



PHE Advisory Board Paper

Title of meeting	PHE Advisory Board
Date	Monday 22 July 2013
Sponsor	Kevin Fenton
Presenter	Alison Tedstone
Title of paper	Early Programme Plans for Obesity

1. Purpose of the paper

- 1.1 To inform the Advisory Board of the status of this work and how PHE intends to develop its position as the national lead in helping local authorities deliver on tackling overweight and obesity.

2. Recommendation

- 2.1 The Advisory Board is asked to **NOTE** current cross-PHE working on obesity and to **COMMENT**, providing a steer on:
- the strategic approach;
 - the draft vision;
 - the proposed leadership approach; and
 - the barriers to extending activity.

3. Background

- 3.1 The term 'obesity' is used throughout this paper. However, issues relating to 'overweight' are also included.
- 3.2 The 2007 Foresight report 'Tackling Obesities: Future Choices'¹ set out an appropriate agenda for what needs to be done, based on an extensive assessment of the best available evidence. Foresight remains the definitive description of the broad environmental causes of obesity – both in articulating an ecological understanding of the causes, and in mapping the wide range of individual influences on behaviour at macro and micro levels. More recently, in 2011, the Government published its 'Healthy Lives, Healthy People: A call to action on obesity in England'.²
- 3.3 Obesity has a major impact on people's health and is a major cause of chronic disease leading to premature mortality. Obesity increases risk of type II diabetes (5.2 and 12.7 times), hypertension (2.6 and 4.2 times) and colorectal cancer (3 and 2.7 times) in men and women respectively.³

¹ <http://www.bis.gov.uk/assets/foresight/docs/obesity/17.pdf>

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/134840/dh_130487.pdf.pdf

³ <https://catalogue.ic.nhs.uk/publications/public-health/obesity/obes-phys-acti-diet-eng-2013/obes-phys-acti-diet-eng-2013-rep.pdf>

- 3.4 Two-thirds of English adults are obese or overweight.³ In 2011/12, 22.6% of children in Reception year were overweight or obese, and this figure rose to 33.9% in Year 6.⁴
- 3.5 Tackling obesity is complex and requires action across individual and societal levels involving multiple sectors.⁵ There is a broad consensus that obesity is the result of a very large number of factors, activities and determinants and that similarly there are no single ‘silver bullet’ solutions. Multiple policies and actions are required, operating across a range of causal factors, and at various system levels.
- 3.6 PHE has a unique opportunity to support local partners in improving and protecting health and wellbeing and tackling health inequalities. The latter are of major concern: child obesity prevalence in the most deprived tenth of local areas is almost double that in the least deprived tenth, and socioeconomic inequalities are widening. Adult obesity prevalence has shown no significant change since 2008 for men or women, at around 25%.⁶ We need to accept that significant progress is unlikely without a step change and a move away from the status quo. We need to learn from both successful and ineffective practice and do more to help local authorities close the gaps in health equity. This is ambitious, and is necessarily a long-term process. Strong leadership is essential in accelerating this. PHE is well placed to take a firm leadership role in securing partners’ commitment and participation, working with local councils and others to help them deliver effective programmes to tackle obesity.
- 3.7 The Department of Health is working towards reducing obesity. By 2020, the Department is aiming for a:
- a) Sustained downward trend in the level of excess weight in children; and
 - b) Downward trend in the level of excess weight averaged across all adults.
- 3.8 To achieve this ambition Departmental activity is being delivered by, for example, the Public Health Responsibility Deal, which includes pledges on diet (including calorie reduction) and physical activity.
- 3.9 The Public Health Outcomes Framework (PHOF) sets out an overarching vision to improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest. It focuses on two high-level outcomes:
- a) Increased healthy life expectancy
 - b) Reduced differences in life expectancy and healthy life expectancy between communities.
- 3.10 A range of indicators that will affect these outcomes has been identified:
- a) Indicator 2.6 – excess weight in 4-5 and 10-11 year olds;
 - b) Indicator 2.12 – excess weight in adults;
 - c) Indicator 2.13 – proportion of physically active and inactive adults; and
 - d) Indicator 2.11 – fruit and vegetable consumption (under development).

