



The Association of Directors of Public Health

Policy Position: Healthy Weight

Key Messages

- The UK has the fourth highest level of people living with obesity in Europe with obesity being directly responsible for at least 200,000 new cancer cases annually. Around a third of children in their final year of primary school are overweight or living with obesity.
- Preventative actions are required to promote healthy weight, reduce health inequalities and lessen the burden on the health and social care system.
- A whole system approach is required to create an environment that promotes good health and enables healthy eating and positive attitudes to food. More power should be given to local public health authorities¹ to protect people from obesogenic environments.
- National action is needed to limit the marketing of high fat, sugar and salt (HFSS) foods.

ADPH Recommendations

National

A whole system approach: A long-term, system-wide approach to prevention at both local and national level is key to promoting healthy weight.

Investment in public health must be increased across the four nations. In England, the Public Health Grant needs £0.9 billion more a year to reverse years of funding cuts.¹ Adequate investment is crucial to continue the provision of weight management services and the National Child Measurement Programme in England.

Food marketing: Across the UK, marketing for HFSS food and drink products should be banned on all media devices before the 21:00 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.

Healthy environments: Health Impact Assessments should be utilised to create a healthier environment. Local communities should be engaged with and included in local planning and decision making.

Support to local authorities (LAs): LAs should be enabled to respond to obesity challenges through increased powers over licensing, planning, as well as sponsorship and advertising regulations on unhealthy foods. Environmental health should focus not only on food safety but also food health.

Restricting sponsorship: Governments across the four nations should act to restrict sponsorship by HFSS brands, particularly for sports and leisure activities.

Food Standards in all settings should be updated and the nutritional standards should be raised in schools. Loopholes exempting academies and free schools should be closed to ensure that all schools and early years settings facilitate access to healthy food in line with nutritional standards. An assurance mechanism should be established, and adequate funding should be provided to ensure consistency across regions of

¹ By local public health authorities we mean bodies with statutory local responsibility for public health functions (eg upper tier local authorities in England, Health Boards in Scotland and Wales, Public Health Service in Northern Ireland). These differ across the UK, Crown Dependencies, and associated territories. We have published a separate [headline explainer](#) on public health in each of these systems.

the UK.

Making every contact count: All frontline staff in the public sector should be trained to have action-focused conversations about healthy weight, nutrition, physical activity, breastfeeding, and behaviour change in a compassionate manner. There should be consistent messaging and guidance across all professions.

Climate change: Local and national food production strategies should ensure food systems are sustainable through collaboration with the voluntary sector, businesses, and LAs. Investment in active travel can address both the causes of climate change and obesity simultaneously.

Local

Local public health authorities should take a whole system, preventative approach and develop joint strategies with local and regional partners to prioritise good nutrition and healthy weight.

Healthy weight pathways should be in every health and social care programme as an essential part of keeping people healthy, including free-to-access weight management programmes.

Brief interventions: GPs and other professionals should deliver brief interventions in a compassionate manner to motivate weight loss in patients where appropriate.²

Behaviour change services should adopt a more holistic approach to understanding individual behaviours rather than focusing on addressing behaviours.

Quality Improvement: Case studies and best practice should be shared across different networks in the four nations to facilitate quality improvement.

Public sector providers, including NHS trusts and LAs, should have healthy and sustainable catering and vending policies in line with the [national standards](#) for healthcare food and drink.³

LAs should invest in better pavement quality, street lighting and road maintenance to improve access to active travel and provide more green spaces, and subsidise/free access to sport and leisure services to promote physical activity such as [Parkrun](#).⁴

Background

Healthy weight is associated with a reduced risk of poor health outcomes.⁵ It can be measured using the body mass index (BMI) or more accurately by measuring the circumference of a person's waist is a superior method to measure excess/unhealthy body fat.⁶

In the UK, 26% of adults in England are living with obesity, compared to 30% in Scotland and 27% in Northern Ireland.^{7 8 9} Moreover, there are approximately three million people who are malnourished or at risk of being so.¹⁰ This has been exacerbated by poverty, with 46% of British adults reporting that they were buying less food when shopping in 2023, with the increased cost of food being cited as the most common reason for this.¹¹ This doesn't even factor in the fact that healthy nutritious food costs almost three times more than obesogenic unhealthy foods.¹² At the same time, up to 3.4 million people in the UK are living with an eating disorder, and cases have been reported in children as young as six years old.¹³

Unhealthy weight can lead to a wide range of health conditions. On average obesity shortens an individual's life expectancy by nine years and causes 30,000 deaths per year in England.¹⁴ The annual cost of obesity to the UK economy is estimated to be around £58 billion, with a 10% reduction in obesity

prevalence estimated to produce the equivalent of a £6 billion social gain each year.¹⁵ People living with obesity are three times more likely to develop colon cancer and five times more likely to develop type two diabetes. Whilst malnutrition increases the risk of illness and infection, results in slow wound healing and reduces a person's ability to carry out daily activities.¹⁶

