

Mapping review: national structures, policies and guidance in England to prevent obesity (as November 2010)

Centre for Public Health Excellence
National Institute for Health and Clinical Excellence

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This review was produced as a **supporting document** to the evidence reviews undertaken by PenTAG. This review was completed in November 2010 and should be considered a snapshot of national structures, policies and guidance in England at that time (particularly up to May 2010).

This review was undertaken prior to publication of the White Paper on Public Health, *Healthy Lives, Healthy People* (2010). The review therefore does not provide a complete overview of emerging plans for national public health strategies in England to prevent obesity.

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SECTION 1: INTRODUCTION

1.1 Purpose

This review is intended as supporting information for the development of guidance on a whole systems approach to obesity prevention. The review should be read as an accompaniment to the evidence reviews being undertaken by PenTAG.

The aim of this review is to provide a comprehensive summary of national policies directly or indirectly impacting on obesity in England. The review also includes an overview of existing delivery structures.

The review can be updated throughout the guidance development process, as new information is identified or as changes are made to existing structures and policies.

During the production of this review, the NHS White Paper *Equity and Excellence: liberating the NHS* was published. While the proposals outlined in the White Paper are summarised, the detailed content largely reflects national and local policies up to May 2010. Emerging changes to specific policies have been flagged as appropriate.

It should be noted that a public health White Paper, *Healthy Lives, Healthy People* was published November 2010. Proposals in the White Paper would also result in substantial changes to the structures described in the present document.

It is recognised that this paper, as it currently stands, presents a centralised view of delivery structures and the policy environment in relation to obesity. It does not encompass the full range of activities that may impact on obesity in England (particularly in relation to activities from industry or from the third sector).

The paper does not consider evidence on the effectiveness of policies.

1.2 Methods

This review was undertaken by CPHE between May and August 2010. This review was not a systematic review. The review involved following up known activities, searching the websites of government departments, arms length bodies and UK organisations of known relevance. Snowballing searches were undertaken. NICE records were also searched (such as the NICE policy library).

The review also made use of the scoping searches undertaken for (1) the development of the Scope and (2) the outline areas for reviews being under by PenTAG.

It should be noted that many government websites have archived information from 12th May 2010, which may have resulted in some information being unavailable.

1.3 Specific searches

NHS structure and delivery diagrams – Google and Google images

Government Departments, Arms Length Bodies and organisations making recommendations: sites of each searched (using terms “obesity” “physical activity” “exercise” “diet” and “nutrition”, as appropriate), supplemented by Google searches as necessary (particularly where sites were archived).

List of Arms Length Bodies (ALB, as 2007 list obtained from <http://www.guardian.co.uk/news/datablog/2009/jul/07/public-finance-regulators> (links to spreadsheet <http://spreadsheets.google.com/ccc?key=tm4Dxoo0QtDrEOEC1FAJuUg#gid=0>).

Sites of ALB searched as for Government Departments.

NICE guidance – all published public health guidance assessed for relevance. Considered relevant if made any recommendations that could influence weight, physical activity or diet. In guidance considered potentially relevant, all recommendations checked. Clinical guidance not considered.

NHS Evidence National library of guidelines: <http://www.library.nhs.uk/guidelinesfinder/>

Initial scoping searches had included searching TRIP and Intute for “obesity”; ASSIA for system and obesity / diet / activity. Multiple web searches were undertaken using a range of terms including “whole system” or “whole community” and obesity / diet / activity.

SECTION 2: NHS STRUCTURES

This section describes both NHS structures as they currently stand, and the proposed changes that the new government has indicated that it intends to implement. The system will be in a state of transition for several years.

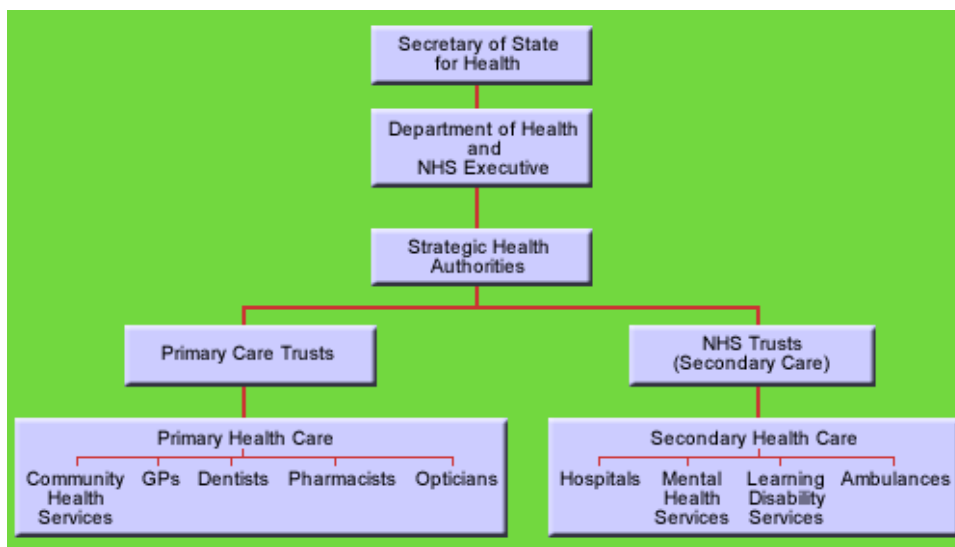
2.1 Structure of the National Health Service (as July 2010)

2.1.1 Overview

The Department of Health controls the NHS. The Secretary of State for Health is the Head of the Department of Health and reports to the Prime Minister. The Department of Health controls England's 10 Strategic Health Authorities (SHAs), which oversee all NHS activities in England. In turn, each SHA supervises all the NHS trusts in its area. The devolved administrations of Scotland, Wales and Northern Ireland run their local NHS services separately. [from

<http://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx>]

The structure of the NHS is shown in the following diagram



Source: <http://oheschools.org/images/structureNew.gif>

2.1.2 Strategic Health Authorities

Strategic Health Authorities (SHAs) are the ten regional NHS structures responsible for overseeing all NHS operations, particularly PCTs and non Foundation Acute Trusts, in their area. Specifically they:

- Develop plans for improving health services in their local area

- Make sure local health services are of a high quality and are performing well
- Increase the capacity of local health services so they can provide more services
- Make sure national priorities (for example, programmes for improving cancer services) are integrated into local health service plans

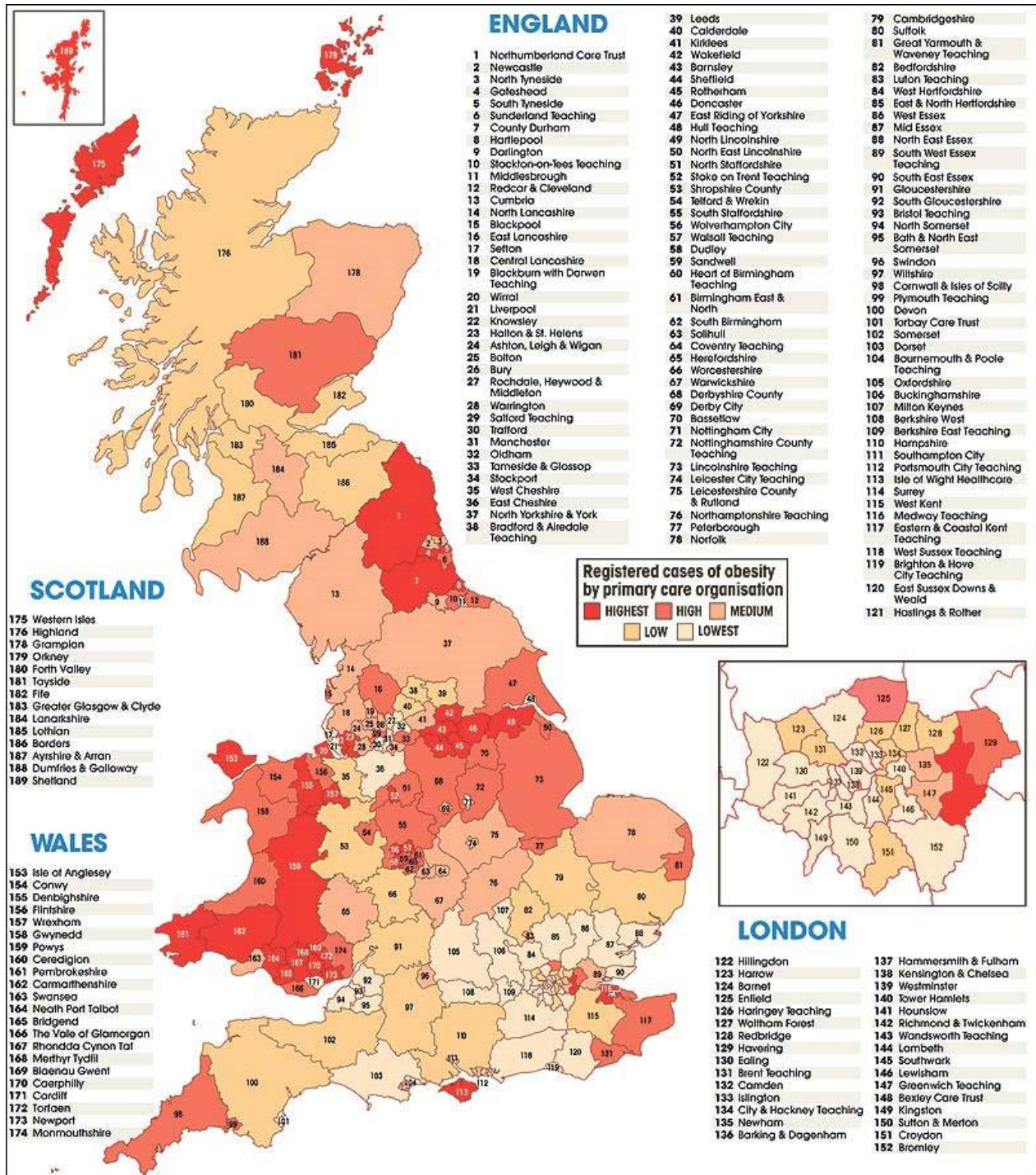
SHAs manage the NHS locally and provide an important link between the Department of Health and the NHS. A map of the regions each of them covers can be seen below.



Source: <http://www.retinalscreening.nhs.uk/userFiles/Image/SHA.gif>

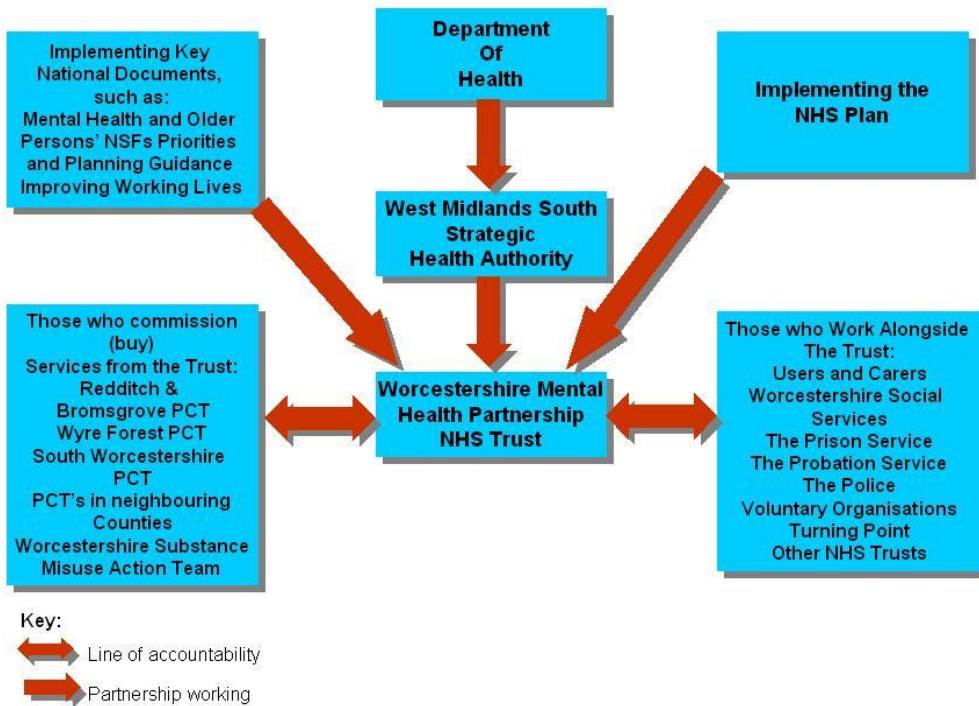
2.1.3 Primary Care Trusts (PCTs)

There are currently 151 primary care trusts in England. PCTs currently control 80% of the NHS budget. A map of PCT areas in England can be seen in the following diagram, which also shows the BMI>30 in adults over 16 years of age, according to GP data (QOF 2006/7) (Dr Foster 2008).



Source: <http://tiny.cc/m9ous>

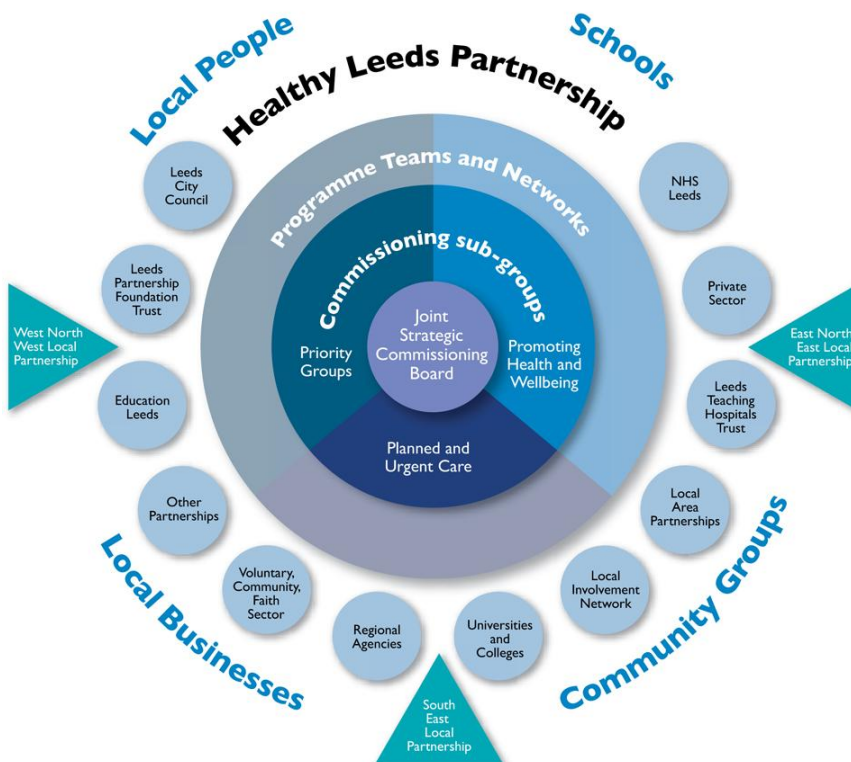
Delivery within a SHA and PCT are demonstrated by the following example from West Midlands South:



[NB: key appears to be the wrong way round]

Source: http://www.worcestershirehealth.nhs.uk/SWPCT_Library/Freedom_Of_Information/HowTrustFits.JPG

Delivery beyond the NHS, through “partnership working”, is demonstrated by the following example from the Healthy Leeds Partnership

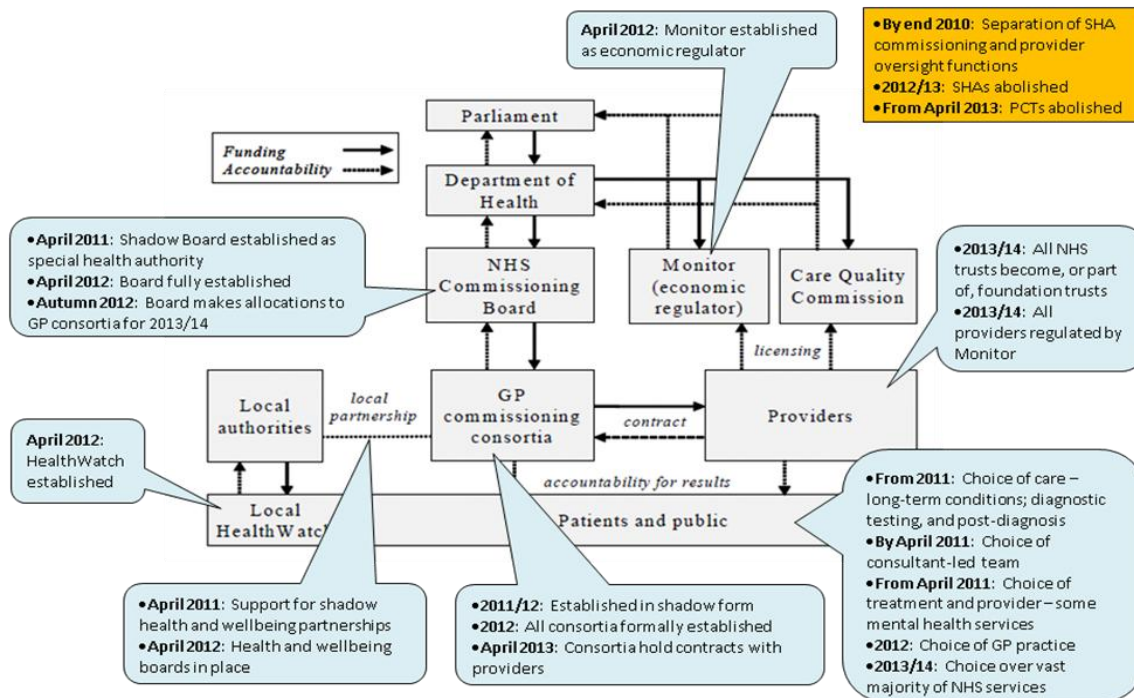


Source: <http://www.leeds.nhs.uk/getimage.aspx.ID-174537.jpg>

2.2 New NHS Structure

2.2.1 NHS White Paper - Equity and Excellence: liberating the NHS

The main changes to the NHS, as proposed in the NHS White Paper, Equity and Excellence are captured in the figure below with annotations to indicate dates for the introduction of new arrangements and the abolition of old ones.



Commissioning

One of the central features in Liberating the NHS is to devolve commissioning responsibilities and budgets as far as possible. The White Paper sets out intended arrangements for GP commissioning and the NHS Commissioning Board.

- Consortia will manage the combined practice-level budgets allocated by the NHS Commissioning Board. These budgets will be separate from GP practice income.
- They will take over the healthcare responsibilities of Care Trusts.
- There will not be a 'Whitehall blueprint' for the geography of consortia. Nor will size of consortia be 'unduly' prescribed.
- Consortia will receive a maximum management allowance to cover commissioning costs. They can decide whether to do the commissioning themselves, buy it in from local authorities or the private and voluntary sectors, enable a lead consortium to commission certain services, or arrange for some commissioning to take place at sub-consortium or practice level.

- A proportion of GP practice income will be linked to the outcomes practices achieve collaboratively as consortia. The DH will work with the BMA to reform the QOF so that it better reflects individual practices' contribution to outcomes.
- The NHS Commissioning Board will have the power to ask consortia to manage some aspects of primary medical services contracts on its behalf, such as promoting quality improvement, reviewing performance, and assuring clinical governance, and ensuring good financial management.

