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Committee of Public Accounts

TACKLING OBESITY IN ENGLAND

Ninth Report of Session 2001–2002

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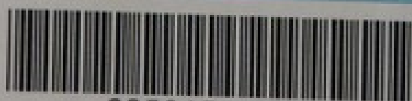
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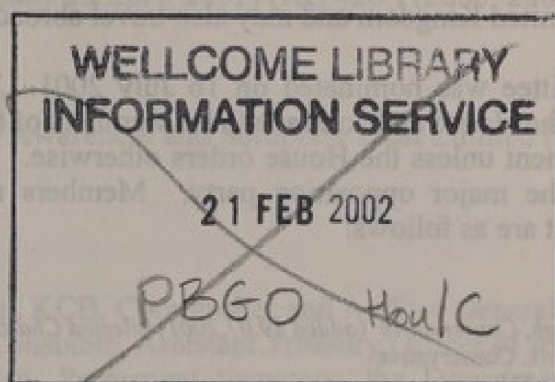
TACKLING OBESITY IN ENGLAND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Ninth Report of Session 2001–2002

Report, together with
Proceedings of the Committee,
Minutes of Evidence and Appendices

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Committee of Public Accounts

The Committee of Public Accounts is appointed under Standing Order No. 148 to examine on behalf of the House of Commons "the accounts showing the appropriation of the sums granted by Parliament to meet the public expenditure, and of such other accounts laid before Parliament as the committee may think fit, to consist of not more than sixteen Members, of whom four shall be a quorum. The Committee shall have the power to send for persons, papers and records, to report from time to time, and to adjourn from place to place.".

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The Committee has power to require the submission of written evidence and documents, to examine witnesses, and to make Reports to the House.† The Committee may not arrange to meet at any time when the House is adjourned, prorogued or dissolved. It also has power to meet at any place in the United Kingdom and may also travel abroad.

This Parliament's Committee was nominated on 16 July 2001. The Committee's Members are nominated by the House and continue to be Members of the Committee for the remainder of the Parliament unless the House orders otherwise. The Committee's Chairman is drawn from the major opposition party. Members nominated to the Committee in this Parliament are as follows:

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Rt Hon Paul Boateng, *Brent South*, Labour
Mr Ian Davidson , *Glasgow Pollok*, Labour
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† In the footnotes to this Report, references to oral evidence are indicated by 'Q' followed by the question number; references to the written evidence are indicated by 'Evidence' or 'Evidence, Appendix ......', followed by a page number.

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[illegible]

Mr Geoffrey Clifton-Brown, Cotswold, Conservative
[illegible]
Mr Clive Wareing, City of Durham, Labour
[illegible], Labour
Mr Alan Williams, Swansea West, Labour

[illegible]

All [illegible] should be addressed to The Clerk of the Committee of Public Accounts, [illegible]

[1] [illegible]

NINTH REPORT

The Committee of Public Accounts has agreed to the following Report:

TACKLING OBESITY IN ENGLAND

INTRODUCTION AND SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

1. Most adults in England are overweight, and one in five—around 8 million in total—is obese. The prevalence of obesity is increasing world wide, and, in England, has nearly trebled in the last 20 years. The most likely causes are an increasingly sedentary lifestyle combined with changes in eating patterns.[1]

2. Obesity causes much human suffering by contributing to chronic disease and premature mortality, and it entails a substantial cost to the NHS and to the wider economy. A Report by the Comptroller and Auditor General linked obesity to 30,000 deaths a year and a shortening of life by 9 years on average. On a conservative basis, he estimated the costs to the NHS at £0.5 billion a year in patient care and the costs to the wider economy, for example in sickness absence, at £2 billion.[2]

3. As obesity is a lifestyle issue, it is not easy to tackle and the direct influence that the Department of Health can have on the problem is limited. A joined-up approach involving Government departments and local agencies across a range of different policy areas is therefore required. A number of Government departments and agencies are working together on joint initiatives to promote healthy eating and more active lifestyles, with particular emphasis on children and young people.[3]

4. On the basis of the Report by the Comptroller and Auditor General,[4] our predecessor Committee examined witnesses from the Departments of Health, Culture, Media and Sport, Education and Employment, Environment, Transport and the Regions, and the Food Standards Agency, about improving the management of overweight and obese people within the NHS; and developing preventive strategies based on a joined-up approach across government to education, physical activity and healthy eating.

5. In the light of our predecessors' examination, the Committee draws three overall conclusions.

- Obesity is a major public health concern which is increasing throughout the world and for which there are no easy or short-term solutions. In England, the trend is rising rapidly, with serious implications in terms of human and social costs. Unless effective action is taken, over 20 per cent of men and 25 per cent of women could be obese by 2005, with important consequences for the NHS, the economy and the people involved.

- The causes of obesity are many, and vary region by region, by gender, by ethnic group and by socio-economic background. The help provided to obese people by the NHS is patchy and it needs to ensure that effective local strategies are put in place in each area of the country to ensure that adequate management and treatment

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[1] C&AG's Report (HC 220, Session 2000-2001), paras 1- 2

[2] ibid, para 3 and Figure 1

[3] ibid, paras 4-8

[4] C&AG's Report

regimes are available in the primary care setting. To provide such help, the NHS first needs to develop a more detailed understanding of the factors affecting bodyweight in different regions of England and in different population groups, and then apply the results through the health improvement programmes being developed locally.

- Part of the answer lies in helping people avoid becoming overweight and then obese, as much as helping those who are already obese. Long-term changes in people's lifestyle depend on the environment in which we live and the cultural values imparted through education and other key influences, such as the media. Effective, integrated action is needed by those responsible for healthcare, education, transport, sport and recreation, as well as the production, retailing, labelling, and marketing of food. There is some cross-agency working, for example in the development of Local Transport Plans including local strategies for cycling and walking. But it needs to be more systematic and rigorous within national and local strategies for health improvement. The Department of Health should take a stronger lead in co-ordinating this work.

6. Our more specific conclusions and recommendations are as follows.

On improving the management of obesity within the NHS

(i) The Department of Health and the Health Development Agency should complete their evaluation of local health authority improvement programmes, and ensure that those for 2002–03 set targets and timetables for taking action to address the needs of overweight and obese people (paragraph 21).

(ii) For most people the first point of contact with medical services is general practice, where there is the potential to advise on issues of being overweight or obese. Yet many general practitioners do not see this as their role, and action taken is patchy. Health improvement programmes should set out clear expectations of the role of general practitioners, backed up by guidelines (paragraph 22).

(iii) Practice nurses, dieticians, health visitors and school nurses can play a valuable role in identifying patients with weight problems and in providing advice and support on weight control, but practice varies. General practices should seek to engage a wider range of health professionals in this work, including those working in the community and school settings (paragraph 23).

(iv) General practitioners are hampered by the lack of evidence-based evaluations and guidance on the range of interventions they might use, ranging from diets, drug therapy, surgery and innovations such as "exercise on prescription". The Department and the National Institute of Clinical Excellence should follow-up their first evaluation and guidance on the anti-obesity drug Orlistat with further evaluations of the range of possible treatments and informative guidance for general practitioners (paragraph 24).

On developing preventive strategies linking education, physical activity and healthy eating across government

(v) Achievement of children's entitlement to two hours of physical exercise each week requires an adequate and equitable distribution of facilities. There is, however, a considerable disparity in the opportunities for sport currently being offered to children by different schools. The Department for Education and Skills should move quickly to ensure that this entitlement is delivered in schools and to establish arrangements to monitor and publish progress towards achieving this entitlement in all schools. Departments should gather and co-ordinate the results of local authority audits of sporting and recreational activities, and work with local authorities to address gaps in provision (paragraph 47).

(vi) A number of initiatives have been started to improve diet and nutrition, including nutritional standards for school lunches, pilot schemes for free fruit in schools, and community pilot projects to promote fruit and vegetable eating. In line with the NHS Plan, Departments should take action to ensure that the importance of fruit in a balanced diet is promoted in schools and the Food Standards Agency should work with the food industry to improve the nutritional content of the food produced and the way it is marketed, to make it easier for all consumers to choose a more balanced diet (paragraph 48).

(vii) Commercial sponsorship schemes may serve to promote the consumption of foods high in fat, sugar and salt. The Department for Education and Skills should issue guidance for schools to interpret locally on how to assess offers from sponsors, and how to evaluate schemes which may for example encourage consumption of snack foods (paragraph 49).

(viii) The Food Standards Agency has taken a number of initiatives to promote more helpful labelling of food products. There is still room for concern, however, about the potentially harmful effects of advertising products high in sugar, salt and fat to children. The Agency should work with the food industry to develop a code of conduct with regard to the amount and nature of food advertising aimed at children (paragraph 50);

(ix) If national strategies on obesity are to be implemented effectively, there needs to be an emphasis on partnership working between local authorities, local health bodies, charities and the private sector. For example, within their Local Transport Plans local authorities had to produce local strategies for cycling and walking in partnership with other agencies and bodies like schools and health authorities. The Department of Health should promote such partnerships, assess and report on their progress, and disseminate emerging good practice (paragraph 51).

(x) The Department for Transport, Local Government and the Regions are working with the charity Sustrans to produce 8,000 miles of cycling paths by the year 2005. They have also issued guidance on the use of cycles on trains, including the provision of safe routes to stations. Noting that in some places Railtrack have established cycle tracks adjacent to operational railway lines, we expect the Department for Transport, Local Government and the Regions to encourage local authorities to explore opportunities to expand these arrangements (paragraph 52).

7. Obesity leads to much human suffering by contributing to chronic disease and premature mortality; it also entails a substantial cost to the NHS and to the wider economy. Obesity is most commonly defined in terms of the body mass index (weight in kilogrammes divided by height in metres squared). There are different degrees of excess weight, and associated risk, above the range considered healthy (a body mass index between 20 to 25 – Figure 1). A Report by the Comptroller and Auditor General contained the first authoritative estimates of the costs of obesity in England (Figure 2).[5]

Figure 1: Classification of different Body Mass Index values and their relationship with the risk of associated diseases

Body Mass Index (kg/m^2)	Classification	Risk of disease associated with excess weight
Less than 20	Underweight	Low (but increased risk of other clinical problems)
Over 20 to 25	Desirable or healthy range	Average
Over 25 to 30	Overweight	Increased
Over 30 to 35	Obese (Class I)	Moderate
Over 35 to 40	Obese (Class II)	Severe
Over 40	Morbidly or severely obese (Class III)	Very Severe

Source: BMI classifications from the Health Survey for England with additional data on associated risk from the World Health Organisation

Figure 2: The costs of obesity in England

The human cost	The financial cost	The big four diseases linked to obesity
18 million sick days a year	£1/2 billion a year in treatment costs to the NHS	Heart disease
30,000 deaths a year	£2 billion a year to the economy	Type 2 diabetes
Deaths linked to obesity shorten life by 9 years on average		High blood pressure
		Osteoarthritis

8. In 1980, eight per cent of women and six per cent of men were obese. By 1998, this prevalence had nearly trebled and there is no sign that this upward trend is moderating. Were it to continue, 25 per cent of women and over 20 per cent of men and would be obese by 2005 and overall costs could rise to £3.6 billion by 2010.[6]

[5] C&AG's Report, para 3 and Figure 1

[6] C&AG's Report, paras 2.5-2.6, 2.31, and Appendix 3

9. The increase in obesity reflects changes in lifestyle, the increasing mechanisation of modern life, people being more sedentary, and a diet richer in energy dense foods. Obesity is a world-wide problem, particularly in more affluent societies, but no country yet has developed an effective approach to dealing with it. Although prevalence in England is still lower than in Germany and the United States, there has been a big increase which parallels the trend in the United States.[7]

10. Analysis of the distribution of obesity in England shows that:

- obesity in the population increases with age;
- prevalence amongst schoolchildren appears to be increasing;
- people in lower socio-economic groups have an increased risk of obesity;
- prevalence is higher among certain ethnic minority groups; and
- obesity is a growing problem in all regions of England . In 1998, prevalence ranged from 18 to 22 per cent.[8]

11. Our predecessor Committee was told by the Department of Health that there were a number of causal factors and that the mix of factors varied between regions and health authorities. Cross-sectional population surveys, such as the Health Survey for England and the National Diet and Nutrition Surveys, had shown links between the prevalence of obesity and factors such as social class, income, smoking, activity level and alcohol intake. There was, however, a lack of data on the causes of regional variations and the surveys had not investigated the influence of these factors on regional differences. Longitudinal studies assessing the development of obesity from childhood to adulthood had been carried out in the United Kingdom. These had shown that it was not entirely clear why some individuals became obese and others did not.[9]

12. The Department of Health have taken a number of initiatives which address aspects of obesity and its management. These include:

- the NHS Plan, which states the intention to tackle obesity and physical inactivity informed by advice from the Health Development Agency;
- the National Service Framework for coronary heart disease, which focuses on local action designed to prevent coronary heart disease through, for example, promoting healthy eating and physical activity;
- the annual Health Survey for England, which provides an important source of trend data on physical activity, eating habits, height, weight and body shape; and

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[7] Qs 1–3 and 158–159

[8] C&AG's Report, para 2.9

[9] Qs 152–157 and Evidence, Appendix 3, p27

- circulation of a framework for developing local action plans to prevent and control obesity.[10]

13. The Comptroller and Auditor General recommended that the Department and health authorities should supplement these actions:

- by commissioning further research into the effectiveness of interventions for treating overweight and obese people, and by ensuring that the results were reflected in health authority strategies;

- by setting realistic milestones and targets in health improvement programmes for improving nutrition and diet, promoting physical activity, and arresting the rising trends in the prevalence of excess weight and obesity;

- by developing indicators of progress in reducing health inequalities through initiatives to target the population groups most at risk;

- by clarifying the responsibilities of general practitioners and the wider primary care team for identifying people at risk from excess weight, and by effectively disseminating guidelines for the management of overweight and obese people.[11]

14. The Department of Health assured our predecessors that they were now giving obesity higher priority. Obesity was a considerable health issue because prevalence had doubled in a very short time, and it was implicated in a series of major diseases. For example, 70 per cent of Type 2 diabetes was preventable, if it were not for the levels of people overweight and obese. There was also the significant cost. There were two approaches: clinical measures for patients when they are obese, and working across government on prevention.[12]

15. Over 80 per cent of health authorities had identified obesity as an issue in their health improvement programmes as at April 1999. The extent to which these authorities had developed and implemented relevant strategies varied considerably, but some had set quantified and measurable targets for reducing obesity and others for increasing physical activity and improving diet.[13] Under the NHS Plan, however, by April 2001 every health authority should have a strategy that included plans for dealing with overweight and obese people. The Health Development Agency had started an evaluation of these plans, so that the Department of Health could gauge what was going on and spread good practice.[14]

16. General practices are important in the management of obesity, as they are often the first port of call for those seeking help. They are where 95 per cent of people come into contact with medical services and where there is the potential to tackle issues of being overweight or obese, possibly as part of a consultation not initially related to weight problems. In addition to general practitioners, practice nurses, dieticians, health visitors and

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[10] C&AG's Report, para 3.3
[11] C&AG's Report, para 17
[12] Qs 15, 138–139
[13] C&AG's Report, paras 3.7–3.14
[14] Qs 4–5, 142–143

school nurses can play a valuable role in identifying patients with weight problems and in providing advice and support on weight control.[15]

17. The Comptroller and Auditor General found that the majority of general practices promoted healthy eating and physical activity through general information. Many, but not the majority, sought to identify those patients at risk from obesity. The National Service Framework for coronary heart disease includes, however, plans for general practitioners and primary care teams to identify all people at risk from cardiovascular disease, including those at risk because of their weight, and to offer them appropriate advice and treatment to reduce those risks. Most general practitioners thought they had a role in treating patients with excess weight and in referring obese people to specialists for treatment. But while 60 per cent said that promoting a healthy lifestyle was the role of the primary care team as a whole, 30 per cent saw it as a role for health authorities or the Government.[16]

18. The Comptroller and Auditor General found many examples of good practice within general practices, with the adoption of a "whole practice" approach, through advice and monitoring for obese patients, and by offering innovative programmes such as exercise on prescription. There was, however, uncertainty amongst general practitioners about the effectiveness of the different interventions at their disposal.[17]

19. The Department of Health acknowledged that they had not made enough effort to equip general practitioners with adequate resources and information to deal with the problem. Under the plans each health authority now had to have in place for tackling those who were overweight and obese, the main people who would be delivering that part of the strategy would be in primary care. The process would involve all primary care trusts, all primary care groups and through them all general practitioners in tackling these issues. It would require more general practitioners to take a pro-active approach to the management of those who were overweight or obese.[18]

20. Additional research was needed to establish what worked or what combination of factors worked, and the Department of Health needed to do more to provide guidelines and advice. The National Institute of Clinical Excellence had produced guidance on the first drug treatment and the Department had published guidelines on referrals for physical exercise. Further work was necessary, for example on the effectiveness of surgery, and the Department would be looking with the National Institute of Clinical Excellence at whether to provide more comprehensive guidelines.[19]

Conclusions

21. The Department of Health and the Health Development Agency should complete their evaluation of local health authority improvement programmes, and ensure that those for 2002–03 set targets and timetables for taking action to address the needs of overweight and obese people.

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[15] C&AG's Report, para 3.15
[16] ibid, paras 3.21–3.28
[17] ibid, paras 3.29–3.57
[18] Qs 6, 21–26, 86–93, 140–141
[19] Qs 6, 86–93, 140–141

22. For most people the first point of contact with medical services is general practice, where there is the potential to advise on issues of being overweight or obese. Yet many general practitioners do not see this as their role, and action taken is patchy. Health improvement programmes should set out clear expectations of the role of general practitioners, backed up by guidelines.

23. Practice nurses, dieticians, health visitors and school nurses can play a valuable role in identifying patients with weight problems and in providing advice and support on weight control, but practice varies. General practices should seek to engage a wider range of health professionals in this work, including those working in the community and school settings.

24. General practitioners are hampered by the lack of evidence-based evaluations and guidance on the range of interventions they might use, ranging from diets, drug therapy, surgery and innovations such as "exercise on prescription". The Department and the National Institute of Clinical Excellence should follow-up their first evaluation and guidance on the anti-obesity drug Orlistat with further evaluations of the range of possible treatments and informative guidance for general practitioners.

