



Department
of Health

Government response to
the House of Commons Health
Select Committee report on
the Impact of physical activity and
diet on health, Sixth Report
of Session 2014-15

Cm 9100



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Presented to Parliament
by the Secretary of State for Health
by Command of Her Majesty

July 2015

Cm 9100



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Health Select Committee – Impact of physical activity and diet on health

INTRODUCTION

On 25 March 2015, the House of Commons Health Select Committee published its report on the *Impact of physical activity and diet on health*¹ (HC 845). The report followed an Inquiry by the Health Select Committee which took evidence from key stakeholders and experts including the Parliamentary Under-Secretary of State for Health, Jane Ellison; Professor Kevin Fenton, National Director of Health and Wellbeing, and Dr Alison Tedstone, National Lead of Diet and Obesity, at Public Health England (PHE). Written evidence was gathered from organisations including the British Heart Foundation, Diabetes UK, Food and Drink Federation, Local Government Association, National Institute for Health and Care Excellence (NICE) and NHS England.

This paper sets out the Government's response to the conclusions and recommendations in the Health Select Committee's report.

OVERVIEW

We know that about a third of men and half of women do not get enough exercise, almost two thirds of adults are overweight or obese and that the average diet is not in line with UK recommendations. These patterns are influenced by, and in turn reinforce, deep

health inequalities which can cascade down the generations. Physical activity has been in decline since the 1960s; we are over 20% less active now and predicted to be 35% less active by 2030. Internationally, obesity prevalence is increasing rapidly and affects both more economically developed countries and less economically developed countries. Its causes are complex and no country has managed to solve the problem.

The Government welcomes the Committee's report and its focus on the impact of physical activity and diet on health. Compelling evidence has shown that healthy diets, active lifestyles and a healthier weight can help the prevention and management of over 20 chronic conditions including type-2 diabetes, heart disease and some cancers. These conditions incur a huge cost to the health and wellbeing of the individual, the NHS and the wider economy.

The Government agrees with the Committee's emphasis on working together to identify opportunities to tackle obesity, improve people's diets and increase physical activity, creating appropriate and supportive environments and ensuring health and care professionals also play their part. It is important to recognise that physical activity brings health benefits including stronger muscles and bones, improved cardio-metabolic health and enhanced psychological wellbeing, and can help prevent weight gain. However, for those who are overweight and obese, eating and drinking less is key to weight loss. In addition, the Government

¹ www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/845/845.pdf

recognises that more needs to be done to support children and adults to sustain healthier weights over time.

The Government recognises the seriousness of these issues and the need to increase levels of physical activity, improve diet and reduce obesity as key public health priorities. It will take several years for the impact of any actions to be seen in population level Body Mass Index (BMI) statistics, and several decades for these changes to filter through into reductions in prevalence of obesity-related illnesses. The Government also recognises that action to support behaviour change in children, adults and families is required.

This year, the Government will create a national strategy to combat the nation's levels of childhood overweight and obesity which will aim to improve health outcomes and contribute towards reducing pressure on the NHS, especially hospitals.

CONCLUSIONS AND RECOMMENDATIONS

Physical activity – a priority in its own right

1. For too long, physical activity has been seen merely in the light of its benefits in tackling obesity. However, there is compelling evidence that physical activity in its own right has huge health benefits totally independent of a person's weight – in fact research recently published suggested that increasing physical activity levels could have greater impact on reducing mortality than reducing weight. The Chief Medical Officer's guidelines recommend levels of activity which will help people derive the greatest health benefits; but even small increases in activity levels can have a dramatic positive impact on health. (Paragraph 25)

2. Diet, obesity, and physical activity all have important impacts on health. However, it is vital that the importance of physical activity for all the population – regardless of their weight, age, gender, health, or other factors – is clearly articulated and understood. We recommend that the Government, Public Health England and health professionals, in particular GPs, to take urgent action to communicate this crucial message to the public. (Paragraph 26)

- The Government agrees that it is important to make the public aware of the benefits of physical activity. In February 2014, the previous Government published *Moving More Living More*² (MMLM), outlining a cross-Government campaign to deliver a physical activity legacy from the 2012 Olympic and Paralympic Games. MMLM has been used as a platform through which Government can reach as many people as possible and bring together a number of different players to help Government promote the importance of the physical activity agenda including local authorities, the leisure and fitness industry, community groups, employers, sports governing bodies.
- Building on MMLM, PHE worked with over 1,000 local and national leaders to co-produce the national physical activity framework, *Everybody Active Every Day*,³ launched in October 2014. Over 1,300 people attended two rounds of regional MMLM events across five cities to shape

2 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf

3 www.gov.uk/government/uploads/system/uploads/attachment_data/file/353384/Everybody_Active_Every_Day_evidence_based_approach_CONSULTATION_VERSION.pdf

and plan local implementation of the framework.

