



Paper for information:

Agenda item: 6

Please see attached paper for information.

Project/Work area	
Healthy Weight, Healthy Lives: One Year On – Report published April 2009	
Summary/background of work (No more than 250 words)	
<p><i>Healthy Weight, Healthy Lives – One Year On</i> 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 by helping people make healthier choices; creating an environment that supports healthier choices; supporting people in need of weight management advice, and support local delivery.</p>	
Current position	
<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 levels may be levelling out in children.</p>	
Next steps	
<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"> • inspire 200,000 families to change their behaviour through the Change4Life social marketing campaign in 2009; • 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. • 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; • use sample surveys and research to collect and track data on the weight status of very young children; • continue to improve the environment for school-age children, so they eat healthily and are active in and outside of school; • raise public understanding of the crucial importance for each individual of maintaining an appropriate energy balance; • 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; 	
EVALUATION	
What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed
<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
	Evaluation of process or impact?
	<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	
National Obesity Observatory	
Summary/background of work (No more than 250 words)	
<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"> • Provide an authoritative source of data and evidence on obesity, overweight and their determinants • Co-ordinate surveillance on obesity and overweight • Analyse surveillance and indicator data, and report on progress against the new ambition set out in HWHL • Gather information on international best practice and develop links to the International Obesity Task Force, WHO, and other supranational bodies as appropriate <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> <p>For more information about NOO and other projects currently underway, please see their website www.noo.org</p>	
Current position	
The National Obesity Observatory for England was commissioned by the Department of Health Obesity Unit to support 'Healthy Weight, Healthy Lives'	
Next steps	
<p>The NOO have drafted a technical paper analysing options for defining child obesity prevalence in England. A Joint SACN/RCPCH expert group (who previously considered application of the WHO growth standards in the UK) will be meeting on the 29th September to consider the proposed options.</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
The National Obesity Observatory 2009/10 work plan is yet to be finalised.	

Project/Work area	
National Child Measurement Programme	
Summary/background of work (No more than 250 words)	
<p>The NCMP is an important part of the programme of work to implement the Healthy Weight, Healthy Lives strategy and is overseen by the Cross-Government Obesity Unit (DH and DCSF). Every year children in Reception Year and Year 6 are weighed and measured during the school year as part of this programme. Local areas use the NCMP data to set local goals to tackle child obesity and target services for children to those most in need. Through the NCMP, PCTs can engage with parents and carers by sending them their child's results and offering information, advice and services, which provides an opportunity for families to make lifestyle changes if they choose to.</p> <p>In the 2008/09 school year, about 50% of PCTs routinely sent parents their child's NCMP results, while other PCTs worked towards implementing this policy. We expect uptake of routine feedback to be greater in the 2009/10 programme, and in addition, some areas will be proactively following-up children identified as having weight problems. The NCMP is engaging with children and families about healthy lifestyles and helping parents understand the importance of healthy weight.</p> <p>Current position</p> <p>Deadline for upload of the 2008/09 data by PCTs was September 4, 2009. Results will be published in December.</p> <p>Next steps</p> <p>Continue to provide support for PCTs in sending results to parents and proactively following up children with weight issues.</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
<p>Research into the implementation of routine feedback in 2008/09 will be published in November 2009.</p> <p>Results of the 2008/09 programme will be published in December 2009.</p> <p>We will assess implementation of proactive follow-up in 2009/10 and will then undertake a full evaluation of the NCMP in 2010/11.</p>	<p>Both process and outcome focused.</p>
Date evaluation expected/ completed	
<p>Research into the implementation of routine feedback in 2008/09 will be published in November.</p> <p>We will assess implementation of proactive follow-up in 2009/10 and will then undertake a full evaluation of the NCMP in 2010/11.</p>	

