



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

Agenda Item: 9

Please see attached paper for information.

DH Update on Nutrition Initiatives

NB: Initiatives apply to England only unless otherwise stated

Food and Health Action Plan

- As part of the governance arrangements for the delivery of Choosing Health White Paper, a Working Group for the delivery of the Food and Health Action Plan has been formed. The group's membership includes representatives from Government, Department and organisations representing the food industry and the consumer.

Physical Activity Action Plan

- This action plan sets out a comprehensive range of actions to support children and young people to be physically active. Many of these actions are aimed at improving children and young people's access to opportunities to be active, including provision of safe outdoor play areas, safe routes to schools, wider access to community clubs, and a commitment to increase the percentage of 5 to 16 year olds in England who spend a minimum of two hours each week on high-quality PE and school sport increases from 25% in 2002 to 75% by 2006 and 85% by 2008 in England.
- Ten pilots are underway across England (jointly funded by DH, the Countryside Agency and Sport England). The pilots have been running for 30 months, with 6 months left to run. An interim evaluation report has been received by DH in July, this is now being analysed. We hope this will yield best practice information that can be shared with PCTs in the autumn to inform PCTs spending plans for April 06 against WP commitments. A final report is expected in July 2006.

Links between sports club & health

- Caroline Flint launched the Football and Health Partnership Guide at the *Football Partnership Conference – The Power of Football* at Tottenham Hotspur FC on 23 May. The launch fulfils a White Paper commitment "to publish a guide for Primary Care Trusts and sports clubs to encourage good practice and foster links on health improvement work". With high level endorsement from high profile sports bodies, this guide will help the NHS continue and expand its work to use sport to help communities make healthy choices.
- A series of roadshows across the regions, starting in October and running until next summer, will be used to encourage other sports to forge partnerships with the NHS and local Government.

Guide to provision of free swimming for local authorities

- DH will launch a best practice guidance for local authorities on providing free swimming in Jan'06.

School playing fields

- The Government recognises the need to discourage local authorities from selling their school playing fields, and has further strengthened the regime governing their sale. This was one of the early White Paper wins.

Activity in Schools

- A toolkit is planned for schools that sets out how schools can support physical activity across the school day, including active travel to school, high quality PE and school sport, provision of after school clubs and reconfiguration of playgrounds. The toolkit will be published in 2006

Schools on the Move

- DH has commissioned Youth Sport Trust to pilot the use of pedometers, in conjunction with curriculum and web-based resources, in schools as a motivational tool for children. Pilots are in 51 schools across England, and will target Stage 2 and 3 (last year of primary school, first year of secondary school). Teachers have received training over the summer, and the pilot will be rolled out in schools in October for two terms, and an evaluation report will be produced in May 2006. A follow-up is intended in 2007.

Short questionnaire for primary care

- DH has developed a short questionnaire for use by practice nurses to establish the physical activity levels of newly registering patients, and of other patients as the opportunity arises. This has been validated. We are now developing guidance on how to apply the questionnaire, and on the steps that health professionals can take with patients to encourage greater activity where the questionnaire indicates that this is desirable. Links will be made to the National Step-o-Meter programme (see below). We are also working to develop a template compatible with existing GP software to support the questionnaire. The questionnaire will be available for use late 2005/early 2006.

National Step-o-Meter Programme

- DH has commissioned the Countryside Agency to develop an NHS national pedometer programme. This scheme will be providing free motivational behaviour change training sessions for frontline healthcare professionals, including primary care nurses. These sessions will give healthcare professionals the skills to determine which of their patients is ready to receive advice on becoming more physically active, and of these which could benefit from the loan of a pedometer as a motivational tool.
- About 30 healthcare professionals in every PCT will be invited in the autumn to sign up to receive the free training. The target is to get healthcare professionals from 270 PCTs on board.
- Training will begin in March 2006 and all healthcare professionals who undertake the training will receive a batch of free pedometers to use with their patients. An evaluation report will be produced in Dec 06.

Exercise on Referral

- DH will undertake a wide-ranging review of exercise on referral and develop guidance and standards to ensure that commissioners, referrers and providers can all work together to ensure that schemes are provided and deliver high quality for the general population, including children, as well as populations with particular health needs. The review will consider the roles of health trainers and the new Sports and Exercise Medicine medical specialism.

Obesity

Obesity training in the NHS

- The Choosing Health White Paper identified the development of the public health workforce as a key long term issue. £3m has now been allocated to PCTs to fund training for healthcare professionals in obesity prevention and management. This will help develop the capacity of current healthcare professionals, particularly in primary care and community settings.

Obesity PSA Programme Board

- The Obesity PSA Programme Board, set up to oversee and drive the delivery of the Obesity PSA target, had its first meeting on 27 September. The Programme Board will feedback to the Health Improvement Board, set up to drive the cross-Government implementation of *Choosing Health*. Secretariat is provided by a joint DH/DfES/DCMS Programme Office.

