Policy initiatives to tackle obesity in England?

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Declaration of interests

From 2005-2007 I was the lead Science Advisor to the Foresight obesity project

From 2007-2011 I chaired the DH Expert Advisory Group on Obesity

From 2010-2015 I was Chair of the DH Public Health Responsibility Deal Food Network

From 2013-18 I was Chair of the NICE Public Health Advisory Committee A

In 2018 I was appointed to the UK Scientific Advisory Committee on Nutrition

My research is primarily funded by the National Institute of Health Research (NIHR). Some of my research has been funded by companies providing weight management services (Weight Watchers, Cambridge Weight Plan). In other publically funded trials the treatment intervention is offered by the provider at no cost (Slimming World, Weight Watchers)
Trend in obesity prevalence among adults
Health Survey for England 1993 to 2015 (three-year average)

Prevalence of obesity

Adult (aged 16+) obesity: BMI ≥ 30kg/m²

PHE Patterns and trends in adult obesity
Obesity prevalence by deprivation decile
National Child Measurement Programme 2016/17(1)

Calorie reduction: the scope and ambition for action – March 2018
Nutrition labelling

Around two thirds of pre-packaged food carry consistent colour-coded nutrition labelling.

Partial adoption of calorie-labelling on high street.

Recent public consultation on mandatory labelling for all out-of-home food businesses.
Voluntary agreements with industry to stimulate product renovation

• Builds on successful salt reformulation programme
• Public Health Responsibility Deal initiated action on calories – voluntary pledges and self-reporting of progress
• Specific targets now set by Public Health England for sugar and calories
• Independent monitoring and annual reporting of progress
• Threat of stronger action if sufficient progress not achieved
Sugar

Calls on the food industry to reduce sugar in their most popular products by **20%** by **2020**. Categories include:

- Breakfast cereals
- Yogurts and fromage frais
- Ice cream, lollies and sorbets
- Sweet confectionary
- Chocolate confectionary
- Cakes
- Morning goods
- Sweet spreads and sauces
- Biscuits
- Puddings
Results after 1 year*:  
2% reduction overall (excluding drinks)

<table>
<thead>
<tr>
<th>Product Category</th>
<th>Sugar per 100g (% change)</th>
<th>Calories in products consumed on a single occasion (% change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biscuits</td>
<td>0%</td>
<td>-3%</td>
</tr>
<tr>
<td>Breakfast cereals</td>
<td>-5%</td>
<td>n/a*</td>
</tr>
<tr>
<td>Chocolate confectionery</td>
<td>0%</td>
<td>-3%</td>
</tr>
<tr>
<td>Ice cream, lollies and sorbets (g)</td>
<td>-2%</td>
<td>-7%</td>
</tr>
<tr>
<td>Puddings</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>Sweet spreads and sauces</td>
<td>-5%</td>
<td>n/a*</td>
</tr>
<tr>
<td>Sweet confectionery</td>
<td>-1%</td>
<td>0%</td>
</tr>
<tr>
<td>Yogurts and fromage frais</td>
<td>-6%</td>
<td>-6%</td>
</tr>
</tbody>
</table>

*n/a = not available as products generally not sold in single serve portions

*2 year data expected next month
Calls on the food industry to reduce sugar in their most popular products by 20% by 2024. Categories include:

- Ready Meals
- Pizzas
- “Food to Go” e.g. Prepared Sandwiches, Salads, etc.
- Meal Deals
- Chips and Noodle and Pasta Dishes
- Savoury Snack Products
- Sauces and Dressings
- Meat and Meat Alternative Products
Calorie reduction* through smaller portions and reformulation

250 kcal cap on single bars of confectionery from Mars, Nestle and Mondelez

Reductions in fat and sugar across a range of products

*1 year progress report expected next month
TAXING SUGARY DRINKS AROUND THE GLOBE

DO TAXES REDUCE CONSUMPTION?

In Mexico, in its first 2 years, sugary drink purchases decreased by 7.6% per year, over 10 years this will lead to a 2.54% reduction in obesity and prevent 86,314,000 cases of diabetes.

