



TIPPING THE SCALES AGAINST CHILDHOOD OBESITY



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EXECUTIVE SUMMARY

We know that childhood obesity is an incredibly important issue, which we should do everything in our power to tackle. Child obesity, like adult obesity, has risen over the years. Comparing today's figures with those of the 1990s shows a rise in children's BMI¹.

Current estimates show that nearly a third of children aged 2 to 15 are overweight or obese in the UK, and younger generations are becoming obese at earlier ages and staying obese for longer². In London specifically, 1 child in every 10 of reception age children in London is obese and the problem worsens as they get older³. By year 6, the final year in primary school, 23.6% of children are obese⁴. Obesity rates are highest for children from the most deprived areas and this situation is escalating⁵. Children aged 5 from the poorest income groups are twice as likely to be obese compared to their better-off counterparts, and by age 11 this is three times as likely⁶. The case for strong action on this widening health inequality is paramount. The issue is even more prevalent in the poorer parts of London – with child obesity twice as high in the most deprived parts of London, like Barking and Dagenham, compared to more affluent boroughs, such as Richmond⁷.

Therefore, it is important the Mayor of London uses his considerable resources and influence to put in place effective measures to tackle childhood obesity. This report highlights the evidence which shows that it is the grassroots level, long-term interventions that have the most impact in tackling this issue. It is unfortunate that the Mayor's policies in this area have been focused on the short-term, top-down policies which are unlikely to make the biggest difference.

This report sets out some of the actions the Mayor could implement in order to combat the important issue of childhood obesity. The report also sets out a summary of the 'Amsterdam Model'. Amsterdam and its obesity challenges have much in common with many urban areas in the UK, and there is much to learn from its success. The case study of the Amsterdam Model demonstrates the power that political leadership can have in bringing people together, seeking change and driving it through. The Mayor should base any strategy on this model and apply the lessons learned from Amsterdam in London.

¹ <https://health.spectator.co.uk/no-one-in-three-children-arent-obese-this-headline-grabbing-figure-is-a-statistical-invention/>

² <https://www.londonmedicine.ac.uk/londons-landscape/health/obesity/>

³ <https://www.londonmedicine.ac.uk/londons-landscape/health/obesity/>

⁴ <https://www.londonmedicine.ac.uk/londons-landscape/health/obesity/>

⁵ <https://www.bbc.co.uk/news/health-44926893>

⁶ <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>

⁷ <https://www.london.gov.uk/questions/2019/6368>

The following recommendations to the Mayor can assist in aiming to help resolve these problems. This report calls on the Mayor to do the following:

Recommendation one: The Mayor should scrap the ineffective and misjudged TFL network 'junk food' advertising ban. Instead, the Mayor should use some of the estimated £25 million a year, which is money likely to be lost in advertising revenue from TFL as a result and instead spend some of this on initiatives to prevent childhood obesity. This is considerably more than his current budget of £494,000 to tackle childhood obesity.

Recommendation two: The Mayor should commission further research into childhood obesity figures and how they are measured to produce a more tailored and reliable methodology. This will allow him to identify which segments of London's population and areas are most at risk of childhood obesity and channel energy and resources to where the need is greatest.

Recommendation three: The Mayor should work more closely with schools, councils and community activists to ensure that adequate programmes and facilities are available for physical activity during recreational time for all children.

Recommendation four: The Mayor should work with schools, councils and the local community to ensure that there are programmes to teach young people and parents about the importance of nutrition and how to cook healthy foods.

Recommendation five: The Mayor should use some of the advertising space he is given by TFL to promote and encourage healthy eating and exercise.

Recommendation six: The Mayor should undertake a study looking at the 1,000 retail units across TFL's network and monitor how many of these sell products that are high in fat, salt or sugar.

INTRODUCTION

Childhood obesity is a very important international issue and one which the Mayor should take seriously. The Sustainable Development Goals, set by the United Nations in 2015, identify prevention and control of non-transmissible diseases as core priorities⁸. Among these, obesity is particularly concerning and has the potential to negate many of the health benefits in recent decades that have improved the lives of people across the world and have contributed to increased life expectancy.

We know that obesity is rising around the world. This is a major problem as obesity can affect a child's immediate health, educational attainment and quality of life. Children with obesity are very likely to remain obese as adults and are at risk of chronic illness. Official statistics show nearly a quarter of children in England are obese or overweight by the time they start primary school aged five, and this rises to one third by the time they leave aged 11.⁹ Childhood obesity rates mean that the UK is now ranked among the worst in Western Europe.¹⁰ At age 4-5, over one in five London children are overweight or obese, increasing to one in every three by the time children are aged 10-11¹¹.

However, it is important to note that childhood obesity within the UK is not uniform across all sections of society. There is a concentration of childhood obesity in areas where there are the highest levels of deprivation and a lower level of prevalence in the wealthiest communities. It is clear that childhood obesity is a health inequalities issue and therefore comes under the remit of the Mayor of London as he has a role in reducing health inequalities. The Mayor acknowledges this and has mentioned in his health inequalities strategy that he has an ambition to reduce childhood obesity. For him to be successful in this, there needs to be a systematic grassroots level community programme and a clear focus on the communities that are the most impacted by childhood obesity. A top-down, scattergun approach will not deliver the results that are necessary to reduce childhood obesity in the communities where it is most required.

As this report demonstrates, the evidence and economic case suggest that tackling childhood obesity requires a comprehensive, multi-agency strategy that focuses on reducing risk factors and their unequal impact from pregnancy through the early years.

