



The Association of Directors of Public Health

Policy Position: Obesity

- Obesity is a complex issue requiring a whole-system approach and action by a range of partners to build a culture where healthy weight is the default in society.
- The UK has high levels of childhood obesity and around a third of children are overweight or obese at age 10 or 11.
- National action is needed to limit the marketing of high fat, sugar and salt foods to children.
- More power should be given to local authorities to help them tackle the obesogenic environment and the NHS needs to play a stronger part in getting the population to a healthy weight.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This policy position outlines our position on obesity across the life course and the policies we believe are necessary to tackle it. It has been developed in partnership with the membership. ADPH is a member of the [Obesity Health Alliance](#), a coalition of over 30 organisations who have joined together to fight obesity.

Background

Obesity is a key preventable cause of death and disease in the UK and is a priority for DsPH. Almost three in four adults in the UK will be overweight or obese by 2035, and over the next twenty years rising levels of obesity could lead to an additional 4.62 million cases of type 2 diabetes, 1.63 million cases of coronary heart diseases and 670,000 new cases of cancer.¹ Obesity rates are high in each of the UK's constituent countries; 61.4% of adults in England are overweight or obese, 59% of adults in Wales are overweight or obese, 65% of people aged 16 or above in Scotland are overweight or obese, and 63% of people aged 16 or over in Northern Ireland are overweight or obese.²

Child obesity is a pertinent problem across the nations of the UK. In England, 9.5% of children are obese when they start school and a further 12.8% are overweight. By the age of 10 to 11 years, 20.1% of children in England are obese and 14.2% are overweight.³ 26.5% of children in Reception year in Wales are overweight or obese.⁴ By the age of four to five years old, 12% of children in Scotland are at risk of being overweight and 10% are at risk of being obese. Scotland uses different categories: risk of obesity is classified as those who are above the 95th percentile of what is expected, and risk of overweight is classified as between the 85th and 95th percentile.⁵ In Northern Ireland, 8% of children aged two to 10 and 10% of children aged 11 to 15 are classified as obese.⁶

Being overweight or obese impacts on a person's quality of life, mental health and body image, and risk of developing chronic conditions. It is also associated with bullying in children and stigma in both adults and children.⁷ The cost of obesity and related ill health is unprecedented – the annual costs to the wider economy, NHS and social care system is estimated to be £27 billion, 6.1 billion and £352 million respectively.^{8,9,10}

Focus on inequalities

There is a strong relationship between deprivation and obesity. Figures from the Obesity Health Alliance show that three in five (60%) of the most deprived boys aged 5-11 are predicted to be overweight or obese by 2020, compared to about one in six (15%) of boys in the most affluent group.¹¹ Among reception children in England, 6.4% of those in the least deprived areas are obese compared with 12.4% of those in the most deprived areas. In Year 6, 13.3% of children in the least deprived areas are obese, compared with 26.7% in the most deprived areas.¹² The link between lower incomes and obesity is also true for adults. Obesity varies by household income, with those in the lowest quintile of household income having the highest mean BMI and highest prevalence of obesity. The variation was more pronounced among women, with 38% of women in the lowest quintile classified as obese compared to 18% of women in the highest quintile.¹³ On average, there are more fast food outlets in deprived areas than in more affluent areas.¹⁴

Policy context

The introduction of a [Soft Drinks Industry Levy](#) (SDIL) was announced in March 2016. The UK Government published their childhood obesity strategy '[Childhood obesity: a plan for action](#)' in August 2016. In line with the strategy, Public Health England launched a reformulation programme to reduce the amount of sugar in products and a new calorie reduction programme, which aims to reduce calories in food, often eaten by children, by 20% between 2019 and 2024. In June 2018, the Government published the second chapter of the [Childhood Obesity Plan](#). The plan includes a national ambition to halve childhood obesity and reduce the gap in obesity between children from the most and least deprived areas by 2030. Following the publication, the Government committed to a three-year trailblazer programme, which began in May 2019, to work with council-led projects in England to tackle childhood obesity at a local level, with a particular focus on inequalities. The [National Child Measurement Programme](#) is currently mandatory in England. There remains a lack of coherent joined up healthy weight policy for adults in England.

