TOOL D5 Setting local goals

For:	Commissioners in primary care trusts (PCTs) and local authorities
About:	This tool provides advice from the Department of Health on setting local goals using National Child Measurement Programme (NCMP) prevalence estimates.[148] It also provides advice on establishing intervention objectives – a list of National Indicators of success relevant to obesity is provided. Refer to **Tool D14** *Monitoring and evaluation: a framework*.
Purpose:	To give local areas an understanding of how to establish local plans that are based on achieving a change in obesity prevalence.
Use:	• Should be used to set local goals. • Can be used to establish objectives. • Can be used for evaluation and monitoring purposes. Data can be used as performance indicators.
Resource:	*How to set and monitor goals for prevalence of child obesity: Guidance for primary care trusts (PCTs) and local authorities.*[141] www.dh.gov.uk

Setting local goals

All local areas have already set their goals for tackling obesity over the period 2008/09 to 2010/11, either through PCT plans, or additionally in local area agreements. However, this tool summarises the Department of Health's guidance on setting local goals[149] as it is useful to remember what underpins those targets.

Currently, based on Health Survey for England data, the estimated prevalence of obesity in children in both Reception and Year 6 is rising at a yearly rate of around 0.5% points. The Department of Health suggests that local authorities and PCTs should establish **local plans that are based on achieving a change in prevalence in each of the three years that betters the current national trend** – that is, an increase of less than 0.5% points, or no increase at all, or a reduction in obesity. In order that local authorities and PCTs can achieve this change in prevalence, the Department of Health has calculated what percentage changes in obesity prevalence in Reception and Year 6 would be needed by 2010/11 to achieve a statistically significant improvement on the current trend. These data are available at www.dh.gov.uk and are based on NCMP 2006/07 prevalence estimates.[148] Because numbers measured and prevalence will be different for future years of the NCMP, the figures are indicative, but they give a reasonable approximation of the change that needs to be recorded to be statistically significantly less than the national trend.

Note:
These figures provide both 95% and 75% confidence levels. Use of a higher confidence level reduces the risk of incorrectly concluding that a significant improvement in prevalence of child obesity has been achieved. (At 95%, the risk is 1 in 20; at 75%, the risk is 1 in 4.) However, use of a higher confidence level means that a greater change in prevalence is needed for it to be deemed a significant change. In some areas, it may be necessary to sacrifice confidence to some extent in order to set a goal that is achievable. The required changes associated with the 95% and 75% confidence levels could be used as upper and lower limits to inform local negotiations on goal setting.

Step-by-step guide

Barking and Dagenham local authority has been used here as a worked example to show what steps local authorities and PCTs need to take to set a goal to achieve a statistically significant improvement on the current national trend (of annual rises in levels of child obesity of 0.5% points) by 2010/11.

Step 1 – Local authorities choose whether to set a goal for Reception Year, or Year 6, or both. PCTs have to use both for their plans, as required by the Operating Framework.

Local authority decisions should be based on current levels of prevalence for each year, the coherence of any goal with others being set (eg on school food), and whether they are jointly setting goals with the local PCT. Government offices and strategic health authorities will of course discuss these decisions with local authorities and PCTs. For the basis of this worked example, it is assumed that Barking and Dagenham local authority choose both years.

Step 2 – Determine what confidence level to use, and look up the required change by 2010/11 at that confidence level. (Go to www.dh.gov.uk for data.)

The confidence level chosen is in part a reflection of how ambitious local areas feel that they can be. The Department of Health would urge as many areas as possible to choose the 95% level of confidence.

Whatever level is chosen, for some areas this will mean that they need to record a reduction in their prevalence of child obesity if they are to be confident of achieving a statistically significant reduction in growth versus the national average growth of 0.5% points. For other areas, this requirement can be met by recording a reduced, but still increasing, level of growth in prevalence.