- The Government also believes that health and care professionals have a key role to play in emphasising the importance of being active. This is why we have been working with experts to translate the four Chief Medical Officers' (CMOs') guidelines on physical activity into easy messages for health professionals to use with their patients. As a result of this work, infographics will be introduced in due course for health professionals to use if they discuss physical activity with their patients. This will make it easier to discuss physical activity and make specific recommendations to patients. We are complementing this work with training for health professionals - around 1,500 doctors and 400 nurses have now completed at least one of the physical activity and health e-learning modules PHE published in November 2014, with over 9,000 modules completed.
- The Government continues to invest in Change4Life, PHE's flagship social marketing programme inspiring families to eat well and move more, to improve diets and physical activity and support obesity prevention amongst children. Building on the success of a similar campaign in 2014, PHE is launching the Change4Life 10 Minute Shake Up with Disney aimed to encourage children to be more active in July 2015. PHE will also be launching a new adult health brand called 'One You' in January 2016 that will engage and support adults in mid-life to make changes to improve their own health e.g. moving more, stopping smoking, drinking less, eating well, checking ourselves, being less stressed and sleeping better.

Individual and population level interventions

3. It is clear from the evidence we have heard that interventions focused on encouraging individuals to change their behaviour with regard to diet and physical activity need to be underpinned by broader, population-level interventions. Individual interventions include provision of information about the health benefits of exercise, workplace incentives, or referral to a lifestyle weight management scheme. Broader measures include pricing and availability of unhealthy foods, and redesigning environments to promote physical activity, which aim to make the healthy choice the default choice. Population-level interventions have the advantage of impacting on far greater numbers than could ever benefit from individual interventions, and may also be more effective at tackling health inequalities than individual interventions. (Paragraph 32)

- The Government agrees that there are benefits in both individual and population level interventions. For physical activity, this has meant multi-million pound investments through programmes such as the Primary PE and Sports Premium, Change4Life School Clubs, and Schools Games to encourage as many children and young people as possible to become more active. For diet, this has included the publication of *Healthier and more sustainable catering*⁴ guidance and tools by PHE to help all food service commissioners, procurers of food and drink and caterers choose, cook and serve healthier more sustainable food and

4 www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-food-to-adults

- drink successfully across a wide range of settings.
- We also recognise the benefits of reaching as many people as possible and providing the tools and information they need to enable them to sustain these changes. This is why the Government has been investing in creating the right infrastructure to facilitate active travel and help people to integrate walking and cycling into their everyday life. For example through the Roads Investment Strategy, between 2015 and 2021 £100 million will be made available to improve the conditions for cyclists and walkers travelling alongside and crossing the Strategic Road network. Since 2010, £29.5 million has been invested in the provision of cycle parking spaces at stations across England which has tripled the number of spaces available. This investment has contributed to an increase in cycle journeys to stations from 14 million to 25 million in 2010 and to an all-time high of 39 million cycle-rail journeys per annum in 2012/13.
 - The Government will work with local authorities to investigate and deliver a programme to support local authorities implement whole system approaches to tackling obesity.
 - Individual interventions such as weight management programmes may have a greater impact when scaled up to reach a wider proportion of people through workplace schemes. Key to this is learning from the NHS England and PHE NHS based weight management pilot programme for staff in Imperial Health Care Trust.
 - Businesses have also been playing a key role in promoting physical activity by supporting and promoting active travel opportunities, promoting the CMOs' guidelines⁵ and physical activity in the wider community. A large number of companies provide on-site cycle parking and showering and changing facilities as well as offering further incentive programmes to make it easier for people to cycle to and from work.
 - As part of its work to gather evidence on successful interventions to reduce sugar consumption, PHE commissioned two mixed methods reviews. One on the effect of marketing strategies targeted at high sugar food and non-alcoholic drink and one on the effect of fiscal measures. PHE also commissioned analysis of household food purchase data to assess the effect of promotions on food purchases. The reviews are currently being finalised.
 - PHE has developed the guidance *Obesity and the environment: regulating the growth of fast food*⁶ outlets for use on a voluntary basis by Local Authorities where it can support their objectives.

5 www.gov.uk/government/publications/uk-physical-activity-guidelines

6 www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf

NICE guidance on what works

4. NICE has produced a comprehensive raft of guidance on cost-effective interventions that can be introduced, either by the NHS or by local government, to improve diet and physical activity. These have included interventions on an individual level – changing individual behaviour, and weight management, and also more ‘upstream’ environmental interventions, such as changes to the local environment that may improve access to healthier foods or encourage active modes of transport such as walking and cycling. (Paragraph 35)

5. While we welcome NICE’s guidance, it is disappointing that there has to date been little assessment of how far these guidelines are being implemented. We have heard that NICE’s forthcoming Quality Standards will produce a clear framework against which progress towards implementing NICE guidance can be measured. We recommend that the next Government shows its commitment to improvements in this area by auditing progress against Quality Standards in the areas of diet and physical activity across the country to allow benchmarking and drive progress. (Paragraph 36)

- NICE published its quality standard on *Physical activity: Encouraging activity in all people in contact with the NHS*⁷ in March 2015 which covers encouraging physical activity in people of all ages who are in contact with the NHS, including staff, patients and carers. Alongside the actual quality standards, NICE published a number of supporting tools which help with implementation of this guidance. They include ‘Quick reference

⁷ www.nice.org.uk/guidance/qs84/resources/guidance-physical-activity-encouraging-activity-in-all-people-in-contact-with-the-nhs-pdf

physical activity pathways’, ‘Support for commissioning’, ‘Into practice guide’ and ‘Using NICE guidance and quality standards to improve practice’.

