The Association of Directors of Public Health

APPG on Obesity Inquiry

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health. ADPH is a member of the Obesity Health Alliance, a coalition of more than 40 organisations who have joined together to fight obesity. ADPH has published a position statement on obesity which is available to download here.

Introduction

Obesity is a key preventable cause of death and disease in the UK and a priority for DsPH. Almost three in four adults in the UK will be overweight or obese by 2035, and over the next twenty years rising levels of obesity could lead to an additional 4.62 million cases of type 2 diabetes, 1.63 million cases of coronary heart diseases and 670,000 new cases of cancer.[1] Obesity rates are high in Scotland, Wales and Northern Ireland; 59% of adults in Wales are overweight or obese, 67% of people aged 16 or above in Scotland are overweight or obese, and 60% of people aged 16 or over in Northern Ireland are overweight or obese.[2]

Child obesity is a pertinent problem across the nations of the UK. Nine percent of children in England are obese when they start school and a further 13% are overweight. By the age of 10 to 11 years, 20% of children in England are obese and 14% are overweight.[3] 26.2% of children in Reception year in Wales are overweight or obese.[4] Scotland uses a different label of 'at risk of obesity' to describe a child with a BMI above the 95th percentile of what is expected (equivalent to the English and Welsh definition of 'obese'). 16% of children in Scotland aged seven-11 and 15% aged 12-15 are at risk of obesity.[5] At age five, 5.2% of children in Northern Ireland are obese and 15.5% are overweight. By age 11, 7.1% are obese and 20.7% are overweight.[6]

1. **Do you think obesity is a disease?**

Obesity is a cause of morbidity and mortality and cannot be classed as a 'disease' in and of itself. Obesity is caused by behavioural determinants of health for example poor diet and lack of physical exercise. The UK does not recognise obesity as a disease.[7]

However, it is important that we move away from the idea of obesity as being caused by 'lifestyle choices'. The determinants of health which cause obesity, such as unhealthy diets, are often as result of environmental, social and economic pressures. These could be termed 'commercial' determinants of health.

2. In your opinion, what are the barriers to better prevention of obesity?

There needs to be a co-ordinated, whole-system approach to the prevention of obesity at both the local and the national level considering the impact of the environments in which people live, including the total household income, as well as the amount and type of food they consume. At the local level, a whole family/whole community approach to tackling obesity is key.

Obesity cannot be prevented without structural, national level action to alter the nutritional content of the food we eat and the environments in which we live. A policy shift is needed away from individualised, specific interventions towards a structural approach to tackling the commercial determinants of health.

This should involve a move towards infrastructure for active travel, reformulation of food and restrictions on the marketing and selling of high fat, sugar and salt products. The introduction of a Soft Drinks Industry Levy has been a positive first step, but there is more to do.

ADPH supports the reformulation of products to reduce the quantities of saturated fat, salt and sugar in food. In our most recent policy survey of DsPH, 88% of respondents said that introducing governmental standards for salt, saturated fat and sugar reduction in the food supply was one of their top priorities or important for them.[8] In addition, action must be taken on price promotions on unhealthy food.

Exposure of children to marketing of high fat, salt and sugar products has been shown to impact upon purchasing behaviour. PHE's most recent evidence review found that all forms of marketing influence food preference, choice and purchasing in both children and adults, and subsequently recommended that the government act to reduce opportunities for marketing of these unhealthy products in the media.[9] ADPH advocates action on marketing and promotion of high fat, salt and sugar foods to children. In our most recent policy survey, 84% of DsPH who responded completely agreed that advertisements for food and drink products that are high in saturated fat, salt and sugars should be banned before the 9pm watershed.

ADPH also advocates restrictions on sponsorship of leisure activities by companies selling high fat, salt and sugar products. In our most recent survey, 77% of DsPH who responded said that banning companies producing 'junk food' from sponsorship of physical activity and sport, especially those targeted at children and young people, was either one of their top five priorities or important to them.

Density of fast food outlets in neighbourhoods has been linked with an increased prevalence of overweight and obese children in England; the number of outlets near schools has been shown to correlate with increased school obesity rates.[10] In ADPH's most recent policy survey, conducted in 2016, 70% of DsPH who responded said that amending licensing legislation to empower local authorities to control the total availability of alcohol, gambling and junk food outlets was one of their top five priorities. 22% said it was an important priority.[11] This made it the second highest priority in the survey.

3. **In your opinion, what are the barriers to better treatment of obesity?**

Public health funding in England will be cut by 9.7% by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut for 2015/16. This is in the wider context of budgets being cut to local government which provides a range of protective or preventative services focusing on the wider determinants of health, which have been shown to have an impact on obesity. Investment in prevention, rather than treatment, is key for addressing the root causes of obesity.

