

# **LOCAL GOVERNMENT ASSOCIATION (LGA) - WRITTEN EVIDENCE (FDO0110)**

## **1. About the Local Government Association (LGA)**

- The LGA is the National Voice of Local Government. We're on the side of councils: promoting their work, supporting them to improve and helping them make a difference to people, places and the planet.
- We aim to be the best membership organisation we can be. As the national membership body for local authorities, we provide the bridge between central and local government and we help councils deliver the best services to their local communities.

## **2. Key messages**

- Obesity and diet-related health issues are one of the biggest public health challenges we face, with the cost of treating obesity-related ill health forecast to rise to £9.7 billion a year by 2050.
- Particularly over the last decade, health inequalities have widened. This has been accompanied by wider inequalities in both child and adult obesity, with rates increasing most among those from more deprived backgrounds and among different ethnic groups.
- Health inequalities in England are stark and have deepened as a result of the economic impacts of the pandemic and the rising cost of living. Poor diets are often driven by financial insecurity and poverty, as they are, per calorie, cheaper than healthier options. As a result, the prevalence of obesity in children in the most deprived areas continues to be more than double that of those in the least deprived areas.

## **3. Key trends in food, diet and obesity, and the evidential base for identifying these trends.**

- The National Child Measurement Programme (NCMP), delivered by council public health teams and overseen by the Office for Health Improvement and Disparities (OHID) measures the height and weight of children in mainstream state-maintained schools in England

annually and provides data on the number of children in reception and year 6 who are underweight, a healthy weight, overweight, obese or severely obese.

- The NCMP provides robust public health surveillance data on child weight status, to understand obesity prevalence and trends at local and national levels, to inform obesity planning and commissioning and underpin the Public Health Outcomes Framework indicator on excess weight in 4- to 5- and 10- to 11-year-olds.
- [Findings from the 2022/23 NCMP](#) show an encouraging slight decline in the prevalence of overweight and obesity amongst children across both Reception and Year 6. The 2020/21 edition of the survey, which was carried out as a sample due to Covid-19, found large increases compared to previous years.
- The 2022/23 results show that the prevalence of obesity in Reception children decreased from 10.1% in 2021/22 to 9.2% in 2022/23. The decrease signals a return to pre-pandemic levels for this age group and is one of the lowest levels since 2006/07. The prevalence of obesity in Year 6 children decreased from 23.4% in 2021/22 to 22.7% in 2022/23. This is still higher than in 2018/19 and 2019/20.
- [Obesity prevalence in boys is higher than girls](#) for both age groups. For boys in reception, obesity prevalence was 9.3%, compared with 9.0% of girls. For boys in Year 6, obesity prevalence was 25.1%, compared with 20.1% of girls.
- The data shows a further widening of the inequalities gap in obesity prevalence across both deprivation, geography and ethnicity.
- Levels of obesity in [reception-aged children](#) living in the most deprived areas (12.4%) were more than double those in the least deprived areas (5.8%). The prevalence of severe obesity was more than three times higher in the most deprived areas (3.8%) compared with those living in the least deprived areas (1.2%).
- Similarly, the prevalence of obesity [among year 6 children](#) was 30.2% in the most deprived areas, compared with 13.1% in the least deprived areas. The prevalence of severe obesity was more than four times higher among year 6 children in the most deprived areas (9.2%) compared with those living in the least deprived areas (2.1%).
- [Geographical disparities](#) in obesity prevalence also exist. In reception-aged children, the prevalence of obesity was highest in the North East (11.3%) and lowest in the South East (8.0%), East of

England (8.1%) and South West (8.2%). In year 6, the prevalence of obesity in 2022/23 was highest in the North East (25.8%), the West Midlands (25.2%) and London (24.8%) and was lowest in the South West (19.4%) and the South East (19.4%).

