

Britain Imbalanced



Why now is the time to tackle
obesity in Britain

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About the Author



With 2 Olympic Gold Medals and 6 World Championship titles, James Cracknell OBE is an inspiring sportsman, athlete and adventurer. He is currently the BBC's commentator for Rowing, and will be involved in the coverage for the Rio Olympics in 2016.

After retiring from competitive rowing in 2006, James and friend Ben Fogle completed The Race Across the Atlantic, documented on BBC TV. Cracknell and Fogle also wrote a book about the race. In 2008, Cracknell and Fogle teamed up with Dr Ed Coats to successfully complete the gruelling Amundsen Omega3 South Pole Race, also broadcast on the BBC. James wrote about this experience in his book, Race to the Pole.

In 2010, James attempted to cross America by cycling, running, rowing and swimming from LA to New York in record time. During this trip James suffered a near fatal accident after being struck from behind by a truck while cycling through Arizona. After a difficult six-month recovery period, James went to the Canadian Yukon, completing The Coldest Race on Earth. These stunning adventures were transmitted as 'Unstoppable: The James Cracknell Trilogy' on Discovery.

2015 saw James launch his partnership with JML as the ambassador for Nutriblitzer and Awesome Gym, as well as continuing to face campaigns for Karrimor and Biosynergy. Alongside this, James also starred in ITV's new sports-science programme Eternal Glory, in which he competed against other former athletes and sports stars, showcasing his outstanding mental and physical dedication by making the final of the competition.

James was on the candidates list for the Conservative Party at the last General Election and hopes to be again at the next Election. He is determined to deliver on the issues that he raises in this document.

James is as an entertaining and motivational after-dinner speaker, being able to draw on his different experiences throughout his varied career and personal life. He lives with his wife, TV and Radio presenter Beverley Turner, and their 3 children.

Acknowledgements

Policy Exchange would like to thank Mark Greaves for supporting this project. Policy Exchange would also like to thank Tamara Barnett, who acted as a senior researcher on this project and without whom this report would not have been produced.

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Published by

Policy Exchange, Clutha House, 10 Storey's Gate, London SW1P 3AY

www.policyexchange.org.uk

ISBN: 978-1-910812-08-2

Printed by Heron, Dawson and Sawyer

Designed by Soapbox, www.soapbox.co.uk

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Executive Summary

We are an unhealthy nation, and it is costing us a fortune in human misery and public finances.

- 37% of adults are overweight
- 25% of adults are obese
- 2.4% are morbidly obese
- 10% of children enter primary school obese
- 20% leave primary school obese
- 82% of the obese 11-year-olds will go on to be obese adults
- One in 16 people in the UK live with type II diabetes (T2D) – double the number recorded in 1996 and alarmingly prevalent among children
- The majority of slim children will remain so for life: the large children are getting even larger

The lives of many obese people – particularly those who are morbidly obese – are blighted by lower life expectancy, poor health (both physical and mental), impaired quality of life, the misery of being socially stigmatised and ostracised, restricted employment opportunities and a high incidence of welfare dependency.

The cost to the UK Exchequer is enormous: estimates are that in England it could be as high as £27bn a year. In addition, the Chief Executive of NHS England believes that T2D alone costs the NHS about £9bn annually.¹

We are letting down our children, whose state of health we do not even measure properly.

Since 2006, the National Child Measurement Programme has recorded children's height and weight at ages 4–5 and 10–11, producing a BMI (Body Mass Index) intended to show if they are within a healthy range. The follow-up if a child is thought to be overweight is what is known as a “fat-shaming letter”, so tactless it alienates parents and upsets children and often any practical help offered is not heard as the audience has been lost. Also, with such infrequent measuring, the system is rife with error.

There is also almost no attention paid to the prevalence of underweight children, yet being a few pounds underweight is more dangerous than being many pounds overweight.²

With little effect, billions have been spent on general exhortations to lose weight and to exercise. We need to shift the focus from weight to well-being – to children being able to enjoy a full life of enjoyable activity – and to target resources at those most in need – ill-nourished children and the morbidly obese. An obvious source of revenue are nutritionally valueless soft drinks, which are the largest single source of sugar for children aged 11 to 18 years and provide this age group on average with 29% of daily sugar intake.

¹ www.england.nhs.uk/2014/09/17/serious-about-obesity/

² <http://ije.oxfordjournals.org/content/35/1/55.full>

This report's commonsensical recommendations include:

- a tax on sugary drinks
- good, clear labelling of food and drink in a form that can be instantly understood by every consumer and that is relevant to their lives
- annual and better measurement of children between 4 and 11
- properly focused and bespoke interventions for those most at risk – especially the morbidly obese in the 0–4 year age group – drawing on excellent examples of good practice in local authorities and charities
- more emphasis on the problem of underweight children
- incentives to schools to run breakfast clubs
- role models with whom children can actually identify

Introduction

In the last seven years alone, Public Health England (PHE) and the Department of Health have issued vast amounts of research on obesity and it has been the subject of an enormous amount of academic research.

It is recognised as a major public-health issue and a massive financial drain on the NHS, not least because of the soaring numbers suffering from Type 2 diabetes (T2D): in the last ten years, the first cases of T2D were found in British children, hence the need to change the name of the disease from Adult Onset Diabetes. Yet there has been no agreed consensus about what precisely makes us fat or what makes us sustainably lose weight. The issue is mostly treated hysterically in the media, leading to a constant search for magic answers.

The public has been tormented for years by a torrent of scares and contradictory and often misleading information (e.g. about dairy products being the enemy) which have caused widespread confusion and cynicism. Diet fads and an obsession with thinness have for decades encouraged an unhealthy approach to eating, with such unintended consequences as weight see-sawing, a rise in anorexia and, conversely, comfort eating. With children, this damage has been compounded by the rigidity and unreliability of the measurement system used in the National Child Measurement Programme, by the infrequency of measurement, by tactless and counter-productive letters to parents, by fat-shaming and bullying, and by so-called experts pronouncing that exercise is useless for weight control, as if that were its only purpose. And the way in which “healthy” food has been presented has made it seem unattractive – the “eat-your-greens-and-then-you-can-have-cake” approach.

Rather than considering wellbeing, the emphasis has been on tackling obesity right across the board by pouring vast sums of money into large-scale prevention policies of dubious effectiveness. Little attention has been paid to the underweight and there has also been a tendency to write off the morbidly obese as beyond saving.

This report will consider how best to get value for money in trying to make our population healthier. If this could be achieved, we would be in a genuine win-win situation for society (particularly the NHS), people’s quality of life and the public purse. Do we need a more targeted intervention approach – particularly for the children who are at greatest risk, but also for the obese of any age who feel stigmatised and isolated?

1

The Scale of the Problem

In spite of the strong messages being sent out that obesity means a short life full of health problems, the British public's limited sympathy for, or interest in, this putative crisis highlights a scepticism about pronouncements from the health industry as well as a belief that people get fat because they are greedy.³ As it is unfair simply to blame alcoholics for being alcoholics, we need to accept that there are psychological and domestic reasons why people become obese and that they deserve and would benefit from help.

Public indifference is caused partly because of confusion between such concepts as overweight and obesity and the deficiencies in the Body Mass Index (BMI) measurement system.