⁸ <https://www.un.org/sustainabledevelopment/blog/2016/01/report-governments-must-act-to-reverse-rise-in-childhood-obesity/>

⁹ NHS Digital. (2017). National Child Measurement Programme 2016/17

¹⁰ OECD. (2017). Health at a glance 2017: OECD Indicators. Paris: OECD Publishing.

¹¹ https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf

STATE OF CHILDHOOD OBESITY

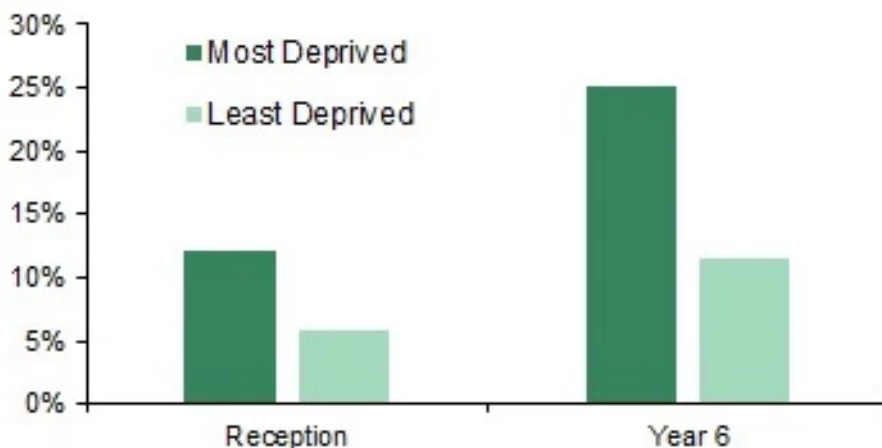
Data shows more than one in five children are overweight or obese in their first year of primary school in England. This rises to over one in three by the time they leave primary school.¹² The human costs of obesity are well known. Being overweight or obese significantly increases the risk of devastating, but largely preventable diseases including type 2 diabetes, cancer, heart and liver disease, stroke and related mental health conditions.¹³

It should be stated that childhood obesity is no longer rising as quickly as it once was; nonetheless, it is still an issue that there should be a clear focus on tackling, especially as it is an issue of health inequalities.

Children in the most deprived areas of England are more than twice as likely to be obese. Among reception (age 4-5) children, 5.7% of those in the least deprived areas are obese compared with 12.0% of those in the most deprived areas. By the time children in the most deprived areas reach year 6 (age 10-11) a quarter of them are obese, compared to 11.5% of children in the least deprived areas. So, in both age groups, children in the most deprived areas are more than twice as likely to be obese. These proportions have changed little since 2010/11.¹⁴

For both reception and year 6 children, above average obesity is concentrated in parts of London, Birmingham and the Black Country, Merseyside, Manchester, and the North East. Areas with below average obesity rates for both ages tend to be in southern and relatively affluent areas.

Childhood obesity and deprivation
% obese by deprivation decile, England, 2014-15
Source: National Child Measurement Programme



¹² NHS Digital (2016). National Child Measurement Programme - England, 2015-16

¹³ NHS Choices. <http://www.nhs.uk/Conditions/Obesity/Pages/Introduction.aspx>

¹⁴ <https://commonslibrary.parliament.uk/social-policy/health/childhood-obesity-an-inequality-issue/>

THE MAYOR'S APPROACH

In spite of the clear need to urgently tackle childhood obesity, the Mayor does not yet have a targeted grassroots level approach to tackling childhood obesity. He could do far more to strengthen his current approach and invest in a long-term strategy instead of relying on more short-term and one-off initiatives.

The centre piece policies of his objective to reduce childhood obesity are the junk food advertising ban on the TFL estate and the policy in the Mayor's draft London plan of prohibiting takeaways within 400 metres walking distance of an existing or proposed primary or secondary school.

In addition to this, the amount of money that the Mayor has allocated to specifically tackling childhood obesity is only £494,000 for the 2019-20 financial year¹⁵. This is an insufficient pot to set up a proper and thorough targeted programme aimed at dealing with the issue. There is a large disparity between the amount of money that the Mayor is currently spending directly on tackling childhood obesity and the amount of money that is lost by TFL due to the junk food advertising ban. This ban on advertising food and drink high in fat, salt and sugar on the Transport for London (TFL) estate will deprive TFL of vital revenue which could be spent tackling childhood obesity. Initial estimates by TFL of the amount of money they would lose as a result of the junk food ban were around £13 million.¹⁶ However, due to the fact that the scope of the junk food ban is much wider than initially anticipated, it appears that the cost will be much greater and will be around £25 million a year, according to industry officials.¹⁷ We know that adverts and products which most people would not class as junk food would be banned from the TFL estate, leading to the costs potentially being far higher than TFL first anticipated.

In the context of TFL's wider advertising income, we know that TFL raised approximately £152 million from advertising in the 2017/18 year¹⁸. £25 million is 16% of this. It is also concerning that TFL's business plan is predicated on increasing advertising revenues which will be difficult for them to do as the Mayor has removed 16% of it at a stroke¹⁹. The Mayor should instead use some of this £25 million revenue each year to design and implement an effective childhood obesity strategy.

