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**SCRUTINY INQUIRY PANEL - TACKLING CHILDHOOD OBESITY IN SOUTHAMPTON**  
**MINUTES OF THE MEETING HELD ON 26 NOVEMBER 2019**

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**Present:** Councillors Coombs, Harwood, Houghton, Professor Margetts and McEwing

**Apologies:** Councillors T Thomas and Vaughan

4. **APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)**

The apologies of Councillor T Thomas and Councillor Vaughan were noted.

5. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

**RESOLVED** that the minutes of the meeting held on 29 October 2019 be approved and signed as a correct record.

6. **UNDERSTANDING LOCAL ENVIRONMENTAL INFLUENCES ON CHILDHOOD OBESITY - THE FOOD ENVIRONMENT**

The Panel considered the report of the Director, Legal and Governance requesting that the Panel consider the comments made by the invited guests and use the information provided as evidence in the review.

Following discussion with invited representatives the following information was received:

**The role of public policy in healthy food environments – Professor Corinna Hawkes, Director of the Centre for Food Policy, City, University of London**

- A presentation was delivered by Professor Corinna Hawkes providing an overview of the role of public policy in creating healthy food environments.
- Key points raised in the presentation included the following:
  - A healthy food environment is one that looks like the food we should be eating, with the onus on available, affordable, appealing and acceptable healthy food and drinks.
  - National policy can change environments to support norms resulting in change for people & businesses.
  - 6 key food environment policy areas (within Nourishing framework). Policy initiatives within Chapters 1-3 of the Childhood Obesity Plan seek to improve the food policy environment around labelling, public institutions, fiscal tools, marketing and food supply.
  - Some initiatives have a greater impact in practice than others – eg: Improve food offer in schools may be undermined by food environment outside schools and at home, whereas the Soft Drinks Industry Levy has been effective (mandatory more effective than voluntary initiatives).
  - Initiatives regarding food retailing and neighbourhood policies are missing at the national level – Role for local and national government around neighbourhood planning and infrastructure, supporting alternative food provisioning models and inside store environments eg - The Healthier

Catering Commitment for London –

[www.healthiercateringcommitment.co.uk](http://www.healthiercateringcommitment.co.uk)

- Any approach needs to take into account people's lived experience of food environments and understanding how people respond to policy changes – Need to develop approaches that meet local needs from a child's perspective.
- Parents trying to cope with the reality of their lives are not bad parents.
- Often children are not exposed to healthy food at home so when they see fruit and veg at early years or school settings they resist. This increases health inequalities. Training children's taste preferences can help to make healthy foods more appealing (initiatives such as TasteEd <https://www.tasteeducation.com> based on the Sapere method that teachers are trained to deliver). Relevant for SCC's Feed the Future initiative to provide free fruit, vegetables and yoghurt to school children up to the age of 11 years.
- National policy requires food skills (food tech) to be taught in secondary schools. It doesn't begin in early years or primary schools.
- Build upon existing community assets and actions – Improve existing initiatives and prioritise approaches as recommended by Public Health England's Whole Systems Approach.
- In summary - A small number of national policies needed for norms to change for people and businesses.
- Policies that work for people start with understanding the context – the reality of people's lives.
- Local government can both complement & lead national policy by building on assets with actions tailored to their populations.

**Understanding local environmental influences on childhood obesity – Professor Janis Baird, Professor of Public Health and Epidemiology at the University of Southampton & Dr Christina Vogel, Principal Research Fellow in Public Health Nutrition at the University of Southampton.**

- Presentations were delivered by Professor Janis Baird and Dr Christina Vogel developing the Panel's understanding of local environmental influences on childhood obesity.
- Key points raised in the presentation included the following:
  - Women tend to be the gatekeepers for food choices within the family and the health of women before, during and after pregnancy is linked to obesity.
  - A number of early life risk factors exist for childhood overweight/obesity.
  - Southampton Women's Survey – Education is the biggest predictor of quality of diet. Inequalities in mothers diet is perpetuated in the child. Diet tracks through childhood. Babies with poor diets tended to have poor diets at age 9.
  - The Women's Survey identified a number of reasons why some women have poorer diets. These include convenience, cost, waste when child not willing to eat healthy foods, promotions on unhealthy foods.
  - Information/media campaigns largely ineffective among disadvantaged groups. Effective interventions for disadvantaged groups address environmental and social determinants.

