

A photograph of three children playing hopscotch on an asphalt playground. The children are in motion, creating a slight blur. The hopscotch grids are drawn in green and blue chalk. One child in the foreground is wearing a white shirt and dark trousers, another in a red sweater and dark trousers, and a third in a pink dress. The background shows more hopscotch grids and the asphalt surface.

# HEALTHY WEIGHT, HEALTHY LIVES: GUIDANCE FOR LOCAL AREAS

**DH INFORMATION READER BOX**

<b>Policy</b> HR/Workforce Management Planning Clinical	Estates Commissioning IM & T Finance Partnership Working
<b>Document purpose</b>	Best Practice Guidance
<b>ROCR Ref:</b>	<b>Gateway Ref:</b> 9625
<b>Title</b>	Healthy Weight, Healthy Lives: Guidance for Local Areas
<b>Author</b>	Cross-Government Obesity Unit, Department of Health and Department for Children, Schools and Families
<b>Publication date</b>	19 March 2008
<b>Target audience</b>	PCT CEs, NHS Trust CEs, SHA CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, PCT PEC Chairs, NHS Trust Board Chairs, Allied Health Professionals, GPs, Communications Leads, Directors of Children's Ss
<b>Circulation list</b>	Voluntary Organisations/NDPBs
<b>Description</b>	This guidance sets out suggestions for how local partners can develop their obesity plans, from understanding the scale of the problem in their communities, to setting local goals and choosing interventions where it is agreed that local action is required, right through to ensuring that progress is monitored and evaluated
<b>Cross reference</b>	Healthy Weight, Healthy Lives: A Cross-Government Strategy for England
<b>Superseded documents</b>	NA
<b>Action required</b>	N/A
<b>Timing</b>	N/A
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<b>For recipient use</b>	

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First published March 2008

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Children, Schools and Families: pages 26, 31, 36 and 43; Banana Stock: page 34; Department of Health: page  
40; Third Avenue: page 48.

**HEALTHY WEIGHT, HEALTHY LIVES:  
GUIDANCE FOR LOCAL AREAS**



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# FOREWORD

In the nineteenth century, local government was at the forefront of efforts to improve the health of the public, tackling major killers such as cholera. Huge investments in housing, water supply, sewage systems and other amenities greatly improved the living conditions, and so health, of millions of people.

As we look at the evidence provided by the Government Office for Science's Foresight report on obesity, it is clear that we are once again facing a public health challenge of significant magnitude. In England two-thirds of adults and a third of children are either overweight or obese, and without action this could rise to almost nine in ten adults and two-thirds of children by 2050.

*In Healthy Weight, Healthy Lives: A cross-government strategy for England, the Government set out the first steps to meeting the challenge of excess weight in the population, with a new ambition: to be the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to maintain a healthy weight. Our initial focus will be on children; by 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels.*

However, this challenge will not be met through action by Whitehall alone. As a nation we will only succeed if all of society plays a part. Crucial to this is the role of frontline staff: health visitors, planners, teachers and GPs amongst many others, co-ordinated and led by Primary Care Trusts and Local Authorities.

This document meets a commitment in *Healthy Weight, Healthy Lives* to provide local areas with guidance on what they can do to promote healthy weight and tackle obesity. It sets out

suggestions for how local partners can develop their own plans, from understanding the scale of the problem in their communities, to setting local goals and choosing interventions where it is agreed that local action is required, right through to ensuring that progress is monitored and evaluated.

Our intention is not to be prescriptive, because we know that the exact nature of the problem and so its solutions will differ by community. Rather the guidance seeks to help local areas get to grips with an issue that has a huge range of drivers and so involves a wide variety of services in its solution. As a result of this the guidance seeks to make clear the links to other public priorities e.g. climate change, where actions can often also help to promote healthy weight in local communities.

Having played a leading role in tackling the public health issues of the nineteenth century, local government is once again poised to play the same crucial role in tackling the foremost public health issue facing the country today, ensuring that everyone in their local communities is able to maintain a healthy weight and lead a healthier life.



Dawn Primarolo  
Minister of State for Public Health



Kevin Brennan  
Parliamentary Under Secretary of State  
for Children, Young People and Families



**EXECUTIVE  
SUMMARY**



*Healthy Weight, Healthy Lives: A cross-government strategy for England* (published January 2008) set out a clear ambition for promoting healthy weight, particularly in children, with the aim of reducing the proportion of overweight and obese children to 2000 levels by 2020. This document meets a commitment in the strategy to provide Primary Care Trusts (PCTs) and Local Authorities (LAs), in conjunction with their third and private sector partners, with guidance on what they can do to promote healthy weight and tackle obesity.

The Government has sent a clear signal to local areas that enabling individuals to maintain a healthy weight is important by including child obesity as a national priority within the NHS Operating Framework and the Child Health Public Service Agreement (PSA). In addition, within the Local Area Agreement (LAA) National Indicator Set (NIS), there are two indicators specifically on child obesity. These align with the Vital Signs indicator on child obesity:

- **NI 55** – obesity among primary school age children in Reception
- **NI 56** – obesity among primary school age children in Year 6

However, there are other indicators within the NIS that are relevant to tackling child obesity and working towards the national ambition, for example indicators relating to the emotional health of children, and children and young people's participation in high-quality physical education and sport. Local areas should therefore seek to maximise the benefits of these links where such indicators are prioritised.

Although the overall ambition is to reduce the proportion of overweight and obese children by 2020, for the period 2008/09 to 2010/11, both the Child Health PSA and the NHS Operating Framework asked PCTs and LAs to focus on the levels of obesity in children. PCTs and LAs should feel able to put in place programmes to help overweight children, and indeed these could be part of an effective strategy to reduce levels of obesity in children, but performance management conversations will only focus on levels of obesity.

This document sets out a framework, along with indicators of success that local areas might use to deliver their child obesity goals as part of the NHS Operating Framework, Vital Signs and LAAs. These are set out in the guidance and summarised below.

## CHAPTER 2: UNDERSTANDING THE PROBLEM IN YOUR AREA AND SETTING LOCAL GOALS

The National Child Measurement Programme (NCMP) is the primary source of data that will enable local areas to understand the prevalence of child obesity in their area. PCTs lead this programme, working closely with schools, to collect data on the height and weight of children in Reception (4–5 year-olds) and Year 6 (10–11 year-olds). PCTs will find it helpful to work with their LA and other local partners to use data to identify where to target resources locally. As well as looking at levels of overweight and obesity in the local area, related measures in many other NIS indicators can help identify

areas of work that will influence obesity in the long term, for example breastfeeding initiation and continuation rates.

Department of Health (DH) and Department for Children, Schools and Families (DCSF) have published guidance for PCTs and LAs on how to use local data from the NCMP 2006/07, and elsewhere if available, to set child obesity goals.<sup>1</sup>

## CHAPTER 3: LOCAL LEADERSHIP

A multi-agency approach, which includes PCTs, LAs and partners in the private and third sector, is key to promoting healthy weight. A designated senior lead to co-ordinate activity across all sectors is an effective way of bringing partners together and driving forward implementation. Local partners will need to decide the most appropriate arrangements for bringing together all of the partners within the delivery chain. It will be important for these arrangements to include financial considerations, such as Service Level Agreements (SLAs) on the contributions of different partners.

## CHAPTER 4: CHOOSING INTERVENTIONS

Local areas will want to commission a range of interventions that prevent and manage excess weight, focused around the 5 themes set out in *Healthy Weight, Healthy Lives: A cross-government strategy for England*, which are based on the evidence provided by the Government Office for Science's Foresight Report.<sup>2</sup>

### Children: healthy growth and healthy weight

Local areas will want to review existing programmes and initiatives within antenatal, early years and school settings to maximise the opportunity for encouraging a whole-family approach to eating well and being active. It will be essential for this approach to include a strong focus on prevention and early intervention targeted at those families most at risk of overweight and obesity, i.e. those where one or both parents are overweight or obese.

The Child Health Promotion Programme (CHPP) provides the overarching universal public health programme for children from pregnancy to early adulthood. For children of school age, the Healthy Schools programme supports the delivery of initiatives that span both healthy food and increased physical activity.

### Promoting healthier food choices

Many LAs are already promoting healthier food choices through activities they have set up as part of the 5 A DAY programme. LAs may wish to build on this by taking steps to manage food within local environments, perhaps by reviewing vending machine policies in leisure centres, especially those on the same site as schools. LAs could also use existing planning powers to manage the number and location of fast food outlets in their area.

### Building physical activity into our lives

Unstructured play is vitally important to children's physical and emotional wellbeing. Health professionals should consider linking with their play counterparts to ensure that they are aware of what play provision is available in

1 DH/DCSF (2008) *How to set and monitor goals for prevalence of child obesity: Guidance for Primary Care Trusts (PCTs) and local authorities* [www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083110](http://www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083110)

2 Foresight (2007) *Tackling Obesities: Future Choices*

their area. More broadly, LA planning and transport departments have an important role in encouraging active travel such as cycling and walking, the use of parks and green spaces, and promoting opportunities for active and unstructured play. LAs might want to take action by introducing traffic calming measures, perhaps by introducing Home Zones, to increase feelings of safety.

### **Creating incentives for better health**

Messages to the public will be more credible if the settings within which services are delivered have the potential to set an example by providing healthy food and organising and promoting physical activity, as well as being healthy workplaces for staff. The leadership of PCTs and LAs can send a clear signal that a healthy workplace is important by considering indicators of healthy food and activity in the workplace at board level.

### **Personalised support for overweight and obese individuals**

As well as ensuring that people have access to advice on healthy weight, local partners will need to plan how to help those who need more targeted support. Local areas can commission a range of weight management services to meet different needs, including specialist secondary care for those children who have significant co-morbidities or complex needs.

### **Supporting delivery through effective marketing**

The Government will be launching a £75 million three-year marketing programme to promote healthy weight in autumn 2008. This will create a set of very simple universal messages that, supported by more targeted campaigns, both explain the long-term health consequences of poor diet and activity levels and give practical support to help people

change their behaviour. The campaign will be accompanied by guidance on developing and delivering social marketing campaigns locally. Details of which messages will be running when will be made available to local areas when they are finalised.

## **CHAPTER 5: MONITORING AND EVALUATION**

Evaluating the effectiveness of local initiatives is important to understanding which services to prevent and manage obesity should be commissioned in future. It is recommended that local areas include clear indicators of success that are directly relevant to the outcome of each programme they commission. In some cases, the indicator of success can be one that exists already in the NIS; in other cases, a local area may have to establish its own monitoring arrangements. For all programmes, it is important that local areas are aware of the overarching need to ensure that local action is delivered equitably.

## **CHAPTER 6: BUILDING LOCAL CAPABILITIES**

In many cases, local partners will want to commission training to ensure that all those working at a local level – both health and non-health professionals – are aware of their role in promoting the benefits of a healthy weight. This will need to build the confidence of staff to be able to raise this issue sensitively, and know how to influence behaviour change. As members of the general public, many staff will themselves have weight issues: they may be overweight, obese or underweight. Training packages must take account of this and build in tools for staff to raise the issue that takes account of their own weight status.

## FUNDING

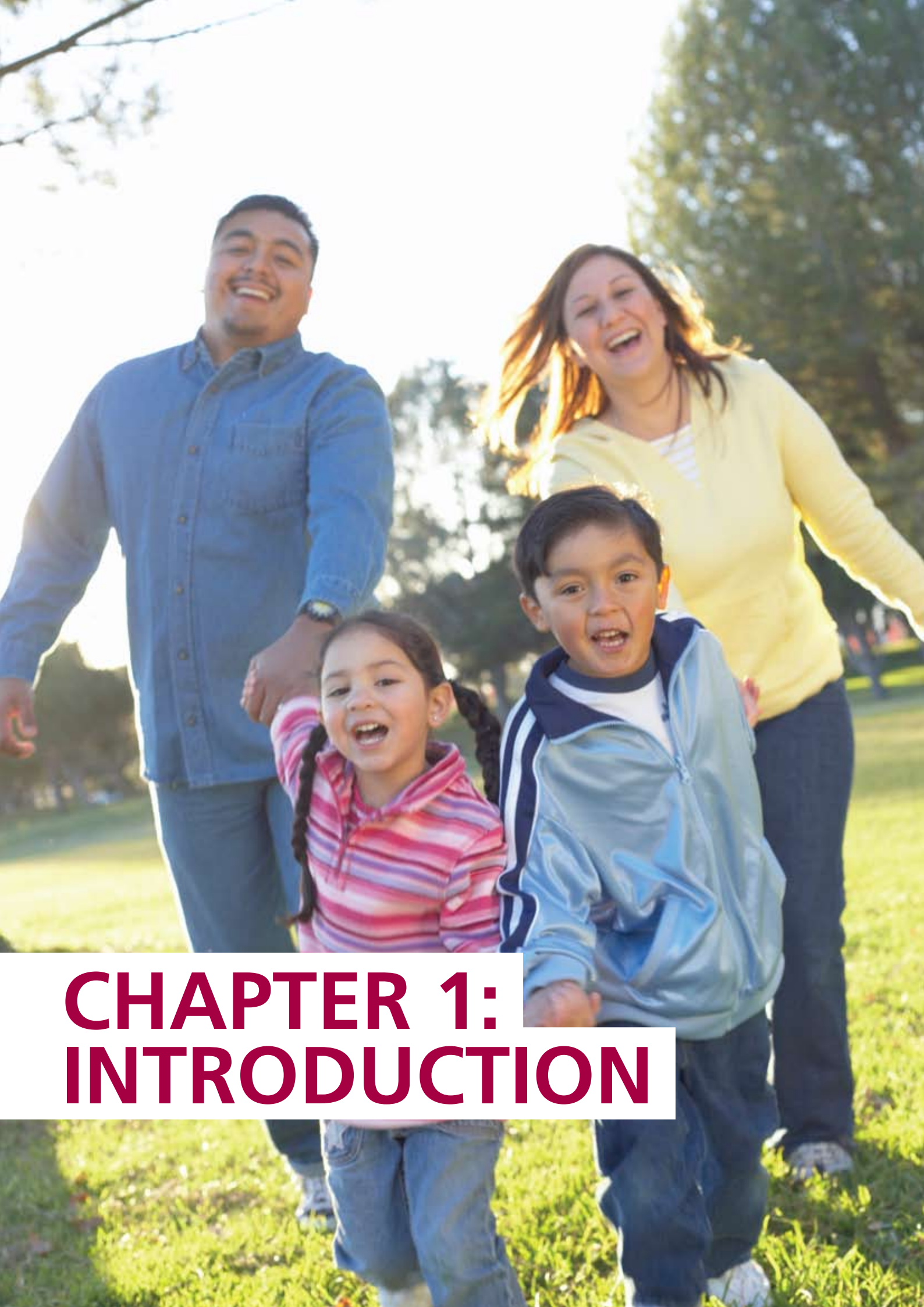
As a demonstration of the Government's commitment to promoting healthy weight, and in particular to tackling child obesity, £65.9 million will be included in the overall NHS allocations for 2008/09 to support PCTs. These allocations are part of an additional resource of £372 million for promoting the achievement and maintenance of healthy weight over the period 2008/09 to 2010/11.