Unhealthy weight is a complex problem, and the causes are affected by factors including a person's environment, biology, physiology, mental health and society and culture – and importantly, the interaction between these determinants. It is also underpinned by health inequalities, as socioeconomic status as well as affordability of and access to nutrient rich food, can affect an individual's ability to achieve and maintain a healthy weight. For example, the prevalence of obesity in the most deprived areas of England is almost twice of that in the least deprived areas (36% vs. 20%).¹⁷ Similarly, ethnicity affects health outcomes for obesity, as children and adults from black ethnic backgrounds are more likely to live with obesity, with 74% of adults from black ethnic backgrounds being above a healthy weight in 2019, exceeding the national average of 63%.^{18 19}

Policy Context

In 2020, the English Government published '[Tackling obesity: empowering adults and children to live healthier lives](#)'.²⁰ Prior to this in 2018, England set a target to halve childhood obesity by 2030 and to tackle inequalities in the prevalence of obesity in children.²¹ [A food strategy](#) was also released in 2022.²² Within the strategy, the voluntary sugar reduction programme set a target for the food industry to lower sugar content by 20% by 2020 in the types of products that form the greatest contribution to children's sugar intake. This resulted in around a 13% cut in sugar in cereals and yoghurts. However, this programme also led to a rise in the sale and marketing of multi-pack chocolate bars due to the smaller portion sizes of individual bars.

The NHS' Long Term Plan (LTP) for England also includes initiatives to address obesity. It offers primary care weight management services for those with either type two diabetes or those with a combination of high blood pressure and a BMI of 30 and over.²³ A commitment was also made to double funding for the NHS' diabetes prevention programme. Additionally, the NHS set out an ambition to test a programme that supports type two diabetics and people with obesity undertaking a 'very low calorie diet'.

In Wales, the '[Healthy weight healthy Wales](#)' strategy was updated in 2022.²⁴ Legislation to restrict the placement and price promotion of HFSS products will be introduced in 2024 and implemented by 2025.²⁵

The Scottish Government published '[A healthier future: Scotland's diet and healthy weight delivery plan](#)' in 2018.²⁶ In 2022, Scotland started a consultation on advertising restrictions of HFSS foods. Based on the result of the consultation, the Scottish Government urges the UK Government to ban broadcast adverts of HFSS foods after 21:00.

In Northern Ireland, '[A fitter future for all](#)' was published to reduce obesity rates in adults and children.²⁷ As a part of the framework the breastfeeding strategy '[A great start 2013 - 2023](#)' was launched.²⁸ This is important because breastfeeding can reduce a child's risk of obesity and both type one and two diabetes.

ADPH Position

A whole system and a life course approach to promoting healthy weight

In local areas a long-term, place-based approach is needed that makes healthy weight everybody's

business. It requires strong system leadership with collaboration across local public health authorities, the NHS, the wider public sector (planning, transport, housing, education), the third sector and businesses.

A whole system approach should also look across the life course and meet the needs of every generation, targeting the most deprived or at-risk groups at every age. This can be supported by working collaboratively with specific life-course settings across the system, including maternity services, early years' settings, schools, workplaces, and services for older people. In England, the delivery of the National Child Measurement Programme (NCMP) is an opportunity to engage with other parts of the system.²⁹

A whole system approach will support healthier choices through creating a better local environment (eg improving accessibility of healthier food, and protecting people from detrimental commercial influences); preventative population-level approaches (eg providing healthy school meals); secondary prevention services (eg weight management services); and targeted, community asset-based approaches. All policy levers should be considered, including legislation, regulation, fiscal measures, environmental planning, communications and marketing, guidelines, and service provision.

More public health funding is needed to promote healthy weight

Investment in public health must be increased across the four nations. Public health needs to be funded sustainably and adequately in line with local population health need. In England, LAs' public health funding has suffered a 26% cut (in real terms on a per person basis) since 2015/16. Restoring the public health grant to its previous real-terms per person value would require an additional £0.9 billion per year.³⁰ Although Directors of Public Health (DsPH) have been acting to manage these cuts, they are reaching the limit of available efficiencies. Cuts to public health funding will result in cuts to interventions which can help to tackle childhood 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.³¹

Creating a health-promoting environment through community engagement

There are marked inequalities in the drivers of unhealthy weight, such as access to healthy and nutritious food, as well as in overall rates of obesity among children. Local communities should be at the centre of decision-making. Local public health authorities should work with the most deprived communities to ensure that interventions, services, and approaches delivered can be shaped and targeted to ensure the whole community benefits, particularly those most in need. We must also maximise the use of community assets to mobilise the skills, knowledge, and connections of local communities.

