

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

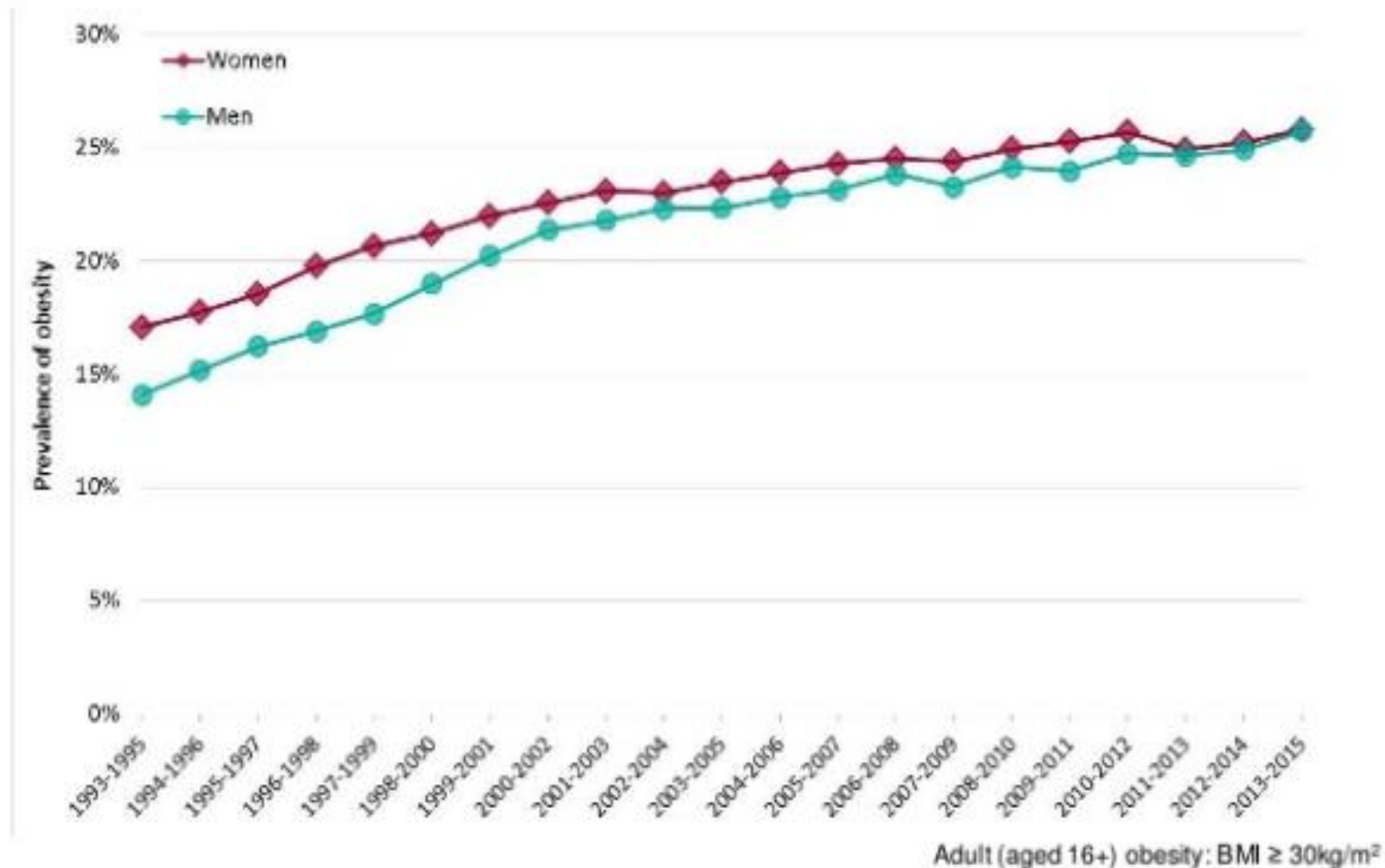
My research is primarily funded by the National Institute of Health Research (NIHR). Some of my research has been funded by companies providing weight management services (Weight Watchers, Cambridge Weight Plan). In other publically funded trials the treatment intervention is offered by the provider at no cost (Slimming World, Weight Watchers)



