

Tackling Childhood Obesity

SUMMARY

- 1.1 Obesity is a complex issue determined by how we live our daily lives, the environment in which we live and work, and how we feel about ourselves. A bold whole-systems approach to responding to the major challenge of obesity is critical, and one that requires integrated policies and actions, with the Health and Wellbeing Board using its powers and influence creatively to make a difference.
- 1.2 This approach could involve:
- working with takeaway businesses and the food industry to make food healthier
 - incorporating a policy on 'promoting a healthy community' in part 2 of our Local Plan (planning policy)
 - encouraging schools and early years settings to adhere to national nutritional standards as advocated by the School Food Trust, and to incorporate more physical activity into the curriculum
 - doing more to promote active travel and encourage access to greenspace.

RECOMMENDATION

- 2.1 That the Health and Wellbeing Board consider the proposed approaches to tackling childhood obesity in Derby.

REASONS FOR RECOMMENDATION

- 3.1 Childhood obesity is a significant issue in Derby, with nearly 24% of 4-5 year olds carrying excess weight. Whilst the trend in childhood obesity nationally shows a slight decrease from 2009 to 2013, rates in Derby show a slight increase.
- 3.2 National Child Monitoring Programme data show a strong association between childhood overweight/obesity and deprivation, and the difference between levels of childhood obesity in disadvantaged compared to affluent families gets greater as the child grows older.

SUPPORTING INFORMATION

4.1 See appended supporting document.

OTHER OPTIONS CONSIDERED

5.1 Not writing a specific 'promoting a healthy community policy' into part 2 of the Local Plan, but instead relying on the existing provision for restricting proliferation of Fast Food Outlets embedded in retail and amenity policies.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Olu Idowu, Head of Legal Services Pete Shillcock, Group Accountant Liz Moore, Strategic HR Business Partner n/a Derek Ward, Director of Public Health Cllr Banwait, Ann Webster, Richard Boneham, Dave Brown, Salim Vohr.
For more information contact: Background papers: List of appendices:	Jilla Burgess-Allen 01332 643098 jilla.burgess-allen@derby.gov.uk None Appendix 1 – Implications Appendix 2 – Tackling Childhood Obesity in Derby, October 3014

IMPLICATIONS

Financial and Value for Money

- 1.1 Based on current trends, around 40% of people living in Britain will be obese by 2025. In today's money this will cost wider society an estimated £37.2 billion a year. Encouraging people to adopt a healthy diet and be more physically active could prevent this happening.
- 1.2 Costs associated with suggested measures to tackle childhood obesity are variable. For example, establishing a scheme similar to the Heart of Derbyshire scheme would place significant cost burden on Trading Standards; however, encouraging local food businesses to sign up to be local partners in the responsibility deal would cost less. Establishing a '20's plenty' campaign to encourage active travel and outdoor play would place significant cost burden on Highways and Transport; however, softer measures to encourage greater use of existing greenspace by community groups whose access to greenspace is currently low would cost less.

Legal

- 2.1 There are no known legal implications at this point. It is noted that regulatory / planning measures would require an equality impact assessment.

Personnel

- 3.1 No immediate personnel issues. There will be opportunity costs to teams engaged in implementing measures. For example, if Environmental health and Trading Standards teams get involved in work to promote healthier menu choices at local FFOs they will have to limit activity in other areas such as inspections. Discussions with Director of Environment & Regulatory services re capacity management are in progress.

IT

- 4.1 No known IT implications.

Equalities Impact

- 5.1 There is a strong association between childhood overweight/obesity and deprivation, and the difference between levels of childhood obesity in disadvantaged compared to affluent families gets greater as the child grows older. Measures to tackle childhood obesity have the potential to reduce health inequalities and improve the life chances of socially disadvantaged families.

Health and Safety

- 6.1 No implications noted.

Environmental Sustainability

- 7.1 Measures to promote active travel and increase access to greenspace would have carbon reduction co-benefits, as would measures to reduce the amount of red meat consumed.

Property and Asset Management

- 8.1 No implications noted.

Risk Management

- 9.1 No implications noted.

Corporate objectives and priorities for change

- 10.1 It is anticipated that the Council's approach to tackling childhood obesity will support the Joint Health & Wellbeing Strategy and the Core Strategy.