Outcomes Framework

The White Paper set out how the Secretary of State for Health will hold the NHS Commissioning Board to account for delivering better health outcomes through a national NHS Outcomes Framework. The Framework will include a set of outcome goals spanning effectiveness, patient experience, and safety. It is proposed that the framework should be developed around the following set of five outcome domains that attempt to capture what the NHS should be delivering for patients:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill-health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

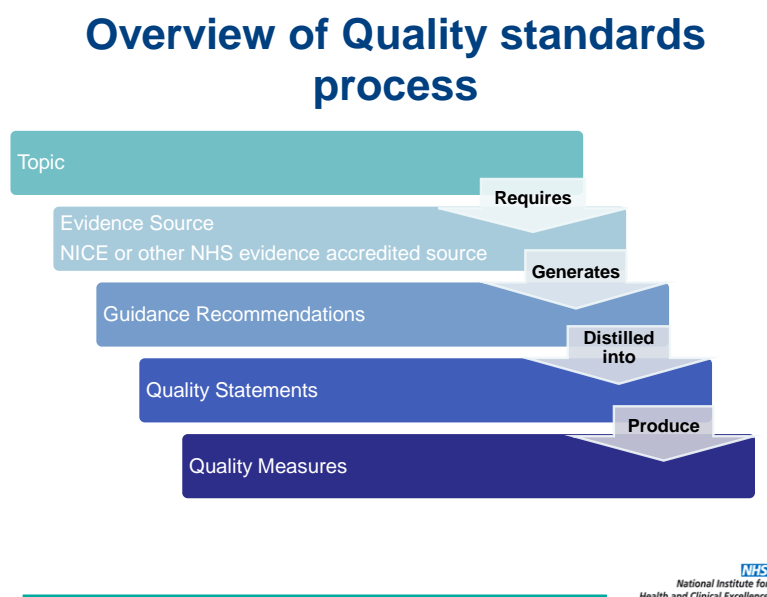
For each domain the framework will identify an overarching outcome indicator or set of indicators, allowing progress to be tracked. For each domain there will be a small set of specific areas identified in which the NHS Commissioning Board will be tasked with securing improved outcomes through its role in overseeing the commissioning process to be led by GP consortia. These improvement areas will be chosen, as far as possible, according to an evidence-based method or approach. For each of the specific improvement areas, a corresponding outcome indicator will be identified so that the NHS Commissioning Board can be held to account for the progress made.

The delivery of the outcomes in the framework will be supported by a suite of NICE Quality Standards. The function of commissioning Quality Standards from NICE will transfer from the DH to the NHS Commissioning Board, and GP consortia will refer to Quality Standards when commissioning services locally.

The document notes that, as Quality Standards will tend to focus on a pathway of care, any one Quality Standard is likely to span two or more domains of the framework. It also points out that there will be outcomes that can only be delivered for patients and carers if the NHS works in partnership with the new public health service and with social care services, and that the DH will be consulting on outcomes frameworks for these sectors in

the coming months as part of an integrated cross-service approach in the Spending Review.

The Quality Standards will be developed systematically across patient pathways, citing as an example the recently published NICE dementia standard'. The process for developing quality standards is shown in the diagram below.



Local democratic legitimacy

It is proposed that local authorities will have greater responsibility in four areas:

- leading joint strategic needs assessments (JSNA)
- supporting local voice and the exercise of patient choice
- promoting joint commissioning of NHS services, social care and health improvement
- leading on local health improvement and prevention activity.

The White Paper emphasises the government's preference for a statutory role within each upper-tier local authority to support joint working on health and wellbeing, and proposes health and wellbeing boards within the local authority as the statutory partnership board. Health and wellbeing boards would have four main functions:

- assessing the needs of the local population and leading the statutory joint strategic needs assessment
- promoting integration and partnership across areas
- supporting joint commissioning and pooled budget arrangements
- a scrutiny role in relation to major service redesign.

Boards would lead in determining strategies and allocations involving place-based budgets for health. Boards might replace current health partnerships and work with the local strategic partnership (at the upper tier) to promote links and connections between the wider needs and aspirations of local neighbourhoods and health and wellbeing. The board would take over the function of overview and scrutiny of health and care services, and would be strengthened by the involvement of HealthWatch.

LINKs will become local HealthWatch but with additional functions. HealthWatch will be like 'a "citizen's advice bureau" for health and social care', i.e. the local consumer champion.

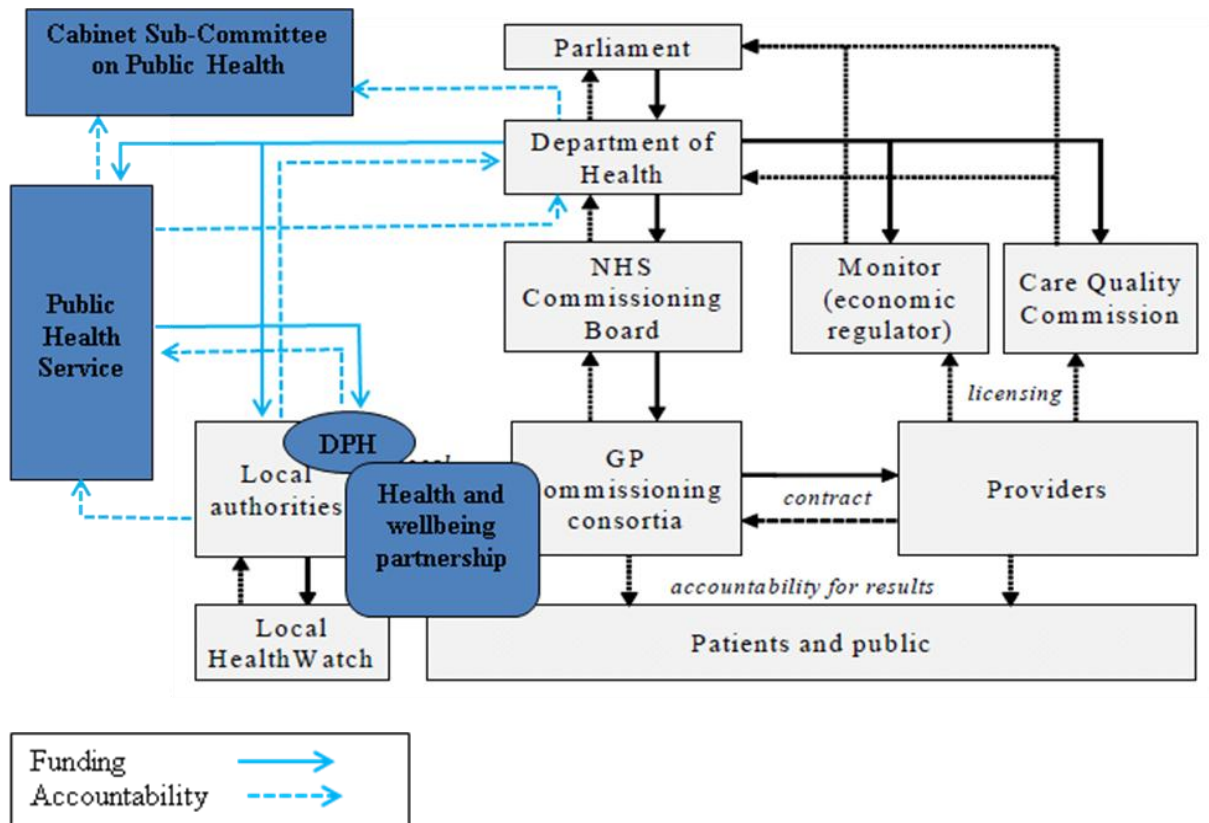
Local authority leadership for local health improvement will be complemented by the national Public Health Service (PHS).

2.2.2 *Public Health*

Plans for improving public health and reforming social care will be dealt with in a separate public health white paper, due to be published by the end of 2010. However, based on the coalition's programme for government, Andrew Lansley's speech to the Faculty of Public Health *A new approach to public health* (July 2010), the NHS White Paper, and the consultation document, *Liberating the NHS: local democratic legitimacy in health* (July 2010), the key philosophies and priorities for public health expressed so far are:

- A focus on determinants that drive NHS demand: poverty, poor housing and education, worklessness, dysfunctional families.
- Local partnerships to mirror the national cross-government partnership.
- A focus on outcomes such as increases in life expectancy, reduced inequality in life expectancy, decreases in infant mortality, improved immunisation rates, reduced childhood obesity, fewer alcohol related hospital admissions, improved take up of physical activity.
- Behaviour change: professionals to create a framework that 'nudges' – applying insights from social psychology and behavioural economics.
- Rigorous evaluation: to show where prevention is more cost-effective than treatment and where not.

The public health structures in the new system may look like the following:



This public health structure will include:

- A cross-government strategy – Cabinet Sub-Committee on Public Health
- An outcomes framework for public health
- A new national Public Health Service with the following functions:
 - Prevention and health improvement, health protection and health emergencies
 - The ‘responsibility deal’ – i.e. empowering not nannying
- Local authority leadership of local health and wellbeing partnerships – through a statutory health and wellbeing board – working with GP commissioning consortia
- Directors of Public Health jointly employed by local authorities and the Public Health Service
- Ring-fenced local public health budgets with a ‘health premium’ for improving health and tackling inequalities

The White Paper suggests that the Public Health Service (PHS) will integrate and streamline health improvement and protection bodies and functions, and will include an increased emphasis on research, analysis and evaluation. It will secure the delivery of public health services that need to be undertaken at a national level.

Local authorities will play an important role in PHS campaigns of national importance that aim to protect public health or provide population screening. They will also have a role in national health improvement campaigns, tailoring programmes to meet local needs. Jointly funded local directors of public health will have a ring-fenced health improvement budget allocated by the PHS. They will use these resources to deliver national and local priorities. There will be direct accountability to both the local authority and, via the PHS, to the Secretary of State. Directors of public health, as local authority employees, will have 'direct influence over wider determinants of health', advising elected members as part of senior management. The Secretary of State, through the PHS, will agree with local authorities the local application of national health improvement outcomes. Local authorities will determine how best to secure these outcomes, including through commissioning services. Local neighbourhoods will have freedom and flexibility to set local priorities, working within a national framework.

There is more detail about the government's proposals for the NHS and public health and how they affect local delivery in section 3.

SECTION 3: NATIONAL DELIVERY

The sections below list the government departments and arms length bodies which may directly or indirectly impact on obesity.

3.1 Government Departments

National Government Department	Responsibilities	Key policies	Notes
Department for Children Schools and Families (DCSF) http://www.dcsf.gov.uk/everychildmatters/	Education and Children's services	Responsibility for Cross Government Obesity unit with DCSF. Every Child Matters (delivered through the Children's Plan. Includes Healthy Lives, Brighter Futures strategy and the Play Strategy). The aim of the Every Child Matters programme is to give all children the support they need to: <ul style="list-style-type: none"> • be healthy • stay safe • enjoy and achieve • make a positive contribution • achieve economic well-being. 	Created 2007. Department for Education from May 2010.
Department for Communities and Local Government http://www.communities.gov.uk/	<ul style="list-style-type: none"> • Supporting local government • Communities and neighbourhoods • Regeneration • Housing • Planning, building and the environment • Thames Gateway and the Olympics • Fire and resilience 	No direct policies on obesity. Indirect impact of policies – planning, built environment. Reports of interest: Green Spaces, Better Places: Final Report of the Urban Green Spaces Taskforce (2006). Research into multi area agreements – long term evaluation of LAA and LSPs (2010).	Created May 2006 Site updated and reviewed May 2010 – previous content difficult to access. Spending review: budget cut by 33% by 2014-15. New public health grant from 2013.
Department for Culture, Media and Sport (DCMS)	Responsibilities include Olympic games, alcohol, broadcasting, architecture, sport Responsibilities in relation to sport:	Policy on free swimming for under 16s and over 60s (funding cancelled July 2010). Sponsoring Department for Ofcom.	Created 1997

<p>http://www.culture.gov.uk/</p>	<ul style="list-style-type: none"> • maintain a core of expert knowledge on sport, and relationships with the sport sector more generally, to enable us to provide high quality policy advice to Ministers. • drive delivery of key programmes and projects, such as setting up an Olympic style competition structure in schools. • manage the Department's relationship with Sport England (which invests money in grassroots projects to increase and sustain participation in sport) and UK Sport (responsible for developing high performance sport) • support initiatives to promote <u>equality in sport</u> • support professional sports in the UK • together with HMRC and the CCPR, promote the <u>Community Amateur Sports Club scheme</u>, which offers certain tax reliefs to local amateur sports clubs 	<p>The Department is also responsible for sponsoring the Royal Parks Agency, the agency that manages the eight Royal Parks and selected other garden/parkland areas in London States that it aims to support government objectives in tackling obesity.</p> <p>Work with local and regional government to maintain and improve the delivery of cultural and sporting services. Department seeks to assist and support local authorities in delivering these services, and in achieving key delivery aims. Provide funding assistance to local authorities in delivering projects such as Sea Change, and we support through the Improvement Agenda, the Local Government Performance Framework, and Living Places. Work closely with the Government Offices for the English Regions, to spread information and best practice.</p>	
<p>Department for Education (DfE)</p> <p>http://www.education.gov.uk/</p>	<p>Education and children's services.</p>		<p>Created May 2010. See DCSF above.</p> <p>The website states "All statutory guidance and legislation linked to from this site continues to reflect the current legal position unless indicated otherwise, but may not reflect Government policy."</p>
<p>Department for Food,</p>	<ul style="list-style-type: none"> • Secure a healthy natural environment for us all 	<p>No direct policies on obesity.</p>	<p>DEFRA was established in June</p>

<p>Environment and Rural Affairs (DEFRA)</p> <p>http://ww2.defra.gov.uk/</p>	<p>and deal with environmental risks</p> <ul style="list-style-type: none"> • Promote a sustainable, low-carbon and resource-efficient economy • Ensure a thriving farming sector and a sustainable, healthy and secure food supply 	<p>Some responsibility for the Common Agricultural Policy (CAP).</p> <p>Food 2030 - cross-government food strategy (launched January 2010), sets out a joint vision for the UK food system in 2030 and how this vision will be achieved. One of actions was to reverse trend in diet related disease, including obesity (as Healthy Weight, Healthy Lives)</p>	<p>2001, when the Ministry of Agriculture, Fisheries and Food was abolished. The role of MAFF was largely split between DEFRA and the FSA (see arms length bodies).</p> <p>Announced July 2010 that DEFRA will become responsible for country of origin labelling and various other types of food labelling not related to food safety, and food composition policies in England.</p>
<p>Department of Health (DH)</p> <p>http://www.dh.gov.uk/en/index.htm</p>	<p>Quality and convenience of care provided by the NHS and social services.</p> <p>Its work includes setting national standards, shaping the direction of health and social care services and promoting healthier living.</p>	<p>Responsibility for Cross Government Obesity strategy with DCSF (see above).</p> <p>Healthy Weight, Healthy Lives: a cross government strategy launched 2008 (associated documents include research and surveillance plan launched; toolkit for developing local strategies; guidance for local areas; child weight management programme and training providers framework).</p> <p>Childhood Obesity National Support Team support local activities. Launched in October 2007 offers support to local partnerships in achieving the Government's key deliverables for childhood obesity. Provide intensive, tailored support for organisations facing the largest challenges in making progress against this agenda. Change 4 Life brand launched 2008.</p> <p>Care pathways for children and adults (2006).</p> <p>Communities for Health programme (supported by IDEA - activities in over 80 LA aimed at encouraging behaviour change and strengthening local</p>	<p>Following the new Government, we understand that the cross-government obesity strategy and Healthy Weight: Healthy Lives strategy will now cease. The high level advisory group on Obesity is continuing to meet.</p> <p>The Department of Health, Food Standards Agency and other government departments receive independent expert advice on nutrition from the Scientific Advisory Committee on Nutrition (SACN). SACN are currently examining energy requirements. This includes considering current UK energy intakes and physical activity levels, existing energy requirement values, new evidence on energy expenditure, and the various methods that may be</p>

		<p>partnership to tackle a wide range of key health priorities).</p> <p>Choosing Health: making healthier choices easier (2004) (with associated action plans on activity (2005) and food (2005)).</p> <p>Health inequalities toolkit (with Association of Public Health Observatories): http://www.lho.org.uk/LHO_TOPICS/ANALYTIC_TOOLS/HEALTHINEQUALITIESINTERVENTIONTOOLKIT.ASPX</p> <p>Health Trainers programme since 2006: Local Health Trainer services are usually commissioned and managed by NHS primary care trusts (PCTs) or local authorities and work in a broad range of settings.. Health Trainers are drawn from a vast range of backgrounds. Many live within the communities they work with and are able to draw on that knowledge to provide the support and understanding that clients need to achieve their health-related goals. Health Trainers provide individual support and advice to help people to identify and achieve their own health goals and to make healthier lifestyle choices, most often in the areas of healthy eating, physical activity, smoking cessation and alcohol. Evaluation report due.</p> <p>Legacy Action Plan target for Olympic Games (joint target for DH and other government departments) – to get 2 million more adults active by 2012.</p>	<p>used to calculate energy requirements. On the basis of their review, SACN will calculate new draft Estimated Average Requirements (EARs) for energy for the UK population for each age group and gender. (see http://www.sacn.gov.uk/index.html). Announced October 2010 that SACN will no longer be an NDPB but reconstitute as a Department of Health committee of experts.</p>
<p>Department for Transport (DfT) http://www.dft.gov.uk/</p>	<p>Covers air, road, rail and shipping. Website states that “the Department provides leadership across the transport sector to achieve its objectives, working with regional, local and private sector partners to deliver many of the services.</p>	<p>No direct policies on obesity.</p> <p>Health one of a number of goals in strategy on <i>Developing a Sustainable Transport System</i></p> <p>Travel plans under actions on sustainable travel. Includes guidance on travel plans for schools, businesses.</p> <p>Active Travel Strategy published February 2010.</p> <p>Manual for Streets published 2007 - gives a high priority to the</p>	<p>Results of sustainable travel towns programme (Darlington, Peterborough and Worcester) published October 2005.</p>

		needs of pedestrians, cyclists and users of public transport.	
Treasury http://www.hm-treasury.gov.uk/	<ul style="list-style-type: none"> Formulating and implementing the UK Government's financial and economic policy. Undertakes periodic comprehensive spending reviews and sets departmental strategic objectives. Objectives for tax and welfare system. Public – private partnerships Undertakes consultations on legislative issues. 	<p>The Treasury has a general input across the government sector, including health, and therefore has a wider influence on obesity policy.</p> <p>Has some responsibility for the Common Agricultural Policy.</p> <p>Commissioned Barker review of planning (2006).</p>	<p>Spending Reviews set firm and fixed three-year Departmental Expenditure Limits and, through Public Service Agreements (PSA), define the key improvements that the public can expect from these resources.</p> <p>Spending Reviews since 1997 targeted resources for the Government's priorities, and set public service agreement (PSA) targets for improvements in key public services: in education, health, transport and criminal justice.</p>

3.2 Arms Length Bodies

Arms Length Bodies	Responsibilities	Key policies	Notes
Audit Commission http://www.audit-commission.gov.uk/	<p>Independent watchdog, driving economy, efficiency and effectiveness in local public services to deliver better outcomes for everyone. Divides work by local government, community safety, fire and rescue, health, housing and other organisations.</p>	<p>Published a series of reports on obesity:</p> <ul style="list-style-type: none"> Tackling Child Obesity – first steps (2006) Improving health and well-being (2007) Are we choosing health? The impact of policy on the delivery of health improvement programmes and services (2008) Giving children a healthy start - A review of health improvements in children from birth to five years (February 2010) Healthy balance - A review of public health performance and spending March 2010) 	<p>Closure announced August 2010. Stated October 2010 that will disband and transfer audit practice into private ownership</p> <p>The 2006 report concluded that there was a risk the government's child obesity target (jointly held by DH, DfES and DCMS) may not be met unless the departments provide clear leadership and guidance. 2007 report included:</p>

