

From Jo Churchill Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care

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Dear Dr Kassam,

Thank you for your correspondence of 28 May to the Prime Minister, co-signed by a number of NHS colleagues, about obesity. Your email has been forwarded to this department. I apologise for the delay in replying.

Reducing obesity remains a priority for this Government. We know obesity is a leading cause of serious diseases, including some cancers. It also increases the risk of serious illness and death from COVID-19. This represents a huge cost to the health and wellbeing of the individual, the NHS and the wider economy.

The Prime Minister is determined to tackle this issue to better prepare the country for future health crises. He has been clear that we must have a care for the health of our population, and we will be healthier, fitter and more resistant to diseases like COVID-19 if we can tackle obesity.

On 27 July, we published 'Tackling obesity: empowering adults and children to live healthier lives'. This can be found at <a href="www.gov.uk">www.gov.uk</a> by searching for its title. The strategy includes an overarching campaign to reduce obesity, takes forward actions from previous chapters of the childhood obesity plan, and sets out measures to get the nation fit and healthy, protect against COVID-19 and protect the NHS. The measures include our intention to end the advertising of high fat, salt and sugar (HFSS) products on TV and online before 9pm, and restricting promotions of HFSS products by volume and location.

In addition, Public Health England has launched the 'Better Health' campaign, which calls on people to embrace a healthier lifestyle and lose weight if they need to, supported by a range of evidence-based tools and apps. We will also expand weight-management services to help more people get the support they need and, through incentives with GPs, will make conversations about weight in primary care the norm.

We have seen important successes since publication of the first chapter of the childhood obesity plan in 2016, including the average sugar content of those drinks that are subject to the soft drinks industry levy decreasing by 28.8 per cent between 2015 and 2018, and significant investment being made in schools to promote physical activity and healthy

eating. We are also working with councils to reduce child obesity locally through ground-breaking schemes.

We are clear, however, that the Government cannot tackle obesity alone. Obesity is a complex issue and requires a concerted effort and united approach across Government, businesses, schools, health and care professionals, local authorities and families. We all have a role to play.

With regard to sustainable food, this is a matter for ministerial colleagues in the Department for Environment, Food and Rural Affairs. I will therefore arrange for a copy of your correspondence to be forwarded to colleagues in that department for consideration.

We remain committed to reviewing what more can be done to meet our ambition to halve childhood obesity by 2030, and will continue to monitor our progress and the emerging evidence carefully. Your recommendations are a valuable contribution to this process.

I would be grateful if you could share this reply with your co-signatories.

JO CHURCHILL