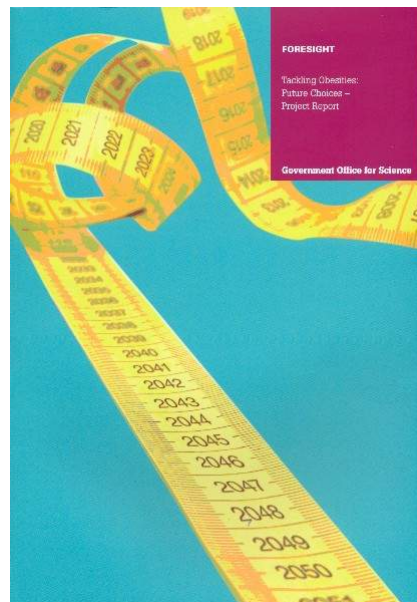




Tackling Obesities: Future Choices

One-Year Review

October 2007-November 2008



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Executive Summary

"There is no single solution to tackle obesity and it cannot be tackled by Government action alone. We will only succeed if the problem is recognised, owned and addressed at every level and every part of society.

Rt Hon Dawn Primarolo MP, 17 October 2007

This One-Year Review (OYR) sets out the impact which the Foresight report *'Tackling Obesities: Future Choices'* (the Report) has had in the year following its publication in October 2007.

The OYR is not intended to be a comprehensive record of the many actions which have been catalysed by the study. Rather, it describes some of the main activities carried out by government and its agencies, and other principal stakeholders concerned with managing obesity, which have been informed by the Report. Some of these actions reflect commitments set out in the project's Action Plan published at the time of the launch (see Annex A). Others are initiatives which have been developed separately.

The Report aimed to provide a fresh and insightful analysis to help manage the growing social, economic and medical threat of obesity. It provided comprehensive scientific evidence to inform the government's innovative response described below. Importantly, the study introduced new analytical methods and approaches to tackling this major health challenge. In developing the Report, Foresight brought together a wide range of disciplinary expertise in the natural and social sciences. This distinctive multidisciplinary approach was essential for the development of the broad understanding of the many diverse environmental and biological determinants of obesities and their complex interrelationships.

The Report's analysis of scientific evidence was used to inform the development of the obesity system map. This is a major output from the Foresight project and has excited the interest of scientists and policymakers in the UK and in other countries. Over the last year, the map has become a useful tool for decision makers. And, along with the Report's scenarios, the map forms the core of the Project's qualitative analysis. The scenarios, which examined the uncertainties associated with people's values and behaviour and the strategic approach to meeting these challenges, were developed to provide the socio-economic and political context to test a wide range of future potential policy responses.

Foresight also commissioned a quantitative analysis of the future trends in and prevalence of obesity, including the consequences for cardiovascular risk and other co-morbidities, as well as a microsimulation programme to model the consequences of interventions for population health. This work yielded some stark messages on the size and nature of the condition if no new strategies were developed to stem the rise in prevalence. It showed that if current trends continue, by 2050, 50% of women and 60% of men will be

obese and that the annual direct and indirect costs of obesity would rise to approximately £50 billion.

As stated above, it is important for all of Foresight's major reports to deliver impact. This has been achieved in government and its agencies, a wide range of non-government stakeholders, the research and business communities and internationally. Some of these impacts are set out below.

UK Government

The Project's quantitative analysis set out the scale of the future challenge and the qualitative work identified potentially promising areas for action. The findings from these two analyses were then used by the Cross-Government Obesity Unit (CGOU) as the foundation of one of the government's major responses to the report; the development of '*Healthy Weight, Healthy lives: a cross-government strategy for England*' (HWHL), published in January 2008. The strategic framework in Foresight's analysis was used to map current initiatives and identify gaps in order to build an integrated policy response. HWHL represents a new cross-government approach which reflects the diverse determinants of obesity. It recognises that a wide range of stakeholders need to be involved in managing the issue and that many of the levers to drive change lie outside government. Importantly, HWHL puts the emphasis on population-wide prevention, while incorporating a greater investment in resources to support and facilitate weight loss among people with established obesity.

HWHL provides an additional investment of £372 million between 2008-2011, to help the achievement and maintenance of healthy weight. HWHL's associated governance, advisory and delivery structures will help to build the sustainability of the programme and promote its cross-government ownership. It also sets out how departments will work in partnership both with each other and with leading organisations outside government to deliver integrated and effective solutions. Organisations such as the National Obesity Observatory, created partly in response to the Report, will work closely with government and will be crucial in supporting the delivery of HWHL and the management of the future prevalence of obesity.

In developing and delivering the government response to the Report, the Department of Health (DH) and the Department for Children Schools and Families (DCSF) have joined forces as the joint leads of the CGOU. Other departments, notably Culture Media and Sport; Work and Pensions; Transport; and Communities and Local Government; also recognise that they have an important part to play in addressing the future obesity challenge and are working within the framework of HWHL and in other ways. The Devolved Administrations have also considered the Project's findings. For example, the Scottish Government has published *Healthy Eating, Active Living: An Action Plan to Improve Diet, Increase Physical Activity and Tackle Obesity* which draws heavily on the Foresight study. The Food Standards Agency seeks to align its work with HWHL as part of the FSA's integrated *Eating for Health* programme, which is set out in its Strategic Plan. The independent statutory

regulator, the Office for Communications (Ofcom) also drew on the Project to add weight to its position on the direct and indirect effects of advertising.

Non-government stakeholders

Other UK stakeholders have developed a range of activities either in response to the report have used it to inform planned initiatives, particularly in the development of local and regional multi-sectoral responses. For example, the National Heart Forum in partnership with the Faculty of Public Health, Department of Innovation Universities and Skills (DIUS) and the Department of Health (DH), has produced a comprehensive resource for primary care trusts, Local Authorities and other organisations entitled *Healthy Weight, Healthy Lives: A toolkit for delivering local strategies*. This is aimed at organisations and individuals working at the 'front line' of obesity management. Specific regional initiatives are being developed and implemented by Strategic Health Authorities in the East of England and the South West. The Local Government Association is using its unique position to draw together local knowledge, to provide services and to build partnerships to tackle obesity .

The British Medical Association (BMA) has found that the report has provided renewed impetus in the field of overweight and obesity, in that it offers a new way of viewing the problem and highlights the importance of tackling obesity in early life. Since the publication of the Report, the BMA has worked with health-related organisations and the food industry to explore nutrition advice and a standardised, consistent approach to food labelling.

Research

The Report identifies a number of implications for research. These have been taken up by DH in its cross-government research and development strategy for obesity. The Report has also attracted the attention of the Research Councils who used the sub-systems in the obesity system map to develop a renewed focus on obesities. In particular, the Economic and Social Sciences Research Council, the Medical Research Council, and the Biotechnology and Biological Sciences Research Council have developed new research programmes which have been in part shaped by the Foresight study. Other research at the University of Oxford to develop the obesity system map is also underway. This will explore how some of the determinants have evolved over time and will mathematically formalise the relationships between specific variables. The quantitative models created for this study are being further developed to improve their functionality and, in partnership with US researchers, their usability. The models have also been used to analyse Health Survey for England data which have become available since the Report's publication.

Business

The business community has played an important role in the development of the Report and in its follow-up phase. The Food and Drink Federation (FDF) believes that the Report has usefully re-framed much of the debate on the causes and management of obesity and set out a long-term vision of how Government, industry and citizens should respond to the challenges it

identified. The FDF has arranged for its members to be briefed on the Project findings and also convened a debate to explore the part that convenience food might play in managing obesity.

Tesco has used the Project to improve its understanding of the causes of obesity and to help to inform its plans for helping customers and staff live more healthily. Since the Report was published, Tesco has developed its own health strategy to provide better information on the nutritional value of products, and on how customers can improve their health. It has done this for example by making healthy options more accessible through pricing and promotions, through product improvements and healthy ranges; and making it simpler and more attractive for customers to lead an active lifestyle. For both Business In Sport and Leisure (BISL) and the Central Council of Physical Recreation (CCPR), the Report's key finding was the need for an increase in physical activity to combat obesity and the maintenance of a range of varied activities to encourage physical activity. Both organisations stress the need for government departments to work together in developing an integrated response.

International

The Report has stimulated the close interest in the policy, research and strategy and delivery communities in other countries, particularly, North America, Europe and Australia. In Europe, the EU Commission's Directorate General SANCO (Health and Consumer Affairs) arranged for its Nutrition Platform, its associated High-level Group and its conference 'Delivering for Tomorrow's European Consumers', to be briefed on its findings. The findings have also attracted attention in the Canadian and US policy and research communities. For example, the Canadian Institute for Health Research has used the systems map to convey the complex nature of the issue and to help develop a strategic approach to its research effort.

In the USA, the Report has resonated with the priorities of several important organisations such as: the Association of State and Territorial Health Officials which represents and supports health officials and their agencies across the US; the National Business Group on Health which provides large employers with advice on national health issues; and the Centre for Disease Control and Prevention. These organisations recognise the broad social, economic, and political context of obesity and have used the Report to inform their work.

Education and training

The Report has informed the work and activities of a number of organisations in the fields of training and capacity raising; strategic thinking and education; for example, respectively: The Royal College of Physicians; the National School of Government; and The Open University. Also, in order to raise awareness in secondary schools, Foresight commissioned the development of 'Take Shape' - a set of educational materials aimed at the Citizenship and Personal, Social, Health and Economic parts of the curriculum. This materials are downloadable free of charge from the Foresight website.

In conclusion, the Report highlights the extent of change which is necessary across the whole of society to reverse the trend towards obesity. It acknowledges that the urgency of the situation demands action now to develop “practice-based evidence” rather than waiting for the evidence to accumulate through traditional channels from which to implement “evidence-based policy.” Fortuitously, many of the necessary changes are consistent with other policy agendas such as sustainability, tackling inequalities, well-being and children, and ageing. This has provided a much broader platform for engagement of departments and interest groups well beyond the traditional health sector.

The Report has achieved a shared and consistent understanding of the obesity issue amongst a wide range of influential stakeholders in the UK and beyond. These organisations have used the Foresight study to inform their strategic thinking and decision making. Collectively, these and subsequent actions will help to reframe the challenge of obesity as an individual and societal challenge with collective responsibility.

Strong foundations have been established over the past 12 months in implementing a new strategic approach to managing obesity in the UK. The renewed sense of purpose and direction in the national effort to tackle obesity has attracted worldwide attention. The Report has been credited with changing the debate from one that has been overly focused on diet and activity to one where potential solutions take account of the many complex determinants and the need to try out and assess different approaches. But a strategy alone is not the solution to obesity. The emphasis must now shift to concrete action and implementation, especially at a local level, coupled with robust evaluation to extend the evidence base and ensure that policy initiatives keep pace with emerging science.

1. Introduction

As with all Foresight projects, it is essential that the report 'Tackling Obesities: Future Choices' (the Report) achieves significant impact in policy development and strategic thinking in government and elsewhere. It is also essential for that impact to be recorded and this 'one-year review' (OYR) sets out what has been achieved over the 12 months or so since the Report's publication in October 2007.

The OYR is not intended to be a comprehensive record of the many actions which have been catalysed by the study. Rather, it describes the main activities which have been informed by the Report and carried out by government and its agencies, and other principal stakeholders concerned with managing obesity. Some of these actions reflect commitments set out in the project's Action Plan published at the time of the launch (see Annex A). Others are initiatives which have been developed separately. The Review sets out a brief overview of the Tackling Obesities: Future Choices project and its aims followed by a description of the study's component parts; its principal outputs; and some of its main findings.

The Report's impact has been delivered in a number of ways. Much of this achievement has been collated, and in some cases catalysed, by the Foresight Follow-up team working in tandem with the project's principal stakeholders. Follow-up is the part of Foresight which is tasked with facilitating and capturing reports' impact. A large part of this resource is directed during the year immediately following publication however, investment in follow-up often continues beyond this where opportunities appear to be particularly promising.

This wide range of organisations, which include government departments, business and researchers, were invited to submit summaries of their use of the report in their work. It is these submissions which have been drawn together to form much of the main body of this review.

It is important to note that the Report does not seek to make policy recommendations, rather it seeks to inform them, as do all Foresight projects. The Report's long-term perspective recognises that significant inroads into the population levels of obesity will require decades and, therefore, the enduring success, or not, of interventions can only be measured over the years to come.

2. Project Overview

2.1 Introduction

This was the eighth major report published by the Foresight programme in its current phase. Sir David King, the then Government Chief Scientific Adviser and Head of the Government Office for Science was the Project Director. The Project was sponsored by the Minister for Public Health who at the time of the study's inception was the Rt Hon Caroline Flint MP and, at time of writing, is the Rt Hon Dawn Primarolo MP, who chaired its High-level Steering Group.

2.2 Aim and scope

The Project aimed to produce a long-term vision of how we can deliver a sustainable response to obesity in the UK over the next 40 years

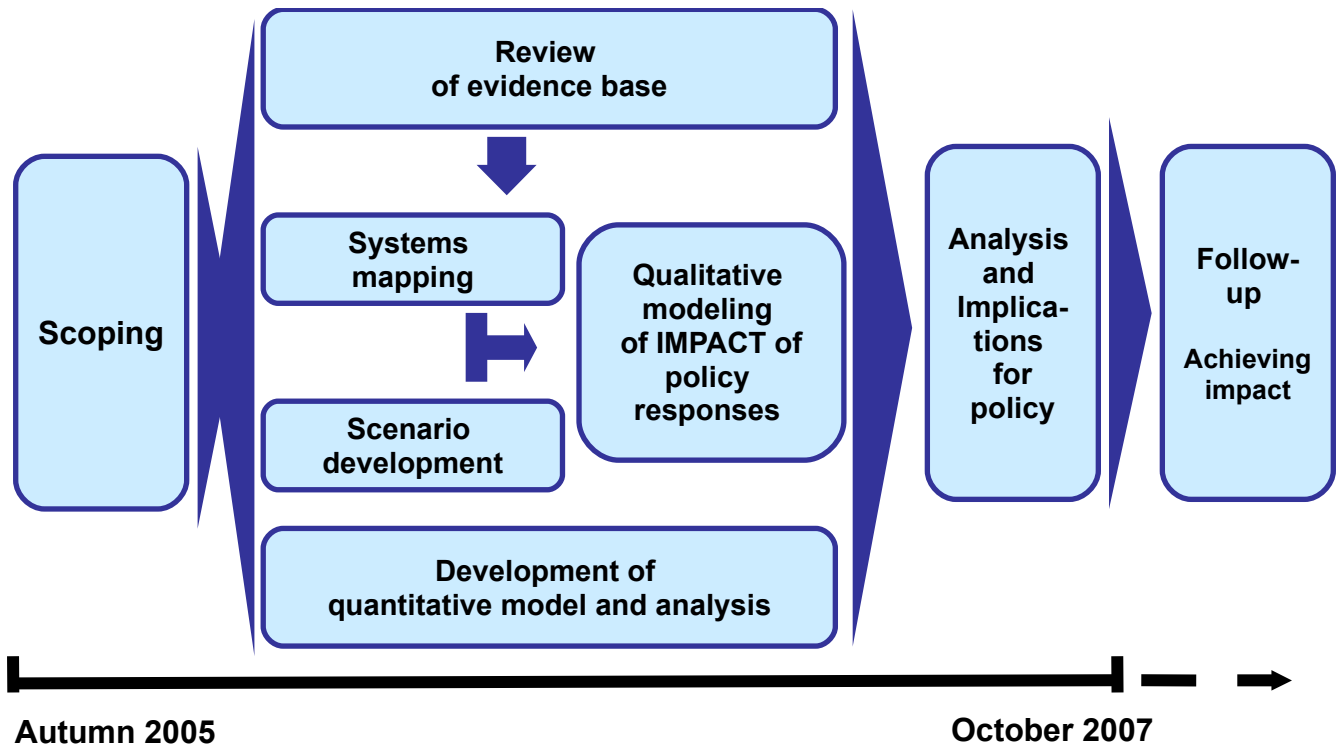
It brought a cross-sectoral and multidisciplinary approach to the future challenge of obesity. It:

- Examined scientific evidence from a wide range of disciplines to identify the broad range of factors that influence obesity, looking beyond the obvious
- Created a shared understanding of the relationships between key factors influencing levels of obesity and their relative importance
- Built on this evidence to identify effective interventions
- Analysed how the future prevalence of obesity might change and the most effective future responses

2.3 Structure and Process

The Project's structure and process follow a broad template developed in this and other Foresight projects and is set out in Fig 1.

