Professor Ashley Adamson
Professor of Public Health
Nutrition and National Institute of Health Research
Professor
University of Newcastle
Sugar tax on its own will fail to combat childhood obesity, says Government's own health department.
'It is unlikely that a single action would be effective in reducing sugar intakes'.
Independent, 17th March 2016
Prevalence of excess weight among children: NCMP 2014/15

One in five children in Reception is overweight or obese (boys 22.6%, girls 21.2%)

One in three children in Year 6 is overweight or obese (boys 34.9%, girls 31.5%)

Child overweight (including obesity)/ excess weight: BMI ≥ 85th centile of the UK90 growth reference
Prevalence of obesity among children: NCMP 2014/15

Around one in ten children in Reception is obese (boys 9.5%, girls 8.7%)

Around one in five children in Year 6 is obese (boys 20.7%, girls 17.4%)

Child obesity: BMI ≥ 95th centile of the UK90 growth reference
Trend in the prevalence of obesity
Children aged 2-10 and 11-15 years; Health Survey for England 1995-2014

Child obesity: BMI ≥ 95th centile of the UK90 growth reference. 95% confidence intervals are displayed on the chart.
Overweight and obesity among adults
Health Survey for England 2012 to 2014 (three-year average)

Almost 7 out of 10 men are overweight or obese (66.4%)

Almost 6 out of 10 women are overweight or obese (57.5%)
Obesity among adults
Health Survey for England 2012 to 2014 (three-year average)

One out of four men is obese (24.9%)

One out of four women is obese (25.2%)

Adult (aged 16+) obesity: BMI ≥ 30kg/m²
Trend in obesity prevalence among adults
Health Survey for England 1993 to 2014 (three-year average)

Prevalence of obesity
Women
Men

Adult (aged 16+) obesity: BMI ≥ 30kg/m²
Social determinants of health: Dahlgren and Whitehead
Nuffield ladder of interventions

1. **Eliminate choice:** regulate to eliminate choice entirely.
2. **Restrict choice:** regulate to restrict the options available to people.
3. **Guide choice through disincentives:** use financial or other disincentives to influence people to not pursue certain activities.
4. **Guide choice through incentives:** use financial and other incentives to guide people to pursue certain activities.
5. **Guide choice through changing the default:** make ‘healthier’ choices the default option people,
6. **Enable choice:** enable people to change their behaviours.
7. **Provide information:** inform and educate people.
8. **Do nothing or simply monitor the current situation.**
Professor Gillian Leng
Deputy Chief Executive and Director of Health and Social Care
National Institute for Health and Care Excellence (NICE)
Advice from NICE on managing obesity in adults

Professor Gillian Leng, Deputy Chief Executive
September 2016
Areas to cover

- Overview of NICE recommendations
- NICE quality standards on prevention and lifestyle weight management programmes
- Supporting action in local authorities and the NHS to reduce obesity levels
- Examples of effective implementation
NICE’s role

The national point of reference for advice on safe, effective and cost effective practice in health and social care, providing guidance, advice and standards aligned to the needs of its users and the demands of a resource constrained system.
Core principles of NICE guidance

- Comprehensive evidence base – including economic analysis
- Expert input - from clinicians, economists etc
- Patient and public involvement
- Independent advisory committees
- Genuine consultation with all stakeholders
- Regular review and updating
- Open and transparent process – meetings held in public.
NICE obesity pathway

Obesity overview

- Person at risk of becoming overweight or obese
  - Prevention
  - Identification
    - Management in children and young people
    - Management in adults
  - NICE pathway on obesity: working with local communities
  - NICE pathway on preventing type 2 diabetes
Themes across NICE guidance

- A long term strategic approach is crucial
- A multi-component approach is best – one off activities are unlikely to work in the long term.
- Interventions should be tailored to the needs of the local population and individuals.
- Practitioners need training in raising issues sensitively, and are aware of local interventions and referral routes.
- The local environment is important to support people to make changes.
- Commissioned activities should be evaluated.
- Health behaviours need to become a habitual part of daily life - interventions need to address common barriers.
Cost effectiveness

