



National Audit Office

**MEMORANDUM FOR
THE COMMITTEE OF
PUBLIC ACCOUNTS**

17 JULY 2012

Department of Health

An update on the government's approach to tackling obesity

Our vision is to help the nation spend wisely.

We apply the unique perspective of public audit to help Parliament and government drive lasting improvement in public services.

The National Audit Office scrutinises public spending for Parliament and is independent of government. The Comptroller and Auditor General (C&AG), Amyas Morse, is an Officer of the House of Commons and leads the NAO, which employs some 860 staff. The C&AG certifies the accounts of all government departments and many other public sector bodies. He has statutory authority to examine and report to Parliament on whether departments and the bodies they fund have used their resources efficiently, effectively, and with economy. Our studies evaluate the value for money of public spending, nationally and locally. Our recommendations and reports on good practice help government improve public services, and our work led to audited savings of more than £1 billion in 2011.



National Audit Office

Department of Health

An update on the government's approach to tackling obesity

This briefing explains how responsibility for measures to tackle obesity is changing and it reviews what the Department of Health has done, and is now doing, to address the main areas of concern highlighted by the Committee of Public Accounts.

© National Audit Office 2012

The text of this document may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not in a misleading context.

The material must be acknowledged as National Audit Office copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought.

Links to external websites were valid at the time of publication of this report. The National Audit Office is not responsible for the future validity of the links.

Contents

Why a briefing on obesity?	4
What this briefing is about	5
Why obesity remains a problem	7
Responsibility and accountability	11
Childhood obesity	16
Diet and nutrition	19
Active lifestyles	24
Quality information	27
Appendix One	31

The National Audit Office team consisted of:
David Raraty, Maria-Christina Eskioglou and Jemma Dunne under the direction of David Moon.

This report can be found on the National Audit Office website at www.nao.org.uk

For further information about the National Audit Office please contact:

National Audit Office
Press Office
157–197 Buckingham Palace Road
Victoria
London
SW1W 9SP

Tel: 020 7798 7400

Enquiries: www.nao.org.uk/contactus

Website: www.nao.org.uk

Twitter: @NAOorguk

Why a briefing on obesity?

Obesity is a pressing problem for the NHS. In 2010, 26 per cent of adults and 16 per cent of children were classed as obese, and the proportion of people classed as overweight or obese continues to increase.

The Committee of Public Accounts reported on obesity in 2002 and 2007. Many of the overarching issues the Committee identified as being key to effective action on obesity continue to be relevant. Similar themes were highlighted in a report by the Government Office for Science Foresight Team in 2007, and are reflected in *Healthy Lives, Healthy People: A call to action on obesity in England*, published in October 2011.

This briefing:

- explains how responsibility for measures to tackle obesity is changing; and
- reviews what the Department of Health (the Department) has done, and is now doing, to address the main areas of concern highlighted by the Committee.

There are a number of key issues that it will be important for the Government and others to continue to focus on as more responsibility for tackling obesity is taken up locally, including:

- What information will local communities need to support commissioning decisions for the interventions most suited to local needs?
- How will success be measured, and best practice shared?
- How effective will the new accountability arrangements be in recording and promoting progress on obesity?

What this briefing is about

1 Obesity severely increases the risk of type 2 diabetes,¹ some cancers, and heart and liver disease, and increases the probability of other long-standing illness. Some studies have shown that morbidly obese people are likely to die an average of eight to ten years earlier than those with a healthy weight.²

2 The government set out two national ambitions in *Healthy Lives, Healthy People: A call to action on obesity in England*:³

- a downward trend in the level of excess weight averaged across all adults by 2020; and
- a sustained downward trend in the level of excess weight in children by 2020.

3 Current trends suggest that achieving this ambition will be challenging. A key development was the Government Office for Science Foresight Team's report, *Tackling Obesities: Future Choices*.⁴ The Foresight report, published in 2007, built an understanding of the scale of the challenge and action required to address obesity. The Coalition government confirmed its recognition of the scale and the implications of the obesity challenge facing this country through the *Call to action on obesity*, in October 2011. The *Call to action* built on the analysis in the Foresight Report, and reflects the same key themes highlighted in earlier recommendations by the Committee of Public Accounts. It focuses on a life course approach – from pre-conception through pregnancy, infancy, early years, childhood, adolescence and teenage years, through to adulthood and preparing for older age.

4 Earlier reports by the National Audit Office and Committee of Public Accounts, in 2001 and 2002, provided the first authoritative estimates of the costs and consequences of obesity for the NHS in England. These reports also identified wide variation in how general practices managed overweight and obese patients, and revealed uncertainty in the NHS about which treatment and referral options were most effective.⁵ Subsequent reports, in 2006 and 2007, focused on child obesity and found that, without clearer national leadership, the government's target to reduce obesity among children between the ages of five and ten would not be met.⁶

1 Comptroller and Auditor General, *The management of adult diabetes services in the NHS*, Session 2012-13, HC 21, National Audit Office, May 2012.

2 National Obesity Observatory, *Obesity and Health*, available at: www.noo.org.uk

3 Department of Health, *Healthy Lives, Healthy People: A call to action on obesity in England*, October 2011.

4 Government Office for Science, *Foresight Report, Tackling Obesities: Future Choices – Project Report*, 2nd Edition, October 2007.

5 Comptroller and Auditor General, *Tackling Obesity in England*, Session 2000-01, HC 220, National Audit Office, February 2001; Committee of Public Accounts, *Tackling Obesity in England*, Ninth Report of Session 2001-02, HC 421, January 2002.

6 Jointly published by the National Audit Office, Audit Commission, and Healthcare Commission, *Tackling Child Obesity – First Steps*, Session 2005-06, HC 801, February 2006; Committee of Public Accounts, *Tackling Child Obesity – First Steps*, Eighth Report of Session 2006-07, HC 157, January 2007.

5 Appendix One details the recommendations the Committee of Public Accounts made in 2002 and 2007. This memorandum picks up the key themes the Committee highlighted, considers what progress the government has made to address them, and how they will remain part of the government's new approach to tackling obesity (**Figure 1**). In this briefing we confirmed the actions the Department took in response to the Committee's recommendations. We have not sought to conclude on the value for money of specific actions or of the approach to tackling obesity as a whole.

Figure 1

Key themes we cover in this memorandum

This memorandum covers key issues the Committee of Public Accounts previously highlighted

Responsibility and accountability	This section sets out the role of local and central government bodies, and highlights how they will need to work together once the Department devolves responsibility to local health and wellbeing boards.
Childhood obesity	This section reviews progress of interventions, such as the Healthy Child Programme, Change4Life and the National Child Measurement Programme, which are designed to tackle childhood obesity.
Diet and nutrition	This section considers measures to promote healthy eating, and action on food labelling, sponsorship and advertising.
Active lifestyles	This section examines what has been done to encourage people to do more physical exercise, and to make sure there is the right infrastructure to support this.
Quality information	This section considers the adequacy of evidence to monitor and assess the value for money of interventions, and guidance for practitioners.

Source: National Audit Office

Why obesity remains a problem

The proportion of people who are obese or overweight is increasing. The cost to the NHS of treating people for health conditions related to their being overweight or obese has been estimated at over £5 billion a year.

