

NATIONAL CONTEXT

The information below provides a précis of national policy which effects childhood obesity from 2004.

2004

- **House of Commons and Health Committee Report on Obesity**

This report focuses on actions taken by the NHS and health services to tackle inequalities in health but found that a lot of the solutions were outside the control of the NHS and health services. The report also references that joined up working between Government departments is needed to deliver co-ordinated government policies.

The report draws many conclusions that relate to joined up working, healthy eating, increased physical activity and fast food.

- **Securing Good Health for the Whole Population**

This review by Derek Wanless focused on prevention and the wider determinants of health in England and on the cost-effectiveness of action that can be taken to improve the health of the whole population and to reduce health inequalities.

The review called on PCTs and local authorities to work together and agree local targets after considering national objectives and local needs.

These two reports and the rising levels of childhood obesity laid the foundation for future government policy on tackling obesity.

2005

- **National Child Measurement Programme (NCMP)**

Established in line with the government's strategy to tackle obesity, inform local planning and delivery of services for children, to gather population-level data to allow analysis of trends in growth and patterns of obesity. The programme was also established to increase public and professional understanding of the weight issues in children and be a vehicle for engaging with children and families about healthy lifestyles and weight.

The NCMP measure children in reception class (ages 4-5 years) and Year six (ages 10-11 years). Measurements are taken in school by either the school nurse or health visitor. Parents are advised of the process and if they do not want their child to take part the must opt out of the process.

National Child Measurement Programme (NCMP) is an important element of the Government's work programme on childhood obesity, and is operated

jointly by the Department of Health (DH) and the Department for Education (DfE). The NCMP was established in 2006.

Every year, as part of the NCMP, children in Reception and Year 6 are weighed and measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.

The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues.

The primary purpose of the NCMP is to:

- help local areas to understand the prevalence of child obesity in their area, and help inform local planning and delivery of services for children;
- gather population-level surveillance data to allow analysis of trends in growth patterns and obesity; and
- enable primary care trusts and local authorities to use the data from the NCMP to set local goals as part of the NHS Operating Framework vital signs and their LAA National Indicator Set, agree them with SHAs and government offices, and then monitor performance.

The programme also increases public understanding of child weight issues by engaging families with the issue of healthy weight in children, through the provision to parents (whether automatically or by-request) of their child's results.

2006

- **National Audit Office – Tackling Child Obesity – First Steps**

This report focuses on children aged five to ten to highlight specific issues that can readily be addressed through existing structures, but it also recognises the importance of other elements – for example what children do outside school, their parents' access to buying healthy and affordable food, and food promotion to children in improving diet and promoting healthier lifestyles.

The report looks at five key programmes involved in tackling child obesity:

- School Meals
- School Sports Strategy
- Healthy Schools Programme
- Play
- Obesity Campaign

- **National Institute for Health and Clinical Excellence (NICE) – Obesity - guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children**

This guidance was the first of its kind that provided recommendations aimed at public, NHS, local authority and community partners that could be put into practice in early years settings, schools, workplaces and self help. The recommendations range from strategic to delivery level and include interventions and factors from individual to environmental and structural levels.

2007

- **Childhood Obesity National Support Team** established to assist local areas in improving quality and impact of healthy weight delivery systems and interventions.
- **Tackling Obesities – Foresight Report**

This report highlights the need for a multi agency ‘holistic approach to tackling obesity and the obesogenic environment’. This means that obesity strategies should be connected if possible to other local strategies, such as carbon emissions strategy. The report emphasises the importance of keeping strategies local, working at grass roots level and making information accessible. The report suggests that NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year.

2008

- **Healthy Weight, Healthy Lives – A Cross Government Strategy**

This strategy acknowledges the Foresight Report and sets out to halt the year on year rise in obesity by providing opportunities for people to make healthy choices about food and activities. The Government set itself a new ambition: “of being the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels.”

It set out investment in school food, schools PE and sport, and play and plans to introduce compulsory cooking for all 11 to 14 year olds by 2011.

2009

- **Change4Life, Eat Well, Move More, Live Longer**

Change 4 Life was the social marketing strategy of the Healthy Weight Healthy Lives strategy. Its focus was on behavioural change and prevention rather than being a weight loss programme. The campaign would influence children to eat healthy and get active thus leading to a gradual decrease in

the prevalence of obesity. The initial target of the campaign was pregnant women and children.

2010 * Coalition Government elected May 2010

- **Healthy Weight, Healthy Lives – Two Years On**

This document was basically a progress check on what was being achieved and if the strategy had made a difference. It reported that good progress had been made in levelling off the rise of obesity in children under the age of eleven, but the prevalence remained high. The report also acknowledged that adult and teenage rates were too high and the work had to be expanded to include these groups of people.