Public Health
England

Trend in obesity prevalence among adults

Health Survey for England 1993 to 2015 (three-year average)



PHE Patterns and trends in adult obesity



HM Government

2008



HM Government

2011

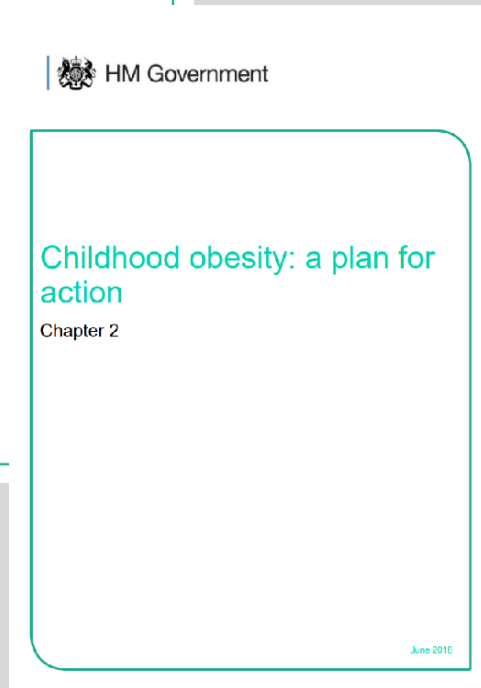


HM Government

Childhood Obesity

A Plan for Action

2016



HM Government

Childhood obesity: a plan for action