JUNK FOOD AD BAN

There have been concerns regarding the junk food ban ever since the Mayor began to consult on it. He was repeatedly told by industry experts, even within the consultation for the junk food ban itself, that it would have unintended consequences²⁰. It should have

¹⁵ Letter from the Mayor sent to the London Assembly dated 15th February 2019

¹⁶ <https://www.ft.com/content/ad306f40-9a25-11e8-ab77-f854c65a4465>

¹⁷ <http://www.cityam.com/269591/we-all-want-end-childhood-obesity-but-sadiq-khans-tfl>

¹⁸ <https://tfl.gov.uk/info-for/media/press-releases/2019/january/transport-for-london-s-advertising-revenue-increases-as-innovative-advertising-platforms-are-introduced>

¹⁹ <http://content.tfl.gov.uk/tfl-business-plan-2019-24.pdf>

²⁰ https://www.london.gov.uk/sites/default/files/consultation_report.pdf

been clear to the Mayor that junk food bans do not work and are ineffective in making any difference to childhood obesity. One such example is the junk food advertising ban in Quebec in the 1980s. In the 15 years of the junk food advertising ban, childhood obesity rates grew by 140%. This was faster than in the rest of Canada where junk food advertising across all platforms was still permitted²¹. There are many problems with even using the term 'junk food'. The term has no legal definition and its use by campaigners provides a misleading impression of the types of food and drink that come under the category.

Policies that restrict 'junk food' will actually restrict HFSS food (high in salt, sugar and salt) as defined by the Nutrient Profiling Model which classifies a vast range of meals and products as 'less healthy'. It takes no account of how food is eaten and in what quantities in the overall diet. HFSS food includes breakfast cereals, sultanas, most tinned fruit, most yoghurts, pasta, rice, noodles, cream crackers, tomato soup, hummus, ham, pesto, cereal bars, olive bread, salami, many pasta sauces, butter, margarine and 25 per cent of sandwiches.

There were a number of newspapers articles before the junk food ban came into force which warned the Mayor that adverts for cheese, butter, olive oil and stock cubes could be banned from London's transport network.²² The Mayor claimed this was scaremongering and yet once the junk food ban was implemented, there were examples of this occurring. For example, Farmdrop had an advert rejected as it contained meat, dairy products and spread.²³ Banning these adverts containing products like pesto and olive oil will not have any impact whatsoever on tackling the important issue of childhood obesity but will only serve to deprive the Mayor of much needed revenue which could have been used to implement a long-term grassroot level strategy to tackle childhood obesity.

There are several other problems with attempting to ban junk food on the TFL estate. Banning junk food adverts on TFL does nothing to limit the availability of junk food to children as they will still have easy access to it, not least within the TFL estate where there are around 1000 outlets²⁴. In some of these outlets, children can quite easily purchase actual junk food including chocolate, crisps, sweets and doughnuts. If young people would like to access junk food, they will very easily be able to do so. Unfortunately, the Mayor does not record or monitor how many of these outlets sell junk food products. Monitoring the availability and prevalence of junk food within the TFL estate would be a good start from the Mayor and he would then be able to use that data to come up with a strategy to encourage the sale of more healthy products on the TFL estate.

Another major problem with the junk food ban is that incidental advertisements may be banned. Incidental advertisements are adverts where food and non-alcoholic drink is shown 'incidentally' i.e. it is not the subject of the advertisement but is included (or implied) by visual or copy. TFL have stated these adverts could still be rejected by TFL or its agents on the basis that the advertisement promotes the consumption of HFSS foods. For

²¹ <https://consumerchoicecenter.org/12464-2/>

²² <https://www.standard.co.uk/news/transport/ads-for-butter-olive-oil-and-pesto-could-face-tube-ban-in-war-on-junk-food-a4032991.html>

²³ <https://www.bbc.co.uk/news/uk-england-london-47444107>

²⁴ <https://www.london.gov.uk/questions/2019/6371>

example, incidental adverts that could come into the scope of the ban are advertisements like Macmillan coffee mornings not being able to advertise on the TFL estate as they feature cupcakes which are high in sugar. Also, a company advertising holidays which show a picture of a person consuming ice-cream on a beach could also be banned²⁵. The Mayor has claimed that these companies will change their TFL advertisements and replace the junk food with a healthier substitute²⁶. However, it seems unlikely that a global brand would run an international advertising campaign across the world and then change the entire campaign because it falls foul of TFL advertising rules; it seems far more likely that they will simply drop their TFL advertisements and just choose to advertise elsewhere. Simply changing their TFL adverts would incur a significant cost that many are unlikely to think would be worth doing.

Whilst the Mayor has banned advertisements of junk food on the TFL network, where there is very little exposure to children, it may cause advertisers to shift to other spaces, for instance online, where young people will be far more likely to be exposed to it. Recent data confirms that only a small proportion of the users of TFL services are under 16. Estimates of the proportion of children that use the London Underground to travel to and from school, range from 1-3%²⁷.

It is disappointing the Mayor has not outlined any key performance indicators, measurables or targets by which anyone can measure the success or failure of the junk food ban. It appears to be a flawed policy which is unlikely to solve the problem of childhood obesity and as of yet there is no way of officially measuring its success or failure.

The Mayor should immediately scrap the TFL junk food ban and instead focus on a local community level, joined up approach. The Mayor should also use some of the £25 million a year that will be saved by scrapping the junk food ban and spend the money on programmes to tackle childhood obesity.