⁴ <https://catalogue.ic.nhs.uk/publications/public-health/obesity/nati-chil-meas-prog-eng-2011-2012/nati-chil-meas-prog-eng-2011-2012-rep.pdf>

⁵ <http://www.bis.gov.uk/assets/foresight/docs/obesity/17.pdf>

⁶ <http://www.noo.org.uk/gsf.php5?f=14605> – Based on Health Survey for England data - <http://www.ic.nhs.uk/catalogue/PUB09302>

3.11 Other PHOF indicators focusing on breastfeeding, child development, well being and utilisation of green space for exercise/health are also relevant. There is the potential for activity which tackles obesity to have a positive impact on other indicators, such as Indicator 2.17 – recorded diabetes.

4 **Strategic opportunities**

4.1 Developing this early programme on obesity will directly feed into PHE Priorities for 2013/14 and in particular strategic activity to give children and young people the best start in life (Corporate programme 4) and support work to reduce preventable deaths across the wider population (Corporate programme 1). Tackling obesity and particularly child obesity is a shared priority with the Department of Health and regular meetings are in place to brief Health Ministers on PHE activity.

4.2 The priority is for PHE to tackle obesity early in the life course preventing the poor health outcomes associated with obesity in children. It will also help tackle the longer-term impact in later life, which will help to achieve a reduction in preventable deaths from heart disease, some cancers and a reduction in the burden of diseases such as diabetes.

4.3 The Children, Young People and Families Team are taking the strategic lead for addressing obesity and overweight in children and young people. A priority for the team is to work in collaboration with the Local Government Association (LGA), Local Authorities and partners to develop a be-spoke 'peer challenge' protocol for tackling child obesity. This will dovetail with the LGA's work on sector led improvement and will focus on Local Authorities that identify child obesity as an issue and where they would value more support. Any resource developed will take learning from existing and previous peer challenge models; and will aim to provide the LA with support and insight specific to developing/enhancing actions around child obesity.

4.4 The Obesity Programme is a cross-PHE undertaking and the requisite governance structure is being developed (Appendix 1). The PHE Obesity Project Team will develop the PHE Obesity Network, which will provide a platform to engage across the health and care system and will support activity on obesity. The PHE Obesity Project Team (Appendix 2 for Membership) is accountable to the Obesity Priority Programme Board, which is under development and Kevin Fenton will Chair. The Programme Board will provide the strategic steer to PHE's obesity programme and will feed into the corporate governance through the Children and Young People's Corporate Programme Board.

4.5 PHE will support local authorities to tackle overweight and obesity through a cross-PHE approach delivered and coordinated by the Diet and Obesity team. Activity extends across all aspects of PHE work and the PHE Obesity Project Team's role is to ensure broader impact and connectivity is addressed by, for example:

- a) Alignment with the government's strategy on obesity. This includes, for example, implementing and scaling up effective interventions and identifying areas for disinvestment where effectiveness and cost-effectiveness are poor;
- b) Close collaboration with the Department of Health policy team to ensure effective use of public resources, and synergy with national and sub-national policy approaches;
- c) Working with a broad coalition of partners (private, public and voluntary)

- nationally and locally to address this complex problem;
- d) Working nationally to encourage positive behaviour change through for example the Change4Life campaign;
- e) Developing a strategic approach across the life course;
- f) Acting as a source of expert scientific advice on obesity, diet and nutrition, physical activity, weight management and behaviour change; and
- g) Developing best practice guidance and support for local planners and public health professionals on how to address health and health inequalities, including obesity issues in local planning and design.

4.6 PHE's established teams and programmes in this area include: Change4Life, National Child Measurement Programme, and Obesity Knowledge and Intelligence (formerly the National Obesity Observatory). We have provided further information on aspects of work relating to obesity that PHE is already engaged in (Appendix 3).

4.7 The PHE Obesity Project Team will maintain oversight across activity and develop a strategic work plan building on existing achievements, addressing barriers to future activity and with a focus on the social determinants of obesity. The Project Team identified the barriers, in Appendix 4, and has themed the issues under evidence; system change and pathways; and processes and resources. It is likely that these are not exhaustive and the PHE Obesity Project Team proposes that a priority task is to further investigate and develop options to tackle and monitor the barriers.

The Advisory Board is asked to comment on the barriers to extending activity (Appendix 4) and also to comment on the suggestion that developing options to tackle these barriers is a priority.

4.8 Partnership working is key to delivering PHE's vision on obesity, and a wider PHE Obesity Network to feed into the PHE Obesity Project Team will be established to inform, communicate, and support the developing action plan.

