



How to set and monitor goals for prevalence of child obesity:

*guidance for Primary Care Trusts (PCTs) and
local authorities*

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How to set and monitor goals for prevalence of child obesity: guidance for Primary Care Trusts (PCTs) and local authorities

1. Purpose

- 1.1 This document offers guidance on the setting and negotiating of child obesity goals as part of the NHS Operating Framework¹ Vital Signs (plan returns to Strategic Health Authorities [SHAs] are expected by March 10, 2008),² and the Local Government National Indicator Set.³ It should be read in the context of the new ambition for obesity (announced in the Comprehensive Spending Review in September 2007), the Child Health PSA and *Healthy Weight, Healthy Lives: A Cross-Government Strategy For England*,⁴ published by the Government in January 2008.
- 1.2 A range of publications (see *section 7*) are already available to support areas in tackling child obesity. The Government will complement these by developing further resource documents, due for publication from mid-March, on action local areas could undertake to achieve any goal they set.

2. The new ambition and the new Child Health PSA

- 2.1. Britain is in the grip of an epidemic. 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 2050.⁵ This matters because of the severe impact being overweight or obese can have on an individual's health – both are associated with an increasing risk of diabetes, cancer, and heart and liver disease among others – and the risks get worse the more overweight people become. They matter because of the pressure such illnesses put on families, the NHS and society more broadly, with overall costs to society forecast to reach £50 billion per year by 2050 on current trends.
- 2.2. Since 2000, the Government has taken action on a number of fronts to promote healthier food choices and greater access to physical activity, especially among parents and children. In particular, significant improvements have been made to food standards in schools, and to the amount of PE and sport that children do at school. England is

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063267

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082542

³ <http://www.communities.gov.uk/publications/localgovernment/nationalindicator>

⁴ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378

⁵ http://www.foresight.gov.uk/Obesity/obesity_final/Index.html

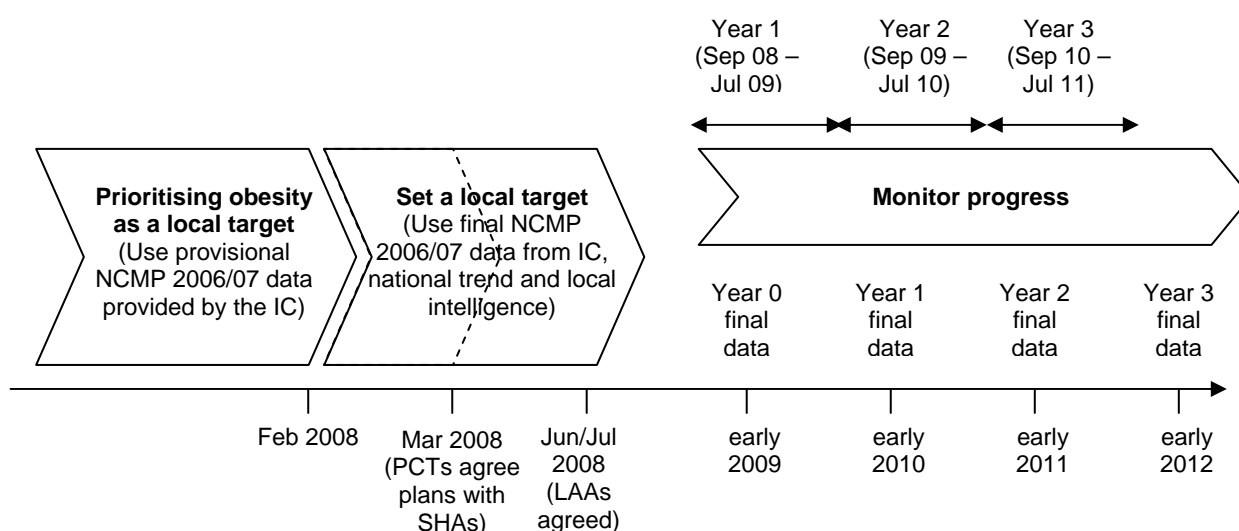
considered a global leader for its introduction of both front-of-pack food labelling and broadcast advertising restrictions on food products high in fat, salt and sugar within programmes targeted at children. However, the scale of the challenge dictates that we must do much more to give people the opportunities that they want to make healthy choices about activity and food.

- 2.3. To reflect this, the Government has set itself a new ambition: *of being the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels.* This new ambition was announced in September 2007 and forms part of the Government's new Public Service Agreement (PSA) 12: to improve the health and well-being of children and young people under 11. The Department of Health is responsible for the overall ambition on healthy weight and is jointly responsible with the Department for Children, Schools and Families (DCSF) for delivering the PSA on Child Health.
- 2.4. We set out our immediate plans towards the new ambition in *Healthy Weight, Health Lives: A Cross-Government Strategy For England*, which was published in January 2008. Action by the government is split into five themes: the healthy growth and development of children, promoting healthier food choices, building physical activity into our lives, creating incentives for better health, and personalised advice and support. These areas set out action that is needed not only within central government, but also by local areas and others. The Government acknowledges that plans for such action will be a first step and that progress will need to be regularly assessed, taking on board the latest evidence and trends to inform plans for further action.
- 2.5. Although the ambition covers a period of 12 years, progress for the first three years 2008/09 to 2010/11 will focus on delivering the Child Health PSA, and so actions within the first theme, the healthy growth and development of children, are particularly important. These include:
 - identification of at-risk families as early as possible and promotion of breastfeeding as the norm for mothers;
 - investment to ensure all schools are healthy schools;
 - Investing £75 million in an evidence-based marketing programme that will inform, support and empower parents in making changes to their children's diet and levels of physical activity.
- 2.6. Nationally, success in meeting the new ambition and the Child Health PSA will be measured using Health Survey for England data for prevalence of overweight and obesity in children. Locally, PCTs and local authorities will be able to use the data from the National Child

Measurement Programme (NCMP)⁶ to set local goals, agree them with 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.