TAKEAWAY OPENING RESTRICTIONS

The other major policy that the Mayor has announced which he believes will help combat childhood obesity is his restriction on takeaways opening within 400 meters of schools. This is yet another policy that looks good but will again do nothing to tackle the problem of childhood obesity. The Mayor's draft London Plan states "Development proposals containing A5 hot food takeaway uses should not be permitted where these are within 400 metres walking distance from the entrances and exits of an existing or proposed primary or secondary school...Where development proposals involving A5 hot food takeaway uses are permitted, these should be conditioned to require the operator to achieve, and operate in compliance with, the Healthier Catering Commitment standard"²⁸. In some parts of London, the only places that new fast food outlets would theoretically be allowed are in the

²⁵ <http://content.tfl.gov.uk/policy-guidance-food-and-drink-advertising.pdf>

²⁶ <https://www.london.gov.uk/press-releases/mayoral/ban-on-junk-food-advertising-on-transport-network-0>

²⁷ Exterion Media 2018

²⁸ https://www.london.gov.uk/sites/default/files/draft_london_plan_-_showing_minor_suggested_changes_july_2018.pdf

middle of parks or the River Thames. This policy is an effective ban which does not take into account the existing takeaway concentrations or the needs and wants of the local community. In addition, primary school children consume lunch meals on site and will often be accompanied by parents/carers following school. As such they will be much less likely to be users of nearby takeaways.

The technical definition that is used in the Draft Local Plan of “A5 use” (Hot food consumed off premises) would not stop all perceived unhealthy product retailers from opening near a school. This could include HFSS foods which are sold by non A5 operators like burgers and chips / pizza from retailers not currently trading as A5 (many still operate as A3 and have not applied for an A5 licence) and sweets and fizzy drinks sold in newsagents (all operated as A1)²⁹. Also, the planning language does not distinguish between perceived healthy hot food and unhealthy hot food. Banning A5 hot food uniformly not only bans healthy hot food but may also curtail future healthy and affordable innovation in this space.

The Mayor of London's office cited research from Brent Council, which conducted a survey across seven secondary schools, four of which were within 400m of a fast food outlet and three of which were not, with responses from 2,418 children. They were asked how far they would be prepared to walk to get to a takeaway - 27% of respondents said they would not bother going for takeaways at all if they had to walk for more than eight minutes, while 37% said they would only visit after school³⁰.

Detail the aggregate of the financial commitment being made in the 2019-20 budget to mitigate childhood obesity

Tackling obesity requires action on many fronts and there is a broad range of budgeted spend across the Group which will contribute to this agenda as part of a health in all policies approach. Some of the key relevant areas of spend proposed in the draft GLA budget for 2019-20 are:

- £154,000 for the London Child Obesity Taskforce;
- £170,000 for the new Healthy Early Years London (HEYL) programme;
- £170,000 for the Healthy Schools London awards;

However, as reported by BBC, the differences between the likelihood of children having lunch from a takeaway outlet if they attend a school close to one or further away from one were fairly small and the results were skewed by most of the children surveyed not actually being allowed off-site at lunchtimes.³¹ Further research by academics concluded that far more research needs to be done into this issue. The Marmot Review reported on the need for a greater understanding of the influence social inequalities have on health.³² It has been noted that there “are very few published studies which analyse longitudinal data on both diet outcomes and local food environments, and there is an absence of significant

²⁹ <https://www.london.gov.uk/sites/default/files/Kentucky%20Fried%20Chicken%20%28KFC%29%20%282723%29.pdf>

³⁰ <https://www.brent.gov.uk/media/16403699/d26-takeaway-use-brent-school-students.pdf>

³¹ <https://www.bbc.co.uk/news/health-42172579>

³² <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

results from cross-sectional analysis of food environment and diet”.³³ The result of their review of the Mayor’s proposals which was undertaken in East London concluded that “in East London there is a weak association between the proximity of retail food outlets to secondary schools and adolescents’ diets”. They also stated that “proximity is not the sole factor in food purchasing behaviour, and a challenge with analysing local food environments is the implicit assumption that individuals frequent food outlets near home”.

An interesting finding from this report cited by the Mayor of London's office was that in a study of the eating habits of pupils from a school in an urban area, the most popular local shop was the supermarket, having more visits than all the local takeaways put together.³⁴

It looks like the Mayor is once again rushing into this policy without proper and considered consultation and there will no doubt be unintended consequences as a result of this policy, not least a negative impact on the already strained high street, whilst doing very little to achieve its intended aim of tackling childhood obesity.

OTHER MAYORAL INITIATIVES

As mentioned in earlier sections, the major flaw with the Mayor’s childhood obesity strategy is that it is not being funded anywhere near as much as it should be for it to have a material impact.

The £494,000 the Mayor is directly spending to tackle childhood obesity for the 2019-20 year is split between three streams³⁵. The London Childhood obesity taskforce will receive £154,000. The taskforce is based in City Hall and convenes once every three months. The mission of the taskforce is to reduce childhood obesity in the capital and close the health inequality gap that exists across the city. Whilst there is a need for a body to lead on tackling childhood obesity, the fact that this body receives around 30% of all the money that the Mayor has allocated to tackling childhood obesity speaks volumes about the approach the Mayor is undertaking. From the information we have available, it is very difficult to see what the taskforce does, what impact it has and what outputs it produces.

