Written evidence submitted by the Children’s Food Trust (CSR0013)

Executive summary:

- Government has a duty of care to ensure that planned cuts to the Public Health Grant do not adversely impact either the nutritional health of children today, or measures to prevent obesity and other forms of malnutrition in children in the future.
- Funding for public health services for children under the age of five should be protected as the Public Health Grant reduces, and local authorities should be actively encouraged to prioritise ringfencing of preventative measures to improve children’s diet, because it is in these early years that healthy behaviours are developed and influenced for life.

Introduction:

The Children’s Food Trust is a national charity on a mission to get every child eating well: at home, in childcare, at school and beyond. We make this submission to the Health Select Committee Inquiry from our concern that public health investment in effective, evidence-based programmes to improve children’s nutrition is essential, and will continue to be so to deliver the government’s forthcoming childhood obesity strategy.

Our submission:

1. As a signatory to the UN Convention on the Rights of the Child (CRC), government should take all available measures to make sure that children’s right to the best possible health care – including to nutritious food - is respected, protected and fulfilled. As such, government has a duty of care to ensure that planned cuts to the Public Health Grant do not adversely impact either the nutritional health of children today, or measures to prevent obesity and other forms of malnutrition in children in the future. We are also concerned about the implications of this announcement for future public health spending and the message it may send about the importance government attaches to work to prevent ill health and tackle health inequalities, and to those services delivering this work.

2. Children’s early years provide an important foundation for their future health and strongly influence many aspects of wellbeing. Four independent reviews published during the last five years have all highlighted early childhood as a crucial developmental phase and the importance of intervening early in children’s lives to ensure they are able to realise their potential.

3. Research suggests that the window of opportunity for improving child nutrition is the 1,000 days between conception and a child’s second birthday. This is
the period when children are in greatest need of adequate amounts of nutritious food and age-appropriate care practices for healthy development. There is a consensus that when a child fails to achieve their full potential for physical growth and brain development during this period, the impact is largely irreversible. Hence, the most cost-effective nutrition interventions focus on this window of opportunity.7

4. Good nutrition in the early years can reduce the prevalence of later obesity and associated chronic diseases such as cardiovascular disease, diabetes, and some cancers.8 Children’s tastes and eating habits are also formed early in life with consequences for growth, development, health and academic achievement in later life.9,10,11,12

5. The most recent national dietary survey suggests some children aged from one to five have low intakes of fruit and vegetables, and micronutrients such as vitamin A, iron and zinc, and high intakes of salt, saturated fat and sugar.13

6. This dietary imbalance has impacted on children’s health, with over a fifth of children in Reception year of school overweight or obese14, type two diabetes now occurring in children15, and one in eight three year olds experiencing dental decay.16

7. Consequently, funding for commissioning of public health services for children under the age of five should be protected as the Public Health Grant reduces, and local authorities should be actively encouraged to prioritise ringfencing of preventative measures to improve children’s diet, because it is in these early years that healthy behaviours are developed and influenced for life. There is a wealth of evidence about the efficacy of intervening early to ensure better health throughout the life course and investing in public health services in particular, which subsequently create savings for the taxpayer from avoiding illness and other poor outcomes.17 Indeed, prevention and public health are at the heart of the Government’s NHS five year forward view18 and the Prime Minister has described the cost to the NHS of child obesity as “absolutely vast” and stated that “there’s no doubt that the next phase of improving the health of the nation, preventive health and better health is going to be absolutely key.”

8. An analysis in the Chief Medical Officer’s 2012 report estimated the cost of childhood obesity to be around £600m a year.19 The report stressed the huge return on investment of health promotion in the early years and highlighted the fact that five of the ‘top 10’ risk factors for the total burden of disease in adults are initiated or shaped in adolescence.20 The Marmot Review of 2010 highlighted the need to prioritise action in the first five years of life in order to tackle health inequalities and called for an increased proportion of spending in the early years.2
9. Given the government’s pledge to make reducing child obesity a key priority for this parliament and the forthcoming Child Obesity Strategy, it would be a bizarre juxtaposition if funding of work to protect children’s public health is cut at the same time. Indeed, the government’s five year forward view states that “the future health of millions of children depends on a radical upgrade in prevention and public health”, and that “the NHS will back hard-hitting national action on obesity.”

10. Subsequently, cuts to the Public Health Grant should use a method which protects work to improve children and young people’s health. Any formula should place particular emphasis on the duty of commissioners to reduce inequalities between people with respect to the outcomes achieved for them by the provision of health services. Children, particularly young children and those living in poverty, are most at risk of suffering the effects of poor diet and in greatest need of benefitting from preventative work to address it. Since children and young people are particularly heavy users of services funded by the Public Health Grant and reliant on these services to grow up healthily, allocation of funding should be in line with the number of children in their area and the expected level of need amongst those children. It is well established that poverty is a strong risk factor for adverse health outcomes so we welcome, for example, the fact that the target allocations for the 0-5 element of the Public Health Grant take account of proportion of children growing up in poverty, which also varies widely from area to area. Government should consider options that will reduce the impact on vital work to improve health and tackle health inequalities amongst children and young people.

11. Government must be clear about how it intends to make future decisions about public health funding, and this can only be based on the evidence of what is effective at improving children’s health. Looking at children’s diet and nutrition specifically, there is significant national evidence documenting the impact of poor diet for children’s health and, conversely, the impact of better nutrition for children’s outcomes. However, it must be noted that the impact of public health spending cuts may not be seen immediately, but will be no less damaging to children’s nutrition in the longer term and, subsequently, to the health of the adults of tomorrow and future generations – a huge and damaging false economy.

12. Given the government’s pledge to make tackling child obesity a key priority and its development of a child obesity strategy, government should be supporting local authorities to invest in evidence-based work which makes a difference to children’s nutrition rather than allowing for this most vital of spending areas to be reduced. Ultimately, prevention is better than cure and investing in children’s nutrition is essential for future economic growth.

21 January 2016
References:

1. Committee on the Rights of the Child: General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), para 47; CRC/C/GC/15