## FURTHER SUPPORT

Practical tools to help deliver action in each of these five areas of activity will be available in spring 2008, with the publication of the DH/DCSF/Faculty of Public Health/National Heart Forum *Healthy Weight, Healthy Lives: A toolkit for developing local strategies*.

<b>Framework for local actions</b>	<b>What success looks like</b>
<b>Understanding the problem in your area and setting local goals</b>	<ul style="list-style-type: none"> <li>• A clear understanding of the prevalence of obese and overweight individuals and behaviours that contribute to this across the local area</li> <li>• PCTs have well-developed local plans in place to tackle child obesity, in conjunction with LAs, through the LAA process where appropriate</li> </ul>
<b>Local leadership</b>	<ul style="list-style-type: none"> <li>• Clearly identified responsibility for actions, with overall leadership and governance agreed by all partners</li> </ul>
<b>Choosing interventions</b>	
<b>Children: healthy growth and healthy weight</b>	<ul style="list-style-type: none"> <li>• As many mothers breastfeeding up to 6 months as possible, with families knowledgeable about healthy weaning and feeding of their young children</li> <li>• All children growing up with a healthy weight by eating well, for example by eating at least 5 portions of fruit and vegetables a day</li> <li>• All children growing up with a healthy weight by enjoying being active, for example by doing at least one hour of moderately intensive physical activity each day</li> <li>• Parents have the knowledge and confidence to ensure that their children eat healthily and are active and fit</li> <li>• All schools are Healthy Schools, and parents who need extra help are supported through children's centres, health services and their local community</li> </ul>

<b>Framework for local actions</b>	<b>What success looks like</b>
<b>Promoting healthier food choices</b>	<ul style="list-style-type: none"> <li>• More eligible families signing up to the Healthy Start scheme</li> <li>• Less consumption of high fat, sugar, salt (HFSS) foods, especially by children</li> <li>• More consumption of fruit and vegetables – more people eating 5 A DAY, especially children</li> <li>• More healthy options in convenience stores, school canteens, vending machines, at supermarket tills and at non-food retailers</li> </ul>
<b>Building physical activity into our lives</b>	<ul style="list-style-type: none"> <li>• More people, more active, more often, particularly those individuals and families who are currently the most inactive</li> <li>• Reduced car use, especially for trips under a mile in distance</li> <li>• More outdoor play by children</li> </ul>
<b>Creating incentives for better health</b>	<ul style="list-style-type: none"> <li>• More workplaces that promote healthy eating and activity, with the public sector acting as an exemplar, both through the location and design of the buildings on the government estate and through staff engagement programmes</li> </ul>
<b>Personalised support for overweight and obese individuals</b>	<ul style="list-style-type: none"> <li>• Everyone able to access appropriate advice and information on healthy weight</li> <li>• Increasing numbers of overweight and obese individuals able to access appropriate support and services</li> <li>• Local staff/practitioners understanding their role and empowered to fulfil it</li> </ul>
<b>Monitoring and evaluation</b>	<ul style="list-style-type: none"> <li>• Clear indicators of success for all programmes</li> <li>• Robust monitoring of performance, to update and improve programmes</li> <li>• Evaluation built into all programmes so that activities are contributing to the evidence base</li> </ul>
<b>Building local capabilities</b>	<ul style="list-style-type: none"> <li>• Everyone working at a local level is clear about their role in promoting the benefits of a healthy weight</li> <li>• Appropriate training is available so that both health and non-health professionals feel confident in sensitively raising the issue of weight with those who are overweight or obese</li> </ul>



# **CHAPTER 1: INTRODUCTION**

## PURPOSE

**1.1** This document suggests actions that PCTs and LAs, in conjunction with their third and private sector partners, will want to consider to deliver their child obesity goals as part of the NHS Operating Framework Vital Signs and LAA. In the case of LAAs, suggestions for action should be viewed in the context of the local decision to prioritise child obesity that an LAA target represents. The document will also be of interest to others across the delivery chain, in particular regional and national bodies.

**1.2** The document should be read in the context of the new ambition for promoting healthy weight (announced in the Comprehensive Spending Review in October 2007), the Child Health Public Service Agreement (PSA) and *Healthy Weight, Healthy Lives: A cross-government strategy for England*, published by the Government in January 2008 and the National Institute for Health and Clinical Excellence (NICE) obesity guidance,<sup>3</sup> published in December 2006.

## THE GOVERNMENT'S NEW AMBITION AND THE CHILD HEALTH PSA

**1.3** Almost two-thirds of adults and a third of children are either overweight or obese, and work by the Government Office for Science's Foresight programme suggests that, without clear action, these figures will rise to almost nine in ten adults and two-thirds of children by 2050.<sup>4</sup> Being overweight or obese can have a severe impact on an individual's physical health – both are associated with an increasing risk of

diabetes, cancer, and heart and liver disease among others. It can also have an impact on mental health – children and adults with weight problems can suffer bullying and discrimination. These illnesses put pressure on families, the NHS and society more broadly and, without action, the cost to society is forecast to reach £50 billion per year by 2050.

**1.4** To meet this challenge, the Government has set itself a new ambition: *to be the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels.* This new ambition was announced in October 2007 and forms part of the Government's new PSA 12: to improve the health and wellbeing of children and young people. DH is responsible for overall policy on obesity and is jointly responsible with the DCSF for tackling child obesity, working with other government departments as appropriate.

**1.5** The Government set out immediate plans towards achieving the new ambition in *Healthy Weight, Health Lives: A cross-government strategy for England*. Action by the Government is split into 5 themes:

- Children: healthy growth and healthy weight
- Promoting healthier food choices
- Building physical activity into our lives
- Creating incentives for better health
- Personalised support for obese and overweight individuals

3 NICE (2006) *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children* [www.nice.org.uk](http://www.nice.org.uk)

4 Foresight (2007) *Tackling Obesities: Future Choices*

### PRIORITISING OBESITY AT THE LOCAL LEVEL

**1.6** Although the new ambition covers a period of 12 years, progress for the first 3 years, 2008/09 to 2010/11, will focus on delivering the Child Health PSA. Nationally, success in meeting the new ambition and the Child Health PSA will be measured using Health Survey for England (HSE) data for prevalence of overweight and obesity in children. Locally, PCTs and LAs will be able to use the data from the National Child Measurement Programme (NCMP) to set local goals, agree them with Strategic Health Authorities (SHAs) and Government Offices, and then monitor performance. However, because the focus for 2008/09 to 2010/11 is on delivering the Child Health PSA only the prevalence of obesity, rather than overweight children, will be used for performance monitoring discussions. Trends in overweight children should be monitored and acted on at a local level if it is felt appropriate, but it will not form part of these discussions.

**1.7** The NHS Operating Framework identifies child obesity as a national priority and requires all PCTs to develop plans to tackle child obesity, and to agree them with SHAs. More broadly the Children's Plan recognised child obesity as one of the most serious challenges for children and it is linked to a number of poor outcomes – physical, social and psychological.<sup>5</sup>

**1.8** From April 2008, PCTs are required to work with LAs through the Joint Strategic Needs Assessment process,<sup>6</sup> with many areas already doing so. Within this, PCTs and LAs should build on the existing requirements to work together under Children's Trust arrangements and in developing their Children and Young People's Plan (CYPP). As such, PCTs and LAs may already be working together to jointly develop a target to tackle child obesity within their LAA, setting out what they will do to achieve this target.

**1.9** To support the LAA process, the Government has agreed 198 national indicators that support the PSA outcomes agreed in the Comprehensive Spending Review (see The New Performance Framework for Local Authorities and Local Authority Partnerships: Single Set of National Indicators<sup>7</sup>). Local Strategic Partnerships (LSPs) will negotiate with central Government up to 35 targets from among the 198 national indicators that will make up their LAA, along with any purely local targets that partners agree amongst themselves. Within the National Indicator Set (NIS), there are two indicators specifically on child obesity derived from the NCMP data which align with the Vital Signs indicator on child obesity:

- **NI 55** – obesity among primary school age children in Reception
- **NI 56** – obesity among primary school age children in Year 6

<sup>5</sup> DCSF (2007) *The Children's Plan: Building Brighter Futures* is available from [www.dcsf.gov.uk/publications/childrensplan](http://www.dcsf.gov.uk/publications/childrensplan)

<sup>6</sup> Section 116 of the Local Government and Public Involvement in Health Act 2007

<sup>7</sup> Communities and Local Government (CLG) (2007) *The New Performance Framework for Local Authority Partnerships: Single Set of National Indicators*



**1.10** Further information on the role of LAAs in the context of health and wellbeing can be found in *Delivering health and wellbeing in partnership: The crucial role of the new local performance framework*.<sup>8</sup>

**1.11** Other indicators within the set are also relevant to tackling child obesity and working towards the national ambition. These complementary indicators, listed throughout this document, may be part of other programmes to improve outcomes and deliver other duties.

### NIS indicators linked to tackling obesity

National Indicator	Link to Tackling Obesity
<b>NI 53</b> Prevalence of breastfeeding at 6-8 weeks from birth	Evidence suggests that there is a reduced incidence in obesity at 5 years old in breast-fed compared to bottle-fed-babies. <sup>i</sup>
<b>NI 52</b> Take up of school lunches	An increase in total uptake of school lunches can promote nutritional intake and may reduce obesity. <sup>ii</sup>
<b>NI 50</b> Emotional health of children <b>NI 69</b> Children who have experienced bullying	Overweight children are more likely to be bullied and suffer from low self-esteem <sup>iii</sup>
<b>NI 57</b> Children and young people's participation in high quality PE and sport <b>NI 8</b> Adult participation in sport	To promote a healthy weight, adults should be doing 30 minutes of planned and incidental physical activity every day and children 60 minutes. <sup>iv</sup>

i Horta, B., Bahl, R., Martines, J. & Victora, C. (2007) *Evidence on the Longterm Effects of Breastfeeding: Systematic Reviews and Meta-Analysis*. World Health Organization

ii School Meal Review Panel 2005

iii Wardle J (2005) Symposium on 'Treatment of obesity'. Understanding the aetiology of childhood obesity:

implications for treatment. *Proceedings of the Nutrition Society*; 64: 73–79

Strauss RS, Pollack HA (2003) Social marginalization of overweight children

*Archives of Pediatrics and Adolescent Medicine*; 157: 746–752

NHS Centre for Reviews and Dissemination (2002) *Effective health care: The prevention and treatment of childhood obesity*; vol 7; number 6

Puhl R, Brownell KD (2001) Bias, discrimination, and obesity. *Obesity Research*; 9: 788–805

Strauss RS (2000) Childhood obesity and self-esteem. *Pediatrics*; 105; 1: e15

Wadden TA, Stunkard AJ (1985) Social and psychological consequences of obesity. *Annals of Internal Medicine*; 103: 1062–1067

iv Chief Medical Officer (2004) *Chief Medical Officer's Report: At least five a week*. Department of Health

8 CLG (2007) *The New Performance Framework for Local Authority Partnerships: Single Set of National Indicators*

National Indicator	Link to Tackling Obesity
<p><b>NI 119</b> Self-reported measure of people's overall health and wellbeing</p> <p><b>NI 120</b> All age all cause mortality rate</p> <p><b>NI 121</b> Mortality rate from all circulatory diseases at ages under 75</p> <p><b>NI 122</b> Mortality from all cancers at ages under 75</p> <p><b>NI 137</b> Healthy life expectancy at age 65</p> <p><b>NI 152 and 153</b> Working age people claiming out of work benefits</p> <p><b>NI 173</b> People falling out of work and on to incapacity benefits</p>	<p>Obesity increases the risk of a number of diseases including cardiovascular disease and cancer.<sup>v</sup> Obesity also has a significant impact on morbidity which impacts on healthy life expectancy, for example obesity greatly increases the risk of developing Type 2 diabetes.<sup>vi</sup></p>
<p><b>NI 198</b> Children travelling to school – mode of travel usually used</p> <p><b>NI 17</b> Perceptions of anti-social behaviour</p> <p><b>NI 47 and 48</b> Reduction in road traffic accidents</p> <p><b>NI 175</b> Access to services and facilities by public transport, walking and cycling</p>	<p>LAs should work with local partners to create and manage more safe spaces for planned and incidental physical activity e.g. cycling and walking routes, safe play areas.</p> <p>To promote a healthy weight, adults should be doing 30 minutes of planned and incidental physical activity every day and children 60 minutes.<sup>vii</sup></p>
<p><b>NI 186</b> Per capita CO<sub>2</sub> emissions in the LA area</p> <p><b>NI 188</b> Adapting to climate change</p>	<p>Reduction in the use of cars and labour saving devices, whilst reducing CO<sub>2</sub> emissions, has the additional result of increasing physical activity levels.</p> <p>To promote a healthy weight, adults should be doing 30 minutes of planned and incidental physical activity every day and children 60 minutes.<sup>vii</sup></p>

v Kopelman, P. (2007). Health risks associated with overweight and obesity short science review. *Obesity Review*

vi Field AE, Coakley EH, Must A, Spadano JL, Laird N, Dietz WH, et al (2001) impact of overweight on the risk of developing common chronic diseases during a 10-year period. *Arch Intern Med*; 161: 1581–1586

vii Chief Medical Officer (2004) *Chief Medical Officer's Report: At least five a week*. Department of Health

