



## DEBATE PACK

Number CDP 2016/0020, 20 January 2016

# Childhood obesity strategy

This debate pack is prepared for the Backbench Business debate on 21 January 2015 on the motion “That this House calls on the Government to bring forward a bold and effective strategy to tackle childhood obesity.” The motion has been tabled by Dr Sarah Wollaston, Chair of the Commons Health Select Committee.

The Health Select Committee has held a recent Inquiry into childhood obesity and published its report, [Childhood obesity- brave and bold action](#) in November 2015. The Government have said that they will be publishing a new childhood obesity strategy in 2016.

This debate pack includes recent press articles, Parliamentary material and links to further reading on childhood obesity.

Dr Sarah Barber  
Nikki Sutherland

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The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.



# 1. News articles

## **Child obesity prompts Hunt to seek curbs on TV junk food adverts**

Financial Times

7 January 2016

<http://www.ft.com/cms/s/0/f2a6ee56-b566-11e5-b147-e5e5bba42e51.html#axzz3xc2HWSmb>

## **Children aged five eating own weight in sugar each year as parents urged to check products with free app**

Daily Telegraph

4 January 2016

<http://www.telegraph.co.uk/news/health/news/12069267/Children-aged-five-eating-own-weight-in-sugar-every-year.html>

## **Pressure grows for 20% tax on sugary drinks to fight childhood obesity**

Guardian

30 November 2015

<http://www.theguardian.com/society/2015/nov/30/sugary-drinks-tax-childhood-obesity-david-cameron>

## **One in five children obese leaving primary school**

BBC Online

26 November 2015

<http://www.bbc.co.uk/news/health-34932478>

## **Child obesity: what are the options?**

BBC Online

11 November 2016

<http://www.bbc.co.uk/news/health-34775664>

**Parents of obese children should get healthy food vouchers, experts say**

Guardian

10 November 2016

<http://www.theguardian.com/society/2015/nov/10/parents-of-obese-children-should-get-healthy-food-vouchers-experts-say>

**Food and drink focus for child obesity strategy**

Foodmanufacture.co.uk By Michelle Perrett 04 November 2015

Product reformulation, an advertising ban and restrictions on promotions are expected to be the main focus of the government's childhood obesity strategy.

<http://www.foodmanufacture.co.uk/Regulation/Childhood-obesity-strategy-what-s-on-the-way>

## 2. Press releases

### **Royal College of Paediatrics and Child Health**

#### **RCPCH responds to latest child obesity research**

**2 December 2015**

Reducing toddler's portion sizes or number of eating occasions could potentially help to target weight gain in later life according to new research from University College London (UCL).

It is the first study to look at how the appetitive traits of 'food responsiveness' (the urge to eat in response to the sight or smell of appetising food) and 'satiety responsiveness' (sensitivity to internal 'fullness' signals) relate to the eating behaviours of toddlers in an everyday context.

In response to the publication of the research paper, Dr Colin Michie, Chair of the Royal College of Paediatrics and Child Health's Nutrition Committee, said:

"Regrettably, most overweight children are more likely to become overweight adults, and with 22% of children in the UK overweight or obese by the time they reach reception year, the future does not look bright when it comes to their health.

"Crucially, early interventions in pre-school aged children are particularly effective at reducing this problem. There is therefore a great need for sound research to improve the effectiveness and impact of public health programmes for young families, particularly in resource-poor environments.

"This study gives us a better idea as to how the early eating behaviours of children could potentially lead to overweight and obesity and demonstrates exactly the sort of practical research that is needed. To reduce our rates of childhood obesity, we must now work with parents and schools to ensure children are eating healthy meals, of the appropriate portion size and at the right time of day. Once at school, we must educate children early about the importance of healthy living. This can be done by introducing them to cooking much earlier and by introducing compulsory Personal, Social and Health Education (PSHE) in all primary and secondary schools – both are methods that are effective for older children.

"However we must also put in place preventative measures that will help stop very young children becoming overweight or obese in the first place. This includes working with mums-to-be before and during pregnancy to make sure they are a healthy weight when baby arrives.

"Only by intervening early will we be able to provide a healthy, bright future for the UK's children and young people."

To view the research paper, visit [The American Journal of Clinical Nutrition](#).

