



**Paper for information: Government Updates on Nutrition  
Related Activities  
DH**

**Agenda Item: 6**

Please see attached paper for information.

<b>Project/Work area</b>	
<b>Healthy Weight, Healthy Lives: One Year On – Report published April 2009</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p><i>Healthy Weight, Healthy Lives</i> – One Year On reviews progress on the delivery of <i>Healthy Weight, Healthy Lives: A Cross-Government Strategy for England</i> (published in January 2008) and sets out priorities for the future. We will do this through informing consumer choice; creating an environment that promotes healthy weight; providing quality services; and enabling the delivery system.</p>	
<b>Current position</b>	
<p><i>Healthy Weight, Healthy Lives</i> laid out our ambition to be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight. Our initial focus is on children: by 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels. Good progress has been made. The most recent data from the National Child Measurement Programme (NCMP) for 2007/08 and from the Health Survey for England (HSE) data for 2007 suggests that we may have been successful in halting the relentless rise in childhood obesity.</p>	
<b>Next steps</b>	
<p>Children continue to be central to the focus of the Government's strategy to reduce obesity. Over the coming year some of things we plan to do include:</p> <ul style="list-style-type: none"> <li>● inspire 200,000 families to change their behaviour through the Change4Life social marketing campaign in 2009;</li> <li>● examine how children's individual NCMP results may best be shared with health professionals to enable more proactive follow-up with at-risk families and children.</li> <li>● do more to support children in the important early years of their development through a single set of evidence-based messages on healthy eating and active play;</li> <li>● use sample surveys and research to collect and track data on the weight status of very young children;</li> <li>● continue to improve the environment for school-age children, so they eat healthily and are active in and outside of school;</li> <li>● raise public understanding of the crucial importance for each individual of maintaining an appropriate energy balance;</li> <li>● look at developing a voluntary set of principles to underpin all forms of promotion and marketing of food and drink to children, particularly where established mandatory self- or co-regulatory regimes do not exist;</li> </ul>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
<p>The ambition is to:</p> <p><i>“reverse the rising tide of obesity and overweight in the population, by enabling everyone to achieve and maintain a healthy weight. Our initial focus will be on children: By 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels”</i> - as reflected in the PSA 12 child obesity indicator: to reduce the rate of increase in obesity in children under 11 years old.</p>	By 2020
<b>Evaluation of process or impact?</b>	<p>The ambition will be measured by data from: National Child Measurement Programme (NCMP) and the Health Survey for England (HSE)</p>

Project/Work area	
<b>National Obesity Observatory</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The National Obesity Observatory for England was established to provide a single point of contact for wide-ranging authoritative information on data, evidence and practice related to obesity, overweight, underweight and their determinants. This specialist observatory is a member of the Association of Public Health Observatories and sits alongside the South East Public Health Observatory. The National Obesity Observatory works closely with a wide range of organisations and supports policy makers and practitioners involved in obesity and related issues.</p> <p>National Obesity Observatory for England undertakes work in several key areas:</p> <ul style="list-style-type: none"> <li>• Provide an authoritative source of data and evidence on obesity, overweight and their determinants</li> <li>• Co-ordinate surveillance on obesity and overweight</li> <li>• Analyse surveillance and indicator data, and report on progress against the new ambition set out in HWHL</li> <li>• Gather information on international best practice and develop links to the International Obesity Task Force, WHO, and other supranational bodies as appropriate</li> </ul> <p>In addition to this the Observatory acts to coordinate or undertake specific time bound projects for the policy team. For example the HWHL strategy set out a commitment for the NOO to assess the strengths and weaknesses of using the International Obesity Task Force cut-offs for defining BMI against the 1990 UK Growth Reference Standards currently used. Consulting with the expert community as appropriate.</p>	
<b>Current position</b>	
The National Obesity Observatory for England was commissioned by the Department of Health Obesity Unit to support 'Healthy Weight, Healthy Lives'	
<b>Next steps</b>	
<b>NOO to draft technical paper analysing</b> - options for defining child obesity prevalence in England and seek input and comments from relevant SACN members	
SACN secretariat to set up meeting of relevant subgroup to discuss work	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
The National Obesity Observatory 2009/10 work plan is yet to be finalised.	

