

Nourishing Britain: A political manual for improving the nation's health

Transcripts

Contents

Disclaimer and Methodology.....	2
Prime ministers/Deputy prime ministers.....	5
Sir Tony Blair.....	5
Lord David Cameron.....	10
Sir Nick Clegg.....	12
Boris Johnson.....	25
Health secretaries.....	30
Baroness Virginia Bottomley.....	30
Andy Burnham.....	39
Matt Hancock.....	46
Patricia Hewitt.....	55
Jeremy Hunt.....	64
Sir Sajid Javid.....	68
Alan Johnson.....	81
Lord Andrew Lansley.....	92
Alan Milburn.....	106
Lord William Waldegrave.....	117
Other politicians.....	130
Jo Churchill.....	130
Michael Gove.....	147
Lord William Hague.....	161
Seema Kennedy.....	174
Sadiq Khan.....	184
George Osborne.....	192

Disclaimer and Methodology

The authors of the 'Nourishing Britain' report are deeply indebted to the interviewees for their contribution to the report. The transcripts from the interviews are published on the UK Data Service so that they can be reused for future scientific and educational purposes. All interviewees gave consent to having their interview recorded and transcribed, and reviewed and approved the transcript prior to the publication of the report. The statements and opinions expressed in the interview transcripts are the interviewees' own, and do not reflect or represent the view of the authors or funders of this report (Dr Dolly van Tulleken, Henry Dimbleby, Impact on Urban Health and/or Nesta).

Methods

We adopted a standard qualitative thematic analysis for this study.

The dataset comprises 20 semi-structured interviews with UK prime ministers, health secretaries and other relevant senior ministers, as well as two regional mayors, all of whom who were in post or government between 1990 (when the first government obesity-reduction targets were being developed) and 2022 (the government before this project started).

The two overarching research questions we sought to answer were: What barriers did senior politicians face in government when trying to pursue food-related health policies? And: What factors helped them overcome these? Our larger aim was to develop a political manual for current and future politicians on how to effectively navigate the politics of food-related health policy.

We approached all former prime ministers and health secretaries who served between 1990 and 2022. Where a former prime minister and/or health secretary from a particular government declined to take part in an interview, we approached the relevant public health minister (where possible or appropriate) to help put together a rounded picture.. Interviews were conducted) between March and October 2024. Prior to each interview, participants were sent an information sheet detailing the aims of the research, the main questions that would be posed during the interview, and how the data would be used.

Interviews were conducted in person, on a call or in writing. Consent to record the interviews , and to publish the resulting transcripts, were obtained in advance. Interviews were recorded on a computer or dictaphone, and were transcribed

verbatim by an external professional transcription company. The transcriptions were reviewed by the researcher teams and sent to interviewees to seek approval, check for accuracy and provide the opportunity to anonymise, remove or clarify any sections.

Our analysis involved nine analytical phases, which were inspired in part by psychologists Virginia Braun and Victoria Clarke's practical guide (2022) to thematic analysis.¹ Our phasing included:

1. Developing an initial a priori codebook
2. Familiarisation with the data
3. Initial coding, both a priori and in vivo
4. Refining and finalising codebook
5. Full coding
6. Generating initial themes
7. Developing and reviewing of themes
8. Refining, defining and naming themes
9. Writing up

As with most thematic analysis approaches, our phases were iterative in practice. This was particularly important as our dataset took longer to obtain than planned.

Before we began our analysis of the interview data, we researched existing academic and grey literature on the barriers to and facilitators of government nutrition policy. We identified five studies²³⁴⁵⁶ and developed an initial codebook to help organise and analyse our data based on their insights. Our codebook contained a list of codes (i.e. labels to make meaning from our data) with definitions and information about applying them. Multiple researchers independently coded a different sample of the interviews using a combination of the codebook and additional codes. The codebook was then discussed by the researchers and revised based on the initial coding. DvT then coded all the data with the revised codebook and another member of the research team blind-coded (coded without looking at DvT's coding) a portion of the

¹ Braun and Clarke (2022) *Thematic Analysis: A Practical Guide*. SAGE

² Ng et al (2022): *Identifying barriers and facilitators in the development and implementation of government-led food environment policies: a systematic review*. Nutrition Reviews:80;8:1896-1918

³ Cullerton et al (2016): *Playing the policy game: a review of the barriers to and enablers of nutrition policy change*. Public Health Nutrition:19(14):2643-53.

