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Policy paper

Tackling obesity: empowering adults and children to live healthier lives

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1. Introduction

Tackling obesity is one of the greatest long-term health challenges this country faces. Today, around two-thirds (63% (<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020/part-3-adult-obesity-copy>)) of adults are above a healthy weight, and of these half are living with obesity¹. We have 1 in 3 children (<https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2018-19-school-year>) leaving primary school who are already overweight or living with obesity with 1 in 5 (<https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2018-19-school-year>) living with obesity².

Obesity prevalence is highest amongst the most deprived groups (<https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2018-19-school-year>) in society³. Children in the most deprived parts of the country are more than twice as likely (<https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2018-19-school-year>) to be obese as their peers living in the richest areas⁴. This is sowing the seeds of adult diseases and health inequalities in early childhood.

Obesity is associated with reduced life expectancy. It is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, at least 12 kinds of cancer (<https://www.nejm.org/doi/full/10.1056/NEJMSr1606602>), liver and respiratory disease⁵, and obesity can impact on mental health⁶.

Our country's rates of obesity are storing up future problems for individuals and our NHS. But worryingly, there is now consistent evidence that people who are overweight or living with obesity who contract coronavirus (COVID-19) are more likely to be admitted to hospital, to an intensive care unit and, sadly to die from COVID-19 compared to those of a healthy body weight status⁷. Obesity has become an immediate concern for anyone who is overweight and for our health and care services.

Lots of people who are overweight or living with obesity want to lose weight but find it hard. Many people have tried to lose weight but struggle in the face of endless prompts to eat – on TV and on the high street. In supermarkets, special offers and promotions tempt us to buy foods that are not on the shopping list but are hard to resist. When we eat out, we have little information about how many calories are in the food we are offered. We are biologically programmed to eat and when we are bombarded by advertisements and promotions for food – it's hard to eat healthily, especially if we are busy or tired or stressed (<https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-342>)⁸.

We understand this. We've heard from people up and down the country who want to help themselves. But we've also heard that there are some things where they need our help. Today we are announcing a new set of policies that starts to change this environment; to empower people to make the healthier choices they want to make and give the full support of the NHS to people who are overweight and who want to lose weight. It is the start of this government's effort to shift healthcare to focus more on public health and prevention.

Helping people to achieve and maintain a healthy weight is one of the most important things we can do to improve our nation's health.

2. COVID-19 and obesity

We have known for decades that living with obesity reduces life expectancy and increases the chance of serious diseases (<https://pubmed.ncbi.nlm.nih.gov/19320986/>) such as cancer, heart disease and type 2 diabetes⁹. In the last few months we have seen that being overweight or living with

obesity puts you at risk of dying from COVID-19¹⁰.

As Public Health England's (PHE's) recent assessment has made clear, new evidence in the UK and internationally, indicates that being overweight or living with obesity is associated with an increased risk of hospitalisation, severe symptoms, advanced levels of treatment such as mechanical ventilation or admission to Intensive Care Units and death from COVID-19. These risks increase progressively as an individual's body mass index (BMI) increases¹¹.

There are likely to be several reasons why people living with obesity are at a greater risk of being seriously ill, and dying, from COVID-19. These include the effect excess fat tissue has on vital organs like the heart, lungs and liver, increased inflammation and decreased immune response to infection¹². And obesity increases the risk of diseases like type 2 diabetes, heart disease and respiratory disease, which themselves increase the risks of complications in someone who contracts COVID-19.

This new evidence from the UK and internationally is consistent. It suggests that the risk posed by being overweight or living with obesity to people with COVID-19 is relatively high¹³. This relationship cannot be explained by factors such as age, sex or race, or other diseases.

We know that black, Asian and minority ethnic populations and those living in deprived areas are at greater risk of dying from COVID-19. Part of this risk may relate to obesity. Obesity is more common in people living in deprived areas¹⁴, and we know that some people from black, Asian and minority ethnic populations are susceptible to obesity-related diseases, like type 2 diabetes, at a lower weight status¹⁵ compared to white populations.