The Mayor has allocated £170,000 for a Healthy Early Years London programme. The Mayor says this programme “encourages children and families to eat healthy food, drink water, play outside, walk or cycle, sleep well, sing and read, and learn skills including brushing their teeth properly, as they develop behaviours that will prepare them for school and life outside.” Whilst the aim of the programme is completely correct, it is difficult to see how it can have any meaningful impact on childhood obesity specifically with the amount of money that has been allocated to it. Out of the 13,000 providers in the capital³⁶ only 856 have so far signed up.³⁷

³³ <https://bmcpublihealth.biomedcentral.com/track/pdf/10.1186/1471-2458-13-70?site=bmcpublihealth.biomedcentral.com>

³⁴ http://www.fhf.org.uk/meetings/2008-07-08_School_Fringe.pdf

³⁵ Letter from the Mayor sent to the London Assembly dated 15th February 2019

³⁶ <https://www.london.gov.uk/press-releases/mayoral/new-scheme-to-support-londons-youngest-children>

³⁷ <https://www.london.gov.uk/questions/2019/0293>

Another major problem with the Healthy Early Years London programme is that there does not seem to be very much engagement between City Hall and the childcare providers. It seems to be centred around an awards programme, where the organisation will fill out forms which are then sent to City Hall, who in return give a bronze, silver and gold award to the organisation. There also seems to be a lack of specific, measurable targets or key performance indicators by which the success or failure of the programme can be measured. There is also no obvious evidence of tangible success in relation to the specific outputs of the programme. This clearly raises questions about the effectiveness of the scheme, when the money could instead be used on proper grassroot, community-led programmes to tackle childhood obesity.

The Healthy Schools London awards is very similar to the Healthy Early Years London programme in that the centrepiece is an awards programme whereby the schools receive awards from City Hall after they send in various questionnaires. It is almost solely based around self-assessment forms. The £170,000 allocated to the Healthy Schools London awards is inadequate. Just to illustrate this, if the £170,000 allocated to this programme was split between the 2,500 primary schools in London, that would leave them with £68 each with which to implement a healthy schools programme. The lack of information about Healthy Schools means there is little to no information regarding specific targets and outputs.

Furthermore, the Mayor is also distributing money through a programme called 'sport unites'³⁸. One of the themes of 'sport unites' is Active Londoners, which helps to improve the health and wellbeing of inactive Londoners by providing opportunities to become physically active. The total amount of money being spent on the Active Londoners stream is £800,000. The programme makes no explicit reference to childhood obesity, so cannot be counted as a specific Mayoral initiative in this area.

³⁸ <https://www.london.gov.uk/what-we-do/sports/sport-unites>

WHAT SHOULD THE MAYOR BE DOING?

COMMISSION RESEARCH

The Mayor can take a leading role on this issue and tackle childhood obesity head-on. Firstly, the Mayor should commission research to understand how we measure childhood obesity. There is some dispute around the current childhood obesity figures and how childhood obesity is measured. Many experts have called for more research to be done on how it is measured and evaluated³⁹. Better research into this issue also means that the Mayor will be able to focus on the areas and populations where the need is greatest and target his resources on those populations and areas.

Obesity in adults is easy enough to measure, but as Christopher Snowdon has pointed out, it does not work to the same degree with children as they are not shaped like adults, nor do they have the same fat/muscle ratio. In order to try and take account for this. In 1995 and 2000, Professor Tim Cole published much-cited papers in which he showed how he had studied the BMIs of children at different ages and divided them into percentiles⁴⁰.

In short, his work suggested that the obesity rate among young British adults in 1990 was below two per cent and that a realistic cut-off point for childhood obesity was the 98th or 99th percentile. However, with the current childhood obesity figures, the 95th percentile is used. This seems to be because the 95th percentile was first used by the USA and was then followed by Britain.⁴¹

The problem with this is that there is a clear disparity between obesity rates in Britain and in the USA and therefore the same cut off point should not have been used⁴². By selecting the 95th percentile, childhood obesity figures are shown to be much higher than they are. The problem with an inflated childhood obesity figure means that resources are not directed to the areas and people that need them the most and officials instead adopt a scattergun approach, dividing resources far more widely and thinly than they should. This makes it far more difficult to tackle childhood obesity.

Regardless of whichever percentile should be used, as the Royal College of Paediatrics and Child Health have made clear, we need better data on obesity. Currently, two indicators are included on obesity – healthy weight at the start of school and healthy weight at the end of primary school. For the latter the only data available is for England. Improved data is needed to address the obesity epidemic, including additional weight measures across childhood and adolescence. The Mayor should commission research looking at the childhood obesity figures as a priority and this research should then be used to inform the Mayor's childhood obesity initiatives and programmes.

³⁹ <https://www.rcpch.ac.uk/key-topics/nutrition-obesity/about-childhood-obesity>

⁴⁰ <https://health.spectator.co.uk/childhood-obesity-figures-vastly-exaggerate-the-scale-of-the-problem/>

⁴¹ <https://health.spectator.co.uk/childhood-obesity-figures-vastly-exaggerate-the-scale-of-the-problem/>

⁴² <https://www.bmj.com/content/331/7514/453.3>

ENCOURAGE EXERCISE

Alternative ways in which the Mayor should be assisting in combatting childhood obesity is to encourage exercise. He should work more closely with, schools, childcare providers, councils and local communities to set up programmes aimed at encouraging exercise for young people. The Mayor should also spend money that he will gain from the reversal of the junk food advertising ban to ensure that adequate facilities are available on school premises and in public spaces for physical activity during recreational time for all children.