Figure 1: Tackling Obesities: Future Choices – project structure



3. Project Outputs

3.1 Main report

The main project report *Tackling Obesities: Future Choices* and its Executive Summary contain a synthesis of the project's evidence and analysis, and set out the study's key messages and findings. The Report describes the scale of the future problem, its causes and the evidence for its determinants and their associated uncertainties. It analyses the complexity of the obesity system through the development of a system map with multiple variables and intervention points. The report also describes how potential policy options were identified using a scenario-based analysis and developed to build a sustainable strategy.

This project has brought a fresh and insightful analysis to help manage the growing social, economic and medical threat of obesity. It provided comprehensive scientific evidence to inform the government's innovative response. Importantly, the study introduced new analytical methods and approaches to this major challenge. Foresight brought together a wide range of disciplinary expertise which included both the biological and social sciences. The distinctive multidisciplinary approach was essential for the development of the broad understanding of the many diverse environmental and biological determinants of obesity and their complex interrelationships.

These are some of the Report's key messages:

- Most adults in the UK are already overweight. Modern living insures every generation is heavier than the last – “Passive Obesity”.
- By 2050 60% of men and 50% of women could be clinically obese. Without action, the costs of overweight and obesity will rise to £50 billion per annum.
- The obesity epidemic cannot be prevented by individual action alone and demands a societal approach.
- Tackling obesity requires far greater change than anything tried so far, and at multiple levels; personal, family, community and population.
- Preventing obesity is a societal challenge, similar to climate change. It requires partnership between government, science, business, and civil society.

3.2 Science Reviews

In common with other major Foresight studies, the Project identified and commissioned reviews of the scientific evidence in a broad range of appropriate areas. Most of these were short reviews which summarised the current limits of science and considered the potential scope it might have in managing the future challenge of obesity. These Science Reviews, provided much of the scientific evidence for the Project and were published in 'Obesity

Reviews', an Official Journal of the International Association for the Study on Obesity in March 2007.

The areas covered by the short reviews included:

Epidemiology	Basic biological processes
The eating process	Dietary determinants
Components of energy expenditure	Physical activity
Behaviour change	Intervention strategies
Social marketing	Policy and economic context
Social and cultural context	International context
Ethics	

The Project also commissioned a series of extended reviews in specific areas which provided more in-depth analysis in the areas of lifestyle and behaviour change, impact of the built environment, insights from international comparisons and the impact of future technologies.

3.3 Obesity System Atlas

The Project's systems analysis work produced a number of systems maps, 34 of which are presented in the 'Obesity Systems Atlas' published as a separate report.

The atlas presents the visual representations of the obesity system map (Figure 2) developed during the Project's qualitative systems mapping exercise. It should be read in conjunction with the project report 'Tackling Obesities – Building the Obesity System map' which includes a full description of the detailed methodology used to create these maps and discussion of how to interpret them – this document which is separate from the main report can be found at <http://www.foresight.gov.uk/Obesity/12.pdf>

In the systems mapping work, the Project developed a qualitative, causal loop model in order to:

- Help explain the complex systemic structure of obesity; and
- Contribute to developing a tool that helps policy makers respond to obesity in the generation, definition and testing of policy outcomes.

In particular the systems analysis:

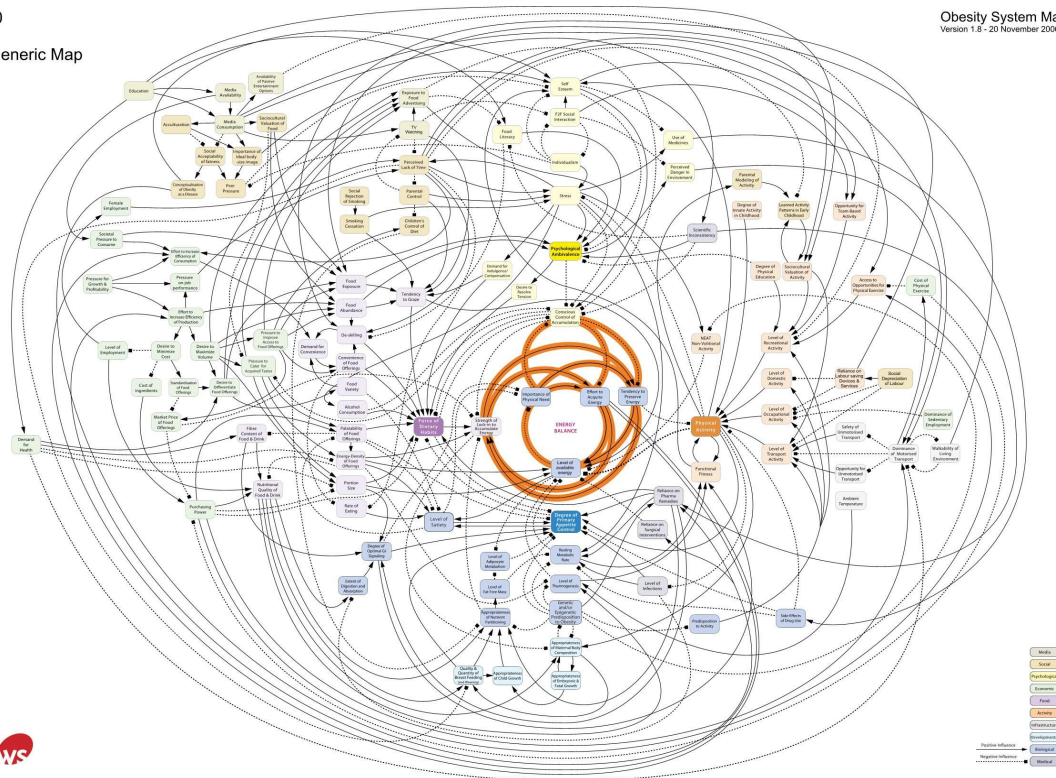
- Mapped the multitude of factors influencing obesity taking as broad a perspective as possible
- Identified interactions between these factors
- Identified the degree of influence different factors have over levels of obesity (risk factors)
- Used this information to identify points of influence, conflict & intervention and areas for further in depth work

Figure 2: Obesity system map

Map 0

Full Generic Map

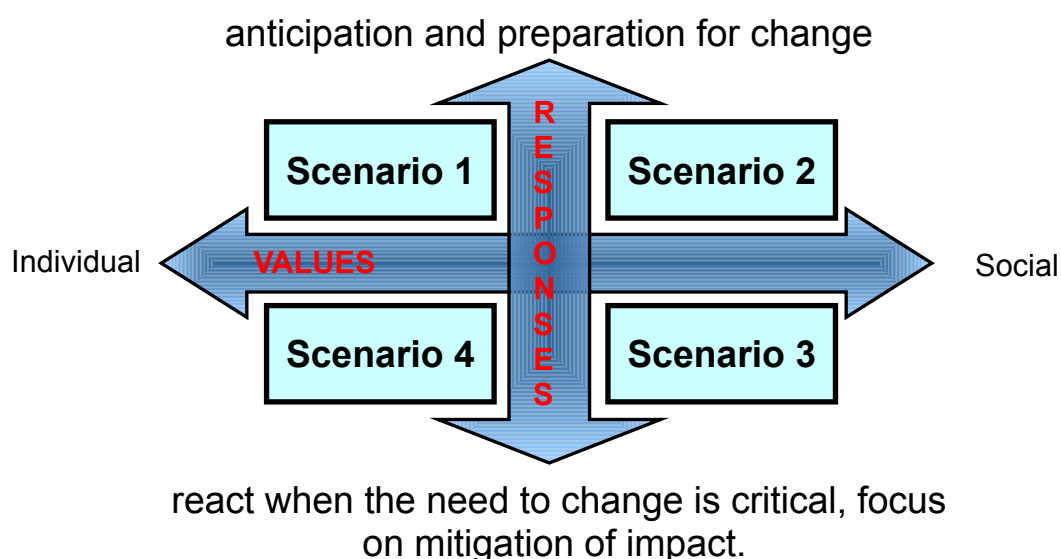
Obesity System Map
Version 1.8 - 20 November 2006



3.4 Scenarios

Four future scenarios were built around two axes examining the balance between individual and societal responsibilities and the response to external resource challenges. These scenarios were developed around two major areas of future uncertainty; namely, whether society would grow along collective or individualistic lines, and whether managing obesity would tend towards the anticipatory or the reactive. Project experts then identified 17 areas of potential policy intervention and explored how effective each would be under each of the scenarios. Interventions which were seen to be effective across multiple futures were then put forward as the most promising for further development as the pillars of a strategy to manage obesity in the long term. Five such areas of intervention were identified which were adopted by government in developing the *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* (January 2008). These are set out below in 4.1.

Figure 3: Tackling Obesities:Future Choices - Scenarios



3.5 Quantitative Modelling

A modelling exercise was commissioned to project the growth, or otherwise, of obesity rates through to 2050 and to predict the consequences for health, health costs and life expectancy. The findings of this were published as a separate report '*Tackling Obesities: Future Choices – Modelling future trends in Obesity and the impact on Health*'.

Part 1 of this report quantifies the likely prevalence of obesity in 2050 by extrapolating Health Survey for England data for 1993-2004 to 2050. Part 2 allowed wide-ranging changes in the predicted trajectories of BMI rates among any specified subgroups of the population and calculated consequences in terms of the rates of related diseases, health costs and life expectancy if other BMI-unrelated determinants of these indices remain constant. The results reported in Part 2 were produced using a microsimulation commissioned specifically for the project.

4. Project Impact

This section reports on some of the key actions that have taken place since publication. Some of these commitments were set out in the project's Action Plan, others were developed separately and some are in progress. The breadth and volume of activities stimulated by the report reflects the importance the obesity issue and the timeliness of the study.

4.1 UK Government and Agencies

4.1.1 Cross-Government Obesity Unit

The Government welcomed publication of the Foresight report '*Tackling Obesity: Future Choices*' in October 2007. Reducing obesity was an important Government priority for a number of years before the report was published. However, following the Cross-Government's Obesity Unit's (CGOU) collaboration with the Foresight team it became clear that Government required a move to focus on a new long-term and bolder ambition. As a result, the Government set a new ambition:

"to reverse the rising tide of obesity and overweight in the population, by ensuring that everyone is able to achieve and maintain a healthy weight. Our initial focus will be on children: By 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels".

This is aligned to the Public Sector Agreement (PSA) target 12 on child health.

Healthy Weight, Healthy Lives: A Cross-Government Strategy for England

In response to the Foresight report, the Government published *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* (HWHL) in January 2008¹. This strategy has five themes, which are based on the findings from the Foresight report. These are set out below, including details on some of the initiatives that government is implementing, and some of the achievements over the past year

Funds totalling £372m million have been made available over three years to help implement the strategy, which sets out how the Government will enable everyone in society to maintain a healthy weight. The strategy reflects the five core principles for tackling obesity identified by Foresight. The five themes take account of:

- A system-wide approach
- A higher priority for prevention

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378

- Long-term, sustained interventions
- i. **Children: healthy growth and healthy weight** focuses on early prevention of weight problems to avoid the ‘conveyor-belt’ effect into adulthood. This includes:
- Identifying at-risk families and promoting breastfeeding
 - Investing in “healthy schools”
 - Tailored programmes to increase participation in school sport
 - Spending £75 million on a social marketing campaign
 - £140 million funding for Cycling England

Key achievements

- The Cross CGOU is developing a three-year, £75m social marketing programme to help everyone maintain a healthy weight. As part of this programme, the Government is inviting all parts of society to join a national movement called Change4Life to help parents make healthier food choices for their children and encourage more activity. In July, the Secretary of State for Health held a major event for industry, and third sector stakeholders inviting them to join Change4Life.
<http://www.nhs.uk/Change4Life/Pages/default.aspx?gclid=COUx4OE6J8CFRs-IAod3CfxGQ>
 - The updated Child Health Promotion Programme (CHPP) was published in March this year, which now prioritises obesity prevention, nutrition and physical activity through supporting positive parenting during pregnancy and early years, and providing targeted interventions for at risk families.
 - The Government took further steps to address areas with the highest rates of obesity and overweight through the *Health Inequalities: Progress and Next Steps*. Published in June this year, it sets out plans to halt and eventually reverse the rise in obesity as early as possible in a small number of areas with the worst rates.
- ii. **Promoting healthier food choices** by reducing the consumption of foods that are high in fat, sugar and salt and increasing the consumption of healthier foods, like fruit and vegetables. This includes:
- Developing a Healthy Food Code of Good Practice, to establish a suite of goals and timetables for developing a healthier food sector
 - The Ofcom review of high in fat, sugar and salt (HFSS) food advertising to children

Key achievements

- Working with Ofcom, the Government has placed restrictions on the broadcast advertising of foods high in fat, salt and sugar to children.

Ofcom has started their review of broadcast restrictions, and is due to report by the end of 2008.

