



This annex sets out the key recommendations drawn from the reports already circulated to the Committee to facilitate discussion.

Although most of the recommendations relate to risk management, in keeping with the Committee's remit of scientific advice, members are requested to consider the factors that influence consumer food choice - biological, behavioural and financial particularly focussing on:

- the available evidence
- the gaps in the evidence base
- the kind of evidence that is required to support policies on tackling obesity
- at risk vulnerable groups such as low-income and particular minority ethnic groups.

#### **Key points from the conclusions and recommendations of the House of Commons Health Committee on Obesity (Session 2003-04)**

1. "We recommend that work is urgently commissioned to establish a Food Survey that accurately reflects total calorie intake for the population to supersede the flawed and partial analysis currently available. The Food Standards Agency and Scientific Advisory Committee on Nutrition should advise on this." (recom. 2)
2. "We recommend that the Department of Health commissions research into the correlations between trends in alcohol consumption and trends in obesity." (recom. 3)
3. "A recent report by the Royal College of Physicians, Royal College of Paediatrics and Child Health and the Faculty of Public Health, emphasised the need for submissions to be long-term and sustainable, recognising that behaviour change is complex, difficult and takes time." (recom. 5)
4. "... It is critical that obesity is tackled first and foremost at a societal rather than an individual level." (recom. 6)
5. "... Government must assign clear responsibility for the health educational role, previously played by the Health Education Authority, a fact made clear in the correspondence from the Department to the Committee." (recom. 9)

6. “We were very surprised that despite its occupying joint top priority on the Government’s Public Health agenda, there have been no health education campaigns aimed at tackling obesity.” (recom. 10)
7. “If the Government intends seriously to address obesity through health promotion, it must adopt a health education campaign dedicated exclusively to tackling obesity, which should follow the model used in the recent anti-smoking campaign, plainly spelling out the health risks associated with being overweight or obese, and also highlighting those nutritional and lifestyle patterns which are most conducive to weight gain. It should specifically identify high risk foods and drinks and should also emphasise the fact that consuming alcoholic drinks, like any other high calorie food or drink, can also be conducive to unhealthy weight gain. At the same time, it should highlight the importance of physical activity, both in preventing obesity and reducing weight levels.... We recommend that such a health campaign should be launched as soon as possible, with the Food Standards Agency advising on the nutritional content of such promotions and the Activity Coordination Team, if this remains operational, or alternatively Sport England through its links with Move4Health advising on the physical activity dimension.” (recom. 11)
8. “While we accept that individuals have the right and responsibility to make choices about their own health and lifestyle, and we accept the importance of education in enabling them to do so, we believe that to tackle obesity successfully education must be supported by a wider range of measures designed to remove the key barriers to choosing a healthy diet. We therefore recommend that the Government should concentrate its efforts not solely on informing choice, but also addressing environmental factors in order to, in its own words, make healthy choices easier to make.” (recom. 14)
9. “Health eating messages learnt through the National Curriculum and Government healthy eating initiatives such as the Schools Fruit Campaign will be contradicted and undermined if, within that same school environment, children are exposed to sponsorship messages from unhealthy food manufacturers, and given access to vending machines, selling unhealthy products.” (recom. 20)
10. “The Government must accept the clear fact that some foods, which are extremely energy-dense, should only be eaten in moderation by most people, and we therefore recommend that it introduces legislation to effect a traffic light system for labelling foods, either red – high, amber –medium or green – low according to criteria devised by the Food Standards Agency, which should be based on energy density.” (recom. 23)
11. “We recommend that rather than targeting sugar and fat separately, the Government should focus on reducing the overall energy density of foods, and should work with the Food Standards Agency to develop stringent targets for reformulation of foods to reduce energy density within a short timeframe.” (recom. 25)