## FRAMEWORK FOR LOCAL ACTION

**1.12** This document sets out a framework that PCTs and LAs can use to develop local plans for tackling child obesity. The framework is split into 5 sections:

- understanding the problem in your area and setting local goals
- local leadership
- choosing interventions
- monitoring and evaluation
- building local capabilities

**1.13** The rest of the document describes these sections in turn, and for each one sets out:

- what success looks like
- what can be done locally and who should be involved
- links to other priorities
- case studies
- support available

**1.14** More detailed support on each of these five areas of activity will be available in Spring 2008, with the publication of the DH/DCSF/Faculty of Public Health/ National Heart Forum *Healthy Weight, Healthy Lives: A toolkit for developing local strategies*.<sup>9</sup>

## FUNDING

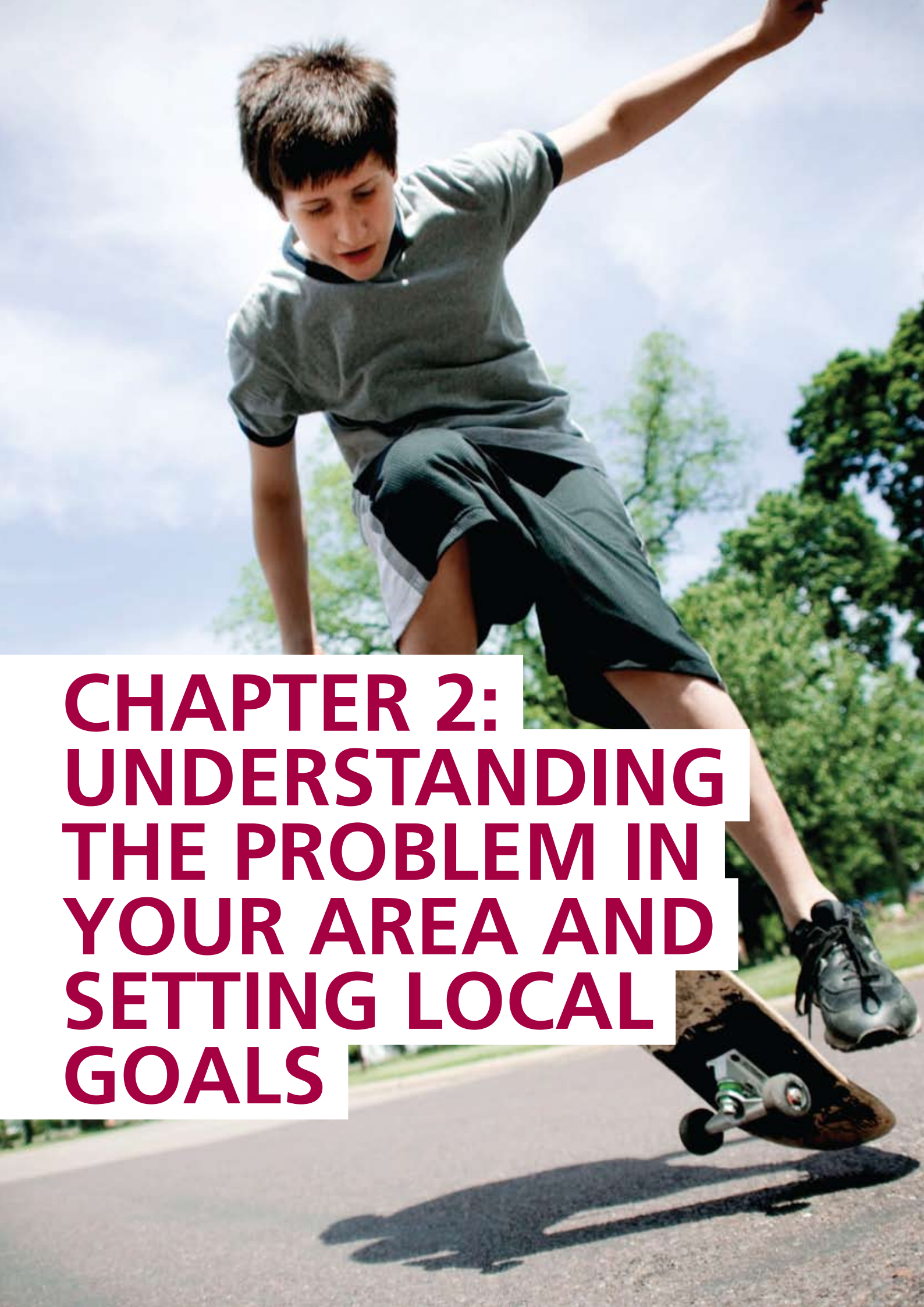
**1.15** Achievement of local goals and the Government's new ambition will only succeed if the programme of activities is properly resourced. As a demonstration of the Government's commitment to tackling child obesity, £65.9 million will be included in the overall NHS allocations for 2008/09 to support PCTs.

**1.16** As *Healthy Weight, Healthy Lives: A cross-government strategy for England* described, these allocations are part of an additional resource of £372 million for promoting the achievement and maintenance of healthy weight over the period 2008/09 to 2010/11. This is over and above the £1.4 billion investment in school food, sport and play and the £140 million funding for Cycling England already announced for 2008/09 to 2010/11.

**1.17** PCT and LAs identifying child obesity as a local priority will wish to consider investment in, for example:

- Implementation of the CHPP provides the overarching universal public health programme (see paragraph 4.6)
- Improving access to weight management services for children and their families (see paragraph 4.36)
- Staff to co-ordinate activities across all sectors (see paragraph 3.2)

<sup>9</sup> *Healthy Weight, Healthy Lives: A toolkit for developing local strategies* is an update of the National Heart Forum/DH/ Faculty of Public Health (2007) *Lightening the load: tackling overweight and obesity – A toolkit for developing local strategies to tackle overweight and obesity in children and adults*



**CHAPTER 2:  
UNDERSTANDING  
THE PROBLEM IN  
YOUR AREA AND  
SETTING LOCAL  
GOALS**

## WHAT SUCCESS LOOKS LIKE

- A clear understanding of the prevalence of obese and overweight individuals and behaviours that contribute to this across the local area
- PCTs have well-developed local plans in place to tackle child obesity, in conjunction with LAs, through the LAA process where appropriate

## WHAT YOU CAN DO

### Understanding the problem

**2.1** The primary source of data that will enable local areas to understand the prevalence of child obesity in their area is the NCMP. PCTs lead this programme, working closely with schools, to collect data on the height and weight of children in Reception (4-5 year-olds) and Year 6 (10-11 year-olds). The purpose of the programme is to inform local planning and delivery of services for children, gather population-level data to allow analysis of trends in growth patterns and obesity and engage with children and families about healthy lifestyles and weight issues, through routine feedback to parents.

**2.2** PCTs should work with their Public Health Observatory (PHO) to assess and analyse patterns within the local area and identify areas with the highest prevalence of child obesity. PCTs will find it helpful to work with their LA and other local partners to use this data to identify where to target resources locally.

### Case study: Haringey – Data analysis to inform local planning

Haringey Teaching PCT (tPCT) and the University College London Institute of Child Health have been working together to improve their understanding of the barriers to healthier eating and active lifestyles for children and their families in Haringey.

One aspect of the project involved identifying, collating and mapping routinely-collected data and information on the prevalence of obesity across the borough. The exercise found that a wide range of data was available, including environmental information from sources such as the National Land Use Database, Haringey Council Food Premises Database and Haringey Council Parks and Open Space Strategy. The only source of local data about childhood obesity prevalence was collected through the NCMP.

The data was mapped across Haringey at ward level. NCMP data for 2005/06 indicated higher levels of overweight and obesity in the east of Haringey than in the west, and the mapping exercise showed a higher density of fast food outlets, proportion of land covered by roads, and road-to-path ratios in the east of Haringey, where there is also less green space. The data also showed that wards in the east of the borough were more likely to be disadvantaged in terms of income, access to a car, educational achievement and long-term unemployment. (NCMP data for 2006/07 has revealed a slight increase in obesity levels from 2005/06.)

Haringey tPCT will disseminate this information to local partners, particularly the LA who have responsibility for planning and licensing premises in the area.

**2.3** Local areas could consider this data alongside that held on GP registers about adult BMI and model-based estimates of the prevalence of adult obesity at LA level.<sup>10, 11</sup> This is because children from families where at least one parent is obese are at greater risk, and a child who has two overweight or obese parents is six times more likely to be overweight or obese than a child with two healthy weight parents.

**2.4** As well as looking at prevalence of overweight and obesity in the local area, related measures, in many cases other NIS indicators, can help identify areas of work that will influence obesity in the long-term. These measures include:

- Breastfeeding initiation and continuation rates
- Participation in PE/school sport – the National School Sport Survey collects data relating to take up of PE and sport within the school day
- Number of schools participating in the National Healthy Schools Programme (Healthy Schools) and achieving National Healthy School Status
- Adult participation in sport through the Sport England's Active People Survey<sup>12</sup> can identify areas having low rates of physical activity in young people and adults (aged 16 and over)

- Number of schools with school travel plans and mode of travel. Mode of travel data is available via the DCSF Annual Schools Census
- Take up of school lunches
- TellUs survey data on children's perceptions of local play opportunities

**2.5** Local areas might find that using this data in conjunction with LA land use data, where available, provides a further perspective on environmental factors and the prevalence of overweight and obesity in their area. This might involve mapping the quantity, quality and accessibility of green space, public space and play space against NCMP data to identify any correlations.

**2.6** The Government has developed a national segmentation of families of children aged 2–10 based on their behaviours and attitudes to diet and physical activity. The forthcoming *Healthy Weight, Healthy Lives: A toolkit for developing local strategies* will provide further information on how this can be used to target at-risk families.

**2.7** It will be important for local areas to ensure that all of these measures are used to consider the link between the prevalence of obesity and other health, and wider inequalities.

<sup>10</sup> [www.ic.nhs.uk/statistics-and-data-collections/population-and-geography/neighbourhood-statistics/neighbourhood-statistics:-model-based-estimates-of-healthy-lifestyles-behaviours-2003-05](http://www.ic.nhs.uk/statistics-and-data-collections/population-and-geography/neighbourhood-statistics/neighbourhood-statistics:-model-based-estimates-of-healthy-lifestyles-behaviours-2003-05)

<sup>11</sup> These estimates are calculated using pooled 2003-05 Health Survey for England data. Statistical modelling was used to produce the estimates because the sample size of national surveys is too small at LA level to provide reliable direct estimates. The model-based estimate for a particular LA is the **expected** prevalence for that area based on its population characteristics (as measured by the census/administrative data) and as such does not represent an estimate of the **actual** prevalence for the LA. Model-based estimates are different to standard direct estimates and hence they should be used with caution. Confidence intervals are provided in order to make the margin of error around the estimates clear. The estimates can, however, be used in a number of appropriate ways. For example, the data could be used to identify those LAs which have an expected prevalence of adult obesity that is significantly higher or lower than England as a whole

<sup>12</sup> Active People survey: [www.sportengland.org/index/get\\_resources/research/active\\_people.h](http://www.sportengland.org/index/get_resources/research/active_people.h)

