

Appendix 2: National policy developments related to healthy weight management

August 2025



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Fit for the future: The 10 Year Health Plan for England

In the course of this assessments development, the government released its updated 10 year health plan for England: [Fit for the future: The 10 Year Health Plan for England](#).

In this plan the government pledged to “launch a moonshot to end the obesity epidemic”. The approach recognises that “food choices are partly an individual choice, but they are also influenced by our environment”- particularly for children who have limited control. The strategy aims to “make the healthy choice the easy choice” through systemic changes rather than relying solely on individual responsibility¹.

The 10 Year Health Plan adopts a comprehensive systems integration approach that shifts weight management from hospitals to community-based Neighbourhood Health Services. This strategy extends beyond healthcare through cross-sector partnerships with businesses, employers, and mayors to create healthier environments. The plan introduces "globally unique studies" using genomic insights to identify high-risk individuals and provide proactive support, transforming weight management from reactive treatment to predictive, personalised prevention delivered across integrated community systems.

Table 1 provides an overview of the commitments made in the plan related to health weight management and the potential impact this could have on the populations health and wellbeing.

Table 1: Overview of the commitments related to healthy weight management from the 10 year health plan for England and the potential impact

Approach type		Action(s)	Potential impact
Environmental and regulatory changes	Food environment reform	<ul style="list-style-type: none"> Restrict junk food advertising targeted at children Restrictions on the volume price promotions retailers can offer, including a ban on buy-one-get-one-free deals on unhealthy food- measures to come into force on 1st October 2025. Ban the sale of high-caffeine energy drinks to under-16-years-old Utilise revised National Planning Policy Framework to give local councils stronger powers to block new fast-food outlets near schools. Update nutrient profile standards (2004 model) categorising which foods are more or less healthy Continue to drive innovations in the soft drinks industry. Uplift the rate at which the levy is paid inline with inflation. The ‘Strengthening the Soft Drinks Industry Levy’ consultation sets out proposals to further drive reformulation, including ending the exemption for milk-based 	<ul style="list-style-type: none"> It is estimated that the energy drink ban alone could reduce childhood obesity rates by 0.4 percentage points, with health benefits worth £7.7 billion. By introducing smarter regulation, focused on outcomes, it is expected to be able to repeal legislation restricting volume price promotions and aisle placement. The idea is that this gives businesses more room to operate while still protecting public health - just measured by results rather than following a strict rulebook. Updating nutrient profile model is estimated to reduce childhood obesity

		drinks and reducing the minimum sugar thresholds.	<p>cases by nearly 170,000</p> <ul style="list-style-type: none"> Public health experts believe cutting the calorie count of a daily diet by just 50 calories would lift 340,000 children and 2 million adults out of obesity. If everyone who is overweight reduced their calorie intake by just 216 calories a day, equivalent to a single bottle of fizzy drink, obesity would be halved².
	School improvements	<ul style="list-style-type: none"> Update school food standards legislation, to ensure all schools provide healthy, nutritious food 	<ul style="list-style-type: none"> If schools comply with higher standards, it is estimated that childhood obesity could fall by 1.8 percentage points
	Mandatory reporting	<ul style="list-style-type: none"> World-first mandatory health food sales reporting for all large companies in the food sector Utilising the data collected, the government will set new targets to increase the healthiness of sales in all communities and work with the Food Strategy Advisory Board on how to sequence the introduction of this policy. Targets will be mandatory, but companies will have the freedom to work out how to achieve the target, whether through reformulation, by changing their layout, introducing new healthy products or through changes to customer incentive and loyalty schemes. 	<ul style="list-style-type: none"> As well as supporting continued efforts on transparency, the data will support customers with their choices and support investors to invest in healthy companies.
	Economic support	<ul style="list-style-type: none"> Expanding free school meals so that all children with a parent in receipt of Universal Credit will be eligible for free school meals from September 2026 To restore the value of the Healthy, Start scheme from 2026 to 2027. Pregnant women and children aged one or older but under 4 will each receive £4.65 per week (up from £4.25). Children under one year old will 	<ul style="list-style-type: none"> Expanding free school meals will put £500 back into families' pockets and lift 100,000 children across England out of poverty