12. “We recommend that the Department for Education and Skills extends the scope of the FSA review of the implementation of nutritional standards, with a view to developing appropriate nutrient-based standards for school breakfasts.” (recom. 31)
13. “We regarded as lamentable that the majority of the nation’s youth are still not receiving two hours of sport and physical activity per week. While we very much welcome the DCMS/DfS target to have 75% of school children + active by 2006 we do not believe that this goes far enough. We have reservations about the quality of much of the activity undertaken, since little work has been done to establish what the two hours involves, and whether it includes, for example, time in travelling to and from facilities.” (recom. 34)
14. “We recommend that, given threat of obesity to the current generation of children and taking account of the proven contribution of physical activity to academic achievement, the aspiration should be for school children to participate in three hours per week of physical activity, as recommended by the European Heart Network.” (recom. 35)
15. “We believe it would be helpful if commercial firms issuing pedometers also issued guidance agreed with Sport England and the FSA, on the recommended activity levels per day and on the correlation between steps taken and calories consumed.” (recom. 44)
16. “We also recommend that the public sector looks to set an example in finding creative ways of encouraging activity in everyday life and that this is built into a PSA target for each department.” (recom. 49)
17. “We also took some interesting evidence from commercial slimming organisations. We recommend that the NHS examines whether their expertise can be brought to bear in devising strategies to combat obesity holistically.” (recom. 55)
18. “We recommend that throughout their time at school, children should have their Body Mass Index measured annually at school, perhaps by the school nurse, the health visitor or other appropriate health professional.” (recom. 58)
19. “We feel it is vital that advances in medical and surgical treatments of obesity should be supported by equivalent at services to address the psychological and behavioural aspects of obesity. All those receiving treatment for obesity, whether in a primary or a secondary care setting, should have access to psychological support provided by appropriate professional, whether this is a psychiatrist, psychologist, psychotherapist, counsellor or family therapist.” (recom. 61)
20. “It is essential that as part of the Government’s wider strategy to tackle obesity, a dedicated framework document is produced emphasising to a largely sceptical NHS the full scale and seriousness of this problem.”  
“.....Crucially, it must re-introduce realistic but stretching targets for reducing the prevalence of obesity and overweight over the next ten years, underpinned

by more detailed, service-based targets, in particular bringing waiting times for specialist medical and surgical obesity services into line with all other NHS specialties.” (recom. 65)

21. “In calling for this, we also note the point in the Scrutiny Unit Analysis annexed to our Report that there is a severe lack of official estimates of the cost of diseases relating to obesity. We recommend that the Department undertakes urgent work to establish better estimates of the cost of treating diseases to allow it to manage its resources more effectively.” (recom. 66)

### **Key points from the WHO Global Strategy on Diet, Physical activity and Health Health promotion and healthy lifestyle 57<sup>th</sup> World Health Assembly**

Points for note:

#### Promotion with food products consistent with a healthy diet

As a result of consumers increasing interest in health and the Government’s awareness of health and nutrition, some governments have taken measures, including market incentives, to promote the development, production and marketing of food products that contribute to a healthy diet and are consistent with national or international dietary recommendations.

#### Fiscal policies

Prices influence consumption choices. Public policies can influence prices through taxation, subsidies or direct pricing in ways that encourage healthy eating and lifelong physical activity.

#### Community involvement and enabling environments

Strategies should be geared to changing social norms and improving community understanding and acceptance of the need to bring physical activity into everyday life.

#### Clear public messages

Simple, direct messages need to be communicated on the quantity and quality of physical activity sufficient to provide substantial health benefits.

#### Monitoring and surveillance

Monitoring and surveillance are essential tools in the implementation of national strategies for healthy diet and physical activity. Monitoring of dietary habits, patterns for physical activity and interactions between them; nutrition related biological risk factors and contents of food products; and communication to the public of the information obtained, are important components of implementation. Of particular importance is the development of methods and procedures used in standardised data collection procedures and a common minimum set of valid, measurable and usable indicators.

### Research and evaluation

Applied research – especially in community-based demonstration projects and in evaluating different policies and interventions, should be promoted. Such research (eg into the reasons for poor physical inactivity and poor diet, and on key determinants of effective intervention programmes) combined with the increased involvement of behavioural scientists, will lead to better informed and ensure that a cadre of expertise is created at national and local levels. Equally important is the need to put in place effective mechanisms for evaluating the efficacy and cost-effectiveness of national disease-prevention programmes, and the health impact of policies in other sectors.