In January 2019, the NHS Long Term Plan was published, which committed to continued action to promote healthy NHS premises. The publication of the [Advancing our health: prevention in the 2020s](#) shortly followed, which set out the Government's commitment to drive forward the policies in chapter two of the Childhood Obesity Plan, including ending the sale of energy drinks to children under 16. The Green Paper also outlined the Government's intentions to publish the third chapter of the plan, which will include plans for: infant feeding, clear labelling, food reformulation and support for individuals to achieve and maintain healthy weight. In July 2019, Public Health England published guidance on taking a [Whole Systems Approach to Obesity](#). The guide and accompanying resources have been designed to support local authorities and their local system partners with implementing a whole systems approach to address obesity and promote a healthy weight. Most recently, ADPH and PHE jointly published [What Good Healthy Weight for all Ages Looks Like](#), which represents the practical translation of the core guiding principles of the new Quality Framework for the Public Health system and features of what good healthy weight for all ages looks like in any defined place.

In February 2010, the Scottish government launched a long-term strategy entitled '[Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight](#)'. This identified four key areas for action: reducing demand and consumption of high calorie food and drinks, increasing physical activity, establishing life-long healthy habits in children, and increasing responsibility of organisations for the health of employees. In July 2018, the Scottish government published [A Healthier Future: Scotland's diet and healthy weight delivery plan](#), which sets out how the government will work with partners in the public and

private sector to help people make healthier choices about food.

In October 2019, the Welsh Government launched [Healthy weight: Healthy Wales](#), the long term strategy for preventing and reducing obesity. The strategy sets out 4 themes: healthy environments; healthy settings (which includes childcare settings, schools, higher and further education, workplaces and community settings); healthy people; leadership and enabling change.

In 2012, the Northern Ireland executive launched [The Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022: A Fitter Future for All](#). The framework aimed to address issues including increasing breastfeeding, increasing knowledge about food, and encouraging participation in physical activity, with overall targets for reducing adult obesity by 4% and child obesity by 3% by 2022. A [progress report](#) was published in March 2017.

ADPH Position

A whole system approach

In order to tackle obesity effectively we need an approach that involves the whole system, with action at the individual, environmental and societal level. This approach needs to create a culture in which a healthy weight is the default for everyone. This will necessitate joint working across planning, transport, housing, business, education, health and the voluntary and community sector. Further work is also needed at a national and local level to create healthier sustainable food systems that support healthy weights. ADPH is pleased that a whole systems approach to obesity is being piloted in four local authorities and looks forward to the sharing of the learning from this as soon the programme progresses.

Public health funding

Public health funding in England has been substantially cut, with expected spending in 2019/20 £850mlower in real terms than in 2015/16. With population growth factored in, £1bna year will be needed to restore funding to 2015/16 levels, according to analysis by the King's Fund and the Health Foundation.¹⁵ Although DsPH have been acting to manage these cuts without detriment to outcomes, they are reaching the limit of available efficiencies. Cuts to public health funding will result in cuts to interventions which can help to tackle child obesity such as weight management services. In our Public Health System Survey 2019, we asked DsPH about recent and planned changes to services. 40% of respondents had redesigned their weight management services within the last year and 35% had changed the provision. Because of the changes, 8% reported a negative impact on the service. 42% reported a planned redesign of the weight management service in the next year and 14% reported a planned change.¹⁶

Product content and reformulation

ADPH supports the reformulation of products to reduce the quantities of sugar, saturated fat and salt in unhealthy foods. The reformulation targets for England as detailed by the Government's Childhood Obesity Plan for Action should be mandatory.¹⁷ ADPH also fully supports the introduction of the sugar drinks industry levy (SDIL), however this should be expanded to include milk based sugary drinks.