			<p>Included in this report are:</p> <ul style="list-style-type: none"> • corporate assessments • national studies • local audit • needs assessment and community engagement • Knowing your communities: User focus and diversity toolkit • partnership • Comprehensive Area Assessment (halted from June 2010) • strategies and action plans • evaluation • good data • effective use of resources • action on child accident prevention
Cycling England	Promote the growth of cycling in England by championing best practice and channeling funding to partners engaged in training, engineering and marketing projects.	<p>Cycling demonstration towns initiative (evaluation available). Aylesbury, Brighton and Hove, Darlington, Derby, Exeter and Lancaster with Morecambe collectively received over £7m from Cycling England across three years, plus local match-funding, to deliver a range of measures designed to get more people cycling.</p> <p>Range of publications supporting the health benefits of cycling (see website) and CE feed into DH policy.</p> <p>Range of publications with focus on planning, design and infrastructure.</p>	<p>Established by DfT 2005.</p> <p>October 2010: Announced that will abolish. Stated that “We have announced a Local Sustainable Travel Fund and will explore ways of marshalling expert input on cycling issues, including to support the Fund”</p>
Commission for Architecture and the Built Environment	Government's statutory advisor on architecture, urban design and public space	<p>Range of publications and activities, including:</p> <p>Community Green – using local spaces to tackle inequality and improve health (2010)</p> <p>Future Health – sustainable places for health and wellbeing</p>	<p>October 2010: stated that options for reform being considered.</p> <p>DCMS removed funding from CABE</p>

		(2009) Helping community groups to improve public spaces (2009) Designing and planning for play: public space lessons (2008)	as part of spending review.
Commission for Rural Communities http://ruralcommunities.gov.uk/	Aims to tackle rural disadvantage	Indirect links to obesity - rural transport, planning and access to services. No specific work on obesity, physical activity or diet.	Announced 29 th June that to be abolished (completing work by March 2011).
Environment Agency http://www.environment-agency.gov.uk/	Executive Non-departmental Public Body responsible to the Secretary of State for Environment, Food and Rural Affairs and an Assembly Sponsored Public Body responsible to the National Assembly for Wales. Principal aims are to protect and improve the environment, and to promote sustainable development. Play a central role in delivering the environmental priorities of central government and the Welsh Assembly Government.	No direct policies on obesity. Policies on climate change and energy, and planning resources and policy. Creating Better Place – strategy for 2010-2015 Develops good practice guidelines for anyone whose work involves strategic environmental assessment. Support Blue Gym (with DH and Natural England).	
Food Standards Agency http://www.food.gov.uk/	Independent Government department set up by an Act of Parliament in 2000 to protect the public's health and consumer interests in relation to food. Work includes: <ul style="list-style-type: none"> • Nutrition • Safety and hygiene • Labelling and packaging • GM and novel foods • Work with the food industry • Enforcement • Science and research 	FSA Strategy 2010-15 did not include explicit reference to obesity or weight (included in Strategy 2005-10). Nutrition actions include focus on catering, food competencies for young people, community cooking, front of pack nutrition labelling, advertising to children and strategies on fat and energy. Undertakes dietary and consumer surveys. Provide joint secretariat with DH for the Scientific Advisory Committee on Nutrition. The FSA Regional Unit heads up Agency teams working out of the Government Offices for the	FSA was established 2000, operating principles of transparency and disclosure intended to restore the faith of the public in the government's food-safety machinery following various food-safety problems, including BSE. See DH re SACN. Announced July 2010 that FSA will be retained with a renewed focus on food safety. DH will be responsible for nutrition policy in

		regions in England. This is a pilot – teams are in four of the nine Regional Government Offices in England. In relation to their food and health remit, key bodies the teams work with include Department of Health Regional Public Health Groups, local Primary Care Trusts (PCTs) and local authority Health Promotion Units.	England and DEFRA will become responsible for country of origin labelling and various other types of food labelling not related to food safety, and food composition policies in England.
Government Office for the English Regions http://www.gos.gov.uk/	<ul style="list-style-type: none"> • acting for Government in our regions and localities • acting for our regions and localities in Government • building partnerships and delivering in partnership 	<p>Support implementation of national policies, such as Every Child Matters.</p> <p>Eight government offices are:</p> <ul style="list-style-type: none"> • East Midlands • East of England • London • North East • North West • South East • South West • West Midlands • Yorkshire and The Humber 	<p>Government Office network established 1994.</p> <p>Announced July 2010 that Government offices in English regions to be closed (no later than March 2011). Also announced that the following would be closed: Government Office for London, along with the Regional Spatial Strategies, the Regional Assemblies, Regional Leaders' Boards and Regional Development Agencies.</p>
Care Quality Commission (formerly the Healthcare Commission) http://www.cqc.org.uk/	<p>The Care Quality Commission regulate health and adult social care services in England, whether they're provided by the NHS, local authorities, private companies or voluntary organisations. They also protect the rights of people detained under the Mental Health Act.</p> <p><i>Main activities</i></p> <ul style="list-style-type: none"> • Registration and enforcement • Improving health and social care • Mental Health Act visits • Reporting health and social care 	<p>Conducting a review of 'Commissioning for healthy weight 2009/10'</p> <p>This review will look at what PCTs are doing to address the current and future obesity and overweight problems in their areas. The review will focus on the themes contained in the framework for local action published in Healthy Weight, Healthy Lives: Guidance for Local Areas.</p> <ul style="list-style-type: none"> • Understanding the problem in your area and setting local goals • Local leadership • Choosing interventions • Monitoring and evaluation • Building local capabilities 	<p>Announced October 2010 that will be retained.</p> <p>Announced July 2010 that the commissioning for healthy weight review has been cancelled. Focus for 2010/11 is on roll out of registration programmes.</p>

	information	The review will assess only PCTs. We will mainly collect performance information from Primary Care Trusts (PCTs) plus, potentially, a small amount of data from local councils to inform our assessment of PCTs.	
Local Government Improvement and Development [Formerly IDeA] http://www.idea.gov.uk	Supports improvement and innovation in local government. Work with local authorities and their partners to develop and share good practice - through networks, online resources, and support from councillor and officer peers.	Individual healthy communities peer reviews are undertaken for Local Authorities who commission them, and these can involve the LA's policy and practice on obesity. The aim of these reviews are to share best practice, by helping councils challenge and learn from each other, while also producing a report that can feed into national policy. The reports contain constructive discussions of the LA's strengths and weaknesses and provides recommendations of how improvements can be made.	Established 2003 Name changed June 2010. Part of the LGA group. LGA group works on behalf of councils to support, promote and improve local government. The members of the group are: <ul style="list-style-type: none"> • the Local Government Association (LGA) • Local Government Improvement and Development (formerly the IDeA) • Local Government Employers (LGE) • Local Partnerships (formerly 4ps) • Local Authorities Coordinators of Regulatory Services (LACORS) • the Leadership Centre for Local Government.
National Audit Office http://www.nao.org.uk/	Independent of Government. Role is to: <ul style="list-style-type: none"> • Audit the accounts of all government departments and agencies as well as a wide range of other public bodies • Report to 	Reports of interest (by date) <ul style="list-style-type: none"> • Tackling inequalities in life expectancy in areas with the worst health and deprivation (2010) • Department for Transport: Improving road safety for pedestrians and cyclists in Great Britain (2009) • Local Area Agreements and 	Tackling Obesity - first steps (2006) joint report with Healthcare Commission and Audit Commission. Report indicated five key ways in which the delivery chain needs to be

	<p>Parliament on the economy, efficiency and effectiveness with which these bodies have used public money.</p>	<p>the Third Sector: Public Service Delivery (2007)</p> <ul style="list-style-type: none"> • Tackling Obesity – first steps (2006) • Sure Start Children’s Centres (2006) • Improving service delivery – the Food Standards Agency (2003) • Tackling Obesity in England (2001) 	<p>strengthened:</p> <ol style="list-style-type: none"> 1. Greater clarity and direction from target-holding Departments. 2. Regional roles and responsibilities should be better defined. 3. Local partnerships need to be strengthened. 4. Frontline staff require more support. 5. Involving and influencing parents and children.
<p>Natural England http://www.naturalengland.org.uk/</p>	<p>Natural England advises the government on how best to safeguard England’s natural wealth for the benefit of everyone.</p> <p>Responsibilities include:</p> <ul style="list-style-type: none"> • Managing England’s green farming schemes. • Increasing opportunities for everyone to enjoy the wonders of the natural world • Reducing the decline of biodiversity and licensing of protected species across England • Designating National Parks and Areas of Outstanding Natural Beauty • Managing most National Nature Reserves and notifying Sites of Special Scientific Interest • 	<p><i>Walking for health</i> Health is one of the four main themes on which Natural England is currently campaigning and the work of WfH is an integral part of this campaign.</p> <p><i>Natural Play Invaders</i> Contributes funding to London Play initiative which aims to reconnect children with their local green spaces.</p> <p><i>Natural Health Service</i> initiative calling for a step-change in the way that people are given access to green spaces and in which outdoor activity programmes are supported by GPs.</p> <p>Has made recommendations on local transport plans: http://www.naturalengland.org.uk/Images/local-transport-plans_tcm6-15159.pdf</p>	<p>October 2010: announced that will reform through structural, process and cultural change to become a more efficient and customer focused organisation; and clarify accountabilities</p> <p>Work with farmers and land managers; business and industry; planners and developers; national, regional and local government; interest groups and local communities to help them improve their local environment.</p>

<p>Ofcom</p> <p>http://www.ofcom.org.uk/</p>	<p>Communications regulator for UK, including TV and radio frequencies, mobile frequencies, and the frequencies used by other wireless devices. It also regulates fixed line telecommunications. Its responsibilities include:</p> <ul style="list-style-type: none"> • licensing and assignment of frequencies for use • promoting competition in these sectors • protecting consumers harmful or offensive material 	<p>Following a consultation on the issue of food marketing to children, Ofcom released revised rules in Feb 2007, designed to come into effect of July of that year, contained in <i>Television Advertising of Food and Drink Products to Children Final statement</i>.</p> <p>This statement contained rules relating to: the scheduling and context of advertising of food to children; the regulation of specific promotions and pressure marketing techniques, and the rules relating to the depiction of unhealthy eating and lifestyles.</p>	
<p>Ofsted</p> <p>http://www.ofsted.gov.uk/</p>	<ul style="list-style-type: none"> • Regulation and inspection of childcare and children's social care • Inspection of schools; colleges; initial teacher education; work-based learning and skills training; adult and community learning; education and training in prisons and other secure establishments; the Children and Family Court Advisory; and Support Service (Cafcass) • Assessing children's services in local areas, and inspection of services for looked after children, safeguarding and child protection. • Promoting improvement in the services inspected and regulated 	<p>Has inspected provision of meals and physical education in primary and secondary schools in England, publishing the following reports:</p> <ul style="list-style-type: none"> • Food in schools (2010) • Working towards 2012 and beyond: how a wider curriculum and increased funding boosts pupils' achievement in physical education (2009) • Food in schools: encouraging healthier eating (2007) • Narrowing the gap: the inspection of children's services (2007) • Healthy schools, healthy children? The contribution of education to pupils' health and well-being (2006) • School sport partnerships motivate disenchanted pupils to take up sports (2006) • 	<p>2010 report on food in schools found the most successful provision was found in the areas where the local authorities and their partners, particularly the primary health care trusts, shared a vision for improvement and had developed well-defined strategies. This report and 2009 report on PE found significant weakness in procedures to monitor and analyse the impact of action.</p> <p>2006 report on healthy schools found that The schools that contributed most effectively to pupils' health and well-being had leadership teams which recognised the link between physical well-being and the readiness to learn</p>

			<p>and achieve. An ethos was created by the schools which promoted health and engaged pupils, parents and staff. The most successful ones were those where theory was reflected in practice, for example through a school fruit and vegetable scheme and ensuring pupils had two hours of physical activity each week.</p>
<p>School Food Trust http://www.schoolfoodtrust.org.uk/</p>	<p>Independent, Non Departmental Public Body with a remit to transform school food and food skills to improve health and education for school age children and young people.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Ensure all schools meet the food based and nutrient based standards for lunch and non-lunch food. • Increase the take-up of school meals. • Reduce diet-related inequalities in childhood through food education and school based initiatives. • Improve food skills through food education, and school and community initiatives. 	<p>Following consultation on the report 'Turning the Tables: Transforming School Food' published by the School Meals Review Panel in October 2005, and the Food Other than Lunch report, published by the Trust in February 2006, the Government announced the standards it intended to apply to school food in May 2006. The Trust is charged with taking forward these standards.</p>	<p>October 2010: Stated that will abolish NDPB status, but continue as a charity with the potential to become a community interest company.</p> <p>Established in 2005 with funding from the Department for Education and Skills (replaced by Department for Children, Schools and Families, DCSF and subsequently by the current Department for Education). Became a registered charity in 2007.</p> <p>Works closely with the Department for Education, the Department of Health (DH), the Healthy Schools Programme and The Food Standards Agency, parents and children, head teachers, school governors, and leadership teams in schools; catering industry, educators and staff; the food industry, and local and</p>

			regional government bodies.
<p>Sport England</p> <p>http://www.sportengland.org/</p>	<p>Government agency responsible for building the foundations of sporting success, by creating a community sport system of clubs, coaches, facilities and volunteers.</p> <p>Their focus is around three outcomes - growing and sustaining the numbers of people taking part in sport and improving talent development to help more people excel.</p>	<p>No direct policies on obesity.</p> <p>Invest expertise, resources and both government and Lottery money into community sport (through 46 national governing bodies of sport).</p> <p>Statutory role in protecting playing fields and must be consulted if community playing fields are threatened by potential developments.</p> <p>Provide expertise and advice on range of sports subjects including planning, facilities, coaching, volunteering and sports development.</p> <p>Advocates for community sport - bringing together a wide range of partners from local and national government, the commercial sector, higher and further education and the third sector to make the most of their investment in sport.</p>	<p>October 2010: To be merged with UK Sport.</p>
<p>Sustainable Development Commission</p> <p>http://www.sd-commission.org.uk/</p>	<p>Responsibilities include:</p> <ul style="list-style-type: none"> • providing informed, evidence-based advice to government on finding solutions to problems which help it to meet its commitment to sustainable development • developing the attitudes, skills and knowledge in government to make the best decisions for today and the future • holding government to account on progress towards sustainability. 	<p><i>Health, place and nature - how outdoor environments influence health and well-being</i> (published March 2008)</p> <p>- offers sustainability practitioners in the public and private sectors a practical resource focusing on how the outdoor environment affects the health and well-being of their staff and stakeholders. It comprises a wide-ranging knowledge base, and a slide set for practitioners to use in their own presentations.</p>	<p>Established 2000 and expanded 2006 to take on watchdog role.</p> <p>DEFRA announced funding withdrawn July 2010.</p>

	<p>They have ten policy areas: climate change, consumption, economics, education, energy, engagement, health, housing, regional & local government and transport. Each policy area is led by a steering group of Commissioners and SDC staff.</p>		
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3.3 National Policies

A search was undertaken of the NICE policy database on 21-22nd June 2010 for strategies of relevance. The policies have been categorised according to whether they are about targets, local structures, performance monitoring, physical activity and the environment, child nutrition and obesity. Policies are presented in order of publication date.

3.3.1 National and local targets and indicators

<p>DCSF (2008) Every child matters outcomes framework www.everychildmatters.gov.uk/aims/outcomes/</p>	<p>In this update of the Change for Children Outcomes Framework, the directly relevant <i>outcome</i> is 'Be healthy', with the <i>aims</i> of</p> <ul style="list-style-type: none"> • Physically healthy • Mentally and emotionally healthy • Sexually healthy • Healthy lifestyles • Choose not to take illegal drugs. <p>Indicators reflect PSA12, the national indicator set, and the NHS 'Vital Signs'.</p>
<p>Department of Health (2008) Operational plans 2008/09–2010/11: national planning guidance and 'vital signs' www.dh.gov.uk/en/Publicationandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082542</p>	<p>Set out NHS indicator set related to public service agreements (PSAs) and the national indicator set.</p> <p>Indicators for 'national priorities for local delivery' relevant to obesity are</p> <ul style="list-style-type: none"> • Obesity among primary school-age children • Percentage of infants breastfed at 6–8 weeks
<p>HM Treasury (2007) Meeting the aspirations of the British people. 2007 pre-budget report and comprehensive spending review www.hm-treasury.gov.uk/pbr_csr/report/pbr_csr07_repindex.cfm</p>	<p>Defined public service agreement (PSA) priority outcomes for the period 2008–2011 underpinned by delivery agreements shared across contributing departments.</p> <p>PSAs relevant to obesity and obesity related factors include:</p> <p>PSA 12: Improve the health and well-being of children and young people</p> <ul style="list-style-type: none"> • Breastfeeding at six to eight weeks • Take up of school lunches • Childhood obesity - Reducing the rate of increase in obesity among children under 11 as a first step towards a long-term national ambition, by 2020, to reduce the proportion of overweight and obese children to 2000 levels in the context of tackling obesity across the population. <p>PSA 21: Build more cohesive, empowered and active communities</p> <ul style="list-style-type: none"> • Percentage of people who feel that they belong to their neighbourhood <p>PSA22: Deliver a successful Olympic games</p> <ul style="list-style-type: none"> • Children and young people's participation in sport - In addition to at least 2 hours per week of high quality PE and sport in school for all aged 5–16, all children and young people aged 5–19 will

	<p>be offered opportunities to participate in a further 3 hours per week of sporting activities provided through schools, further education (FE) colleges,</p> <p>PSA23: Make communities safer</p> <ul style="list-style-type: none"> • Percentage of people perceiving anti-social behaviour as a problem
<p>DCLG (2007) The new performance framework for local authorities and local authority partnerships: single set of national indicators www.communities.gov.uk/publications/localgovernment/nationalindicator</p>	<p>Set out the national indicator sets of 198 indicators, closely related to national public service agreements (PSAs), representing what government believes should be the national priorities for local government and its partners. The aim was to strengthen the incentives for closer partnership working locally.</p> <p>Indicators relevant to obesity and obesity-related factors are:</p> <ul style="list-style-type: none"> • NI 17 Perceptions of anti-social behaviour • NI 52 Take up of school lunches • NI 53 Prevalence of breastfeeding at 6 – 8 weeks from birth • NI 55 Obesity among primary school age children in Reception Year • NI 56 Obesity among primary school age children in Year 6 • NI 57 Children and young people’s participation in high-quality PE and sport • NI 109 Number of Sure Start Children Centres • NI 175 Access to services and facilities by public transport, walking and cycling • NI 195/196 Improved street and environmental cleanliness • NI 198 Children travelling to school – mode of travel usually used

3.3.2 Local roles and structures

<p>Local Government and Public Involvement in Health Act 2007 www.opsi.gov.uk/acts/acts2007/ukpga_20070028_en_1</p>	<p>Established the duty of partnership proposed in the local government white paper, and the duty on partnerships to define local improvement targets and set them out in a local area agreement (LAA). The Act also established the duty on local authorities and their partners in health and social care to carry out a joint strategic needs assessment.</p>
<p>DCLG (2006) Strong and prosperous communities. The local government white paper www.communities.gov.uk/localgovernment/strategies/strongprosperous/</p>	<p>Confirmed local strategic partnerships (LSPs) as the overarching strategic partnership for an area and pledged to require local authorities to consult with partners on a delivery plan for the area – the local area agreement (LAA). LAAs would set out a single set of priorities, and local partnerships – such as the health and well-being partnership – would be responsible for delivery.</p> <p>Also proposed a simplification of the local performance framework, with fewer indicators, and a new national monitoring regime – Comprehensive Area Assessment (CPA) – to replace Comprehensive Performance Assessment (CPA).</p> <p>An annex on health and well-being promised legislation making partnership for health and well-being under the LSP statutory, and imposing on PCTs and local authorities a new duty to cooperate.</p>