Box 1: BMI (Body Mass Index)

According to Dr Gavin Sandercock of the East of England Healthy Hearts Study, "BMI isn't related to health at all – it's a height-to-weight ratio – and because it's so insensitive it's not fit for purpose. I can't think of a worse way to measure children's health. It fails them."⁴ The BMI is a measurement derived from dividing a person's weight (in kilograms) by the square of their body height (in metres). In the UK, a BMI of under 18.5 is classed as underweight, 25–30 is classed as overweight, 30–35 as obesity and over 40 as morbid obesity.

The National Child Measurement Programme was established in 20015. It records every child's height and weight at ages 4–5 and 10–11, producing a BMI for each child intended to show if they are within a healthy range or not. Unfortunately, BMI has key flaws:

- There are no well-accepted standards for body fatness in children. The system also fails to account for differences in ethnicity, unless it is manually altered.
- It is poor at distinguishing between the overweight and those who are naturally muscular. This is partly because of the BMI's failure to differentiate between muscle mass and fat mass. (In 2004, the year in which I competed in the Olympic games, I was refused health insurance because my BMI classed me as obese.)
- Conversely, it is argued that a focus on BMI, rather than waist measurements, means that we are also underestimating the problem of obesity, particularly in children. Obesity is just the visible sign of poor nutrition, but research has estimated that up to 40% of the UK population possess hidden fat, while appearing to be slim – a condition called TOFI, "thin-outside-fat-inside". A study using a bio-electrical body fat analyser found 15% of children classed as having a healthy BMI had low levels of muscle but high levels of fat.⁵
- These flaws have led to suggestions that body fat percentage is a much better measurement of health and obesity; unfortunately it is a much more complicated system than BMI.⁶

3 Obesity's worse than we thought? Bullshit, Rob Lyons, 13 January 2014, Spiked-online www.spiked-online.com/newsite/article/obesity_its_worse_than_we_thought_bullshit/14506#. VLacyCusVnE

4 www.londonmet.ac.uk/media/london-metropolitan-university/london-met-documents/faculties/faculty-of-life-sciences-and-computing/news/2014/September2014issue22.pdf

5 www.londonmet.ac.uk/media/london-metropolitan-university/london-met-documents/faculties/faculty-of-life-sciences-and-computing/news/2014/September2014issue22.pdf

6 <http://health.howstuffworks.com/wellness/diet-fitness/weight-loss/bmi3.htm>

According to statistics provided by the House of Commons library, and based on BMI, 25% of adults in England are obese, and a further 37% are overweight, meaning a staggering 62% of adults are overweight or obese.⁷ The North East of England is said to have the highest rates of overweight people with 68%, with London, at 57%, having the lowest.

Based on the evidence of their eyes, many people will doubt these figures, but even allowing for alarmism and exaggeration, the implications are serious.

“The annual direct cost of obesity to the NHS was £5.1bn in 2015, and is predicted to increase to £9.7bn in 2050, with the wider costs to society predicted to increase to £49.9bn”

There are varying reports on how much it costs. A 2014 McKinsey report even suggested that obesity costs the world economy \$2trn a year or 2.8% of global GDP, as opposed to smoking (\$2.1trn) and “armed violence, war and terrorism” (\$2.1trn together).⁸ Public Health England cites modelled projections which estimated that the indirect cost to the UK economy of obesity in 2015 could have been as high as £27bn. The annual direct cost of obesity to the NHS was £5.1bn in 2015, and is predicted to increase to £9.7bn in 2050, with the wider costs to society predicted to increase to £49.9bn. (Part of the cost to the NHS is the exemption from prescription charges that those sufferers from diabetes that need to use medicine to manage their condition have.) An estimated £352m extra is now being spent by Local Authorities on providing formal care for the severely obese, compared to individuals of a normal weight. Diabetes UK estimate that 10% of NHS expenditure goes on diabetes and its complications – a figure of £9bn per annum in 2008. The financial toll on the taxpayer is terrifying.

Obesity is directly associated with many different illnesses, NHS England lists the “chief among them insulin resistance, type 2 diabetes, metabolic syndrome, dyslipidaemia, hypertension, left atrial enlargement, left ventricular hypertrophy, gallstones, several types of cancer, gastro-oesophageal reflux disease, non-alcoholic fatty liver disease (NAFLD), degenerative joint disease, obstructive sleep apnoea syndrome, psychological and psychiatric morbidities” and lowers life expectancy by 5 to 20 years.⁹ Public Health England is less apocalyptic, saying “overall, moderate obesity (BMI 30–35 kg/m²) was found to reduce life expectancy by an average of three years while morbid obesity (BMI 40–50 kg/ kg/m²) reduces life expectancy by 8–10 years.”¹⁰ So the condition is not just about life expectancy, but about mental health, quality of life, workplace productivity, and the financial cost to society caused by ill-health and welfare dependency.

While these data relate to adults, childhood obesity is also seen as a significant concern, particularly because of its implications for long-term health prospects. One in ten children enter primary school obese, one in five leave obese and critically, of those obese 11-year-olds, 82% will go on to be obese adults. Only 11% of 16–24 year olds are classified as obese compared with 32% of 65–74 year olds,¹¹ but now British children are developing T2D. What is even more worrying is that the onset of diabetes in childhood is believed to increase the risk in early adulthood of the advanced complications of the disorder.¹² One study found that the health-related quality of life of severely obese children treated in clinical settings was similar to those diagnosed with cancer.¹³

7 <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN03336>

8 www.mckinsey.com/insights/economic_studies/how_the_world_could_better_fight_obesity

9 www.england.nhs.uk/wp-content/uploads/2013/06/a05-sev-comp-obesity.pdf

10 Obesity and Health, Public Health England www.noo.org.uk/NOO_about_obesity/obesity_and_health

11 <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN0333>

12 Preventing Childhood obesity, June 2005, British Medical Assoic, Board of Science www.worldobesity.org/site_media/uploads/Preventing_childhood_obesity_2005.pdf

13 National Obesity Observatory, Obesity and Mental Health, March, Page 8 2011 www.noo.org.uk/uploads/doc/vid_10266-Obesity%20and%20mental%20health_FINAL_070311_MG.pdf

Yet there is a widespread suspicion that the establishment are now on an unnecessarily zealous anti-fat crusade. Labelling this complex problem as a population-wide epidemic is more successful in frightening or switching off than in educating the public or reducing the problem. Doom-laden predictions can induce a sense of helplessness among officials and indeed society at large. When it was observed that obesity levels had risen significantly from 1980, there were claims that levels would continue to increase at this rate. A study published in *The Lancet* has predicted that by 2030 up to 48% of UK men and 43% of UK women could be obese.¹⁴ A separate study predicts that by 2050 60% of adult men, 50% of adult women and 25% of children could be affected by obesity.¹⁵

Box 2: Diabetes

Diabetes is a condition where the amount of glucose in the blood is too high because the body cannot use it properly. It has two “types”:

- Type One is where the body’s immune system attacks and destroys the cells that produce insulin so the body is unable to produce any insulin and glucose builds up within the blood. It requires sufferers to have insulin injections for the rest of their lives.
- Type Two is where the body does not produce enough insulin, or the insulin produced does not work properly, “so the cells are only partially unlocked and glucose builds up in the blood”.