DEVELOPING PREVENTIVE STRATEGIES LINKING HIGHER EDUCATION, PHYSICAL ACTIVITY AND HEALTHY EATING ACROSS GOVERNMENT

25. The Comptroller and Auditor General found a substantial amount of cross-departmental work in areas central to addressing the rising prevalence of obesity - principally education, physical activity and diet. Much of this activity was targeted at schoolchildren, and both promoted the adoption of healthy lifestyles in childhood and subsequently throughout adult life, as well as addressing a section of the population in which obesity was becoming increasingly prevalent.[20] It includes:

- the provision of education on the risks of being overweight, and the benefits of a healthy diet and physically active lifestyle;
- the improvement of nutritional standards in schools, including through initiatives to increase levels of fruit and vegetables consumed;
- equipping children with important skills such as cooking and the technical skills to enjoy sport and physical exercise;
- encouraging school sport, including the provision of improved facilities; and
- encouraging and providing the means for children to travel safely to school on foot or by bicycle.[21]

26. The Comptroller and Auditor General recommended that the Department of Health reinforce existing joint working by establishing a cross-departmental advisory group to co-ordinate all research on obesity and measures to prevent it.[22]

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[20] C&AG's Report, paras 18 and 4.32
[21] ibid, paras 4.33–4.62
[22] ibid, para 20

27. The witnesses confirmed that a considerable amount of cross-governmental work was going on in these areas, particularly in sport. Specific examples included the New Opportunities Fund, Round 3 for PE, and Sport in Schools. The Departments of Health and Culture Media and Sport were also planning to appoint a joint departmental adviser. Those arrangements were intended to ensure that, whatever machinery of government changes there were and whatever the boundaries between departments, there was a proper health element within the overall sporting strategy, with no cracks between them.[23]

28. Against this background, our predecessors examined in particular issues surrounding physical activity and diet.

Physical Activity

29. The Comptroller and Auditor General recommended that the Department of Health should lead the development of a new cross-Government strategy to promote the health benefits of physical activity. This initiative should include work to develop and support alternative approaches for groups where there were specific barriers to physical activity, such as those imposed by poverty, culture or fears about personal safety. He also recommended:

- continued encouragement to adopt local targets for cycling and walking;
- joint work between central government and local agencies to develop targets to increase the number of school journeys undertaken by bicycle, on foot or on public transport;
- consideration of targets to increase participation in sport and physically active leisure activities, building on the strategic target set by the Department for Culture Media and Sport to raise significantly, year on year, the average time spent on sport and physical activity by those aged 5 to 16;
- continued encouragement to schools to achieve the stated aspiration of at least two hours physical activity a week for all pupils.[24]

30. The Government has established an inter-ministerial group specifically on physical activity for children. The Department of Health told our predecessors that they were waiting for information from that group before taking a definitive decision on providing a strategy for all age groups.[25]

31. Every child between the ages of 5 and 16 has a statutory entitlement to physical education. The Government had introduced into the curriculum personal, social and health education. It had also made a commitment that every child would have an entitlement to two hours of physical exercise a week at school. There were pressures on curriculum time, and the target covered time spent both in the curriculum and outside. Over the past five years, there had been a reduction in physical education within the curriculum, but an

[23] Qs 36–43
[24] C&AG's Report, para 20
[25] Q7

increase in exercise taken outside it: in 1994, 74 per cent of children had been engaged in after-school exercise and this had risen to 79 per cent in 1999. At the same time, participation in lunchtime exercise had also risen by 5 per cent. There was, however, a mixed pattern around the country in terms of making sure all children had opportunities to take part in sport after school. For example, there was a wide range in the number of children able to swim 25 metres at the end of Key Stage 2, and some of that diversity depended upon where they were going to school. In particular, some of the poorer neighbourhoods, because they were under such pressure, were not providing the same opportunities.[26]

32. The Department for Education and Employment were therefore working with other departments on how best to meet every child's entitlement to two hours physical activity a week. There had been a substantial investment in initiatives like schools sport co-ordinators, where they were spending £120 million and expected to have 1000 in place by 2004. They had also invested in *Champions*, where well known sports people went to schools to encourage people to participate and raise the level of participation up to two hours a week.[27]

33. The Department for Culture, Media and Sport had deliberately focussed additional money and attention on opportunities for sport and exercise for young people in schools, not least because in the school environment they could have most control over how children spent their time. However, the Government's sports policy went much wider and dealt with the enhancement of sporting facilities for use by all ages including Sports Council and Lottery funding. They were investing, with the Department for Education and Employment in a very substantial programme of multi-purpose arts and sports facilities across the country. There was also a joined-up initiative to increase the amount of time people spent travelling to school by foot or bicycle, which had included guidance on school travel entitled *A Safer Journey to School*. The Department for Education and Employment said that in two or three year's time, they hoped to have improved their performance quite considerably.[28]

34. Our predecessor Committee was concerned that the sale of school playing fields and pressure on the provision of recreational facilities by local authorities would hamper the planned increase in physical exercise in schools. The Department for Education and Employment had not collected data on the number of school playing fields, although local authority Asset Management Plans would in future provide a clearer picture. Nor did they have data centrally on the disposal of playing fields before 1998, although they estimated that before 1998 disposals were running at up to about 40 fields a month. However, Section 77 of the School Standards and Framework Act 1998 was intended to protect school playing fields. From October 1998, local authorities or governing bodies of maintained schools had to obtain the Secretary of State's consent to disposal or change of use. Since then, 81 applications to dispose of sports pitches (about three a month) had been approved.[29]

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[26] Qs 9–10, 79–84

[27] Q9

[28] C&AG's Report, para 4.44 and Qs 7, 9, 44, 81–83

[29] Qs 67–69, 164–165, and Evidence, Appendix 4, p28

35. The Department for Education and Employment expected local authorities and schools to recognise the importance of providing playing fields and opportunities for young people to participate in sport, and to fill any gaps that existed at local level. All local authorities had agreed to produce local sports strategies, and in the Government's *Plan for Sport*, there were propositions for each authority to audit the sporting and recreational facilities in their areas. Through the National Lottery and the New Opportunities Fund, the Department for Education and Employment and the Department for Culture, Media and Sport were providing a very substantial additional investment, which could be used for sports and arts facilities of all sorts, including playing fields. Since 1995, £1.2 billion had been spent, coupled with the new Sport in Schools initiative. In the view of the Department for Culture, Media and Sport, the provision of sporting activities throughout the country was undergoing a transformation as a result of these initiatives, encouraged by and normally in partnership with local government.[30]

36. In addition, the Department of the Environment, Transport and the Regions were consulting on draft planning policy guidance on sport, open space and recreation. This guidance would set out a new systematic approach for local authorities in establishing provision and need for open space and recreational facilities. The starting point was an assessment of need in each area, having regard to the standards of provision recommended by sports governing bodies, the National Playing Fields Association and other interest groups. Local authorities would then set standards of provision to reflect local circumstances and make provision in their local development plans, and these would be the primary consideration in considering planning applications.[31]

37. A key aspect of the Department of the Environment, Transport and the Regions' work related to strategies for encouraging walking and cycling across all ages. Within their Local Transport Plans local authorities had to produce local cycling strategies and local walking strategies in partnership with other agencies and bodies like schools, health authorities and so on. There had been a history of partnership working and the Department had collaborated in the publication of a document called *Making T.H.E Links* to try to emphasise the links between transport, health and education. Local authorities were required to report on progress and this would give the Department more information.[32]

38. As regards cycling, the Department of the Environment, Transport and the Regions told our predecessors they had doubled the resources in 2001–02 and provided a stable funding framework for the next five years in the local transport plan settlement. They had asked local authorities to consider giving cyclists and pedestrians priority in their road planning, and had given them powers in the Transport Act to designate home zones and quiet lanes. They had probably underestimated, however, the amount of investment needed in cycle paths, in separate cycle lanes on highways and in traffic calming measures, which were important because of high fatality rates among cyclists, especially young children. As a result, they would probably not meet their target of doubling the level of cycling trips by 2002, which was a key part of the national cycling strategy.[33]

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[30] Qs 70–76, 148
[31] Qs 71–72, 167
[32] Qs 7, 11–12
[33] Qs 51–55

39. In addition, the Department of the Environment, Transport and the Regions were working with the charity, Sustrans (Sustainable Transport), to produce 8,000 miles of cycling paths by the year 2005. They had also produced guidance on the use of cycles on trains, including the provision of safe routes to the stations. In some places Railtrack had established cycle tracks adjacent to operational railway lines, with secure separation between cyclists and the railway, and it was open to local authorities to explore such opportunities with Railtrack.[34]

Diet

40. On issues relating to diet, the Comptroller and Auditor General recommended:

- high priority be given to implementing the initiatives on nutrition listed in the NHS Plan, working with the food industry, including manufacturers and caterers, to improve the balance of diet;

- work to establish ways of monitoring the overall impact of initiatives to improve the nutritional quality of food provided in schools;

- strengthened guidance to schools on commercial sponsorship to ensure that they take full account of the potential disadvantages of participating in schemes that might run counter to key messages on healthy eating.[35]

41. He noted in particular that consumption of fruit and vegetables by young people between the ages of 4 and 18 was well below World Health Organisation recommendations. In the NHS Plan, the Department of Health had announced a series of proposals to improve diet and nutrition by 2004. From April 2001, Regulations introduced nutritional standards for school lunches for registered pupils in all schools maintained by local education authorities in England. The Regulations set out compulsory minimum standards, including fruit and vegetables. Alongside those standards, the Department for Education and Employment had introduced a requirement for schools to provide school lunches where parents wanted them.[36]

42. In addition, the Department of Health had been piloting a free-fruit-in-schools initiative in over 500 schools. These pilots were looking at "gate to hand" issues in 33 schools in Leicester, Hackney and Southwark & Lewisham and "farm to gate" issues in 510 schools across England. Evaluations of these pilot projects would be available in the summer and would be disseminated widely. Early results indicated that the scheme was being extremely well received. Further pilots would focus on "hand to mouth" issues. There were also several community initiatives to promote fruit and vegetable eating. There was a striking difference in the consumption of fruit and vegetables across the regions. For example, in the North East region average fruit consumption was 827 grams per person per week, whilst in the South East it was 1,252 grams. A number of factors could contribute,

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[34] Qs 56–63 and Evidence, Appendix 1, p25

[35] C&AG's Report, para 20

[36] ibid, paras 4.31 and 4.57; Qs 33, 168–173, and Evidence, Appendix 4, pp 28–29

such as access to shops, availability of produce, and price. Pilot projects were looking at the feasibility of increasing consumption by a number of interventions.[37]

43. A key issue in giving people information and choice about what they eat is the way food is marketed and labelled. The Food Standards Agency have a variety of initiatives designed to promote, on a voluntary basis, more helpful labelling for customers and to ensure that advertising conveys a proper picture of the results derived from eating the product. The Agency were seeking to persuade the food industry of the real market benefits and public demand for products that were more healthy because they had less fat and less salt. For example, there was evidence from Scandinavia that products could be changed from high to low in saturated fats, whilst retaining their appeal to customers. And they had been in discussion with the catering industry about the desirability of offering lighter options.[38]

44. One concern was that much advertising aimed at children on Saturday mornings appeared to relate to foods high in fat, in sugar and in salt. Another was that schools were getting into sponsorship deals, for example with Walker's crisps, which could run counter to the emphasis on healthy eating. Both the Agency and the Department for Education and Employment emphasised that the individual foods were not harmful, and it was not a question of banning particular foods or advertising. It was the balance of diet, both in childhood and later, that mattered.[39]

45. The Agency were seeking a voluntary agreement with the food industry on advertising. The Department were trying to educate children on the choices available and the implications of a badly balanced diet for their health. They were also trying to educate parents at a much earlier stage, through initiatives such as the Sure Start programme, to understand the importance of these choices. As regards sponsorship in schools, the Department believed it was for individual governors and schools to decide whether or not they were content for particular products to be sold to their children or content to accept particular forms of sponsorship.[40]

46. Finally, our predecessors asked about the barriers to participation in healthy living and healthy lifestyles, including poverty and personal safety. The Department for Education and Employment had targeted education initiatives on providing more resources in disadvantaged areas, including education action zones, excellence in cities, and the cooking for kids schemes. There was also a concern that some of the poorer neighbourhoods were not providing the same opportunities for sport after school. Through the Sports Council, the Department for Culture, Media and Sport were monitoring the use of sports facilities by those who in the past considered themselves shut out or discouraged, including women's and ethnic minority groups and the poorer members of society. The Department of the Environment, Transport and the Regions had asked local authorities to take account of personal safety issues like good lighting in local walking and cycling strategies.[41]

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[37] Qs 64–66, 146–147 and Evidence, Appendix 3, pp 26–27
[38] Qs 13–14, 32, 50, 103–120
[39] Qs 31–33, 120–129, 133–135
[40] Qs 31–33, 120–129, 133–135
[41] Qs 8, 84–85, 144

Conclusions

47. Achievement of children's entitlement to two hours of physical exercise each week requires an adequate and equitable distribution of facilities. There is, however, a considerable disparity in the opportunities for sport currently being offered to children by different schools. The Department for Education and Skills should move quickly to ensure that this entitlement is delivered in schools and to establish arrangements to monitor and publish progress towards achieving this entitlement in all schools. Departments should gather and co-ordinate the results of local authority audits of sporting and recreational activities, and work with local authorities to address gaps in provision.

48. A number of initiatives have been started to improve diet and nutrition, including nutritional standards for school lunches, pilot schemes for free fruit in schools, and community pilot projects to promote fruit and vegetable eating. In line with the NHS Plan, Departments should take action to ensure that the importance of fruit in a balanced diet is promoted in schools and the Food Standards Agency should work with the food industry to improve the nutritional content of the food produced and the way it is marketed, to make it easier for all consumers to choose a more balanced diet.

49. Commercial sponsorship schemes may serve to promote the consumption of foods high in fat, sugar and salt. The Department for Education and Skills should issue guidance for schools to interpret locally on how to assess offers from sponsors, and how to evaluate schemes which may for example encourage consumption of snack foods.

50. The Food Standards Agency has taken a number of initiatives to promote more helpful labelling of food products. There is still room for concern, however, about the potentially harmful effects of advertising products high in sugar, salt and fat to children. The Agency should work with the food industry to develop a code of conduct with regard to the amount and nature of food advertising aimed at children.

51. If national strategies on obesity are to be implemented effectively, there needs to be an emphasis on partnership working between local authorities, local health bodies, charities and the private sector. For example, within their Local Transport Plans local authorities had to produce local strategies for cycling and walking in partnership with other agencies and bodies like schools and health authorities. The Department of Health should promote such partnerships, assess and report on their progress, and disseminate emerging good practice.

52. The Department for Transport, Local Government and the Regions are working with the charity Sustrans to produce 8,000 miles of cycling paths by the year 2005. They have also issued guidance on the use of cycles on trains, including the provision of safe routes to stations. Noting that in some places Railtrack have established cycle tracks adjacent to operational railway lines, we expect the Department for Transport, Local Government and the Regions to encourage local authorities to explore opportunities to expand these arrangements.

PROCEEDINGS OF THE COMMITTEE
RELATING TO THE REPORT

SESSION 2000–01

MONDAY 23 APRIL 2001

Members present:

Mr David Davis in the Chair

Mr Simon Burns
Mr Alan Campbell
Mr Barry Gardiner
Mr Nigel Griffiths
Mr Edward Leigh
Mr David Rendel
Mr Gerry Steinberg
Mr Alan Williams

Sir John Bourn, KCB, Comptroller and Auditor General, was further examined.

The Committee deliberated.

Ms Lorraine Constable, Second Treasury Officer of Accounts, was further examined.

The Comptroller and Auditor General's report on Tackling Obesity in England (HC 220) was considered.

Mr Nigel Crisp, Permanent Secretary, the Department of Health and Chief Executive, the NHS Executive; Mr Robin Young, Permanent Secretary, the Department for Culture, Media and Sport; Sir Michael Bichard, Permanent Secretary, the Department for Education and Employment; Mr William Rickett, Director General, Transport Strategy and Planning, the Department of the Environment, Transport and the Regions; and Mr Geoffrey Podger, Chief Executive, the Food Standards Agency, were examined (HC 426-i).

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[Adjourned until Wednesday 25 April at half past Four o'clock.

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SESSION 2001–2002

WEDNESDAY 5 DECEMBER 2001

Members present:

Mr Edward Leigh in the Chair

Mr Ian Davidson
Mr Geraint Davies
Mr Nick Gibb
Mr Brian Jenkins
Mr George Osborne
Mr David Rendel
Mr Gerry Steinberg

Sir John Bourn, KCB, Comptroller and Auditor General, was further examined.

The Committee deliberated.

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Draft Report (Tackling Obesity in England), proposed by the Chairman, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 4 read and agreed to.

Paragraph 5 read, amended and agreed to.

Paragraph 6 postponed.

Paragraphs 7 to 20 read and agreed to.

Paragraphs 21 to 24 read and agreed to.

Paragraphs 25 to 46 read and agreed to.

Paragraphs 47 to 51 read and agreed to.

A paragraph, brought up, read the first and second time, and inserted (now paragraph 52).—(*The Chairman*).

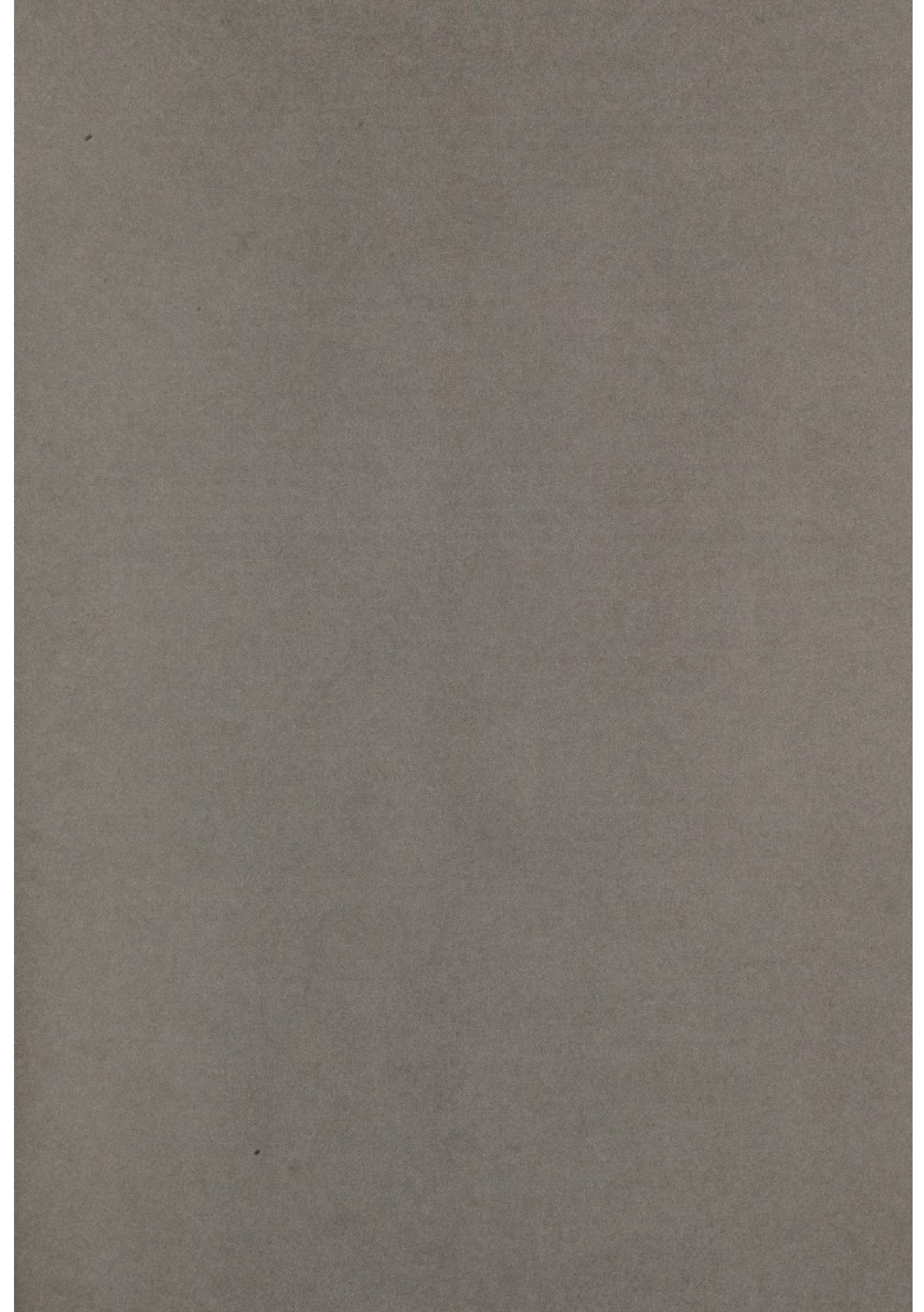
Postponed paragraph 6 read, amended and agreed to.