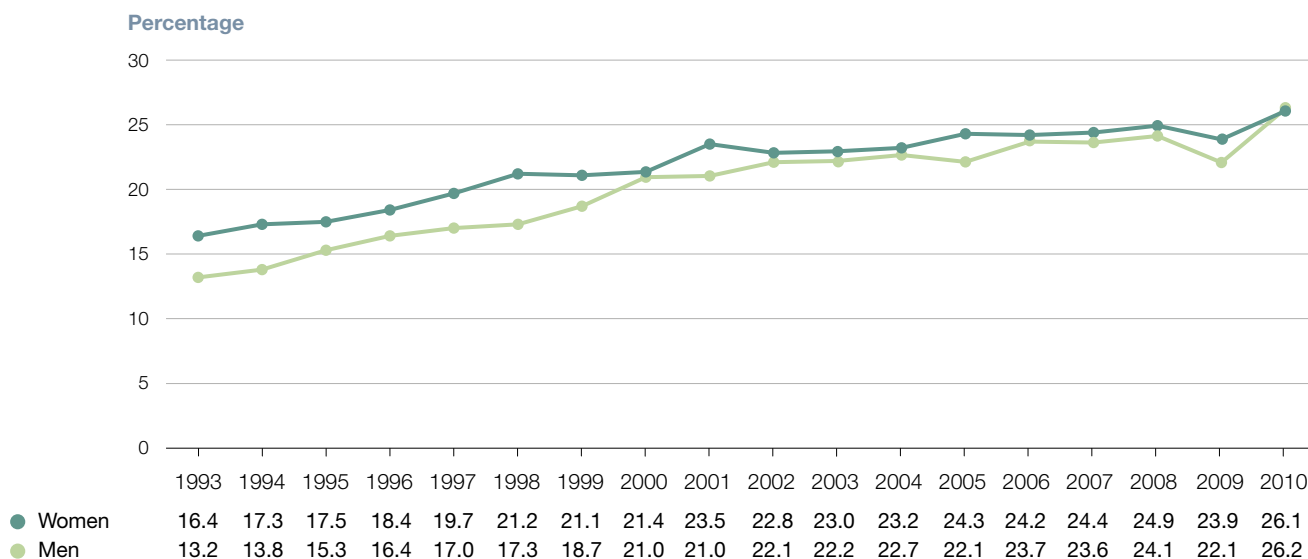
Obesity prevalence

6 **Figure 2** shows that the proportion of people who are obese steadily increased between 1993 and 2010. By 2010, just over a quarter of adults (26 per cent of both men and women) were obese. A further 42 per cent of men and 32 per cent of women were overweight.⁷ The rate of increase in the obese population has slowed, however, from an average 0.9 per cent yearly growth between 1993 and 2002 to an average 0.5 per cent yearly growth between 2002 and 2010.

Figure 2

Obesity prevalence among adults in England, by gender

The proportion of people who are obese steadily increased between 1993 and 2010



NOTE

1 The most common method of measuring obesity is the Body Mass Index (BMI). BMI is calculated by dividing a person's weight measurement (in kilograms) by the square of their height (in metres). In adults, a BMI of 25 to 29.9 means that person is considered to be overweight, and a BMI of 30 or above means that person is considered to be obese.

Source: The NHS Information Centre, Health Survey for England 2010, December 2011

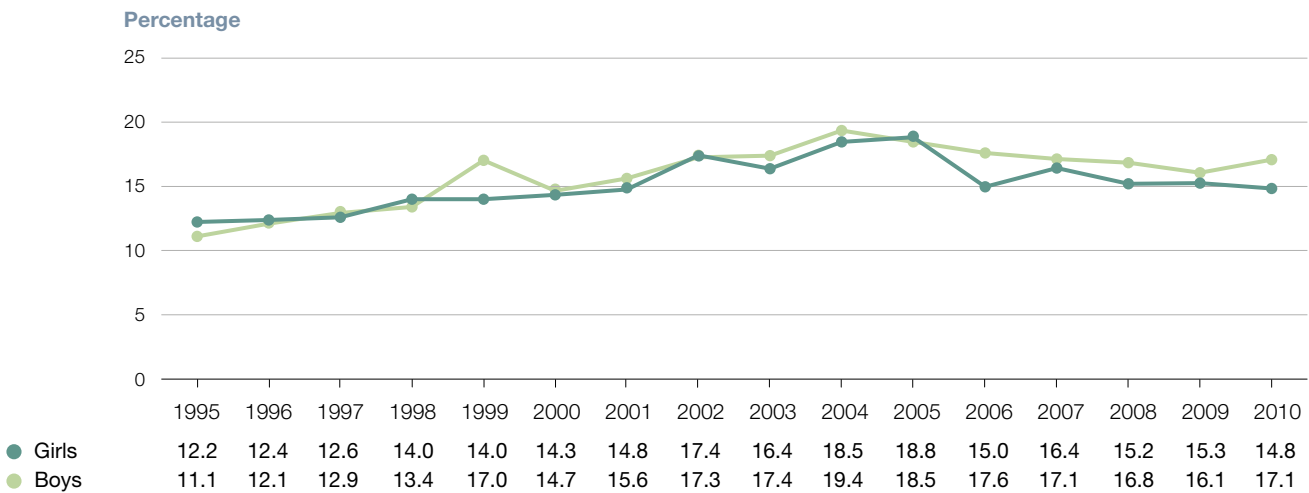
7 Modelling carried out for the Government Office for Science in 2007 suggested that, if trends continued at the current rates, 60 per cent of men, 50 per cent of women and 25 per cent of under-20-year-olds could be obese by 2050.⁸

8 **Figure 3** shows that there is evidence obesity among children up to the age of 15 may have peaked in 2004, but levels are still well above those in 1995. In 2010, 16 per cent of children were obese.

9 No major developed nation has so far reversed the upward trend in obesity and the UK as a whole has one of the highest levels of obesity among European countries.⁹ However, recent data shows that in several Organisation for Economic Co-operation and Development countries the rate of increase over the last three years was less than projected, and that child obesity rates stabilised in England, France, Korea and the United States.¹⁰ **Figure 4** shows that England has a rate of obesity comparable to many other developed countries.

Figure 3
Prevalence of obesity in children aged 2–15, by gender

Obesity among children may have peaked in 2004, but levels are still well above those in 1995



Source: The NHS Information Centre, Health Survey for England 2010, December 2011

8 Government Office for Science, *Foresight Report, Tackling Obesity: Future Choices – Project Report*, 2nd Edition, October 2007.

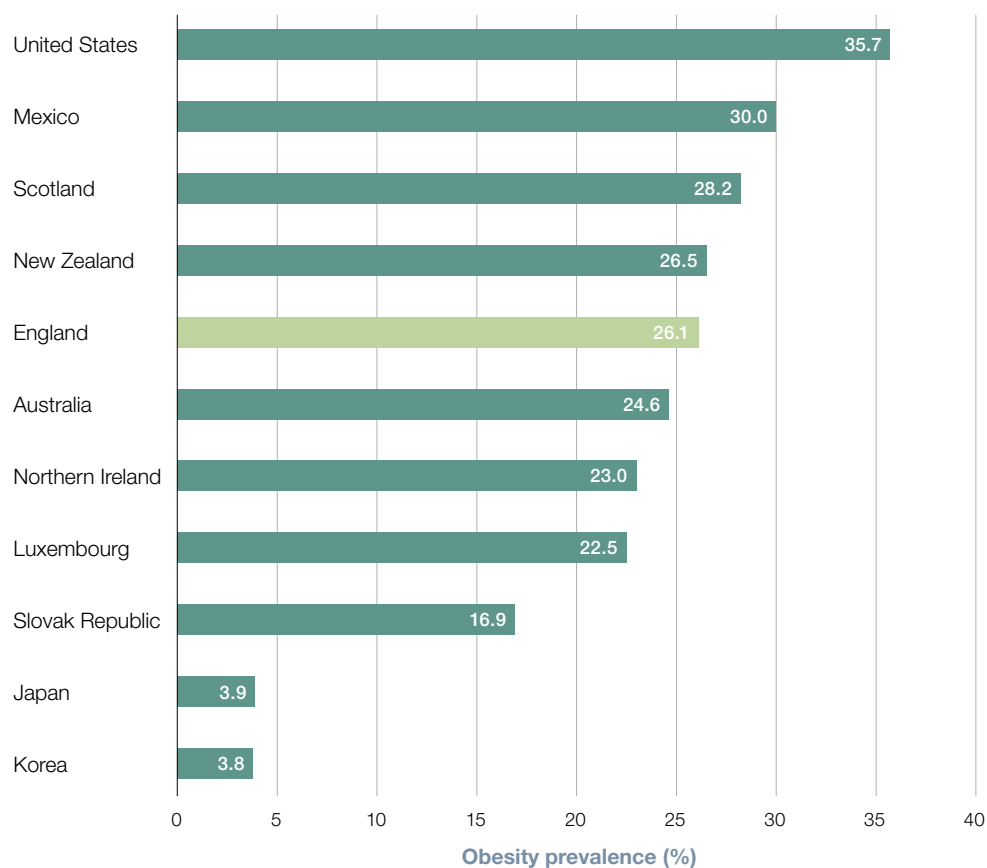
9 Organisation for Economic Co-operation and Development, *Obesity and the Economics of Prevention: Fit not Fat Key Facts – England, update 2012*, February 2012, available at: www.oecd.org

10 Organisation for Economic Co-operation and Development, *Obesity Update*, February 2012 available at: www.oecd.org

Figure 4

Comparative rates of adult obesity in 2010

England has a rate of obesity comparable to many other developed countries

**NOTE**

1 This chart uses 2010 or the latest available data, the date of which varies between countries. For different countries, the data shown is from 2006, 2007, 2008, 2009 and 2010. Only data based on measured height and weight have been included. Some countries rely on self-reported measures, which may not be comparable to those based on actual measurements.

