



Department
of Health

Government Response to the House of Commons Health Select Committee report on Childhood obesity – brave and bold action, First Report of Session 2015-16

September 2016



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

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Introduction

On 30 November 2015, the House of Commons Health Select Committee published its report *Childhood obesity – brave and bold action*¹ (HC465). The report followed a Short Inquiry by the Health Select Committee which took evidence from key stakeholders and experts including Duncan Selbie, Chief Executive at Public Health England (PHE); Dr Alison Tedstone, National Lead of Diet and Obesity, at PHE; and campaigners including Jamie Oliver MBE.

On the invitation of the Health Select Committee, the Department of Health in collaboration with the Department for Education submitted written evidence on recent developments in tackling childhood obesity. This updated the written evidence provided to the Committee's Inquiry on the *Impact of physical activity and diet on health*² and Government response of July 2015 to the report³.

Written evidence was also gathered from organisations including the Advertising Association, Institute for Child Health, Public Health England and the UK Faculty for Public Health.

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

¹ www.publications.parliament.uk/pa/cm201516/cmselect/cmhealth/465/465.pdf

² www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/845/84502.htm

³ www.parliament.uk/documents/commons-committees/Health/Cm-9001-government-response-sixth-report.pdf

Overview

We know from National Child Measurement Programme data for 2014/15 that one in five children in reception (4-5 years old) is overweight or obese (boys 22.6%, girls 21.2%), of these around one in ten children in reception is obese (boys 9.5%, girls 8.7%). We also know that one in three children in Year 6 (10-11 years old) is overweight or obese (boys 34.9%, girls 31.5%), of these around one in five children in Year 6 is obese (boys 20.7%, girls 17.4%).

Alongside this, we know there is a link between obesity and lower income groups but that does not mean everyone who is overweight is from this group. For example, the obesity prevalence among reception year children living in the most deprived areas was 12.0% compared with 5.7% among those living in the least deprived areas. In year 6 these figures were 25% and 11.5% respectively.

The Government has published a comprehensive national plan to reduce levels of childhood obesity, improve the health and wellbeing of children, and contribute towards reducing future pressures on the NHS and society. Our plan focuses on actions that will have the most impact and represents the start of a conversation. It is based on the latest scientific evidence, including from Public Health England and the Scientific Advisory Committee on Nutrition. Alongside this, we have welcomed the valuable contributions from the Health Select Committee, and in other approaches made to Government.

The Government's plan *Childhood Obesity: A Plan for Action* is available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016_2_acc.pdf

Conclusions and Recommendations

Our recommendations for action

1. In our view, the evidence is sufficiently strong to justify introducing all the policies we recommend. Rather than wait for further evidence to follow from international experience, we urge the Government to be bold in implementing policy, with the assurance of rigorous evaluation and sunset clauses if found to be ineffective. (Paragraph 27)
2. We call on the Government to work with the devolved administrations on the implementation of our recommendations, for the benefit of children across the UK. (Paragraph 28)

The Government welcomes the Committee's report and its conclusions and recommendations. There is compelling evidence to show that healthy diets 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 long term health and wellbeing of the individual, the NHS and the wider economy.

The causes of obesity are complex, caused by a number of dietary, lifestyle, environmental and genetic factors, and tackling it will require a comprehensive and broad approach involving many Government Departments. As such, the Government considered a wide range of options for tackling childhood obesity, and the contribution that we, alongside industry, families and communities can make.

Childhood Obesity: A Plan for Action presents a bold package of policy proposals, informed by the available evidence. We will work with the devolved administrations to improve the health and wellbeing of children across the UK.

Price promotions

3. We endorse Public Health England's recommendation that measures should be taken to reduce and rebalance the number and type of promotions in all retail outlets, including restaurants, cafes and takeaways. In our view this should not be limited to products which are high in sugar, but also those high in salt and fat. Voluntary controls are unlikely to work in this area and the Government should introduce mandatory controls. Measures should be designed to reduce the overall number of promotions of unhealthy foods and drinks. They should be as comprehensive as possible, and should be carefully designed to take account of possible unintended consequences, including the introduction of compensatory promotional activity of other unhealthy foods and drinks. (Paragraph 41)

Placement of food and drink within the retail environment

4. We endorse Public Health England's case for removing confectionery or other less healthy foods from the ends of aisles and checkouts. We recommend an outright ban on these practices and call on retailers to end the promotion of high calorie discounted products as impulse buys at the point of non-food sales. (Paragraph 44)

The Government recognises that it is an established part of market practice for retailers, and sometimes producers, to encourage consumers to switch to their stores and products on the basis of the deals they offer. This practice is a welcome part of competitive markets, and can help deliver better deals for consumers. Many supermarkets offer promotional deals on fruit, vegetables and healthy products and these are welcome and to be encouraged.

