

**REPORT FOR WEST SUFFOLK OVERVIEW AND SCRUTINY
16 JUNE 2022
HEALTH SCRUTINY COMMITTEE: 6 APRIL 2022
CHILDHOOD OBESITY**

In order to understand the magnitude of this problem, I refer you to the statistics on Pages 25 and 26 of **Evidence Set 1** attached. Whilst we compare favourably with the national figure, the upward trajectory of this trend remains concerning.

I refer you particularly to Table 2, P25, and the comparison percentage overweight and obese Reception year in Suffolk at 19.8% and the measurements at year six at 30.8% and again in Table 3 (Reception only no year 6 comparison) where there has been a year-on-year increase.

These increases are despite multi-agency strategies implemented to try to address the problem and no doubt exacerbated by Covid.

Fundamentally, “move more and eat less” is the only effective weight management strategy. Sadly, junk food tastes nice, is easily accessible, is fulfilling and is cheap. Educating children to understand what they like to eat will adversely affect their long-term health, is like telling a 16-year-old that one third of his salary needs to go into a pension pot to secure his future. They simply do not have that visibility and it is clear that all the tried and tested strategies, whilst they may reduce the impact, they have not significantly changed the landscape on childhood obesity.

Parents who work are often tired and stressed and it is an easy win to put an equally tired, hungry child in front of the TV with a packet of crisps or sweets whilst some fast food is microwaved, or Deliveroo drops off the super-sized pizza. Today’s fast-moving society does not allow parents the luxury of time and attempts to educate them on the benefits of healthy eating is often not welcome. Especially now with the additional worry of cost-of-living increases. Junk food generally costs less and is easily available.

There are additional pressures and challenges with parents who live apart. Food often used as a treat and attempts by one parent to control diets may be ignored by the other.

In recent years there has been a move to target manufacturers to reduce sugar in their products and I questioned why only sugar, why not fat? I was informed that sugar was an easy win.

Fifty percent of schools in Suffolk have adopted The Daily Mile approach – but again, this is mandated, and my belief is that you need to find an activity that they “want” to do, or this simply becomes a chore. However, the evidence does suggest that in those schools who participated in The Daily Mile, those children participating gained less weight (I can find no statistical evidence to show if this was significant).

The report noted that six out of 10 children did not meet the physical activity guidelines of one hour of activity a day.

The current Strategies being tried are detailed in **Evidence Set 1** attached. The comment on P24, item 20 is equally concerning "*Nationally, there is very limited evidence base of "what works" and it would be helpful to develop a consistent approach to evaluating projects locally, which collates all of the findings.* One questions why this has not been implemented to date.

There really is no easy solution to this problem. It almost requires an individualised approach as what works for one family/child, may not work for another. Ultimately there has to be a desire and motivation to change.

The Committee has determined to set up a Task and Finish Group to review these findings and look at possible alternative strategies.

I attach the **DRAFT proposals of the Health Scrutiny Committee**, but I know that they would welcome any suggestions to feed into the Task and Finish Group which may be helpful in reducing the impact of this obesity crisis.

Margaret Marks

Attached:

Agenda Item 5 – Childhood Obesity Strategy Action Plan Attendance list
Agenda Item 5 – Childhood Obesity Strategy and Action Plan P15- 19
Evidence Set 1 – Childhood Obesity Strategy and Action Plan P21-32
Suffolk CC - Tackling Childhood Obesity in Suffolk 2019-2023
HOSC - DRAFT Recommendations