- **Change4Life – One Year On**

This document is an evaluation of the marketing strategy in its first year. All of the targets set for the first year were exceeded. The campaign has encouraged families to change behaviours that have brought about excellent results. Local and national partnerships had embraced the campaign too:

- 44% of primary schools, hospitals, general practices, town and village halls, children's centres, pharmacies, nurseries, libraries and leisure centres displayed Change4Life materials.
- Over 25,000 local supporters used Change4Life materials to help them start conversations regarding lifestyles with over 1 million people.
- NHS staff ordered over 6 million items of Change4Life material to distribute to the public.
- Primary schools generated over 50,000 sign-ups to Change4Life.
- Local authorities and primary care trusts joined up their own activities and created new ones, such as street parties and roadshows.

Sub brands of the campaign also emerged such as swim4life and play4life. Three of the major health charities, Cancer Research UK, Diabetes UK and the British Heart Foundation ran their own campaigns in support of change4life. Support was given to the campaign from other non governmental organisations.

- **Fair Society, Healthy Lives – Professor Michael Marmot**

This review commissioned by the Department of Health had two specific aims, to improve the health and wellbeing for all and to improve health inequalities. To achieve this, we have two policy goals:

- To create an enabling society - that maximises individual and community potential
- To ensure social justice, health and sustainability are at the heart of all policies.

Low income and deprivation are associated with higher levels of obesity.

- **Healthy Lives Healthy People – Our Strategy for Public Health in England**

This report set out the new government's intentions in relation to public health and responded to the Fair Society, Healthy Lives report. It acknowledges the progress made in tackling childhood obesity and affirms the continuation of the healthy schools programme and the national child measurement programme. This report puts local government and local communities at the heart of improving health and wellbeing for their populations and tackling inequalities. Public Health England will be created to ensure excellence, expertise and responsiveness.

2011

- **Healthy Lives, Healthy People – A Call to Action on Obesity in England**

This report acknowledges the scale of the problem of obesity and explains why it matters socially and economically. It provides a new approach with new focus and ambition. "The Government is determined to bring a new drive to this issue and, following consultation with partners, is setting two new national ambitions to act as a 'rallying cry' for us all, and show what might be achieved if we all pull together:

- **Sustained downward trend in the level of excess weight in children by 2020**
- **Downward trend in the level of excess weight averaged across all adults by 2020.** "

- **Public Health Responsibility Deal**

The Public Health Responsibility Deal was launched in March 2011 with 19 collective pledges and 176 partners and is a new way of harnessing the contribution business make to delivering public health priorities. The Responsibility Deal taps into the potential for businesses and other organisations to improve public health and help to tackle health inequalities through their influence over food, physical activity, alcohol, and health in the workplace. There are three central parts of the Deal:

- core commitments
- collective and individual pledges
- supporting pledges.

Monitoring progress is key to establishing accountability by confirming that the actions organisations have pledged to take have been completed. Partners have agreed to their monitoring and evaluation for each pledge they have signed up. The pledges cover four specific areas – Food Pledges; Alcohol Pledges, Physical Activity Pledges and Health at Work Pledges.

- **Health Survey England 2011**

Health Survey England (HSE) is a series of annual surveys that measure health and health related behaviours in England. The survey has core elements that are included in the survey every year and special topics.

Core topics include: general health; smoking, drinking and fruit and vegetable consumption; height; weight; blood pressure measurements and blood and saliva samples.

Special topics include: cardiovascular disease; physical activity; accidents; lung function measurement and certain blood analytes.

The HSE produce trend tables which can be accessed at http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/HSE2010_REPORT/HSE2010_Trends_commentary.pdf

The trend tables include information on fruit and vegetable consumption, levels of physical activity and mean weight by age and gender.

2012

- **Public Health Outcomes Framework 2013-2016**

There are many factors that influence public health over the course of a lifetime. They all need to be understood and acted upon. Integrating public health into local government will allow that to happen – services will be planned and delivered in the context of the broader social determinants of health, like poverty, education, housing, employment, crime and pollution. The NHS, social care, the voluntary sector and communities will all work together to make this happen.

The framework has three parts to it; part one presents the overarching vision for public health with the outcomes wanted to achieve and indicators to understand how well we are improving and protecting health. Part two of the framework specifies all the technical details currently supplied for public health and indicates where further work to specify all indicators will take place. Part 3 consists of the impact assessment and equalities impact assessment.

The framework focuses on two high level outcomes – increased life expectancy and reduced differences in life expectancy and healthy life expectancy between communities. These outcomes reflect the focus on how long we live and how well we live.

While information will be provided on the performance against both these outcomes, the nature of public health is such that the improvements in these outcomes will take years – sometimes even decades – to see marked change.

So a set of supporting public health indicators have been developed that help focus our understanding of how well we are doing year by year nationally and locally on those things that matter most to public health, which we know will help improve the outcomes stated above.

These indicators are grouped into four domains:

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality.

