I beg to move, that this House calls on the Government to bring forward a bold and effective strategy to tackle childhood obesity.

I want to thank the Backbench Business Committee for granting time for this debate. I also want to thank all my colleagues from across the House who are members of the Health Select Committee, particularly Laura Daniels, for their work on the report on childhood obesity that was published recently. Outside this House, there are also many organisations and individuals who have campaigned tirelessly to improve children’s health.

Perhaps we can start by looking at the example of Team GB and their success in the Olympics. On the morning of their track cycling victory, the architect of the team’s success, Sir David Brailsford, put their success down to the principle of marginal gains and their relentless pursuit of identifying every efficiency in the rider, the bike, the environment around them and their training regime. All those marginal gains were added together to win gold for Team GB in the Olympics. I think we need to adopt the same principle when it comes to tackling childhood obesity.

Too often, I hear people saying that it is all about education, or about getting children to move more in PE at school, but I would say that there is no single measure. We all know that this is an extremely complex problem that requires action at every level. I therefore call on the Minister to look at every single aspect of tackling childhood obesity. If we were running a cycling team hoping to win the Olympics, we would realise that we could not achieve success if we left any of the factors out, so let us apply that principle here.

Let me set the scene by telling the House why this subject matters so much. We know from the child measurement programme in our schools that around one in five of our children who enter reception class are either obese or overweight. However, by the time they leave in year 6, a third of our children are either obese or overweight. Perhaps even more worrying are the stark data on the health inequality of obesity. A quarter of the children from the most disadvantaged groups in our society are leaving school not just overweight but obese, which is now more than twice the rate among children from the most advantaged families. My first question for the Minister is this: will the childhood obesity strategy not only tackle the overall levels of obesity but seek to narrow that yawning and growing gap in our society between the least and most advantaged children? Any strategy that fails to narrow that gap will have failed our children.

Indeed. I completely agree with the hon. Gentleman, and I shall come on to that subject.
later. I am relieved to hear that he is not on a sugar high for the debate.

I want to set out not only the scale of the problem but its consequences. It has consequences for the whole lifetime of our children, in relation to their physical and emotional health. They also suffer the impact of bullying at school, as they are too often stigmatised in the classroom because of their weight. There is increasing evidence that obesity is a factor in causing many preventable cancers, and it also has an impact on conditions such as diabetes and heart disease. This has a cost not only to individuals but to wider society and to the NHS.

The Minister will know how essential it is that, as part of the five-year forward view, we tackle the issue of prevention. We cannot do that without tackling obesity, particularly among children, given the lifetime impact and consequences of the condition. She will know that 9p in every Â£1 we spend in the NHS is spent on diabetes. We estimate from the evidence that the Health Committee took during our hearings that the overall cost of obesity to the NHS is now Â£5.1 billion a year, and the wider costs to society have been estimated to be as high as Â£27 billion, although the estimates vary. We simply cannot afford to take no action.

Physical activity is of course extraordinarily important and I am confident that it will feature strongly in the Government's strategy, but it is no good focusing solely on that. Physical activity is good for children, whatever their weight. Indeed, it is good for all of us, whatever our age. However, any strategy that assumes that we can tackle childhood obesity solely through physical activity will simply be ignoring the overwhelming evidence that most of the gain will be in reducing calories. That is not just about sugar, however. It is easy to be accused of demonising sugar. The fact is that children have more than three times the recommended amount of sugar in their diet, but that is perhaps the easiest aspect of the problem to tackle. The Minister will recognise the fact that we are talking about overall calories, which also include fats.

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I thank my hon. Friend from mentioning that. I was going to come on to that point and he has saved me from doing so. I completely agree that we must not forget the impact of sugar on children's teeth. He will recognise that there are great health inequalities relating to that issue as well.

So how should we tackle this? I have spoken many times about a sugary drinks tax, but I recognise that that is not where the greatest gain lies when it comes to tackling childhood obesity. As the Minister will recognise from the evidence presented by Public Health England, price promotions will need to form an extraordinarily important part of the childhood obesity strategy if it is to be effective. It is a staggering fact that around 40% of what we spend on our consumption of food and drink at home is spent on price promotions. Unfortunately, however, they do not save us as much money as we assume. They encourage us to consume more. In British supermarkets, a huge number of those promotions relate to sugary and other unhealthy products. I call on the Government to tackle that as part of their strategy. We need a level playing field as we seek to rebalance price promotions, but that has to be done in a way that does not simply drive us towards promoting other products such as alcohol. We need to take a careful, evidence-based look at all this.

