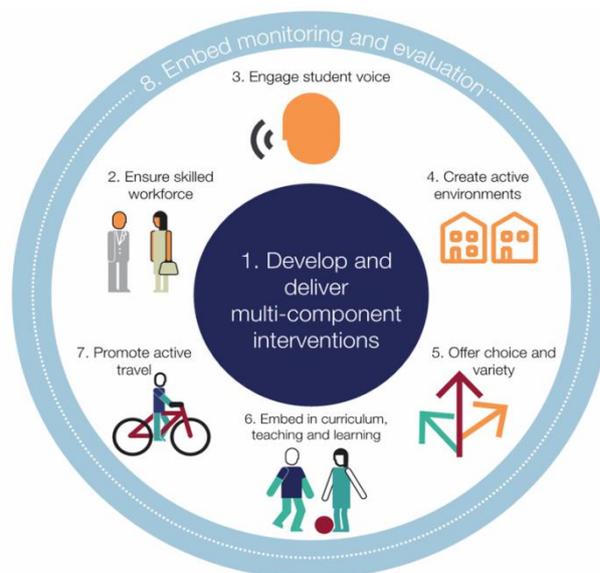


Figure 5: The eight principles to embed increase physical activity in schools.

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<sup>114</sup> DH (2009) *Healthy Child Programme: From 5-19*

<sup>115</sup> DfE(2015) *Standards for school food in England*

<sup>116</sup> Chalkley A, Milton K, Foster C (2015) *Change4Life Evidence Review: Rapid evidence review on the effect of physical activity participation among children aged 5 – 11 years*. London: Public Health England

<sup>117</sup> Department of Health (2011) *Start Active, Stay Active*

<sup>118</sup> British Heart Foundation National Centre for Physical Activity and Health (2013) *Making the case for physical activity*. Loughborough University

<sup>119</sup> NHS Digital (2015) *Health Survey for England - Physical activity in children*

<sup>120</sup> Trudeau F, Luarencelle L and Shephard RJ (2004) Links between childhood and adulthood physical activity *Med Sci Sports Exerc.* 2004 Nov 36(11):1937-43

For many children structured physical education and sport at school is the only opportunity to participate in regular physical activity. Schools and colleges therefore have an important contribution to make in encouraging children and young people to participate in physical activity, in challenging and supporting them to achieve their potential and to create healthy active habits for life.

Schools have received financial support from the Government through the Soft Drinks Industry Levy to make additional and suitable improvements to the quality of the physical education and sport offered in schools. In addition, schools will receive funding through The Healthy Pupils Capital Fund (HPCF) which is intended to improve access to, and use of, facilities for physical activity, healthy eating, mental health and wellbeing and medical conditions. The funding from the Soft Drinks Industry Levy is available to schools in the 2018 to 2019 financial year. Small and single academies and sixth form colleges can bid for HPCF through the Condition Improvement Fund.

Ofsted monitors the compliance of schools in achieving children's physical health and wellbeing through the 'Personal development, behaviour and welfare' section of the Common Inspection Framework.

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

### **Head teachers and governors of all primary schools**

Schools should consider adopting a 'whole setting approach' implementing policies and practices to support healthy weight, food and the promotion of physical activity.

Use the 'What works in schools and colleges to increase physical activity' and adopt a co-ordinated 'whole school approach' utilising the 8 promising principles (supporting resource 1).

Schools support and work proactively with school nurses and others so that the NCMP is an integral part of the whole school approach to healthy weight using 'Our Healthy Year' resources (supporting resources 2 and 3).

Implement the School Food Plan to champion a whole school approach to food to create a culture and ethos of healthy eating (supporting resource 4).

Use the Government Buying Standards for Food and Catering Services (GBSF) nutrition criteria and the School Food Standards for primary schools (supporting resources 5 and 6).

Offer a school breakfast club where at least 40% of pupils are eligible for free school meals with healthy food choices offered (supporting resource 7).

Use Food Teaching in Primary Schools: a framework of knowledge and skills (supporting resource 8).

Encourage schools to visit the School Zone website and explore the free Change4life teaching resources for primary schools, and Rise Above lesson plans for secondary schools (supporting resource 9).

Many primary schools across the country are adopting active mile initiatives in their school day because of the well-established links between physical activity, improved mental wellbeing and educational attainment. This initiative provides the opportunity of accommodating 30 minutes of activity during the school day and supports the Government's national ambition (supporting resource 10).

Focus on the least active children to take part in a range of activities through the Primary PE and Sport Premium (supporting resource 11).

Work with local authority transport colleagues to actively promote safe modes of active travel to and from school and college settings (link with the Briefing Note on Highways).

Train school staff so that they are aware of the risks to children and young people of being an unhealthy weight and know how to have conversations about weight management with children and their families and ensure they use consistent messages (supporting resources 12 and 13).

### **Head teachers and governors of all secondary schools**

Adopt a 'whole setting approach' implementing policies and practices to support healthy weight, healthy food and the promotion of physical activity.

Use the 'What works in schools and colleges to increase physical activity' and adopt a co-ordinated 'whole school approach' utilising the 8 promising principles (supporting resource 1).

Implement the School Food Plan to champion a whole school approach to food to create a culture and ethos of healthy eating (supporting resource 4).

Use the Government Buying Standards for Food and Catering Services (GBSF) nutrition criteria and the School Food Standards for primary schools (supporting resources 5 and 6).

Offer a school breakfast club where at least 40% of pupils are eligible for free school meals with healthy food choices offered (supporting resource 7).

Work with local authority transport colleagues to actively promote safe modes of active travel to and from school and college setting (link with the Briefing for Highways).

Train school staff so that they are aware of the risks to children and young people of being an unhealthy weight and know how to have conversations about weight management with children and their families and ensure they use consistent messages (supporting resources 12 and 13).

Use Food Teaching in Secondary Schools: a framework of knowledge and skills (supporting resource 14).

Support young people to meet the guidelines for physical activity as advised by the UK Chief Medical Officers (supporting resource 15).

### **Principals of all colleges**

Adopt a 'whole setting approach' implementing policies and practices to support healthy weight, food and the promotion of physical activity.

Use the 'What works in schools and colleges to increase physical activity' and adopt a co-ordinated 'whole school approach' utilising the 8 promising principles (supporting resource 1).

Use the Government Buying Standards for Food and Catering Services (GBSF) nutrition criteria and the School Food Standards for primary schools (supporting resources 5 and 6).

Work with local authority transport colleagues to actively promote safe modes of active travel to and from school and college settings (link with the Briefing for Highways).

Train school staff so that they are aware of the risks to children and young people of being an unhealthy weight and know how to have conversations about weight management with children and their families and ensure they use consistent messages (supporting resources 12 and 13).

Support young people to meet the guidelines for physical activity as advised by the UK Chief Medical Officers (supporting resource 15).

## Supporting resources

1. PHE (2015) [What works in schools and colleges to increase physical activity](#).
2. Change4Life [Our Healthy Year](#).
3. PHE (2016) [Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing](#).
4. Dimbleby, H and Vincent, J (2013) [The School Food Plan](#).
5. DEFRA (2014) [Government Buying Standards for Food and Catering Services \(GBSF\)](#).
6. DfE (2015) [Standards for school food in England](#).
7. DfE (2017) [Breakfast clubs in high deprivation schools](#).
8. PHE (2015) [Food teaching in primary schools: knowledge and skills framework](#).
9. PHE [Campaign Resource Centre – School zone](#).
10. [Daily mile initiative](#).
11. DfE/Association of Physical Education/Youth Sport Trust (2017) [Evidencing the impact of the Primary PE and Sport Premium](#).
12. PHE (2017) [Child weight management: short conversations with families](#).
13. PHE (2018) [Promoting a healthier weight for children, young people and families: consistent messaging](#).
14. PHE (2015) [Food teaching in secondary schools: knowledge and skills framework](#).
15. CMO (2016) [Physical activity infographics](#).
16. PHE (2017) [Changes in the weight status of children between the first and final years of primary school](#). A longitudinal analysis of data from the National Child Measurement Programme in four local authorities in England between 2006/07 and 2014/15.
17. DfE/EFA (2016) [PE and sport premium for primary schools](#).
18. DfE (2017) [School and college funding](#).
19. Education and Skills Funding Agency (2017) [Condition Improvement Fund](#).
20. Ofsted (2015) [The common inspection framework: education, skills and early years](#).
21. Youth Sport Trust (2017) [Active School Planner](#).