As stated by the World Health Organisation, physical activity declines from the age of school entry. Globally, in 2010, 81% of adolescents aged 11–17 years were insufficiently physically active. Low physical activity is rapidly becoming the social norm in most countries and is an important factor in the obesity epidemic⁴³. This is a real problem as we know increased physical activity can reduce the risk of diabetes, cardiovascular disease and cancers and improve children's ability to learn, their mental health and well-being. Recent evidence suggests that obesity, in turn, reduces physical activity, creating a vicious cycle of increasing body fat levels and declining physical activity⁴⁴.

Physical activity behaviours across the life-course can be heavily influenced by childhood experience⁴⁵. Creating safe, physical activity-friendly communities, which enable, and encourage the use of active transport (walking and cycling) and participation in an active lifestyle and physical activities, will benefit all communities. Particular attention needs to be given to improving access to, and participation in, physical activity for children already affected by obesity, disadvantaged children, girls and children with disabilities.

Once the Mayor has commissioned further research into childhood obesity, this can be analysed by area and the Mayor should identify priority areas and assign community managers to support the programme. Actions should be customised and localised based on the given area and working partnerships should be established with welfare organisations, civil society and local shops to promote healthy lifestyles. Community health ambassadors should also be assigned to initiate and support engagement in their network, provide useful information and support.

⁴³ https://apps.who.int/iris/bitstream/handle/10665/204176/9789241510066_eng.pdf?sequence=1

⁴⁴ <https://www.ncbi.nlm.nih.gov/books/NBK201497/>

⁴⁵ <https://www.who.int/life-course/publications/life-course-approach-to-health.pdf>

ENCOURAGE NUTRITIONAL EDUCATION

As well as working closely with schools, childcare providers, councils and the local community to promote exercise, the Mayor should also work with them to promote healthy eating. Regular nutrition sessions should be offered to children and parents, which may include advice on portion size, sugar swaps and lunch box ideas.

Given that individuals and families choose their diets, they need to have the knowledge to make healthier choices about what to eat and provide their children. This is not possible unless nutrition literacy is universal and provided in a manner that is useful, understandable and accessible to all members of society. We know that schools have the potential to reach large numbers of children for education about healthy diet. Studies have shown that modern play-based methods can be utilised effectively to convey nutrition education and facilitate learning, giving an enjoyable alternative to simply giving children advice or prohibitions about what they shouldn't eat⁴⁶.

Understanding the role of nutrition in good health is central to the success of interventions to improve diet. As adolescents are the next generation of parents, the importance of health and nutrition literacy during adolescence cannot be overestimated – indeed the school years and the curriculum are an important opportunity to instil this within children. Nutritional education in schools should be constructed with teachers, according to educational criteria and embedded in core subjects.

Effective nutrition literacy goes beyond knowledge to actual behaviour change. Combining nutrition literacy interventions and clear nutrition advice to children and their parents and providing additional knowledge on food preparation, would enable children, young people and their parents to make healthier choices.

However, it is important to note that whilst there should be a focus on schools it should not come at the expense of the local community. Nutrition literacy and knowledge of healthy food choices also cannot be acted upon if such foods are not readily available or affordable. Influencing the food environment requires a collaborative approach. A number of public and private sector initiatives to promote healthier food behaviours have been developed and the evidence available indicates the potential to promote healthier choices among consumers. The Mayor should encourage such initiatives and work closely with community groups who know the local community best and will be best placed to point out where more work needs to be done.

⁴⁶ <https://www.aber.ac.uk/en/media/departmental/sell/pdf/wellbeinghealth/Tackling-childhood-obesity-within-schools--A-review-of-interventions-...2010.pdf>

PROMOTE HEALTHIER LIFESTYLES ON TFL

This report has highlighted the problems of the junk food ban which is not only expensive and unworkable, but as the experience of Quebec has shown, it is ineffective in achieving its objective to reduce childhood obesity. The Mayor should do more to highlight the importance of healthy lifestyles and promote healthy alternatives.

This is especially important in light of a recent study which came to the conclusion that unhealthy diets are responsible for 11 million preventable deaths globally per year. The biggest problem is not the junk food that is eaten but the nutritious food we do not eat, say researchers calling for a global shift in policy to promote vegetables, fruit, nuts and legumes.⁴⁷ The study found that eating and drinking better could prevent one in five deaths around the world. Although diets vary from one country to another, eating too few fruits and vegetables and too much salt accounted for half of all deaths and two-thirds of the years of disability attributable to diet. “Rather than trying to persuade people to cut down on sugar, salt and fat, which has been “the main focus of diet policy debate in the past two decades”, it would be better to promote healthy options, they say.⁴⁸

Dr Christopher Murray, a director of the IHME and one of the authors, said: “This study affirms what many have thought for several years – that poor diet is responsible for more deaths than any other risk factor in the world. While sodium, sugar, and fat have been the focus of policy debates over the past two decades, our assessment suggests the leading dietary risk factors are high intake of sodium, or low intake of healthy foods, such as whole grains, fruit, nuts and seeds, and vegetables.”

The Mayor should do far more to encourage the promotion of an active lifestyle and healthy foods. TFL gifts the GLA a certain amount of inventory which includes poster spots and digital spots that the GLA can use to promote its activities. The total value of this inventory which is gifted to the GLA includes is equivalent to around £2 million a year⁴⁹. The Mayor should make better use of this space to actively promote and advertise healthy eating and exercise.

