

## **Report of the Cabinet Member** **Community, Public Health, Transportation and Environmental** **Services**

You have been asked to report, by Cllr Connett, as follows for Full Council on 19 July:

*'on progress tackling childhood obesity in Devon.'*

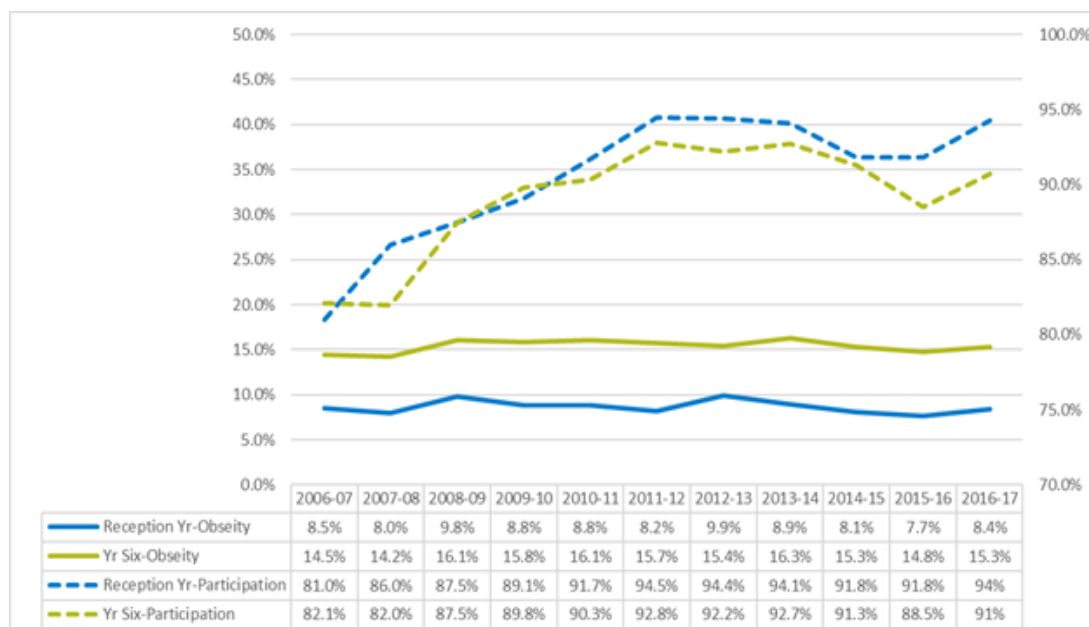
### **Introduction**

#### **1.0 Obesity**

Obesity is a significant national health concern. The impact of childhood obesity can include: increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem. Furthermore, obesity in pregnant mothers can increase the risk of stillbirth, as well as impacting on the neonatal outcomes for babies. Evidence suggests that obese children are at a greater risk of becoming obese adults.

- 1.1 The National Childhood Measurement Programme (NCMP) records height and weight in children in both Reception year (aged 4/5) and in Year 6 (aged 10/11). The data show that rates of obesity in Devon are relatively stable in both Reception and Year 6 (figure 1) and remain significantly lower compared to the England average.

**Figure 1: Prevalence of obesity and participation in reception and year 6**



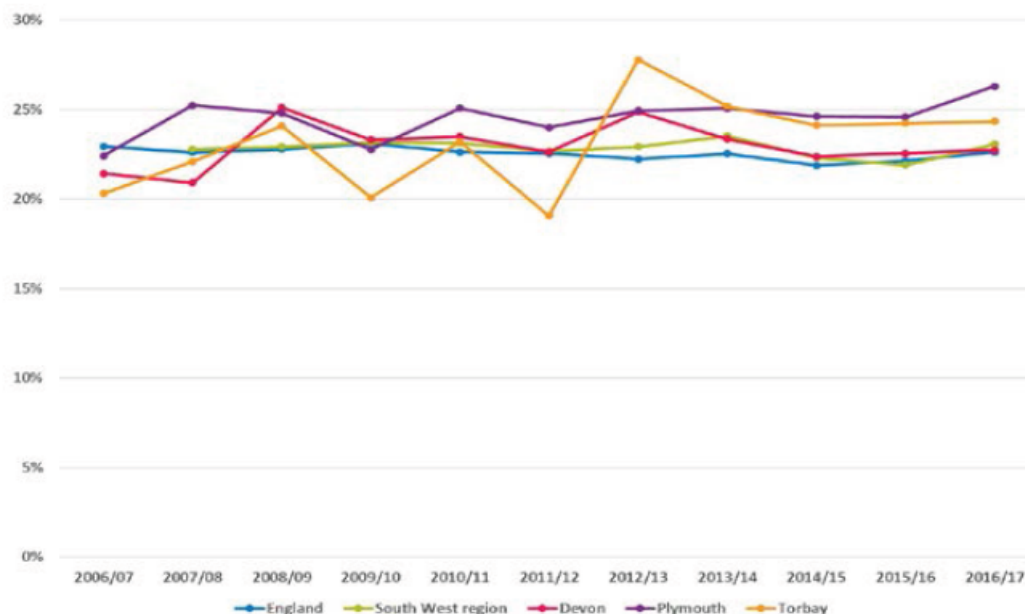
Source: National Child Measurement Programme, NHS Digital