- Moderate cost interventions (£10-100 per head) were cost effective in overweight or obese adults if they generated at least a 1 kg per head weight loss, if maintained for life.
- Very low-cost interventions (less than £10 per head) were generally cost effective for an average weight loss of less than 1 kg per head.
- Brief advice on physical activity in primary care was cost effective over usual care.
- Exercise referral schemes are not cost effective for those who are simply sedentary or inactive but otherwise healthy.
# Standards relevant to obesity

<table>
<thead>
<tr>
<th>Title</th>
<th>Reference number</th>
<th>Published</th>
<th>Last updated</th>
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<tbody>
<tr>
<td>Obesity: clinical assessment and management</td>
<td>QS127</td>
<td>August 2016</td>
<td>August 2016</td>
</tr>
<tr>
<td>Physical activity: for NHS staff, patients and carers</td>
<td>QS84</td>
<td>March 2015</td>
<td>March 2015</td>
</tr>
</tbody>
</table>
## Standard on prevention

1. Vending machines
2. Nutritional information at the point of choosing food and drink options
3. Prominent placement of healthy options
4. Maintaining details of local lifestyle weight management programmes
5. Publishing performance data on local lifestyle weight management programmes
6. Raising awareness of lifestyle weight management programmes
7. Referral to a lifestyle weight management programme for people with comorbidities
8. Preventing weight regain
Measuring progress

Statement 1: Children and young people, and their parents or carers, using vending machines in local authority and NHS venues can buy healthy food and drink options.

**Process measure**
Proportion of local authority and NHS venues used by children and young people that have vending machines that contain healthy food and drink options. **Healthy food and drink**
Food and drink does not contain high levels of salt, fat, saturated fat or sugar. Public Health England's Healthier, more sustainable catering provides definitions for low, medium and high levels of fat, saturates, sugars and salt per portion/serving size for food and drink.
Childhood obesity

Children aged 10-11 classified as overweight or obese – data from the PH Outcomes Framework

- March 2010: 33.4%
- March 2011: 33.4%
- March 2012: 33.9%
- March 2013: 33.3%
- March 2014: 33.5%
- March 2015: 33.2%
# Standard on obesity management

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<table>
<thead>
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<tbody>
<tr>
<td><strong>1</strong></td>
<td>Informing people of their BMI</td>
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<tr>
<td><strong>2</strong></td>
<td>Discussion on the choice of interventions</td>
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<tr>
<td><strong>3</strong></td>
<td>Referring children and young people for specialist care</td>
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<tr>
<td><strong>4</strong></td>
<td>Referring adults with type 2 diabetes for bariatric surgery assessment</td>
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<tr>
<td><strong>5</strong></td>
<td>Referring adults for bariatric surgery assessment</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>Follow-up care after bariatric surgery</td>
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<tr>
<td><strong>7</strong></td>
<td>Nutritional monitoring after discharge from the bariatric surgery service</td>
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</table>
Measuring progress

Statement 5: Adults with a BMI over 50 are offered a referral for bariatric surgery assessment

**Process measure**
Proportion of adults with a BMI above 50 who are referred for bariatric surgery assessment.

There are criteria that need to be met before making a referral for bariatric surgery including, for example, whether a person has received (or will receive) appropriate intensive management and whether there is a commitment to long-term postoperative follow-up.
Use of bariatric surgery

Results from the NCEPOD audit; data from 2011.

**NCEPOD - Bariatric Surgery: Too Lean a Service?**

Audit standard: Patient selection in accordance with NICE criteria

| August 2010 | 85.5% | 295 / 345 |

**NCEPOD - Bariatric Surgery: Too Lean a Service?**

Audit standard: Adequate dietetic input, as decided by the assessors, prior to surgery

| August 2010 | 77.5% | 200 / 258 |
NICE: facilitating uptake and change

2016 implementation strategy

✓ Guidance and standards fit for our audiences’ needs
✓ Audiences aware of our guidance and standards
✓ Audiences motivated to make changes and drive improvements
✓ Practical support highlighted to support local implementation
✓ Impact and uptake is regularly evaluated
BUT: trends in local government funding

Decline in council spending power since 2010
Percentage change at 2012/13 prices

*Spending power includes government funding and council tax income

Source: National Audit Office, Dept for Communities and Local Government
Prevention: cheaper than cure

NICE return on investment tools can support investment decisions in local authorities and the NHS

- 1 interactive tools on physical activity
- Pre-populated with local-level population data
- Freely available at nice.org.uk

Use the tools to:
- Evaluate a portfolio of interventions in your geographical area
- Model economic returns in different payback timescales

www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools
The tool is accompanied by a package of support materials, including user guide, video & technical report.