Cross-Government Obesity Campaign

- Planning is underway for the forthcoming obesity awareness campaign promised in the White Paper. DH is working with the National Consumer Council to develop an initial proposal taking into account social marketing principles. The campaign will take a broad based approach, building on existing interventions, and will address consumer behaviour through insight into key drivers and motivations.
- The campaign will take an early focus on children under 11 and their influencers, primarily parents/carers, in line with the PSA target. A coalition of stakeholders, including OGDs, the food and leisure industries and NGOs will be involved in the development and implementation of the campaign. It will launch in early spring/summer 2006. Messages are being developed, but are likely to focus on the simple steps that families can take around diet and physical activity to improve their health.

Weight Loss Guide

- White Paper commitment to produce a 'Weight Loss Guide' to set out what is known about regimes for losing weight and help people select the approaches that are healthy and that are most likely to help them lose weight and then maintain a more healthy weight. This will be in the form of a leaflet to be distributed in primary care to be given to patients who intend to lose weight. Publication of the guide is expected at the end of 2005.

Obesity Care Pathway

- A comprehensive care pathway will be developed, providing a model for prevention and treatment for use in primary care. The Pathway is being consulted on with stakeholders and publication is expected at the end of 2005.

Obesity Toolkit

- DH is contributing to the development of a Toolkit for developing local strategies to prevent and tackle overweight and obesity (developed by the Faculty of Public Health and the National Heart Forum). The primary purpose of the toolkit is to provide the framework for development of a comprehensive strategy to prevent and treat overweight and obesity through primary care, local government and local partnerships. The intention is to signpost the reader to relevant sources of information regarding evidence of effectiveness of interventions. Publication is expected at the end of 2005.

Food promotion to children

- The Government has recently established a Food and Drink Advertising and Promotion Forum to consider further restrictions in non-broadcast media including print, internet, SMS, point of sale, sponsorship and brandsharing. In addition, DH and FSA have developed specifications for the development of success criteria and monitoring arrangements so we can measure the effectiveness of any new restrictions. If by 2007, these measures have failed to produce change in the nature and balance of food promotion, we will take action through existing powers or new legislation to implement a clearly defined framework for regulating the promotion of food to children.
- FSA is currently consulting on a nutrient profiling model that will be used to identify foods high in fat, salt and sugar. Based on this model, Ofcom will be consulting in the autumn on proposals for further restrictions on advertising in broadcast media.

Reform of the Welfare Food Scheme (UK wide)

- The Healthy Start Regulations will shortly be laid in Parliament. Once the Regulations have been approved this will enable Phase 1 of Healthy Start to begin in Devon and Cornwall. We are anticipating that the start date for Phase 1 will be November 2005, with Phase 2 being introduced across Great Britain in summer 2006.
- Nursery provision of milk is currently being reviewed, with any changes to the scheme expected to coincide with the introduction of Phase 2 of Healthy Start.
- The Department is currently finalising its communications strategy for beneficiaries, healthcare professionals and retailers, and will be undertaking an evaluation of its communication strategy and materials during Phase 1. An overall evaluation strategy is also being developed for Phase 1 to ensure the new Healthy Start processes are appropriate for introduction across the rest of Great Britain from summer 2006.
- Training will also be provided to health professionals to assist with the implementation of both Phase 1 and Phase 2 of Healthy Start.

Infant Feeding

- A review of the Infant Formula and Follow-on Formula Regulations (1995) is currently underway. Both DH and FSA are pressing for further restrictions in the EU Directive on the advertising of formula milk.
- Together with FSA, DH has commissioned and undertaken further research to look at the effects of advertising follow-on formula. This research informed the evidence document drafted by FSA support discussions on the Recast EC Directive in Brussels on 12 September 2005.
- Following publication of European Food Safety Authority (EFSA) recommendations, a separate communication will be issued in the interim to ensure that health professionals have up to date guidance on making up bottle feeds.

Schools

- The joint DH/DfES *Healthy Schools Programme* has been strengthened to include healthy eating and physical activity as core components. Regional support, guidance (strongly referencing the Food in Schools Toolkit) and Healthy Schools champions are key components. Training had been held for Healthy Schools co-ordinators and other stakeholders in April/May on obesity (including Food in Schools, physical activity and travel plans).
- The recently launched DH *Food in Schools Toolkit* provides support and guidance to inspire schools in taking a “whole school approach” to healthy eating and drinking. It includes a range of resources on breakfast clubs, break times, lunch times through to after school cookery and growing clubs. The Food in Schools Toolkit, has continued to prove very popular. Of the 30,000 that were printed (one for every primary and secondary school + 5000 for related health professionals) 27,000 have already been ordered and we are arranging an additional print run. Healthy School Co-ordinators are doing a valuable job in supporting the implementation in schools through training events in regions. A similar toolkit has recently been published by the FSA for school Governors; and a Parents Toolkit is currently being drafted by DfES.
- The Government is investing £235 million over the next three years to improve school food. The funding of £235 breaks down as £30/50/50m for local authorities, £30/30/30m for schools and £5/5/5m for new School Food Trust. Local authorities have now received ‘conditions of grant’ letter for 2005-06 funding. DfES and DH (Peter Housden and Fiona Adshead) have sent a joint letter to Chief Executives of Local Authorities (copied to Regional Directors of Public Health, Healthy Schools etc) about supporting improvements to school meals/food provision.
- The expert School Meals Review Panel began its work in May and has been tasked with strengthening school meals standards for both primary and secondary schools. At present, school meals standards apply only to school lunches, but subject to legislation we will extend the standards across the school day, including to vending machines and tuck shops. The School Meals Review Panel’s recommendations is now available (from DfES) for consultation with the aim of having the new standards in force from Sep 2006.