⁴ Baker et al (2018): *What drives political commitment for nutrition? A review and framework synthesis to inform the United Nations Decade of Action on Nutrition*. BMJ Global Health:3.

⁵ Pereira et al (2023): *Barriers and Facilitators Related to the Adoption of Policies to Reduce Ultra-Processed Foods Consumption: A Scoping Review*. Int. J. Environ. Res. Public Health:20:4729.

⁶ Institute for Government (2023): *Tackling obesity: improving policy making on food and health*

transcripts. Any differences in interpretation were discussed between the researchers and used for the purposes of helping draw out richer insights. Finally, we refined, defined and named our themes before writing up our analysis.

We aimed to be as reflexive (i.e. self-aware and conscious of biases, experiences and perspectives) as possible given we all work – or have worked – in food-related health policy and research. We engaged in discussions to critically reflect on our personal perspectives and how they may have shaped our interpretation of the data. We aimed to prioritise what interview participants' told us, rather than prioritising our own interpretations of their words.

Limitations

Although we have drawn from academic methods to conduct this research, there are limitations and inconsistencies created by the human factor. For varying reasons, we were not able to speak to all of the politicians we had hoped to. Those we did speak to were often extremely busy, so the interviews were of varying length and took place in fits and starts over a seven-month period.

We would have loved to have broadened our scope to include more of the key figures involved in public health policy – including senior politicians in the devolved nations, and civil servants and advisors across the UK – but we lacked both the time and resources to do so. This report therefore offers only a partial insight into how policies get made, from the unique perspective of former ministers, prime ministers and other senior politicians.

We asked our interviewees for permission to publish the full transcripts of our conversations, in the hope that they will be useful to other researchers and interested parties. We are extremely grateful to them for allowing us to do so.

Prime ministers/Deputy prime ministers

Sir Tony Blair

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

I think it's becoming a very significant problem. Rates of obesity are climbing in the UK and we know it not only impacts people's health and wellbeing, but also NHS capacity, national welfare payments and the economy more widely.

The impact on the economy has been underappreciated for some time, but is starting to draw more attention. There are now 2.8 million people off work due to ill health in this country and obesity is linked to many of the conditions driving that number - cardiovascular disease, diabetes, mental health and musculoskeletal problems.

And the UK seems to be particularly affected compared to other countries in Europe. Nearly three-quarters of people aged 45 to 74 in England are classified as overweight or obese - a troubling trend – given that 50 years ago only one in 10 British adults had obesity; today, that figure is one in three.

TBI produced a [report](#) on its economic impact and found the annual cost of obesity and overweight totals £98 billion a year in England, almost 4 percent of our GDP.

Unless we do something very different, those numbers only look set to rise. By 2040, the cost of obesity and overweight could rise by a further 10%, putting further pressure on the nation's health and public finances.

We could be doing much more to prevent obesity and overweight but it would require a different way of thinking.

Firstly in the way we regulate the commercial food environment – rules around marketing of junk food to children for example, or around taxes on sugary drinks.

But also in the way we think about health spending. Too often healthcare costs are viewed as a cost by the Treasury, when actually, good health is a national asset contributing to the productivity of our country. And health spending – particularly on prevention - should instead be thought of as an investment in the nation's health.

Finally, I think there is also a key role for new obesity drugs like the GLP1-agonists. Over time, these drugs are likely to become cheaper and better tolerated – in tablet form for example, rather than the injections available now.

Addressing obesity is not just a health initiative for the government; it is a critical component of a broader strategy to secure a prosperous and sustainable future for the UK.

2. Thinking back to when you first became Prime Minister, where were obesity and food-related ill health on your policy priority list (if at all)?