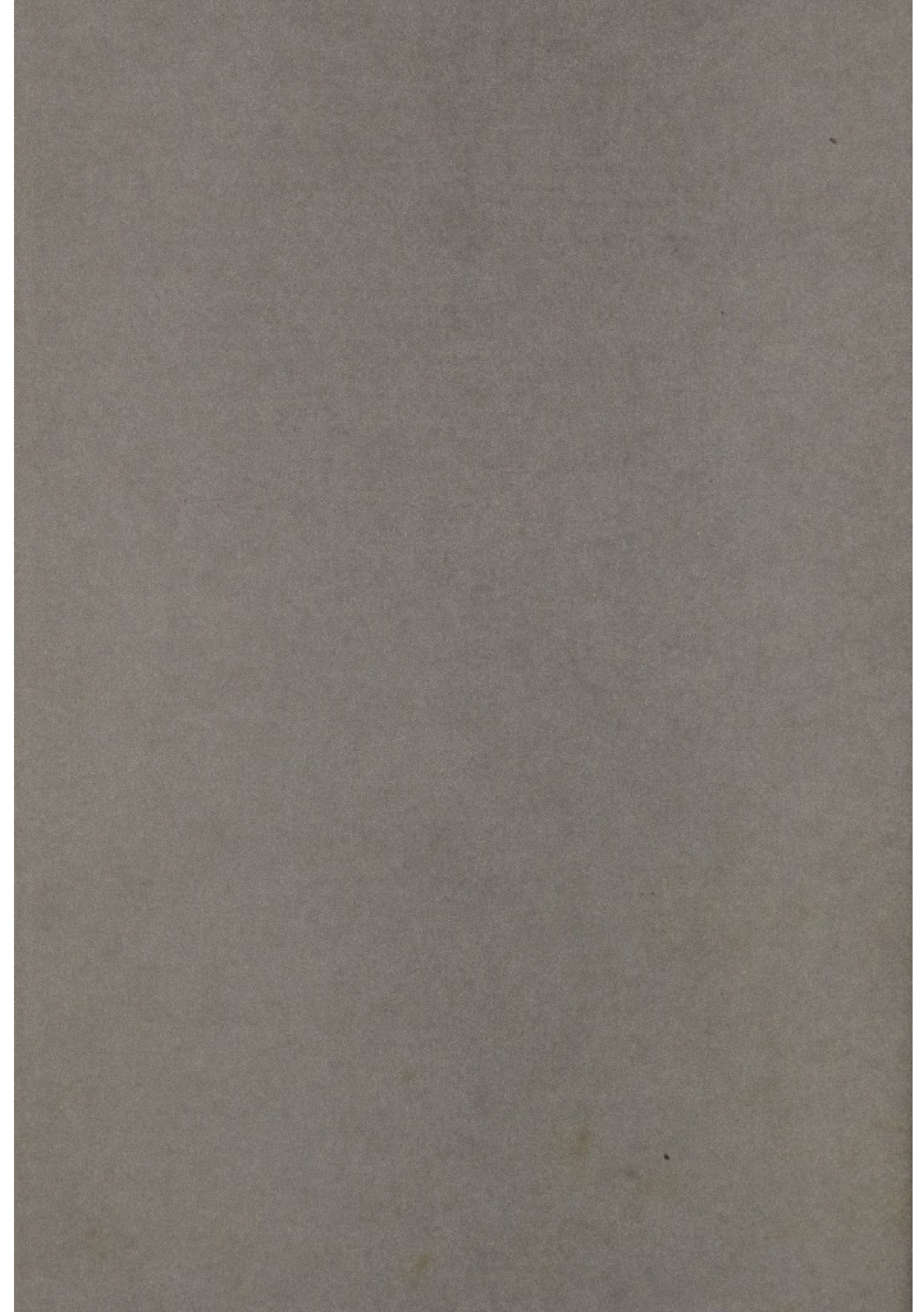
Resolved, That the Report, as amended, be the Ninth Report of the Committee to the House.

Ordered, That the Chairman do make the Report to the House.

Ordered, That the provisions of Standing Order No. 134 (Select Committee (Reports)) be applied to the Report.

[Adjourned until Monday 10 December at half past Four o'clock.





MINUTES OF EVIDENCE

TAKEN BEFORE THE PUBLIC ACCOUNTS COMMITTEE

MONDAY 23 APRIL 2001

Members present:

Mr David Davis, in the Chair

Mr Simon Burns	Mr Edward Leigh
Mr Alan Campbell	Mr David Rendel
Mr Barry Gardiner	Mr Gerry Steinberg
Mr Nigel Griffiths	Mr Alan Williams

SIR JOHN BOURN, KCB, Comptroller and Auditor General, National Audit Office, further examined.

MS LORRAINE CONSTABLE, Assistant Treasury Officer of Accounts, HM Treasury, further examined.

REPORT BY THE COMPTROLLER AND AUDITOR GENERAL: TACKLING OBESITY IN ENGLAND (HC 220)

Memorandum submitted by The Obesity Awareness & Solutions Trust Limited (TOAST) (PAC 00–01/148)

TOAST RESPONSE TO: TACKLING OBESITY IN ENGLAND REPORT BY THE COMPTROLLER AND AUDITOR GENERAL 2001

TOAST welcomes the publication of the National Audit Office Report on obesity and is glad that at last there is to be a joined up approach to tackling obesity. We support the Government's promotion of a healthy diet, containing adequate amounts of fruit and vegetables, coupled with good exercise as one means of preventing further increases in the levels of obesity. However, this advice has neither halted the increase nor resulted in a decline. Indeed, the problem has reached epidemic proportions according to the World Health Organisation. What must not happen is that the emphasis be put just into prevention, important as it is, there are still two thirds of men and half of women who are currently obese or overweight. Obesity is caused by a diversity of problems and needs a diversity of solutions.

OBESITY: "ON THE BACK SHELF OF HEALTHCARE"

The Health of the Nation Report in 1992 identified the co-morbidities and therefore the financial costs of obesity and set targets to reduce the incidence from 12 per cent back to the 1980 level of 8 per cent. By 1999 it was obvious that the targets would not be met and so, with the obesity epidemic raging, "Saving Lives: Our Healthier Nation" dropped obesity, setting no strategy to reduce or limit it. There was a feeling amongst those living and working with obesity that the government hoped that if they ignored obesity and the obese then it and they would go away. TOAST is concerned that local and national schemes will fail to include effective programmes; leaving obesity and obese people labelled as hopeless and once again put on the back shelf of health care.

CAUSES OF OBESITY

There is no one single cause. At the simplest level obesity is caused by eating more than a body needs. However, the food choices of all human beings are made for a variety of reasons, ranging through appropriate "dinner-time" hunger, stress leading to undereating, stress leading to overeating, a scrumptious looking dessert trolley to celebratory meals. We have asked a variety of groups why they think obese people over eat; the following list is a typical example:

Boredom	Unfulfilled	Holidays	Guilt	Anger	Because it's there
To celebrate	Shame	Revenge	Addiction	Stress	Pressure from other people
Tired	Unsatisfied	Comfort	Unhappy	Habit	Going to start a diet tomorrow
Loneliness	Unloved	Frustration	Depression	It's Sunday	Not appreciated
Happiness	Pleasure				

As well as looking at the observable behaviour such as how much is eaten, it's important to look at what drives food choices; the cognitions and emotions that lie behind food choices.

For many types of obese there is a strong link to the problems of those with a drink problem. The alcoholic doesn't drink too much because they are thirsty. The alcoholic is not "cured" because they have not had a drink for weeks, months or even years. Treatment programmes use some form of counselling, recognising

that alcohol is often used as a coping mechanism; to drown sorrows, for swallowing anger, blotting out the pain, to be part of the crowd. Many overeaters will recognise these behaviours and reasons for over consuming.

"The worst health problems in our country will not be tackled without dealing with their fundamental causes." (NHS Plan, 2000). We have to stop treating obesity at the simplest level. The only direct statement in the Report that acknowledges, *". . . psychological problems may equally contribute to the type of behaviours, such as emotional and binge-eating, that can result in the onset of obesity"* is in the appendices (NAO Report 2001—all italics refer to Report).

HEALTHY EATING AND PHYSICAL ACTIVITY

One of the major failings of the Report and in obesity management in general is the focus on "Healthy Eating and Physical Activity" (HEPA) as the main (if not only) solutions to the obesity epidemic.

The National Food Survey (1992) showed that energy intake has decreased since the 1970's; however, the Survey did not take into account that eating patterns have changed in the last 30 years; people eat away from home more frequently and this data is not included in daily consumption. The "Effective Healthcare Bulletin" (1995), although acknowledging that eating outside the home "may also contribute to this trend" states "This [the increase in obesity] has occurred despite a reduction in the total average energy consumption, suggesting that sedentary lifestyles are the most important factor." It is important that such errors are not perpetuated and the solution to obesity is not seen as just getting people to exercise more.

Exercise can have a part to play. Because losing weight reduces the risk of coronary heart disease (CHD), obesity is mentioned in the National Service Framework for CHD (NSF, 2000). However, because the focus of this document is on reducing the risk of CHD, the levels of activity recommended are also focused on how much exercise an individual needs to do to reduce their risk. Unfortunately, the level of activity required to be fit and the level required for weight loss are different, but advisers are not putting this information across. Thirty minutes a day is for prevention of CHD; in order to lose weight this needs to be roughly trebled, and this is assuming no overeating is going on. To burn up one pound of fat a human being needs to walk or run 35 miles.

Whilst recognising the importance of improving diet in this country, it is important that this is not confused with action to deal with the obesity problem. The healthy eating advice that is necessary for the average weight person is different from the advice that an obese person needs. The *"Balance of Good Health"* plate is an excellent way of putting across the healthy eating message. But this message has been around for decades. Education messages alone don't work; advice alone will not change behaviour.

GENERAL PRACTICES

Most obese people have been on lots of diets and are dieting experts. "I know what I should eat—will somebody help me do it" is a common cry.

Our research (Cox 2000) showed 90 per cent of obese people questioned thought that GPs did not, or only occasionally provided the right kind of support. Similarly, 90 per cent thought dieticians did not provide the right kind of support. Many tell us that they felt their doctor was not interested, did not understand and did not have time to listen.

3.25 ". . . we found that almost all practices recorded the height and weight of all patients. In addition, about 95 per cent recorded the body mass index of all patients."

In contrast, work by Nick Finer at the Luton and Dunstable Hospital highlighted poor GP referral letters to his obesity clinic. Many did not include the weight of these patients. This low quality may represent a negative attitude of the physician towards the obese.

The National Service Framework for CHD gives milestones of April 2001 and 2002 for action on obesity management. Our concern is that many GPs as yet do not know of the milestones, let alone actioned them. It will be 2003 before anybody realises this. We would like to know the progress of the milestones and details of the budgets for putting these policies into action.

RATE OF WEIGHT LOSS

3.17 ". . . A weight loss of 5kg (11 lbs) is equivalent to a loss of some six per cent in body weight for a man or woman of average height with a body mass index of 30"

TOAST recognises the health benefits of a 5kg loss. However, we agree with the government's National Service Framework for CHD statement, ". . . but the goal which patients should be encouraged to aim is still a BMI in the average range".

One of the disadvantages of only focusing on the benefits of a small weight loss is that it becomes the expected norm. We must continue to find ways of helping individuals to reach and maintain an even healthier weight. The health benefits increase as the weight loss increases.

COSTS OF OBESITY

Identifying the overall cost of obesity is very different from identifying what is currently being spent. The Report itself acknowledges its underestimation of the costs of obesity. The cost is probably around 2 billion, yet the NHS is only spending £9.4 million.

WORKING TOWARDS SOLUTIONS

Obesity! A complex problem

With many routes to becoming obese it seems realistic to assume that "one size fits all" is not a useful approach for treatment. One obese person may, for example, simply need more knowledge about low fat eating, another may be a dieting expert full of facts and figures but be unable to motivate her/himself to put that knowledge into action. There are many influences on an individual's obesity development. A fundamental flaw in the government department system is the lack of attention paid to psychology and emotional well being.

Too big a problem for the NHS to cope with alone

With 25 per cent of the population obese, Primary Care Teams cannot deal with the problem alone. Any effective public health strategy must recognise the wide range of factors that contribute to the problem and provide for a range of solutions open to individuals including, but not limited to:

Conventional dietary advice

Behavioural change, including exercise

Counselling—eg cognitive behavioural therapy

Self-help groups

Slimming clubs

Nutritionally assured formula foods including very low calorie diets and other meal replacement programmes

Medical intervention—eg medication, surgery

There is a need for a new type of health professional to specialise in obesity management.

What can we learn from others?

Within geriatric care the NHS and the commercial sector work together; the NHS frequently treats medical symptoms and the commercial sector frequently provides other care.

Treatment programmes for addictive behaviours provide motivation for change and long term support. Many work with groups, which have been shown to be effective, and are good use of the professional's time.

Training programmes used by industry and the public sector aim to help people change attitudes, motivate themselves and work towards achieving their and their organisations goals. They are the culmination of decades of research into understanding these processes.

The Health Education Authority's "Lifesaver" quit smoking programme has provided varied support for those wishing to stop smoking ranging from a screensaver—"Smoking: don't give up giving up" to a national media campaign.

The "whole practice" approach is a good method of using skills and resources.

There is a need to co-ordinate initiatives including NHS, policy makers, the food industry, slimming industry, Advertising Standards Authority and other campaigns.

Promoting a healthy school environment, healthy travel to school, sport and physical recreation in schools and healthy eating in schools and, importantly, not forgetting bullying and the psychological well being of the already obese child.

The message that the government puts out needs to be simple. There have been so many conflicting nutritional messages over recent decades that many are confused. One suggestion for getting across the health message; "Obesity leads to diseases which kill"

Recognise that the message on diet and exercise is important but not the whole solution

There is a danger that Health Authorities providing "encouragement" for people to eat healthily and to do more physical activity will enable them to be seen as having an obesity management strategy. When this fails (again), overweight and obese people will be seen as too difficult to treat. We want to stop the government wasting money in thinking that obesity will be solved by continuing with more of the same policies that have blatantly not worked in the past.

Better information on food labels

Government advice is that only 25 per cent of our Calorie intake should be from fat. Currently labels show fat weight, which does not easily allow people to make that choice. Most people would need a calculator to find the percentage of fat in the product.

Clear, readable labels showing percentage from fat Calories would also stop X per cent fat free claims. Some products carry a banner on the front of the packaging declaring the product to be, for example, 85 per cent fat free. Most people interpret this as meaning only 15 per cent of the Calories in the product are from fat. In reality the percentage of Calories from fat can be nearer 30 per cent.

Prevention alone is not good enough

Paragraph 3.13 of the Report suggests, *". . . A more realistic five year aim might be to keep the local prevalence of obesity constant. . . ."*

A consequence of this message is that it will be taken as a guideline to focus on prevention, ignoring the 10 million already obese in this country. This approach will also lead to an increase of the costs of obesity because the existing obese population is getting older. To simply focus on prevention is not good enough.

Put in place weight maintenance programmes

Many obese have been successful at losing weight but only a small percentage of those are successful at staying at the lower weight. These two activities take place over different time frames and require different skills. Most of the solutions to obesity have only been solutions for losing weight and have not included a solution for the much more difficult problem of keeping the weight off once lost.

Set targets that reduce obesity

Failing to plan is planning to fail! It is important to reinstate measurable targets for obesity reduction and identifying efficacious weight loss methods and best practice. Uncertainty over the aetiology of obesity remains one of the chief barriers to designing effective strategies for prevention and treatment. The report continues the common lack of understanding of the complexities of obesity and thereby contributes to the uncertainty of how to treat.

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TOAST

April 2001

Examination of Witnesses

MR NIGEL CRISP, Permanent Secretary, the Department of Health and Chief Executive, the NHS Executive, MR ROBIN YOUNG, Permanent Secretary, Department for Culture Media and Sport (DCMS), SIR MICHAEL BICHARD, KCB, Permanent Secretary, Department for Education and Employment (DfEE), MR WILLIAM RICKETT, Director General of Transport Strategy and Planning, the Department of the Environment, Transport and the Regions (DETR), and MR GEOFFREY PODGER, Chief Executive, Food Standards Agency, examined.

Chairman

1. Today the Committee is taking evidence on the Comptroller and Auditor General's report on tackling obesity in England. It is a unique occasion, the first time, certainly since I have been Chairman, that we have had five departments appearing before us together. It shows the importance of cross-sectoral or joined-up government to address the issue we are dealing with this afternoon. We welcome Mr Crisp, Permanent Secretary at the Department of Health and Chief Executive of the NHS which takes the lead in formulating the policy on this considerable public health risk. I should also like to welcome the Accounting Officers of the four other major players across government, Sir Michael Bichard in his appearance after his valedictory, Mr Young, Department for Culture, Media and Sport, Mr Podger, Foods Standards Agency and Mr William Rickett from the Department of the Environment, Transport and the Regions. Welcome to all of you gentlemen. Let me start with Mr Crisp. The report tells us that there has been a doubling of the number of obese people in this country at the time when in Europe there has been an increase of between 10 and 40 per cent. Why are we so much worse than the rest of Europe?

(*Mr Crisp*) The first point is that this is a worldwide issue and is really a very significant worldwide issue and no country yet has an approach to dealing with it which seems to be delivering.

2. But we are the worst by the look of it.

(*Mr Crisp*) No, if you look at the figures here it also relates to where the starting point was. If you look at the figures in one of the appendices you will see that even if we have come up, we are still behind Germany in terms of the prevalence of obesity and considerably behind the United States. This is a problem, particularly for the more affluent societies, though it is also in the developing world. We have seen a big increase: we are now more in line with some other countries. We seem to be following the same process as the States and that is why we need a very active set of measures to tackle it.

3. You have not really given me a cause for this.

(*Mr Crisp*) The cause of obesity is very much about change in lifestyle, it is about the over-mechanisation of modern life, people being much more sedentary, a diet much more rich in energy dense foods, changes in the way in which food is eaten away from the home, far more snacks and soft drinks and indeed alcohol. There is a whole series of things to do primarily with affluence and changes in lifestyle which are affecting us as they are affecting other countries. We may have started from a lower base than some of our European neighbours, but we certainly have a significant issue.

4. That will be pertinent to the methods you adopt to deal with it. The C&AG estimates that it costs the National Health Service at least £½ billion to treat the consequences of obesity every year. Paragraphs 2.26-2.27 suggest that figure is actually conservative and that it is probably more than that. To what extent does this encourage you to give greater priority to the issue of obesity than perhaps you have in the past?

(*Mr Crisp*) Obesity is implicated in a whole series of very major diseases and you pull out the cost there. It is partly the cost but also the effects on people's health which are also brought out in this report, both of which mean that we do need to give it a significant priority and, as the report also says, that is happening now. We have it within the NHS Plan, probably most significantly and in a most developed way in our National Health Service Framework for coronary heart disease which has moved on a bit since the time the research for this report was done but we do have within that a requirement that by April 2001, in other words now, every health authority should have a strategy for plans for dealing with being overweight and obesity alongside some of their other plans for health. We are tackling it in the same way as we are tackling smoking and other issues which cause ill health.

5. You say that the target is for now. Has it been achieved?

(*Mr Crisp*) We do not yet know. We do have an evaluation which is being started by the Health Development Agency to look at what health authorities have put in place and we shall be able to look at that over the summer. It is not a question of ticking a box and saying you have a strategy.

6. Others may press you a little harder on that but let me move on to some specifics. The report identifies wide divergences in the way GPs deal with this problem. What action do you propose to take to ensure a more consistent and evidence-based approach by them?

(*Mr Crisp*) There are three elements there. You mentioned the evidence-based approach. Firstly, we do need more research. It is not yet clear absolutely what works or what combination of factors works, so more research is needed and that is happening. The second thing which is happening is that we need to do more work on providing guidelines and advice for people as we know what works; there is some work going on around that. The third and most significant point is what I have already alluded to, which is that health authorities need to have plans in place for tackling being overweight and obese and that the main people who will be delivering that part of the strategy will be through primary care. It is a two-part approach: one part is the approach to prevention which is primarily with schoolchildren and fit adults;

[**Chairman** *Cont*]

then the approach to people who are having problems or who are already obese needs to be led in the first place through primary care.

7. Paragraph 18 of the Executive Summary notes that much of the cross-government work to promote physical activity is targeted at schoolchildren, which is very evident from Part 4 of the report. What are you doing to promote the health benefits of physical activity across the whole population? Adults really rather than just schoolchildren.

(*Mr Crisp*) We have an inter-ministerial group working specifically on physical activity for children. We are waiting for some of the information to come from that group before we make a definitive decision as to how we would move forward with the recommendation which is in here about providing a strategy for all ages around physical activity. There is some learning to do from the children's activity but perhaps at this point I could bring in colleagues to flesh that out.