France saw a 6.7% decline in demand for regular cola in the first 2 years after introducing a sugar-sweetened beverage tax.

IMPLEMENTED SUGAR TAXES WORLDWIDE

* Lists accurate at time of production.

DO TAXES IMPACT RETAILERS?

After 1 year, in low-income neighbourhoods in Berkeley, USA, sugary drink consumption declined by 21%, however, sales of untaxed beverages in Berkeley rose, such that overall beverage sales rose.

THE WORLD HEALTH ORGANIZATION RECOMMENDS SUGARY DRINKS TAXES AS AN EFFECTIVE MEASURE TO "REDUCE OVER-CONSUMPTION OF SUGAR & HALT THE EPIDEMIC OF OBESITY AND DIABETES"
Reformulation: Total sugar content (g/100ml) of soft drink products on the market in 2015 and 2017

Sales weighted average reduction of 11% (2015 and 2017)

Decrease of 6% in calories consumed in a single occasion

5-8 g/100 ml: 18p/litre
>8 g/100 ml: 24p/litre
Next steps

• Updating school food standards, especially with respect to sugar content
• Consultation on mandating consistent calorie labelling for OOH sector
• Consultation on extending restrictions on TV advertising of HFSS foods
• Consultation on legislation to ban price promotions of unhealthy food and drinks in retail and out of home sector
• Review progress on SDIL and consider extending to sugary milk drinks
• Consider further use of tax system to promote healthy food if reformulation programme does not deliver sufficient progress
• Promote a national ambition for every primary school to adopt an active mile initiative
• Develop a trail blazer programme with local authority partners to show what can be achieved to create a healthier food environment
Improving access to obesity treatment

Clinical Commissioning Policy: Complex and Specialised Obesity Surgery
April 2013
Reference: NHSCB/A05/P/a

LETS TALK ABOUT WEIGHT
A step-by-step guide to brief interventions with adults for health and care professionals

ASK
“Before you leave, could I check your weight today?”

WEIGHT AND MEASURE THE PATIENT
Calculate BMI
BMI = Weight in kg divided by height in metres squared [weight (kg)/height² (m²)]

ADVISE
“One of the best ways to lose weight is with support and [insert name of weight management service] is available today. I can refer you now if you are willing to give it a go.”

Consider referral options: See supporting guidance for referral criteria
Considerations:
State that referral is available (and free if this applies in your area). Consider directing to commercial services if local provision is not available
Keep conversations brief (30 seconds)
Confidence is key

ASSIST
Patient receives advice positively
- Let the patient know what the next steps are
- Suggest a follow up appointment to monitor the patient and to provide help and encouragement with their weight

Patient is receptive but non-committal about a referral e.g. wants to try to lose weight themselves
- Show acceptance of patient’s wishes, acknowledge their concerns and recognise the difficulties of weight loss. Re-emphasise the importance of working to achieve a healthier weight, re-offer your support
- Suggest a follow up appointment to monitor the patient and to provide help and encouragement with their weight

Patient does not want to engage in conversation about weight management
- Show acceptance of patient’s wishes, re-offer your support should they change their mind
- Don’t force the issue – leave the door open

AFFIRM
Remember to follow up with your patient

Actions
1. Make the referral if patient accepts offer
2. Note in patient’s records any conversations about weight and the outcomes

Public Health England
Finding and improving the nation’s health

THE NHS CONSTITUTION
Making primary care count

Nuffield Department of Primary Care Health Sciences
University of Oxford
New ambitions to increase access to weight management services:

• Doubling National Diabetes Prevention Programme (NDPP)

• Offering weight loss in primary care for people who are obese with diabetes or hypertension

• Piloting use of TDRs for inducing remission of diabetes
Key challenges

• To maintain momentum amidst Brexit (or other political upheaval)
• To tackle inequity
• To set clear governance frameworks, targets, monitoring and evaluation for food industry actions eg. reformulation
• To take legislative action in parallel where policies need to be mandated to be effective eg. marketing
• To integrate action at national level with devolved authorities/local government and communities
• To embed obesity treatment as part of routine medical care
• To build public mandate for intervention