- 1.2 However, variation is observed by district with the highest rates of obesity in Reception in Torridge (10.3%) and the lowest in South Hams (6.8%). For obesity in Year 6, the highest rates are observed in Torridge (18.3%) and the lowest in East Devon (12.7%). Variation is also linked to deprivation. Combining five years of data between 2012/13 and 2016/17, it is evident that almost twice the proportion of children measured from the most deprived fifth of Devon in reception and year 6 are obese, compared to the least deprived fifth.

## 2.0 Excess Weight

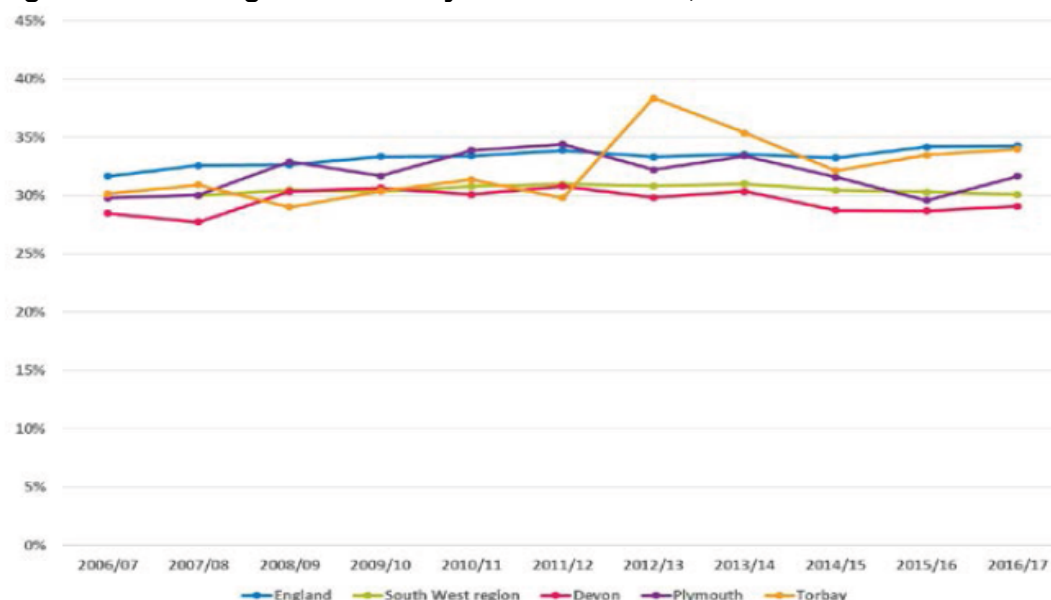
- 2.1 Although comparing relatively favourably with Plymouth and Torbay (figures 2 & 3), in Devon more than one in four children are overweight or obese (excess weight) when they start school in Reception year and approximately one in three are overweight or obese in Year 6. The increase in excess weight between the children who were in Reception and when they leave Primary School has been fairly consistent over the last decade, indicating the primary school years as a time when some children are more likely to gain excess weight, indicating an imbalance between calorie intake and energy expenditure.