Type Two is far more common: it makes up 90% of all UK cases of diabetes.¹⁶ (It was known as Adult Onset Diabetes until twenty years ago when younger people and finally children began to develop it.)

Grade 1 obesity (BMI of 30–35) was not associated with higher mortality than normal weight:¹⁷ only people with Grade 2 (BMI 35–40) and 3 (over 40) obesity had unequivocally higher mortality risks associated with their weight. It is they whose weight we should be most concerned about. The number of people that are Grade 3, that is morbidly obese, is very small – just 1.7% of men and 3.1% of women – but they cost the NHS a fortune.

The vast majority of slim children will remain so for life but large children are getting even larger. With the risks around morbid obesity undeniable, it is they we should be focused on.

Until recently there has been little consensus about what causes obesity

It does not help that experts have found it so hard to agree on what are the causes of obesity. Evidence suggests that it is not simply due to overeating, or, for instance, the popular scapegoat, cheap and readily available fast-food¹⁸ Blaming fast food for the problem is easy but misleading, for by no means all of it is unhealthy. Increasingly, fast food outlets offer healthier choices¹⁹ and natural fast-food chains like Leon are expanding rapidly.²⁰ But what is crucial is that fast food is eaten in moderation. A US study found it is a child’s remaining diet, eaten

14 www.nhs.uk/news/2011/08August/Pages/half-of-uk-predicted-to-be-obese-by-2030.aspx

15 www.noo.org.uk/NOO_about_obesity

16 www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx

17 www.ncbi.nlm.nih.gov/pubmed/23280227

18 A cross sectional study investigating the association between exposure to food outlets and childhood obesity in Leeds, UK., Griffiths et al, 2014

19 www.fitnessmagazine.com/recipes/healthy-eating/on-the-go/healthy-fast-foods/

20 www.telegraph.co.uk/finance/newsbysector/retailandconsumer/11396416/McDonalds-beware-were-eating-your-lunch-says-healthy-fast-food-boss.html

21 www.ijbnpa.org/content/11/1/138

22 Treatment modalities of obesity What fits whom?, Hainer et al, 10.2337/dc08-s265Diabetes Care February 2008vol. 31 no. Supplement 2 S269-S277 http://care.diabetesjournals.org/content/31/Supplement_2/S269.full.pdf+html

23 The link between short sleep duration and obesity: we should recommend more sleep to prevent obesity; S Taheri *Arch Dis Child* 2006;91:881-884 doi:10.1136/adc.2005.093013

24 Eating behavior and stress: a pathway to obesity, Luba Sominsky and Sarah J. Spencer* *Front Psychol.* 2014; 5: 434. 2014 May 13. doi: 10.3389/fpsyg.2014.00434, www.ncbi.nlm.nih.gov/pmc/articles/PMC4026680/

around the fast food consumption, that is the strongest link to a child's weight gain, not the fast-food itself.²¹ Weight-gain appears to be caused by a complex interplay of factors, some of which are beyond an individual's control. Indeed, some claim that the genetic component constitutes a 40 to 70% driver in the development of obesity.²² A lack of sleep is increasingly seen as significant,²³ with shift work and sleep-related breathing problems found to be risk factors, as is eating the biggest meal of the day before we go to sleep, so there is no chance of burning it off. Poor mental health is also commonly cited as a cause as well as effect: low self-esteem is a key driver of comfort overeating in a vicious circle where being fat lowers self-esteem further; and certainly stress is proven to trigger the body to conserve energy.²⁴

2

Developing a Consensus

The idea of a tax on sugar is not a new one, but it has been mooted with increasing regularity in the past few months. The concept itself is simple; a tax (Public Health England suggested between 10–20%)²⁵ would be placed on particularly sugary items, raising their price and thus deterring people from buying the products.

This has become a wide-ranging public debate in recent times, with front-page headlines in national newspapers devoted to the issue.²⁶ It has been fuelled in part by the Health Select Committee holding several hearings on the issue. The media mood is mixed, with newspapers such as the *Daily Telegraph* clearly sceptical, while others like the *Financial Times* are in support: the upshot of the debate is that the public mood appears to be swinging in favour of a tax, with pollsters Com Res revealing that 54% of people are in favour of a tax on food and drink with a high sugar content.²⁷ A key advantage of this is that rather than the tax being resented as a revenue generator for government it would help to nudge society towards a healthier diet.

Box 3: Nudge Theory

Nudge Theory goes with the grain of human nature and the belief that simple, cost-effective measures can have a dramatic impact on how we act. The government set up the “Nudge Unit” in 2010 to better investigate ways to understand and improve public behaviour. Their very first report had a section on ideas for improving diet, including suggestions such as experimenting with the order of height for healthier objects on supermarket shelves.²⁸

David Halpern, the head of the Nudge Unit, has written a book on the subject with several other interesting observations, most of which were discovered through extensive experimentation. For example, he notes how, “People use a variety of external cues to decide how much to eat, and are generally surprisingly inattentive as to the actual amount of food consumed.”²⁹ This is proven through an experiment he summarises: people were either given a normal bowl of soup or a bowl that secretly refilled from the base before being told to eat as much as they want, with the results finding that people with the refilling bowl ate far more.³⁰ People will eat more at an “all you can eat buffet”: whether it is greed or wanting to get value for money the result is the same – people eating more than they need.

Nudge theory also encourages using technological advancements in innovative ways. Whilst very few people add up the calories in their shopping basket, evidence shows that if the basket could do it for us and then tell us before saying “would you like us to

25 www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf

26 Cameron says No to Sugar Tax, *The Daily Mail*, 22nd October 2015

27 www.comres.co.uk/polls/daily-mail-sugar-tax-poll/

28 www.gov.uk/government/uploads/system/uploads/attachment_data/file/60524/403936_BehaviouralInsight_acc.pdf

29 *Inside the Nudge Unit* – David Halpern – WH Allen, London, 2015, P.171

30 *Inside the Nudge Unit*, P.171

prompt you for healthier choices” a significant portion of people would say “yes”.³¹ The technology is there for supermarkets to introduce such a service, and before the end of 2016, it is hoped a handheld scanner that instantly analyses food and drink will be on the market.³²

Nudge theory is successful when applied to children as well as adults. Halpern argues that “humour, fun and curiosity are neglected forces of social change and nudging,”³³ discussing how Michelle Obama’s promising anti-obesity campaign used Sesame Street characters to promote fruit and vegetables: “There is now good evidence that making healthy food more fun can dramatically increase its consumption – just as it can for unhealthy food.”³⁴ Another example is a study in Dutch schools, which found that “children’s consumption of wholegrain brown bread, which was otherwise just a third of that of white, could be virtually doubled by cutting it into fun shapes.”³⁵

The fiercest debate over a sugar tax is amongst those who believe it is a necessary part of the public health remit and those who are against the “Nanny State”.