3.3.3 Performance monitoring

<p>Healthcare Commission / Audit Commission (2008) Are we choosing health?</p> <p>http://www.audit-commission.gov.uk/nationalstudies/health/publichealth/pages/arewechoosinghealth.aspx</p>	<p>Reviews how well the NHS and local government are tackling the issues of health improvement and health inequalities at a local and national level.</p> <p>In relation to obesity, flags the lack of a national strategy or target until relatively recently and states should ensure tackled through programmes that take into account all the components identified as contributing to better outcomes.</p> <p>In a commentary on “policy into practice” states that “relatively few of the components of a coordinated, effective approach to the delivery of better outcomes have been in place”.</p>
<p>NAO/Healthcare Commission/Audit Commission (2006) Tackling child obesity – first steps</p> <p>www.nao.org.uk/publications/0506/tackling_child_obesity.aspx</p>	<p>Examined the delivery chain associated with the delivery of the child obesity PSA target, from the challenges faced by the joint owners of the target – the Departments of Health, Education and Skills and Culture, Media and Sport – through to the actions being taken by or now required at regional and local level by those organisations that have to deliver the target.</p> <p>States that “the delivery chain to tackle child obesity is complex and the Departments have found it difficult to communicate across the network of organisations involved.”</p> <p>Identified ways in which the various parties involved in the chains might work more closely together, as well as suggesting some ways in which the target might be achieved both efficiently and effectively.</p>
<p>NAO (2001) Tackling obesity in England</p> <p>www.nao.org.uk/publications/0001/tackling_obesity_in_england.aspx?alreadysearchfor=yes</p>	<p>Examined the way in which the NHS manages the problem of obesity, finding that many health authorities reflected the problem in their local health planning, and some had dedicated strategies to address it.</p> <p>Also assessed how well the various public sector agencies combine to influence the prevalence of obesity, finding that while government departments were working closely together, particularly to encourage healthy lifestyles amongst schoolchildren, there were opportunities to build further on the success of joint working to date.</p>

3.3.4 Physical activity and supportive environments

<p>DH/Department for Transport (2010) Active travel strategy</p> <p>www.dft.gov.uk/pgr/sustainable/cycling/activetravelstrategy/</p>	<p>Made the health and economic case for active travel and follows up the government commitment in Building Britain’s future to develop an Active Travel Strategy and National Cycle Plan, led by the Department for Transport the DH.</p> <p>The strategy aimed to: promote better public health and well-being by increasing levels of physical activity, particularly among the most inactive people in our society; increase accessibility and reduce congestion; improve air quality and reduce carbon emissions.</p>
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<p>DH (2009) Let's get moving. Commissioning guidance. A new physical activity care pathway for the NHS www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_105945</p>	<p>Encouraged PCTs to implement a more structured evidence-based approach to the promotion of physical activity, including encouraging patients to set their own physical activity goals and drawing upon community-based physical activities. Aimed to embed the promotion of physical activity as an essential component of high-quality primary care.</p>
<p>Department for Transport (2009) Delivering sustainable, low carbon travel: an essential guide for local authorities www.dft.gov.uk/pgr/sustainable/guidelocalauth/</p>	<p>Aims to help local authorities to make the business case for sustainable travel and provides case studies from demonstration towns. Argued that sustainable travel is about understanding the local area and providing for its transport needs through a package of measures which promote attractive sustainable transport alternatives such as walking, cycling, public transport and sustainable car use, held together by a clear brand. Pointed to three pillars: creating positive choices for travellers; a holistic package of measures, which 'lock-in' the benefits; and local application tailored to local circumstances.</p>
<p>HM Government (2009) Be active, be healthy: a plan for getting the nation moving www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094358</p>	<p>Established a new cross-government framework for the delivery of physical activity alongside sport, with the aim of contribute to the government's ambition of getting two million more people active by 2012 and leaving a lasting legacy from the Olympic Games.</p> <p>Covers both action from individualised interventions (such as brief advice in primary care) to high-level policy interventions (such as the impact of national planning guidance on the provision of open space, sport and recreation). There is a particular focus on what local authorities and PCTs can do together to promote physical activity.</p> <p>Makes an economic case for promoting physical activity and promises further tools to support it.</p>
<p>Department for Transport (2008) A sustainable future for cycling www.dft.gov.uk/pgr/sustainable/cycling/</p>	<p>Makes the case, particularly obesity-related health benefits, of investing in cycling and announces additional funding for cycle training for young people, new cycling infrastructure, demonstration projects, and cycling to school schemes.</p>
<p>DCLG (2008) Planning policy statement 12: local spatial planning www.communities.gov.uk/publications/planningandbuilding/pps12lsp</p>	<p>Explains what local spatial planning is, and how it benefits communities. Also sets out what the key ingredients of local spatial plans are and the key government policies on how they should be prepared. Should be taken into account by local planning authorities in preparing development plan documents and other local development documents.</p>
<p>Department of Health (2005) Choosing Health – Making Healthy Choices Easier and Choosing Activity: a physical activity action plan www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/DH_050505</p>	<p>Aims to increase levels of physical activity in the population by ensuring that people know about the links between physical activity and better health and opportunities to be more active; encouraging activity in educational settings; providing opportunities for physical activity in the community in safe, attractive environments; providing advice and support through the NHS; and engaging employers to encourage people in the workplace.</p>

nsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4105354&ch=ixYz2B	
CMO (2004) At least five a week: evidence on the impact of physical activity and its relationship to health www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4080994	Set out the latest research evidence of the benefits of physical activity for health and is aimed at those concerned with formulating and implementing policies or programmes that utilise the promotion of physical activity, sport, exercise and active travel to achieve health gain.
Department for Transport (2004) The Future of Transport – a network for 2030 www.dft.gov.uk/about/strategy/whitepapers/fot/	Aspires to a transport network for 2030 that includes walking and cycling as a ‘real’ alternative for local trips, improved road safety, and respect for the environment.
Department for Transport (2004) Walking and Cycling: an action plan www.dft.gov.uk/stellent/groups/dft_susttravel/documents/page/dft_susttravel_029200.hcsp	Aimed to increase walking and cycling by creating places where people want to walk and cycle (e.g. through land-use and transport planning, improving ‘liveability’, and tackling anti-social behaviour); providing high quality facilities for safe walking and cycling; influencing travel behaviour through education, training, marketing, and promotion; building skills and capacity; and monitoring success through targets and indicators.
Office of the Deputy Prime Minister (ODPM) (2002) Living Places – Cleaner, Safer, Greener www.communities.gov.uk/publications/communities/livingplaces/cleaner	Set out the government’s approach to making cleaner, safer, greener public spaces. Programme of action to include: improving coordination of policies and funding; making sure that public spaces are accessible to all; tackling the particular problems of the poorest communities; a focus on urban parks and green spaces; and raising awareness and promoting best practice.

3.3.5 Nutrition

DH/DCFS (2009) Healthy lives, brighter futures. The strategy for children and young people’s health www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400	Strategy to support children and families’ health aimed to achieve world-class health outcomes and minimise health inequalities. The strategy is organised according to life stage plus additional support for children and young people in need of acute or ongoing care, and changes to the delivery system. Actions to prevent obesity were included in the proposals on early years and pregnancy, school age children, and young people.
Department of Health (2008) Child health promotion programme: pregnancy and the first five years of life www.dh.gov.uk/en/Publications	The programme built on the children’s NSF and aimed to: <ul style="list-style-type: none"> • provide greater emphasis on promoting the health and well-being of children in the early stages – pregnancy and the first five years of life • support a model of progressive universalism – a core

andstatistics/Publications/DH_083645	<p>programme for all children, with additional services for children and families with particular needs and risks</p> <ul style="list-style-type: none"> ● encourage partnership working between different agencies on local service development.
<p>UK Health Departments (2007) Healthy Start. A guide for health professionals http://www.healthystart.nhs.uk/en/fe/information_for_health_professionals.html</p>	<p>Provided information about the Healthy Start scheme and how it could help health professionals deliver more targeted, individualised care for pregnant women and mothers with young children. Also provided health professionals with the key public health messages for pregnancy, the postnatal period and the early years of a child's life, covering diet and nutrition, breastfeeding, weaning, allergies, smoking, alcohol, and drug misuse.</p>
<p>DH (2005) Choosing a better diet: a food and health action plan www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4105356</p>	<p>Summarised how the government would deliver the commitments on nutrition presented in the public health white paper Choosing Health: Making healthier choices easier (See DH 2004 above). Included action on: advertising and promotion of foods to children; simplified food labelling; obesity education and prevention; nutritional standards in schools, hospitals and the workplace.</p>
<p>DH (2005) National service framework for children, young people and maternity services. Maternity services exemplar www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4106047</p>	<p>One of a set of exemplars based around a child's journey through care illustrating how standard 11 and key themes of the NSF can be put into practice.</p>
<p>Sure Start (2005) Birth to three matters: a healthy child www.surestart.gov.uk/improvingquality/frameworks/birthtothree/matters/ [original link doesn't currently work]</p>	<p>Part of a framework (mainly for professionals) to support children in their earliest years. 'Growing and developing' element highlights importance of nutritional needs and breastfeeding.</p>
<p>DH (2004) Good practice and innovation in breastfeeding www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4097202</p>	<p>Resource for health professionals on good practice and innovation in supporting breastfeeding initiation - with a particular focus on reaching women from disadvantaged groups, their partners and influencers.</p>
<p>DH (2004) National service framework for children, young people and maternity services. Maternity services www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101</p>	<p>Standard 11 addressed the requirements of women and their babies during pregnancy, birth and after birth, including support for breastfeeding. Related to 'universal' standards on: promoting health and well-being; supporting parenting; child, young person, and family-centred services; growing up into adulthood; and safeguarding and promoting the welfare of children and young people.</p>
<p>DH (2004) Choosing health: making healthy choices easier www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101</p>	<p>Public health white paper identifying nutrition as a key component of a healthy start in life.</p>

ationsPolicyAndGuidance/DH_4_094550	
HM Government (2004) Every child matters: Change for children www.everychildmatters.gov.uk/aims/	Set out the Change for Children outcomes framework, within which promotion of breastfeeding is a criterion for inspection of performance on public service agreement (PSA) targets on infant mortality and obesity and related to the 'being healthy' outcome.
Department of Health (2003) Tackling health inequalities: a programme for action www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4_008268	Programme for action built around four themes, one of which is supporting families, mothers, and children. The components of this theme included maternal and child health, and child development.
DH (2003) Infant feeding recommendation www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4_097197	The DH's advice on the introduction of solid food in light of World Health Organization (WHO) recommendations on the duration of exclusive breastfeeding.
Acheson D (1998) Independent inquiry into inequalities in health. Report www.archive.officialdocuments.co.uk/document/doh/ih/ih.htm	Emphasised the influence of poverty, education and early nutrition on health inequalities. Recommended policies to improve nutrition, reduce food poverty and prevent childhood obesity.

3.3.6 Other strategies and initiatives

DH (2010) Healthy weight, healthy lives: two years on http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113486	Reviews progress on the delivery of Healthy Weight, Healthy Lives
DH (2009) Change4Life campaign http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/MediaCentre/Currentcampaigns/Change4life/index.htm	Described as 'a society-wide movement that aims to prevent people from becoming overweight by encouraging them to eat better and move more', Change4Life is the social marketing component of the government's response to the rise in obesity. Aims to inspire the involvement of everyone who has an interest in preventing obesity, be they government, business, healthcare professionals, charities, schools, families or individuals. Indications are (July 2010) that funding will be scaled back with industry taking the lead.
DH (2009) How to set and monitor goals for prevalence of child obesity: guidance for Primary Care Trusts (PCTs) and local authorities http://www.dh.gov.uk/en/Publica	Part of the Vital Signs and the National Indicator Set. Updated guidance is provided on circumstances in which a refresh of 2009/10 and 2010/11 plans for Year 6 children is warranted.

tionsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083110	
DH (2009) Healthy weight, healthy lives: one year on http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_097523	Reviews progress on the delivery of Healthy Weight, Healthy Lives
DH (2008) Healthy weight, healthy lives: commissioning weight management services for children and young people http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090113	Designed to reflect the move towards world class commissioning and joint commissioning of children's services, and complements the existing suite of Healthy Weight, Healthy Lives publications. Includes an introduction setting out the wider context and additional plans to provide support to commissioners in this area, and 15 separate tools covering key steps in the commissioning process.
DH (2008) A practical guide to integrated working http://www.dhcarenetworks.org.uk/Integration/icn/Topics/Type/CNResource/?cid=2664	Developed for DH Care Networks, covers the challenges and issues that integration poses, the supporting policy framework, the evidence-base and best practice examples. The guide is intended to assist those working towards the integration of service commissioning and provision
Government Office for Science (2007) Foresight. Tackling obesity: future choices – project report. 2 nd edition www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/Obesity.asp	Examined how to deliver a sustainable response to obesity over the next 40 years by assembling evidence and expertise from academic disciplines such as epidemiology, food science, genetics, psychology and sociology, and from professionals and interested organisations within and beyond government. Argues that the prevalence of obesity is a major challenge, not just for medicine and public health but for governance and decision making: the deceptively simple issue of encouraging physical activity and modifying dietary habits, in reality, raises complex social and economic questions about the need to reshape public policy in food production, food manufacturing, healthcare, retail, education, culture and trade. Finds that a substantial degree of intervention is required to affect an impact on the rising trend in obesity, and that a systemic or paradigm shift is needed to disrupt the cycle of accumulation of fat and to restore balance.
DH (2000) National service framework for coronary heart disease www.dh.gov.uk/en/Publicationsandstatistics/Publications/publicationsPolicyAndGuidance/DH_4094275	Standard one on prevention stated: 'The NHS and partner agencies should develop, implement and monitor policies that reduce the prevalence of coronary risk factors in the population, and reduce inequalities in risks of developing heart disease.' Recommended local population-level strategies to tackle obesity.

3.3.7 *Planning policy*

The new coalition government policy is due to be outlined in the forthcoming Localism Bill (due by the end of the year). Major changes to the spatial planning are anticipated, therefore it is uncertain what precise 'levers' for ensuring health considerations will be available.

At national level Planning Policy Statements set out guidance for local spatial planning. Planning Policy Statements (PPSs) are prepared to explain statutory provisions and provide guidance to local authorities and others on planning policy and the operation of the planning system. They also explain the relationship between planning policies and other policies related to development and land use.

While health is implicit in a number of PPSs, it is more explicit in the following:

- PPS 1 Delivering Sustainable Development: Promote communities which are inclusive, healthy, safe and crime free, whilst respecting the diverse needs of communities and the special needs of particular sectors of the community;
- PPS3 Housing Set targets for the amount of affordable housing to be provided, and consider the needs of children where family housing is provided;
- PPG 7 Sport and Recreation, covers open space for health and wellbeing as well as sport and recreation facilities
- PPG 13 Transport. Promote accessibility to jobs, shopping, leisure facilities and services by public transport, walking and cycling, and reduce the need to travel, especially by car.

It is understood that the new government is intending to produce one overarching piece of guidance that will replace all the individual PPSs.

Under current legislation, statutory spatial planning has been required at two levels: for each region there should be a Regional Spatial Strategy (RSS), and for each local planning authority area - i.e. for a district, borough, or unitary authority - a Local Development Framework (LDF). The new government has ruled that the regional level of planning is to disappear and RSS will be absorbed into broader Regional Strategies. The LDF is intended to implement the spatial aspects of the broader Sustainable Community Strategy (SCS) for the area in question. (The SCS is required to be produced in full consultation with local communities and partners, the latter through involvement of the respective Local Strategic Partnership (LSP) – which is specifically to include the local PCT). Within the LDF, the 'Core Strategy' is a critical document, providing the framework for the pattern of development of changes and use of land/built environment. It informs other specific plans eg transport plans. It informs the process of 'development management' and appeals procedures, along with supplementary LD documents.

A range of methods are used to assess the potential impact of development plans on people's lives. Strategic environment assessments (SEAs), together with sustainability appraisals, are used by local authorities when developing a local development framework for spatial planning.

Environmental impact assessments (EIAs) may be submitted with planning applications for certain types of large or sensitive development projects. These are mandatory for spatial planning. Health impact assessments (HIAs) are not mandatory. However, in a number of cases they have been integrated within the policy planning process (for example, for the Scottish Parliament, Welsh Assembly and London Assembly).

3.4 Local delivery of national strategy

3.4.1 Local Structures

Government Office for the Regions

Information from this section was largely taken from the website of the Government Office for the Regions (see www.gos.gov.uk). Also see section 2.

- Government Offices (GOs) support new policies at the regional level and inform national policy colleagues of issues which arise as a result. They aim to enable effective cross-departmental work. GOs negotiate the terms of three year Local Area Agreements (LAAs) and Multi-Area Agreements (MAAs) with council areas in each region. Under the agreements, local authorities and their partners are committed to securing improvements in the quality of life of their citizens. The GOs monitor the performance of local areas in achieving the agreed targets. The Government Office Network (GON) work with Audit Commission (AC) colleagues and other inspectorates to provide up-to-date information on performance for the Comprehensive Area Assessments (CAAs).
- Each Government Office takes responsibility for flagship policies for children and young people, including 'Every Child Matters'. GOs link up with a range of government departments, regional organisations and local communities, and will play an important role in supporting regional and local partners to introduce the changes outlined in 'Every Child Matters' and the Children Act.
- GOs manage a range of programmes and budgets at a sub-regional level, including Sure Start Children's Fund and Connexions. Most GOs have established regional Children's Groups (GOCGs), which will usually consist of a mix of representatives with some responsibility for children and young people policies and services. Such groups help to simplify messages about Government policies for local organisations and assist with identifying and spreading good practice through the variety of networks to which members of GOCGs have access, and ensure 'joined-up' working.
- Government Offices can advise and support Regional Improvement and Efficiency Partnerships (RIEP), which have the aim of improving local authority performance as well as supporting individual local authorities.

Regional public health groups

- Regional Public Health Groups are part of the Department of Health and are co-located in each of England's nine Government Offices. They work alongside public health colleagues in NHS, local authorities and other agencies to improve and protect their local population. This involves addressing all determinants of health and factors that create health inequalities within their region. The main mechanism for influencing and collaborating with local government is through Local Area Agreements.
- Regional public health groups have an important strategic role in building capacity and capability in the public health workforce at all levels (including, for example, teachers, health visitors, housing officers, police and probation workers, community workers and others).

3.4.2 Mechanisms to deliver national policy locally

Over the past decade or so, various local mechanisms have been deployed to enact national policy. Of particular attention are those mechanisms which seek to facilitate inter-agency partnerships, primarily between health agencies and local government. Founded on an approach which recognised the social determinants of health (DH, *Our Healthier Nation*, 1999), this broad collaborative approach was based on an assumption that partnerships would be the means to achieve the aim of improved health (Exworthy et al, 2002). However, there is concern that partnerships have made limited improvements to tackling public health issues such as obesity or alcohol abuse, in part due to frequent re-organisations. This causes staff turnover which hampers on-going relationships (Hunter et al, 2011; Smith *et al*, 2008).

Obesity is often not the prime focus of these partnerships but whether or not it is, these have been the primary mechanisms by which action at the local level has been organised and managed in the period 1997-2010.