Excess weight is one of the few modifiable factors for COVID-19 and so supporting people to achieve a healthier weight will be crucial to keeping people fit and well as we move forward.

We must take action to help everyone – adults and children alike to prevent obesity developing. But for adults who are already overweight or living with obesity we need to do more to support them to reduce their weight and to improve their health.

And we owe it to the NHS to move towards a healthier weight. Obesity puts pressure on our health service. It is estimated that overweight and obesity related conditions across the UK are costing the NHS £6.1 billion each year

(<http://www.ias.org.uk/uploads/pdf/Economic%20impacts%20docs/pubmed.fdr033.full.pdf>)¹⁶. Latest figures show there were nearly 900,000 obesity related hospital admissions in 2018 to 2019

(<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020/part-1-obesity-related-hospital-admissions-copy>)¹⁷. Tackling obesity would reduce pressure on doctors and nurses in the NHS, and free up their time to treat other sick and vulnerable patients. If all people who are overweight or living with obesity in the population lost just 2.5kg (one-third of a stone), it could save the NHS £105 million over the next 5 years¹⁸. Going into this winter, you can play your part to protect the NHS and save lives.

Therefore, we will be:

- introducing a new campaign – a call to action for everyone who is overweight to take steps to move towards a healthier weight, with evidence-based tools and apps with advice on how to lose weight and keep it off
- working to expand weight management services available through the NHS, so more people get the support they need to lose weight
- publishing a 4-nation public consultation to gather views and evidence on our current 'traffic light' label to help people make healthy food choices

- introducing legislation to require large out-of-home food businesses, including restaurants, cafes and takeaways with more than 250 employees, to add calorie labels to the food they sell
- consulting on our intention to make companies provide calorie labelling on alcohol
- legislating to end the promotion of foods high in fat, sugar or salt (HFSS) by restricting volume promotions such as buy one get one free, and the placement of these foods in prominent locations intended to encourage purchasing, both online and in physical stores in England
- banning the advertising of HFSS products being shown on TV and online before 9pm and holding a short consultation as soon as possible on how we introduce a total HFSS advertising restriction online

3. A call to action

COVID-19 has given us a wake-up call. We need to use this moment to kick start our health, get active and eat better.

That is why we are introducing a new campaign – a call to action to take steps to move towards a healthier weight. PHE's new Better Health campaign will urge people to take stock of how they live their lives in the wake of the COVID-19 pandemic, promoting evidence-based tools and apps with advice on how to lose weight and keep it off. You can start by weighing and measuring yourself and checking your BMI through the NHS BMI tool. If you are overweight, you can start your weight loss journey with the free NHS 12-week weight loss plan app.

The campaign aims to reach millions of people who need to lose weight, encouraging them to make behaviour changes to eat better and move more to prevent or delay the onset of serious diseases. This will be supported by a 12-week weight loss plan app that people who are living with obesity can use to develop healthier eating habits, get more active and lose weight. For more information go to www.nhs.uk/BetterHealth (<https://www.nhs.uk/better-health/>).

But we want to do much more.

We will expand weight management services so that more people get the support they need to lose weight and we will say more about this later this year.

We have already committed through the NHS Long Term Plan to make weight management services available from next year to those most at risk (people living with obesity with type 2 diabetes and/or hypertension) but we will ensure that these services are also available for people living with obesity.

We will also accelerate the expansion of the NHS Diabetes Prevention Programme to support those people who are most at risk, providing access to high-impact weight loss services for those that need it the most. This programme has already provided support to over half a million people. With this expansion, tens of thousands more people will be able to access these services than was originally included in the Long Term Plan. We will say more as we build the offer this year, but we plan to focus this investment in those parts of the country that have suffered the most from COVID-19.

