Critically analyse and evaluate a chosen public health-related policy in terms of how and why it was developed, its impact in terms of meeting the public health of the intended target population, and how the chosen policy can be improved to better help the population it targets.

Introduction

Government policy is conceptualised by the UK government as a course or a general plan of action that will be adopted by a government or other stakeholders. A policy is also intended to act as a statement of the government's position or intent (Williams, 2012). Policy has been recognised as key to the prevention of obesity, as it can have a widespread impact on the entire population, including vulnerable groups. The World Health Organisation (WHO) has called for sustained policy action targeting obesity at the national and local levels, as this can help to control other non-communicable and long-term chronic diseases (WHO, 2010). These actions have led to diverse policy responses globally. In particular, as Clark et al. (2016) argued, there are hard policies that focus on the strict enforcement of changes at the food system level, and soft policies where health promotion and intervention programmes are implemented. This essay focuses on the English policy on childhood obesity. *The HM Government Childhood Obesity Plan* was released as three chapters (2016, 2018, 2019). In 2020, the Department of Health and Social Care released the policy paper '*Tackling obesity: empowering adults and children to live healthier lives'* that presented broader goals to address childhood obesity. This essay will evaluate how and why a childhood obesity plan was developed by focusing on the process of development. This is followed by an evaluation of the effectiveness of the policy and areas for improvement.

How and why was it was developed?

According to extant literature, obesity is a serious health concern for children, often beginning before they start school (Clarke et al., 2016; Thies and White, 2021). In 2021/22, 10.1 per cent of children at the reception stage (aged 4–5) were considered to be obese. By Year 6 (aged 10–11), 23.4 per cent were obese and 14.3 per cent were overweight (House of Commons Library, 2023). Children from the most impoverished neighbourhoods show a prevalence of obesity at the beginning of elementary school that is two times that of children from the least impoverished neighbourhoods (NHS, 2019). This is an important concern, as being overweight could mean that there are adverse health outcomes that may impact both the short-term and long-term physical, emotional and social wellbeing of the child. Overweight children perform worse in school, receive lower grades, have more absence, and are

less likely to go on to complete higher education as adults. They may also be more likely to be bullied, which can negatively impact academic achievement, and report poorer levels of life satisfaction (OECD, 2019). According to the Obesity Health Alliance (2016), there could be 7.6 million cases of disease related to obesity and excess weight by the year 2035. Therefore, there is also a strong economic argument for addressing ways to prevent obesity early, especially in childhood.

According to the International Epidemiological Association (2014), health policy can address two broad variants: healthcare needs and public health needs. Policies focusing on healthcare are concerned with providing the right healthcare system and treatment to individuals, while public health policy is intended to promote the overall health of the population. The Childhood Obesity Plan is intended to act as a public health policy to address an overall improvement in children's health and wellbeing through a focus on individual behaviours and social and economic factors (Thies and White, 2021).

Policy priorities to address childhood obesity have existed since 1991 (Department of Health, 1992). In 1998, the devolved power given to national assembles resulted in independent country-level health policies (Musingarim, 2009). As Jebb et al. (2013) identified, though consistent policies have been proposed, evaluation of policies' effectiveness has been rare, with a lack of evidence-based measures to support policy implementation. The authors contended that there is a significant gap between policy and provision targeting obesity reduction. To address some of these challenges, the Childhood Obesity Plan was initiated in a staged manner. The first Childhood Obesity Plan was introduced in 2016 (HM Government, 2016). Following the findings of this consultation, the second chapter of the Childhood Obesity Plan was advanced in 2018 (HM Government, 2018). In 2019, a third chapter was initiated in order to integrate with broader obesity targets and goals (Department of Health and Social Care, 2019).

According to Lyn et al. (2013), establishing policies requires focusing on the underlying problem, the policy and the politics that may impact the policy's implementation. The relevance of these attributes to the development of all chapters of the Childhood Obesity Plan is discussed in this section of the essay.

To develop an effective policy, Lyn et al. (2013) contended that practitioners and collaborative groups should be able to present their view to policymakers as a problem worthy of attention. The implications of childhood obesity and the need for a structured plan have been brought to the attention of policymakers by different stakeholders in England. For example, the Marmot Review (2010) identified that there are inequities in access to basic health care, resulting in early challenges, including obesity issues. Similarly, the Health Selection Committee (2015) report called for brave and bold actions to address the immediate challenge of childhood obesity. These formed the basis for developing Chapter 1 of the Childhood Obesity Plan.