(*Mr Young*) Certainly from the sport point of view we have deliberately focused on schoolchildren, not least because it is there that we can have most control because how they spend their time is less voluntary. Whereas in the twenty-first century you cannot tell adults what to do and how much exercise to take, with schoolchildren you can have a try at least at doing that. We have deliberately focused our attention on improving sport opportunities and exercise opportunities for young people in schools. The Government's sports policy as a whole goes much wider and deals with the enhancement of sporting facilities for use by all ages. We focused new additional money and attention on sport in schools but for example in previous sessions here I explained the Sports Council and Lottery funding scene and the huge improvement in sports facilities throughout the country that has caused. We are not restricted on adults but Ministers have definitely focused quite deliberately on schoolchildren.

(*Mr Rickett*) There are strategies for encouraging walking and cycling across all ages; they are not targeted just at schoolchildren though some measures are targeted at schoolchildren. It is worth noting that the General Household Survey shows that walking is by far the most popular leisure activity for adults. There is scope.

8. Paragraph 2.15 raises the question of barriers to participation of some groups and they talk about poverty and fears about personal safety. What are you doing to deal with that in some of these areas?

(*Mr Young*) From the DCMS point of view—not that this is an unjoined-up answer—we ask the Sports Council in particular to monitor use of sports facilities by a number of groups who hitherto have considered themselves shut out or discouraged, including women's and ethnic minority groups, the poorer members of society, who hitherto have made less use of public sports facilities than other groups. We have set them a particular task of monitoring use of our new facilities and all facilities by those groups which will unfold as they report back.

(*Mr Rickett*) Our strategy is to ask local authorities to bring forward local walking strategies and cycling strategies, taking account of personal security issues like good lighting on pedestrian routes and so on. We have issued guidance on "Personal Security Issues in Pedestrian Journeys" to help local authorities and guide their activities.

9. Let me move on to the question of youngsters at school. What progress has been made, Sir Michael, by your Department to meet the stated aspiration of at least two hours physical exercise a week for youngsters?

(*Sir Michael Bichard*) The statistics show that the time spent within the curriculum on PE has probably reduced a bit, but the time spent outside the curriculum has increased a bit. Earlier this year the Prime Minister committed the Government to an entitlement for every child to have two hours a week. That covers time spent in the curriculum and outside the curriculum. We are working with other departments on how that can best be achieved. There has been a very substantial investment in initiatives like schools sport coordinators where we expect to have 1,000 in place by 2004. One hundred and twenty million pounds are going into that. There is another substantial investment in sport, Champions, which is well-known sports people going to schools not to preach excellence but to encourage people to participate and raise the level of participation up to two hours a week. We are also investing with DCMS in a very substantial programme of multi-purpose arts and sports facilities across the country. A good deal of work is going into it but I accept that we have yet some way to go.

10. Do you have figures on how far and how fast?

(*Sir Michael Bichard*) We do have figures on how much time children are spending within the curriculum on PE. At Key Stage 1 it is one hour and 20 minutes, at Key Stage 2 it is one hour and 35 minutes, at Key Stage 3 we are up to two hours and at Key Stage 4 it drops down. One of the problems at Key Stage 4 is that some of the older children have not been keen to be involved in the rather more traditional team events. We are therefore giving schools and teachers a bit more flexibility as to the kind of provision they make available for older children.

11. I am sure others will pursue that further. Let me move on to the DETR. How successful do you think the Department has been in ensuring that local authorities participate fully in making it easier to walk and cycle? You mentioned this briefly earlier but how successful do you think you have been with local authorities?

(*Mr Rickett*) It is a requirement of the Local Transport Plan process that local authorities should produce local cycling strategies, local walking strategies, in partnership with other agencies and with bodies like schools, health authorities and so on. The local transport plans that they have produced all include these strategies and there is evidence of partnership working. There has been a history of increasing partnership working, starting perhaps with road safety and air quality, now moving more into physical activity. The Department collaborated in the publication of a document called "Making T.H.E Links", the transport, health and education links, to try to bring home to local authorities the importance of bringing these activities together.

[**Chairman** *Cont*]

12. Do you have any quantitative measure of how much has been done by local authorities?

(*Mr Rickett*) It would be quite hard to produce a single quantitative measure. We have done surveys of how far their strategies refer to joint working and it is a requirement of the guidance that they report annually on what they are doing and that should give us more information about how far they are actually working in collaboration.

13. We may ask for data later but I shall come back to you on that one. Mr Podger, the point was made very well by Mr Crisp at the beginning that a lot of this comes down to the sort of food people eat today, high energy food basically. What is your agency doing with respect to the way food is marketed and labelled?

(*Mr Podger*) The point you raised earlier about adults is particularly relevant. Adults who want to choose may in fact find themselves potentially defeated by labelling in actually exercising that choice. For that reason the Foods Standards Agency has a variety of initiatives which are currently ongoing which are designed to promote on a voluntary basis more helpful labelling for consumers in this country, but also to feed in to the revision of the European Community law which governs this area in the hope that will actually allow consumers to have access to labels which are more meaningful to them. I doubt it will have escaped the notice of any of the Committee that if you look at something which is currently labelled according to European regulations, unless you are a nutritional expert it is extraordinarily difficult to understand what is being said. I should say—and they should be praised for this—that UK retailers in particular have already introduced simple diagrammatic indications, for example of what proportion of your daily fat intake is contained in a particular product. We have encouraged the retailers to do this. We have a working party looking at clarity of labelling which will be reaching its conclusions this year, but also we are very much in touch with the European Commission who are in general sympathetic about the need to reform the nutritional labelling rules at the Community level so they are actually meaningful to ordinary people.

14. Just as an ordinary consumer I notice that advertising things as 80 per cent fat free is a euphemism for 20 per cent fat. Can you discourage that?

(*Mr Podger*) Yes. We do have voluntary guidance with the industry and we do specifically discourage exactly that kind of labelling which is worse than meaningless and in our view is actually positively misleading. We strongly deprecate that. Frankly, it is an issue of perpetual vigilance. Let me say that the food industry are not unresponsive, but inevitably from time to time they see commercial opportunities arising. It also worth making the point which is very relevant to this, that the Agency is also very concerned about the labelling of products which may be high in fat or sugar, but which are alleged to have some additional health advantage because they are fortified with vitamins and which we would perceive as being very misleading to consumers.

Mr Steinberg

15. May I say that I have read a lot of reports over the last three years on this Committee but I think when I read this report I was more cynical about it than any other I have read? I do not deny that the Government have a role to play in this: obviously they have. Those who are fat and obese, other than some who are actually ill, mentally perhaps, I do not know, are really to blame because they indulge, they do no exercise, they sit on their backsides and just get bigger. Why is there such a movement to do something about it other than the fact that it costs such a lot of money? I suspect that if it did not cost such a lot of money, I would say let them get on with it.

(*Mr Crisp*) From the health point of view it is the money, but if you take a single example, which is Type 2 diabetes, we think 70 per cent of that would be preventable if it were not for the levels of people being overweight and obese. That is a very considerable issue in health terms, let alone just economic terms. That is for people who are already obese.

16. We have half the population overweight and one in five obese. That is their fault, is it not?

(*Sir Michael Bichard*) If we believe that the education system, for example, is there to help people to a position where they can enjoy life, a healthy life and a decent quality of life, then at least in their school years we have a responsibility to help them to understand and the choices which will assist them in that and that really is what the problem is.

17. Is it not a fact that the vast majority of people eat too much, they indulge, they do not do any exercise and basically it is their own fault?

(*Mr Rickett*) That does not mean that the Government should not take any interest in that as a public policy issue. In terms of transport, clearly people have been driving their cars more. As car ownership rises we have seen an increase in people travelling by car and less by bicycle, foot or bus and it fits with our transport objectives to try to do something about that. It also fits with our objectives of trying to create better places for people to live.

18. Is it not up to people to do something about it?

(*Mr Rickett*) Absolutely; yes. The public policy issue is about providing people with choices and information so that they can make sensible choices.

19. We will continue this theme. I am very suspicious about this dial as well; very suspicious. If I am reading it correctly, I am 28 BMI, which is two from obese. If this is the formula which is being used to calculate who is fat and obese, then frankly it seems to me that the vast majority of people who are talked about as being fat and obese are not actually fat and obese in the first place.

(*Mr Crisp*) May I suggest that on page 15 the bit which is more worrying than that dial is chart 6 which actually shows that at round about 28 your relative risk of dying prematurely goes up sharply. That is the bit which worries me rather more than that chart. That is the issue for us in the Health Service.

20. Last June I did a publicity stunt here and was told by the nurse to see my doctor immediately because I had a high cholesterol. I went to the doctor

[**Mr Steinberg** *Cont*]

who told me I had very high cholesterol and that I would have to lose weight. I lost one and a half stone. If I had not lost that one and a half stone this dial would have made me obese. I am not obese. Am I obese?

(*Sir Michael Bichard*) There are some questions we surely do not have to answer.

21. What I am trying to say is that I suspect the so-called categories of people who are overweight and obese are not really as bad as we are making them out to be. I was advised to change my diet and I took the advice of the doctor. I changed my diet, lost one and a half stone and frankly found no difficulty in doing that. What annoys me about it all is that there is so much going on. For example, there are five of you here this afternoon, all on huge salaries, when it would be far better if you were back where you are supposed to be doing your individual departmental jobs. Here you are this afternoon, giving evidence to us on the basis of trying to get people to lose weight and do some exercise. Sometimes we do go over the top a little bit. Let us move on to Part 3 of the report which is probably the most important part of the report in my view, from paragraph 3.15 onwards. I was advised by my doctor what to do, but should this not be the automatic function of every general practitioner? We are told they only have five minutes now to see a patient but in that five minutes should they not be telling people in their surgeries that they are overweight and perhaps the best thing to do is diet to lose weight and do some physical exercise? Should that not be the role of the doctor?

(*Mr Crisp*) The evidence presented here suggests that that is precisely what very many general practices do do.

22. The evidence clearly shows that a lot of them do not; something like 60 per cent actually do not.

(*Mr Crisp*) I take that point. You were maybe more fortunate in that you were able to lose weight relatively easily by the sound of it.

23. It is not very easy, it is hard, but you have to change your diet and change your lifestyle, do you not?

(*Mr Crisp*) Yes, but there are some methods of persuading people to do that which are perhaps more effective than others. If we are interested in making sure that we do reduce the burden on the NHS for obesity, we need to make sure that we are giving high quality advice and that it is advice which is followed.

24. That is the point. Given the statistics in the report, only 40 per cent of GPs actually identified those patients at risk of being fat, two per cent did not even bother to do anything, so they saw a big, fat, obese person coming into their medical centre and they did not even comment on it, they just let them walk out. Seventy-five per cent thought they could not do anything about it and referred it to somebody else. That seems to me to be passing the buck and just not doing their jobs properly.

(*Mr Crisp*) The new arrangements under the National Health Service Framework do require each health authority to have plans for tackling overweight and obesity issues and those will be primarily managed, in Health Service terms, through primary care. We have the plans coming in now; they were due to be in place at the beginning of April and that will no doubt require more and more GPs to be doing things in a routine way as you have described.

25. It is not difficult, is it, when you see somebody come into the surgery who is overweight to tell them they should lose weight and how to do it? I can do that. I was going to be a doctor, but I did not have the patience.

(*Mr Crisp*) I am sure identifying the problem is not the issue. The issue is how you deal with it. It describes pretty well in this report the fact that GPs say they could do with some guidance here. GPs are telling people to change their lifestyle. In the case of a strong-willed person like yourself, maybe you have been able to do it, but that has not always applied.

26. For a doctor to say he needs some guidance on how to do it leaves me a bit astounded. The section clearly shows me that GPs are failing to do this. Are you saying this afternoon that health authorities are going to be instructed to inform GP practitioners and family care groups that they must take this much more seriously and they must give advice to their patients? Or are you just going to leave it to the doctors?

(*Mr Crisp*) In effect that has already happened because health authorities have been charged with providing plans and those plans will primarily be around GPs, but not entirely, because they also link in with the departments represented by other colleagues here because the other side of this is more activity and more opportunities for activity and so on. We do now have a process which will involve all primary care trusts, all primary care groups and therefore through them all GPs, in a process of tackling these issues. It needs to be done professionally and well.

27. The most important thing is to target children, is it not? It seems to me that to target adults and parents does not really work. There are those adults who are sensible enough to do what they are told but the vast majority say that they do not. Basically what you have to do is target children.

(*Mr Crisp*) It is a twin-track approach but that is a very significant part of it.

28. Recently we saw in the newspapers and on the news the most ridiculous case—perhaps you do not want to comment on it—where a head teacher sent a note home to a child's parents because the little girl was obese and the parents were immediately up in arms, called the press and said it was a violation of human rights and all this rubbish. How do you change people's views and lifestyles who have attitudes like that?

(*Sir Michael Bichard*) One of the things you do is to encourage head teachers to have the courage to do that if they really feel there is a problem. I feel that head teachers should do that.

29. You feel they should step in.

(*Sir Michael Bichard*) Absolutely; yes. It is something which has to be done sensitively and carefully, but it does need to be done in certain situations. The head teacher or teacher does have a pastoral responsibility towards the children in their care and if they become so concerned about a child

[Mr Steinberg *Cont*]

that they believe it is affecting their quality of life or their ability to be educated, then they should quietly and sensibly mention it to the parent.

30. We really have to educate children so when their parents say they are going to take them for a treat to McDonald's the child is intelligent enough to say it is not a treat to be taken there and in fact it is somewhere which could eventually kill them if they have enough over the years. What is the Food Standards Agency doing about this when it is clearly bad for health to go to these fast food places?

(*Mr Podger*) We should be careful about saying that it is always bad for health to go to fast food places.

31. It is.

(*Mr Podger*) No, with respect, it is not good for your health to continually eat in fast food places and there is a distinction which is very important for this debate. Individual food is not actually harmful, it is the balance of the diet you have, both in childhood and later, which matters. You are absolutely right though, and I agree with you, that one of the issues the Agency is very carefully looking at, which is very relevant to what you just said, is the issue of advertising aimed at children in relation to food and whether in fact that conveys a proper picture of the results derived from eating that food or not. It is worth making the point that 99 per cent of advertising aimed at children on Saturday morning, which is obviously a peak TV viewing time, appears to relate to foods which are high in fat, in sugar and in salt. That indicates there is a problem there and it is partly about feeding into the education programme where steps are being taken. It is partly undoubtedly about educating parents and it is also about trying to persuade the food industry, which we are also seeking to do, to adopt slightly more responsible approaches.

32. That was the question I was going to ask next. What action are you taking against these food manufacturers who do supply this sort of food? How are you encouraging other food manufacturers to provide food which is healthy, less fat, less salt, less starch, whatever it is? Are you doing things to encourage that?

(*Mr Podger*) We are. The first point I would make, which if I may say so is relevant to your previous question, is that we should not underestimate the extent to which people actually want to change their diet. With respect, I do not think they have all been as successful as you have been, but you only have to look at the extent to which people engage in particular diets, buy supplements and so on, to show the extent to which people would like to change. What follows from that very clearly is that we need to persuade the food industry—and we have been doing this—that there are real market opportunities and real public demand for products which are reformulated so they do not have the adverse effects you are pointing to. There is some evidence for example in Scandinavia that you can change products from being high in saturated fats to low in saturated fats whilst actually retaining their appeal to consumers. We do have discussions which we have initiated with the industry on salt and fat and sugar precisely with a view to trying to persuade the industry to make further changes.

33. Why does the DfEE not also take some sort of tough measures? Why do you not, for example, ban companies or organisations which get into our schools to sponsor things such a Walker's crisps and these sorts of people? Why are they not banned? Why for example do you give local authorities and schools the choice and not suggest what sort of foods they provide? Why do you not say they cannot serve this in school meals, they have to serve so and so and so and so which are healthy foods?

(*Sir Michael Bichard*) One thing we need to remember is that there are very few bad foods: it is a bad diet we are concerned about, it is the balance of the diet. Therefore we should be reluctant to ban, in those terms, a particular food, crisps or whatever. What we are trying to do is educate children on the choices which are available and the implications of having a badly balanced diet on their health. We are trying to educate parents at a much earlier stage, through things like the Sure Start programme, to understand the importance of these choices and we are trying to ensure that in the schools there are nutritional standards which are applied. On 1 April we just introduced nutritional standards for the very first time in 20 years in this country, minimum standards which we expect to see applied in schools and which we will randomly monitor. We are doing quite a lot to educate people but not banning particular foods.

Mr Burns

34. Sir Michael, may I just pick up an area slightly at a slant to what Mr Steinberg was just raising and draw your attention to an earlier answer you gave where you said that head teachers rightly have a responsibility, if they are concerned about a child being obese and their performance and health being affected at school, to draw it to the attention of parents. I suspect no-one would disagree with that view. Is there not a slight conflict of interest in that more and more schools in this country are gaining sponsorship and other benefits from crisp manufacturers and soft drinks vendors installing vending machines in schools? Is that not a conflict?

(*Sir Michael Bichard*) The decision as to what sponsorship schools accept is a matter for schools. Guidance has been produced by the National Consumer Council which is now being updated by the NCC and the Consumers' Association with our help. One of the things that asks schools to reflect upon before they accept any sponsorship or allow the sale of products in their school is whether or not the governors are happy for those things to be consumed, whether they are happy for the product to be consumed. At the end of the day it is a matter for schools.

35. It is certainly a matter for schools if you are talking about the narrow legal definition, of course it is. However, is the principle not contradictory if one is encouraging on the one hand products to be readily available in schools in return for sponsorship in

[**Mr Burns** *Cont*]

whatever shape or form that conceivably have an adverse health effect and encourage obesity amongst children consuming the product?

(*Sir Michael Bichard*) I go back to the point Mr Podger was making and I was underlining: if all you ever eat are crisps then you would have a problem, but crisps are not by definition a bad food. What we should be targeting are bad diets and we should be educating people to understand the importance of a good diet. That is what we are trying to do. It is for individual governors, individual schools, to take a view on whether they are doing that effectively and whether or not they are content for particular products to be sold in the school to their children or content to accept particular forms of sponsorship. People would be pretty concerned if we were to dictate from the centre on an issue like that to every school in the country.

36. I do not know whether you have had an opportunity to see the Health Select Committee report recently published on public health which in some way overlaps this report because it deals with sport and the role that sport has to play in enhancing the health of the nation both amongst children at school and also adults. Is there not a slight anomaly that the Government involvement in sport and encouraging sport is placed in the Department for Culture, Media and Sport and not in the Department of Health? Surely if you see a key role of sport as to enhance a healthy lifestyle, then surely the Department of Health is the better Department to sponsor and spearhead that than the DCMS?

(*Mr Crisp*) An enormous amount of cross-governmental work is going on around sport. We are engaged with the Department for Culture, Media and Sport on a whole set of issues to do with sport, dealing with sport strategy, the Government plans for sport, so we are working across anyway and you always end up with boundaries somewhere.

37. Have you read that report?

(*Mr Crisp*) Yes, I have looked at it.

38. And the section on sport?

(*Mr Crisp*) Yes, I have read it.

39. We were a bit surprised by the evidence from the Minister for Sport who seemed to suggest that she did not have much liaison with the Department of Health.

(*Mr Crisp*) There is a considerable number of areas where we do work very closely together and instances are given in this report as to where we do that. I am not sure that the placing of where the particular departmental responsibility lies particularly affects that.

(*Mr Young*) On the issue of which Department is responsible, sport in this country has moved around between ministries. Some years ago it was in the Department of the Environment, it moved at the end of the last Government[1] to the Department for Education and then to the Department of National Heritage as it then was and is now DCMS. Just as a matter of interest I have checked, having seen the Health Committee's report, with the other EU countries. Only two of them, the Netherlands and Belgium, have accommodated sport within their Health Ministry.

40. How many have them in their Department of National Heritage or Culture, Media and Sport?

(*Mr Young*) Five or six. The other popular one is Education. Some of then have a sort of central chancery or something of that nature.

41. Five or six in the National Heritage Department.

(*Mr Young*) Yes. Ireland, Greece, Italy, Spain; the list is available and I can give it to the Committee if you like. Only two of them have it in Health. The machinery of Government is not for me. Sport has gone from Environment, to Education to DCMS; it can go anywhere. In the 15 EU countries only two of them have it with Health[2]. That is not an argument against, it is just a matter of fact.