3. Overview of the process

- 3.1 The flow chart below provides a simplified overview of the timetables for setting and monitoring local goals:



4. Prioritising obesity as a local goal

- 4.1 The Government has sent a clear signal that enabling individuals to maintain a healthy weight is important through the inclusion of obesity as a national priority within the NHS Operating Framework and the Child Health PSA. The NHS Operating Framework requires all PCTs to develop plans to tackle child obesity, and to agree local plans with SHAs. All plans will be held on the Unify 2 system, so that the Department of health can be aware of what will be delivered against this commitment. The degree of national involvement and frequency of performance management will be risk-based, focusing on weak areas or poorly performing organisations only and will depend of the degree of challenge and performance against plan.

⁶ <http://www.dh.gov.uk/healthyliving>

- 4.2 PCTs are expected to work with local authorities through the Joint Strategic Needs Assessment process from April 2008, with many areas already doing so. Within this, PCTs and local authorities should build on the existing requirements to work together on the statutory Children and Young People's Plan. As such, PCTs and local authorities may already be working together to jointly develop a target to tackle child obesity within their Local Area Agreement (LAA), setting out what they will do to achieve this goal. NCMP data will be used to assess PCTs' and local authorities' performance in tackling child obesity where it forms part of their LAAs.
- 4.3 For the NCMP, PCTs coordinate with schools to weigh and measure all eligible children in Year 6 and Reception. PCTs must record height, weight, sex, date of birth, date of measurement, home postcode and ethnicity as well as school name for each child measured. Local areas should continue to make every effort to ensure high participation rates for the NCMP to facilitate monitoring, reduce the risk of non-participation bias and increase the precision of the estimates.
- 4.4 Within the National Indicator Set, the two indicators of child obesity derived from NCMP data, NI 55 (Reception) and NI 56 (Year 6) are of course central, and align with the Vital Signs indicator on child obesity. Other indicators within the set are also relevant to tackling this problem: those for breast-feeding (NI 53), take-up of school lunches (NI 52), children and young peoples' participation in PE and sport (NI 57), the emotional health of children (NI 50) and travel to school (NI 198).
- 4.5 Several indicators within the National Indicator Set are relevant to adult weight issues, including adult participation in sport (NI 8). Indicators relating to a reduction in road traffic accidents (NI 47 and 48) are relevant to producing a safe environment and thus to physical activity and weight management in both children and adults.

5. Setting the local goal

- 5.1 The national prevalence of excess weight in children is rising and, even with the concerted interventions planned, it is likely to continue to rise over the next three years.
- 5.2 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. It is worth noting that the effects of some interventions are likely to have more of a time lag than are others, and so we would expect that local change in prevalence will be greater in years two and three than in year one of the 2008/11 period.

- 5.3 For most areas, consistent, high quality data are not available for a sufficiently long period to produce robust estimates of local trends in childhood obesity. If areas do have such data, these can of course be used for planning purposes. If not, we suggest that local goals are informed by the latest local NCMP prevalence estimates and national trend data from the Health Survey for England. This document provides guidance for local authorities and PCTs about how they might do this, and also includes factors that local authorities and PCTs should take into account when assessing progress against their plans.
- 5.4 Using Health Survey for England data, we estimate that prevalence of obesity in children in both Reception and Year 6 is rising at a yearly rate around 0.5% points. To achieve the ambition, this rate of increase needs to be slowed and then reversed nationally.
- 5.5 **We suggest that local plans are based on achieving a change in prevalence in each of the three years that betters this current national trend** (that is, either an increase of less than 0.5% points, no increase at all, or a reduction in obesity). When deciding at what level below 0.5% points to set the plan, consideration will need to be given to what is ambitious but achievable locally—eg, an area may feel that a 0% rise is ambitious but achievable, particularly if their current trend is below the national average. SHAs and Government Offices can also use these data to track local performance, compare with other areas, and provide elements of challenge if they feel PCTs and local authorities could go further.
- 5.6 We suggest that local areas also consider the extent to which change is significant. Some of the year-on-year change in recorded local prevalence will be due to random variation, rather than a change in the underlying processes determining prevalence. **Annex A** provides a table of confidence levels for each PCT and local authority and an explanation of how this should inform the setting of goals.
- 5.7 Confidence levels are determined in part by the number of children measured – the greater the number, the greater the confidence. It is therefore in local areas' interests to maximise participation so that they are better able to show success in achieving an improvement.

6. Monitoring progress

Adjustment for bias in Year 6 data

- 6.1. Changes in local participation rates over time may affect the comparability of prevalence estimates for Year 6. Analysis of the data at a national level, suggests that Year 6 children who did not participate in the NCMP include a disproportionately greater number with higher BMIs. As local delivery partners achieve year-on-year improvements in participation in the NCMP, the degree of bias would be expected to fall. It is in local areas' interests to ensure high participation rates in the NCMP to achieve an accurate picture of prevalence rates.
- 6.2. Although strong evidence exists of bias within the Year 6 data, current evidence suggests that the scale of the bias is fairly small. In view of this, we feel that assessment of progress against goals will be possible even if quite large year-on-year improvements in participation are achieved. **Local authorities and PCTs should plan on the basis that an adjustment will not be required for Year 6 data.**

Evaluation of progress

- 6.3. In addition to using NCMP data to monitor progress against a local goal on child obesity, the data can also be used to evaluate the success of individual programmes that local areas establish to meet a local goal.
- 6.4. However, because tackling child obesity requires action on a number of fronts, individual programmes will only 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.
- 6.5. In some cases, the indicator of success can be one that already exists in the National Indicator Set. For instance, the success of a programme to increase breastfeeding would be measured by NI53. In other cases, a local area may have to establish its own monitoring arrangements (e.g. a survey of how children travel to school). More detailed tools to help local areas evaluate progress will be available shortly (see section 7).
- 6.6. It is important to note that the centre will not assess PCT and local authority 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. The centre will only assess performance

based on NIS and Vital Signs indicators that form the basis of an LAA target or and PCT goal.