We will also offer all Primary Care Networks the opportunity to equip their staff to become healthy weight coaches through training delivered by Public Health England.

We will not stop there to ensure more people at the highest risk get the support they need to lose weight. We will also look at ways to make it easier for those struggling with their weight to be referred to specialist support that can help people lose weight and keep it off.

We know that GPs and health care professionals are often the first port of call when you need health advice and support and we will help the health system to adapt to meet this challenge. This includes learning the lessons from smoking, where GPs played a key role in raising the topic and doing behavioural interventions, including referrals to stop-smoking services. We need to increase the frequency of these types of interventions for obesity in primary care, and we will be bringing forward a programme with incentives for GPs and referral pathways into weight management services in every local health care system. From 2021, we will work with the British Medical Association and the National Institute for Health and Care Excellence to implement incentives for doctors through the Quality Outcomes Framework to ensure everyone living with obesity are offered support for weight loss.

Many GPs around the country can already refer people living with obesity to weight management services. We will encourage local authorities to expand their provision and where these services are not available doctors can guide people to the free NHS 12-week plan, which we will develop and enhance over time drawing on new insights about what works.

4. Empowering everyone with the right information to make healthier choices

As a nation we are eating and drinking too many calories. Many adults are consuming 200 to 300 extra calories

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800675/Calories_Evidence_Document.pdf) a day and children who are already overweight or living with obesity are consuming up to 500 calories extra

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800675/Calories_Evidence_Document.pdf)¹⁹. We need to make sure that across the nation we don't take in more calories than we need.

But we need to make it easier.

Tackling obesity is not just about an individual's effort, it is also about the environment we live in, the information we are given to make choices; the choices that we are offered; and the influences that shape those choices.

That's why when it comes to food and drink, we want to ensure everyone has the right information, that they are offered a fair deal and that they are not unduly influenced to purchase less healthy foods and drinks. Put simply, we want the healthy option to be an easier option for everyone.

It's hard to make the healthy choice if you don't know what's in the food you are eating. That is why we want to make sure that our labelling of products in store and in cafes and coffee shops helps us to make healthier choices. We know that when shopping, identifying the healthiest products is not always easy. We want to do all we can to help people wherever they shop, to make informed food and drink choices that help them improve their health.

Key to this is ensuring front of pack nutritional labelling is presented in a way that people find helpful and easy to understand. We are really proud of the success of the UK's voluntary 'traffic light' scheme, which was introduced jointly by the UK government and devolved administrations in 2013. The scheme has proved popular with consumers and has been adopted by a majority of manufacturers and retailers.

However, it is now over 7 years since we introduced our UK scheme. Other countries round the world have followed suit so we want to make sure that our scheme continues to meet the needs of UK shoppers and reflects the latest evidence on what works best to help people make healthier choices.

Therefore, we will shortly publish a 4-nation public consultation to gather views and evidence on our current 'traffic light' label and on new international examples. We have an opportunity now we have left the EU to make decisions on labelling which are best for Britain.

It is fundamental that we all have access to the information we need to support a healthier weight, and this starts with knowing how calorific our food is. We are used to knowing this when we are shopping in the supermarket, most of the food and drink is clearly labelled in some form with calorie information, but there is often a lack of information when we eat out or get a take-away.

What and where we eat is constantly evolving. Buying food on the go or getting takeaways are increasingly important. On average the portions of food or drink that people eat out or eat as takeaway meals contain twice as many calories (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/709008/Sugar_reduction_progress_report.pdf) as their equivalent bought in a shop²⁰. Research suggests that food we eat outside the home makes up 20 to 25% of adult calorie intake²¹.

We know that people would welcome more support to make healthier choices for themselves and their families when eating out, with clear information about calorie content to make informed decisions. We know many businesses understand this and are leading the way in displaying calorie information, recognising the demand from their customers.

We can confirm that we will introduce legislation to require large out-of-home sector businesses, including restaurants, cafes and takeaways with more than 250 employees, to provide calorie labels on the food they sell.