## Other useful resources

- DH (2017) [Child obesity plan Case Studies](#).
- HM Revenue and Customs (2016) [Soft drinks industry levy](#).
- DfE (2013) [The National Curriculum](#).
- DfE and National Governors Association (2016) [School Food: Guidance for Governors](#).

# Briefing for Economic Development, Regeneration and Employment

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

## Why action is needed

It is estimated that 62% of adults (aged 16 years or over) are overweight or obese, and this statistic is predicted to reach around 70% by 2034<sup>121</sup>. Studies have shown that a child with at least one obese parent is more likely to be obese themselves<sup>122</sup>. Individuals who are overweight and obese are less likely to be in employment, face discrimination and stigmatisation, and have an increased risk of hospitalisation. In the UK it has been estimated that obesity can be attributed to approximately 16 million days of sickness absence<sup>123</sup>. Being an unhealthy weight can impact on the employability and productivity of local communities which in turn increases welfare costs and demand for social care<sup>124</sup>.

Spending time not in employment, education or training (NEET) has been shown to have a detrimental effect on physical and mental health. The link between time spent NEET and poor health is partly due to an increased likelihood of unemployment, low wages, or low quality work later on in life. Being NEET can also have an impact on

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<sup>121</sup> UK Health Forum (2014). [Risk factor based modelling for Public Health England](#)

<sup>122</sup> Perez-Pastor EM, Metcalf BS, Hosking J et al. (2009) Assortative weight gain in mother-daughter and father-son pairs: an emerging source of childhood obesity. *Longitudinal study of trios (Early Bird 43)*. *International Journal of Obesity* 33: 727–35

<sup>123</sup> B. McCormick, I. Stone Corporate Analytical Team (2001); [Economic costs of obesity and the case for Government intervention](#); *Obesity Reviews*

<sup>124</sup> PHE (2015) [Making the case for tackling obesity – why invest? Making the case for tackling obesity – supporting references](#)

unhealthy lifestyle behaviours (including poor diets, being sedentary and excess weight) and involvement in crime<sup>125</sup>.

Local authority departments responsible for economic development and regeneration have the opportunity to:

- increase local employment, education and training opportunities
- promote workplace health to encourage employees and their families to lead healthier lifestyles and be a healthier weight
- promote a vibrant and diverse healthy sustainable food economy

Such actions will support wider local authority priorities such as sustainability, social justice, crime reduction and community safety. Moreover, having a more economically productive population may generate higher business rates.

## Key messages

Appropriate work is good for physical and mental health. Being out of work is associated with a range of poor health outcomes. Good quality stable employment practices are vital for the health of individuals, and communities across the life-course, and especially for young people<sup>126 127 128</sup>.

Promoting healthier lifestyles forms a vital part of the health and work agenda to help reduce the prevalence of conditions that can lead to people leaving the labour market due to ill health. The workplace can play an important role in promoting health, and minimising risks to health.

There are significant workplace costs associated with obesity. For an organisation employing 1000 people, this could equate to more than £126,000 a year in lost productivity due to a range of issues including back problems and sleep apnoea. In addition to the impact on individual health and increased business costs due to time off work through associated illnesses, obese people suffer other issues in the workplace including prejudice and discrimination<sup>129</sup>.

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<sup>125</sup> PHE/UCL (2014) Institute of Health Equity Health equity review 3: [Local action on health inequalities. Reducing the numbers of young people not in employment, education or training \(NEET\)](#)

<sup>126</sup> The Marmot Review (2010) [Fair Society, Healthy Lives](#)

<sup>127</sup> PHE/UCL (2014) Institute of Health Equity Health equity review 5 [Local action on health inequalities: Increasing employment opportunities and improving workplace health](#)

<sup>128</sup> PHE/UCL (2015) [Local action on health inequalities: Promoting good quality jobs to reduce health inequalities](#)

<sup>129</sup> Obese individuals face stigma and multiple forms of prejudice and discrimination. Weight bias remains persistent in settings of employment, health care, education, the media and in close interpersonal relationships. [Weight bias increases vulnerability to depression, low self-esteem, poor body image, maladaptive eating behaviours, and exercise avoidance](#)

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

Economic development, regeneration and employment departments should link with planning colleagues to ensure that the health of local populations and the workforce, and their families, are considered as part of the local development plans (supporting resources 3-6).

Encourage local employers through the Chamber of Commerce, Local Enterprise Partnerships and via the local authority's contractual levers of procurement (using the Social Value Act 2012) to:

- utilise PHE's Workplace health resources which provide guidance to employers including local authorities and commissioners (supporting resource 1)
- provide healthier and more sustainable catering in line with PHE guidance (supporting resource 2)
- put policies in place to prevent, support and manage obesity for example ensuring the availability of healthy food choices and the provision and promotion of physical activity (walking meetings/non-working lunch breaks)
- work with transport colleagues on travel planning to promote safe modes of active travel to and from work settings on a daily basis (supporting resource 3)
- promote cycle to work schemes and provide facilities such as showers and secure cycle parking (supporting resource 1)
- have a policy to support breastfeeding in the workplace
- support people with disabilities and long term conditions into work or training (supporting resource 1)

Actively promote and support the development and long term success of healthy and sustainable food businesses. This could include the promotion and incentivising of new and existing food businesses to adopt healthier 'out of home' food provision and achieve the Government Buying Standards (supporting resources 3 and 4).

Provide employment advisors with training to promote healthy lifestyle messages and support them to deliver brief advice on physical activity, diet and weight.

## Supporting resources

1. PHE (2017) collection: Workplace health: Resources for employers, local Government and commissioners on workplace health.
2. PHE (2014) Healthier and more sustainable catering.
3. NICE (2008) Physical activity in the workplace (PH13).
4. PHE (2017) Encouraging healthier 'out of home' food provision.
5. DEFRA (2014) Government Buying Standards for Food and Catering Services (GBSF).
6. DWP/DH (2016) Improving lives. The Work, Health and Disability Green Paper.
7. PHE/UCL (2015) Local action on health inequalities: Promoting good quality jobs to reduce health inequalities.

## Other useful resources

Business in the Community in association with PHE and supported by ARM (2017)

Musculoskeletal health in the workplace.

NICE Physical activity return on investment tool.

Soil Association: Food for Life Catering Mark.

Sustainable Food Cities.

Sustain: Local Government Declaration on Sugar Reduction and Healthier Food.

# Briefing for Highways

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides context and background to the approach detailed in this briefing.

## Why action is needed

The levels of physical activity in England are on the decline. This has been associated with the obesogenic environment, the widespread use of cars, an increase in sedentary work and leisure, and developments of technology in the home and workplace<sup>130</sup>.



Figure 6: Demonstration of activity levels in children and adults.

<sup>130</sup> Foresight (2007) *Tackling Obesity's future choices project report*.

Regular physical activity can reduce the risk of many chronic conditions including coronary heart disease, stroke, Type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. Relatively small increases in physical activity are associated with some protection against chronic diseases and an improved quality of life<sup>131</sup>. These benefits can deliver cost savings for health and social care services. However, the benefits of physical activity extend further to improved productivity in the workplace, reduced congestion and pollution through active travel, and healthy development of children and young people. The extent of the problem is demonstrated in Figure 6.

For most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. Examples include walking or cycling instead of travelling by car<sup>132</sup>. There is a need to build incidental activity into everyone's daily life, for example through creating safe and attractive environments that enable anyone of any age or ability to travel actively<sup>133</sup>.

Local authority travel planners have a key role in creating an environment that promotes sustainable and active travel. Prioritising walking, cycling and public transport can help meet many of the key health, economy and environment priorities of local authorities:

- improving air quality and road safety
- reducing carbon emissions
- addressing congestion and increasing productivity due to improved journey time reliability
- supporting the local economy and promoting economic growth and regeneration
- improving access to employment
- improving social cohesion and social capital
- improving mental and physical health
- reducing avoidable injuries

## Key messages

A healthy weight environment is one that prioritises walking, cycling and public transport use and minimises car use<sup>134</sup>. Disadvantaged areas tend to have a higher density of main roads, leading to poorer air quality, higher noise levels and higher

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<sup>131</sup> NICE (2012) *Physical activity: walking and cycling (PH41)*

<sup>132</sup> CMO (2011) *Start active, stay active*

<sup>133</sup> PHE (2014) *Everybody Active Every Day: An evidence based approach to physical activity*

<sup>134</sup> TCPA/PHE (2014) *Planning Healthy-Weight Environments*

collision rates. The obesogenic environment heavily impacts the most disadvantaged groups, which discourages walking and cycling and further exacerbates health inequalities. Furthermore residents of deprived communities tend to travel less than the better off, but feel the impact of other people's travel. In short, increasing car dependency has led to increasing unfairness<sup>135</sup>.