That said, industry know their consumers want a healthier food and drink offer. While a lot of forward-thinking businesses are already making changes our action will accelerate this shift in the market.

Childhood Obesity: A Plan for Action focusses on other measures that will have a strong impact on childhood obesity.

Restrictions on advertising to children

5. We endorse Public Health England's recommendation of broader and deeper controls on advertising and marketing to children, including extending current restrictions to the full range of programmes that children are likely to watch, as opposed to limiting them just to children's specific programming. In our view, a logical way to do this would be by restricting all advertising of high fat, salt and sugar foods and drinks to after the 9pm watershed. (Paragraph 53)
6. We also endorse Public Health England's recommendation of extending current restrictions on advertising to apply across all other forms of broadcast media, social media and advertising, including in cinemas, on posters, in print, online and advergames. In our view this should be implemented without delay, and the scope of the CAP's forthcoming consultation should not be on whether it should be done, but on how it should be implemented following clear direction from the Government within the childhood obesity strategy. (Paragraph 54)
7. We further support Public Health England's call to tighten loopholes around the use of non-licensed cartoon characters and celebrities in children's advertising, and its call to reform the current nutrient profiling system which means that a breakfast cereal which is 22.5% sugar does not fall within the current definitions of a high fat, salt or sugar food, and can therefore be directly advertised to children. (Paragraph 55)

The Government recognises that advertising of less healthy products leads to their increased consumption and we know marketing in all forms affects food preference and choice. Although evidence regarding the extent of increased consumption by children as a result of advertising and the knock-on effect on obesity levels is mixed. We have noted Public Health England's assessment of evidence on the impact of marketing to children as set out in its report *Sugar Reduction: The evidence for action*⁴.

Current restrictions on advertising in the UK are amongst the toughest in the world. 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 addition, we welcome the Committees of Advertising Practice (CAP) review of non-broadcast advertising to introduce new rules on advertising to children.

⁴www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf

Reformulation and portion size

8. We endorse PHE’s recommendation of “a broad, structured and transparently monitored programme of gradual sugar reduction in everyday food and drink products.” There are arguments both for and against the use of artificial sweeteners in a sugar reformulation programme. We recommend that the Government’s sugar reformulation programme should aim to reduce levels of overall sweetness, but such a programme could also include the use of artificial sweeteners where possible, given the potential to achieve reductions in sugar consumption more quickly through their use. (Paragraph 64)
9. We recommend that the sugar reformulation programme should be strongly led from the centre of Government and transparently and regularly monitored. A voluntary approach should be adopted with the clear proviso that if the industry does not respond comprehensively and swiftly to voluntary sugar reduction targets then regulatory action will quickly follow. Industry needs a level playing field in order to reformulate products in a way which improves health without advantaging those businesses which fail to act responsibly. (Paragraph 65)
10. The Government should also introduce a parallel programme of reformulation to reduce the overall calorie content of food, including reducing the levels of fats. (Paragraph 66)
11. We agree with Public Health England that a cap on portion sizes for relevant foods and drinks in both the retail and entertainment sectors is a clear way of reducing both sugar and calorie intake, and we recommend that caps on portion sizes linked to the calorie content of certain foods and drinks should be introduced. As with the reformulation programme, action to introduce portion caps should be should be strongly led from the centre of Government and transparently and regularly monitored. A voluntary approach should be adopted with the clear proviso that if the industry does not respond comprehensively and swiftly then regulatory action will quickly follow, to ensure industry has a level playing field. (Paragraph 71)

We know our children are consuming too many calories, including too much sugar. Teenagers in England are the biggest consumers of sugar-sweetened drinks in Europe. In its report *Carbohydrates and health*⁵, the Scientific Advisory Committee on Nutrition (SACN) concluded that the recommended intake of sugar should be no

⁵https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

more than 5% of our energy intake. Currently, our children's sugar consumption is around three times this recommended level - and is higher in deprived areas. For teenagers (aged 11-18), 29% of this daily sugar consumed comes from sugar sweetened drinks. This has a serious impact on children's teeth as well as their weight: in 2013-14, over 62,000 children were admitted to hospital for extraction of teeth. This is a serious procedure that frequently requires a general anaesthetic.

