Food, Diet and Obesity Committee
Inquiry into Food, Diet and Obesity
Evidence submitted by Intelligent Health – April 2024

About Intelligent Health

Intelligent Health was founded and is led by Dr William Bird MBE, a practising GP and an honorary professor at the University of Exeter. Intelligent Health has engaged over 1.8 million people in 168 places across the UK to enable them to be more physically active, help them to connect with their place and their community and in turn, improve their wellbeing using ONS4.[1] This has been delivered through the community engagement and insight programme Beat the Street which gets 10 per cent of the local population taking part. The benefits continue well beyond the intervention, lasting at least two years and possibly longer. Beat the Street is a transformational tool that has been recognised in the Department of Culture, Media and Sport's 'Get Active' strategy, the Department for Transport's active travel toolkit for local authorities and in a case study for 'getting communities moving' for Public Health England.

Intelligent Health's mission is to create resilience and improve health by connecting people to each other, their communities and their environment. This is achieved through engagement of communities at scale, sharing knowledge of the foundations of good health, and by using data and evaluation to deliver actionable insight. The vision is simple; to transform people's health through small changes that make a big difference.

The primary drivers of obesity both amongst the general population and amongst distinct population and demographic groups

Chronic stress and inflammation

1. Intelligent Health believes that many of the primary drivers of obesity amongst the general population can be attributed to chronic inflammation and the contributory factors created by chronic stress. Chronic stress is caused by the social determinants of health[2] and aggravated by social inequalities. These social determinants of health highlight how poor health is intersected across many areas, and how it will take more than just those working exclusively in health and social care to directly tackle the causes of chronic stress and therefore, build population resilience against the poor lifestyle habits that both contribute to chronic inflammation and its related diseases and conditions.

2. Acute inflammation describes the process where the body send outs an inflammatory response to bacteria or heal an injury, it becomes a chronic inflammation when this response happens where there is no need for it or if it continues after the bacteria has gone or an injury has been healed. Conditions related to chronic inflammation include obesity and type 2 diabetes, but also cardiovascular disease, heart disorders, stroke, some cancers, dementia,

[1] Rees, E. (2018) Personal well-being user guidance - Office for National Statistics. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide (Accessed: 19 December 2023).
[2] Income and social protection, Education, Unemployment and job insecurity, Working life conditions, Food insecurity, Working life conditions, Food insecurity, Housing, basic amenities and the environment, Early childhood development, Social inclusion and non-discrimination, Structural conflict and Access to affordable health services of decent quality (WHO)

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chronic obstructive pulmonary disease and depression amongst other life altering diseases and conditions. Worldwide, approximately three in five of all deaths are related to chronic inflammation.[3] During the last century we have witnessed the number of people living with these conditions increase significantly, even where markers are adjusted in relation to the ageing population, what is most worrying however, is that many of these conditions could be prevented if chronic inflammation is addressed earlier on. Chronic inflammation is caused directly by chronic stress and poor lifestyle choices, with many issues relating to the other. Within this, poor lifestyle choices include poor diet, obesity, physical inactivity, alcohol intake and drug abuse, all of which are caused and exacerbated by chronic stress.

Diet

3. A calorific diet high in sugar and in fat has long been recognised as a leading driver for obesity. More recently, emerging research is indicating diets high in 'ultra processed food' (UPF) as a risk factor for causation of obesity, particularly in the diets of people living in the UK and, Brazil the US, where average diets consist more highly of UPF when compared with other western countries. Data shows that the typical British diet consists of 57% of daily energy intake derived from UPF for adults and 66% for adolescents.[4] A study into British school meals found that 64% of the calories in meals provided by the school comes from UPF.[5] This can indicate that a diet that high in UPF is an issue that goes beyond the home and is very much a societal issue that seems to be unique to the UK when considering the rest of continental Europe. For example, diets in both Italy and France are high in natural fats (butter, cream, extra virgin olive oil etc.). Yet, 28% of energy intake is UPF in France and 13% in Italy.[6] Most UPF is what we have typically classified as "junk food," however, this category also includes many food items which have been typically associated with being "diet foods," where in some instances fat is mechanically removed and other chemicals are added in replacement of the natural fats such as margarine and spreads and flavoured low-fat yoghurts. This category also includes many cereals, artificial sweeteners, sausages, confectionary, packaged snacks, soft drinks and bakery items such as bread and biscuits. UPFs tend to include additives, food-derived ingredients (whey, protein isolates and invert sugar), which are produced and combined through processes that would not typically be seen in a domestic kitchen.[7]