The Cycling and Walking Infrastructure Strategy outlines the Government's ambition to make cycling and walking a natural choice for shorter journeys or as part of longer journeys by 2040. One of the aims is to increase the percentage of children aged 5 to 10 years that usually walk to school from 49% in 2014 to 55% in 2025. The Department for Transport has produced statistics on the prevalence of walking and cycling in England for 2014 to 2015, by region and local authority<sup>136</sup>.

Sustainable and active travel supports the objectives of the Local Transport Plan to maintain and improve transport in the area.

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

Consider how active travel is integral within transport policies (supporting resource 1).

Ensure that safe, convenient, inclusive access for pedestrians, cyclists, and public transport users is maximised and is prioritised over private car use (supporting resource 2).

Focus on converting short car trips to active travel and public transport. Consider how to minimise car parking as a way both to support local economies (eg local high streets) and to promote sustainable modes of transport (supporting resource 2).

Demonstrate how policies and budgets can maximise active travel and benefit health, the economy and the environment.

Encourage transport planners to work with lower tier authority planners (refer to **Planning** section) to encourage new developments to maximise opportunities for active travel by ensuring:

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<sup>135</sup> Sustainable Development Commission (2011) Fairness in a car-dependent society. London: SDC

<sup>136</sup> DfT (2016) **Local area walking and cycling in England: 2014 to 2015**

- appropriate infrastructure (eg cycle lanes, cycle parking)
- new developments do not adversely affect capacity and safety of surrounding cycling networks
- travel plans for new developments (including schools and leisure space and facilities) prioritise and support active travel over car transport as part of designing safe and attractive neighbourhoods

Work with Local Enterprise Partnerships to ensure that the economic value of active travel is considered in local developments, and demonstrate how it contributes to the functioning and prosperity of local areas, for example, developing local cycling and walking investment strategies.

Support 20mph speed limits in residential areas to give greater protection to pedestrians and cyclists, especially children, and promote road safety in urban and rural settlements to complement school policies on safe and active travel (supporting resource 3).

Work with schools and workplaces on travel planning to promote safe modes of active travel to and from settings on a daily basis. Monitor and evaluate the use of travel plans.

Develop child friendly communities - promote local 'street play' initiatives (supporting resource 4).

## Supporting resources

1. PHE (2017) [Spatial planning for health: evidence review](#).
2. DfT (2017) [Cycling and Walking Infrastructure Strategy](#).
3. DfT (2013) [Setting local speed limits](#).
4. [Playing Out](#).
5. CMO (2011) [Start active, stay active](#).
6. TCPA/PHE (2014) [Planning Healthy-Weight Environments](#).
7. PHE (2014) [Everybody Active Every Day: An evidence based approach to physical activity](#).
8. DfT (2016) [Local area walking and cycling in England: 2014 to 2015](#).
9. HM Government [Find local transport plans](#).
10. Natural England (2014) [Public rights of way: local highway authority responsibilities](#).

## Other useful resources

**Active travel briefings for Local Authorities** (2013) These PowerPoint presentations are aimed at three separate audiences: Elected members, Directors of Public Health and Directors of Transport.

DfT (2014) **Economic case for active travel: the health benefits London Play.**

National Institute of Health and Care Excellence (NICE) local Government public health briefings:

- **Physical activity** (2013)
- **Walking and cycling** (2012)

PHE (2016) **Active Travel: a briefing for local authorities.**

PHE/LGA (2013) **Obesity and the environment briefing: increasing physical activity and active travel.**

Royal Society for the Prevention of Accidents (2017) **Road Safety Factsheet: 20mph zones and speed limits factsheet Transport and Health essential evidence** (Dr. Adrian Davis) – Key evidence for transport policies and practice.

# Briefing for Housing

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

## Why action is needed

Having a good home environment is essential to health and wellbeing throughout the life course. It is a key wider determinant of health<sup>137</sup>. The type of housing and the communities in which people live has an impact on their ability to live a healthy and active life and maintain a healthy weight. Unhealthy, overcrowded and precarious housing negatively affect attendance at school, educational attainment, family relationships and life chances (see Figure 7).

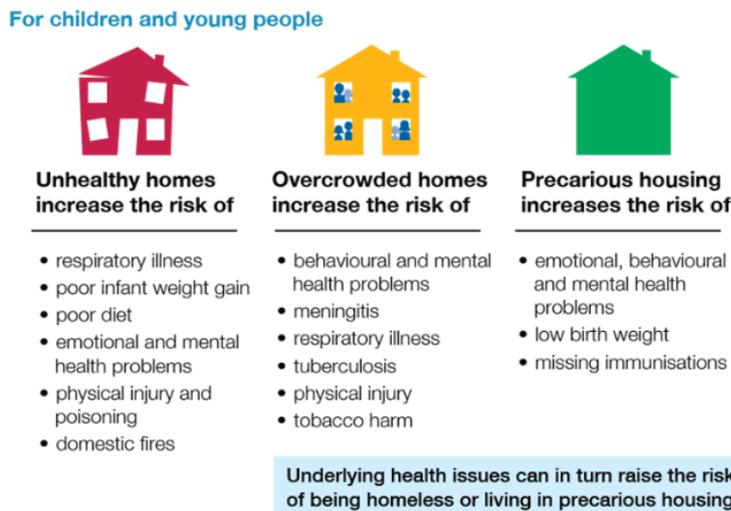


Figure 7: Impact of housing on health and wellbeing.

A local authority’s social housing and planning responsibilities provide an opportunity to ensure that houses, homes and neighbourhoods are suitable, safe and secure for

<sup>137</sup> PHE (2017) [Improving health through the home](#)

their occupants. Local authorities, through the planning process, can also promote a healthy lifestyle and improve access to green spaces (urban parks, open green areas, woods, forests, coastland, countryside, and paths and routes connecting them) and blue spaces (sea, rivers, lakes and canals). Action also supports other local authority priorities such as sustainability and climate change, including reducing flood risk and overheating as well as improving air quality.

## Key messages

A good home environment is essential to health and wellbeing throughout the life course. It protects and improves health and wellbeing, and prevents physical and mental ill health<sup>138</sup>. Families and young single people living in temporary accommodation, especially bedsits often do not have proper places to store, prepare, cook and eat food together making it difficult to have a healthy diet.

17% of households in England are occupied by social tenants, yet less than 1% of those living in social housing report using the green spaces in their area<sup>139</sup>. Low-income areas are associated with lower quality housing and less access to good quality green space<sup>140</sup>.

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

Link with planning colleagues to ensure that opportunities to improve social housing and their neighbourhoods are fully realised (link to the briefing for Planning).

Work with Local Enterprise Partnerships and Local Nature Partnerships to support the delivery of blue/green infrastructure (such as parks, gardens, trees, woodland, green roofs/walls, rivers and ponds) for any new and existing social housing developments (supporting resources 1-8).

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<sup>138</sup> PHE (2017) [Spatial planning for health](#)

<sup>139</sup> The Design Council (2010) [Community green: using local spaces to tackle inequality and improve health](#)

<sup>140</sup> Houses of Parliament Parliamentary Office of Science and Technology (2016) [Green Space and Health](#) POST note 538

Work through local authority owned estate or contracts with housing associations/ organisations to:

- create interiors which are able to house a healthy lifestyle - building homes with kitchens big enough for people to store, prepare and cook home-made meals will help people to make better lifestyle choices
- provide attractive, well-maintained open spaces for exercise, relaxation, play and open spaces to grow food
- make changes such as dedicated cycle lanes, well-placed bike racks and wide, well-lit pavements will encourage individuals to leave their cars at home
- encourage local residents, of all ages, to play an active role in deciding what their open spaces should be like, how they could be used and how they should be looked after
- ensure that the maintenance and long-term care of gardens and open spaces are treated as essential
- offer programmes and activities to improve health and wellbeing for residents
- provide staff with training on brief interventions so that they can have healthy related conversations with clients, give consistent messages and signpost them to local physical activity, healthy eating and weight management support (supporting resource 10)

## Supporting resources

1. HM Government (2018) [25 Year Environment Plan](#).
2. PHE/UCL (2014) Institute of Health Equity [Health equity review 8: Local action on health inequalities: Improving access to green spaces](#).
3. PHE (2016) [Homes for health](#).
4. PHE (2017) [Improving health through the home](#).
5. PHE (2017) [Homes for children and families infographics](#).
6. PHE (2017) [Spatial planning for health](#).
7. The Design Council (2010) [Decent homes need decent spaces: An action plan to improve open spaces in social housing areas](#).
8. The Design Council (2010) [Community green: using local spaces to tackle inequality and improve health](#).
9. Houses of Parliament Parliamentary Office of Science and Technology (2016) [Green Space and Health](#) POST note 538.
10. PHE (2018) [Promoting a healthier weight for children, young people and families: consistent messaging](#).