Comprehensive Performance Assessment (CPA)

- "A measurement of how well councils are delivering services to local people and communities, and how well they are run. Reviews are carried out by the Audit Commission." (NAO, 2006, p.53)
- "CAA will assess whether local public bodies and their partnerships are contributing to outcomes.
 - Comprehensive Area Assessment (CAA) will focus on how local service providers improve local outcomes, acting as a catalyst for better partnership working.
 - CAA should help LSPs understand their own performance and learn lessons from others." (Audit Commission, 2009, p.4)

Health Improvement Programmes (later Health Improvement and Modernisation Plans) (HmPs)

- “The Health Improvement Programme will be the local strategy for improving health and healthcare. It will be the means to deliver national targets in each Health Authority area. The Health Authority will have lead responsibility for drawing up the Health Improvement Programme in consultation with NHS Trusts, Primary Care Groups, other primary care professionals such as dentists, opticians and pharmacists, the public, and other partner organizations... To give substance to the cooperation necessary to bring about improvements in health there will be a new statutory duty of partnership placed on local NHS bodies to work together for the common good.” (DH, 1997, para.4.7 & 4.8)
- “HImPs appear to have focused on creating structures rather than developing aspects of partnership process” (Elston and Fulop, 2002, p.207)
- “There is also a tendency for health improvement action to be grouped on the basis of local authority departments, rather than around local issues linked to broader themes.” (Hamer and Easton, 2002, p.8)

Local Strategic Partnerships (LSPs)

- “Local strategic partnerships (LSPs) are non-statutory partnerships, established since 2000 in most local authority areas in England. They are designed to bring together local councils, other public sector agencies, the business sector, and the third sector – voluntary and community organisations.”
 - “in 2001 [the government] issued guidance to local authorities as to how they should be formed.”
 - “LSPs in more deprived areas of England were subsequently heavily involved in the national Neighbourhood Renewal Strategy, over the period up to 2008. From 2004 onwards, Local Area Agreements (LAAs) became the main task for LSPs in the 152 first tier local authority areas” (IDEA: <http://www.idea.gov.uk/idk/core/page.do?pageld=15217079>)
- “Single, multi agency bodies that match local authority boundaries, which bring together parts of the public (such as local authorities, PCTs, private, community and voluntary sectors). Through contracts and agreements (such as the local delivery plan, Local Area Agreements), LSPs are expected to take a coordinated approach to making major decisions about priorities and funding for their local area.” (NAO, 2006, p.56)
- “LSPs are part of a complex local governance network that includes local councils, other statutory agencies (including health, police, fire and rescue), and the private and third sectors. LSPs in many areas bring different agencies together to tackle local problems. LSPs work through three main layers:
 1. strategic: oversight, vision, and direction-setting;
 2. executive: resource allocation and performance management; and
 3. operational: service management and delivery.” (Audit Commission, 2009, p.2)

- “A whole systems approach can help LSPs develop both formal and informal aspects of collaboration.” (Audit Commission, 2009, p.2)
- “Multi-agency partnerships bringing together the different parts of the public, private, community and voluntary sectors locally.” (Marmot Review, 2010, p.158)

Local Area Agreements

- “Local Area Agreements (LAAs), currently in the process of being rolled out, set out the priorities for a local area agreed between central government, represented by Government Offices for the Regions, and the local area, represented by the local authority and key local partners including children’s trusts and the Local Strategic Partnership. The aim is to enable local partners to come together to provide a holistic and integrated approach to policy-making and delivery, reduce bureaucracy and set out how achievement in agreed areas will be rewarded.” (NAO, 2006, p.55)
- “These establish priorities for a local area, as agreed between central government and the Local Authority and its partners in the LSP.” (Marmot Review, 2010., p.158)
- “Each LSP publishes a sustainable community strategy, which is underpinned by a local performance framework called a Local Area Agreement (LAA). These have extended the role of LSPs and increasingly given them greater focus, although there are some significant differences in the reported impact of LAAs between Unitary, County LSPs and District LSPs, with less impact reported in the latter.578 LAAs have proved effective in providing a platform for local agreement about priorities and developing a joint vision for future action with common strategies and targets. However, there has been limited progress in joint activity on commissioning and pooling budgets. There is also mixed evidence from LSPs that the duty to cooperate has been effective or made a positive difference to the quality of partnership or delivery. Subsequent sections on monitoring will address issues of local accountability on progress.” (Marmot Review, 2010, p.162)
- Abolished in March 2011

Joint Strategic Needs Assessment

- “Joint Strategic Needs Assessment describes a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness
 - Joint Strategic Needs Assessment identifies ‘the big picture’ in terms of the health and wellbeing needs and inequalities of a local population.” (DH, 2007)
- “The Joint Strategic Needs Assessment came from the Social Care Green Paper ‘Independence, wellbeing and choice.’ It was reinforced in the Health White Paper, ‘Our health, Our Care, Our say.’
 - The Local Government and Public Involvement in Health Act 2007 specifies that local authorities and Primary Care Trusts (PCTs) produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of the local community. Consultation responses on the Commissioning Framework for Health and

Wellbeing asked for clearer instruction on undertaking JSNA.” (IDEA: <http://www.idea.gov.uk/idk/core/page.do?pageId=7942796>)

- “A duty on PCTs and Local Authorities to undertake a Joint Strategic Needs Assessment (JSNA) of the future health, care and wellbeing needs of the local population” (Marmot Review, 2010, p.158)

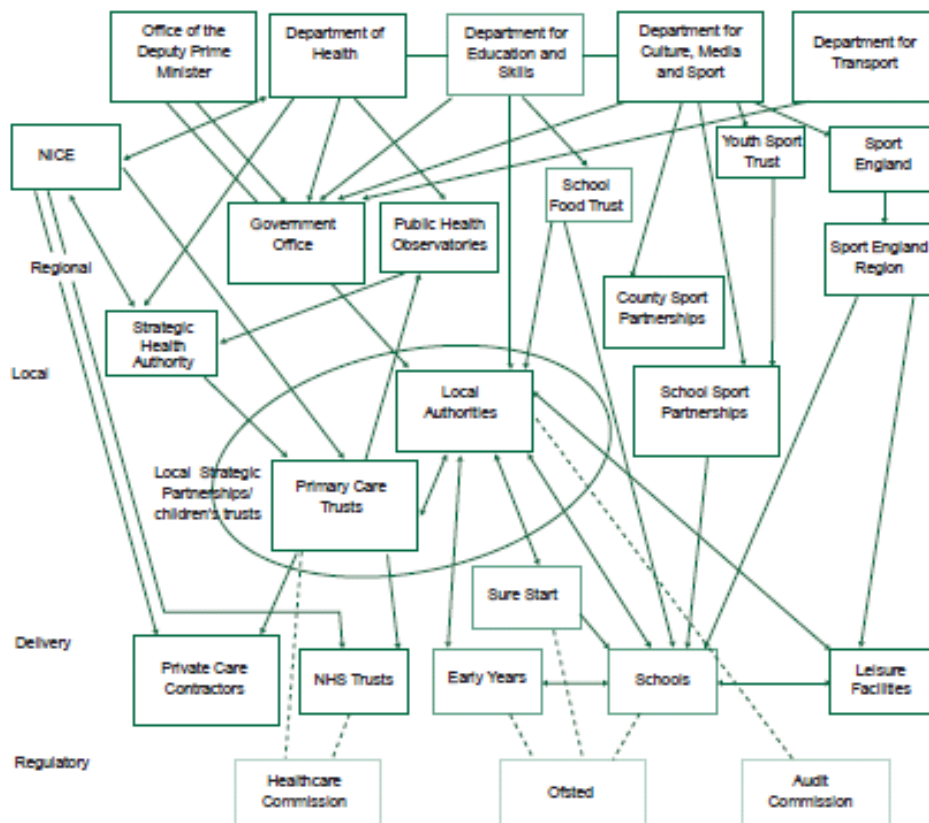
Health and Well-Being Boards will replace remaining health partnerships from 2012.

References

- Audit Commission (2009) *Working better together: managing local strategic partnerships*. London: Audit Commission
- DH (1997) *The new NHS: modern, dependable*. Cmd.3807
- Elston, J. and Fulop, N. (2002) ‘Perceptions of partnership. A documentary analysis of Health Improvement Programmes.’ *Public Health*, 116, 4, pp.207-13
- Exworthy, M., Berney, L. and Powell, M. (2002) ‘How great expectations in Westminster may be dashed locally: the local implementation of national policy on health inequalities.’ *Policy and Politics*, 30, 1, pp.79-96.
- Hamer, L. and Easton, N. (2006) *Community strategies and health improvement: a review of policy and practice*. London: Health Development Agency.
- Hunter, DJ., Perkins, N., Bambra, C., Marks, L., Hopkins, T. and Blackman, T. (2011) *Partnership Working and the Implications for Governance: issues affecting public health partnerships*. Final SDO report. <http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1716-204>
- Marmot Review (2010) *Fair society, healthy lives*. London: UCL
- National Audit Office (2006) *Tackling Child Obesity – First Steps*. London; NAO
- Smith, KE., Bambra, C., Perkins, N., Hunter, DJ., Joyce, K. and Blenkinsopp, E (2008) *Partnerships in Public Health: A Healthy Outcome? Summary Findings of a Systematic Literature Review*. Research summary no.1, July 2008. Durham University

3.4.3 Local delivery of obesity strategies

The local delivery of childhood obesity strategies and services are demonstrated in the diagram below.



House of Commons Committee of Public Accounts child obesity – first steps (eighth report of session 2006) <http://www.publications.parliament.uk/pa/cm200607/cmselect/cmpubacc/157/157.pdf>

Child Obesity National Support Team

The Child Obesity National Support Team (NST) was established in 2006 to provide intensive, tailored support for areas to address child obesity. Since its inception, the team has visited at least 36 areas (Annual Report, May 2010). Regional government offices suggest areas that might benefit from a visit from the NST. The latest Annual Report of the NST provides an overview of current local action

(see: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115425).

The following are selected extracts from the Child Obesity NST Annual Report (2010):

Over the past year tackling childhood obesity has been included as a strategic objective within at least one high-level document in every area we have visited. Almost every area has adopted at least one of the childhood obesity indicators (NI55/NI56) in their Local Area Agreement. In the best examples there is a clear and obvious ‘golden thread’ linking Local Area Agreements, the Children and Young People’s Plan and World Class Commissioning priorities. This is markedly different

from the previous year and demonstrates considerable progress in addressing this agenda. We have encountered a much greater understanding of the contribution of planning and the built environment, and this now needs further work to ensure areas are fully engaged at the appropriate time and in appropriate forums. These are very positive steps in the right direction; however, it is still common to find healthy weight strategies written without the full engagement of all relevant stakeholders during the consultation process: This leads to poor ownership by partnership organisations and large sections of front-line staff. Reporting structures and action plans to support the implementation of the strategy are often piecemeal, and it is not uncommon to see a variety of local groups working in silos with overlapping agendas.

Most areas are now meeting their data collection requirements. A small number are beginning to translate sections of their data into local intelligence, particularly with regard to the National Child Measurement Programme (NCMP).

We have seen evidence of small-scale projects being commissioned, including from the voluntary and third sectors, but have not seen evidence of commissioning at a strategic or programme level.

Many areas we visited had not yet aligned or merged children's budgets and, whilst a strong commitment to joint commissioning was often expressed, arrangements were often in the very early stages of development. Areas acknowledged that their local NHS organisation, children's services and the wider local authority were at different stages of development within the context of commissioning and that this was undermining progress.

The Child Obesity NST Annual Report (May 2010) presented a revised model for action:

NST Healthy Weight Model



Mapping individual initiatives

With funding from the DH, the EPPI-Centre has mapped schemes to promote healthy weight among obese and overweight children in England.

(see <http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=2393>).

The resulting report and the associated searchable database summarise those schemes in England for which the researchers were able to obtain data. In order to be included in the database, schemes needed a primary focus on tackling overweight or obesity in school-age children (4-18 years) who were already overweight or obese, through dietary, exercise or other means. Included interventions had to be structured and sustained over a period of time. An associated paper (<http://www.biomedcentral.com/content/pdf/1471-2458-10-310.pdf>) states that:

Fifty-one schemes were identified. Some operated in multiple areas, and by using estimates of the number of schemes provided by multi-site scheme leads, we found that between 314 and 375 local programmes were running at any time. Uncertainty is largely due to the largest scheme provider undergoing rapid expansion at the time of the mapping exercise and therefore able to provide only an estimate of the number of programmes running. Many schemes were similar in their approach, had been recently established and were following NICE guidelines on interventions to promote healthy weight. Rigorous evaluation was rare.

3.4.4 New Structures

The new context for local delivery is outlined in the the Government's White Paper, Equality and excellence: liberating the NHS. In addition to the information contained in section 2, it is worth noting the following changes:

- Intention to abolish the remaining eight Government Offices. The process will be subject to using the Spending Review to resolve consequential issues. The final decisions will be made at the end of the Spending Review in the autumn.
- Children's Trusts will be removed in the forthcoming Education Bill. The requirement on local authorities to set up children's trust boards and the requirement on children's trust boards to produce a children and young people's plan will be removed at 'the first available legislative opportunity'. Regulations underpinning the C&YPP and the statutory guidance on children's trusts will be revoked and removed respectively in the autumn
- Regional Public Head Leads posts have ceased.
- Local Area Agreements will cease.
- The Audit Commission will be abolished.

3.5 Assessment of obesity policy

A number of reviews of policy were identified through the various scoping and other searches that were undertaken. The top line findings of the papers identified are summarized below. A formal search and synthesis of papers assessing policies directly or indirectly impacting on obesity was not undertaken, and therefore the following should only be considered a “snap shot” of work undertaken.

Poobalan et al (2010) reviewed 21 pieces of obesity guidance from government and professional agencies in the UK published between 1996 and 2007. The authors concluded that many recommendations were deficient according to their assessment framework, with major problems being that guidance often doesn't: specify who is responsible for implementation and monitoring; specify a timescale; estimate implementation cost; and identify who should meet this cost. (see <http://www.biomedcentral.com/1471-2458/10/17>)

Musingarimi (2008) undertook a comparative review and assessment of obesity policy between the different nations of the UK. Aside from some general observations of this review about the complexity (and opportunities) inherent in tackling this issue at a devolved government level, Musingarimi notes that the setting of targets appears to be determinant of success between different parts of the UK; the importance of regional strategies; the need for better surveillance mechanisms; and finally notes a possible over-concentration on childhood obesity (as opposed to a "life course" approach). (see http://www.ilcuk.org.uk/files/pdf_pdf_45.pdf)

Canoy & Buchan (2006) critiqued the UK's division of policy into obesity and physical activity, and note the danger that it can lead to narrow and less informative analysis. (see <http://217.33.105.254/Obesity/001-011.pdf>)

Caharar, Crawley and Lloyd (2009) assessed nutrition policy across the UK. They conclude that “There was evidence of a lack of joined up policy and of weak public health analysis in all four regions. Evaluation and measurement of outcomes (reversible risk) were not in evidence, although there was measurement of changes in risk factors as interim measures in the process of change. So, for example, there were measures of changes in attitudes and behaviours, but little measurement of any improvements in health. There is a lack of clear nutrition guidance on which to base action. This includes a lack of principles for operation including how and when to work with the food industry.” (see <http://www.cwt.org.uk/pdfs/Publichealthpolicyreportfinal.pdf>)

Hall et. al (2008) Preventative Public Policy and Childhood Obesity: Case Studies in England and the Netherlands (submitted stakeholder evidence). The summary of this paper states that a common weakness of the identified interventions was their dependence on temporary public funding (local, regional and/or national) which meant

the sustainability of the interventions was highly dependent on continued political attention on childhood obesity. Partnership approaches were central to the success of interventions identified in both countries. Schools were relied upon to deliver interventions but often struggled to take on additional responsibilities. The dearth of local evaluation and monitoring was a key finding in both of the case study areas, with only a minority of all the interventions being subject to evaluation. Information regarding cost effectiveness was absent suggesting a significant gap in information about the extent to which investment in interventions is worthwhile. [Ecorys research programme – doesn't appear to have been published in peer reviewed journal].

Kuipers (2010) detailed 97 examples of anti-obesity measures across a range of European countries, and then made the following conclusions:

- The implementation of projects at local level plays an important role when the goal is to target disadvantaged communities
- Community-based health promotion efforts can be effective to address health issues among groups at local level
- The information collected further identified the importance of the development of partnerships when preventing obesity
- Few programmes have been properly evaluated
- As most of the prevention projects targeting communities are implemented at local level, it is likely that they will not be noticed at national level, so monitoring and accessibility of data and information of local initiatives is a precondition to scaling up and horizontal transferability.

(see: http://www.eurohealthnet.eu/index.php?option=com_content&task=blogcategory&id=173&Itemid=217)

Finally, the London Metropolitan University and the City University of New York Childhood Obesity Collaborative (2009) compared the responses to childhood obesity in London and New York City, illustrating the different measures used.

(see: <http://www.londonmet.ac.uk/londonmet/fms/MRSite/acad/fls/npu/ObesCities.pdf>).

Other identified papers with some connection to the assessment of obesity policy include:

- Bornstein, Pate, and Pratt (2009) conducted a comparative review of national physical activity plans of six countries

(see: <http://hk.humankinetics.com/eJournalMedia/pdfs/17565.pdf>)

- Public Health Commission (2010) report *We're all in this together – improving the long term health of the nation* in 2009

(see: <http://www.publichealthcommission.co.uk/pdfs/AboutPHC/PHCReport+Summary.pdf>)

SECTION 4: PUBLIC HEALTH GUIDANCE AND RECOMMENDATIONS ON OBESITY

4.1 NICE

4.1.1 Overview

NICE has published clinical guidance for England since 2000 and on public health since 2006. NICE makes public health recommendations to the NHS, local authorities and other organisations in the public, private, voluntary and community sectors. The public health guidance to the NHS falls under developmental standards (D13).

Each piece of NICE public health guidance states: "Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties."

Information about the development of NICE public health guidance is available at: http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/publichealthguidanceprocessandmethodguides/public_health_guidance_process_and_method_guides.jsp

NICE has made recommendations to a wide range of organizations that are of direct or indirect relevance to the prevention of obesity. All recommendations to date are shown in the tables below against the areas of influence outlined in the Foresight systems map. The table below flags the "actors" to whom recommendations are directed. These are categorised as follows:

- Public
- NHS
- Commercial and business
- Local authorities and Community partners
- Early years settings
- Schools
- Workplaces
- Central government
- Professional bodies

In addition to the recommendations below, NICE has also published guidance on Behaviour Change (PH6) and Community Engagement (PH9). Appendix 1 summaries all NICE recommendations of relevance against the foresight areas.