4. Poor diet is not only associated with consumption of UPF. Sugar comes in different forms, with 'free sugars' being the type that we have been recommended to eat less of in our diets. Food stuffs that fall into the category of free sugars are any added sugars (either by a food

[3] Pahwa, R. (2023) Chronic inflammation, StatPearls [Internet]. Available at: https://www.ncbi.nlm.nih.gov/books/NBK493173/#!po=16.6667 (Accessed: 15 March 2024).
[4] Johnson, A. (2023) Beyond taste and nutrient content: Ultra-processed foods and their impact on adolescent health in the UK, NIHR School for Public Health Research. Available at: https://sphr.nihr.ac.uk/news-and-events/blog/beyond-taste-and-nutrient-content-ultra-processed-foods-and-their-impact-on-adolescent-health-in-the-uk/#:~:text=Ultra%2Dprocessed%20foods%20and%20adolescent,(66%25)%5B6%5D (Accessed: 15 March 2024).
[5] O'Hare, R. and Head, E. (2022) Ultra-processed foods make up almost two-thirds of Britain's school meals: Imperial News: Imperial College London, Imperial News. Available at: https://www.imperial.ac.uk/news/238436/ultra-processed-foods-make-almost-two-thirds-britains/ (Accessed: 15 March 2024).
[6] Mertens, E., Colizzi, C. et al. (2021) Ultra-processed food consumption in adults across Europe – European Journal of Nutrition, SpringerLink. Available at: https://link.springer.com/article/10.1007/s00394-021-02733-7#:~:text=Similarly%2C%20for%20women%2C%20proportion%20of,Belgium%2C%20Croatia%2C%20Cyprus%2C%20Czech (Accessed: 15 March 2024).
[7] Ultra-processed food (UPF): Table debates (no date) Ultra-processed food (UPF) | TABLE Debates. Available at: https://tabledebates.org/glossary/ultra-processed-food-upf#:~:text=Foods%20in%20the%20UPF%20category,and%20instant%20sauces%20and%20stocks (Accessed: 15 March 2024).

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manufacturer or in the home kitchen) and also the sugar that is present in honey, syrups, nectars, fruit juices and fruit juice concentrates.[8] By NHS guidelines, adult should consume a maximum of 30 grams of sugar daily, this decreases to 24 grams for children and 19 grams for children aged 4 to 6.[9] The British Nutrition Foundation found that on average an individual in the UK consumes between 9 to 12.5% of all calorie intake from free sugars, where the government recommendation stands at 5%, meaning many of us are considerably overeating sugary food products and drinks.[10] The main concerns of a diet high in sugar include poor dental health and obesity linked to weight gain. Poor dental health and tooth decay in the UK population is an issue in itself due to many contributory factors.

5. Diets high in fat, or more specifically, diets that are high in saturated and trans fats (classified as unhealthy fats) can also be seen as a cause for obesity. Saturated fats include processed meats such as bacon, burgers and sausages, dairy items like hard cheeses, lard, ghee, whole milk and palm oil. Trans fats are food items such as fried food, snacks like biscuits, pies and pastries and hard margarines made with hydrogenated oil.[11] Recommendations for consumption of the harmful fats suggest that saturated fat intake should be reduced and replaced by healthier or 'unsaturated' fats (monounsaturated and polyunsaturated) and trans-fat consumption should be limited as much as possible.[12] Diets high in saturated and trans-fats often lead to high cholesterol levels in the blood, increasing the risk of heart-related diseases including strokes, heart attacks and vascular dementia. From the mid-20th century, populations were led to believe that fat was bad for our health, the result was the production of reduced fat alternatives to many dietary staples and people were encouraged to consume less fat in their diets for health purposes. Fat is typically related to calorie-dense food products, and a rise in obesity is naturally attributed to increased consumption of calories in general. Of course, we need fat in our diets to sustain a healthy body. Saturated fat should form no more than 11% of the daily diet (daily fat intake should stand at around 35%, which is echoed by the UK average), in the UK the average consumption of saturated fat stands slightly above this at 12.3% for men and 12.7% for women.[13] This indicates that intake of unhealthy fats mostly mirrors recommended guidelines, and certainly puts forward an argument against historical scapegoating of fat intake being mostly responsible for obesity when we take into account the high levels of obesity in the UK.