- NICE will be publishing a quality standard on ‘Obesity – prevention and lifestyle weight management in children’ in July 2015, one on ‘Obesity – adults and Children’ in May 2016 and a further quality standard on ‘Obesity – prevention and management in adults’ (no confirmed date of publication). All of these pieces of guidance will be accompanied by NICE supporting tools to help with implementation.
- The Government, through PHE, will continue to support NICE with the implementation of its guidance into local practice. This includes adding value to the guidance and existing evidence through translation and dissemination into practitioner tools, such as the Men’s Health Forum practitioners *How to make weight-loss services work for men*⁸ guide.

Local authorities – key to improving public health

6. There is a danger that the current financial pressures on local authorities will lead them to deprioritise all but the mandated public health services to the detriment of prevention and health improvement. We recommend the next Government prioritises prevention, health promotion and early intervention and provides the resources to ensure it happens. (Paragraph 43)

- The Government recognises the need to provide support to enable local decisions based on local health priorities. Since 2013 local authorities in England have had a statutory duty to take appropriate steps

⁸ www.menshealthforum.org.uk/sites/default/files/pdf/how_to_weight_final_lr_1.pdf

to improve the health of their populations. The local authority funding allocation is provided for commissioning public health services based on locally agreed priorities. The public health funding allocation is ring fenced for 2015/16 ensuring that the entire grant is spent on public health services. The decision on how much of this is spent on which prevention, health promotion and early intervention rest solely with individual local authority in accordance with local population needs and priorities.

- The planning system can play a key role in improving public health. The National Planning Policy Framework is clear that the purpose of the planning system is to contribute to the achievement of sustainable development, which includes the health, social and cultural well-being of local communities.
- The Government will continue to translate population based health evidence and local practice into formats and tools suitable for local authorities to take into account when preparing their Local Plans and taking planning decisions.
- The Government's Delivering Differently in Neighbourhoods programme is providing 24 local authorities with grants of up to £90,000 and expertise to redesign services to deliver at neighbourhood level, with the involvement of local people and organisations. Through this programme we are supporting Buckinghamshire County Council to develop a community-led physical activity project. The project will build on the Active Bucks programme to explore innovative approaches to engaging communities and enabling sustainable changes in behaviours, specifically focussing on increasing physical activity participation in neighbourhoods with the highest health needs.
- The Government is funding neighbourhood led service transformation programmes through the Our Place programme, many of which are tackling obesity and health inequalities through the provision of healthy eating and exercise programmes. For example, Community Teachsport in Lewisham have developed the 'Healthy Living and Employment for All' project which is a resident-led initiative that will deliver a range of services, such as junior football and cricket, holiday multi-sport activities, weight management sessions and healthy eating programmes run from the community café and garden alongside unemployment and leadership training programmes for unemployed people.
- NHS England, PHE and Diabetes UK will take action so we become the first country to implement at scale an evidence-based national Diabetes Prevention Programme (DPP), based on proven UK and international models, and linked where appropriate to the NHS Health Check programme. Seven demonstrator sites have been selected to work in partnership with the programme. During 2015/16 the new DPP will be up and running and available to 10,000 people at high risk of developing type 2 diabetes and by March 2016 a comprehensive plan will be developed for the roll-out of the DPP in 2016/17. A national Prevention Board, chaired by PHE and bringing together NHS, local government and other stakeholders will oversee delivery of these commitments.

7. We also heard that local authorities need more powers to limit the proliferation of outlets serving unhealthy foods in some areas; Public Health England told us that they too had concerns about this. We recommend that the next Government works closely with the Association of Directors of Public Health and the Local Government Association to ensure local authorities have the planning powers they need for the control of food and drink outlets and for the preservation of open spaces for physical activity for public health purposes. (Paragraph 44)

- Housing, movement, neighbourhood spaces, air quality, access to jobs, transport and the development of a local economy are all factors crucial to the public's health and all determined by the planning system.
- Government planning guidance sets out further advice on how the planning system can contribute to promote healthy communities and support appropriate health infrastructure. In addition PHE is also considering what support it can provide local authorities in terms of ensuring existing food outlets provide healthier food options.
- Local Authorities can use their Local Plans to shape where retail development should go, ensure the right balance of use classes, and prevent any negative cumulative impact of multiple premises in the same vicinity. The Licensing Act regime also regulates the late night operation of hot food takeaways, in as far as it relates to the four specific licensing objectives (including the prevention of public nuisance).

