

Turning the Tide

Summary for Policymakers

September 2021

A 10-year Healthy
Weight Strategy



This summary has been developed to recap the key points of the strategy for policymaker audiences. It includes the full set of recommendations with priority actions for the 2021 Comprehensive Spending Review and Budget and the Food White Paper highlighted.

Please refer to the full strategy for the detail and evidence-base under-pinning each recommendation.

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Executive summary

Over the last 30 years, levels of obesity have increased significantly across the UK. This rising tide has brought with it serious repercussions for health and wellbeing and the piecemeal efforts by governments to turn this tide have, to date, been largely unsuccessful. However, there is convincing evidence that the right strategy – one that takes a system-wide approach across everywhere we live, learn, work and play – will enable everyone to move towards attaining, sustaining and enjoying improved wellbeing and a healthy weight, regardless of age, ethnicity and background.

There is good reason for hope: this is practical and achievable. Tides are notoriously difficult to turn. But even the strongest tides, when the time is right, will turn – and now is one of those critical moments, putting the UK Government in a position to be the first in the world to successfully reverse the persistently rising levels of excess weight in the population.

The UK has a unique combination of opportunities:

- The last few years have seen a far more nuanced understanding of the evidence on the complexities of weight and the multiple drivers of obesity. This is leading to an appreciation of the necessity for a raft of policies that address the wider environment and put less emphasis on individual responsibility.
- Public and media concern about the impacts of unhealthy weight on health, particularly on children, is evident – and there is strong support for government action.
- There is increased political will to act. This is being catalysed by a growing understanding of the co-benefits with other issues of importance to governments, including the increased risk of poor Covid-19 outcomes for those living with obesity and the win-wins with climate change efforts.
- The centrality of health inequality as a fundamental driver of obesity is increasingly acknowledged by policymakers. The levelling-up agenda is a wider societal approach that has significant potential implications for equity in obesity prevention and treatment and beyond.

The 10 chapters and accompanying recommendations of this strategy set out the evidence for a long-term agenda to turn the tide over the next 10 years. They have been developed in partnership with a range of experts from academic, policy, clinical and civil society backgrounds and are supported by the health charities, medical royal colleges and campaign groups that make up the Obesity Health Alliance (OHA).

The recommendations are set out in a 'KIND' framework that builds on existing policy progress and identifies new routes for action, outlining next steps for government and other stakeholders:

Keep
K

Keep policies already in place or that are on the way to being implemented that support a healthy weight environment

Intensify
I

Intensify existing policies or approaches to increase impact;

New
N

New proposals are recommended for evidence-informed actions; and

Develop
D

Develop policies based on the results of new, promising areas for research and investment, identified throughout this strategy.

The 30 recommendations cover the whole environment in which we live and deliver a positive vision for the future:

- readily available food and drinks are healthier as well as enjoyable and tasty, with appropriate portion sizes, and with clear nutritional information both on product packaging and on food eaten out of the home;
- access to healthy food is affordable, businesses profit from prioritising healthy products, and health-promoting aspects of our environment are well resourced for all;
- everyone lives, works, learns and plays in environments in which healthier food is the most convenient and default option and in surroundings that support being physically active;
- all food and drink advertising and promotions support and encourage diets that benefit the health and wellbeing of adults and children;
- all children have the healthiest possible start in life, setting them up for a healthy growth trajectory;
- a better understanding of the varied causes of obesity means that weight stigma of any kind is eliminated in all settings, and becomes socially unacceptable;
- a fully resourced system that offers and delivers equitable access to appropriate, tailored and sustained weight-management and support services to people living with overweight and obesity;
- policies prioritise health, making sustained progress on an evidence-informed approach to healthy weight for the whole population.

People are at the heart of this strategy, and are central to all the recommendations. A new narrative that avoids stigma and weight discrimination is essential if people living with excess weight are to be fully supported, and the inequities that drive ill-health are to be recognised and addressed.