<b>Project/Work area</b>	
<b>National Child Measurement Programme</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>Established in 2005, the NCMP has produced one of the largest collections of data on children's height and weight in the world. As part of the NCMP, children in Reception (aged 4–5 years) and Year 6 (aged 10–11 years) are weighed and measured during the school year, in order to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.</p> <p>From September 2008, about 50% of PCTs will be routinely sending parents their child's results from the NCMP, other PCTs are working towards implementing this policy. The NCMP is engaging with children and families about healthy lifestyles and helping parents understand the importance of healthy weight.</p>	
<b>Current position</b>	
<p>Results of the 2007/08 NCMP were published in December 2008.</p> <p>88% of eligible children (nearly 1 million children) were included.</p> <p>There was little or no difference in the prevalence of overweight and obese children in both age-groups, compared with the 2006/07 NCMP. However, it is too early to be confident that the levels of obesity and overweight among children have stabilised.</p> <p>The 2008/09 NCMP is now underway with around 50% of PCTs planning to implement routine feedback of results to parents to all or a sample of their eligible population. In June we are running a series of regional NCMP workshops. These will have a practical focus mainly on PCTs' experiences so far of routine feedback to parents.</p>	
<b>Next steps</b>	
Continue to provide support for PCTs in sending results to parents.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
Two phases of research planned. The first around routine feedback between Dec 2008 and Jan 2009, where we want to learn from those PCTs who choose to feedback using our suggested approach (letter/leaflet) – looking at both parents reactions/PCT resources. Then later in 2009, we plan to undertake a full evaluation of the NCMP.	Phase 1: Routine Feedback planned for Dec 2008-Jan 2009. Feedback April 2009  Phase2: Whole NCMP: Planned for October 2009. Feedback early 2010
<b>Evaluation of process or impact?</b>	
Both process and outcome focused.	

<b>Project/Work area</b>		
<b>Healthy Community Challenge Fund</b>		
<b>Summary/background of work (No more than 250 words)</b>		
This £30M programme is a commitment in theme 3 of Healthy Weight, Healthy Lives.		
<b>Current position</b>		
9 Healthy Towns were announced in November 09.		
<b>Next steps</b>		
Healthy Town's are now developing programme plans, ready for April 09 delivery.		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
To look at ways to increase healthy eating and physical activity in communities.	Process evaluation complete March 2011	The first phase of the evaluation will look at process