42. What do you think is the main aim of the sport section of your Department?

(*Mr Young*) To produce sporting opportunities for all and that fits in extraordinarily well with our tourism and broadcasting responsibilities because sport is financed in part either by broadcasting or by the Lottery, both of which are DCMS funding channels. I am not arguing that it has to be in DCMS: I am only pointing out that there are some rather useful connections with the rest of DCMS, as of course there are with DfEE and DETR and Health. There always will be boundary issues around where you put sport within Government.

43. If one saw sport, apart from all the other beneficial knock-on effects of having good sportsmen and having a good system of sport across the different sporting activities in the country, if you saw one of the main benefits to be that you are enhancing the health of the nation as well as winning tournaments or medals or whatever, is there not a logic for it to be rather in the Department of Health?

(*Mr Young*) There is a logic for it being in DCMS, there was a logic for it being in Education, there was logic for it being in Environment. The 15 EU countries all have different logics for different things. I am just saying that two out of 15 have chosen Health[3]. Surely the important thing is that we all work inter-departmentally to achieve the objectives that we want? The report is quite flattering about the extent of inter-departmental working which already exists and surely that is the key rather than which department has responsibility?

(*Mr Crisp*) May I give you two very specific examples? One is the National Opportunities Fund, Rowntree for PE and Sport in Schools, where we have engaged with DCMS, even though they have the lead. The second thing, which is partly as a result of this report and certainly has given it more impetus, is that we are on the point of agreeing a joint

[1] *Note by Witness:* The move happened in 1990, not at the end of the last Parliament.

[2] *Note by Witness:* In fact, the table in the Health Committee's report is inaccurate. The Netherlands is the only EU country where sport resides with the Health Ministry. In Belgium, responsibility for sport is shared between the three Belgian linguistic communities, namely the French-, Flemish- and German-speaking Communities, which fall under developed government arrangements.

[3] *Note by Witness:* See footnote no 2 above.

[**Mr Burns** *Cont*]

departmental adviser[4], so we shall have a joint post between the two departments to pick up precisely these issues which otherwise might fall down in the cracks between the two, just to make sure we have a proper health element within the overall sporting strategy.

44. Do you think enough is being done in our schools to promote good health through sporting activity?

(*Mr Crisp*) I am not sure I can answer that precisely but we have enough mechanisms in place now to make sure that we have a good health input to the planning. The other issues you pick up there could be more for Sir Michael to pick up.

(*Sir Michael Bichard*) I would never be complacent enough to come to this Committee and say yes to a question like that. Clearly there are things which can be done to improve what we are doing. I was trying earlier to spell out some of the investment which is going in on improving facilities, the increase in the time, the attempts to try to promote sport and participation more generally across all of our schools. I should hope that in two or three years' time, when all of that is in place, we shall indeed have improved our performance really quite considerably.

Mr Rendel

45. I should like to discuss for a moment the reasons why perhaps people eat as much as they do. Smoking in this country has reduced quite a lot over the last few years and we all accept that is in general good for health. I suspect that both smoking and eating are used by quite a number of people as a sort of stress reducer. I wonder whether there is any correlation between the increase in overeating and the reduction in smoking and if so whether that has any lessons for us[5]?

(*Mr Crisp*) It is an interesting point and I am not sure I am aware of any specific research. I can obviously find out whether there is specific research which links the two. Clearly we have seen one coming down and the other going up, as you say, over the same time period and clearly they are both significant social issues about lifestyle and behaviour.

46. Do you think then that there could be a chance that if all the good things we want to do about reducing overeating that are in this report were put in place and people did stop eating so much, there might be a law of unintended effect in that we then saw stress levels in the community rising with all sorts of other illnesses caused by stress?

(*Mr Crisp*) One of the things which is significant in how you reduce smoking, and I suspect the same is true in how you reduce overeating, is to try to tackle the root causes rather than just the symptoms, whereas what you are talking about would purely be the symptoms, would it not? If you think about how you tackle reducing smoking, it is just not good enough to tell people to stop smoking or stop overeating. You actually have to give them some help which may be psychological, it may be to do with some of these issues which are drawn out where the general practitioners say they want more access to self-help groups and to support for people who are trying to give up either smoking or overeating. There is a significant set of issues which shows that you need to tackle the stress you were talking about if you are going to deliver on the symptom.

47. Another matter is the extent to which it may be the GPs themselves—and I should declare an interest in that my wife is a GP—who need a certain amount of help. Being a GP is a fairly sedentary occupation and there are some GPs themselves whose weight is perhaps rather more than it might be. I just wonder to what extent those GPs who are themselves overweight find it more difficult to give advice to patients who are overweight?

(*Mr Crisp*) That is an interesting question and I am not sure I could produce any evidence on that. The one thing I would say is that the BMA have been discussing with us more occupational health services for general practitioners. Indeed in the NHS plan we are putting in more occupational health services to try to provide more support for GPs with whatever the issue may be, because as independent practitioners, as you well know, they are not working within the normal employment workplace where there may be the sort of support they would get if they were working in one of our departments for example. There are some moves in that direction, but how significant that is as an issue I honestly would not know.

48. To what extent are you trying to reduce the stress on GPs because that may also become a problem?

(*Mr Crisp*) That is a very significant issue. We are doing two or three things at the moment. Firstly, we are in the process of attempting to renegotiate the contract for primary care to get a new balance between what is expected and so on within the system. Secondly, we have put in some new support mechanisms and the one I have just mentioned is the occupational health service. Thirdly, there has been a big drive on reducing the amount of bureaucracy for GPs, to try to reduce some of the stress. You will be aware that GPs no longer have to sign certain forms and so on. There is a battery of things but there is a lot more to do because we are moving to expecting more of GPs in a more systematic fashion than we have done in the past and therefore more support needs to be put in.

49. To what extent do you think a no-fault compensation system might be part of reducing stress for general practitioners?

(*Mr Crisp*) That is a much wider issue. I would not know to what extent that would be significant, although I do know that people do argue the case for that.

50. One thing I discovered when I came to this place, somewhat to my amazement, was that in the Members' dining room downstairs we occasionally have on our menus a little heart shape across different dishes which is intended to show what is a relatively healthy dish to eat and what is not. Not being one who was ever given any training at school

[4] *Note by Witness:* This is subject to final agreement being made on the nature of the post and funding.

[5] *Note by Witness:* See Evidence, Appendix 3, page 26 (PAC 00-01/168).

[**Mr Rendel** *Cont*]

in healthy eating at all, I find this sometimes quite useful. Is that something you are contemplating advising restaurants outside this place to take up?

(*Mr Podger*) Yes; in fact it is quite interesting. Whereas in the past people usually went out to restaurants for a treat and, to be frank, were not over concerned about the nutritional content of their meals, increasingly now people eat out much more and the demand for nutritional information is greater. As you will know, airlines are also rather good at this. We have been in discussion with the catering industry about the desirability of offering lighter options and I suspect many people in this room who have to eat out a lot for business reasons would be grateful as well. Yes, we very much encourage that.

51. Mr Rickett, may I turn to you now? I am afraid most of the rest of my questions will probably be directed at you because amongst my other jobs I am Secretary of the All Party Cycling Group. I cannot miss this opportunity therefore to talk a bit about cycling, if I may? The great difficulty cyclists always have is the need for separation between cyclists, pedestrians and motorists of all sorts. What are you doing to increase the opportunities for local authorities to provide that separation?

(*Mr Rickett*) At the heart of it has to be the local transport plan and the local cycling strategies that they must contain and the fact that we have doubled the resources this year as compared to last and provided a stable funding framework for the next five years in the local transport plan settlement and an indication of a stable framework for ten years in the ten-year transport plan. We probably underestimated the amount of investment needed in cycle paths, in separate cycle lanes on highways and in traffic calming measures, which are important because of the high fatality rates among cyclists, especially young cyclists, children. That is probably why we are not going to meet the target of doubling the level of cycling trips by 2002 which was part of the national cycling strategy.

52. Does every new road have to have a cycle track now?

(*Mr Rickett*) No, when local authorities are looking at new road developments they should be subjecting these to cycle audits, they should be looking to see what impact not just road developments but other developments too have on cycle patterns.

Chairman

53. For clarity, when you say "should", do you mean they are required to, or is that just an aspiration?

(*Mr Rickett*) They are expected to. The guidance we give on local transport plans asks them to do this. We provide lots of advice on cycle audit and in the planning policy guidance note on transport we also make the same point so that this is covered in land use planning as well as in the transport investment planning.

Mr Rendel

54. Most of the towns in Britain, with fairly rare exceptions, are quite old and the layout of the road systems is often quite old and was not laid down with a view to vehicles and certainly was not laid down with a view to vehicles and cyclists being separated. What can be done by way of using parallel roads, one for vehicles and one for cyclists?

(*Mr Rickett*) I hesitate to make generalisations about how you approach this because you have to find the appropriate local solution. The condition on a particular road varies so much. Separation may be one way of dealing with the problem, traffic calming is another way of dealing with it.

55. Are you encouraging local authorities to consider, where there are several parallel roads, as in our big cities where you often have roads laid fairly parallel to one another, looking at the possibility of closing a road to vehicles altogether in order to allow the road parallel to be taken up by cyclists?

(*Mr Rickett*) We certainly asked them to consider giving cyclists and pedestrians priority in their road planning. We have also given them powers in the Transport Act to designate home zones and quiet lanes which are about giving priority in the use of roads to people other than car drivers. We have provided them with guidance, we have provided them with powers and we provided them with considerably more resources. We have also tried to encourage them to work in partnership to try to achieve the sorts of things you are talking about. I hesitate to say the solution ought to be separated cycle paths or traffic calming or this, that or the other. We have given them guidance on what local authorities have found works in certain circumstances, the best practice.

56. Cycling is often most attractive on fairly level ground. Rivers and canals tend to be pretty flat. To what extent are you encouraging British Waterways and other such bodies to make paths alongside canals and rivers where they do not exist or to open up such paths, free of cost, to cyclists and pedestrians where they do exist?

(*Mr Rickett*) That is very much part, is it not, of the development of the national cycling network. We are working with SUSTRANS to produce 8,000 miles of cycling paths by the year 2005, as I understand it. It is not something that Government fiat will necessarily produce, it is a question of working together to identify the opportunities for creating such cycling routes.

57. In my area we have had a problem because of cyclists being charged a licence fee to go alongside the canal. Somebody has to pay for the cost of the upkeep of the canal path. Is your Department prepared to put money into this?

(*Mr Rickett*) I am not going to make a commitment off the top of my head, no. I would have to go back and ask whether there are any initiatives which relate to that sort of thing. I am not briefed on it[6].

[6] *Note:* See Evidence, Appendix 1, page 25 (PAC 00-01/176).

[Mr Rendel *Cont*]

58. What about cycles on trains? That is another matter which would largely be for local authorities presumably.

(*Mr Rickett*) We have done some research on the use of cycles on trains. We have provided some guidance on it. It is not just a question of providing cycle racks on trains like the Anglia Railways experiment. It is a question of providing the safe routes to the stations, which is very much part of the safe routes concept for promoting cycling and walking more generally. The research showed that actually one of the things which put people off was the perceived safety or otherwise of getting to the railway station.

59. When you travel by rail around the countryside you often notice that there are tracks on one side; certainly in our area there are lots of tracks to either side of the railway line which look seldom used. They are very rusty, often very overgrown with weeds and so on. Is there an opportunity perhaps to increase the accessibility of such tracks to cyclists by cordoning off the edge of a large stream of railway tracks and using those for cycles instead?

(*Mr Rickett*) That has to be a matter for Railtrack and train operating companies.

60. What have you done to enquire from Railtrack whether there would be opportunities of this sort?

(*Mr Rickett*) I am not aware that we have enquired of Railtrack but we shall let you have a note on that if you want[7].

61. Do you think it would be a good idea?

(*Mr Rickett*) There must be issues about safety where you are encouraging such activity next to railway lines which are in use as opposed to using disused railway lines for cycle routes.

62. I hope at least you are encouraging the latter.

(*Mr Rickett*) Indeed; yes.

63. It does seem to me that there are opportunities on those railway lines which are in use. I am sorry to hear you have not investigated that at all, because I would have thought that was clearly another opportunity.

(*Mr Rickett*) I said that I had not personally. I do not know whether the Department has or not. I shall have to check on that[8].

Mr Gardiner

64. May I begin by complimenting both Mr Crisp and Sir Michael on the joint working on the free fruit in schools initiative which I think is a terrific initiative and is one which I hope will set good eating practices in place for our children in the future? I know it is at the moment only a pilot scheme. Can you tell us when the feedback from that will be coming through and when it might be put out nationwide?

(*Mr Crisp*) I am not quite sure I have that piece of information here. We can certainly get it back to you[9].

65. I think it is certainly going out to the health action zone schools at the moment.

(*Mr Crisp*) Currently it is in place in 500 schools, so we have 80,000 children receiving free fruit. We intend, subject to the pilot, to roll it out by 2004, but I cannot tell you off hand the staging posts.

66. If you could perhaps provide a note on that it would be interesting.

(*Mr Crisp*) Yes, we can do that.

67. Sir Michael, can you just remind us of the rate at which schools in 1997 were applying to have their playing fields sold off?

(*Sir Michael Bichard*) About 40 a month.

68. That is the figure I have.

(*Sir Michael Bichard*) I was just hesitating about 1997.

69. Can you tell us what the figure is currently for applications per month?

(*Sir Michael Bichard*) About three a month.

70. That is the figure I have as well. What are your Department doing for those schools who have no playing field facilities? It is one thing to stop the rot—and I commend you and the Government for what you have done in stopping the rot—but it is another to have a full active strategy to begin creating sporting opportunities for school children whose schools do not have those facilities.

(*Sir Michael Bichard*) We are certainly providing, with the help of DCMS, the National Lottery and the National Opportunities Fund, a very substantial additional investment which can be used for sports and arts facilities of all sorts.

71. As a Department, have you begun to identify systematically the deficit which exists within local educational authorities.

(*Sir Michael Bichard*) We would regard that as a matter for local education authorities to manage themselves. After all, they have a responsibility to manage the educational assets.

(*Mr Rickett*) We are consulting on a revised draft of planning policy guidance note 17 on sport, open space and recreation. That is going to set out a new systematic approach for local authorities in establishing provision and need for open space and recreational facilities, starting with a requirement that they should assess the need in their area, having regard to the standards of provision recommended by sports governing bodies, the National Playing Fields Association and other interest groups and then set standards of provision which reflect their local circumstances and then make provision in their local development plans.

72. If I am not mistaken though, that applies rather more to the provision of public open space, parks, recreational facilities which are available to the wider public.

(*Mr Rickett*) Yes.

73. What I am trying to pursue with Sir Michael is the specific deficit in schools.

(*Mr Rickett*) The two overlap.

74. Indeed they do overlap but it does strike me that unless there is some clear central guidance which states that this should be drawn up, that deficit should be identified, then it is very difficult to target

[7] *Note:* See Evidence, Appendix 1, page 25 (PAC 00-01/176).

[8] *Note:* See Evidence, Appendix 1, page 25 (PAC 00-01/176).

[9] *Note:* See Evidence, Appendix 3, page 26 (PAC 00-01/168).

[**Mr Gardiner** *Cont*]

the resources, Sir Michael, which you alluded to which Mr Young's Department and your own would be seeking to put into the provision.

(*Sir Michael Bichard*) We would expect local authorities and indeed schools themselves to be well aware of the importance of providing playing fields and opportunities for young people to participate in sport. Therefore we would expect them without any central guidance to be looking to fill the gaps where those gaps exist. The National Lottery in particular has made available a very substantial sum of money, not all for schools, but some of it available for schools to create new playing field opportunities.

75. I thought we were together on this but we may be diverging here. That seemed to be more a defensive argument. Let me try to phrase it differently to see whether I get a different answer from you. I do assure you that it is intended to be entirely positive and in line with what I take it you gentlemen are trying to achieve with this report. Do you not think that if we are really going to address the shortage, then we have first of all to discover what it is? It is no use simply saying schools should be worrying about that themselves, or local education authorities should be worrying about that themselves. Of course they are. If this is going to be tackled as a national problem, then it does take Government Departments to quantify the deficits which exist, would you not agree?

(*Sir Michael Bichard*) The easiest answer to that of course is yes, because then we can move onto the next question and you know that I am on your side. However, what I was trying to say was that the primary responsibility for this must rest with local authorities and you may be right that we can highlight national problems where they exist and in highlighting them hopefully encourage local authorities and others to plug the gap. One has to be careful not to believe everything can be resolved and every problem can be resolved from the centre of Government.

76. In that case I am afraid you have just laid a rather large elephant trap for Mr Young. Am I not right in saying that given that sport is your Department's responsibility you have singularly failed as a Department to ensure that it is a statutory responsibility for local authorities. Given that Sir Michael is saying that this is the responsibility of the local authorities, the problem is surely this, that there is no statutory responsibility on local authorities to be providing these services and when one is in a climate where local authority funding is being cut, when local authorities are severely constrained in the monies that they have available to them because of the initiatives they have to pursue, those are the very areas which are not statutory responsibilities that then do not happen.

(*Mr Young*) It is certainly true that there are no statutory responsibilities on local authorities in relation to sport, but that does not mean, in our view, that local authorities are not taking up the challenges very effectively and with great enthusiasm. In discussions with the Local Government Association, all local authorities have agreed to produce local sports strategies. In the recent document we published called the Government's Plan for Sport, there are propositions for each local authority to audit the sporting and recreation facilities in their areas. The combination of an audit of existing facilities—and I shall come to the opportunities for them to enhance those via the Lottery—and the local strategies should make for very effective sport strategies for each local authority area. It is true that there is no statutory duty. The particular opportunity we have given them under the Lottery is this thing called the space for sports and art scheme, which is specifically for the development of new sports and arts facilities in primary schools, though we are also insisting that those are available for the wider community as well. Similarly, under the green spaces initiative, where they apply for community playing fields, we are also insisting that those are available for schools. There is the overlapping connection which Sir Michael mentioned.

77. Do you think that it would be a good thing if local authorities did have a statutory responsibility to ensure sporting facilities for local residents?

(*Mr Young*) Ministers of both recent Governments have decided not to impose such a duty. I am not sure I want to state a personal view, but the current Government and previous Governments did not wish to impose such a duty. I cannot go any further than that.

78. Yes, it would probably be difficult to do so. Let me go back to Sir Michael. I do not know whether you were here yesterday, Sunday, watching the marathon go by. I was. Maybe you were participating in it?

(*Sir Michael Bichard*) No, I am afraid I was not participating.

79. Neither was I. I saw the runners go past and it made me think of the paragraph in this report which says that our occupations nowadays lack so much physical activity as to be the equivalent of running a marathon a week. I found that quite a staggering calculation. I should like to know who worked it out, but presumably it is in kilojoules somewhere. Given the reduction in physical activity and given all that we have heard and discussed today about the importance of getting people into a pattern of physical recreation young so that they continue that into later life when their jobs are clearly not giving them the same amount of exercise, do you not think that it should become part of the school day that there is some form of physical education for children?

(*Sir Michael Bichard*) Every child aged between five and 16 has a statutory entitlement to physical education.

80. Would you like to quantify what it is again for us?

(*Sir Michael Bichard*) The entitlement which the Prime Minister has committed the Government to is two hours a week.

81. I do not know how fast you can do a marathon, but I do not think I could do it in two hours and that is a week. If you will excuse the pun, this is the most heavyweight group of Permanent Secretaries we have seen in front of this Committee for quite some months. We have three Permanent Secretaries, a brace of Chief Executives. You are a pretty high powered committee, which I presume reflects the importance that Government places on this issue. I

[**Mr Gardiner** *Cont*]

need no persuasion of it. Anything which is costing 18 million working days a year and £2 billion in lost production is pretty serious stuff. What I cannot accept is that our school programme only incorporating an aspiration of two hours a week is anywhere near enough to get children into a pattern of sporting and physical recreation which is going to make any difference in their lives whatsoever.

