Association of Directors of Public Health Yorkshire & Humber

Response to House of Commons Health and Social Care Select Committee Inquiry on Food & Weight Management

August 2025

About ADPH Yorkshire and Humber Network

The Association of Directors of Public Health Yorkshire and Humber Network (ADPH YH) is a professional network of Directors of Public Health and health system leaders from across Yorkshire and Humber. It exists to support the delivery of better public health outcomes in Yorkshire and Humber and is a regional sub-group of the UK-wide Association of Directors of Public Health.

In March 2024, ADPH YH published a consensus statement on the commercial determinants of health, which are defined in the 2023 Lancet Series as '*the systems, practices, and pathways through which commercial actors drive health and equity*'.[1] We recognise the impact of commercial activities on our health and society and have made a joint commitment to counter harmful commercial practices which include industry engagement in young people's education, widespread marketing of unhealthy products, or shaping policymaking in favour of industry interests over the public good. We have committed to take action through local levers as well as via opportunities to shape national policy and the system which facilitates these harmful practices.

Our response focuses on preventative action needed in relation to the commercial determinants of health because we believe greater attention to the root causes is required if efforts to address obesity and food-related ill-health are to be successful and sustainable.

Please note that this response was written before the ADPH Yorkshire and Humber work on communicating for impact about commercial influences was completed. There may therefore be opportunities to strengthen some of the phrasing to align with best-practice framing guidance.

[1] Gilmore et al (2023) Defining and conceptualising the commercial determinants of health. The Lancet 401:10383, 1194-1213.

ADPH Yorkshire and Humber Response

Question 1: Why are existing policies relating to food and diet seemingly not succeeding in reducing rates of obesity, and what should the Government learn from this, or do differently, when designing and implementing policy in future?

Unhealthy choices are currently easier, cheaper and more convenient than healthier ones. The UK's high obesity rates and food-related poor health are largely a result of this broken food system where the options available to us – and even the way we think about food and obesity related health issues – are determined by large companies which are not currently incentivised to prioritise our health. Like that of other unhealthy commodity industries, the marketing, interference in public policy, and 'corporate social responsibility' activities of companies deriving large profits from unhealthy food propagate the false narrative that food-related ill-health is a failing of personal willpower. Lack of a strong regulatory framework means that manufacturers aggressively market and sell health-harming products, and businesses that want to work in health-promoting ways have to go against the grain. The government is uniquely placed to shape the food system in favour of business practices supportive of good health, to direct what have been termed 'the commercial determinants of health' for the good of the population rather than to our detriment.

Take the megaphone away from the commercial sector

Manufacturers and retailers of unhealthy foods currently have a loud voice across our society through widespread advertising, sponsorship and school-based activities, influencing food-related attitudes, beliefs and ultimately the food we and our children eat that affects our health.[2] They also distract us from the influence they wield over the population's health and the policy changes that will be most effective in improving health.

Together, government departments, in collaboration with regional mayors and local authorities, can and should lead the way in limiting the flow of advertising, address the unhelpful balance of options available in our neighbourhoods, and exclude industry influence from policy design and children's education.

We welcome the move to restrict relevant marketing through regulation, with particular concern for targeting of children and young people, and urge the government to expand and develop this framework to provide the protections needed. We are concerned that proposed exclusions on brand-only advertising will dilute the effectiveness of the planned 'junk food' advertising restrictions.

We also urge the government to close existing legal loopholes to protect families from misleading marketing that undermines breastfeeding and safe and appropriate formula

[2] World Health Organisation (2022) Food marketing exposure and power and their associations with food-related attitudes, beliefs, and behaviours: a narrative review. Available from: https://www.who.int/publications/i/item/9789240041783

feeding, through accepting and acting on the Competition and Markets Authority's 11 recommendations.[3]

Shift the focus onto the food environment and away from the stigmatising and unscientific focus on individual behaviour change

Analysis of government strategies and policies related to reducing obesity across the last 30 years has shown that the majority relied on individuals to make behaviour changes rather than shaping the external influences where we live, work and play, meaning they were less likely to be effective or to reduce health inequalities.[4] This has facilitated large companies to push forwards with unprecedented sales and marketing of unhealthy foods that contribute to our country's poor health.