Tackling Childhood Obesity in Derby

Date: October 2014

Authors: Jilla Burgess-Allen & Hamira Sultan, Public Health

Background

Childhood obesity is a significant issue in Derby, with nearly 24% of 4-5 year olds carrying excess weight. Whilst the trend in childhood obesity nationally shows a slight decrease from 2009 to 2013, rates in Derby show a slight increase.

National Child Monitoring Programme data show a strong association between childhood overweight/obesity and deprivation, and the difference between levels of childhood obesity in disadvantaged compared to affluent families gets greater as the child grows older. In general, children classed as White British have lower obesity prevalence than most other ethnic groups, with highest rates tending to occur in Black and Bangladeshi groups.

Obesity is more than just a physical issue to be addressed by the latest recommended diet. It is much more complex because it underpins how we live our daily lives, the environment in which we live and work and how we feel about ourselves.

What we can do:

Immediate Action

Work with **takeaway businesses and the food industry** to make food healthier.

- a. Nudge (altering the choice architecture e.g. removing salt shakers from counters, using a healthier alternative to frying)
- b. Reward (e.g. set up a Derby public health Responsibility Deal for businesses to sign up to)

Medium term Action

- a. Work with Planning to ensure our **local plan** promotes healthy communities and takes into account and supports the Joint Health & Wellbeing Strategy.
- b. Incorporate a policy on 'promoting a healthy community' in part 2 of our Local Plan.
- c. Consider writing a Supplementary Planning Document specifically around restricting permission for Fast Food outlets within an exclusion zone around schools.

Longer term action

A bold whole-systems approach to responding to the major challenge of obesity is critical, and one that requires integrated policies and actions, with the Local Authority taking a wide strategic role using its powers and influence creatively to make a difference.

Elements of a whole-system approach to obesity could include:

- a. Encouraging **active travel**, e.g. through infrastructure improvements and cycle training, and making neighbourhoods more walkable. Modelling suggests that health benefits resulting from high-quality comprehensive spatial planning significantly outweigh the costs (with a ratio of 60:1 for improving walking infrastructure and 168:1 for cycling).
- b. Improving access to **greenspace** by improving the quality and long term maintenance of green spaces in local areas where the quality may be poor, improving engagement and accessibility, creating liveable city spaces
- c. Encouraging **schools and early years settings** to adhere to national nutritional standards as advocated by the School Food Trust, and to incorporate more physical activity into the curriculum (some programmes have succeeded in increasing activity levels 3 fold).

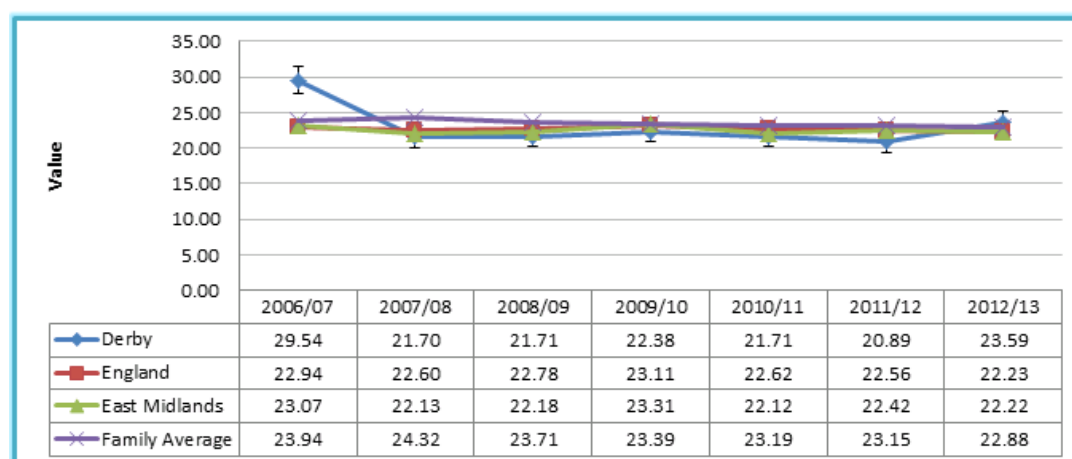
Scale of problem

Obesity in adults has been increasing nationally since 1993. Currently 64% of Derby City's adult population are either overweight or obese, which is in line with the national proportion of 63%.¹ Childhood obesity is also equally alarming with nearly 24% of 4-5 year olds carrying excess weight; whilst the trend in childhood obesity nationally shows a slight decrease from 2009 to 2013, rates in Derby show a slight increase.