Chapter 2

June 2018

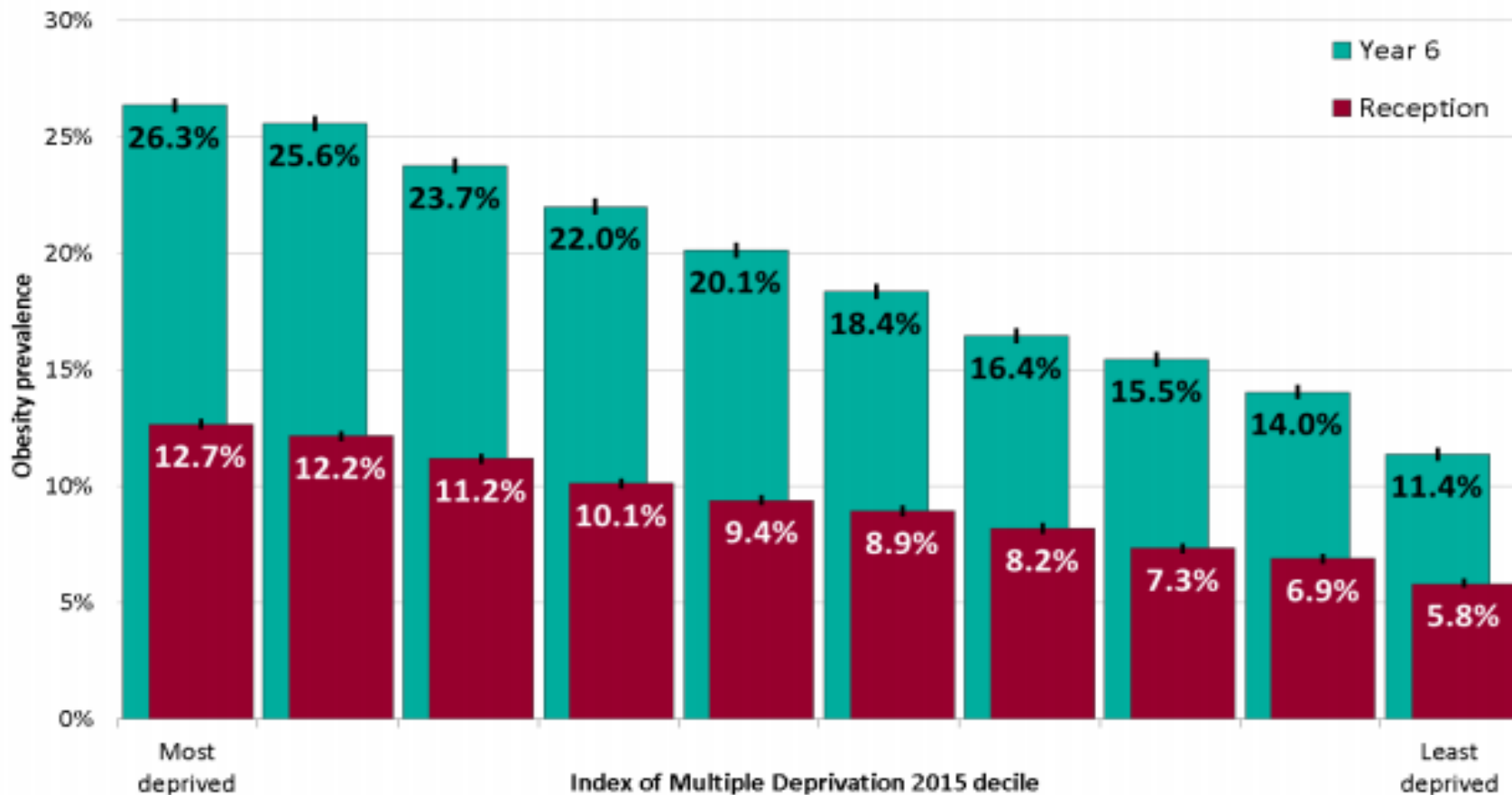
2018



Public Health
England

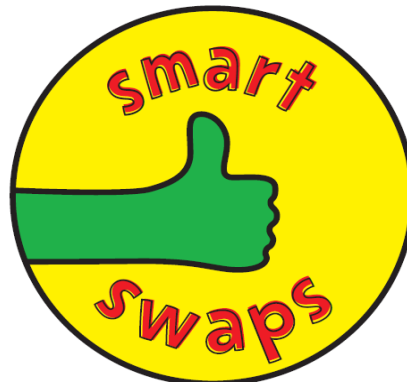
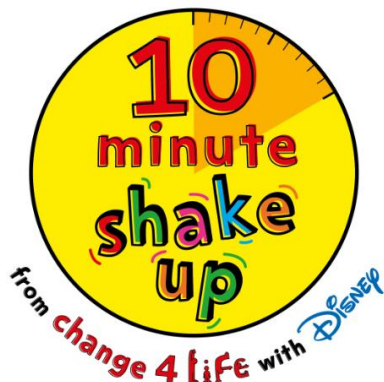
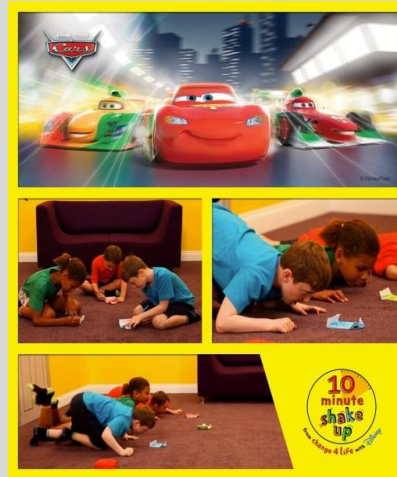
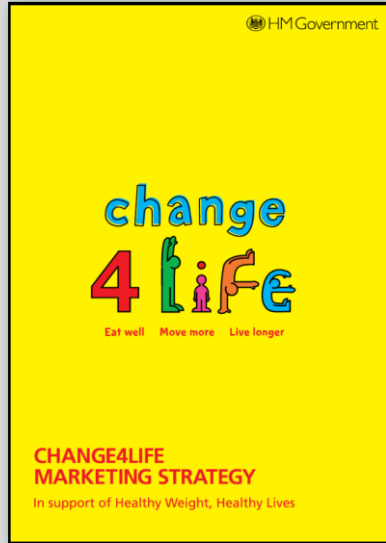
Obesity prevalence by deprivation decile

National Child Measurement Programme 2016/17(1)



