NHS London EU Unit Response to the European Green Paper

"Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases"

March 2006

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1. Introduction

This response is submitted by the NHS London EU Unit on behalf of the London Regional Public Health Group, the North East London Strategic Health Authority and John Harkin, Physical Activity and Health Coordinator for North East London and the Olympic boroughs (a post jointly funded by the NHS and Sport England)

The key players at the sub-regional level are the NHS in London, local councils and Sport England – London region. Locally coordinated work aims to help the region to achieve central government targets around nutrition, physical activity, obesity and chronic diseases

The Green Paper has much resonance with the key issues facing both the sub-region (within London) and the UK nationally. For convenience these issues may be crystallised into one:

'low population level participation in regular and health enhancing physical activity with the outcome of an overweight or obese population suffering from varying types and levels of chronic disease'.

The reasons for low physical activity participation are numerous, personal and intricate but may include broad headlines as below:

- Based within the health inequalities agenda through illness, education and income / poverty levels
- Demographically determined through age, gender, culture and disability

- Environmental in terms of the built and planned environment & transport
- A complex mixture of all the above

In terms of addressing these issues, again there is much local resonance with the body of the Green Paper, as the sub-regional health and activity community struggles to:

- gather meaningful and robust quantification of the level of the problem
- identify and agree appropriate intervention levels and agencies
- unpack which solutions require action on a personal, professional or societal level
- agree the design of and means by which those interventions should be delivered
- allocate resource and training opportunities to strategic and delivery staff
- develop robust and clinically acceptable tracking, outcome and evaluation tools
- co-ordinate action across organisational boundaries and pool resources

Much of the work to develop the structural aspects of a physical activity agenda for London has been accelerated over the past 12-18 months through the bid submission and award of the London 2010 Olympic Games

The work has centred on developing structural relationships and resources amongst key stakeholders, at a sub-regional level, as a necessary precursor to both attaining a higher profile for the activity for health agenda, developing delivery ideas & and accessing more resources for frontline delivery in local circumstances

The Documents attached under Section 3: Annexes provide examples of the relationships between stakeholders and activities currently underway

2. Question Responses

STRUCTURES AND TOOLS AT COMMUNITY LEVEL

IV.3 Health across EU policies

IV.3.2 Questions

What are the concrete contributions which Community policies, if any, should make towards the promotion of healthy diets and physical activity, and towards creating environments which make healthy choices easy choices?

- Community Policy on agriculture and the fisheries should use farming subsidies to:
    - encourage growing more fruit and vegetables locally to improve fresh produce supply to local markets, community centres, schools and other institutes
    - encourage farming methods that improve the nutritional composition of the food e.g fatty acid composition of fish, lean meat

    - discourage or remove subsidy from farming that supports unhealthy diets e.g high fat meat; high fat milk
- The Community should promote the availability of fruit and vegetables at affordable prices. As far as their powers allow they could require the advertisement and promotion of unhealthy foods to children to be limited
- It should encourage national legislation around acceptable / unacceptable sugar, salt and fat content in foodstuffs. This should be supported through clear labelling of foods and information about healthier options. The London Food Strategy is a good example of how policy on nutrition can contribute to health. (Published by the Greater London Authority and the London Development Agency)
- In Environmental Policy the EU should mesh the climate change agenda with one which promotes safe, active travel opportunities. It should also reiterate to national governments the need to construct activity friendly environments with health impact assessments involved as a factor in their design
- Under Social Inclusion initiatives the EU has a role to encourage national governments to use public resources to specifically target and incentivise groups suffering from health inequalities around participation in physical activity. In support of such measure it should reinforce standardised and consistent participation guidelines around physical activity for health
- Community Policy around Corporate Social Responsibility could regulate an agenda on the use and procurement of resources and the procedures around the welfare and wellbeing of employees

On which areas related to nutrition, physical activity, the development of tools for the analysis of related disorders, and consumer behaviour is more research needed?