The second area of focus is the policy domain. According to Lyn et al. (2013), this helps to identify specific policy solutions to address the problem under focus. The overarching aim of Chapter 1 of the plan was to reduce the number of overweight and obese children in the next ten years. Specific policy interventions were proposed, which included both hard and soft policies. Hard policies introduced in the initial consultation and carried into the other chapters of the plan include the introduction of sugar and calorie reduction. A soft drinks levy was imposed on the drink industry. There was also a demand for a 20 per cent reduction in sugar across diverse product categories. In England, the levy was intended for soft policy actions, including programmes encouraging physical activity and a balanced diet for schoolchildren (HM Government, 2016). To support calorie reduction further, it was required that sugar reduction should be achieved in specific food categories. A calorie reduction programme with an updated nutrient profile model was also introduced (HM Government, 2016). In Chapter 2, the hard policy targeting a sugar tax was proposed to be extended to other food groups. For example, an HM Government (2018) proposal called for the introduction of a levy on sugary milk drinks. It also called for consideration of a ban on the sale of energy drinks to children. In 2019, this proposal was enacted to end the sale of energy drinks to children under the age of 16 (Department of Health and Social Care, 2019). The plan also recommitted to the Healthy Start Scheme, providing financial aid to families on low income across England. The vouchers are intended to be exchanged for fresh or frozen fruit, vegetables and milk, and provide free vitamins to women during pregnancy and in a child's early years (HM Government, 2016).

Alongside these hard policies, various soft policy programmes were implemented. There was investment in improving physical activity at school. This included encouraging schools to work with local authorities to improve their coordinated sports and physical activity programme (HM Government, 2016). In line with the Towards an Active Nation (2016) policy implemented by Sports England, new investments were identified at the local authority level to support physical activity improvement. Building on this, HM Government (2018) proposed targeted funding to increase physical activity outside school, including support of cycling and walking to school. Soft policies also focused on improving healthy eating. Healthy eating schemes were initiated through a partnership with Ofsted (2016) to improve nutritional effectiveness. Campaigns were launched including parent and student education to increase healthy eating (HM Government, 2016, 2018).

Though the initial proposal did not focus on advertising to children, later versions of the policy evaluated its importance. Policies (HM Government 2018; Department of Health and Social Care, 2019) called for better oversight of food marketing to children. There was a call to ban the promotion of unhealthy foods through location and price-related promotions (e.g. bundled products). The Department for Health and Social Care (2019) also called for legislation to monitor the marketing of high-fat and high-sugar foodstuffs during children's TV programming. The goal was to ban such advertisements on children's channels.

The final domain that should be discussed is politics. The political domain of any policy can be impacted by public opinion, national group and interest group pressure (Lyn et al., 2013). The introduction of the sugar tax and the implementation of early years support in the form of financial aid for the Healthy Start Scheme were achieved with the support of political engagement.

Impact on Meeting Public Health Needs

The effectiveness of policy in terms of achieving measurable outcomes has to be discussed.

The most important measure to help define the effectiveness of policy is to determine if obesity rates have reduced. The following figure presents obesity prevalence by age and sex from 2006 to 2021. The evidence shows that between 2016 and 2019, there was no measurable decrease in overall obesity rates. In 2006–

2007, 32 per cent of children in the age group 10–11 were overweight or obese. By 2019–2020, this rate has increased to 35 per cent (Baker, 2023). This is indicative of a lack of immediate impact of the proposed childhood obesity policies and consultations in terms of bringing about a broad national reduction in childhood obesity rates.

Another core feature of the policy which was unique was the introduction of the sugar tax. Pell et al. (2021) examined the sale of sugar drinks before and after the levy was introduced, concluding that there was no shift in the volume of soft drinks purchased. However, total sugar content in the drinks was reduced by 10 per cent. Meanwhile, Pell et al. (2019) argued that there was an increase in the purchase of non-levy drinks which were high in sugar (e.g. milk-based drinks). Therefore, the sugar levy was found to have a moderate positive impact on reducing the amount of sugar consumed per individual. However, as Jones (2016) argued, the soft-drink levy targets a single nutrient group without addressing broader food groups (including junk food) which cause obesity. The recently released UK National Food Strategy (2019) aims to break the junk food loop, foster a lasting shift in the food culture, lessen dietary inequity, and maximise land usage. As part of its recommendations, the report calls for a tax of £3 per kilogramme on sugar used in processed foods and £6 per kilogramme on salt used in meals and catering enterprises. That might encourage them to rethink their recipes or cut down on serving sizes to lower the sugar and salt content of their products. This shows that there are areas of improvement, extending beyond sugar which has not been addressed.