Achieving lasting change requires a robust policy infrastructure with effective leadership and cross-government working. A recognition of the evolving nature of evidence and a commitment to an iterative cycle of implementation and evaluation is needed.

The drivers of healthy weight are complex. There is no one single policy or approach that can make the difference. However, the implementation of the recommendations contained in this strategy will combine to create an environment within which all can live lives that enable a healthy weight, all can equitably access appropriate treatment for obesity, and stigma and weight discrimination is a thing of the past. Change will not happen overnight but this strategy brings together a broad cross-sector alliance to support delivery of these recommendations and to keep moving in a positive direction.

This is a vital moment to seize the opportunity to put evidence-informed action at the heart of the political agenda. This will save lives, improve health and promote wellbeing for everyone. It will also take growing pressure off our overstretched NHS, increase individual and economic resilience and turn the tide away from obesity and towards a healthy weight once and for all.

Recommendations



KEEP This section outlines our support for moves by the UK Government to implement evidence-backed policies that will contribute to healthy weight at a population level.

- 1 We fully endorse plans to introduce a 9pm watershed on TV and a ban of paid-for advertising online for unhealthy food and drink, plus new restrictions on promotions on unhealthy food and drinks in retail outlets and online. These must be implemented in full and without delay.

We back plans to introduce calorie labelling in large outlets along with a comprehensive evaluation to understand the impact on different groups.

We encourage the UK Government to push ahead with plans announced in the 2019 Prevention Green Paper:

- Reinstatement of the National Infant Feeding Survey.
- New restrictions on sales of energy drinks to children under 16.

We fully support a continued focus on addressing the drivers of obesity across the life course, ensuring stronger arrangements to secure cross-government co-operation, action and accountability in healthy weight policy.



INTENSIFY This section outlines our recommendations that build on existing evidence-backed policies or interventions and for the enhanced funding and training needed to deliver the vision of this strategy. These should be implemented within the next five years.

- 2 Ensure government communications and campaigns do not perpetuate weight stigma and policies and strategies relating to healthy weight actively refute stigma.

Responsibility

All government departments

chapter 2

3 Priority for Food White Paper

Ensure nutrient information is displayed clearly on all food and drink products at point of sale, including online, to include:

- Mandatory front-of-pack nutrient labelling.
- Addition of free sugar content on front-of-pack labels and quantity of sweeteners on back-of-pack labels.
- Calorie information on all alcoholic product labels.

DHSC

chapter 4

- 4 Make a specific, time-bound commitment to introduce regulation to mandate calorie limits on single-serve portions of HFSS products if 25% of the calorie reduction targets have not been achieved by the first report point (2022) in the ongoing calorie reduction programme.

DHSC

chapter 4

5 Priority for Food White Paper

Update food and buying standards to reflect dietary guidance and ensure they are robustly applied and monitored in multiple settings with monitoring and enforcement assigned to relevant statutory bodies or the FSA.

Standards development led by DHSC
Role for all government departments to assign enforcement