- The Government is working with the Association of Convenience Stores to help promote fruit and vegetables, and situate these products in a prominent position in store, to help encourage people to make healthier choices and achieve their 5-a-DAY.
- iii. ***Building physical activity into our lives*** by getting people moving as a normal part of their day. This includes:
- A “Walking into Health” campaign
 - Investing £30m in Healthy Towns
 - Entertainment technology industry code of good practice

Key achievements

- The Government is investing £30m in “Healthy Towns”. Local Authorities have been invited to become Healthy Towns to lead the way in changing their communities’ built environment to support people to become more active and promote healthy eating. The winning towns will be announced shortly.
 - The UK's first ever Cycling City (Bristol) and 11 new Cycling Demonstration Towns will pioneer new ways of encouraging people to get on their bikes. Under this initiative £42m will be made available to improve cycling infrastructure such as dedicated cycle lanes, increasing bike parking provision and cycle training and promoting the benefits of cycling.
 - The 2012 Legacy Action Plan, includes plans to increase the number of people who swim and swim regularly. Funding will be available to encourage Local Authorities (LAs) to offer free swimming to those aged 60 and over and those aged 16 and under.
- iv. ***Creating incentives for better health*** through working with employers, and increasing the understanding and value people place on the long-term impact of decisions including:
- Healthy workplaces: the Government’s aim is to achieve full employment to not only help people move from benefits into work, but also to keep people from falling out of work in the first place. Everyone has a role to play in this: Government, employers, healthcare professionals and as individuals. Work is generally good for the health and well-being of individuals and their families.
 - NHS pilots to offer staff personalised health advice and lifestyle management programmes.
 - Pilot financial and non-financial incentives for better health

Key achievements

- In June 2008, well-being pilots for 4,000 NHS staff were launched in 10 NHS Trusts across England. NHS staff are being offered confidential, online health assessments linked to personalised health advice and lifestyle management programmes.
 - The *Next Stage Review* set out the importance of commissioning prevention services. Each Primary Care Trust (PCT) will commission comprehensive well-being and prevention services, in partnership with Local Authorities. Efforts will focus on six key goals which will include obesity.
- v. **Personalised advice and support** - complementing preventative care with personalised advice and treatment for those with a weight problem by:
- Funding PCTs to commission more weight management services
 - Supporting local areas in providing referrals
 - Funding research into weight management for under-fives
 - Providing a *Let's Get Moving* pack for doctors and nurses to help sedentary adults to become more active
 - Expanding the NHS Choices website to provide highly personalised advice on diet, activity and how to maintain a healthy weight.

Key achievements

- At a national level, the Government is providing more personalised advice via the NHS Choices website as an initial step to ensuring that everyone has access to information and support on healthy weight.
- The National Child Measurement Programme (NCMP) achieved its 2006/2007 target of 80% participation rate. Now in its fourth year (2008/09) the NCMP is developing into a world-class source of information on schoolchildren's height and weight in Reception Year and Year 6. From September 2008, many PCTs will automatically feedback a child's results to parents.
- In order to support local areas, the Government has published information on what programmes and policies PCTs and LAs can put in place to help them set and meet their local targets on healthy weight. A toolkit was published in October 2008, and gives advice on how local health professionals can support and help people in their areas to eat more healthily and be more active.
- Obesity is now a priority for many local areas. The Local Area Agreement National Indicator Set now includes two childhood obesity indicators. 122 local areas have chosen a child obesity indicator (either Reception or Year 6) as one of their designated 35 targets.

Developing the evidence base – investing in knowledge

The Government is building on one of the core principles contained in the Foresight report which is to ensure that strategy focuses on using robust data

and develops a strong evidence-base for effective public health interventions. It has done this in a number of ways.

First, the Government has established an Expert Advisory Group to provide strategic advice to the cross-government obesity policy programme on a range of scientific and technical issues. The membership of the Expert Group includes academics and practitioners who were involved in the Foresight report and is chaired by Dr Susan Jebb, one of the science advisors to the Foresight work.

Secondly, it has established a Delivery Reference Group, chaired by Dr Paul Lincoln (National Heart Forum) to collate evidence on local delivery of the strategy through groups within and outside traditional government structures.

Thirdly, the Government is also committed to investment in research to deepen our understanding of the causes and consequences of the rise in excess weight, and the evidence of what works in tackling it. This research will be part of wider efforts to develop knowledge of what works by the newly established National Obesity Observatory – part of the wider Public Health Observatory family.

In order to evaluate the effectiveness and achievements of the HWHL strategy, and in line with the findings of the Report, the CGOU will undertake and publish regular reviews of its performance.

Stakeholder engagement

The Report stressed that an important principle in tackling obesity is to ensure engagement of stakeholders within and outside Government. The Government recognises that it needs to engage at a number of levels if it is to successfully achieve its long-term ambition. The Government has been working with leading stakeholders in business and the third sector. In addition the Government is committed to building a ‘Coalition for Better Health’ to engage with partners across every sector of society. As part of the Change4Life programme the Government has already called on a broad range of people and organisations to help.

Within Government, two new Ministerial Committees have been established:

- i.* The Sub-Committee on Health and Wellbeing, considers tackling obesity and promoting healthy weight.
- ii.* The Sub-Committee on Families, Children and Young People, considers progress against the PSA 12 target.

In addition, a cross-Government officials group which comprises of senior officials from all the relevant government departments has been established to ensure delivery of the commitments set out in “Healthy Weight, Healthy Lives”.

Next steps

- The Government will publish the first annual report by spring 2009, which will assess progress since the publication of *Healthy Weight, Healthy Lives*, look at the latest evidence and trends and make recommendations for further action.
- Following *Fair Play: A Consultation on the Play Strategy* (April 2008) publication of the final strategy in the autumn, thereby, building on the framework and investment laid out in the £235 million Children's Plan to build or refurbish 3,500 playgrounds.
- Public communications will begin this autumn on the Change4Life movement and from January 2009, a high profile advertising campaign will continue to raise awareness of the problems caused by sedentary lifestyles and poor diets.

The remaining summaries of how organisations have used the report are based on invited submissions from those organisations for inclusion in this report.

4.1,2 Department for Culture, Media and Sport

The Department of Health and the Department for Children, Schools and Families (DCSF) are rightly in the lead on delivering the overarching strategy; HWHL. However, as the Report makes clear, these two rely on the contribution of departments across government. Unless Government is co-ordinated, it risks applying pressure on one part of the problem only for another problem to appear somewhere else.

That's why the Department of Culture, Media and Sport (DCMS) continues to be closely involved in a programme of action to prevent overweight and obesity. Evidence highlights the importance of early intervention and prevention and that's why we're committed to giving children and young people more opportunities to be physically active – through the new PE and Sport Strategy for Young People and the new strategy on children's play, for example.

Of course, Government's job is not to tell people what to do. Its role is to give people the opportunities they need to make healthy choices for themselves and for their families. This is a responsibility that the Government is collectively taking very seriously. In view of this *Rt. Hon. Gerry Sutcliffe MP, Minister for Sport, DCMS said:*

“When it was published last year, the research and evidence from this Report gave us new insights into the challenges we face in tackling obesity and the consequences of leaving those challenges unmet. By 2050, 60% of men and 40% of women could be clinically obese. Preventing that requires action from

everyone, not just Government, but also science, business and individuals themselves.

Government does have its part to play of course.

Working together, we produced earlier this year the Healthy Weight, Healthy Lives strategy in which we committed to a range of policies to tackle obesity, and support people in reaching and keeping a healthy weight.

I am delighted that my own Department is playing its part in driving forward a programme of work to help stop the rise in overweight and obesity.

Over the past year, we've made excellent progress with the new PE and Sport Strategy for Young People, through which we're seeking to raise levels of participation in PE and school sport by all young people, including those who are obese and overweight. We've also signaled a new commitment to play, with a focus on encouraging physically active play for children, where our joint work can act as a gateway to sport.

It's clear too that local government is keen to work on tackling the problem of obesity and inactivity: national indicators for child obesity and for adult participation in sport and active recreation are among the most popular for local authorities.

And finally, there's our cross-Government £140m Free Swimming Programme. In response to our offer, about 80% of all eligible local authorities confirmed they would provide free swimming to the over 60s and expressed their interest in offering free swimming to the under 16s. That means up to 300 authorities will be offering some form of free swimming come April next year.

As the Foresight Report made clear, there is no quick and easy solution to tackling the problem of obesity. However, we've shown over the past year that we've the commitment and collective will to work together in creating a healthier and fitter future for all."

Rt. Hon. Gerry Sutcliffe MP, November 2008

4.1.3 Department for Work and Pensions

The Department for Work and Pensions (DWP) recognises the potential impact on the health of the working age population of the growing number of both overweight and obese people. Foresight rightly identified that the solution to the epidemic goes beyond the individual to the community and to society but did not specifically address the issue for work and the workplace.

It is not clear from the literature if specific aspects of work do, in themselves, promote obesity or whether work could be designed to incorporate more physical activity. But it is clear is that once obese, workers can experience a

range of difficulties ranging from the fit of personal protective equipment to the ability to perform emergency tasks. Studies have also shown increased short and long term sickness absence rates in the overweight and obese and this is a cause for concern not only as a Government department in relation to our customers but also as a major employer.

From an employment perspective the real impact of obesity is seen when the high prevalence of chronic disease linked to obesity, particularly diabetes, coronary heart disease, cancer and arthritis, leads to increased absence and also potentially to job loss. As unemployment has been also reported to lead to reduced physical activity and weight gain, a vicious circle of worsening ill health develops. Morbid obesity and the co existing chronic health conditions also leads to increasing disability and the need to leave work and rely on benefits for financial support.

People need to better manage their chronic health conditions but we also recognise that employers realise the potential impact of obesity on their business and take active steps to mitigate any negative effects, both in terms of using the workplace as a venue for promoting general health and well-being but also considering the wider impact of obesity on work and performance.

4.1.4 Department for Transport

The Department for Transport (DfT) is committed to continue its contribution to HWHL and is grateful for the opportunity to set out our progress so far.

The DfT participated in the Foresight workshop to ensure active travel was considered as a potential significant contribution to tackling obesity. The department therefore welcomed the Foresight Report in that it placed the built environment to facilitate more everyday walking and cycling as a high priority.

The DfT's '*Towards a Sustainable Transport System*' (TaST) was published just two weeks later and it set out five goals including the promotion of travel modes that are beneficial to health. As part of the TaST process, the DfT has engaged with stakeholders to see how best to deliver the TaST's goals. Active travel is usually an option only for local journeys and it is for local authorities to take the lead. DfT produces advice and guidance, for example, 'Manual for Streets' and 'Cycling Infrastructure Design'. In addition, on cycling DfT supports a programme put forward by its advisory body, Cycling England, of working with local authorities and NGOs to demonstrate how various interventions can increase cycling levels.

The Cycling England programme was included in HWHL with a £15m contribution from the Department of Health (DH). The DfT has continued to work closely with DH in sharing the delivery strategy and working on an effective monitoring regime of impacts, particularly on physical activity and weight management. The DfT has committed to deliver cycle training to an additional 500,000 children by 2012 to improve their skills and confidence to

cycle and to reduce parents' fears around safety. The DfT has already allocated grants and by March 2009 expects to have trained nearly 150,000 children. To support cycling to school, the DfT also has a commitment to provide off road or traffic calmed walking and cycling routes to 500 schools linking in residential catchment areas to schools via the National Cycle Network.

The DfT has awarded a grant to Sustrans to seek match funding from local authorities and a routes to 146 schools have already been identified for 2008/09 alone with construction about to commence. Further identification of routes and funding will continue to March 2011; building of routes to about 700 schools is planned. Cycle training and Links to Schools is closely linked to the joint DfT/DCSF School Travel Project of which £140m has been committed from 2004-10 with the aim of every school having a school travel plan.

The other strand of the Cycling England programme is the Cycling Cities and Towns. In June 2008 Ruth Kelly MP announced a £100m package for 18 cities and towns including the first large urban city. The aim is to test whether investment at levels only seen in the best European cycling cities can lead to a significant rise in cycling in the UK. Again the local authorities are required to match fund to ensure local commitment. One of the assessment criteria was to demonstrate how their cycling strategies link into HWHL. Consequently all have made strong links with their respective PCTs to ensure that they are a full and active partner in the cycling city/town project. All areas have pockets of health inequalities with two of the 18 towns being in the top 20 for the most obese Year 6 children in England (excluding London).

<http://www.dft.gov.uk/cyclingengland/>

Monitoring the impact of the programme will be essential to provide the necessary evidence for more local authorities to increase funding for cycling. Monitoring has shown an average increase in cycling activity of 30%. The DfT will continue to monitor this programme. Whilst monitoring cycling activity is extremely useful, it will not inform us of the full impact that cycling can have on the reduction of congestion and air pollutants and health improvement. DfT and DH officials are therefore commissioning research to enable a better understanding of the impact of cycling on reducing the levels of overweight and obesity.

The DfT has also been encouraging walking groups in general to work more closely together. 'Walk England', launched by Ministers of State for Health, and Transport is funded by the DfT and the Active Travel Consortium, which includes Living Streets, Sustrans and the Ramblers Association. This focus has enabled an easier consultation process for DH on future initiatives to increase walking, particularly for the proposed Physical Activity Plan. The DfT is also continuing to fund about 2,300 schools to maintain their walking buses and other walking to school initiatives.

<http://www.walkengland.org.uk/about.aspx>

4.1.5 Department for Communities and Local Government

The Department for Communities and Local Government (CLG) has worked closely with DH on obesity over the past year, and has membership on ministerial and official steering groups for HWHL.

CLG officials attended a workshop led by DH to consider what further training and support might be required for planners. It was agreed to use the forthcoming Planning Policy Review to identify areas where changes could be made to support healthy communities and prevent obesity and overweight.

A concern is to ensure that opportunities for physical activity, including active travel, are considered in the development of several initiatives which include: *Eco Towns*, the *Thames Gateway*, *Growth Areas and Growth Points*. CLG has therefore shared its future plans on Thames Gateway development with DH. It has also contributed to the development of DH proposals for *Healthy Towns*. The DH gave a presentation to the *Growth Areas and Growth Points* on linking obesity and planning for growth. Encouragement of modal shift measures in transport planning that impact on obesity (such as cycling) have been further incentivised through the appraisal of funding bids for the *Growth Fund*.

4.1.6 Scottish Government

In June 2008 the Scottish Government published *Healthy Eating, Active Living: An Action Plan to Improve Diet, Increase Physical Activity and Tackle Obesity* (HEAL). This sets out the actions that will be taken with delivery partners over the next three years to address health improvement challenges. Many of the initiatives covered in this action plan have and will benefit from the illumination that the Foresight report brought to the evidence-base on healthy weight in general, and the role played by the obesogenic environment in particular. In HEAL the Scottish Government's acceptance, in principle, of the conclusions of the Foresight Report is stated.

The Scottish Government is also using the Foresight Report as a basis for developing Scotland's longer-term strategy for tackling obesity. In the coming months it will work across portfolios in central and local government and with the private and third sectors to develop a long-term approach to creating a culture and environment that supports healthy weight rather than weight gain. The findings of the Foresight report and the priorities identified by this important piece of work will be key to this engagement process. The report has also provided valuable material to inform the work of the Scottish Government's Ministerial Task Force on Health Inequalities in their discussions of the role of environments in influencing the health outcomes of those communities most vulnerable to health inequalities.