Please note that the tables below do not include relevant recommendations made in NICE public health guidance on *Preventing type 2 diabetes – population and community interventions*, published May 2011 (see <http://guidance.nice.org.uk/PH35>)

4.1.2 Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (2006)

This was a dual Public Health Directorate and Clinical Guidelines piece of guidance, so only the PH parts are summarised below. The guidance can be found at the following link: <http://guidance.nice.org.uk/CG43>

FORESIGHT SYSTEM AREAS	
Media	Rec 1.1.2.8, rec 1.1.3.9 - promotional and awareness raising activities should be part of long-term multi-component intervention [NHS] Rec 1.1.2.12 - community programmes address concerns of local people such mixed messages in the media [NHS]
Social	Rec 1.1.1.1 - everyone should aim to achieve a healthy weight. [Public] Rec 1.1.1.3 - everyone should periodically check their weight.[Public]
Psychological	Rec 1.1.2.15 - health professionals support and promote behavioural change programmes [NHS]
Economic	Rec 1.1.2.1, rec 1.1.3.1 - obesity a priority and dedicated resources allocated for action [NHS][[Local authorities and Community partners Rec 1.1.6.1 - workplaces, particularly large organisations should address obesity because of associated costs to industry. [Commercial and business]
Food	Rec 1.1.1.1, Rec 1.1.1.2, Rec 1.1.1.6 – everyone should seek to maintain a health weight - strategies for diet and exercise for children and adults listed [Public] Rec 1.1.1.4 – concerns about diet or activity levels should be discussed with a professional [Public] [NHS] [Schools] Rec 1.1.1.5 – only use appropriate weight loss programmes [Public] [Commercial and business] Rec 1.1.1.6 – parents or carers should use certain strategies if needed to encourage weighty loss in children Public] Rec 1.1.2.2 – NHS organisations should set an example with healthy catering [NHS] Rec 1.1.2.7, rec 1.1.2.8 – have multi-component diet interventions, tailored to individual and provide on-going support [NHS] Rec 1.1.2.9, rec 1.1.2.11 (abstaining smokers) – discuss diet with people at various life stages where weight gain is an issue [NHS] Rec 1.1.2.10 – involve parents and carers in interventions aimed at children [NHS] Rec 1.1.2.12 – community programmes should address local concerns [Local authorities and Community partners] Rec 1.1.2.13 – health professionals should work with local food outlets and shops to promote health eating choices concerns [NHS] [Local

	<p>authorities and Community partners] [Commercial and business] Rec 1.1.2.17 – Include diet and physical activity in preschool, childcare, or family settings [Early years settings] [Local authorities and Community partners] Rec 1.1.2.18 – family setting programmes should have specified aspects [Early years settings] [Local authorities and Community partners] Rec 1.1.3.2 – LA should set an example with healthy catering Local authorities and Community partners] Rec 1.1.3.3 – LA should review local barriers to healthy eating [Local authorities and Community partners] [NHS] [Commercial and business] Rec 1.1.3.7 – LA, through LSP, encourage all shops, supermarkets and caterers to promote healthy food [Local authorities and Community partners] [Commercial and business] Rec 1.1.3.8 – local programmes dealing with diet should address concerns of local people [Local authorities and Community partners] Rec 1.1.3.9 - local programmes dealing with diet should have certain specified features [Local authorities and Community partners] Rec 1.1.4.1 – nurseries and childcare should make diet to prevent obesity a priority [Early years settings] Rec 1.1.4.2 – nurseries and childcare initiatives to improve diet should involve parents and carers [Early years settings] Rec 1.1.4.3 – nurseries and childcare should follow food guidelines [Early years settings] Rec 1.1.4.4 – nurseries and childcare should have appropriate eating environments and children supervised at mealtimes [Early years settings] Rec 1.1.5.1 – schools should make diet to prevent obesity a priority [Schools] Rec 1.1.5.2 – the whole school environment and ethos should be assessed to ensure it encourages health eating [Schools] Rec 1.1.5.5, rec 1.1.5.8, rec 1.1.5.9 - interventions should be sustained, multi-component and address the whole school. Consider the views of children and involve parents [Schools] Rec 1.1.5.7 – schools should feature a pleasant eating environment. Younger children should be supervised [Schools] Rec 1.1.6.2 to rec 1.1.6.5 – businesses and NHS organisations should take certain specified actions to encourage health eating and active travel, including supportive catering, promotional programmes incentive schemes, and health checks [NHS] [Commercial and business] Rec 1.1.7.1, rec 1.1.7.3, rec 1.1.7.4 – commercial weight loss providers should only be referred to by the NHS if they have certain features, and patients sent to them should be monitored [NHS] [Commercial and business]</p>
<p>Activity</p>	<p>Rec 1.1.1.1, rec 1.1.1.2 – everyone should seek to maintain a health weight through diet and exercise [Public] Rec 1.1.1.3 – adults should periodically check their weight Rec 1.1.1.4 – concerns about diet or activity levels should be discussed with a professional [Public] [NHS] [Schools] Rec 1.1.1.5 – only use appropriate weight loss programmes [Public] [Commercial and business] Rec 1.1.1.– parents or carers should use certain strategies if needed to encourage weighty loss in children Public] Rec 1.1.2.2 – NHS organisations should set an example with encouraging workplace physical activity [NHS] Rec 1.1.2.6 – interventions should focus on lifestyle activities, tailored to individual preferences and improve belief in ability to change. Provide on-going support. [NHS] Rec 1.1.2.9 – discuss physical activity with people at various life stages</p>

	<p>where weight gain is an issue [NHS]</p> <p>Rec 1.1.2.10 – involve parents and carers in interventions aimed at children [NHS]</p> <p>Rec 1.1.2.11 smoking cessation interventions provide information on obesity services, give advice about weight management particularly encouraging increased physical activity [NHS]</p> <p>Rec 1.1.2.12 – community programmes should address local concerns [NHS] [Local authorities and Community partners]</p> <p>Rec 1.1.2.14 promote community schemes and facilities that improve access to physical activity [NHS] [Local authorities and Community partners]</p> <p>Rec 1.1.2.15 support and promote behavioural change programmes especially regarding making people more active [NHS] [Local authorities and Community partners]</p> <p>Rec 1.1.2.17 – include diet and physical activity in preschool, childcare, or family setting programmes [Early years settings] [Local authorities and Community partners]</p> <p>Rec 1.1.2.18 –family setting programmes should have specified aspects [Early years settings] [Local authorities and Community partners]</p> <p>Rec 1.1.3.2 – LA should set an example with workplace physical activity promotion Local authorities and Community partners]</p> <p>Rec 1.1.3.3 – LA should review local barriers to physical activity [Local authorities and Community partners] [NHS] [Commercial and business]</p> <p>Rec 1.1.3.4 – LA should attempt tin partnership to create more safe spaces for planned/incidental physical activity [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 1.1.3.6 - LA and transport provide tailored advice, eg travel plans, to increase activity among motivated groups. Local authorities and Community partners]</p> <p>Rec 1.1.3.8 – local programmes dealing with physical activity should address concerns of local people [Local authorities and Community partners]</p> <p>Rec 1.1.3.9 – local programmes dealing with physical activity should have certain specified features [Local authorities and Community partners]</p> <p>Rec 1.1.4.1 – nurseries and childcare should make physical activity to prevent obesity a priority [Early years settings]</p> <p>Rec 1.1.4.2 – nurseries and childcare initiatives to improve physical activity should involve parents and carers [Early years settings]</p> <p>Rec 1.1.4.3 – nurseries and childcare should minimise sedentary activity during play and provide opportunities for active play and structured activity [Early years settings]</p> <p>Rec 1.1.5.1 – schools should make physical activity to prevent obesity a priority [Schools]</p> <p>Rec 1.1.5.2 – the whole school environment and ethnos should be assessed to ensure it encourages physical activity [Schools]</p> <p>Rec 1.1.5.4 – link with local partnerships and strategies to encourage sports participation [Schools] [Local authorities and Community partners]</p> <p>Rec 1.1.5.6 – promote activities that children find enjoyable and can take part in outside of school and into adulthood. Develop physical literacy as early as possible [Schools]</p> <p>Rec 1.1.5.5, rec 1.1.5.8, rec 1.1.5.9 - interventions should be sustained, multi-component and address the whole school. Consider the views of children and involve parents [Schools]</p> <p>Rec 1.1.6.2 to rec 1.1.6.5 – businesses and NHS organisations should take certain specified actions to encourage health eating and active travel, including incentive schemes, and health checks [NHS] [Commercial and business]</p>
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	Rec 1.1.7.1, rec 1.1.7.3, rec 1.1.7.4 – commercial weight loss providers should only be referred to by the NHS if they have certain features, and patients sent to them should be monitored [NHS] [Commercial and business]
Infrastructure	<p>Rec 1.1.6.2 to rec 1.1.6.5 – businesses and NHS organisations should take certain specified actions to encourage health eating and active travel, including incentive schemes, and health checks [NHS] [Commercial and business]</p> <p>Rec 1.1.1.6 – parents or carers should use certain strategies if needed to encourage weighty loss in children, including active travel Public]</p> <p>Rec 1.1.2.12 community programmes address concerns of local people such as dangers of walking and cycling [NHS]</p> <p>Rec 1.1.2.2, rec 1.1.3.2 – NHS, LA provide showers, secure cycle parking and signposting and décor for stair use [NHS] [Local authorities and Community partners]</p> <p>Rec 1.1.2.15 support and promote behavioural change programmes especially regarding making people more active, such as not taking the bus [NHS] [Local authorities and Community partners]</p> <p>Rec 1.1.3.3. LA identify environmental barriers [Local authorities and Community partners]</p> <p>Rec 1.1.3.4 – LA and partners create more safe spaces for activity - making streets cleaner and safer through eg traffic calming and congestion charging, enduring buildings and spaces designed to encourage activity. [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 1.1.3.4 – LA should attempt to create more safe spaces for planned/incidental physical activity [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 1.1.5.2 – whole school environment and ethos should be assessed to ensure it encourages health eating/physical activity [Schools]</p> <p>Rec 1.1.3.6 – LA should offer tailored advice to encourage active travel [Local authorities and Community partners]</p> <p>Rec 1.1.6.2 - workplaces have supportive physical environment such as showers, secure cycle parking [Commercial and business]</p>
Developmental	
Biological	
Medical	<p>Rec 1.1.2.3 – primary care ensure systems in place to implement obesity strategy [NHS]</p> <p>Rec 1.1.2.16 - families of at risk children offered ongoing support from appropriate trained health professional. [NHS]</p> <p>Rec 1.1.2.18 – family programmes provide on-going tailored support, incorporate a range of behaviour change techniques and have clear aim to improve weight management. [Early years settings] [Local authorities and Community partners]</p> <p>Rec 1.1.1.5, 1.1.7.1, rec 1.1.7.3, rec 1.1.7.4 – commercial weight loss providers should only be referred to by the NHS or endorsed by LA if they follow specific best practice criteria, and patients referred to them should be monitored [NHS] [Commercial and business]</p> <p>Rec 1.1.7.2 - health professionals should discuss the range of weight management options.</p> <p>Rec 1.1.2.11 - smoking cessation interventions provide information on obesity services, give advice about weight management particularly encouraging increased physical activity [NHS]</p>
OTHER AREAS	
Training	<p>Rec 1.1.2.4, rec 1.1.2.5 – have adequate training for relevant staff involved in obesity, including effectiveness of interventions, best practice approaches and use of motivational and counselling techniques [NHS]</p> <p>Rec 1.1.5.3 – school staff should have adequate training in healthy</p>

	school policies and how to support implementation [Schools]
Partnerships	<p>Rec 1.1.2.1, rec 1.1.1.2 – ensure resources are available to implement the local obesity strategy [NHS] [Local authorities and Community partners]</p> <p>Rec 1.1.2.4 - enhance opportunities for health professionals to engage with range of organisations and develop multidisciplinary teams [NHS]</p> <p>Rec 1.1.2.13 – health professionals should work with local food outlets and shops to promote health eating choices concerns [NHS] [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 1.1.2.14 - health professionals support and promote community schemes and facilities increasing PA, based on audit of local needs [NHS]</p> <p>Rec 1.1.2.19 – Health professionals establish partnerships with local businesses and support the implementation of workplace programmes [NHS] [Commercial and business] [Workplaces]</p> <p>Rec 1.1.3.1 – ensure that obesity is a priority for local partnerships [Local authorities and Community partners]</p> <p>Rec 1.1.3.4 – LA should work in partnership with local partners to create more safe spaces for planned/incidental physical activity [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 1.1.3.5 – LA to facilitate links between health professionals and other organisations [Local authorities and Community partners]</p> <p>Rec 1.1.3.7 – LA should work in partnership with retailers to promote health food [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 1.1.5.4 – link with local partnerships and strategies to encourage sports participation [Schools] [Local authorities and Community partners]</p> <p>Rec 1.1.6.1 – businesses and NHS organisations should work with local strategic partnerships on workplace programmes [NHS] [Local authorities and Community partners] [Commercial and business]</p>
Evaluation	<p>Rec 1.1.3.3. LA identify environmental barriers to activity through audit and health impact assessment [Local authorities and Community partners]</p> <p><i>Research recommendations</i></p> <p>4.5.1 Continued collection of data, such as collected in HSE, strongly recommended and more frequent of these data among BME and other vulnerable groups at national and local level.</p> <p>4.5.2 All local action should be monitored and evaluated with the potential impact on health in mind. An audit of health impact should be undertaken after each change has taken place. Evaluation should be taken into account when planning funding. Evaluation carried out with local centres that have evaluation methods. All current and future actions at a national level be rigorously monitored and evaluated. Evaluation of campaigns should go beyond the reach of the campaign and explore effectiveness in changing behaviour.</p>

4.1.3 Maternal and child nutrition (2008)

The guidance can be found at the following link: <http://guidance.nice.org.uk/PH11>

FORESIGHT SYSTEM AREAS	
Media	
Social	Rec 16 – Commissioners and managers work with local partners to ensure mothers can feed their babies in public without fear of criticism. [NHS] [Local authorities and Community partners]
Psychological	
Economic	
Food	<p>Rec 4, rec 22 – use opportunity with parents eligible for Healthy Start practical, tailored support on diet, breastfeeding and weaning.</p> <p>Rec 5 – early in pregnancy, discuss the woman’s diet and eating habits and find out and address any concerns she may have about her diet [NHS]</p> <p>Rec 6 – inform women who have a BMI over 30 about the increased risks this poses to themselves and their babies, and advise on diet. [NHS]</p> <p>Rec 7 – adopt a coordinated programme of interventions to increase breastfeeding [NHS]</p> <p>Rec 9 to Rec 14 – ensure pregnant women, new mothers and their partners are offered breastfeeding information, training, and support, in an appropriate language, particularly targeting disadvantaged groups and information on infant formula [NHS]</p> <p>Rec 16 – Health visitors and CHPP support and encourage mothers and other family members re weaning, appropriate diet for young children, family food choices. [NHS]</p> <p>Rec 19 – Encourage parents to limit sugar foods, avoid sweet treats, snacks free of salt and sugar and provide water and milk between meals. [NHS]</p> <p>Rec 20 – facilitate breast feeding in early years settings [Early years settings]</p> <p>Rec 21 – implement whole setting policy in early years settings. Encourage children to handle and taste a wide range of foods [Early years settings]</p> <p>Rec 22 – Provide practical and financial support to develop and maintain community initiatives with claim to make a balanced diet more accessible to people on a low income. Work with local retailers to improve display and promotion of fresh fruit and veg [NHS] [Local authorities and Community partners] [Commercial and business]</p>
Activity	Rec 6 – Inform women who have a BMI over 30 about the increased risks this poses to themselves and their babies, and advise on activity [NHS]
Infrastructure	
Developmental	
Biological	
Medical	<p>Rec 6 – Refer pregnant women with BMI over 30 to a dietitian. Do not recommend weight loss during pregnancy.</p> <p>Rec 17 – ensure babies are weighed at birth and at 5 and 10 days, as part of an overall assessment of feeding [NHS]</p>
OTHER AREAS	
Training	<p>Rec 1 – professional bodies should ensure health professionals have appropriate knowledge and skills in this area to give advice on diet before, during and after pregnancy, nutritional needs of children, breastfeeding, strategies for changing behaviour. [Professional bodies]</p> <p>Rec 11 – consider training peer supporters and link workers on weaning.</p>

	<p>[NHS] [Local authorities and Community partners] Rec 13 – train link workers who speak the mother’s first language to provide information and support on breastfeeding, safe use of infant formula, weaning and healthy eating [NHS] Rec 17 – ensure babies are weighed at birth and at 5 and 10 days, as part of an overall assessment of feeding [and that staff are trained to do this] [NHS] Recs 7, 8, 11, 13 – ensure appropriate training of all staff, peer supporters, and link workers to promote and support breastfeeding [NHS] Rec 22 – encourage those receiving Healthy Start vouchers in appropriate diet, working with local retailers [NHS] [Local authorities and Community partners] [Commercial and business]</p>
Partnerships	<p>Rec 16 – work with local partners to facilitate breast feeding [NHS] [Local authorities and Community partners] Rec 22 – encourage those receiving Healthy Start vouchers in appropriate diet, working with local retailers [NHS] [Local authorities and Community partners] [Commercial and business]</p>
Evaluation	<p>Rec 7 – Audit breastfeeding policy [NHS] <i>Research recommendations</i> Collect baseline data before implementing local interventions or policy and ensure evaluation part of funding proposal. Work in partnership to evaluate local initiatives but allow adequate time for intervention to take effect and always look at effect among different social groups.</p>

4.1.4 Physical activity and the environment (2008)

The guidance can be found at the following link: <http://guidance.nice.org.uk/PH8>

FORESIGHT SYSTEM AREAS	
Media	
Social	
Psychological	
Economic	
Food	
Activity	
Infrastructure	<p>Rec 1 – involve communities and experts in changes to the physical environment to maximise activity. Ensure planning applications priorities activity and encourage active transport. Assess likely impact on activity [Local authorities and Community partners]</p> <p>Rec 2 – Ensure physical active travel methods get priority when changing transport provision and the physical environment. Re-allocate road space, restrict vehicle access, introduce road user charging schemes, introduce traffic calming, create safe routes to schools [Local authorities and Community partners]</p> <p>Rec 3 – Plan comprehensive network of routes for walking and cycling which are convenient and safe [Local authorities and Community partners]</p> <p>Rec 4 – Ensure adequate open public spaces, accessible by active transport. Public spaces maintained to high standard. [Local authorities and Community partners]</p> <p>Rec 5 – Ensure campus site buildings and new workplaces connected by walking and cycling routes. [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 6 – Design of buildings to encourage stair use [Commercial and business]</p> <p>Rec 7 – Ensure school playgrounds encourage active play with areas promoting individual and group activities [Schools] [Local authorities and Community partners]</p>
Developmental	
Biological	
Medical	
OTHER AREAS	
Training	
Partnerships	
Evaluation	Recommendation 1 Assess likely impact on activity in any changes to environment [Local authorities and Community partners]

4.1.5 Promoting physical activity for children and young people (2009)

The guidance can be found at the following link: <http://guidance.nice.org.uk/PH17>

FORESIGHT SYSTEM AREAS	
Media	Rec 1 – There should be a long term (5 yr) national campaign, integrated with other national health campaigns, on physical activity and children. Research, consult and actively involve children. Ensure the campaign is consistent and sustained, addresses the concerns of parents and link in with regional campaigns [Central government]
Social	
Psychological	
Economic	
Food	
Activity	<p>Rec 2 – Ensure local plans, strategies, and frameworks address physical activity and children. Ensure co-ordinated strategy which helps achieve LAA targets. [NHS] [Local authorities and Community partners]</p> <p>Rec 3 – Identify children unlikely to participate in at least one hour of activity a day. Involve children in the planning and delivery of PA opportunities. Regularly consult with children and their families. [NHS] [Local authorities and Community partners]</p> <p>Rec 4 – Provide appropriate spaces and facilities [Schools] [NHS] [Local authorities and Community partners] [Early years settings] [Commercial and business]</p> <p>Rec 5 Ensure local transport and school travel plans aligned with LA plans and continue to be developed. Ensure local transport plans acknowledge impact child activity and aim to increase active transport among children . Address policies which discourage activity. Local authorities and Community partners] [Schools]</p> <p>Rec 6 – Work to remove local barriers to physical activity [Schools] [NHS] [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 7 – Ensure leadership with respect to relevant programmes [Schools] [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 8 – Ensure training with respect to relevant programmes [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 9 – deliver multi-component physical activity programmes [Schools] [NHS] [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 10 – Ensure opportunities, facilities and equipment are available [Schools] [Local authorities and Community partners] [Early years settings] [Commercial and business]</p> <p>Rec 11 – Support girls and young women – consult with, provide activities, address barriers [Schools] [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 12 – have active and sustainable school travel plans [Schools] [Local authorities and Community partners] [Early years settings]</p> <p>Rec 13 – Provide a range of indoor and outdoor physical activities for children [Schools] [Local authorities and Community partners] [Early years settings] [Commercial and business] [Public]</p> <p>Rec 14 – Help girls and young women to be active – support all abilities, gradually move towards participations, dress code acceptable to them [Schools] [Local authorities and Community partners]</p> <p>Rec 15 – Help families to be active - ensure aware of advice, encourage</p>

	to get involved in activities with children, encourage active transport [Schools] [NHS] [Local authorities and Community partners] [Early years settings] [Commercial and business] [Public]
Infrastructure	<p>Rec 4 – Provide appropriate spaces and facilities [Schools] [NHS] [Local authorities and Community partners] [Early years settings] [Commercial and business]</p> <p>Rec 5 – Ensure appropriate local transport plans [Schools] [Local authorities and Community partners]</p> <p>Rec 6 – Work to remove local barriers to physical activity [Schools] [NHS] [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 12 – have active and sustainable school travel plans [Schools] [Local authorities and Community partners] [Early years settings]</p>
Developmental	
Biological	
Medical	
OTHER AREAS	
Training	<p>Rec 5 - organise training courses for school travel plan advisers [Schools] [Local authorities and Community partners]</p> <p>Rec 7 – Ensure staff have relevant sector standards or qualifications for working with children. Ensure staff have skills to plan and deliver activity sessions. Provide regular development opportunities. [Schools] [Local authorities and Community partners] [Commercial and business]</p> <p>Rec 8 – Establish CPD, monitor and evaluate impact of training on practitioner performance [Professional bodies][Local authorities and Community partners] [Commercial and business]</p>
Partnerships	<p>Rec 2 – Identify senior council member to champion activity in children , promoting in all council portfolios, LA programmes and targets, promote partnership working with council leads in relevant departments [NHS] [Local authorities and Community partners]</p> <p>Rec 3 – work with PHO, schools and community partnerships to identify children unlikely to be active for 1 hour a day. [NHS] [Local authorities and Community partners]</p> <p>Rec 4 – Provide appropriate spaces and facilities [Schools] [NHS] [Local authorities and Community partners] [Early years settings] [Commercial and business]</p> <p>Rec 7 – Use community networks and partnerships to encourage, develop and support local communities and volunteers involved in providing PA for children. [Schools] [Local authorities and Community partners] [Commercial and business]</p>
Evaluation	<p>Rec 1 – use process, impact and outcome measures to ensure national and regional campaigns are delivered effectively. Central government] [NHS] [Local authorities and Community partners]</p> <p>Rec 2 – Ensure initiatives outlined in local plans, strategies, and frameworks are properly evaluated [NHS] [Local authorities and Community partners]</p> <p>Rec 8 – Ensure training with respect to relevant programmes [and evaluate impact of training] [Local authorities and Community partners] [Commercial and business]</p>