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		receive £9.30 every week (up from £8.50)	
Medical innovation and treatment access	Obesity management medications	<ul style="list-style-type: none"> • Utilise recent breakthroughs in obesity management medication and expand access to weight loss services and treatments free at the point of need • Establishing relationships with industry to test innovative models of delivering weight loss services and treatments to patients effectively and safely. This may include: <ul style="list-style-type: none"> ○ Digital only models, where everything is done and managed online ○ Delivery in local communities in a place that is genuinely convenient for citizens such as on the high street, or at any out-of-town shopping centre ○ And models that can work in rural and other less urban geographies • Seek further collaborations with medicines suppliers and digital weight management services building on successful approaches in the hepatitis C elimination programme – to offer fast and equitable access to weight management treatment through the NHS. This will include partnership with industry to provide access to new treatments on a pay for impact on health outcomes basis: whereby companies are not just paid if people lose weight, but if that also translates into outcomes that really matter for patients, such as fewer heart attacks, strokes or cancer diagnoses. 	Potential impact was not disclosed in report
	Digital programmes	<ul style="list-style-type: none"> • Build on the success of the NHS Digital Weight Management Programme, expanding it to 125,000 more people per year and so doubling the number of people who can access it. 	<ul style="list-style-type: none"> • The NHS Digital Weight Programme has strong evidence for delivering sustainable weight loss and delivers excellent value for money.

	<p>Personalised approaches</p>	<ul style="list-style-type: none"> • Work with a range of industry partners to launch a new globally unique set of studies, utilising Our Future Health, to explore personalised prevention of obesity and related conditions. This prevention trial platform will apply genomic, artificial intelligence and other insights to enable identification of people who are at the highest risk of developing obesity and its complications and could involve providing proactive support to prevent this. We will trial new service models including early access to GLP-1s (a hormone and a class of medications) alongside digital behavioural support. 	<ul style="list-style-type: none"> • The broader genomic approach is described as transformational: "By 2035, the government anticipates half of all healthcare interactions will be informed by genomic insights and other predictive analytics
<p>Prevention and behaviour change</p>	<p>Physical activity promotion</p>	<ul style="list-style-type: none"> • Working with the Department for Culture, Media and Sport (DCMS), the government plan to move to a place-based approach to physical activity across Government Departments: through £250 million of investment into 100 places by Sport England; at least £400 million of investment into local community sport facilities; new partnerships on school sport, and local health plans. DCMS will set out more detail on the strategy for physical activity in due course. • The Great Run Company president, Sir Brendan Foster, has agreed to advise and help assemble a group of expert partners to set up a campaign to motivate millions to walk – and where possible to run – on a regular basis • Partner with the Ministry of Housing, Communities and Local Government (MHCLG) and the Department for Digital, Culture, Media and Sport (DCMS) to run a new bidding process, modelled on the UK City of Culture, to name the UK's most physically active community each year. The scheme will showcase the exercise, sport and active 	<ul style="list-style-type: none"> • Being physically active is good for physical and mental health and has a measurable positive impact on relieving NHS pressures, worth an estimated £10.5 billion in savings a year. • Where investment in physical activity is designed with local people, inactivity rates are 2.5 percentage points lower than otherwise in the most deprived places • The Great Run Company has been at the leading edge of encouraging mass participation in sport for many years with over 5 million finishers having taken part in their events. • The long-term aim is to have millions more people moving and exercising regularly as part of their lifestyle, as well as showcasing communities with the best initiatives.

		transport initiatives in that community – to support public participation, spread best practice, and to crowd-in investment.	
	Digital incentives	<ul style="list-style-type: none"> • Create a new digital NHS points scheme where people are rewarded for taking positive actions to improve their health. We will shortly launch a market engagement process to start the conversation with business about what behaviours could be incentivised. 	<ul style="list-style-type: none"> • Evidence shows that incentives can also help people make healthier choices. For example, a recent pilot of a health incentive scheme in Wolverhampton – which rewarded some people with points exchangeable for gift vouchers for making healthy choices – helped increase participants’ physical activity and improved their diets.
	Community engagement	<ul style="list-style-type: none"> • Building on the success of flash glucose monitoring in diabetes care, the plan commits to transforming the management of long-term conditions through cutting edge wearables and remote technologies. The immediate ambition is to make remote monitoring for cardiovascular disease, using wearables and similar devices integrated into the NHS App, a standard part of NHS care by 2028. • To ensure fair and equitable access, we will make wearables available for patients that need them. Building on the success of the Wolverhampton Prevention Pilot we will work with innovators to launch trials for real-world evaluation and development of the next generation of wearable technology and provide devices for free in areas where health need and deprivation are highest. 	<ul style="list-style-type: none"> • By 2035, wearables will be standard in preventative, chronic and post-acute NHS treatment. All NHS patients will have access to these technologies, which will be part of routine care. • By empowering patients with real time, actionable, health insights and seamless connectivity to their clinical teams, we will enable proactive self-management, earlier intervention, and ultimately, better health outcomes for millions across England.