TABLE 1: EXCESS WEIGHT IN 4-5 YEAR-OLDS COMPARISON DATA ²

Domain: Health Improvement	Derby	Leicester	Nottingham	'Family'	Region	England
Excess weight in 4-5 year olds (%)	23.59	21.99	22.99	22.88	22.22	22.23
Number	692	887	703	9,213	10,914	130,648

Figure 1: Excess weight in 4-5 year-olds trend and significance chart ²



NCMP data show strong association between childhood overweight/obesity and deprivation, and the difference between levels of childhood obesity in disadvantaged compared to affluent families gets greater as the child grows older.³

Based on current trends, around 40% of people living in Britain will be obese by 2025. In today's money this will cost wider society an estimated £37.2 billion a year. Encouraging people to adopt a healthy diet and be more physically active could prevent this happening.⁴

¹ <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/par/E12000004>

² Ref Serena Raju. Intelligence Officer, DCC

³ National Observatory for Obesity http://www.noo.org.uk/NOO_about_obesity/inequalities

⁴ NICE <http://www.nice.org.uk/advice/lgb10/chapter/key-messages>

The food environment

Obesity is a highly complex problem, with a multitude of contributing factors (social, physical, environmental and individual). A multifaceted and multi-agency response is needed to address this public health issue.

The term 'obesogenic environment' is used to describe modern societies where the availability of green spaces and leisure facilities is poor and the availability of unhealthy foods is good. Study of the 'food environment' has included both potential 'food deserts' and also availability and access to healthy and unhealthy foods.

Fast food outlets and Obesity

Takeaway food tends to be high in fat & salt, and low in fibre, fruit & vegetables⁵. Researchers at *Which?* found that a single Indian takeaway could contain as much as 23.2g of saturated fat, more than the recommended 20g maximum allowance a woman should eat in a day.

Nationally, fast food outlet density is strongly correlated with deprivation (not taking confounding factors into account) – the higher the deprivation, the more fast food outlets per 100,000 population. In the UK in 2012 it was estimated there were 78 fast food outlets per 100,000 population⁶.

Links between fast food outlet density and obesity have been studied, but the evidence is not strong.⁷ A recent review of studies that looked specifically at schools concluded that there is very little evidence for an effect of the retail food environment surrounding schools on food purchases and consumption.⁸

An important limitation of studies conducted to date is that the majority have not adjusted for physical activity, a very important confounder for obesity. It should also be stressed that these studies use population level data (as opposed to individual level), which means that if an association between FF outlet density and obesity is observed we cannot infer causality. Where studies have used individual level data, the association between fast food outlet density and obesity has not been verified⁹.

Evidence also suggests that children who take up **school meals** tend to eat a healthier diet than those who take packed lunches or are allowed to go off site to have takeaway meals. Only 1% of packed

⁵ London Food Board 2012

⁶ http://www.noo.org.uk/uploads/doc/vid_15683_FastFoodOutletMap2.pdf

⁷ PHE, CIEH & LGA Briefing 2014

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf

⁹ Williams, J., et al. "A systematic review of the influence of the retail food environment around schools on obesity- related outcomes." *Obesity Reviews* 15.5 (2014): 359-374.

⁹ Fraser, Edwards, Cade & Clarke 2010. The geography of fast food outlets: A review. *Int J Environ Res Public Health* 7:2290-308

lunches meet the nutritional standards that currently apply to school food¹⁰. The nutritional quality of school meals has improved dramatically over the last few years, but uptake is still low.

Fast food outlet density in Derby

In Derby there were 191 FF outlets in 2010, which is a rate of 77 per 100,000 population (in line with National average).

The map below shows there are some areas in the City where FF outlets do appear to cluster in areas where childhood overweight is more prevalent but the picture is not clear-cut, with some FF outlet clusters in areas of low childhood overweight, and some areas of high childhood overweight where FF outlets are relatively scarce.

In 2013/14 the Council received 12 applications for a change of use to A5 use; of these 10 applications were granted (one of which was granted at appeal).