- 6.7. 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 *Health Weight Healthy Lives* strategy, as well as undertaking their own assessments of local plans.⁷

7. Further guidance

- 7.1. The Information Centre for health and social care will publish a national report on obesity prevalence in children (Reception and Year 6) on 21 February 2008 (based on the NCMP) detailing the prevalence of childhood obesity in each area in the 2006/07 school year. This will enable local estimates to be benchmarked at regional, cluster and national level, to inform the identification of local priorities.⁸
- 7.2. The Foresight study⁹ points to a range of available evidence, which can be used to support the inclusion of indicators relevant to obesity within chosen set of LAAs; the current evidence is strongest in the case of childhood obesity and the importance of early intervention.
- 7.3. In mid-March 2008, the Government will publish a resource document to support local action on promoting healthy lifestyles and tackling obesity in children. This document will point to existing programme that areas can build on to delivery local obesity goals and national support for these. (This guidance note will be incorporated into this document.)
- 7.4. Additionally, shortly after publishing the broader local resource document, we will publish an update of the National Heart Forum/Faculty of Public Health/Department of Health's *Lightening the Load: tackling overweight and obesity* already provides guidance (incorporating NICE guidance) to local areas on how to develop local strategies for tackling obesity.
- 7.5. If you require further guidance please contact the relevant person below:

Policy and delivery issues	healthyweight@dh.gsi.gov.uk
Technical aspects of goal setting	chris.gibbins@dh.gsi.gov.uk
NCMP data collection	Sam.Widdowfield@ic.nhs.uk

⁷ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378

⁸ <http://www.ic.nhs.uk>

⁹ http://www.foresight.gov.uk/Obesity/obesity_final/Index.html

Annex A:

The following two tables show figures for every local authority (table 1) and PCT (table 2) for the change in obesity prevalence in Reception and Year 6 that would be needed by 2010/11 to achieve a statistically significant improvement on the current national trend (of annual rises of 0.5% points). Where local authorities and PCTs are coterminous, the figures are the same.

The data in the tables is based on 2006/07 NCMP data. Because numbers measured and prevalence will be different for future years of the NCMP, these figures are indicative, but they give a reasonable approximation of the change that needs to be recorded to be statistically significantly less than the national trend.

Tables 1 and 2 provide both 95% and 75% confidence levels. Use of a higher confidence level reduces the risk of incorrectly concluding that a significant improvement in prevalence of child obesity has been achieved (at 95%, the risk is 1 in 20; at 75%, the risk is 1 in 4). However, use of a higher confidence level means that a greater change in prevalence is needed for it to be deemed a significant change. In some areas, it may be necessary to sacrifice confidence to some extent in order to set a goal that is achievable. The required changes associated with the 95% and 75% confidence levels could be used as upper and lower limits to inform local negotiations on goal setting.

A worked example using Barking and Dagenham local authority is shown here:

Step 1 – local authorities choose whether to set a goal for Reception Year, Year 6 or both. PCTs have to use both for their plans, as required by the Operating Framework

Local authority decisions should be based on current levels of prevalence for each year, the coherence of any goal with others being set (e.g. on school food), and whether they are jointly setting goals with the local PCT. Government Offices and SHAs will of course discuss these decisions with local authorities and PCTs.

For the basis of this worked example, we assume that Barking & Dagenham local authority choose both years.

Step 2 – determine what confidence level to use, and look up the required change by 2010/11 at that confidence level

The confidence level chosen is in part a reflection of how ambitious local areas feel that they can be. We would urge as many areas as possible to choose the 95% level of confidence.

Whatever level is chosen, for some areas this will mean that they need to record a reduction in their prevalence of child obesity if they are to be confident of achieving a statistically significant reduction in growth versus the

national average growth of 0.5% points. For other areas, this requirement can be met by recording a reduced, but still increasing, level of growth in prevalence.

Worked example:

Reception year

- Current prevalence is 14.4%
- Required change by 2010/11 to be 95% confident of reducing growth in prevalence below the national trend is -1.1% points
- Required prevalence by 2010/11 is a maximum of 13.3% if the local authority is to be 95% confidence of reducing growth in prevalence versus the national average growth of 0.5% points

Year 6

- Current prevalence is 20.8%
- Required change by 2010/11 to be 95% confident of reducing growth in prevalence below the national trend is -1.9% points
- Required prevalence by 2010/11 is a maximum of 18.9% if the local authority is to be 95% confidence of reducing growth in prevalence versus the national average growth of 0.5% points

Step 3 – set trajectory

Once the final goal for 2010/11 has been set then a trajectory for the change in prevalence to 2010/11 must be chosen. If areas are using the latest NCMP data, for 2006/07, as a baseline for their goal then the trajectory will also need to include 2007/08, as well as 2008/09 to 2010/11. Areas that already have established initiatives to tackle child obesity may feel that a straight line trajectory would be more appropriate for them. Whereas areas where initiatives are in their infancy may want to set a curved trajectory, where a greater proportion of the change is achieved in later years of the period to 2010/11.

Worked example:

Reception year

	2006/07	2007/08	2008/09	2009/10	2010/11
Straight line trajectory	14.4%	14.2%	13.9%	13.6%	13.3%
Curved trajectory	14.4%	14.3%	14.1%	13.8%	13.3%

Year 6

	2006/07	2007/08	2008/09	2009/10	2010/11
Straight line trajectory	20.8%	20.4%	19.9%	19.4%	18.9%
Curved trajectory	20.8%	20.6%	20.2%	19.6%	18.9%

For further explanation of the method behind calculation of the national trend and the required changes, send details of your query to healthyweight@dh.gsi.gov.uk

Table 1: Changes needed to be statistically significantly better than national trend, by local authority

