



NEWS

Protect UK childhood obesity plan from further weakening, urges health committee chair

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London

The UK government's fledgling childhood obesity plan is still vulnerable to lobbying from vested interests, and certain elements risk "slipping off" the agenda, the chair of the parliamentary Health Select Committee has warned.

Sarah Wollaston's comments come as new figures from the national child measurement programme show that the prevalence of obesity among primary schoolchildren in England has risen over the past year and that the gap between children in the least and most deprived parts of the country has widened further.¹

The serially delayed plan, which the health secretary, Jeremy Hunt, had wanted to be a "game changing moment," was heavily criticised by medical experts and campaigners when it was published in August, amid accusations that the government had come under pressure to water it down.

Speaking at the Childhood Obesity Summit in London on 3 November, Wollaston said, "I don't think we should even consider what's in the plan as a 'job done." Despite its shortcomings the plan needed safeguarding, she declared.

She drew comparisons with the government's alcohol strategy. "Very important parts of that, around minimum unit pricing, for example, fell almost at a minute to midnight, because of the power of lobbying," she explained.

"I think we have a challenge here, not only to make what's in the plan as effective as possible, but also to protect elements of [it] from slipping off during the process of the consultations," she warned. "How we can be most effective politically in making that happen is a key challenge."

Wollaston urged delegates to put pressure on the government to restore measures that had "fallen out" of the original draft, including action on price promotions.

"Forty per cent of everything consumed at home is bought on promotion. A staggering amount of that is on unhealthy food and drink," she said, adding that the obesity plan needed to be as much about promoting a healthy diet and lifestyle as about what not to do.

"That is where price promotions [measures] could have been very effective, because not only would they have delivered something immediately, but they could have made a real difference in shifting promotions to healthier products," she said, adding that this was especially important for people on low incomes.

The omission was all the more "strange" because the British Retail Consortium, which represents UK retailers, had told the Health Select Committee that it was ready to move on this provided there was a level playing field, she insisted. What could have been an "easy win for government" was instead a "sad miss," she said.

Wollaston also feared that the government would fail to get sufficiently tough on sectors of industry that ignored the plan, and she demanded to know what penalties would be imposed if nothing had changed in a year's time.

"That it's all about children not being active enough is a very easy and lazy message, as is the message that it's all about personal responsibility and education," she said.

England's chief medical officer, Sally Davies, told delegates that she "didn't feel good" about the United Kingdom's ninth place ranking on obesity prevalence among the Organisation for Economic Cooperation and Development and partner countries.

"We know that the US tops the list ahead of us, with well over a third of the population suffering obesity, but we can't kid ourselves," said Davies. "Trends over the last 30 years show that the rate of increase in overweight has been significantly higher in the UK than in the US."

A multidisciplinary approach was essential to tackle such a complex issue, she said.

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