
OBESITY

SUMMARY REPORT

Purpose of the Report

1. To present to Health and Partnerships Scrutiny Committee an overview of the current issue of obesity in Darlington and recent national evidence in relation to tackling obesity, including the Sugar Reduction report. Also to present information on regional and local action to challenge obesity following on from Darlington's Obesity Task and Finish Group's final report.

Summary

2. Obesity is a major public health challenge and risk to the health and wellbeing of the population now and in future years. Tackling obesity will have substantial and far reaching health benefits.
3. The Obesity Task and Finish Group's final report from 2013 has provided a comprehensive footing to understand local work to tackle obesity, partners involved and stakeholder's views on moving forward.
4. Darlington's current obesity rates for adults and children aged 10-11 years (Year 6) are in line with national averages and for children aged 4-5 years (Reception), who are above the national average.
5. Darlington is working at a local and regional level to tackle obesity in line with national guidance. The Government's forthcoming Childhood Obesity Strategy is expected to be published imminently.
6. The latest evidence on sugar, "*Sugar Reduction: the Evidence for Action*", was published by Public Health England on 22 October 2015. It was commissioned by Ministers at the Department of Health to inform policy-making as part of the forthcoming childhood obesity strategy. It builds on the Scientific Advisory Committee on Nutrition final report on Carbohydrates and Health (SACN, 2015).
7. Darlington is taking a 'whole systems approach' to tackling obesity by working together to address the obesogenic environment, environments that encourage people to eat unhealthily and not do enough physical activity.
8. A Darlington Obesity Strategy is to be collaboratively produced following the publication of the national Childhood Obesity Strategy.

Recommendation

9. It is recommended that:

- (a) The Health and Partnerships Scrutiny Committee receive the information. Including the update on the latest evidence on sugar, “*Sugar Reduction: the Evidence for Action*”.
- (b) The Health and Partnerships Scrutiny Committee support the actions outlined for future work to address obesity.
- (c) The Health and Partnerships Scrutiny Committee consider the requirement for a task and finish group to support the co-production of a Darlington Obesity Strategy.

Miriam Davidson
Director of Public Health

Background Papers

Darlington’s Obesity Task and Finish Group Final Report (June 2013)

Sugar Reduction: the Evidence for Action, Public Health England (22 October 2015)

Rachel Osbaldeston: Extension 6202

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	The report has recommendations to improve the health and wellbeing of the whole population.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	There are no implications arising from this report.
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Falls under, ‘More people healthy and independent’, ‘Children with the best start in life’ ‘More people active and involved’ ‘Enough support for people when needed’
Efficiency	There are no implications arising from this report.

MAIN REPORT

Information and Analysis

Darlington Status

10. Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.
11. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m²). The World Health Organisation definition is:
 - (a) a BMI greater than or equal to 25 is overweight.
 - (b) a BMI greater than or equal to 30 is obesity.
12. 65% of adults were classified as overweight or obese in Darlington in 2015. This is a similar figure to the England average.
13. In Darlington, 11% of children were classified as obese at Reception age (4-5 years) and 19% of children at Year 6 (aged 10-11 years). This is higher than the national and the regional averages at the younger Reception age and in line with the national and just below the regional averages at Year 6.

Sugar Reduction: the Evidence for Action

14. Sugar is a significant contributory factor in the intake of excess calories in children and adults and as such, sugar reduction must be considered as part of the package of measures taken to tackle obesity.
15. The report is clear that a successful sugar reduction programme will need to contain a broad and balanced range of measures and that no single action will be sufficient to tackle the problems given their scale and complexity.
16. The report therefore suggests a number of measures which span influencers, food supply and knowledge, training and tools, including:
 - (a) Reduction in price promotions, marketing and advertisement on high sugar food and drink products in all retail outlets, including supermarkets, convenience stores and restaurants (requiring a clear definition for high sugar products).
 - (b) The gradual sugar reduction in everyday food, combined with reductions in portion size.
 - (c) The introduction of a price increase of 10-20% on high sugar products through the use of a tax or levy.