	2006/07 results				Required change by 2010/11 (percentage points)			
	Reception Year		Year 6		Reception		Year 6	
	Prevalence of obesity	Number measured	Prevalence of obesity	Number measured	95%	75%	95%	75%
Barking and Dagenham	14.4%	1637	20.8%	1174	-1.1	-0.1	-1.9	-0.6
Barnet	9.2%	2906	17.4%	2845	-0.2	0.4	-0.7	0.1
Barnsley	9.4%	2043	19.9%	2437	-0.5	0.2	-0.9	0.0
Bath and North East Somerset	8.3%	1502	14.7%	1365	-0.7	0.1	-1.3	-0.3
Bedfordshire	9.3%	3776	15.1%	3859	0.0	0.5	-0.3	0.3
Bexley	9.5%	2012	19.4%	2241	-0.5	0.2	-1.0	-0.1
Birmingham	11.3%	11089	21.5%	10142	0.4	0.8	0.1	0.6
Blackburn with Darwen	9.7%	1665	16.5%	1683	-0.7	0.1	-1.2	-0.2
Blackpool	9.9%	926	16.2%	829	-1.4	-0.3	-2.2	-0.8
Bolton	10.7%	2751	17.9%	2798	-0.3	0.3	-0.7	0.1
Bournemouth	10.7%	1189	16.0%	1104	-1.1	-0.2	-1.7	-0.5
Bracknell Forest	8.0%	1079	14.3%	1023	-1.0	-0.1	-1.7	-0.5
Bradford	10.7%	5477	19.5%	5169	0.1	0.6	-0.2	0.4
Brent	10.6%	2709	22.1%	2520	-0.3	0.3	-1.0	-0.1
Brighton and Hove	6.0%	2115	16.1%	1710	-0.1	0.4	-1.2	-0.2
Bristol, City of	9.7%	3278	15.2%	1547	-0.1	0.4	-1.2	-0.2
Bromley	8.4%	2907	15.5%	2839	-0.1	0.4	-0.6	0.2
Buckinghamshire	6.6%	4349	14.0%	4428	0.2	0.7	-0.2	0.4
Bury	9.8%	1799	15.1%	1611	-0.6	0.1	-1.2	-0.2
Calderdale	7.8%	2122	14.0%	2355	-0.3	0.3	-0.7	0.1
Cambridgeshire	8.2%	4322	15.8%	4149	0.1	0.6	-0.3	0.4
Camden	9.3%	1307	21.1%	1211	-0.9	0.0	-1.9	-0.6
Cheshire	8.7%	5288	17.1%	5301	0.2	0.6	-0.2	0.4
City of London	x	22	x	23	n/a	n/a	n/a	n/a
Cornwall and Isles of Scilly	8.2%	2278	16.7%	2371	-0.3	0.3	-0.8	0.0
Coventry	11.3%	2789	19.4%	3196	-0.4	0.3	-0.6	0.1
Croydon	12.0%	3078	19.9%	3392	-0.3	0.3	-0.6	0.2
Cumbria	10.1%	4358	15.5%	2847	0.0	0.5	-0.6	0.2
Darlington	10.7%	1055	21.0%	1159	-1.3	-0.3	-2.0	-0.7
Derby	13.2%	2435	19.3%	2279	-0.6	0.2	-1.0	-0.1
Derbyshire	8.5%	6565	15.6%	6810	0.3	0.7	0.1	0.6
Devon	8.5%	5135	14.5%	6359	0.2	0.6	0.1	0.6
Doncaster	8.8%	2831	18.0%	2890	-0.2	0.4	-0.7	0.1
Dorset	8.7%	3109	13.1%	3269	-0.1	0.5	-0.3	0.3
Dudley	11.4%	3330	23.4%	3513	-0.2	0.4	-0.7	0.1
Durham	9.7%	4380	19.7%	4560	0.0	0.5	-0.3	0.3
Ealing	11.8%	2601	21.8%	2896	-0.5	0.2	-0.8	0.0
East Riding of Yorkshire	9.2%	1916	15.5%	2946	-0.5	0.2	-0.6	0.2
East Sussex	8.2%	4033	15.3%	4243	0.1	0.6	-0.2	0.4
Enfield	11.9%	3064	21.4%	2970	-0.3	0.3	-0.8	0.1
Essex	8.2%	11060	15.4%	12273	0.5	0.8	0.4	0.7
Gateshead	10.3%	1852	20.2%	2074	-0.7	0.1	-1.1	-0.2
Gloucestershire	10.0%	4618	15.6%	4936	0.1	0.6	-0.1	0.4
Greenwich	9.1%	1187	21.2%	1821	-1.0	-0.1	-1.3	-0.3
Hackney	16.1%	2075	24.4%	2015	-0.9	0.0	-1.3	-0.3
Halton	11.6%	1053	22.4%	1167	-1.4	-0.3	-2.0	-0.7
Hammersmith and Fulham	10.8%	905	23.2%	904	-1.5	-0.4	-2.5	-1.0
Hampshire	8.9%	10140	15.9%	11549	0.5	0.8	0.3	0.7
Haringey	12.9%	2551	23.8%	2055	-0.5	0.2	-1.3	-0.2