To find out more about how the RCPCH is working to reduce childhood obesity, visit the [campaign pages](#) on our website.

## House of Commons Health Select Committee

### Childhood obesity demands bold Government action committee report finds

**30 November 2015**

Health Committee publishes report saying the scale and consequences of childhood obesity demand bold and urgent action from Government.

- [Report: Childhood obesity - brave and bold action](#)
- [Report: Childhood obesity - brave and bold action \(PDF 683KB\)](#)
- [Inquiry: Childhood obesity](#)
- [Health Committee](#)

Treating obesity and its consequences is currently estimated to cost the NHS £5.1bn every year. It is one of the risk factors for type 2 diabetes, which accounts for spending of £8.8 billion a year, almost 9% of the NHS budget. The wider costs of obesity to society are estimated to be around three times this amount. By contrast, the UK spends only around £638 million on obesity prevention programmes. Ongoing cuts to public health budgets within the spending review will put prevention services under further strain.

Physical activity is enormously beneficial whatever children's weight and increasing exercise alone will not tackle the rising toll of obesity. The Committee points to the clear evidence that measures to improve the food environment to reduce calorie intake must lie at the heart of a successful strategy.

#### *Report findings*

The report highlights nine areas for improvement. They are:

- Strong controls on price promotions of unhealthy food and drink
- Tougher controls on marketing and advertising of unhealthy food and drink
- A centrally led reformulation programme to reduce sugar in food and drink
- A sugary drinks tax on full sugar soft drinks, in order to help change behaviour, with all proceeds targeted to help those children at greatest risk of obesity
- Labelling of single portions of products with added sugar to show sugar content in teaspoons

- Improved education and information about diet
- Universal school food standards
- Greater powers for local authorities to tackle the environment leading to obesity
- Early intervention to offer help to families of children affected by obesity and further research into the most effective interventions

#### *Chair's comment*

Chair of the Health Committee, Dr Sarah Wollaston MP, says:

"One third of children leaving primary school are overweight or obese, and the most deprived children are twice as likely to be obese than the least deprived. This has serious consequences for both their current and future health and wellbeing and we cannot continue to fail these children. There are many causes and no one single or simplistic approach will provide the answer. We therefore urge the Prime Minister to make a positive and lasting difference to children's health and life chances through bold and wide ranging measures within his childhood obesity strategy.

We believe that if the Government fails to act, the problem will become far worse. A full package of bold measures is required and should be implemented as soon as possible. We believe that a sugary drinks tax should be included in these measures with all proceeds clearly directed to improving our children's health."

### **Faculty of Public Health**

#### **Health Committee report on obesity puts welcome focus on need to protect child health**

**30 November 2015**

The House of Commons Health Select Committee, chaired by Dr Sarah Wollaston MP, published its report on child obesity today (30 November).

Commenting on the report's recommendations, Professor Simon Capewell, Vice President for Policy at the UK Faculty of Public Health (FPH), said: "FPH warmly welcomes this report; the Health Select Committee are to be congratulated for taking a thorough and evidence-based approach to improving child health. One third of children leaving primary school are overweight or obese and this should not be accepted as the norm.

"The calories children consume and the exercise they get are affected by various factors including family, schools, access to safe outdoor space and food advertising legislation. That is why all aspects of the strategy need to be implemented if we are to tackle childhood obesity and reduce the ill health, financial costs and misery it causes.

"The report offers a stark warning to food and beverage companies: do the right thing now, voluntarily, or mandatory approaches will be rapidly introduced. FPH welcomes the report's call for a duty on sugary drinks; the evidence is clear that such a duty would protect children's health."