The SACN report showed that increasing the proportion of our calories consumed as sugar increases our total energy intake. That is, the higher the contribution of sugar to our diets, the more calories we consume overall. The evidence shows that sugar reduction is likely to reduce the calories consumed by children and help tackle obesity in this country.

Alongside this, evidence shows that slowly changing the formulation of everyday products, or making changes to product size, is a successful way of improving diets. It is effective for all groups, if changes are universal, as it does not rely on individual behaviour change or on consistently sticking to a healthy, balanced diet. This is often unrealistic given the pressures families are under. There is great scope to make these kinds of changes to the everyday foods and drinks, and the amounts of sugar and calories, consumed by children. This may also be driven by reduced demand for high sugar and calorie products as a result of other elements of our plan.

Reducing calories, including sugar, to help tackle obesity is a priority for this Government and *Childhood Obesity: A Plan for Action* sets out a programme of work to deliver this. We have already announced a UK-wide soft drinks industry levy, which will come into force in April 2018. This is a levy on producers and not on consumers, and is designed to encourage producer-led sugar reduction in soft drinks. Manufacturers and importers will have two years to reduce sugar in their products and to promote lower-sugar options. This is not a "silver bullet" and is only a part of our comprehensive plan to tackle childhood obesity.

In addition to the soft drinks industry levy, we will lead a broad structured independently monitored sugar reduction programme to reduce sugar in children's diets, as well as broader work on reducing calories. All sectors of the food and drink industry will be challenged to reduce, by 2020, overall sugar in products that contribute to children's sugar intakes by at least 20%, with a 5% reduction in the first year of the plan. This programme will be led and run by Public Health England.

To ensure that the achievement matches expectations, progress will be reviewed by Public Health England and an independent assessor at 18 months and 36 months. The review will look at the reductions achieved through analysis of sales data and food composition data. Plans for further reductions will also be reviewed. If there has not been sufficient progress by 2020 we will use other levers to achieve the same aims.

A tax on full sugar soft drinks

12. We support Public Health England's recommendation for a tax on full sugar soft drinks, and recommend that it be introduced at a rate of 20% to maximise its impact on purchasing and help to change behaviour. (Paragraph 87)
13. We consider that a tax on full sugar soft drinks is a proportionate policy response and also sends a clear message to parents and their children about the importance of reducing sugar consumption. (Paragraph 88)
14. There is compelling evidence of the disproportionate harm to disadvantaged children from high sugar products which can no longer be ignored. Nonetheless, given the concerns that the income raised by a tax could come disproportionately from lower income families, there is a strong case that those families should also derive the most benefit. A sugary drinks tax should act as a child health levy, with all proceeds directed to measures to improve children's health. Those measures should be especially targeted to help the children who are at the greatest risk of harm from obesity. (Paragraph 90)
15. The sugary drinks tax should be designed and introduced alongside an evaluation of its effectiveness. This should include specific consideration of its financial as well as health impact on different socio-economic groups. We also recommend a sunset clause so that if it becomes clear that it is not effective it can be withdrawn. (Paragraph 91)
16. A sugary drinks tax is an essential part of a wider package of measures to tackle childhood obesity. We believe that measures to tackle childhood obesity should be introduced as swiftly as possible. A tax on full sugar soft drinks is a clearly defined policy recommendation that can be simply and swiftly implemented. (Paragraphs 92 and 93)

We have already announced a soft drinks industry levy as the first step of our plan to tackle childhood obesity, and will consult on the detail of the levy over the summer. The levy rates will be announced after the consultation and we will legislate in the Finance Bill 2017, with implementation expected from April 2018 onwards.

In England, revenue from the levy will be used to double the PE and sport premium for primary schools, expand school breakfast clubs and support more secondary schools to offer a longer school day, including more sport.