This video will outline the functionality of the NICE Return on Investment (ROI) tool for Physical Activity.
### Local Practice examples

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<tr>
<th>Savings and productivity</th>
<th>Local practice</th>
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- **Sheffield Community Health Champions programme; addressing obesity through community engagement**
- **Successful Implementation & evaluation & development of Adult Obesity care Pathway**
- **In the balance: Development of a model Occupational Health system based on the NICE Obesity Guidance (Clinical Guidance CG 43) for detecting, assessing and managing overweight and obesity in NHS staff in an Acute Hospital Trust.**
- **Successful Implementation of Adult Obesity Care Pathway**
- **'The Monday Clinic'; Implementing a maternal obesity service**
Welcome to Chrysalis, an award winning Weight Management programme from Retford Health. This programme has been assessed, highly commended & added to the National Institute of Clinical Excellence (NICE) Shared Learning Database as a good example of implementing weight management in Adults.

The Programme
The course will be fun, supportive & informative, to help patients achieve a healthier weight. Each session has a structure with discussion, advice, & helpful hints & tips to help you meet agreed target weights, with regular progress checks. There will be opportunities for follow up, as well an introduction to a local gym & everyone will receive a step counter.

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<thead>
<tr>
<th>Week</th>
<th>Session</th>
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<tr>
<td>Week 1</td>
<td>Getting Started</td>
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<td>Week 2</td>
<td>The Balanced Diet</td>
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<td>Week 3</td>
<td>Food Labels</td>
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<td>Week 4</td>
<td>Physical Activity</td>
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<td>Week 5</td>
<td>Motivation</td>
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<td>Week 6</td>
<td>Exploring Why We Eat What We Eat</td>
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<td>Week 7</td>
<td>Fats &amp; Cholesterol</td>
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<td>Week 8</td>
<td>Salt</td>
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<td>Week 9</td>
<td>Eating Out</td>
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<td>Week 10</td>
<td>Alcohol</td>
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<td>Week 11</td>
<td>Flexible Session / Quiz</td>
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<tr>
<td>Week 12</td>
<td>Final Review</td>
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Overview

- NICE guidelines set out evidence based recommendations
- Commissioners should take NICE standards into account
- Support from NICE for implementation is available – Shared Learning and Return on Investment Tools
- **Monitoring via routine data helps drive change.**
NICE: excellence through evidence
Professor David Haslam
Chair
National Obesity Forum
Questions and Answers Session
Refreshments and Networking
Professor Kate Ardern
Director of Public Health
Wigan Council
The Deal for Health and Wellness: Wigan’s approach to weight management

Professor Kate Ardern MBChB MSc FFPH
Director of Public Health for Wigan Council
Population of Wigan about 320 000
Nearly 98% of Wigan's population are White British:

- 54.6% of adults are physically active, significantly worse than England average
- Higher than average rates of obesity
- 65% of the borough population are of working age.
- 23% of residents have long term illness.
- There are nearly 34,000 carers of which 3,000 are likely to be children.
- Nearly 100,000 people in the borough are living in the most deprived quintile.
- Rates of homelessness are high 3.63 per 1,000 households compared to 2.48 per 1,000 for England.
- Higher than average prevalence of smoking and alcohol intake.

Our population aged 65+ will increase by 30,000 over the 20 years.