Workplaces

8. One commentator told us that in her view, it is “at best anomalous and at worst negligent” that NHS properties continue to serve foods high in sugar, fat and salt, with some hospitals even having fast-food outlets on their premises. The NHS should lead by example and manage its estate in a way that stops promoting the over-consumption of energy dense nutritionally poor food. (Paragraph 53)

- NHS England has been working with the Department of Health to strengthen requirements for NHS providers to observe healthy food standards. The National Standard Contract for 2015-16 requires NHS providers to develop and maintain a food and drink strategy in line with the *Hospital Food Standards Report*⁹, and to have regard to, and where mandatory comply with, *Food Standards Guidance*¹⁰. This guidance covers good basic nutrition and hydration, screening for and treating malnutrition, Government buying standards for food and catering, and nutrition principles for healthier and more sustainable staff and visitor catering produced by PHE.
- The Department of Health issued guidance on *The efficient management of healthcare estates and facilities*¹¹ in November 2014 (update March 2015). This encourages trusts to work with retailers and vending machine operators to increase the range and visibility of healthy food options for customers and reduce the availability of more unhealthy options.

9 <https://www.gov.uk/government/publications/establishing-food-standards-for-nhs-hospitals>

10 www.gov.uk/government/publications/establishing-food-standards-for-nhs-hospitals

11 www.gov.uk/government/publications/the-efficient-management-of-healthcare-estates-and-facilities-health-building-note-00-08

9. Beyond the NHS, workplaces are where working age people spend the majority of their time and as such can represent a powerful resource for health promotion. We urge the next Government to work with NICE and Public Health England to find the best options for achieving this in a range of workplaces, including the use of financial and other incentives. (Paragraph 54)

- As the report highlights, most people of working-age spend more waking hours at work than anywhere else. Work is also where most people are most alert and engaged. PHE works with local authorities to support employers of all sizes and sectors to adopt the Workplace Wellbeing Charter. It provides a systematic evidence-based approach to workplace health improvement, with organisations accredited across eight key areas, including physical activity and healthy eating. Half of all top-tier local authorities run a scheme and over 1,000 large and small businesses hold the award.

10. While local authorities now have the lead public health role, there is an ongoing need for the NHS to provide both prevention and treatment services but greater focus needs to be given to discussing inactivity or overweight. The NHS is this country's largest employer and has a crucial role to play both in terms of promoting the health of its workforce, and in setting a wider example. More broadly, there is clearly potential for other workplaces to do more. We recommend that Primary Care takes the lead, as it has does for smoking cessation, in promoting physical activity and preventing obesity – these topics should not be off limits during consultations. (Paragraph 55)

- We agree that, as the country's largest employer, the NHS should set an example. This is why a pilot project that focuses on NHS employee weight management has been established at Imperial College Healthcare NHS Trust in West London – a collaborative project between the Trust, PHE, NHS England and MoreLife, a company with past experience of addressing employee weight management in both public and private sectors.
- A formal evaluation is built in, and if effective weight management can be demonstrated through the programme, then the North West London Academic Health Science Network will help roll the programme out regionally and, if deemed appropriate, nationally.
- Focussing on the NHS in this respect, a joint project involving the Royal College of Physicians and the Faculty of Occupational Medicine and supported by NHS Employers and PHE has provided a baseline as to how well NHS Trusts have been performing against the suite

of six NICE Public Health Guidance recommendations around employee health (obesity, physical activity in the workplace, promoting environments that encourage physical activity, smoking cessation, promoting mental wellbeing, the management of long term sickness absence). It describes an audit of Trust compliance (73% participation) with each of the six sets of NICE guidance in 2010, with the audit cycle repeated in 2013. Round 2 was published in 2014¹².

- The Government recognise the positive impact of physical activity and diet on health. Exercise is available on prescription in many areas, whereby GPs can prescribe if they feel appropriate. Dietetic advice is also widely available on referral across the NHS (primary, community and secondary care environments).
- PHE is currently liaising with NICE and NHS England on how to leverage and incentivise action to support development of the prevention agenda in primary care through the Quality and Outcome Framework (QOF) and the Clinical Commissioning Group (CCG) Outcomes Indicator Set (OIS). This includes incentivising primary care to signpost adults to appropriate weight management services.