<b>Project/Work area</b>	
<b>Healthy Start</b> Note: This scheme operates UK-wide. Most aspects are managed centrally by the Department of Health on behalf of all UK health departments.	
<b>Summary/background of work (No more than 250 words)</b>	
<p>Healthy Start vouchers and vitamins replaced Welfare Food Scheme tokens and vitamins across the UK in November 2006. The scheme's purpose is to provide nutritional support and encouragement for breastfeeding and healthy eating to pregnant women and children under 4 years old in disadvantaged families. To qualify, pregnant women and children must be in families getting income support, income based jobseekers allowance, the highest rate of Child Tax Credit (without Working Tax Credit), or – from 27 October 2008 – income-related Employment and Support Allowance. Pregnant women under the age of 18 years old also qualify during pregnancy even if not in families getting any of the qualifying benefits or tax credits.</p> <p>Midwives and health visitors are asked to signpost the scheme to all their clients. A midwife or health visitor (or other registered nurse or doctor) must also countersign an application for the scheme. When signing, they are expected to offer appropriate advice and information on breastfeeding and healthy diet. Resources are provided to assist them in giving this advice.</p> <p>Babies under one on the scheme currently get 2 x £3.10 vouchers per week, and others on the scheme get 1 x £3.10 voucher per week. All vouchers can be spent on fresh fruit, fresh vegetables, liquid cow's milk or cow's milk based infant formula with a participating retailer. Free vitamin supplements are also available on the NHS to pregnant women and new mothers (containing vitamins C, D and folic acid) and to children on the scheme (containing vitamins A, C and D).</p>	
<b>Current position</b>	
<p>Based on figures for April 2009, Around 2.5 million vouchers are sent to pregnant women and young children in approximately 420,000 families across the UK. Numbers supported have increased in the last few weeks – we have around 10,000 more families on the scheme in April 2009 than in February 2009. Around 90% of vouchers issued through the scheme are used.</p> <p>Income-related Employment and Support Allowance was added to the qualifying benefits for the scheme on 27 October 2008 and the income threshold for families qualifying through receipt of Child Tax Credit increased from £15,575 to £16,040 on 6 April 2009. Voucher value also increased from £3.00 per voucher to £3.10 per voucher on 6 April 2009. A brief overarching fraud prevention strategy for this scheme, along with the School Fruit and Vegetable Scheme and Nursery Milk Scheme, has been drafted and will be published when agreed by the devolved administrations..</p> <p><u>HS vitamin Supplements:</u> Based on survey recommendations we are making a determined effort to encourage PCTs and claimants to increase HS vitamin supplement uptake by improving general publicity, notification and supply information to claimants and monitoring information to/from PCTs and by spreading good practice widely through a development programme to take place in the autumn. Recent problems with supply of the women's supplement by the manufacturers, caused by the very low demand for the product from the NHS, have been resolved.</p>	
<b>Next steps</b>	
<p>We now have some management information at a PCT level and have begun to share this with PCTs and regional food and health leads. We are still analysing this data ourselves and also exploring how it could be made available routinely to NHS organisations in future.</p> <p>We are now looking at the potential to extend the scheme to include frozen fruit and vegetables once sufficient assurances are obtained from retailers that an extended range of products would be appropriately policed at point of sale. Based on experience in managing the scheme to date, we do have concerns about how assiduously retailers would check that customers only use vouchers to purchase appropriate frozen products. These concerns must be addressed appropriately as widespread abuse would damage the scheme's effectiveness and integrity. A public consultation will be required and each UK country must agree to take this step as the powers to determine the range of foods allowed through the scheme are fully devolved..</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
An evaluation strategy is being developed.	Evaluation to start in 2009.
	<b>Evaluation of process or impact?</b>
	Evaluation will be of process and impact.

<b>Project/Work area</b>	
<b>Nursery Milk</b>	
Note: This scheme operates GB-wide and is managed by the Department of Health on behalf of the 3 GB health departments. Northern Ireland runs a very similar scheme.	
<b>Summary/background of work (No more than 250 words)</b>	
The Nursery Milk scheme is the only remaining element of the Welfare Food scheme. It allows early years and daycare provider for children under 5 to register and claim the cost of providing 1/3 pint of milk daily to any child attending for 2 hours or more. Registered providers include LEA and private nurseries, schools with reception classes containing children under 5, and a large number of childminders. Over 20,000 providers are registered and actively claiming.	
The scheme is universal – the cost of milk given to any attending child can be claimed back, regardless of the home circumstances of the child.	
<b>Current position</b>	
Validation of claimants' data, including their Ofsted registration or similar body in the other countries is complete. The website is active with claimants applying and submitting claims online monthly. Clients can monitor their accounts through a secure section. EU subsidy is being claimed through NMRU for all eligible NM claims.	
<b>Next steps</b>	
Any further changes to the system for claiming EU subsidy will be consequent upon the outcome of consultation by Defra with interested parties due to be completed in late spring 2009	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
There are no current plans to evaluate this longstanding scheme.	