Over 8,000 people are currently claiming Jobseekers Allowance a further 16,000 people in receipt of Incapacity Benefit
Our part

- Support families to give children the best start
- Create training opportunities and jobs
- Provide seven day access to GP services
- Help communities to support each other
- Help you to remain independent for as long as possible
- Provide leisure facilities to help keep you healthy and active

Your part

- Lead a healthy lifestyle and be a good role model
- Take advantage of training and job opportunities
- Register with a GP and go for regular check ups
- Get involved in your community
- Support older people to be independent
- Make the most of leisure facilities and be active
Principles of Reform Applied to Health and Care

• A new relationship between public services and citizens, communities and businesses = Do with, not to.
• An asset based approach that recognises and builds on the strengths of individuals, families and our communities rather than focusing on the deficits.
• Behaviour change in our communities that builds independence and supports residents to be in control
• A place-based approach that redefines services and places individuals, families, communities at the heart
• A stronger prioritisation of well being, prevention and early intervention.
• An evidence led understanding of risk and impact to ensure the right intervention at the right time
Background

• Weight Management pathway & Physical activity services commissioned by Public Health - Included developments in infrastructure, promotion of population participation and targeted services eg exercise referral

• 2015-16 - Realignment of wider leisure services commissioning with Public health

• Rebranding of leisure contract – ‘Inspiring Healthy Lifestyles’
System wide approach

• Broader approach to engaging people in weight management & physical activity – ‘The Deal’, Heart of Wigan, Specfit, SHAPE, professional and amateur sports clubs, DFC, DFCIF– WBOTM; development of more systematic links with NHS.

• GM devolution – focus on early intervention & prevention, & key element within ‘Further Faster towards 2020 – Wigan Borough Locality Plan’

• Association of Greater Manchester Leisure Trusts
Lose Weight Feel Great

- Launched 2009, industrial scale, fully integrated pathway for managing excess weight in adults – 8,500 places per annum
- Enable people to lose weight and keep it off for good
- Self referral via central access hub
- Evidence based suite of services based on local insight, delivered by a range of providers:
  - Community Weight Management Programme
  - Trim Down Shape up (Men’s service)
  - Specialist Weight Management Service
  - Health Trainers (1:1 support)

Annual Lost Weight Feel Fabulous Celebration Event
Community Weight Management Programme

» Unique partnership Inspiring Healthy Lifestyles & Slimming World

» 12 week programme with on going support and follow up – incorporating healthy eating, physical activity and behaviour change

» 23,527 people have signed up for community weight management service since the launch in 2009 and have lost 194,529 lbs
“So many times people feel that they get to a certain age and can no longer lose weight or exercise but I am very proud to say that at the age of 79 I have been part of a remarkable journey on LWFG.”

Freida
from Orrell group
Lost 5 stone!

Please like us:

Facebook: /LoseWeightFeelGreat
Twitter: @WiganCouncil
or visit our website:
www.wigan.gov.uk/LFWG
LWFG staff deal

» Community Weight Management sessions delivered at the workplace
» 80 Wigan Council staff lost 60.5 stones over the 12 weeks
» 65% of starters completed the 12 week programme

» Why did it work?
“We had the banter in work! When you were going to make a bad choice, you had somebody looking over your shoulder saying “don’t do it!”
Men’s Service

» 12 week programme of physical activity and nutrition advice

» Motivational and behavioural change support with groups of likeminded men

» Physical activities include circuits, boxercise and team games like football, touch rugby & dodgeball.

» Use of ‘Power Language’ in marketing literature to target males

» National Men’s Weight Management Steering Group created in February 2013
Delivered by a specialist clinical team, including dieticians, physiotherapists, occupational therapists, clinical psychologists, medical staff and therapy assistants

Interventions are tailored for individual’s needs for up to 24 months

A mixture of 1:1 and group sessions are available

Maternity pathway for BMI 35+
Healthy Routes

Bitesize
WEIGHT LOSS SMARTPHONE APP
The app to help you lose weight and keep it off

For more information or to discuss if Bitesize is right for you call:
01942 489 012
Let’s get movin’ …

New weight management solution commissioned (2013) by Wigan Council

• Integrated working
• Integrated NCMP offer
• Targeted schools programme
• Specialist service
• Supporting Wigan’s Deal for Children and Young People.
• Impact on oral health
• featured in LGA report & BBC documentary as a case study of good practice
Let's Get Movin'!
Healthy habits for life

Inspiring healthy lifestyles

Wigan Council

Adventure Climb
Let's Get Brushin'
The Daily Mile

School Sports
Go Wild Camps
Outdoor Adventure
Healthy Lifestyles Programme
Wellbeing festival – September 2016

Partnership across local authority, health, housing, leisure.