	2006/07 results				Required change by 2010/11 (percentage points)			
	Reception Year		Year 6		Reception		Year 6	
	Prevalence of obesity	Number measured	Prevalence of obesity	Number measured	95%	75%	95%	75%
Harrow	9.1%	1902	17.0%	2018	-0.5	0.2	-1.0	-0.1
Hartlepool	9.5%	537	24.2%	1097	-2.1	-0.7	-2.2	-0.8
Havering	11.2%	1663	20.3%	2221	-0.8	0.0	-1.1	-0.1
Herefordshire, County of	8.9%	1342	16.7%	1470	-0.8	0.0	-1.4	-0.3
Hertfordshire	9.2%	10092	14.2%	10142	0.5	0.8	0.3	0.7
Hillingdon	8.5%	2666	19.5%	2721	-0.2	0.4	-0.8	0.0
Hounslow	11.3%	2146	21.8%	2182	-0.6	0.2	-1.1	-0.2
Isle of Wight	13.7%	999	18.7%	1338	-1.7	-0.5	-1.6	-0.4
Islington	10.1%	1588	23.9%	1538	-0.8	0.1	-1.7	-0.5
Kensington and Chelsea	9.6%	855	21.5%	777	-1.4	-0.3	-2.7	-1.1
Kent	9.4%	9509	16.9%	11384	0.4	0.8	0.3	0.7
Kingston upon Hull, City of	11.9%	2272	19.7%	1989	-0.6	0.2	-1.2	-0.2
Kingston upon Thames	7.7%	1310	15.4%	1275	-0.7	0.1	-1.5	-0.4
Kirklees	9.6%	4440	16.8%	4229	0.1	0.6	-0.3	0.3
Knowsley	13.1%	1487	18.1%	1426	-1.1	-0.1	-1.5	-0.4
Lambeth	13.3%	1907	25.1%	1732	-0.8	0.0	-1.6	-0.4
Lancashire	9.9%	9450	13.4%	6826	0.4	0.8	0.1	0.6
Leeds	9.2%	6931	17.8%	7499	0.3	0.7	0.1	0.6
Leicester	10.6%	2966	19.6%	2536	-0.3	0.4	-0.9	0.0
Leicestershire	9.0%	5535	14.7%	6012	0.2	0.6	0.0	0.5
Lewisham	14.4%	1297	19.5%	1106	-1.4	-0.3	-2.0	-0.6
Lincolnshire	9.2%	3766	17.4%	2872	0.0	0.5	-0.7	0.1
Liverpool	10.6%	4113	18.0%	3856	0.0	0.5	-0.4	0.3
Luton	11.3%	2129	21.1%	2138	-0.6	0.2	-1.1	-0.2
Manchester	11.5%	4135	22.8%	3893	-0.1	0.5	-0.6	0.2
Medway	9.0%	2203	19.3%	2719	-0.4	0.3	-0.8	0.1
Merton	12.1%	1519	18.3%	1516	-1.0	-0.1	-1.4	-0.3
Middlesbrough	11.3%	1279	20.6%	1436	-1.1	-0.2	-1.6	-0.4
Milton Keynes	10.1%	2262	17.7%	2184	-0.5	0.2	-1.0	0.0
Newcastle upon Tyne	10.9%	2251	21.3%	2182	-0.5	0.2	-1.1	-0.1
Newham	14.4%	3327	23.6%	3459	-0.4	0.3	-0.7	0.1
Norfolk	8.3%	6595	16.2%	7146	0.3	0.7	0.1	0.6
North East Lincolnshire	10.0%	1468	16.4%	1589	-0.9	0.0	-1.3	-0.2
North Lincolnshire	11.1%	1519	16.7%	1506	-0.9	0.0	-1.3	-0.3
North Somerset	8.9%	1714	13.8%	1394	-0.6	0.2	-1.2	-0.2
North Tyneside	10.1%	1776	17.5%	1887	-0.7	0.1	-1.1	-0.1
North Yorkshire	9.4%	5108	15.8%	5313	0.1	0.6	-0.1	0.5
Northamptonshire	9.2%	6712	14.6%	5112	0.3	0.7	-0.1	0.5
Northumberland	10.1%	2839	18.3%	2847	-0.3	0.4	-0.7	0.1
Nottingham	12.5%	2423	20.1%	2367	-0.6	0.2	-1.0	-0.1
Nottinghamshire	9.8%	6509	17.2%	7052	0.3	0.7	0.0	0.5
Oldham	9.4%	2607	16.2%	2571	-0.3	0.3	-0.7	0.1
Oxfordshire	8.0%	5396	15.3%	5157	0.3	0.7	-0.1	0.5
Peterborough	11.9%	1981	15.9%	1770	-0.7	0.1	-1.1	-0.1
Plymouth	8.6%	2178	15.4%	2222	-0.4	0.3	-0.8	0.0
Poole	10.2%	1100	15.5%	1111	-1.2	-0.2	-1.7	-0.5
Portsmouth	12.3%	1615	24.0%	1537	-0.9	0.0	-1.7	-0.5
Reading	11.6%	748	17.3%	1215	-1.9	-0.6	-1.7	-0.5
Redbridge	10.4%	2742	20.5%	2717	-0.3	0.3	-0.8	0.0
Redcar and Cleveland	11.5%	1166	17.0%	1355	-1.3	-0.2	-1.5	-0.4
Richmond upon Thames	6.4%	1714	13.1%	1410	-0.3	0.3	-1.2	-0.2
Rochdale	11.7%	2328	16.5%	2308	-0.5	0.2	-0.8	0.0

	2006/07 results				Required change by 2010/11 (percentage points)			
	Reception Year		Year 6		Reception		Year 6	
	Prevalence of obesity	Number measured	Prevalence of obesity	Number measured	95%	75%	95%	75%
Rotherham	10.3%	2563	18.4%	2559	-0.4	0.3	-0.8	0.0
Rutland	9.0%	312	19.1%	293	-2.9	-1.3	0.0	-2.4
Salford	11.7%	1971	21.1%	2057	-0.7	0.1	-1.2	-0.2
Sandwell	10.6%	2623	20.2%	2751	-0.4	0.3	-0.8	0.0
Sefton	11.6%	2334	18.4%	2794	-0.5	0.2	-0.7	0.1
Sheffield	6.9%	4248	14.8%	4520	0.2	0.6	-0.2	0.4
Shropshire	10.1%	2290	16.8%	2474	-0.5	0.2	-0.8	0.1
Slough	10.1%	1033	21.3%	862	-1.2	-0.2	-2.5	-1.0
Solihull	8.9%	1773	14.5%	1895	-0.6	0.2	-0.9	0.0
Somerset	8.7%	4420	15.1%	4558	0.1	0.6	-0.2	0.4
South Gloucestershire	9.7%	2462	13.7%	1661	-0.4	0.3	-1.0	-0.1
South Tyneside	12.4%	1369	20.2%	1607	-1.1	-0.2	-1.5	-0.3
Southampton	9.5%	1750	16.9%	1700	-0.6	0.1	-1.2	-0.2
Southend-on-Sea	10.8%	1439	17.6%	1515	-1.0	-0.1	-1.4	-0.3
Southwark	13.2%	2491	27.0%	2211	-0.6	0.2	-1.3	-0.3
St. Helens	14.3%	1084	21.0%	1872	-1.6	-0.4	-1.3	-0.2
Staffordshire	9.6%	5444	17.4%	7972	0.2	0.6	0.1	0.6
Stockport	6.9%	2435	13.8%	2185	-0.1	0.4	-0.7	0.1
Stockton-on-Tees	12.6%	1898	19.6%	1468	-0.8	0.0	-1.5	-0.4
Stoke-on-Trent	10.9%	1873	20.3%	2020	-0.7	0.1	-1.2	-0.2
Suffolk	9.8%	6098	16.0%	6130	0.2	0.7	0.0	0.5
Sunderland	12.4%	2461	21.4%	2729	-0.5	0.2	-0.9	0.0
Surrey	7.7%	8102	13.2%	7452	0.4	0.8	0.2	0.6
Sutton	11.0%	1766	16.2%	1718	-0.8	0.1	-1.2	-0.2
Swindon	9.8%	1955	17.3%	1955	-0.6	0.2	-1.1	-0.1
Tameside	9.5%	1826	15.3%	1604	-0.6	0.2	-1.2	-0.2
Telford and Wrekin	12.5%	1557	19.0%	1686	-1.0	-0.1	-1.3	-0.3
Thurrock	9.5%	1550	18.2%	1456	-0.7	0.1	-1.5	-0.4
Torbay	8.2%	1016	15.7%	1115	-1.0	-0.1	-1.7	-0.5
Tower Hamlets	14.6%	2424	23.0%	2370	-0.7	0.1	-1.1	-0.1
Trafford	10.7%	2128	16.9%	2161	-0.6	0.2	-0.9	0.0
Wakefield	16.0%	2035	17.9%	2157	-0.9	0.0	-1.0	-0.1
Walsall	10.3%	2843	19.4%	2834	-0.3	0.3	-0.8	0.1
Waltham Forest	12.3%	2150	23.3%	1853	-0.7	0.1	-1.4	-0.3
Wandsworth	10.0%	1929	20.5%	1721	-0.6	0.2	-1.4	-0.3
Warrington	9.8%	2209	15.9%	1964	-0.5	0.2	-1.0	-0.1
Warwickshire	8.2%	4583	15.6%	4712	0.2	0.6	-0.2	0.4
West Berkshire	10.9%	1076	16.2%	1336	-1.3	-0.3	-1.5	-0.3
West Sussex	8.9%	6588	14.6%	6597	0.3	0.7	0.1	0.6
Westminster	10.4%	1374	22.0%	1124	-1.0	-0.1	-2.1	-0.7
Wigan	10.3%	2952	16.9%	2676	-0.3	0.4	-0.7	0.1
Wiltshire	8.5%	4019	13.5%	3351	0.1	0.6	-0.3	0.3
Windsor and Maidenhead	7.4%	1129	13.6%	1060	-0.8	0.0	-1.6	-0.4
Wirral	9.1%	2847	19.7%	3267	-0.2	0.4	-0.6	0.1
Wokingham	6.1%	776	12.7%	1399	-1.0	-0.1	-1.1	-0.2
Wolverhampton	10.9%	2093	25.5%	2654	-0.6	0.2	-1.0	-0.1
Worcestershire	9.8%	4397	15.2%	4583	0.0	0.5	-0.2	0.4
York	8.4%	1448	15.6%	1635	-0.7	0.1	-1.2	-0.2