<b>Project/Work area</b>	
<b>Health Inequalities Funding</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The Department of Health secured <b>£4million</b> funding in 2008-09 under the Health Inequalities Strategy to implement NICE, CHPP and UNICEF Baby Friendly Initiative in areas of low breastfeeding rates and highest population reach as an effective means of increasing breastfeeding rates.</p> <p>40 PCTs with the lowest breastfeeding rates or largest no. of non-breastfeeding women in England have now received funding.</p> <p><b>Current position</b></p> <p>We invited 50 PCTs to submit the proposals and we received 46 bids, of which 40 PCTs were chosen to be funded in 2008-09.</p> <p>Work is currently underway to develop the Breastfeeding commissioning guidance in collaboration with the Regional Infant Feeding Co-ordinators to enable all Acute &amp; Primary Care Trusts to implement breastfeeding programme including the UNICEF UK Baby Friendly Initiative &amp; proceed to Accreditation by 2010 and deliver increase in prevalence at 6-8 weeks to meet the PSA target.</p> <p><b>Next steps</b></p> <p>Bidders were notified of decisions in February and funds were distributed in March. We plan to follow up on progress in 6 months.</p> <p>A further funding of £3m has been recently announced in 2009-10 to extend BFI to PCTs with greater number of non-breastfeeding mothers. We will be establishing criteria and inviting selected PCTs to submit bids in June 09.</p> <p>We aim to publish the web-based version of the Breastfeeding commissioning guidance in July 09. Regional roll-out is planned for Sep/Oct 09.</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
Periodic 6 monthly reports to monitor the progress of implementing BFI and increase breastfeeding rates	Impact.

<b>Project/Work area</b>	
<b>Breastfeeding promotion</b>	
<b>Summary/background of work (No more than 250 words)</b>	
Breastfeeding is supported with year round PR activity, publications and TV and radio filler advertising. The main focus is the National Breastfeeding Awareness Week held in May.	
<b>Current position</b>	
The National Breastfeeding Awareness Week was successfully held from 10 <sup>th</sup> to 16 <sup>th</sup> May and to kick start the week a national conference was held on 11 <sup>th</sup> May at the Church House. The new UK-WHO Growth Charts for 0-4 years based on breastfed babies were launched at the National Breastfeeding Awareness Week (NBAW) conference on 11 <sup>th</sup> May in collaboration with the Royal College of Paediatrics and Child Health. Over 280 delegates attended the conference, which included workshop sessions on the use of the new charts and PCT commissioning of breastfeeding services.	
A range of promotional materials including the new Z cards (providing tips on breastfeeding) are available to parents and health professionals to raise the awareness and promote breastfeeding.	
<b>Next steps</b>	
Develop proposals for 2009/10, integrating with Start4Life a sub-brand of Change 4 Life social marketing campaign	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
Awareness and attitude tracking took place June 2008; media monitoring and evaluation took place June and Dec 2008.	
The evaluation of NBAW 2009 campaign is currently being compiled by Acclaim an external event's management company	

Project/Work area	
<b>Folic Acid</b>	
<b>Summary/background of work (No more than 250 words)</b>	
Awareness of the need for folic acid supplements is low and take up of supplements low. A new leaflet "Folic acid: an essential ingredient for making healthy babies" has been published to increase awareness, particularly among young women in lower socio-economic groups and ethnic minorities.	
<b>Current position</b>	
The new leaflet is also made available on the breastfeeding website.	
<b>Next steps</b>	
PR campaign targeting key groups is currently underway.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>		
<b>Vitamin D</b>		
<b>Summary/background of work (No more than 250 words)</b>		
Vitamin D: low awareness of supplementation recommendations among health professionals and families		
<b>Current position</b>		
The new Vitamin D leaflet is now ready for circulation.		
<b>Next steps</b>		
HCP PR is currently being planned.		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>	
<b>National Breastfeeding Helpline</b>	
<b>Summary/background of work (No more than 250 words)</b>	
The Helpline was launched in February, jointly operated by the Breastfeeding Network and Association of Breastfeeding Mothers. The Helpline provides information and support to mothers about breastfeeding.	
<b>Current position</b>	
An 0300 number has been introduced to reduce the cost of the calls to the National Breastfeeding helpline. This will be of particular benefit to callers using mobiles as 0300 number are often part of the inclusive minutes package. The cost of the difference in call charges will come out of the NBH budget.	
Two of the NBH team took part in the consultation workshops led by the Service Transformation Implementation Team <b>as part of the Cabinet Office proposal to develop a standard performance management framework</b> for all Government funded helplines.	
End of April calls have reached 1784 with total calls to NBH and the 2 helplines reaching 3,523 calls and talk time up to 2 ½ hours per day	
Calls from mobiles and from London account for 35% of calls	
<b>Next steps</b>	
Call record sheets are being modified to capture first half of postcode for all callers – was 1 in 5 of callers.	
Volunteers with small children or children with disabilities are to be offered childcare to help handle the increasing call volume.	
A series of shared training events are being developed between the Association of Breastfeeding Mothers and the Breastfeeding Network to develop communication between the two organisations and strengthen consistency of information.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
Initial evaluation work consists of statistical analysis of calls. Development of call record sheets to capture demographic details of 1:5 callers.	Ongoing.
<b>Evaluation of process or impact?</b>	Process. Impact to follow.