6. Considering the above and the following paragraph, it can be argued that what we currently know about inactivity and the nature of the British diet, shows that a decline in physical activity, and not calorie intake, is what can mostly be attributed to increasing levels of obesity. Per capita, sugar consumption has fallen by 16% since 1992 and calorie consumption has fallen

[8] Sugar and nutrition, British Nutrition Foundation. Available at: https://www.nutrition.org.uk/nutritional-information/sugar/#:~:text=Having%20a%20diet%20high%20in,above%20the%205%25%20dietary%20recommendation (Accessed: 18 March 2024).
[9] Sugar: the facts, NHS choices. Available at: https://www.nhs.uk/live-well/eat-well/food-types/how-does-sugar-in-our-diet-affect-our-health/ (Accessed: 18 March 2024).
[10] Sugar and nutrition, British Nutrition Foundation. Available at: https://www.nutrition.org.uk/nutritional-information/sugar/#:~:text=On%20average%20in%20the%20UK,more%20sugar%20than%20is%20recommended.&text=The%20charts%20above%20show%20the,sugars%20intake%20at%20different%20ages (Accessed: 19 March 2024).
[11] Fats explained, British Heart Foundation. Available at: https://www.bhf.org.uk/informationsupport/support/healthy-living/healthy-eating/fats-explained#:~:text=Saturated%20fat%20and%20trans%20fat,a%20stroke (Accessed: 19 March 2024).
[12] Ibid.
[13] Fat - nutritional information, British Nutrition Foundation. Available at: https://www.nutrition.org.uk/nutritional-information/fat/ (Accessed: 19 March 2024).

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by 21 per cent since 1974.[14] Where consumption of calories, fat and sugar has decreased, levels of obesity have increased. At this time, what we know slightly less about due to the dominance of the food and drink industry and it mostly being emerging research from the last two decades, is just how much impact the prevalence of UPF in the British diet combined with levels of inactivity, is contributing to the rise in obesity. What is to be constituted as a 'poor diet' needs to take real consideration of the nature of the British diet and how much of a role UPF plays in this.

Inactivity

7. For decades, 'eating too much and moving too little' is cited as the main causes of obesity. In 2014, inactivity was coined as the main cause for obesity in the UK, over calorific intake as in the time since 2002, calorific and sugar intake was shown to decrease, yet average body weight increased.[15] Physical inactivity is a growing problem, and sedentary lifestyles continue to rise in the UK with around a quarter of us not reaching 30 minutes of physical activity daily.[16] Physical inactivity is directly linked to obesity, overweight and high body-mass index (BMI). Availability of motorised vehicles and significant changes to the nature of the workforce, i.e. more office jobs and less manual labour professions which require physical work can be cited as reason that have seen physical inactivity levels increase.[17] By nature, energy taken from calories should be used through being physically active (over time this would have been engaging in physical tasks, work and travel), but where society is becoming increasingly sedentary by nature, this energy from calorific intake is being directed towards fat storage. It is somewhat of a vicious cycle as those who are already obese are between two to three times more likely to also be inactive.[18] Many people suffering from obesity are likely to face complex barriers to being physically active, including feelings of shame, poor body image, comorbidities and life limiting conditions, sedentary employment and also a lack of access to good quality green space (particularly for those living in urban areas).[19] This relates to what was discussed in Paragraph 2 regarding chronic stress and inflammation.

Demographic inequalities

8. Specific demographic groups are more likely to be obese. This includes high levels of deprivation and ethnicity amongst other factors such as age and sex. Most recent statistics show that men are more likely than women in the UK to be overweight or obese (68.6% compared to 59%).[20] However, as discussed throughout this paper, obesity causation and risk is far more intersectional than one factor alone with many multifaceted reasons as to why certain groups of people are more likely to be obese. The following paragraphs consider socioeconomic deprivation and ethnicity specifically.