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I thank the right hon. Gentleman for his point, which prompts me to address the issue of a sugary drinks tax. We looked at examples of where taxation can be applied across sugar more broadly, perhaps to incentivise reductions within reformulation, as some countries have done. However, we wanted to address the single biggest component of sugar in children’s diets, which is sugary drinks. The Committee recommended a sugary drinks tax rather than a wider sugar tax, and there are several reasons for doing that. First, we know that it works. Secondly, it addresses that point about health inequality.

Mexico introduced a 1 peso per litre tax on sugary drinks and by the end of the year the greatest reduction in use—17% by the end of the year—was among the highest consumers of sugary drinks. The tax drove a change in behaviour. The whole point of this sugary drinks tax is that nobody should have to pay it at all. To those who say it is regressive, I say no it is not; the regressive situation is the current one, where the greatest harms fall on the least advantaged in society. As we have seen with the plastic bag tax, the tax aims to nudge a change in behaviour among parents, with a simple price differential between a product that is full of sugar, and causes all the harms that we have heard about, including to children’s teeth, and an identical but sugar-free product or, better still, water.

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I thank the right hon. Gentleman for that and welcome what he describes. That movement is not just happening in City Hall, because it is being recommended within the NHS by Simon Stevens. I also congratulate Jamie Oliver and the many other outlets that are introducing such an approach. The other point to make is about public acceptability, because all the money raised goes towards good causes. As we have seen with the plastic bag tax, the fact that the levy is going to good causes increases its public support. That levy has been extraordinarily effective, as plastic bag usage has dropped by 78%. That is partly because we all knew we needed to change but we just needed that final nudge. That is what this is about: that final nudge to change people to a different pattern of buying. It has a halo effect, because it adds a health education message and that is part of its effectiveness.

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I thank my hon. Friend and fellow member of the Health Committee for her intervention. At a time of shrinking public health budgets, there is a huge additional benefit from having this kind of levy, in that many of the other measures that the Minister will want to see in the strategy—on exercise in schools, teaching in cookery lessons and health education—could be funded in part through a sugary drinks tax. I hope she will look carefully at this idea and consider introducing it.

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I thank the hon. Gentleman for that, which brings me on to reformulation. It will also form a core part of the strategy. Our view was that we should have a centrally-led programme of.......

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reformulation across foods and drinks, and that what manufacturers want is a level playing field. The trouble with reformulation is that it takes time; there has been an effective programme on salt, but that has happened very gradually, over a 10-year period. There is no reason why these things should be mutually exclusive; I come back to that point about marginal gains and say let us do all of the above. I know that the Minister is looking closely at reformulation and understands how powerful it will be. The evidence we heard was that it could take 6% of the sugar out of children's diets. Reformulation, alongside other programmes, will play a part, but it will not work on its own and, unfortunately, it will take longer.

We also need to examine the pervasive effect of marketing and promotion. Do I want to have a kilogram of chocolate for almost nothing when I buy my newspaper? Of course I do, but please do not offer it to me. Please do not make me walk past the chicanes of sugar at the checkout or when I am queuing to pay for petrol. We know that 37% of all the confectionary we buy is bought on impulse. It does not matter how much we are intending not to buy it, if it is presented to us on impulse, we buy it, as impulse is an extraordinarily powerful driver. I therefore hope that any strategy will tackle that part of consumption, along with portion sizing. The supersizing of our society is in part down to the supersizing of portions and offers. All of this needs to be included in our approach, as does dealing with advertising. This advertising is pervasive and it is hitting our children everywhere they go, on television, online and through the influence of "advergames". We know that this is very powerful in driving choices for children, so I hope the Minister will look carefully at that. She will have seen our recommendation of a watershed of 9 pm.

Time is running short, so I shall close my remarks, as I know other Members will want to cover many other aspects, such as exercise, the effect of what local authorities do, how much more powerful they could be in their roles if we gave them greater planning powers, and so on. Early intervention, research, education, teaspoon labelling—please do it all. We need a bold, brave and effective strategy, and we need to learn from British cycling and the law of marginal gains.

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