chapter 6

<p>6 Mandate Ofsted to evaluate primary and secondary schools on their delivery and implementation of a whole school approach to building in opportunities for structured and unstructured physical activity across the day.</p>	<p>DfE</p>	<p>chapter 6</p>
<p>7 Introduce next-stage regulation to ensure all advertising and promotion in external settings is for healthier products by: extending the 9pm watershed on unhealthy food and drinks adverts to cinema and radio; removing outdoor advertising for unhealthy food and drinks and ending marketing and promotions related to unhealthy food and drinks in family attractions, childcare and educational establishments.</p>	<p>DHSC, DCMS</p>	<p>chapter 7</p>
<p>8 Extend all existing and new advertising restrictions to adverts for food and drink brands that are associated with predominantly unhealthy products.</p>	<p>DHSC, DCMS</p>	<p>chapter 7</p>
<p>9 Incentivise a shift to promotions and deals on healthier food and drinks in the out-of-home sector (including online delivery platforms) by extending restrictions on multi-buy promotions of unhealthy food and drink products.</p>	<p>DHSC</p>	<p>chapter 7</p>
<p>10 Improve the nutritional content of infant food by strengthening the existing reformulation programme to fully align with WHO Europe recommendations for sugar and salt and commit to the introduction of a regulatory lever (such as fines or sanctions) if sufficient progress is not made by 2024.</p>	<p>DHSC</p>	<p>chapter 8</p>
<p>11 Strengthen the policymaking process across the design, implementation and evaluation of policies on obesity and healthy weight, ensuring detailed policy plans are published along with economic, health, equity and environmental impact assessments.</p>	<p>All government departments</p>	
<p>12 Identify opportunities to share the UK's experience of successful and unsuccessful approaches to healthy weight policy internationally and work collaboratively with other countries to bring in aligned policies that incentivise global change across the food system.</p>	<p>DHSC, FCDO, DEFRA</p>	<p>chapter 10</p>
<p>13 Deliver a sustainable strategy for the NHS and local authorities to guarantee consistent and equitable access to all levels of effective weight management services, including</p> <ul style="list-style-type: none"> • Centrally mandating the provision of all levels of effective weight management services in every local health system, ensuring embedded psychological support plus a range of virtual and traditional services. • Reviewing and updating NICE and NHS England guidance to improve the effectiveness of service delivery by simplifying commissioning and introducing more flexible patient pathways. 	<p>DHSC, NHSE, NICE, local authorities, local health systems</p>	<p>chapter 9</p>
<p>14 Use data to ensure that services are tailored to the needs of the population, including an analysis of the planned National Obesity Audit data to inform future service planning; quantitative evaluation of local service provision to identify areas for improvement in uptake, impact and development of validated patient reported outcome measures.</p>	<p>NHSE, local health systems</p>	<p>chapter 9</p>

15 Priority for 2021 Spending Review

A well-resourced system is needed to provide the services and create the environments needed to facilitate healthy weight. These recommendations relate to funding.

Invest at least £1 billion^A more a year in the Public Health Grant, with future yearly increases aligned to the NHS budget increases. This will ensure local authorities are well placed to deliver the recommendations outlined in this strategy outlined below.

- Increase the mandated universal face-to-face contacts with a health visitor to eight, with enhanced tailored follow-up where needed to improve outcomes.
- Ensure universal breastfeeding support programmes are accessible to all families.
- Provide children’s centres or family hubs in areas of high deprivation.
- Provide and maintain local environments that promote physical activity.

Maintain at least £350m/year investment^B into PE, school sport and physical activity across all state schools and link to national targets for children’s physical activity to ensure accountability.

Deliver greater sustainability in funding across the range of weight management services, both in central government funding and in local health system budgets. This should include a minimum term for all weight management funding.

HMT/DHSC



DHSC/local authorities



Local authorities



Local authorities



Local authorities



DfE



Local health systems



16 A range of professionals have a stake in improving health and training; it is vital to ensure they have the right knowledge and skills.

Health and care professionals should receive comprehensive training in discussing weight and disordered eating with confidence, in a sensitive and non-stigmatising way.

All education and training curricula for all health and care professionals should include the complexities of obesity and the implications of weight stigma.

- Health and care providers should encourage all clinical staff to complete appropriate training on stigma and how to discuss weight and health appropriately.

Training for professionals working with expectant parents and families must include the skills needed to discuss infant and child healthy growth and healthy eating with compassion and sensitivity.

Training for early years practitioners should include skills to enable them to incorporate physically active play in their settings and confidently reach out and support play between parents and children in and around the home.

Training for planners and other built environment specialists should include modules on healthy place-making, providing an understanding of the role of the built environment as part of the wider determinants of health.