Pooled existing resources

Calendar of events including - Daily Mile: 6800 participants, Mass mile: 940 participants, Street velodrome, 10k fun run, Proms in the Park, Arts festival, CCG healthy living event, NHS health checks
Lessons learnt

» Services that are tailored to the needs and aspirations of individuals

» Identifying & linking with change agents, senior leadership & people who have enthusiasm for promoting health & wellbeing as a good way of building system wide commitment

» Highlighting & sharing examples of what works builds an understanding of the benefits of change
In conclusion….

• Public health is a key part of wider reform
• Health, care and wellbeing are tackled on an integrated basis across the council, the NHS, Police, Fire, community and other partners
• Our Wellness organisation (ICO) will formalise
• Innovative, integrated whole system approach
• Co production and true partnership between commissioners / provider
• Integration of commissioning to maximise wider health & wellbeing across the contract, using an asset based approach
• Capital & grass roots investment in physical activity
Katie Cuming
Consultant in Public Health (Health Improvement)
Brighton and Hove Council
Brighton & Hove: Sugar Smart City and the Sugar Levy

Katie Cuming, Consultant in Public Health
Brighton and Hove City Council
Sugar smart debate - the context

• City wide debate on food
• SACN ‘Carbohydrates and Health’ July 2016
• The question – ‘a levy’ or ‘taking action’
• PHE campaign cancellation, evidence review delays and childhood obesity strategy
• Celebrity partnership – JOFF and sugar tax
• Very low budget
Sugar Smart City
What do you think?
A Local launch with Widespread Media Coverage
**SUGAR SMART CITY DEBATE** 1 October – 30 November 2015

Aimed at residents, schools and outlets across Brighton & Hove

**What We Did**

**NEWS & MEDIA**

The campaign achieved local, regional and national interest

1136 responses to online and postcard survey

168 people attended focus groups and events

131 food outlets contributed

200 tweets during the debate

20 Facebook posts reached up to 3700 people

Media campaign and targeted promotion generated a total of 2331 website visits by 1790 users during the debate

**Sugar recommendations**

Energy intake from sugar (no more than 5% of our total energy intake should come from sugar)

1 cube = 4g of sugar

**Adults & children over 11 years**

- Recommended intake 7 cubes
- Average intake 22 cubes

**Children aged 4 - 10 years**

- Recommended intake 5 cubes
- Average intake 14.5 cubes

**Contribution of sugary drinks to added sugar intake of young people**

- Teenagers 11-18 years
- Children 4-10 years
- Children 1.5-3 years

**Headline Results**

**Concern about sugar**

- 81% reported that they are ‘concerned about sugar in food and drink’

**Taking action on sugar**

- 82% said action should be taken to help people in the city reduce their sugar intake

- 21% secondary school age pupils in Brighton & Hove reported drinking sports/energy drinks at least once a week.

- Among some population groups this figure rises to 46%.

- 29% primary school age pupils reported drinking fizzy drinks at least once a week; (13% reported drinking fizzy drinks at least once a day)

**Source:** Brighton & Hove Safe and Well at School Survey (2015)
University of Brighton first in UK to sign up to Jamie Oliver's sugar smart campaign

The University of Brighton is the first university in the country to launch a campaign to cut sugar consumption – and it is being backed by Jamie Oliver.

The renowned chef, who launched the 'Sugar Smart drive' has sent staff and students a message of support as the university joins with Brighton & Hove City Council in the Sugar Smart City campaign.

The university intends introducing initiatives over the next academic year to raise awareness of sugar consumption and hidden sugar, including the introduction of a 10p levy on the price of sugary drinks. The money raised will be used to fund food education schemes for the university's students.

The university is also planning to raise awareness of sugar consumption through cooking lessons, education and nutrition information.

Jamie Oliver sent the university's 23,000 students and staff the following message: "I'm hugely excited that the University of Brighton is joining the Sugar Smart campaign. It's brilliant to hear that you are introducing a levy on sugary drinks to help raise awareness about the long-term damage too much sugar can have on our health, and empowering us to make better choices.