Marketing and promotion

There is compelling evidence that the marketing of high sugar, salt and fat food to children influences purchasing and consumption of these products. In our most recent policy survey, 80% of DsPH who responded agreed that advertisements for food and drink products that are high in saturated fat, salt and sugars should be banned before the 9pm watershed.¹⁸ Public Health England's 2015 review [Sugar Reduction: The evidence for action](#) found that all forms of marketing influence food preference, choice and purchasing in both children and adults. The review subsequently recommended that the government

act to reduce opportunities for marketing of unhealthy products in the media. The proposed 9pm watershed should therefore be extended to all audio-visual advertising, including radio, cinema and digital out of home adverts. Further action is also needed to restrict sponsorship of high fat, salt and sugar brands of sport and leisure activities. Furthermore, consumers need to be more aware of additional calorie uptake from 'upselling'. A recent report by the Royal Society of Public Health found that 78% of the public experience 'upselling' of food or drink in a typical week and the average person who is upsold will consume 17,000 extra calories per year.¹⁹

Labelling

Informative labelling of food and drink can help to tackle obesity through behaviour change and a nudge towards healthier choices. The Royal Society of Public Health has called for the introduction of 'activity equivalent' calorie labelling to help consumers make more informed choices. 63% of people would support the introduction of this, and over half (53%) would change their behaviour after viewing this kind of labelling.²⁰ ADPH welcomed the announcement in chapter two of the Childhood Obesity Plan of the government's plan to introduce legislation to mandate consistent calorie labelling for the out of home sector in England. Calorie labelling in the out of home sector, would bring food eaten in pubs, cafes, takeaways and restaurants more in line with food labelling in the retail sector, supporting people to make an informed choice about all the food they eat.²¹ This policy is also popular with the public, with 76% of people agreeing that cafes and restaurants should display calorie information on menus.²²

Energy drinks

Evidence suggests the excessive consumption of energy drinks by children is linked to negative health outcomes, affecting children's physical and mental health, as well as sleep latency and duration.²³ Research also suggests that children, especially younger children, may not be aware of the potential health implications of consuming energy drinks; a European study found that 42% of children aged three to nine years old, could not confidently tell the difference between energy drinks and other soft drinks.²⁴ ADPH supports the age of prohibition being set at 18 and would like to see advice and guidance available to children and young people and their parents about how to improve and maintain energy levels in healthy ways.

Schools

Academies that were established between September 2010 and 2014 in England are still subject to a loophole which excludes them from School Food Standards. Density of fast food outlets in neighbourhoods has been linked with an increased prevalence of overweight and obese children in England; the number of outlets near schools has been shown to correlate with increased school obesity rates.²⁵ In ADPH's most recent policy survey, 80% of DsPH who responded said they strongly supported amending licensing legislation to empower local authorities to control the total availability of alcohol, gambling and junk food outlets.²⁶ Local authorities are adopting innovative approaches to promote healthy weight, including the development of 'superzones' around schools, which involves the banning of advertising of unhealthy foods within 400m of schools and the introduction of anti-idling policies. Schools should also be encouraged and supported to increase physical activity across the school day.

Healthcare settings

Healthcare professionals play a key role in supporting people to lose weight and maintain a healthy weight, this is important in primary, secondary and tertiary care pathways and settings. It is therefore vital that all healthcare professionals and early years professionals are equipped with the time, skills and resources to support individuals and their families. This should include support around breastfeeding, appropriate

formula feeding, weaning and healthy eating. ADPH supports NHS England's approach to reducing the consumption of sugar sweetened beverages on hospital premises. It is excellent to see that the NHS is taking leadership on the issue, however further action is needed to ensure that healthier food and drink are available – and unhealthy food restricted – across all NHS estates. We would suggest a similar approach is taken by the NHS in Scotland, Northern Ireland and Wales.