<b>Project/Work area</b>	
<b>Infant Formula and Follow-on Formula Regulations</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>When MS(PH) announced the new Infant Formula and Follow-on Formula (England) Regulations 2007 and associated guidance notes, she also made a commitment to review the effect of these new controls on how follow-on formula is advertised and presented. The review will establish whether the new controls have been effective in making it clear to parents/parents to be and carers that the presentation and advertising of follow-on formula relates to formula for babies over 6 months old and not infant formula. SACN have been identified as a stakeholder in the review and, as well as being informed of progress, will have the opportunity to in-put any relevant information</p>	
<b>Current position</b>	
<p>An Independent Review Panel is currently underway to assess whether the controls are working as expected or whether further action is needed. The review which commenced in June is expected to be completed in October 2009.</p>	
<b>Next steps</b>	
<p>DH and FSA have commissioned two pieces of research to inform the review. The research report is due in July 09. The first draft of the review report is currently being prepared to discuss at the next Panel meeting in June.</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
The final Report of the Independent Review Panel will be submitted to the Minister for her consideration.	n/a
<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
Dec 09	n/a

<b>Project/Work area</b>	
<b>WHO Growth Standards</b>	
<b>Summary/background of work (No more than 250 words)</b>	
In August 2007, a Working Group comprised of representatives from the SACN and RCPCH recommended that the new WHO Growth Standards should be used for the purpose of population surveillance and individual clinical monitoring of children in the UK.	
<b>Current position</b>	
The new UK-WHO growth charts for children aged 0-4 years were launched on 11 <sup>th</sup> May 2009 and have been introduced for the first time in England. The charts, which have been developed for the Department of Health by the Royal College of Paediatrics and Child Health (RCPCH) will replace current UK 1990 charts for this age group. The new charts are based on infants who have been exclusively breastfed for at least 4 months and provide standards for assessing growth of all infants. The new charts are also being included in the Personal Child Health Records with guidance to parents on how to interpret the new charts. Regional training sessions for health professionals are being planned in collaboration with the RCPCH. A new leaflet will also be available shortly for healthcare professionals providing information on the use & interpretation of the new charts.	
<b>Next steps</b>	
RCPCH will be holding training the trainers session on 16 <sup>th</sup> June and further regional training sessions are currently being planned.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
The new charts are now available to order and are also included in the Personal Child Health Records	