We will also encourage smaller businesses to voluntarily provide calorie information and will consider extending the requirement to include them in the future. Our full consultation response is now published, and we will be engaging businesses in the implementation of the policy.

We recognise the unique challenges that COVID-19 has presented for the hospitality sector and the difficult circumstances that businesses may be finding themselves in. As business make new plans for their stores this is a good time to find ways to provide customers with calorie information at the point of choice – on packages or shelf edges or menu boards. This effort is an important part of the ambitious action we all need to take to turn the tide on obesity.

It is right that those businesses with the broadest shoulders take the lead in implementing mandatory calorie labelling across the sector. Evidence suggests that the majority of large business already have calorie information for their products

(<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7017-5>) so for many, the requirement will be minimal²². The change will not be immediate, and government will work with industry leaders to ensure the requirement is implemented effectively.

Of course, it is not just food that adds to our energy intake, alcohol is highly calorific too. It has been estimated that for those that drink alcohol it accounts for nearly 10% of the calories they consume (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310997/NDNS_Y1_to_4_UK_report_Executive_summary.pdf)²³. We know that each year around 3.4 million adults consume an additional day's worth of calories each week from alcohol (<https://www.drinkaware.co.uk/research/research-and-evaluation-reports/drinkaware-monitor-2014-adults-drinking-behaviour-and-attitudes-in-the-uk>), that is nearly an additional 2 months of food each year²⁴. Despite this, in the UK alcoholic drinks are not required to provide any information about how many calories they contain.

We also know that the public is largely unaware (<https://medcraveonline.com/AOWMC/AOWMC-04-00100.pdf>) of the calorific content of alcohol²⁵. Surveys (<https://www.rsph.org.uk/uploads/assets/uploaded/4c983094-8018-4dfb-9b743ace7ba5331e.pdf>) have shown that up to 80% of adults did not know the calorie content of common drinks²⁶.

Therefore, we will consult before the end of the year on our intention to make companies provide calorie labelling on all pre-packaged alcohol they sell, so when consumers shop for alcohol, they have all the information they need to make healthier choices. The consultation will also cover introducing calorie labelling on alcoholic drinks sold in the out-of-home sector, for example bought on draught or by the glass, as we have done with our measures on food and non-alcoholic drink outlined above.

5. Giving everyone a fair deal

The right information is important, but the deals and offers presented to us when we are shopping play an undue role in shaping our choices. These promotions are a key part of our shopping experience, but often these are not fair and present us only with unhealthy options. We know that people want more choice on offers that support a healthy lifestyle and that high fat, salt and sugar (H.E.S.S.) products displayed prominently at shopping tills or on the end of aisles tempt us to add extra items to our baskets and 'pester power' from children puts pressure on parents to purchase unhealthy items at the shopping till.

In the UK, we spend more on food products that are on promotion than any other European country²⁷ and the typical promotion in the UK is not for foods that contribute to a healthy diet.

A survey (<http://obesityhealthalliance.org.uk/wp-content/uploads/2018/11/Out-of-Place-Obesity-Health-Alliance-2.pdf>) from 2018 shows that around 43% of all food and drink products located in prominent areas, such as store entrances, checkouts, and aisle ends were for sugary foods and drinks and less than 1% of food and drink products promoted in high profile locations in store were fruit or vegetables. The location of products within stores can also significantly affect our purchases²⁸. For example, end-of-aisle displays have been shown to increase soft drink sales by just over 50% (<https://pubmed.ncbi.nlm.nih.gov/24632050/>)²⁹.

Promotions like buy one get one free (BOGOF) which encourage us to buy more to get the deal appear to be mechanisms to help shoppers save money, however data shows that they actually increase the amount we spend by almost 20%

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470175/Anne_xe_4_Analysis_of_price_promotions.pdf) by encouraging people to buy more than they need or intended to buy in the first place³⁰. These are not 'good deals' for our wallet or our health.