4.1.7 Food Standards Agency

The Food Standards Agency (FSA) is working closely with DH to take forward the commitments set out in HWHL. This is part of the FSA's integrated *Eating for Health* programme, which is set out in its Strategic Plan (available on www.food.gov.uk).

Specifically, the FSA leads on four elements of the *Healthy Food Code of Good Practice*, which set out a challenge to the food industry:

- A single, simple and effective approach to food labelling.
- Smaller portion sizes for energy dense and salty foods.
- Reduction in the consumption of and levels of saturated fat and sugar in foods.
- Information on the nutritional content of food in a wide range of out of home settings.

In addition the FSA is working with DH on two future elements of the Code:

- Increased consumption of healthy foods.
- All food businesses to work with the FSA, DH and other stakeholders to deliver a single set of key healthy eating messages

Significant progress has been made on all these activities in the last year. In particular:

An independent evaluation of alternative front of pack nutrition labels is under way and will report in early 2009.

The potential for reductions in portion size has been discussed in an academic workshop and a stakeholder discussion. Discussions with businesses on specific categories and on appropriate consumer advice will follow.

The FSA has published a '*Saturated Fat and Energy Intake Program*' which highlights its next steps on reformulation, healthier options and consumer awareness. A range of industry stakeholder groups has been established to consider the scope for reformulation of foods that are key contributors to saturated fat and added sugar intakes.

The FSA has developed a strategic approach to making it easier for UK consumers to make healthier choices when eating out. We are working with companies to develop public commitments to action on salt, saturated fat, and added sugar. These span activities covering: procurement, kitchen practice, menu planning and consumer information. This broad framework allows any catering company to make commitments appropriate to its operation, type and size. We have established five forum groups to cover four selected sectors. In addition to workplace catering these groups involve the largest companies in the quick service restaurant, pub dining, casual dining, and coffee and sandwich shop sectors, and the aim is to publish commitments by early 2009.

Work will begin shortly to examine the provision of nutritional information in a variety of catering settings. The first step will be to work with stakeholders to design appropriate consumer research to identify needs and preferences.

The FSA is developing a campaign for early 2009 to increase awareness of the health effects of saturated fat, and help consumers to make healthier choices and reduce their intakes. The scale of this activity will be smaller than previous campaigns due to the limited budget. It will feature television advertising and print media. We are working in partnership with NGO and industry partners to amplify the effect of the campaign messages.

4.1.8 Regional Public Health

The **East of England** Strategic Health Authority (SHA) welcomed the Report. It helped reframe obesity as a system issue, not just the result of individual lifestyle and behaviour choices. It informed the development of action plans from a whole systems perspective, identifying the contributions of partners and synergies between for example obesity, physical activity and active transport, and sustainable development.

The initial response was to convene an Obesity Summit in October 2007, one aim of which was “to scope the opportunities for further universal and targeted action on childhood obesity informed by the findings of the Report and the emerging evidence from promising community based interventions and social marketing approaches”. The Summit brought together regional stakeholders including DCFS, Sport England, Eastern Region Public Health Observatory, academics and representatives of Directors of Public Health and Directors of Children’s Services. A second Summit in January 2008 developed proposals to inform *Improving Lives: Saving Lives* - the SHA’s strategic vision for the NHS in the region, with a specific pledge that: “*We will halt the rise in obesity in children and then seek to reduce it*”. Also to develop the *Staying Healthy* pathway of the NHS Next Steps Review.

The *Targeted Intervention Project* (TIP) to support PCT capacity and capability to address childhood obesity was informed by the recommendations of the Report. TIP includes an audit of PCT capacity, the development of regional support team visits to selected PCTs, assessment of PCT care pathways for overweight and obese children, a feasibility study of developing “NHS weight management services” to a similar model as NHS Stop Smoking Services and the delivery of training such as brief interventions to manage childhood obesity. In response to the Report emphasis the need for multi-sectoral working and a pilot support visit to one of the PCTs identified 18 key stakeholders. The Report also recommended early intervention to establish appropriate child growth and the MEND programme, among others, as best practice in weight management. The TIP has identified examples of such programmes from the region’s PCTs. All the local authority agreements in the East of England have a childhood obesity PSA target, demonstrating the commitment of PCTs and local authorities to partnership working across the public sector to tackle childhood obesity.

The outcome of two “Healthy Town” bids are awaited. Both take a systems approach to tackling obesity building of the Report, use community models such as EPODE and make the links between physical activity as part of everyday life through active transport (one is a cycle demonstration town) and obesity.

The Report has allowed the South West SHA to develop a more co-ordinated approach with local government, and the NHS to tackle obesity. It sees the Report as an ongoing driver that supports local policy makers, professionals, and communities to understand the complex nature of obesity and how to approach the development of robust strategies to prevent and treat obesity for the future.

The rising levels of obesity are commonly recognised as a major threat to public health and potentially a huge additional cost to the National Health Service. The central strategy across local government and the NHS is now to focus on building the evidence to identify effective interventions, and influencing joint commissioning of services in order to assist people to change their unhealthy behaviours.

4.1.9 Local Government Association

Whilst the Local Government Association (LGA) is not in a position to offer scientific evidence, local government is in a unique position to draw together local knowledge, provide services and build partnerships to tackle obesity. Local government is best placed to identify local needs and priorities, and develop the most appropriate means of addressing them. Local government is also leading the way in working in partnership with other local bodies including health services, which will be central to developing this work in the future.

The LGA has developed a partnership approach to the delivery of health and social care. We need to eat better, exercise more and lead healthier lives in general and councils play a huge part in that. From providing children with free fruit and vegetables and planning towns and cities that encourage walking, to encouraging people to get into the gym and into sports, town halls are on the frontline of tackling obesity.

4.1.10 Ofcom

The Office of Communications (Ofcom) is the independent statutory regulator of the communications sector, including broadcasters. Following research into the possible influence of television advertising on children’s food preferences, Ofcom concluded in November 2006 that it should put in place proportionate restrictions on the advertising of foods that are high in fat, salt or sugar. These restrictions apply in and around children’s programming, and programmes of particular interest to children. The restrictions were phased in from March

2007, and will be fully implemented from January 2009. The Foresight Obesity work added weight to Ofcom's findings that television advertising had a modest direct effect on children's food preferences, and possibly larger indirect effects.

4.1.11 National Obesity Observatory

The National Obesity Observatory (NOO) which was launched in 2007] provides a single point of contact for wide-ranging authoritative information on data and evidence related to obesity, overweight, underweight and their determinants in order to support policy makers and practitioners involved in obesity and related issues.

The NOO has developed the existing Foresight obesity System Map to support its work in two broad areas:

- To improve our own understanding of the complexities of the obesity system by helping us to map out and prioritise the determinants of obesity, and identify gaps in existing knowledge;
- To provide policy makers and practitioners with insights into the drivers of obesity, their relative importance and how they inter-relate; and advice on possible interventions in the obesity system, policy options and policy selection and implementation.

The Map will undoubtedly evolve slowly as scientific understanding of the obesity system and its causes, and effective interventions, increases. We plan further development in-house to refine key elements of the Map, and we will conduct a formal review of it after 12 months. We have begun to use the new map to support training on the basis of causal loop mapping for Observatory staff. The Map is an important tool in developing our understanding of the obesity system and supporting our work across a range of domains.
<http://www.noo.org.uk/>

4.2 UK Stakeholders

4.2.1 National Heart Forum

Healthy weight: Healthy lives toolkit

The National Heart Forum (NHF) in conjunction with the Faculty of Public Health, DIUS (Foresight) and the DH have produced a comprehensive toolkit for PCTs and Local Authorities based on the findings and architecture of the new Government strategy HWHL. Project funding was provided by the DH and DIUS Foresight. The toolkit is a one-stop resource for commissioners, front-line workers and professionals and available in hard copy and on line. It is being actively disseminated to the target audiences and will be regularly updated as the obesity field is developing rapidly. The toolkit provides support as advocated in the –in HWHL. Discussions are underway on complementing

the toolkit resource with a real time information and advisory service which will include a dedicated website and e-mail service.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_088968

Impact of Foresight review on NHF's work

The Foresight review has had a major impact on the NHF's work. The NHF is dedicated to the primary prevention of avoidable chronic diseases which includes obesity. Obesity prevention is now a major component of the NHF's work. The NHF focuses on the obesogenic environment and whole systems change policy development and policy advocacy programs and projects. Some recent work built around the Foresight obesity review framework and findings include:

- Developing standards and guidance for the built environment – culminating in the publication of a report for public health professionals, urban planners and architects on “Building Health”.
- Developing the full version (beyond a demonstration model) of the Foresight obesity quantitative modelling work to make it more useable and applicable at local level; further validation of the model using US data and development of the model to include other linked avoidable chronic diseases.
- Developing a real time information system and services to keep relevant audiences updated on national and international innovations in policy, strategy, research and action. Developing a program of upstream policy development work on the policy levers to shape a health creating economy.
- Securing the interest and commitment by NHF member organisations in obesity prevention.
- Being active members of the HWHL expert and delivery groups.
- Working on obesity prevention work at the European Union level through policy development work and informing policy positions of relevant EU directives e.g. on food information, health claims, and restrictions on the marketing of foods which are high in fat, sugar and salt marketing to children.

It is important to note that the NHF also holds the licence for the software which has been developed following on from the modelling carried out in the Project.

4.2.2 British Medical Association

The British Medical Association (BMA) is greatly concerned at the rising levels of obesity in the UK, particularly among children, and the significant health impact on the population. The Foresight Project has provided renewed impetus in this field by offering a new way of viewing the problem of overweight and obesity. Since the publication of the final report in October 2007, much of the BMA's focus has been on the need for improved and consistent food labelling.

In November 2007, the BMA Board of Science hosted a food labelling event with representatives from health-related organisations and the food industry. The purpose of the event was to discuss ways in which healthy eating messages can be reinforced through advice about nutrition and food labelling. Initial presentations were followed by an open panel discussion to consider the following questions:

- how can the food industry and the medical and health professions work together to help consumers better understand front-of-pack and nutritional labels to help them make healthy dietary choices?
- what information is most helpful for consumers/patients when trying to make healthy dietary choices?
- are there any aspects of food labelling that could be improved upon?

Following the meeting the BMA published a statement calling for the implementation of a standardised, consistent approach to food labelling, based upon the traffic light labelling system recommended by the Food Standards Agency (FSA). At the BMA's 2008 Annual Representative Meeting, its members highlighted the need for continued action, specifically moving:

That this Meeting believes that the Food Standards Agency should insist that:

- (i) when a food promoted as low fat has more calories than the standard version, that this should be clearly labelled on the front of the packaging;*
- (iii) the 10% tolerance allowed on nutritional values in current food labelling should be made more strict and enforced;*
- (iv) restaurant chains should be encouraged to advertise nutritional content in their menus.*

The BMA will meet with the FSA shortly to discuss this matter further.

The BMA has also continued to support the Children's Food Campaign in its work improving school food and food education; lobbying for restrictions on the advertising of foods high in fat, salt and sugar (HFSS foods) to children; and encouraging adoption of 'traffic light' front-of-pack signposting. In particular, the BMA and the Children's Food Campaign supported the Food Products (Marketing To Children) Bill 2007-08 calling for the introduction of legislation prohibiting the advertisement of HFSS foods before the 9pm watershed.

In June 2008, the BMA organised a one-day conference entitled 'Excellence in Health – The Olympic Ideal'. The conference explored the important role that exercise plays in achieving, maintaining and preserving good health, and identified how obstacles to taking exercise, both cultural and environmental, can be overcome.

In Autumn 2008, the BMA Board of Science plans to publish *Early life nutrition and lifelong health* which discusses early life nutrition – predominantly foetal and infant nutrition – and its influence on health in later life. The report

provides useful reference information and 'key messages' aimed at health professionals, policy makers and those with a particular interest in the topic.

4.2.3 Sport England

The Foresight project has drawn attention to the challenges faced in tackling obesity. It has also highlighted the potential role of 'calories-out' measures - such as sport - as well as 'calories-in' measures.

During the first half of 2008 Sport England conducted a strategy review culminating in the launch of a new strategy in June. The health benefits of sport participation were clearly recognised and articulated by many of the 100+ organisations that responded to two waves of consultation.

During the past year Sport England has been negotiating and working with Local Authorities to support their adoption of National Indicator 8 (NI8) on participation in sport and physical activity - one of the discretionary targets that Local Authorities adopt. The original target of 75 Local Authorities has been surpassed, with 106 having agreed at end-October. Local Authorities are signing up to this indicator on account of the range of benefits that sport participation can bring to them - including the potential impact on health and obesity.

In June 2008 Sport England launched a new strategy for 2008-11 *New Sport England Strategy*. The strategy process was developed alongside the Government's wider Physical Activity Review.

The new strategy focuses on the delivery of three key outcomes:

- a substantial – and growing – number of people from across the community play sport;
- talented people from all backgrounds are identified early, nurtured and have the opportunity to progress to the elite level; and
- everyone who plays sport has a quality experience and is able to fulfil their potential.

In particular the strategy commits Sport England to increasing participation in sport by 1m adults and also delivering the 'five-hour offer' to young people. Achievement of both of these will support the ambitions outlined in *Healthy Weight, Healthy Lives*.

Sport England is working closely with a range of National Governing Bodies of sport to deliver this strategy and these targets. As part of this process and in recognition of the significant potential synergy with social marketing, Sport England is working with the Government's *Change4Life* movement to see what connections can be made to support our participation ambitions.

4.2.4 Sustainable Food and Farming Implementation Group

The Chair of the Sustainable Food and Farming Implementation Group considers the Report to have been extremely valuable. He has always stressed that health, including obesity, is an important aspect of the Sustainable Farming and Food Strategy (SFFS), and the Foresight work has been very helpful in making the links between the many factors involved.

In addition, he has been on the panel for the Prime Minister's Strategy Unit which produced the report 'Food Matters' and he also believes this work to be very timely having influenced current thinking across Government on the subject of food.

With regard to delivery of the Sustainable Farming and Food Strategy, he has been working closely with a range of partners (including officials from the Department of Health), to encourage integrated programmes of work to ensure that wholesome and nutritious food is available across all regions.

He strongly believes that public sector food should lead the way in tackling obesity, and as Chair of the SFFS Delivery group, he has agreed with ministers a review of the Public Sector Food Procurement Initiative to ensure that it is delivering to its full potential. The review will also include a look at nutritional standards to ensure that it is aligned with the recommendations made in the 'Food Matters' report.

He chaired the Year of Food and Farming which aimed to raise children's awareness of the importance of food. Over a million children visited farms during the year (a 47% increase), 660,000 children were involved in formal growing schemes, and 95% of children involved in the year participated in a cooking activity. A survey carried out following the Year found that 93% of all 7-16 year olds claimed to have altered their eating habits during the past year.