Project/Work area		
<b>Family Nurse Partnership</b>		
<b>Summary/background of work (No more than 250 words)</b>		
<p>The FNP is a preventive programme for vulnerable first time young mothers and their infants. It is an intensive and structured antenatal and infancy home visiting programme delivered by specially trained nurses from pregnancy until the child is two years old. The FNP programme has the potential to make a real difference for the most disadvantaged families and to change intergenerational patterns of negative parenting.</p> <p>The FNP is one of the initiatives that can be offered as part of the universal Child Health Promotion Programme.</p> <p><b>Current position</b></p> <p>10 pilot sites have been working with families since April 2007; a further 20 started in 08-09; and 20 more sites will start to deliver the programme in 09-10. The recently published Child Health Strategy set out our plans to expand to 70 pilot sites by April 2011, with a view to offering FNP to all vulnerable, first time young mothers over the next decade, if research findings are positive.</p>		
<b>Next steps</b>		
Range of research and development projects		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
<p>Formative evaluation in 07/08 and 08/09 by Birkbeck looking at:</p> <ul style="list-style-type: none"> <li>Programme delivery</li> <li>Characteristics of clients</li> <li>Acceptability to client group and nurses</li> <li>Engagement of fathers</li> <li>Views of wider services</li> </ul> <p>Short term impacts including smoking in pregnancy, breast feeding, fathers engagement</p> <p>Now looking at:</p> <ul style="list-style-type: none"> <li>Development projects</li> <li>20-22 year olds</li> <li>Non English Speaking families</li> </ul> <p>A randomised control trial has started in 17 FNP sites to measure the above criteria in detail and compare those receiving FNP to those who are not and to therefore show any significant benefits to those who receive the FNP programme.</p>	<p>First year report published June 2008</p> <p>Second year report due in/by Autumn 2009.</p>	<p>Process and some impact</p> <p>Primary impact measures compared with usual services</p>

<b>Project/Work area</b>	
<b>Cabinet office strategy unit – review of food policy</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The Prime Minister asked the Strategy Unit together with DH, FSA and DEFRA, to take a long-term look at food policy across Government in September 2007. On Thursday 3<sup>rd</sup> January, the Cabinet Office published a report: 'Food: an analysis of the issues', a discussion paper presenting an analysis of a number of key issues pertaining to food and food policy in the UK.</p> <p>Following this report, the Strategy Unit undertook an analysis of food policy and governance across Government, industry and wider society. These findings were circulated as hard-copy to a limited policy audience within Whitehall.</p>	
<b>Current position</b>	
<p>The Strategy Unit published their final report 'Food Matters: Towards a Strategy for the 21<sup>st</sup> Century' in July 2008 and highlighted a list of key actions and policy recommendations for departments across Government.</p>	
<b>Next steps</b>	
<p>The Cabinet Office will chair a new cross-Whitehall Food Strategy Task Force that will coordinate work across government on food issues (including the Government's medium term response to developments in global food markets) and ensure progress in delivering the measures in this report. Subgroups of the Task Force will take forward individual key actions, each chaired by a lead department. The Task Force will report annually to the Prime Minister and will act as the officials group for a new Cabinet Sub-Committee on Food that has been set up to reflect Defra's new enhanced role on food. The reports will be published.</p> <p>Each Government department are working to take forward actions relevant to their own policy areas and are liaising with other Government departments and relevant stakeholders.</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
The Cabinet Office, with agreed time scales, will oversee evaluation.	

