

National Nutrition Bill

Tuesday, 22 October 2002

4.38 pm

Ms Oona King (Bethnal Green and Bow) : I beg to move,

That leave be given to bring in a Bill to provide for the establishment of a national nutrition strategy; to provide development funding for Primary Care Trusts to address the issue of diet and obesity; to establish a minimum requirement for physical activity in schools; to develop a system of food labelling to enable consumers to identify high-fat foods and total calorie content; and to make it a requirement for health warnings to be displayed on all packaged convenience food with a high-fat or sugar content.

The arguments for a Government-backed nutritional strategy centre on three facts: the scale of the problem of obesity among adults and children, the health and economic consequences of obesity, and the fact that although obesity—like smoking—is portrayed as an issue of personal choice and action, the Government are in a position to make the healthy choice the easy choice for all our citizens.

The scale of the problem is alarming and growing. The latest figures quoted by the British Heart Foundation show that 46 per cent. of men and 32 per cent. of women are overweight. Moreover, 17 per cent. of men and 21 per cent. of women are obese. One in five six-year-olds in England is overweight, and one in 10 is obese. One in three 15-year-olds is overweight and the figure for obesity is nearly one in five. In the last decade the percentage of overweight children in the United Kingdom has virtually doubled. The worrying fact is that overweight children are more likely to become overweight adults with reduced life expectancy. Some health professionals are saying that if the trends continue there is a risk that a generation of parents will outlive their obese children. Worse, those from deprived families are most at risk, so social inequalities are involved. People in low socio-economic groups or with manual occupations are more likely to be overweight. Those who are south Asian or from other ethnic minority groups are also more likely to be overweight.

The health and economic consequences of poor nutrition are grave. Obesity is a risk factor for diseases and conditions such as high blood pressure, raised blood cholesterol and non-insulin-dependent diabetes. Poor diet and inactive lifestyles are thought to account for about 30 per cent. of cardiovascular disease, which is the United Kingdom's largest single killer, and for a third of cancers. Doctors are now treating type 2 diabetes in children; until recently, it was regarded as a weight-related disease of old age.

According to the National Audit Office, the minimum economic burden to the health service from obesity amounts to #0.5 billion a year—around #2.5 billion a year if indirect costs are included. The international obesity taskforce estimates the cost of obesity in the UK at around 1.5 per cent. of health spend, so obesity is a burden in terms of individual illness, disability and early death as well as in terms of the costs to employers, taxpayers and society.

As a nation our eating habits are poor, yet food matters from cradle to grave. Beginning with the cradle, there is good evidence that babies are programmed during development in the womb to be susceptible to obesity and related chronic diseases later in life.

22 Oct 2002 : Column 148 Breastfeeding reduces that risk, yet the UK has one of the worst rates of breastfeeding in Europe. Children are targeted commercially from pre-school onwards with high-energy-dense foods—foods and drinks that are high in fat and sugars. Sugar is the main cause of dental decay. Evidence shows deterioration in young children's dental health in areas of social deprivation and among ethnic minorities. Only 18 per cent. of children aged two to five eat fruit. Only 14 per cent. eat vegetables more than once a day and there is a long way to go until the majority eat five portions of fruit and vegetables every day.

Our couch-potato lifestyle is taking over. In England, 55 per cent. of boys and 39 per cent. of girls aged two to 15 are moderately active for at least one hour five or more days a week, but after the age of eight those rates decline sharply so that by the age of 15 fewer than one in five girls is active at that level. I recognise that many hon. Members may worry that they fall into those inactive categories, but I am sure that we all hope that more can be done to encourage greater physical activity in schools.

In 2001, the US Surgeon General said:

"Many people believe that dealing with overweight and obesity is a personal responsibility. To some degree they are right, but it is also a community responsibility."

Community responsibility includes the Government. I believe, as do the Government, that they have a responsibility to ensure that people throughout the UK have a choice of affordable, healthy food, accessible and clear information on the

contents of food and access to simple, clear messages about what constitutes a healthy diet.

I therefore call for action along the lines of that taken in Finland. That was a whole-community approach whereby the food processing industry, farming, voluntary groups, health professionals and the media all contributed to Government strategy. There was monitoring and evaluation throughout, which allowed changes to be made as the programme developed. The result is that national vegetable consumption in Finland has trebled in 20 years; the Finnish diet, once so high in dairy fats, now has among the lowest fat contents in Europe, and after 20 years of action, premature deaths from coronary heart disease have been reduced by more than 50 per cent. That is something that the UK should emulate.

In the national health service, we need to ensure that the relevant national service framework for specific conditions such as coronary heart disease and diabetes address these issues and that national service frameworks for children bring together action to tackle obesity and overweight. Primary care trusts need to be funded to lead locally through their health improvement plans, and through practical grassroots work such as food co-operatives. We also need to monitor how national action such as the national fruit scheme works locally.

We need a comprehensible system of food labelling, and standards such as that proposed by the World Health Organisation, with bands of high, medium and low levels of fats and sugars. However, it has to be said that vested interest groups have systematically opposed that. We need to develop and implement a comprehensible system of food warnings on high-fat

22 Oct 2002 : Column 149 and sugar-prepared foods. We need to protect children who are targeted in the marketing of high fat and sugar foods and drinks—from breakfast snacks and cereals, to confectionery, and takeaway and prepared meals. There is enough good evidence on this—from studies by Sustain: the alliance for better food and farming—in the form of the experience of Scandinavian countries, some of which have actually banned children's television advertising or the commercial sponsorship of children's television programmes.

Physical activity in schools is another area in which we must improve: a minimum requirement should be developed. Although the national curriculum provides for physical education, many children do not have adequate opportunities to be physically active because the school concerned has been allowed to disapply the national curriculum owing to a lack of facilities. That, unfortunately, is another legacy of the great playing field sell-off. The requirements of the national health school standard should be strengthened and monitored through Ofsted. We need transport and planning policies to encourage walking and cycling as everyday means of travel by children and adults.

I have touched only on some of the strategies that are required if we are to reduce the deaths to which I referred. I welcome the initiative announced by the Secretary of State for Health to set up children's trusts to bring together health and social care in local councils. This is an opportunity for joined-up government. It is an issue that we must take seriously, because the lives of future children depend on it. I want to ensure that we grasp this opportunity for joined-up government, and that we prevent obesity and poor nutrition from needlessly ruining and shortening lives.

Question put and agreed to.

Bill ordered to be brought in by Ms Oona King, Sandra Gidley, Siobhain McDonagh, Ms Julia Drown, Andy Burnham, Ms Debra Shipley, Geraint Davies, Dr. Jenny Tonge, Miss Anne Begg, James Purnell and Mr. Tom Clarke.