When I first became Prime Minister in 1997, obesity and food-related ill health were not as high on the policy agenda as they are today. During my time in office, there was a growing awareness of the issue, but it wasn't yet considered a top priority in the way it has become in more recent years.

My government introduced public health-related initiatives, such as the establishment of the Food Standards Agency in 2000, the National Child Measurement Programme (2005) and mandatory nutrition standards in schools (2006) which aimed to protect public health and consumer interests in relation to food particularly in children. But as I say, the issue was not as prominent and in the intervening years, we have come to understand the complexity of obesity and diet-related ill health in a way today that we didn't then and can directly see the causal link between the unhealthy food environment that has grown with the rapidly increasing rates of obesity that we see in young children, teens and adults.

Naturally, subsequent governments have placed more emphasis on addressing some of these issues through a variety of measures, including public awareness campaigns, regulations on food labelling, and initiatives to promote healthier lifestyles. As my Institute has written, these are one part of the solution but there are other levers that government can pull to have deep and sustained impact to safeguard the health and wealth of the nation.

3. What were the main barriers you faced in acting on obesity and food-related ill health? Please be specific or use examples (for example, what form did lobbying take/ to whom was it targeted).

When we introduced stricter regulations on the advertising of unhealthy foods to children - the food industry were strongly opposed at the time, arguing that it would impact profits, harm the economy and infringe their commercial freedoms – but we did it anyway because it was the right thing to do.

It also helps when there is public support. I remember when Jamie Oliver launched his "School Dinners" campaign in 2005 to ensure better nutritional standards of school meals. The campaign generated substantial public support and the government committed £280 million to improve school dinners, and also set up an independent School Food Trust to build on the momentum generated by Jamie's efforts

<https://www.bigissue.com/news/social-justice/from-maggie-to-marcus-a-history-of-free-school-meals/>

Again, the food industry and some local authorities pushed back, concerned about the costs associated with implementing healthier food standards. The food industry argued that clearer nutritional labelling and healthier school meals would impose significant financial burdens, which they contended would be passed on to consumers.

<https://www.independent.co.uk/life-style/food-and-drink/news/blair-backs-oliver-on-school-meals-but-not-with-cash-529314.html>

While promoting healthier eating habits and more active lifestyles, there was often resistance from parts of the public who viewed these initiatives as 'the nanny state' or an infringement on personal choice. This cultural resistance was a big hurdle, as effective public health strategies require not only policy changes that can support individuals to make better choices about their health, but also shifts in societal attitudes and personal choices to be made.

4. What were the things that most enabled you to act or to overcome the main barriers?

Strong evidence and information: It was evident in the early 2000s that the rising obesity rate would burden the NHS in the future and begin to push it beyond its capacity to deliver timely healthcare to those who need it. It was also evident that obesity was having impacts well-beyond individual's health: negatively affecting participation in the labour market, early drawing down of pension entitlements and broader economic burden of such chronic disease. It was compelling to see evidence of the impact of obesity not just on that individual's health but the collective costs to society which supports the political case for good policy and helps to counter some of the arguments concerning personal responsibility.

While scientific studies, reports from public health agencies and recommendations from experts provided a strong evidence basis to support government intervention, having the political will and building the political case upon these helped to make real

policy change. You can write a lot of reports but if no one reads them, is convinced of the argument or understands why they should take action, change won't happen.

Public Support and High-Profile Campaigns: One of the most significant enablers was the widespread public support generated by high-profile campaigns. Jamie Oliver's "School Dinners" campaign was a such a success at the time because of the story he was telling but also his reach through the televised series he produced. The campaign not only mobilised public opinion but also applied pressure to act. The significant media coverage and the public's engagement underscored the urgency of the issue and made it politically viable to allocate funds and introduce new standards for school meals.

Strategic Partnerships: Strategic partnerships with influential figures and organisations were crucial. Jamie Oliver's partnership with the government exemplified this. His advocacy, combined with the government's willingness to listen and act, led to the establishment of the School Food Trust and significant investments to improve school kitchens and training for staff. This collaboration demonstrated how partnerships between the government and passionate advocates could drive meaningful change.

5. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

I believe that while significant strides have been made, these efforts have not been entirely sufficient to tackle the issue comprehensively. We face steep growth in rates of obesity and overweight that could both seriously threaten the financial sustainability of the NHS and significantly hold back our economic prosperity.

6. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

We need to view health as a national asset and create an environment where healthy choices are the easiest and most accessible; take bold, innovative steps, including shifting the focus of the NHS from cure to prevention, and stay committed to building a healthier, more resilient Britain as the health of our people is the foundation of our future prosperity.

My Institute published work on this for our Future of Britain programme, which demonstrated three broad policy areas that have bipartisan support that could make a lasting impact:

1. Create a commercial food environment that provides accessible and affordable healthy options for people
2. Embed healthier food across all government entities such as the NHS and schools to promote long-term health – particularly for children and the vulnerable.
3. Actively adopt new research, technologies and treatments to improve the prevention and treatment of obesity.

Lord David Cameron

“As with so many issues, the cause of obesity polarises opinions. One side will tell you it’s all the food and drinks companies’ fault for selling unhealthy products. The other side will tell you it’s all down to the consumers, because they’re responsible for the choices they make.

“Yet both things can be true. That was the stance I took as Leader of the Opposition: yes, I believed that people had their part to play, but society wasn’t exactly making it easy for them to eat healthily. In speeches I gave nearly 20 years ago, I railed at retailers for selling things like half-price chocolate oranges at the tills. Where were the real oranges?

“I believed firmly in a wider “social responsibility” which put the onus not just on individuals, or companies, or government, but the whole of society to tackle such problems. This became a guiding principle in opposition, that informed our thinking on everything from climate change to knife crime.

“From my earliest days as Prime Minister, I put obesity at the heart of the public health agenda. There was no doubt then as there is no doubt now: obesity is a massive problem in our world today. If you had to rank issues Britain faces, chronic disease is right up there – and obesity is a significant driver of so many of our biggest killers.

“I was 100 per cent behind tackling obesity, particularly among children, whose chances in life can be shaped the quality of their diet. But I was also cautious about policies that might overreach, stifle business, lead to unintended consequences, or be a case of “right problem, wrong tool” (“if you tax sugar, why not tax other unhealthy ingredients?”; “why target drinks and not sweets?”).

“As time went on though, several shifts were taking place. Awareness of the dangers of unhealthy food was growing. Attitudes were changing. Industry was already moving in the right direction, offering healthier options. There was also a greater sense of coherence between those pressing for action and what they were calling for, and I found Jamie Oliver, in particular, a hugely persuasive and effective advocate for the cause.

“I came around to the idea that a tax on sugar might in fact be the “missing piece of the jigsaw” on obesity. We could do everything we liked on nudging people towards better behaviour, but without reducing the incentive for companies to sell these products and target young people, we wouldn’t see the impact and we wouldn’t demonstrate we were serious about this.

“George Osborne came up with a good way of implementing the sugar tax that I was now in favour of – a Soft Drinks Industry Levy (SDIL) that would put the costs on the manufacturers, and not consumers (we’d learnt a hard lesson from pasties).

“This felt like the right policy at the right time – and it had the right impact. Manufacturers have changed their formulas. People’s sugar intake from soft drinks has reduced. There is even evidence that the tax has been followed by a drop in the number of older primary aged children living with obesity.⁷

“There is a lot more that government can and should do – and it should learn lessons from what we did on the SDIL.

“First, that tackling obesity is a job for more than just the Department of Health. In this case, Treasury and Health ministers worked together to create a pragmatic, workable solution. This in fact is a job for the whole of government – Education, Business, Science, DEFRA, Work and Pensions – so many departments have a role to play in changing what we teach, the industries we back, the food we eat and the choices we incentivise.

“The second lesson is that we need to get away from the binary thinking on obesity. Nudging consumers alone is not enough – you also need to give the companies a shove, so those consumers can make those better choices. And – as we showed – you can do it without upending industries or damaging the economy.

“And the final lesson is that real change happens when you’re bold – but that boldness must be underpinned by a deep understanding of the problem, and specific, targeted policies to address it.”