Labelling

17. In our view, a labelling system showing teaspoons of sugar (where a teaspoon is defined as 4 grams) provides a clear and compelling visual representation of the amount of sugar in a particular product. A labelling system of this kind should be applied to a single-serving portions of foods and drinks with added sugar, to aid parents reducing their children's sugar consumption to recommended levels, as some 500ml bottles of soft drinks contain nearly triple a young child's recommended daily amount of sugar in a single bottle. The Government should offer manufacturers the chance to introduce this labelling voluntarily, but should be clear that it will be pursuing the introduction of labelling on a mandatory basis if companies do not adopt the voluntary scheme. (Paragraph 100)

The voluntary front of pack nutrition labelling scheme, introduced in 2013, plays a vital part in our work to encourage healthier eating and to reduce levels of obesity, particularly for children. By understanding better the nutrient content of food and drinks, consumers are helped to make healthier and more balanced choices.

We will improve consumer awareness about the sugar content of foods, through improved communication and labelling, to help families choose less sugary foods. Labelling of the sugar content in packaged foods will be compulsory from December 2016 and many businesses have voluntarily provided this information on the back of packs for several years.

Childhood Obesity: A Plan for Action has considered several options to make sugar labelling clearer. Current sugar labelling shows the total sugar content of foods but the new maximum intake recommendations are based on the specific sugars that are easily overconsumed, not all sugars. Therefore we will develop clearer visual labelling, on these specific sugars, such as teaspoons of sugar or cubes, to show consumers about the sugar content in packaged food and drink, in line with the Government's new sugar intake recommendations. We will improve consumer awareness about the sugar content of foods to help families choose less sugary foods.

Education and information

18. We accept the conclusions of Public Health England that health information and education campaigns would be insufficient on their own to tackle childhood obesity. In light of their potential to widen health inequalities, rather than narrow them, the government should not take the easy option of relying on health education campaigns to solve this problem. Whilst education is of course important to public understanding of the causes and consequences of childhood obesity as well as how to prevent and tackle the problem at an individual level, health education should form only one part of a far more ambitious approach. (Paragraph 106)

The Government agrees that health information and education campaigns alone are not sufficient to tackle childhood obesity. However, they are a vital part of the solution and integral to our plan. They need to go hand in hand with other bold action.

The public are the biggest untapped resource in the fight against obesity. We need to engage everyone in this major public health issue: consumers, parents, campaigners and many others have an important part to play. We all have responsibility for the health of our children.

Tackling obesity requires a broad social movement that harnesses creativity and inspiration with pragmatism. It needs to use the best resources and support from trusted brands such as Change4Life, learning from their success and building them to work in wider settings, with broader audiences, to improve the outcomes for our children.

We cannot tackle childhood obesity without action from everyone. Providing education and information is a key part of this process. As we launch *Childhood Obesity: A Plan for Action*, we will find new ways for everyone to play their part and to feed into local and national policy decisions.

Nutrition standards in schools

19. We recommend that clear nutritional guidelines should be published, setting out food standards recommended for packed lunches as well as food supplied by schools. We heard that lunch box food standards would be a valuable tool where teachers need to have conversations with parents about improving their children's diet. Furthermore, while the introduction of school food standards is to be welcomed, it is an anomaly that they do not apply to free schools or academies. The aim of the childhood obesity strategy should be to improve the health of all children, so we recommend that school food standards should apply to all schools in both the state and private sector. (Paragraph 111)

Schools are well-placed to support action to reverse childhood obesity trends. Up to a third of children's total daily energy intake during the school week comes from their school lunch. Many schools also provide breakfast. Schools also provide opportunities for physical activity and therefore have a crucial role in shaping healthy habits, which form early.

The School Food Plan, published by the Department for Education in 2013, was designed to increase the quality and take up of school meals, and inspire a love of good food in children to help boost academic performance and allow them to lead healthy lives. The Plan outlined actions to improve food and food awareness in schools. These included revising the existing school food standards, setting up breakfast clubs in schools with a high proportion of pupils entitled to free school meals, and including a separate strand for cookery in the Design and Technology curriculum. Alongside this, since September 2014, every pupil in reception, year 1 and year 2 attending a state-funded school has been entitled to a nutritious, healthy free school lunch.