## Briefing for Leisure, Sport and Culture

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

### Why action is needed

Childhood obesity is one of the biggest health problems this country faces. Obesity happens because calorie intake is above what is required for a healthy body weight. The imbalance in the levels of calorie excess cannot be tackled by increasing physical activity alone. The evidence shows that children who are overweight and obese consume between 140 and 500 excess calories per day, depending on their age and sex<sup>141</sup>. Nearly a quarter of children in England are obese or overweight by the time they start primary school aged 5, and this rises to one third by the time they leave aged 11<sup>142</sup>. The levels of physical activity in England are on the decline and the financial cost of inactivity is estimated to be £7.4 billion per year<sup>143</sup>. If the current trends continue, it is anticipated that the increasing costs of health and social care will place further demands on public services, through the treatment of long term conditions, and take a toll on quality of life for individuals and communities. Physical inactivity directly contributes to one in 6 deaths in the UK<sup>144</sup>.

The Health Survey for England reported in 2015, that 22% of children aged 5-15 met the physical activity guidelines (23% of boys and 20% of girls) demonstrating the need to improve physical activity levels in children, young people and families<sup>145</sup>. Children and young people who are physically active are more likely to<sup>146</sup>:

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<sup>141</sup> PHE (2018) [Calorie reduction the scope and ambition for action](#)

<sup>142</sup> NHS Digital (2017) [Health Survey for England 2015](#)

<sup>143</sup> Scarborough P, Bhatnagar P, Wickramasinghe KK, Allender S, Foster C, Rayner M (2011) The economic burden

of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health* 33 (4): 527-535.

<sup>144</sup> Lee I-M, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet* 380: 219–29

<sup>145</sup> NHS Digital (2016) [Health Survey for England 2015 Physical activity in children](#)

<sup>146</sup> DH (2016) [Start active, stay active: infographics on physical activity](#)

- build confidence and social skills
- develop co-ordination
- improve concentration and learning
- strengthen muscles and bones
- maintain a healthy weight
- improve sleep
- have improved wellbeing

Children and young people who are physically active are more likely to continue the habit into adult life so active children are less likely to suffer the adverse health consequences of physical inactivity in adulthood<sup>147</sup>.

## Key messages

Sport and leisure are a key part of local communities, but there is no one single approach that works everywhere. Local authorities are the biggest part of the public sector investing in sport and physical activity, spending over £1 billion per year, excluding capital spend<sup>148</sup>. Local authorities play an important role in the provision and promotion of healthy weight, healthy diet and physical activity through their leisure, sport and culture departments to encourage healthy lifestyles and tackling obesity. Sports and leisure activities also bring people together, helping to build stronger and more cohesive communities. This puts local authorities in a good position to bring schools, voluntary sports clubs, national governing bodies of sport, health and the private sector together to develop partnerships, unblock barriers to participation and improve the local sport and leisure offer.

The UK Chief Medical Officers (CMOs) recommend that:

- children from birth to 5 years should aim to be active for at least 3 hours across every day
- children and young people (5-18 years) are moderately or vigorously active for at least 60 minutes every day, with muscle and bone strengthening activities 3 times a week whilst minimising sitting
- adults undertake at least 150 minutes per week of moderate physical activity, muscle strengthening activities on 2 days per week and minimise extended periods of sitting

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<sup>147</sup> PHE (2012) [Standard evaluation framework for physical activity interventions](#)

<sup>148</sup> HM Government (2015) [Sporting Futures: A new strategy for an active nation](#)

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

To support the achievement of outcomes around health and wellbeing, local authorities could either provide or procure good-quality services and interventions (supporting resource 1) to:

- promote accessible opportunities for physical activity including sport centres, swimming pools, athletic tracks and gyms
- include the delivery of more focussed health and wellbeing outcomes
- use the PHE Standard Evaluation Framework for physical activity interventions (supporting resource 2)
- have targets to support and encourage inactive individuals to be more active
- adopt PHE campaigns to shape local behaviour change initiatives and visit the Campaign Resource Centre to access free resources and support from the PHE partnerships marketing team (supporting resources 3)
- adopt the Government Buying Standards for Food and Catering Services (GBSF) for food provision (supporting resource 4) including for vending machines in all leisure/sports centres
- provide staff training to promote healthy lifestyle and consistent messages and support them to deliver brief advice on physical activity, diet and weight (supporting resource 5)

Utilise voluntary, community and social enterprise (VCSE) sector opportunities to empower and support children, young people and their families to make lifestyle changes (supporting resource 6).

Encourage local champions to promote the importance of participation in sport and physical activity as a means of improving health and wellbeing.

Link with colleagues in Planning; Public Health; Highways and Transport; Parks and Green Spaces to identify how the natural and built environment can contribute to creating healthy and sustainable communities (supporting resource 11 and refer to [Planning](#), [Public Health](#), and [Parks and Green Space](#) briefings).

Maintain an up to date resource/audit of local opportunities for physical activity that can be used by health and care and other professionals giving brief interventions and advice.

## Supporting resources

1. LGA (2017) [Active people, healthy places: Councils and their partners leading sport and physical activity in their place.](#)
2. PHE (2012) [Standard evaluation framework for physical activity interventions.](#)
3. PHE [Campaign Resource Centre.](#)
4. DEFRA (2014) [Government Buying Standards for Food and Catering Services \(GBSF\).](#)
5. PHE (2018) [Promoting a healthier weight for children, young people and families: consistent messaging.](#)
6. [CSP Network.](#)
7. PHE (2014) [Everybody active, every day. An evidence based approach to physical activity.](#)
8. NHS Digital (2016) [Health Survey for England 2015 Physical activity in children.](#)
9. DH (2016) [Start active, stay active: infographics on physical activity.](#)
10. Chalkley A, Milton K, Foster C (2015) [Change4Life Evidence Review.](#) Oxford: C and G Foster Partnership.
11. HM Government (2018) [25 Year Environment Plan.](#)

## Other useful resources

HM Government (2015) [Sporting Futures: A new strategy for an active nation.](#)

Sport England (2016) [Towards and Active Nation Strategy 2016-2021.](#)

BMJ [E-learning modules on physical activity and health.](#)

PHE (2014) [Guide to online tools for valuing physical activity, sport and obesity programmes.](#)

PHE (2013) [Obesity and the environment: increasing physical activity and active travel.](#)

PHE (2016) [Physical activity tool.](#)

Sport England 2016 [Active Design](#) Planning for health and wellbeing through sport and physical activity.

## Briefing for Parks and Green Space

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

### Why action is needed

Across England there is a wide variety of open spaces which provides a great opportunity to facilitate active and engaged local communities. For the purposes of this briefing the type of spaces include areas of greenery such as urban parks, open green areas, woods and forests, coastland and countryside, paths and routes connecting them, and 'spaces' such as streets where there are trees planted and cycle ways. Access to high quality open spaces can make an important contribution to the health and wellbeing of local communities and populations<sup>149 150 151</sup>.

Access to good quality green space is associated with a range of positive health outcomes including better self-rated health; lower body mass index sources, overweight and obesity levels; improved mental health and wellbeing and increased longevity in older people<sup>152</sup>. However, access to green space is unequally distributed across England, which is contributing to health inequalities. Individuals living in the most deprived areas are less likely to live in areas of green space, therefore have less opportunity to gain the health benefits of green space compared to those individuals who live in the least deprived areas<sup>153</sup>.

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<sup>149</sup> Mitchell R, Popham F. Effect of exposure to natural environment on health inequalities: an observational population study. *Lancet*. 2008;372(9650):1655-60

<sup>150</sup> Toftager M, Ekholm O, Schipperijn J, Stigsdotter U, Bensten P, Gronbaek M, et al. Distance to green space and physical activity: a Danish national representative survey. *J Phys Act Health*. 2011;8(6):741-9

<sup>151</sup> White M, Smith A, Humphries K, Pahl S, Snelling D, Depledge M. Blue space: The importance of water for preference, affect and restorativeness ratings of natural and built sciences. *Journal of Environmental Psychology*. 2010;30(4):482-93

<sup>152</sup> Mitchell R, Popham F. Effect of exposure to natural environment on health inequalities: an observational population study. *Lancet*. 2008;372(9650):1655-60

<sup>153</sup> CABE. *Urban green nation: Building the evidence base*. London: CABE; 2010

Local authorities have responsibility for public parks and green space so this presents an opportunity at a local level to improve the quality and influence local communities to make use of them, encouraging active healthier lifestyles and helping tackling obesity. This will also support wider local authority priorities such as crime and community safety, sustainability and climate change.