- The [proportion of children living with obesity](#) in 2022/23 was highest for Black children in both reception (13.6%) and year 6 (31.6%). It was lowest for Chinese children in both reception (4.2%) and year 6 (15.2%).
- In 2022, [the LGA produced a set of forecasts](#) at local authority level for prevalence of obesity and overweight among children, at both reception and Year 6. LGA projections showed that child overweight and obesity at Reception might be expected to rise to almost 25 per cent by 2040, with the rate among Year 6 pupils expected to rise to over 40 per cent. Prevalence of obesity is projected to rise to almost 12 per cent of Reception pupils and almost 27 per cent of Year 6 Pupils.

#### **4. The impacts of obesity on health, including on children and adolescent health outcomes.**

- Obesity is a complex relapsing condition with multiple causes and significant implications for health and beyond. It has health implications at every stage across the life course, from pregnancy through to childhood and adulthood.
- Overweight children have increased chance of developing other health conditions, including heart disease, high blood pressure and diabetes.
- [Obesity increases the risk of developing a range of health conditions in childhood and later life](#), including heart disease; stroke; high blood pressure; diabetes and some cancers. Obese children are much more likely to be obese adults, which may lead to significant health risks.

#### **5. The influence of pre- and post-natal nutrition on the risk of subsequent obesity, and the specific influences on the diet of children and adolescents that contribute to the risk of becoming obese.**

- [The National Child Measurement Programme](#) (NCMP) indicates that 22 per cent of children under the age of five are overweight or living with obesity. This is often considered a 'school problem' but what happens in those nought to five years are crucial to understanding

this statistic and moving the dial.

- Children's food preferences and eating habits are formed early in life and the time that they spend in early years settings provides an ideal opportunity to shape healthy behaviours.
- It is evident that young children's diets are providing more energy than they need, and consumption of fruit, vegetables, oily fish and fibre are still lower than recommendations.
- The value of good nutrition for the early years extends beyond physiological health – it contributes to establishing social behaviours, supports learning, and influences food preferences and eating habits. It underpins growth and development, can help to reduce childhood obesity and is a building block of the first 1,000 days of a child's life.
- Little is known about what children are fed in early years settings. Guidance is voluntary. Monitoring and accountability are minimal.
- Close to [1.7 million under 5 year-olds are registered for either the 15- or 30-hour government entitlement](#). This means there are 1.7 million young children to feed with little oversight of what they are being fed. The mandatory school food standards don't apply and the voluntary guidance, [Eat Better Start Better](#) (EBSB), was last updated over seven years ago. Questions have also been raised over EBSB's relevance and applicability twelve years on and its cultural appropriateness.
- The [recent summary report by the Scientific Advisory Committee on Nutrition \(SACN, July 2023\)](#) also highlighted that the larger portion sizes of meals and snacks provided by early years settings are linked with higher energy and food intakes.
- [Some councils have highlighted to us](#) that early years nutrition is often not on their agendas; it is often overshadowed by school food and that capacity for supporting early years settings with nutrition has in many places diminished due to funding challenges.

## **6. The cost and availability of a) UPF and b) HFSS foods and their impact on health outcomes.**

- Accessing food that is nutritious and healthy is an increasing challenging for those in our most disadvantaged communities. [Poor diets are, per calorie, cheaper than healthier diets](#). Figures from the Food Foundation show that for households in the bottom 10 per cent of household income to follow healthy eating guidance, they would

have to spend 74 per cent of their income on food. This underlines that for many low-income families, poor diets and food insecurity is not driven by ignorance or an inability to cook, but poverty.