(*Sir Michael Bichard*) You have to remember that children actually spend a relatively short period of time in school every week and there are clearly great pressures on the curriculum time they are spending in the school. The Government has made this commitment to increase the time spent in the curriculum and outside the curriculum but within the school setting on physical education. The Government has introduced into the curriculum for the first time personal social and health education which is about encouraging people of the importance of exercise, amongst other things, in their life generally. The Government is also trying to increase the amount of time which people are spending in travelling to schools by foot or by bike. The number of things being done cannot all be done within the curriculum.

82. I understand that. May I then press you on that point? It is a fair point you make that you can only get so much into the hours which are provided in school each week. Is that not a very good reason to look at the curriculum, to look at the hours per week which are spent in school, to see whether it can be changed in some way—this is a major change we are talking about, but it is a fundamentally important issue—so that sport assumes a central role in the lives of students. Yes, it may mean a longer working day in the school. It may mean that you actually break up the time of study and intersperse into the middle of that day time for sporting activity. That also may mean that school becomes a lot more family friendly, with parents who need to work, with parents who have to pick up their children at the end of the day. Do you not think that if you are actually going to achieve anything, you need to look at that, to try to get sports activities central into the school curriculum?

(*Sir Michael Bichard*) We do keep the national curriculum under review. We have recently had a review. As a result we introduced the PSHE framework for the first time onto the curriculum. A lot of teachers felt that this was a burden which they could not cope with because of the other pressures on the curriculum. One of the reasons we did that was because we think it important to educate children on the use of all of their time, not just this small pocket of time they spend in school every week. I still believe that is probably the right way forward. There is a limit to how much we can squeeze in for this very short period of time. Our task should be to try to educate young people about choices and about lifestyles which will make them healthier and also, amongst other things, encourage them to be good citizens.

Mr Leigh

83. I should like to adopt a lot of the questioning of Mr Gardiner. I too noticed this paragraph about the fact that we would have to run a marathon a week in order to make up what we have lost over the last 50 years in terms of physical activity, which is a fairly shocking indictment of our present lifestyle. I limited myself to watching my son run the mini marathon yesterday; that was my exercise. Have you done any comparison with the private sector education and the public sector? I happened to be looking only a couple of weekends ago at a timetable for a public school and it was very apparent there that every single day, in the middle of the day or the early afternoon, or some time, time was set aside for sport. Obviously, to be fair to you, that was a boarding school. Much easier for them. However, I do think Mr Gardiner has a point that if the cost to the nation is of the magnitude we are talking about today, then we may have to look at a fundamental re-appraisal of sport in schools and the timetable in schools.

(*Sir Michael Bichard*) I do not have the figures about private schools, although I was going to ask whether it was a boarding school. Although time spent on PE in the school has reduced over the last five years, children involved in school exercise outside the curriculum has actually increased in the same period of time. Seventy-four per cent of children were involved in after-school exercise in 1994, 79 per cent in 1999. The number of children involved in lunchtime exercise has similarly gone up by five per cent over that period of time. It is a mixed picture. There is a reduction in school, there is an increase out of school. Most children spend most of their time out of school and we need to educate them and encourage them to participate particularly outside school.

84. That is a fair point. I have a child myself at a comprehensive school in London and it is a very good comprehensive school which has very effective after-school provision. Is the pattern very mixed around the country in terms of making sure that all these kids, if they wanted to stay behind, could do some sports?

(*Sir Michael Bichard*) It is mixed. I do not have the figures for all sports, but if you look at swimming for example, there is quite a wide range in terms of the number of children at the end of Key Stage 2 who can swim 25 metres and some of it does depend upon where they are going to school. Some of the poorer neighbourhoods, because they are under such pressure, are not providing the same opportunities. That is one of the things we do need to look at. As far as swimming is concerned, there is a focus group which will be looking at that amongst other things. You are right that we do need to be aware of the range of opportunities.

85. You are putting more resources, more pressure, particularly in less favoured neighbourhoods in trying to help the school provide sports clubs at four o'clock in the afternoon.

(*Sir Michael Bichard*) Quite a lot of the education initiatives have been focused on disadvantaged areas. If you look at some of the particular initiatives we have funded in recent years from education action zones, excellence in cities, right the way through to

[**Mr Leigh** *Cont*]
cooking for kids which is a rather good summertime scheme to help children to understand some of the choices we have been talking about. A lot of that has been focused on the poorer neighbourhoods, yes.

86. We have had a submission from TOAST which is pretty damning about the levels of service given by GPs[10]. Ninety per cent of obese people thought that their GPs did not or only occasionally provided the right kind of support. That is on the second page of the TOAST letter and attachment which we have received. They reported that management of obesity in the NHS was patchy, there was widespread uncertainty of the referral options available as well as the efficacy of the treatments available. Do you think you have made enough effort to equip your GPs with adequate resources and information on such a serious issue?

(*Mr Crisp*) May I first of all say that I have not seen the TOAST letter? The general point in this report shows that we have not. If you look at page 27, it shows what GPs are specifically asking for in terms of better information about active interventions and improved access to people like trained exercise specialists and so on. There is a whole series of things which GPs are asking for in order to provide the sort of support required.

87. Have you initiated best practice guidelines for GPs and other health care professionals?

(*Mr Crisp*) I shall not repeat what I said earlier about the fact that we are now, as of this April, bringing people into having local plans for tackling overweight people and obesity. In terms of guidelines, we have a number of things which are available which we have promoted, not actually provided by the Department of Health. We shall be considering with NICE, the National Institute for Clinical Excellence, whether we should get them to provide some guidelines for this. One of the difficulties around this is that there is not that much research yet of what is really properly effective. The short answer is that there are some guidelines available. They are not fully comprehensive, we shall be looking with the National Institute of Clinical Excellence at whether to provide something more comprehensive.

88. Like my colleagues, I am very impressed that we have three Permanent Secretaries here. In the past there would have been some huge issue of peace or war at stake to get three Permanent Secretaries in front of a House of Commons Committee. We did a bit of research in my office today. We found out that there were 261,000 registered cancer sufferers in 1994, the NHS spent approximately £1.5 billion on treating them. There are eight million adults in the UK who are obese and we only spend £½ billion on their treatment. Do we really take the subject seriously?

(*Mr Crisp*) I am not quite sure where those figures come from specifically but we tackle obesity as part of a bigger issue. The deaths which are recorded in this document are people dying from diseases to which obesity has contributed. I suspect that the amount of money we are putting into obesity, as this document again says, is under-calculated. We suspect that it is more but it is put in in association with other treatments.

89. Why were there only 12 obesity clinics in the whole of England in 1998 and they were only open for half a day per week or fortnight?

(*Mr Crisp*) It is the same point, which is that the way to tackle obesity appears to be much more to tackle it as part of tackling other issues. In a way it goes back to Mr Rendel's point that actually obesity may be a symptom of something else and that we need to be tackling the underlying issues rather than tackling obesity as a single issue. There are certain things where it is reasonable to tackle obesity on a basis entirely by itself, but a lot of that is not yet proven.

90. According to this dial I would have to be seriously overweight to be obese, yet apparently 21 per cent of women in this country, 7 per cent of men[11], are obese but only 12 clinics. You are saying it is part of a bigger problem, but if this is really such a huge issue, it does not look to me as though you are taking it terribly seriously.

(*Mr Crisp*) We are taking it seriously. Part of the problem is the problem which both you and Mr Steinberg alluded to, which is that people sometimes find it difficult to take it seriously and therefore it does not perhaps appear to be. If you actually look at what we are saying, it is that every health authority now has to have an action plan.

91. Oh, an action plan. That is all right then.

(*Mr Crisp*) This report says we should treat it as a first order priority, alongside other plans, and that we should be looking at how we handle this, then it is now considerably raised up the priorities from where it was before.

92. A more detailed question. I happen to know somebody who is very seriously obese and they had this surgery on their stomach, which did not seem to do very much good. Paragraph 3.64 of the NAO report does refer to this and say that it often only has a short-term effect and the benefit is rarely sustained in the long term. Can you tell me whether you have done a detailed analysis of the effectiveness of this sort of treatment?

(*Mr Crisp*) Further evaluation needs to be done on the specialist treatments. There is this treatment but there are also drug treatments. Guidance on the first drug treatment has now been produced by the National Institute of Clinical Excellence. There is further evaluation to be done on whether or not the surgical method you talked about is effective.

93. So you cannot give an answer at the moment.

(*Mr Crisp*) No.

94. It is all down to what the TOAST submission tells us. It is really down to psychology, is it not?

(*Mr Crisp*) Part of it is to do with lifestyle, if that is what you are meaning by psychology.

95. No, it is the psychology of the people who are fat.

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[10] *Note:* See Evidence (PAC 00-01/148), page 1.

[11] *Note by Witness:* The percentage of men who are obese is 17 per cent, not 7 per cent.

[Mr Leigh *Cont*]

(*Mr Crisp*) There is a whole set of issues which are underlying this and reasons for why people may be obese. Those need to be tackled rather than just assuming that we can deal with it by people being strong minded.

Mr Griffiths

96. I should like to ask each of you in turn what your budget is for advertising healthy living and healthy lifestyles.

(*Mr Crisp*) I am sorry, I do not have that information here if you mean the total spend.

97. Any ballpark figure of what has been spent each year?

(*Mr Crisp*) I should really have to check on that[12].

98. You may get a note from behind. Mr Young?

(*Mr Young*) I would say we have nothing for advertising healthy lifestyles in particular, but the whole of our sport policy is about enhancing people's opportunity for a healthy life through sport.

(*Sir Michael Bichard*) It is not part of our statutory responsibility but the money we are spending on providing the personal social and health education, the money we are spending on sport in schools, the money we are spending on swimming in schools, all of this.

99. I am quite keen on promotion.

(*Sir Michael Bichard*) There are different forms of promotion and I would say the personal social and health education is actually a very important form of promotion. What we are trying to do is promote and market a healthy lifestyle to children.

100. What I am trying to do is get a figure on that.

(*Sir Michael Bichard*) It is almost impossible to say how much of that part of the curriculum is spent on this function and how much that costs. I could not give it to you.

(*Mr Rickett*) We spent £4 million a year on the "Are You Doing Your Bit?" campaign which amongst other things promotes sustainable transport[13]. There are many other things which could come under the heading of promotion. We provide money for bursaries, for travel plan coordinators in local authorities.

101. Targeted advertising, promotion.

(*Mr Rickett*) We encourage local authorities too.

102. I am just sticking to targeted advertising and promotion. You have about a £4 million figure on that.

(*Mr Rickett*) That is an example. I am not going to say that is the only sum we spend.

(*Mr Podger*) We do not have a budget for national promotional campaigns.

103. That will do me so far. How much does the food industry have as its budget for advertising and promotion? Vast sums more than two of your departments and probably vastly more than any figure you would like to come up with. I see heads nodding in assent. Is this then not part of our problem? How much does the food industry spend promoting apples and fresh fruit compared with processed food, food stuffed with sugar, salt, fats? Minuscule versus lots?

(*Mr Podger*) Yes, without a doubt, because they are relatively low value products and the higher value products are often the ones which are high in fats and sugars.

104. If I look at page 38 and the very helpful pie chart 21 of the balance of good health, is puffed wheat not just baked cardboard? The same sort of nutritional value? I notice that the beans are tinned and even in the fruit and vegetable segment there is tinned sweetcorn, generally stuffed with sugar, and I notice even in the fruit and vegetable segment, which has a healthy green background, there are tinned peaches, again stuffed with sugar.

(*Mr Podger*) I think we must be slightly careful, if I may say so, in taking the view that all tinned vegetables or indeed frozen foods for that matter are stuffed with sugar.

105. I did not mention frozen. I would not make that mistake.

(*Mr Podger*) I myself, on the rare occasions when I buy tinned vegetables I actually am successful in securing ones which are not in the condition you described.

106. Do you have much trouble in doing that?

(*Mr Podger*) No, I have not.

107. What proportion on the shelf, since you are probably picking them off some shelf or other, is in that category as against the baked beans and others stuffed with sugar?

(*Mr Podger*) I could genuinely not say. I answered your question in terms which I know to be true.

108. Have you read Geoffrey Canon's The Food Scandal?

(*Mr Podger*) Yes.

109. Does that give you an idea how much?

(*Mr Podger*) That is his particular view to which he is quite entitled.

110. What is the view of the Food Standards Agency?

(*Mr Podger*) In relation to what? In relation to tinned food?

111. In relation to adding sugar to things like beans and the sorts of items you want to buy.

(*Mr Podger*) We take two views, which both reinforce the point you are making. The first is that we actually think it is highly desirable to have foods available which are specifically low in these attributes. The second is that we also think it desirable that the general product—and I think this is your point—should in itself not have higher levels of these attributes than is actually essential in terms of people's taste. That is quite an important point. It is a point, as you know, in relation to baked beans where there has been a campaign to reduce the sugar in them. Certainly the industry itself is very live to the point that you cannot simply market slimmers' products.

[12] *Note:* See Evidence, Appendix 3, page 27 (PAC 00-01/168).

[13] *Note by Witness:* We are spending £4 million this year on the "Are you Doing Your Bit?" campaign. The sum of £4 million, has not, as yet, been spent.

[**Mr Griffiths** *Cont*]

112. I do not want you to speak for the industry about the dangers, reinforcing perhaps some suspicions of some of us. To go back to your product, is your product more expensive than the general one because it is lighter?

(*Mr Podger*) My experience is—and again I can only talk in terms of my experience—that that is not the case.

113. That is not my experience and I shop a little like you. You can give me the name of your store afterwards. In terms of baked beans and the drive to reduce sugar, how successful has that been?

(*Mr Podger*) I do not have figures available. I shall happily offer a note[14]. There certainly have been reductions and salt is a similar area where we have managed to achieve with the industry reductions in salt content in bread.

114. What is the Agency's goal on baked beans for instance or bread?

(*Mr Podger*) The Agency's general position would be that it would like to reduce all these elements of the diet which are found in unnecessarily high concentrations.

115. To what?

(*Mr Podger*) I am just coming to that point. To the levels which actually are needed and are shown to be needed either for palatability or the manufacture of the product and recognising their position in the general diet which is an important point. The reason why salt in bread is very important is because of the extent to which we consume bread. Salt for example in particular specialist meat products may be less important because they are not part of the general diet.

116. The problem with salt is that we all take too much salt.

(*Mr Podger*) Yes; right, essentially.

117. We do not really need to add salt too much except to give it that flavour we have actually acquired. Nobody is going to die in Britain. Are you telling us people are going to die in Britain if the food manufacturers drastically reduce the amount of salt they put in, whether it is bread or whatever?

(*Mr Podger*) No, quite the reverse. I have to say, to correct your earlier suspicions, that I have told the food industry this.

118. Not to be too unfair to you, I thought you were defending. I should expect to hear from a food manufacturer the case you have just put for putting salt in things like bread.

(*Mr Podger*) With respect, it is important. The issue of palatability does arise in relation to salt in bread. What we as the Agency are anxious to do is work with the industry to drive these levels down over time to the one which still produces a product which is acceptable as a product but does not have these adverse effects you quite rightly pointed to.

119. The best advice is to give up white bread and take other types of bread, is it not?

(*Mr Podger*) It depends again on the actual amount of salt you have in your diet. I am sorry to come back to that point.

120. I was not thinking of just salt, I was thinking of the refining process of white bread. We lose so many of the nutrients.

(*Mr Podger*) I would not myself take the view that in the context of a healthy diet it is essential not to consume white bread if you actually have a preference for white bread. I do come back to the general balance of the diet point.

121. To return to my original point on advertising, do you think that advertising foods is balanced towards fresh products or processed?

(*Mr Podger*) Because processed products tend to be the higher value, there is little doubt that it is biased towards processed products. In fact, as I indicated in an earlier answer in relation to children's television on Saturday morning, it is the products which are high in salt and sugar and fat which are extensively advertised. There is little doubt that the present market conditions result in little promotion of fruit and vegetables which is obviously a key issue in terms of eating a healthy diet.

122. Some countries in Europe do not allow that sort of advertising on Saturday morning children's programmes, do they?

(*Mr Podger*) Yes, I do not say essentially I think that should be the approach.

123. Why not?

(*Mr Podger*) It is actually a matter of judgement at the end of the day on two points. You can have voluntary agreements, which is what we are currently talking to the industry about, or there could be statutory restrictions which is a matter for Parliament to decide. The approach we are currently following is one of seeking further voluntary agreements with the industry.

124. So for 20 years since commercial television in particular came on stream in the 1950s we have allowed companies to do what they are now no longer allowed to do in parts of Europe to protect their children. We, however, are not successful in protecting our children from acquiring those habits that the earlier evidence to this Committee said have to be broken early.

(*Mr Podger*) Yes, and also sustained through life; this is the other point. We cannot assume that what happened purely in childhood dictates exclusively what people do thereafter.

125. Mr Leigh gave us some very interesting and pertinent facts about cancer and about the cost of cancer. We as Parliament have decided to take pretty decisive action on that. Cigarettes cause cancer and we are banning advertising of cigarettes. Why do we not take the same attitude to processed foods which are stuffed with salts, fats and sugars?

(*Mr Podger*) The issue of the acceptability of measures of those kind is essentially for Parliament to consider and to reach a view on. That is perfectly proper.

126. Is your Agency going to make a recommendation?

[14] *Note by Witness:* The current level of sugar in standard baked beans is variable at around 6g per 100g of product. Reduced sugar baked beans have, however, been introduced in recent years with a sugar content between 3-4 grammes per 100g of product.

[Mr Griffiths *Cont*]

(*Mr Podger*) Yes. Our view would be that the key point is actually to appreciate the virtues of a balanced diet, but having a balanced diet does not in itself rule out these products. I also come back, if I may, to the issue I raised earlier about sustainability. If we are trying to move people in such a direction that they do not actually ever reach obesity at all, it is a question of finding a diet which they can happily maintain throughout their lives. One of the reasons why diets fail in the short term is because they make demands on the individual which people feel excessive. We need from them the ability to consume products which they particularly enjoy. That is why it seems to me that a balanced diet is the better way through.

127. How are you going to break through that cycle of targeting children, promoting the products you yourself were critical of to children through advertising when no budget like that will advertise apples? Should we just levy pound for pound? If they are going to promote processed foods the same company should spend the same amount on advertising milk, preferably not full fat, and fruit. You never see cauliflower advertised, do you, or carrots or good healthy things like that, unless they are stuffed in a tin with a mixture?

(*Mr Podger*) I have to say I have never seen cauliflower advertised.

128. To return to my point about cigarette advertising, that is not seen by the majority in Parliament as praeconic. Banning advertising of foods to children, targeted at children, sweets as well as other things, is not seen as an infringement of civil liberties in some of the big democracies in Europe. Why is the Food Standards Agency not saying that the voluntary agreement for so many years has been so much hot air, has allowed the wool to be pulled over the eyes of Government and deflected Parliament from taking tough action?

(*Mr Podger*) The Food Standards Agency, as I perhaps might remind the Committee, has been in being since April of last year. It not unreasonably takes the view that it would actually prefer to test first of all with industry what it is prepared to do to make a reasonable voluntary agreement. Clearly the outcome of that will be a matter for public knowledge, the Agency would reach a public view as to whether or not it considered that to be satisfactory. It would then be for Parliament itself to determine whether it wished to take the action you indicate.

129. Is the Agency a lion or a mouse?

(*Mr Podger*) I think if you asked those who negotiate with the Agency you would find they do nothing but complain so I take from that the view that we must be a lion.

Mr Griffiths: I certainly hope so.

Mr Campbell

130. To give us a comparison, what is the cost of ill health from smoking in terms of the cost to the NHS, the wider costs in terms of days lost at work and smoking related deaths?

(*Mr Crisp*) I am afraid I am going to have to come back to you on that. I do not have that piece of information here.

131. Where does it compare to obesity.

(*Mr Crisp*) It is higher; it is the one thing which is higher.

132. But obesity is heading in that direction because the number of people is high.

(*Mr Crisp*) Yes, from what we have calculated.

133. I, as a great fan of Ant and Dec, had to sit through Saturday morning television and I think you said earlier that 99 per cent of Saturday morning adverts are for foods which are high in fat, sugar and salt. I do not have to sit through cigarette adverts on a Saturday morning, do I? In fact I do not have to sit through cigarette adverts on television at all.