Cross-government working

11. While there now is widespread recognition of the health impacts of diet, obesity and physical activity, and the scale of the problems we now face in these areas, these problems are not “owned” by a single Department or agency. A successful strategy for tackling these problems needs to mirror the successful strategy on tobacco, and be multi-level, spanning national and local government down to every citizen. A successful strategy may need to incorporate elements as diverse as public education, regulation, fiscal measures, legislation, messaging and campaigns, evidence based behaviour change, changes to the school curriculum, and changes to planning arrangements. (Paragraph 59)

12. Given the breadth of these issues, it is essential that the strategy must be cross-governmental and integrated laterally and vertically, and given the importance of these issues, led from the very top of government. We call on the next Government to introduce a co-ordinated government-wide programme to tackle poor diet and physical inactivity; this programme should be given the resources and authority necessary to secure collaboration with all relevant Departments and bodies, and should report at regular intervals on health improvements to the Prime Minister, and to Parliament. (Paragraph 60)

- The Government accepts that there are important links in how obesity and physical activity are addressed and is committed to stepping up action across Government. Examples of current initiatives include the Department of

12 www.rcplondon.ac.uk/sites/default/files/implementing_nice_web.pdf

Health working with the Department for Culture, Media and Sports and the Department for Education on school food and school sport programmes; the Department for Transport on encouraging people to walk and cycle; the Department for Communities and Local Government on planning and green spaces; the Department for the Environment, Food and Rural Affairs (DEFRA) on ensuring a co-ordinated approach to food policy and the food industry, and the Government Buying Standards for Food and Catering Services.

- Alongside this, the Government is taking decisive steps to improve the quality of food served in canteens in central Government and the public sector. DEFRA's *Plan for Public Procurement: Enabling a healthy future for our people, farmers and food producers*¹³ provides tools, including a new set of Government Buying Standards (GBS) and a Balanced Scorecard (BSC), to help suppliers and customers balance a range of criteria when procuring food and catering services. The BSC includes a number of award criteria for caterers offering high quality food; more nutritionally balanced meals; and which engage with end users to ensure that the food provided is appetising.
- DEFRA is co-ordinating efforts with other Government departments and the wider public sector to ensure that the new GBS is emended in catering contracts as they are renewed/re-negotiated. For example, the NHS standard contract for catering services has been amended to require adherence to GBSs as recommended by the Hospital Food

Standards Panel, and Crown Commercial Services is developing a Framework contract for catering suppliers which will allow Departments to "call off" catering contracts that are compliant with the GBS. DEFRA is conducting a review of the BSC over the summer and plans to re-launch a revised version later in 2015. In the meantime officials will continue to work with stakeholders in Government, business, hospitals and schools to encourage a greater uptake of the new GBS.

- Finally, the Government has been actively linking with the EU programme on promoting Health Enhancing Physical Activity (HEPA). HEPA requires Governments to adopt a cross-sectorial approach to physical activity participation.
- Going forward it will be crucial that Government departments continue to work together, at official and Ministerial levels, to identify new opportunities to support healthy lifestyles, whether this is through the use of planning to design the right local environment, creating healthier food environments around schools and high streets, encouraging active transport choices such as walking and cycling, supporting campaigns such as Change4Life which take a holistic approach to promoting healthy lifestyles or other measures.

¹³ www.gov.uk/government/uploads/system/uploads/attachment_data/file/332756/food-plan-july-2014.pdf

Physical activity – a key health priority in its own right

13. We have heard the hugely positive message that increasing physical activity has significant health benefits and does not necessarily mean playing organised competitive sport three times a week – it encompasses a diverse range of activities, including everyday activities such as walking. The point was made that raising heart rate was the most important thing, but any increase in activity is beneficial. (Paragraph 69)

14. For some people it can be easier to fit physical activity in if it is “a means to an end” rather than an end in itself. The key message from witnesses was to “just do more”, in a way that fits with your lifestyle. (Paragraph 70)

- We know there is extensive evidence that physical inactivity is one of the major contributory factors in the prevalence of chronic disease. The encouragement of active lifestyle must therefore be an important element in any public health strategy.

Promoting physical activity in clinical encounters

15. NICE has clearly recommended that offering brief advice in a primary care setting is a cost effective way of getting people to increase their levels of physical activity. It is clear that clinicians have a crucial role to play in promoting physical activity. Better undergraduate and postgraduate education is now required, both to ensure clinicians’ understanding of the medical benefits of physical activity, and to teach them how to promote physical activity to their patients in an effective way, particularly when some patients may be sceptical of such a “low tech” approach. We recommend that the next Government works with the royal colleges and Health Education England to achieve this. (Paragraph 81)

- The Government agrees that healthcare professionals should be made fully aware of the important role of physical activity, and for that matter healthier diets for prevention. Medical schools and the Royal Colleges, in line with the standards set by the General Medical Council, have a key role in deciding the training curriculum for doctors. Health Education England is responsible for ensuring that the health workforce has the right skills, behaviours and training, and is available in the right numbers, to support the delivery of excellent healthcare and health improvement. PHE supported the Academy of Medical Royal Colleges on their publication *Exercise – The miracle cure*¹⁴, which reminds doctors and patients that small amounts of exercise make a huge difference to health and what to do.