This is very encouraging indeed and it is vital that we build on the momentum the Year has created with the legacy campaign '*Think Food and Farming*'. As the Foresight work has demonstrated, obesity is a complex issue, with many factors involved. There is much to be done to address the need to reduce the fragmented approach to food policy, with the public sector leading the way. The Foresight study has been a great catalyst for action and we must re-double our efforts to address this huge challenge.

4.2.5 Health England

Health England: the national reference group for health and wellbeing is currently preparing its report on a 10-year plan for prevention and preventative spending to reduce the future cost of providing healthcare services. As part of this work, it is using the modelling outputs from the Project to inform the priorities for prevention within its 10-year plan. Health England has also used the Project's modelling to highlight the need for the modelling of other major risk factors beyond obesity. Health England believes

this could be taken forward as part of a burden of disease study for England. This would be based upon the World Health Organisation burden of disease study and would be used to estimate the current and future burden of disease and disability. The study would also estimate the preventable (avoidable) burden of disease and disability and include an analysis of the relative importance of current and future predicted risk factors.

Without such a range of information, it is difficult to take an overview in order to decide upon the priorities for prevention for achieving the most population benefit. The aim would be to establish a broad range of population based and clinical preventative interventions which will achieve the greatest reduction in preventable disease burden and disability.

4.2.6 All Party Parliamentary Group on Obesity

The All Party Parliamentary Group on Obesity (APPGO) is a cross-party group of MPs and peers who seek to promote greater awareness of the problem of obesity, its prevention, impact and effective management. They encourage greater co-operation between all interested parties and take an active role in helping to ensure that national strategies are translated into action on the ground.

The Foresight report has highlighted the need for action to be taken in halting the rise in obesity and has shown how complex a process it is. The Foresight report has reinvigorated the work of the group and has further defined the areas we need to focus our attention on and provided a backdrop for the APPGO's future meetings to be set against. The report called for greater cross-governmental initiatives and the APPGO is the perfect arena for encouraging such discussions.

4.2.7 Associate Parliamentary Food and Health Forum

Lead Project experts briefed the Associate Parliamentary Food and Health Forum (APFHF) on the Report's methods and findings. Although it is not possible to assess the impact of the meetings the APFHF does provide an opportunity for current issues in food policy to be discussed with those working at the leading edge. Audiences usually consist of representatives of consumers, and the retail and food manufacturing industries as well as Peers and MPs. The proceedings of meetings are recorded, edited and sent to MPs and associate members of the forum.

4.2.8 Guy's and St Thomas' Charity

Guy's and St Thomas' Charity supports new services and innovations at Guy's and St Thomas' NHS Foundation Trust and associated NHS Trusts in Lambeth and Southwark.

The Charity's Trustees have realised the value of responding to the needs of the local health services and identifying areas for major service improvement which relies on establishing effective partnerships between organisations which might not traditionally work together. This has underpinned its ongoing Modernisation Initiative programmes and also reflects the ethos of a series of *Future Thinking* workshops whereby key experts including health service professionals, policy makers and other interested parties can discuss significant national health issues within the local context.

An opportunity for the Charity to address rising levels of obesity was highlighted by the publication of the Report. The Director of Grant Making mooted the idea of a forum to discuss the implications of the report at a local level with key health policy-makers in Lambeth and Southwark who responded enthusiastically. The first *Future Thinking* workshop in July 2008 brought together over 70 delegates from the local public, retail and voluntary sectors to discuss how they could develop a cohesive strategy to reduce (the rise of) obesity in Lambeth and Southwark.

11 presentations highlighted a range of perspectives and the Charity was particularly pleased that Dr Susan Jebb, MRC, Adviser to Project agreed to present, together with Professor Alan Maryon-Davis, President of the UK Faculty of Public Health; Dr Rajive Mitra, a Lambeth GP; and Claire Hughes, Company Nutritionist, Marks and Spencer PLC. Facilitated discussions helped identify the practical measures which could be taken to address the growth in morbid obesity in the locality and barriers towards implementing the recommendations of the Report.

The suggestions and themes emanating from the initial workshop were then debated at a follow up workshop on 3rd September involving influential local policy makers and service providers. The outcomes were synthesised into the '*Tackling Obesity in Lambeth and Southwark*' report. Key recommendations agreed by the workshop delegates were:

- The need for reviewing the obesity interventions in the two boroughs to identify commonalities and scope for joint working as well as developing bids for new projects
- A review of the existing Southwark and Lambeth 'task forces' should be undertaken to ensure that they fully link with research opportunities emanating from the local Academic Health Science Centre
- A multi skilled outreach team should be created, involving a mix of professional and potentially taking a social marketing approach to health and wellbeing
- The local NHS should facilitate and encourage healthy living choices for staff to help boost health and morale of staff and as a means of cascading the benefits of a better diet and active lifestyle to the wider community.

It is envisaged that the Charity's report will act as a catalyst for developing cross organisation programmes in Lambeth and Southwark and may result in grant applications to the Charity to pilot innovative approaches to tackling

obesity that can be piloted and evaluated locally and, if they yield positive results, contribute to influencing obesity strategies across the UK.

For further information and to download a copy of '*Tackling Obesity in Lambeth and Southwark*' please visit <http://www.gsttcharity.org.uk/grants/obesity.html> or Tel: 020 7188 1218.

4.2.9 Commission for Architecture and the Built Environment

Since the launch of the Report, Commission for Architecture and the Built Environment (CABE) has been involved in a number of activities. Highlights include:

- Representation on the Cross-Departmental Obesity PSA Delivery Reference Group since October 2007.
- Representation on the DH's Healthy Communities Challenge Fund assessment panel from July – October 2008. Assisted in the shortlisting and selection process of nine successful areas from a long list of over 150 applications.
- Jointly hosted a workshop with the DH and DCSF on support for built environment professionals to promote physical activity and play at the local level on 22 July 2008. Approximately 40 people attended. The workshop was the beginning of a discussion between physical activity, public health, play and built environment professionals.
- As a result of the workshop, DH, DCSF and CABE will be taking forward actions on: training and CPD for built environment and play professionals; strengthening regional infrastructure to support physical activity, public health and play; and influencing spatial and transport planning policy.

4.3 Research

4.3.1 Cross-Government Obesity Research and Development

The Foresight Obesity Report has provided impetus for further debate on cross-government working on research issues. Led by the Department of Health, Chief Scientific Advisers have met on two occasions to identify key strategic themes in the development of policy research in this area. A research and surveillance strategy is due to be released later this year will specifically focus on the evidence to support government policy.

Key issues featuring in the strategy include:

- Maintaining and building upon surveillance
- Looking at the health (obesity) impact assessment of key policies.

- In the first instance, working within agreed research priorities
- Scanning for natural experiments
- Building upon current funding opportunities.
- Future feedback on progress

4.3.2 The Research Councils (RCUK)

Outline of Research Council interests in relation to the themes shown in the Foresight system map (see overleaf)

Theme	Research Councils
Food production	BBSRC - Crops and livestock (including physiology, genetics and disease), food composition and chemistry ESRC – Food packaging, marketing and distribution
Food consumption	MRC – Human nutrition, neuro-endocrine control of appetite, disease aetiology, intake measurement and biomarkers BBSRC - Human nutrition AHRC - The role of culture, fashion, beliefs in shaping behaviours in relation to body image, food, exercise. The potential for art, media and design- based interventions to tackle obesity ESRC – Shopping habits, consumption patterns, where and with whom people eat, family structure, understanding the structural patterns
Social Psychology	ESRC – The role of peer pressure, psychological basis of behaviour, parental perceptions of safety of play/walking to school MRC – Social and public health sciences (socioeconomic and ethnic inequalities)
Individual psychology	MRC – Neuroscience, psychology BBSRC - Food choice, neuroscience, brain and behaviour ESRC – Branding, motivations, resilience patterns that protect against negative outcomes, perceptions of food/activity, social neuroscience
Individual physical activity	BBSRC - Muscle and bone physiology, effects of exercise (but mainly in relation to ageing and energy balance) AHRC - The potential for art, media and design- based interventions to tackle obesity EPSRC – Mobility aids to promote physical activity for those with limited mobility ESRC - Affects of gender/ethnicity/age on physical activity levels MRC- Individual physical activity determinants
Physical activity environment	EPSRC – Transport systems, building design, promotion of walking and cycling through environmental intervention ESRC – Planning, lifestyle factors, affects of gender/ethnicity/age on physical activity levels MRC – Determinants of activity
Physiology	BBSRC - Fundamental physiology of animals (including man) MRC – Human disease-related and normal physiology, molecular and cellular studies relevant to obesity, biomarkers, role of human genetics in determining susceptibility to obesogenic environments, energy balance and regulation

4.3.3 Economic and Social Sciences Research Council (ESRC)

The Report was significant in highlighting the complex landscape of the UK Obesity problem. The Report has featured in our internal and external discussions about future research priorities for this field. For example, over the past 12 months the ESRC has been engaged in representing RCUK in the development of the Government's Obesity R&D strategy. The Obesity Systems Map has helped us to further identify and categorise the range of social science research that is relevant to the area and we are keen to follow this up with research funders across government to ensure that a joined up approach is taken to future funding of the area. To this end the ESRC is keen to engage with the OSCHR (Office for Strategic Coordination of Health Research) Public Health Research Board.

The report's emphasis on stakeholder engagement reflects the strategic importance that ESRC already places on knowledge transfer, the maximisation of impact and involvement of users throughout the research process. An example of the priority that we give to such engagement is the assessment process that ESRC developed, in collaboration with the UK Clinical Research Collaboration (UKCRC) and National Prevention Research Initiative (NPRI) for the assessment of public value and public involvement in the UKCRC Public Health Research: Centres of Excellence. The Centres were funded by a partnership of eight funders including ESRC. The Centre applications were assessed on public value and public involvement in addition to scientific excellence and to this end we are confident that the Centres that have been funded will effectively engage stakeholders in this important agenda.

Relevant research being funded by ESRC since the publication of the Foresight Obesity report

The UKCRC Centre of Excellence at the Institute of Public Health, Cambridge focuses on two main themes of the UKCRC initiative by promoting research excellence in public health research related to diet and physical activity. The overall goal of the Centre is to develop effective public health interventions for changing population-level diet and physical activity behaviour. The Centre's work is organised around four age-defined research programmes aimed at pre-school children, school aged children and adolescents, working age adults and retirement age adults. The programmes of work will include research on understanding the determinants of physical activity levels and diet in pre-school children, school age children, adolescents, adults in the work place and retirement age adults; development and evaluation of physical activity promotion in young people and the evaluation of a pragmatic integrated programme for the prevention of childhood obesity.

The UKCRC Centre of Excellence at Newcastle will provide a strong framework to support the transformation of the health of the public across the North East region and beyond. Work will focus on promoting healthy diets and

good levels of physical activity and reducing smoking and unhealthy alcohol consumption. The Centre will pursue research under its various research strands which relate to obesity including development of diet and physical activity interventions for reducing obesity in pregnancy and post-natally; identify gaps in the evidence to inform future research strategy and translate evidence on how to tackle obesity into policy and practice; and explore the influence of retail food access, barriers to a health diet and access to physical activity environments.

The UKCRC Centre of Excellence at Queens University Belfast will foster a multidisciplinary approach to research and training and the translation of research into policy and public health practice. A broad programme of studies is proposed which includes investigations into; utilising existing cohort data to examine nutrients and dietary patterns in obese, overweight and normal weight children; understanding the microeconomics of food choice; and the link between individual's time preference and BMI.

The UKCRC Centre of Excellence at Cardiff will undertake methodologically innovative multidisciplinary research with a focus on the development and evaluation of complex interventions and policies to achieve sustainable improvements in the health and well-being of the public, with particular emphasis on children and young people. The focus will be on multiple behaviours and complexity covering smoking, alcohol and drug use, diet, physical activity, sexual and mental health. The following five programmes of work are proposed: developing innovative and sustainable interventions to improve the health of children and young people in four core areas: tobacco and substance misuse, physical activity and healthy eating, sexual health and mental health; developing and conducting a programme of research on organisational approaches to promoting health in schools and other youth settings; sustainable health improvement in communities, households and families and the environmental determinants of health and the evaluation of environmental and policy interventions.

The UKCRC Centre of Excellence at Nottingham will be working on tobacco control. However the Centre also proposes to ensure, through collaboration, that the generic lessons learnt from tobacco control experience are applied to full benefit in relation to other public health priorities such as obesity and alcohol. An example of directly relevant work within the Centre is the proposed project on smoking in pregnancy. The applicants propose to use The Health Improvement Network (THIN) birth cohort to explore effects of parental smoking on child health including child obesity.

Dr IE Buchan from the University of Manchester has been funded through the ESRC's E-science initiative for an Obesity e-Lab on e-Infrastructure for interdisciplinary collaborative research into obesity. The e-lab will develop e-Infrastructure to enable social and biomedical researchers to share data, information and analytical tools for obesity research. It will create a portal to provide access to the platform and facilitate social networking and generate search and navigation tools for researchers in academic, NHS or local government organisations to find data from administrative and secure data

services, via social science views of health datasets, and health science views of social datasets. Within the NHS the project will link records from a variety of administrative and health (and social) care sources for broadly-specified obesity research, and make extracts (using pseudonyms), of NHS-linked datasets available via the portal. The project will also develop analytical tools, focused on: i) easy, reliable and privacy-protecting transformation of geo-codes in health records to other geographies and area-based social and economic measures; ii) epidemiological extensions to geographical information systems; iii) growth-standardisation of child obesity measures.

4.3.4 Medical Research Council

The primary objective of the Medical Research Council (MRC) is to improve human health through world-class medical research. Given the high burden of obesity on human health, the MRC welcomed the Foresight *Tackling Obesities: Future Choices* Project. MRC scientists have been involved in the Foresight project from its early stages, providing independent, evidence-based expert advice. Since the publication of the Foresight report in 2007, the MRC has undertaken many activities relevant to its findings, a selection of which is presented below. In addition to this response, the MRC has also contributed to the Department of Health-led Cross-Government Policy Response to the Foresight Report , *Healthier Weight, Healthier Lives*.

The Medical Research Council supports a broad range of research relevant to obesity, from molecular mechanistic studies to social and public health sciences. In the terms of the Foresight Obesity Systems Map, work funded by the MRC spans the medical, biological, developmental, activity, food, psychological and socio-cultural categories. Annual MRC spend on research relevant to obesity is in excess of £20m. Much of this support is provided on a long-term basis to MRC Institutes and Units and to groups led by University-based investigators, which not only advance the scientific frontiers but also make major contributions to training the next generation of researchers. Under the supervision of the Office for the Strategic Coordination of Health Research (OSCHR), the MRC works in partnership with the National Institute for Health Research (NIHR) on research activities of medical importance. The NIHR lead on public health research into obesity, and we will continue to work closely with the NIHR as plans for obesity research and development evolve.