(*Mr Podger*) Indeed and rightly not in my personal opinion.

134. What is the difference then?

(*Mr Podger*) The difference is that cigarettes are inherently harmful. The products which are being advertised here are not inherently harmful but would become so. One can argue about the degree in relation to the problem in relation to cigarettes. Therefore there is clearly a qualitative difference in what you are talking about. I do think that in all these issues of banning it is at the end of the day a societal judgement as to the extent to which you are prepared to go down the line of denying the free availability of choice through advertising as against the damage done. I do have to stress to you that the fundamental difference is that the products themselves are not damaging. They become damaging if they form an unbalanced diet. It is strongly our view as an Agency that a key point is actually not to project images which give an erroneous characteristic to the products. That is very important.

135. But 99 per cent of adverts on a Saturday morning are for foods which are high in fat, sugar and salt. That is not a very balanced view, is it? I cannot remember the last time on a Saturday morning, that I saw an advert for fresh fruit or vegetables.

(*Mr Podger*) No, but equally if you or I or a child eat one item of confectionary which they enjoyed, they would not thereby be putting themselves at risk. The risk comes if in fact they have a diet which is excessively concentrated in these products.

136. You are making the argument for cutting down on cigarettes rather than the message which we are putting out now which is that the best route forward is to stop smoking.

(*Mr Podger*) No, with respect, in relation to cigarettes the best thing by far is to stop smoking. I am not making the argument for cutting down, it is qualitatively different.

137. I am struggling to find the difference between the two views, to be honest, but I want to move on.

(*Mr Crisp*) I have the figure you wanted. It is £1.6 to £1.8 billion. It is three to four times as much as obesity. Obesity is number two.

138. Could we go back to the Chairman's questions? I thought you misheard one of his questions when you went on to list the causes of

[**Mr Campbell** *Cont*]

obesity. I think what he was getting at, which is what I want to get at, is why has there been such a delay in tackling such a major problem? What have been the causes of the delay as opposed to the causes of obesity?

(*Mr Crisp*) I am not sure there has been a particular delay inasmuch as this is something which has been growing rapidly as a problem over the last few years. Over this period we have seen more action happening on it, as is happening in other countries.

139. Why have you seen more action? Because we are recognising the problem and therefore it is a pragmatic approach? Is there anything we have done in this country, for example, which has made it now more effective for us to tackle obesity? I am thinking about things like, for example, joined-up government or the fact that the NHS is less fragmented so you can deliver a national plan more effectively?

(*Mr Crisp*) I do think that we are very clearly saying that we are in the business of promoting health and that health is about health services, but it is also about the wider determinants of health. You will have seen considerably more action more recently in working across departments as has been commented on here in terms of the overall approach. The reason it is more of a priority is that the prevalence of obesity doubled in a very short period so it has come up our priority list. We are tackling it with the two approaches of the much more clinical approach, which is dealing with patients when they are obese and working across government on the preventative issues.

140. Your Department and indeed GPs are absolutely central. I am going to go back to that earlier figure which was that only about 40 per cent of GPs actively identify patients at risk of excessive weight gain. You quite rightly said that the report acknowledges the deficit in terms of information in the past. I am not really sure yet what it is that you are planning to do to address that deficit. It is one thing to have a report which tells us there is a deficit. What are you planning to do to address it?

(*Mr Crisp*) At the moment it is a whole lot of individual things. There are some guidelines and as part of those guidelines we are actually looking at whether we should update some of the current guidelines. They are not comprehensive so we are looking at some to see whether or not we should update them. We have also provided for the first time—and it was published last week or the week before—guidelines on referrals for physical exercise. That may sound a terribly simplistic thing but one of the issues for GPs was whether or not, when they referred people for physical exercise, they took liability for that. What were the liability issues. Our guidelines actually address those sort of points. We are gradually putting in place a battery of different initiatives to tackle the problem.

141. If GPs are so important, which they are, how can you deliver a strategy which gives such importance to GPs when GPs are by and large overworked? This strategy takes time and expertise and the report is not clear that GPs have either.

(*Mr Crisp*) You are absolutely right; there are competing demands which people have to make decisions about in terms of how they are actually using their time locally. That is the point about having what we call health improvement plans in every neighbourhood which are actually precisely about saying what the issues are here. They will be quite different in different parts of the country. You will have seen in this report that there is a regional aspect to obesity. You will also see that there is an ethnic aspect to obesity. You will see in some communities that this is a much bigger issue than it is in other communities. Therefore the health improvement programme is the bringing together of all the programmes for health in the locality into a balance.

The Committee suspended from 6.15 p.m. to 6.25 p.m. for a division in the House.

142. You were talking about updating guidelines and a whole series of things. We also have health action zones and you told us that health authorities have action plans and all sorts of different ways of delivering this national strategy. Is there not a danger that the Department of Health is too far removed from where this strategy is actually being delivered?

(*Mr Crisp*) We need to do the strategic things and then let people get on with it locally, if that is the point you are making. What I did not say earlier, and perhaps it should have been more important that I said it earlier, is that NAO survey was done before we put in place the coronary heart disease National Service Framework, so things have probably moved on. One of the other strategic things we have done is increase the number of GPs and are investing to have more GPs. Those are the sort of things we should be doing at a distance, but making sure that locally people pick it up as a priority and make the decisions which are relevant to their local community.

143. Are you very carefully monitoring what is happening locally and ensuring that they are hitting the targets they have been given and that the targets are stringent enough?

(*Mr Crisp*) We are starting to do that but the first stage of that is that we are getting an assessment by the Health Development Agency of the local plans, precisely because it is starting and we are making an evaluation of them and making sure that we understand what those plans are and can spread good practice and so on as part of the monitoring. It is not just a collecting-ticks-in-the-box monitoring, it is about making sure that local people can learn from other local people through the spread of good practice.

144. I very much hope it is successful. I am struggling not to be sceptical about this. You spoke earlier about the link and the report speaks of the link between affluence and obesity. Is there not also another important leap between affluence and the solution to some of this? For example, the quality of food people have access to, or access to gymnasia, or the kind of people who cry out for cycle routes, or the kind of people who use sports centres?

(*Mr Crisp*) Yes. If you look at the data given in this report on the inequalities issues, you will see that they particularly apply—

145. I think the point I am getting at is how do you know that the strategy is getting at the people it needs to get at, because if it is not, the taxpayer is not getting value for money?

[Mr Campbell *Cont*]

(*Mr Crisp*) That is the point of some parts of the overall approach which includes the school fruit approach. Those are about making sure that they get to everybody and not just to the people who may be influenced by health promotion campaigns.

146. But we have already heard about the emphasis which quite rightly is being put on school children and the education of school children. I applaud the pilot to provide fresh fruit in schools. But what happens if fresh fruit is not part of the shopping list of that family or many of the families in that area?

(*Mr Crisp*) Yes and that is where you do produce educational processes for adults as well as for children. If you look at the sort of things GPs are saying they want help with, they want help with some of those sorts of things which support people in dealing with obesity, more self-help groups, more information, more support for patients, more support for people, the ability to make referrals for exercise and so on, so they can perhaps persuade some people who might not otherwise be using sports facilities to go to use sports facilities.

147. I suppose what I am getting at is whether the emphasis on children, which perhaps is not as great as I have been led to believe, means that other people are not being given the priority and these are the very people, the parents, who will be the role models for the children who are eating fruit and exercising at school, but that is not happening at home.

(*Mr Crisp*) There are several community initiatives to promote fruit and vegetable eating as well and purchase, so there is some support for it. The wholesale activity is happening in schools and the wholesale activity is about promotion and prevention, whereas more typically the work with adults is around people who are already overweight. That is more typically where the emphasis is at the moment. The point you make about needing some adult education and support in there as well is well known.

148. Let me turn very briefly to schools and go back to the debate as to whether or not local authorities should have the statutory requirement to provide sports facilities. Why is it, or is it just my imagination, that every fairly minor French town seems to have a good running track and a football stadium and a decent swimming pool and I am afraid that is not the case in every English town, is it? How has the debate about local authority responsibility for sporting provision been addressed in Europe for example compared with how we are addressing it here?

(*Mr Young*) I do not have details to hand but I know that the statutory requirements on local authorities in various European countries varies. It is not the case that in every other EU Member State there is a statutory duty on local authorities to provide sporting facilities, whereas we do not have one. The more suppositive answer to your question is that the Sport England Lottery Fund is actually transforming the provision of sports facilities throughout the country. It just is. Since 1995 £1.2 billion spent and coupled with that the new Sport in Schools initiatives which we have and there is a transformation now of sporting activities, encouraged by local government and normally in partnership with local government. It is transforming itself.

149. My final point is about sport in school. I was going to refer to the playing field issue but it has already been referred to. What work has been done on the amount of time that non-specialist PE staff commit to extra-curricular sport in schools? I am of the impression that, particularly in the 1980s as a result of some of the industrial action which took place in schools, staff no longer put themselves forward in such large numbers to help out with school teams and extra-curricular activities as they might have done previously.

(*Sir Michael Bichard*) The statistics for primary schools certainly do not bear that out in that the time spent by children on after-school exercise and lunchtime exercise has increased over the last five years.

150. Is that predominantly organised by staff whether or not they are PE staff?

(*Sir Michael Bichard*) Yes.

151. Do you have any information?

(*Sir Michael Bichard*) No, I do not have a breakdown of which non-PE staff are involved in those sorts of activities. I very much doubt that we have it anywhere.

Mr Williams

152. May I suggest to you gentlemen that you and we without waiting for our report learn one very valuable lesson this afternoon, which is that if we all take care of ourselves we too can look like Mr Steinberg? May I therefore suggest that you consider a national poster campaign with the Steinberg image scattered around the countryside as an encouragement to all those who lack motivation to take the advice you are giving? Coming to the basis of the report, and I am not saying this in the critical sense because effectively what we are faced with is the willpower and the decisions of every individual person in the country and it is actually rather difficult for a group of departments to predetermine the results they want. We are facing a situation where we know there are 30,000 deaths a year from obesity. The impression I got, which may be unjust, was that really you are all groping about a bit, trying to find solutions. I am wondering whether the correct questions are even being asked. There seems to be a lack of any coordination or a minimal amount of coordinated action. If we look at table 31, for example, on page 54, the thing which comes over in virtually all the diagrams we have except one is that the incidence of obesity amongst women is somewhat higher than amongst men, which I assume we split down to matters of metabolism rather than anything you or we can influence. If we look at the regional differences in obesity within England first of all, what is striking is that if you look at the spread of the statistics, as far as the prevalence of obesity in women is concerned the best is in South Thames with 18 per cent and the worst is in Trent with 24 per cent, one third difference. If you look at the men, the best amongst men is 14 per cent in North Thames and is 22 per cent in West Midlands, which is half as high

[**Mr Williams** *Cont*]

again. What analysis have we done of these internal regional differences to see whether they give us any clues?

(*Mr Crisp*) I am not sure that we will be doing analysis at that level of those regions. We have done analyses in health authorities, looking at what the particular issues are in localities. You can see that it is a multi-factorial issue, that some of it is to do with the population itself. This report indicates that there are some genetic issues here. There are some issues around lifestyle, which include the food which may be typically eaten or whatever and access to activity. I think we understand some of the determinants of why people are overweight and also we understand that we need to be much more systematic than we have been in doing things like providing advice to those people.

153. That is all well and good. You have gone onto the general position of understanding the determinant of why people are overweight, but what you have not been able to do is explain the difference between the incidence of obesity. Having accepted that the causes may be somewhat similar, why is it that you have these incredibly wide disparities? If we look at the greater stability of large numbers, the regional figures are quite interesting. Has no work been done to try to understand the underlying causes of that?

(*Mr Crisp*) I think there have. When you have something which is multi-factorial like this, what is important to understand, if you happen to be in Wales, or wherever it is, is what the local reasons are for why you have a significant problem in a particular area. Those will be a mix of a number of different issues. We need to understand it against a national norm.

154. Yes, I understand that. We are back where I started that really you have no understanding of why the differences exist. You said there is a mix of factors but the mix differs from one area to another or between one health authority and another or between one region and another. If we are to try to isolate factors which may be influential, why is it for example that we cannot get the worst of these regions, say Trent in the case of women and West Midlands in the case of men, down to the level of the best? Is there no clue in there?

(*Mr Crisp*) I am sure there is but it is still the same point that the reasons for obesity are to do with lifestyle, to do with diet and so on. If you have a particular problem in a particular area, those are the things you have to tackle. You need to tackle the diet more strongly for men in Trent than you do for men in North London.

155. Yes, but what is the element in it which is different? You are still not answering the point.

(*Mr Crisp*) The element in the diet?

156. Yes.

(*Mr Crisp*) I am not quite sure what you are trying to get at.

157. It is all right to say that it is a matter of diet: we know that is an element. What is it which creates these wide regional disparities within the diet?

(*Mr Crisp*) I am not sure that it is any one particular thing. If you want me to provide a more expert response to that, then I shall happily do so.

158. If you can, please[15]. It is the same if we look at paragraph 2.7 and compare the experience of European countries where we are told that obesity increased between 10 to 40 per cent in the late 1980s to the late 1990s in the majority of European countries, but it doubled in England. There again, how do we explain the change in the incidence?

(*Mr Crisp*) Maybe a more helpful point in what you are looking for is that England's obesity trend, talking specifically about England, is running precisely parallel to the USA's one, as opposed to running parallel to the West German one. That seems to me an indication that we have a more Americanised lifestyle than perhaps the Germans have.

159. It is interesting because the Americans have a much higher living standard than we have and the Germans have a much higher living standard than we have. It is interesting that we are following the American pattern rather than the German.

(*Mr Crisp*) We appear to be at this stage. I ought to go back to a point I made earlier, which is that the Germans started off at a higher level than we did in the first place. We happen to be paralleling the American one, whereas the German started higher and is still increasing. That is an indication of the importance of lifestyle and particularly dietary traces and so on.

160. Coming back to the point various colleagues have pinpointed, that probably your best hope is to recognise that you are not going to alter the patterns of life of the majority of the older members in the population, you are going to have to take the long-term view and start with the young. I know it sounds very old-fashioned to talk about it, but what about such changes in the school curriculum as the loss of things like home economics and the cutback in PE teaching? How many pure PE teachers do we have at the moment?

(*Sir Michael Bichard*) I do not know but I can happily find that figure for you.

161. If you could, over a 20-year period.

(*Sir Michael Bichard*) Yes.

162. Do we have such things as home economics teachers now?

(*Sir Michael Bichard*) Food technology. I can give you those figures in a note.

163. That is the same thing without the textiles, is it?

(*Sir Michael Bichard*) Indeed.

164. They know how to cook but they do not know how to sew. The point various colleagues have touched on about the lack of getting into an active lifestyle as a child and as a youngster. We have to recognise the impact of television, it is foolish to pretend that has not led to a much more sedentary existence, but there just is not the opportunity for the activity. You agreed with the figures Barry Gardiner gave us that now playing fields are being sold at the

[15] *Note:* See Evidence, Appendix 3, page 27 (PAC 00-01/168).

[Mr Williams *Cont*]

rate of three a month but they were being sold at the rate of 40 a month. That is virtually 500 a year school playing fields being lost. For how long? How many school playing fields have been sold off over the last 10 years, 20 years? Do you know?

(*Sir Michael Bichard*) I think you misunderstood the answer. Since 1998 we have received 107 applications relating to the disposal; not all of those have been agreed. About 81 of them have been agreed but of those nearly one half were in respect of schools which were closing. The actual number of playing fields which have been sold has reduced.

165. You and Mr Gardiner agreed that the figures had fallen massively. What worries me is that when we were at the level where we were losing 40 a month, how long had that level pertained? Was that an actual decline or was it a peak? Over the last 10 or 20 years how many school playing fields have been sold?

(*Sir Michael Bichard*) I can let you have the figures. The Government were concerned about the growing number of applications they were receiving which is why the legislation was introduced in 1998 to tighten up on the criteria. If you want a 20-year graph, then I can provide it.

166. That would be very useful because it would help to explain why ... It is not just a matter of the unwillingness of teachers. Several of my family are or have been teachers. It is not just a matter of the unwillingness of teachers to take on work outside school. A lot of them would now say that they are doing enough work at school because of the changes we politicians have imposed on them; change often for the sake of change, rather as an alternative to putting money in. Without the playing fields the opportunities are not there anyhow, are they? How do you replace them?

(*Sir Michael Bichard*) It depends what sort of exercise you are talking about. Clearly playing fields are important, but I am not sure we have evidence to suggest that there has been a dramatic reduction in the number of opportunities if children and parents value those opportunities. Maybe Mr Young has information which I do not have, but we have been trying to encourage people to value exercise, sport of all sorts, more.

167. A lot of new building is going on at the moment. If Government policy is implemented there is going to be a lot of new building in the South East which will involve in some cases building considerable private estates. In planning terms are you encouraging local authorities to build into planning consents requirements for the provision of recreational areas and recreational areas such as parks and so on?

(*Mr Rickett*) I referred earlier to the guidance which requires local authorities to assess recreational needs across their areas and to set standards of provision and to make provision for that in their development plans. It is the development plan which is the primary consideration in considering planning applications. Local authorities can also either attach planning conditions to particular developments or seek planning obligations—some people call them developer contributions—from particular developers where they think that for instance the provision of open space would mitigate any adverse planning effects which go with those applications. They have guidance which tells them they may do this and they have a range of powers which enables them to implement it.

168. Paragraph 4.57 on page 44. We see here that the consumption of fruit and vegetables by youngsters between the ages of four and 18 is well below World Health Organisation recommendations in this country. Back in 1998, in the early part of the paragraph, we are told that there is a recommendation from a study on inequalities in health that there should be a provision of free school fruit. Then lower down in paragraph 4.58, we are told, "The Department is examining the practicalities of providing every school child aged between four and six with a free piece of fruit each school day". So we have gone three years from recognising the importance of fruit to young people; we are still, now, three years later, instead of looking at it in the universal context of youngsters of school age just examining the practicalities of one piece for children between four and six. Why has it taken so long to get this far?

(*Mr Crisp*) Life has moved on since this report was published. We actually do have this being piloted in 500 schools with 80,000 children. It is happening in 500 schools.

169. Out of how many?

(*Mr Crisp*) It is deliberately happening as a pilot. I do not know how many schools there are but it is happening for 80,000 children as a pilot which we are evaluating.

170. Evaluating against what criteria?

(*Mr Crisp*) Against a whole series of criteria as to whether or not it is being taken up and what effects it is having thereafter on people's diet, whether it is countering some of the issues to do with whether people discover they like fruit or not. There is a whole series of evaluative approaches, including whether it is being delivered in the right way, with the intention to roll it out over the country by 2004.

171. When will the study finish?

(*Mr Crisp*) I was asked this question earlier and I am not sure of the staging posts for the rollout from 500 schools to the country as a whole.

172. In the paragraph 4.58 we see regulations are being implemented setting minimum nutritional standards for school lunches and all school lunches will have to meet the new standards. How are you defining a school lunch? The old school lunch as most of us knew it when we grew up as children hardly exists nowadays. More often than not it is a snack provision rather than a full lunch provision. How far is how you define school lunch going to make much impact at all on the nutritional requirement of youngsters? What is the uptake of school lunches as against the school population?

(*Sir Michael Bichard*) Alongside the new nutritional standards we have also introduced a requirement for schools to provide school lunches where parents want them. That may well affect the number of school lunches provided. We are also researching why it is that people do not take up the facility as much as they did. A school lunch is anything which the school provides for children. I

[**Mr Williams** *Cont*]

agree with you that it takes different forms now, but we can send you a copy of the nutritional standards and they spell out in some detail what we expect to see provided in any lunch which is provided for a child at school. It breaks down the categories of food into five and makes clear that at particular ages we expect a certain proportion to be made available to children in the lunch.

173. But since school lunch uptake is relatively low ...

(*Sir Michael Bichard*) It is relatively low. It is lower than it was when you and I were at school.

Mr Burns

174. If I remember rightly, I asked Mr Young what happened in the rest of Europe on where sport was allocated in government departments. You said that two European countries put it in the Health Department and intimated that the rest basically put it with departments similar to your own at Culture.