One major argument in favour comes from Public Health England (PHE), who, on the basis of research from the Scientific Advisory Committee on Nutrition, suggested that, were the maximum recommended intake of sugar halved, within ten years this “could save the NHS, based on a conservative assessment, around £500m every year.”³⁶ PHE’s Director of Diet and Obesity Alison Tedstone stated that “universally all the evidence shows that tax does decrease purchases... PHE does see there is a role for a fiscal approach in reducing sugary drink consumption. The higher the tax increase the greater the effect”.³⁷

To the Health Select Committee, Jamie Oliver said that if a tax is brought in “everything will cascade off it beautifully,” and has argued in favour of a three-year 20% tax on each litre of sugary drink,³⁸ which he believes could raise up to £1bn which could be spent on initiatives to prevent childhood obesity and diet-related disease.³⁹ I agree with him wholeheartedly that any revenue raised should be spent on prevention rather than treatment (over 99% of NHS budget is spent on treatment rather than prevention). A sugar tax could be and should be used to prevent and change behaviour.

However, Christopher Snowdon of the Institute of Economic Affairs has argued that a tax would be “regressive, ineffective and unpopular,”⁴⁰ and that any effect on consumption “would be so small you would probably struggle to measure it.”⁴¹ Might it have the unintended consequence that poorer people were left with less money to spend on healthy food? A column in the *Financial Times* agreed, noting that abroad the tax has reduced sales but had a very modest impact on body weight, “possibly because fizzy drinks are swapped for equally calorific fruit juices.”⁴² (Wrongly seen as a healthy alternative, fruit juices offer more nutrition, but are terrible for teeth and a bad way to consume fruit.)

True, sugar is in itself not addictive but eating excessive amounts of sugar changes our palate and makes us much more likely to crave and eat sweet/sugary foods or smothering savoury food in sweet sauces like ketchup. Critics argue that those focusing on sugar crowd out “discussion of other undesirables such as saturated fats and salt; absolve manufacturers of the need to change their products; and, most worryingly, convey the impression that government can

31 *Inside the Nudge Unit*, P.171–172

32 www.thetimes.co.uk/tto/news/uk/article4661585.ece

33 *Inside the Nudge Unit*, P.101

34 *Inside the Nudge Unit*, P.101

35 *Inside the Nudge Unit*, P.101

36 Public Health England Sugar Reduction: The Evidence for Action

37 www.thetimes.co.uk/tto/health/news/article4591665.ece

38 www.theguardian.com/politics/live/2015/oct/19/david-cameron-sets-out-anti-extremism-strategy#block-56250f3de4b059e368c93a22

39 www.sustainweb.org/childrenshealthfund/sugary_drinks_duty/

40 <http://health.spectator.co.uk/the-coca-cola-expose-had-all-the-spin-of-a-classic-anti-sugar-smear-piece/>

41 www.theguardian.com/politics/2015/oct/13/jeremy-hunt-accused-of-obstructing-mps-investigating-child-obesity

42 www.ft.com/cms/s/0/d8f072fa-7995-11e5-a95a-27d368e1ddf7.html#axzz3pFX6ejXP

exonerate consumers from personal responsibility.”⁴³ The first argument is a classic example of the best being the enemy of the good: the second has validity, but the suggestions made here focus on people being helped to take charge of their own well-being.

The counterargument about the regressive nature of the tax – that the tax hits the poorest as they tend to be the largest consumers of sugary drinks and similar products – was made by Dr Sarah Wollaston, chair of the Health Select Committee. With 25% of the most disadvantaged children in England obese by the time they leave primary school, she says, it is strongly in their interests to protect them from what makes them fat and rots their teeth.⁴⁴

Having been strongly against such a tax, the government appears to be having second thoughts.

Sugary drinks are seen as the main villain of the piece here: Public Health England have stated that:

“Soft drinks (excluding fruit juice) are the largest single source of sugar for children aged 11 to 18 years and, on average, those who consume them drink around 336ml per day (roughly equivalent to one can). Soft drinks provide 29% of daily sugar intake on average, for this age group as a whole.”⁴⁵

The level of sugar in these drinks has therefore led to discussions on how best to reduce sugar levels in the UK population, and a tax has been one of the most prominent ideas emerging from the debate.

The idea is being tested, with the example of Mexico very popular with the proponents of a tax. From 1 January 2014, Mexico implemented an excise tax of 1 peso per litre, or around 10%, on sugar-sweetened drinks. Research published in the *British Medical Journal* found that the tax reduced purchases by 12% in the first year it was introduced.⁴⁶ While

there are very strong arguments against a sugar tax, there is less and less resistance to imposing one on sugary drinks. A study published in January found that one sugary drink a day is linked to a 30% increase in high-risk body fat.⁴⁷

Appearing before the Health Select Committee in October 2015 in support of a sugar tax, Jamie Oliver said: “When you inform the British public with good, clear information, they generally make good choices.”⁴⁸ While this may be more difficult to achieve among the deprived, with clear labelling much can be achieved. It is because the media has been giving such clear information about sugary drinks that the public now realises they are a problem.

Will a sugary drinks tax work in Britain? While the early evidence is that the Mexican tax is working, it is too soon to reach any conclusions. There are also concerns that such a tax will not reduce consumption significantly and therefore just hit poorer households more – not something that should ever be done lightly, especially when we have just come off the back of a difficult recession. In summary, it is clear that a sugary drinks tax is not a magic bullet to the solution of obesity. However, taken as part of a series of other measures, it could have a positive effect.

“It is clear that a sugary drinks tax is not a magic bullet to the solution of obesity. However, taken as part of a series of other measures, it could have a positive effect”

43 www.ft.com/cms/s/0/d8f072fa-7995-11e5-a95a-27d368e1ddf7.html#axzz3pfX6ejXP

44 www.publications.parliament.uk/pa/cm201516/cmselect/cmhealth/465/465.pdf, p.6

45 <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/childhood-obesity-strategy/written/22822.pdf>

46 www.bmj.com/content/352/bmj.h6704

47 <http://circ.ahajournals.org/content/early/2016/01/06/CIRCULATIONAHA.115.018704>

48 <http://parliamentlive.tv/Event/Index/9824c8bb-2610-45bc-8257-bbf05a338e13>

Box 4: Advertising and labelling

The twin issues of advertising and labelling often get lost in the hoopla of the sugar tax, but both subjects are crucial aspects of the debate. Every parent knows the well-worn supermarket pantomime of a child insisting on having a product because their favourite cartoon character is on the box, and it is rare that these products are healthy. It is also often the case that children do not see it for the first time in the shop, but have instead been bombarded with advertisements for the product on TV for weeks on end. Public Health England have summarised this phenomenon: “Children in England are exposed to a high volume of marketing and advertising in many different forms both old and new, as well as through sponsorship by food and drinks companies of TV programmes, public amenities and events. Available research evidence shows that all forms of marketing consistently influence food preference, choice and purchasing in children and adults.”⁴⁹

Alison Tedstone of PHE has argued that fixing this could be more successful than any sugar tax as the rules limiting junk food advertising on kids TV “are not deep enough” She railed against how current laws prevent only branded cartoons from being used to advertise junk food to children, “so Dumbo can’t be [deployed] but things like the Coco Pops monkey can be. Yet the evidence is that things like those Coco Pop monkeys do engage children and affect food preference and choice.” Sporting figures also came in for criticism for advertising unhealthy foods.⁵⁰ Jamie Oliver waded in on this too, arguing that junk food should not be advertised before 9pm, while praising the ban on junk food advertisements between children’s TV programmes.⁵¹ There is a strong case that we do ban such advertising before 9pm and indeed during TV shows that are obviously “family TV shows.”