National Policy commitments, actions completed since publication and potential impact

Table 2: Overview of national policy commitments related to healthy weight management, actions completed since publication and potential impact

Document (Year Published)	Description of commitments	Action to date	Potential impact
NHS Long Term Plan ³ (2019)	The plan committed to providing a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity).	In April 2021 The NHS Digital Weight Management Programme was launched. The programme was designed in line with the NHS Long Term Plan commitment to provide targeted weight management services for those living with obesity (Body Mass Index (BMI) $\geq 30\text{kg}/\text{m}^2$, adjusted to $27.5\text{kg}/\text{m}^2$ for people from Black, Asian and ethnic minority backgrounds) plus diabetes or hypertension or both. The programme is inclusive for those living with both Type 1 and Type 2 Diabetes, recognising that obesity has been shown to be a risk factor in COVID-related mortality for people with Type 1 as well as Type 2 diabetes. The programme is still running to date.	In 2024 a study analysing the effectiveness of the NHS Digital Weight Management Programme was published. The study analysed over 63,000 referrals between 2021-2022, with 50% of patients opting to participate in the 12-week program. Participants who completed the programme lost an average of 3.9 kg, while even non-completers averaged a 0.74 kg reduction—results comparable to both web-based and in-person interventions from previous trials. The programme demonstrated consistent weight loss outcomes across socioeconomic groups, suggesting equitable effectiveness. As a scalable digital solution integrated into clinical practice, the programme shows significant potential for population-level benefits in obesity management, provided participation rates can be increased ⁴ .
	The plan also committed to fund a doubling of the NHS Diabetes Prevention Programme (DPP) over the next five years, including a new digital option to widen patient choice and target inequality.	In 2019, funding was doubled for the NHS DPP, increasing capacity from 100,000 to 200,000 places per year by 2023. Having piloted a Digital DPP delivery throughout 2018, in 2019 the NHS DPP introduced a new framework which included a digital programme in addition to the initial face to face programme, this with the aim to increase programme reach.	DIPLOMA was a comprehensive programme of work focused on evaluating the NHS DPP, led by researchers from The University of Manchester and University College London . Results, including potential impact and recommendations from the evaluation process are available: DIPLOMA – Evaluation of the national NHS Diabetes Prevention Programme

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	<p>The plan committed to continue to take action on healthy NHS premises. The next version of hospital food standards will be published in 2019, strengthening these requirements and pushing further in securing healthy food for our staff and patients. They will include substantial restrictions on HFSS foods and beverages. All trusts will be required by the NHS standard contract to deliver against these standards.</p>	<p>In 2020, the Report of the Independent Review of NHS Hospital Food was published.</p> <p>The most recent national standards for healthcare food and drink in England were published in 2022.</p>	<p>NHS England reports implementation status of the national standards for food and drink through the Patient Led Assessment of the Care Environment (PLACE) Programme. In 2024, results found that 86.7% of participants rate the patient meal service as good, 1.7 percentage points higher than results recorded in 2023. 2.5% of participants rate the patient meal service as poor, 1.1 percentage points lower than results recorded in 2023. The PLACE Dashboard provides further results regarding the implementation of food and drink standards.</p>
	<p>The strategy committed to test an NHS programme supporting very low calorie diets for obese people with type 2 diabetes.</p>	<p>The NHS Type 2 Diabetes Path to Remission Programme, formerly known as the NHS Low-Calorie Diet Programme, was piloted in 2020 and rolled out across all areas in England from April 2024.</p>	<p>The NHS Type 2 Diabetes Path to Remission Programme is based of two studies. The Diabetes UK-funded ‘DiRECT’ trial saw almost half of those who went on a low calorie diet achieve remission of their type 2 diabetes after one year. A quarter of participants achieved a 15kg or more weight loss, and of these, 86% put their type 2 diabetes into remission.</p> <p>Another trial, called ‘DROPLET’, demonstrated similar weight loss in people who were living with obesity. The details of the trials can be found here:</p> <ul style="list-style-type: none"> • DiRECT 1-year results • DiRECT 2-year results • DiRECT 5-year follow-up results • DROPLET <p>Early outcomes data, published in The Lancet Diabetes and</p>