Project/Work area	
Healthy Start Note: This scheme operates UK-wide. Most aspects are managed centrally by the Department of Health on behalf of all UK health departments.	
Summary/background of work (No more than 250 words)	
<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 income-related Employment and Support Allowance. Women under 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. 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 via 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>	
Current position	
<p>In July 2009, around 2.6 million vouchers were sent to pregnant women and young children in approximately 438,000 families across the UK. Numbers supported have increased in the last few months – we have around 20,000 more families on the scheme in July 2009 than in April 2009. Around 90% of vouchers issued through the scheme are used.</p> <p><u>HS vitamin Supplements:</u> We continue 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. We are still waiting to design the voucher letter to allow for more emphasis on the vitamin part of the scheme. The letter will contain a coloured splash across the middle advertising the vitamins and can be used as a coupon to get the vitamins at the distribution points within the PCT. Subject to technical issues, we hope this will go live within a couple of months.</p> <p>Eligibility data and vitamin uptake information at PCT level is now being collated and sent to regional leads on a quarterly basis. This can then be cascaded down to PCT level.</p>	
Next steps	
<p>We are also looking at the potential to extend the scheme to include plain 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> <p>We are in the process of commissioning some work to revise the Healthy Start communications. Two key priorities are: 1) To improve the way we communicate to beneficiaries about vitamins in order to increase uptake and 2) To more effectively reach first time mothers in order to increase the number of these women to apply for the scheme.</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed
An evaluation strategy is being developed.	Evaluation to start in late 2009.
Evaluation of process or impact?	Evaluation will be of process and impact.

Project/Work area	
<p>Nursery Milk 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.</p>	
<p>Summary/background of work (No more than 250 words)</p>	
<p>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.</p> <p>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.</p>	
<p>Current position</p>	
<p>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 Nursery Milk Reimbursement Unit (NMRU) for all eligible NM claims.</p>	
<p>Next steps</p>	
<p>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</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed
There are no current plans to evaluate this longstanding scheme.	
Evaluation of process or impact?	

Project/Work area	
Healthy Child Programme	
Summary/background of work (No more than 250 words)	
<p>The Healthy Child Programme (HCP), formerly the Child Health Promotion Programme (CHPP) is the early intervention and prevention public health programme that lies at the heart of our universal service for children and families, with additional services for those with additional needs and risks. Providing a high quality HCP that is visible and accessible to families with children is a core health responsibility and defines the NHS contribution to Every Child Matters and the health contribution to Sure Start Children's Centres.</p>	
Current position	
<p>The updated version (March 08) of the HCP was produced to strengthen delivery in pregnancy and the first five years of life and to reflect the 2008-2011 Public Service Agreements for improving the health and wellbeing of children, specifically the indicators for breast-feeding, obesity prevention and improving emotional health and well-being. It prioritises obesity prevention and physical activity through positive parenting during pregnancy and early years while supporting parents with particular risk factors attributed to causing obesity.</p>	
Next steps	
<p><i>Healthy lives, brighter futures</i>, the Child Health Strategy, makes a number of recommendations that aim to strengthen the HCP. These include health-based programmes delivered through Sure Start Children's Centres, with specific ones around obesity and smoking. Delivering the priorities set out in the PSA indicators, including breast feeding, reductions in inequalities and obesity prevention will be done locally. The Healthy Child Programme provides the means for doing this.</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed
<p>Within the HCP are various projects, which support the Programme. These include:</p> <ul style="list-style-type: none"> • a review of HCP commissioning, including developing pricing and currency for the HCP, • the development of an e-learning programme, • the Family Nurse Partnership implementation and policy, • Further development of and a guide on the 2 – 2.5 year review, • Preparing for Pregnancy, Birth & Beyond project, • PREview, a predictive tool for child health and well being. 	<p>The HCP builds on Standard 1 of the National Service Framework for Children, Young People & Maternity Services (2004), which is a ten-year strategy.</p>
Evaluation of process or impact?	