We know businesses can adapt and continue to offer customers good value for money but with an emphasis on healthier foods. By introducing mandatory legislation we will ensure a level playing field for everyone selling groceries.

We want to support shoppers to purchase healthier options and shift the balance of promotions towards healthier options and maximise the availability of healthier products available on promotion.

To do this we will legislate to end promotion of HESS products by volume (for example, buy one get one free) and location both online and in store in England. We will publish our full consultation response shortly which will set out more details.

6. Shaping the marketing to our children

Finally, we know our food choices are shaped and influenced through advertising in its many forms. Currently, the food and drink that is advertised in the UK does not reflect the healthy balanced diet that would support us all live healthier lives.

Current advertising restrictions for HESS products during children's TV and other programming of particular appeal to children are insufficient to protect children from seeing a significant amount of unhealthy food adverts on TV, and don't account for the increasing amount of time they are spending online. Research (https://www.who.int/dietphysicalactivity/Evidence_Update_2009.pdf) shows that exposing children to these adverts can increase the amount of food children eat and shape their preferences from a young age³¹.

Analysis

(https://www.cancerresearchuk.org/sites/default/files/cruk_report_on_sept19_nielsen_tv_ad_analysis_-_final22july20.pdf) from September 2019 shows that almost half (47.6%) of all food adverts shown over the month on ITV1, Channel 4, Channel 5 and Sky1 were for HESS products and this rises to nearly 60% during the 6.00pm to 9.00pm slot - the time slot where children's viewing peaks³².

We want to ensure that during the media that our children watch the most the food and drink they see advertised promotes a healthy balanced diet. Last year we jointly consulted (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807378/hfss-advertising-consultation-10-april-2019.pdf) with the Department for Digital, Culture, Media and Sport to understand what further restrictions would achieve this.

We intend to ban HESS products being shown on TV and online before 9pm. We will publish our full consultation response by the end of this year. We want to go further online and will publish a short consultation as soon as possible on how we would introduce a total HESS advertising restriction online. It is our intention to implement both TV and online measures at the same time, and we will aim to do this by the end of 2022.

7. What next?

Obesity has been decades in the making and if we are going to meet our target of reducing the number of adults living with obesity, halving childhood obesity by 2030 and reducing inequalities then we will need to do much more. This paper sets out some of what we need to do, particularly the urgent need to respond to COVID-19, but we are under no illusions that further measures will be needed:

- We will say more soon about supporting people living with obesity who want to lose weight.
- We will discuss how we can improve public sector procurement of food and drink as part of the forthcoming National Food Strategy.
- We will look at ways to support disabled people to move towards a healthier weight and this will be part of the National Strategy for Disabled People.
- We will continue to work with business and industry through the Government's reduction and reformulation programmes on sugar, calories and salt and remain committed to further action if results are not seen.
- We will consult on our proposals to help parents of young children to make healthier choices through more honest marketing and labelling of infant foods.
- We will also launch a conversation with employers to understand better how we support people to be healthier whilst they are at work.
- We will take tackling obesity and malnutrition onto the global stage. The UK is not alone with its obesity problem and we must do more to work together internationally through alliances such as the G7 to get major international companies to reduce their sugar content of commonly produced goods. Domestically we have had great success through the Soft Drinks Industry Levy in reducing sugar consumed from soft drinks, and we should help other countries achieve similar gains.
- We will make prevention at the heart of this government's health agenda to proactively tackle the burden of preventable ill health and empower everyone to make the healthy behaviours they want to make.

Obesity is one of the great health challenges of our age, COVID-19 has made this all the more important. We are trying to help make a difference. We will continue to follow the evidence and consider what more we can do. But we need your help too, so today we are encouraging the whole nation to use this moment to kick start our health, get active and eat better.

We owe it to ourselves to tackle obesity. Together we can empower people to live the healthier lives they want to live.

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