[14] Snowden, C. (2016) The fat lie — institute of economic affairs, THE FAT LIE. Available at: https://iea.org.uk/publications/research/the-fat-lie (Accessed: 20 March 2024).
[15] Inactivity, not calorie consumption, behind rising obesity in the UK (2014) Institute of Economic Affairs. Available at: https://iea.org.uk/in-the-media/press-release/inactivity-not-calorie-consumption-behind-rising-obesity-in-the-uk (Accessed: 25 March 2024).
[16] Inactive people, Sport England. Available at: https://www.sportengland.org/research-and-data/research/inactive-people (Accessed: 25 March 2024).
[17] Obesity: What are the causes and risk factors? (2023) NICE. Available at: https://cks.nice.org.uk/topics/obesity/background-information/causes-risk-factors/ (Accessed: 25 March 2024).
[18] Raiman L, Amarnani R, Abdur-Rahman M, Marshall A, Mani-Babu S. The role of physical activity in obesity: let's actively manage obesity. Clin Med (Lond). 2023;23(4):311-317. doi:10.7861/clinmed.2023-0152
[19] Ibid.
[20] Baker, C. (2023) Obesity statistics, House of Commons Library. Available at: https://researchbriefings.files.parliament.uk/documents/SN03336/SN03336.pdf (Accessed: 25 March 2024).

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9. It can be argued that a major contributory factor for obesity amongst the general population is socioeconomic inequality. The gap in obesity rates for both men and women from the most and least deprived areas must be considered, for women the deprivation gap is 17 percentage points and for men the gap is 8 points, this gap has increasingly widened for both men and women since 2014.[21] Strikingly, analysis by the King's Fund found that those living in the most deprived areas are more than twice as likely to be admitted to hospital for obesity-related health problems, than those from more affluent areas.[22] The reasons behind this can be attributed to the associations between poverty and nutritional value in Western society and is a relatively recent correlation, with it only being linked in the last three decades. Of course, outside of developed countries, higher calorific intake is more commonly associated with those living outside of poverty.[23] Poor diet plays a considerable role here, with higher levels of poverty being directly associated and other factors such as a lack of cooking facilities, availability and advertising of "junk" food and the proliferation of fast-food establishments in these areas of higher deprivation.

10. The most recent data shows that adults from all Black ethnic groups had the highest rates of obesity, with 74% of the population being either obese or overweight.[24] Additionally, those of South Asian heritage are up to four times more likely to have type 2 diabetes, a disease commonly attributed to elevated levels of obesity than people of other ethnic backgrounds.[25] Research indicates that this can be attributed to genetic factors that mean South Asian populations generally store more fat in the abdominal region, associated with elevated disease risk.[26] This is despite the UK Asian population having below average rates of obesity (57%), compared to 64.5% of the white British population.[27] Taking sex into account, Black African, Black Caribbean and Pakistani women were more likely than other women to be obese.[28] Often, poverty intersects many other 'at risk' groups for obesity including ethnicity, with poverty rates in 2021/2022 highest in households where the head of the family was of Pakistani or Bangladeshi heritage.[29] Further, Black, Asian and Other ethnic groups are those in the society who are most likely to be physically inactive at 31%, 29% and 30% respectively.[30] This highlights how multiple disadvantages increase the risk factor for obesity.

[21] New analysis reveals stark inequalities in obesity rates across England. (2021). The King's Fund. Available at: https://www.kingsfund.org.uk/insight-and-analysis/press-releases/stark-inequalities-obesity-rates-across-england (Accessed: 26 March 2024).
[22] Ibid.
[23] Elliott, L. (2020) 'Poverty causes obesity. Low-income families need to be better off to eat well', The Guardian, 9 August. Available at: https://www.theguardian.com/business/2020/aug/09/poverty-causes-obesity-low-income-families-need-to-be-better-off-to-eat-well (Accessed: 26 March 2024).
[24] GOV.UK (2023) Overweight adults, www.ethnicity-facts-figures.service.gov.uk. Available at: https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/overweight-adults/latest/#:~:text=The%20data%20shows%20that%3A (Accessed: 26 March 2024).
[25] Patel, R.B. (2023) Type 2 Diabetes Risk in People of South Asian Background. [online] WebMD. Available at: https://www.webmd.com/diabetes/features/type-2-diabetes-risk-south-asians (Accessed: 26 March 2024).
[26] Lee, J.J., Pedley, A., Hoffmann, U., Massaro, J.M. and Fox, C.S. (2016). Association of Changes in Abdominal Fat Quantity and Quality with Incident Cardiovascular Disease Risk Factors. Journal of the American College of Cardiology, [online] 68(14), pp.1509–1521. doi:https://doi.org/10.1016/j.jacc.2016.06.067.
[27] GOV.UK (2023). Overweight adults. Available at: https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/overweight-adults/latest/#:~:text=The%20data%20shows%20that%3A (Accessed: 27 March 2024).
[28] NHS England (2022). New analysis of health behaviours by ethnicity published by NHS Digital. Available at: https://digital.nhs.uk/news/2022/new-analysis-of-health-behaviours-by-ethnicity-published-by-nhs-digital#:~:text=Women%20from%20black%20Caribbean%20(74 (Accessed: 27 March 2024).
[29] Francis-Devine, B. (2023). Poverty in the UK: statistics. Available at: https://commonslibrary.parliament.uk/research-briefings/sn07096/ (Accessed: 27 March 2024).
[30] Department for Digital, Culture, Media and Sport (2022). Physical activity. Available at: https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/physical-activity/latest/ (Accessed: 27 March 2024).