- **NCMP Annual Update**

The annual guidance advises local providers of the NCMP on how the programme should be implemented. While there are no fundamental changes to the operational delivery of the NCMP from the previous school year (2011/12), the guidance has been amended in the light of findings from recent research, feedback from practitioners, and the significant reforms and transitions that are under way within the NHS.

The annual results from the NCMP for the 2010/11 school year show that there is no room for complacency. Progress is being made in 4–5-year-old children (reception year), with a small, but significant, reduction in obesity and in overweight and obesity combined in this age group. While this is good news, it does not confirm a downward trend.⁵ By contrast, the results show a significant rise in obesity in 10–11-year-olds (Year 6), suggesting that we may be experiencing a small but statistically significant rising trend in obesity in older children, with almost one in five 10–11-year-olds (19%) being obese.⁵ There remains a strong correlation between obesity prevalence and deprivation and marked differences between children of different ethnic groups.

The update also provides information about feedback to parents and the best practice methods of doing this. Information is also given on the proactive following up of children who are identified as being underweight, overweight or obese. This involves contact the parents of those children to offer them advice and services to help control their child's weight.

- **Change4life Three Year Social Marketing Strategy**

When Change4Life was launched, there had been relatively few attempts to change obesity-related behaviours anywhere in the world. In consequence, the Change4Life team piloted different initiatives, monitoring each to see which had the most impact.

As announced in *Healthy Lives, Healthy People*, local authorities will take on a greater role in public health, and, with this, much of public health marketing. Going forward, the Department of Health will do only those things that it alone is best placed to do. While Change4Life has always sought to involve local communities in its programme, more will now be done to ensure that local authorities have access to the support they need from Change4Life to facilitate the co-creation of ideas.

Change4Life and its sister brand, Start4Life, will be the sole centrally funded marketing programme for health advice, information and support for families and for adults in mid-life. It will therefore embody a more holistic approach to health, by incorporating messages such as the health harms of above-limits alcohol consumption, the broader benefits of physical activity (i.e. not just weight maintenance) and all nutritional information, including salt reduction, for example. This new strategy will reverse from Change4life asking for

support to Change4life asking how it can support communities and professionals.

- **Strategic High Impact Changes – Childhood Obesity National Support Team**

This document is to share intelligence and insights gained throughout the teams visits and make recommendations to support the future strategic direction. The team make 4 high impact changes:

- Building on local intelligence by making best use of resources and funding available to them and sharing data in an easily accessible and understandable format to increase partnership buy-in. All service provision should be mapped to identify gaps and duplication and whether services and projects are delivering their desired outcomes.
- Harnessing Existing Community Resources within Local Healthy Weight Pathways. This change seeks to optimise existing resources and highlight opportunities that some areas may be missing. Look at all community based programmes and services including all public sector providers, then look further to engage with third sector and business partners who also have a contribution to make. Develop a mechanism to ensure there is effective local signposting through partnership working and maximise the opportunity presented to engage with families and individuals through Health Child Programme and the NCMP process.
- Workforce Development is about ensuring that all staff who have a contribution to make to the healthy weight agenda know what their contribution is and that they are competent, confident and effective when delivering interventions.
- Workforce Health relates to the health of those who work in the public sector by addressing environments, unhealthy weight status and workforce lifestyles it also encourages cultural change.

- **London 2012 Legacy**

London Olympics motto was *to inspire a generation*, it is important that the inspiration is sustained and the Prime Minister has announced a new PE curriculum to be published in draft in the autumn, will require every primary school child to take part in competitive sport. The new curriculum will include sports such as football, netball and hockey, as well as outdoor activities. It will encourage older children to compare their performances in order to achieve their personal best.

The changes will:

- Enable pupils to be physically active for sustained periods of time.
- Develop pupils' competence in a broad range of physical activities.
- Provide opportunities for pupils to engage in competitive sport and activities and help pupils to lead healthy and active lifestyles.

The Government have indicated that they will increase National Lottery funding from 13.7% to 20% enabling Sports England's £1 billion four year funding 2013 -2017.

The mental and physical health consequences of inactivity are the subject of persistent official warnings; the latest NHS health survey for England found that in 2010 68% of adults were obese or overweight, a growing tendency in recent times, and 16% of children were obese. The economic cost of obesity is estimated at £50bn a year by 2050, £9.7bn to the NHS.

The School Games is a key Government priority for realising a meaningful sporting legacy from the 2012 Olympic and Paralympic Games. School Games is a new approach to competitive school sport designed to motivate and enthuse all young people.

In January 2012 the Culture Secretary announced that Sainsbury's had pledged a £10 million package to support the School Games Competition over the next four years. A further £14 million from the Department of Health plus a further £8 million from Sport England will extend funding for School Games organisers from two years to four years, up to 2015. And sponsorship from Adidas means that the 1,600 young athletes will be provided with sports kit.

The government has guaranteed to provide £125 m of funding to elite sports until Rio 2016 on the basis that it will inspire participation. The funding will be made up from National Lottery and the Exchequer.