MRC priorities are aligned with the recommendations of the Foresight report . The “underpinning research issues” of expansion and exploitation of surveillance schemes and datasets, and development of more detailed models, highlighted by Foresight, informed a number of MRC calls for proposals, particularly Models of Disease and the Patient Cohorts Research Initiative. Most importantly, our concerted efforts to improve the translation of basic research into benefits to human health through policy, practice and novel intervention strategies are intended to make a substantial contribution to “tackling obesities”.

The MRC is committed to research into the prevention of obesity and associated diseases. As such, we are the managing partner of the National Prevention Research Initiative (NPRI). This 16-funder partnership supports research aiming to reduce the risk of developing chronic conditions and diseases, including obesity and related ailments. A separate submission to this report has been made on behalf of the NPRI; we wish to reinforce the importance of this initiative and our commitment to its success.

Our ongoing investments link closely to many of the themes identified by Foresight. In July this year we opened a new Centre for research into obesities - the MRC Centre for Obesity and Related Metabolic Diseases (CORD), led by Professor Steve O'Rahilly (Cambridge). This Centre aims to increase our understanding of the fundamental causes of obesity and its relationship to other diseases (including aetiology and clinical manifestations). Among the more established MRC Units, Human Nutrition Research (Professor Ann Prentice, with policy work led by Dr Susan Jebb, Cambridge) has been successful in contributing to evidence-based nutrition research with direct policy relevance for tackling obesity, while the MRC Epidemiology Unit (Professor Nick Wareham, Cambridge) performs work linking genetics and physical activity to obesity. The Dunn Human Nutrition Unit (Professor Sir John Walker, Cambridge) undertakes significant research into the fundamental aspects of mitochondrial energy conversion, while the Epidemiology Resource Centre (Professor Cyrus Cooper, Southampton), the Childhood Nutrition Research Centre (Professor Alan Lucas, UCL) and others have made major contributions to the understanding of the effects of early life nutrition on later health outcomes. Finally, the Social and Public Health Unit (Professor Sally Macintyre, Glasgow) conducts critical research into the social and environmental determinants of diet and physical activity. (Details of all of these programmes are accessible through the MRC website www.mrc.ac.uk).

The MRC Strategic Review of Nutrition and Energy Balance, conducted in April 2008, considered the Foresight report during its initial consultation stages, and referred to its findings throughout the review process. Many of the recommendations of the Strategic Review correspond to findings of the Foresight report, including the identification of prevention-based studies, improvements in measurement of diet and physical activity, and the evaluation of "natural" experiments as priorities for future research. The understanding of basic biological mechanisms at the whole-body level, highlighted by the Foresight report as an area with a paucity of research, was identified as an opportunity for the MRC to make a particular contribution to obesity research. Finally, the MRC is beginning to examine mechanisms and opportunities to involve the private sector in nutrition research, including in areas relevant to obesity.

In summary, the Foresight Report has built on a substantial amount of MRC work. Its new analysis has added impetus to our activities in this area and developed a useful framework in which to consider the breadth of research relevant to the family of obesities. Our own review of the area underlined the importance of the themes identified as research priorities. We are currently discussing mechanisms to strengthen these areas in both our intra- and extra-

mural funding and through a variety of initiatives with other funders, within the context of the cross-Government R&D strategy for obesity. We look forward to working closely with the NIHR and the Devolved Administrations to facilitate the translation of our findings into practice within the NHS, and with other stakeholders to broaden the reach of our research. This reflects the Foresight challenge to address the multiple drivers of obesity to achieve 'system-wide' change.

4.3.5 Biotechnology and Biological Sciences Research Council

Biotechnology and Biological Sciences Research Council (BBSRC) has agreed to contribute to the current call in the National Prevention Research Initiative. Also, BBSRC has been analysing its diet and health portfolio and it is clear that funding for both research on obesity and on developmental origins of optimal health (prenatal programming can have a major influence on obesity in later life) has shown a significant increase since the launch of the Foresight report.

The Research Councils are also major players in funding research which is both directly and indirectly relevant to the obesity agenda.

BBSRC supports research on human nutrition both in universities and at its Institute of Food Research (<http://www.ifr.ac.uk/>). Its current annual spend on diet and health-related research is in excess of £12M including approximately £1.3M on obesity-related research. Research supported by BBSRC on complex interactions between genetic, physiological and psychological factors is offering new opportunities to diagnose high-risk individuals and to develop new drugs to prevent obesity and associated conditions. Examples of research areas include: *Genetic and early life factors - prenatal nutrition, monitoring what young people eat; The role of fat tissue itself; Hunger, dieting and exercise - mechanisms involved in appetite control, screening the next generation of slimming products, exercise and weight loss.* In addition, BBSRC supports training in research relevant to obesity and examples of some relevant studentship projects are: *The relationship between normal and binge eating behaviours and physiological appetite signals; Lipoproteins, diet and genotype - mathematical models of the interaction of lipoproteins and hepatocytes; Investigating over eating as an addiction; Appetite and satiety as explanatory constructs in motivation.* Furthermore, research on nutrition and energy balance pervades all of the Institute of Food Research programmes; Gastrointestinal health; Natural products and health; Food borne pathogens; Food structure and function; Risk and behaviour.

BBSRC published its high-level food research strategy in July 2007 http://www.bbsrc.ac.uk/organisation/policies/reviews/scientific_areas/0707_food_research.html

This sets out BBSRC's future food research priorities. These include: 'Diet as a modifier of development and health' which focuses on the mechanisms by which nutrition during foetal development and infancy can affect health later in life and 'Nutrition, metabolic regulation, ageing and health' which seeks to

understand how the complex interactions among genotypes, gender, metabolic phenotypes and the environment influence body weight. Furthermore, the BBSRC has committed approximately £4M over the past year to their responsive mode priority area of 'Developmental origins of optimal health'.

4.3.6 National Prevention Research Initiative

The National Prevention Research Initiative (NPRI), founded in 2004, is a partnership of government departments, research councils and medical charities. The partnership supports high-quality and multi-disciplinary research aimed at preventing the incidence of new cases of major preventable chronic conditions and diseases such as obesity, diabetes, heart disease, stroke, dementia and certain cancers. The Initiative supports research on behaviours associated with significant risks to health, such as poor diet, physical inactivity, smoking and alcohol consumption, and on the environmental factors that influence those behaviours.

The NPRI provides each of its 16 funding partners the opportunity to collaborate with other national organisations to deliver a strong and coherent prevention research portfolio of critical importance to population sciences research and public health.

The Report and its accompanying document outlining the challenges for research were presented to the NPRI Funding Partners, together with other research and policy documents, when framing their third call for research applications. This "Phase 3" has a focus on research which develops or tests interventions including those aimed at long-term behaviour change. It is anticipated that some research funded under Phase 3 will have relevance to tackling obesity and contribute to the existing NPRI portfolio in this area."

4.3.7 The Unit for Biocultural Variation and Obesity, University of Oxford

The formation of the Unit for Biocultural Variation and Obesity (UBVO), Director, Professor Stanley Ulijaszek at the University of Oxford, stemmed from several of its fellows' participation in the Foresight Project. UBVO is a multidisciplinary research unit dedicated to understanding the complex and interwoven causes of obesity in populations across the world. Housed in the School of Anthropology, its Fellows include leading scholars from fields such as anthropology, business studies, politics and international relations, economic history, public health, and epidemiology, as well as the Director of the National Obesity Observatory.

The Foresight Obesity Systems Map (FOSM) has served as a focal point for cross-disciplinary discussions and research project development within UBVO, along three broad themes. The first utilizes the FOSM as an ecological framework for illuminating the historical drivers of population obesity in particular geographical settings. For example, a project engaging

anthropologists, epidemiologists, and economic historians is underway that draws on clusters of key obesity variables as depicted in the FOSM. National historical anthropometric databases and qualitative life history narratives are being probed for the presence of these obesity variables across time, in an effort to determine the relative importance of different factors represented on the map for the emergence of population obesity in Britain.

The second theme involves the mathematical formalisation of relationships between obesity variables in the FOSM. This work involves collaboration between anthropologists, computer scientists and mathematicians, and its aim is to increase the dynamic capacity of the FOSM so that it can be used for future hypothesis generation as more knowledge of the relationships between obesity covariates is gained.

Finally, an obesity prediction instrument has been abstracted from the FOSM, which may be used to identify non-overweight and non-obese children who are at greatest risk (based on multiple rather than single risk factors) of becoming overweight or obese in later life. This obesity prediction instrument was initially validated using longitudinal data from a nationally representative sample of seven year old British children, and its potential use for different age groups and across different geographical settings is being explored.

4.3.8 National Heart Forum

Microsimulation Modelling: the publication of the Report has generated a significant amount of interest and praise both from within the UK and internationally. The micro-simulation model to predict future trends and their consequences in obesity developed by the National Heart Forum for Foresight has attracted particular interest. Following its publication, members of the team have given presentations at the Association for the Study of Obesity, House of Commons, Wellcome Trust, UKPHA Conference, EU Diet and Physical Activity Platform and to the World Health Organisation in Geneva amongst others.

The modelling team has had a number of enquiries from within the UK including officials from the Department of Health, No. 10 Strategy Unit and various academics asking further questions of the micro-simulation. The Team has provided input into the production of the Department of Health Healthy Weight, Healthy Lives Toolkit. The NHF have now received further funding from the DH to develop its utility with respect to Tobacco and Inequalities.

Foresight provided funding to further develop the obesity model with the respect to:

- Improving the obesity distributions for monitoring changes in obesity with time systematically (in collaboration with the Obesity Observatory) and for honing down on demographic effect modifiers (or lack of) more systematically, e.g. by age, sex, class and geographical region and their trajectories.

- Beginning to incorporate hypertension and also quality of life in the economic component, significantly, enhancing this component of the programme. To begin to tease out the relative costs (including Quality of Life) of overweight compared with obesity.
- . To improve the general usability of both the obesity distribution and micro simulation programs.

To improve the utility of the obesity distribution program and make it capable of processing alternative data sources (for example, international data) the programme has been provided with new user interface. It now has the ability to analyse complex stratified, multi-PSU, data surveys. These changes would also mean that new data from the National Child Measurement survey could be incorporated into the existing England model and highlight progress towards the Governments PSA target on childhood obesity.

The micro-simulation has also been significantly upgraded so that users can easily specify relevant national databases that may differ from year to year or from one country to another. This has required the provision of:

- A disease editor allowing the input, editing and logging of disease statistics.
- A general statistics editor allowing for the user-specification of population distributions, birth and death statistics and so on.
- An economic cost editor enabling easy changes to be made to the economic costs in the model.

These improvements have enabled the NHF to undertake an ongoing modeling exercise for the US Government via the Centre for Disease Control (CDC); attached are pictures comparing, measured and predicted, US and UK obesity distribution statistics; work is continuing with CDC to use the microsimulation to model US health outcomes consequent upon these distributions.

4.4 Business

4.4.1 Food and Drink Federation

As the voice of the UK food and drink industry, the country's largest manufacturing sector, the Food and Drink Federation (FDF) was involved from an early stage in this Foresight project, and it is pleased to give its perspective on what has been achieved in the 12 months since the Report was published.

FDF agrees that the Report reframed much of the debate on the causes and management of obesity and set out a long-term vision of how Government, industry and citizens should respond to the challenges it identified.

This was a positive development on two counts. First, it highlighted the fact that Government needed to do more to ‘join up’ its policy making, making a compelling case for the futility of isolated initiatives. Second, the report encouraged policy makers to think beyond the ‘energy in’ side of discussions of obesity and develop a more holistic – and genuinely long term – approach to tackling obesity.

These messages were clearly not lost on Government. FDF saw this thinking reflected in HWHL and the Cabinet Office *Food Matters* report published in July 2008, both of which have shaped of FDF’s ongoing dialogue with Government on diet and health issues.

The report also contained many challenges for industry, which was why in the Action Plan FDF committed to run a briefing event for its members, to allow them to digest properly the project’s findings and understand the implications for them. FDF teamed up with Dr Susan Jebb to run a very productive session with its members in April 2008. And to mark the anniversary of publication of the report, FDF is working with Foresight to run an event in London in November at which industry will join with key stakeholders to debate the role of ‘convenience foods’ in the fight against obesity.

In terms of how the report catalysed action from industry, it is difficult to separate specific activities into ‘pre and post-Foresight’ phases. Even before the report was published, FDF would argue that much had already been done in those areas where its members could make a real difference to the lives of consumers. And industry continues to invest heavily in areas such as reformulation, the development of ‘better for you’ alternatives to popular brands, improved nutritional labelling and workplace wellbeing schemes.

More recently, the Cabinet Office *Food Matters* report set out a clear Government vision for a future where industry and Government work together in a genuine partnership to make food safer, healthier and more environmentally sustainable. Therefore, our collective challenge for the immediate future is achieving that vision – while ensuring the UK retains a vibrant, dynamic and successful food production sector.

4.4.2 Business In Sport and Leisure and the Central Council of Physical Recreation

For both Business In Sport and Leisure (BISL) and the Central Council of Physical Recreation (CCPR), the key response to the Foresight Report was to address the need for an increase in physical activity to combat obesity.

Dr Susan Jebb addressed 300 delegates at the BISL Annual Conference in November last year and Paul Stonebrook and Geoff Dessent of the Department of Health have addressed meetings of CCPR’s Movement and Dance and Games and Sports Divisions respectively.

Both BISL and the CCPR believe that obesity has to become the new 'Carbon'. They have concentrated on cross Government co-ordination and have stated that no government department would issue any action plan or new policy without attention to its effect on the environment. The same should be true for physical activity. Every government department has to be engaged in combating obesity and looking at what it can do to encourage physical activity. Their range of activities in this area have included:

- Sport England Strategy: As a member of the internal steering group. The Sport England Strategy seeks to encourage 1 million extra participants in sport and physical activity by 2012.
- Planning Guidance: In response to the consultation on PPS 4 (Sustainable Economic Development) we have proposed that sport and physical activity should be included in PPS4 as there is a clear link with stadia, leisure centres etc and the health of the local economy. PPS6 (Town Centres) is currently out for consultation. We have proposed that developments to encourage physical activity should not be subject to the sequential test and more should be done to find sites for these activities at a local level.
- Floodlighting: The CCPR is working with a range of MPs and Peers to persuade CLG to introduce a 'presumption in favour' of floodlighting. Too often community sports facilities are unusable because planning permission for floodlights is so difficult to obtain.
- The Active Alliance: BISL and CCPR are founder members of the Active Alliance; a broad coalition of sector organisations representing all aspects of physical activity who are working with the Department of Health to help Government and regional and local delivery agents provide a 'blue print' for physical activity development at a local level.
- NICE Guidance on promoting physical activity to children: CCPR responded formally to the NICE consultation on this guidance and also participated in a guidance implementation working group. There is a real need for NICE Guidance to be promoted outside its immediate remit of clinical excellence. Whilst NICE now provides guidance to employers, employees and the education and voluntary sectors, it has little influence over these bodies and its advice is therefore largely ignored.
- Department of Health Physical Activity Plan Stakeholder Group: Both CCPR and BISL have been represented on this group which has informed the development of the DH plan to increase levels of physical activity in England.
- Employers and Employees: Meetings were set up for Gerry Sutcliffe MP, Minister for sport to meet with the TUC, CBI and Business in the Community to explore how physical activity could be promoted through employers, employees and the unions. Further joint work is planned.