Source: National Obesity Observatory, *International Comparisons of Obesity Prevalence*, available at: www.noo.org.uk/NOO_about_obesity/international/

The cost of obesity

10 The Foresight report in 2007 estimated that direct health care costs attributable to being overweight or obese were £4.2 billion, potentially rising to £6.3 billion in 2015 and up to £9.7 billion by 2050.¹¹ A more recent analysis estimated that being overweight or obese costs the NHS £5.1 billion per year.¹²

11 Obesity is not solely a burden on the NHS. It can affect an individual's ability to work and their underlying mental health. Premature deaths attributable to obesity lead to the annual loss of around 45,000 years of working life. Sickness absence attributable to obesity is estimated at between 15.5 million and 16 million days per year.¹³ Obese people are much less likely to be in employment than those of healthy weight, with associated welfare costs estimated at between £1 billion and £6 billion.¹⁴ The total cost to the economy of being overweight or obese has been estimated as some £16 billion in 2007, rising to £50 billion per year by 2050 if left unchecked.¹⁵

11 Government Office for Science, *Foresight Report, Tackling Obesity: Future Choices – Project Report*, 2nd Edition, October 2007.

12 P Scarborough, P Bhatnagar, K Wickramasinghe et al. 'The economic burden of ill health due to diet, physical activity, smoking, alcohol and obesity in the UK: an update to 2006-07 costs', *Journal of Public Health*, vol. 33 no. 4, May 2011, pp. 527–535.

13 House of Commons Health Committee, *Obesity*, Third Report of Session 2003–04, HC 23-I, May 2004.

14 B McCormick, 'Economic cost of obesity and the case for government intervention', *Obesity Reviews*, vol. 8, 2007, pp. 161–164.

15 Government Office for Science, *Foresight Report, Tackling Obesity: Future Choices – Project Report*, 2nd Edition, October 2007. Wider total costs of overweight and obesity, taken at seven times direct costs.

Responsibility and accountability

Tackling obesity requires a concerted effort by national and local agencies, and other partners. The recent Public Health White Paper gives more responsibility to local authorities. However, central government will still have a major role.

Accountability and funding

12 Obesity is a public health issue. Currently, responsibility for public health is largely split between:

- primary care trusts in the NHS, which are responsible for population health improvement locally;
- the Department's arm's-length bodies; in particular, the Health Protection Agency leads on protecting the population against infectious diseases and other dangers to health; and
- the Department itself, which develops policy, leads national public health campaigns (such as Change4Life), and responds to national emergencies.

13 The Committee of Public Accounts recommended in 2002 that, if national strategies on obesity are to be implemented effectively, there needs to be an emphasis on partnership working between local authorities, local health bodies, charities and the private sector. The Government Office for Science Foresight report, published in 2007, reinforced this message.¹⁶

14 The 2010 Public Health White Paper¹⁷ envisaged a greater role for local authorities in tackling public health issues. Public health will be led across central government through the Cabinet Subcommittee on Public Health. The Cabinet Subcommittee provides the forum for ministerial discussions about obesity and other public health issues. The Department will transfer responsibility for local health improvement from the NHS to local authorities from April 2013; and set up a new integrated public health service, to be known as Public Health England. This will be an executive agency of the Department, and will incorporate the functions of a range of public health organisations, including the Health Protection Agency, the National Treatment Agency and the Public Health Observatories. Public health will have a ring-fenced budget from within the overall NHS budget (**Figure 5** overleaf).

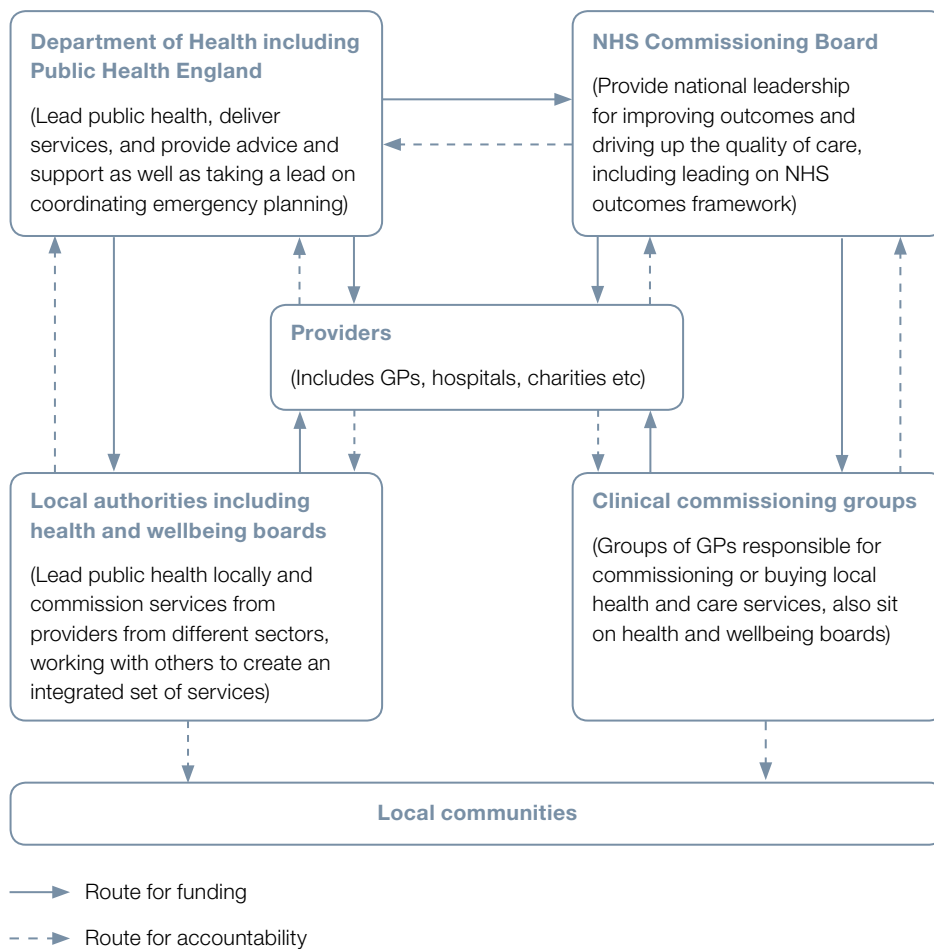
¹⁶ Government Office for Science, *Foresight Report, Tackling Obesities: Future Choices - Project Report*, 2nd Edition, October 2007

¹⁷ Department of Health, *Healthy Lives, Healthy People: Our strategy for public health in England*, November 2010.

Figure 5

A simplified overview of accountability and funding flows

Much of the responsibility for measures to tackle obesity will transfer to local authorities in April 2013



Source: National Audit Office

15 The Secretary of State, on the advice of the Chief Medical Officer and the Department, may include public health objectives in the mandate to the NHS Commissioning Board. The NHS Commissioning Board and its accounting officer will be held to account for any public health objectives in the mandate.

