Department of Health

Updated guidance

How to set and monitor goals for prevalence of child obesity: *Guidance for Primary Care Trusts and local authorities*

February 2009

department for children, schools and families

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http://www.dh.gov.uk/obesity

1. Purpose of the guidance

This guidance is for Primary Care Trusts, Local Authorities, Strategic Health Authorities and Government Offices, and aims to assist those organisations in reviewing their goals for child obesity in the Vital Signs performance framework and the Local Government National Indicator Set (Local Area Agreements).

This guidance offers advice on the circumstances in which a refresh of those goals might be justified and how any refresh could be approached. It follows on from the guidance issued in January 2008 for the initial round of negotiations: *How to set and monitor goals for prevalence of child obesity: guidance for Primary Care Trusts (PCTs) and local authorities*.

The guidance should be read in conjunction with related documents such as:

- *Healthy Weight, Healthy Lives: A Cross-Government Strategy For England*;
- *Healthy Weight, Healthy Lives: Guidance for Local Areas; and*
- *Healthy Weight, Healthy Lives: A toolkit for developing local strategies.*

These documents are available from:
http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/index.htm

2. Background

In September 2007, the Government announced an ambition of being the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels. This new ambition forms part of the Government's Public Service Agreement (PSA) 12: to improve the health and well-being of children and young people. The Department of Health is responsible for the overall ambition on healthy weight and is jointly responsible with the Department for Children, Schools and Families (DCSF) for delivering the PSA on Child Health.

In January 2008, we set out our immediate plans towards achieving the ambition in *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England*. In Spring 2009, we will be publishing a report detailing progress since then and setting out next steps**.**

The Vital Signs performance framework and the Local Government National Indicator Set included indicators for the prevalence of obesity among children in Reception and Year 6. The indicators form part of Tier 2 of the Vital Signs framework, which meant that all PCTs were required to set plans for the period 2008/09–2010/11. Additionally, 122 Local Authorities incorporated one or both indicators into their Local Area Agreements.

In January 2008, guidance was issued called "*How to set and monitor goals for prevalence of child obesity*" during the initial set of negotiations.

Since then, the NHS Information Centre has published data from the 2007/08 National Child Measurement Programme (NCMP). We committed to look at the data and decide whether evidence exists of a relationship bias between participation and prevalence that supports any renegotiation of targets in local areas that want to do so. **We have found that there is no evidence of a bias in Reception data and so no need to renegotiate targets for this year**

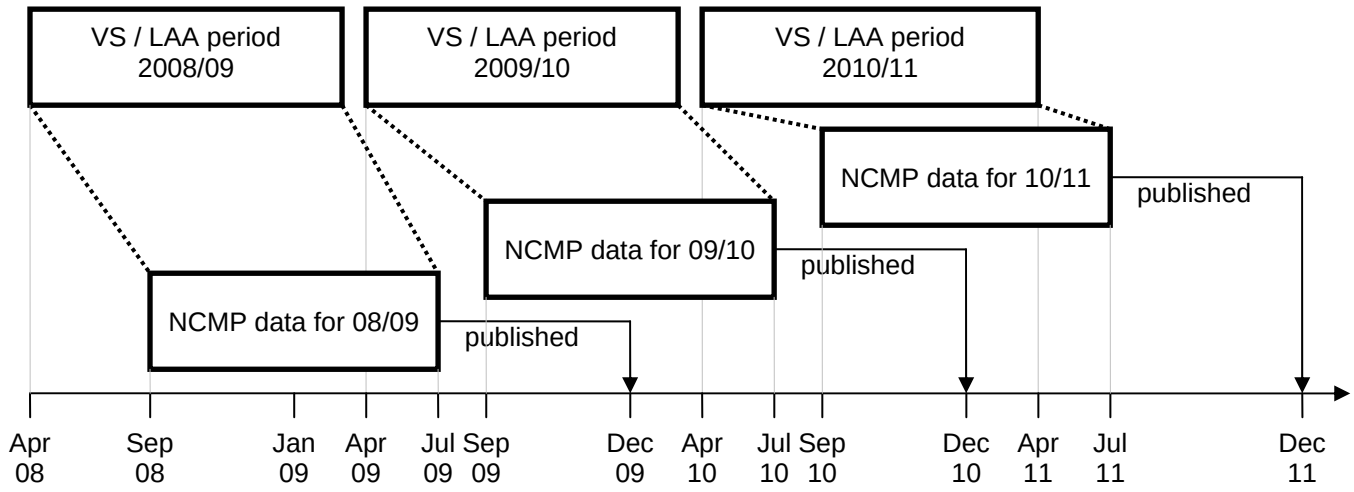
group. Evidence does exist of a relationship bias in Year 6 data, and accordingly, some areas may wish to consider refreshing their plans for Year 6 children for the 2009/10–2010/11 period (see Section 4).

3. Overview of process

If PCT plans and LAAs are refreshed (see Section 4), these should cover the years 2009/10 and 2010/11 only.