14 www.aomrc.org.uk/general-news/exercise-the-miracle-cure.html

- NICE guidance demonstrates that ‘low tech’ approaches (i.e. identification of inactivity and brief advice or exercise on referral as appropriate) are effective in supporting people to increase their physical activity level when implemented correctly with suitable systems in place. Steps are being taken to ensure primary care professionals understand the benefits of physical activity and how to effectively communicate this to their patients. For example, work is on-going to translate the CMOs’ guidelines on physical activity into easy messages for health professionals to use with their patients.
- As mentioned at bullet point three to the recommendations one and two, there is also work in hand to support health professionals to understand the benefits of physical activity and effectively communicate this to their patients.
- A suite of free BMJ e-learning modules¹⁵ published by PHE on physical activity and health, and its integration into care pathways is continuing to be very popular, with 9,000 modules completed. PHE is working with Nottingham University to develop and roll-out tailored resources that medical schools can embed within their curriculum for GPs and other health professionals and working with the Royal College of General Practitioners to develop an e-learning package for GP’s and other primary care professionals to assist in tackling obesity. PHE is also rolling out a GP Clinical Champions programme that provides peer-to-peer training by a GP with a specialist interest in physical activity within GP training activities (e.g. GP speciality training schemes).

¹⁵ <http://learning.bmj.com/learning/course-intro/physical-activity.html?courseId=10051913>

16. In relation to NHS Health Checks, we heard of a “tick box” approach to physical activity, with clinicians carrying out Health Checks lacking the skills to support people in actually changing their behaviour. We recommend that, given the considerable investment of public resources in NHS Health Checks, NICE should be tasked with assessing their clinical and cost effectiveness. (Paragraph 82)

- The Government is committed to bringing greater scientific and clinical rigour to the NHS Health Check programme. All elements of the programme are strongly evidence based, drawing on established NICE guidance. In 2013, PHE published a summary of the programme’s evidence in *NHS Health Check: our approach to the evidence*¹⁶, which set out clear actions to support stronger scientific oversight of the programme. Following this, an Expert Scientific and Clinical Advisory Panel, formed of eminent clinicians and academics, was established to scrutinise and advise on the evidence base and facilitate future research and evaluation at a national and local level. A member of NICE attends this panel, along with representation from the UK National Screening Committee.
- PHE have been working with local implementers to improve the quality and consistency of the different elements of the NHS Health Check. They have recently introduced quality standards which are being implemented by commissioners and a competency framework for those delivering the checks.

¹⁶ www.gov.uk/government/uploads/system/uploads/attachment_data/file/224537/NHS_Health_Check_our_approach_to_the_evidence_v2.pdf

- In September 2014, Ministers asked NICE to develop public health guidance and a quality standard looking at population health programmes as part of the library of public health topics that will be developed over several years. The scope of the guidance and health standard will be determined by NICE in consultation with stakeholders. NICE has not yet begun work on the development of this guidance.

An environment that promotes physical activity

17. We have heard that the physical environment can have a significant impact on activity. Open spaces are needed for recreation and play, and the built environment, including road infrastructure and speed limits, all impact on how easy or attractive it is to walk or cycle. We call on the next Government to make a clear commitment, together with appropriate long term funding, to significantly increase the levels of cycling and walking. (Paragraph 86)

- This Government is committed to walking and cycling and we have made clear our ambition to double cycling. The previous Government invested in the infrastructure, education and training needed to increase cycling and walking. In 2013, following an announcement by the Prime Minister to “kickstart a cycling revolution” eight English cities and four National Parks were awarded £94 million of Cycling Ambition Grants to promote cycling across England. In addition, five cities were awarded £1.2 million to support more walking. The funding to Dartmoor for example will see the introduction of new family-friendly routes to and through the park, supported by cycling hubs and provisions for access by those with limited mobility.
- Alongside this, in 2013 PHE and the Local Government Association published *Obesity and the environment: increasing physical activity and active travel*¹⁷ which provides guidance on taking action to create environments where people are more likely to walk or cycle for short journeys.
- The Infrastructure Act 2015 included a section that, once commenced, will place a duty on Government to have a Cycling and Walking Investment Strategy (CWIS) with objectives and financial resources to meet these objectives. The Government intends to announce a CWIS as soon as is practicable once steps in the relevant legislation and any other activities deemed necessary have been undertaken. The CWIS will reinforce the Government’s commitment to walking and cycling and will set out how we will make them the natural choice for shorter journeys.
- A key component of PHE’s *Everybody Active Every Day*¹⁸ is the promotion of Active Environments which can support health, recreation and wellbeing by making healthy choices, easier choices and supporting physical activity which can be built into daily routines. Land use has a big impact on health – green spaces, playgrounds, cycle lanes and age-friendly high streets all encourage people to be active every day. Local authorities can work across policy areas and bring together experts to deliver real change that has an impact for generations particularly to promote

17 www.gov.uk/government/uploads/system/uploads/attachment_data/file/256796/Briefing_Obesity_and_active_travel_final.pdf

18 www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life

the design of the public realm which promotes active travel through increased walking and other modes of transport.