For Barking and Dagenham, using NCMP (2006/07) data,[148] the figures would be as follows:

Reception year:

- Current prevalence is 14.4%.
- Required change by 2010/11 to be 95% confident of reducing growth in prevalence below the national trend is -1.1% points, ie 13.3%.

Year 6:

- Current prevalence is 20.8%.
- Required change by 2010/11 to be 95% confident of reducing growth in prevalence below the national trend is -1.9% points, ie 18.9%.

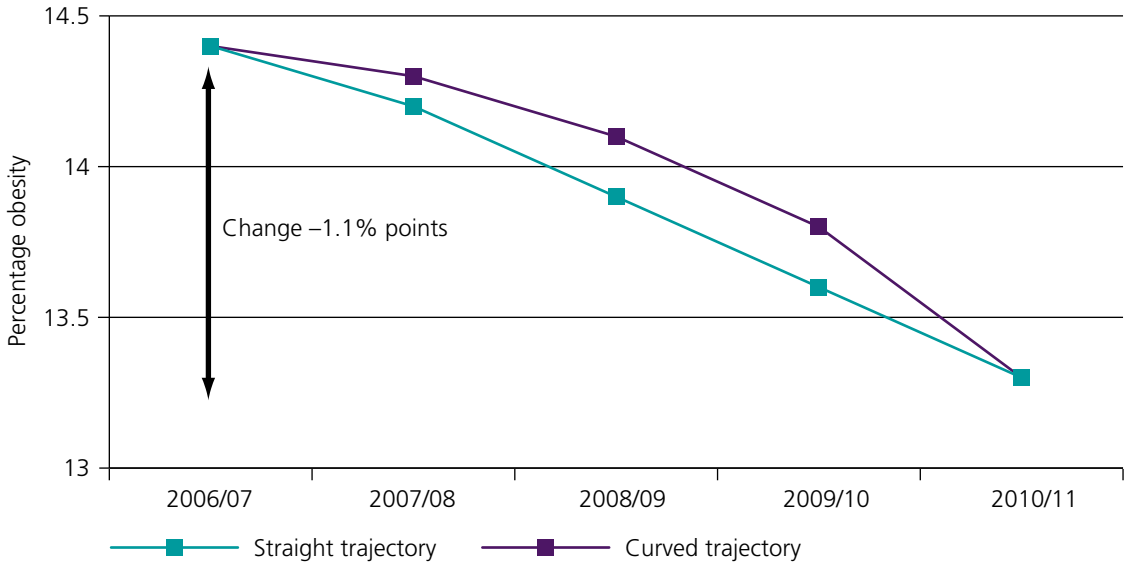
Step 3 – Set trajectory

Once the final goal for 2010/11 has been set, a trajectory for the change in prevalence to 2010/11 must be chosen. If areas are using the latest NCMP data, for 2006/07, as a baseline for their goal, the trajectory will also need to include 2007/08, as well as 2008/09 to 2010/11. Areas that already have established initiatives to tackle child obesity may feel that a straight line trajectory would be more appropriate for them. However, areas where initiatives are in their infancy may want to set a curved trajectory, where a greater proportion of the change is achieved in the later years of the period to 2010/11.