Project/Work area	
Health Inequalities Funding	
Summary/background of work (No more than 250 words)	
<p>From 2008, the Department of Health is investing £7million in extending the Baby Friendly Initiative to 70 PCTs with the greatest number of non-breastfeeding mothers. This has the potential to reach 66% of non-breastfeeding mothers.</p> <p>In 2008-09, £4m was given to 40 PCTs with the lowest breastfeeding rates or largest no. of non-breastfeeding women. A further £3m is available in 2009/10 to target a further 30-35 PCTs.</p>	
Current position	
<p>40 PCTs were invited to submit bids for 2009/10 funding. Invitation to bid based on the PCTs' low prevalence of breastfeeding rates, the highest potential coverage of non-breastfeeding mothers, and high infant mortality rates. By 28.9.09 deadline, 34 PCT bids received and currently being assessed.</p>	
Next steps	
<p>PCTs to be notified of outcome by end of Sep. We plan to follow up on progress 6 monthly.</p> <p>40 PCTs funded in 2008-09 - First milestone reports received. Currently being assessed with feedback given to all 40 PCTs via the Regional Infant Feeding Co-ordinators this Autumn.</p> <p>MS(PH) approval for Breastfeeding Commissioning Guidance <i>Commissioning local breastfeeding support services</i>. Guidance is specifically aimed at PCT Commissioners to assist them in commissioning breastfeeding services in support of the implementation of PSA 12. Expect to publish on DH website by the end of September.</p> <p>Dissemination through PCT CEs, PCT commissioning leads and Regional Infant Feeding Co-ordinators – with guidance also highlighted in the CNO, Children, Families and Maternity Bulletins. London Region hosting launch conference on 15 October - expect other regions to co-ordinate local launch arrangements. Also exploring other communication and dissemination channels (eg SPRINGBOARD & CHAMP).</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
PCT 6 monthly reports to monitor the progress of implementing BFI and increase breastfeeding prevalence rates	Impact.

Project/Work area	
Breastfeeding promotion	
Summary/background of work (No more than 250 words)	
Breastfeeding is supported with year round PR activity, and publications. The main focus is the National Breastfeeding Awareness Week held in May. A new sister campaign to Change4Life called Start4Life will be launched in the Autumn. This campaign is aimed at pregnant women and mothers of 0-2 year olds and health professionals and will aim to improve breastfeeding continuation rates at six weeks and baby led weaning at around six months.	
Current position	
The next National Breastfeeding Awareness Week will be held from 9 th to 15 th May 2010.	
Next steps	
Plans are currently underway for the 2010 campaign.	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
Awareness and attitude tracking took place June 2008; media monitoring and evaluation took place June and Dec 2008. NBAW 2009 evaluation showed that the campaign was successful and received a wider media coverage. There were about 241 pieces of coverage including television, national newspaper and trade & consumer magazines. Overall media coverage reached around 1 million.	Biss Lancaster have evaluated the NBAW 2009 campaign. Process

Project/Work area	
Independent Review Infant Formula and Follow-on Formula Regulations	
Summary/background of work (No more than 250 words)	
<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>	
Current position	
<p>An Independent Review Panel is currently working to assess whether the controls are working as expected or whether further action is needed. The review which commenced in June 2008 is expected to be completed in October 2009.</p>	
Next steps	
<p>The panel will conduct a short consultation on its draft report, with key stakeholders, between 8 September and 2 October 2009; the aim will be to invite comment on the accuracy of the way the panel has represented the information these stakeholders have submitted over the course of the review. The panel will then finalise its report, including its conclusions and recommendations, at its final meeting on 29 October 2009.</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
DH and FSA will consult MS(PH) on options for responding to the panel's findings and recommendations.	n/a
Date evaluation expected/ completed	Evaluation of process or impact?
November 09	n/a