**Figure 2: Overweight and obesity trends in Reception, 2006-07 to 2016-17**



Source: Public Health Outcomes Framework

**Figure 3: Overweight and obesity trends in Year 6, 2006-07 to 2016-17**



Source: Public Health Outcomes Framework

### 3.0 Actions to tackle obesity

Obesity is a complex problem with many causes, including early feeding decisions in relation to not breastfeeding increasing initial risk; behaviour; genetics and the cultural, social and physical environment. Interventions focused purely on improving children's lifestyles are unable to counteract the effect of the marketing and availability of food which are high in calories, low in nutritional value and particularly, those that contain high-fructose sugars such as corn syrup.

- 3.1 In 2016 the Government launched the childhood obesity strategy which has the aim of halving childhood obesity by 2030. The strategy includes a number of initiatives including the introduction of the soft drinks industry levy (SDIL) which came into force from April 2018. Recent analysis undertaken by Public Health England found that sugar levels per 100ml fell by 11% between 2015 and 2017 and there was a shift in volume sales towards products with sugar levels below 5g per 100ml.
- 3.2 The second chapter of the strategy was published recently and announced a range of new measures including plans to consult on further restrictions on the advertising of food and drinks high in sugar, salt and saturated fat on TV before 9pm; similar protection for children viewing adverts online; a ban on price promotions on these products; and mandatory calorie labelling in the out of home sector, including restaurants and cafes.
- 3.3 A recent randomised controlled trial in local schools, the Healthy Lifestyles Programme, HeLP, demonstrated that it was not possible to affect children's lifestyles and markers of health through a long running evidence-based school-based interventions, therefore, along with results from other large, rigorous studies, calls into question the likelihood that individually focused, school-based programmes can ever on their own be sufficient to reduce the risk of obesity in primary school.

- 3.4 National and community initiatives which act upstream to affect the whole environment may be more influential as they have the opportunity to influence families and wider culture.
- 3.5 Furthermore, the need to recognise positive feeding environments and opportunities that promote public health and wellbeing from conception are essential. Parents deciding to breastfeed is the starting point. However, many parents are not informed regarding the impact of this decision in a manner that supports their needs. As parents move through the first year of their child's life, weaning then further adds to a child's earliest experiences of the food environment and physically impacts on how a child might develop a relationship with food. As part of an overall approach to address these early influences of children's nutritional and emotional environment in relation to food and nutrition Devon County Council, parents and partners in April 2018 adopted Devon's conception to four years old strategic **Infant feeding action plan: The health of our population today, tomorrow and for everybody's future**. This outlines a comprehensive approach for the next three years to support parents to feel enabled to breastfeed, therefore working towards making breastfeeding the largest feeding method for our babies within Devon; it involves taking the responsibility of environments and services that support parents feeding choice and supporting these environments on a more strategic level to promote positive health influences for children and young people; and it builds on the infrastructure within our communities, workplaces, public and private organisations to at the very minimum protect, support and promote breastfeeding and healthy eating choices for children and families.
- 3.6 In addition to this the Local Maternity Delivery Board within the preventive workstream linked to the Better Births and Saving Lives agenda, has developed an action plan combining food environment and activity which highlights reducing obesity pre-conception, throughout pregnancy and for subsequent pregnancies.
- 3.7 The Sugar Smart initiative is an example of an intervention which also aims to bring a wider range of sectors in providing a consistent message – in this case, minimising excessive sugar consumption. One of the first Sugar Smart City campaigns started in Exeter and this good work is now spreading across the whole of Devon. Results so far have seen engagement and sugar reduction from various sectors, including hospitals, leisure centres, schools and businesses. Sugar Smart Devon trains up Sugar Smart Ambassadors who can go out and inspire action in their community, which aims to create a healthier food environment for people in Devon. To date we have 81 trained ambassadors and 71 organisations who have pledged to be Sugar Smart.
- 3.8 Devon County Council is one of six local authorities to become an early adopter of the Healthy Weight Declaration <http://www.foodactive.org.uk/tag/la-declaration-on-healthy-weight/> and plans to work with district councils, other statutory and community groups to implement changes aimed at reducing the impact of the obesogenic environment on our weight. The commitment includes working with key stakeholders to place restrictions on advertising, reformulate unhealthy food and drink products and limit the volume of fast food outlets in our communities.

#### **4.0 Summary**

- 4.1 Childhood obesity remains a major health issue and reducing it can only happen with sustained action at both national and local level.

#### **Roger Croad**

Cabinet Member for Community, Public Health, Transportation and Environmental Services