4.9 The evidence base on effective action to tackle obesity remains thin, and skewed towards individual level downstream approaches (trying to manage the consequences of obesity rather than more upstream approaches, which attempt to solve the real problems underpinning obesity). We will work with the National Institute for Health Research (NIHR) and other research funding bodies to identify both urgent and longer term research priorities to build the evidence base. This will include the routine evaluation of any untested interventions, and the establishment of routine data collection to support ongoing evaluation. Much of the existing evidence base on obesity fails to take adequate account of the complex nature of the obesity system. We will work with funders to rebalance research approaches and methods to account for the complex nature of the obesity system and to maximise the value of any funding.

The Advisory Board is asked to comment on and agree the proposed strategic approach.

5. Leadership

5.1 No country in the world has yet successfully reversed the obesity epidemic. We propose that PHE establishes itself as the respected 'national' lead for supporting local authorities and partners in tackling obesity and leads the way in supporting

the substantive changes needed to re-engineer the obesogenic environment, and beginning to change social and cultural norms. It is clear that Executive support will be required as the PHE Obesity Project Team proactively seeks dialogue with its close partners on leadership in this area. This is important so that we can dovetail and communicate our approach to support local organisations delivering obesity programmes.

- 5.2 If we are to tackle obesity, such leadership needs to be resolute, resilient and sustained even if this involves challenging conflicts with existing priorities and perspectives. We will listen carefully and respond to all relevant views (local government, NGOs, industry, central government departments and importantly the public). However, we will also robustly defend the need for strong public health action where appropriate. We will actively seek challenge alongside opportunities to promote good practice through broad engagement; explore all appropriate avenues and collaborations to tackling obesity; and lead by example.
- 5.3 The PHE Obesity Project Team will identify and develop PHE's unique role and equip others to deliver through continuously looking to innovate, improve quality and challenge the conventional wisdom.

The Advisory Board is asked to agree the proposed leadership approach.

6. PHE Draft Vision

- 6.1 Our vision is that central and local government, NHS, communities, businesses and the third sector will work together, with a shared ambition and long-term commitment to tackling obesity. Our actions will focus on lasting societal and environmental changes that enable people to maintain a healthy weight; while informing and empowering people to make healthy choices. Our actions will be carefully planned to make sure that those most likely to be overweight are supported the most, focusing on reducing the health inequalities gap between the most and least deprived – the Marmot approach of 'proportionate universalism'. In addition, our actions will be sustainable, so that over the coming years we continue to support the creation and maintenance of healthy places to live.
- 6.2 Achieving this vision builds upon the conclusions of the Foresight report¹, and addresses the social determinants of health, as supported by the Marmot review⁷. We will actively seek stakeholder's views and insights to develop the vision further and going forward retain an open mind, and continue to drive for innovation and improvement.

The Advisory Board is asked to comment on the draft vision.

7. Next Steps

- 7.1 Following a steer from the National Executive and the Advisory Board on leadership and strategic opportunities, the PHE Obesity Project Team will develop an outline strategic work plan and programme risk register and will present to the Obesity Priority Programme Board (see paragraph 7.3) within the next 4 months.
- 7.2 We plan to hold national workshops to get this process moving, including:

⁷ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report>

- a) Two national engagement events to scope the focus of the Obesity programme. Given that programme delivery by PHE should effectively support the local system we will identify stakeholders, working with the PHE regions and centres, and directly engage with Directors of Public Health (DsPH), DPH networks, local and national government, voluntary sector and those involved in service delivery including community practitioners and commissioners. The events will take a system approach to defining the programmes role, scope and initial priorities.
- b) A satellite workshop, prior to the PHE Annual Conference, for wider stakeholders as detailed above, to discuss PHE's draft vision on obesity and proposed strategic approach.

7.3 The successful delivery of the work programme will have resource and staffing implications. The next step will be to establish these implications and identify the budget, staffing and structures required.