## **Academy of Medical Royal Colleges**

### **Academy welcomes the Health Committee Childhood Obesity report**

Academy Chair, Professor Dame Sue Bailey, said:

*"The Academy warmly welcomes the Health Select Committee's report [Childhood Obesity - Brave and Bold Action](#) and are delighted to see that the Committee recommends a number of the key proposals that were in the 2013 Academy report on Obesity [Measuring Up](#).*

*Not only has the Committee supported the proposal for a sugary drinks tax but also our recommendations on junk food advertising, nutritional standards in schools and licencing of fast food outlets locally.*

*The Academy has always argued that a range of approaches and measures are required to tackle the level of obesity in the UK. Fiscal measures, such as a sugary drinks tax, alone will not solve the problem but they are part of the solution. The Government cannot wilfully continue to ignore the role that financial measures can play. There can be no excuse for the Government to refuse to act on this recommendation and others from the Health Committee. Our children deserve better.*

*The Academy is delighted to be part of the newly formed Obesity Stakeholder Group. The Group can play a key role in continuing to drive for the range of changes that are needed if we are to overcome the obesity crisis. I hope that in the future the launch of the Obesity Stakeholder Group and the publication of the Health Committee report will be recognised as landmark moments in the fight against obesity."*

## **Children's Food Trust**

### **Child obesity: their lives in our hands**

**November 26, 2015**

Today we're launching our white paper [Child obesity – their lives in our hands](#).

It outlines our recommendations for the government's forthcoming childhood obesity strategy, including a ban on junk food advertising on TV before 9pm, more local public health investment in teaching children



and families to cook and making sure funding for free childcare schemes reflects the cost of good food for children.

Currently, [more than one in five children are overweight or obese as they start school in England – a figure which rises to one in three by the time they leave primary school](#). The most recent [national dietary survey](#) suggests children are eating too much saturated fat, added sugars and salt and not enough fruit, vegetables, fibre and oily fish. [Obesity has a striking and unacceptable impact on children](#). Obese children suffer longer years of exposure to the metabolic syndrome and show health effects such as diabetes earlier in life.

On the day that the latest child obesity data is published, we're also recommending that children's weight is measured more regularly to make sure they're getting the right help and support on eating well. [Read the press release](#).

## Royal Society for Public Health

### Child obesity figures a timely reminder of public health inequalities

26 November 2015

[Figures released today](#) from the government's National Child Measurement Programme (NCMP) show childhood obesity levels in England fell fractionally in 2014-15 compared with the previous school year. RSPH cautiously welcomed the news, but warns much more must be done to make significant inroads, and to tackle the unacceptable inequalities in obesity levels between those living in the most and least deprived areas. The figures show:

- In reception year, one in 11 children (9.1%) is obese, down from 9.5% in 2013-14. More than a fifth (21.9%) are either overweight or obese, down from 22.5% in 2013-14
- In year 6, almost a fifth (19.1%) of children are obese, the same as in 2013-14, but up from 17.5% in 2006-07. A third (33.2%) are either overweight or obese, down from 33.5% in 2013-14 but up from 31.6% in 2006-07
- Childhood obesity rates in the most deprived areas are double those in the least deprived areas – 12% compared with 5.7% in reception, and 25% compared with 11% in year 6. This gap has widened since 2007-08, from 4.6% to 5.5% in reception, and from 8.9% to 12% in year 6.

RSPH recently [set out a range of measures](#) to tackle the childhood obesity crisis, including minimum physical activity levels in schools, restrictions on junk food advertising online, and a 'sugar tax'.

Shirley Cramer CBE, Chief Executive of RSPH, said: "It is encouraging that childhood obesity levels have fallen slightly in the short term. However, we are still facing a situation where a third of children leave

primary school either overweight or obese – more than was the case a decade ago – and where twice as many children leave primary school obese as enter it obese. A coherent, joined up strategy is needed to tackle the problem, and the government must not shy away from high profile environmental and financial measures, such as a sugar tax, if we are to avert the looming crisis childhood obesity is storing up for our health service.

“It is also unacceptable that children living in the most deprived areas are more than twice as likely as those living in the most affluent areas to become obese, with all the health problems that entails. While the Government spending review rightly recognised the importance of tackling obesity and specifically focusing on children, in the same breath it has also announced proposals to change funding for public health services locally which could exacerbate the inequalities in childhood obesity levels.”

## **BMA campaigns for action on obesity**

### **10 August 2015**

The BMA has long campaigned for measures to reduce the levels of obesity, including action targeted at improving children’s diets, and increasing active travel and physical activity levels. We believe there has been an over-reliance on personal responsibility and educational approaches, which fails to recognise the need for a range of interventions to support and promote behaviour change, including some regulatory approaches.