The role of central government

16 The Department will still set national strategy and design legislation. In the same way as for the NHS, the foundation for accountability arrangements will be a public health outcomes framework published by the Department. The public health outcomes framework for England 2013–2016 includes a range of public health indicators. The indicators are based on evidence for where the biggest challenges are for health and wellbeing, and the wider factors that drive it. The Department expects Public Health England to play a key role in supporting all parts of the public health system, including publishing data against indicators in the public health outcomes framework, demonstrating progress at national and local authority level. Alongside this, Public Health England will make available evidence-based information on best practice to improve public health. It will build on the work of the National Obesity Observatory and the Obesity Learning Centre, among others, and work closely with local government bodies, as a way of identifying and disseminating evidence-based approaches to tackling obesity.

17 The October 2011 *Call to action on obesity* sets out the government's commitment to specific central government initiatives, including:

- the Change4Life campaign, which will continue to provide information to support families and individuals to make simple changes to their diet and activity levels;
- the continuation of the NHS Health Check programme, which is aimed at preventing heart disease, stroke, diabetes and kidney disease, and supports eligible people to reduce or manage that risk through individually tailored advice;
- work with the food and drink industry, as part of the Public Health Responsibility Deal;¹⁸
- the National Child Measurement Programme, so that local areas have information to plan and commission local services; and
- building the evidence base to help inform local prioritisation through the work of the National Obesity Observatory.

¹⁸ Organisations signing up to the Responsibility Deal commit to taking action voluntarily to improve public health through their responsibilities as employers, as well as through their commercial actions and their community activities.

18 The government has no plans to appoint a senior champion to lead action on obesity. However, the obesity and food policy branch within the Department liaises closely with those implementing national commitments set out in the *Call to action*. The branch works closely with other government departments and with the many partners that need to work together nationally and locally. The Department's policy branch works with colleagues in other departments including the Department for Culture, Media and Sport, the Department for Transport and the Department for Education. The obesity and food policy branch has established a steering group to take overall responsibility for tracking and ensuring implementation of the commitments set out in the *Call to action* and to identify and take forward additional opportunities for tackling obesity.

19 The government has established a new Obesity Review Group, chaired by the Parliamentary Under-Secretary for Public Health. The group brings together a wide range of partners from the public and private sector. Its mandate is to take stock of progress against the national ambitions for obesity and consider what more needs to be done. This includes noting annually whether England is on track to meet the national ambitions.

The role of local authorities

20 Local authorities take on new responsibilities for public health from April 2013, and they will have a lead role in implementing the obesity strategy where it has been identified as a local priority. Each local authority, acting jointly with Public Health England, will be required to appoint a director of public health to oversee its new public health functions.

21 From 2013-14 the Department intends to allocate ring-fenced public health grants to upper-tier and unitary local authorities to improve the health of their local populations, and will include a limited number of conditions. Authorities will give the Department an annual breakdown of how they have spent the grant, against a number of public health services, including discretionary services such as obesity programmes.

22 The Health and Social Care Act 2012 gives the Secretary of State power to publish guidance to which local authorities must have regard. The intention is to use this power to require local authorities to have regard to the Public Health Outcomes Framework. The new Public Health Outcomes Framework for England 2013–2016¹⁹ includes two outcome indicators on excess weight prevalence in children and adults, to measure progress locally and nationally.

23 Each director of public health will report annually on the health of the local population. Draft guidance²⁰ from the National Institute for Health and Clinical Excellence says that directors of public health should also establish local targets and indicators including short and immediate measures, alongside defining long-term goals.

¹⁹ Department of Health, *Improving outcomes and supporting transparency*, January 2012.

²⁰ National Institute for Health and Clinical Excellence, *Public Health Draft Guidance, Obesity: Working with local communities*, May 2012.

24 The directors of public health can ensure that, depending on local needs, multiple agencies across the community are involved in tackling obesity. Action can also be aligned with other disease specific prevention strategies, such as initiatives to prevent type 2 diabetes. The director of public health will be able to work with local clinical commissioning groups to ensure a coherent approach to tackling obesity which spans both prevention and treatment.

25 The Department will set the public health outcomes framework and will incentivise achieving certain national priorities through the health premium incentive. However, there will be no centrally imposed targets, and no performance management of local authorities by the centre. Local authorities will determine their priorities, according to the needs of their population.

26 Health and wellbeing boards in every upper-tier local authority will provide a forum for councillors, the director of public health, the director of children's services, the director of adult social services, representatives from clinical commissioning groups (CCGs) and local Healthwatch to assess local needs through Joint Strategic Needs Assessments. Health and wellbeing boards will develop Joint Health and Wellbeing Strategies based on those identified needs. Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies will inform local commissioning plans for health, public health and social care; and could possibly be used to inform the commissioning of health-related services.

Childhood obesity

While the rate of increase in childhood obesity appears to be levelling off, it still represents a serious problem. Many interventions to prevent obesity are aimed at children, but there can be a time lag before effects are seen, and there remains more to be done to achieve the new ambition set out in *A call to action on obesity*.

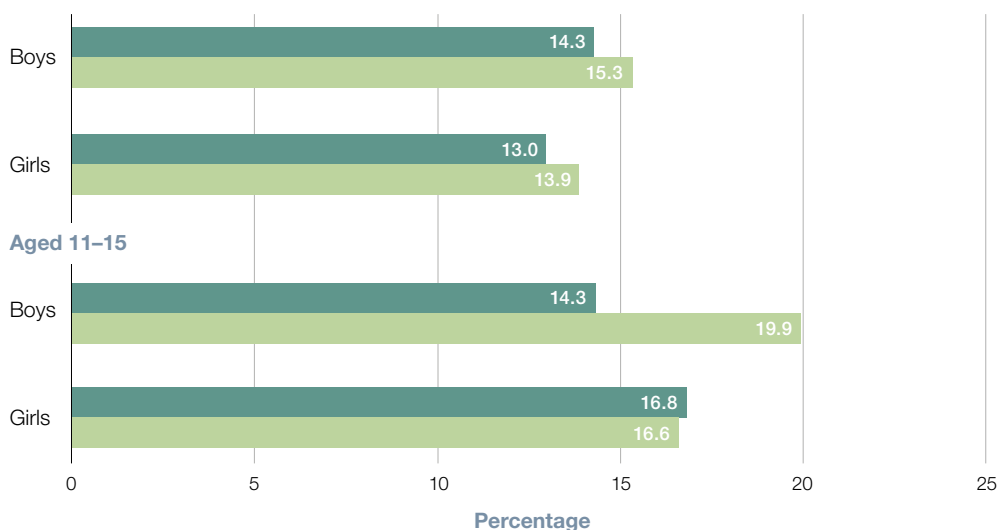
27 The 2010 Health Survey for England reported that 17 per cent of boys and 15 per cent of girls aged 2–15 were classed as obese, and 31 per cent of boys and 29 per cent of girls were classed as either overweight or obese. Children aged 11–15 were more likely than those aged 2–10 to be obese (20 per cent of boys and 17 per cent of girls aged 11–15, compared with 15 per cent and 14 per cent respectively aged 2–10), as shown in **Figure 6**.

Figure 6

Percentage of boys and girls overweight or obese by age groups in 2010

Childhood obesity is still a problem

Aged 2–10



■ Overweight
■ Obese

Source: The NHS Information Centre, Health Survey for England 2010, December 2011

28 Previous strategies to prevent obesity have focused on children. In 2009, the Department launched the Change4Life campaign²¹ to raise awareness about diet and physical activity, and encourage families to “eat well, move more and live longer”. The campaign includes providing information on diet and activity, and seeks to directly engage with parents.

29 Within the Department, a Change4Life campaign strategy group puts in place delivery plans and evaluation arrangements to assess its impact. Nearly half a million families joined the campaign in its first year and more than one million mothers say that they have changed their child's behaviour as a result of the campaign.²²

30 The National Child Measurement Programme gives local health commissioners information about child weight in their population. This is aimed at helping health commissioners plan the services required to help promote healthy weight in children. A review commissioned by the Department concluded in 2011 that there is generally strong support for the programme's principal aim of monitoring childhood obesity levels. The review also concluded, however, that funding and capacity have often been a challenge, and that this was expected to continue with the transition of public health to local authorities. The review highlights a number of areas that the Department could address to better deliver the Programme, to facilitate a smoother transition, and to deliver it effectively in the new public health system.²³

31 As the Committee of Public Accounts recommended, since September 2008 local health authorities have been sharing information from the National Child Measurement Programme with parents. The letters that primary care trusts send to parents are determined by the child's body mass index percentile. A different letter is sent to children who are a healthy weight, underweight, overweight or very overweight. Parents are encouraged to contact the local primary care trust for further advice and assistance. Local authorities will now deliver this programme. The National Institute for Health Research is undertaking longitudinal research to evaluate the impact of sharing results with parents. The study will conclude in February 2013.