- (d) Adopt, implement and monitor the government buying standards for food and catering services (GBSF) across the public sector, including national and local government and the NHS to ensure the provision and sale of healthier food and drinks in hospitals, leisure centres, etc.
 - (e) Ensure that accredited training in diet and health is routinely delivered to all of those who have opportunities to influence food choices in the catering, fitness and leisure sectors and others within local authorities
 - (f) Continue to raise awareness of concerns around sugar levels in the diet to the public as well as health professionals, employers, the food industry, etc. and encourage action to reduce intake and provide practical steps to help people lower their own and their families' sugar intake.
17. The consideration of a price increase through a tax or levy as a means of reducing sugar intake is suggested in the review however, the evidence suggests that this is likely to be less effective than measures relating to:
- (a) The volume and number of price promotions in retail and restaurants
 - (b) The marketing and advertising of high sugar products to children
 - (c) The sugar content in and portion size of everyday food and drink products.
18. The full document and a series of detailed annexes in the evidence can be viewed at <https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action>

North East Action

19. Directors of Public Health and local authority obesity leads have begun discussions about opportunities for local action and action at a North East level through a workshop in October 2015 and subsequent discussions between obesity leads.
20. Chairs of Health and Wellbeing Boards have also discussed the issue of sugar reduction as part of a wider agenda item on tackling obesity in October 2015.
21. A range of suggestions for action have been made throughout these discussions, including:
- (a) Maximising opportunities for sugar reduction in families through health visiting/early years services and across local authority children's services
 - (b) Adopting, implementing and monitoring the government buying standards for food and catering services (GBSF) across the Health and Wellbeing Board partners.
22. Directors of Public Health are currently considering these options and if approved will be taken forward by the North East Obesity and Physical Activity Network.

Darlington Action

23. Darlington is taking a, 'whole systems approach' to tackling obesity. This method means there needs to be actions in many parts of the system including changes to food, physical environments and social environments. All these actions are needed to ensure sustained changes to individual behaviour.
24. Within this approach, partnership is the 'key to success'. **Figure 1** indicates the partnership approach required to successfully address obesity and the obesogenic environment.
25. The 'obesogenic environment' refers to the role environmental factors may play in determining both nutrition and physical activity. Environmental factors include the availability and consumption of different foodstuffs and the levels of physical activity undertaken.
26. The Director of Public Health Annual Report 2014/15 entitled '*A Shared Agenda*' recognises the importance of this approach, detailing the partners it is important we work with across the borough. The full document can be accessed at http://www.darlington.gov.uk/media/878301/DirectorOfPublicHealthAnnualReport_201415.pdf
27. Darlington's Local Development Framework (LDF), the new local plan, is a collaborative piece of work, which involves many Council departments working in partnership. Therefore the framework will support the whole systems approach and help the reduction of the obesogenic environment across the borough.
28. Darlington's Active Travel Strategy works to supports the health indicators outlined in the Corporate Performance Management Framework to increase physical activity and reduce obesity levels. The strategy compliments the recommendations outlined in the Director of Public Health's Annual Report 2014/15 to reduce health inequalities by tackling the social determinants of health.
29. Collaborative approaches are being taken by planning and environment departments e.g. Redhall Master Plan, to address changes to labelling laws in relation to allergen information.
30. Intervention methods for reducing excess weight are accessible to individuals and families via the Dolphin Centre Health Hub. The Hub uses a behaviour change approach to support the increase activity levels and improvement of diet.
31. Future work is planned around mapping the density of fast food takeaways within the town, taking guidance from other local authority areas where planning laws have been introduced to restrict further outlets.
32. The forthcoming national Childhood Obesity Strategy will help inform the collation of Darlington specific Obesity Strategy. The strategy will build on the work of the previous Darlington Obesity Task and Finish Group.