Among Directors of Public Health, health experts and academics, there is consensus that rising trends of obesity and dietary related ill-health are related to structural failures and social inequalities rather than individual 'lack of willpower'. As well as being largely ineffective to address a population level concern, policies focused on changing individual behaviour risk reinforcing weight stigma and narratives that divert policy attention from population-level system action.[5]

The Government must prioritise population-level preventative policies that we know will be more cost-effective, and which avoid placing undue and ineffective demands on individuals when our neighbourhoods lack affordable and convenient healthy options.[6] A successful example of this is the Soft Drinks Industry Levy (SDIL), which has led to significant reductions in sugar from our diets.[7] We welcome the proposed extensions of this to include milk-based and milk substitute drinks, and reducing the sugar content threshold.[8]

The UK public are supportive of such an approach. Recent nationally representative polling of over 2,000 adults (Feb-Mar 2025) shows that people want a level playing field when it comes to the choices they make about their own health. The public does not appear to see individual responsibility and support for government regulation as being in conflict with each other: 74% believe individuals are responsible for their health, but 70%

[3] CMA (2025) Infant formula and follow-on formula market study final report. Available at: https://www.gov.uk/government/publications/infant-formula-and-follow-on-formula-market-study-final-report

[4] Theis and White (2021) Is Obesity Policy in England Fit for Purpose? Analysis of Government Strategies and Policies, 1992-2020. Milbank Quarterly 99(1):126-170.

[5] Nesta (2021) Changing Minds about Changing Behaviour: Obesity in Focus. https://www.nesta.org.uk/report/changing-minds-about-changing-behaviours-obesity-focus/

[6] Theis and White (2021) Is obesity policy in England fit for purpose? Analysis of government strategies and policies, 1992-2020. Milbank Quarterly 99(1):126-170.

[7] Office for Health Improvement and Disparities (2025) https://www.gov.uk/government/statistics/sugar-reduction-in-drinks-2015-to-2024

[8] https://www.gov.uk/government/consultations/strengthening-the-soft-drinks-industry-levy/strengthening-the-soft-drinks-industry-levy-consultation

also think the government should make healthy living easier and 73% believe it should protect people from harmful business practices.[9]

Acknowledge the inherent conflicts of interest of the food industry and exclude from public policy development and public health communications

There is an inherent conflict of interest for companies who derive significant proportions of their profits from unhealthy food manufacture or sales and public health.

Policymaking and public health communications must be protected from the vested interest of food industry stakeholders so that health is prioritised over health-harming industry profits. Evidence of harm from industry involvement in policy-making has been documented, including examples of delaying the introduction of effective policy measures and propagating industry-favourable narratives.[10,11]

We are therefore concerned that in the absence of transparency about how conflicts of interest are managed, food industry links of the Food Strategy Board and Scientific Advisory Committee on Nutrition (SACN) members could pose a risk to public health through the weakening and delay of effective population-level interventions.

Strong conflicts of interest protections need to be developed. Unhealthy commodity industry representatives should not have influence over decisions and processes.

Other learning from previous efforts

Cross-governmental policy coherence with clear leadership from the prime minster have been identified as 'ingredients to success' by former politicians previously involved in governmental responses to food-related ill-health.[12]

Approaches to improve the food system and diet-related health need to be informed by power analysis and systems thinking; there is a risk that actions are undermined by organised and well-resourced industry opposition to the most effective actions, or intervening only with piecemeal actions rather than working to shift the system.[13]

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[9] https://www.publicfirst.co.uk/new-polling-for-action-on-smoking-and-health.html

[10] Hawkins & McCambridge (2020) 'Tied up in a legal mess': The alcohol industry's use of litigation to oppose minimum alcohol pricing in Scotland. Scottish Affairs 29:1

[11] Ralston (2021) The informal governance of public-private partnerships in UK obesity policy: Collaborating on calorie reduction or reducing effectiveness? Social Science & Medicine 289. Available at: https://doi.org/10.1016/j.socscimed.2021.114451

[12] Nesta (2024) Nourishing Britain: a political manual for improving the nation's health. Available at: https://www.nesta.org.uk/report/nourishing-britain/

[13] ADPH YH Position Statement on Commercial Determinants of Health, available at: https://www.yhphnetwork.co.uk/media/214040/adph-cdoh-statement_final_060324.pdf

Question 2: Which public health interventions have been the most effective, either domestically or internationally, at reducing obesity or consumption of less healthy foods? What should the Government learn from them?

Where should the balance lie between voluntary and mandatory policies, and between tax and incentive?

Effective interventions transform the context in which businesses operate and the way they shape the places where we live, work and play

The WHO and others have identified evidence-based interventions from around the world that are effective at a population level and the government must continue focus on their timely implementation through cross-governmental collaboration[14,15,16].