Engaging different groups in physical activity

18. Physical activity must be seen in its totality, and a flexible and inclusive approach is needed to enable individuals to choose a way to increase physical activity that is right for them. Nowhere is this more important than in promoting physical activity amongst groups of people who seldom take part. The most obvious is the disparity between men and women, but inequalities in physical activity levels exist between other sectors of society too, and children fare worse than adults in terms of meeting physical activity recommendations. (Paragraph 93)

19. Fear of judgement is a key barrier preventing women from being more active. Some barriers may be quite simple such as the lack of availability of sports clothes in larger sizes or mixed changing rooms. The Government-wide programme on diet and physical activity should include a specific workstream focused on identifying and tackling inequalities in relation to physical activity, and it should begin with work to examine how women, those with disabilities and overweight people, can be encouraged and supported to be more active. (Paragraph 94)

- There is no single solution to reducing physical inactivity – people are naturally drawn to different activities and their levels of participation will be dependent on a variety of factors including their economic status, age, where they live and have access to facilities.
- We agree that actions to remove barriers discouraging certain groups from being physically active need to continue

because in addition to the clear benefit to health, it can also bring other important social benefits by helping people to remain social and independent especially as they grow older, improve confidence and self-esteem and help with depression and dementia in later life.

- Addressing inequalities in physical activity and inactivity was highlighted in *Moving More, Living More* (MMLM). Alongside this, the national physical activity framework, *Everybody Active Every Day*, considers and identifies inequalities in physical activity across protected equality characteristics plus socioeconomics groups, and the need to address them through four domains for local and national action.
- Sport England have committed to investing over £170 million in disability sport between 2013 and 2017 and are working closely with disabled groups to make sure these funds are used as effectively as possible and address barriers to participation. For example through the Inclusive Sport fund nearly 90 projects have received funding of over £18 million to support the creation of higher quality opportunities for disabled people to take part in sport.
- These projects will help disabled people to take part in sports local to where they live, build the capacity of community organisations, support staff, carers and service users to deliver provisions and to ensure sustainability and long term access to sporting activities provided.
- The Department of Health provided £150,000 funding to the English Federation of Disability Sports to increase sports participation amongst disabled people and to remove barriers to physical activity for them. The funding included better service provisions, improving accessible fitness product ranges,

workforce development to support disabled people and online resource for communities.

- Campaigns from Sport England such as “This Girl Can” have been important in sending the message that women, of any age and ability, can be active. This campaign has gone viral, with over 23 million views across different media platforms and 3,600 partners being engaged with it so far.

NHS prevention and treatment services

20. According to PHE, there is an unmet population need for support for weight loss and sustaining a healthier weight. NICE have recommended cost-effective interventions in this area and we recommend that these are funded and implemented as a matter of urgency. The Committee regards it as inexplicable and unacceptable that the NHS is now spending more on bariatric surgery for obesity than on a national roll-out of intensive lifestyle intervention programmes that were first shown to cut obesity and prevent diabetes over a decade ago. All tiers of weight management services should be universally available, and need to be well integrated. (Paragraph 99)

- We agree that cross-Government action is needed to realise an ambitious sustained reduction in obesity levels. This includes the need for equitable provision of effective weight management interventions across the life course, of varying intensities as demonstrated in the tiered approach.
- PHE will, with its national and local partners, work towards creating a national weight management framework to ensure a cohesive pathway across the tiers of obesity services for children and adults.

This will be based on what works in practice and the best available evidence to drive forward the commissioning of effective and equitable services. Currently, PHE are investigating through workplace pilots in the NHS and PHE and through evidence reviews, what makes an intervention effective. PHE are undertaking a mapping exercise across the country that is looking at access and provision of weight management services. PHE will continue to support entry into weight management services for children and adults through national programmes such as the National Child Measurement Programme and NHS Health Checks.

- We know that excess weight is a key risk factor for type 2 diabetes and the DPP is focussing on reducing the risk and delaying the onset of type 2 diabetes. This programme will be a lifestyle improvement intervention which will include focus on weight management.

Reforming the food environment

21. We have heard that the Government’s Responsibility Deal has achieved some successes, but should be seen as a complement to regulation rather than a substitute for it. We agree with the UK Health Forum, that we cannot hang all our expectations in terms of all the things we need to achieve in public health on voluntary pledges. (Paragraph 105)

- Improving public health requires collective action by all including: Government, local authorities, businesses and individuals. Under the voluntary arrangements, 800 organisations committed to actions which are having a significant impact in improving the nation’s health and enabling people to make healthier choices. As the Government develops its priorities,

we will expect to continue working with organisations across all sectors to ensure that we collectively can make the greatest impact on individuals' health.

