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**SCRUTINY INQUIRY PANEL - TACKLING CHILDHOOD OBESITY IN SOUTHAMPTON**  
**MINUTES OF THE MEETING HELD ON 29 OCTOBER 2019**

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

1. **ELECTION OF CHAIR AND VICE-CHAIR**

**RESOLVED** that:

- (i) Councillor McEwing be elected as Chair for the Municipal Year 2019/20; and
- (ii) Councillor Houghton be elected as Vice-Chair for the Municipal Year 2019/20.

2. **INQUIRY TERMS OF REFERENCE**

The Panel received and noted the report of the Director, Legal and Governance recommending that the Panel note the terms of reference and discuss, amend and approve a final version of the outline inquiry project plan.

3. **TACKLING CHILDHOOD OBESITY IN SOUTHAMPTON - INTRODUCTION, CONTEXT AND BACKGROUND**

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:

**Southampton Strategic Assessment, National Child Measurement Programme – Dan King, Service Lead, Intelligence and Strategic Analysis & Vicky Toomey, Strategic Intelligence Analyst - SCC**

- A presentation was delivered by Dan King and Vicky Toomey providing an introduction to the National Child Measurement Programme and an overview of levels of childhood obesity in Southampton.
- Key points raised in the presentation included the following points:
  - The World Health Organization defines childhood obesity as “Abnormal or excessive fat accumulation that presents a risk to health” and identifies it as “One of the most serious public health challenges of the 21st century.”
  - Obesity is a risk factor for poor health and wellbeing.
  - If we consider the number of years lived with disability (YLD) i.e. years of life lived with any short-term or long-term health loss, high body mass index is the top risk factor in Southampton. This illustrates the importance of tackling obesity in the city, both in terms of poor health and the costs to society.
  - Estimate in Southampton - there are between 13,000 and 13,700 overweight/obese children aged 2 to 17 years old, with over half – between 6,700 and 7,900 – estimated to be obese.

- Children are measured when they start and leave primary school - Year R (4-5 year olds) and Year 6 (10-11 year olds).
- Prevalence of overweight (including obese) 2018/19: Year R – National average (22.6%); Southampton (22.3%); Year 6 – National average (34.3%); Southampton (36.1%).
- Prevalence of obesity 2018/19: Year R – National average (9.7%); Southampton (10.1%); Year 6 – National average (20.2%); Southampton (22.9%) – significantly higher than England.
- Overweight (including obese) - Year R: stable over time but Year 6 statistically significant increase since 2006/07 - Increase from 30.0% (2006/07) to 36.1% (2018/19).
- Obesity trends mirror this – Year R stable but Year 6 increase from 16.9% (2006/07) to 22.9% (2018/19); significantly higher. To have the same percentage as 2006/07, Southampton would need to have 153 (152.8) less obese Year 6 pupils.
- There is a significant difference between prevalence by gender for Year 6 - males higher prevalence.
- Significant variance across the city. Obesity prevalence increases as deprivation increases.
- Do not just focus initiatives on children that are obese / overweight in Year R. The majority of overweight children in Year 6 had been healthy weight in Year R; over two-thirds (67%) of obese children had not been obese in Year R.

**The causes and consequences of childhood obesity – Professor Mark Hanson, British Heart Foundation Professor of Cardiovascular Science within the Faculty of Medicine at the University of Southampton**

- A presentation was delivered by Professor Mark Hanson providing an overview of the causes and consequences of childhood obesity.
- Key points raised in the presentation included the following points:
  - Consequences of childhood obesity include reduced educational attainment; job prospects; Low self-esteem; Bullying; Mental health; Cardiovascular disease; Diabetes; Asthma; Cancer; Joint problems; Infertility; Pregnancy complications; Birth defects; Gestational diabetes.
  - Diet, physical activity, sleep/stress and environmental toxicants amplifies the risk of obesity.
  - The priming of risk of obesity is from conception onwards - Effect of an unhealthy diet in childhood on child's fatness depends on prenatal growth trajectory.
  - Maternal obesity increases risk of obesity for the offspring. If you can increase health of adolescents this will help to pass good health on to the next generation.
  - Causes of obesity include - Inherited genes (account for <10% of risk at population level); Eating too much/ sedentary lifestyle are not the whole story; other factors such as smoking during pregnancy, excessive gestational weight gain, breastfeeding for less than 12 months, under 12 hours sleep per day during infancy are risk factors for childhood obesity.
  - A mother's diet in pregnancy is very important; maternal BMI is passed on to children.