- Improvement to school meals will be supported by guidance on food procurement for heads and governors and improved training for school meal providers and catering staff. From September 2005, Ofsted inspectors will be looking at healthy eating in schools.
- The School Food Trust is being set up to give independent support and advice for schools to improve school food. The Interim Chair and two interim members have been appointed and the application process for Chair and Trust members is currently progressing. The remit of the group is yet to be determined.

5 A DAY Programme

- The 5 A DAY programme aims to increase fruit and vegetable consumption, by improving access to and availability of fruit and vegetables, and improving attitudes and awareness.
- For more information about all aspects of the 5 A DAY programme, see the programme website www.5aday.nhs.uk

School Fruit and Vegetable Scheme

- Last year, the Department of Health announced funding of £77 million over the next two years to the School Fruit and Vegetable Scheme. All 4 to 6 year old children in Local Education Authority (LEA) maintained infant, primary and special schools throughout England (nearly 2 million children) are now able to join the SFVS, which provides 4-6 year old children with a free piece of fruit or vegetable every school day.
- The Department of Health will consider extending the School Fruit and Vegetable Scheme to LEA maintained nurseries following a full evaluation using Consumption and Dietary Evaluation Tool (CADET).
- An evaluation of the scheme using the Consumption and Dietary Evaluation Tool (CADET) has recently been published by NfER on behalf of the Big Lottery Fund and is available on the BLF website http://www.biglotteryfund.org.uk/assets/er_sfp_final_report.pdf
The report found that:

- Overall fruit and vegetable consumption increased from baseline while children participated in the scheme.
- Consumption of fruit and vegetables in children participating in the scheme was higher than among not participating comparison group.
- While consumption in the intervention group dropped back to baseline once children left the scheme, this needs to be seen in the context that an integrated programme of promotion through other school activities and curriculum was not in place to support the scheme. Also previous surveys have shown that a general reduction in consumption of fruit and vegetables, does occur in older children which was observed in both intervention and comparison groups.
- The research showed that during their participation in the scheme children tried and liked new fruit and vegetables.
- Consumption of fruit and vegetables outside of school decreased .

- Overall girls ate and liked more fruit and vegetables than boys and were more likely to achieve the 5 A DAY target.
- Participation in the scheme also raised awareness of the 5 A DAY message and children in the scheme were 1 and 1/3 times more likely to achieve 5 A DAY than those in the comparison group.
- Pupils in schools with high proportions of children eligible for free school meals (reflecting deprivation) ate less fruit and vegetables, more snacks and desserts and were less likely to achieve the 5 A DAY target.
- Pupils in schools with high proportions of children with English as an additional language (EAL) ate more fruit and fewer snacks and desserts.
- Total fruit and vegetable consumption was greater in children eating school dinners than those who had packed lunches.

5 A DAY logo

- Criteria for use of the 5 A DAY logo on composite foods and foods targeted at children are expected to be launched in early 2006. The criteria will take account of the nutrient profiles being developed as part of the DH/Food Standards Agency's work to introduce a system that could be used as a standard basis for signposting foods; these criteria are currently being consulted on.
- Developing a simplified measure of portion sizes for children e.g. handfuls, is being considered.

Communications programme

- The focus for the remainder of the financial year is 'Young Independents': 16-24 year olds no longer living at home with their parents. Planned activity includes a radio promotion, recipe and tips guide, online activity, PR and a cross-partner promotion.

Over 500 organisations have now been licensed to use the 5 A DAY logo and/or the portion indicator on promotional materials and/or food products.

Salt

- At the Salt Summit in November 2003, the Minister for Public Health asked participants to submit plans for reducing salt in their products. To date around 65 organisations from the food industry have responded with commitments to salt reduction being received from 49 organisations and companies and a further 9 organisations committing to submit plans. A summary of all plans and commitments received is published on both the FSA and DH websites.
- Further details of the next stage of the programme of work with industry can be seen in the FSA update (SACN/05/33)
- A toolkit for health professionals to use in tackling hypertension through diet was launched by the Faculty of Public Health in May commissioned by DH.

Public Procurement

- Building on best practice, DH has established a separate working groups for the NHS, the Prison Service and the MoD to develop, oversee the implementation and monitoring of nutritional standards.
- The groups will also provide a potential forum for the DH to explore other Food and Health Action Plan related initiatives which may prove beneficial to the services e.g. consumer awareness campaign, food labelling etc.
- The first meeting of each group is scheduled to take place this month.