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			Endocrinology, shows that of those who completed the programme and had two HbA1c (blood glucose) measurements recorded, 32% had put their type 2 diabetes into remission, with an average weight loss of almost 16kg. This shows that remission of type 2 diabetes is possible at scale through delivery of an NHS service ⁵ .
	The strategy committed to nutrition training and developing a universal understanding of what is involved in achieving and maintaining a healthy weight for all medical staff on the frontline.	In March 2024 NHS England published The Enhanced Service Specification- Weight Management 2024/25 . The document outlines that GP practices must assure themselves that those practice and Primary Care Network (PCN) staff involved in referral and signposting conversations have the necessary skills and training on conversational approaches to lifestyle and weight management. The document also signposts several resources for and encourages participation in the healthy weight coach training programme .	There is good evidence to suggest that general practice plays a pivotal role in the identification of people living with obesity, discussion of the associated health issues and facilitating access to weight management services. There is also evidence to suggest that clinicians proactively offering weight management support is acceptable to patients living with obesity ⁶
Tackling obesity: empowering adults and children to live healthier lives (2020) ⁷	The strategy committed to legislate to end the promotion of foods high in fat, salt or sugar (HFSS), by restricting placement of these foods in locations intended to encourage purchasing, both online and in physical stores in England.	The Food (Promotion and Placement) regulation commenced in October 2022.	Over the next 25 years, restrictions on the placement of less healthy food in shops and online are expected to bring health benefits of over £57 billion and provide NHS savings of over £4 billion ⁸ .
	The strategy committed to ban HFSS products being shown on TV and online before 9pm and restricting the volume promotions	In light of challenging economic circumstances, the implementation of this policy was delayed. In December 2024 Restricting advertising of less healthy food or drink on TV and online: products in scope	This restriction is estimated to prevent around 20,000 cases of childhood obesity ⁹

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	such as “by one get one free”.	was published. This document outlines the developmental process of this legislation. The advertising restrictions will come into force across the UK on 1 October 2025.	
	The strategy committed to introducing a new public campaign on obesity. The campaign will urge people to take stock of how they live their lives in the wake of the COVID-19 pandemic, promoting evidence-based tools and apps with advice on how to lose weight and keep it off.	‘The Better Health’ campaign was introduced in 2020. The campaign provides tools to help people manage their weight loss- from checking their BMI, to getting access to free support tools including the NHS 12-week weight loss plan .	In August 2022, Public Health England published a phase 1 evaluation of the NHS weight loss plan app. This early evaluation suggests that the degree of weight loss is relatively high compared with weight loss outcomes reported elsewhere. This may, however, only reflect the motivation of the groups who completed the programme. Given that most user did not complete the 12 weeks, further evaluations will be needed as the number of users increase and improvements to the app are made ¹⁰ .
	The strategy also announced plans to consult on the ‘traffic light’ food label system in place that aimed to help people make more informed choices about their nutrition.	In late July 2020 Building on the success of front-of-pack nutrition labelling (FOPNL) in the UK: a public consultation was published outlining the scope for the consultation on FOPNL. The consultation closed in October 2020.	No further documents on this topic were identified.
	The strategy committed to offer all Primary Care Networks the opportunity to equip their staff to become healthy weight coaches through training delivered by Public Health England.	In March 2024 NHS England published The Enhanced Service Specification- Weight Management 2024/25 . The document outlines that GP practices must assure themselves that those practice and PCN staff involved in referral and signposting conversations have the necessary skills and training on conversational approaches to lifestyle and weight management. The document also signposts several resources for and encourages participation in the healthy	There is good evidence to suggest that general practice plays a pivotal role in the identification of people living with obesity, discussion of the associated health issues and facilitating access to weight management services. There is also evidence to suggest that clinicians proactively offering weight management support is acceptable to patients living with obesity ⁶