Physical activity

Physical activity has an important part to play in maintaining a healthy weight and supporting weight management. The work by PHE and Sport England to embed routine brief advice into physical activity across health education through the Moving Professionals Programme is a good start and should be amplified and adopted into core training through the Moving Medicine Programme. ADPH welcomed the government's Cycling and Walking Investment Strategy for England and the accompanying £300m investment in walking and cycling. In our most recent survey of DsPH, 81% of those who responded said that they strongly supported the prioritisation of active travel in transport policy and continued investment in infrastructure for active travel.²⁷

ADPH Recommendations

National

- Investment in public health must be increased. The Spending Review next year must deliver a sustainable package for public health in local government. The Public Health Grant needs at least £1bn more a year to reverse years of cuts to public health funding.
- The Government should tackle the social determinants of health. Building wellbeing into policy decision making and funding allocation should be a cross-government priority, supported by a new 'health index' and better utilisation of existing ONS wellbeing statistics.
- The Government should commit to increased and continued investment in public health budgets to ensure the continuation of provision of weight management services and the National Child Measurement Programme (NCMP) in England.
- The current sugar-reduction and calorie reduction programme in England needs to be rigorously monitored; if it does not have the required effect then mandatory targets should come into force.
- School Food Standards should be updated and loop-holes exempting academies and free schools should be closed to ensure that all schools and early years settings promote and facilitate access to healthy food. Nutritional standards should apply to all schools.
- Across the UK, marketing for food and drink products that are high in saturated fat, salt and sugars should be banned on all media devices before the 9pm watershed. This includes (but is not limited to) linear TV, TV on demand, radio, online, social media, apps, in-game, cinema and digital outdoor advertising.
- Governments across the four nations should act to restrict sponsorship by high fat, salt and sugar brands, particularly of sports and leisure activities.
- Retailers should be strongly encouraged and incentivised to keep unhealthy snacks out of areas of shops such as checkouts and queuing areas.
- The Government should provide local authorities with the powers and resources needed to take action on obesity. Alongside increased investment in public health, this should include investment in active travel, and giving local authorities and communities the flexibility to respond to obesity challenges through increased powers over licensing, planning and shaping the

local environment.

- The Government should ensure all healthcare professionals and early years professionals are adequately supported to make every contact count to discuss obesity and provide support to families. This should be achieved by leading a joined-up approach across all parts of Government and public bodies to ensure that every clinical and health discipline includes evidence-based training on having action-focused conversations about obesity, weight management, nutrition, physical activity, breastfeeding and behaviour change.

Local

- Learning from the whole systems approach to obesity pilots in England should be shared promptly as soon as the programme is finished.
- Local authorities should commit 10% of local travel budgets to infrastructure to support walking and cycling.
- Local authorities should support initiatives that encourage physical activity amongst the population for example Parkrun.
- GPs should consider delivering brief interventions at appropriate opportunities to motivate weight loss in patients as this has been shown to be effective.²⁸
- Healthy weight pathways should be in every health and social care programme as an essential part of keeping people healthy.
- Public sector providers, including NHS trusts and local authorities, should ensure they have healthy catering and vending policies in place to model best practice.
- Local authorities should plan a menu of interventions based on local need which may include provision of appropriate adult and child weight management services and brief interventions through the Healthy Child Programme.

Association of Directors of Public Health

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⁵ House of Commons Library, *Obesity Statistics* (2019)

⁶ House of Commons Library, *Obesity Statistics* (2019)

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⁸ Scarborough, P. et al. (2011), The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *J Public Health* 33(4):527-35.

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¹² House of Commons, *Obesity Statistics* (2019)

¹³ National Statistics & NHS Digital, *Health survey for England 2017: adult and child overweight and obesity* (2018)

¹⁴ Public Health England, *Health matters: obesity and the food environment*, [<https://www.gov.uk/government/publications/health-matters->

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¹⁶ Association of Directors of Public Health, *ADPH Policy Survey 2019: Results Report* (unpublished)

¹⁷ Association of Directors of Public Health, *ADPH Policy Survey 2019: Results Report* (unpublished)

¹⁸ Association of Directors of Public Health, *ADPH Policy Survey 2019: Results Report* (unpublished)

¹⁹ Royal Society for Public Health, *Size matters: the impact of upselling on weight gain* (2017)

²⁰ Royal Society for Public Health, *Introducing activity equivalent calorie labelling to tackle obesity* (2016)

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²² ComRes interviewed 2,036 adults in Great Britain online between 22 and 24 January 2016. Data were weighted to be representative of all adults in Great Britain

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