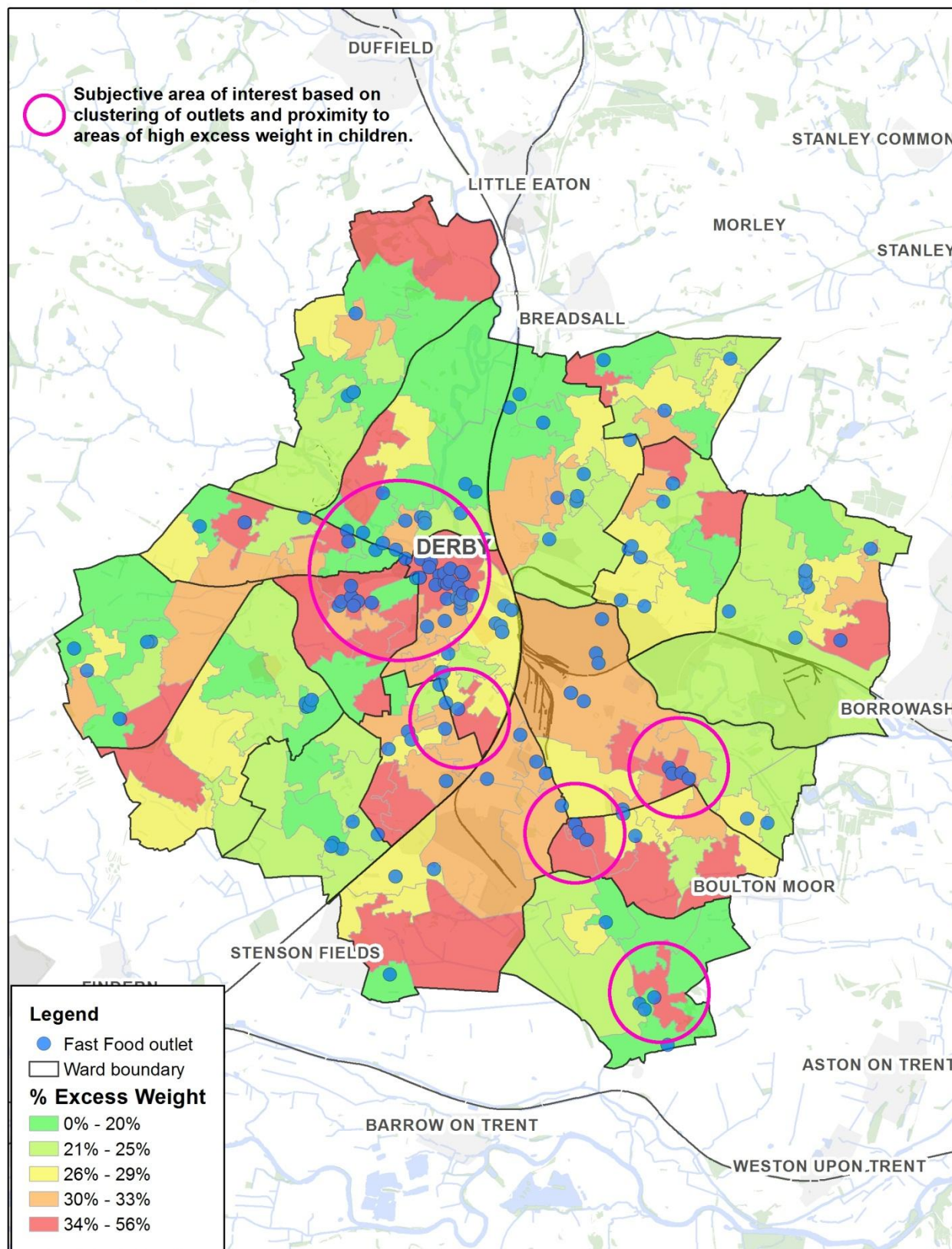
Since 1 April 2014 the Council has received 6 applications for a change of use to A5; of these only 2 have been approved.

Other outlets (such as newsagents, supermarkets and petrol stations) also sell unhealthy foods – all of which tend to be open during the day. In addition, some outlets which sell sandwiches, pastries and cakes aren't classified as A5 (such as Greggs and Subway). Consideration of these non A5 businesses should also be incorporated in our approach.

¹⁰ Adamson et al School Food Plan 2013



Excess weight (NCMP 2012/13) in children by LSOA, and proximity to Fast Food outlets.



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Physical activity & obesity

Physical activity is a key determinant of energy expenditure and a fundamental part of energy balance. Physical activity is the most variable component of daily energy expenditure and therefore plays an important role in weight management.