In January 2015 the School Food Standards became mandatory for all state maintained schools and any academies or free schools established before September 2010 or after June 2014. Many academies have signed up to the new standards voluntarily and we will continue to encourage others to do so.

The School Food Plan highlighted how challenging it can be to prepare packed lunches that are healthy but also practical. *Childhood Obesity: A Plan for Action* sets out a package of actions to continue to improve healthy eating and nutrition standards in schools.

Local authorities and the wider public sector

20. A simple way to boost local authorities' effectiveness in this area would be change planning legislation to simplify the processes for limiting the proliferation of unhealthy food outlets in local areas, which we have heard can be time-consuming and difficult. We recommend that this change should be made. In particular, health should be included as a material planning consideration. (Paragraph 116)
21. We endorse Public Health England's recommendation that clear national standards for healthy foods should be adopted, implemented and monitored across the public sector, including national and local government and the NHS. (Paragraph 119)

Since 2013 local authorities in England have had a statutory duty to take appropriate steps to improve the health of their populations. From 2016/17, local authorities will receive over £16 billion to spend on public health over the next five years. This is in addition to what NHS England will continue to spend on protected areas such as vaccinations, screening and other preventative interventions, including the world's first national diabetes prevention strategy. The decision on how much of this is spent on prevention, health promotion and early intervention rests solely with individual local authorities in accordance with their local population needs and priorities.

Local authorities already have a range of planning powers to create healthier environments in their local area, both through their local plan and in taking individual planning decisions. The National Planning Policy Framework makes clear that health objectives should be taken into account by local planning authorities when developing planning policy. The Planning Practice Guidance on health and wellbeing⁶ states that promoting access to healthy food is one of the issues that could be considered when planning healthy communities. A number of local planning authorities have been proactive in addressing the issue of hot food takeaways.

The Government Buying Standards for Food and Catering (GBSF), mandatory across central Government Departments, ensure that food and drink served in every part of the Government estate including prisons and the armed forces, and the wider public sector where possible, encourages and enables healthier eating habits.

All NHS hospitals are required to meet the GBSF through the NHS Standard Contract. All NHS hospitals are required to develop and maintain a food and drink

⁶ <http://planningguidance.communities.gov.uk/blog/guidance/health-and-wellbeing/what-is-the-role-of-health-and-wellbeing-in-planning/>

strategy which includes a requirement to focus on healthier eating across the whole hospital community.

Early intervention driven by the National Child Measurement Programme

22. As part of its strategy to tackle childhood obesity, the Government must protect funding for the National Child Measurement Programme, and should evaluate the benefit of extending measurements to younger children, given that over 20% of children are overweight or obese by the time they reach primary school. (Paragraph 126)
23. The National Child Measurement Programme also provides stark evidence of the distribution of childhood obesity—put simply, the problem is twice as bad amongst the most deprived children. Revenue raised by a sugary drinks tax could and should be targeted to deliver the most help to communities where children are most severely affected by childhood obesity, and should be transparently allocated for the purpose of improving children’s health. (Paragraph 127)
24. We recognise that further research is needed into interventions to help overweight and obese children, and recommend that projects funded through a sugary drinks tax should be carefully evaluated for their effectiveness. (Paragraph 128)

The Government recognises that to encourage further local action on obesity, schools and local authorities will need access to robust public health data to be as informed as possible. We already have data available through the National Child Measurement Programme (NCMP), which measures the height and weight of children in state maintained primary schools on entry and when they leave. Non state-maintained primary schools are also able to take part. Schools are also provided with their own data in a way that allows them to see and monitor their obesity levels.

As part of the NCMP, schools are being provided with letters containing information about the obesity levels of their children, and best practice and advice on how to take action to provide a healthy environment for students. This is being undertaken in conjunction with research and feedback from parents, local authorities, teachers, schools nurses and others, and will use the best of behavioural insights expertise.

Calorie reduction

25. Sugar is not the sole contributor to excess calories and increasing BMI, and in formulating a childhood obesity strategy the Government will need to adopt a broader approach than the PHE report, and should consider calorie intake as a whole. Whilst interventions to reduce calorie intake are likely to benefit all ages, we urge the Government to ensure that the strategy includes measures targeted to deliver the most benefit to children and young people and especially those at greatest risk. (Paragraph 17)

The availability and low cost of high-calorie processed foods and drink with high volumes of advertising aimed at both adults and children make it extremely difficult for people to make healthy choices. The default choice is often the unhealthy one.