A potential challenge recognised through the health policy is the focus on narrow determinants of health and on individual behavioural change. Most of the solutions identified across all three stages of the policy focus on reducing intake, increasing exercise, and improving the nutritional quality of food. However, as Lakerveld and Mackenbach (2017) asserted, the causes of obesity cannot be evaluated independently but need to be integrated in the context of complex systems. The obesity policy has been ineffective in that it has been unable to address systemic factors, including the challenges of deprivation as a core factor contributing to childhood obesity. The Parliament Post (2021)) acknowledged that children living in more deprived areas are more obese: 13.6 per cent of children aged 4–5 in more deprived areas were obese, compared to 6.2 per cent in less deprived areas. This

evidence highlights the inequity in the effectiveness of implemented policies. Similarly, the report showed that children from some BAME groups were more likely to have a high BMI.

Overall, there is concern that the policy has not been able to meet broad outcomes including reduction in trends of obesity. Though both hard and soft policies have been implemented, these target individual behaviour rather than focusing on systemic factors.

Improvement to Meet Population Targets

The important metric highlighted in the policy documents reflects the policy texts' restricted definition of obesity. Body mass index (BMI) is not a measure of one's overall health, and so the limits of BMI (and any similar screening approach) and its complicated connection with health have to be noted. Obesity in children measured by BMI is difficult to trace into adulthood. There needs to be a broader definition. This research calls for the use of broader evidence to define the nature of childhood obesity (UK Parliament Post, 2021). Despite the established connection between poverty and child obesity, the policy documents, surprisingly, fail to address the effects of austerity on healthcare expenditure and spending, and on health inequities among children (Association of UK Dietitians, 2020). The impact of a shift in financial priorities and recognition of the systemic focus of health policy is important.

The need for a systemic approach to policy development and implementation is also highlighted in this essay. In particular, systemic analysis can help identify the best approach to creating a broad ecological model. As OECD (2020) rightly acknowledged, using a systemic approach to policy development is important. This approach identifies the need for broad socio-cultural factors, political factors, environmental factors and community level factors to be integrated while developing policies (Association of UK Dietitians, 2020). Such an approach can be assessed within the context of health policy development for obesity. Proper funding and support from the government is essential if efforts to reduce childhood obesity and improve health outcomes for young people are to succeed. While a decrease in obesity would be tremendously beneficial to the National Health Service and local governments, both are currently struggling under acute challenges that limit their

capacity to support prevention activity (Baker, 2023). This essay argues that the way forward is a preventative, long-term strategy. It is also crucial that the strategy's many components be supervised, supported and delivered by suitably skilled people. Dietitians, as the nutrition and dietetics experts in the medical field, are ideally suited to lead or coordinate a number of these factors. Most experts agree that interventions are more likely to succeed if they involve collaboration between various service providers, are closely monitored, and ultimately aim to reduce or eliminate inequality (Association of UK Dietitians, 2020). The impact of weight management services may be assessed in a variety of ways by various local health service commissioners, and for this reason, determining which methods are most effective is challenging (Baker, 2023). The above evidence supports the argument that tailored solutions, which address local population specific needs are required. There is also a need to identify the potential gap between policy and provision at every local authority level in order to better monitor childhood obesity and associated outcomes.

Conclusion

The purpose of this essay was to present a comprehensive evaluation of the childhood obesity management policy and plan. The evidence that is identified in this review shows some important implications. This essay focused on the English policy on childhood obesity. The HM Government Childhood Obesity Plan was released as three chapters (2016, 2018, 2019). Firstly, there is strong support for evidence-based practice. The government has consulted different expert groups, evaluated the failure of previous policies, and conducted good stakeholder assessment. At the same time, there is concern that wider determinants of health are not included as part of the policy. Specifically, there is an issue that the policy revolves around individual agency, which can be a challenge. Overall, there a need to enhance quality of assessment and monitoring of child obesity definition and monitoring. A systemwide approach extending beyond individual behavioural change is needed at the policy conceptualisation and implementation level.

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