"I really believe that a sugar levy will not only help get back our health, but reduce the consumption of sugary drinks altogether. The more we can do to reduce the consumption of sugar and processed foods, the healthier we can all be."

"I'm looking forward to hearing about the initiatives you will be running and how you will be working with students and staff on this campaign."

"I look forward to seeing how successful this is. I'm sure it will inspire other universities and colleges to follow suit."

"I hope this is just the beginning of a new era of health and wellbeing at the University of Brighton."
Attitudes to sugar tax
(from debate survey)

• Food outlets asked “I would support a voluntary 10p levy on sugar sweetened drinks. Do you agree?”

  – 31% of those that replied agreed or strongly agreed,
  – 50% disagreed or strongly disagreed
  – 19% neither agreed nor disagreed.
Sugar levy – so far..

• Wrote to 1500 re SugarSmart / SS commitments
• Over 100 outlets took up SugarSmart actions

• 134 outlets nationally (mainly chains, 50K)
• Sustain and Children’s Health Fund 10p / drink

• Almost 3000 drinks levied in Brighton and Hove
• 5 independents and 2 large organisations
  – Sussex Cricket Ground
  – University of Brighton
Barriers or challenges encountered

- Heterogeneity of outlets
- Implementing and monitoring eg logistics of tills/equipment
- Communicating to customers
- Price, price, price.. competition
- Level playing field important
- SugarSmart Brighton and Hove not one size fits all
Catering workshops and chef champions
<table>
<thead>
<tr>
<th>Drink</th>
<th>Volume (ml)</th>
<th>Sugar (teaspoons)</th>
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<tbody>
<tr>
<td>Water</td>
<td>330</td>
<td>0</td>
</tr>
<tr>
<td>Coca Cola</td>
<td>330</td>
<td>9</td>
</tr>
<tr>
<td>Pepsi</td>
<td>330</td>
<td>9</td>
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<tr>
<td>7 UP</td>
<td>330</td>
<td>9</td>
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<tr>
<td>Lucozade</td>
<td>330</td>
<td>10</td>
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<td>Dr Pepper</td>
<td>330</td>
<td>6</td>
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<tr>
<td>Fanta Orange</td>
<td>330</td>
<td>6</td>
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<tr>
<td>Tango Orange</td>
<td>330</td>
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Recommended daily intake of sugar aged 11 years and over is 30g = 7.5 teaspoons.

**SUGAR SMART**
30 Primary School events have been held to help schools take a whole school approach to Food Education. Eden have reduced sugar in school meals and 7 have had cookery lessons for parents. 26 primary schools have signed up to Jamie Oliver's kitchen garden project. 24 have achieved the healthy choice award for their Breakfast Club.
Conclusions

• Challenges of healthy weight and sugar intake require action in multiple settings
• Local low budget debate generated significant discussion locally and nationally .. ‘Sugar Tax’
• Great benefits of working in partnership for action on sugar including levy.
Questions and Answers Session
Lunch and Networking
Richard Sangster
Team Leader – Obesity Policy
Department of Health
Tackling Childhood Obesity

Richard Sangster
Head of Obesity Policy
Department of Health
Weight gain occurs when, over time, calories consumed exceed energy used.

Average man consumes 300 calories more than they need each day ~ equivalent to 4 chocolate digestives.

To burn 300 calories requires an average of 60 minutes walking/cycling or 30-40mins running.

Reducing calorie intake is the key to reducing weight.
It is an international problem
To intervene or not to intervene

It is the government’s responsibility to influence people’s behaviour to encourage healthy lifestyles

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<th>Country</th>
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<td>Russia</td>
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<td>South Korea</td>
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<td>Australia</td>
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<td>France</td>
<td>26%</td>
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<td>Canada</td>
<td>24%</td>
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<td>The USA</td>
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The government should not get involved with interfering in people’s lifestyles

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<th>Country</th>
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<td>Sweden</td>
<td>36%</td>
</tr>
<tr>
<td>Belgium</td>
<td>36%</td>
</tr>
<tr>
<td>Japan</td>
<td>35%</td>
</tr>
<tr>
<td>Australia</td>
<td>37%</td>
</tr>
<tr>
<td>France</td>
<td>39%</td>
</tr>
<tr>
<td>Canada</td>
<td>40%</td>
</tr>
</tbody>
</table>