Interventions aimed at changing individual behaviour and emphasising individual responsibility work in favour of (and are often promoted by) industry as they are less effective and will only ever have limited success in environments that promote consumption of unhealthy products.[17] Where there is mass exposure within a population to risk factors for disease, interventions must be at that same level to be effective in protecting health. The focus must therefore be on system-level transformation. The World Health Organisation's 'best buy' recommendations to reduce consumption of less healthy foods include:

- Mandatory reformulation of policies for healthier food and beverage products
- Mandatory front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets
- Public food procurement and service policies for healthy diets
- Policies to protect children from the harmful impact of food marketing
- Protection, promotion and support of optimal breastfeeding practices.[18]

The earliest stages of life must not be forgotten because the environments, services and policies that shape people's lives begin very early (in pregnancy, infant feeding and the first 1,000 days), and preventing obesity being established in the first place is the most effective way to reduce its lifetime harms. This should include stronger UK regulation of the commercial milk formula industry as part of protecting breastfeeding.

Implement mandatory policies which are developed free from industry influence

The government's default approach should be to implement well-designed, mandatory policies that achieve population-wide impact. The House of Lord's Food, Diet and Obesity Committee's 2024 recommendations explicitly state that *"the Government must*

[14] WHO (2024) Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. Available at: https://www.who.int/publications/i/item/9789240091078

[15] Nesta https://www.nesta.org.uk/feature/nestas-blueprint-for-halving-obesity/

[16] OHA (2021) https://obesityhealthalliance.org.uk/wp-content/uploads/2021/09/Turning-the-Tide-Summary-for-policymakers.pdf

[17] Moodie *et al.* (2013) Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. The Lancet 38:9867, 670 – 679.

[18] WHO (2024), available at: https://www.who.int/publications/i/item/9789240091078

now make a decisive shift away from voluntary measures to a system of mandatory regulation of the food industry".[19] Importantly, policy development needs to be independent of food industry influence, as also recommended in the same Committee Report.

Given the scale and urgency of food-related ill-health in the UK, reliance on voluntary measures would be inconsistent with evidence and fail to drive the meaningful change we urgently need to see. Experience from the Sugar Drinks Industry Levy as well as more broadly from tobacco control demonstrates that comprehensive regulatory frameworks create a level playing field, drive consistent implementation, and achieve public health gains that voluntary approaches (e.g. Public Health Responsibility Deal) have failed to deliver. Crucially, mandatory measures benefit businesses by levelling the playing field and ensuring that all companies operate under the same rules. Industry voices often advocate for voluntary measures precisely because they can delay or dilute regulation; there is a long history of undermining public health initiatives, with the recent delay to marketing restrictions a relevant example.

Question 3: What action could be the most effective in reducing ethnic and social disparities relating to rates of obesity, and how could any barriers to implementation be addressed? and Question 4: What more should the Government and/or the food industry do to address disparities and deliver on the Government's Food Strategy aim of improving "access to affordable, healthy food"?

Effective action to reduce ethnic and social disparities needs to address commercial practices

The significant contribution of health-harming commercial practices to mortality, disability, and worsening health-related quality of life occurs unequally across the population. Furthermore, health harms from unhealthy commodity industry products are much higher when risk factors (such as obesity with high alcohol consumption or tobacco use) are combined, which is more common in disadvantaged groups[20,21]. There is evidence to show that parts of the private sector proactively target groups who we know will be most harmed from their products and activities in order to drive higher consumption and maximise profits. Food industry examples include:

- Specific targeting of children and young people, including packaging and free toys that especially appeal to children and young people, and the use of celebrities and

[19] House of Lord's Food, Diet and Obesity Committee (2024) Recipe for health: a plan to fix our broken food system. Available at https://publications.parliament.uk/pa/ld5901/ldselect/ldmfdo/19/19.pdf
[20] https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0050012
[21] https://ash.org.uk/resources/view/holding-us-back-tobacco-alcohol-and-unhealthy-food-and-drink

gamification in marketing to appeal to children, sports sponsorship[22,23] and marketing of unhealthy foods to ethnic minority children[24]

- Infant formula targeted at ethnic minority women with accompanying reduced breastfeeding rates[25]
- People living in poorer neighbourhoods are exposed to more unhealthy food adverts[26]
- People living in poorer neighbourhoods are surrounded by a higher concentration of unhealthy food outlets.[27]

Action to improve health equity must therefore address the system that facilitates harmful practices and restrict them through regulation. Children and young people and other groups in vulnerable circumstances who are the most harmed are priority groups to protect from harmful commercial tactics. Alongside existing and planned progress in this area, the government needs to implement standards to improve the nutrition composition and marketing of commercial baby and toddler foods and drinks.

