Conclusions and recommendations

Physical activity—a priority in its own right

1. For too long, physical activity has been seen merely in the light of its benefits in tackling obesity. However, there is compelling evidence that physical activity in its own right has huge health benefits totally independent of a person's weight—in fact research recently published suggested that increasing physical activity levels could have greater impact on reducing mortality than reducing weight. The Chief Medical Officer's guidelines recommend levels of activity which will help people derive the greatest health benefits; but even small increases in activity levels can have a dramatic positive impact on health. (Paragraph 25)

2. Diet, obesity, and physical activity all have important impacts on health. However, it is vital that the importance of physical activity for all the population—regardless of their weight, age, gender, health, or other factors—is clearly articulated and understood. We recommend that the Government, Public Health England and health professionals, in particular GPs, take urgent action to communicate this crucial message to the public. (Paragraph 26)

Individual and population level interventions

3. It is clear from the evidence we have heard that interventions focused on encouraging individuals to change their behaviour with regard to diet and physical activity need to be underpinned by broader, population-level interventions. Individual interventions include provision of information about the health benefits of exercise, workplace incentives, or referral to a lifestyle weight management scheme. Broader measures include pricing and availability of unhealthy foods, and redesigning environments to promote physical activity, which aim to make the healthy choice the default choice. Population-level interventions have the advantage of impacting on far greater numbers than could ever benefit from individual interventions, and may also be more effective at tackling health inequalities than individual interventions. (Paragraph 32)

NICE guidance on what works

4. NICE has produced a comprehensive raft of guidance on cost-effective interventions that can be introduced, either by the NHS or by local government, to improve diet and physical activity. These have included interventions on an individual level—changing individual behaviour, and weight management, and also more 'upstream' environmental interventions, such as changes to the local environment that may improve access to healthier foods or encourage active modes of transport such as walking and cycling. (Paragraph 35)

5. While we welcome NICE's guidance, it is disappointing that there has to date been little assessment of how far these guidelines are being implemented. We have heard that NICE's forthcoming Quality Standards will produce a clear framework against which progress towards implementing NICE guidance can be measured. We recommend that the next

Government shows its commitment to improvements in this area by auditing progress against Quality Standards in the areas of diet and physical activity across the country to allow benchmarking and drive progress. (Paragraph 36)

Local authorities—key to improving public health

6. There is a danger that the current financial pressures on local authorities will lead them to deprioritise all but the mandated public health services to the detriment of prevention and health improvement. We recommend the next Government prioritises prevention, health promotion and early intervention and provides the resources to ensure it happens. (Paragraph 43)

7. We also heard that local authorities need more powers to limit the proliferation of outlets serving unhealthy foods in some areas; Public Health England told us that they too had concerns about this. We recommend that the next Government works closely with the Association of Directors of Public Health and the Local Government Association to ensure local authorities have the planning powers they need for the control of food and drink outlets and for the preservation of open spaces for physical activity for public health purposes. (Paragraph 44)

Workplaces

8. One commentator told us that in her view, it is "at best anomalous and at worst negligent" that that NHS properties continue to serve foods high in sugar, fat and salt, with some hospitals even having fast-food outlets on their premises. The NHS should lead by example and manage its estate in a way that stops promoting the over-consumption of energy dense nutritionally poor food. (Paragraph 53)

9. Beyond the NHS, workplaces are where working age people spend the majority of their time and as such can represent a powerful resource for health promotion. We urge the next Government to work with NICE and Public Health England to find the best options for achieving this in a range of workplaces, including the use of financial and other incentives. (Paragraph 54)

10. While local authorities now have the lead public health role, there is an ongoing need for the NHS to provide both prevention and treatment services but greater focus needs to be given to discussing inactivity or overweight. The NHS is this country's largest employer and has a crucial role to play both in terms of promoting the health of its workforce, and in setting a wider example. More broadly, there is clearly potential for other workplaces to do more. We recommend that Primary Care takes the lead, as it has does for smoking cessation, in promoting physical activity and preventing obesity—these topics should not be off limits during consultations. (Paragraph 55)

Cross government working

11. While there now is widespread recognition of the health impacts of diet, obesity and physical activity, and the scale of the problems we now face in these areas, these problems are not "owned" by a single Department or agency. A successful strategy for tackling these

problems needs to mirror the successful strategy on tobacco, and be multi-level, spanning national and local government down to every citizen. A successful strategy may to need to incorporate elements as diverse as public education, regulation, fiscal measures, legislation, messaging and campaigns, evidence based behaviour change, changes to the school curriculum, and changes to planning arrangements. (Paragraph 59)

12. Given the breadth of these issues, it is essential that the strategy must be cross-governmental and integrated laterally and vertically, and given the importance of these issues, led from the very top of government. We call on the next Government to introduce a co-ordinated government-wide programme to tackle poor diet and physical inactivity; this programme should be given the resources and authority necessary to secure collaboration with all relevant Departments and bodies, and should report at regular intervals on health improvements to the Prime Minister, and to Parliament. (Paragraph 60)