- More research is need on all the areas outlined particularly in terms of:
    - Definition, characteristics and expected longevity of successful interventions,
    - cost-effectiveness of interventions versus pharmaceutical intervention
- There is need for a significant up-skilling of health professionals around both nutrition and physical activity so that triage can be more successfully applied at a population level
- Constant monitoring of other global shifts in prevalence and intervention strategies
- More research is needed on understanding what influences food choice and evidence on effective community interventions to improve food choice
- There is a considerable gap in the knowledge about effective interventions to get people to eat more healthily and take more exercise. This is especially the case among deprived, multi-ethnic populations
- Additional research is also needed to develop validated tools for monitoring and evaluating behaviour changes in relation to food.

IV.4 The Public Health Action Programme

IV.4.3 Questions

How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socio-economic distribution of this condition?

- The EU should develop common European protocols, fields and criteria to conduct regular population obesity surveys and to compile data on obesity measures. Comparable date could be systematically collected through schools, healthcare or workplaces. Collection of data through schools is currently being proposed in the UK
- Some countries may already have national health surveys. It may be useful to have a central training and validation centre with all countries incorporating some common core elements in their surveys

How can the programme contribute to raising the awareness of the potential which healthy dietary habits and physical activity have for reducing the risk for chronic diseases amongst decision makers, health professionals, the media and the public at large?

- This needs to be adequately resourced within national boundaries and be based on a concept of:
    - Individual approach & intervention
    - Community approach & intervention
    - Population approach & intervention
- To appeal and induce behaviour change within the general population, such programmes need to emphasise the "now" benefits (energy, weight control, appearance, skill acquisition, social motives, ease, etc.) of healthy dietary and physical activity lifestyle choices rather than over stress the chronic disease risk reduction aspects
- The EU should use social marketing techniques to increase awareness of obesity across different sectors using segmentation techniques. In the UK the DH is planning a social marketing scheme to increase awareness, that can be used as one of the pilots sites

Which are the most appropriate dissemination channels for the existing evidence?

- A two pronged approach:
    - via a targeted and precise social marketing / messaging campaign to the general public
    - by informing, advising & training professionals through appropriate networks – particularly those professionals delivering services to captive audiences via healthcare, education or workplaces
- Use as many channels as possible as different populations (young vs old; Caucasian vs ethnic; high socio-economic vs low socio-economic) may require different channels. It is important that the message remains the same. Airports and airlines and other travel (e.g Eurostar) have a large number of captive audience everyday and night so these are very useful places for dissemination of key messages
- In the UK guidance from the National Institute for Health and Clinical Excellence is an existing route

When providing nutrition information to the consumer, what are the major nutrients, and categories of products to be considered and why?

- Salt, sugar and different kinds of fat and food products that contribute mainly to diet should be targeted
- Food labels relating to nutritional information should be simple and visual so that a person or child can understand it, irrespective of their level of literacy
- There should be a clear agreement on Recommended daily allowances / Dietary Reference Values with recognisable portion sizes.

Are voluntary codes ("self-regulation") an adequate tool for limiting the advertising and marketing of energy dense and micronutrient-poor foods? What would be the alternatives to be considered if self regulation fails?

- Voluntary codes can contribute but they are not sufficient for improving the nutrition content of food. Self regulation should be given some time with more discussion and partnership working with Food Industry
- Alternatives may be to develop legislation to limit present advertising and promotion, especially to children, of fatty, sugary and nutrition poor food.
- At the same time decision makers, local authorities and health professionals could work with consumers so that less demand for energy dense and micronutrient poor food falls irrespective of what the food industry does

V. AREAS FOR ACTION

V.2 Consumer education

V2.1 Questions

In the field of nutrition and physical activity, which should be the key messages to give to consumers, how and by whom should they be delivered?