Table 2: Changes in obesity prevalence needed to be statistically significantly better than national trend, by Primary Care Trust

	2006/07 results				Required change by 2010/11 (percentage points)			
	Reception Year		Year 6		Reception		Year 6	
	Prevalence of obesity	Number measured	Prevalence of obesity	Number measured	95%	75%	95%	75%
Ashton, Leigh And Wigan	10.3%	2980	16.9%	2696	-0.3	0.4	-0.7	0.1
Barking And Dagenham	14.4%	1558	19.9%	1100	-1.1	-0.2	-2.0	-0.7
Barnet	9.2%	3023	17.3%	2932	-0.2	0.4	-0.6	0.1
Barnsley	9.4%	2043	19.9%	2437	-0.5	0.2	-0.9	0.0
Bassetlaw	11.4%	911	18.8%	1060	-1.6	-0.4	-2.0	-0.7
Bath And North East Somerset	8.3%	1502	14.7%	1365	-0.7	0.1	-1.3	-0.3
Bedfordshire	9.3%	3776	15.1%	3859	0.0	0.5	-0.3	0.3
Berkshire East	8.6%	3296	16.1%	2999	-0.1	0.5	-0.6	0.2
Berkshire West	9.7%	2600	15.3%	3950	-0.3	0.3	-0.3	0.3
Bexley Care Trust	9.5%	2012	19.4%	2241	-0.5	0.2	-1.0	-0.1
Birmingham East And North	10.3%	4008	20.3%	3960	-0.1	0.5	-0.5	0.2
Blackburn With Darwen	9.8%	1666	16.4%	1687	-0.7	0.1	-1.2	-0.2
Blackpool	9.9%	926	16.2%	829	-1.4	-0.3	-2.2	-0.8
Bolton	10.7%	2751	17.9%	2798	-0.3	0.3	-0.7	0.1
Bournemouth And Poole	10.4%	2289	15.8%	2215	-0.5	0.2	-0.8	0.0
Bradford And Airedale	10.7%	5477	19.5%	5169	0.1	0.6	-0.2	0.4
Brent Teaching	10.8%	2675	22.5%	2520	-0.4	0.3	-1.0	-0.1
Brighton And Hove City	6.0%	2115	16.1%	1710	-0.1	0.4	-1.2	-0.2
Bristol	9.7%	3278	15.2%	1547	-0.1	0.4	-1.2	-0.2
Bromley	8.4%	2907	15.5%	2839	-0.1	0.4	-0.6	0.2
Buckinghamshire	6.5%	4454	13.9%	4565	0.2	0.7	-0.1	0.4
Bury	9.8%	1799	15.1%	1611	-0.6	0.1	-1.2	-0.2
Calderdale	7.8%	2122	14.0%	2355	-0.3	0.3	-0.7	0.1
Cambridgeshire	8.2%	4335	15.8%	4166	0.1	0.6	-0.3	0.4
Camden	9.3%	1307	21.1%	1211	-0.9	0.0	-1.9	-0.6
Central And Eastern Cheshire	8.6%	3506	16.7%	4096	0.0	0.5	-0.3	0.3
Central Lancashire	10.2%	3605	13.9%	2590	-0.1	0.5	-0.6	0.2
City And Hackney Teaching	16.0%	2097	24.2%	2038	-0.9	0.0	-1.3	-0.3
Cornwall And Isles Of Scilly	8.2%	2278	16.7%	2371	-0.3	0.3	-0.8	0.0
County Durham	9.7%	4380	19.7%	4560	0.0	0.5	-0.3	0.3
Coventry Teaching	11.3%	2789	19.4%	3196	-0.4	0.3	-0.6	0.1
Croydon	12.0%	3078	19.9%	3392	-0.3	0.3	-0.6	0.2
Cumbria	10.1%	4358	15.5%	2847	0.0	0.5	-0.6	0.2
Darlington	10.7%	1055	21.0%	1159	-1.3	-0.3	-2.0	-0.7
Derby City	13.2%	2435	19.3%	2279	-0.6	0.2	-1.0	-0.1
Derbyshire County	8.5%	6288	15.6%	6610	0.3	0.7	0.0	0.6
Devon	8.5%	5135	14.5%	6359	0.2	0.6	0.1	0.6
Doncaster	8.8%	2831	18.0%	2890	-0.2	0.4	-0.7	0.1
Dorset	8.7%	3109	13.1%	3269	-0.1	0.5	-0.3	0.3
Dudley	11.4%	3330	23.4%	3513	-0.2	0.4	-0.7	0.1
Ealing	11.8%	2578	21.8%	2877	-0.5	0.2	-0.8	0.0
East And North Hertfordshire	8.8%	4973	14.3%	5253	0.2	0.6	-0.1	0.5
East Lancashire	10.1%	3607	13.5%	2488	-0.1	0.5	-0.6	0.2
East Riding Of Yorkshire	9.2%	1916	15.5%	2939	-0.5	0.2	-0.6	0.2
East Sussex Downs And Weald	8.9%	2541	16.1%	2771	-0.3	0.4	-0.6	0.1
Eastern And Coastal Kent	9.7%	4280	17.6%	5905	0.0	0.5	-0.1	0.5
Enfield	11.9%	3004	21.5%	2918	-0.3	0.3	-0.8	0.0
Gateshead	10.3%	1852	20.2%	2074	-0.7	0.1	-1.1	-0.2
Gloucestershire	10.0%	4618	15.6%	4936	0.1	0.6	-0.1	0.4