4.1.6 Promoting physical activity in the workplace (2008)

The guidance can be found at the following link: <http://guidance.nice.org.uk/PH13>

FORESIGHT SYSTEMS AREAS	
Media	
Social	
Psychological	
Economic	Rec 2 – Introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be physically active, including for example incentive schemes [NHS] [Workplaces] [Local authorities and Community partners] Commercial and business]
Food	
Activity	<p>Rec 1 – Develop an organisation-wide plan or policy to encourage and support employees to be more physically active, based on consultation with staff, supported by management, with dedicated resources and be linked to organisational, local or national policies [NHS] [Workplaces] [Local authorities and Community partners] Commercial and business]</p> <p>Rec 2 – Introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be physically active, including for example incentive schemes, encourage active transport, disseminate information, provide advice and support, include a health check [NHS] [Workplaces]</p> <p>Rec 3 – Encourage active transport, including during the working day – eg signposting stairs, encourage walks during breaks [NHS] [Workplaces]</p> <p>Rec 4 - Offer support to employers who want to implement this guidance [NHS] [Local authorities and Community partners]</p>
Infrastructure	<p>Rec 3 – The physical activity programme should include certain specified features [NHS] [Workplaces]</p> <p>Rec 4 - Offer support to employers who want to implement this guidance [NHS] [Local authorities and Community partners]</p>
Developmental	
Biological	
Medical	
OTHER AREAS	
Training	
Partnerships	Rec 4 - Offer support to employers who want to implement this guidance [NHS] [Local authorities and Community partners]
Evaluation	Rec 2 – Introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be physically active [NHS] [Workplaces] [Local authorities and Community partners] Commercial and business]

4.1.7 Four commonly used methods to increase physical activity (2006)

This guidance can be found at the following link: <http://guidance.nice.org.uk/PH2>

[note: mental wellbeing in older people was much more supportive of walking schemes because of evidence linking them to mental wellbeing rather than the poor evidence we found which showed no benefit on PA outcomes]

FORESIGHT SYSTEM AREAS	
Media	
Social	
Psychological	
Economic	
Food	
Activity	<p>Rec 1: Primary care practitioners to identify inactive adults and advise them to aim for 30 minutes of moderate activity on 5 days of the week (or more). Use validated tool, such as the DH general practitioner physical activity questionnaire (GPPAQ), to identify inactive individuals</p> <p>Rec 2: Primary care practitioners should take into account individual's needs, preferences and circumstances and agree goals with them. Provide written information about the benefits of activity and the local opportunities to be active. Follow up at appropriate intervals over a 3 to 6 month period</p> <p>Rec 3: Local policy makers, commissioners and managers, together with primary care practitioners, should monitor the effectiveness of local strategies and systems to promote physical activity. Focus on whether or not opportunistic advice is helping to increase the physical activity levels of people from disadvantaged groups. Assess how effective professionals from a range of disciplines are at raising long-term activity levels among these groups</p> <p>Rec 4: Local policy makers, commissioners and managers, together with primary care practitioners, should pay particular attention to the needs of hard to reach and disadvantaged communities when developing service infrastructures to promote activity.</p> <p>Rec 5: Practitioners, policy makers and commissioners should only endorse exercise referral schemes to promote physical activity that are part of a properly designed and controlled research study to determine effectiveness¹. Measures should include intermediate outcomes such as knowledge, attitudes and skills, as well as measures of physical activity levels. Individuals should only be referred to schemes that are part of such a study</p> <p>Rec 6: Practitioners, policy makers and commissioners should only endorse pedometers and walking and cycling schemes to promote physical activity that are part of a properly designed and controlled research study to determine effectiveness². Measures should include</p>

¹ For further information, see the implementation advice that accompanies this guidance (available from April at: www.nice.org.uk/PHI002).

² For further information, see the implementation advice that accompanies this guidance (available from April at: www.nice.org.uk/PHI002).

	intermediate outcomes such as knowledge, attitude and skills, as well as measures of physical activity levels
Infrastructure	
Developmental	
Biological	
Medical	
OTHER AREAS	
Training	
Partnerships	
Evaluation	

4.1.8 Prevention of cardiovascular disease (2010)

As well as the specific obesity-related recommendations noted below, the guidance also includes recommendations about type of interventions recommended (rec 13); preparation and development of regional programmes, including addressing LAA targets and linking with existing strategies (rec 14); the need for long term funding and adequate staffing of programmes, and reflecting local culture and ethnic mix (rec 16); acting as a leader and identifying senior “champions” within PCTs and LA, and developing systems within local partnerships (rec 17).

The guidance can be found at the following link: <http://guidance.nice.org.uk/PH25>

FORESIGHT SYSTEM AREAS	
Media	<p>Rec 4 – develop principles on marketing food to children, extend TV advertising restrictions on foods high in sugar, fat or salt and restrict advertising for in non broadcast media, underpinned by FSA nutrient profiling system [Central government] [Commercial and business]</p> <p>Rec 15 – plan and implement a strategic, integrated media campaign as part of a wider package of interventions. [Local authorities and Community partners]</p>
Social	
Psychological	
Economic	<p>Rec 2 – Create conditions whereby lower saturated fat products are sold more cheaply than higher saturated fat products. Create favourable conditions for dairy products low in saturated fat Central government]</p> <p>Rec 8 – Funding changes to CAP, rewarding or encouraging nutritious foods. Central government]</p>
Food	<p>Rec 2 – encourage a reduction in saturated fat use, creating incentives if necessary [Central government] [Commercial and business]</p> <p>Rec 2 – encourage a reduction and later elimination in trans fat use [Central government] [Commercial and business]</p> <p>Rec 5 – encourage best practice for meetings / lobbying, between the food and drink industry and government [Central government] [Commercial and business]</p> <p>Rec 6 – encourage or legislate for the use of the Food Standards Agency's front of pack labelling scheme [Central government] [Commercial and business]</p> <p>Rec 8 – encourage the reform of CAP to reduce production of unhealthy foods [Central government]</p> <p>Rec 10 – ensure publicly funded food and drink provision contributes to the prevention of CVD, including in schools and hospitals [Central government] [NHS] [Schools]</p> <p>Rec 11 – empower local authorities to influence planning permission for food retail outlets [Central government] [Local authorities and Community partners]</p> <p>Rec 19 – help children and young people have a healthy diet and lifestyle; ensure healthier food provided by eg museums, sports centres, cinemas and venues frequented by children resist sponsorship / product placement for foods high in sugar, fat or salt [Public] [NHS] [Local authorities and Community partners] [Early years settings] [Schools]</p> <p>Rec 20 – ensure public sector catered food is healthy [Central government] [NHS] [Local authorities and Community partners] [Schools]</p> <p>Rec 23 – use by-laws and existing powers to regulate the opening hours of take-aways and help owners to improve the nutritional quality of their</p>

	<p>food [Local authorities and Community partners]</p> <p>Rec 24 - ensure the links between nutrition and health are an integral part of training for catering managers [Local authorities and Community partners] [Professional bodies]</p>
Activity	<p>Rec 9 - ensure local transport plans supports physically active modes of travel and address disincentives (such as subsidised parking) [Central government]</p> <p>Rec 21 – ensure the physical environment encourages people to be physically active [NHS] [Local authorities and Community partners]</p>
Infrastructure	<p>Rec 9 - ensure government funding supports physically active modes of travel [Central government]</p> <p>Rec 11 – empower local authorities to influence planning permission for food retail outlets [Central government] [Local authorities and Community partners]</p> <p>Rec 21 prioritise needs of pedestrians and cyclists over cars when developing or redeveloping highways. Provide adequate play spaces. Audit by laws and apportion part of local transport plan block allocation to promote active travel. Align all planning gain agreements with the promotion of heart health. [Local authorities and Community partners]</p> <p>Rec 23 – use by-laws and existing powers to regulate the opening hours of take-aways and help owners to improve the nutritional quality of their food [Local authorities and Community partners]</p>
Developmental	
Biological	
Medical	
OTHER AREAS	
Training	<p>Rec 16 – ensure Regional CVD programmes have adequate Resources, including training [NHS] [Local authorities and Community partners]</p> <p>Rec 17 – identify and involve appropriate leaders for Regional CVD programmes, and train them if necessary [NHS] [Local authorities and Community partners]</p> <p>Rec 22 - assess the impact of local and regional policies and plans may have on rates of CVD and related chronic diseases... and identify train needs associated with this [NHS] [Local authorities and Community partners]</p> <p>Rec 24 - ensure the links between nutrition and health are an integral part of training for catering managers [Local authorities and Community partners] [Professional bodies]</p>
Partnerships	<p>Recs 13 to Rec 18 – undertake regional CVD programmes with partners [NHS] [Local authorities and Community partners]</p>
Evaluation	<p>Rec 2 – encourage a reduction and later elimination in trans fat use [and monitor the success of this] [Central government] [Commercial and business]</p> <p>Rec 7 – undertake HIA assessment of all policies with respect to their likely impact on CVD and related chronic disease; monitor outcomes and use to follow up and amend future plans [Central government]</p> <p>Rec 8 – EU impact assessment procedure to take CVD and other health issues into account. Central government]</p> <p>Rec 10 - Assess effectiveness of the healthier food mark pilot. Central government]</p> <p>Rec 12 – ensure all appropriate data are available for monitoring and analysis to inform CVD prevention policy – including population surveys, econometric data, dietary intake among different population groups [Central government]</p> <p>Rec 13 – regional CVD programmes should feature... evaluate [NHS] [Local authorities and Community partners]</p>

	<p>Rec 15 – work with regional and local authorities and other organisations to promote policies on healthier eating, tobacco control and increased activity. [NHS] [Local authorities and Community partners]</p> <p>Rec -18 – collect baseline measures and evaluate regional CVD programmes. Ensure results freely available and inform future activities [NHS] [Local authorities and Community partners]</p> <p>Rec 22 - assess the impact of local and regional policies and plans may have on rates of CVD and related chronic diseases... and monitor outcomes following assessment [NHS] [Local authorities and Community partners]</p>
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4.1.9 Alcohol-use disorders - preventing harmful drinking (2010)

The guidance can be found at the following link: <http://guidance.nice.org.uk/PH24>

FORESIGHT SYSTEMS AREAS	
Media	Rec 3 – review alcohol marketing to protect children and young people and assess the cost benefits of complete advertising ban [Central government] [Commercial and business]
Social	
Psychological	
Economic	<p>Rec 1 – make alcohol less available though price [Central government] [Commercial and business]</p> <p>Rec 2 – consider reducing import allowances Central government]</p> <p>Rec 5 – prioritise alcohol prevention as an invest to save measure [Local authorities and Community partners]</p>
Food	
Activity	
Infrastructure	<p>Rec 2 – make alcohol less available through outlet density [Central government] [Commercial and business]</p> <p>Rec 4 – review licensing and enforcement to reduce alcohol-related problems. [Central government] [Commercial and business]</p>
Developmental	
Biological	
Medical	
OTHER AREAS	
Training	
Partnerships	
Evaluation	

4.1.10 *Weight management before, during and after pregnancy (2010)*

The guidance can be found at the following link: <http://guidance.nice.org.uk/PH27>

FORESIGHT SYSTEM AREAS	
Media	
Social	
Psychological	
Economic	
Food	<p>Rec 1 – Understand the importance of achieving a healthy weight before pregnancy. Provide advice to women with BMI > 30 to lose weight before pregnancy. Monitor weight [NHS] [Local authorities and Community partners] [Central government] [Commercial and business]</p> <p>Rec 2 – Advise healthy diet and physical activity during pregnancy. Dispel common myths. Measure height and weight at first contact with pregnant women and advise those with BMI > 30. Encourage them to lose weight after pregnancy [NHS] [Local authorities and Community partners]</p> <p>Rec 3 – Support weight management after pregnancy. Use 6-8 week postnatal check as opportunity to discuss weight. Offer advice on healthy diet and physical activity[NHS] [Local authorities and Community partners]</p> <p>Rec 4 – Support weight management after pregnancy in women with BMI > 30. Encourage breastfeeding [NHS]</p> <p>Rec 5 – Local authority leisure and community services should offer women facilities to take part in a range of physical or recreational activities. NHS, local authority leisure services and slimming clubs should provide structured weight management groups. Advice should be given to prepare women for next pregnancy [NHS]</p> <p>Rec 6 - Ensure health professionals, healthcare assistants and support workers have the skills to advise on the health benefits of weight management and risks of being overweight or obese before, during and after pregnancy, or after successive pregnancies [NHS] [Local authorities and Community partners]</p>
Activity	<p>Rec 1 – Understand the importance of achieving a healthy weight before pregnancy. Provide advice to women with BMI > 30 to lose weight before pregnancy. Monitor weight [NHS] [Local authorities and Community partners] [Central government] [Commercial and business]</p> <p>Rec 2 – Advise healthy diet and physical activity during pregnancy. Dispel common myths. Measure height and weight at first contact with pregnant women and advise those with BMI > 30. Encourage them to lose weight after pregnancy [NHS] [Local authorities and Community partners]</p> <p>Rec 3 – Support weight management after pregnancy. Use 6-8 week postnatal check as opportunity to discuss weight. Offer advice on healthy diet and physical activity[NHS] [Local authorities and Community partners]</p> <p>Rec 4 – Support weight management after pregnancy in women with BMI > 30. Encourage breastfeeding [NHS]</p> <p>Rec 5 – Local authority leisure and community services should offer women facilities to take part in a range of physical or recreational activities. NHS, local authority leisure services and slimming clubs should provide structured weight management groups. Advice should be given to prepare women for next pregnancy [NHS]</p> <p>Rec 6 - Ensure health professionals, healthcare assistants and support workers have the skills to advise on the health benefits of weight</p>

	management and risks of being overweight or obese before, during and after pregnancy, or after successive pregnancies [NHS] [Local authorities and Community partners]
Infrastructure	
Developmental	
Biological	
Medical	
OTHER AREAS	
Training	Rec 6 - Ensure health professionals, healthcare assistants and support workers have the skills to advise on the health benefits of weight management and risks of being overweight or obese before, during and after pregnancy, or after successive pregnancies.
Partnerships	
Evaluation	

4.2 Other bodies making public health recommendations of potential relevance in England

4.2.1 Professional bodies

<p>Royal College of Obstetricians and Gynaecologists</p> <p>http://www.rcog.org.uk</p>	<p>Management of women with obesity in pregnancy (2010) – joint CMACE/ RCOG guideline</p> <p><i>Additional publications:</i> Statement on exercise and pregnancy (2006) Opinion paper on Nutrition in pregnancy (2010)</p>
<p>Royal College of Paediatrics and Child Health</p> <p>http://www.rcpch.ac.uk/</p>	<p>UK – WHO growth charts (2009) - for children from birth to 4 years of age.</p> <p>An Approach to Weight Management in Children and Adolescents (2-18 years) in Primary Care (2002) - Produced for the Royal College of Paediatrics and Child Health and National Obesity Forum</p>
<p>Faculty of Public Health</p> <p>http://www.fph.org.uk/</p>	<p>Joint Commissioning of children’s services across local authorities and primary care trusts (2008) – stresses need to take systems approach.</p> <p>Lightening the load: tackling overweight and obesity A toolkit for developing local strategies to tackle overweight and obesity in children and adults (2007) – Joint publication with NHF. Provides a starting point for developing a local strategy to tackle overweight and obesity, based on 2006 NICE guidance on Obesity. Intended to help local multiagency teams to develop and implement strategies and action plans to halt the year-on-year rise of overweight and obesity through prevention and management.</p> <p>Nutrition and Food Poverty Toolkit (2004) - Joint publication with NHF. Provides information essential to developing a local food poverty strategy. Outlines the barriers to healthy eating and demonstrates how nutrition and food poverty strategies can help to achieve local targets and how they are central to the Government's health inequalities agenda.</p> <p>Raising health: Organisational options for delivering improved public health (2004) – FPH commissioned the Office for Public Management to explore the potential contribution of wide range of resources available at local, regional and national level, as well as how to improve public health and how these can effectively integrated, focused and applied.</p> <p>Enabling the development of public health networks (2003 / 2004) - reports, commissioned by the Department of Health, examine the development of public health networks.</p> <p>Rapid appraisal tool for health impact assessment (2002) - developed to support people from different backgrounds and different situations in the assessment of a proposal's potential impacts on health.</p> <p>Let's Get Moving - A Physical Activity Handbook for</p>

	<p>Developing Local Programmes (2001) - A resource to help professionals develop local policies, strategies and programmes to promote physical activity.</p> <p>Carrying out a health impact assessment of a transport policy (2000) - looks at the effects of health in relation to transport and provides guidance on carrying out a health impact assessment.</p>
<p>British Dietetic Association</p> <p>http://www.bdaweightwise.com</p>	<p>BDA weightwise website provides checklist for responsible weight loss programme</p>

4.2.2 Other UK-based organisations

<p>Association of Chief Executives of Voluntary Organisations (ACEVO)</p> <p>http://www.acevo.org.uk/</p>	<p>The organised efforts of society: The role of the voluntary sector in improving the health of the population (2010)</p> <p>Report of the ACEVO Commission on Public Health flags that the state alone cannot address the major public health problems and that public health is dependent on the organised efforts of society. A range of recommendations are made, including:</p> <ul style="list-style-type: none"> • a new virtual cross-sector body to coordinate research relating to population health • reform the Joint Strategic Needs Assessment (JSNA) to make it a genuinely cross-sector exercise which effectively informs commissioning • establish an external advisory group for the Cabinet Subcommittee on Public Health • involve voluntary sector organisations in the Responsibility Deal between Government and business • foster a thriving social market for population health with a variety of players working collaboratively to commission population health activity, using more efficient procurement processes. • voluntary organisations should improve their ability to gather and share research relating to population health, to engage with policy-makers, and to sell their services to commissioners.
<p>Caroline Walker Trust</p> <p>http://www.cwt.org.uk</p>	<p>Eating well: children and adults with learning disabilities, Dr Helen Crawley (2007)</p> <p>Evidence-based report which summarises available information on the nutritional needs of children, young people and adults with learning disabilities. It also looks at issues around food choice and eating well, and provides practical information to support these groups and those caring for or supporting them.</p> <p>Eating well for under 5s in child care Dr Helen Crawley (2006) (second edition)</p> <p>Sets out evidence for the importance of eating well for under 5s and provides a rationale for nutrient based standards for this sector. Provides both nutritional and practical advice to all those who are involved in the early years sector.</p>