⁷ <https://www.ukri.org/news/sugary-drinks-tax-may-have-prevented-over-5000-cases-of-obesity/#:~:text=Preventing%20obesity,year%20in%20this%20group%20alone>

Sir Nick Clegg

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“I mean, as far as I can tell from somebody who doesn’t follow this closely at all, it is a growing and increasingly acute problem. I thought the report that – I don’t know whether it’s one of your organisations, Henry, but the report that I saw in the press this morning, I’m sure you can slice and dice the stats in lots of different ways – research can always be sliced and diced in different ways – but the general trend seemed to me to be exceptionally concerning and alarming and have only got worse.”

2. Thinking back to when you first became Deputy Prime Minister, where were obesity and food-related ill health on your policy priority list (if at all)?

“Barely at all, barely at all. As I’m sure many of the politicians, current and former that you’ll speak to will – and as you no doubt know yourself – political capital is a finite thing; there’s only so many things you can focus on and only so many hours in the day. I always think people underestimate how difficult it is to change things and therefore how crowded or rather overstretched the political class feels if it’s trying to do too many things at the same time, particularly when other big things suck all the political oxygen. Of course, the time when we came into government, there were just two huge national looming issues. One, was the recovery from the deepest recession since the war after the 2000 financial crash and the other one was the MPs expenses scandal. They were the, kind of, pillars on which that government was founded really, was economic rescue on the one hand and political reform on the other.

I think we did a better job on the former than the latter, but that’s a different matter. Certainly as a leader you have to paint in quite big brushstrokes. You choose what are the main priority things that you campaign on, that you seek to deliver on. I think all of that is only quintupled in the case of a leader of a smaller coalition party, ‘cause your bandwidth is, in terms of what you can choose to change is, you’ve got to be highly selective, which, in itself, of course, can be quite a politically fraught thing to do. I think for all those reasons, it’s fair to say in 2010 I don’t think it really featured in a particularly significant way at all, at all.

Slightly anticipated, I suspect, you know, later on in the discussion, the thing which really, really attracted my attention, not least on the back of the report that, Henry, that you and John did for Gove at the time, I think it was, was the link...because the thing

that I was passionate about and that I had put up lights in 2010, and I invested a lot of time in, was the educational performance of kids from lower socioeconomic backgrounds. Pupil premium was one of the sort of flagship policies I'd stuck on the front of our Manifesto. We delivered it and we made these big changes as well to providing free childcare to toddlers of the, I think, 20% lowest income families, so I was very, very focused on that. It was the link between healthy eating and educational underperformance that really flicked a switch for me because – and I'm sure all of that, by the way, is a demonstration of my failing, but the thing that really captured my imagination was – and I remember this quite vividly, I think, David Laws explained this to me and his Special Advisor at the time, Matt Sanders, who, by a weird quirk of fate now works for me in Silicon Valley, but...But then he explained to me, and I think, Henry, you – I'm sort of teaching grandmas to suck eggs – I think, there were very some striking statistics that healthy meals at lunchtime could improve basic educational performance, presumably with younger kids as much as literacy hours and that really caught my imagination. So, it was the link between a thing that I was very, very passionate about, which was educational underperformance and the link between socioeconomic deprivation, educational performance, and nutrition and food during the school hours. So, that was my way in, if you like, and obviously there have been some pilots already going on and people like Henry and others have been highlighting it. In 2010, in answer to your question, no, it really wasn't a major issue at all."

[Prompt: Interviewer presents list of relevant policies and strategies during time in office]

"The thing I probably remember of that list was the...and the extension of the universal free school meals to all the primary school kids. I don't know where that's got to but, yeah.

Yeah, and by the way, again, you guys know this so much better than I do, but I do remember that the fact that the thing that we did in whatever it was, 2013/14 had been piloted in a few places – I remember, it was in, I think I may have even gone to Wolverhampton, was it, Durham?

