



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

Agenda item: 7

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 – A Cross-Government Strategy for England</i> (January 2008) and <i>One Year On</i> (April 2009) set out the Government's strategy to reduce obesity and help people to maintain a healthy weight. Our Strategy focuses on helping people to make healthier choices; creating an environment that promotes healthy weight; ensuring effective services are available for those at risk, and strengthening the delivery system.</p> <p>In February we will be publishing our Two Years On report which set out progress to date and plans for the coming year.</p> <p style="text-align: center;">Current position</p> <p>Two years on we are making good progress towards our Public Service Agreement target of reducing the proportion of overweight and obese children to 2000 levels by 2020. The latest data from the Health Survey for England 2008 shows that obesity levels in children aged 2-10 has levelled out, this is supported by data from the National Child Measurement Programme (NCMP) which is also very encouraging. However, obesity rates are still too high, particularly in teenagers and adults.</p> <p style="text-align: center;">Next steps</p> <p>Children continue to be central to the focus of the Government's strategy to reduce obesity. However will be broadening our focus to adults in 2010. In February we will be launching the Change4Life adults campaign. This will focus on those aged 45-64 years and will provide guidance and support on the behaviours they should adopt to achieve a healthy weight and prevent the onset of weight-related illness.</p> <p>We will be publishing <i>Healthy Weight, Healthy Lives: Two Years On</i> in February. This reviews progress on the delivery of Healthy Weight, Healthy Lives, and outlines plans for the coming year.</p> <p>The <i>Change4Life: One Year On</i> report which details progress over the past year will be published in February</p>	
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>Following publication of <i>Healthy Weight, Healthy Lives: A Cross-Government Strategy for England</i> in 2008, the National Obesity Observatory (NOO) was formed and receives £annual funding from the Department of Health Cross-Government Obesity Unit.</p> <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.uk</p> <p>Current position</p> <p>The National Obesity Observatory for England was commissioned by the Department of Health Cross-Government Obesity Unit to support 'Healthy Weight, Healthy Lives'</p> <p>Next steps</p> <ul style="list-style-type: none"> • Development of the Standard Evaluation Framework to include community-wide/population level interventions • Creation of an adult obesity e-Atlas displaying a variety of indicators using a single and dual map template. 	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
The National Obesity Observatory 2010/11 work plan	Both process and outcome focused

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 <i>Healthy Weight, Healthy Lives</i> 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. Some areas are now proactively following-up children identified as being underweight, overweight or obese to offer them tailored advice and services.</p>	
Current position	
<p>Results of the 2008/09 NCMP were published by the NHS Information Centre (IC) in December 2009 (http://www.ic.nhs.uk/ncmp). The 2009/10 NCMP is now underway. We have commissioned a piece of work to examine implementation of proactive follow-up of children identified as having weight issues, and another piece of work to examine how local NHS are sharing NCMO data with their local authority partners to inform commissioning and delivery of services.</p> <p>Research by the University of London Institute of Education to examine the implementation of proactive follow-up was published on the DH website in January 2010 (http://www.dh.gov.uk/en/PublicHealth/HealthImprovement/HealthyLiving/DH_110447).</p> <p>We are planning to publish guidance for the 2010/11 NCMP in March 2010.</p> <p>We are working with the IC to upgrade the software used by PCTs to submit their NCMP data to the IC. We expect the new will be in place for the 2010/11 NCMP.</p>	
Next steps	
<p>Continue to provide support for PCTs in sending results to parents and proactively following up children with weight issues. Monitor progress on proactive follow-up and data-sharing audit. Develop and publish 2010/11 guidance in March 2010.</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
<p>The 2008/09 results, when interpreted in light of Health Survey for England data and data from previous years of the NCMP, suggests that the rise in child obesity rates has now stabilised (although prevalence continues to increase in teenagers)</p>	<p>Both process and outcome focused.</p>
<p>Date evaluation expected/ completed</p> <p>Research by the University of London Institute of Education to examine the implementation of proactive follow-up was published on the DH website in January 2010 (see link above)</p> <p>We are assessing implementation of proactive follow-up and local data sharing between NHS and local authorities in the 2009/10 NCMP and intend to undertake a full evaluation of the NCMP in 2010/11, if budgets permit.</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> <p style="text-align: center;">Current position</p> <p>Uptake: Due to the economic climate, the number of women and children supported has increased steadily in recent months and we anticipate that the total number registered will increase by 12% during the current financial year. Over 90% of vouchers issued are spent.</p> <p>HS vitamin Supplements: A new vitamin "coupon" was introduced on voucher letters in November 2009. Though we cannot yet be certain what impact this has had on the number beneficiaries claiming supplements through the scheme, NHS orders for both supplements doubled between October and December 2009.</p> <p>Communications: We are significantly revising all existing scheme communications for the public, beneficiaries and health professionals. We have also recently introduced regular flyers and magazines into all 4-weekly voucher mailings. The flyers and magazines are targeted to the age of the oldest child supported by Healthy Start with variations available for pregnant women with no children on the scheme, families with babies 0-6 months, families with babies 7-12 months, children aged 13-23 months, and children aged 24 months plus. This approach is enabling us to provide the most important diet, nutrition, and relevant public health messaging for each group. The impact of the new communications is being evaluated through periodic telephone surveys involving a random selection of beneficiaries.</p> <p>Scheme promotion: roadshows promoting the scheme and its vitamin supplements are being held in shopping centres in 12 PCTs in England that have identified a need for them. The impact of the roadshows will be evaluated. Scheme evaluation: A Healthy Start boost sample is to be included in the DNSIYC survey in 2010/11. Bids are being evaluated for a research project to assess the impact of Healthy Start on beneficiary behaviour, funded through the Department of Health Policy Research Programme.</p>	
Next steps	
We will be bedding down and continuing to evaluate the new Healthy Start communications approach during 2010/11.	
We continue to work towards a UK-wide public consultation on whether the scheme should be extended to include frozen fruit and vegetables, and whether further measures are needed to ensure that vouchers will be spent only on allowed foods. No timetable for a public consultation has been set, but we are aiming to launch one at the first available opportunity. In the meantime, we are engaging with a selection of small and micro businesses to assess the possible impact of any changes on them.t	
EVALUATION	
What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed
An evaluation strategy is being developed.	Commissioned research project to begin spring 2010. NDNS boost sample 2010/11. Ongoing telephone surveys with beneficiaries on the new comms materials
	Evaluation of process or impact?
	Evaluation will be of process and impact.