#### *3. Key policies*

The BMA has a range of policies covering the promotion of a healthy diet, an underlying cause of high levels of obesity. These policies include:

- calling for a 20 per cent tax on sugar sweetened drinks
- a mandatory traffic light approach to displaying nutritional information for all pre-packaged food and drink products
- high impact and sustained social marketing campaigns to improve dietary attitudes and knowledge
- phasing out artificial trans fats in the UK, reducing salt levels in all food and drink and introducing UK wide targets to reduce calorie, fat, saturated fat and added sugar levels
- recognising the medical, psychological and social complexities of obese adults and children
- calling for education in obesity and nutrition to be an essential component of medical training

*Obesity and children*

The 2015 board of science report, [Food for thought: promoting a healthy diet among children and young people](#), brings together a range of policies targeted at children and diet, including policies on obesity, these include:

- collaboration between schools and local authorities to deliver a whole-school approach to healthier diets
- prohibiting the marketing of energy-dense food and drink products to children and young people
- specific provisions preventing the marketing via non-broadcast media that appeals in any way to children and young people
- prohibiting any sponsorship of events, activities, individuals or groups that appeal in any way to children and young people
- restricting marketing and sponsorship of unhealthy food and drink products in schools
- prohibiting retailers from displaying unhealthy food and drink products at checkouts and in queuing areas, targeting children
- ensuring that all mandatory food standards apply to all academy schools and free schools
- ensuring a free fruit and vegetable scheme is available to all primary school children throughout the UK, five days per week

*Supporting physical activity and active travel*

As well as targeting action on children and obesity, the BMA also has a wide-range of policy covering physical activity and active travel. The 2012 board of science publication [Healthy transport = Healthy lives](#) brings together a number of these.

"Doctors are increasingly concerned about the impact of obesity on their patients and NHS resources. We urgently need a comprehensive, cross-government strategy that supports and sustains healthy diets and physical activity."

BMA board of science chair Professor Sheila the Baroness Hollins

- calling for a halt to the sale of assets such as school playgrounds and sports fields;
- ambitious growth targets for walking and cycling, with increased funding and resources;
- a call for healthcare organisations to work with local authorities to ensure support for physically active travel;
- regulating to prioritise active and sustainable forms of transport.

The BMA board of science have published a number of reports that bring together these policies on obesity:

- [Food for thought: promoting healthy diets among children and young people](#) (2015)

- [Healthy transport = healthy lives](#) (2012)
- [Risk: what's your perspective? A guide for healthcare professionals](#) (2012)
- [Early life nutrition and lifelong health](#) (2009)
- [Preventing childhood obesity](#) (2005)
- [Adolescent health](#) (2003)

### *Facts and figures*

Adult population obesity statistics:

- 26 per cent of men and 24 per cent of women in England [1](#)
- 24 per cent of men and 21 per cent of women in Northern Ireland [2](#)
- 25 per cent of men and 29 per cent of women in Scotland [3](#)
- 22 per cent of men and 23 per cent of women in Wales [4](#)

Childhood obesity statistics - for children aged 2-15:

- 16 per cent for boys and 15 per cent for girls in England [1](#)
- 10 per cent for boys and girls in Northern Ireland [5](#)
- 17 per cent for boys and 15 per cent for girls in Scotland [6](#)
- 20 per cent for boys and 19 per cent for girls in Wales [7](#)

Across the European Union, obesity affects one in six adults (16.7 per cent) in the EU, an increase from one in eight a decade ago. However, there are considerable variations between countries. [8](#)

Recent modelling suggests that by 2030, 41 per cent to 48 per cent of men and 35 per cent to 43 per cent of women could be obese if trends continue. [9](#)

### *Physical activity statistics*

Since 1995/97, the proportion of trips where children walked to school has fallen from 47 per cent to 42 per cent, in 2013. Over the same time period the proportion of trips made by car has increased from 30 per cent to 34 per cent. [9](#)

55 per cent of pupils in years 1-13 of participating schools took part in at least 3 hours of high quality PE and out-of-hours school sport in a typical week. [10](#)

In 2012, 67 per cent of men and 55 per cent of women aged 16 and over spent at least 150 minutes per week in moderately intensive physical activity, in bouts of ten minutes or longer, or 75 minutes per week of vigorous physical activity. In both sexes, the proportion who met the guidelines generally decreased with age.