That makes a tremendous difference, it makes a tremendous difference. It facilitates the politics enormously, enormously if you can point to a place and say kids there are doing better because of XYZ. I think sometimes people can be a little bit dismissive, "Oh, it's just a pilot;" they make a tremendous difference politically. Well, you know, once the stars align, if you can point to a place and say, look, the evidence is incontrovertible; it's not just from a thinktank, it's not just from a campaigning

organisation, it's not just from a columnist in a newspaper, this is happening, I really think is tremendously important."

3. What were the main barriers you faced in acting on obesity and food-related ill health?

"What? You mean, other than Dominic Cummings? I mean, he was a, sort of, one-man wrecking ball who constantly overestimates his own intelligence and underestimates his incompetence. I'm serious, it was ridiculous. He just kind of waged war on the policy. It's incredibly time-consuming and disruptive and it discredits it and it allows the...certainly at that time, the normal chorus of braying attack dogs in the right wing press to have a go and call it nanny state.

Anyway, I'm being facetious but it's actually a really interesting example. It was just, like, one zany, kind of, ideological fruitcake can really discredit a policy if you're not careful and I think that's part of the problem in that area of course, is ideology. You had a view, particularly in the Conservatives in that government, that the previous Labour governments have been too, as they have been – I mean, we forget that now, but they had been probably over directive and micromanaging what every teacher would do, every, sort of, millisecond of the teaching day. Do you remember that was very much a meme back in...

Memories are short but, you know, teachers and teachers' unions were up in arms about how they'd been told by Labour Education Secretaries literally what to think and when to breathe and all the rest of it. So, it was just a general feeling of no, no, no, no, we shouldn't be, kind of, over-intervening in this. So, there was that. Then, there was an incredibly, sort of, specious argument from the Right, that somehow this would only help affluent middle-class kids which they would, sort of, deploy. So, you'd get this, sort of, argument from the Right which was actually an argument ideologically driven by aversion to what they felt was, sort of, nanny state behaviour and they would cloak it in general social justice terms. I remember having arguments with Osborne and Gove and others, saying, look, the means test entitlement simply isn't being taken up to the extent that it should be, so, lots and lots of kids who should be receiving the...I mean, it's not quite back to what it was.

I'm from an affluent background, so I haven't experienced this but I know from friends who received free school meals, you know, they'd literally have to go up and receive a, kind of, metal disc in their school - do you remember in the '90s – and then you get a

voucher for whatever it was - £1.90, which only could buy you sausages and some crisps and everybody else...the stigma on all of this was a nightmare. I think that's been alleviated since, but the whole stigma thing and the incomplete provision of the means tested thing meant it just wasn't being targeted even in the targeted way that the Right would say.

I think ideology was a big thing. I really do defer to...and I mean this, I'm not just saying this disingenuously, you will have studied this and lived this, but there is just this weird, I say this, partly as someone who is married to a Spaniard from a poor rural village of 3,500 people in the middle of Spain where GDP per capita is a fraction of what it is in the UK and yet everybody eats better than many people do in the UK. Fresh produce and cheap fish is cooked by everybody in Miriam's little rural village. All her aunts and uncles are sugar beet farmers and I spend a huge amount of time there and it just always strikes me there's just something deeply, deeply cultural and, of course, it's bound up with this weird thing we have about class, that however much people have tried to explode this myth that somehow fresh nutritional produce is a, sort of, middle class thing, it's super weird, it just doesn't exist in other societies.

We've got a whole layer of class there which I'm not an expert on but it seems to me there's a...so, you've got ideology, particularly at that time from the Right. You've got a whole culture/class thing in the UK about food. Again, Henry, you tell me, I don't understand why we're an island and we don't know how to cook fish, it just seems to be bizarre. Miriam's little village is as far away from the sea as, you know, Buckingham is and yet every person, it doesn't matter, they can be the richest or the poorest person in the village, knows how to cook good fish and they do it.

I don't know how you change that, and particularly after whatever it is, 20/30 years of great cookery books and cookery programmes, I don't know, but there's just a weird cultural class associated thing in our country around food and indeed about drink, and politicians can't change that, by the way. In fact, in many ways, the politicians are the worst people to change that. I think one of the issues I would suggest you want to focus on, if you're talking to politicians is, in the same way that the Right needs to just overcome this ludicrous ideological belief that somehow it's inappropriate for governments to try and promote healthy nutritional food and diets and so on, particularly in schools supported by the taxpayer, the Left needs to be careful not to make it into a, sort of, moral welfare, sort of, crusade.