Labelling is an equally problematic issue, with the key requirements being clarity and transparency. Jamie Oliver argues that a simple label on a soft drink bottle showing how many teaspoons of sugar it contains would work wonders, and impressed the Health Select Committee with mock ups that he had made himself. Others have weighed in on this, with David Halpern of the Nudge Unit arguing that “Traffic lights and other visual heuristics are significantly more impactful than conventional calorific information expressed as numbers... for example, a four-light traffic system leads to significantly lower calorific choices than a three-light system.”⁵² It has been observed that while these labels won’t convince people to swap ice cream for carrots, they might convince them to swap it for frozen yoghurt,⁵³ and that would be significant progress in this field.

49 www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf

50 www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf

51 www.theguardian.com/politics/live/2015/oct/19/david-cameron-sets-out-anti-extremism-strategy#block-56250f3de4b059e368c93a22

52 *Inside the Nudge Unit*, P.172

53 *Inside the Nudge Unit*, P.172–173

54 www.dailymail.co.uk/news/article-3279460/Be-brave-Prime-Minister-Jamie-Oliver-urges-Cameron-impose-sugar-tax-raise-1billion-tackle-obesity-crisis.html

Table 1: How the sugar stacks up⁵⁴

Drink	Calories	Sugar (tsp)
Rockstar Punched Energy Drink Guava (500ml)	335	19.5
Lucozade Energy Pink (500ml)	286	17.0
Mountain Dew Citrus Blast (500ml)	240	16.5
Monster Energy (500ml)	235	13.75
Caffe Nero Fruit Booster Raspberry and Orange (655ml)	236	13.6
Old Jamaica Ginger Beer (330ml)	201	12.5

Drink	Calories	Sugar (tsp)
Galaxy Smooth Milkshake (376ml)	255	10.9
This Juicy Water Lemons and Limes (420ml)	159	9.1
Coca-Cola (330ml)	139	8.75
Lipton Iced Tea Peach (500ml)	150	8.5
San Pellegrino Limonata Italian Sparkling Lemon (330ml)	149	8.25
Volvic Juiced Berry Medley (500ml)	130	8.0
Britvic Orange 55 (275ml)	134	7.5
Shloer Red Grape Juice (275ml)	118	7.0
Sainsbury's Mango Juice Drink (200ml)	121	6.9
Red Bull (250ml)	115	6.8
Cawston Press Sparkling Elderflower Lemonade (330ml)	99	6.1
Dr Pepper (330ml)	96	6.0
Capri-Sun Blackcurrent (200ml)	100	6.0
Welch's White Grape Pear & Apple (200ml)	92	5.7
Ocean Spray Cranberry Classic (200ml)	92	5.5
Ribena (200ml)	83	5.0
Waitrose 50% Apple & Mango Juice (200ml serving)	66	4.0
Sainsbury's High Juice Blackcurrent (200ml serving)	66	3.9
Bottlegreen Elderflower Cordial (200ml serving)	58	3.6

Source: Daily Mail, "The drinks with up to 20 teaspoons of sugar", 13 July 2015

Obesity experts are riven with disagreement

For every suggestion from an expert about how to solve the problem of obesity, there appear to be several rubbishing it. There is considerable evidence that dieting can have adverse consequences, particularly in children's development. These include problems with concentration, mood, sleep, menstrual cycles, growth, delayed sexual maturation, self-esteem, mental health, body image and new eating disorders.⁵⁵

Losing weight is difficult, but keeping it off is an even bigger challenge, with scientific claims that "approximately two-thirds of people who lose weight will regain it within 1 year, and almost all of them will regain it within 5 years."⁵⁶ Some experts say the change cannot be individual so much as societal – that we must change the so-called "obesogenic" environment (i.e. one that encourages weight gain) rather than continue to force individuals to exercise or diet, which could be counterproductive and which most simply cannot sustain. If we do not know what are the causes of, or solutions to, obesity, and if intricate factors such as stress, genetics or culture play a significant role, or the causes are in fact different in each person, then this suggests the Government should be cautious before adopting large-scale expensive policies to "solve" this problem.

With the morbidly obese, it may be necessary to provide cognitive behavioural therapy – which is geared to altering negative thinking and damaging behaviour. We need to test more the efficacy of an interventionist and individually-tailored approach, rather than a population-wide approach.

55 Food and nutrition policy for schools, World Health Organisation, Europe, Programme for Nutrition and Food Security WHO Regional Office for Europe Copenhagen 2006, www.euro.who.int/__data/assets/pdf_file/0019/152218/E89501.pdf

56 Widespread misconceptions about obesity Jean-Philippe Chaput, *Can Fam Physician*. 2014 Nov; 60(11): 973–975 www.ncbi.nlm.nih.gov/pmc/articles/PMC4229150/

What is clear is that we need a societal/cultural change. We need to eat a bit less, move a bit more, stop pressing food on our children, and obey the old adage that we should breakfast like a king, lunch like a prince and dine like a pauper. The human misery and drain on the public finances are so great that government has no option but to intervene to give the morbidly obese the help they desperately need. There will inevitably be opposition to what will be labelled as nannying, but the same was true of the reaction to legislation on seatbelts and drink-driving, with which the vast majority of the public are now content.

3

What Should be Done

As the Prime Minister said clearly in his January 2016 speech on life chances, this government seeks to go beyond the two traditional approaches to fighting poverty: the leftist, statist view (built around increased welfare provision and more government intervention) and the free-market belief that a rising tide will lift all boats. In the light of new social insights about the vital importance of early years, intelligent intervention is necessary if children deprived of emotional security and educational opportunity are not to be condemned to “a life of struggle, risky behaviour, [and] poor social outcomes”.⁵⁷

Proper nutrition is just as vital for the young: government intervention needs to extend to those whose futures risk being blighted by malnourishment. It is not only the economically deprived who need help to ensure that they have the right diet as well as encouragement to enjoy physical activity: there are overweight and underweight as well as inactive children from good homes. But many disadvantaged children are seriously handicapped from the start by being conditioned from the cradle to crave bad food.

The Prime Minister is proud of the Troubled Families programme: in his speech on life chances, he promised that having already helped 120,000 families, over the next five years it would work with another 400,000 and would be “much bolder”. It was tragic, he said, “that some children turn up to school unable to feed themselves or use the toilet.” It is also tragic that so many come to school badly nourished, unhealthy and unable to concentrate. Government needs to provide a safety net.

Rather than just taxing food, which would meet a great deal of opposition – not least because the policy is replete with potential unintended consequences – we should be making it easier to buy healthy food. We already have the Healthy Start scheme whereby parents on a low income can obtain vouchers to exchange for free fresh or frozen fruit and vegetables, cows’ milk or infant formula, but 20% of those eligible are not using it.⁵⁸ We need to find a way of helping them to do so.

In view of the evidence that portion size is one of the most successful weight interventions,⁵⁹ we should discourage the concept of children’s food and instead have restaurants and food suppliers differentiate food for children by portion size. Any changes to foods can be managed via the Government’s Public Health

“It is not only the economically deprived who need help to ensure that they have the right diet as well as encouragement to enjoy physical activity: there are overweight and underweight as well as inactive children from good homes”

57 <https://www.gov.uk/government/speeches/prime-ministers-speech-on-life-chances>

58 <http://bmjopen.bmj.com/content/5/1/e006917.full>

59 www.mckinsey.com/insights/economic_studies/how_the_world_could_better_fight_obesity

Responsibility Deal – a voluntary scheme that brings together the private and voluntary sectors and Government, and asks companies to sign up to various pledges to promote public health; it needs firmer leadership. Companies refusing to assist should be named and shamed.