- The key message to give to consumers must be the consistent and standardised national government recommendation on the daily level of physical activity required to benefit health
- There should be more provision of nutrition and food education including how to buy healthy food on small budgets in adult education centres
- The key immediate or "now" benefits of participation should also be highlighted
- Messages should be delivered via social marketing / population level campaigning approach using all forms of new media (see IV.4.3)
- Qualified professionals who can signpost participation opportunities or higher level treatment services as required, should target messages at specific high risk groups
- Consumer education should use more innovative approaches using role models e.g the Olympic teams and athletes; celebrity chefs and TV personalities to make healthy lifestyles more attractive

- Reduce salt and sugar intake. Increase fruit and vegetable intake! National governments should deliver the message supported by stricter control of manufacturing and retail

V.3 A focus on children and young people

V.3.2 Questions

What is good practice for the provision of physical activity in schools on a regular basis?

- Developing enjoyment and fundamental movement and co-ordination skills in pre-school settings
- Delivering high quality, time-tabled and extra-curricula physical activity opportunities for all pupils irrespective of ability and not just focused on a desire for a competitive sport structure
- Programmes delivered by qualified specialists at both primary and secondary levels working within an acceptable teacher:pupil ratio that can accommodate individual differences within pupil group
- Remedial physical literacy provision for those requiring additional help or motivation
- Providing a range of culturally appropriate activities that appeal across gender and disability
- Schools should ban sugar / sweet and soft drinks and energy dense snacks Vending machines selling such products should also be banned from schools
- All schools should include healthy eating, cooking , understanding nutritional labelling, purchasing to encourage and support children to make healthy choices. Parents could be engaged through education in preparing packed lunches

How can the media, health services, civil society and relevant sectors of industry support health education efforts made by schools? What role can public-private partnerships play in this regard?

- By promoting good practice
- By augmenting school funding resources
- By jointly funding programmes and posts to deliver shared outcomes
- By effectively measuring and evaluating programme outcomes in schools
- By shaping programmes to identify, accommodate and assist non-achievers

V.4 Food availability, physical activity and health education at the work place

V.4.1 Questions

What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?

- A key component of changing life-styles is to improve work-life balance as the community needs to ask – do our citizens live to work or work to live?

- The EU directive on working hours can be further used to improve work-life balance e.g summer working times (7am—2pm) giving plenty of time for families to plan recreational activities together as well as encouraging home cooking and family meals; winter working times(12pm to 7pm) leaving more time in the morning for family activities and cooking. Current working times mean that most of the morning, afternoon, and evening people are working! School times can also be adapted accordingly giving more time for families to spend together being active and preparing food and eating together
- Organisational philosophical buy-in to concept of workplace activity
- Direct evidence of action to deliver philosophy eg. building alterations, provision of employee incentives, etc.
- More flexibility in terms of working practices
- Provision of onsite built facilities such as showers, lockers and storage
- Relaxation of expected dress codes
- The provision of onsite opportunities or subsidised offsite opportunities
- Incentivisation of physical activity eg. cycle loan, mileage
- Employment of workplace activity co-ordinators or specialists
- Many places have contracts with catering companies that are long term contracts. Some regulation and support on catering should be provided so that these contracts can be used to improve nutritional quality of foods without increasing the cost of the contract
- Pricing strategies in canteens should favour healthier options
- Safer built environment
- Separation (where possible) of pedestrians / cyclists and priority for pedestrians / cyclists over motorists where this is not possible
- General discouragement of non-essential car use across social classes via sliding scale of congestion charging based on income
- Trains are used as a form of travel, having mobile gyms on trains and tubes can be explored

V.5 Building overweight and obesity prevention and treatment into health services

V.5.1 Questions

Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?

- National and local compulsory and monitored provision and performance targets
- Ring fenced money for training of frontline professional and promoting health as well as developing and implementing obesity care pathways e.g community weight management schemes, exercise referral schemes
- National and local mandatory initial and continuing professional development training for all health professionals around nutrition and physical activity for health

- All medical and nursing courses to include nutrition training; more training on exercise prescription

V.6 Addressing the obesogenic environment

V.6.1 Questions

In which ways can public policies contribute to ensure that physical activity be built into daily routines?