Project/Work area	
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.	
Summary/background of work (No more than 250 words)	
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.	
Current position	
Providers claiming reimbursement through this scheme are continuing to receive the EU School milk subsidy as part of their payment in a “one stop shop” approach. Costs of managing the scheme are escalating, and we are exploring ways to contain them so that the scheme can continue to operate cost effectively.	
Next steps	
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	
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 Pregnancy and the first five years of life	
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 for pregnancy and the first five years of life 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. It was re-launched in October 2009, at which time new guidance on the two year review as part of the HCP, and the extended HCP for the 5 – 10 age group were published.</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 breastfeeding, reductions in inequalities and obesity prevention will be done locally. The Healthy Child Programme for pregnancy and the first five years of life provides the means for doing this.</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
<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 and quality indicators for the HCP. • the development of an HCP e-learning programme • the Family Nurse Partnership implementation and policy, • Further development of and a guide on the 2 – 2.5 year review, - this was published in October 2009 • Preparing for Pregnancy, Birth & Beyond project, • PREview, project, which is identifying the factors in pregnancy and around birth that can signal future outcomes for a child <p>Working with the <i>Action on Health Visiting Programme</i> to fulfil the commitments made in <i>Healthy lives, brighter futures</i> in relation to their responsibilities and support to lead the HCP; and every Sure Start Children's Centre having access to a named health visitor.</p>	<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>