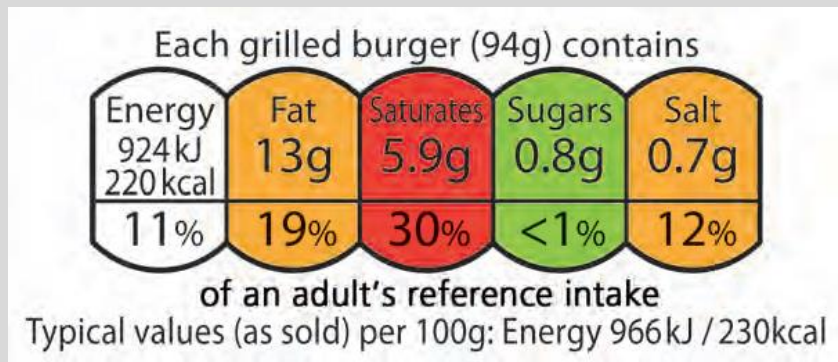
Calorie reduction: the scope and ambition for action – March 2018

Change4Life: a national social marketing campaign



Nutrition labelling

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



calories		small	medium	large
2	Americano	£1.95	£2.15	£2.35
138	Cappuccino	£2.15	£2.45	£2.65
162	Caffe latte	£2.25	£2.55	£2.75
265	Caffe mocha	£2.45	£2.75	£2.95
29	Tea	£1.50	£1.85	£2.05
328	Hot chocolate	£2.05	£2.35	£2.55
	Flat White	£2.55		
		single	double	
1	Espresso	£1.70	£1.90	

Extra espresso shot £0.70

Choose from organic Semi, Skimmed + soya milk

Calorie value based on medium sizes and semi skimmed milk

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



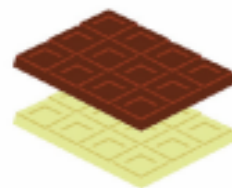
YOGURTS AND
FROMAGE FRAIS



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)

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

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

***2 year data expected next month**

Calories

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

TAXING SUGARY DRINKS AROUND THE GLOBE

www.ncdfree.org

NCD
FREE

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 86-134,000 CASES OF DIABETES.



6.7%

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



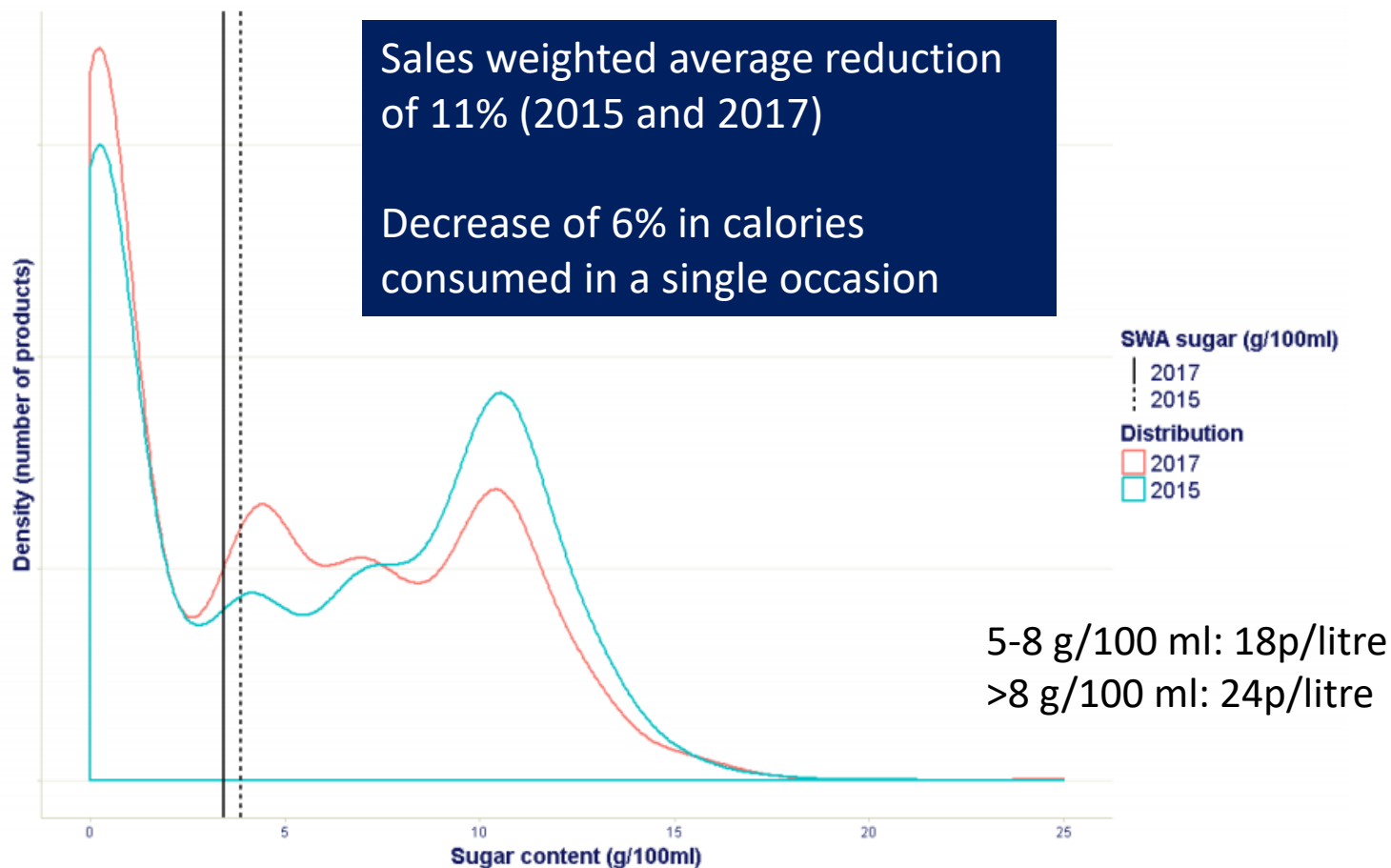
"REDUCE OVER-CONSUMPTION OF SUGAR & HALT THE EPIDEMIC OF OBESITY AND DIABETES"