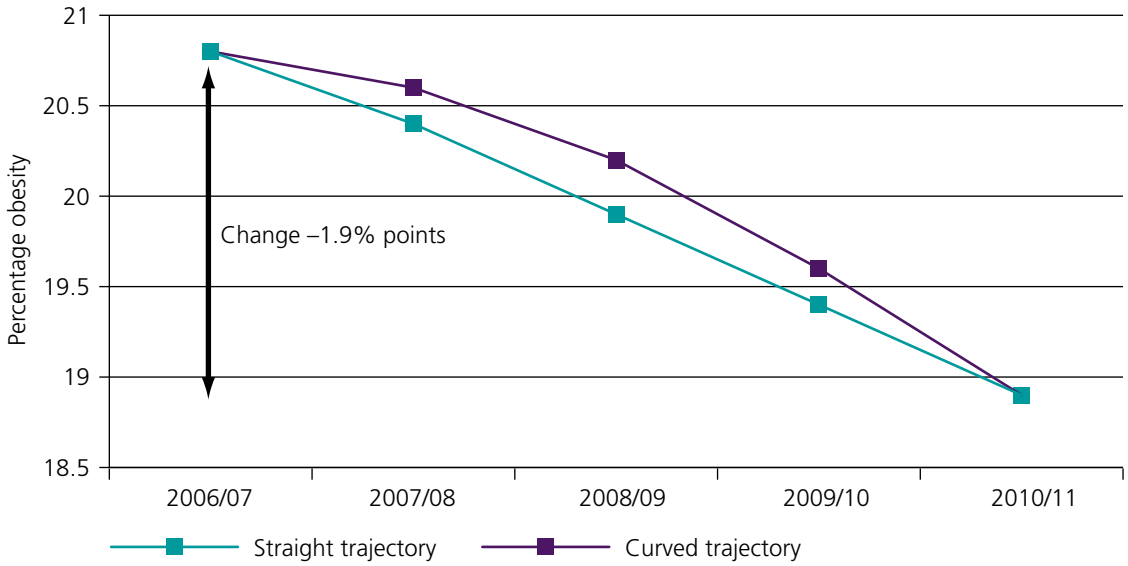
For Barking and Dagenham, the trajectory, whether straight or curved, would look as follows:

Target obesity levels for Reception and Year 6 children, Barking and Dagenham, 2006-07 to 2010-11

Reception children



Year 6 children



Setting objectives

Once the local goal has been set (eg to reduce prevalence by 1.9%), local areas can establish intervention objectives in order to reach that goal. **Tool D7** sets out what success looks like against a range of behaviours and these can be used to set local objectives. A wide range of data can be used to measure success against local objectives and the following table provides a list of the National Indicators of success relevant to obesity.[137]

National Indicators of success relevant to the Department of Health's key themes

Children: healthy growth and healthy weight	
NI 50	Emotional health of children
NI 52	Take-up of school lunches
NI 53	Prevalence of breastfeeding at 6-8 weeks from birth
NI 55	Obesity among primary school age children in Reception
NI 56	Obesity among primary school age children in Year 6
NI 57	Children and young people's participation in high-quality PE and sport
NI 69	Children who have experienced bullying
NI 198	Children travelling to school – mode of travel usually used
Promoting healthier food choices	
NI 119	Self-reported measures of people's overall health and wellbeing
NI 120	All-age, all-cause mortality rate
NI 121	Mortality rate from all circulatory diseases at ages under 75
NI 122	Mortality rate from all cancers at ages under 75
NI 137	Healthy life expectancy at age 65
Building physical activity into our lives	
NI 8	Adult participation in sport
NI 17	Individuals' perceptions of crime and anti-social behaviour
NI 47 and 48	Reduction in road traffic accidents
NI 175	Access to services by public transport, walking and cycling
NI 186	Per capita CO_2 emissions in the local authority area
NI 188	Adapting to climate change
NI 198	Children travelling to school – mode of travel usually used
Creating incentives for better health	
NI 8	Adult participation in sport
NI 119	Self-reported measure of people's overall health and wellbeing
NI 120	All-age, all-cause mortality rate
NI 121	Mortality rate from all circulatory diseases at ages under 75
NI 122	Mortality rate from all cancers at ages under 75
NI 137	Healthy life expectancy at age 65
NI 152 and 153	Working-age people claiming out-of-work benefits
NI 173	People falling out of work and onto incapacity benefits
Personalised support for overweight and obese individuals	
NI 120	All-age, all-cause mortality rate
NI 121	Mortality rate from all circulatory diseases at ages under 75
NI 122	Mortality rate from all cancers at ages under 75
NI 137	Healthy life expectancy at age 65

Refer to **Tool D14** *Monitoring and evaluation: a framework* for advice on using the indicators for evaluation purposes.