Regular physical activity can reduce the risk of obesity, as well as many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, mental health problems and musculoskeletal conditions.¹¹

Making the outdoor environment more conducive to physical activity can reduce obesity. Creating an environment where people actively choose to walk and cycle as part of everyday life can have a significant impact on public health and may reduce inequalities in health. It is an essential component of a strategic approach to reducing obesity and may be more cost-effective than other initiatives that promote exercise, sport and active leisure pursuits.¹²

People living in the most deprived areas of England are ten times less likely to live in the greenest areas compared to people living in the least deprived areas.¹³

Access to good quality green space is associated with positive health outcomes, including:

- improvements in mental health and wellbeing, such as depression, stress, dementia
- increased longevity in older people
- lower body mass index (BMI) scores, overweight and obesity levels and higher levels of physical activity
- better self-rated health

What can we do locally?

A bold whole-systems approach to responding to the major challenge of obesity is critical, and one that requires integrated policies and actions, with the Local Authority taking a wide strategic role using its powers and influence creatively to make a difference.

Fast Food Outlets

With respect to FFOs, a three-pronged approach is recommended:

1. Work with **takeaway businesses and the food industry** to make food healthier. NICE recommends working with local food retailers, caterers and workplaces to encourage local

¹¹ http://www.noo.org.uk/NOO_about_obesity/lifestyle/PA

¹² PHE & LGA 2013 Obesity and the environment: increasing physical activity and active travel

¹³ <http://www.instituteofhealthequity.org/projects/improving-access-to-green-spaces/evidence-review-8-improving-access-to-green-spaces>

provision of affordable fruit and vegetables and other food and drinks that can contribute to a healthy, balanced diet; and encouraging local retailers to use incentives (such as promotional offers) to promote healthier food and drink options. The aim should be to make the healthier choice the easiest and relatively cheaper choice¹⁴. Interventions could include:

- a. Nudge (altering the choice architecture, e.g. removing salt shakers from counters, using a healthier alternative to frying)
- b. Reward (e.g. set up a Derby public health Responsibility Deal for businesses to sign up to)
- c. Local subsidies (such as price discounts and vouchers) for healthier foods such as fruits and vegetables can increase purchase and consumption of these products¹⁵.
- d. Provision of healthy eating information and training to local Food Businesses

Resources to support this work include our Environmental Health / food safety team, our Trading Standards team, and the Responsibility Deal Toolkit for Local Authorities.¹⁶ This toolkit contains 'healthy tips' lists designed specifically for different types of FFO (Chinese takeaways, chip shops etc).

2. **Schools** should introduce strategies aimed at reducing the amount of fast food school children consume during lunch breaks and on their journey to and from school.
 - a. Need to engage with schools to gain their support for SPDs or other planning measures
 - b. Opportunity to ensure / improve quality of school meals? (adhere to national nutritional standards as advocated by the School Food Trust).
 - c. Recommend a 'stay on site' approach at mealtimes
3. Regulatory and **planning** measures could be used to address the proliferation of hot food takeaway outlets.
 - a. NICE recommends that Local Planning Authorities (LPAs) restrict planning permission for fast food outlets e.g. within walking distance of schools¹⁷
 - b. National Planning Practice Guidance makes it clear that LPAs have a duty to "work with public health leads and organisations to understand and take account of the health status and needs of the local population... including expected changes, and any information about relevant barriers to improving health and wellbeing".⁷
 - c. Derby City's current Local Plan, and the new draft Local Plan, do have policies restricting the

Case Study: Newham

Newham Council have a healthy living policy in their Core Strategy which has been tested by the appeals process. Planning permission for a change of use to hot food take-way was declined and the decision upheld at appeal. The building was within one of the Council's preferred 'exclusion' zones for hot food take-away use. The planning inspector concluded the proposal would 'conflict with the Council's healthy living strategy contrary to Policy SP2 of the Core Strategy'.

¹⁴ NICE PH35

¹⁵ Ruopeng An (2013). Effectiveness of subsidies in promoting healthy food purchases and consumption: a review of field experiments. *Public Health Nutrition*, 16, pp 1215-1228. doi:10.1017/S1368980012004715.

¹⁶ DH, PHE, LGA 2013 'Localising the Public Health Responsibility Deal – a toolkit for local authorities; Helping you to mobilise local businesses to improve the health of your population'.