Project/Work area	
National Breastfeeding Helpline	
Summary/background of work (No more than 250 words)	
Launched in February 2008 and jointly operated by the Breastfeeding Network and Association of Breastfeeding Mothers. The Helpline provides information and support to mothers about breastfeeding.	
Current position	
<p>Introduced 0300 number to reduce the cost of the calls to the National Breastfeeding helpline, which will particularly benefit callers using mobiles as 0300 numbers are often part of the inclusive minutes package. The cost of the difference in call charges will come out of the NBH budget.</p> <ul style="list-style-type: none"> • In August 2009, 49% of callers used the 0300 number rather than the 0844 number. • Calls continue to increase - 2178 in May to 2329 calls in August 09. Talk time up from 2 ½ hours per day in April to over 3 ½ hours at end of August. • in the first seven months of 2009, 39% of call were from mobiles and from London. 	
Next steps	
<p>Modified call record sheets to capture more data (eg age of baby)</p> <p>To address increases in the volume of calls, volunteers with small children or children with disabilities are now offered childcare</p> <p>Association of Breastfeeding Mothers and the Breastfeeding Network developing a series of joint training events to promote and improve communication and to support greater consistency in providing information</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
Initial evaluation work consists of statistical analysis of calls. Development of call record sheets to capture demographic details of 1:5 callers.	Process. Impact to follow.
Date evaluation expected/ completed	Evaluation of process or impact?
Ongoing.	Process. Impact to follow.

Project/Work area	
WHO Growth Standards	
Summary/background of work (No more than 250 words)	
<p>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.</p> <p>The new UK-WHO growth charts for children aged 0-4 years were launched on 11th 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) replaced 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.</p>	
Current position	
<p>RCPCH have been holding training sessions and further regional training sessions are planned.</p>	
Next steps	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
The new charts are now available to order and are also included in the Personal Child Health Records	

Project/Work area	
Family Nurse Partnership	
Summary/background of work (No more than 250 words)	
<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>Current position</p> <p>10 pilot sites have been working with families since April 2007; a further 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> <p>Next steps</p> <p>Range of research and development projects are taking place to build the evidence base in this country (this is a programme originally developed in the USA, with successful outcomes).</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed
<p>Formative evaluation in 07/08 and 08/09 by Birkbeck College, University of London, looking at: Programme delivery Characteristics of clients Acceptability to client group and nurses Engagement of fathers Views of wider services Short term impacts including smoking in pregnancy, breast feeding, fathers engagement</p> <p>Now looking at: Development projects 20-22 year olds Non English Speaking families</p> <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 Second year report is due to be published on the week beginning 14th September to coincide with Children Centres week,</p>
	Evaluation of process or impact?
	<p>Process and some impact</p> <p>Primary impact measures compared with usual services</p> <p>Specific emphasis on engagement with fathers, minimising domestic abuse, encouraging breast feeding and healthy eating and discouraging smoking.</p>