Labelling

22. Progress has been made on introducing a traffic light nutrition labelling system. We recommend that Public Health England backs this up with a campaign to explain and reinforce this scheme to the public to assist them in using the new labelling to make healthy food choices. (Paragraph 107)

- The voluntary front of pack nutrition labelling scheme, introduced in 2013, will play a vital part in our work to encourage healthier eating and to reduce levels of obesity, particularly for children, and non-communicable diseases such as diabetes. By helping consumers to better understand the nutrient content of food and drinks, they are enabled to make healthier and more balanced choices.
- The scheme is already popular with consumers and provides in an easy-to-read intuitive format, the calories and levels of specific nutrients contained in a serving of the product. Businesses that have decided to adopt the scheme account for two thirds of the market for pre-packed foods and drinks. EU legislation does not allow individual countries to mandate front of pack nutrition labelling, but we will consider how this voluntary scheme can be promoted further to consumers and businesses.
- Within the Change4Life social marketing programme, front of pack colour coded nutrition labelling will continue to be included as a key message whenever there is a healthy eating focused

campaign and across Change4Life materials including the website, leaflets and in social media activity.

Reformulation

23. We recommend that Public Health England should take the lead by introducing clear targets for reductions, and the Government should use regulatory measures to enforce this, if voluntary approaches do not yield swift progress. The Committee strongly recommends that the first focus of this work should be on reducing the sugar consumed by children in sugar sweetened drinks. (Paragraph 111)

- Reducing calories to help tackle obesity is a priority for this Government. In the last Parliament, through the voluntary approach, businesses took billions of calories out of foods and soft drinks and continue to cut calories.
- PHE published *Sugar Reduction: Responding to the challenge*¹⁹ in June 2014, which set out its intention to gather evidence on successful interventions to reduce sugar consumption. This has included consideration of how reformulation can reduce levels of sugar in food. The review is now in the process of being finalised. The outcomes of this report will feed in to the advice that PHE will issue to Government to inform thinking on sugar, as set out in the 2015/16 PHE/ Department of Health remit letter.
- Alongside this, the Scientific Advisory Committee on Nutrition (SACN) is currently finalising its review of carbohydrates, including sugar. Their report is due to be

¹⁹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/324043/Sugar_Reduction_Responding_to_the_Challenge_26_June.pdf

published shortly and this together with advice from PHE on sugar reduction, will inform the Government’s policy approach to sugar in the diet.

- Alongside this, the Scientific Advisory Committee on Nutrition (SACN) is currently finalising its review of carbohydrates, and they are looking at sugar as part of this. Their report is due to be published shortly and this together with advice from PHE on sugar reduction, will inform the Government’s policy approach to sugar in the diet.

Marketing and promotion of foods to children

24. The evidence we have received has also called for wider restrictions on promotion of unhealthy foods to children in both broadcast and non-broadcast media, particularly social media. We recommend that the next Government takes steps to stop the marketing of unhealthy food and sugary drinks to children. (Paragraph 115)

- There is a total ban on the advertising of high in fat, sugars and salt (HFSS) food during children’s television programmes on dedicated children’s broadcast channels and in programmes “of particular appeal” to children under the age of 16. The ban also contains restrictions on advertising content, for example promotional offers may not be used in HFSS food TV adverts targeted at pre-school or primary school aged children.
- In 2014 the Advertising Standards Authority (ASA) and the Committee of Advertising Practice (CAP) commissioned a review of the impact of digital and online marketing of HFSS food to children. No changes have been made to the rules

governing advertising on non-broadcast media as a result, but the ASA and CAP continue to consider evidence provided in this sphere. However, the promotion of foods and soft drinks HFSS is an issue that is being considered by the Government.

- As part of its work to gather evidence on successful interventions to reduce sugar consumption, PHE commissioned a mixed methods review of the behavioural and potential resulting health changes resulting from the use of marketing targeted at high sugar food and non-alcoholic drink. The review is being finalised. The outcomes of this work will feed in to inform the advice that PHE will give to Government on this issue.

Price promotions

25. The area on which we have heard the least progress has been made, but one which has the potential for a significant impact on diet and health, is retail price promotions on food. Voluntary agreements have been tried, but now we need to look to harder policy options to secure progress. We recommend that the next Government commissions either Public Health England or NICE to review policy options in this area as a matter of urgency. (Paragraph 122)

- As part of its work to gather evidence on successful interventions to reduce sugar consumption PHE commissioned a review of the effects of promotions (for example: three for the price of two, 33% extra free etc) on the purchasing of high sugar foods and drinks.
- The review is being finalised. The outcomes of this work will feed in to inform the advice that PHE will give to Government on this issue.

Fiscal policies

26. We have received evidence from organisations supporting the introduction of a tax on sugar-sweetened drinks. We look forward to the publication of Public Health England's review of the evidence base for introducing a sugar tax, which is expected later this year, and we do not seek to pre-judge its outcome. We welcome the fact that Public Health England is carrying out this review. Given the scale of the public health challenge and growing health inequalities we urge the next government not to shy away from difficult decisions around proportionate regulation if these are supported by the emerging evidence. (Paragraph 125)

- There are no plans to introduce a tax on sugar, and matters of taxation are for HM Treasury. PHE's review of successful interventions to reduce sugar consumption includes the behavioural and potential health impact of fiscal measures. The review is being finalised and will inform the advice that is to be put to Government.

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