Furthermore, against a backdrop of high infant formula prices, poverty and food insecurity levels, it is critical that the Department of Health and Social Care (DHSC) accept and act on all 11 of the Competition and Markets Authority's recent recommendations to protect families from misleading marketing that undermines breastfeeding and safe and appropriate formula feeding.[28]

Addressing barriers to implementation

Strong conflicts of interest protections and good governance processes need to be developed. Unhealthy commodity industry representatives should not have any influence over decisions and processes related to health policy due to a clear conflict of

[22] Nanchahal *et al*. (2022) A content analysis of the aims, strategies, and effects of food and nonalcoholic drink advertising based on advertising industry case studies. Obes Sci Pract. 2022;8:208–218.
[23] https://www.biteback2030.com/our-campaigns/our-research/
[24] Berkeley Media Studies Group: https://figshare.com/articles/online_resource/African_American_Hispanic_youth_vulnerability_to_target_marketing_implications_for_understanding_the_effects_of_digital_marketing/23845446/1?file=41840076
[25] Maani *et al*. (2021) The Commercial Determinants of Three Contemporary National Crises: How Corporate Practices Intersect With the COVID-19 Pandemic, Economic Downturn, and Racial Inequity. The Milbank Quarterly 99:2
[26] https://arc-w.nihr.ac.uk/research/projects/bristol-advertising-restrictions-evaluation/
[27] https://www.health.org.uk/evidence-hub/our-surroundings/access-to-amenities/inequalities-in-concentration-of-fast-food
[28] CMA (2025) Infant formula and follow-on formula market study final report. Available at: https://www.gov.uk/government/publications/infant-formula-and-follow-on-formula-market-study-final-report

interest. There is a toolkit available to guide the production of such policies, which is recommended by the World Health Organisation.[29,30]

Approaches need to be informed by power analysis and systems thinking; there is a risk that actions are undermined by organised and well-resourced industry opposition to the most effective actions, or intervening only with piecemeal actions rather than working to shift the system.[31]

Cross-governmental policy coherence with clear leadership from the Prime Minister have been identified as 'ingredients to success' by former politicians previously involved in governmental responses to food-related ill-health.[32]

Question 5: What challenges and opportunities do weight loss medications like Wegovy and Mounjaro present to the NHS and to individuals?

Any form of treatment should not replace system-level action

In considering the role of weight loss medications in providing treatment for people who need it now to reduce health risks, we need to note that any form of treatment should not be at the expense of, or in place of, preventive action to address the commercial, social and environmental factors driving the widespread prevalence of obesity. A medicalised response to a social and environmental problem with commercial drivers is not sufficient. Treatment can only achieve so much, especially if the health system treats people and discharges them back to the environments and conditions that make them unwell.[33]

System-level transformation is needed to protect people from industry tactics

In addition, there are already reports of the food industry looking for ways to circumvent the effectiveness of weight loss medications.[34] This supports the analysis that system transformation is required to adequately direct commercial sector influence away from harming health in favour of health-promoting commercial practices.[35]

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[29] Good Governance Toolkit – Brook and Körner (2024) is available at: https://www.adph.org.uk/resources/good-governance-toolkit/

[30] WHO (2024) Commercial Determinants of Noncommunicable Diseases in the WHO European Region. Available at: https://iris.who.int/handle/10665/376957

[31] ADPH YH Position Statement on Commercial Determinants of Health. Available at: https://www.yhphnetwork.co.uk/media/214040/adph-cdoh-statement_final_060324.pdf

[32] Nesta (2024) Nourishing Britain: a political manual for improving the nation's health. Available at: https://www.nesta.org.uk/report/nourishing-britain/

[33] Marmot (2015) The Health Gap: The Challenge of an Unequal World

[34] https://www.nytimes.com/2024/11/19/magazine/ozempic-junk-food.html

[35] Friel *et al.* (2023) Commercial determinants of health: future directions. The Lancet 401:10383, 1229-1240

Question 6: How well are weight management services functioning in the NHS and are they providing equitable access to treatment?

What changes might be needed to services, or additional support from Government, to ensure they are able to provide equitable access and take advantage of innovations in treatment?

No response