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	<p>This strategy committed to impose a legal requirement for businesses in England with more than 250 employees to display calorie information of non-prepacked food and soft drinks. Businesses within the scope of the requirements include restaurants, fast food outlets, cafes, pubs, supermarkets and home delivery services and third-party apps. Smaller businesses, which are outside the scope of the regulations, have also been encouraged to adopt the requirements voluntarily.</p>	<p>weight coach training programme.</p> <p>The Calorie Labelling (Out of Home Sector) (England) Regulations was enforced in April 2022.</p>	<p>This calorie labelling is expected to bring health benefits of £4.6 billion and provide NHS savings of £430 million over 25 years⁸.</p> <p>The government are continuing to evaluate the impact of OOH calorie labelling across the population and will conduct a post-implementation review within 5 years of implementation¹¹.</p>
<p>Government food strategy (2022)¹²</p>	<p>The strategy committed to the formation of the Diet & Health Open Innovation Research Club (OIRC). This group will support new research across businesses and academics to drive improvements in understanding the relationship between food and health, how we can improve the nutritional value of the food we eat and explore what underpins food choice.</p>	<p>In November 2022, the Biotechnology and Biological Sciences and Research Council (BBSRC), with support from the Department for Environment, Food and Rural Affairs (Defra), Innovate UK and the Medical Research Council (MRC), created the Diet and Health OIRC. The Diet and Health OIRC is made up of 6 innovation hubs bringing together world-class leaders from academia, industry and wider stakeholders to address poor diet and encourage the uptake of healthier, more nutritious food products in the UK.</p> <p>Most recently, in February 2025, the British Nutrition Foundation held a webinar</p>	<p>Six Innovation Hubs have been created, bringing together leading academics in nutrition, food and behaviour science with experts in the food industry. Each hub has their own page where you can learn more about recent funding and outcomes so far.</p>

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	<p>The strategy committed to undertake a programme of randomised control trials of interventions in the food system to encourage and enable healthier and more sustainable diets for all.</p>	<p>OIRC: Funding for collaborative research in diet and health. The webinar highlights the OIRC funding opportunities available to support collaborative research that can help drive improvements in diet and health and calls for UK research organisations and UK registered businesses to apply for opportunities discussed.</p> <p>In January 2023, grant funding was awarded for the SALIENT Food Trials project. The SALIENT food trials project work with the public, policymakers and food system partners to design and evaluate a set of interventions that can increase purchasing of healthy, sustainable foods across a range of contexts. The project will conduct work between January 2023 and November 2025.</p> <p>To date the project has engaged with over 40 partners. In March 2023, partners were selected for the first five trials. Partners include food retailers, a tech company, a catering company, and a social enterprise aimed at providing reduced cost food for people with a low budget. Protocols for trails are provided.</p> <p>Currently, the project are working with further partners to design interventions for new trials. In this phase the focus is working with major food retailers, food charities, community support teams and local government partners. The project is also engaging with new food industry partners, particularly those with greater reach into socially disadvantaged groups.</p>	<p>The SAILENT food trials project is ongoing. Data analysis on completed trials is underway.</p>
	<p>The strategy committed to review</p>	<p>The National Institute for Health and Care Research are</p>	<p>Evaluation of School Fruit and Veg scheme is ongoing.</p>

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	the current policy and delivery method of the School Fruit and Vegetable Scheme.	completing an Evaluation of the School Fruit and Veg Scheme . The earliest potential project start is set for March 2025, and the project duration is 36 months.	
	The strategy committed to developing brand new materials for the curriculum and finding opportunities for children and young people to better understand sustainable food and its connection to nature. To ensure that that children leaving secondary school know at least 6 healthy recipes.	The "school cooking revolution" plan, which aimed to teach secondary school children cooking skills, was cancelled because the UK government decided not to allocate the necessary funding, opting to use existing curriculum development pathways instead of diverting resources towards a dedicated cooking program; this decision was made to prioritise other curriculum commitments and avoid additional spending on a new initiative ¹³ .	Initiative cancelled
	The strategy committed to make it easier for families to apply for and use the Healthy Start Scheme through digitisation.	In March 2022, the digitalisation of the Healthy Start Scheme was fully implemented.	In 2024, a rapid qualitative analysis of the healthy start (HS) scheme in England was published. Results found that HS makes a valuable difference to families' abilities to purchase healthy foods for their young children. The payment card is considered preferable to the paper vouchers for the vast majority of families because it is easier to use in stores and the credit can be accumulated for bulk purchases. The application process, however, can be challenging for many families. Lower than expected uptake rates may be related to the lack of coordinated action regarding HS at local and national levels leading to a disconnect between departmental activity and service provision. This situation makes it difficult for families and local workers to know who to turn to for timely support