Project/Work area	
Funding to promote UNICEF UK BFI & breastfeeding	
Summary/background of work (No more than 250 words)	
<p>Since 2008, the Department of Health invested £7million in 71 PCTs to promote the evidence based UNICEF UK Baby Friendly Standards (£4m given to 40 PCTs in 2008-09 & £3m given to 31 PCTs in 2009-10)</p>	
Current position	
<p>The first 40 PCTs funded in 2008-09 submitted their initial reports in 2009, which have now been analysed and overall majority of the PCTs are making a good progress towards achieving Baby Friendly accreditation.</p> <p>Funding was released centrally to the second tranche of 31 PCTs in November 2009. These PCTs are expected to send in their first reports detailing progress against commitments in June 2010.</p> <p>In October 09, DH published national guidance on “Commissioning local breastfeeding support services” to assist commissioners in PCTs to commission and de-commission local-led evidence based and effective breastfeeding support services. The guide aims to support PCTs to implement individual Operating Plans that are meaningful, supporting PCT breastfeeding prevalence plans and demonstrate a financial commitment to sustain progress.</p>	
Next steps	
<p>Following assessment of the initial reports, all the 40 PCTs have received individually tailored letters, either congratulating them on their progress, or, in the case of those where progress is not as expected, recommendations will be made for immediate action. This will be followed up by the Regional Infant Feeding Co-ordinators in each Government Office. .</p> <p>Their second report is due at the end of March 2010.</p> <p>DH is working closely with DCSF in exploring ways of supporting the remaining 81 PCTs not funded centrally. At present 21 PCTs with lowest breastfeeding rates have been identified for targeted support through Children’s Centres.</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed
PCT 6 monthly reports to monitor the progress of implementing BFI and increase breastfeeding prevalence rates	Ongoing – every 6 months. Continuous monitoring through quarterly data from PCTs
	Evaluation of process or impact?
	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 Week held annually. Due to likely restrictions on marketing activities in May, it has been agreed with the RIFCs, key stakeholders, other UK Governments and NGOs to hold the National Breastfeeding Week in June 2010 to enable active promotion both at a national and local level.	
Current position	
The next National Breastfeeding Week will be held from 21 st to 27 th June 2010. The dates have been widely publicised via the e-bulletins and on the website.	
Start4Life for under 2's has been successfully launched to Health Professionals in November 09 and to consumers in January 2010 promoting healthy messages on breastfeeding and starting solid foods.	
Off to the best start and introducing solid foods (previously "Weaning") have now been badged under the Start4Life logo and will be published in Feb 2010	
Next steps	
Plans are currently underway for the 2010 campaign including developing an "Antenatal Toolkit" for health professionals and mothers. This will be piloted in 12 acute trusts between June and December 2010 and evaluated before national roll-out.	
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.	Process
	NBAW 2009 Biss Lancaster have evaluated the NBAW 2009 campaign.

Project/Work area	
Independent Review Infant Formula and Follow-on Formula Regulations	
Summary/background of work (No more than 250 words)	
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	
Current position	
An independent review is currently underway to assess the effectiveness of the new regulations, particularly focussing on aspects of promotion and marketing of infant and follow-on formula. The Panel is currently finalising its draft report.	
Next steps	
The Panel is expected to submit its report to MS(PH) in February 2010.	
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

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"> • 71% of calls in January were made using the 0300 number rather than the 0844 number, up from 49% in August 2009. • Calls continue to increase - 2178 in May to 2,700 calls in January 2010, recovering from the expected drop over the holiday period which took calls down to 2,300 in December . Talk time up from 3 ½ hours per day in August to 5 hours at per day October-December. • In 2009 40% of calls were from mobiles and from the London area. 	
Next steps	
Modified call record sheets to capture more data (eg age of baby), call sheets further modified to capture any mention of Start4Life and details on who is calling – mother, father or other person on behalf of the mother.	
To address increases in the volume of calls, volunteers with small children or children with disabilities are now offered childcare	
Association of Breastfeeding Mothers and the Breastfeeding Network are developing a series of joint training events to promote and improve communication and to support greater consistency in providing information	
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	
Ongoing.	

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>We now have 50 sites delivering the FNP, to 5000 families. The recently published Child Health Strategy set out our plans to reach 7000 families by March 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?	Evaluation of process or impact?
<p>Formative evaluation in 07/08 and 08/09 by Birkbeck College, University of London, looking at:</p> <ul style="list-style-type: none"> 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>Now looking at:</p> <ul style="list-style-type: none"> Development projects 20-22 year olds Non English Speaking families <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>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>
Date evaluation expected/ completed	Next steps
<p>First year report published June 2008</p> <p>Second year report published September 2009.</p> <p>The overall evaluation will be completed by March 2011.</p> <p>The first year evaluation of the FNP in England suggested that the programme is widely welcomed by hard to reach families and reaches clients who are likely to benefit most clients value their programme.</p> <p>The second year evaluation report of the FNP in England showed that there are early signs that the programme is having a positive effect on reducing smoking during pregnancy and increasing rates of breastfeeding;</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. Evaluation has shown that retailers in the convenience sector that do offer fruit and vegetables have seen increased sales and improved customer perception of the store.</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 an average of 47% and 33% in the 'beacon' and 'roll out' stores respectively.</p> <p>DH Secretary of State, Andy Burnham, announced in July 2009, that due to its success the programme would be extended nationwide on a region-by-region basis – Phase 2. Initial mapping indicated that the South West, the East Midlands and the West Midlands would be the most suitable regions for initial roll out in March 2009/10. Our priority will continue to be stores in low-income areas with little or no access to fruit and vegetables.</p> <p>We aim to recruit 10 - 12 beacon stores in each of these regions as development stores by March. We plan to roll out across England and cover the remaining six English primary care trust regions in two further tranches in 2010/11.</p> <p>In addition, our partners in the programme, the Association of Convenience Stores, is running a parallel, self-funded project to create 3,000 'Change4Life Convenience Stores'.</p>	
Next steps	
By March, three more regions in England will have the Change4Life Convenience Stores projects 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>The consumer evaluation examined the immediate impact of the project on consumer attitude and behaviour, and the sales data provided evidence of increased sales.</p> <p>The evaluation also compared the impact of different intervention ie beacon vs roll out stores.</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 between 33 – 47% 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</p>	

DH commissioned both Synovate and Jigsaw Research to undertake a comparative evaluation of the convenience stores project.