The Government's flagship anti-obesity campaign is Change4Life, which began in 2009 and acts as a national social marketing tool to encourage families to turn to healthy lifestyle behaviours. While funding has been cut, it has received millions of pounds and is of dubious effectiveness. One of Change4Life's problems is that it sounds like yet another prescriptive Government initiative rather than something that is enjoyable, that will help people get more out of their lives and that might even save people money.

The obesity narrative tends to amalgamate overweight, obesity and morbid obesity and Government policies follow suit – yet the risks are very different and so need to be treated differently. We need intervention and genuine education rather than exhortation.

Clearly, not all Local Authorities have weight management interventions for obese children. The area where they can best provide resources to counter obesity is in focused interventions for those children very clearly at risk. This includes those who are morbidly obese (1.9% of girls and 2.3% of boys aged 4–5, and 2.9% of girls and 3.9% of boys aged 10–11)⁶⁰ or those particularly in jeopardy. The work of those councils that are doing their job successfully should be studied and emulated.

Too much research and too much argument can result in paralysis by analysis, but if we ignore the extremes of intervention and libertarianism, there is growing consensus that too many of us are fat and unhealthy and that sensible steps including intervention that is proven to work should be taken to help us get healthier. There is much less awareness of the problem of the underweight, except when it tips into anorexia, yet a 2013 University of Essex study of 10,000 children found that 5.9% of children aged 9 to 16 were underweight.⁶¹ Indeed, being a few pounds underweight is significantly more dangerous than being many pounds overweight. Researchers from St Michael's Hospital in Toronto found that people who were clinically underweight were 1.8 times more likely to die prematurely than people of a normal weight. Obese individuals were 1.2 times more likely and the severely obese were 1.3 times more likely to die prematurely than people of a normal weight. This indicates that being underweight is more dangerous than being obese.

The vast majority of the public, usually much more commonsensical than many "experts" give it credit for, want their children to be fit and healthy. Those that do not may already be candidates for the Troubled Families Unit. That is why, rather than putting parents on the defensive by sending them fat-shaming letters, they need to be educated about the health risks of over- or under-weight and encouraged to help their children lead a healthy life.

We need to shift the focus from weight to well-being

An obese 11-year-old will face a future of social stigma, being perceived as lazy and weak-willed and, at worst, an inexorable increase in morbidity and serious illness: the National Obesity Forum points out that 82% will be obese adults. While the focus on health in public discourse is understandable, and the

60 www.ncbi.nlm.nih.gov/pubmed/25628459

61 www.medpagetoday.com/Endocrinology/Obesity/39096

prevalence of obesity is of course important, a more useful avenue of discussion than simply weight is the wellbeing of an individual. We should look at other elements of public health including family life, mental health, sleep and physical activity, all of which are inter-related. We need to help people feel motivated to be physically more active and encourage, for instance, where possible, walking to school or work rather than being driven.

In the case of disadvantaged families, there are many children who have never had a meal around a table, eat cheap addictive takeaways on their laps and understand nothing about communal eating or the joy of good food. That is one strong reason in favour of free school meals.

While free school lunches are very valuable, breakfast is the key meal of the day. If pupils are arriving hungry or having grabbed a sugary snack, then concentration/behavioural issues will be poor. Breakfast clubs – which are heavily sponsored – are cheap and should be encouraged.

Unfortunately, children most in need of a free breakfast are often those that struggle to get to school on time: Wales has had free breakfasts at schools for three years, yet one third of pupils do not take advantage of them.

Box 5: Breakfast clubs

Breakfast clubs are a fun and innovative way to get food to children who otherwise may not be getting any breakfast at all. They have been proven to have a positive impact on academic results, concentration, behaviour and attainment for those who attend,⁶² and they are said to perform an increasingly important role, especially considering 1 in 7 children in the UK and Ireland miss out on breakfast entirely at home.⁶³

Several major organisations are involved, including Kellogg's, Greggs and The Mayor's Fund for London. The average Greggs breakfast club takes just £2,000 to set up and run for a year – there are 320 Greggs Breakfast Clubs, feeding over 18,000 children every day.⁶⁴

One organisation, Magic Breakfast, who run breakfast clubs in 480 schools with more than 35% receiving free school meals surveyed teachers and found several positive results once the clubs were established:^{65, 66}

- 84% had seen improved attainment
- 94% had seen more positive social skills
- 75% noticed improved relationships between the school and the parent

These clubs can also provide much-needed help for parents, with "I have to go to work" being cited by 88% of parents interviewed as the reason for their child's attendance.⁶⁷

We need children to eat breakfast but not to be stigmatised for having a free breakfast at school, and we need to make it an attractive option for those most in need.

Part of the revenue from a sugary-drinks tax could be allocated to provide financial incentives to schools to run such clubs: their rewards would go towards improving improve their pupils' well-being with the help of sports equipment, coaches, classes teaching active pastimes like dance or martial arts, and expeditions to, for instance, farms or gardens where they could learn something about where food comes from.

62 www.shakeupyourwakeup.com/content/school-breakfast-clubs

63 UK – Hoyland Et Al (2012) Nutr Bull, 37(3), 232–40, Roi – Irish Health Behaviour In School Aged Children Study (2006)

64 www.greggsfoundation.org.uk/breakfast-clubs

65 www.shakeupyourwakeup.com/content/school-breakfast-clubs

66 www.magicbreakfast.com/

67 www.teachingtimes.com/articles/breakfast-clubs.htm

Tackling mental health can significantly affect obesity rates: depressed people have a 58% increased risk of becoming obese.⁶⁸ Ensuring children get enough sleep could have a knock-on effect on excess weight as well as making them much more productive at school.⁶⁹ Spending most of their lives at school and at home in sedentary activities, most fat children will have had little chance to become physically fit, have been written off as physically useless, and a liability in team sports. Competitive sport has its place, but it is not for everyone. Children and adults alike need encouragement to be physically more active in the course of their normal life and experience the sheer joy of being fit.

Often, all that is required is common sense and imagination. It was telling how surprised people were to learn about St Ninians primary school in Stirling, where for almost four years all pupils have walked or run a mile at random times every day. They see it as a happy break from the classroom, all the children appear to enjoy it and none of them is overweight.⁷⁰ Other schools are following suit.

As well as problems arising from ignoring these vital areas, focusing solely on obesity has led to an often counter-productive culture in which “fatness” is regularly condemned and overweight children are bullied.⁷¹ Additionally, the focus on obesity in schools has played a part in a rise in anorexia,⁷² exacerbated by a societal enthusiasm for thinness.⁷³ All this illustrates why the current focus on “good” and “bad” weights could affect children’s attitude to food and their wellbeing,⁷⁴ and suggests that authority would be well advised to nudge rather than hector.