¹⁷ NICE guidance: Prevention of Cardiovascular disease

location of hot food outlets but it's not a specific policy. The restrictions are embedded in retail and amenity policies. It seems, based on local data, that the current Local Plan has been successful in restricting new A5 uses to within the City's retail centres. A specific Supplementary Planning Document could serve to strengthen current local planning policy by restricting development near schools as a material consideration (E.g. St Helens 400m exclusion zone, Brighton 800m zone), or by limiting the number of FFOs within retail centres. Investigation of the impact of these restrictions elsewhere should be undertaken before embarking on a similar path in Derby.

- d. There is also scope for planning policy to influence existing FFOs by including a statement in the SPD along the lines of: 'Takeaway owners are encouraged to have regard to the city's health priorities and to provide healthy food options wherever possible'.
- e. There may be the potential to restrict opening hours of FFOs near schools, eg only after 5pm.
- f. **Neighbourhood planning** (Localism Act 2011) will allow communities to come together through a local neighbourhood forum and say where they think new houses, businesses and shops should go – and what they should look like. These powers provide local authorities with greater opportunities to address the development of new fast food outlets in their local area. However, it should be noted that Neighbourhood Plans must be pro-growth, and have to be developed through meaningful consultation with the local community and local businesses and be underpinned by a robust evidence-base.
- g. Local Planning Authority development control decisions could be subject to HIA (Health Impact Assessment) screening which would incorporate potential positive and negative health impacts.
- h. It is acknowledged that regulatory / planning changes would require equality impact assessment, testing, and consultation according to due process.

In Birmingham, the city council has limited the number of fast food outlets to less than 10% of units in any shopping centre

Physical activity

1. Encouraging **active travel**. Modelling suggests that health benefits resulting from high-quality comprehensive spatial planning significantly outweigh the costs (with a ratio of 60:1 for improving walking infrastructure and 168:1 for cycling)¹⁸. Derby already has a major programme of cycle infrastructure improvements planned for 2015, and a well established programme of work promoting cycling in schools (including adapted bikes for people with a disability). Prioritising people over cars by creating shared spaces and reduced speeds (eg

¹⁸ Kings Fund http://www.kingsfund.org.uk/sites/files/kf/field/field_related_document/improving-publics-health-overview-dec2013.pdf

homezoning, pocket places¹⁹) could have wide ranging health benefits by promoting physical activity, reducing accidents, and fostering social cohesion.



2. Encouraging **schools** to incorporate more physical activity into the curriculum (some programmes have succeeded in increasing activity levels 3 fold), and making secure bike parking facilities available at schools.
3. Improving access to **greenspace**. Derby City's new Local Plan Part 1 contains a policy to protect, enhance and provide open space in the City. There is also an aspiration to improve linkages and access to open space. Where deficiencies occur, the plan seeks to address this. The Local Plan Part 1 includes a spatial objective 'to increase the opportunity for people to socialise, play, be physically active and lead healthy lifestyles through a network of high quality, safe and accessible green infrastructure, sporting facilities, walking and cycling routes to help Derby become one of the most active cities in the country and tackle the incidence of premature deaths and childhood obesity'. This aspiration will require community engagement strategies for it to be realised, and should aim to reduce local health inequalities. An inclusive approach will involve making sure pavements, paths and routes to school are also suitable for wheelchair users.

Public Health England recommends²⁰:

- a. Creating new areas of green space and improving the quality of existing green spaces. Living near green space is important in terms of accessibility, usage and health outcomes. Developing new areas of green space in neighbourhoods where

¹⁹ Pocket Places Derby <http://pocketplacesderby.wordpress.com/>

there is little green space, or improving the quality and long term maintenance of green spaces in local areas where the quality may be poor, is likely to improve access to green space.

- b. Increasing accessibility and engagement. Innovative strategies to encourage people to try green spaces and motivate them to venture outdoors can help to improve access to green space. Local residents may also need help to overcome barriers which they have identified that prevent them from accessing green space.
- c. Increasing the use of good quality green space for all social groups. This is likely to result in improved health outcomes and reduced health inequalities. It will also bring benefits in other desirable outcomes, such as greater community cohesion and reducing social isolation.

²⁰ PHE Sept 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357411/Review8_Green_spaces_health_inequalities.pdf