## Key messages

The Government's *Childhood obesity; a plan for action Chapter 2* highlights that the challenges for tackling obesity vary across local authority areas, but many face common issues such as proliferation of fast food outlets on the high streets and near schools; less active travel; limited access to green spaces and physical activity. These factors create an environment that makes it harder for children and their families to make healthy choices, particularly in some of our most deprived areas.

It is recognised that green space is linked to greater levels of physical activity and associated health benefits. A study on obesity in a number of European countries found that people living in areas with large amounts of green space were 3 times as likely to be physically active than people living in areas where there is little green space<sup>154</sup>. Parks and green space can increase life expectancy and reduce health inequality and are associated with:

- satisfaction with 'place' and increased social interaction
- opportunities for physical exercise and activity through organised sports or informal activity such as walking, cycling, running or children's active play
- increasing active travel through safe green corridors
- providing allotments, landscapes in parks, borders and verges
- improved air quality
- reducing flood risk and overheating

Low-income areas are associated with less access to good quality green space. People in more deprived areas may live close to green spaces but they can be infrequently used due to concerns about crime and community safety<sup>155</sup>.

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<sup>154</sup> Ellaway A, MacIntyre S, Bonnefoy X. Graffiti, greenery, and obesity in adults: secondary analysis of European cross sectional survey. *British Medical Journal*. 2005;331(7514):611-2

<sup>155</sup> Houses of Parliament Parliamentary Office of Science and Technology 2016 [Green Space and Health](#) POST note 538

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

Develop and promote a green infrastructure strategy with a wide range of partners including Public Health. As part of this work, review no ball games policy and question whether it is still relevant, or if it creates unnecessary barriers to children and adults engaging in physical activity (supporting resource 1), whilst being sympathetic to community needs.

As part of the work, ensure open spaces are accessible to as wide a range of communities as possible, including on foot, by bicycle and using other modes of transport involving physical activity, as well as by public transport (supporting resources 2 and 3).

Achieve the Green Flag Award for parks and green spaces (supporting resource 4).

Work in partnership with:

- planning colleagues (refer to Planning briefing) so that new developments provide appropriate green space, linking in with existing networks
- the leisure services department (refer to leisure, sport and culture briefing) to identify opportunities to provide sport and physical activity in local green space
- community and voluntary organisations such as Local Nature Partnerships and allotment societies to improve the provision of high quality, local, accessible and safe green space and support community food growing initiatives and projects
- support the development of local green/blue infrastructure strategies in line with the 25 Year Environment Plan (supporting resource 10)

## Supporting resources

1. Natural England (2013) [Green Infrastructure – Valuation Tools Assessment NECR 126](#).
2. DfT (2017) [Cycling and Walking Infrastructure Strategy](#).
3. Sport England (2016) [Active Design](#) Planning for health and wellbeing through
4. [Green flag award](#).
5. PHE/UCL Institute of Health Equity (2014) [Health equity review 8: Local action on health inequalities: Improving access to green spaces](#).
6. DCLG (2012) [The National Planning Policy Framework \(NPPF\)](#).

7. PHE (2017) [Spatial Planning for Health](#).
8. The Marmot Review (2010) [Fair Society, Healthy Lives](#).
9. Houses of Parliament Parliamentary Office of Science and Technology (2016) [Green Space and Health](#) POST note 538.
10. HM Government (2018) [25 Year Environment Plan](#).

## Other useful resources

Sport England Active Design Case Study (2017): [The National Forest: Connectivity Through Walking and Cycling](#).

Sport England Active Design Case Study (2017): [Our parks: bringing activity to the community](#).

Sport England Active Design Case Study (2017): [Active Parks Birmingham: Let's take this outside](#).

Ordnance Survey dataset and map of greenspace. The dataset is available from OS via [www.os.uk/opendata](http://www.os.uk/opendata) or can be viewed via OS Maps:

[www.osmaps.uk/greenspace](http://www.osmaps.uk/greenspace).

[Sustainable Food Cities](#).

## Briefing for Planning

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

### Why action is needed

The Government is committed to tackling childhood obesity at a national level and local authorities have a significant role to support the Government in achieving this. The causes for the rapid increases in the levels of obesity are complex and the influence of the environment where people live is one of the key factors<sup>156</sup>. The evidence reports the majority of our health outcomes are explained by factors other than healthcare<sup>157</sup>.

Where we live has a key role to play in tackling childhood obesity and local authorities clearly have a challenge in balancing healthier environments with the demand for thriving and vibrant high streets. The link between planning and health has been established and both the built and natural environment are key environmental determinants of health and wellbeing as referenced throughout the whole of the National Planning Policy Framework (NPPF)<sup>158</sup>. An ever increasing body of research indicates the environment in which we live is inextricably linked to our health across the whole life course<sup>159</sup>.

In particular, the food environment plays an important role in promoting a healthy diet including an individual's proximity to food retail outlets and the type of food available. The food environment is constantly evolving with a wide range of choice of what to eat and when to eat. Whilst not all fast food is unhealthy, it is typically high in saturated fat, salt and calories. Maintaining the choice is important, but at the same

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<sup>156</sup> Government Office for Science (2007) [Tackling obesities: future choices](#)

<sup>157</sup> Kuznetsova, D. (2012). *Healthy places: Councils leading on public health*. London: New Local Government Network.

<sup>158</sup> DCLG (2012) [The National Planning Policy Framework \(NPPF\)](#)

<sup>159</sup> PHE (2017) [Spatial Planning for Health. An evidence resource for planning and designing healthier places](#)

time it is important to help and support children and their parents to easily identify healthy options. With a third of children leaving primary school overweight or obese<sup>160</sup>, shaping our food environment is important to supporting healthier lifestyles.

Vulnerable groups, including those on low income, children, young people, those who are overweight or obese, and those from black, Asian, mixed and other minority groups are less likely to achieve a healthy and balanced diet. The choices people make are influenced by day to day pressures and can be exacerbated in deprived areas. For example, children living in the most deprived areas are twice as likely to be obese as children living in the least deprived areas<sup>161</sup>. There is strong evidence linking the availability of fast food outlets and increasing levels of area deprivation.

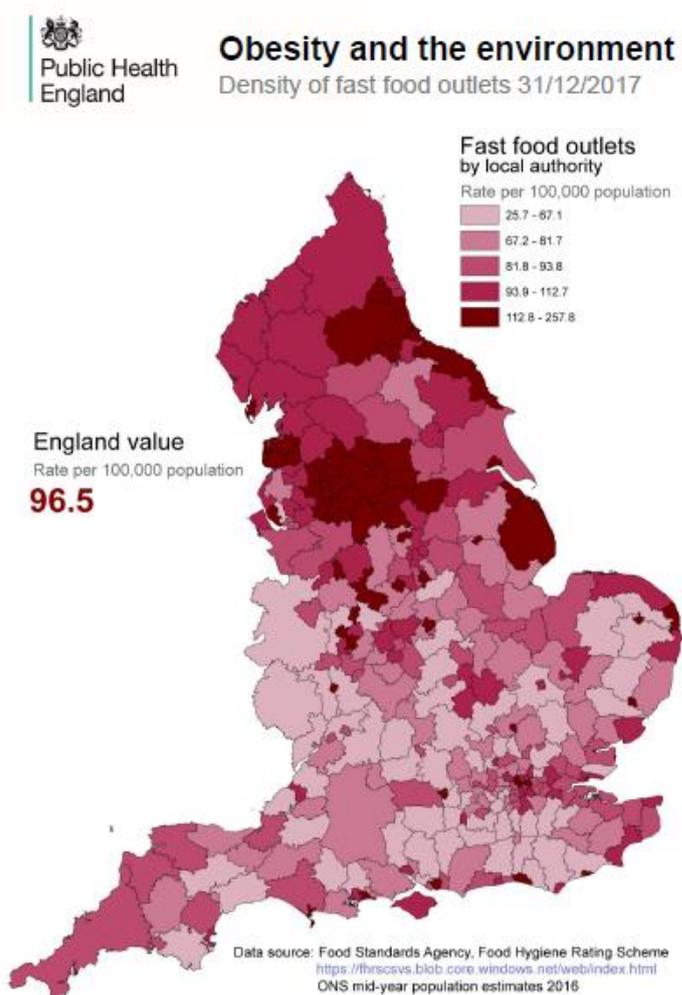


Figure 8: Density of Fast food outlets by local authority.

