



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 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 Scotland, Wales and Northern Ireland; 59% of adults in Wales are overweight or obese, 67% of people aged 16 or above in Scotland are overweight or obese, and 60% 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. Nine percent of children in England 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% are overweight.³ 26.2% of children in Reception year in Wales are overweight or obese.⁴ Scotland uses a different label of 'at risk of obesity' to describe a child with a BMI above the 95th percentile of what is expected (equivalent to the English and Welsh definition of 'obese'). 16% of children in Scotland aged seven-11 and 15% aged 12-15 are at risk of obesity.⁵ At age five, 5.2% of children in Northern Ireland are obese and 15.5% are overweight. By age 11, 7.1% are obese and 20.7% are overweight.⁶

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.⁷ In 2015/16, 40% of children in England's most deprived areas were overweight or obese, compared to 27% in the most affluent areas.⁸ The link between lower incomes and obesity is also true for adults. For example, in 2015, abdominal obesity varied with household income in both men and women. 55% of women in the 2nd lowest income quintile had a very high waist circumference compared with 37% of those in the highest income quintile.⁹ On average, there are more fast food outlets in deprived areas than in more affluent areas.¹⁰

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 has also announced a calorie reduction programme. The categories and targets will be announced in 2018, but it is expected to be wider than the sugar reduction programme and will include the reduction of saturated fat from products.

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.

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 four per cent and child obesity by three per cent 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 and health. 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 2015/16.¹¹ 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 fat, salt, and sugar in unhealthy foods. We would have preferred that the reformulation targets for England as detailed by the Government's Childhood Obesity Plan for Action were mandatory. In our most recent policy survey of DsPH, 88% of respondents said that introducing governmental standards for salt, saturated fat and sugar reduction in the food supply was one of their top priorities or important for them.¹²

Marketing and promotion

There is compelling evidence that the marketing of high fat, salt and sugar 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. Marketing and promotion was not address in the government's Childhood Obesity Plan. 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, and subsequently recommended that the government act to reduce opportunities for marketing of these unhealthy products in the media.¹³ 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.¹⁴ 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 to 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.¹⁵

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.¹⁶ 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.¹⁷ 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.¹⁸ 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, advertisements 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.¹⁹
- 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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Next Review: November 2018

¹ Cancer Research UK & UK Health Forum, *Tipping the scales: why preventing economy makes economic sense* (2016)

² House of Commons Library, *Obesity Statistics* (2017)

³ House of Commons Library, *Obesity Statistics* (2017)

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

⁵ House of Commons Library, *Obesity Statistics* (2017)

⁶ Department of Health Northern Ireland, *Health Inequalities Regional Report 2016* (2016)

⁷ 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 13 September 2017

⁸ Royal College of Paediatrics and Child Health, *State of Child Health Report 2017* (2017)

⁹ NHS Digital, *Health Survey for England 2015: Adult overweight and obesity* (2016)

¹⁰ 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 13 September 2017

¹¹ Local Government Association, *Public health funding in 2016/17 and 2017/18*, (2016)

¹² Association of Directors of Public Health, *ADPH Policy Survey 2016: Results Report* (2016)

¹³ Public Health England, *Sugar Reduction: The evidence for action* (2015)

¹⁴ Association of Directors of Public Health, *ADPH Policy Survey 2016: Results Report* (2016)

¹⁵ Royal Society of Public Health, *Introducing activity equivalent calorie labelling to tackle obesity* (2016)

¹⁶ Association of Directors of Public Health, *ADPH Policy Survey 2016: Results Report* (2016)

¹⁷ Alviola, P.A., IV, R.M. Nayga, Jr., M.R. Thomsen, D. Danforth, and J. Smartt. 2014. "The effect of fast-food restaurants on childhood obesity: A school level analysis." *Economics & Human Biology* 12: 110-119.

¹⁸ A Association of Directors of Public Health, *ADPH Policy Survey 2016: Results Report* (2016)

¹⁹ P. Aveyard et al., 'Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial', *The Lancet*, Volume 388, Issue 10059, 2492 – 250, 2016