32 The Department manages the Healthy Child Programme. Health professionals, midwives, GPs, and health visitors are encouraged to provide information and advice to pregnant women and parents of young children about nutrition and physical activity for the whole family. The programme extends through pregnancy over the first five years of a child's life. In community and school settings, a network of Sure Start Children's Centres provides support on health and other issues to all families. They are particularly focused on supporting those families most in need.

21 Change4Life started out as a social marketing campaign, and its initial target was families with at least one child aged 2–11. It has since been expanded to include pregnant women, parents of babies under two (Start4Life) and overweight and obese middle-aged adults. It now extends beyond diet and physical activity to cover alcohol consumption, and focuses on families and adults in mid life. Further information is available at: www.nhs.uk/Change4Life/Pages/change-for-life.aspx

22 Department of Health, *Change4Life Three Year Social Marketing Strategy*, October 2011.

23 J Statham, A Mooney, J Boody and M Cage, *Taking Stock: a rapid review of the National Child Measurement Programme*, University of London, Report to the Department of Health, April 2011.

33 Childhood obesity has also been tackled through interventions around diet and exercise as discussed in the relevant sections in this memorandum. It is difficult to assess the impact of these interventions, although rates of childhood obesity have decreased since 2004.

Diet and nutrition

Obesity is the result of eating more calories than the body needs. This may be the result of unhealthy food choices, for example eating foods and drink high in energy, fat and sugar, including drinking too much alcohol. To address this, the government, industry and individuals need to work together.

Promoting healthy eating

34 This section of the memorandum focuses on two initiatives the Food Standards Agency took forward to improve the nutritional content of food. The first was a salt reduction programme, which started in 2003. This programme aimed to reduce the population's salt intake to 6g a day by working with the food industry to voluntarily reformulate food products to contain lower levels of salt. This was supported by campaigns to increase consumer awareness about the need to reduce the amount of salt consumed, together with advice on how to do this.

35 In October 2010 nutrition policy was transferred from the Food Standards Agency to the Department. This work is now being taken forward as part of the government's Public Health Responsibility Deal with food manufacturers. Salt reduction is a priority and was among the first Responsibility Deal food pledges to which businesses were asked to sign up in March 2011 (**Figure 7** overleaf). Overall, as a result of these initiatives the population reduced its salt intake from 9.5g to 8.1g a day between 2000 and 2011, and a significant amount of salt has been removed from food products by the food industry and retailers.

36 The second initiative to improve the nutritional content of food was the Food Standards Agency Saturated Fat and Energy Intake programme. The programme was launched in 2008 with the aim of reducing saturated fat and sugar levels in certain food products. One of two sets of draft recommendations were finalised and published following consultation. No data is available on the impact of this work and the responsibility for nutrition policy transferred to the Department in October 2010. The Department has advised that work to reduce consumption of saturated fat will be included as part of the calorie reduction pledge within the Responsibility Deal, and separately in a future pledge on reducing saturated fat.

Figure 7

Responsibility Deal

The government's approach to working with industry is not to mandate action but to create voluntary agreements through the Responsibility Deal. The Public Health Responsibility Deal brings together the government, industry, the voluntary sector, non-governmental organisations and local government to voluntarily agree the actions they can take to help people make healthier choices. Organisations signing up to the Responsibility Deal commit to voluntarily improving public health through their responsibilities as employers, as well as through their commercial actions and their community activities and to reporting annually on the action they have taken in response to pledges they sign up to.

Collective pledges on alcohol, food, health at work and physical activity set out the specific actions that partners agree to take in support of the core commitments. The following collective pledges (with the most recent first) support the core commitment to encourage and enable people to adopt a healthier diet.

Pledges

- "Recognising that the *Call to Action on Obesity in England* set out the importance of action on obesity, and issued a challenge to the population to reduce its total calorie consumption by 5 billion calories (kcal) a day, we will support and enable our customers to eat and drink fewer calories through actions such as product/menu reformulation, reviewing portion sizes, education and information, and actions to shift the marketing mix towards lower calorie options. We will monitor and report on our actions on an annual basis."
- "We will provide calorie information for food and non-alcoholic drink for our customers in out of home settings from 1 September 2011 in accordance with the principles for calorie labelling agreed by the Responsibility Deal."
- "We commit to the salt targets for the end of 2012 agreed by the Responsibility Deal, which collectively will deliver a further 15 per cent reduction on 2010 targets. For some products this will require acceptable technical solutions which we are working to achieve. These targets will give a total salt reduction of nearly 1g per person per day compared to 2007 levels in food. We recognise that achieving the public health goal of consuming no more than 6g of salt per person per day will necessitate action across the whole industry, Government, NGOs and individuals."
- "We have already removed, or will remove, artificial trans-fats from our products by the end of 2011."

The Department is currently developing a pledge on salt for catering, and fruit and vegetable consumption.

Source: *Department of Health Responsibility Deal* available at: www.responsibilitydeal.dh.gov.uk/

37 Regulations governing food-based standards for school lunches were introduced from September 2006. These standards ban economy burgers from school lunches, deep-fried products such as chips are limited to twice a week, and chocolate, crisps, and sweetened fizzy drinks are no longer part of school lunches. Since September 2007, similar standards have also applied to school vending machines and tuck shops. More stringent standards, stipulating the nutrients required for school lunches, have been in place in primary schools since September 2008 and in secondary and special schools since September 2009. Schools that have converted to become academies are not required to comply with the school food standards. The School Food Trust has undertaken research to understand if academies are meeting the national standards for healthy school meals. Some academies and maintained schools are making good efforts to meet and exceed the standards, but research shows mixed results. The School Food Trust therefore suggests that all schools should be required by law to adhere to the school food standards.²⁴

24 School Food Trust, *Academies and compliance with school food standards: research overview*, May 2012, available at: www.schoolfoodtrust.org.uk

38 On 4 July 2012, the Secretary of State for Education announced an independent review of food in schools. The Department for Education announced that it has asked Henry Dimbleby and John Vincent to create an action plan to accelerate improvement in school food and determine the role of food more broadly in school life. They will work with the Department for Education, seeking input from sector bodies, campaign groups, local authorities, caterers, schools and parents, in creating an action plan to accelerate improvement in school food and determine the role of food more broadly in school life. The Department for Education expects the plan to be published in 2013.²⁵

39 The Schools White Paper, *The importance of teaching*, published in November 2010, recognised that good schools are vital to health and well-being in the local community.²⁶ As local authorities start to manage ring-fenced public health budgets from 2013, the Department expects directors of public health to work with schools to reduce obesity.

40 Healthy eating is also important in preschool children. The Early Years Foundation Stage framework²⁷ places statutory requirements on all early years providers to ensure children in their care are provided with healthy, balanced and nutritious food. The School Food Trust's 'Eat Better, Start Better' project aims to help young children to eat well, by working with families and all those involved in early years health and education. In January 2012 new voluntary guidelines²⁸ were launched which include menus and recipes for early years settings.

Fruit and vegetables

41 Fruit and vegetables as part of a balanced diet can help you stay healthy and therefore lower the risk of serious health problems. In 2003, the Department launched the 5 A DAY programme, which has over 300 partner organisations across all sectors licensed to use the 5 A DAY logo. The logo now appears on over 500 fresh, frozen, canned and dried products. The Department has also been working with the Association of Convenience Stores (ASA), through the Convenience Stores programme, designed to increase the availability of fresh fruit and vegetables in areas that might otherwise have limited access to them.

42 Since 2005, as part of the School Fruit and Vegetable Scheme, all four- to six-year-old children in fully state-funded infant, primary, and special schools throughout England receive a free piece of fruit or vegetable every school day. Over 2.1 million children in 16,204 schools are now receiving free fruit and vegetables.