## Setting local goals

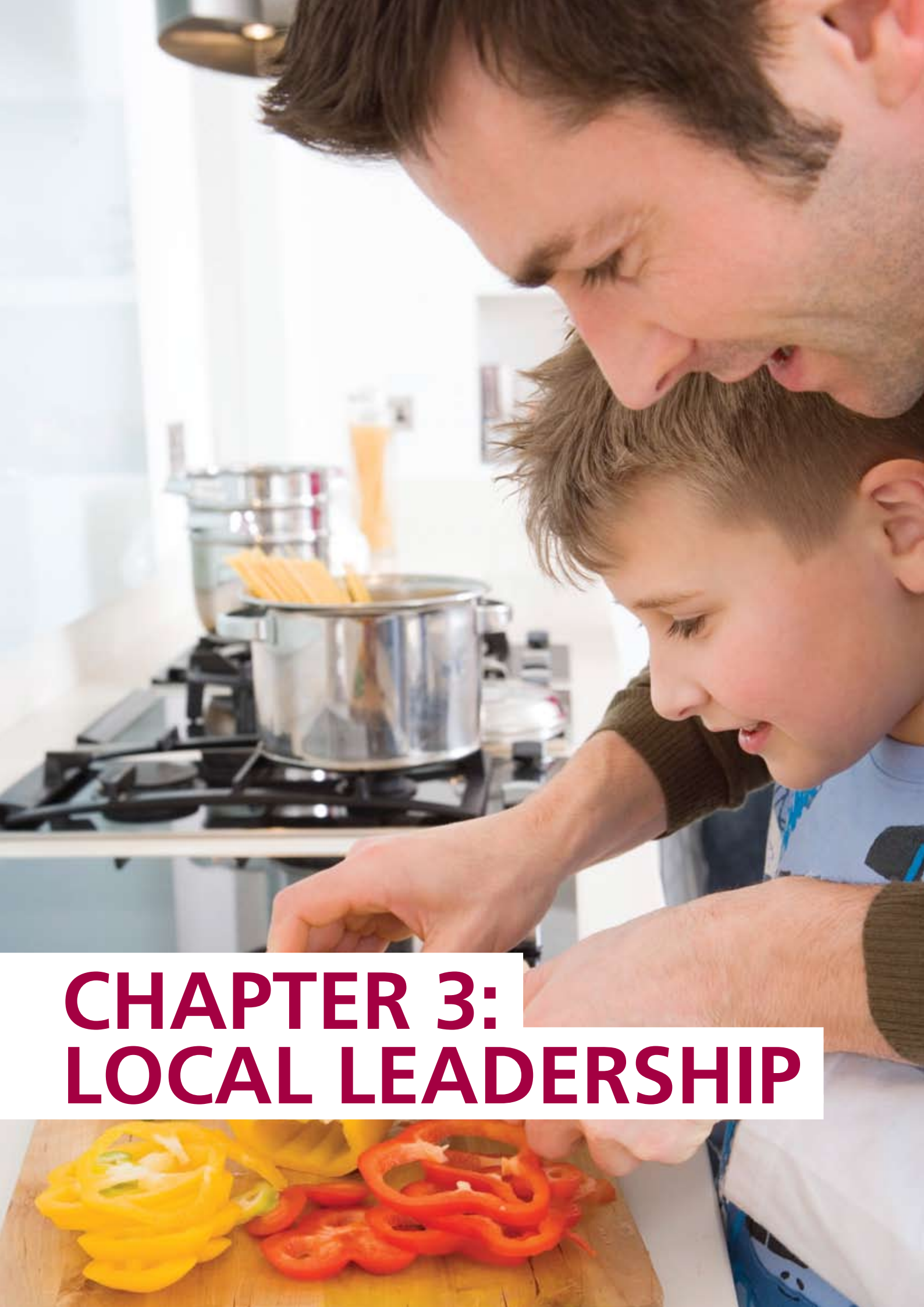
**2.8** Nationally the prevalence of obesity and overweight is rising in children; even with concerted intervention, it is likely to continue to rise over the next 3 years. The starting point for the process of setting local goals relating to obese children should therefore be to improve significantly on the current trend, that is, to reduce the rate of increase in the proportion of obese children. Chapter 4 describes interventions to achieve this and, in many cases, these are universal programmes that will also help children who are overweight. This is important since the evidence is clear that success lies in putting in place interventions that impact across society. Although, as set out in Chapter 1, the prevalence of overweight children in an area will not form part of performance management discussions over the period 2008/09 to 2010/11.

**2.9** On 21 February 2008, DH and DCSF published the guidance document: *How to set and monitor goals for prevalence of child obesity: guidance for Primary Care Trusts (PCTs) and local authorities*.<sup>13</sup> This guidance provides advice to PCTs and LAs on how to use local data from the NCMP 2006/07, and elsewhere if available, in setting child obesity goals to achieve an improvement on current prevalence of child obesity in each of the three years as part of the Vital Signs and the NIS.

## SUPPORT AVAILABLE

- Validated data from the 2006/07 NCMP is available at [www.ic.nhs.uk/pubs/ncmp0607](http://www.ic.nhs.uk/pubs/ncmp0607). There is also an online database that allows access to NCMP results, as well as providing national averages
- PHOs can support local areas with analysis and interpretation of local NCMP data. For the 2007/08 NCMP, PHOs will be expected, if required, to support individual PCTs in their region with cleaning and uploading NCMP data
- The forthcoming *Healthy Weight, Healthy Lives: A toolkit for developing local strategies* will contain the national social marketing plan. At the same time, insights on barriers to discussing weight and to improving diet and physical activity levels will be published in the accompanying *Healthy Weight, Healthy Lives: Consumer insight* report

<sup>13</sup> DH/DCSF (2008) *How to set and monitor goals for prevalence of child obesity: guidance for Primary Care Trusts (PCTs) and local authorities*



# **CHAPTER 3: LOCAL LEADERSHIP**



## WHAT SUCCESS LOOKS LIKE

- Clearly identified responsibility for actions, with overall leadership and governance agreed by all partners

## WHAT YOU CAN DO

**3.1** A multi-agency approach is key to tackling obesity. PCTs, LAs and their partners in the private and third sector should work closely together through their Children's Trust partnership arrangements within their LSP to determine how they will contribute to tackling the challenge of rising levels of overweight and obesity. Any strategy requires 'often and early' engagement with all stakeholders to ensure that the PCT Operational Plan, the CYPP, and, where obesity has been identified as a priority, the LAA are aligned, as well as plans that the LA has on transport, community, play and planning.

**3.2** A designated senior level lead to co-ordinate activity across all sectors is an effective way of bringing partners together and of driving forward implementation. The designated senior lead is likely to benefit from a joint appointment between the PCT and LA as they will need to join up partners across the delivery chain.

**3.3** Local areas will need to decide the most appropriate arrangements for bringing together all of the partners within the delivery chain, both to develop a local plan and to monitor its implementation. This will include ensuring that information, especially on good practice, flows both up and down the delivery chain. Some areas may choose to establish a subcommittee or partnership board, with senior level representation from key partners, reporting regularly to a higher level strategic body such as the LSP or Children's Trust. Others may include

### Case study: Birmingham – senior local sponsorship and engagement of all key partners

Birmingham has a population of one million and data suggests 55,000 children in the city are obese.

The city has established a dedicated taskforce to develop an action plan to tackle obesity based on previous joint strategies and a review of childhood obesity initiated by the Health Overview and Scrutiny Committee in 2003. The taskforce includes city councillors, learning and culture, transport, communications, PCTs, children's hospitals, school governors, school meal providers, health education units, community care, leisure services, nursery services and a peer advocate on children's rights. An 'obesity tsar' has been appointed to ensure taskforce objectives are achieved.



obesity as a standing item on existing boards. The LA's Overview and Scrutiny Committee will also have an important role to play. Finally, it will be important for these arrangements to include financial considerations. This could involve establishing a pooled budget or agreeing SLAs on the contributions of different partners.

## SUPPORT AVAILABLE

- NICE has produced a general guide on the need to identify local barriers and facilitators<sup>14</sup>
- The National Audit Office (NAO)/Audit Commission's report into strengthening the delivery chain may help local areas to improve the effectiveness and efficiency of existing delivery chains and to make decisions on future delivery chains in the knowledge of what works best<sup>15</sup>
- Government Offices (GOs) are the primary means by which a wide range of

Government policies are delivered in the English regions. They are responsible for negotiating LAAs and also work closely with the poorest performing authorities as identified in the Comprehensive Performance Assessment (Comprehensive Area Assessment from 2009) to help address identified weaknesses

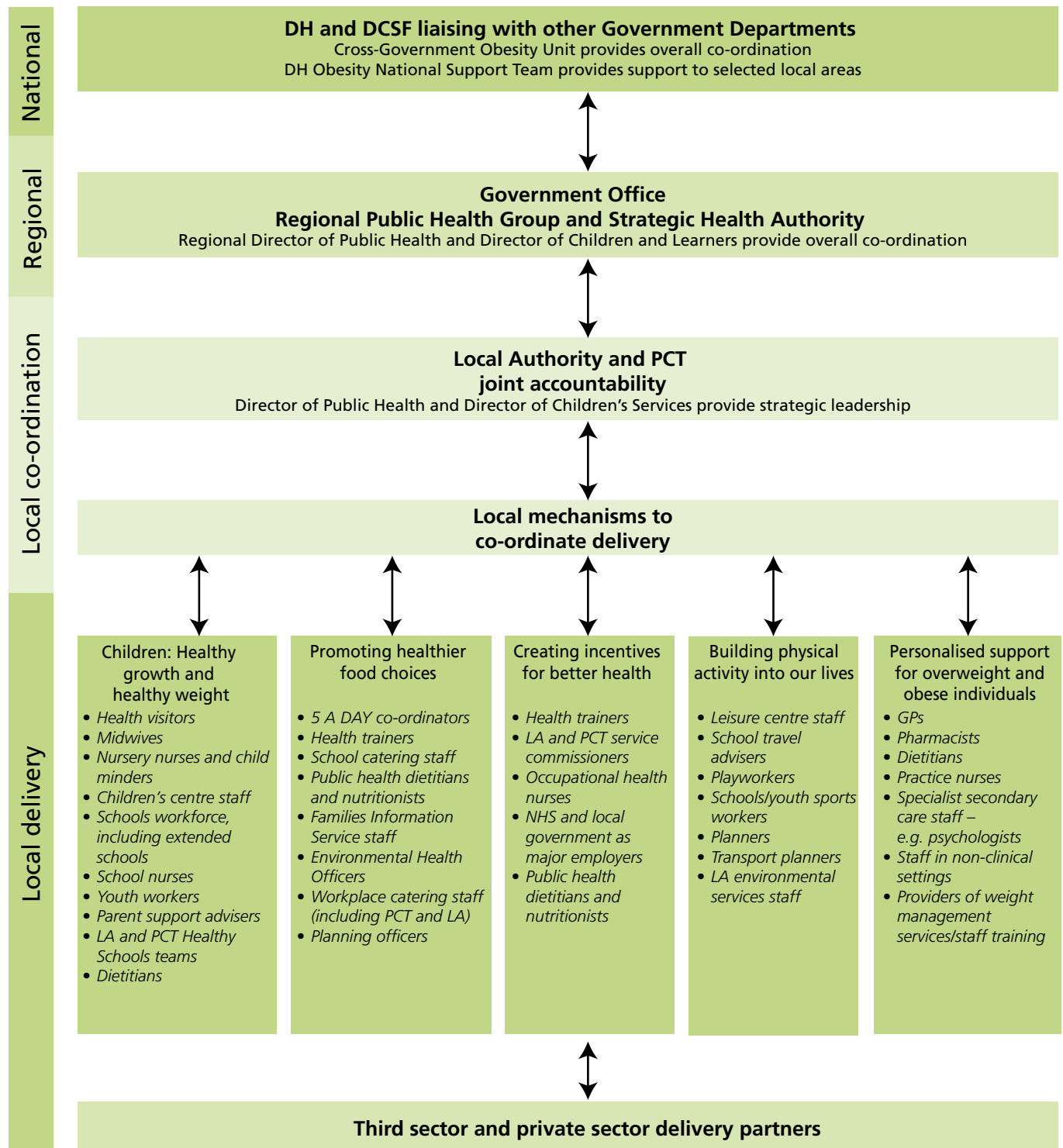
- Regional Public Health Groups (RPHGs) are part of DH and are located in GOs. They can provide advice and support on physical activity, healthy eating, breastfeeding and infant nutrition and obesity
- SHAs provide strategic leadership to the local NHS, ensuring national policy is implemented at a local level. They also lead on organisational and workforce development ensuring that organisations are fit for purpose and the local NHS meet the future healthcare needs of the population. SHAs also performance manage local trusts

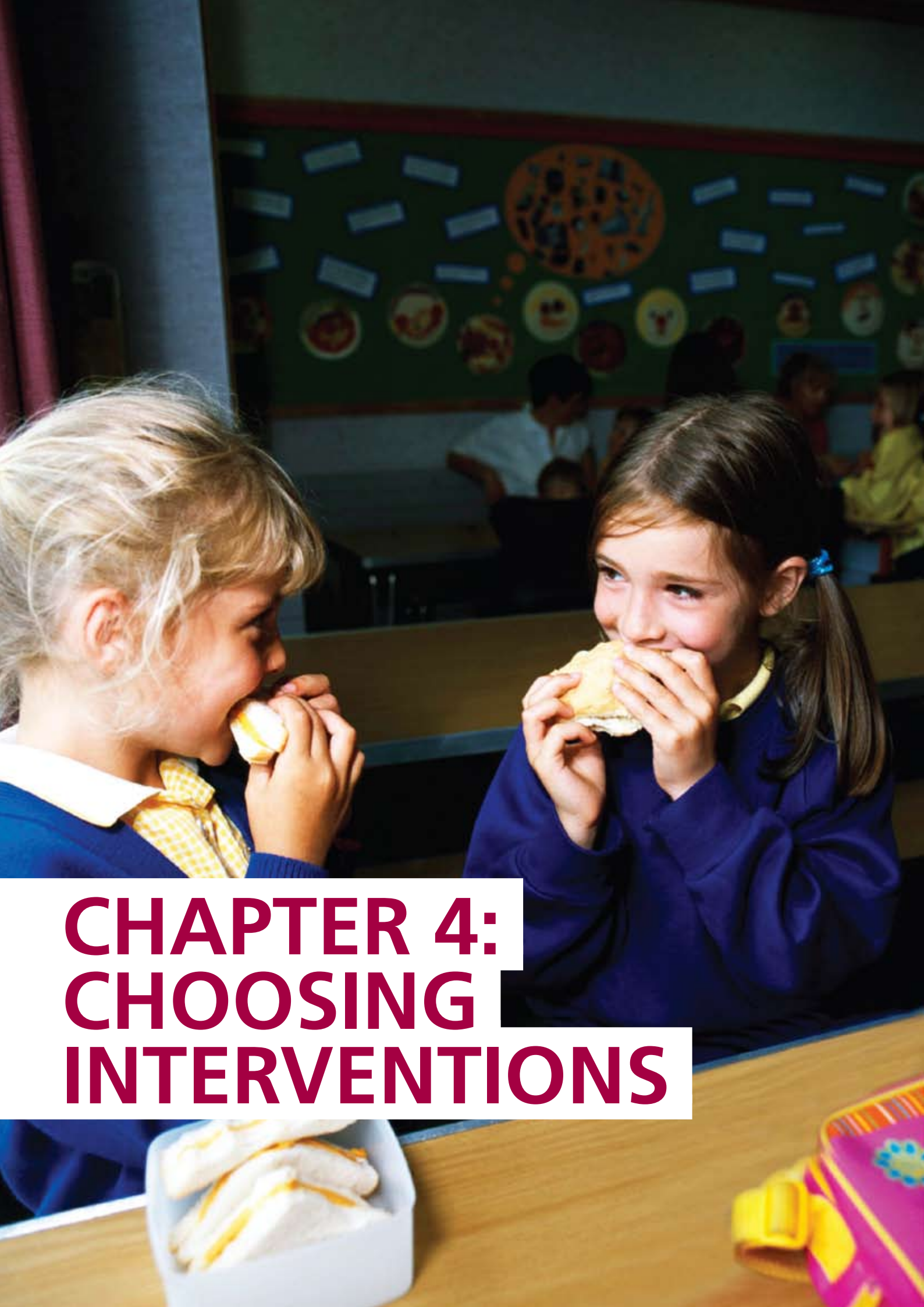


14 NICE (2007) *How to change practice: understand, identify and overcome barriers to change*

15 National Audit Office, Audit Commission (2006) *Delivering Efficiently: Strengthening the links in public service delivery chains*