1. Health and Social Care Information Centre (2014) Health survey for England 0 2013. Leeds: Health and Social Care Information Centre

2. Public Health Information & Research Branch (2014) Health survey Northern Ireland – 2012/13. Belfast: Department of Health, Social Services and Public Safety
3. Bromley C, Dowling S, Gray L et al (2014) The Scottish health survey 2013 edition, volume 1, main report. Edinburgh: The Scottish Government
4. Dixon J and Roberts C (2012) Welsh health survey 2013. Cardiff: Welsh Government
5. Public Health Information and Research Branch (2012) Health survey Northern Ireland: first results from the 2011/12 survey. Belfast: Department of Health, Social Services and Public Safety
6. Bromley C, Dowling S, Gray L et al (2014) The Scottish health survey 2013 edition, volume 1, main report. Edinburgh: The Scottish Government
7. Varney B & Roberts C (2012) Welsh health survey 2012. Cardiff: Welsh Government
8. Health and Social Care Information Centre (2015) Statistics on obesity, physical activity and diet. Leeds: Health and Social Care Information Centre
9. Department of Health (2009) Cost of obesity to NHS in England. London: Department of Health
10. Department for Education (2010) PE and Sport Survey 2009/10. London: Department for Education

## 4. Parliamentary material

### Debate on an e-Petition

#### [Sugary Drinks Tax](#)

**Motion that this House has considered e-petition 106651 relating to a tax on sugary drinks.**

**HC Deb 30 November 2015 | Vol 603 cc1-48WH**

<http://www.publications.parliament.uk/pa/cm201516/cmhansrd/cm151130/halltext/151130h0001.htm#1511301200001>

### PQs

#### **Asked by Lord Clinton-Davis**

To ask Her Majesty's Government what plans they have to impose a sugar tax on fizzy drinks.

**Answering Member: The Parliamentary Under-Secretary of State, Department of Health (Lord Prior of Brampton) (Con):** My Lords, we will be launching our childhood obesity strategy soon. It will look at everything, including sugar, that contributes to a child becoming overweight and obese. It will also set out what more can be done by all sides.

**Lord Clinton-Davis (Lab):** If we had a league of government U-turns, this one would surely head the list. Not so long ago, the Prime Minister said that a sugar tax was not worthwhile. Now, urged on by experts and MPs of all parties, he says that it is not a bad idea. What should we now do? My view is that we should follow the example of Mexico. Why wait for many months when the evidence is very clear? Why do the Government not act immediately?

**Lord Prior of Brampton:** My Lords, I think the Prime Minister's position is that he will want to think long and hard before imposing a tax that would fall by and large on those least able to afford it. On the other hand, the Prime Minister and the Secretary of State for Health recognise that obesity is a scourge in this country, affecting young people in particular, and will want to implement a comprehensive range of measures to tackle it.

**Baroness Hollins (CB):** My Lords—

**Lord Ribeiro (Con):** My Lords—

**Noble Lords:** Cross Benches!

**The Lord Privy Seal (Baroness Stowell of Beeston) (Con):** My Lords, I was just going to say that perhaps the House itself would like to indicate who it would like to ask a question because we are at that point in the cycle when it is not anybody's turn next. However, I think

the House has indicated that it would like to hear from the noble Baroness, Lady Hollins.

**Baroness Hollins:** My Lords, what assessment have Her Majesty's Government made of evidence provided by the BMA—I should declare an interest here as chair of the BMA's Board of Science—Public Health England and others on the anticipated positive impact of implementing a sugar tax? Does the Minister agree that we need a range of regulatory and educational measures to reduce the intake of added sugars, particularly among children and young people, but also adults with learning disabilities who are vulnerable to some of the same market pressures?

**Lord Prior of Brampton:** My Lords, the Government have taken into account a range of evidence from Public Health England, the McKinsey institute, the SACN and others in coming to their strategy. The noble Baroness is absolutely right that the response will need to take into account issues such as reformulation, portion size, availability and a whole range of other issues that affect sugar intake.