Calorie reduction, including sugar reduction, continues to be part of the Government's work on obesity and Public Health England will continue to work with industry to go further in this area.

We accept that a combination of broad population based and targeted approaches to support those at most risk are important as part of the government's action on obesity. Local authorities are often best placed to identify and support the needs of their communities, and Public Health England is producing a number of tools to enhance this action, including materials that focus on the health inequalities associated with childhood obesity.

The role of physical activity

26. We reiterate and endorse the findings of our predecessor's inquiry that exercise has enormous benefits for children's health and wellbeing irrespective of their weight. We call on the Government to increase provision for physical activity in childhood and consider this an important part of a strategy to tackle obesity. We urge the Government, however, not to lose sight of the clear evidence that measures to improve the food environment to reduce calorie intake must lie at the heart of a successful strategy, as these measures are likely to have a greater overall impact on childhood obesity levels. (Paragraph 20)

The Government agrees with the Committee's conclusions on the role of physical activity. Whilst we agree that physical activity is very important, having a balanced diet and getting into healthy habits from an early age is key to remaining healthy into adulthood. *Childhood Obesity: A Plan for Action* has looked at everything that contributes to a child becoming overweight and obese including physical inactivity.

We are continuing our work across Government to identify opportunities to encourage more physical activity. Since 2013, we have invested over £450 million in the PE and Sport Primary Premium to help schools with PE and sport provision. A further £46.5 million has been invested in School Games to give children, regardless of ability, a chance to participate in competitive sport. We have invested an extra £13 million in Change4Life sports clubs to target the least active children and help them get more active.

In Budget 2016 the Government announced it would double the PE and sport premium for primary schools from September 2017 to help schools support healthier, more active lifestyles. This funding will enable primary schools to make further improvements to the quality and breadth of PE and sport they offer.

Building on the success of these programmes, the Department of Health has worked closely with the Department for Culture, Media and Sport and the Department for Education on the sports strategy *Sporting Future, A New Strategy for an Active Nation*⁷. The strategy sets out how the Government intends to continue supporting children and young people to participate in and engage with sport and physical activity and co-ordinate local level sporting activities for children and young people. In addition, Sport England's new strategy, *Towards an Active Nation*⁸, published in May 2016 also commits to investing £40m in a new programme for family-based activities which will support the physical activity elements *Childhood Obesity: A Plan for Action*.

The Government has also published its draft *Cycling and Walking Investment Strategy* (CWIS) for consultation and is currently considering responses. Our aim is to double cycling activity, making walking and cycling the natural choice for shorter journeys, or as part of a longer journey, regardless of age, gender, fitness level or income. Encouraging children to walk or cycle to school will be an important part of this. The Government has therefore committed to providing £50 million over the next four years to the Bikeability programme to enable children to learn to cycle. The publication of the first CWIS is expected in the summer.

Outside of school, Public Health England's Change4Life campaign continues to support families to make healthy choices, including being active. The Change4Life 10 Minute Shake Up summer campaign is a major strategic partnership with Disney aimed to get kids doing more 10 minute bursts of activity across the day and throughout the summer holidays. Last summer, more than 385,000 families signed up to the 10 Minute Shake up campaign with around 700,000 children requesting packs, exceeding Public Health England's target. According to the independent evaluation, 78% of parents reported that their children did more activity and spent 9.8 minutes a day doing 10 Minute Shake Up inspired activity.

⁷https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf

⁸<https://www.sportengland.org/media/10554/sport-england-towards-an-active-nation.pdf>

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The Government believes that health professionals also have a key role in “making every contact count” by identifying overweight children (and adults), and supporting them with an appropriate intervention or referral and on-going management. Public Health England is continuing its work with Clinical Champions to educate clinicians on the benefits of physical activity in primary and secondary prevention of disease. We have also produced infographics to facilitate these discussions.

The Government is committed to encouraging the nation to become more active and physical activity is a key part of *Childhood Obesity: A Plan for Action*. Alongside this, we will continue to look at ways to enable people to become more active through national and local action.