<b>Project/Work area</b>	
<b>5 A DAY Action Plan</b>	
<b>Summary/background of work (No more than 250 words)</b>	
The 5 A DAY programme has been successful in raising awareness and changing behaviour, but average consumption of fruit and veg among the population as a whole is still between 3 and 4 portions per day.	
"Increasing consumption of fruit and vegetables so that more people reach and exceed the 5 A DAY target" was action 5.4 of the Cabinet Office Strategy Unit's 'Food Matters: Towards a Strategy for the 21 <sup>st</sup> Century' report.	
<b>Current position</b>	
We are developing a 5 A DAY Action Plan, which will be agreed with Ministers in June 2009.	
<b>Next steps</b>	
Once agreed, the Department will take forward the Action Plan and will continue to raise awareness whilst giving greater emphasis to the increase of consumption, targeting specific population groups that are least likely to consume fruit and vegetables, such as young men and low-income families	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
The evaluation of the 5 A DAY Action Plan will be established once further work has been undertaken in order to establish a robust baseline.	
	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>	
<b>Food promotion to children</b>	
<b>Summary/background of work (No more than 250 words)</b>	
New restrictions on advertising food and soft drink to children in broadcast and non-broadcast media were introduced on 1 April and 1 July 2007 respectively. The Department of Health continues to monitor the change in the nature and balance of food and drink advertising to children in broadcast and non-broadcast media.	
<b>Current position</b>	
Stakeholder workshop on next steps in non-broadcast media advertising to children was held on 3 December 2008.	
Ofcom published its review into the impact of restrictions on food and drink advertising to children on 17 December 2008. The final phase of restrictions were implemented on 1 January 2009, when children's channels will be required to remove all HFSS advertising from their schedules.	
<b>Next steps</b>	
Ofcom intend to carry out a further review in early 2010, once it has full-year data from both 2008 and 2009.	
HWHL: One Year On included a commitment to look at developing a set of voluntary principles to underpin all forms of marketing and promotion of food and drink to children, particularly where established mandatory self-or co-regulatory regimes do not exist. We are currently working up our plans for developing these principles but it is likely that we will commission an independent expert/organisations and we intend the process to be open and transparent with opportunities for stakeholders to input their views.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
The focus of Ofcom's review will be on whether the advertising restrictions are having the anticipated effects, rather than attempting to identify the direct impact of the restrictions on child obesity levels.	
	Date evaluation expected/ completed Early-mid 2010.

<b>Project/Work area</b>	
<b>Promoting healthier options in convenience stores</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The Scottish Executive, working in partnership with food retailers and distributors, launched a <i>Healthy Living Neighbourhood Shops Initiative</i> in April 2004. Its objective is to encourage convenience stores to develop the fresh produce and healthier products they offer to communities in order to help improve the eating habits of people living in Scotland. The former MS(PH) Caroline Flint approved project plans to work with the convenience sector in England to promote healthier food choices, particularly in deprived areas. She met with senior representatives of the major Symbol groups (Spar, Costcutter etc) in May 2007 where it was agreed that the project should closely mirror the Scottish Executive initiative.</p> <p>Phase 1 of the English convenience store project is currently underway in the North East (an area of relatively high levels of child obesity and low adult life expectancy). A Steering Group, comprising of the Association of Convenience Stores, senior representatives of the symbol groups, and Government officials has been set up to oversee the project. The Steering Group have agreed to match fund the project (£200, 000 for phase one) through 'in kind' contributions.</p> <p>The project forms part of 'Change4Life' (in-store branding and messaging, and aligned PR and marketing activities).</p> <p>We aim to recruit 120 stores to the programme by May 2009. Funding has been allocated until 2010/11, and subject to the success of the project, we aim to roll out nationally.</p>	
<b>Current position</b>	
<p>A key success criteria from the Scottish Executive project was to appoint a project co-ordinator with proven experience in the retail sector. In June, DH recruited a coordinator who has a wealth of experience of the convenience store sector. To accelerate the learnings of the Scottish project, we launched 12 'development stores' in November 08. These stores received extra investment from DH to implement the full range of initiatives that have been shown to increase sales of fruit and veg in Scotland.</p> <p>The launch generated fantastic publicity for the project. Sales data collected by the Steering Group showed that the initiative led to dramatic increases in the sales of fruit and veg. A DH commissioned Consumer evaluation of the immediate impact of the development stores indicates that the project has changed consumer perception of the stores, raised awareness of healthy eating messages, and led to an increase in claimed fruit and veg consumption. However, a far broader study is required to determine whether this project does in fact lead to increased consumption of fruit and veg, rather than 'displacement' purchases.</p> <p>During w/c 27 April, a further 34 stores went live in the North East, bringing the total to 46 stores. Each store held an event to provide a photo opportunity with children from local schools, supported by PCTs, and DH provided Change4Life merchandise for the store owners to give away.</p> <p><b>Next steps</b></p> <p>A further 73 stores will launch between now and the middle of June. We will use this trial phase of the project to establish a sustainable model for national roll out and we are also developing plans for further evaluation of the project.</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
<p>The symbol groups are collecting sales data and will carry out their own evaluation of the project. DH commissioned a consumer evaluation of the initial impact of the development stores, to establish the key criteria for successful store transformation. This evaluation is now available</p> <p>We are working on plans for a broader evaluation of phase 1, to establish an effective design for a potential national roll-out.</p> <p>We are supporting leading academics from the Public</p>	<p>The initial consumer evaluation of the immediate impact of the 'development stores' is now available.</p>
	<b>Evaluation of process or impact?</b>
	<p>The consumer evaluation examines the immediate impact of the project.</p> <p>We are planning a further study to evaluate both process and impact, to establish a suitable model for a potential national roll-out.</p>