**Lord Ribeiro:** My Lords, while the sugar tax for fizzy drinks is a regressive tax, the very people it would target stand to benefit from such a tax because, leaving aside obesity, which is a long-term problem, dental caries are a short-term problem. There is no doubt that sugary drinks are causing a massive amount of dental caries, the cost of which falls on the NHS, as these unfortunate children have to have dental extractions which will affect their well-being and quality of life for years to come.

**Lord Prior of Brampton:** My Lords, reduction of sugar is a critical part of the Government's obesity strategy. It has been made clear by the reports of Public Health England, the McKinsey institute and others that there is no silver bullet. It is not just a question of passing a tax and getting the results that you wish to have. If a tax were to come in, it would be part of a whole range of other measures.

**Lord Rennard (LD):** My Lords, does the Minister accept that the introduction of a modest sugary drinks tax should be a win-win policy in that, if it works, people would be deterred from consuming those drinks, switch to alternatives and lead healthier lifestyles, and, if it does not work, it would raise money much needed by the NHS to deal with the problems of the obesity and diabetes epidemics?

**Lord Prior of Brampton:** My Lords, as I said earlier, the Prime Minister and the Secretary of State for Health are thinking long and hard about what should be part of the obesity strategy. I am not sure that the noble Lord is right when he says that a modest tax would have much of an impact; it would have to be a significant tax to have a major impact on the consumption of sugary drinks.

**Lord Brooke of Alverthorpe (Lab):** My Lords, does the Minister agree that the campaign against tobacco and cigarettes has been particularly effective? It has been applied across all sectors of the economy with no differentiation between any particular sectors. He mentions that, this time round, we have to be concerned about how sugar might impact

on particular parts of the community but, surely, we should make our approach similar to what we did with cigarettes and tobacco and we should apply it right across the board so that we all gain from the change.

**Lord Prior of Brampton:** My Lords, I think that the noble Lord is right; indeed, the Prime Minister has called this the new smoking. Obesity is as important to public health as smoking has been in the past. We have to build a much stronger case among the public at large before we can start to introduce the full range of tax and other measures that we have had for cigarettes and alcohol.

**Baroness Walmsley (LD):** My Lords, has the Minister tried the Sugar Smart app on his mobile phone, which can be found on the Change4Life website? I tried the app this morning—it is very clever; it reads a barcode and tells you how much sugar is in a product. Unfortunately, however, I tried it on five sugary products and it did not have any of them in its database. Has this very good idea been under resourced?

**Lord Prior of Brampton:** My Lords, fortunately I, too, tried the Sugar Smart app this morning. Interestingly, 600,000 people have downloaded that app and the PHE Change4Life programme has had considerable success in raising awareness of the amount of sugar that you consume when you buy a product in the supermarket

**HL Deb 13 January 2016 | Vol 768 c270**

### [Children: Obesity](#)

#### **Asked by: Baroness Benjamin**

To ask Her Majesty's Government what steps they are taking to ensure that children, especially girls, grow up fit and healthy, in the light of the recent report on the dangers of obesity in women in adult life.

#### **Answering member: The Parliamentary Under-Secretary of State, Department of Health (Lord Prior of Brampton)**

My Lords, tackling obesity and creating a fit and healthy society, particularly in girls and boys, is one of our major priorities. As we have previously said, we will be publishing our comprehensive childhood obesity strategy in the new year, and we will be doing so shortly.

**Baroness Benjamin (LD):** I thank the Minister for that Answer. As he said, childhood obesity has become the biggest public health challenge in the UK, with nearly a third of our 10 year-olds overweight. High sugar consumption means tooth decay and is the most common cause of hospital admissions among five to nine year-olds. Half of seven year-olds have less than an hour of daily exercise, and we all know that obesity and inactivity lead to major adult health problems. Shockingly, 29% of UK children are overweight as mothers risk having overweight children. What are the Government doing to address the educational



and environmental factors that are causing this obesity crisis? Will they start by urgently introducing a mandatory sugar reduction target applicable to all firms in the food and drink industry?

**Lord Prior of Brampton:** My Lords, we all recognise, as does the Prime Minister, that obesity is a scourge in this country that affects many thousands of young people. Some 2.1 billion people worldwide are overweight or obese, so it is a huge global problem that requires a comprehensive strategic response. I hope that our obesity strategy will be announced in the very near future.