- Subs for Clubs: The CCPR is working with the Treasury to see if the Community Amateur Sports Club (CASCs) scheme could be extended to offer gift aid on junior subscriptions. There are presently 5,000 CASCs, but the main benefit of membership is business rate relief. Gift Aid on junior subscriptions would offer the club funds to improve their sporting offer through coaching and facilities and encourage clubs to set up and encourage juniors to become members.

4.4.3 Tesco

Tesco welcomes the work of the Foresight team in providing world leading guidance on the challenge of tackling obesity. Its engagement through the Stakeholder Group and the presentation, by the Foresight team, of the final report to its Corporate Responsibility Committee has increased its understanding of the causes of obesity and helped to inform its plans for helping customers and staff live more healthily.

Since the Foresight project was launched, Tesco has further developed its own health strategy based on three objectives: providing better information on the nutritional value of products and how customers can improve their health; making healthy options more accessible through pricing and promotions, product improvements and healthy ranges; and making it simpler and more attractive for people to lead an active lifestyle.

Two examples of initiatives that Tesco have launched as part of its health strategy are 'Personalising health information for customers' and 'Supporting our people to lead a healthy lifestyle'. The first included the launch of in-store health checks, allowing customers to combine the convenience of a shopping trip with a 30 minute consultation at one of our 230 pharmacies. It also launched an on-line Health Tracker, which enables customers to analyse their personal nutrient intake and activity levels. The second project led it to implement a new approach to staff catering, aimed at making healthy meal options more attractive and accessible to staff in more stores. It also increased the amount of staff information available on healthy lifestyles, aligning its staff benefits to support health and encouraging its staff to get active through events such as Race4Life which was run by over 22,000 members of staff in 2007.

As the report observed, obesity is a complex matter that requires a sustained commitment from many stakeholders to make a difference. Tesco hopes to maintain dialogue with the Foresight team to share knowledge and discuss how we can continue to contribute to long term practical solutions to tackling obesity in the UK.

4.4.4 Weight Watchers

Simulating the Impact of Weight Watchers: Weight Watchers has the operational capacity to provide industrial scale weight loss services across the

UK. In March 2008 the company commissioned a modelling exercise to harness the forecasting capability developed for the Foresight report to examine the potential impact of wider implementation of GP referral to Weight Watchers. At that time the scheme had been operating for three years involving over one third of Primary Care Organisations who had referred over 8,000 patients for a 12 week course of Weight Watchers meetings.

The first stage of the modelling exercise mapped key characteristics of the referral patient population and indicated that most are female (over 88%), between 40-70 years and tend to be obese with one third between BMI 30-35, one third between BMI 35 -40 and one third over BMI 40. Analysis of weight loss distributions suggested an average BMI loss of 1.5 units (equivalent to a loss of 4-6kg) in participants who completed the 12 week course.

This information was subsequently entered into the Foresight microsimulation programme to simulate virtual referrals in the English population from 2010 to 2030; National health and economic outcomes were predicted up to 2080. Assuming the typical BMI loss of 1.5 units is sustained over the participant's lifetime, this micro simulation estimated savings in healthcare costs of £1,860 per intervention person. When theoretical allowances were made for a 50% drop out rate and a 25% success rate in maintaining weight loss over a lifetime then the UK Government would make a saving in direct health care costs of about £230 (at today's prices) per participant of the Weight Watchers course and £1,600 per head on full economic costs. The cost of a 12 week Weight Watchers course to the National Health Service is £45.

Health outcomes in participants appeared similarly significant. A 20% reduction in risk for diabetes was estimated and 5% reduction in the likelihood of developing other BMI related diseases including cardiovascular disease and arthritis. In addition a small but measurable increase in life expectancy was estimated (an additional 4-months/participant).

Conclusion: This modelling exercise confirms that large scale application (to a significant proportion of the eligible population with BMIs ≥ 30) of a modest single weight loss intervention might result in considerable savings to Government and improvement in health outcomes for individuals.

4.5 International

4.5.1 European Commission

During 2008 the Foresight report "Tacking Obesities: Future Choices" was presented to the EU High Level Group on Nutrition and Physical Activity (comprising representatives of the national authorities of the 27 members states) as well as to the EU Platform on Diet, Physical Activity and Health (involving pan-European organisations committed to voluntary actions). These two groups are part of the core mechanism by which the European Union will deliver on the objectives set out in the 2007 White Paper "A Strategy for Europe on Nutrition, Overweight and Obesity related health issues". Both

groups were impressed with the Foresight report, particularly in the way that it illustrated the complexity of the problem via the system map, yet offered practical solutions and tools for addressing the obesity issue. For the future, there is little doubt that this Foresight initiative will continue to be seen as a very useful addition to the European "obesity debate", especially as its impact will be evaluated.

4.5.2 North America

Canada

In June 2008, the Head of Foresight and a team of foresight specialists took part in a UK-Canada workshop on "Tackling Obesities: Future Choices" organised by the Science and Innovation team at the British High Commission, Ottawa. The workshop was an opportunity to share analysis and the impact on policy from the recent UK Foresight Obesity project with Canadian counterparts, to understand Canadian research, data collection and policy on this strategically important issue and identify future opportunities for joint work.

The 40+ participants included policy-makers, researchers, research funders and the food industry. The workshop was very well received, and was followed by a presentation to a committee of Deputy Ministers (Permanent Secretary equivalents) from a range of government departments on the Foresight approach to strategic policy challenges, as well as discussions with senior officials from Health Canada. The workshop provided a forum for open discussion, and is likely to result in further joint work in both the research and policy areas specifically on obesity. But it also opened the door to wider exchanges with the Government of Canada on the Foresight approach to policy development. The importance of the Foresight report and its dissemination were recognised in that evidence-based, systematic analysis was seen to help inform policy decisions. As a result of the Foresight Team's visit, the UK is now seen as a strong strategic partner in this area.

Canadian Institutes of Health Research

The Foresight Programme's report on *Tackling Obesities* and the associated forecasts and systems maps represent a landmark effort that can inform the work of many individuals and organisations around the world. At the Canadian Institutes of Health Research, Institute of Nutrition, Metabolism and Diabetes we have used the report to communicate with a variety of stakeholders including the public, the food industry, researchers and non-governmental organizations about the complexity of the challenges we face in addressing obesity. CIHR uses the systems maps to convey the notion of complexity and to move quickly to a discussion of the approaches to solving complex problems. The framework described for places to intervene in a system has also been useful for orienting stakeholders around the solutions appropriate for complex problems like obesity. In the future CIHR may be able to use the system maps to engage other government departments in a

dialogue about roles and responsibilities for action. Lastly, the *Tackling Obesities* reports will help CIHR to become more strategic in our future support for obesity research in Canada.

USA

US Centre for Disease Control and Prevention

Members of the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention were pleased to meet with the Foresight Obesity Project in December 2007 in London, and to advise and participate in Foresight's successful efforts to organise a meeting of interested US academics, government officials, and policy makers in Washington DC in the spring of 2008.

The CDC has been impressed with the scope and thoughtfulness of the Project, and the generous efforts to share their results. No other group has provided as clear an indication of the complexity of the factors that interact to produce obesity as the Project has done. Our discussions with Foresight have provided useful insights into the degree to which the country's political system affects national policy. For example, the centralisation of the authority for policy in medical or school settings at the governmental level in the United Kingdom offers an opportunity to make changes relatively quickly that may have a broad and substantial impact. In contrast, multiple competing medical plans in the United States and the local control of schools produce much slower changes at the national level.

However, the same decentralisation provides multiple opportunities in the US for experimentation and innovation at the local level. In the UK, the availability of universal medical coverage through the National Health Service means that the expense of treating obesity falls to government rather than business. In contrast, employers pay for the medical care of their employees in the United States, and their profit margins are directly affected by those costs. Recent estimates suggest that over 25% of the rise in medical costs between 1987 and 2001 were attributable to obesity. As a consequence, US businesses have been more likely to invest in worksite initiatives to prevent and control obesity. We agreed with the Project that ongoing efforts like the meetings in London and Washington DC to share progress and lessons learned would continue to be mutually beneficial. It is also worth noting that we have not had such productive interactions with any other government entity in any other country.

In addition to the important insights provided by our interactions with Foresight, we have begun to collaborate directly with members of the Project. We are working with the Project's quantitative modelling team to apply the modelling software developed for the Project to the obesity prevalence and costs in the U.S. This project will provide another useful comparison with the UK data. For example, it will help us understand how future prevalence and cost estimates in the US compare to those in the UK, and how interventions directed at specific subgroups might change the course of these outcomes.

In summary, the CDC has been delighted to interact with the Foresight Obesity Project, and hope that such interactions have been mutually beneficial and will continue into the future.

US Department for Health and Human Services

Acting Surgeon General RADM Steven Galson, MD, MPH has continued to lead and expand our nationwide, intersectoral, community-based childhood overweight and obesity prevention initiative – highlighting and facilitating local partnerships among schools, community groups, tribal organizations, non-profits, corporations, and the media. In addition to these grassroots efforts, HHS has formed multiple federal intra-departmental partnerships to enhance community and/or consumer participation in childhood overweight and obesity prevention programs, established the National Center for Physical Activity and Outdoor Play, and partnered with the Robert Wood Johnson Foundation to address overweight and obesity-related issues among Hispanic youth. On a slightly different but related topic, the federal government just launched its inaugural *Physical Activity Guidelines for Americans*, a comprehensive, science-based set of recommendations for people of all ages and physical conditions (available at: <http://www.health.gov/paguidelines/>).

Association of State and Territorial Health Officials

The Association of State and Territorial Health Officials (ASTHO) found the Workshop co-hosted by Foresight and the Foreign and Commonwealth Office Science and Innovation Network, extremely useful. Its members, the State and Territorial Health Officials would benefit by considering the UK's systematic approach. And, in their state leadership role, they are actively involved in developing and implementing state health policy.

One current priority for State Health Officials is the incorporation of prevention into health reform proposals and the ability to articulate how this will save health care costs in the future. In addition, they are looking to coordinate more closely with agencies and organizations outside of public health, including transportation, the business community, planning, agriculture, education, and others.

After reviewing the Report, our staff has come up with specific points that have or will inform their work in the future. ASTHO:

- Supports the concept that policies need to act over the long term and take account of the broader social, economic, and political context. Obesity needs to be framed in a way that encompasses social determinants of health. As stated in our Obesity Position Statement: “Social determinants of health, including economic and social conditions, influence the health of populations and contribute to obesity.” Obesity policies also need to consider the necessary

investments to sustain change for healthier citizens. These investments in prevention should include investments for the individual, the community, and governmental public health.

- Is also focused on aligning with other major policy issues: such as climate change and health equity and United States national acts being updated, including the Transportation and Child Nutrition Acts.
- Agrees that interventions designed to change a single factor need to be conducted at multiple levels of government (i.e. at global, national, state, local, and individual). ASTHO's work on the Alliance for the Healthiest Nation is a perfect example of this collaboration.
- Supports a high-level comprehensive strategy starting from the President's administration down to cross-cutting agencies, including Health and Human Services, Agriculture, Education, Housing, Interior, and Transportation. Trust for America's Health has laid out an excellent model, establishing an Obesity Prevention Advisory Board to consult with a sub-cabinet working group.
- Believes there must be an emphasis on the 'obesogenic environment' and policy change, supporting such changes to environment as menu-labelling, trans fat bans, access to healthy foods and physical activity in communities, and chronic care models that support individuals' ability to take control of their own health.
- Recommends using the analysis of other public health issues (such as tobacco) to gain insight into possible obesity interventions.

Business Group Health

The Foresight workshop in Washington, DC had a quite profound impact on the perspective of part of National Business Group on Health. In summation, the presentations by UK speakers were convincing in making the case that a coordinated approach, as pursued in the UK, has a much greater potential for success in addressing obesity than the fragmented approach taken in the US. In the US, each sector and even individual federal agencies take independently entrepreneurial approaches to the problem with limited sharing and learning across sectors and agencies. The direct consultation and cooperation on obesity initiatives between government and business, as described by the DH Director of Health and Wellbeing is impressive.

Consequently, the Director of the Institute on the Costs & Health Effects of Obesity (a program of the National Business Group on Health), will promote a greater emphasis on collaboration between business and government, greater openness to the contribution of federal (and state) government policy in reducing obesity, and increased attention to model strategies in other countries, especially the UK.

4.6 Education and Training

4.6.1 The Royal College of Physicians of London including Faculty of Public Health and Royal College of Paediatrics and Child Health

The Royal College of Physicians has a project underway at the time of writing to take forward the call for education and training within the National Health Service. This includes investigating, reviewing, and reporting on how the Government might seek to build on current training programmes and spread good practice into the curricula for all health professions within the NHS, working with the relevant training bodies, as specified in Chapter 4 of “Healthy Weight, Healthy Lives”.

4.6.2 National School of Government

For the last year the National School of Government has cited Foresight’s work on obesity as one of the best examples of evidence-based policy work in government. We make detailed reference to *Tackling Obesities: Future Choices* on our strategic thinking and strategy programmes for senior civil servants and managers at Grades 6/7, as well as on a number of our policy programmes and on our courses on analysis and use of evidence. We have also featured the report on some leadership programmes for the senior civil service.

We give particular prominence to the report’s use of qualitative and quantitative modelling, to its application of systems thinking and to its use of scenarios. We show the obesity scenarios DVD on most of our strategy programmes.

The Civil Service Capability Building project (led by the Civil Service Change Team in the Cabinet Office) is currently running a project looking at evidence-based policy making, and we have highlighted the *Tackling Obesities: Future Choices* report an example of best practice in the field.

The National School of Government works closely with the Foresight team in GO-Science – especially with the Horizon Scanning Centre – and we constantly promote Foresight’s work as leading-edge analysis in government.

4.6.3 The Open University

In 2007 The Open University (OU) started work on an undergraduate, level one, 15 point course entitled 'Challenging Obesity'. At the outset, discussions with Dr Bryony Butland and colleagues from the UK Government's 'Tackling Obesities' project were helpful to the OU’s planning and the short science reviews were an invaluable resource.

