

# Speech: Tackling obesity is a shared responsibility for society

As Health Secretary, there's some guiding principles I try to follow, like: always start with the patients, follow the evidence, listen to the experts, and then make decisions that do the most good – not the ones that are most politically expedient.

Although, as President Roosevelt once said: "There's as many opinions as there are experts."

So it's great to be here with so many experts today, to discuss the modern challenge of obesity.

I want to start by paying tribute to the work of this APPG, who have done so much to raise the issue, and stand testament to the fact obesity is one of the biggest health challenges we face as a society. Here in Britain, and across the world.

Now, for the first time, obesity is thought to be a bigger problem, globally, than hunger.

Of course, the growing availability of food around the world is a good thing, and is something humanity has sought to achieve throughout history. But abundance of food brings new challenges.

After all, as humans we are predisposed to eat more than we need, as our evolution has designed us to stock up in abundance for leaner times ahead.

Each and every one of us, in rich nations, faces this clash of evolutionary biology and modern life every day. And it's worth noting that as nations grow richer, it's the poorest in them who are the most prone to obesity.

So tackling obesity means tackling social, environmental, physical and psychological pressures, and giving people the capability they need to eat healthily.

And the evidence shows that for a whole host of reasons, some people are more susceptible to obesity than others.

The question I want to address today, and which this APPG is rightly considering, is how to address obesity, and what is the role for government, for business, for civil society and for each of us as citizens. Because tackling obesity is a shared responsibility for society.

This government has taken a global lead in our obesity strategy, chapters 1 and 2, with our ambitious targets to halve childhood obesity by 2030. Our strategy sets out the scale of the problem, and also what we're doing to tackle it.

We're cutting sugar in soft drinks. The sugar levy has removed the equivalent of 90 million kilograms of sugar since it was introduced in 2016, proving that population-wide measures work, and are necessary, alongside promoting healthier behaviours and empowering individuals to make better choices.

We're tackling everything from reformulation of foods, to calorie labelling in restaurants, to restricting advertising and promotion of junk food, to encouraging schools to adopt a 'daily mile' so children are more active.

We're doubling the NHS Diabetes Prevention Programme over the next 5 years, supporting low-calorie diets for obese people with type 2 diabetes.

Just this weekend we announced our latest measures, to curb retailers fuelling promotion of unhealthy foods.

On top of our obesity strategy, our Long Term Plan for the NHS sets out how we're driving the obesity strategy across the health service.

GPs are 'making every contact count' in identifying and supporting overweight children and adults manage their weight.

Hospitals will increasingly support patients whose obesity leaves them hospitalised, with a huge burden of cost on the NHS.

We'll learn from anywhere, so we've studied the success of cities like Amsterdam and their 'whole systems approach' to reducing childhood obesity. And I want us to keep learning from the latest evidence and new approaches from around the world.

The only way we're going to solve the growing, global challenge of obesity is if everyone plays their part.

The state has a vital role to play in reducing the environmental factors that contribute to obesity and protecting vulnerable children. We will play our part.

Local government has an important role supporting healthier high streets through better planning decisions, through their role in education, providing equipment for exercise, helping protect and create more open spaces for children to play and be active.

The health service itself has a vital – and growing – role to play in preventing obesity and helping people achieve a healthy weight.

Public Health England are world leaders in gathering and analysing data so we can make the correct, evidence-led, decisions.

Thanks to their work on identifying the role of sugar in obesity, we corrected the decades old mistake of focusing too much on saturated fat.

They will have a crucial role to play in developing the next phase of data-driven public health programmes using predictive prevention.

Companies large and small have a role to play in reformulating their products. I welcome action that's been taken so far, I'm excited by some of the coming science, and I want to see more action by the food industry.

Civil society has a role to play too in supporting people to stay healthy. I want to pay tribute to individuals with big voices like Hugh Fearnley-Whittingstall and Jamie Oliver, who use their influence to try to change habits, norms and assumptions, as well as trying to change government policy. Because changing behaviour means changing norms, as well as the formal rules we set in this building.

Finally, each of us, as individuals, we have a role to play and must take responsibility for our own health. Because even with the best efforts of the state and society, we can't solve the obesity challenge without individuals taking personal responsibility too: this is a shared responsibility.

We're putting in a record £20.5 billion extra a year into the NHS – the longest and largest cash settlement in its history – as we transform the health service over the next decade.

To rise to the challenges of today and seize the opportunities of the future, we're implementing the new NHS Long Term Plan on the principle that prevention is better than cure.

It's better for people if we prevent them becoming patients in the first place. It's better for the NHS if they help people stay healthy rather than treating them only when they fall ill. And it's better for taxpayers, and the nation, if we build a sustainable health system that will be there, for all of us, in years to come. The prevention agenda means yes, making changes only government can make.