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The impacts of obesity on health, including on children and adolescent health outcomes

11. It has been long established that obesity can lead to serious health consequences, including, but not limited to type 2 diabetes, cardiovascular disease, musculoskeletal disorders and some cancers.[31] The result of this is reduced life expectancy. This is not just limited to those who are classified as obese, those with heightened with an overweight BMI are also at risk of health risks which increase as a person becomes more overweight. Of course, in the UK this means an increased cost and pressure to our health services. A government policy paper that was published in 2020 states that obesity related conditions cost the NHS £6.1 billion annualy and that if all overweight and above people in the population lost 2.5kg, it could save the NHS £105 million in the years up to 2025.[32] Cardiovascular disease (CVD) is accountable for a quarter of premature deaths in the UK.[33] This is despite much of the causations being preventable and as such, was identified in the NHS Long Term Plan as a clinical priority with the ambition to prevent 150,000 heart attacks, stroke and dementia cases by 2029.[34] Likelihood is increased by deprivation and accounts for the largest gap in life expectancy, with those in the most deprived 10% of the population being almost twice as likely to die due to CVD.[35]

12. For a long time, many obesity-related diseases have been associated with elder generations. However, very worryingly, in more recent years we are beginning to see emerging and increasing trends in these comorbidities in children and young people. This is something that correlates significantly with deprivation, as children from deprived areas are twice as likely to be obese than their less deprived peers in other areas.[36] As discussed in Paragraph 5, the risk is further exacerbated by ethnic group. In the UK, Black Caribbean, Black African and South Asian children are more likely to be obese than children from White ethnic backgrounds.[37] As such, we are increasingly finding that children are being diagnosed at an early age with many obesity-related comorbidities which were traditionally seen as later in life illnesses, such as type 2 diabetes. Around 1.3% of those living with type 2 diabetes in the UK are under the age of 19.[38] The UK has the highest reported rate of type 2 diabetes amongst children and

[31] World Health Organisation (2013). Obesity: Health Consequences of Being Overweight. Available at: https://www.who.int/news-room/questions-and-answers/item/obesity-health-consequences-of-being-overweight#:~:text=Being%20overweight%20or%20obese%20can (Accessed: 29 March 2024).
[32] Department of Health and Social Care (2020). Tackling obesity: Empowering Adults and Children to Live Healthier Lives. Available at: https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives (Accessed: 29 March 2024).
[33] NHS England (2019). NHS England Cardiovascular Disease (CVD). Available at: https://www.england.nhs.uk/ourwork/clinical-policy/cvd/ (Accessed: March 29 2024).
[34] Ibid.
[35] Ibid.
[36] Royal College of Paediatrics and Child Health (2023). RCPCH responds to latest childhood obesity figures for England, 2022/23. Available at: https://www.rcpch.ac.uk/news-events/news/rcpch-responds-latest-childhood-obesity-figures-england-202223#:~:text=The%20prevalence%20of%20obesity%20in (Accessed: 29 March 2024).
[37] Zilanawala, A., Davis-Kean, P., Nazroo, J., Sacker, A., Simonton, S. and Kelly, Y. (2014). Race/ethnic disparities in early childhood BMI, obesity and overweight in the United Kingdom and United States. International Journal of Obesity, [online] 39(3), pp.520–529. doi:https://doi.org/10.1038/ijo.2014.171.
[38] NHS England (2021). Young People with Type 2 Diabetes, 2019-20. NHS Digital. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/young-people-with-type-2-diabetes-2019--20#:~:text=There%20are%20122%2C780%20children%20and (Accessed: 29 April 2024).