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 more significant for development stores compared with roll out stores.

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 2008, 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 20 key actions and policy recommendations for departments across Government. http://www.cabinetoffice.gov.uk/strategy/work_areas/food_policy.aspx</p>	
Next steps	
<p>The Cabinet Office is chairing a new cross-Whitehall Food Strategy Task Force that is coordinating 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 are taking forward individual key actions, each chaired by a lead department. The Task Force reports annually to the Prime Minister and acts as the official group for a new Cabinet Sub-Committee on Food that has been set up to reflect Defra's new enhanced role on food.</p> <p>Government departments 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. Details are given in the Food Matters report.	

Project/Work area	
Food promotion to children	
Summary/background of work (No more than 250 words)	
<p>New restrictions on advertising food and soft drink to children in broadcast and non-broadcast media were introduced between 1 April 2007 and 1 January 2009. 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. Ofcom published a first review into the impact of restrictions on food and drink advertising to children on 17 December 2008 and reported a 34% reduction in children's exposure to HFSS advertising.</p> <p>The final phase of restrictions were implemented on 1 January 2009, when children's channels were required to remove all HFSS advertising from their schedules</p> <p>Current position</p> <p>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 has commissioned a consortium led by the National Heart Forum and the International Business Leaders Forum to take this work forward.</p> <p>Next steps</p> <p>Ofcom will conduct a further review of the impact of HFSS advertising restrictions</p> <p>Work to develop the voluntary principles will be taken forward during 2010.</p>	
EVALUATION	
What are outputs/ outcome measures of initiative?	Evaluation of process or impact?
<p>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.</p> <p>The voluntary principles to be developed will be an evidence based approach to regulation.</p>	<p>Impact on children's exposure to HFSS advertising</p>

Project/Work area	
Healthy Food Code of Good Practice	
Summary/background of work (No more than 250 words)	
<p>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.</p>	
Current position	
<p>FoP labelling: independent evaluation of the three main FoP nutrition signpost labelling used in UK published 6 May 2009. FSA ran a consultation on how to implement an 'integrated' front of pack approach including %GDA, colour coding and text, High, medium, low) and the FSA Board will make recommendations to Ministers in March 2010</p> <p>Smaller portion size: as part of the saturated fat and energy intake programme the FSA has consulted on proposed reductions in saturated fat and sugar across a range of food categories and will be publishing recommended targets in early 2010.</p> <p>FSA launched the second phase of its saturated fat consumer awareness campaign in January 2010, co-branded with Change4Life.</p> <p>A number of retail and catering companies piloted calorie labelling in out of home settings from June 2009. The FSA is consulting on how to develop a consistent approach to calorie labelling in out of home settings. The consultation ends on 11 March 2010.</p>	
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?
<p>Each element of the strand has a separate evaluation plan.</p> <p>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.</p>	Ongoing

Project/Work area	
Physical Activity Plan	
Summary/background of work (No more than 250 words)	
<p>The physical activity policy team is responsible for promoting activity to achieve the DH objective to increase physical activity, reduce mortality and morbidity attributable to inactivity, by raising awareness of the benefits of activity, and mainstreaming the promotion of physical activity.</p> <p>Legacy Action Plan (LAP) – cross-government shared target to increase by 2 million the number of people doing three or more sessions per week of at least moderate intensity activity (at least 30 minutes). The 2m target will measure change across sport, active recreation (including dance, active conservation and gardening) and active travel (walking and cycling).</p> <p>Be active be healthy: A plan for getting the nation moving - launched February 2009, <i>Be active, be Healthy</i> establishes a new framework for the delivery 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>	
Current position	
<p>To achieve our ambitions for a healthier, fitter nation by 2012 and beyond, to promote and energise delivery of physical activity, we have the following programmes:</p> <ul style="list-style-type: none"> • Free Swimming (under 16 and over 60) • Fit for the Future (16-21 year olds, 1 year pilot) • Dance Champions Group • Walking for Health • Cycling • Blue Gym <p>Addition to the above, we also work in partnerships with other teams, external stakeholders at national, regional and local levels to promote physical activity in order to achieve the LAP target (2 million more people active)</p>	
Next steps	
EVALUATION	
What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed
Active People Survey	Annual
	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	Evaluation of process or impact?
This will be evaluated – draft scope of work to be agreed.		