25 The terms of reference for the review are available at: www.education.gov.uk/schools/adminandfinance/schooladmin/a00211231/school-food-review

26 Department for Education, *The importance of teaching: the Schools White Paper 2010*, November 2010.

27 Department for Education, *Statutory Framework for the Early Years Foundation Stage*, March 2012.

28 School Food Trust, *Voluntary Food and Drink Guidelines for Early Years Settings in England – A Practical Guide*, January 2012.

Nutrition labelling

43 The provision of nutrition information to the public is being addressed both on food sold in supermarkets, and that sold ready to eat in settings outside of the home. Around 80 per cent of pre-packaged food in the UK now carries nutritional information on the front of the packaging. Repeating summary front-of-pack nutrition information is key to consumers noticing it and using it to make healthier choices. Recently agreed European regulations, the Provision of Food Information to Consumers Regulation, provide a framework for food labelling. The Department is consulting on how they can build on this framework to increase consistency to front-of-pack nutrition labelling, and to encourage further take-up of this initiative.

44 One of the key pledges in the Responsibility Deal is the provision of calorie information for food and non-alcoholic drink by businesses such as high street quick service restaurants and workplace canteens. This is important as, on average, one in six meals are eaten outside of the home. The pledge has had a positive response since its launch in September 2011. In May 2012 there were 44 partners signed up to the Out of Home Calorie Labelling pledge and calorie labelling will be seen in around 9,000 outlets in the high streets by the end of 2012.

45 In 2011, the House of Lords Science and Technology Committee considered approaches to changing people's behaviour. The Committee highlighted promising evidence for the impact of food labelling, particularly 'traffic light' indicators. However, it remained concerned about the risk of potential conflicts of interest undermining voluntary agreements to tackle obesity.²⁹

Food sponsorships and advertising

46 The Committee of Public Accounts was concerned that commercial sponsorship schemes may promote consuming foods high in fat, sugar and salt, especially in schools. In 2008, the Department for Children, Schools and Families (the predecessor of the Department for Education) and the Incorporated Society of British Advertisers (ISBA) produced best practice principles for partnership working between schools and external organisations, including businesses. This updated the principles previously issued by the National Consumer Council in 1996.

47 Ofcom phased in controls on TV advertising of foods and drinks high in fat, salt and sugar ('HFSS foods') to children in the UK from April 2007. These controls are supplemented with self-regulatory rules for non-broadcast advertising of food to children, which were extended to advertising in digital media in March 2011. These controls include scheduling restrictions, and restrictions on the techniques that can be used to advertise food to children. Product placement of these unhealthy foods in UK-made programmes is also prohibited.

²⁹ Science and Technology Select Committee, *Behaviour Change*, Second Report of Session 2010-12, HL 179, July 2011.

48 In 2010, Ofcom reviewed the effectiveness of the controls that it had introduced.³⁰ Ofcom had predicted that children's exposure to these unhealthy foods would fall by 41 per cent. The review found that:

- there has been an increase in advertising spots for non-HFSS foods from 22 per cent in 2005 to over 33 per cent in 2009;
- in 2009 children saw 37 per cent less HFSS advertising than in 2005 (52 per cent reduction for children aged 4–9, and 22 per cent reduction for children aged 10–15);
- HFSS advertising was eliminated from children's broadcasting;
- children's exposure to HFSS advertising between 6 pm and 9 pm fell 25 per cent; and
- just over 56 per cent of children's exposure to all food and drink advertising was for non-HFSS or for other food products unlikely to appeal to children.

49 The Responsibility Deal Food Network is scheduled in 2012-13 to explore what more businesses can do to build on current examples of best practice in this area.

³⁰ Ofcom, *HFSS advertising restrictions final review*, July 2010.

Active lifestyles

Leading an active lifestyle and engaging in physical activity is primarily a personal choice. While it is difficult to influence in this area, there are a number of actions that can be taken to encourage a more active lifestyle. Local authorities will be instrumental in implementing plans that encourage people to do more exercise.

Physical activity

50 Current recommendations are that adults should achieve at least 150 minutes per week of moderate intensity physical activity, either in one session or in multiple bouts of at least 10 minutes duration, for example 30 minutes on at least five days a week.³¹ Adults should aim to be active daily. In 2008, only 42 per cent of men and 31 per cent of women reported that they met the minimum recommendations (**Figure 8**).³²

51 The 2009-10 Physical Education and Sport Survey, commissioned by the Department for Education, showed that across years 1 to 13, 55 per cent of pupils participated in at least three hours of high-quality physical education and out-of-hours school sport in a typical week during the 2009/10 academic year.³³ This was a 5 per cent increase on the previous year. However, it was still below the Chief Medical Officer's recommendation when the data was collected that children and young people should do a minimum of 60 minutes of at least moderate-intensity physical activity daily. In July 2011, the Department of Health published revised UK-wide guidelines on physical activity, which emphasise the importance of vigorous intensity activity for school-age children of at least 60 minutes a day.³⁴

52 The Department is giving the Youth Sport Trust £8.4 million over the next four years to deliver Change4Life Sports Clubs in schools across England. These clubs are designed to get more children and young people involved in physical activity and sport. Activities will appeal to the least active youngsters who have not felt comfortable or able to be involved in traditional school sports activities. An early evaluation of the Change4Life Sports Clubs suggests that over 10,800 'non sporty' young people are now choosing to play sport every week, an increase of 166 per cent.³⁵

31 Department of Health, *Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers*, July 2011.

32 The NHS Information Centre, *Health Survey for England 2010*, December 2010.

33 Department for Education, *Physical Education and Sport Survey 2009/10*, September 2010.

34 Department of Health, *Start Active, Stay Active, report on physical activity for health from the four home countries' Chief Medical Officers*, July 2011.

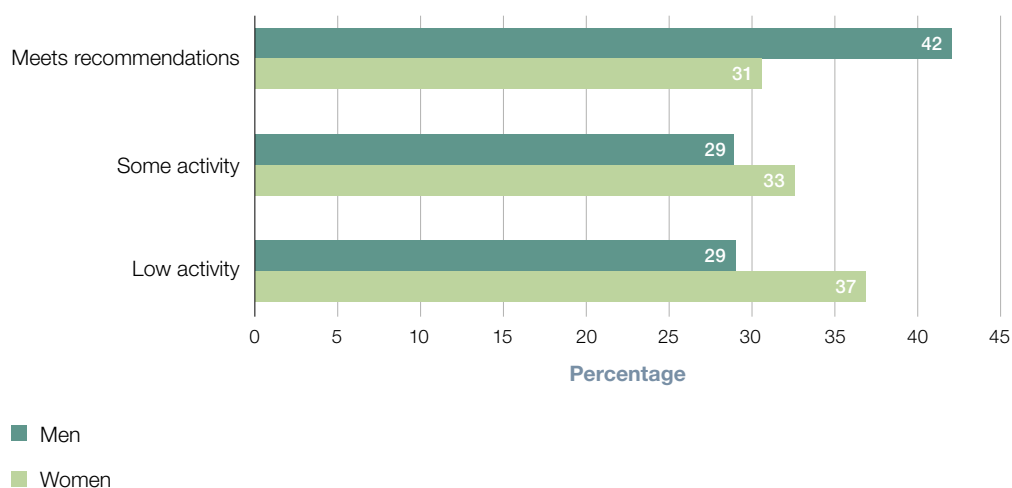
35 Change4Life flyer, change4life secondary sports clubs: celebrating success.

Figure 8

Percentage of men and women performing different levels of physical activity in 2008

Most people do not meet the recommended minimum amount of physical activity

Level of activity reported in 2008

**NOTES**

- 1 Meets recommendations: 30 minutes or more of moderate or vigorous activity on at least five days a week.
- 2 Some activity: 30 minutes or more of moderate or vigorous activity on one to four days a week.
- 3 Low activity: lower levels of activity than above.
- 4 Results for 2008 are calculated using the original method where reference periods for bouts of activities to report were 15 minutes, and therefore is directly comparable with previous years.

Source: The NHS Information Centre, Health Survey for England 2010, December 2011

53 The Places People Play initiative, with £135 million National Lottery funding, is being delivered by Sport England in partnership with the British Olympic Association, the British Paralympic Association and with the support of the London Organising Committee of the Olympic Games and Paralympic Games (LOCOG). It aims to transform the places where people play sport.