<p>Health Research Consortium who are currently working on a proposal to carry out an in-depth study of the initiative, to establish whether or not it results in behaviour change.</p> <p>DH has commissioned Synovate Research to undertake a comparative evaluation of the convenience stores project.</p>	<p>The Synovate research is expected to report in the Autumn.</p>	
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<b>Project/Work area</b>	
<b>Healthy Food Code of Good Practice</b>	
<b>Summary/background of work (No more than 250 words)</b>	
Healthy Weight, Healthy Lives included a theme on promoting healthier food choices, through the Healthy Food Code. Strands of work include front of pack labelling, portion size, reformulation, rebalancing advertising to children, promoting healthier food choices, developing a single set of healthy eating messages and work with the catering sector.	
<b>Current position</b>	
FoP labelling: independent evaluation of the three main FoP nutrition signpost labelling used in UK published 6 May.	
Smaller portion size: draft recommendations from academic workshop on reduced portion sizes and related matters to be published for consultation Spring 2009.	
FSA launched a saturated fat consumer awareness campaign in Feb 2009, to integrate with Change4Life.	
The names of the early adopters of calorie labelling in catering outlets were announced on 6 April 2009, and will provide calorie information in sore(s) from June 2009 at the latest.	
<b>Next steps</b>	
FoP labelling: FSA Board expected to make recommendations to Ministers in Nov 2009.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
Each element of the strand will have a separate evaluation plan. Progress on the Code overall, together with areas for further action, was reported in the Healthy Weight, Healthy Lives: One Year On report, in Spring 2009.	Ongoing

<b>Project/Work area</b>	
<b>Physical Activity Plan</b>	
<b>Summary/background of work (No more than 250 words)</b>	
DH is leading the government's strategy on physical activity, 'Be active, be healthy' (BABH), which was published on 11 February 2009 by MS(PH).  BABH is a new framework for the delivery of physical activity alongside sport for the period leading up to the London 2012 Olympic Games and Paralympic Games and beyond . It is largely focused on adults, as children and young people's physical activity is being taken forward through a number of other specific Government initiatives  BABH also sets out new ideas for Local Authorities and Primary Care Trusts to help determine and respond to the needs of their local populations, providing and encouraging more physical activity, which will benefit individuals and communities, as well as delivering overall cost savings.	
<b>Current position</b>	
Taking forward initiatives mentioned in BABH.	
<b>Next steps</b>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>		
<b>Free swimming</b>		
<b>Summary/background of work (No more than 250 words)</b>		
Over 80% of local authorities have opted to provide free swimming under a £140 million initiative to those aged 60s and over. Some of these have also opted to provide free swimming to those 16 and under.		
<b>Current position</b>		
<b>Next steps</b>		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
This will be evaluated – draft scope of work to be agreed.		

<b>Project/Work area</b>		
<b>Fit for the Future</b>		
<b>Summary/background of work (No more than 250 words)</b>		
The "Fit for the Future" pilot scheme to address the drop off in sports and physical activity in young adults will start in five local authorities in April 2009.		
<b>Current position</b>		
The programme was launched on 1 April for 1 year. It will run in Manchester, Bristol, Newcastle, Torbay and Suffolk & Bury St Edmonds Country.		
<b>Next steps</b>		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
This will be evaluated – draft scope of work to be agreed.		