I don't want to personalise this, but if you only do it in the idiom of Gordon Brown, it just sounds always like a political accusation of anyone who isn't Labour and you're just not going to get – you have to get everybody on board. Everybody has to understand that this is right for the country as a whole and crucially, dare I say it, that middle England needs to understand it's right for them as well. I do hope the Tories in particular, both after the spectacular, you know, the idiocy of what they tried to do when they tried to get rid of the policy back in, was it 2016/17 and then they had to U-turn on that but also, dare I say it, the Election coming up on July 4th where their own voters are saying, like, enough is enough, this is just, like, we're just fraying at the edges too much, may, I hope, allow people from all wings.

I think the Left needs to be careful not to be, sort of, politically moralising about it as they tend to be, and the Right needs to really overcome this idea that it's not for people like them. So, I don't know, it's the same old, same old, in British politics, how do you make these advances without having them hijacked by politics. Dare I say it, I wouldn't have been able to deliver the universal free school meals without a lot of just good old straightforward old-fashioned skulduggery and political brinkmanship in Westminster. Politics will always play a role, of course it does, it's not a clean hands thing but I do think this Right/Left thing is really important to think about. I think the fact that the Left see it is their issue, and by the way, is wrong in fact, but also is really unhelpful in getting...you want everyone from the Daily Mail to the Guardian to feel as strongly about this.

[Prompt: How influential is the media as a barrier if they're not [on side]?]

“Hugely, hugely. I mean, absurdly so and the more I've done other things with my life since I left, or was ejected from politics, the more I've come to appreciate...though, the Dimbleby family will be able to have more insight into this than I will, but my view is, other than maybe Australia, there is literally no democracy on the planet that is as, sort of, addled by the vested interest in the newspaper industry as we are. It's bizarre, it's beyond...I mean, it's partly got historical antecedents, of course. The Railways, you know, the late 19th Century you could print a newspaper in London and have it on the breakfast tables of the bourgeoisie in Edinburgh the following morning, so, we developed a, sort of, national newspaper culture much earlier than anybody else did.

It's also just a highly, highly aggressively competitive space. We've just got lots and lots of newspapers like, sort of, you know, wild animals around a disappearing waterhole, going after a shrinking audience base and, of course, you've got the baleful influence of these, kind of, generally speaking, at least in the last 20 years, basically, angry old white men who own these newspapers and use them for their ideological proclivities, whether it's the Barclay Brothers, whether it's Murdoch and so on. In the case of the Conservatives, because there's just such an umbilical link between, at least what, maybe this is all going to break down now, this year, but, what, for so long has been this umbilical link between their core vote – older, white voters – and the newspapers they read, particularly the Mail, Express, well, particularly the Mail and the Telegraph, the level of almost, sort of, instruction that would be received from...

To give you an example, but you should put it to them, I remember, in the final Budget in 2010, before the May elections, it would have been February/March, I remember doing the normal thing which we do in that half a decade which was Danny Alexander and myself and George Osborne and David Cameron just assessing where's the money, where are the pinch points, what are all the big decisions we need to make and I was very keen to double the...again, actually, linking to an earlier point because the evidence showed that the provision of free childcare to, I think it was the lowest 20% of eligible families was having a demonstrable effect in terms of educational readiness. So, again, a bit like the free school meals thing, why I was interested in it because I felt it had a direct knock-on effect on the ability, as it does by the way, for kids to be ready to learn, where they then go from pre-school to school settings, I wanted to double it from the 20% to the 40%.

I remember – and you should ask David [Cameron] if you speak to him – and he might be a bit pissed off but, I vividly remember him saying, “Oh no, I can't possibly do that because Paul Dacre thinks that we shouldn't be having kids of that age taken away from their mum. Mums should be at home not working.” I remember I said, “David [Cameron], you've got to be fucking kidding. It's like the evidence is clear this works, but because Paul Dacre thinks ...”