- Physical activity should be a cornerstone, not an add on, to all public policies around:
    - Built environment
    - Transport
    - Health
    - Education
    - Housing provision
    - National and local targets and assessment procedures for local authorities and health care services
    - Cultural services provision
- Regulations concerning Town Planning should look to discourage or stop high density urban housing with minimum green spaces, park and gardens

Which measures are needed to foster the development of environments that are conducive to physical activity?

- Physical activity for health representation at local strategic level planning fora
- Limiting private vehicle use
- De-commissioning selected highways for motorised transport
- Introducing activity friendly signage
- Constructing easily visible and safe local walking and cycling routes
- There should be guidelines and good practice on cycle paths as some areas have a narrow strip at the end of busy narrow roads as cycle lanes which does not encourage parents to send children to school on cycles
- Sunday Trading laws: Sundays should be seen as healthy days with free activities in parks and leisure centres, local markets with fresh produce
- Fear of crime is a major factor whereby a 'child is playing a computer game in a bedroom rather than playing some outdoor game in the park' or elderly people/ women do not go put for evening strolls. Fear of crime is a barrier to improving out of school and after work physical activity. This needs to be tackled
- Increasing informal and formal policing in areas that are identified by local residents as causing feelings of personal vulnerability would help to tackle fear of crime

V.7 Socio-economic inequalities

V.7.1 Questions

Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socio-economic categories, and enable these groups to adopt healthier lifestyles?

- Targeted and direct physical activity service intervention eg. for obesity, chronic conditions, etc. at a local level through school, surgery or acute care
- Provision of remedial programmes staffed by appropriately skilled professionals in these settings
- Consistent national and local intervention composition, tracking, outcome and evaluation measures
- To make fruits and vegetables more attractive they should be more readily available in *ready to eat* and be less expensive. Currently such products are more up to 300% expensive than loose produce or a hamburger, coke and chips meal deals
- Local activities should be supported which offer community training in cooking and to deliver national projects locally, e.g. 5 a day scheme.

How can the clustering of unhealthy habits that has frequently been demonstrated for certain socio-economic groups be addressed?

- Principally through addressing the wider determinants of health inequality – poverty, education, life experience and life chances

V.8 Fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity

V.8.2 Questions

Which are the most important elements of an integrated and comprehensive approach towards the promotion of healthy diets and physical activity?

- National consistency of provision – a strategy that takes a life course approach that starts at preconception nutrition to nutrition in nursing homes, should be encouraged.
- Certain service elements should be mandatory in nature eg. treatment for obesity, chronic conditions, etc.
- Skilled and adequately rewarded workforce in the topic areas
- Clear interventions and outcomes
- Simple monitoring and evaluation mechanisms
- Continuing process of skills updating
- Genuine health service shift of resources from acute to community based interventions and primary care provision

Which roles at national and community level?

- In terms of all the above:

- Clear national strategic direction, provision of appropriate framework & tools and performance management of local progress
- Community level delivery based on pooled resources, joint " themed" posts / agendas and common outcome targets

V.9 Recommendations for nutrient intakes and for the development of food-based dietary guidelines

V.9.3 Questions

In which way could social and cultural variations and different regional and national dietary habits be taken into account in food-based dietary guidelines at a European level?

- The FBDG should be based on world cuisine as many cities now offer cuisine from around the world and the diversity as well as travel have influenced diets of people.

V.11 Other issues

Questions

Are there issues not addressed in this present Green paper which need consideration when looking at the European dimension of the promotion of diet, physical activity and health?

- All relevant areas have been covered

Which of the issues addressed in the present Green paper should receive first priority, and which may be considered less pressing?

- Addressing issues of service provision around physical activity in terms of both prevention and treatment should be undertaken in tandem
- Within this general overview, services should be directed towards those most affected by health inequality, in terms of both prevention and treatment programmes
- This will do most to improve individual lives, address disparities in public health outcomes and improve the general profile of any individual national boundaries

3. Annexes:

- *National Institute for Health and Clinical Excellence – Public Health Intervention Guidance*
- *A Memorandum of understanding between Sport England, London Regional Public Health Group and the NHS in London*
- *Towards a more effective structure for increasing Health and Physical Activity in London*
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