What should be done

There is plenty of good research on obesity and more agreement than might first appear on what are commonsensical measures. The sugar-tax debate is still raging, but large swathes of opinion are broadly in tune with recommendations such as these from Health Select Committee (though its tone was more prescriptive):

- **Availability:** encouraging reduction and rebalancing of the number and type of promotions in retail outlets, including restaurants, cafes and takeaways, of those high in sugar, salt and fat; asking retailers to end the promotion of high calorie discounted products as impulse buys at the point of non-food sales and the display of confectionery or other less healthy foods from the ends of aisles and checkouts.
- **Reformulation and portion size:** “a broad, structured and transparently monitored programme of gradual sugar reduction in everyday food and drink products.” Portion caps.
- **Advertising:** broader and deeper controls on advertising and marketing to children, including to family shows they are likely to watch: restricting all advertising of high fat, salt and sugar foods and drinks to after the 9pm watershed; extending current restrictions to all other forms of broadcast media, social media and advertising, including in cinemas, on posters, in print, online and advergames (a video game containing advertisements).
- **Schools:** provide nutritional guidelines setting out food standards recommended for packed lunches as well as food supplied by all schools.
- **Local authorities and the wider public sector:** clear national standards for healthy foods should be adopted, implemented and monitored across the public sector, including national and local government and the NHS.

68 www.noo.org.uk/uploads/doc/vid_10266_Obesity%20and%20mental%20health_FINAL_070311_MG.pdf

69 The metabolic burden of sleep loss, Sebastian Schmid, March 2014, *Lancet*, Vol 3

70 www.theguardian.com/education/2015/sep/28/daily-mile-school-st-ninians-stirling-scotland

71 2010 Julie Lumeng, M.D., University of Michigan, *Journal – Pediatrics*, Lumeng

72 www.yaleruddcenter.org/resources/upload/docs/what/communities/obesitypreventioneatingdisorders.pdf also UK book

73 [http://athena.uwindsor.ca/users/j/jarry/main.nsf/032ecc0df8f83bdf8525699900571a93/aa9ed943e56182bf85256abe005bc3f6/\\$FILE/Groesz%20et%20al%20\(2002\).pdf](http://athena.uwindsor.ca/users/j/jarry/main.nsf/032ecc0df8f83bdf8525699900571a93/aa9ed943e56182bf85256abe005bc3f6/$FILE/Groesz%20et%20al%20(2002).pdf)[http://web4.uwindsor.ca/users/j/jarry/main.nsf/032ecc0df8f83bdf8525699900571a93/aa9ed943e56182bf85256abe005bc3f6/\\$file/stice%20et%20al%20\(1994\).pdf](http://web4.uwindsor.ca/users/j/jarry/main.nsf/032ecc0df8f83bdf8525699900571a93/aa9ed943e56182bf85256abe005bc3f6/$file/stice%20et%20al%20(1994).pdf)

74 www.aare.edu.au/publications-database.php/8032/id-rather-be-anorexic-than-obese-physical-capital-and-the-social-context-of-physical-education In Education, *Disordered Eating and Obesity Discourse: Fat Fabrications*, Evans et al www.ingentaconnect.com/content/pal/sth/2005/00000003/00000004/art00005

- **Labelling:** a labelling system showing teaspoons of sugar (where a teaspoon is defined as 4 grams) should be applied to a single-serving portion of food or drink with added sugar. Voluntary, but mandatory if necessary.

Good practice

There is plenty of good practice about which should be encouraged and widely publicised. The focus needs to be on educating the palate rather than force-feeding with vegetables, and making exercise pleasurable: forcing children to do cross-country runs at school in the freezing cold put generations off physical activity and sport.

Box 6: Wandsworth and Islington Councils

Wandsworth was one of the few London boroughs to see a reduction in childhood obesity as early as 2011.⁷⁵ It developed individual programmes to help all the obese children in the area with a free local provider. Free weight management programmes are offered to children aged 2–5 years and are run in local schools, children’s centres or community venues and cover nutrition, physical activity and parenting strategies. They are run by organisations working in partnership with the NHS and Wandsworth Council – MyTime Active and MoreLife.⁷⁶

MoreLife work with Islington Council – who have seen the most significant weight drops in London since 2011. MoreLife rejects the strict regime of “boot camp”, and instead aims to create a safe and supportive environment where children can explore their own attitudes towards food, activity and lifestyles. The approach is not “about what people can lose, but what they can gain.” Their weight programme is based at a Centre in Islington and consists of a mixture of one-on-one sessions and group meetings over a three-month period. Trained staff then carry out home visits at 6 and 12 months and an online course is also provided to assist in goal setting and monitoring behaviour.⁷⁷

As well as providing a variety of different services to manage weight, Islington set up, in 2013, a new weight management service, using data effectively to target the areas of greatest need, including those wards with higher incidents of obesity to deliver programmes for groups they see as at risk, such as disabled people and those with long term conditions.⁷⁸

Box 7: Holbaek

Denmark ran an obesity pilot scheme which had a great deal of success with its current participants. The scheme started in the town of Holbaek, and was set up by Dr Jens Christian Holm. As of 2014 it had treated 1,900 patients and 70% of patients have managed to maintain their weight loss for four years. This success rate was achieved with an average of just over five hours of medical consultation per child per year. As a result, it has now been adopted in eight other Danish municipalities.

The project is very individualised, examining the family’s and child’s behaviour patterns with a series of tests and questionnaires, before a broad range of targets are set. A tailor-made programme with 15–20 strategies is designed focusing on multiple aspects of the child’s life. These include portion size, physical activity and diet rules, screen time, sleep

75 www.londonpovertyprofile.org.uk/indicators/groups/children/childhood-obesity/

76 <http://fis.wandsworth.gov.uk/kb5/wandsworth/fsd/advice.page?id=4GgNtPDSuY&familychannel=2277>

77 www.more-life.co.uk/Default.aspx?PageName=SWM-Islington

78 www.islington.gov.uk/publicrecords/library/Public-health/Quality-and-performance/Profiles/2012-2013/%282012-12-19%29-Adult-overweight-and-obesity-fact-sheet.pdf

times and time between portion servings.⁷⁹ There are currently discussions underway to examine if this project can work in the UK in collaboration with the Sunderland CARE Academy – a virtual academy based on collaboration between local health and research partner organisations.⁸⁰ Any changes need to be compatible with the life the family leads, how big it is, what its living conditions are, budgetary constraints and so on. Such a project would be expensive in the short-term but in the long term would more than pay for itself, as well as adding greatly to the sum of human happiness.

Box 8: Rotherham

Rotherham has its award winning and nationally recognised Weight Management Services. Programmes include Reshape Rotherham – a free service available to all local residents with a BMI of over 25; a Rotherham Institute for Obesity, a specialist centre for the management of obesity offering services including a gym, cooking classes and a resource centre; a MoreLife Club and MoreLife Residential Camp for children aged 8–17 and their families.⁸¹

The work of the Rotherham Institute is regarded as very effective in weight reduction, with fewer related health problems and weight-related benefits given out, fewer medication prescriptions, and a reduction of over 50% in the anticipated numbers needing expensive bariatric surgery. It was recorded that 93% of those patients who completed the six-month weight loss programme lost weight and 66% met or did better than their weight loss targets.⁸² Other evidence found 71% of children who stayed in the programme lost weight or lost more than their weight loss targets.⁸³

Box 9: Streetgames

Streetgames is a charity which brings sport to young people in disadvantaged neighbourhoods. Its ethos very much embraces localism, understanding the lives of those with whom they work, and only then building physical activity around their lives, so that it is the right sport, at the right time, in the right place.⁸⁴

Let's Get Fizzical has a high proportion of right places at the right cost. They have nearly 700 locally-owned projects, where the programmes are owned by the local community who volunteer to lead the sessions. Streetgames is overwhelmingly staffed by volunteers, and the project works to grow local leadership.