Project/Work area	
Promoting healthier options in convenience stores	
Summary/background of work (No more than 250 words)	
<p>The Scottish Executive, successfully ran the <i>Healthy Living Neighbourhood Shops Initiative</i> from 2004 onwards, which encouraged 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. Following an increase in fruit and vegetables sold in these areas, 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.</p> <p>The project is an attempt to persuade retailers that they should offer fruit and vegetables as part of their 'core range' so that those in deprived areas in particular benefit from access to fresh fruit and vegetables. It is attempting to see if retailers in the convenience sector that do offer fruit and vegetables can both increase their profits and improve the health of their customers.</p>	
Current position	
<p>Phase 1 of the English convenience store project has now ended. The results were successful, with 100 stores from a range of major retail groups (e.g. Spar, Cost Cutter) pioneering changes to make their fresh fruit and vegetable category a larger driver of sales and profit for them. Fresh fruit and vegetable sales rose by 47% and 33% in the 'development' and 'roll out' stores respectively, (with roll out stores making smaller changes than roll out stores). Phase 2 is now beginning with the aim of 100-120 'beacon stores' (using the development store model) being rolled out across the UK. In addition, the Association of Convenience Stores is running a parallel project to create 3,000 'Change4Life Convenience Stores' (a privately funded mix of both models) following the success of Phase 1.</p>	
Next steps	
By March 2010 then three more regions in England will have the Change4Life Convenience Stores projected launched in their areas.	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
<p>Sales data from the stores is being collected. This will both be used by retail groups to carry out their own evaluation of the project and by the Department of Health.</p> <p>We are supporting leading academics from the Public 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 commissioned both Synovate and Jigsaw Research to undertake a comparative evaluation of the convenience stores project.</p>	<p>The consumer evaluation examines the immediate impact of the project, as does the sales data.</p> <p>The evaluation of impact however also evaluates process as we can compare different stores types' impact.</p>
Date evaluation expected/ completed	
<p>Phase 1 has now been completed.</p> <p>Sales data indicates that the stores have seen rises in sales of 47 and 33% in terms of fresh fruit and vegetables, as well as overall rises in total sales (so that the whole business sees a benefit).</p> <p>The Synovate and Jigsaw evaluations indicate that both types of store are successful in terms of changing customer perception towards fresh fruit and vegetables in their local store, reinforcing messages about healthy eating, and Change4Life. The change is larger for development stores compared with retail stores.</p>	

Project/Work area	
Cabinet office strategy unit – review of food policy	
Summary/background of work (No more than 250 words)	
<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 3rd 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>	
Current position	
<p>The Strategy Unit published their final report 'Food Matters: Towards a Strategy for the 21st Century' in July 2008 and highlighted a list of key actions and policy recommendations for departments across Government.</p>	
Next steps	
<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>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
The Cabinet Office, with agreed time scales, will oversee evaluation.	

Project/Work area	
Food promotion to children	
Summary/background of work (No more than 250 words)	
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.	
Current position	
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.	
Next steps	
Ofcom intend to carry out a further review in early 2010, once it has full-year data from both 2008 and 2009.	
The Government committed in <i>Healthy Weight Healthy Lives: One Year On</i> (2009) 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 no self- or co-regulatory regimes exist. The Government now wishes to commission work from external partners to develop the detail of how such principles might look. The Government wants principles to be developed by the end of this year. An initial round of expressions of interest were completed by early September. However, due to issues with tendering it may not be possible to have these principles developed by the end of this year. We still believe these principles should be developed in principle.	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
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. The voluntary principles to be developed will be an evidence based approach to regulation.	Impact
Early-mid 2010.	

Project/Work area	
Healthy Food Code of Good Practice	
Summary/background of work (No more than 250 words)	
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.	
Current position	
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.	
Next steps	
FoP labelling: FSA Board expected to make recommendations to Ministers in Nov 2009.	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
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

Project/Work area	
Physical Activity Plan	
Summary/background of work (No more than 250 words)	
<p>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).</p> <p>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.</p> <p>The team also leads on the Government's strategy on physical activity, which delivers new cross-government target – LAP – for 2 million more adults active by 2012. The Legacy Action Plan LAP target is to say those aged 16+ achieving three sessions of at least 30 minutes of at least moderate intensity activity per week.</p>	
Current position	
Next steps	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?

Project/Work area	
Free swimming	
Summary/background of work (No more than 250 words)	
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.	
Current position	
Next steps	
EVALUATION	
What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed
This will be evaluated – draft scope of work to be agreed.	
Evaluation of process or impact?	

Project/Work area	
Fit for the Future	
Summary/background of work (No more than 250 words)	
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.	
Current position	
The programme was launched on 1 April for 1 year. It will run in Manchester, Bristol, Newcastle, Torbay and Suffolk & Bury St Edmonds Country.	
Next steps	
EVALUATION	
What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed
This will be evaluated – draft scope of work to be agreed.	Evaluation of process or impact?