Alison Tedstone

Director (Interim) of Diet and Obesity
June 2013

Appendix titles

Appendix 1 – Governance schematic for Obesity

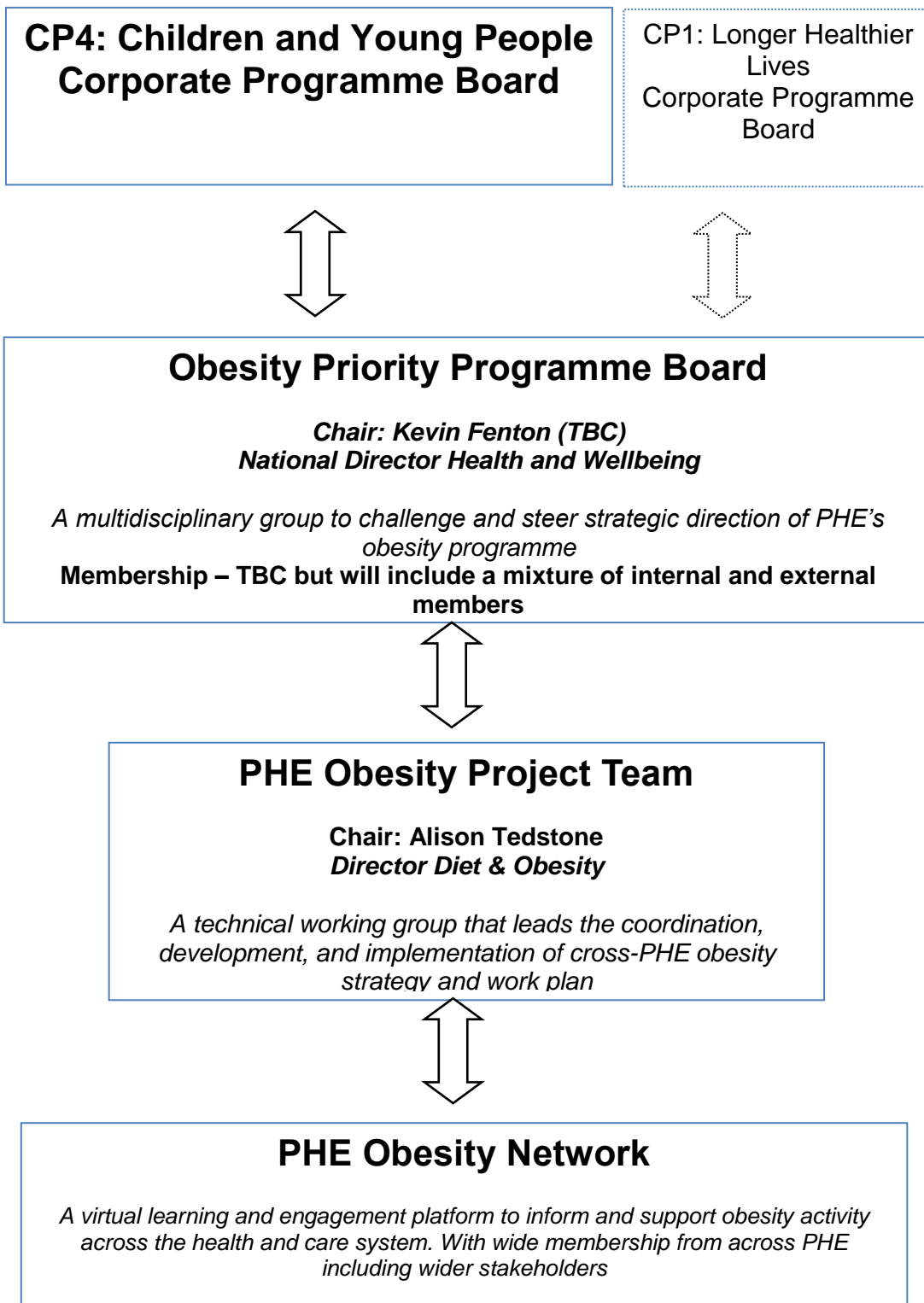
Appendix 2 – Membership of PHE Obesity Project Team and Governance Structure with the Health and Wellbeing Directorate

Appendix 3 – PHE Obesity Project Team: Overview of the member team's functions and current activity

Appendix 4 – Barriers to extending activity

Appendix 1

Governance schematic for Obesity



Appendix 2

Membership of the PHE Obesity Project Team

Claire Laurent, Health Equity and Impact

Pamela Naylor, Children, Young People and Families

Justin Varney, Adults and Older People

Harry Rutter, Nick Cavil, Di Swanston, Shireen Mathrani, Obesity, Knowledge and Intelligence

Alexia Clifford, Alison Hardy, Social Marketing/Change4Life

Mark Browne, Karen Saunders, Mark Patterson, David Elliot, Alison Patey, PHE Centres

Alison Tedstone, Louis Levy, Jamie Blackshaw, Sam Montel, Diet and Obesity

And other interests will be invited to join the project team as necessary.