As well as targeting physical activity towards those in deprived areas, they also run a project called Let's Get Fizzical in Birmingham. The project specifically encourages inactive children, who are uncomfortable with participating in school sport, to become physically active, by offering alternative activities that aren't normally available on the school curriculum.

The project works with inactive children in schools, running six one-hour sessions in schools and then up to 10 one-hour sessions in a community setting, with the aim of encouraging sustainable behavioural change. Pedometers are used outside of sessions, with targets and rewards to motivate children: a key aim is to increase the number of girls and children from BME backgrounds participating, with programmes tailored to take into account gender and cultural differences. The project is a success, with 73% of participants having increased or maintained their activity levels after just six months.⁸⁵

79 www.bbc.co.uk/news/health-29755469 <http://wp.sunderland.ac.uk/aboutus/2015/02/11/childhood-obesity-managing-a-growing-problem-feb-25/>

80 www.eventbrite.co.uk/e/sunderland-care-academy-research-meeting-childhood-obesity-tickets-15302301596

81 www.rotherham.nhs.uk/health/Your-weight.htm%20

82 Ibid

83 www.bhfactive.org.uk/userfiles/Documents/RotherhamInstituteforObesity.pdf

84 www.streetgames.org/www/sites/default/files/Let%27s%20Get%20Fizzical%20case%20study%20-%2033.pdf

85 www.rsph.org.uk/en/about-us/latest-news/index.cfm/pid/600B6D89-D47E-4074-974B2C30F5797542

Box 10: Compulsory meals

Even if a school provides healthy meals, a large percentage of children bring in packed lunches⁸⁶ which it is suggested are nearly always less nutritious than cooked meals.⁸⁷ Some schools have started to make school meals compulsory, which may be one way to assist in behavioural change in both very obese and underweight children.

An example is Reach Academy in Feltham, which I have visited and found very impressive indeed. Food from outside is banned as is eating in public outside the schools premises while in school uniform. At lunchtime, children sit with their teachers at tables in small groups and are served. The school reports that making school lunches compulsory has meant less waste, more money to spend on food, higher quality ingredients, lower unit costs,⁸⁸ and fewer behavioural problems and disordered eating practices.

And, finally, while sporting high achievers can inspire sporty children, others need more accessible role models like Nadiya Hussain, the winner of the Great British Bake Off, who lost three stone by turning on the stop button, eating less and walking regularly.

“There’s not one diet I haven’t tried – even that crazy cayenne pepper and maple syrup one that Beyoncé did. I tell you, that one very nearly killed me. As soon as you start saying to yourself you can’t have that bowl of rice or that slice of cake, it just becomes more tempting and delicious than it was when you could have it.”

She then had,

“a light-bulb moment, where I thought, ‘Hold on a second. I can eat anything I want, but just not too much of it’... My rule now is: make things taste great and don’t hold back – just don’t eat the whole cake.”⁸⁹

I set out here my thoughts on a series of recommendations that Government should consider as it tackles the issues raised in this report. They are a mix of what might be called “hard” and “soft” interventions – some requiring Government intervention, some requiring the spreading of best practice and better communications. Such a mix is necessary. It cannot fall entirely on Government to help Britain out of a looming crisis that is complex and difficult to tackle, but nor can we rely on everybody except Government.

Recommendation: good, clear labelling of food and drink should be an absolute priority. In the case of sugary drinks, it should be a matter of urgency. We recommend using teaspoons as the unit of measurement along with information about how many minutes of running is required to burn off one spoonful.

Recommendation: the government should introduce a tax on sugary drinks, which are expensive, addictive, damaging to health and teeth and nutritionally valueless. It should be made clear that all the money generated will be spent on improving general well-being.

Recommendation: we should discuss with the Department for Education, Ofsted, and schools themselves, the best way of encouraging schools to take well-being more

86 43% take up – www.bbc.co.uk/news/education-23270715

87 www.bbc.co.uk/news/education-23285884

88 www.theguardian.com/education/2013/jul/12/school-dinners-academy-taste-quality

89 www.thetimes.co.uk/tto/magazine/article4656907.ece

seriously. One argument is that schools' performance on this issue is built into league tables in some way. We need to do this, however, in a way that does not add vast amounts of additional bureaucracy to schools and indeed in a way that schools support.

Recommendation: children from 4 to 11 should be measured annually to get a true picture of how they are developing physically.

Recommendation: Public Health England should place more priority on the problem of underweight children and commission a health strategy to examine the problem and find ways of tackling it.

Recommendation: letters to parents should neither alienate them nor shame children and should include information about the lack of clarity around BMI. The questions asked of children and the letters sent to parents should include broader factors, including physical activity, sleep and nutrition.

Recommendation: The National Child Measurement Programme should be urgently evaluated with a view to finding an alternative that can identify hidden fat around internal organs.

Recommendation: the 0–4 year age group should be given priority in interventions tackling morbid obesity levels.

Recommendation: resources to tackle obesity need to be rebalanced so that more resources are targeted at interventions for those most at risk: the malnourished and the morbidly obese. A pilot obesity study along the lines of the Danish experiment should be initiated.

Recommendation: there needs to be an evaluation of the National Child Measurement Programme that takes account of different ethnic groups having a differing range of body shapes and differing physiological responses to fat storage.

Recommendation: the government should prioritise ensuring all companies are members of the Responsibility Deal. Those companies who do not join up or sign pledges or who renege on them, should be named and shamed. A timetable should be set for statutory participation should major organisations fail to participate.

Recommendation: the government should increase awareness of the Healthy Food Scheme amongst the 20% of those eligible who are not using it.

Recommendation: schools should receive incentives to run breakfast clubs: and for children who can't get to them, a nutritious drink or snack should be made available before classes begin.

Recommendation: sports men and women can inspire competitive athletes, but can also frighten off ordinary children. The government should seek to recruit accessible role models like Nadiya Hussain, the winner of the Great British Bake Off, who lost three stone by eating less and walking regularly.

We are an unhealthy nation, and it is costing us a fortune in human misery and public finances.

- 37% of adults are overweight
- 25% of adults are obese
- 2.4% are morbidly obese
- 10% of children enter primary school obese
- 20% leave primary school obese
- 82% of the obese 11-year-olds will go on to be obese adults
- One in 16 people in the UK live with type II diabetes (T2D) – double the number recorded in 1996 and alarmingly prevalent among children
- The majority of slim children will remain so for life: the large children are getting even larger

The lives of many obese people – particularly those who are morbidly obese – are blighted by lower life expectancy, poor health (both physical and mental), impaired quality of life, the misery of being socially stigmatised and ostracised, restricted employment opportunities and a high incidence of welfare dependency.

This report, by Olympic Gold Medallist sportsman James Cracknell OBE, looks at what the Government should do to address these issues and to help improve well being across the country.

£10.00
ISBN: 978-1-910812-08-2

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