## Tackling obesity: The delivery chain





# CHAPTER 4: CHOOSING INTERVENTIONS

**4.1** Choosing the right interventions is critical to promoting healthy weight in children. Local areas will want to commission a range of interventions that prevent and manage excess weight, focused around the 5 themes set out in *Healthy Weight, Healthy Lives: A cross-government strategy for England*, which are based on the evidence provided by Foresight.<sup>16</sup> Decisions about specific interventions will need to be guided by good quality local intelligence such as:

- data – hence the importance of ensuring high participation in NCMP

- local factors affecting lifestyle – to be used in conjunction with national social marketing insights
- local delivery environment

**4.2** It will be important to ensure that all programmes fit within the local approach to tackling health – and wider – inequalities. Local areas also need to consider the impact of their actions on particular communities, e.g. black and minority ethnic (BME) communities, and barriers to accessing services.

### **Case study: Worcestershire Healthy School**

To increase the number of pupils making healthy lifestyle choices about diet and exercise, 'Healthy School' Abbey Park Middle School in Worcestershire employed a supervisor to promote and develop their established 'Huff and Puff' programme. It aims to increase physical activity before and after school, at lunch and at break times. The supervisor planned lunchtime and break activities and oversaw Year 7 pupils who ran the 'equipment loan shop'. The organisation of lunchtime activities, particularly football was restructured so that pupils could deal more effectively with competitive aspects that led to arguments.

Playground work was supported by the behaviour support services, including a 'life skills' project, so that breaks and lunchtimes were seen as part of the learning that took place each day. Other changes were introduced, including a reward system for pupils who reached set activity targets, giving them play equipment bought through sponsorship from local business. Pupils recorded their progress in their school diary, enabling parents to share their successes.

A school nurse ran drop-in sessions and encouraged pupils to join in out-of-hours sports activities. The tuck shop also underwent a transformation, with a local supplier agreeing to supply a variety of fruit and vegetables for a trial period. If pupils bought 'unhealthy' options, they also had to buy five pence worth of fruit, a move that was supported by parents and encouraged pupils to eat fruit on a regular basis.

A key factor was helping pupils to make the link between eating well, physical activity and feeling good about themselves. The Huff and Puff scheme appealed to pupils who were not previously engaged, including several who were overweight. The number of serious incidents of negative behaviour was halved with the introduction of structure, purpose and rewards to lunchtime play. Pupils were noticeably more tolerant of each other and there was less disruption in lessons. Teachers and midday supervisors noticed greater co-operation between pupils and senior staff spent less time dealing with negative behaviour.

## CHILDREN: HEALTHY GROWTH AND HEALTHY WEIGHT

### WHAT SUCCESS LOOKS LIKE

- As many mothers breastfeeding up to 6 months as possible, with families knowledgeable about healthy weaning and feeding of their young children
- All children growing up with a healthy weight by eating well, for example by eating at least 5 portions of fruit and vegetables a day
- All children growing up with a healthy weight by enjoying being active, for example by doing at least one hour of moderately intensive physical activity each day
- Parents have knowledge and confidence to ensure that their children eat healthily and are active and fit
- All schools are Healthy Schools, and parents who need extra help are supported through children's centres, health services and their local community

### WHAT YOU CAN DO

*Examples of staff who should be involved:*

- *Health visitors*
- *Midwives*
- *Nursery nurses and child minders*
- *Children's centre staff*
- *Schools workforce, included extended schools*

- *School nurses*
- *Youth workers*
- *Parent support advisers*
- *LA and PCT Healthy Schools teams*
- *Dietitians*

### General approach

**4.3** Local areas will want to review existing programmes and initiatives within antenatal, early years and school settings to maximise the opportunity for delivering messages and advice about healthy living, encouraging a whole family approach to eating well and being active. It will be essential for this approach to include a strong focus on prevention and early intervention targeted at those families most at risk of overweight and obesity, i.e. those where one or both parents are overweight or obese.



**4.4** One of the most difficult obstacles to overcome will be attitudes to weight. Parents have the primary responsibility for their children's diet and levels of physical activity. Yet most adults have a poor perception of both their own weight and that of their children. In one survey, only 6 per cent of parents with overweight or obese children described their child as overweight.<sup>17</sup> The strongest predictor of

<sup>17</sup> Carnell S, Edwards C, Croker H *et al* (2005) Parental perceptions of overweight in 3–5 year-olds. *International Journal of Obesity*. 29 (4): 353–5

childhood overweight and obesity is the weight status of parents. Given the important influence that parents have over their children's behaviour, any interventions aimed at children will have to adopt a family-centred approach to changing behaviour. Research shows that parents are extremely sensitive to their children being labelled as obese and overweight and so being stigmatised or bullied, which could result in poor self-esteem.

**4.5** Staff who work with children need to be aware of these issues and know how to work with overweight and obese children and their families. This includes being able to identify them, raising the issue of weight and providing information and advice, as well as signposting and referring on to services as appropriate, while avoiding stigmatising the child. This will be particularly important once parents routinely receive feedback of their child's NCMP results, as they may wish to seek further advice from health professionals.

**4.6** The CHPP provides the overarching universal public health programme for children from pregnancy to early adulthood. This schedule of screening, surveillance, health reviews, health promotion and parenting support is the main delivery mechanism for obesity prevention in the first years of life. The updated CHPP (launched 17 March 2008) provides a greater emphasis on nutrition, breastfeeding and physical activity. Specific actions arising from the CHPP update are:

- building capacity and capability in the workforce: giving health visitors the lead role in delivering the CHPP to a defined population across children's centres and General Practice
- monitoring outcomes and improving quality of programme delivery
- implementing of a model of progressive universalism<sup>18</sup>
- reviewing current CHPP against the updated National Service Framework standards and its capacity to deliver PSA indicators for breastfeeding and obesity prevention

### Pre-conception and antenatal period

**4.7** A life stage approach to tackling overweight and obesity is crucial to success. This includes promoting the benefits of a healthy weight and the risks associated with obesity during pregnancy,<sup>19</sup> to women who are trying to conceive and signposting women to services where appropriate. Throughout the CHPP, a series of health reviews provide an opportunity for health professionals to identify families that are most at risk of their children becoming overweight or obese and least able to tackle this. In particular, the assessment by the 12th week of pregnancy will allow health professionals to identify mothers who are already obese or overweight, and to give them advice on healthy weight gain in pregnancy.

18 Offering a range of preventive and early intervention services for different levels of risks, needs and protective factors

19 DH (2007) *Implementation plan for reducing health inequalities in infant mortality: a good practice guide* highlighted the contribution of reducing maternal obesity in the routine and manual group to the infant mortality health inequalities PSA target

## Breastfeeding and infant nutrition

**4.8** There is some evidence that mothers who breastfeed provide their child with protection against excess weight in later life.<sup>20</sup> Health professionals should provide advice and support to parents to promote exclusive breastfeeding for the first six months of an infant's life.



**4.9** As part of the CHPP, maternity care providers need to consider implementing UNICEF's Baby Friendly Initiative.<sup>21</sup> This aims to ensure that all parents are supported to make breastfeeding the norm for their babies and that they are then supported in their decision. In addition, PCTs will want to consider peer support groups for breastfeeding mothers. Third sector organisations, such as La Leche League and the National Childbirth Trust, can

have an important role in supporting breastfeeding, particularly in deprived areas, or with vulnerable mothers. In addition, LAs can support positive attitudes, for example by promoting the normalisation of breastfeeding in public places and spaces.

## Early years

**4.10** LAs have a key role in promoting and supporting high quality early years provision.<sup>22</sup> From September 2008 all early years providers (from child minders to schools) in both the maintained sector and the private, voluntary and independent sectors must deliver the Early Years Foundation Stage (EYFS). The EYFS legal requirements and supporting guidance make clear that providers have a duty to ensure that they promote the good health of the children and a positive attitude towards making healthy choices and engaging in physical activity. The welfare requirements on providers include:

- meals, snacks and drinks provided for children must be healthy, balanced and nutritious
- fresh drinking water must be available at all times

<sup>20</sup> Horta, B., Bahl, R., Marines, J. & Victoria, C. (2007) *Evidence on the Longterm Effects of Breastfeeding: Systematic Reviews and Meta-Analysis*. World Health Organization

<sup>21</sup> [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)

<sup>22</sup> The Childcare Act 2006 removed the legal distinction between childcare and nursery education for young children. The term 'early years provision' means the provision of integrated early learning, development and care for a young child aged 0-5





**4.11** The Physical Development area of learning and development (one of six areas in the EYFS) includes the requirement that children ‘must be supported in developing an understanding of the importance of physical activity and making healthy choices in relation to food.’

**4.12** Children’s centres can play an important role in preventing overweight and obesity as they can reach communities and groups who are often disengaged from statutory services. Along with General Practice, children’s centres can provide aspects of the CHPP, in particular the promotion of breastfeeding and of physical activity for the whole family. Children’s centre parenting programmes can raise awareness of the health risks associated with excess weight, and empower parents to find strategies to adopt healthier lifestyles for themselves and their children.

## Schools

**4.13** LAs and PCTs will want to work with existing programmes within the local area to ensure that they maximise the opportunities for promoting healthy eating and physical activity. These include:

- *Healthy Schools* – increasing the number of schools that are Healthy Schools. By 2009, all schools should be participating in the Programme, with at least 75 per cent having achieved National Healthy School status. Healthy Schools will have policies and projects in place to support and deliver a number of the initiatives listed below
- *PE and Sport* – ensuring that all 5-16 year-olds participate in two hours per week of high quality PE and sport during the school day<sup>23</sup>
- *School Travel Plans* – by 2010 all schools should have a School Travel Plan which promotes physical activity and active transport
- *Extended schools* – by 2010, all schools will be providing access to extended services. These could include breakfast and after schools clubs, parenting classes, cookery classes, and the use of sports and leisure facilities. LAs have a critical role here in co-ordinating, commissioning and brokering services from local providers, including the third sector

<sup>23</sup> The Government also has a commitment for all 5–19-year-olds to have the opportunity for up to 3 hours of sport beyond the school day, delivered by a range of school, community and club providers



- *Million Meals* – supporting the School Food Trust in increasing take up of healthy school meals by all families. For example, the ‘Million Meals’ campaign<sup>24</sup> actively supports the uptake of school meals and offers schools practical tools to encourage this
- *Licence to Cook* – supporting schools to introduce Licence to Cook, a non-statutory entitlement to learn how to cook for 11-16 year-olds; and cooking as part of the statutory design and technology National Curriculum for all key stage 3 pupils
- *Bikeability and walking buses* – promoting healthy and sustainable transport through these initiatives

**4.14** LAs and schools should also work closely with PCTs to ensure high levels of participation of eligible children in the NCMP. The NCMP can provide useful local and national data, which can then inform local planning and delivery of services for children, but high participation is crucial to ensuring robust data.

**4.15** In the 2008/09 academic year, parents will routinely receive their child’s results from the NCMP. The Government will be working with professional groups and organisations to develop the best system and format to provide the information, and more detail about the implementation of this policy will be provided to PCTs in the coming months.

### Colleges

**4.16** Further education (FE) colleges cater for the needs of young people from the age of 14 to 19 years, and also for adults. Many colleges provide courses to train health professionals as well as delivering a range of other vocational courses which include modules on health and safety, alcohol, drugs and diet. There is a growing network of colleges voluntarily exploring the benefits of being a ‘healthy college’ and promoting the benefits of good health to staff and students, a proportion of whom are likely to be parents. In addition, through the new national PE and Sport Strategy for Young People, every FE college will have an FE Sport Co-ordinator, who will work with partners to increase opportunities for sport and physical activity amongst FE students. There are opportunities for LAs and PCTs to support healthy lifestyle programmes in these settings. Indeed, colleges are part of the social capital of their communities and could, where appropriate, house primary healthcare services and support promotional work.