<sup>160</sup> NHS Digital (2017) **National Child Measurement Programme – England, 2016-17**

<sup>161</sup> PHE (2014) **Evidence in action: Opportunities to protect and improve the nation's health**

Public Health England's analysis of fast food outlets highlights that the density of outlets varies per local authority, ranging from 26 – 232 outlets per 100,000 population, with the average across England being 96.5. This data provides evidence highlighting the availability of fast food outlets in some of the country's most disadvantaged areas<sup>162</sup>. Figure 8 illustrates the number of fast food outlets per 100,000 population by local authority and the variation across England.

The food environment is one aspect; however, it is important to recognise that there are also links with the built environment and its impact on health.

## Key messages

In 2017, the National Planning Practice Guidance was updated to outline the role planning can have to reduce obesity by limiting the over-concentration of fast food takeaways. Local authorities should use these powers to help shape environments, including tackling the growth of new fast food outlets, as well as introducing more cycle pathways and making the best use of open green spaces. Planners have an enabling role to ensure facilities and infrastructures exist to give everyone the opportunity to live in a healthy-weight environment. The 6 Healthy Weight Environment elements' are:

- **movement and access:** sustainable travel or active travel
- **open spaces, play and recreation:** green infrastructure, formal and informal play areas
- **healthy food environments:** food growing and access to healthy food retail
- **neighbourhood spaces:** public spaces that are attractive, easy to get to, and designed for a variety of uses
- **buildings:** design and layout of homes and commercial spaces
- **local economy:** town centre retail and food diversity<sup>163</sup>

It is important for Planners to work proactively with public health, economic development and regeneration, housing, leisure, sport and culture and parks and green space. In particular, public health teams can provide the evidence base demonstrating the benefits associated with physical and mental health and mental wellbeing. This evidence can help with the development of policies for the Local Plan and can be engaged at appropriate stages of specific planning developments.

The planning system is one area in which local authorities can take action. A number of important publications have highlighted the potential for local authorities to use their

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<sup>162</sup> PHE (2017) [Obesity and the environment. Density of fast food outlets – map and data](#)

<sup>163</sup> TCPA/PHE (2014) [Planning healthy weight environments – a TCPA reuniting health with planning project](#)

powers in a variety of ways to combat obesity. The NPPF includes the requirement for planning departments to promote healthy communities. The Planning Practice guidance includes advice on planning healthier food environments which recognises how the planning system can influence the design of the built environment and improve its contribution to reducing excess weight in local communities<sup>164</sup>. Evidence suggests that making healthier foods more accessible and increasing the provision of low cost healthier food can be effective interventions, and are more likely to be effective as part of a whole systems approach to diet and obesity<sup>165</sup>.

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards. Ensure that the overall vision and spatial planning objectives reflect the social role of planning in supporting strong, vibrant and healthy communities, and tackling inequalities (supporting resources 1-6).

Use Health Impact Assessments (HIA) to ensure that proposed developments including schools are considered from a health perspective, specifically the impact on levels of physical activity and healthy food choices. The National Planning Practice Guidance refers to HIA as a useful tool to assess and address the impacts of development proposals. Information is systematically recorded by using the local planning authority's Annual Monitoring Report to evaluate the health impacts of planning policy and development schemes (supporting resources 7-8).

Make full use of planning powers to restrict the growth of hot food takeaways near schools and in town centres. Many councils have achieved this through the development of food polices and supplementary planning documents with the objective to restrict the number of fast food outlets located near schools (supporting resources 9-10).

Section 106 agreements and the Community Infrastructure Levy can be utilised to support healthy weight schemes financially and can be proactively managed so that health and wellbeing provision is built into the planning process. This ensures that spatial planning makes ample provision for parks, playing fields, walk and cycle ways to encourage active travel (supporting resource 11).

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<sup>164</sup> DCLG (2014) [Health and wellbeing, The role of health and wellbeing in planning](#)

<sup>165</sup> PHE (2017) [Spatial Planning for Health. An evidence resource for planning and designing healthier places](#)

Work with Local Enterprise Partnerships and Local Nature Partnerships to support the delivery of the local blue/green infrastructure strategies (such as parks, gardens, trees, woodland, green roofs/walls, rivers and ponds), in line with the 25 Year Environment Plan (supporting resource 12).

## Supporting resources

1. TCPA (2013) [National Planning Policy Framework \(NPPF\) Health and Wellbeing Checklist](#) A checklist to ensure Local Plan policies reflect requirements of the NPPF based on local needs and evidence.
2. DCLG (2012) [The National Planning Policy Framework \(NPPF\)](#).
3. DCLG (2014) [Health and wellbeing, The role of health and wellbeing in planning](#).
4. PHE (2017) [Spatial Planning for Health](#). An evidence resource for planning and designing healthier places.
5. TCPA/PHE (2014) [Planning healthy weight environments – a TCPA reuniting health with planning project](#).
6. TCPA (2014) [6 Planning healthy weight principles 2014](#).
7. HM Government (2010) [Health Impact Assessment Tools](#).
8. PHE (2017) [Health and environmental impact assessment: guide for local teams](#).
9. LGA (2016) [Tipping the scales: Case studies on the use of planning powers to limit hot food takeaways](#).
10. LGA/PHE/TCPA (2016) [Building the foundations: Tackling obesity through planning and development](#).
11. LGA [Planning Advisory Services S16 obligations overview](#).
12. HM Government (2018) [25 Year Environment Plan](#).

## Other useful resources

CEDAR/MRC Epidemiology Unit (2017) [Food Environment Assessment Tool \(FEAT\)](#).

Gateshead Council (2016) [Hot food takeaway Supplementary Planning Document 2016](#).

NICE (2010) [PH 25] [Cardiovascular disease prevention](#).

PHE [Healthy Places \(Knowledge Hub\)](#) To sign up to the monthly current awareness update email: [Healthypeoplehealthyplaces](mailto:Healthypeoplehealthyplaces).

PHE/CIEH/LGA (2014) [Obesity and the environment briefing: regulating the growth of fast food outlets](#).

Sport England (2016) [Active Design](#) Planning for health and wellbeing through sport and physical activity.

PHE (2017) [Encouraging healthier 'out of home' food provision](#).

## Briefing for Procurement

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

### Why action is needed

In 2016, the Government laid a strong foundation for the fight against childhood obesity with *Childhood obesity: a plan for action* which highlighted how the public sector in England spends over £2 billion on food and catering services on an annual basis, with just under half, £1 billion, being the cost of food and ingredients<sup>166</sup>. In 2018, the Government launched *Childhood obesity: plan for action Chapter 2* to cement the action already taken and to expand the focus into other areas and support families to have access to affordable healthy food options<sup>167</sup>.

Local authorities have a significant role to play as they employ many people who will eat in staff canteens. They have a responsibility for providing buildings, services, and spaces across local areas for children, young people and adults. They commission leisure services where there are cafes and vending machines being used by residents and commission services within the care sector who have responsibility for the diets of thousands of people in care both young and old. This means local authorities have a significant role to shape and influence how services are commissioned to secure improvements in the health and wellbeing of their local communities.

### Key messages

The key reference point in the public sector is the use of the Governments Buying Standards for Food and Catering Services (GBSF) which are aimed at ensuring food is produced to high levels of sustainability and nutritional standards. The Government's *Childhood obesity: a plan for action chapter 2* will build on the actions

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<sup>166</sup> Smarter food procurement in the public sector, NAO report HC 963-I Session 2005-2006, 30 March 2006

<sup>167</sup> HM Government (2018) *Childhood obesity: a plan for action Chapter 2*

of the first chapter. In it, Government plans to consult at the end of 2018 to strengthen these standards and to bring them in line with the latest scientific dietary advice.

Proactively work with Public Health to ensure health and wellbeing is part of contracted services by using the Social Value Act when procuring services. The Act requires public sector organisations that commission services to think about how they can also secure wider social, economic and environmental benefits. The Act is a tool to help commissioners get more value for money out of procurement by promoting social value responsibility<sup>168</sup>.

Local authorities can take a proactive approach to integrating Social Value into commissioning and procurement to create stronger, healthier communities including the promotion of healthy weight in children, young people and families by:

- creating demand for healthy sustainable catering and vending
- promoting more opportunities for physical activity
- promoting workplace health to encourage employees and their families to lead healthier lifestyles and be a healthier weight
- increasing local employment, education and training opportunities

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

Encourage local authorities to adopt the Government Buying Standards for Food and Catering (GBSF) across the whole organisation and commissioned services (supporting resource 1 and 2).