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			<p>regarding uncertainties in eligibility or the application process, which is not currently universal for all families. The paper also found that awareness of HS is not sufficient to increase uptake. The paper suggested to achieve greatest impact on take-up rates promotional activities need to be coordinated and coupled with adequate resourcing so families can be offered a helping hand through the application process¹⁴.</p>
	<p>The strategy committed to permanently extended entitlement of free school meals to 'No Recourse to Public Funds (NRPF)' families.</p>	<p>In April 2022 the government permanently extended free school meal eligibility to children in all households with no recourse to public funds (NRPF), subject to maximum income thresholds. In October 2024 guidance for schools and local authorities on providing free school meals to families with NRPF was published to support this.</p>	<p>In October 2022, a cost benefit analysis of free school meal provision expansion was completed. Results found that expanding free school meal provision improved nutritional balance of food consumed during the school day. Results also found that expanding free school meal provision improved eating habits at school and during childhood helping to improve children's health and reduce incidence of childhood obesity. The lower costs for food provision and reduced financial pressures for households living on lower incomes, increased parents ability to purchase more nutritious food at home and improved overall household food security in the medium term, contributing to improved dietary choices and habits into adulthood. At a population level, the expansion of free school meal provision decreased incidence of adult obesity and reduced diet-related disease and disability, saving costs for the NHS over the long term¹⁵.</p>

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	<p>The strategy committed to continue funding the Holiday Activities and Food (HAF) Programme with a £600 million investment over a 3-year period</p>	<p>In October 2021, the government announced a 3 year funding for the HAF programme following the successful roll out of the programme across all areas of England. funding is for the 153 upper tier local authorities to coordinate and provide free holiday provision, including healthy food and enriching activities. The programme will again be available to children in every local authority in England.</p> <p>HAF programme funding was extended for 2025-26.</p>	<p>Since 2022, the HAF programme has provided 10.7 million HAF days to children and young people in this country. The expansion of the programme year-on-year has meant a total of 5.4 million HAF days provided between Christmas 2022, Easter and summer 2023¹⁶.</p>
	<p>The strategy committed to launch a Food Data Transparency Partnership. The strategy also committed to bring together government departments and agencies in England to develop consistent and defined metrics to objectively measure health impacts of food.</p>	<p>The Food Data Transparency Partnership (FDTP) was established in 2023 to consider metrics supporting food and drink companies to report voluntarily on the healthiness of their sales.</p> <p>In October 2024, the House of Lords published Recipe for health: a plan to fix our broken food system. This report made comments on the progress of the FDTP.</p> <p>In January 2025, the Department of Health & Social Care published a government response to the House of Lords report. The response stated: Since July 2023, the health workstream made good progress on resolving questions about how business-level reporting on healthier sales could work. However, there are several outstanding technical challenges, including data availability and quality, as well as the appropriate scope for reporting, including own brand compared to branded goods and foods sold in franchises. Products that are out of scope for reporting would also need defining.</p>	<p>Work on the health workstream of FDTP was paused for the general election. The FDTP is currently under review¹¹.</p>

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		<p>These challenges need to be resolved before moving to further questions about how reporting: can be quality assured, can be made feasible for different businesses and should be published and presented. There is no current expectation for small or medium sized businesses to be within scope of FDTP reporting on the healthiness of sales. This is due to practicality and burden and is in line with similar regulations.</p>	
	<p>The strategy committed to build upon learnings from existing methods of consumer information, such as front of pack traffic light nutrition labelling, and will consider how the current regime could be strengthened to support consumers to make informed and healthier choices.</p>	<p>In January 2025, the Department of Health & Social Care published a government response to the House of Lords report Recipe for health: a plan to fix our broken food system which made comments on front of pack nutrition labelling. The response stated: In 2020, the UK government and devolved governments at the time held an evidence gathering consultation on front of pack nutrition labelling. This considered whether improvements were needed to the UK's front of pack nutrition labelling scheme and invited views on international examples of labelling, including using warning labels. Alongside this, publicly funded research was conducted in a nationally representative sample of consumers to test how the UK's existing scheme performed compared to some of those used in other countries. Both the UK's scheme and Nutri-Score (used in France) performed better than warning labels (used in Chile) or a generic 'positive tick' logo.</p>	<p>The government will continue to review the evidence on front of pack nutrition labelling and will consider with devolved governments whether further action is needed¹¹.</p>

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