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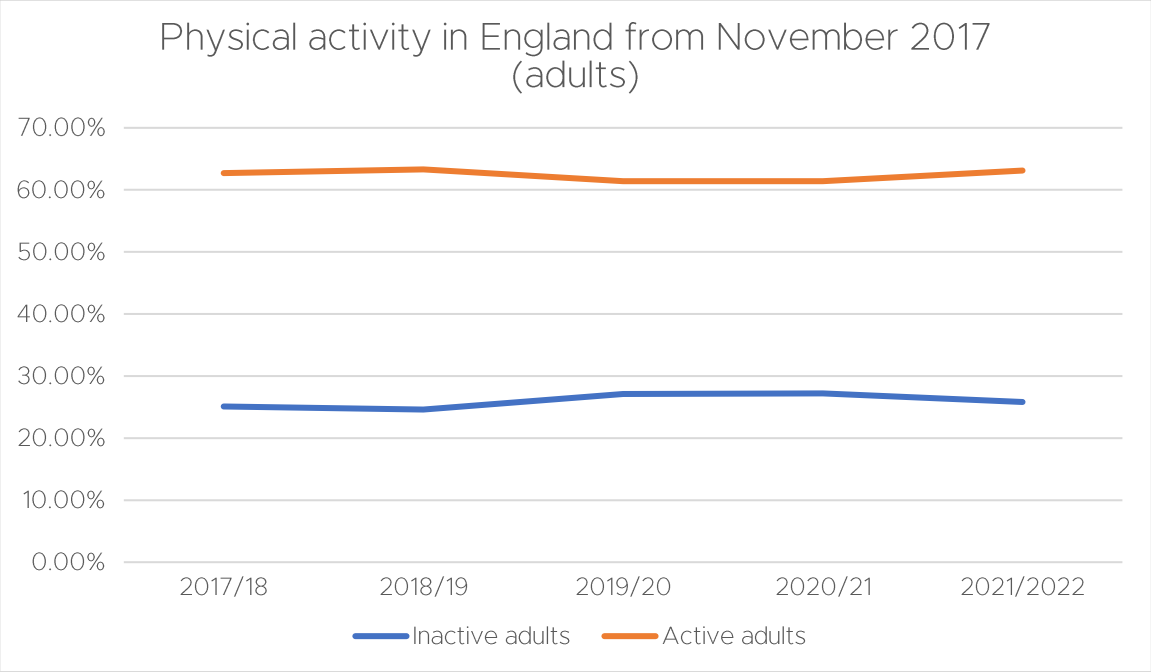
adolescents in Europe,[39] which many attribute to the elevated and increasing rates of obesity in the country.

The impact of recent policy tools and legislative measures intended to prevent obesity

13. In 2019, the UK Chief Medical Officer published updated Physical Activity Guidelines. These include guidelines for all ages and apply to all UK countries. For children and young people (aged 5 to 18 years), the indicated baseline is moderate-to vigorous intensity physical activity for at least 60 minutes daily. For adults (aged 19 to 64 years), this is decreased to an accumulation of 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity on a weekly basis and activities to develop or maintain strength in the major muscle groups.[40] There are also recommended guidelines for those younger and older than the age categories referenced above. Regarding the impact of the Physical Activity Guidelines, the below graph shows the change in adult physical activity levels as indicated by annual Sport England Active Lives survey[41] completion:



14. Due to the impacts of the pandemic, it cannot yet be determined how much affect has been taken from the Physical Activity Guidelines. As we can see from the graph, during the years impacted by lockdowns implemented due to the global pandemic (March 2020 to March 2021), where physical activity had begun to slightly increase, this progress was slightly impacted. This can be attributed to the restrictions placed on the population at the beginning of the pandemic (mid-March to mid-May 2020), where walking for travel (which is consistently

[39] Candler, T.P., Mahmoud, O., Lynn, R.M., Majbar, A.A., Barrett, T.G. and Shield, J.P.H. (2018). Continuing Rise of Type 2 Diabetes Incidence in Children and Young People in the UK. Diabetic Medicine, 35(6), pp.737–744. doi:https://doi.org/10.1111/dme.13609.
[40] Department of Health and Social Care (2019). UK Chief Medical Officers' Physical Activity Guidelines. Available at: https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf (Accessed: 30 March 2024).
[41] Sport England (2023). Active Lives data tables. Available at: https://www.sportengland.org/research-and-data/data/active-lives/active-lives-data-tables?section=adult_surveys (Accessed 30 March 2024).