The course was presented for the first time in October 2008 and one component of the course is a textbook, co-published with Oxford University Press, 'Challenging Obesity: The science behind the issues'. The UK Foresight Project is given prominence by being mentioned on the first page and the Obesity System Map is the final illustration in the final chapter of the book.

There is a strong link to the Obesity Foresight internet site too. OU students and anyone who purchases the book has access to a collection of internet resources on a searchable database called *ROUTES*. This ensures that students have access to good quality sites without having to search the internet for hours. The sites have been selected by ourselves, and subject specialist librarians ensure that the link remains up-to-date. Because the OU does not wish to overwhelm students there are a limited number of links provided and this enhances the position of those websites that are on the list.

Currently the OU is heavily involved in ensuring a smooth delivery of the course, through teaching and monitoring the internet discussion groups and the interactive questions that form part of the course assessment. The OU is particularly interested to note the questions that the course does not answer (some of which fall into the category of 'urban myths') and wonder whether there might be potential for the OU and Foresight to work together to produce information for a less sophisticated audience that would answer such questions .

4.5.4 'Take shape'

Foresight commissioned a set of educational materials entitled 'Take Shape' These materials, scheduled to be published in late 2008, will be aimed at secondary students who would participate in the Citizenship and PSHE (Personal, Social, Health and Economic) parts of the curriculum. These materials utilise the major findings of the Foresight report and align with the societal aspects of tackling obesity.

5. Dissemination

The Foresight team of officials and lead experts sought to maximise the number of opportunities to disseminate the findings of the Project and continues to do so actively a year after publication.

The communication and uptake of the projects findings, maximising the Report's capacity to impact decision-making and development of key areas of policy and strategy are key measures of the Project's success. Examples of dissemination activities are set out below.

5.1. Launch

An important part of the dissemination was the technical launch which was held as part of the AGM of the Association for the Study of Obesity (ASO). The ASO meeting held on 6 November 2007 was specifically designed as an opportunity for professionals working in the field of obesity to hear the details of the Report. Two hundred and fifty delegates registered for the event.

The ASO Committee welcomed the opportunity to work with Foresight to organise this meeting which was very well received. Those returning formal evaluation forms overwhelmingly rated the speakers as good or very good. Verbal feedback on the day and subsequently, was very positive. Many people attending were not previously aware of Foresight. Most felt the presentations had expanded their perspective on obesity and several said they would use the Report in future work. Comments received in the formal evaluation comments included the following:

- Good range of topics
- Good chance for debate and questions
- Good organisation and quality of speakers and chairing
- Enjoyed the panel discussion
- Good insight into the Foresight Report
- Good variety of guest speakers and found it very useful
- Good range of topics and good speakers

The ASO Committee noted that the Report had successfully captured the views of the wide range of disciplines relevant to obesity and that the system map was a valuable tool for discussion. They found the insights into the policy perspective useful and hoped that it would provide a foundation for greater dialogue between scientists and policymakers.

In retrospect the ASO Committee feel that the report has been instrumental in setting the foundation for the new cross-government obesity strategy which has generated international interest and is viewed as one of the most comprehensive strategies of its kind in the world. For this, Foresight should take some credit.

5.2 Networks

One of the primary objectives of the Project was to bring together key people and organisations who may not previously have been in contact. This approach is an important part of Foresight's strategy and it helped to develop and foster new and innovative ways of thinking which informed the study.

Importantly, some of the lead experts from the Project have worked with Foresight and their own organisations to disseminate the Report and help inform the work of government departments and other stakeholders

5.3 Conferences and other events

The Project's findings have informed many conferences, workshops and other events in business, government and academia. The list below, whilst not intended as comprehensive, provides a flavour of these events. Foresight is grateful to the many technical and other contributors to the Project who have presented the Project's findings at a wide range of diverse events before and after the project launch in 2007. Foresight would particularly like to thank Professor Susan Jebb, Professor Peter Kopelman, Professor Klim McPherson and Dr Bryony Butland for their contributions.

It is important to note that many of the dissemination events were ones where the lead experts involved in the Report were actively sought out by the organisers. The breadth of the events reflects the diversity of the audiences exposed to the Report.

Examples include:

Regional Public Health Leads	5 November 2008
James Martin Institute	31 October 2008
International Congress of Dietetics in Japan	September 2008
Govnet	8 July 2008
High Level Obesity Strategy Group, EU, Brussels	1 July 2008
Royal Society of Medicine	26 June 2008
South East Health Technologies Alliance	25 June 2008
Workshop: Ottawa, Canada	11 June 2008
All Party Parliamentary Group	4 June 2008
Workshop: Washington DC, USA	13 June 2008
ECO Abstract and Presentation	16 May 2008
Royal Society of Medicine Conference	26 April 2008
ComNET, Canada	23-25 April 2008
EU Obesity Platform Brussels	23 April 2008
Health Select Committee	22 April 2008
Food and Drink Federation: Breakfast	10 April 2008
Advance Workshop for Pacific Health Summit	7 April 2008
Parliamentary Food and Health Forum	2 April 2008

UK Public Health Association Annual Conference	1 April 2008
Health Service Journal Conference	26 February 2008
Prime Minister's Strategy Unit Seminar	31 January 2008
HMTreasury	10 January 2008
Tesco Corporate Responsibility Committee Meeting	8 January 2008
Business In Sport and Leisure	December 2007
Local Government Association Community and Wellbeing Board	16 November 2007
National Heart Forum AGM	16 November 2007
All Ireland Conference on Obesity organised by the Health Promotion Agency for Northern Ireland	13 November 2007
Association for the Study of Obesity AGM	6 November 2007
Association of Convenience Stores Healthy Eating Forum	November 2007

5.4 Media Coverage

Media coverage around the time of the launch was widespread, reaching both specialist and mainstream print and broadcast media. The project was launched via a press conference on 16 October presenting the report to journalists. The report received comprehensive coverage during the month of its launch. The following list is not exhaustive but should provide an idea of impact the report made in newspapers and television its first few days:

Guardian

- **Johnson calls for fundamental shift on obesity crisis**
Alan Johnson today called for a "fundamental shift" in the approach to tackling Britain's obesity crisis and said individuals could not be blamed for the problem.
<http://www.guardian.co.uk/medicine/story/0,,2193096,00.html>
- **Date for halting childhood obesity slips back 10 years** (linked to the executive summary)
· Primarolo acts as report shows size of problem
<http://society.guardian.co.uk/health/story/0,,2192574,00.html>

Daily Telegraph

- **Half of adults 'will be obese by 2050'**
By Rebecca Smith Medical Editor
The extent of the obesity epidemic was laid bare yesterday as it was disclosed that more than half of adults and a quarter of children will be dangerously overweight by 2050
<http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2007/10/17/nobese117.xml>

- **Tackling obesity: the ins-and-outs**
<http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2007/10/17/nobese317.xml>

The Independent

- **Most Britons 'obese by 2050'**

Daily Mail

- **Half of Britons will be obese by 2050, landmark study warns**
<http://www.dailymail.co.uk/health/article-488004/Half-Britons-obese-2050-landmark-study-warns.html>

Financial Times

- **Obesity trends 'will take years to reverse'**
<http://www.ft.com/cms/s/0/96c8e5bc-7c30-11dc-be7e-0000779fd2ac.html>

The Times Online

- **Quarter of all children could be obese by 2050 but ministers insist on 'moving the goalposts'**
 A leading charity is today accusing the Government of shying away from tough targets it had set itself on combating childhood obesity, in favour of "softer, more distant" goals.
http://www.timesonline.co.uk/tol/life_and_style/health/child_health/article2674706.ece
- **Obesity; the big fat lie?**
http://women.timesonline.co.uk/tol/life_and_style/women/body_and_soul/article2693972.ece

BBC

- **Obesity 'not individuals' fault'**
 Individuals can no longer be held responsible for obesity and government must act to stop Britain "sleepwalking" into a crisis, a report has concluded. <http://news.bbc.co.uk/1/hi/health/7047244.stm>

Channel 4

- **Obesity 'default condition' in UK**
 Britain is sleep-walking its way into an obesity crisis, according to a two-year UK study.
<http://www.channel4.com/news/articles/society/health/obesity+default+condition+in+uk/929847>

After publication, the media interest focused on DH and other bodies whose initiatives had been informed by the Obesity Project. However, Foresight is

still directly noted as having played a vital part in new health initiatives as exemplified in an article for The Times written by Alan Johnson on 20 January 2008.

- **Together we can beat obesity**

http://www.timesonline.co.uk/tol/comment/columnists/guest_contributors/article3216588.ece

Alan Johnson, 20 January 2008

Specialist articles

There have also been a number of articles written by the Foresight Team and the lead scientific experts involved in the Project. Notable examples include:

Nature

- **'Big Lessons for a Healthy Future'**

<http://www.nature.com/nature/journal/v449/n7164/full/449791a.html>

Sir David King, the Government Chief Scientific Adviser and head of the Government Office for Science and Professor Sandy Thomas, Head of the Foresight programme.

Public Service Review

- **'Action on obesity'**

[http://www.publicservice.co.uk/article.asp?](http://www.publicservice.co.uk/article.asp?publication=Health&id=347&content_name=Healthy%20Eating%20including%20Catering&article=10083)

[publication=Health&id=347&content_name=Healthy%20Eating%20including%20Catering&article=10083](http://www.publicservice.co.uk/article.asp?publication=Health&id=347&content_name=Healthy%20Eating%20including%20Catering&article=10083)

Dr Susan Jebb

The Lancet

- **Obesity plans lack foresight – NB: only accessible via subscription to The Lancet**

<http://www.thelancet.com/journals/lancet/article/PIIS0140673607616456/fulltext>

- **Government Chief Scientific Adviser response to the Lancet article above :**

<http://www.thelancet.com/journals/lancet/article/PIIS0140673607617395/fulltext>

New Scientist

- **Modern life is making us fat**

<http://www.newscientist.com/article.ns?id=mg19626263.600>

Annex A

The Tackling Obesities: Future Choices Action Plan

Organisation	Actions
Central Government	<p>The Cross-Government Obesity Programme will incorporate the evidence and analysis from the Project as they develop and implement the Government's approach to tackling obesity. In particular they will:</p> <ul style="list-style-type: none"> • establish an expert advisory group and a delivery reference group; • ü use the Project's systems map to enhance the mapping of cross-government activity so as to inform the design and implementation of strategic interventions; and • ü develop and make use of the Project's model to inform future projections, milestones and monitoring. <p>In addition, the Department of Health, also leading for the Office for Strategic Coordination of Health Research (OSCHR), will bring together Chief Scientific Advisers across government to look at how to take forward a research agenda on obesity using the Foresight report as a starting point.</p>
Health England	<p>Health England will engage with the Project's findings as it develops its programme of work and drafts its report during 2007/08, and will look for opportunities to exploit the potential of the quantitative model.</p>
Office for National Statistics	<p>In the light of the quantitative modelling work developed for the Project, the Office for National Statistics will co-sponsor with Foresight the commissioning of further work to review existing health policy uses of microsimulation models in the UK and abroad, and to examine the potential contribution of micro-simulation models in the development of policy. The review will report in summer 2008.</p>
Local Government	<p>The Local Government Association (LGA) will publicise the Project's launch and findings via</p>

Association	its newsletter in October 2007, and Foresight will brief the LGA Community Well-being Board on the Project's findings in November 2007. The LGA, jointly with Foresight, will run a one-day conference in Spring 2008 on the issues for local government. The conference will provide an opportunity to explore how addressing obesity can align naturally with other priority agendas, and will also be an opportunity for authorities to share approaches that have been tried successfully locally.
Regional Public Health	<p>The Public Health Directorate of the East of England Strategic Health Authority has agreed to incorporate the findings from the Project into their work to develop a regional agenda to tackle childhood obesity. The Project findings will inform the follow up to the Region's Obesity Summit in October 2007 and will be applied to engage all stakeholders whether they work in health, local government, social services or schools. The focus will be local communities and families.</p> <p>The Regional Public Health Group in the South West will be briefed on the Project findings and Foresight will design and deliver a workshop to support the Group in using the findings to shape the design and implementation of local initiatives on physical activity and healthy eating.</p>
Royal College of Physicians	The Royal College of Physicians welcomes the Project's analysis of the issues surrounding obesity and will convene a working group, with invited membership from the Faculty of Public Health and the Royal College of Paediatrics and Child Health, to respond in detail to the findings, with a particular interest in the implications for implementation, and for professional training and development.
British Medical Association	The British Medical Association (BMA) welcomes the breadth of the analysis in the Report. The Report offers a new way of viewing the problem of overweight and obesity and will help medical practitioners see how their particular contribution can have most impact within a much wider cultural and environmental picture. The BMA will be holding a stakeholder meeting in November to discuss food labelling in relation to diet behaviour and healthier food choices; and the BMA Board of Science is planning a new policy report on early life nutrition and its effects on adult health, including predisposition to obesity.
National Heart Forum	The National Heart Forum will work with Foresight to incorporate the Project's findings

	into the obesity toolkit - <i>Lightening the load: tackling overweight and obesity</i> - aimed at providing guidance for local multi-agency teams to support them in developing and implementing their own strategies and action plans. The revised toolkit is to be completed by January 2008.
National Prevention Research Initiative	The Project's analysis of the implications for research will inform discussions among the organisations supporting the National Prevention Research Initiative which funds research into promoting healthy lifestyles and preventing chronic diseases.
National obesity Research Alliance	The National Obesity Research Alliance will take a briefing on the research issues that arise from the Project findings at its meeting in January 2008.
European Commission Network on Nutrition and Physical Activity	The Network will take a briefing on the Project findings and discuss the implications, early in 2008.
US Centre for Disease Control & Prevention	The US Centre for Disease Control & Prevention will engage with the Project findings and relevant UK policy networks via an information sharing visit hosted by Foresight in December 2007.
Business In Sport and Leisure and the CCPR	The Foresight Tackling Obesities Report is the subject of a keynote address by Dr Susan Jebb at the BISL Annual Conference and Exhibition on 20th November 2007. Business In Sport and Leisure and the CCPR will run a joint seminar for their members to examine the implications of the findings of the study.
Food and Drink Federation	The Food and Drink Federation will run a seminar with Foresight to brief members on the Project findings and to explore their implications for the food and drink industries. The seminar will take place early in 2008.
Tesco	Tesco Corporate Responsibility Committee will take briefing on the Project findings in spring 2008 with a view to informing the development of Tesco health and nutrition policy.
National School of Government	The National School of Government draws upon the work of the Foresight team in its learning and development work, particularly in the fields of strategic thinking and analysis Service. It will be running a number of events in the coming year focusing on the development of strategy in public health, using the Project as a case study.
The Open University	The Open University, in developing its new undergraduate course <i>Challenging Obesity</i> , which is

	aimed at health care workers, those who work in a profession allied to medicine, patients and others with a general interest in the subject, will make reference to aspects of the evidence base generated by this Project. The first presentation of the course will be in May 2008.
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