	<p>Eating well for looked after children and young people, <i>The Caroline Walker Trust</i> (2001) Set out practical and nutritional guidelines to help all those who care for children in residential homes and foster care understand more about eating well for this group. Aim is to enable carers, and those who monitor care settings, to ensure that the young people have a nutritionally balanced, varied and tasty diet. Provides recommendations for linking food knowledge into care and the skills that young people will need when they become independent.</p> <p>Eating well for older people <i>The Caroline Walker Trust</i> (2004) Practical and nutritional guidelines for older people in residential and community care. Offer practical guidance for people who cater for older people in care homes, nursing homes or at lunch clubs, or who are responsible for community meals.</p>
<p>Marmot Review of Health Inequalities in England www.marmotreview.org</p>	<p>Fair Society, Healthy Lives (2010). This was the culmination of a year long independent review into health inequalities in England which Professor Sir Michael Marmot was asked to chair by the Secretary of State for Health. The review proposes the most effective evidence-based strategies for reducing health inequalities in England from 2010. Since publication the team have worked to support many developments based on the approach advocated by the review.</p> <p>Recommends improving programmes addressing the causes of obesity across the social gradient.</p> <p>States that “Addressing obesity needs to be based on population-wide interventions. Improving the availability of, and access to, healthier food choices among low-income groups involves population-wide interventions, such as reducing salt and saturated fat in products. Addressing the causes of obesity across the social gradient will require action across the life course and evidence-based interventions to tackle increased levels of obesity in particular social groups.”</p> <p>“output indicators” are: Reduction in the obesogenic environment and behaviours leading to obesity. Increase in aspects of healthy living that reduce obesity.</p> <p>Case studies linked to policy objectives outlined in the report are listed here: http://www.marmotreview.org/resources/case-studies.aspx</p> <p>Chapter 3 of the report includes a section on “Lessons learnt from delivery systems”: http://www.marmotreview.org/AssetLibrary/pdfs/chapters%20of%20fshi/FairSocietyHealthyLivesChapter3.pdf</p> <p>Supporting evidence for the review is published online, including the Task Group reports for delivery: http://www.marmotreview.org/AssetLibrary/pdfs/full%20tg%20reports/delivery%20t.g.%20full%20report.pdf</p>
<p>National Obesity Forum http://www.nationalobesityforum.org</p>	<p>Established May 2000 to raise awareness of the growing health impact that being overweight or obese was having on patients and the National Health Service (NHS). Membership is open and free</p>

<p>m.org.uk/</p>	<p>to all healthcare professionals. Has a regional network where practitioners and clinicians with an interest in obesity can meet at a local level.</p> <ul style="list-style-type: none"> • NOF care pathway toolkit (2006) • Weight management guidelines for adults (2010) • Weight management guidelines for children and adolescents (with RCPCH; 2002) • Obesity Model (2009) • Various training resource (date not listed) <p>Website provides information to families with suggestions that can help families regain the balance and begin to adopt a healthier lifestyle. Organizes a National Obesity Week to raise awareness.</p>
<p>Sustrans</p> <p>www.sustrans.org.uk</p>	<p>Sustrans has a series of information sheets for professionals:</p> <ul style="list-style-type: none"> • Connect2 Greenway Design Guide (2009) - tool for anyone involved in the construction, maintenance and promotion of cycling and walking • A Connect2 handbook is being produced to offer guidance on some of the issues around community involvement, communications and media, technical & design and legacy • The National Cycle Network - Guidelines and Practical Details issue 2 • Making Ways for the Bicycle - A guide to construction of traffic-free paths (1994)

4.2.3 International bodies

<p>European Commission</p> <p>www.europa.eu</p>	<p>White Paper in May 2007 summarised overall European policy with respect to preventing obesity. (see http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11542c_en.htm)</p> <p>This paper recommends that community measures to tackle obesity must be based on four pillars:</p> <ul style="list-style-type: none"> • a clear reduction in high-risk behaviours (poor nutrition, lack of physical exercise); • actions intended to work across government policy areas and at different levels, using a range of instruments including legislation, public-private partnerships and dialogue with civil society; • the participation of the private sector, for example the agri-food industry and civil society, as well as local stakeholders; • the systematic evaluation and follow-up of these measures to find out what is working well. <p>The Commission also created a high-level group on health, nutrition and physical exercise in order to promote the exchange of practices and improve links with governments.</p> <p>Two other European commission initiatives related to obesity that are covered by legislation as summarised below:</p> <ul style="list-style-type: none"> • Food labelling: Since 1993 the European Union (EU) has legislated on issues such as advertising and the labelling
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	<p>of consumer products like food and tobacco. Currently, EU general labelling requirements for all foodstuffs are set out in Directive 2000/13/EC, while Nutrition labelling on foods is regulated by Directive 90/496/EEC. Currently nutrition labelling is largely optional, but must be done when a nutrition or health claim is made, or when vitamins or minerals are added to foods. In 2008, the European Commission adopted a new draft Regulation, and overall the general provisions for food labelling will remain the same, but front-of-pack nutrition information would become mandatory for nearly all pre-packaged processed foods. There will also be regulation on the legibility of such labels (see http://ec.europa.eu/food/food/labellingnutrition/foodlabelling/publications/memo-08-64_en1.pdf)</p> <ul style="list-style-type: none"> • EU School Fruit Scheme: In 2008, the European Commission adopted a proposal (governed by regulation Regulations (EC) No 1290/2005) for a European Union-wide scheme to provide fruit and vegetables to school children. The scheme aims to provide funds to build the market for sustainable fruit and vegetable supplies for schools, as well as provide added incentive for schools and local authorities to promote healthy eating (see http://ec.europa.eu/agriculture/markets/fruitveg/sfs/index_en.htm) <p>The Common Agricultural Policy (CAP) is also cited by NICE guidance on the prevention of cardiovascular disease (see Appendix 1) as having a negative effect on obesity by encouraging over-production of the wrong types of foods.</p>
<p>WHO</p> <p>www.who.int</p>	<p>Global Strategy on Diet, Physical Activity and Health (2004). Based on 2003 technical report Diet, Nutrition, and the Prevention of Chronic Disease. Main objectives are:</p> <ul style="list-style-type: none"> • Reduce risk factors for chronic diseases that stem from unhealthy diets and physical inactivity through public health actions. • Increase awareness and understanding of the influences of diet and physical activity on health and the positive impact of preventive interventions. • Develop, strengthen and implement global, regional, national policies and action plans to improve diets and increase physical activity that are sustainable, comprehensive and actively engage all sectors. • Monitor science and promote research on diet and physical activity. <p>Notes that effective action will require the combined efforts of many stakeholders, public and private, over several decades. A combination of sound and effective actions is needed at global, regional, national and local levels, with close monitoring and evaluation of their impact. Describes the responsibilities of those involved and provides recommendations for action to key stakeholders, including Member states, WHO, International partners, Civil society and nongovernmental organizations, and the private sector</p> <p>A range of documents to support implementation of the Global Strategy were subsequently published:</p> <ul style="list-style-type: none"> • Guide for Population-based Approaches to Increasing

	<p>Levels of Physical Activity (2007)</p> <ul style="list-style-type: none"> • School Policy Framework (2008) • A Framework to Monitor and Evaluate the Implementation: Global Strategy on Diet, Physical Activity and Health (DPAS) (2008) • Interventions on Diet and Physical Activity: What Works (2009) <p>WHO Forum and Technical Meeting on Population-based Prevention Strategies for Childhood Obesity. (2010) http://www.who.int/dietphysicalactivity/childhood/child-obesity-eng.pdf</p> <p>To identify priorities for population-based strategies to prevent childhood obesity and to define roles and responsibilities for various stakeholders. Provided an opportunity for participants to share experiences and lessons learned; presentations given by meeting participants described a wide spectrum of current approaches to obesity prevention, including regionally and nationally coordinated initiatives, school- and sports-based projects, public–private partnerships, and global and national strategies for providing resources for intervention. Report focuses on the conclusions reached by the meeting, which include a list of guiding principles for policy and programme development and examples of areas for action.</p>
<p>World Cancer Research Fund (WCRF) http://www.wcrf-uk.org</p>	<p>Food, nutrition, physical activity and the prevention of cancer: a global perspective (2007) http://www.dietandcancerreport.org/</p> <p>The Second Expert Report features a series of public health and personal recommendations on body fatness; physical activity; food and drinks that promote weight gain; plant foods; animal foods; alcoholic drinks; preservation, processing and preparation; dietary supplements; breastfeeding and cancer survivors.</p> <p>Policy report recommendations (2009) The 2009 Policy Report, <i>Policy and Action for Cancer Prevention</i>, features recommendations aimed at 9 groups of actors:</p> <ul style="list-style-type: none"> • Multinational bodies - Originate and promote coordinated strategies that protect public health through food, nutrition, and physical activity • Civil society organisations - Create, advocate, and develop sustainable policies and actions that ensure healthy food, nutrition, and physical activity for all • Government - Use legislation, pricing, and other policies at all levels of government to promote healthy patterns of diet and physical activity • Industry - Emphasise the priority given to public health including cancer prevention in strategic planning and action • Media - Sustain increased coverage of public health and well-being and prevention of obesity and chronic diseases including cancer • Schools - Make food systems, food, nutrition, and regular physical activity essential parts of school life and learning • Workplaces and institutions - Institute and implement policies that promote physical activity, and healthy meals and bodyweight • Health and other professionals - Conduct professional practice to realise the potential for promoting health including cancer prevention

	<ul style="list-style-type: none">• People - Act as members of households and communities and as citizens, not just as customers and consumers, in achieving healthy ways of life
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SECTION 5: MONITORING AND EVALUATION

5.1 National Obesity Observatory (NOO)

5.1.1 Overview

The National Obesity Observatory www.noo.org.uk was established in December 2007 and received core funding from the Department of Health in April 2008.

The main functions of NOO are to:

- Analyse, signpost and report on obesity and related surveillance data
- Produce evidence and data briefings
- Develop innovative analytical and data presentation tools
- Describe and map data on weight status and associated indicators
- Develop guidance and tools to support the evaluation of interventions targeted at obesity
- Provide guidance and support to policy makers and practitioners working to tackle obesity
- Communicate relevant developments and information on obesity and its determinants.

The NOO analyses and publishes data from the National Child Measurement Programme. NOO has also created a set of e-atlases; these tools enable users to examine data on obesity, its determinants and associated diseases for adults and children. The child e-atlases now include National Child Measurement Programme (NCMP) data for 2008/09. NOO is continuing to develop these interactive tools, adding more indicators and functionality. NOO has also published briefing papers on preventing and treating childhood obesity for commissioners.

5.1.2 Standard Evaluation Framework for weight management interventions

The aim of the Standard Evaluation Framework (SEF), developed by the NOO, is to support high quality, consistent evaluation of weight management interventions in order to increase the evidence base.

The SEF provides introductory guidance on the principles of evaluation, and lists 'essential' and 'desirable' criteria. Essential criteria are presented as the minimum recommended data for evaluating a weight management intervention. Desirable criteria are additional data that would enhance the evaluation. The supporting guidance describes why particular criteria have been categorised as essential or desirable, and gives further information on collecting data.

The SEF will be essential reading to those commissioning, running or evaluating weight management interventions.

NOO has also published a review of physical activity measurement tools to support the SEF.

NOO will be evaluating the usefulness and impact of the SEF and this will be informed by both quantitative and qualitative data, including the experiences of people who have used the guidance. NOO continues to develop its work on evaluation, and has set up a 'Collection of Resources on Evaluation (CORE)' on its website at http://www.noo.org.uk/evaluation_portal

5.1.3 National Child Measurement Programme

The National Child Measurement Programme (NCMP) is an important element of the Government's work programme on childhood obesity. It was established in 2006, building on the National Child Obesity Database that had been set up in 2005. 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. To encourage engagement, parents can request their child's results from their Primary Care Trusts (PCTs).

The National Obesity Observatory has, on behalf of the Cross-Government Obesity Unit, produced a guidance document for Primary Care Trusts and Public Health Observatories that want to undertake regional and local analysis of the National Child Measurement Programme 2007/08 national dataset. The guidance includes information and a template letter for providing feedback of results to schools. PHOs and PCTs should liaise closely to discuss what analysis would be useful for local areas and prevent duplication of any analysis.

Regional reports of NCMP data is also available on the NOO website.

5.2 Other sources of data and evaluation material

The Health Survey for England is a valuable source of data on obesity. This survey is repeated every year, and data on national obesity trends are readily available, as are individual reports on the subject (see www.ic.nhs.uk).

A separate but related source of data on obesity is contained in the Health Profiles series, maintained by the Association of Public Health Observatories (see www.apho.org.uk). These profiles model obesity in each local authority area, based on the results of the most recent Health Survey for England.

There is an obesity-related measure in the Quality and Outcomes Framework (QOF) used to assess the performance of GPs, but this current indicator only includes the requirement that a register of obese patients be collected by a GP surgery. The QOF, as it currently stands, therefore has limited use when considering population trends of obesity.

The Obesity Learning Centre (OLC; <http://www.obesitylearningcentre-nhf.org.uk/>) website has been developed to support people who work, either directly or indirectly, on promoting a healthy weight and tackling obesity. The OLC sets out to strengthen and support local capacity and capabilities to treat overweight in children and adults. The OLC provides links to resources such as news, reports, tools, elearning and case studies. The OLC works closely with NOO, and other networks, to support professionals in the delivery of services in the community.

The National Obesity Observatory maintains a webpage listing other major data sources on issues relating to obesity.

Appendix 1: Obesity whole systems: associated NICE guidance and Foresight system map areas

The table below shows the “actors” who NICE has directed its guidance to against the areas of influence outlined in the foresight system map.

	CG043 – OBESITY (2006)	PH011 – MATERNAL AND CHILD NUTRITION (2008)	PH008 – PHYSICAL ACTIVITY AND THE BUILT ENVIRONMENT (2008)	PH017 – PROMOTING PHYSICAL ACTIVITY FOR CHILDREN AND YOUNG PEOPLE (2009)	PH013 – PROMOTING PHYSICAL ACTIVITY IN THE WORKPLACE (2008)	PH025 – PREVENTION OF CARDIOVASCULAR DISEASE (2010)	PH024 – PREVENTION OF ALCOHOL-USE DISORDERS (2010)	PH027 – WEIGHT MANAGEMENT BEFORE, DURING AND AFTER PREGNANCY (2010)
FORESIGHT SYSTEM AREAS								
Media	NHS – 2 recs			Central government – 1 rec		LA and Community partners – 1 rec Commercial and business – 1 rec Central government – 1 rec	Commercial and business – 1 rec Central government – 1 rec	
Social	Public – 2 recs	NHS – 1 rec LA and Community partners – 1 rec						
Psychological	NHS – 1 rec							
Economic	NHS – 1 rec LA and Community partners – 1 rec Commercial and business – 1 rec				NHS – 1 rec LA and Community partners – 1 rec Commercial and business – 1 rec Workplaces – 1 rec	Central government – 2 recs	LA and Community partners – 1 rec Commercial and business – 1 rec Central government – 2 recs	
Food	NHS – 9 recs LA and Community	NHS – 7 recs LA and Community				NHS – 3 recs LA and Community		NHS – 6 recs [Local authorities and Community

	<p>partners – 9 recs</p> <p>Commercial and business – 5 recs</p> <p>Public – 4 recs</p> <p>Schools – 5 recs</p> <p>Early years settings – 6 recs</p>	<p>partners – 1 rec</p> <p>Commercial and business – 1 rec</p> <p>Early years settings – 2 recs</p>				<p>partners – 5 recs</p> <p>Commercial and business – 4 recs</p> <p>Public – 1 rec</p> <p>Schools – 3 recs</p> <p>Early years settings – 1 rec</p> <p>Central government – 8 recs</p> <p>Professional bodies – 1 rec</p>		<p>partners] – 4 recommendations [Commercial and business] – 1 recommendation]</p>
Activity	<p>NHS – 12 recs</p> <p>LA and Community partners – 12 recs</p> <p>Commercial and business – 5 recs</p> <p>Public – 4 recs</p> <p>Schools – 6 recs</p> <p>Early years settings – 5 recs</p>	<p>NHS – 1 rec</p>		<p>NHS – 6 recs</p> <p>LA and Community partners – 14 recs</p> <p>Commercial and business – 9 recs</p> <p>Public – 2 recs</p> <p>Schools – 11 recs</p> <p>Early years settings – 5 recs</p>	<p>NHS – 4 recs</p> <p>LA and Community partners – 2 recs</p> <p>Commercial and business – 1 rec</p> <p>Workplaces – 3 recs</p>	<p>NHS – 1 rec</p> <p>[LA and Community partners – 1 rec</p> <p>Central government – 1 rec</p>		<p>NHS] – 6 recommendations [Local authorities and Community partners] – 4 recommendations [Commercial and business] – 1 recommendation [</p>
Infrastructure	<p>NHS – 4 rec</p> <p>LA and Community partners – 6 recs</p> <p>Commercial and business – 4 recs</p> <p>Public – 1 rec</p> <p>Schools – 1 rec</p>		<p>LA and Community partners – 6 recs</p> <p>Commercial and business – 2 recs</p> <p>Schools – 1 rec</p>	<p>NHS – 2 recs</p> <p>LA and Community partners – 4 recs</p> <p>Commercial and business – 2 recs</p> <p>Schools – 4 recs</p> <p>Early years settings – 2 recs</p>	<p>NHS – 2 recs</p> <p>LA and Community partners – 1 rec</p> <p>Workplaces – 1 rec</p>	<p>LA and Community partners – 3 recs</p> <p>Central government – 2 recs</p>	<p>Commercial and business – 2 recs</p> <p>Central government – 2 recs</p>	

Developmental								
Biological								
Medical	NHS – 4 recs LA and Community partners – 1 rec Commercial and business – 1 rec Early years settings – 1 rec	NHS – 2 recs						
OTHER AREAS								
Training	NHS – 1 rec Schools – 1 rec	NHS – 6 recs LA and Community partners – 2 recs Commercial and business – 1 rec Professional bodies – 1 rec		LA and Community partners – 3 recs Commercial and business – 2 recs Schools – 2 recs Professional bodies – 1 rec		NHS – 3 recs LA and Community partners – 4 recs Professional bodies – 1 rec		[Professional bodies] – 1 recommendation
Partnerships	NHS – 6 rec LA and Community partners – 8 recs Commercial and business – 5 recs Schools – 1 rec Workplaces – 1 rec	NHS – 2 recs LA and Community partners – 2 recs Commercial and business – 1 rec		NHS – 3 recs LA and Community partners – 4 recs Commercial and business – 2 recs Schools – 2 recs Early years settings – 1 rec	NHS – 1 rec LA and Community partners – 1 rec	NHS – 3 recs LA and Community partners – 3 recs		
Evaluation	LA and Community partners – 1 rec Researchers – 2	NHS – 1 rec Researchers – 1 rec	LA and Community partners – 1 rec Central government	NHS – 2 rec LA and Community partners – 3 recs	NHS – 1 rec LA and Community partners – 1 rec	NHS – 4 recs LA and Community partners – 4 recs		

	recs		- 1 rec	Commercial and business – 1 rec Central government – 1 rec	Commercial and business – 1 rec Workplaces – 1 rec	Commercial and business – 1 rec Central government – 4 recs		
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