



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 Wales, Scotland, and Northern Ireland; 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, 9.6% of children are obese when they start school and a further 13% are overweight. By the age of 10 to 11 years, 20% of children in England are obese and 14.3% are overweight.³ 26.2% 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 7% 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}

Focus on inequalities

There is a strong relationship between deprivation and obesity. Recent 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.¹⁰ Among reception children in England, 6.6% of those in the least deprived areas are obese compared with 12.5% of those in the most deprived areas. In Year 6, 12.8% of children in the least deprived areas are obese, compared with 26.2% in the most deprived areas.¹¹ The link between lower incomes and obesity is also true for adults. For example, in 2016, waist circumference varied by area deprivation for both men and women. 51% of women in the 2nd lowest income quintile had a very high waist circumference compared with 34% of those in the highest income quintile.¹² On average, there are more fast food outlets in deprived areas than in more affluent areas.¹³

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. The Government has committed to a three-year trailblazer programme, due to commence 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 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.

Wales launched the [All Wales Obesity Pathway](#) in 2010 which involves health boards working with local authorities and a four-level approach to manage and treat obesity in Wales. These are community-based prevention, early intervention services, specialist weight management services, and bariatric services.

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. 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 will be cut by 9.7% by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut for 2015/16.¹⁴ 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 may result in cuts to interventions which can help to tackle child obesity such as weight management services. In our Public Health System Survey 2017, we asked DsPH about recent and planned changes to services. 31% of respondents had redesigned their weight management services within the last year and 23% had changed the provision. Because of the changes, 15% reported a negative impact on the service. 34% reported a planned redesign of the weight management service in the next year and 19% reported a planned change. 13% reported a predicted negative impact on the service as a result.

Product content and reformulation

ADPH supports the reformulation of products to reduce the quantities of saturated sugar, 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. In our most recent policy survey of DsPH, 88% of respondents said that introducing governmental standards for sugar, saturated fat and salt reduction in the food supply was one of their top priorities or important for them.¹⁵

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, 84% of DsPH who responded completely agreed that advertisements for food and drink products that are high in saturated fat, salt and sugars should be banned before the 9pm watershed. Similar protections should also be put in place for children viewing adverts online. 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 these unhealthy products in the media.¹⁶ In our most recent survey, 77% of DsPH who responded said that banning companies producing 'junk food' from sponsorship of physical activity and sport, especially those targeted at children and young people, was either one of their top five priorities or important to them.¹⁷ 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. Consumers need to be more aware of additional calorie uptake from 'upselling'.

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.¹⁸ 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.

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.¹⁹ 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.²⁰ 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. Our most recent survey of DsPH revealed that 94% of respondents thought that the loophole exempting academies and free schools from School Food Standards should be closed.²¹ 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.²² In ADPH's most recent policy survey, conducted in 2016, 70% of DsPH who responded said that amending licensing legislation to empower local authorities to control the total availability of alcohol, gambling and junk food outlets was one of their top five priorities. 22% said it was an important priority.²³ This made it the second highest priority in the survey.

Hospital

We support 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 prior to the introduction of the SDIL. We would suggest a similar approach is taken by the NHS in Scotland, Northern Ireland and Wales.

Physical activity

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, 82% of those who responded said that ensuring a commitment of 10% of the transport budget to walking and cycling was one of their top five priorities or an important priority for them.

ADPH Recommendations

National

- Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.
- 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.

- In England, the loophole exempting academies and free schools from School Food Standards should be closed. 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 before the 9pm watershed.
- 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.
- Local authorities should have more place-shaping powers to enable them to more effectively tackle the obesogenic environment; for example, health needs to be included as a material planning consideration in England.

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.²⁴
- Healthy weight pathways should be in every health and social care programme as an essential part of keeping people healthy.
- Local authorities should plan a menu of interventions based on local need which may include provision of appropriate adult and child weight management services.

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² House of Commons Library, *Obesity Statistics* (2018)

³ House of Commons Library, *Obesity Statistics* (2018)

⁴ Public Health Wales, *The Child Measurement Programme for Wales 2015/16* (2017)

⁵ House of Commons Library, *Obesity Statistics* (2018)

⁶ House of Commons Library, *Obesity Statistics* (2018)

⁷ Puhl, R.M., & Heuer, C. A. (2010), Obesity stigma: important considerations for public health. *Am J Public Health* 100(6): 1019-28.

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', *Journal of Public Health* 33(4), 527-35.

⁹ Government Office for Science, [FORESIGHT Tackling Obesities: Future Choices – Project Report 2nd edition](#) (2007).

¹⁰ Obesity Health Alliance, *3 in 5 of England's most deprived boys will be overweight or obese by 2020*, <http://obesityhealthalliance.org.uk/2016/10/11/3-5-englands-deprived-boys-will-overweight-obese-2020/> accessed 22 November 2018.

¹¹ House of Commons Library, *Obesity Statistics* (2018)

¹² NHS Digital, *Health Survey for England 2015: Adult overweight and obesity* (2016)

¹³ Public Health England, *Health matters: obesity and the food environment*, <https://www.gov.uk/government/publications/health-matters->

[obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2](#)] accessed 22 November 2018.

¹⁴ Local Government Association, *Public health funding in 2016/17 and 2017/18* (2016)

¹⁵ Association of Directors of Public Health, *ADPH Policy Survey 2016: Results Report* (2016)

¹⁶ Public Health England, *Sugar Reduction: The evidence for action* (2015)

¹⁷ Association of Directors of Public Health, *ADPH Policy Survey 2016: Results Report* (2016)

¹⁸ Royal Society of Public Health, *Introducing activity equivalent calorie labelling to tackle obesity* (2016)

¹⁹ EFSA NDA Panel (EFSA Panel on Dietetic Products, Nutrition and Allergies), 2015. Scientific Opinion on the safety of caffeine. *EFSA Journal*, 13(5), 4102.

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²¹ Association of Directors of Public Health, *ADPH Policy Survey 2016: Results Report* (2016)

²² Alviola, P.A., IV, R.M. Nayga, Jr., M.R. Thomsen, D. Danforth & J. Smartt (2014). 'The effect of fast-food restaurants on childhood obesity: A school level analysis'. *Economics & Human Biology* 12, 110-119.

²³ Association of Directors of Public Health, *ADPH Policy Survey 2016: Results Report* (2016)

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