54 The Department of Health is also working with the Department for Culture Media and Sport, Department for Education, and Sport England on the School Games, which are open to every school in England. The Department is giving £28 million in funding over the next four years. The School Games, coinciding with the run up to, and legacy from, the 2012 Olympic and Paralympic Games, will create opportunities for school children to participate in competitive sport. So far 14,000 schools, more than fifty per cent of all schools in England, have signed up to participate in the Games.

Infrastructure

55 The Committee of Public Accounts recommended improving access to sporting facilities for children, and encouraging local authorities to provide an infrastructure to promote a healthy lifestyle.

56 The Department said that it expects local authorities to make progress in this area as they take on new responsibilities for public health. Local authorities will be well-placed to ensure that the decisions they make about planning and transport support public health goals.

57 Local authority initiatives to promote cycling are supported through the Department for Transport's Local Sustainable Transport Fund. The measures supported by the Fund promote walking and cycling, as well as seeking to manage demands on the local transport network and improve access and mobility for local communities. The guidance for local authorities indicates that bids that actively promote increased levels of physical activity (through walking and cycling) and the health benefits that this delivers will be looked on favourably.

58 The Department of Health and Department for Transport have provided further funding under the new Cycling Demonstrations Towns initiative. Measures in the initiative include dedicated cycle lanes, increasing bike parking provision and cycle training, and promoting the benefits of cycling.

Quality information

Good information is essential to tackling obesity. Without accessible and robust information, decisions cannot be taken on both preventing and treating obesity. The availability of accurate, complete and timely data will be increasingly important as local authorities become responsible for tackling obesity.

59 The two key data sets on obesity are the Health Survey for England and the National Child Measurement Programme. The government is working to introduce a local measure of the prevalence of adult obesity, which will be captured by Sport England's Active People Survey.

60 The NHS Information Centre includes data on the prevalence of obesity in the Health Survey for England annually. The Health Survey for England includes data on children aged 2–15 and adults aged 16 and over. Further information on the prevalence of obesity in children is available through the National Child Measurement Programme. Information is available for children in Reception (4–5 years) and Year 6 (10–11 years). The data from the Health Survey for England and the National Child Measurement Programme show trends and are therefore useful when assessing if rates of obesity are reducing.

Evidence on interventions

61 Researchers agree that no single approach works, and that a basket of measures involving public and private sector stakeholders, local communities and individual people is needed. Those designing and evaluating interventions also need to recognise that, for adults particularly, the prevalence of obesity varies by age, sex, income, social deprivation and ethnicity. For example, women in lower socio-economic groups are more likely to be obese than those that are wealthier.³⁶

62 Data to evaluate the impact of measures to tackle obesity are, however, limited. The evidence base to identify the most effective interventions continues to develop, and the Department expects Public Health England to take a leading role on this in the future. The National Obesity Observatory, which provides data, evaluation and evidence related to weight status and their causes to support obesity policy, will be incorporated in Public Health England. Local areas will be able to access Public Health England's evidence service, including evidence on obesity, both through an online system and through direct contact with the Observatory experts.

63 The National Obesity Observatory has an ongoing project to develop a tool to help the public health community make informed commissioning through provision of practical guidance on the cost-effectiveness of interventions to tackle obesity. The Observatory has developed a standard evaluation tool to assess the effectiveness of weight management interventions, and will develop standard evaluation frameworks for diet and nutrition and physical activity.

64 In future, clinical commissioning groups, and local authority directors of public health will replace primary care trusts in commissioning healthcare services locally, based on needs identified by health and wellbeing boards through Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. NHS commissioners will have a legal duty to obtain advice appropriate for enabling them to effectively discharge their functions. This includes obtaining advice from public health specialists. The Department of Health anticipates that much of the public health intelligence and evidence requirements of NHS commissioners will, subject to Parliamentary approval, be met by the legal duty for local authorities to provide population healthcare advice to local NHS commissioners for the commissioning of NHS services. In practice, this duty will be discharged by local authority based directors of public health and their teams. This population health-care advice will include providing data, intelligence and evidence for example on levels of obesity, including identifying needs for intervention in the population, understanding what interventions are successful, and balancing costs, resources and need.

65 The Department also funds the Obesity Learning Centre through the National Heart Forum, which has been developed to support professionals who work on tackling obesity. The Obesity Learning Centre allows people to share best practice, discuss issues with peers and access resources to keep updated on developments in healthy weight and obesity.

Guidance

66 Since the Committee of Public Accounts' previous reports, the National Institute for Health and Clinical Excellence (NICE) has published clinical guidance which provides recommendations on clinical management of overweight and obese people in the NHS. The guideline gives advice on preventing people becoming overweight and obese that applies in both NHS and non-NHS settings.

67 General practices are important in managing overweight and obese people as they are frequently the first access point to care. The Department issued a suite of resources for GPs, including a care pathway, cue card on raising the issue with patients and educational resources for patients, in April 2006. The Department supplemented these resources recently through developing and publishing e-GP training modules on identifying, assessing, and managing obesity and supporting patient behaviour change.

68 Guidelines recommend that doctors should identify obese people and take action in line with the local obesity care pathway by offering access, in the first instance, to available lifestyle weight management services. These services may be offered through the NHS by commercial weight management providers. Recent research suggests that patients on commercial programmes have been more successful in losing weight than those in NHS primary care programmes.³⁷

69 NICE has issued guidelines and evidence-based recommendations on interventions including physical activity, diet, very low-calorie diets, anti-obesity drugs and bariatric surgery. Since the Committee of Public Accounts' 2002 report Orlistat testing and evaluation has been completed and the drug is now available to NHS patients.

70 NICE is currently drafting guidance to tackle obesity locally using community-wide approaches. The Department expects the new guidance to be published in November 2012. The Department of Health has also asked NICE to produce three further pieces of guidance: 'Overweight and obese adults – lifestyle weight management services'; 'Overweight and obese children and young people – lifestyle weight management services'; and 'Assessing thresholds for body mass index (BMI) and waist circumference in black and minority ethnic groups'.

Monitoring

71 Monitoring performance on tackling obesity and using information to make informed decisions, locally and nationally, will be essential to ensure public value.

72 Public Health England will publish data on national and local performance against the public health outcomes framework. The Department believes this will enable accountability as performance is assessed against those outcomes. This should make it easy for areas to compare themselves with others and allow people to assess the performance of their local authority.

³⁷ K Jolly, A Lewis, J Beach, J Denley, P Adab, JJ Deeks, A Daley and P Aveyard, 'Comparison of range of commercial or primary care led weight reduction programmes with minimal intervention control for weight loss in obesity: Lighten Up randomised controlled trial', *British Medical Journal*, November 2011.

73 The Department expects local monitoring and evaluation to ensure that delivery plans have been fulfilled. NICE draft guidance³⁸ make several recommendations on monitoring and evaluating in local communities. Public health teams are to encourage partners to measure a broad range of intermediate outcomes to assess sustainability of strategies as changes are unlikely to be observed in a population in the short term (less than five years). Results of monitoring and evaluating should be available locally and nationally. There are two further recommendations on scrutiny and accountability:

- “Health overview and scrutiny committees should assess local action on obesity. This includes the impact of wider policies and strategies. It also includes the extent to which services aimed at tackling obesity are reaching those most in need.”
- “Local HealthWatch organisations should ensure the local community is fully involved in the creation and delivery of the obesity agenda within the health and wellbeing strategy.”

³⁸ National Institute for Health and Clinical Excellence, *Public Health Draft Guidance, Obesity: Working with local communities*, May 2012. The recommendations are provisional and may change after consultation.

Appendix One

Recommendations made by the Committee of Public Accounts in 2002 and 2007

This memorandum picks up the key themes the Committee highlighted in its reports in 2002 and 2007:

- Committee of Public Accounts, *Tackling obesity in England*, Ninth Report of Session 2001-02, HC 421, January 2002.
- Committee of Public Accounts, *Tackling child obesity – First steps*, Eighth Report of Session 2006-07, HC 157, January 2007.