An excellent case study on the promotion of healthy eating among children is the “Eat them to defeat them” campaign. It is an unconventional approach to encouraging healthy eating among children. The activity is funded by an alliance of all of the UK’s supermarkets and Birds Eye, while ITV has backed the initiative by supplying £2 million of airtime across its channels. The aim is to put kids in control of their food choices by playing on the truth that many of them find vegetables unappealing. There are also advert posters, stickers, and wall charts where children take on the role of a hero who, with the help of their parents, will try and save the world from being overrun by angry vegetables.

The reason why campaigns to encourage healthy eating are so important is because young people are not consuming anywhere near the level of healthy foods as they should be. The focus should be on encouraging people to eat more balanced diet. According to

⁴⁷ <https://ncdalliance.org/news-events/news/bad-diets-responsible-for-11-million-premature-deaths-globally-per-year>

⁴⁸ <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930041-8>

⁴⁹ <https://www.london.gov.uk/decisions/md2099-gla-marketing-budget-201718>

The Food Foundation, 96 percent of teenagers and 80 percent of primary school age children don't eat enough vegetables and the UK ranks 21 out of 28 in the EU for fresh vegetable consumption⁵⁰. Any initiatives that the Mayor undertakes in relation to this could be modelled on the eat them to defeat them campaign.

Taken together these recommendations could make a real impact in combatting childhood obesity. Many of the suggestions in this report are based upon the Amsterdam programme. The Amsterdam programme has been one of the most successful programmes in combatting childhood obesity and London can learn many lessons from the programme.

CASE STUDY - AMSTERDAM MODEL

The Amsterdam Healthy Weight programme (AAGG) was established in 2013 by the Amsterdam Municipality to give every child a healthy childhood and future, regardless of their start in life. The overall objective is to achieve a healthy weight for all children in Amsterdam by 2033.

In Amsterdam, in 2013, around 21% of under 18s were overweight or obese, (compared to 13% of 10-year olds in the Netherlands who were overweight or obese)⁵¹.

Amsterdam and its obesity challenges have much in common with many urban areas in the UK, and there is also much to learn from its success. Commencing in 2012, the programme is still running and evolving based on what works and finding new approaches to areas where it has worked less well. The programme is focused on communities where the need is greatest, choosing 11 areas of low socio-economic status (and high child obesity levels). Its success can be attributed to the package of measures focused on both school and neighbourhood initiatives.

The 10 pillars of action define the key elements of the AAGG. Notably, each pillar maps to an interdepartmental working party with responsibility for its implementation. The first six are aimed at preventing children from becoming overweight or obese, the seventh pillar is 'curative', and the final three were secondary or facilitative⁵².

⁵⁰ <https://www.plantbasednews.org/post/eat-them-to-defeat-them-campaign-kids-eating-veg>

⁵¹ http://www.ipes-food.org/_img/upload/files/Cities_Amsterdam%20case%20study.pdf

⁵² <https://www.ucl.ac.uk/obesity-policy-research-unit/sites/obesity-policy-research-unit/files/what-learned-from-amsterdam-healthy-weight-programme-inform-policy-response-obesity-england.pdf>

10 pillars of action of the AAGG	Policies and action:
A. Preventative:	<ul style="list-style-type: none"> • Screening of infants for risk of obesity • Counselling for expectant mothers • Information provided to pregnant women about healthy diets • Mothers supported to breastfeed • Additional support for teenage parents and more deprived mothers • Making primary schools healthier places • Cycle routes have been made safer • After-school activities have been arranged for children • Subsidies for sports club membership for low income families
1. A 'first 1000 days' approach (from the start of pregnancy until age two)	
2. Schools approach (including pre-schools and primary schools)	
3. Neighbourhood and community approach	
4. Healthy environment approach (healthy urban design, healthy food environment)	
5. Focus on teens	
6. Focus on children with special needs	
	<ul style="list-style-type: none"> • Community health ambassadors assigned • Working with supermarkets and local food suppliers to: modify menus and reduce portion sizes; manage stock better; create healthier checkout environments; use traffic-light labelling posters • Banning unhealthy food and drinks sponsorship of city sports events • Reducing the advertising of unhealthy foods in council-owned locations
B. Curative:	<ul style="list-style-type: none"> • Assigning youth healthcare nurses • Drawing up care plans • Ensuring overweight and obese children receive an appropriate level of care • Communicating behavioural insights
7. Helping children who are overweight or obese to regain a healthier weight	
C. Facilitative:	<ul style="list-style-type: none"> • Using an evidence-based approach • Observing interventions • Innovating digital tools • Introducing digital health coins • Exploring healthy sleep determinants, and assessing interventions
8. Learning and research approach	
9. Use of digital facilities	
10. Use of communications and methodologies for behavioural insights	

FIRST 1,000 DAYS

The 1,000 days between a woman's pregnancy and her child's second birthday offer a unique window of opportunity to build healthier and more prosperous futures. The approach has been adopted in Amsterdam with several actions and interventions, including the screening of infants for risk of obesity and intensive counselling for expectant mothers deemed to be at an elevated risk. Information has been provided to pregnant women about healthy diets and lifestyles. Medical professionals have been closely involved with the 'first 1000 days approach' and have worked to customise coaching programmes for future parents. Additional support has been provided for teenage parents and more deprived mothers, including the development of new pregnancy courses. Information has been given to families as to what constitutes a healthy meal, how best to replace food that is unhealthy and the importance of early years feeding.