- Access to fast food is much more prevalent in deprived environments. 45% increase in fast-food outlets in the UK over the last 18 years. Deprived areas have had the greatest increase.
- 43% of local food outlets in the Solent area are fast food outlets. Most children aged 6 years have over 10 fast-food outlets around their home and school. Only 1% of women with young children in Hampshire and IOW have greater access to healthy, rather than unhealthy, food outlets in their daily activities.
- Greater access to healthy speciality stores around home and school associated with better quality diet at 6 years.
- Greater maternal access to fast food outlets linked to poorer bone health at birth; healthy speciality stores linked to better bone health at 4 years.
- Diets of women with degree qualifications show less susceptibility to unhealthy food environments than those with low education levels.
- Modern in-store environment - Healthier diets cost more than nutrient poor, energy dense diets (25% of families have to spend 25% of disposable income to meet Eatwell guidelines).
- Portion sizes of unhealthy foods have increased significantly.
- Southampton's most deprived neighbourhoods have stores with poorer quality fruit and vegetables & fewer varieties of healthy foods.
- Discount and small supermarkets have poorest in-store environments.
- Supermarket environments have a stronger influence on the diets of women from disadvantaged backgrounds.
- Diet and BMI of individuals with low educational attainment showed greater susceptibility to poorer spatial and supermarket environments.
- Local evidence shows fewer varieties and poorer quality of healthy foods in deprived neighbourhoods.
- Advocate targeted interventions for high risk groups.
- No equality of opportunity if mum has a poor diet.
- Planning opportunities - Use local planning laws to restrict proliferation of fast food outlets. Consider introducing restrictions on fast food outlet numbers in areas of high deprivation. Incentives for new healthy specialty retailers to open. Drinking water fountains in popular public areas.
- In-store - Moderate evidence across settings that subsidies on healthy foods increase their purchase and intake – Southampton study showed that price promotion increased salads and veg consumed by 4 additional portions each week and better quality of diet for children.
- Good evidence that price increases on unhealthy food improve dietary behaviours.
- In-store opportunities include - Incorporate healthy in-store activities in Environmental Health & Safety audits; Encourage use of shelf prompts to promote healthy foods.
- Culture – Need to learn more about the impact of migrant communities.
- Self-efficacy (confidence to eat healthily) is key to healthy diets. Studies are looking at interventions that empower women and give confidence to change behaviour.
- Some supermarkets are improving the in-store environment but investment required from retailer and need to be persuaded that it will not impact negatively on profit margin.

## Takeaway planning policy in the UK: Evidence, precedent and local data – Dr Tom Burgoine, Centre for Diet & Activity Research, University of Cambridge

- A presentation was delivered by Dr Tom Burgoine outlining the links between takeaways, deprivation and obesity.
- Key points raised in the presentation included the following:
  - £28bn spent annually on takeaway food in GB - 29% increased out of home food expenditure in last decade. Consumption peak is older childhood.
  - Regular takeaway visits and frequent takeaway consumption associated with excess weight gain over time.
  - No systematic review that can quantify the overall 'effect' of takeaway access on diet / weight / health. Study identified if exposed to more takeaways consumption of takeaway food increased by 6g per day and increased body weight. Neighbourhoods have the potential to shape diet and body weight.
  - Relationship between exposure and consumption differs according to education. Evidence that groups of lower socioeconomic status may be more vulnerable to unhealthy environments.
  - Takeaway foods are marketed towards children, discounted for children and clustered around schools.
  - A quarter of all eateries in England are fast food outlets. Across England, 10% increase in takeaways over 5 years. Population growth over this time in England has been 2.3%. 14% increase in takeaways in Southampton.
  - Deprived areas have more takeaways than less deprived areas. The relationship between takeaways and deprivation strengthened from 2012 to 2015. Neighbourhood effects play into social inequalities, for example through inequitable access to takeaways.
  - Planning policies exist to help manage increase in exposure to takeaways. The NPPF (National Planning Policy Framework) makes it clear that local authorities have a responsibility to promote healthy communities.
  - The planning system is being used as a form of public health intervention. 56 of 325 local authorities have a specific health focus in their local plan. Interventions mostly focus on schools, including exclusion zones in 44 authorities. Tied to the perception of children as vulnerable. Not actively reducing number of takeaways just capping at existing levels.
  - FEAT tool (Food Environment Assessment Tool - [www.feat-tool.org.uk](http://www.feat-tool.org.uk)) allows mapping, measuring and monitoring of neighbourhood food access. Local data (with scientific evidence and support) are important to make the case for action.
  - Research has not been undertaken to identify the impact of the planning restrictions on takeaways on the diet/weight of the local population.
  - Not seen a planning document restricting access to convenience stores in UK. Need more research to identify if planning restrictions on takeaways are shifting the problem elsewhere.
  - Opportunity to evaluate the impact of actions to evidence effectiveness of approaches.

**RESOLVED** that the comments and presentations made by Professor Corinna Hawkes, University of London, Professor Janis Baird and Dr Christina Vogel, University of Southampton and Dr Tom Burgoine, University of Cambridge be noted and used as evidence in the review.