Professional institutes, NHS Trusts and Health providers



^A This would restore the public health grant to 2015/16 levels according to Health Foundation analysis. <https://www.health.org.uk/news-and-comment/news/public-health-grant-allocations-represent-a-24-percent-1bn-cut>

^B The Government’s School Sport and Activity Action Plan lists spending initiatives of at least £350 million per year

NEW This section outlines our recommendations for new policies or interventions that will deliver the vision of this strategy and should be implemented within the next five years.

	Responsibility	
17 Ensure that healthcare environments are size-inclusive where feasible, with provision of suitable equipment for people with obesity.	NHS Trusts & other health providers	chapter 2
18 Provide greater clarity on the legal responsibility of employers to not discriminate against employees based on their weight. This should include consideration of policies that would specifically prohibit obesity discrimination in the workplace.	GEO	chapter 2
19 Priority for Food White Paper Introduce a fiscal lever on food and drink manufacturers to incentivise further reformulation of processed food, such as the sugar and salt reformulation tax proposed in the National Food Strategy.	HMT, DEFRA, DHSC	chapter 5
20 Set out a process to ensure that the UK Government, in its trade negotiations and agriculture policy development, protects the right to health and the right to adequate nutritious food and related rights for all, to include: <ul style="list-style-type: none"> • participation of public health experts and relevant civil society organisations; • the publication of mandatory health impact assessments; • time for meaningful Parliamentary scrutiny and debate; • the adoption and implementation of mechanisms intended to protect public interests from undue commercial interference. 	DIT, DHSC	chapter 5
21 Priority for Food White Paper Introduce new regulations to limit the use of promotional techniques on unhealthy food and drink product packaging, including: restrictions on the use of cartoon, brand equity and licensed characters along with celebrities and sports stars; ending the use of on-pack promotional offers including giveaways and competition prizes and restrictions on nutritional and health claims.	DHSC	chapter 4
22 Priority for Food White Paper Introduce a legal duty for large food businesses to provide annual data on their sales of HFSS products, to be collated and published by the Food Standards Agency.	DHSC, FSA	chapter 5
23 Update national planning and licensing policies to explicitly state that a primary purpose of the planning system is to create places in which people of all ages, abilities and financial means can live safe, active healthy lives, including objectives to reduce health inequalities and address public health priorities such as healthy weight.	MHCLG, DHSC	chapter 6
24 Ensure only healthier food and drink products can be associated with sports, with new restrictions on any kind of sports sponsorship of unhealthy products and brands.	DHSC, DCMS	chapter 7
25 Ensure that all infants and young children at risk of, or with overweight and obesity are identified and supported. This requires height and weight measurements to be taken at 2-2.5-year check with data nationally collated, and the development of a model pathway with guidance to identify infants and key principles for future management with targeted pathways for the highest risk communities (such as looked after children and those with special education needs).	DHSC	chapter 8

26 Prevent the misleading marketing of food and drinks aimed at infants and young children with new regulations to ensure honest labelling that aligns with public health advice. Introduce further regulation – including extending the ban on advertising infant formula milk to follow-on formula – so marketing cannot be used to undermine breastfeeding or mislead parents.

DHSC

chapter
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27 Undertake initiatives across the entire healthcare system to increase the uptake of weight management services, particularly amongst socioeconomic groups that are most under-represented in these services.

DHSC, OHID, local health systems

chapter
9

28 Develop, collaboratively across the four UK governments, fair and ethical principles for interacting with the food industry, underpinned by the latest evidence on the commercial determinants of health.

DHSC

chapter
10



DEVELOP This section outlines our recommendations for further policy development and research to inform future policies and interventions within the next ten years.