Cuts to public health funding may result in cuts to interventions which can help to tackle child obesity such as weight management services. In our Public Health System Survey 2017, we asked DsPH about recent and planned changes to services. 31% of respondents had redesigned their weight management services within the last year and 23% had changed the provision. Because of the changes, 15% reported a negative impact on the service. 34% reported a planned redesign of the weight management service in the next year and 19% reported a planned change. 13% reported a predicted negative impact on the service as a result. The NHS is reliant on local authorities to commission tier 1 and 2 level obesity services and so this will have a knock-on impact on the obesity treatment pathway in any area.

4. **What actions and resources are needed to specifically address the rising rates of childhood obesity?**

See Question 2.

5. **What key resources/services would be required to effectively prevent and treat obesity? Please rank them in order:**

We need further evidence on the most effective interventions for preventing and reducing obesity. It may be that different approaches work for different demographics and that these resources/services may need to be delivered alongside each other to be effective. It is not possible to place them in rank order.

6. **How does the funding of obesity services affect patient access?**

See Question 3.

7. **What are the wider consequences of not taking action i.e. if services remain as they are now, what is the likely impact of this in 5-10 years' time?**

Almost half of the world's adult population will be overweight or obese by 2030 if the current trend continues.[12] The NHS spends at least £5.1 billion a year dealing with ill-health caused by overweight and obesity in England.[13] An economic analysis has predicted that overweight and obesity costs UK society at least £27 billion each year.[14] If levels of obesity continue to rise, as predicted, this will continue to result in costs to both the NHS and wider society.

The LGA highlighted some of the service implications of obesity in their report 'Obesity and Social Care'. Obesity is a contributory factor to the development of long-term conditions such as diabetes; Diabetes UK have estimated that the total cost of caring for people with diabetes in the adult social care setting in England is £830 million a year.[15]

8. **Do you have any other comments?**

ADPH has published a policy position on obesity which is available to download here: http://www.adph.org.uk/wp-content/uploads/2017/11/ADPH-Policy-Position-Obesity.pdf

9. **Are you aware of any services which have established a successful pathway for a person with obesity? If so, please provide details.**

Lambeth Council

Lambeth has been implementing a childhood obesity pathway with different services which has been highlighted as an example of good practice. For over seven years Lambeth Council has been taking a purposeful local approach to tackling childhood obesity. Lambeth has developed a local multi-agency children's health weight pathway programme, which sits within a wider range of work addressing the wider determinants of obesity. Over 1,000 health and non-health practitioners have been trained, making promoting healthy weight everyone's business. Schools are supported by a specialist healthy weight school nurse who proactively follows up overweight and obese children identified in the National Child Measurement Programme. The nurse also works closely with and refers families to the 2 weight management services that are run. Other activities have included restricting the opening of fast food takeaways near schools, working with food businesses to implement healthier measures, and becoming the first London borough to sign the Local Authority Declaration on Sugar Reduction and Healthier Food. Over a five-year period, Lambeth was the only borough in England to have statistical reduction in childhood obesity at both reception and year six.

Gateshead Council

A partnership between Gateshead Council, Pattinson House, a voluntary organisation and Fuse, the Centre for Translational Research in Public Health (www.fuse.ac.uk) highlights the importance of involving community members in a system wide approach to address childhood obesity. An embedded research project, which took place in 2017 in an area with high levels of health inequalities, found:

- Major structural, environmental, social and financial barriers to health and wellbeing. The adverse effects of welfare reform and austerity add to poor health outcomes and limit available choices.
- Community engagement and children's activities, alongside opportunities for people to volunteer, eat, socialise, have fun, get out, learn and play together can improve health and wellbeing, social support, community cohesion, sense of belonging and partnership working. Social relationships developed through Pattinson House helped reduce social isolation, promote mental health, improve community connectedness and increase physical activity.
- Skilled, non-judgemental, committed staff worked alongside dedicated community members and volunteers, as enablers, advocates, facilitators, agitators and supporters. The findings suggest that co-ordinated, trusting, respectful partnerships between local communities, VCS organisations and schools offer a promising way to promote community wellbeing, using an inclusive approach, to drive changes in the physical and social environment.

- This approach led to; improved access to local leisure facilities; collaborative efforts to reduce traffic outside primary schools; promotion of the Daily Mile in schools; young people's participation in a community carnival; volunteers and apprentices cooking community lunch; the establishment of a healthy pizza social enterprise.

- Engaging people with lived experience of health inequality, including children and young people, is important if we are to fully understand and address the barriers created by poverty and discrimination.

- Sustainable, long term funding for collaborative, targeted, place-based approaches such as these, which take time to establish, are needed to address the social determinants of health and tackle inequalities in public health, including obesity.

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