

Note for Inspector – Obesity levels in secondary school aged children

Policy C4: Hot Food Takeaways

1.1 The Inspector has asked the Council to provide additional evidence in support of Policy C4: Hot food Takeaways with a focus on obesity levels in secondary school aged children. The Council have worked with colleagues in Gloucestershire County Council Public Health team to compile this note.

1.2 As set out in the proposed amendments PM027 of CD010a¹, “Gloucester has several health issues connected with obesity that need to be addressed. Public Health England (PHE) reports that in 2017/18 66.3% of adults and 36.8% of children in Year 6 were overweight. 2018/19 25.9% of 4-5 year olds and 36.9% of 10-11 year olds in Gloucester City are an excess weight (overweight or obese). These figures are significantly higher than national and county averages. Furthermore, 5.4% of 10-11 year olds are affected by severe obesity and this level is one of the highest in the South West region. Reducing obesity, particularly among children, is one of the priorities of (PHE and the government’s ‘Childhood Obesity Plan’). Being overweight increases a person’s risk of developing cancer, heart disease and type 2 diabetes.”

1.3 The council is not aware of any specific measurements locally or nationally for secondary school aged children. This is likely due to a number of factors:

1. The likely costs of a national monitoring programme;
2. Likelihood of secondary school children participating - a high percentage of participation would be required to ensure a robust data set;
3. Difficulties in collating and managing the data in a way that ‘does no harm’ to the participant’s mental health and wellbeing.
4. There is a Health Survey for England, which monitors trends in the nation’s health and care, including levels of excess weight among children 0-15 and adults (16+). However, the sample of participating population is relatively small – in the 2019 survey a total of 2,095 children (residents of England) were interviewed.²

1.4 What we do know of relevance is that between the ages of 10-11 years and adulthood, during which time a child would likely spend significant time in the secondary school or a college setting, obesity increases from 36.9% to 66.3%. As assessed by the national survey the proportion of children who are overweight or obese increases with age. 20-22% of the boys in the age groups between 2 and 7 years old were overweight (including obesity); this proportion has increased to 37%-40% for boys aged between 8 and 15. For girls – between 22% and 24% of girls aged 2 to 10 were overweight including obese; this rose to between 34% and 35% of girls aged between 11 and 15.³

1.5 Additionally the results from the Online Pupil Wellbeing Survey indicate that 15.6% children who participated in the survey and attend primary schools in Gloucester, either never have or only sometimes have breakfast. However, as pupils get older they are less likely to eat breakfast regularly. This impact on

¹ <https://www.gloucester.gov.uk/media/5345/schedule-of-proposed-changes-post-submission-changes-v3-up-to-20052021-final-submitted.pdf>

² Health Survey for England 2019, NHS Digital 2020,

³ Ibid

child's health, attention and educational development. It is estimated that the food a child eats at school accounts for a third of their nutritional intake in a day⁴, however for those 15.6% of children who only sometimes or never consume breakfast at home this proportion will be much higher. It is therefore important that what is provided/ available in school or is brought in, is nutritious and balanced.

- 1.6 Childhood obesity is a strong predictor of obesity in adolescence and in adults, this is extremely well documented. Without intervention an estimated 79% of children with obesity remain affected into adulthood. The association is sufficiently strong that Public Health colleagues use childhood data as a good proxy of areas in the county in which they would expect higher prevalence obesity among secondary school children.
- 1.7 The council is of the opinion that even without specific secondary school data, the fact that over a third of children are obese when they start secondary school, which is higher than the national average, is itself a sufficient justification for the policy approach.
- 1.8 This is particularly important given that obesity among both children and adults is an inequalities issue, which disproportionately affects those living in areas of deprivation. Obesity is caused by a complex interaction of social, economic and environmental issues including the food environment.

The impacts of obesity on young people

- 2.1 Short term impacts of obesity on young people's physical and mental health includes emotional and behaviour problems. Children with obesity have a 63% higher chance of being bullied at school – linked to shame, low self-esteem, poor body image and school absence⁵
- 2.2 Health issues include bone and joint problems and breathing difficulties. hypertension, and early markers of cardiovascular disease and type 2 diabetes. Being overweight and obese in childhood has adverse consequences on health and premature morbidity in adulthood but also on their life chances, as obese adults experience social exclusion, discrimination, reduced earnings and unemployment compared to non-obese adults⁶.
- 2.3 Regardless of the issue of obesity, there is also the issue of nutrient density and whether any child, overweight or not, should have unsupervised ease of access to hot food takeaways. The food primarily offered by these types of establishments tends to be energy dense, high in total fat, saturated fatty acids, sugar and salt. On average, a single typical fast-food meal provides nearly 60% of recommended daily calories, half the recommended daily level of saturated fat and salt and no portions of fruit and/or

⁴ Inequalities in NCMP Obesity report 2020

⁵ Reference 6 <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2017/10/world-obesity-day-understanding-the-social-consequences-of-obesity>

⁶ Reference 7 <https://www.kingsfund.org.uk/projects/time-think-differently/trends-healthy-b>

vegetables.⁷ Evidence also suggests people dining out consume 200 more calories per day than when eating at home.⁸

The Role of Planning

- 3.1 The NPPF specifically states that, planning policies and decisions “should aim to achieve healthy, inclusive and safe places which enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling” (para 91c). As per a survey conducted by the Royal Society for Public Health over one third (41.7%) of young people stated that they could walk from their school to somewhere selling unhealthy food and drink in under 2 minutes.⁹
- 3.2 The National Planning Practice Guidance states that “Planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Local planning authorities can have a role by supporting opportunities for communities to access a wide range of healthier food production and consumption choices... Planning policies and proposals may need to have particular regard to the following issues: proximity to locations where children and young people congregate such as schools, community centres and playgrounds; evidence indicating high levels of obesity, deprivation, health inequalities and general poor health in specific locations.” Para 004 Ref ID 53-004-20190722¹⁰
- 3.3 Unfortunately, Gloucester has above average levels of deprivation¹¹. Nine of its neighbourhoods fall into the top 10% of most deprived neighbourhoods nationally. When broken down into different deprivation indices 12 neighbourhoods fall into the 10% most deprived for the ‘Health Deprivation and Disability’ domain. Additionally, the Public Health England figures reveal that England’s poorest areas are fast food hotspots, with 5 times more outlets found in these communities than in the most affluent.¹²

Conclusion

- 4.1 In conclusion, the council are of the opinion that the data on childhood obesity sufficiently demonstrates that over a third of local children are overweight when they start secondary school, with national trends demonstrating that obesity increases with age. This data, along with what is known about the impacts obesity can have on a person’s life, the policy framework, and what is known about adult obesity levels and deprivation in the city, justifies the inclusion of Policy C4 in the Gloucester City Plan.

⁷ London Health Commission (2014) Better Health for London

⁸ Childhood obesity: a plan for action Chapter 2 (2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf

⁹ The Child’s Obesity Strategy (2020), Royal Society of Public Health,

<https://www.rsph.org.uk/static/uploaded/403f6527-dd7a-4b7e-8ad62dab7bef33fd.pdf>

¹⁰ <https://www.gov.uk/guidance/health-and-wellbeing>

¹¹ https://www.gloucestershire.gov.uk/media/2094524/gloucestershire_deprivation_2019_v13.pdf

¹² England’s poorest areas are fast food hotspots (2018), <https://www.gov.uk/government/news/englands-poorest-areas-are-fast-food-hotspots>