The reference periods used for plans and LAAs should be school years rather than financial years, because progress will be assessed using NCMP data, which relate to school years. The NCMP data used to assess progress across the whole planning period will be those for 2008/09, 2009/10 and 2010/11. It is inappropriate to use the data for the 2007/08 school year to assess progress in the 2008/09 financial year, since there is only a three-month overlap between the two and that would leave insufficient time to make an impact. Refreshed plans for 2009/10 and 2010/11 should therefore relate to the 2009/10 and 20/11 school years.

The NCMP report for 2008/09 is expected to be published by the NHS Information Centre (IC) in December 2009. These data will feed into the 2008/09 LAA annual review that is expected to take place around that time. The Healthcare Commission will assess PCTs against their 2007/08 plans using 2007/08 NCMP data for the 2008/09 Annual Health Check, expected to be published in October 2009. The Care Quality Commission is currently undertaking consultation on the 2009/2010 assessment. Further information can be found at: http://www.cqc.org.uk/news__events/reviews_in_0910_consultation.aspx



4. Circumstances where a refresh could be justified

The IC's analysis of the 2006/07 and 2007/08 NCMP results showed that in the Year 6 results, recorded prevalence of obesity was influenced by participation rate (ie, percentage of eligible children measured), such that achieving a higher participation rate revealed a higher prevalence. This effect is thought to be partly because overweight and obese children are less likely than healthy weight children to take part in the NCMP, and so the results slightly underestimate the true prevalence of obesity (by as much as 1.3 percentage points in 2006/07 and 0.8 percentage points in 2007/08 at a national level). In general, because participation was higher in 2007/08 than in 2006/07, the effect is less in the 2007/08 results - that is, they underestimate prevalence to a lesser degree.

No such relationship between participation and prevalence was seen in Reception results and consequently the Department of Health do not believe that changes in participation rates could be used as a justification for refreshing Reception Year plans.

Localities that achieved a large improvement in participation rate between 2006/07 and 2007/08 tended to have recorded a larger increase in prevalence in **Year 6**, and some of this increase will be due to capturing more overweight and obese children within the population, rather than a real increase in prevalence within the population. A ten percentage point increase in Year 6 participation rate between 2006/07 and 2007/08 generated, on average, an artificial increase in Year 6 prevalence of approximately 0.6 percentage points, in addition to any real change.

This means that localities that achieved a significant improvement in Year 6 participation and recorded a significant increase in Year 6 prevalence are likely to find their plans and LAAs more difficult to achieve than anticipated (unless this was already factored into the calculations). The Department of Health believe that where a significant increase in Year 6 participation and prevalence has occurred, then a refresh of plans is justified. **A significant change is considered to be an increase of at least 10p percentage point in participation accompanied by an increase of at least one percentage point in prevalence.** Accordingly, in these circumstances, localities may wish to refresh those goals should they wish. This is the case for 27 PCTs and 11 LAs, listed in Annex A.

Local and regional colleagues, where the above circumstances apply, will want to ensure that any refreshed plans and LAAs reflect local circumstances, but the default approach might be to apply the same degree of stretch to the 2007/08 figures (See worked example below).

Where refresh does occur, the plans and LAAs for a particular locality should be consistent.

Example

Midshires set the goal that prevalence in Year 6 would not exceed 11.0 per cent in 2010/11. This goal was based on:

- recorded prevalence of **10.0%** in 2006/07;
- the knowledge that obesity was projected to increase nationally by 2.0 percentage points over the four years to 2010/11 if the current trend of an **annual half-point increase** continued;
- and the belief that prevalence could be reduced from the projected level by **1.0 percentage point** by 2010/11.

The locality achieved a significant improvement in NCMP participation of 10.0 percentage points between 2006/07 and 2007/08. Recorded prevalence in 2007/08 was 11.0% (compared with the expected 10.5%). The increase in participation is likely to be partly responsible for the significant increase of 1.0% in recorded prevalence between 2006/07 and 2007/08.

To achieve its original goal of 11.0 per cent prevalence by 2010/11, the locality would, therefore, need to achieve a reduction against trend of more than the 1.0 percentage point they had identified, because the annual trend would mean a rise to 12.5% by 2010/11 if no action were taken, rather than the previously expected 12.0%.

The locality could therefore consider a refresh of their plans for Year 6 children using the 2007/08 prevalence as a baseline. If the recorded prevalence in 2007/08 was 11.0%, agreement might be reached that the goal for 2010/11 should be refreshed to 11.5%, based on:

Recorded prevalence in 2007/08 (11.0%)
+ projected increase (of 0.5% per year) over the three years to 2010/11 (1.5%)
– previous planned reduction (1.0%)

Most localities (115 PCTs and 107 LAs) achieved participation rates in the NCMP 2007/08 of 85 per cent or more. Although further improvements in rates are desirable, we would not expect the same degree of improvement in future years as was delivered between 2006/07 and 2007/08. Such stability in participation rates will prevent the need for further reviews of plans and LAAs.