## **7. The effectiveness of Government planning and policymaking processes in relation to food and drink policy and tackling obesity.**

- The Government's response to obesity has mainly been set out across three chapters of its childhood obesity plan, published in [2016](#), [2018](#), [2019](#), and a further obesity strategy published in [2020](#). Within these, the Government has introduced several measures aimed at reducing the prevalence of childhood obesity, including the Soft Drink Industry Levy (2018), calorie labelling on menus of large restaurants/chains with more than 250 staff (2022) and restricting the placement of foods high in fat, salt and sugar (HFSS) in locations intended to encourage purchasing both instore and online (2022).
- In 2020, the Government also committed to restricting promotions of HFSS foods such as "buy one get one free", both online and in physical stores in England. The Government initially set out to implement these proposals in April 2022, but these have now been pushed back to October 2025 to [allow the Government to continue to review the impact of the restrictions on the consumers and businesses in light of the unprecedented global economic situation](#).
- In March 2021, the [Government announced](#) an additional £100 million over the 2021/22 financial year to support people living with excess weight and obesity to lose weight and maintain healthier lifestyles, of which over £30 million was provided for councils to support the commissioning of adult behavioural (tier 2) weight management services. £4.2 million was provided to test the expansion of behavioural weight management services for children and families. The funding was initially announced as £100 million per year for three years to support healthy weight. [In April 2022](#), the Government announced the funding would not be extended to 2022/23.
- The Government is still committed to a target of [halving childhood obesity by 2030](#) and [increasing average healthy life expectancy](#) (the number of years someone lives in good health) by five years by 2035. It has offered little indication of how it intends meet this target.
- Childhood obesity continues to be a key public health challenge for both councils and wider public finances. It is estimated that the [NHS](#)

[spends £6.5 billion](#) on obesity-related health care each year, whilst the cost to wider society is estimated to be [£27 billion](#) per year. Under a backdrop of public health grant reductions, councils have spent over £1 billion tackling child and adult obesity since responsibility for public health transferred to councils in 2013.

- [It has been reported](#) that the Department of Health and Social Care (DHSC) has made substantial staff reductions and organisational changes to the England's national public health unit – OHID – less than three years after its creation. This has included the loss of senior officials and the scrapping of the director general of OHID.
- Reduced capacity, including the diminishing of expert advice, organisational knowledge and the fragmentation of public health functions could have hindered efforts to address widening health inequalities and other significant public health issues, such as rising obesity.
- There have been no updates or further iterations to the last Obesity Strategy published in 2020.

## **8. The impact of recent policy tools and legislative measures intended to prevent obesity.**

### **8.1. Soft Drinks Industry Levy**

- The introduction of the Soft Drinks Industry Levy in 2018 has already had a positive impact on the reformulation by some soft drink manufacturers', which is welcome.
- The levy may have reduced the number of under 18s having a tooth removed due to tooth decay by 12%. Research published in the open access journal [BMJ Nutrition, Prevention & Health](#) suggests that the fall in hospital admissions may have saved more than 5,500 hospital admissions for tooth decay alone and the largest reductions were in children aged up to nine years old.
- However, it is disappointing that the proceeds from the levy which were earmarked as new money to invest in children's sports and healthy eating programmes have since been diverted to address gaps in existing departmental funding.
- Public health teams in local government should be able to decide how the levy is spent. Councils are uniquely placed to work with schools, parents, businesses and the voluntary and community sector to ensure that funding goes to where it is needed most, and on the

interventions that are proven to reduce child obesity.

- This includes targeting those areas with the greatest need, such as with oral health programmes, weight management services, exercise referral schemes and offering free or reduced-cost sport. This in turn will lead to less pressure on our already overstretched health and care services, saving the country much more from obesity-related treatment in future.

## **8.2. Additional funding for weight management services announced in 2021**

- In March 2021, the [Government announced](#) an additional £100 million over the 2021-22 financial year to support people living with excess weight and obesity to lose weight and maintain healthier lifestyles, of which over £30 million was provided for councils to support the commissioning of adult behavioural (tier 2) weight management services. £4.2 million was provided to test the expansion of behavioural weight management services for children and families.
- The funding was initially announced as £100 million per year for three years to support healthy weight. [In April 2022](#), the Government announced the funding would not be extended to 2022/23.
- The LGA was disappointed to learn of the Government's decision to end £100 million of funding for council and NHS commissioned weight management services by not extending the grant to 2022/23. Over two-thirds of adults in England are currently overweight or obese, and council commissioned weight management services have been a vital way of tackling this issue in local communities.