## OTHER RELEVANT NIS INDICATORS

- **NI 50** – Emotional health of children
- **NI 52** – Take up of school lunches
- **NI 53** – Prevalence of breastfeeding at 6-8 weeks from birth
- **NI 57** – Children and young peoples' participation in high-quality PE and sport
- **NI 69** – Children who have experienced bullying
- **NI 198** – Children travelling to school – mode of travel usually used

## SUPPORT AVAILABLE

- In March 2008 NICE will produce guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households ([www.nice.org.uk](http://www.nice.org.uk))
- Resources for health professionals to support new mothers with breastfeeding are available at [www.breastfeeding.nhs.uk](http://www.breastfeeding.nhs.uk)
- The National Healthy Schools Programme *Guidance for Schools on Physical Activity* includes practical examples of ways to encourage those who are non-sporty, and suggestions for working with parents and staff to encourage their participation in daily activity; the *Guidance for Schools on Emotional Health and Wellbeing*, includes guidance on appropriate referrals and supporting the emotional development of young people
- *The Child Health Promotion Programme (CHPP): pregnancy and the first years of life* provides details on the schedule and content of the programme

- Together for Children is the consortium appointed to support LAs to plan, develop and implement their Sure Start children's centre strategies. This includes support in developing the effective multi-agency working essential to underpin the Sure Start Children's Centre approach ([www.childrens-centres.org](http://www.childrens-centres.org))
- The DH and DCSF-funded HENRY (health, exercise and nutrition for the really young) programme for pre-school children offers intensive training and support to children's centres and takes an approach that combines key elements for a healthy lifestyle with parenting/relationship skills and emotional wellbeing (HENRY@rcph.ac.uk)
- Information and guidance on NCMP: [www.dh.gov.uk/healthyliving](http://www.dh.gov.uk/healthyliving)



## PROMOTING HEALTHIER FOOD CHOICES

### WHAT SUCCESS LOOKS LIKE

- More eligible families signing up to the Healthy Start scheme
- Less consumption of high fat, sugar, salt (HFSS) foods, especially by children
- More consumption of fruit and vegetables – more people eating 5 A DAY, especially children
- More healthy options in convenience stores, school canteens, vending machines, at supermarket tills, and at non-food retailers

### WHAT YOU CAN DO

*Examples of staff who should be involved:*

- 5 A DAY co-ordinators
- Health trainers
- School catering staff
- Public health Dietitians and nutritionists
- Families Information Service staff
- Environmental Health Officers
- Workplace catering staff (including PCT and LA)
- Planning officers

**4.17** *Healthy Weight, Healthy Lives: A cross-government strategy for England*<sup>25</sup> sets out how the Government is working with the food and drink industry, and other relevant stakeholders, to promote healthy eating. This includes finalising a Healthy Food Code of Good Practice

which will act as a challenge to the industry as a whole.

**4.18** Local areas can also take steps to promote healthier food choices. Indeed, many are already doing so through activities such as home delivery services and voucher schemes, set up as part of the 5 A DAY programme. Health professionals can make a key contribution by encouraging low income families to apply to the Healthy Start programme, which provides vouchers to exchange for fresh fruit and vegetables and other products. It is also important that PCTs and LAs consider arrangements for disseminating information to the public about services that promote healthy living. The Families Information Services and the Children's Services Directory will be useful for hosting such information.

**4.19** LAs may wish to build on their existing work by taking steps to promote healthier food within local environments. This might involve reviewing vending machine policies in leisure centres, especially those on the same site as schools. This promotes a 'whole site' approach to making healthy choices easier, and ensures that efforts by schools to promote healthy lifestyles are not compromised. There might also be opportunities for LAs to write healthier food into service specifications, for example meals on wheels or lunch clubs.

**4.20** LAs could also work with local businesses to promote healthier food choices more widely. For instance, working with local convenience stores or cinemas to include healthier food. As part of this LAs could use existing planning powers to manage the number and location of fast food outlets in their area.

### Case study: Scottish Grocers Federation Healthyliving Programme

The Scottish Executive, working in partnership with food retailers and distributors, launched the Wisefood Initiative (later renamed the SGF Healthyliving Programme) in April 2004. Its aim is to encourage convenience stores to increase the amount of fresh produce and healthier products they offer to their local communities, to help improve the eating habits of people living in Scotland.

A pilot study to evaluate the potential of the convenience store sector to promote healthier food choices was set up in 2004. It produced some encouraging results: for example, one retailer increased its sales of healthy ready meals by 260 per cent. Results such as this helped to convince retailers of the initiative's ability to increase profits and sales of healthy food.

The project was rolled out in April 2005 and aimed to:

- Improve the supply of quality fresh produce into neighbourhood shops.
- Improve the knowledge and skills within the convenience store sector to increase sales of fresh produce and healthier choices.
- Establish a template or model for local convenience stores to develop and promote healthier choices

Data collected by HIM (Harris International Marketing) showed that between April 2005 and May 2006 shoppers increasingly used convenience stores to buy healthier food. Participating shops reported increased profits: for example one retailer saw a 60 per cent increase in the purchase of fresh produce.

In December 2006, responsibility for managing the project shifted from the Scottish Executive to the Scottish Grocers Federation. Currently there are around 450 shops across Scotland involved in the initiative.

Building on the success of the Scottish Government's initiative, DH is planning to launch a similar scheme in one of the English regions later this year.

**4.21** In addition, LAs can play a role in relation to allocation, promotion and protection of allotments, which can contribute to combined healthy lifestyles that promote physical activity in open spaces and producing and consuming healthier food.

## OTHER RELEVANT NIS INDICATORS

- **NI 119** – Self-reported measures of people's overall health and wellbeing
- **NI 120** – All age all cause mortality rate
- **NI 121** – Mortality rate from all circulatory diseases at ages under 75
- **NI 122** – Mortality rate from all cancers at ages under 75
- **NI 137** – Healthy life expectancy at age 65

## SUPPORT AVAILABLE

- Resources to support the 5 A DAY and Healthy Start programmes are available at [www.5aday.nhs.uk](http://www.5aday.nhs.uk) and [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)
- Evaluation of the Big Lottery-funded 5 A DAY community initiatives, in which 66 PCTs in England set up an array of 5 A DAY schemes that made it easier for families on low incomes to access fruit and vegetables, is available at [www.biglotteryfund.org.uk/er\\_eval\\_5aday\\_report\\_evaluation.pdf](http://www.biglotteryfund.org.uk/er_eval_5aday_report_evaluation.pdf)
- A wide range of information on healthy eating and food safety is available from the Food Standards Agency (FSA) at [www.food.gov.uk](http://www.food.gov.uk) and [www.eatwell.gov.uk](http://www.eatwell.gov.uk) This includes: information on using the eatwell plate, a pictorial representation of government recommendations on a healthy, balanced diet; and advice and resources for school activities
- The FSA, with its partners the Local Authorities Coordinators of Regulatory Services (LACORS) and the Local Government Association, supports the Food Vision website. This site provides case studies and toolkits designed to inspire those who would like to set up community food initiatives, and to spread good practice. The website is at [www.foodvision.gov.uk/](http://www.foodvision.gov.uk/)
- The FSA invites applications from LAs for grants to support community food initiatives aimed at promoting food hygiene and/or nutrition. Further information is at [www.food.gov.uk/enforcement/laresource/lahngrants/](http://www.food.gov.uk/enforcement/laresource/lahngrants/)
- School FEAST (Food Excellence and Skills Training) Centres have been set up across the country to help support the training and development of school caterers in cooking nutritious food from healthy ingredients
- The Caroline Walker Trust, a charity that aims to improve public health through good food, with support from the FSA, has updated their guide for the recommendations made for eating well among 1-5 year-olds. The website is at [www.cwt.org.uk](http://www.cwt.org.uk)
- The London Healthy Urban Development Unit (HUDU) has a number of useful tools and resources available on their website, including a 'watch out for health planning' checklist: [www.healthyurbandevlopment.nhs.uk/pages/home.htm](http://www.healthyurbandevlopment.nhs.uk/pages/home.htm)



## BUILDING PHYSICAL ACTIVITY INTO OUR LIVES

### WHAT SUCCESS LOOKS LIKE

- More people, more active, more often, particularly those individuals and families who are currently the most inactive
- Reduced car use especially for trips under a mile in distance
- More outdoor play by children

### WHAT YOU CAN DO

*Examples of staff who should be involved:*

- *Leisure centre staff*
- *School travel advisers*
- *Playworkers*
- *Schools/youth sports workers*
- *Planners*
- *Transport planners*
- *LA environmental services staff*

### Promoting participation in physical activity

**4.22** Unstructured play is vitally important to children's physical and emotional wellbeing. The Government's play strategy will be published in autumn 2008.

**4.23** Research suggests that children who play in stimulating natural environments show statistically significant improvement in motor fitness with better co-ordination, balance and agility, as well as improvements to mental health. Quality playground and green space provision are key to providing places for unstructured play, but will only be fully used where neighbourhoods are designed to accommodate children and families on equal terms with motorists.

**4.24** All 150 top tier LAs now have a play strategy and are using Big Lottery funding to help implement them. PCTs have an important role to play in working with LAs to shape and implement these strategies, planning the roll-out of the investment programme and contributing to the creation of more child-friendly public spaces that encourage informal or unstructured physical activity. Health professionals should consider linking with their play counterparts to ensure that they are aware of what play provision is available in their area.

**4.25** It is important that PCTs and LAs consider the arrangements for signposting parents to local opportunities for physical activity, including making information easily accessible on the location of quality assured outdoor play areas and other opportunities for physical activity, such as leisure centres and swimming pools. This will allow childcare providers and parents to take their children to play in safe places. The Families Information Services and the Children's Services Directory will be useful for hosting such information.

### A supportive built environment

**4.26** The way that towns and cities are planned, designed and managed will have an impact on the health of the whole population, not just children. LA planning and transport departments have an important role to play in relation to promoting healthy weight for example by encouraging active travel such as cycling and walking, the use of parks and green spaces, and promoting opportunities for active and unstructured play.



**4.27** Road traffic and concerns about community safety can be barriers to walking and cycling, with major roads sometimes acting as obstacles to accessing green space and playgrounds. Where this is an issue, LAs might want to take action, for example by introducing 20mph speed limits, creating Home Zones or implementing other traffic-calming initiatives, to make outside play, as well as active modes of transport to school (as set out in School Travel Plans) and other services, realistic and attractive options. Improved street lighting may also be helpful. When road traffic is reduced or calmed, and feelings of safety are increased, parents and children are much more likely to consider these options as safe and enjoyable.

**4.28** Crime and fear of crime can also be a barrier to using parks and open spaces. It is important to ensure that safety is taken into account when planning parks and open spaces. Some LAs have chosen to address this by employing dedicated park rangers, or youth and play workers to encourage feelings of safety

and reduce feelings of isolation in parks where fear of crime is high.

**4.29** LAs, in conjunction with their local partners, can also take steps to build health into the design of new public buildings. For example some children's centres are being designed to encourage physical activity, particularly outdoors, and the same principles could be encouraged in school and work environments. Building Schools for the Future could also support capacity of school dining rooms and kitchens, sports and physical activity facilities.

**4.30** Health and obesity issues are already included in the plan-making process, through considerations outlined in national Planning Policy Statements, and through the additional sustainability and environmental assessments undertaken in developing spatial plans. Furthermore, health impacts can already be a material consideration in deciding on planning applications for new development. Additional guidance is being developed to draw together these tools, and improve the integration of health considerations in Sustainability Appraisal and Strategic Environmental Assessment processes. This guidance will be published later in the year.

## OTHER RELEVANT NIS INDICATORS

- **NI 8** – Adult participation in sport
- **NI 17** – Individuals' perceptions of crime and anti-social behaviour
- **NI 47** and **48** – Reduction in road traffic accidents
- **NI 175** – Access to services by public transport, walking and cycling
- **NI 186** – Per capita CO<sub>2</sub> emissions in the LA area



- **NI 188** – Adapting to climate change
- **NI 198** – Children travelling to school – mode of travel usually used

## SUPPORT AVAILABLE

- NICE has published '*Promoting and creating built or natural environments that encourage and support physical activity*'
- NICE recommended that a validated tool such as DH's General Practitioner Physical Activity Questionnaire (GPPAQ) should be used to identify inactive individuals
- DH is currently piloting a physical activity brief intervention to assess its feasibility with the intention of mainstreaming a care pathway model across England. DH will produce formal guidance and a toolkit for commissioners to inform a wider roll-out, and expects that the commissioning package will be available in late 2008
- DH has produced a guide to the NHS for local planning authorities, and a guide to town planning for the NHS. Both are available at [www.dh.gov.uk](http://www.dh.gov.uk)
- The national marketing strategy, consumer insight summary and the consumer insight tool within the forthcoming *Healthy Weight, Healthy Lives: A toolkit for developing local strategies* includes research into current barriers to physical activity that exist in families and recommendations on ways to promote physical activity
- The Local Exercise Action Pilots (LEAPs) commissioned in 2004 collected evidence over a two-year period on the effectiveness of PCT-led physical activity interventions. The evaluation of the LEAP interventions provides a robust set of qualitative and quantitative data to guide investment in collaborative, local physical activity interventions. See [www.dh.gov.uk](http://www.dh.gov.uk) for further information
- A range of resources are available on the Commission for Architecture and the Built Environment (Cabe) website [www.cabe.org.uk](http://www.cabe.org.uk)
- Play England has produced information, guidance and ideas to inspire the best possible designs for school grounds [www.playengland.org.uk](http://www.playengland.org.uk)
- Sport England's *Active Design* gives information to planners and urban designers on how to put sport and activity at the heart of new housing and community developments. They have also produced a *Building Schools for the Future* resource pack [www.sportengland.org](http://www.sportengland.org)
- Manual for streets provides guidance on planning, designing and modifying residential streets [www.dft.gov.uk/pgr/sustainable/manforstreets/](http://www.dft.gov.uk/pgr/sustainable/manforstreets/)
- Advice on planning and managing playable spaces can be found at: [www.playlink.org.uk](http://www.playlink.org.uk)
- HUDU has a number of useful tools and resources on their website, including the 'watch out for health' planning checklist [www.healthyurbandevelopment.nhs.uk](http://www.healthyurbandevelopment.nhs.uk)

### **Case study: London Play**

London Play is a children's charity that aims for every child in London to have access to high quality, accessible and inclusive play opportunities. London Play's research has found that many children in London have difficulty locating a suitable playground within easy reach of their home. Home Zones aim to change the way that residential streets are used by making them playable spaces and places for people, rather than traffic. London Play's Home Zones project works with several communities across the capital to transform their streets into places where children can play by:

- slowing and reducing traffic
- removing kerbs
- redesigning parking spaces
- introducing street lighting
- providing play spaces, seating and communal areas, often surrounded with artworks, flowers, plants and landscaping

There are an estimated 100 Home Zone schemes across England and Wales. London Play's Home Zones pilot project initially covered five boroughs: Hillingdon, Lewisham, Sutton, Westminster and Brent; initiatives by residents to create a Home Zone in Islington and Croydon are currently also supported. There are three stages to each Home Zone project:

- identifying the main concerns and establishing support for change through in-depth consultation
- ensuring that residents are actively involved in redesigning their street so that it reflects their aspirations and they feel a sense of ownership
- providing support to residents' groups to apply for funding

London Play's evaluation of the Home Zones schemes<sup>26</sup> found that traffic fell from 2,400 to 400 vehicles per day in some streets, and average speeds were also reduced to around 15 to 18 mph. Home Zones are popular with residents: 75 per cent of adults and over 80 per cent of children said the Home Zone was an improvement.