SOURCES

1. Colchero M, Arellano, et al. "In Mexico, Evidence Of Sustained Consumer Response Two Years After Implementing A Sugar-Sweetened Beverage Tax." Health Affairs, vol. 36, no. 3, 2017, pp. 564-571.
2. Barrientos-Gutierrez, Tonatillo et al. "Expected Population Weight and Diabetes Impact of the 1-Peso-per-Litre Tax to Sugar-Sweetened Beverages in Mexico." Ed. Rodrigo Huerta-Quintanilla. PLoS ONE 12.5(2017): e0176336. PMC.
3. Falbe J, et al. "Impact of the Berkeley Excise Tax on Sugar-Sweetened Beverage Consumption". American Journal of Public Health 106, no. 10 (October 1, 2016): pp. 1868-1871.
4. Silver LD, et al. "Changes in prices, sales, consumer spending, and beverage consumption one year after tax on sugar-sweetened beverages in Berkeley, California, US: A before-and-after study." PLoS Med 14(4):e1002283. https://doi.org/10.1371/journal.pmed.1002283
5. World Health Organization. "Fiscal policies for diet and the prevention of noncommunicable diseases." May 2016, Geneva. Available at: <http://www.who.int/dietphysicalactivity/publications/fiscal-policies-diet-prevention/en/>
6. Food taxes and their impact on competitiveness in the agri-food sector. Rotterdam, The Netherlands European Competitiveness and Sustainable Industrial Policy Consortium; 2014.

@NCDFREE #NCDFREE

Reformulation: Total sugar content (g/100ml) of soft drink products on the market in 2015 and 2017



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

Developing a specification for lifestyle weight management services

Best practice guidance for tier 2 services

NHS
Commissioning Board

Clinical Commissioning Policy: Complex and Specialised Obesity Surgery

April 2013

Reference : NHSCB/A05/P/a



THE NHS
CONSTITUTION
the NHS belongs to us all

Public Health England

Protecting and improving the nation's health

LET'S 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?"

Weigh and measure the patient

Calculate BMI

BMI = Weight in kg divided by height in metres squared [weight (kg) / height² (m)]

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

ACTIONS

1

Make the referral if patient accepts offer

2

Note in patient's records any conversations about weight and the outcomes

3

Remember to follow up with your patient

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

The NHS Long Term Plan



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