**Lord Hunt of Kings Heath (Lab):** My Lords, in developing this strategy, is his department talking to the Department for Education? He will understand that this is a particular issue at primary school level. There is evidence that the incessant determination of the Government to test primary school children at every age at every moment is squeezing the curriculum of playtime and physical activity. I hope that his department will talk to the Department for Education to turn this around.

**Lord Prior of Brampton:** My Lords, we have got to have a collective response to the obesity problem across many government departments, as the all-party parliamentary group made clear in its paper. Education is a critical part of that. The noble Lord will know that in the spending review the Government committed to continue the PE and sports premium in primary schools because we recognise that physical exercise and playtime at all levels in schools, but particularly in the early years, are vitally important.

**Baroness Heyhoe Flint (Con):** My Lords, I recommend to my noble friend that sport may be the panacea for many of the problems mentioned by the noble Baroness, Lady Benjamin. A new strategy for sport which targets young primary school children has just been issued, but does my noble friend agree that this dreadful problem needs a cross-departmental approach involving health, environment and transport, including cycling and walking? We should not spread the butter too thin as far as sport is concerned—or perhaps I should say the low-fat spread in this instance.

**Lord Prior of Brampton:** My Lords, my noble friend is right that we have to involve all departments. For example, she mentioned the environment. There is plenty of evidence to suggest that urban and educational environments can be designed so that children spend more time walking. The development of cycleways in London is another example of how we can design our environment to improve the level of physical exercise that we take.

**Baroness Walmsley (LD):** My Lords—

**Baroness Finlay of Llandaff (CB):** Can the Minister outline what is being done specifically in relation to women in pregnancy, given that excessive weight gained in pregnancy, which is often linked to the phrase “eating for two”, is very difficult to lose afterwards, particularly if women do not breastfeed? Moreover, postnatal depression can itself be a cause of excessive eating after delivery of the baby, causing the

maintenance or even aggravation of obesity. That requires specific services to target these women.

**Lord Prior of Brampton:** The noble Baroness will know that the report of the Chief Medical Officer which came out two or three weeks ago laid particular stress on the importance of women who are pregnant because of the impact of obesity not just on themselves but on their children as well. Advice is available through NHS Choices, Start4Life and Healthy Start; we have various schemes that are focused on pregnant women. I am sure that we can do more, and perhaps when the government strategy on obesity is announced in the near future, it will address that issue as well.

**Baroness Walmsley:** My Lords—

**Lord Winston (Lab):** My Lords, given that homo sapiens is a species that is programmed to eat carbohydrate and fat, what estimate have the Government made of how much childhood obesity is due to epigenetic factors rather than simply eating sugar and carbohydrate later on in life? Might this not be programming earlier in the generation perhaps as the result of previous generations' environment? This is an essential point in understanding obesity.

**Lord Prior of Brampton:** The noble Lord makes an interesting point to which I cannot give an answer from the Dispatch Box. It is clear that epigenetic factors are important. It is not just about behaviour: rather, it is also the genes that we have inherited from our forebears and the fact that we have entirely different nutrition and an entirely different way of life today from that of 70,000 years ago. Would it be all right if I write to the noble Lord and explain that more fully?

**HL Deb 12 January 2016 | Vol 768 c131**

### [Obesity: Children](#)

**Asked by: Vaz, Keith**

To ask the Secretary of State for Health, what steps his Department is taking to improve oral health as part of the childhood obesity strategy.

**Answering member: Jane Ellison | Department: Department of Health**

Our comprehensive childhood obesity strategy, due to be published in the new year, will be looking at areas for potential action including diet and sugar consumption which are risk factors in poor oral health and tooth decay.

The Department is working with NHS England to test a possible new dental contract which will increase access and improve oral health. Building on earlier pilots we are about to move to a new stage of testing by establishing prototypes. The new dental prototypes will continue to test a clinical care pathway focussed on preventing future dental disease. This approach includes offering patients personalised

care plans and advice to both patients and parents on diet and good oral hygiene.

In 2014 Public Health England (PHE) published an evidence informed toolkit for local authorities to support their work on oral health improvement among children and young people. PHE also published an evidence based toolkit for dental teams to support preventive advice and treatment for their patients. These toolkits include oral health improvement programmes and advice focussing on a healthier diet and reducing the consumption of free sugars.