5. Contacts

If you require further guidance, please contact the relevant person below:

Policy and delivery issues	healthyweight@dh.gsi.gov.uk
Technical aspects of goal setting	chris.gibbins@dh.gsi.gov.uk
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Annex A:

Table 1: PCTs recording a significant change in Year 6 participation and obesity prevalence

		2006/07	2006/07	2007/08	2007/08	Change	Change
		Obesity prevalence	Participation	Obesity prevalence	Participation	Prevalence	Participation
PCT							
East Midlands							
5PD	Northamptonshire Teaching PCT	14.6%	64%	16.9%	84%	2.2%	20%
5PP	Cambridgeshire PCT	15.8%	69%	17.0%	83%	1.2%	14%
5PY	South West Essex PCT	14.9%	73%	17.5%	87%	2.6%	14%
London							
5C2	Barking & Dagenham PCT	19.9%	48%	23.9%	82%	4.0%	34%
5A8	Greenwich Teaching PCT	21.2%	71%	22.6%	89%	1.4%	18%
5LF	Lewisham PCT *	19.5%	40%	25.3%	89%	5.8%	49%
North East							
5KM	Middlesbrough PCT	20.6%	65%	22.7%	86%	2.1%	21%
5QR	Redcar & Cleveland PCT	17.0%	64%	18.7%	82%	1.7%	18%
North West							
5HG	Ashton, Leigh & Wigan PCT	16.9%	77%	18.0%	89%	1.1%	12%
5HP	Blackpool PCT	16.2%	50%	18.3%	92%	2.1%	42%
5JX	Bury PCT	15.1%	74%	16.8%	94%	1.7%	20%
5NG	Central Lancashire PCT	13.9%	49%	17.6%	90%	3.7%	41%
5NE	Cumbria Teaching PCT	15.5%	53%	20.2%	86%	4.7%	33%
5NH	East Lancashire Teaching PCT	13.5%	52%	16.8%	80%	3.3%	28%
5J4	Knowsley PCT	18.3%	72%	21.0%	85%	2.7%	13%
5NL	Liverpool PCT	17.9%	78%	20.8%	90%	2.9%	12%
5NF	North Lancashire Teaching PCT	12.7%	54%	17.0%	86%	4.3%	32%
5LH	Tameside & Glossop PCT	15.1%	58%	18.7%	89%	3.6%	31%
South East							
5LQ	Brighton & Hove City PCT	16.1%	73%	17.7%	91%	1.6%	18%
5P8	Hastings & Rother PCT	13.9%	77%	16.1%	87%	2.2%	10%
South West							
5QJ	Bristol PCT	15.2%	44%	19.5%	84%	4.3%	40%
5M8	North Somerset PCT	13.8%	66%	16.8%	88%	2.9%	22%
5QK	Wiltshire PCT	13.5%	68%	15.9%	83%	2.4%	15%
West Midlands							
5M1	South Birmingham PCT	19.5%	58%	21.9%	91%	2.4%	33%
Yorkshire and Humber							
5NX	Hull Teaching PCT	19.7%	69%	22.3%	84%	2.6%	15%
5AN	North East Lincolnshire CT Plus	16.4%	80%	19.6%	96%	3.1%	16%
5N3	Wakefield District PCT	17.9%	56%	20.4%	87%	2.5%	31%

Table 2: Local Areas recording a significant change in Year 6 participation and obesity prevalence

	2006/07	2007/08	Change	Change
	Obesity prevalence	Obesity prevalence	Prevalence	Participation
LAs including NI56 in LAA				
East Midlands				
Northamptonshire	14.6%	16.9%	2.2%	20%
East of England				
Cambridgeshire	15.8%	17.0%	1.2%	16%
London				
Greenwich	21.2%	22.6%	1.4%	20%
North East				
Middlesbrough	20.6%	22.7%	2.1%	21%
North West				
Blackpool	16.2%	18.3%	2.1%	43%
Knowsley	18.1%	21.0%	2.9%	13%
Liverpool	18.0%	20.8%	2.9%	11%
Wigan	16.9%	18.0%	1.2%	11%
South East				
Brighton and Hove	16.1%	17.7%	1.6%	17%
South West				
Bournemouth	16.0%	17.2%	1.2%	13%
North Somerset	13.8%	16.8%	2.9%	23%
LAs adopting NI56 as Local Priority				
London				
Barking and Dagenham	20.8%	23.9%	3.1%	32%
Lewisham *	19.5%	25.3%	5.8%	*
North East				
Redcar and Cleveland	17.0%	18.7%	1.7%	18%
North West				
Tameside	15.3%	19.1%	3.8%	29%
Yorkshire and Humber				
Wakefield	17.9%	20.4%	2.5%	32%

* The published participation rate for Lewisham Borough for 2006/07 is believed to be significantly underestimated. Lewisham has therefore been included in this table because it is believed to have had a significant increase in participation and prevalence. Lewisham PCT, which is coterminous with the Borough, is on the PCT list because of the published participation and prevalence figures.