29 The following areas require further policy development with a view to bringing in new policies in the next ten years.

DHSC, HMT, BEIS

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chapter
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chapter
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- Policies that address disproportionate pricing structures on unhealthy products.
- Policies that facilitate purchase of healthier options on food delivery aggregator platforms.
- Policies that reduce the accessibility of unhealthy food and drink, particularly to older children, including licensing retailers or curbing the hours when products can be sold.
- Regular reviews to update the nutrient profiling model to reflect the latest dietary guidance.
- Assess the potential and utility of fiscal stimulus mechanisms to support food businesses to shift towards the production, manufacture, and sale of healthier food and drink products.

30 Increased investment into obesity related research is required. SCHOPR should review the key evidence gaps in research and policy evaluation, review research investment in the area, and identify areas and mechanisms (including role of funders) for improving the evidence base for policy through increased research investment and the evaluation of policies as they are implemented.

SCHOPR with OSCHR and funders to review research landscape

In reviewing relevant literature to inform the strategy, a number of research gaps were identified. This is not an exhaustive list, but instead provides examples of topics where new or further research is needed to inform future policies and interventions.

- The relative effect of different elements of product packaging – such as use of colour, pictures, warnings and branding - on purchase and consumption.
- Further research into effective approaches to support physical activity in the workplace.

chapter
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chapter
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- Digital marketing innovation – emerging food marketing techniques.
- The impact of price reduction strategies on purchasing of unhealthy products.
- How to reduce obesity stigma in all settings.
- Effectiveness and take-up of weight management support and interventions for families.
- Impact of regular monitoring of weight in healthcare settings on motivation of patients and healthcare professionals.
- An assessment of the latest developments in treatment options and their role in weight management services.
- Effective approaches to maintain weight loss.
- Effectiveness of new commercial self-management services.
- To ensure conclusions from research offer the best opportunity to support progress in as broader range of the population as possible, while also guarding against unintended negative consequences, all future research (whether focused on treatment or prevention) should include the mental as well as physical health aspects of obesity and disordered eating.

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This strategy is supported by Obesity Health Alliance members, listed below:

- Academy of Medical Royal Colleges
- Action on Sugar
- Association of Directors of Public Health
- Best Beginnings
- Biteback 2030
- British Association of Sport and Exercise Medicine
- British Association for Study of the Liver
- British Dental Association
- British Dietetic Association
- British Heart Foundation
- British Liver Trust
- British Medical Association
- British Obesity and Metabolic Surgery Society
- British Society of Gastroenterology
- Cancer Research UK
- Caroline Walker Trust
- Centre for Ageing Better
- Children's Food Campaign
- Children's Liver Disease Foundation
- Diabetes UK
- Faculty of Dental Surgery, Royal College of Surgeons of England
- Faculty of Sport and Exercise Medicine
- First Steps Nutrition
- The Food Foundation
- Health Action Campaign
- Health Equalities Group
- Heart Research UK
- HENRY
- Institute of Health Visiting
- Men's Health Forum
- Obesity Action Campaign
- Obesity Empowerment Network UK
- Obesity UK
- Royal College of Anaesthetists
- Royal College of General Practitioners
- Royal College of Midwives
- Royal College of Nursing
- Royal College of Obstetricians and Gynaecologists
- Royal College of Paediatrics and Child Health
- Royal College of Physicians
- Royal College of Psychiatrists
- Royal College of Surgeons of Edinburgh
- Royal Society of Public Health
- Society for Endocrinology
- UK Association for the Study of Obesity
- UK Faculty of Public Health
- UK Public Health Network
- World Cancer Research Fund
- Welsh Obesity Society

Scope

Obesity presents a health challenge across the UK and this strategy highlights UK-wide data, insight and policy. This strategy is aimed primarily at the UK Government. The four UK nations have differing populations with different needs so tailored approaches are needed, and in a few cases the recommendations reflect or build on commitments already made by devolved governments. Health is largely a devolved matter, but some of the recommendations in this strategy go wider than health systems and would involve the use of devolved powers. See Appendix 1 for a breakdown of recommendations and their implications across the UK.

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