- There is a correlation between levels of education and eating a healthy diet.
- Need to take a life-course and whole systems approach to tackling childhood obesity.

### **Overview of national policy relating to childhood obesity – Angela Baker, Deputy Director, Public Health England South East**

- A presentation was delivered by Angela Baker providing an overview of national policy relating to childhood obesity.
- Key points raised in the presentation included the following points:
  - Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. Factors such as where people live, the state of the environment, genetics, income, educational level, and relationships with friends and family have considerable impacts on health. This is particularly the case for overweight and obesity.
  - Obesity disproportionality impacts certain groups. Obesity is more than twice as common among low income women as in women in the highest household income quintile (37.6% compared with 18.3%). In men there is a smaller decrease in obesity prevalence from the lowest income quintile to the highest.
  - Child obesity prevalence is closely associated with socioeconomic status. More deprived populations tend to have higher obesity prevalence. Among Year 6 children, severe obesity prevalence in the most deprived 10% of areas in England is more than 4 times the prevalence in the least deprived 10%, and among Reception children nearly 4 times the prevalence in the least deprived 10%.
  - Addressing the high prevalence of obesity in England is a government priority.
  - Since 2016 have seen the publication of Childhood Obesity: a plan for action, chapter 1 and 2; the NHS Long Term Plan and the Prevention Green Paper – all of which have set out clear commitments around obesity.
  - National ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.
  - This year PHE have also published a strategy for the next 5 years. Healthier Diet and Healthier Weight is one of PHE's 10 priority areas. The strategy places an emphasis on universal, up-stream approaches AND support on personalised and population targeted approaches. The aim is to seek to support those people with the most to benefit; and address inequalities and inequity associated with obesity and its causes.
  - Obesity is a complex problem with a number of interconnected drivers. There is no one silver bullet, no single action that will address obesity. It requires numerous actions across the system – a 'whole systems approach'.
  - Local authorities have a clear role to play and have powers that can help to influence childhood obesity levels locally.

- Physical activity has an important role in helping individuals to maintain their weight. Increasing physical activity and decreasing sedentary lifestyle are important components of any weight management intervention, however the most important factor for weight loss is dietary changes.

### **Children and Young People's Healthy Weight Pathway – Debbie Chase, Service Lead – Public Health, SCC**

- A presentation was delivered by Debbie Chase providing an overview of national policy relating to childhood obesity.
- Key points raised in the presentation included the following points:
  - Attitudes are changing regarding where the blame lies for the rising levels of obesity: Previously we blamed individuals/parents; Assumed lack of knowledge of how to eat healthily; Lack of skills to cook healthy meals; Not doing enough exercise-lazy.
  - Now increasing understanding of the impact of the availability of cheap unhealthy food; Loss of green space; Harder to walk/cycle; Industry for promoting unhealthy food.
  - There is a need for a joined up life course and place based approach.
  - Southampton produced a healthy weight plan 2017-2022 that identified actions required at a national and local level to tackle childhood obesity. Our plan sought to shift focus from blaming individuals to looking at the environment. Move away from an individual behaviour change approach to a more upstream approach. Not quite a whole system approach.
  - There have been some promising improvements in action plan measures. Increase in breastfeeding at 6-8 weeks; 27 schools taking part in Healthy High 5 initiative & 63 settings now Health Early Years settings.
  - Progress being made in delivering actions in Healthy Weight Plan but need to be more challenging. We have the tools and skills in the city to make a difference but not doing enough to address the magnitude of the issues and the range of factors influencing obesity levels. There is no magic bullet so many actions, each with a small impact, will be necessary.
  - We see in our city the amazing progress being made to encourage people to be more active. There is less attention paid to the food environment and how collectively we as a city could make a difference.
  - Any approach to tackling obesity should include a strand focused on physical activity, but increasing physical activity alone will be insufficient to prevent childhood obesity. As a rule of thumb referenced by Dame Sally Davies when Chief Medical Officer, in terms of preventing obesity, a greater effort (e.g. 80%) should be placed on diet with less (e.g. 20%) on physical activity.
  - To be effective you need to get people to want to change and for communities to lead this. Each ward could require a different approach.

**RESOLVED** that the comments and presentations made by Dan King/Vicky Toomey, Intelligence and Strategic Analysis Team, SCC; Professor Mark Hanson, Institute of Developmental Sciences, University of Southampton; Angela Baker, Deputy Director, Public Health England South East and Debbie Chase, Public Health Consultant, SCC be noted and used as evidence in the review.