SCHOOL BASED INTERVENTIONS

'Jump in' is a multi-level intervention, incorporating individual, environmental, and policy elements. In Amsterdam the overarching objective of 'Jump in' is to make primary schools healthier places. 'Jump in' ensures that nutrition must be taught in class, works with parents to discuss healthy lifestyles and organises with child health services to measure school children's height and weight.

Despite the programme being voluntary, over 100 of Amsterdam's 225 primary schools now participate. Active support and guidance are provided in schools where the average BMI is higher than the national average. 'Prevention scans' are carried out to assess schools against the eight requirements and coaches are appointed to work with schools to implement the requirements over a three-year period.

INCREASING PHYSICAL ACTIVITY

A range of policies have been introduced to encourage increased exercise and physical activity. After-school activities have been arranged for children, organised jointly by schools and sports clubs. Joining a sports centre has been encouraged and low-income families have received additional support, including subsidies for membership. Facilities themselves have been made healthier; for example, by providing a healthier range of snacks. Physically active residents in low income areas have been further encouraged and can apply for subsidies for particular activities, such as healthy cooking classes.

NEIGHBOURHOOD APPROACH

Each focus neighbourhood has its own community manager, and unique tailored actions and interventions suited to the local area. Interventions have included: a healthier shopping area with local businesses offering healthier choices, outreach programmes to parents and guardians, after school activities, sport and other opportunities for physical activity, training religious leaders in healthy lifestyles, working with organisations to promote a healthy weight, and supporting advice to food bank clients⁵³.

POVERTY FOCUS

It is recognised that poverty both limits choice and can make living a healthy life more difficult. Food banks in Amsterdam provide nutrition information and link service users to city farms and vegetable gardens. Financial advice and language support is offered as well as financial support for youth sports.

⁵³ https://ec.europa.eu/health/sites/health/files/social_determinants/docs/hepp_case-studies_07_en.pdf

STRENGTHENING THE EXCELLENCE OF PROFESSIONALS

The programme explicitly decided not to invest in new ‘street level’ professionals, but to train the existing professionals in the city in what their role in the programme is and how they, in their work, can contribute to creating a healthier lifestyle of children and a healthier environment. More than 500 professionals, both working for municipality, commissioned by and of partner organisations, have already been trained.

THE COST

Although, the Amsterdam programme is very wide-ranging it has not been particularly expensive to implement. In 2015 annual funding of €2.5 million was assigned to the AAGG out of the city budget. This has been supplemented by additional funds of around €2.81 million from the national government, mostly consisting of short-term funding for specific projects or objectives.

THE RESULT

Between 2012 and 2015 obesity prevalence fell from approximately 8% to just over 6% in the most deprived group of children 0-18 years. The prevalence of combined overweight and obesity amongst children 0-18 years in Amsterdam fell from 21% to 18.5% over the same period; in absolute terms this represented a fall from 27,000 to 24,500 children with overweight/obesity, despite an additional 5,000 children in Amsterdam in this period⁵⁴.

The programme represents best practice in addressing childhood overweight and obesity at the city level. There was a clear focus on the schools with greatest obesity, the neighbourhoods with greatest obesity and citizens at greater risk of obesity. It is also an important political attempt to shift the framing of the responsibility for addressing obesity from purely parental to a frame in which all parties in a city are responsible for creating a suitable environment. The results appear to be unique in being able to report success in not only reducing childhood obesity in most age groups, but particular among lower socio-economic groups, and poorer neighbourhoods. The long-term perspective is useful to ensure cross-party support and realistic expectations, and quarterly monitoring and correction with research support help to keep the programme constantly on track. There is a lot the Mayor of London can learn from this programme.

⁵⁴ : https://www.amsterdam.nl/publish/pages/847273/press_dossier-_amsterdam_healthy_weight_program_4.pdf

CONCLUSION

Whilst we agree with the Mayor that childhood obesity is a very important issue, the Mayor has not focused on the policies that could have the greatest impact on reducing childhood obesity. In some cases, he has used entirely the wrong levers, in other cases where he has focused on the right areas, he has not engaged with them as much as he should have or utilised them as effectively as possible.

If the Mayor used the resources at his disposal to implement the recommendations this report has suggested, and the approaches taken in Amsterdam, City Hall would be in a much better place to tackle this issue.

The below recommendations will help achieve this and we call on the Mayor to undertake the following:

Recommendation one: The Mayor should scrap the ineffective and misjudged TFL network 'junk food' advertising ban. Instead, the Mayor should use some of the estimated £25 million a year, which is money likely to be lost in advertising revenue from TFL as a result and instead spend some of this on initiatives to prevent childhood obesity. This is considerably more than his current budget of £494,000 to tackle childhood obesity.

Recommendation two: The Mayor should commission further research into childhood obesity figures and how they are measured to produce a more tailored and reliable methodology. This will allow him to identify which segments of London's population and areas are most at risk of childhood obesity and channel energy and resources to where the need is greatest.

Recommendation three: The Mayor should work more closely with schools, councils and community activists to ensure that adequate programmes and facilities are available for physical activity during recreational time for all children.

Recommendation four: The Mayor should work with schools, councils and the local community to ensure that there are programmes to teach young people and parents about the importance of nutrition and how to cook healthy foods.

Recommendation five: The Mayor should use some of the advertising space he is given by TFL to promote and encourage healthy eating and exercise.

Recommendation six: The Mayor should undertake a study looking at the 1,000 retail units across TFL's network and monitor how many of these sell products that are high in fat, salt or sugar.



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