Responsibility and accountability

On the role of local and central government bodies, and how they will need to work together once the Department of Health devolves responsibility to local health and wellbeing boards:

The Department of Health and the Health Development Agency should complete their evaluation of local health authority improvement programmes, and ensure that those for 2002-03 set targets and timetables for taking action to address the needs of overweight and obese people. **(Recommendation 1, 9th Report 2001-02).**

If national strategies on obesity are to be implemented effectively, there needs to be an emphasis on partnership working between local authorities, local health bodies, charities and the private sector. For example, within their Local Transport Plans local authorities had to produce local strategies for cycling and walking in partnership with other agencies and bodies like schools and health authorities. The Department of Health should promote such partnerships, assess and report on their progress, and disseminate emerging good practice. **(Recommendation 9, 9th Report 2001-02).**

The three Departments have set up a complex delivery chain for tackling child obesity involving 26 different bodies or groups of bodies. Our predecessors' report on obesity identified confusion over roles and responsibilities both between different departments and others charged with tackling the problem. This confusion still exists. The Departments need to clarify responsibilities throughout the delivery chain and introduce measures to judge the performance and contribution of the respective parties, perhaps similar to those under development for Local Area Agreements. **(Recommendation 2, 8th Report 2006-07).**

Childhood obesity

On the progress of interventions, such as the Healthy Child Programme, Change4Life and the National Child Measurement Programme, which are designed to tackle childhood obesity:

The 2004 Health Survey for England showed an overall rise in obesity amongst children aged 2–10 from 9.9 per cent in 1995 to 13.4 per cent in 2004. Despite the introduction of a specific PSA target in July 2004 aimed at tackling the growing problem of child obesity, the Departments have been slow to react and have still not published key sections of the Delivery Plan. The Departments need to increase the pace of their response and improve their leadership by, for example, appointing a senior, high profile champion, to lead and galvanise activity. **(Recommendation 1, 8th Report 2006-07).**

Practice nurses, dieticians, health visitors and school nurses can play a valuable role in identifying patients with weight problems and in providing advice and support on weight control, but practice varies. General practices should seek to engage a wider range of health professionals in this work, including those working in the community and school settings. **(Recommendation 3, 9th Report 2001-02).**

Parents have not been engaged; the only initiative planned by the Departments that will directly target parents and children is a social marketing campaign which will not be launched until 2007. The campaign should be started as soon as possible. It should present some simple but high profile messages and advice to parents, children and teachers, outlining the risks of obesity and show simple ways in which children can make a difference to their lifestyles: for example, the message that consuming one less chocolate biscuit per day can help lead a child out of obesity (the Departments' own example). **(Recommendation 3, 8th Report 2006-07).**

Despite embarking on a national programme to measure children in all primary schools in England the Department of Health is still not clear about whether parents should be informed if their child is overweight or obese. The Departments decided originally that to protect children from stigmatisation and bullying, parents should not be informed. Reflecting the Committee's concerns, however, the Department is now considering how and when parents could be informed. The Department should move quickly to disclose the information in ways that will help parents to address the dietary and exercise needs of their children. **(Recommendation 4, 8th Report 2006-07).**

Diet and nutrition

On measures to promote healthy eating, and action on food labelling, sponsorship and advertising:

A number of initiatives have been started to improve diet and nutrition, including nutritional standards for school lunches, pilot schemes for free fruit in schools, and community pilot projects to promote fruit and vegetable eating. In line with the NHS Plan, Departments should take action to ensure that the importance of fruit in a balanced diet is promoted in schools and the Food Standards Agency should work with the food industry to improve the nutritional content of the food produced and the way it is marketed, to make it easier for all consumers to choose a more balanced diet. **(Recommendation 6, 9th Report 2001-02).**

The Departments' strategy of working alongside the food industry to influence its approach to the marketing of foods and drinks that are high in fat, salt and sugar has not been successful in changing the way the majority of unhealthy foods are marketed. The Departments should encourage the growth in the market for healthy food and drink for children. For example, they could introduce an accreditation scheme with readily identifiable badging and publicity material which highlights those companies who are doing most to tackle this issue. **(Recommendation 6, 8th Report 2006-07).**

Advertising for food high in fat, salt and sugar accounts for 80-90 per cent of all food advertising on television. In November 2006 the Office of Communications (Ofcom) announced new restrictions on the advertising of unhealthy foods. These include a ban on advertisements for unhealthy foods "in and around all programmes of particular appeal to children". Ofcom should make arrangements with the Departments concerned to monitor and assess the impact of the new restrictions and tighten the restrictions if those now planned are found to be ineffective. **(Recommendation 7, 8th Report 2006-07).**

The Food Standards Agency has taken a number of initiatives to promote more helpful labelling of food products. There is still room for concern, however, about the potentially harmful effects of advertising products high in sugar, salt and fat to children. The Agency should work with the food industry to develop a code of conduct with regard to the amount and nature of food advertising aimed at children. **(Recommendation 8, 9th Report 2001-02).**

Commercial sponsorship schemes may serve to promote the consumption of foods high in fat, sugar and salt. The Department for Education and Skills should issue guidance for schools to interpret locally on how to assess offers from sponsors, and how to evaluate schemes which may for example encourage consumption of snack foods. **(Recommendation 7, 9th Report 2001-02).**

Active lifestyles

On what has been done to encourage people to do more physical exercise, and to make sure there is the right infrastructure to support this:

Achievement of children's entitlement to two hours of physical exercise each week requires an adequate and equitable distribution of facilities. There is, however, a considerable disparity in the opportunities for sport currently being offered to children by different schools. The Department for Education and Skills should move quickly to ensure that this entitlement is delivered in schools and to establish arrangements to monitor and publish progress towards achieving this entitlement in all schools. Departments should gather and co-ordinate the results of local authority audits of sporting and recreational activities, and work with local authorities to address gaps in provision. **(Recommendation 5, 9th Report 2001-02).**

The Department for Transport, Local Government and the Regions are working with the charity Sustrans to produce 8,000 miles of cycling paths by the year 2005. They have also issued guidance on the use of cycles on trains, including the provision of safe routes to stations. Noting that in some places Railtrack have established cycle tracks adjacent to operational railway lines, we expect the Department for Transport, Local Government and the Regions to encourage local authorities to explore opportunities to expand these arrangements. **(Recommendation 10, 9th Report 2001-02).**

In 2003-2004, 72 new playing fields were created against 52 lost and during the same period 131 swimming pools were opened against the 27 that were closed. Departments have made progress in encouraging children to lead more active lifestyles, but there is scope for better targeting at children's preferences and at localities and social groupings with fewer opportunities. The Departments for Education and Skills and for Culture, Media and Sport should encourage local authorities, schools and other providers to develop more public facilities such as lidos, and identify and prioritise those competitive and other sports and physical activities that children are most likely to take up. **(Recommendation 8, 8th Report 2006-07).**

Quality information

On the adequacy of evidence to monitor and assess the value for money of interventions, and guidance for practitioners:

For most people the first point of contact with medical services is general practice, where there is the potential to advise on issues of being overweight or obese. Yet many general practitioners do not see this as their role, and action taken is patchy. Health improvement programmes should set out clear expectations of the role of general practitioners, backed up by guidelines. **(Recommendation 2, 9th Report 2001-02).**

General practitioners are hampered by the lack of evidence-based evaluations and guidance on the range of interventions they might use, ranging from diets, drug therapy, surgery and innovations such as “exercise on prescription”. The Department and the National Institute of Clinical Excellence should follow-up their first evaluation and guidance on the anti-obesity drug Orlistat with further evaluations of the range of possible treatments and informative guidance for general practitioners. **(Recommendation 4, 9th Report 2001-02).**

There is a delay of up to two years between the Health Survey for England and publication of results, so Departments do not currently know what progress is being made towards halting the rise in child obesity. The Departments should use the annual data from weighing and measuring in schools as an interim measure of overall performance, determining where most and least progress is being made and using this data to identify factors which contribute to performance. **(Recommendation 5, 8th Report 2006-07).**



National Audit Office

Published online: www.nao.org.uk

Design and Production by
NAO Communications
DP Ref: 009918-001