	2006/07 results				Required change by 2010/11 (percentage points)			
	Reception Year		Year 6		Reception		Year 6	
	Prevalence of obesity	Number measured	Prevalence of obesity	Number measured	95%	75%	95%	75%
Great Yarmouth And Waveney	10.4%	1916	16.8%	2047	-0.6	0.1	-1.0	-0.1
Greenwich Teaching	9.1%	1187	21.2%	1821	-1.0	-0.1	-1.3	-0.3
Halton And St Helens	13.0%	2137	21.6%	3039	-0.7	0.1	-0.8	0.1
Hammersmith And Fulham	10.8%	905	23.2%	904	-1.5	-0.4	-2.5	-1.0
Hampshire	8.9%	10112	15.9%	11463	0.5	0.8	0.3	0.7
Haringey Teaching	12.9%	2551	23.8%	2055	-0.5	0.2	-1.3	-0.2
Harrow	9.1%	1902	17.0%	2018	-0.5	0.2	-1.0	-0.1
Hartlepool	9.5%	537	24.2%	1097	-2.1	-0.7	-2.2	-0.8
Hastings And Rother	7.0%	1492	13.9%	1472	-0.5	0.2	-1.2	-0.2
Havering	11.2%	1663	20.3%	2221	-0.8	0.0	-1.1	-0.1
Heart Of Birmingham Teaching	12.7%	4150	23.8%	3974	-0.1	0.4	-0.6	0.2
Herefordshire	8.9%	1342	16.7%	1470	-0.8	0.0	-1.4	-0.3
Heywood, Middleton And Rochdale	11.7%	2328	16.5%	2308	-0.5	0.2	-0.8	0.0
Hillingdon	8.5%	2666	19.5%	2721	-0.2	0.4	-0.8	0.0
Hounslow	11.3%	2146	21.8%	2182	-0.6	0.2	-1.1	-0.2
Hull	11.9%	2272	19.7%	1996	-0.6	0.2	-1.2	-0.2
Isle Of Wight Nhs	13.7%	999	18.7%	1338	-1.7	-0.5	-1.6	-0.4
Islington	10.1%	1588	23.9%	1538	-0.8	0.1	-1.7	-0.5
Kensington And Chelsea	9.6%	855	21.5%	777	-1.4	-0.3	-2.7	-1.1
Kingston	7.7%	1346	15.4%	1313	-0.7	0.1	-1.4	-0.3
Kirklees	9.6%	4440	16.8%	4229	0.1	0.6	-0.3	0.3
Knowsley	13.0%	1495	18.3%	1455	-1.1	-0.1	-1.5	-0.4
Lambeth	13.1%	1949	25.2%	1785	-0.8	0.0	-1.5	-0.4
Leeds	9.2%	6931	17.8%	7499	0.3	0.7	0.1	0.6
Leicester City	10.6%	2966	19.6%	2536	-0.3	0.4	-0.9	0.0
Leicestershire County And Rutland	9.0%	5847	14.9%	6305	0.2	0.7	0.0	0.5
Lewisham	14.4%	1297	19.5%	1106	-1.4	-0.3	-2.0	-0.6
Lincolnshire	9.2%	3766	17.4%	2872	0.0	0.5	-0.7	0.1
Liverpool	10.6%	4105	17.9%	3827	0.0	0.5	-0.4	0.3
Luton	11.3%	2129	21.1%	2138	-0.6	0.2	-1.1	-0.2
Manchester	11.5%	4135	22.8%	3893	-0.1	0.5	-0.6	0.2
Medway	8.9%	2253	19.3%	2719	-0.4	0.3	-0.8	0.1
Mid Essex	8.2%	2940	14.9%	3391	-0.1	0.4	-0.4	0.3
Middlesbrough	11.3%	1279	20.6%	1436	-1.1	-0.2	-1.6	-0.4
Milton Keynes	10.1%	2262	17.7%	2184	-0.5	0.2	-1.0	0.0
Newcastle	10.9%	2251	21.3%	2182	-0.5	0.2	-1.1	-0.1
Newham	14.4%	3327	23.6%	3459	-0.4	0.3	-0.7	0.1
Norfolk	8.0%	5780	15.8%	6201	0.3	0.7	0.0	0.5
North East Essex	8.2%	2515	16.4%	2808	-0.2	0.4	-0.6	0.1
North East Lincolnshire	10.0%	1468	16.4%	1589	-0.9	0.0	-1.3	-0.2
North Lancashire	8.9%	2237	12.7%	1744	-0.4	0.3	-0.9	0.0
North Lincolnshire	11.1%	1519	16.7%	1506	-0.9	0.0	-1.3	-0.3
North Somerset	8.9%	1714	13.8%	1394	-0.6	0.2	-1.2	-0.2
North Staffordshire	12.4%	1579	18.8%	2182	-1.0	-0.1	-1.0	-0.1
North Tees	12.6%	1898	19.6%	1468	-0.8	0.0	-1.5	-0.4
North Tyneside	10.1%	1776	17.5%	1887	-0.7	0.1	-1.1	-0.1
North Yorkshire And York	9.2%	6556	15.8%	6948	0.3	0.7	0.1	0.6
Northamptonshire	9.2%	6712	14.6%	5112	0.3	0.7	-0.1	0.5
Northumberland Care Trust	10.1%	2839	18.3%	2847	-0.3	0.4	-0.7	0.1
Nottingham City	12.5%	2423	20.1%	2367	-0.6	0.2	-1.0	-0.1
Nottinghamshire County	9.6%	5598	16.9%	5992	0.2	0.6	-0.1	0.5
Oldham	9.4%	2607	16.2%	2571	-0.3	0.3	-0.7	0.1