(*Mr Young*) No.

175. What did you say then?

(*Mr Young*) I hope first of all that I offered you a note saying exactly where they did go. In fact I know I did that. Secondly, I said they were distributed between Education Departments and other departments which had all or some of the DCMS responsibilities. In fact it is a mixture of Education Departments, Interior Departments, Sport Departments which have some or all of other aspects of DCMS. I repeat my offer to the Committee.

176. I do not remember the Education part of your answer but I shall take it and obviously look at the transcript. Would you confirm to me if one is being generous that there are one and a half departments in the other 14 countries which are Health Departments, two and a half are Culture and the rest are not, that is ten are nothing to do with Culture, Media and Sport? I believe we have the same chart.

(*Mr Young*) Let me offer it to the Committee later. I was counting in the ones either in DCMS or Sports Ministries which have all or part of DCMS.

177. The question I asked you was how many countries in Europe have a Sports Department within a Culture Department?

(*Mr Young*) I was trying to answer.

178. The basic answer is that the vast majority of European countries do not.

(*Mr Young*) Yes, but—

179. Contrary to the impression you gave me in your answer to me.

(*Mr Young*) I certainly did not mean to mislead and I know I offered to circulate the paper so there was no intention.

Chairman

180. Would you circulate the paper as nobody else in the Committee has it?

(*Mr Young*) I hope we are agreeing that one and a half or two put sport into Health, which I thought was the burden of your question and I was trying to answer that[16].

Mr Burns

181. The half is Consumer Affairs, Public Health and the Environment.

(*Mr Young*) I was counting Belgium and the Netherlands in there.

182. Belgium half and the Netherlands full, so we do have the same chart.

(*Mr Young*) Good. I was trying to help by saying that in only two—

Chairman

183. Let us have a note.

(*Mr Young*) Of course[17].

Chairman: Thank you. It remains for me to thank you all for coming; an interesting session. I am sorry we could not give you any coffee and biscuits but it is probably good for you.

[16] *Note by Witness:* See footnote no. 2, page 10.

[17] *Note:* See Evidence, Appendix 1, page 25 (PAC 00-01/167).

APPENDIX 1

Supplementary memorandum submitted by the Department of the Environment, Transport and the Regions (PAC 00–01/176)

QUESTION 57

British Waterways has a responsibility to preserve public access to towpaths and an obligation to keep them safe for users, though it does not have a legal obligation to maintain them. It raises funds for the maintenance of towpaths through maintenance agreements with local authorities reflecting the amenity which they provide for the general public. British Waterways introduced an annual charge for cycling by adults using the Kennet and Avon Canal towpath as a pilot scheme in 1997. It proposes to abolish this arrangement when the local authorities agree to contribute to the maintenance of the towpath.

QUESTIONS 60 & 63

The Department has not approached Railtrack about establishing cycle tracks adjacent to operational railway lines. Such tracks have been established successfully in some places but there needs to be secure separation between cyclists and the railway. Whether it is appropriate for a cycle track to be co-located with a railway is very much a matter for local judgement. If local authorities believe that the line of an operational railway could provide an essential link in a cycle route or network, then it is open to them to explore the possibilities with Railtrack.

DETR

4 May 2001

APPENDIX 2

Supplementary memorandum submitted by the Department for Culture, Media and Sport (PAC 00–01/167)

QUESTION 183 MINISTERIAL RESPONSIBILITIES FOR SPORT IN EU COUNTRIES

This note provides further clarification about the locus of sport within Government in other EU countries. The evidence I gave is based on paragraph 199 of the Health Committee's second Report "Public Health (HC 30) Session 2000–2001, page lviii-lix. The table indicates that five nations (Ireland—Department of Tourism Sport and Recreation, Italy—CONI, Greece—The General Secretariat for Sport, Spain—Ministry of Education, Culture and Sport, Denmark—Ministry of Cultural Affairs, Ireland—Department of Tourism Sport and Education), have sport within departments that have all or some of the responsibilities of the Department of Culture Media and Sport.

According to the list, only two countries—the Netherlands and Belgium—have accommodated sport within their health ministries, and as I mentioned, it is more popular to place sport within Departments which are also responsible for education (Finland, Spain and Luxembourg). In fact I am advised that the entry in the Europa Year Book is incorrect and that the Netherlands is the only EU country where sport resides with the Health Ministry. In the case of Belgium, there is no single Federal Government Department with responsibility for sport. Instead, responsibility for sport is shared between the three Belgian linguistic communities, namely the French-, Flemish- and German-speaking Communities, which fall under devolved government arrangements.

Within the UK, sport has in the past been at times the responsibility of the Department for Education and Science (DES, now DfEE) and the Department of the Environment (DoE now DETR). When it was in DES, the Sport and Recreation Division had a complement of only 18 civil servants compared with the current total of 25 in DCMS.

During the time that sport has been a part of DCMS (formerly DNH) we have seen an increase in funding for sport, a higher profile in government for sport, a greater prominence given to sport and physical education in schools, and more medals at international competition.

APPENDIX 3

Supplementary memorandum submitted by the NHS Executive (PAC 00–01/168)

QUESTION 45

Stopping smoking is often associated with a weight gain of between 5–10 lbs. The reasons for this are complex but nicotine appears to suppress appetite and the cigarette may in some way provide oral gratification which, on quitting, is replaced by food. The weight gain may be offset whilst nicotine replacement therapies are used, and is delayed and reduced but not prevented completely, by the use of the new anti-depressant smoking cessation aid Zyban.

Smoking cessation—coping with weight gain

Concerns about weight gain are given, particularly by weight conscious young women, as a reason not to stop smoking. Supportive counselling of prospective quitters should cover the relative health risks of the small weight gain compared with the risks of continuing smoking, which are far greater. It would also be pointed out that, once the addiction to nicotine has been overcome, increased physical activity and healthy eating will assist in re-establishing the previous weight.

Smoking and stress

There is a myth that smoking relieves stress. Smoking relieves the stress created by reducing blood levels of nicotine, the psychoactive drug in tobacco on which smokers depend. The report of the Royal College of Physicians "Nicotine Addiction in Britain" published in February 2000, concluded:

"Objective evidence suggests that the only improvements in mood resulting from smoking are those arising from the relief of withdrawal symptoms", and "The major psychological motivation to smoke is the avoidance of negative mood states caused by withdrawal of nicotine."

Smoking cessation—reasons for failure

Smokers trying to quit have a high relapse rate. The background un-assisted quite rate is in the order of 1.5 to 2 per cent a year. Amongst reasons for failure of a quit attempt a smoker may mention concern over weight gain. However, the major underlying cause of failure is more likely to relate to the difficulty experienced in overcoming a physical and psychological addiction, lack of preparation, lack or inappropriate use of smoking cessation support and therapies and socio-cultural influences.

QUESTION 64

The Department of Health is currently conducting a series of pilot schemes across England. The aim is to identify the most effective way to implement the scheme with minimum disruption and burden to schools. Key organisational issues are:

— Farm to school gate—getting the fruit to the schools;

— School gate to child's hand—distributing the fruit within the school; and

— Child's hand to mouth—encouraging children to eat the fruit.

Autumn 2000 Pilots

Parliamentary Under Secretary of State for Public Health, Ms Yvette Cooper, launched the first pilots on 16 November 2000. These covered 33 schools in three areas—Leicester, Hackney, and Lambeth, Southwark & Lewisham. The evaluation is concentrating on the "gate to hand" issues.

Spring 2001 Pilots

Secretary of State, Rt Hon Alan Milburn, launched the second wave of pilots on 26 February 2001 at a school in Peckham, extending the scheme to 510 schools and over 80,000 children in 25 areas across England. These pilots focus on the "farm to gate" issues, with each area piloting one of four purchasing and distribution models. The models developed in discussion with representatives from Fresh Produce Consortium, National Farmers Union and school caterers are:

— National purchasing;

— Health Authority purchasing using DH Approved Supplier;

— Health Authority purchasing selecting own supplier; and

— School caterers purchasing.

Further Pilots

The next stage of piloting, which will take place during the next academic year, will focus on the "hand to mouth" issues.

Evaluation

The results of the evaluation of the current pilot schemes will be available in early summer, and will be disseminated widely. Early results have indicated that the scheme is being extremely well received by schools.

QUESTION 96

Department of Health spending on health promotion publicity in 2000/01 was as follows:

— Alcohol—£75 thousand;

— Drugs—£1.2 million of which £480 thousand was for a national radio advertising campaign to publicise the National Drugs Helpline;

— Sexual Health—£430 thousand of which £250 thousand was for a national TV advertising campaign on safe sex to reduce the risk of infection of Chlamydia.

QUESTION 157

Diet and physical activity are both key factors in obesity and therefore it is difficult to look at diet in isolation. Diet and physical activity are in turn influenced by several other factors eg socio-economic status, cultural, age and sex.

Obesity develops when there is a continued imbalance between energy intake and expenditure. However, the National Diet and Nutrition Survey for British Adults (1990) found no significant regional differences (within England) for either sex in total energy intake or percentage energy from fat. It is therefore unlikely that the regional differences that exist in obesity, is related to energy intakes.

When food consumption is looked at, the most striking difference is that of consumption of fruit and vegetables. For example, in the North East region, average total fruit consumption is 827 grams per person per week, whilst in the South East, the average is 1252 grams. Consumption of vegetables is also lower in the North than in the South. (National Food Survey 1999). A number of factors can create regional difference in fruit and vegetable consumption—eg access to shops, availability of produce, price, awareness about the health benefits, cooking skills, local preferences and taste preferences. The five-a day pilot projects are looking at the feasibility of increasing consumption of fruit and vegetables by a number of interventions. The evaluation from these projects will be available at the end of the year 2001.

Cross-sectional, population surveys (such as the Health Survey for England and the National Diet and Nutrition Surveys) have shown relations between the prevalence of obesity and factors such as social class, income, smoking, activity level and alcohol intake. However, the surveys have not investigated the influence of these factors on regional differences in the prevalence of obesity.

Longitudinal studies assessing the development of adiposity from childhood to adulthood have been carried out in the UK. However, these have not addressed regional differences in the prevalence of obesity. The longitudinal studies (such as the 1958 British birth cohort) have shown that it is not entirely clear why some individuals become obese and others do not—ie what factors cause obesity in individuals.

In conclusion, the relative role of diet and activity on recent obesity trends *per se* remains unclear, let alone their impact on geographical and regional differences.

NHS Executive

13 June 2001

APPENDIX 4

Supplementary memorandum submitted by the Department for Education and Employment (PAC 00-01/172)

QUESTION 160

Periodically the Department for Education have undertaken Secondary School Curriculum and Staffing Surveys. These sample surveys of maintained secondary schools in England collect information, not available from other sources, about curriculum provision in schools, teachers' qualifications and teacher deployment.

The results of the surveys are published in Statistical Bulletins. The following table has been drawn from Statistical Bulletins 8/86, 18/91, 24/93, 11/97.

PE Teachers	*Full-time teachers with post A level qualification in PE*	*Part-time teachers with post A level qualfication in PE*	*Full-time teachers teaching PE*	*Full-time teachers with post A level qualification teaching PE*	*Proportion of PE taught by full-time teachers with post A level qualification*
1983–84	36,400	2,800	37,900	21,600	88%
1987–88	31,600	3,900	30,300	18,500	90%
1991–92	30,300	5,200	24,400	16,600	91%
1996–97	22,000	3,800	20,000	14,800	94%

Question 162

The following table has again been constructed from data in the Statistical Bulletins

Home Economics Teachers	*Full-time teachers with post A level qualification in Home Economics*	*Part-time teachers with post A level qualification in Home Economics*	*Full-time teachers teaching Home Economics*	*Full-time teachers with post A level qualification teaching Home Economics*	*Proportion of Home Economics taught by full-time teachers with post A level qualification*
1983–84	10,100	2,200	11,500	9,200	94%
1987–88	8,800	2,800	10,400	7,900	91%
1991–92	9,900	3,200	10,100	7,900	93%
1996–97*	6,800	2,400	5,000	3,900	83%

* In 1996–97 in addition to the home economic teachers shown, there were teachers of food technology who were included with Design and Technology, but not separately identified.

Design and Technology included food technology, design and realisation, graphics, graphic communications, craft, metalwork and woodwork.

Home economics included food and nutrition, dress, textiles and child development.

Questions 165 & 166

Prior to October 1998 no data was collected centrally about the number of playing fields being sold off. Section 77 of the School Standards and Framework Act 1998 came into effect in October 1998 with the objective of protecting school playing fields. It requires a local authority or governing body of any maintained school to obtain the Secretary of State's consent before disposing, or changing the use, of any school playing field.

Since 1 October 1998 (when the legislation was introduced), 81 applications to dispose of a sports pitch have been approved. This represents an approval rate of about 3 applications per month. The Department estimates that, before 1998, disposals were running at up to about 40 fields a month.

The Department has never collected information on the number of school playing fields but, for the future, data to be collected through Asset Management Plans will provide a clearer picture of the number of school playing fields throughout England.

Question 172

The Education (Nutritional Standards for School Lunches) (England) Regulations 2000—SI 2000 No 1777—came into force on 1 April 2001. The regulations introduce nutritional standards for school lunches for registered pupils in all schools maintained by local education authorities in England.

They set out compulsory minimum nutritional standards and local education authorities and schools are free to exceed them if they choose.

Three booklets have been produced on implementing the nutritional standards, which are primarily for use by school caterers:

— Healthy school lunches for pupils in nursery schools/units (DfEE ref: 314/2000)
— Healthy school lunches for pupils in primary schools (DfEE ref: 315/2000)
— Healthy school lunches for students in nursery schools (DfEE ref: 316/2000)

The booklets are available from DfEE Publications telephone 0845 6022260 and are also available on the internet at www.dfee.gov.uk/schoollunches

The regulations define five groups of food:

A. Fruit and vegetables covering all forms—fresh, frozen, canned, dried or in the form of juice.

B. Starchy foods including bread, chapatis, pasta, noodles, rice, potatoes, sweet potatoes, yams, millet and cornmeal.

C. Meat, fish and other non dairy sources of protein covering meat and fish in all forms (whether fresh, frozen, canned or dried) including meat or fish products, eggs, nuts, pulses and beans, other than green beans.

D. Milk and dairy foods including milk, cheese, yoghurt (including frozen yoghurt and drinking yoghurt), fromage frais, milkshakes and custard but not butter or cream.

E. Foods containing fat and foods containing sugar including margarine, butter, other spreading fats, cooking oils and fats, oil based salad dressings, mayonnaise, salad cream, cream, chocolate, crisps, biscuits, pastries, cakes, puddings, ice cream, rich sauces, gravies, jam, sugary soft drinks, sweets, sugar and jelly but not any foods falling within any other group.

The regulations then define the food that must be made available in specific categories of schools:

Nutritional requirements for children who attend nursery schools or nursery units in primary schools

Food from each of the groups A, B, C and D must be available every day

Nutritional requirements for pupils at primary schools

Food from each of the groups A, B, C and D must be available every day so that:

Within group A,

— Fresh fruit, fruit tinned in juice, or fruit salad is available every day;

— A fruit based dessert is available at least twice in any week;

— A type of vegetable (which does not fall into group B) is available every day.

Within group B, fat or oil must not be used in the cooking process on more than three days a week;

Within group C,

— Fish must be available at least one day a week;

— Red meat must be available at least two days a week;

— Sources of protein can include dairy sources of protein.

Nutritional requirements for pupils at secondary schools

Two types of food from each of groups A, B, C and D must be available every day so that:

Within group A, both a fruit and a vegetable is available;

Within group B, on every day that a food cooked in fat or oil is available, a food not cooked in fat or oil must also be available;

Within group C,

— Fish must be available at least two days a week;

— Red meat must be available at least three days a week.

Nutritional requirements for pupils at community and foundation special schools

In these schools either the requirements for primary schools or secondary schools can be adopted.

Department for Education and Employment
May 2001

APPENDIX 5

Supplementary memorandum submitted by the Infant & Dietetic Foods Association (PAC 00–01/136)

NAO REPORT ON TACKLING OBESITY IN ENGLAND

The Infant and Dietetic Foods Association (IDFA) is the trade association representing UK manufacturers of infant and dietetic foods including formula slimming diets. Through its Slimming Foods Working Group, IDFA aims to promote high standards of safety and probity in the manufacture and marketing of slimming foods.

Obesity in England

In February 2001, The National Audit Office (NAO) published a Report on Tackling Obesity in England which identified that:

- obesity in men and women has tripled since 1980;
- 1 in 5 adults is now obese, potentially rising to 1 in 4 adults by 2010;
- two thirds of men and over half of women are overweight or obese; and
- obesity in England is growing faster than in other European countries.

Implications of Obesity for Individuals and Society

For the individual, obesity has severe health implications and is associated with a wide range of diseases including:

- coronary heart disease, including stroke;
- certain cancers;
- high blood pressure;
- diabetes;
- gallstones;
- osteoarthritis; and
- anxiety and depression.

For society there are also cost implications. The NAO estimated that:

- obesity costs the National Health Service up to £0.5 billion per year;
- total costs to the wider economy are over £2 billion per year;
- 18 million working days are lost due to weight related illness; and
- obesity caused 30,000 premature deaths in 1998 alone.

Causes of Obesity

Obesity occurs when an individual gains enough weight such that it seriously endangers health. Some people are more susceptible to weight gain for genetic reasons, but the main cause of obesity is consuming more calories than we need in our daily life.

There are many reasons why this might happen including eating too much, increased sedentary lifestyle, age, gender, genetic and environmental factors. However, changes in dietary habits in recent years have contributed to a situation where we take in more energy than we need.

Effective Ways to Lose Weight

There are many effective ways to lose weight including increased physical exercise, drug therapy, surgery, dietary advice, and formula slimming diets. It is important to match individuals to specific treatments. Some of these methods are best suited to particular degrees of overweight and often more than one option achieves the best results.

Prevention is also important particularly as being overweight can lead to obesity. Overweight is also easier to treat than obesity, so methods of weight loss that really work are necessary even for the pre-obese.

IDFA Response to the NAO Report

The NAO report identified that only 13 per cent of Health Authorities have a plan in place specifically to prevent or treat obesity and that management of overweight and obese patients within the NHS is patchy. It also acknowledges that support and counselling are important elements in successful intervention. The NHS

could not cope with an increasing overweight and obese population. Private sector options are, therefore, essential.

The NAO makes recommendations about the co-ordination of government policy on the management of obesity. IDFA supports initiatives on healthy eating and increased physical exercise, but these initiatives alone will not be enough. Overweight and obesity arise for a variety of reasons and require a variety of solutions. Clinically proven formula diets are one such solution. As proven safe and effective weight loss methods they should not be overlooked as one tool in the fight against overweight and obesity. IDFA seeks a national weight management policy that encompasses all successful options for losing weight—including formula slimming diets.

FORMULA SLIMMING DIETS

Formula slimming diets are nutritionally fortified and balanced, calorie restricted products which help individuals achieve an energy restricted diet without sacrificing nutritional requirements. They:

— provide guaranteed nutrition delivering exact energy and nutrient intakes without calorie counting or fuss;
— are clinically tested for safety and efficacy, are backed by 20 years of scientific research, and have been used successfully and safely by millions of people world-wide. Studies show that they can also be used successfully in maintaining weight loss;
— comply with European legislation and UK standards. European regulations specify the composition of specific categories of slimming products, labelling and advertising. Very low Calorie Diets, soon to be regulated under EU law, currently comply with Department of Health recommendations. Advertising is also subject to The Advertising Standards Association, British Codes of Advertising and Sales Promotion;
— are convenient and easy to use providing a temporary break from food preparation allowing time to re-evaluate lifestyle and re-educate eating habits. Many dieters find that the use of such products keeps them motivated to stay on their diet; and
— are palatable and enjoyable enough to be used for long periods—essential since it can take several months to achieve a target weight.

IDFA,

18 April 2001

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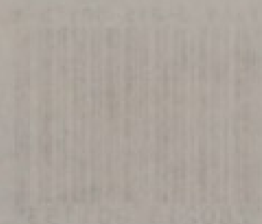

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