Partnership: the key to success

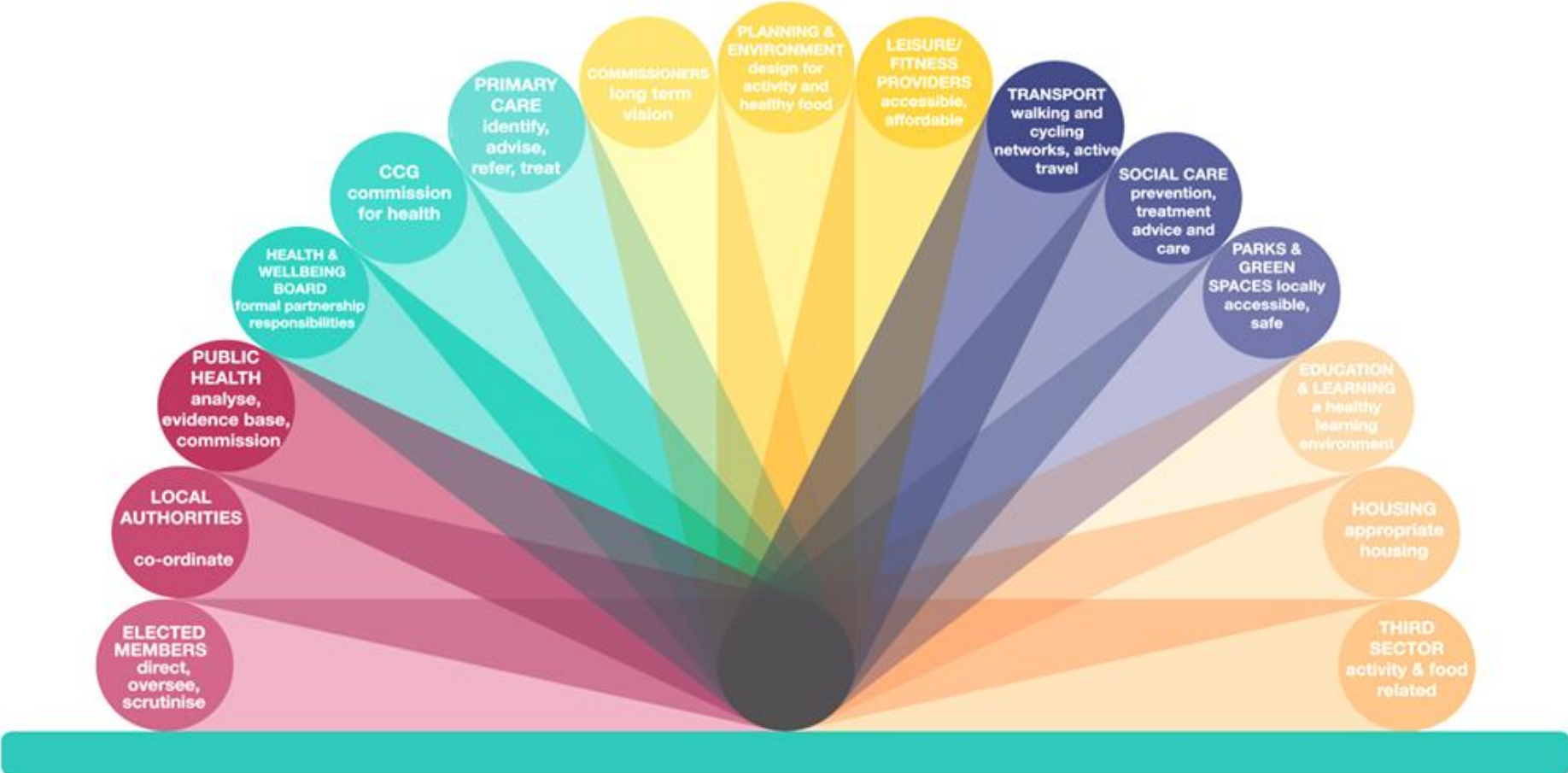


Figure 1: Partnership approach required to address obesity