## **8.3. Universal Infant Free School Meals (UIFSM) policy**

- From September 2014, all infants in state-funded schools in England (comprising Reception, Year 1 and Year 2) have been entitled to receive a free school meal under the Universal Infant Free School Meals (UIFSM) policy.
- The Government's introduction of a [universal offer of FSM for all infants](#) has on average reduced the chances of a child becoming obese by 0.7 percent, proving more effective in reducing obesity than policies focussing on food education or physical activity. FSMs have also been linked to helping improve children from disadvantaged backgrounds to improve their attention and academic performance.

## **9. Policy tools that could prove effective in preventing obesity amongst the general population, including those focussed on the role of the food and drink industry in tackling obesity.**

### **9.1. National policy tools**

- National government must take a whole systems approach to promoting a healthy weight and reducing obesity across departments and through all policies. For example, greater funding of sustainable travel such as cycling and walking initiatives (subject to local consultation) can promote exercise which reduces obesity whilst also reducing car use, generating wider benefits around healthier living.
- We continue to call for the Government to reverse the real-terms reductions in public health grant funding since 2015/16. This is urgently needed to enable councils to develop long term strategies to prevent widening health inequalities, including developing long-term strategies to promote healthy weight.
- Government should update the Licensing Act to include a public health objective and allow councils to take action where premises fail to protect the health of their communities.
- Government should provide councils with new powers and funding to support more children and families to live healthier lives, including tackling the clustering of existing takeaways and restricting junk food advertising near schools.
- Giving councils more say on how the sugar industry levy is spent to better support local services which support healthy weight and a more targeted approach to investment.
- The Healthy Start scheme should be increased in line with inflation (and reviewed every 6 months) and expanded to include all those on Universal Credit and age up to 5 years old to support more young families on low incomes access nutritional support.

### **9.2. Examples of good practice from local government and partners**

- [Bristol City Council's](#) whole city approach to childhood obesity is long-term, cross-council and all-encompassing. Ambitious targets, set as part of the One City vision, include a halt in the rise of childhood obesity by 2026. By 2050, the aim is that obesity will no longer be a contributor to early death and that children will leave



school knowing how to prepare a meal from fresh produce that is available throughout the city.

- [London Borough of Brent's](#) life-course perspective to tackle obesity highlights the importance of pre-natal and early-life factors in childhood obesity. Research shows that adult obesity is difficult to treat, emphasising how important it is to work with families to put in place early preventative measures.
- [Luton Council](#) is the first local authority in the East of England and among the first ten councils across the country to adopt a healthy food and drink advertising policy. The new policy restricts the advertising of products that are high in fat, salt or sugar (HFSS) on all council-owned assets to help protect children and adults.
- [Nottinghamshire County Council](#) has worked with partners and residents to improve access to affordable and healthy food. Families with young children in Nottinghamshire are being supported with the cost of living through a network of FOOD Clubs which provide more affordable access to healthy ingredients.
- [Westminster City Council](#) takes a whole-system approach in the early years – they involve the settings, partners and residents, but also look at wider systemic drivers of poor nutritional outcomes such as the food environment, food access and the cost of living crisis. Westminster provides information to parents, trains staff in healthy eating, uses a nutritionist to review food menus and suggest improvements. They also look at the early years through a wide lens, considering physical, mental and emotional health.
- [North Somerset Council](#) has launched programmes targeting issues such as nutrition, healthy weight and oral health for children. A range of different initiatives have been set up to support families of children under the age of five. There has been a focus on improving breastfeeding rates over recent years and that is now being built on by launching new programmes targeting issues such as nutrition, healthy weight and oral health.

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