	2006/07 results				Required change by 2010/11 (percentage points)			
	Reception Year		Year 6		Reception		Year 6	
	Prevalence of obesity	Number measured	Prevalence of obesity	Number measured	95%	75%	95%	75%
Oxfordshire	8.0%	5236	15.4%	4966	0.2	0.7	-0.1	0.4
Peterborough	11.9%	1981	15.9%	1770	-0.7	0.1	-1.1	-0.1
Plymouth Teaching	8.6%	2178	15.4%	2222	-0.4	0.3	-0.8	0.0
Portsmouth City Teaching	12.3%	1615	24.0%	1537	-0.9	0.0	-1.7	-0.5
Redbridge	10.6%	2800	20.9%	2767	-0.3	0.3	-0.8	0.0
Redcar And Cleveland	11.5%	1166	17.0%	1355	-1.3	-0.2	-1.5	-0.4
Richmond And Twickenham	6.4%	1714	13.1%	1410	-0.3	0.3	-1.2	-0.2
Rotherham	10.3%	2563	18.4%	2559	-0.4	0.3	-0.8	0.0
Salford	11.7%	1943	21.1%	2037	-0.7	0.1	-1.2	-0.2
Sandwell	10.6%	2623	20.2%	2751	-0.4	0.3	-0.8	0.0
Sefton	11.6%	2334	18.4%	2794	-0.5	0.2	-0.7	0.1
Sheffield	6.9%	4248	14.8%	4520	0.2	0.6	-0.2	0.4
Shropshire County	10.1%	2290	16.8%	2474	-0.5	0.2	-0.8	0.1
Solihull Care Trust	8.9%	1773	14.5%	1895	-0.6	0.2	-0.9	0.0
Somerset	8.7%	4420	15.1%	4558	0.1	0.6	-0.2	0.4
South Birmingham	10.5%	2931	19.5%	2208	-0.3	0.4	-1.0	-0.1
South East Essex	9.2%	2703	16.3%	2987	-0.3	0.4	-0.6	0.2
South Gloucestershire	9.7%	2462	13.7%	1661	-0.4	0.3	-1.0	-0.1
South Staffordshire	8.4%	3737	16.8%	5655	0.0	0.5	-0.1	0.5
South Tyneside	12.4%	1369	20.2%	1607	-1.1	-0.2	-1.5	-0.3
South West Essex	8.3%	3315	14.9%	3509	0.0	0.5	-0.4	0.3
Southampton City	9.5%	1750	16.9%	1786	-0.6	0.1	-1.1	-0.2
Southwark	13.3%	2449	27.1%	2158	-0.6	0.2	-1.3	-0.3
Stockport	6.9%	2435	13.8%	2185	-0.1	0.4	-0.7	0.1
Stoke On Trent	10.9%	1978	20.4%	2140	-0.6	0.1	-1.1	-0.1
Suffolk	9.6%	4984	16.2%	5011	0.1	0.6	-0.2	0.4
Sunderland Teaching	12.4%	2461	21.4%	2729	-0.5	0.2	-0.9	0.0
Surrey	7.7%	8181	13.2%	7452	0.5	0.8	0.2	0.6
Sutton And Merton	11.7%	3198	17.2%	3196	-0.3	0.4	-0.6	0.2
Swindon	9.8%	1955	17.3%	1955	-0.6	0.2	-1.1	-0.1
Tameside And Glossop	9.3%	2103	15.1%	1788	-0.5	0.2	-1.0	-0.1
Telford And Wrekin	12.5%	1557	19.0%	1686	-1.0	-0.1	-1.3	-0.3
Torbay Care Trust	8.2%	1016	15.7%	1115	-1.0	-0.1	-1.7	-0.5
Tower Hamlets	14.6%	2424	23.0%	2370	-0.7	0.1	-1.1	-0.1
Trafford	10.7%	2128	16.9%	2161	-0.6	0.2	-0.9	0.0
Wakefield District	16.0%	2035	17.9%	2157	-0.9	0.0	-1.0	-0.1
Walsall Teaching	10.3%	2843	19.4%	2834	-0.3	0.3	-0.8	0.1
Waltham Forest	12.2%	2171	23.1%	1877	-0.6	0.1	-1.4	-0.3
Wandsworth	10.0%	1929	20.5%	1721	-0.6	0.2	-1.4	-0.3
Warrington	9.8%	2209	15.9%	1964	-0.5	0.2	-1.0	-0.1
Warwickshire	8.2%	4583	15.6%	4712	0.2	0.6	-0.2	0.4
West Essex	9.3%	2576	17.3%	2549	-0.3	0.3	-0.8	0.1
West Hertfordshire	9.7%	5119	14.1%	4889	0.1	0.6	-0.1	0.5
West Kent	9.1%	5179	16.1%	5479	0.2	0.6	-0.1	0.5
West Sussex	8.9%	6588	14.6%	6597	0.3	0.7	0.1	0.6
Western Cheshire	9.0%	1782	18.8%	1205	-0.6	0.2	-1.8	-0.5
Westminster	10.4%	1374	22.0%	1124	-1.0	-0.1	-2.1	-0.7
Wiltshire	8.5%	4019	13.5%	3351	0.1	0.6	-0.3	0.3
Wirral	9.1%	2847	19.7%	3267	-0.2	0.4	-0.6	0.1
Wolverhampton City	10.8%	2116	25.4%	2669	-0.6	0.2	-1.0	-0.1
Worcestershire	9.8%	4397	15.2%	4583	0.0	0.5	-0.2	0.4