Appendix 3 – PHE Obesity Project Team – Overview of the member team’s functions and Current Activity

Team	Overview
Adults and older people	<ul style="list-style-type: none"> Physical activity for adults and older people is a cross cutting agenda for Health and Wellbeing; its importance for both primary and secondary prevention for physical and mental health and disease progression and recurrence, as well as having an important role in rehabilitation and the obesity agenda, and wider co-benefits in terms of sustainability and wellbeing.
Children, Young People and Families	<ul style="list-style-type: none"> Contribute to the PHE national programme on obesity by providing leadership on action to tackle child obesity. Promote healthy weight across each stage of the children, young people and family life course -through pregnancy, the early years, school-age and into young adulthood. Focus on improving the health of children in more challenging families and communities. Consult directly with children and their families and carers in shaping our work.
Communications /Social Marketing	<ul style="list-style-type: none"> Change4Life social marketing programme aimed at tackling obesity and encouraging everyone to eat well, move more and live longer.
Diet and Obesity	<ul style="list-style-type: none"> Lead development of PHE’s Obesity strategy supporting local and national Government. Maintain and deliver the dietary survey programme aligning to government evidence and monitoring needs. Secure and disseminate high quality diet and nutrition advice via the Scientific Advisory Committee on Nutrition. Lead advice on delivering consistent, evidence-based delivery of local, regional and national diet and nutrition initiatives to move the population towards a healthier diet.
Health Equity & Impact	<ul style="list-style-type: none"> Support the implementation of the Marmot Review thus working towards addressing inequalities in health across the life course. Develop a programme of work on healthy sustainable communities and obesity. Investigate how to tackle obesity and inequalities through active design, spatial planning and public health. Develop a shared approach, with Local Authorities, to tackle the issue of an obesogenic environment and support colleagues with training and information will be a part of the healthy sustainable work programme. Disseminate policy briefings on obesity and the environment widely to colleagues in public health and planning.
Obesity Knowledge & Intelligence	<ul style="list-style-type: none"> Provide the single point of contact for wide-ranging authoritative information on data, evaluation, evidence and research related to weight status, physical activity, diet, and other determinants. Work closely with a wide range of organisations and provide support to practitioners and policy makers working to tackle obesity and related issues.

PHE Obesity Project Team – Overview of current activity

Lead team	Evidence Base (Build)	Evidence Base (advice)	Good Practice toolkits/projects	Communication	Cross cutting
Adults and Older People	Extend the Let's Get Moving Pilot in Newham and Birmingham to a rural site – Dependent on funding.	Promote uptake of DH develop briefings to support local government on physical activity.	Commission e-learning modules for clinicians focused on physical activity and impact on the top four causes of premature mortality – dependent on funding. Support engagement with Physical Activity Public Health Responsibility Deal through corporate Health and Work programme.	Develop virtual network to support regional physical activity networks – dependent on communication and funding.	Leadership Proactive, challenging and open dialogue to ensure joined up activity. Workforce development Develop obesity activity to dovetail with PHE's workforce strategy.
Children, Young People and Families	National Child Measurement Programme We will support local authorities in their new duty to deliver the National Child Measurement Programme.	Evidence based reviews With the Obesity Knowledge and Intelligence team produce and disseminate a series of reviews during 2013/14 to support effective, evidence based practice and encourage practitioners to evaluate their work.	Support for localities We will work with/through PHE's Centres to provide guidance and support for local authorities, HWB's and others in identifying and delivering effective practice. Peer Review Process Investigate the potential to develop a peer review process with the LGA and other key stakeholders	Social marketing and Change4 life We will work with C4L colleagues to promote key messages to parents, carers and children promoting a healthy weight through healthy eating and active lifestyles. Sub national events We will host a number of sub national events to encourage shared learning.	Capacity building Respond to & develop collective approaches to enhance local delivery. Advocacy and networking with the Centres
Comms /Social Marketing	Programme based on ethnographic research, consumer insight, creative development research prior to each campaign and qualitative analysis of results for each campaign.	Consumer insights shared with strategic partners such as Local Authorities.	A range of guidance and materials is available including: brand guidelines, retail guidance, local supporter toolkits, regular newsletters and best practice case studies.	Summer 2013 - Get Going This Summer with Change4Life August 2013 – Campaign launch: Smart Restart back to school Oct / Nov 2013 Start4life Jan 2014 Changing one thing, healthy swap behaviour targeting families	Develop pragmatic opportunities to harness Centres contribution on obesity and maximise development of national/local advocacy.