Source: Ipsos Mori
### A problem, but not my problem

<table>
<thead>
<tr>
<th>Problem</th>
<th>Threats to your health</th>
<th>Threats to the health of British population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>10%</td>
<td>18%</td>
</tr>
<tr>
<td>Stress</td>
<td>18%</td>
<td>36%</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>1%</td>
<td>20%</td>
</tr>
<tr>
<td>Heat disease</td>
<td>16%</td>
<td>29%</td>
</tr>
<tr>
<td>Cancer</td>
<td>17%</td>
<td>35%</td>
</tr>
<tr>
<td>Lack of exercise</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Smoking</td>
<td>12%</td>
<td>38%</td>
</tr>
<tr>
<td>Poor diet</td>
<td>22%</td>
<td>41%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>8%</td>
<td>43%</td>
</tr>
<tr>
<td>Obesity / overeating</td>
<td>19%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Source: IPSOS MORI
We eat much more than we think
Being overweight is ‘normal’

- Adults tend to underestimate their own weight
- Half of parents do not recognise their children are overweight or obese
- The media tend to use images of extreme obesity to illustrate articles about obesity
- GPs may underestimate their patients’ BMI
- If we do not recognise obesity we are less likely to prioritise tackling it
Overweight and obesity is linked to a range of health problems and ultimately causes **1 IN 10 DEATHS** in England and Wales.
The **treatment of obesity and diabetes** costs us more each year than the police, fire service and judicial system combined.

This includes the **£5.1bn** cost to the NHS of obesity-related ill-health.
Obesity affects too many of our children

1 IN 3

Children aged 2-15 are overweight or obese

• We are becoming obese EARLIER and staying obese for LONGER
Obesity rates are highest for children from the most deprived areas, and the gap is increasing

- Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well-off counterparts...

...and by age 11 they are three times as likely.
Our food environment has a major impact on what, and how much, we eat.

Food is everywhere. We are faced with c.226 food decisions every day – more than we can consciously process.
Our purchasing and eating behaviour is often automatic and unthinking.

- Our choices are determined by our habits and routines, which are influenced by the food around us and what is the easy option. Seeing a wider range of foods leads to us eating more.

- Logos and packaging trigger our desire to purchase and consume food, regardless of how hungry we are.
Our foods are getting bigger

- Portion sizes have increased: an average frozen lasagne ready meal for one is 39% bigger now than in 1993…

- …and some ‘medium’ pizzas are now twice the size.
We snack more than we used to and have less defined mealtimes

% eating or drinking, in or out of home, by time of day, all days

- Snacking is now a $374bn worldwide industry.
We lead increasingly sedentary lifestyles

- Less than a quarter of children aged 5-15 are achieving recommended amounts of physical activity per day.
- Physical activity levels have decreased over the last decade.
An evolution of policy
Childhood Obesity: A Plan for Action

• On 18 August 2016, the Government published its plan to help children and families recognise and make healthier choices and be more active.
• The plan sets out the actions government will take to significantly reduce England’s rate of childhood obesity within the next ten years.
• The plan also challenges families, individuals, industry, schools, local authorities and other stakeholders to recognise the part they play in helping children improve their diets, be more active and lead healthier lives.
It is about three key things

Making food and drink healthier

Educating and supporting people to make informed, healthy choices

Creating space for everyone to play a role
We will take 20% of sugar out of products

- All sectors of the food and drinks industry will be challenged to reduce overall sugar across a range of products by 20%, with a 5% reduction in year one.
- The programme will focus on the products that make the largest contributions to children’s sugar intakes: breakfast cereals, yoghurts, biscuits, cakes, confectionery, morning goods (e.g. pastries), puddings, ice cream and sweet spreads.
- 4-year, category-specific targets will be published in March 2017.
- Progress will be reviewed at 18 and 36 months and Government will consider whether alternative levers need to be used to ensure targets are reached.
- From 2017, the programme will be extended to include targets to reduce total calories across a wider range of products.
We will introduce a soft drinks industry levy

- The levy will target producers and importers, not consumers.
- Industry have 2 years in which to reformulate their products and avoid paying the levy when it is introduced in April 2018.
- The rates that companies will pay will be a decision for the Chancellor after we have consulted and finalised the policy designed.