In addition these toolkits include other methods to improve oral health, for example tooth brushing programmes and fluoride varnish application.

The PHE report *Local authorities improving oral health: commissioning better oral health for children and young people: An evidence-informed toolkit for local authorities* is attached and can be found at:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/321503/CBOHMaindocumentJUNE2014.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf)

The PHE report *Delivering better oral health: an evidence-based toolkit for prevention* is attached and can be found at:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/367563/DBOHv32014OCTMainDocument\\_3.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367563/DBOHv32014OCTMainDocument_3.pdf)

**HC Deb 17 November 2015 | PQ 15909**

### [Health Education: Children](#)

**Asked by: Blackman, Bob**

To ask the Secretary of State for Education, what plans she has to improve health literacy among children; and if she will make a statement.

**Answering member: Nick Gibb | Department: Department for Education**

Schools have a key role to play in teaching children about healthy lifestyles.

The new national curriculum set the expectation that pupils are taught about the importance of leading healthy and active lives, across a variety of subjects. The new design and technology curriculum strengthens requirements for maintained schools to teach children about food, nutrition and healthy eating, and how to cook a repertoire of meals. Pupils in maintained primary schools should learn about healthy eating and a good, balanced diet. In maintained secondary schools, food education is now compulsory in years 7–9 for the first time. The new science curriculum makes young people aware of different types of diseases and the impact of lifestyle factors on the incidence of some diseases.

Physical Education is a compulsory subject at all four key stages in the national curriculum in maintained schools. The programme of study makes clear that a high-quality PE curriculum should provide opportunities for pupils to become physically active in a way which supports their health and fitness.

In addition, the Department is actively engaged in work across government to develop a national childhood obesity strategy.

HC Deb 12 November 2015 | PQ 15252

[Obesity: Children](#)

**Asked by: Lee, Dr Phillip**

To ask the Secretary of State for Health, what assessment his Department has made of the potential efficacy of introducing restrictions on the advertising of foods high in saturated fats, sugars and salts on television before 9pm in reducing rates of childhood obesity.

**Answering member: Jane Ellison | Department: Department of Health**

There is a total ban in place on the advertising of foods high in fat, sugars and salt during children's television programmes, on dedicated children's broadcast channels and in programmes of particular appeal to children under the age of 16.

We have noted Public Health England's recent assessment of evidence on the impact of marketing to children as set out in their report *Sugar Reduction: The evidence for action*. We are considering this advice, along with other areas of potential action, as part of our plans to bring forward a childhood obesity strategy in the new year.

*Sugar Reduction: The evidence for action* is available at:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/470179/Sugar\\_reduction\\_The\\_evidence\\_for\\_action.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf)

**HC Deb 12 November 2015 | PQ 15119**

## 5. Useful links and further reading

Public Health England *Health Risks of Childhood Obesity*

[https://www.noo.org.uk/NOO\\_about\\_obesity/obesity\\_and\\_health/health\\_risk\\_child](https://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child)

House of Commons Health Select Committee *Childhood Obesity: Brave and Bold Action* HC465 2015-16 November 2016

<http://www.publications.parliament.uk/pa/cm201516/cmselect/cmhealth/465/465.pdf>

Jamie Oliver's *strategy to combat childhood obesity in the UK* 26 November 2015

<http://cdn.jamieoliver.com/sugar-rush/pdf/Jamie-Oliver-Strategy-To-Combat-Childhood-Obesity-In-The-UK.pdf>

Health and Social Care Information Centre: *National Child Measurement Programme*

<http://www.hscic.gov.uk/ncmp>

2014/15 data

<http://www.hscic.gov.uk/catalogue/PUB19109>

Royal College of Paediatrics and Child Health *Obesity*

<http://www.rcpch.ac.uk/obesity>

Public Health England *Sugar Reduction: The evidence for action* October 2015

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/470179/Sugar\\_reduction\\_The\\_evidence\\_for\\_action.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf)

Department of Health *Healthy Lives, Healthy People: A call to action on obesity in England* October 2011

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213720/dh\\_130487.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_130487.pdf)

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