## CREATING INCENTIVES FOR BETTER HEALTH

### WHAT SUCCESS LOOKS LIKE

- More workplaces that promote healthy eating and activity, with the public sector acting as an exemplar, both through the location and design of the buildings on the government estate and through staff engagement programmes

### WHAT YOU CAN DO

*Examples of staff who should be involved:*

- Health trainers
- LA and PCT service commissioners
- Occupational health nurses
- NHS and local government as major employers
- Public health dietitians and nutritionists

**4.31** Messages to the public about the benefits of a healthy weight will be more credible if the settings within which services are delivered set an example by providing healthy food and organising and promoting physical activity, as well as being healthy workplaces for staff.

**4.32** As part of the commissioning process, it will be important for PCTs and LAs to consider the role of service providers in relation to their own staff. This may include food for the workforce, physical activity opportunities, organisational procurement and purchasing policies, as well as opportunistic interventions with staff who are overweight or obese or through support commissioned specifically from their occupational health service providers.

**4.33** If local public services are to act as exemplars, this will require support at the highest level. For example, indicators on the availability of healthy food and physical activity choices could be considered at board level.

### OTHER RELEVANT NIS INDICATORS

- **NI 8** – Adult participation in sport
- **NI 119** – Self-reported measure of people's overall health and wellbeing
- **NI 120** – All age all cause mortality rate
- **NI 121** – Mortality rate from all circulatory diseases at ages under 75
- **NI 122** – Mortality from all cancers at ages under 75
- **NI 137** – Healthy life expectancy at age 65
- **NI 152** and **153** – Working age people claiming out of work benefits
- **NI 173** – People falling out of work and on to incapacity benefits

### SUPPORT AVAILABLE

- As part of Dame Carol Black's Review of the health of Britain's working age population, PricewaterhouseCoopers (PwC) were commissioned to consider the case for employers to invest in wellness programmes for their staff. The detailed findings are available at: [www.workingforhealth.gov.uk](http://www.workingforhealth.gov.uk). PCTs and LAs may want to draw on this and examine which initiatives would be feasible and represent the best return on investment for their own organisations and to signpost to other organisations in their area
- The healthy workplaces handbook for NHS employers at [www.nhsememployers.org/hwhandbook](http://www.nhsememployers.org/hwhandbook)

- The Faculty of Public Health and Faculty of Occupational Medicine's toolkit for a healthy workplace, 'Creating a Healthy Workplace' is available at [www.fph.org.uk](http://www.fph.org.uk)
- The FSA has produced a practical guide for caterers, which includes weekly sample menus to help caterers provide food that meets the nutritional needs of adults
- Guidelines for Commissioning Healthier Catering and Hospitality, a guide to help specify healthier catering and hospitality produced by the North West Food and Health Task Force, is available at [www.nwph.net/food\\_health/Taskforce\\_Publications/Forms/DispForm.aspx?ID=3](http://www.nwph.net/food_health/Taskforce_Publications/Forms/DispForm.aspx?ID=3)



- Self-care courses run in the workplace, such as those developed and being evaluated under the NHS Working in Partnership Programme (WiPP), offer peer-led training packages that tackle issues such as healthy lifestyles and weight management in employees and their families. Information available at: [www.wipp.nhs.uk](http://www.wipp.nhs.uk)

### Case Study: Tameside Council

Tameside Metropolitan Borough Council introduced an innovative health and well-being programme centred on 'vision and direction of travel' days, held four times a year, involving a representative selection of 400 Tameside staff. These looked at all issues which improve the quality of life of all those who live, work, visit or do business in Tameside. A second key initiative collected performance management data and used targeted initiatives to improve the health of the workforce. The rationale was that healthy, happy employees who enjoy coming to work are more productive and ultimately, this improves service delivery for the community.

The positive results were:

- measurable improvement in overall health and well-being of employees
  - 10 per cent improvement in stress levels
  - medical health and mood improved by 13 per cent
  - absence decreased from 13.2 days per employee to 8.8 days.
  - significantly more positive results in employee survey and customer satisfaction surveys.
- The NICE guidance on obesity contains specific recommendations for the NHS as an employer. Also, NICE is currently developing intervention guidance on workplace health promotion with reference to physical activity. *The Workplace Physical Activity guidance* is expected to be published in May 2008 at [www.nice.org.uk](http://www.nice.org.uk)

## PERSONALISED SUPPORT FOR OVERWEIGHT AND OBESE INDIVIDUALS

### WHAT SUCCESS LOOKS LIKE

- Everyone able to access appropriate advice and information on healthy weight
- Increasing numbers of overweight and obese individuals able to access appropriate support and services
- Local staff/practitioners understanding their role and empowered to fulfil it

### WHAT YOU CAN DO

*Examples of staff who should be involved:*

- GPs
- Pharmacists
- Dietitians
- Practice nurses
- Specialist secondary care staff, e.g. psychologists
- Staff in non-clinical settings
- Providers of weight management services/ staff training

**4.34** Access to clear and authoritative advice is important for everyone – including those who want to maintain an already healthy lifestyle and those who may benefit from making changes. It is therefore vital that people can access a range of sources of advice and information. National level resources such as NHS Choices can play an important role, but

local areas will also want to take steps to ensure that their local populations and relevant staff are aware of appropriate resources and services in their area. From 1 April 2008, LAs will have a statutory duty to provide a wide range of information to parents, including on health and leisure issues.

**4.35** In many cases, people will see health professionals such as GPs or practice nurses as the first port of call for advice about healthy lifestyles. The *Your Weight, Your Health* series provides a useful resource to help health professionals fulfil this role.

**4.36** In addition to ensuring that people have access to advice on healthy weight, local partners will need to plan how to help those – and particularly children – who need targeted support in achieving and maintaining a healthier weight. The commissioning of such services should follow the principles of world class commissioning.<sup>27</sup> For example having a clear picture of levels of need, and developing and implementing care pathways (as many areas have done and are doing) can help to engage key partners and clarify roles and systems.



27 DH (2007) *World class commissioning: adding life to years, and years to life*

**4.37** Local areas may want to consider involving a range of practitioners in providing brief interventions or referring overweight and obese children to appropriate services, such as weight management programmes. The introduction of routine feedback from the NCMP in September 2008, will present a new opportunity for engaging parents/carers and children on this issue. Activity around social marketing – set out in the next section – may also support engagement with local services.

**4.38** Many areas are already commissioning weight management services in order to support overweight and obese children in moving towards a healthier weight. Additional resources that are being provided to PCTs over the next three years will enable local areas to increase activity in this area and ensure that greater numbers of children, and their families, are able to access appropriate support.

**4.39** In terms of the type of service to be commissioned, the NICE guidance on the prevention, identification, assessment and management of excess weight in adults and children states that interventions for children should be 'multi-component' – covering healthy eating, increased physical activity and behaviour change – and should also involve parents and carers. Local areas will want to assure themselves any services they commission meet these guidelines.

**4.40** Local areas may wish to consider commissioning a range of weight management services to meet different needs, for example the use of specialist one-to-one interventions as well as group-based approaches. These services may be commissioned from other organisations, including those in the not-for-profit and commercial sectors. In all cases it will be crucial that the impact of these services is evaluated

robustly in order to support future commissioning decisions.

**4.41** It is important that local areas provide specialist secondary care for those children who have significant co-morbidities or complex needs. The NICE guidance sets out criteria for the use of drugs and surgery in children, although it recommends that these only apply to older children.

**4.42** While this document focuses on childhood obesity, local areas may of course be seeking to ensure that appropriate support is also available for adults and that care pathways are in place. Given their key role as a trusted source of advice, it will be important that primary care professionals are able to provide support to overweight and obese adults, for example by delivering brief interventions or referring people to appropriate services in the context of the local care pathway. The NICE guidance also provides advice on treatment interventions for adults, including the use of drugs and surgery.





## OTHER RELEVANT NIS INDICATORS

- **NI 120** – All age all cause mortality rate
- **NI 121** – Mortality rate from all circulatory diseases at ages under 75
- **NI 122** – Mortality from all cancers at ages under 75
- **NI 137** – Healthy life expectancy at age 65

## SUPPORT AVAILABLE

- The NICE guidance on obesity sets clear criteria for weight management programmes
- DH published a clinical care pathway for children and adults in 2006<sup>28</sup>
- The Cross-Government Obesity Unit has commissioned the development of a new toolkit which will support PCTs and LAs in commissioning weight management programmes for both children and adults. This will be available in Summer 2008

### Case study: Gateshead

There are a number of weight management programmes running in England, taking a variety of approaches to delivery. 'Balance It! Getting the Balance Right' is a weight management intervention developed in Gateshead, where a quarter of 10-11 year-olds are overweight or obese. It was devised by Gateshead PCT, Gateshead Health NHS Foundation Trust and Gateshead Council to improve BMI and Disability Adjusted Life Years (DALYs) in children aged 5 to 17. The 24-month programme provides personalised nutrition and behaviour advice and physical activity sessions to children and their families, and is part of a wider care pathway developed in partnership between health, leisure and social services.

Children who are identified as overweight or obese are referred to 'Balance It! Getting the Balance Right' by a school nurse, GP or other health workers. The programme is tailored to the needs of the family. Children who are identified as overweight are seen by their school nurse for nutrition advice and referred to a physical activity intervention, run by Gateshead Council's Cultural Services, with the aim of encouraging one hour of physical activity each day. This includes family activities where appropriate, as well as school-based and sports centre activities.

Obese children are referred to hospital, where they receive an assessment from a consultant paediatrician and a paediatric dietitian. Children are seen monthly by the dietitian and are also referred into the physical activity intervention. By October 2007, 34 children had completed the minimum 12 month 'Balance It!' programme. On average, their standardised BMI had reduced by 2.08 kg/m<sup>2</sup>.

## SUPPORTING DELIVERY THROUGH EFFECTIVE MARKETING

**4.43** The Government has committed £75 million to a three-year marketing programme to promote healthy weight. This programme will be amplified by partnership work with commercial organisations and NGOs, and is driven by a substantial body of research (academic and consumer). The aim of this programme is to use marketing as a catalyst for a societal shift of lifestyles in England, resulting in fundamental changes to those behaviours that lead to people becoming overweight and obese. The programme will not tell people what to do; it will rather seek to recruit people to a lifestyle campaign, which they can join and in which everyone can play their part.



**4.44** The programme will:

- create a set of very simple universal messages which will speak to and for the public on this issue
- create targeted campaigns which use tailored messages that take account of people's individual needs and circumstances
- direct people to a suite of targeted products and services (including those developed and delivered locally)
- build a coalition of partners (across government, local service providers, commercial and third sector), all working together under a common banner

**4.45** The programme will be launched in autumn 2008. It will explain the long-term health consequences of poor diet and activity levels and will raise this as an issue that is relevant to the whole of society. Media plans are still being finalised but we envisage that this launch will involve a mix of high profile mass media, followed by specific targeted campaigns (e.g. for pregnant women and parents of children aged 0-2 years).

**4.46** The campaign will seek to help people achieve specific changes in behaviour. Some of these are focused on all family members, e.g. everyone to eat at least 5 portions of fruit and vegetables a day. Other behaviour changes are specific to children, e.g. all children to do at least one hour of moderate intensity physical activity each day. These behaviours are based on consultation with academic experts, and although these are the behaviours that we want to see, the exact campaign messages that are used to achieve them are still in development.





**4.47** Government will schedule messages to fit into the natural calendar of family life (for example, messages around physical activity will coincide with the school holidays). Details of which messages will be running when will be made available as they are finalised. These will be accompanied by detailed guidance on developing and delivering social marketing campaigns locally so that:

- local activity can benefit from the umbrella support provided by the national campaign
- people who are motivated by the national activity can easily find locally-delivered products and services



# CHAPTER 5: MONITORING AND EVALUATION

## WHAT SUCCESS LOOKS LIKE

- Clear indicators of success for all programmes
- Robust monitoring of performance to update and improve programmes
- Evaluation built into all programmes so that activities are contributing to the evidence base

## WHAT YOU CAN DO

**5.1** In addition to using NCMP data to monitor progress against local goals on child obesity, it can also be used to evaluate the success of individual programmes that local areas establish to meet other local goals.