A consultation on the detail of the levy is now open.
Introduce new sugar labelling

- Leaving the European Union will give us greater flexibility to determine what information is included on food labelling.
- We are considering where there are additional opportunities to improve current food labelling and make it as easy as possible for families to navigate.
- This includes considering how we could give consumers more information about ‘free’ sugar, perhaps through introducing clearer visual labelling, like teaspoons of sugar.
Creating a healthy rating scheme

• We will introduce a healthy rating scheme for primary schools from September 2017.
• Criteria for the scheme are being developed in consultation with schools and experts.
• An annual competition will run to recognise schools with the most innovative and impactful projects.
• Once the new rating scheme is operational, it will be referred to in the school inspection handbook and Ofsted inspectors will be able to take it into account as a source of evidence.
• Ofsted will also undertake a thematic review of obesity, healthy eating and physical activity in schools in 2017.
60 minutes of physical activity a day

- Regular physical activity is associated with **numerous health benefits for children** such as muscle and bone strength, improved quality of sleep and maintenance of a healthy weight.
- All children and young people should get **60 minutes of moderate to vigorous physical activity every day**.
- We want schools to deliver at least 30 minutes of physical activity for children every day, with parents supporting children to get an additional 30 minutes.
- Schools will receive extra funding from the sugar levy proceeds to support physical activity and Ofsted will consider how effectively schools spend this.
- We will support schools with an interactive online tool and PHE will provide advice on how schools can spend the Primary PE and Sport Premium.
Improving school sport

• We want all children to have access to high quality sport and physical activity programmes. We will double the School Sports Premium funding to £320 million.
• From September 2017, every primary school in England will have access to a co-ordinated offer of high quality sport and physical activity programmes.
• Sport England will invest £40m into projects offering new opportunities for children and families to play sport together.
• We are continuing investment in the Bikeability cycle training programme for children as part of a £300m Government investment in cycling and walking.
Making school food healthier

• The School Food Standards which came into force in January 2015 have been widely welcomed and have helped to improve many school canteens.

• New advice on sugar and nutrition has since been published, so DfE will update the School Food Standards to take account of this.

• Some academies and free schools are not subject to the standards, but can choose to follow them. DfE will lead a campaign to encourage all academies to commit to the standards.

• £10 million a year will be spent on expanding healthy school breakfast clubs.
Supporting early years settings

• One in five children are already overweight before they start school and only one in ten children aged two to four meet physical activity guidelines.
• The Children’s Food Trust are developing revised menus for early years settings to form part of guidelines to help them meet dietary recommendations.
• DfE will run a campaign to raise awareness of the guidelines amongst early years providers.
• DfE will update the EYFS to reference physical activity guidelines, raising awareness of these amongst providers.
Using the best new technology

• The success of Change4Life’s Sugar Smart app has shown the potential of digital applications to support families to make healthier choices.
• PHE will hold an annual ‘hackathon’ to help find and develop the best solutions.
• We will continue to investigate and exploit opportunities as they become available, with the aim of supporting the development of a suite of applications to support consumers.
• This includes developing work around digital based weight management support.
Working together to tackle obesity

• We will be taking action to make the public sector healthier: ensuring full uptake of GBSF in central government departments and encouraging local authorities to adopt them.

• NHS ‘Every Contact Counts’ Scheme will help to create a wider culture which supports behavioural change.

• DH and PHE want to work with local areas to support their efforts and innovative work in this area.
The plan is the start of a conversation

• The benefits for reducing obesity are clear – it will save lives and reduce inequalities.
• Our approach aims to tackle the root causes of obesity: in our environment, our behaviour, our lifestyles and our awareness of the problem.
• We want to reverse the trend of ever-increasing rates of childhood obesity, working towards a healthier future.
• But we cannot do it alone – we need everyone to take action for our approach to be successful. That means government, local authorities, industry, schools, families and individuals all working together to support our children.