Contracts with internal, arms-length and external local authority providers should:

- provide healthier and more sustainable catering in line with DEFRA and PHE guidance (supporting resources 1, 2 and 4)
- have policies in place to prevent, support and manage obesity for example ensuring the availability of healthier food choices and the provision and promotion of physical activity for example walking meetings/non-working lunch breaks

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<sup>168</sup> Cabinet Office (2016) [Social value act: information and resources](#)

- work with transport colleagues on travel planning to promote safe modes of active travel to and from work settings on a daily basis
- promote cycle to work schemes and provide facilities such as showers and secure cycle parking
- have a policy to support breastfeeding in the workplace
- support people with disabilities and long term conditions into work or training

## Supporting resources

1. DEFRA (2014) [Government Buying Standards for Food and Catering Services \(GBSF\)](#).
2. LGA (2016) [Healthier food procurement](#).
3. PHE (2014) [Healthier and more sustainable catering](#).
4. PHE (2017) [Encouraging healthier 'out of home' food provision](#).

## Other useful resources

Cabinet Office (2016) [Social value act: information and resources](#).

# Briefing for Regulatory Services, Environmental Health and Licensing

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

## Why action is needed

Childhood obesity is one of the biggest health problems in England, with one third of children either overweight or obese<sup>169</sup>. To ignore or fail to address the challenge posed by the obesity epidemic will place a greater burden on the NHS and adult social care as well as have consequences for children. More broadly obesity has a serious impact on economic development with the overall cost of obesity to the wider society estimated at £27 billion.<sup>170</sup> The Foresight report states that while maintaining calorie balance is a consequence of individual decisions about diet and activity, our environment and particular the availability of calorie rich food, makes it difficult to make healthier choices<sup>171</sup>.

The increasing consumption of out-of-home meals has been identified as an important factor contributing to rising levels of obesity<sup>172</sup>. Meals eaten outside of the home tend to be associated with higher intakes of energy, fat, and salt<sup>173</sup>. One fifth of children eat from out of home outlets such as cafes, takeaways and restaurants at least once a week<sup>174</sup>(see Figure 9). Food outlets, particularly grocers, takeaways, and

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<sup>169</sup> NHS Digital (2017) [National Child Measurement Programme – England, 2016-17](#)

<sup>170</sup> PHE (2015) [Making the case for tackling obesity – why invest? Making the case for tackling obesity – supporting references](#)

<sup>171</sup> Foresight (2007) [Tackling Obesity future choices project report](#)

<sup>172</sup> Government Office for Science (2007) [Tackling obesity: future choices](#)

<sup>173</sup> Jaworowska A, Blackham T, Stevenson L, Davies IG. Determination of salt content in hot takeaway meals in the United Kingdom. *Appetite*. 2012 Oct;59(2):517–22.

<sup>174</sup> Health Matters (2016) [Obesity and the environment the impact of fast food](#)

convenience stores increasingly cluster around schools where young people and children tend to purchase confectionery, sugar sweetened drinks and hot food. Many of these outlets offer price promotions on products that are high in energy, fat and salt which are popular with young people and children.

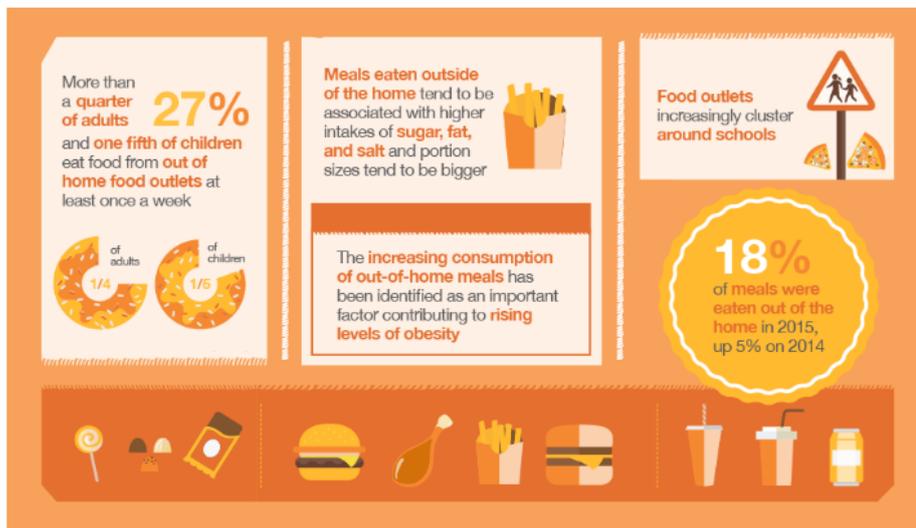


Figure 9: The increase of eating food from out of home outlets.

## Key messages

It is important to support children and their families to make healthier choices and to help make the healthier choice the easier choice. Local authorities have key opportunities to act out and lead improvements. They can use environmental health and/or licensing teams to promote healthier food options and regulate the sale of less healthy food options. This will also support other local authority priorities such as sustainability and the environment.

Influencing the food environment so the healthier options are accessible, available and affordable can only be accomplished through a collaborative approach, effective partnerships and co-ordinated action across the public, private and voluntary sectors at a local level in order to influence the food.

Mobile traders are not governed by planning regulations. However local authorities can use the Local Government (Miscellaneous Provisions) Act 1982 to prevent street trading on 'prohibited streets' or restrict trading on 'license streets' and 'consent streets'. By designating streets as license or consent streets, a local authority can control the number and type of street traders in the area. This gives scope to prevent unhealthy street trade and to promote healthier street trade<sup>175</sup>.

<sup>175</sup> Public Health England/Chartered Institute of Environmental Health/LGA (2013) **Obesity and the environment: Regulating the Growth of Fast Food Outlets**

An increasing number of local authorities have developed healthier catering initiatives in recent years. These are generally led and managed by staff from environmental health or trading standards teams who are able to build on their established relationships with local outlets.

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards.

Consider how you could utilise the road map in the PHE Strategies for Encouraging Healthier 'Out of Home' Food Provision: A toolkit for local councils working with small food businesses identifies interventions and action to be taken at a local level including but not limited to (supporting resource 1):

- using local street trading powers to restrict fast food vans near schools
- advising and supporting food businesses to use healthy and sustainable catering (supporting resource 2)
- promoting the use of the Government Buying Standards for food and catering services (GBSF) (supporting resource 3)
- working with Public Health colleagues to develop, promote and be involved in a local healthy catering scheme

Work with Planning colleagues to restrict the number of fast food outlets at a local level (refer to Planning briefing).

Utilise enforcement on other issues such as disposal of fat, storage of waste and litter; food safety controls and compliance and restrictions on opening times (supporting resource 4).

## Supporting resources

1. PHE (2017) [Encouraging healthier 'out of home' food provision](#).
2. PHE (2014) [Healthier and more sustainable catering](#).
3. DEFRA (2014) [Government Buying Standards for Food and Catering Services \(GBSF\)](#).
4. [Local Government \(Miscellaneous Provisions\) Act 1982](#).

## Other useful resources

Health Matters (2016) [Obesity and the environment the impact of fast food.](#)

Health Matters (2017) [Obesity and the food environment.](#)

Public Health England/Chartered Institute of Environmental Health/LGA (2013) [Obesity and the environment: Regulating the Growth of Fast Food Outlets.](#)

Greater London Authority (2012) [Takeaways Toolkit. Tools, interventions and case studies to help local authorities develop a response to the health impacts of fast food takeaways.](#)

LGA (2016) [Healthier food procurement.](#)

LGA (2016) [Tipping the scales Case studies on the use of planning powers to limit hot food takeaway.](#)

PHE (2017) [Encouraging healthier 'out of home' food provision.](#)

# Briefing for Communications and Marketing

This briefing is one of a series covering all local authority roles and functions for promoting healthy weight in children, young people and families. It can be used as a standalone document, or as part of the wider resource. The aim of the full resource is to support local systems to take a whole systems approach to achieving calorie intakes for a healthy body weight, by increasing the availability of healthier food and improving access to affordable physical activity. It recognises that to achieve this, environments in which people live, play, and work often encourage excess calorie consumption and tackling obesity will require changes. The introduction section of the full resource provides the context and background to the approach detailed within this briefing.