Physical activity—a key health priority in its own right

13. We have heard the hugely positive message that increasing physical activity has significant health benefits and does not necessarily mean playing organised competitive sport three times a week—it encompasses a diverse range of activities, including everyday activities such as walking. The point was made that raising heartrate was the most important thing, but any increase in activity is beneficial. (Paragraph 69)

14. For some people it can be easier to fit physical activity in if it is "a means to an end" rather than an end in itself. The key message from witnesses was to "just do more", in a way that fits with your lifestyle. (Paragraph 70)

Promoting physical activity in clinical encounters

15. NICE has clearly recommended that offering brief advice in a primary care setting is a cost effective way of getting people to increase their levels of physical activity. It is clear that clinicians have a crucial role to play in promoting physical activity. Better undergraduate and postgraduate education is now required, both to ensure clinicians' understanding of the medical benefits of physical activity, and to teach them how to promote physical activity to their patients in an effective way, particularly when some patients may be sceptical of such a "low tech" approach. We recommend that the next Government works with the royal colleges and Health Education England to achieve this. (Paragraph 81)

16. In relation to NHS Health Checks, we heard of a "tick box" approach to physical activity, with clinicians carrying out Health Checks lacking the skills to support people in actually changing their behaviour. We recommend that, given the considerable investment of public resources in NHS Health Checks, NICE should be tasked with assessing their clinical and cost effectiveness. (Paragraph 82)

An environment that promotes physical activity

17. We have heard that the physical environment can have a significant impact on activity. Open spaces are needed for recreation and play, and the built environment, including road

infrastructure and speed limits, all impact on how easy or attractive it is to walk or cycle. We call on the next Government to make a clear commitment, together with appropriate long term funding, to significantly increase the levels of cycling and walking. (Paragraph 86)

Engaging different groups in physical activity

18. Physical activity must be seen in its totality, and a flexible and inclusive approach is needed to enable individuals to choose a way to increase physical activity that is right for them. Nowhere is this more important than in promoting physical activity amongst groups of people who seldom take part. The most obvious is the disparity between men and women, but inequalities in physical activity levels exist between other sectors of society too, and children fare worse than adults in terms of meeting physical activity recommendations. (Paragraph 93)

19. Fear of judgement is a key barrier preventing women from being more active. Some barriers may be quite simple such as the lack of availability of sports clothes in larger sizes or mixed changing rooms. The Government-wide programme on diet and physical activity should include a specific workstream focused on identifying and tackling inequalities in relation to physical activity, and it should begin with work to examine how women, those with disabilities and overweight people, can be encouraged and supported to be more active. (Paragraph 94)

NHS prevention and treatment services

20. According to Public Health England, there is an unmet population need for support for weight loss and sustaining a healthier weight. NICE have recommended cost-effective interventions in this area and we recommend that these are funded and implemented as a matter of urgency. The Committee regards it as inexplicable and unacceptable that the NHS is now spending more on bariatric surgery for obesity than on a national roll-out of intensive lifestyle intervention programmes that were first shown to cut obesity and prevent diabetes over a decade ago. All tiers of weight management services should be universally available, and need to be well integrated. (Paragraph 99)

Reforming the food environment

21. We have heard that the Government's Responsibility Deal has achieved some successes, but should be seen as a complement to regulation rather than a substitute for it. We agree with the UK Health Forum, that we cannot hang all our expectations in terms of all the things we need to achieve in public health on voluntary pledges. (Paragraph 105)

Labelling

22. Progress has been made on introducing a traffic light nutrition labelling system. We recommend that Public Health England backs this up with a campaign to explain and reinforce this scheme to the public to assist them in using the new labelling to make healthy food choices. (Paragraph 107)

23. We recommend that Public Health England should take the lead by introducing clear targets for reductions, and the Government should use regulatory measures to enforce this, if voluntary approaches do not yield swift progress. The Committee strongly recommends that the first focus of this work should be on reducing the sugar consumed by children in sugar sweetened drinks. (Paragraph 111)

Marketing and promotion of foods to children

24. The evidence we have received has also called for wider restrictions on promotion of unhealthy foods to children–in both broadcast and non-broadcast media, particularly social media. We recommend that the next Government takes steps to stop the marketing of unhealthy food and sugary drinks to children. (Paragraph 115)

Price promotions

25. The area on which we have heard the least progress has been made, but one which has the potential for a significant impact on diet and health, is retail price promotions on food. Voluntary agreements have been tried, but now we need to look to harder policy options to secure progress. We recommend that the next Government commissions either Public Health England or NICE to review policy options in this area as a matter of urgency. (Paragraph 122)

Fiscal policies

26. We have received evidence from organisations supporting the introduction of a tax on sugar-sweetened drinks. We look forward to the publication of Public Health England's review of the evidence base for introducing a sugar tax, which is expected later this year, and we do not seek to pre-judge its outcome. We welcome the fact that Public Health England is carrying out this review. Given the scale of the public health challenge and growing health inequalities we urge the next government not to shy away from difficult decisions around proportionate regulation if these are supported by the emerging evidence. (Paragraph 125)