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the highest mode of physical activity) mostly impacted (4.2 million less reported in the 12-month period of the Active Lives survey 2019/2020).[42]

15. The soft drinks industry levy was introduced by the UK Government in April 2018 in response to rising obesity levels and the prevalence of obesity-related comorbidities. Aimed at sugary soft drinks, the levy sought to cut childhood obesity through limiting sugar consumption. Promisingly, the capital taken through the soft drinks industry levy was intended to go towards funding physical education activities in primary schools, the Healthy Pupils Capital Fund and boosting funding for breakfast clubs in over 1,700 schools. Last year, a University of Cambridge study found that the soft drinks industry levy, also known as the 'Sugar Tax,' may have prevented over 5,000 cases of obesity in year 6 girls since the introduction of the policy tool in 2018.[43] The study found a relative reduction of 8 per cent in obesity levels within this age group of girls, further reductions were found in areas of highest deprivation, where obesity prevalence is higher.

Policy tools that could prove effective in preventing obesity amongst the general population, including those focussed on the role of the food and drink industry in tackling obesity

16. We believe that the government needs a more concerted effort in tackling the inactivity crisis. We know that this has been attempted in many previous iterations, but little has happened in regard to progress. Tackling obesity requires a whole system approach, rather than it being the sole responsibility of one government department. Obesity affects all areas of our society, with much of this impact being reflected in stressors to the NHS. This must include efforts to tackle the epidemic of inactivity. As part of its recently published Obesity Mission,[44] the UK Government should take inspiration from its Physical Activity Taskforce and bring together cross-sector key players, specialists and Ministers to work towards a cohesive strategy to tackle obesity levels in the UK. This should include representatives from the following Government Departments: Department of Health and Social Care, Department for Culture, Media and Sport, Department for Education, Department for Work and Pensions, Department for Environment, Food and Rural Affairs, Department for Levelling Up, Housing and Communities and HM Treasury as a minimum. A cross-sectoral approach is required if we are to see true change and prosperity, considering all areas where obesity impacts society.

17. Finally, we would advocate that the Eatwell Guide requires an update to reflect the emerging scientific evidence that indicates the detrimental value of diets high in UPF. Currently, the Eatwell Guide actively encourages consumption of certain UPF including wholegrain cereals, low fat spreads and baked beans. A recent study has found that UPF can be linked to 32 different harmful effects on health, including obesity and many obesity related illnesses.[45] The

[42] Sport England (2021). The impact of coronavirus on activity levels revealed. Available at: https://www.sportengland.org/news/impact-coronavirus-activity-levels-revealed (Accessed: 8 April 2024).
[43] UK Research and Innovation (2023). Sugary drinks tax may have prevented over 5,000 cases of obesity. Available at: https://www.ukri.org/news/sugary-drinks-tax-may-have-prevented-over-5000-cases-of-obesity/#:~:text=Preventing%20obesity (Accessed: 8 April 2024).
[44] UK Government (2024). Obesity Mission. Available at: https://www.gov.uk/government/publications/life-sciences-vision-missions/obesity-mission (Accessed: 15 April 2024).
[45] Lane M M, Gamage E, Du S, Ashtree D N, McGuinness A J, Gauci S et al. (2024). Ultra-processed food exposure and adverse health outcomes: umbrella review of epidemiological meta-analyses BMJ; 384 :e077310 doi:10.1136/bmj-2023-077310

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UK Government should take note of initiatives adopted in France and Brazil, by adopting a requirement for food manufacturers to use the NOVA classification, as with the 'traffic light system,' in labelling packaged food products. France takes NOVA one step further, by adding further subgroups such as added salt, sugar and fat as well as health harming additives and markers of ultra-processing.[46] Once substantive evidence has been considered by the UK Government, policymakers should take real consideration into implementing the NOVA classification into the Eatwell Guide and place requirements on food manufacturers to label food products accordingly.

[46] Davidou, S., Christodoulou, A., Frank, K. and Fardet, A. (2021). A study of ultra-processing marker profiles in 22,028 packaged ultra-processed foods using the Siga classification. Journal of Food Composition and Analysis, 99, p.103848. doi:https://doi.org/10.1016/j.jfca.2021.103848.

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