## Why action is needed

In June 2018, the Government launched *Childhood obesity: A plan for action Chapter 2* and in this has set the ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030<sup>176</sup>. The plan states that everybody has a role to play in tackling obesity. It will also aim to reduce the significant financial costs obesity places at a national and local level. In 2014/15, it was reported the cost of obesity related ill health to the NHS in the UK was estimated at £6.1 billion per annum<sup>177</sup>. Obesity also impacts on local authorities' social care budgets with direct costs attributed to obesity which have been estimated at £352 million per annum and wider costs to the economy estimated at £27 billion per annum<sup>178</sup>.

Childhood obesity and excess weight are a significant health issue for individual children, young people and their families. It can have serious implications for the physical and mental health of a child, which can follow into adulthood. At an individual level the root cause of obesity is straight forward, it is when the average calorie consumption exceeds the calorie requirements for maintaining a healthy body weight. However, there isn't one single intervention that can tackle obesity on its own, at a

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<sup>176</sup> HM Government (2018) *Childhood obesity: a plan for action Chapter 2*

<sup>177</sup> Scarborough P, Bhatnagar P, Wickramasinghe KK, Allender S, Foster C, Rayner M. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs. *Journal of public health (Oxford, England)*. 2011;33(4):527-35 (The direct cost to the NHS in 2006/07 of people being overweight and obese was £5.1bn. These costs have been updated to £6.1bn to take into account inflation)

<sup>178</sup> PHE (2015) *Making the case for tackling obesity – why invest? Making the case for tackling obesity – supporting references*

population level or at an individual level. Causes of obesity are multi-factorial, including biological; physiological; psycho-social; behavioural; and environmental factors<sup>179</sup>. Although increasing physical activity levels is important for helping to maintain a healthy body, the levels of excess calorie consumption and the extent of obesity means that reducing calorie intake is critical to addressing the problem at a population level.

The burden of childhood obesity is being felt the hardest in more deprived areas with primary school aged children in Year 6 growing up in deprived communities more than twice as likely to be obese than those in higher income households. Children from black and minority ethnic families are also more likely than children from white families to be overweight or obese<sup>180</sup>. This inequalities gap is increasing and there is a need to address these disparities to help all children, regardless of background has the best start in life.

Communication and marketing teams can play a key role in developing and promoting behaviour marketing campaigns within their local populations.

## Key messages

National policies aimed at addressing obesity recognise structural actions that go beyond education, and information are needed to enable children, young people and families to make healthier choices. In the 2016 plan, the Government committed to restricting the promotion and marketing of unhealthy food on children's television. Chapter 2 identifies further work is required across a range of media platforms to limit the impact on children and consultation is underway to tighten the restrictions of the advertising and promotion of unhealthy food. There is an opportunity to build on this locally, to reduce the pressures on families to buy less healthy foods and to rebalance their calorie intake.

Communication and marketing can support the promotion of key messages and engagement with the community on healthy weight. Marketing campaigns should be designed to shape and influence lifestyle and behaviour change. Some suggestions of what could be included within a campaign include:

- alert and inform the population supporting them to live healthier lives and providing the motivation to do this

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<sup>179</sup> Government Office for Science (2007) [Tackling obesity: future choices](#)

<sup>180</sup> NHS Digital (2017) [National Child Measurement Programme – England, 2016-17](#)

- support the creation of an environment that is conducive to change, help to drive cultural acceptance of behaviours and support Government and local levers to shape change
- offer tools to help people to start or sustain a behaviour change journey
- galvanise and amplify the efforts of those working to improve health across all partners in the public, commercial and voluntary sectors
- utilise a wide range of resources and methods to communicate messages at a local level

## Opportunities for action

This section contains a range of actions that could be taken by a local authority. There is evidence and consensus that they could contribute to the reduction of childhood obesity levels. The list is not exhaustive and the order is not a ranking. The actions could be used to demonstrate progress to Health and Wellbeing Boards. Adopt PHE campaigns to shape local behaviour change initiatives and visit the Campaign Resource Centre to access free resources and support from the PHE partnerships marketing team (supporting resources 1).

Encourage schools to visit the School Zone website and explore the free Change4life teaching resources for primary schools, and Rise above lesson plans for secondary schools (supporting resource 2).

Introduce a clause within the communication and marketing policy not to receive sponsorship from, nor advertise, food/drink high in fat, sugar and salt through billboards, in publications or elsewhere (supporting resource 3).

Think about the type of language and media used to communicate about obesity, tailoring language to the situation or intended audience (supporting resource 4).

Healthy weight messages which are communicated to children, young people and families should be consistent and evidence-based. They should also avoid stigma or discrimination of any particular population or community (supporting resource 5 and 6).

Use local data to create compelling and relevant content for the local population. There is a wealth of data that can be used to engage local people – for example the National Child Measurement Programme (NCMP) provides regional data on prevalence of overweight and obesity. Obesity continues to be newsworthy, both nationally and regionally, so this can be a way of alerting people to the local obesity picture but in a non-judgemental way. PHE also provides data on the density of fast food outlets across England, which can be used to highlight how our environment can prompt us to make unhealthy choices (supporting resource 7 and 8).

These can present opportunities to create proactive communications about what the local authority is doing to address these issues. If positive work is being done (e.g. to tackle local levels of obesity, or restrict the growth of fast food outlets) this may be of interest to local media – or even national, if the work is innovative or novel.

Council communications can be used to influence local stakeholders. For example, if a positive case study is showcased in the media (for example a local business helping customers to make healthier choices) this may incentivise stakeholders to follow suit. Similarly, by showcasing examples of positive work from departments within the Council (through your internal channels and, where appropriate, external channels) this may encourage other departments to make positive changes. Using your intranet and social media channels may be a way of promoting these as examples of good practice and leadership.

## Supporting resources

1. PHE [Campaign Resource Centre](#).
2. PHE [Campaign Resource Centre – School zone](#).
3. HM Government (2018) [Childhood obesity: a plan for action Chapter 2](#).
4. PHE (2017) [Social Marketing Strategy 2017 - 2020](#).
5. PHE (2018) [Promoting a healthier weight for children, young people and families: consistent messaging](#).
6. Leeds Beckett Research Centre: [Weight Stigma and Discrimination](#).
7. NHS Digital (2017) [National Child Measurement Programme – England, 2016-17](#).
8. PHE (2017) [Obesity and the environment. Density of fast food outlets – map and data](#).

## Other useful resources

PHE Obesity Intelligence – wide-ranging, authoritative information on data, evaluation and evidence related to weight status and its determinants:

- access the PHE Obesity Intelligence Knowledge Hub public library (no need to join): [khub.net/web/phe-obesity-intelligence/public-library](https://khub.net/web/phe-obesity-intelligence/public-library)
- PHE Web: [www.gov.uk/guidance/phe-data-and-analysis-tools#obesity-diet-and-physical-activity](https://www.gov.uk/guidance/phe-data-and-analysis-tools#obesity-diet-and-physical-activity)
- to receive the weekly Obesity Knowledge Update, email: [obesityintelligence@phe.gov.uk](mailto:obesityintelligence@phe.gov.uk)

PHE [Fingertips Health Assets Profile](#).

NHS Digital (2017) [National Child Measurement Programme – England, 2016-17](#).

## Appendix 1: Relevant NICE guidance and quality standards

1. NICE (2010) Cardiovascular disease prevention (PH25).
2. NICE (2015) Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset (NG16).
3. NICE (2008) Maternal and child nutrition (PH11).
4. NICE (2015) Maternal and child nutrition (QS98).
5. NICE (2006) Obesity prevention (CG43).
6. NICE (2014) Obesity: identification, assessment and management (CG189).
7. NICE (2015) Preventing excess weight gain (NG7).
8. NICE (2018) Physical activity and the environment (NG90).
9. NICE (2008) Physical activity in the workplace (PH13).
10. NICE (2012) Physical activity: walking and cycling (PH41).
11. NICE (2009) Physical activity for children and young people (PH17).
12. NICE (2013) Physical activity: brief advice for adults in primary care (PH44).
13. NICE (2014) Physical activity: exercise referral schemes (PH54).
14. NICE (2015) Physical activity: for NHS staff, patients and carers (QS84).
15. NICE (2010) Weight management before, during and after pregnancy (PH27).
16. NICE (2013) Weight management: lifestyle services for overweight or obese children and young people (PH47).
17. NICE (2014) Weight management: lifestyle services for overweight or obese adults (PH53).
18. NICE (2015) Obesity in children and young people: prevention and lifestyle weight management programmes (QS94).
19. NICE (2016) Obesity in adults: prevention and lifestyle weight management programmes (QS111).
20. NICE (2016) Obesity: clinical assessment and management (QS127).