Policies to reduce sugar, saturated fat and salt in unhealthy foods

Research suggests that soft drinks are the main source of sugar in the diets of children (four to ten years) and teenagers (11-18 years), contributing 30% and 40% of sugar intake respectively.³² Recent analysis also suggests up to a third of UK children consume at least one energy drink per week.³³ 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.³⁴

ADPH supports the reformulation of products to reduce 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. ADPH also fully supports the introduction of the sugar drinks industry levy (SDIL),

however this should be expanded to include milk based sugary drinks. Advice and guidance should be provided to children and their parents about how to improve and maintain energy levels in healthy ways.

Marketing and promotion of unhealthy products should be restricted

There is compelling evidence that the marketing of HFSS 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 HFSS food and drink products should be banned before the '21:00 watershed'. The proposed 21:00 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 HFSS brands for sport, culture, and leisure activities. ADPH would welcome tighter advertising restrictions on HFSS foods and labelling that includes the out of homes sector and prevent loopholes in legislation that allow schools to provide innutritious foods to their pupils.³⁵ The end goal should be to create a culture where healthy weight is the standard in our population. Children should be protected from marketing tactics used to promote HFSS as it can impact what and when children eat and shape their food preferences from a young age. Furthermore, consumers need to be more aware of additional calorie uptake from 'upselling', as the industry uses a variety of marketing techniques to persuade consumers to buy additional or more expensive food or drink items they otherwise would not have bought. A 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.³⁶

Food labelling to inform healthier choices

Informative labelling of food and drink can help to tackle obesity through behaviour change and a nudge towards healthier choices. Clear food labelling can also help people make informed decisions. 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.³⁷ This policy is also popular with the public, with 79% of people surveyed agreed that calorific information should be included on menus for food and drinks.³⁸

Stigma associated with poor body image should be challenged

Poor body image is a contributing factor to underweight and mental health issues and in 2019, one in five adults felt shame related to their body and 19% felt disgusted by their body image.³⁹ The stigma associated with this issue should be challenged through industry changes in social media, policy updates, training for healthcare professionals and public health messaging. Use of 'size zero models' should be discouraged. The promotion of harmful or deceitful material on social media, particularly in relation to advertisement, should also be monitored more closely by social media companies. Public campaigns on nutrition and obesity should avoid the potential to create stigma and indirectly contribute to appearance-based bullying.

Schools as an important platform to promote healthy weight

Academies that were established between September 2010 and 2014 in England are still subject to a loophole which excludes them from School Food Standards. With nine children in every year six classroom being above a healthy weight, 80% of the public support an end to discounts offered to school-age children by unhealthy fast food outlets, and 65% back a ban on new fast food outlets opening within a five minute walk of schools.⁴⁰ In ADPH's recent survey, 80% of DsPH who responded said they strongly supported amending licensing legislation to empower LAs to control the total availability of alcohol, gambling and fast food outlets. Local public health 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 throughout the school day.

Healthcare settings should play a stronger role in promoting healthy eating

Healthcare professionals play a key role in supporting people to 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 initiative to reducing the consumption of sugar sweetened beverages on hospital premises. 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.

Food strategy in England

Although some of the interventions suggested in the Government’s strategy have been received positively by ADPH it is our view that the strategy is not comprehensive and does not go far enough in its ambitions to improve health outcomes through the food system.⁴¹ We welcome the targets and suggestions made in [the independent review conducted by Henry Dimbleby](#), such as the recommendation to join up legislation instead of implementing separate policies to address particular aspects of the system.⁴²

Healthy start scheme in England

ADPH endorsed a joint letter written by Sustain and the Food Association addressed to the Secretary of State, Steve Barclay in 2022.⁴³ The letter called on DHSC and NHS Business Service Authority to expand the healthy start scheme eligibility to apply to all families in receipt of universal credit and equivalent benefits with children under the age of five. The letter also asked for the Government to commit to a £5 million marketing campaign that specifically targets families who are eligible for the scheme and the health professionals who work with these families which was also suggested in the national food strategy.

Physical activity and active travel should be prioritised

Physical activity is crucial for maintaining a healthy weight. It was a good start for Public Health England (PHE) and Sport England to embed routine brief advice on physical activity across health education through the Moving Professionals Programme. This should be amplified and adopted into core training through the Moving Medicine Programme. ADPH welcome the Government’s Cycling and Walking Investment Strategy for England and the inception of Active Travel England. In our recent survey of DsPH, 81% respondents said that they strongly supported the prioritisation of active travel in transport policy and continued investment in infrastructure for active travel. Moreover, an Active Journeys Programme has been implemented in Wales to promote active travel with schools and has shown to yield favourable outcomes with an increase of active travel by 24.6% and a reduction in car usage by 30%.⁴⁴

About ADPH

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. 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.

This policy position statement has been developed in collaboration with the ADPH Council, the ADPH Healthy Places PAG and the English Healthy Weight Commissioners Group.

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