**5.2** However, because tackling child obesity requires action on a number of fronts, individual programmes will be one of several drivers of changes to NCMP data. It is highly recommended that when local areas plan what programmes to put in place to tackle child obesity, they include clear indicators of success that are directly relevant to the outcome of each programme. Evaluating the effectiveness of local initiatives is key to understanding which services to continue to commission in future. Outcome-based commissioning, as outlined for public health in *Commissioning for Health and Well-being*, will help ensure the provider can demonstrate that they have been successful.

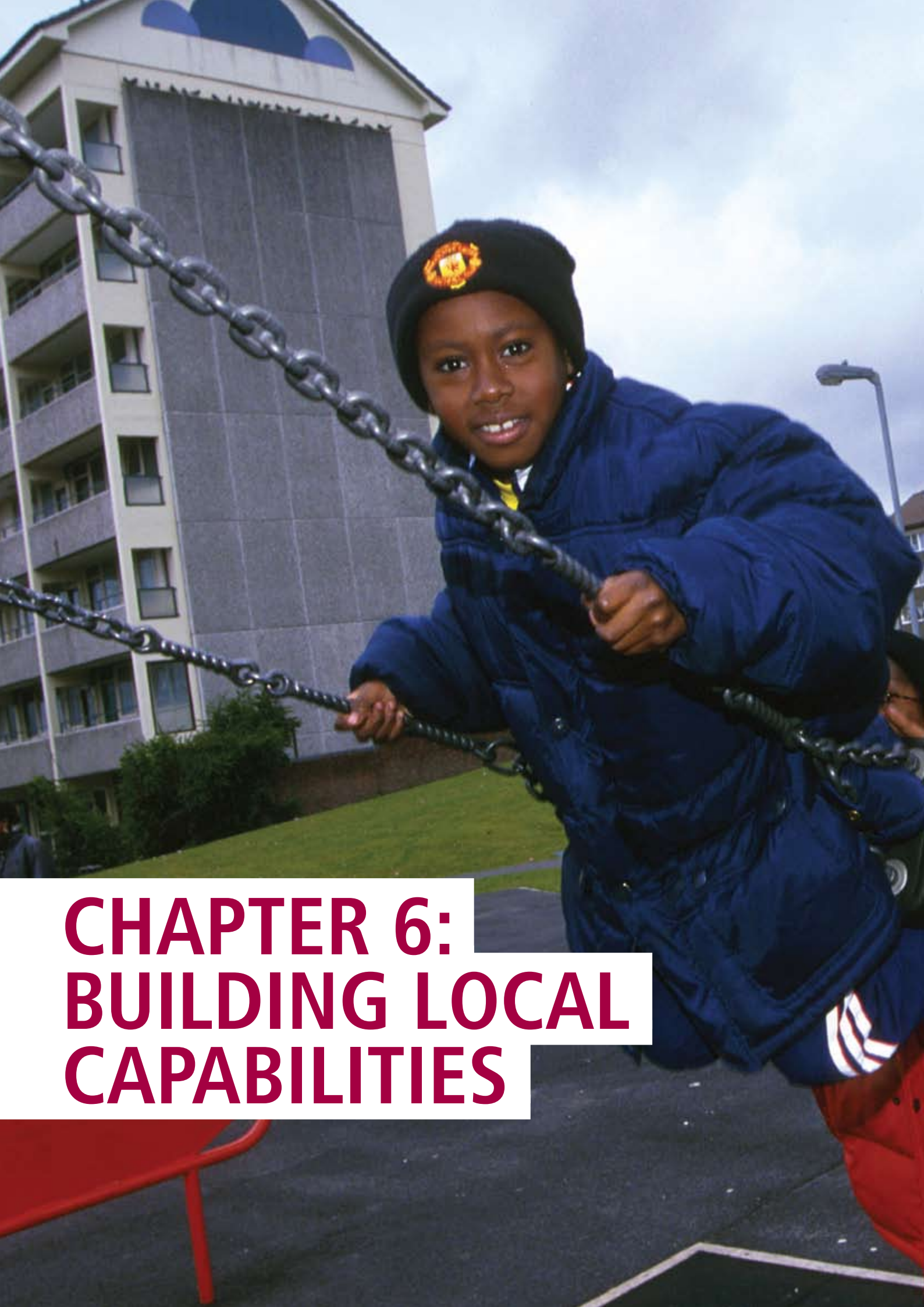
**5.3** In some cases, the indicator of success can be one that already exists in the NIS. For instance, the success of a programme to increase breastfeeding would be measured by NI 53. In other cases, a local area may have to establish its own monitoring arrangements (e.g. a survey of how children travel to school). Local areas may find it helpful to integrate existing and related data that is available into a single database to help inform and monitor progress towards achieving their goals.

**5.4** It is important to note that the Government will not assess PCT and LA performance against such indicators of success for individual programmes. They are recommended only as a way for local areas to ensure that they can monitor and evaluate progress in delivering LAA targets and PCT goals. Performance will only be assessed on NIS and Vital Signs indicators that form the basis of an LAA target or PCT goal.

**5.5** Areas should also bear in mind the overarching need to ensure that local action is delivered equitably, and should be aware of the equality impact assessments relating to the Government's *Healthy Weight, Healthy Lives: A cross-government strategy for England*, as well as undertaking their own assessments of local plans.

## SUPPORT AVAILABLE

- The forthcoming *Healthy Weight, Healthy Lives: a toolkit for developing local strategies* will include an evaluation tool
- The Obesity Observatory will be an organisation within the existing Public Health Observatory network, and will provide local areas with a single point of contact for wide-ranging authoritative information on data, evidence and practice related to obesity, overweight, underweight, and their determinants.
- Support for delivering indicators in the new performance framework will be provided through Regional Improvement and Efficiency Partnerships (RIEPs). These partnerships are funded by central government departments to provide support to LAs and their partners in the region. DH will work with the Department for Communities and Local Government (CLG) and RIEPs to provide support for the delivery against the obesity indicators.



# CHAPTER 6: BUILDING LOCAL CAPABILITIES

## WHAT SUCCESS LOOKS LIKE

- Everyone working at a local level is clear about their role in promoting the benefits of a healthy weight
- Appropriate training is available so that both health and non-health professionals feel confident in sensitively raising the issue of weight with those who are overweight or obese

## WHAT YOU CAN DO

**6.1** A whole systems approach is necessary so that all those working at a local level in all organisations are aware of their role in promoting physical activity, nutrition, and the benefits of a healthy weight. In many cases, local partners will want to commission training to support their staff in this role. To maximise coverage of the training, a system of cascade training (or training trainers) is an effective way of capturing the whole workforce quickly.



### Case study: Training in Portsmouth City on delivering clinical services in the community to local children and families

An important element of reducing obesity is obtaining reliable growth data. To ensure that staff feel confident in getting accurate data Portsmouth City tPCT has introduced training on childhood growth and obesity assessment for health visitors, school nurses, practice nurses and others.

Multi-disciplinary working through the Children's Obesity Advisory Group has encouraged and supported the development of a half-day training programme to cover:

- accurate growth measurements
- plotting and interpreting growth charts
- recognition of children at risk of obesity and those already obese
- use of local guidelines
- and practical information on a public health approach to prevent and tackle obesity

Training will help with interpreting results, and determine normal growth and when further monitoring is necessary. Using agreed guidelines, those at risk of obesity can be managed, and those who are obese can be referred to the appropriate services.

**6.2** When commissioning training, local areas should take into account the different needs of health and non-health professionals. For example, health professionals may need a detailed understanding of nutrition and the promotion of healthy lifestyles, whilst non-health professionals, such as teachers (especially those with pastoral duties and teaching Personal, Social and Health Education (PSHE)) may need to be aware of the role they



can play, and be able to provide basic advice and signposting to appropriate local services.

**6.3** In addition, training will need to recognise the sensitivity around the issue of weight and build the confidence of staff to be able to raise the issue and know how to influence behaviour change. This will be particularly important when routine feedback to parents, as part of the NCMP, is introduced. As members of the general public, many staff will themselves have weight issues: they may be overweight, obese or underweight, and they are likely to feel particularly unconfident in raising issues of weight. Training packages must take account of this and build in tools for staff to raise the issue that takes account of their own weight status.

## SUPPORT AVAILABLE

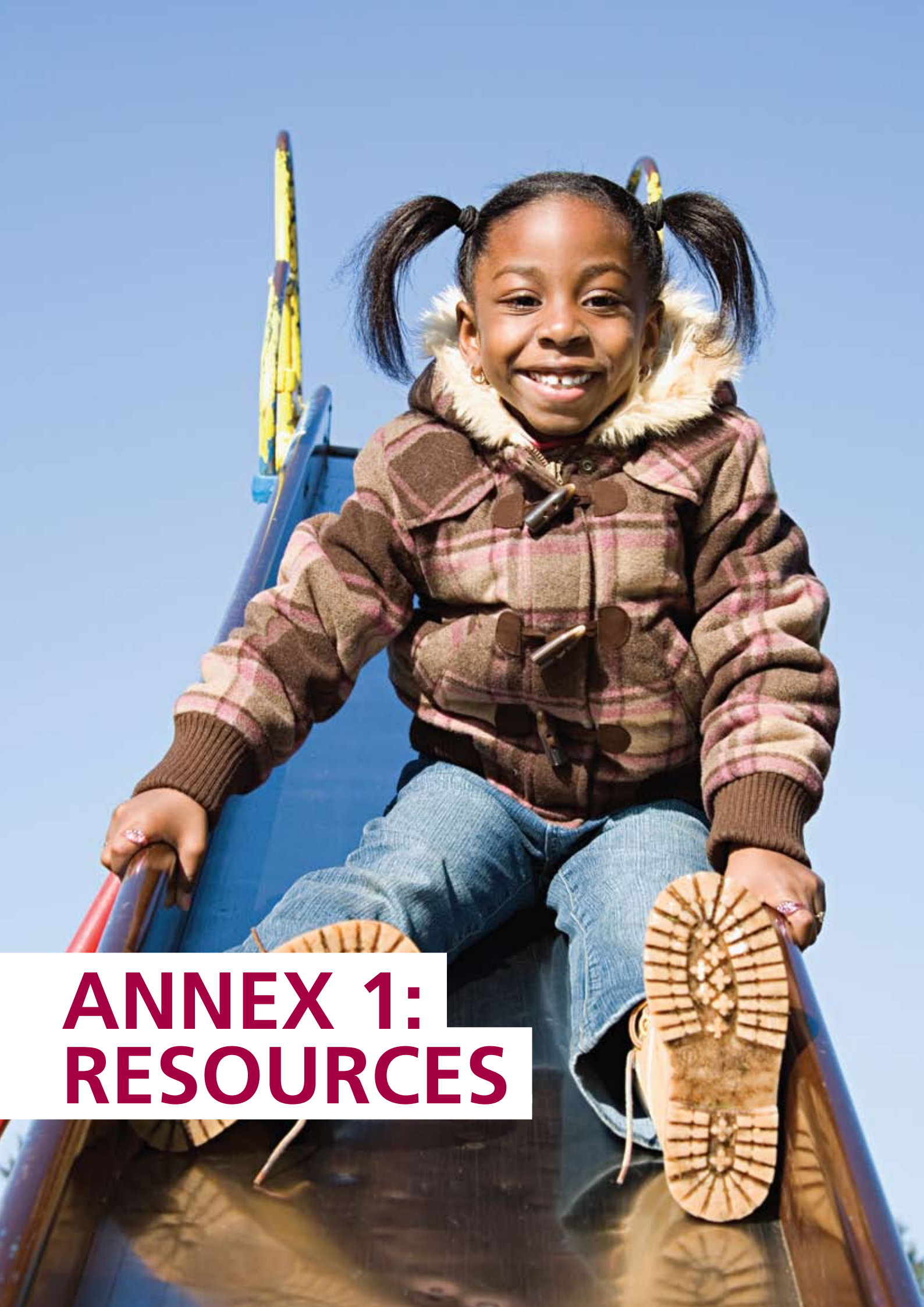
- Dietitians in Obesity Management (DOM), National Obesity Forum (NOF) and the Association for the Study of Obesity (ASO) have produced a training directory to give an overview of the different types of training courses available for obesity prevention and management.<sup>29</sup> Local areas may wish to use this resource as a starting point and seek further guidance from local training officers
- The Government is developing guidance on the development of brief intervention training that local areas could use for their early years, primary care and school-based staff



- The South East Teaching Public Health Network aims to increase the availability of public health education and training in reducing childhood obesity and improving childhood wellbeing. Its focus is engaging education providers to increase the amount of healthy eating and physical activity in the content of initial teacher training courses and incorporating more public health into school support worker training (Viv.Speller@healthdevelopment.co.uk)
- The South West Teaching Public Health Network has funded the development of a short course on healthy urban planning run by the World Health Organization Collaborating Centre for Healthy Cities at the University of the West of England. The course includes topics on reducing obesity, including neighbourhood planning for physical activity, the importance of green space and children's access to play. The course is run at different centres around the UK and is aimed at a wide range of built environment and public health professionals<sup>30</sup>

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30 [www.built-environment.uwe.ac.uk/short/shortProgSeriesList.asp?ProgID=16](http://www.built-environment.uwe.ac.uk/short/shortProgSeriesList.asp?ProgID=16)



# ANNEX 1: RESOURCES



## General

Audit Commission, Healthcare Commission, National Audit Office (2006) *Tackling Child Obesity – First Steps* [www.nao.gov.uk/publications/nao\\_reports/05-06/0506801.pdf](http://www.nao.gov.uk/publications/nao_reports/05-06/0506801.pdf)

Foresight (2007) *Tackling Obesities: Future Choices* [www.foresight.gov.uk/Obesity/Obesity\\_final/Index.html](http://www.foresight.gov.uk/Obesity/Obesity_final/Index.html)

HM Government (2008) *Healthy Weight, Healthy Lives: a cross-government strategy for England* [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_082378](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378)

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