Lead team	Evidence Base (Build)	Evidence Base (advice)	Good Practice toolkits/projects	Communication	Cross cutting
Diet and Obesity	<p>Dietary surveillance through the National Diet and Nutrition Survey</p> <p>Systematic appraisal of nutrition science issues with the Scientific Advisory Committee on Nutrition</p>	<p>Strategic lead on Obesity and Weight Management advice to local areas</p> <p>Lead on Nutrition advice across PHE, Government including Government Buying Standards; school food; and curriculum development</p>	<p>Provide guidance and support to policy makers and local practitioners</p> <p>Re-develop the 'Healthier More Sustainable' Toolkits – adults and older people in care homes</p>	<p>Lead on diet and nutrition advice to Change4Life, NHS Choices and local Government to support the consistency of healthy eating messages across the life stages</p>	<p>Leadership</p> <p>Proactive, challenging and open dialogue to ensure joined up activity.</p> <p>Workforce development</p> <p>Develop obesity activity to dovetail with PHE's workforce strategy.</p>
Health Equity & Impact			<p>Policy briefings (Regulating the growth of fast food outlets, especially near schools and where children congregate, and Increasing physical activity and active travel: making healthy choices easier) for use by a range of audiences.</p>	<p>Training days, events and online provision of information and training are also planned.</p>	<p>Capacity building</p> <p>Respond to & develop collective approaches to enhance local delivery.</p>
Obesity Knowledge & Intelligence	<p>Analyse, signpost and report on obesity, physical activity, nutrition and related surveillance data (highlight patterns and trends in weight status, describe key data sources, advise on national surveillance).</p>	<p>Produce evidence and data briefings (data summary factsheets, international comparisons, briefings on obesity in relation to ethnicity, mental health, disabilities, bariatric surgery).</p> <p>Describe and map data on weight status and associated indicators (data on progress towards national targets - at ward, local authority and national level).</p>	<p>Develop guidance and tools to support the evaluation of obesity, dietary and physical activity interventions (guidance and training to support practitioners to evaluate local interventions).</p> <p>Provide guidance and support to policy makers and practitioners working to tackle obesity (obesity guidance for local authorities, advice on local level data analysis, evidence reviews, tool to evaluate cost effectiveness of local interventions)</p>	<p>Communicate relevant developments and information on obesity and its determinants (website, weekly summary of key reports and research, email bulletins, social media, stakeholder enquiry service).</p>	<p>Advocacy and networking with the Centres</p> <p>Develop pragmatic opportunities to harness Centres contribution on obesity and maximise development of national/local advocacy.</p>

Appendix 4

Barriers to extending activity

The PHE Obesity Project Team has identified several potential barriers to delivering effective activity around obesity. Through the programme strategy, we will work these into opportunities and broaden our work with local, regional and national stakeholders to understand the most effective approaches to tackling obesity and putting them into practice at an appropriate scale, while equipping the broad public health workforce and others to achieve this.

Evidence

The overall evidence base on how to tackle obesity is limited, and what evidence there is on effective approaches is skewed towards short 'visible' interventions at an individual and consumer level. Our task is to empower local authorities to develop and evaluate interventions, which deliver sustainable and scalable platforms. We believe that there is a strong theoretical case to be made for a much stronger set of underpinning population-level activities, which complement individual interventions yet shift the emphasis away from the focus on individual-level decision making. Our task is to scope out and develop a strategy towards these long-term population level approaches, which balances resource and explores how to shift the political, media and public view.

System change and pathways

Following the transition within the public health and wider health system there has been a loss or transformation of both individual and organisational expertise. This is epitomised through the move from primary care trusts to local authorities. PHE centres are establishing interim arrangements that will help to improve local intelligence. However, capacity at centre level will take time to develop and the programme will need to take account of any issues and manage risk appropriately.

To some extent, we are all working through a dynamic phase of settling into respective new bodies/teams at national and local level with horizontal and vertical communication structures still developing. The programme strategy needs to flex to meet these challenges; develop proactive approaches regarding communication; and build a broad and resilient network (across the whole system) of collaborators/advocates to inform of gaps and opportunities that arise.

Processes and resources

The new system also requires us, as individuals and teams, to think differently to before and apply our skills to new ways of working. The PHE Obesity Project Team will provide a supportive environment to innovate, challenge and develop the Obesity programme together. Effort to develop our capabilities and learn together may take some time and yet the effort we put in will in turn benefit our collaborative interactions.

The programme needs to manage appropriate staff and financial resource to plan, maintain, monitor and deliver the programme as it evolves. These aspects will underpin the programme and help contribute towards mitigating and tackling some of the barriers highlighted in this section. Particularly important is developing a broad understanding of the resourcing across PHE – national and centres to provide a balanced and optimised strategy that is complementary and is able to respond to meet the demands at a national and centre level basis.