That same prevention agenda means we need to do more to support people to take care of themselves, to keep themselves healthy – to empower people with the capability and expectation that they have an important role to play too.

I want to take a moment to set out the approach I take to these sorts of interventions.

I am no fan of nanny state interventions that treat everyone the same, or punish the masses for the problems of a minority.

The blanket public health approach we needed in an age of contagious diseases is still needed now in some areas. But the modern public health problems of largely non-communicable diseases need a different attitude, and a much more targeted approach.

No organisation wanting to tackle a problem as big as obesity would use the same approach for everyone, and target the whole population the same. After all, food is safe, obviously critical, as part of a balanced diet. Even a fatty cut of delicious steak is healthy in moderation.

There is huge, overwhelming, support for action to tackle obesity. Let's not lose that support with too much of a blanket approach.

Take alcohol. For 95% of people, the alcohol we drink is perfectly safe and normal. I like a pint or the odd glass of wine, and I know I speak for most of my audience and certainly the vast majority of my colleagues too. Let's not punish the masses for perfectly healthy behaviour.

But for the 5% who drink around a third of all the alcohol consumed, who too often end up hospitalised and seriously ill because of it, we need much more serious intervention.

The same attitude is needed across public health: lots more targeting, less intervention for the healthy, more intervention for those who need it. And the exciting thing is, we have a radically expanding toolkit at our disposal.

The approach we take with a 60-year-old man, who's set in his ways, must be different to the approach we take with a young, pregnant mother trying to get healthy for the sake of her baby.

And in the future, as we unlock our genetic codes and adopt new technologies like artificial intelligence, we can be yet more targeted too. We can even get ahead of the problem, supporting people who are likely to have problems with help and nutritional support.

With the right attitude and technology, we can lead the world with predictive prevention and personalised health services.

This approach can only work if we see tackling obesity as a shared responsibility. Diet and physical activity – too much and too little – are, by far and away, the 2 biggest factors that contribute to obesity. And the best solutions are in the vast majority of cases not medicinal, but behavioural.

The role of the health service is just as much to prescribe behaviour change as it is to prescribe drugs. This is now widely accepted, but needs to be embedded in the way we organise our NHS.

Nutritional advice, counselling, activity and exercise must be just as much a part of the toolkit of the NHS as drugs. This insight is behind our strong support for social prescribing, embedded in our NHS Long Term Plan.

This agenda is so important we're going to introduce more than 1,000 trained social prescribing link workers within the next 2 years, to help refer over 900,000 people – because the evidence shows that social prescribing, like activity or an exercise classes, can lead to the same or better outcomes than drugs.

I also strongly believe that because many of those social cures are free, they don't have multi-million dollar marketing budgets behind them. So it's the job of those of us in government to compensate and lean in – supporting training and developing the evidence base for social prescribing.

And that brings me to the definitional issue. I understand the reasons why some have called for obesity to be reclassified as a disease. People rightly want to lessen the stigma and increase support for people with obesity.

I agree with both of those goals. I've listened to the various views within the medical system, and I've taken advice. And I'm a staunch supporter of action to tackle obesity.

But I think reclassifying obesity isn't the way to do it. In trying to reduce one stigma, we risk creating another. I worry that calling obesity a disease, like cancer, risks being counter-productive and sending out the wrong message.

And because obesity is a condition born of human behaviour, my biggest worry is that if people with obesity are told they have a disease, it risks robbing them of agency and the incentive to change behaviour.

We risk taking away their power, where we must do everything we can to support and empower and expect them to change their lives through healthier choices.

Instead of helping them, we make them feel helpless. I don't think that helps. Is that what we want? More drugs and medical solutions encouraging life-long dependency on prescriptions and pills? No: we should have high expectations and support people to meet them.

Now, I know there's a healthy debate around this, and I welcome today's event and a frank and public discussion, because anything we can do to increase the focus on and reduce the stigma around obesity is hugely welcome. We share the same goal: to reduce obesity and help people live healthier lives.

But, while we shouldn't call obesity a disease, we should redouble our efforts to act. And perhaps nowhere is the prevention agenda more important than childhood obesity.

Almost a quarter of 4 and 5 year-olds are now overweight or obese, and that rises to a third by the time children are 11.

We must prevent overweight kids from becoming obese adults. And for children, I do believe in the strongest government interventions.

Let's help families and empower parents to lead healthier and more active lives, for the sake of the children. Let's make Britain the best place for children to grow up, where a child's health and life chances aren't curtailed by obesity before they even start secondary school. Let's treat healthy adults like healthy adults, and treat children like children.

Prevention will be embedded into every part of the NHS over the next decade. State, society, business and people. We each have our part to play.

We have a shared responsibility to work together to tackle obesity and build the health system and society we all want to see.