Now, is he the first or the last politician who's sensitive to what newspapers would support? Well, of course not. I would have loved to have newspapers that supported me and I'm sure I would have been as craven as I'm being sanctimonious now if I did have, but I was in the unfortunate position that no newspaper did, so I didn't...I really don't want to be holier than thou but it is extraordinary in this country, and you don't get it in the US, 'cause the US is too big, people don't read the same newspapers. Newspapers

are basically read by coastal elites. You don't get it in the same way in the Continent; you have other problems. You do get it in Australia a bit, in fact, quite a lot.

I think, yeah, it's very, very peculiar that even though this industry has declining readership, it has retained extraordinary salience over what I think are major public policy choices and it'll be interesting to see what a Labour government, which, in a sense, is much less beholden to the Press...you know, the Guardian's been opposing Keir Starmer before he's even been elected, poor chap, as Prime Minister, so I don't think he owes them very much. So, it'll be really interesting to see, but, certainly, my experience in those five years since – I think that's your question, or where at least I can speak with some authority – is it was extraordinary how that feedback loop really had a profound effect on Manifesto choices, policy choices and so on. Yes, and in the case of idiot [Dominic] Cummings, yeah, I mean, he'd get all the attack dogs in the right-wing press to just ventriloquise the garbage that he was repeating. So, yeah, it has an effect. It made me pissed off, it made me worry, oddly enough...oddly enough, to Henry's point, it's now all flooding back, somewhat unhealthily, but it is.

My biggest concern was not that it would politically damage me, because, in a sense I wasn't catering to that constituency. What worried me more is that it was going to discredit it in the eyes of the teaching profession – the schools and the other others who actually had to implement it and if they kept seeing headlines about, you know, oh, the Department of Education doesn't support it, there isn't the money and so on, all of which was not true. Well, of course, there was back and forth and we had to work out what the capital funding needs were to build kitchens and so on, many of which, by the way, have been removed, particularly in the Shires, in Conservative LEAs, but, anyway, saying that aside. My worry, funnily enough, was that all that noise and that friction just makes it harder to implement it, and particularly in the case of that policy which no doubt was my failing but, you know, we introduced it very late on in that five-year part. My biggest concern was a practical one, was, oh bugger, that's going to make it harder just to get everybody on board to do the hard work to make it actually happen."

[Prompt: Linked to that, how much - personally, or for your advisors, or for others you observed in government - was there an influence of the food industry or advertising industry? Did you observe any influence?]

"No, I didn't at all. Well, at least, not that I can recall. I didn't at all, no. I don't remember it like that. The things I remember were the pilots, obviously Henry's report, the fact that this was the one I think, Henry, isn't that right, was the one policy that you

recommended back in 2011 that wasn't adopted by the government as a whole, and then endless argy-bargy with George Osborne about him wanting £600m for some bonkers tax allowance for people who...and then, as I say, the penny really dropping for me when David [Laws] and Matt [Sanders] said to me, this has an umbilical link to educational performance, which was the thing that really...so, those are the things I remember. I don't ever remember an industry thing."

4. What do you consider to be the top three barriers you faced in acting on obesity and food-related ill health policy?

"Well, the pragmatic one which is just cost. These things cost money, so, you have to run the traps of justifying the cost and having all the – then there was a bit of argy-bargy about that, so, there's cost...I think, everything we've already talked about, so, I won't repeat it which is just the ideological, sort of, recoiling from this, kind of, intervention. Then in the case of this policy and related to the first, is just an infrastructure thing, just the kitchens. Many schools had removed their kitchens. Again, I, for some reason I remember, that was particularly a problem in the Shires which, I didn't know, I've never thought about it until now, maybe that's one thing that was driving Conservative resistance was that it was at schools in their own areas which has actually decommissioned all the kitchens. To be fair, I've never really dwelt on that, so maybe that's another...so, I suppose that really...I mean, politically, there was no, other than that, there was no...it was such a, sort of, compelling case...

Yeah, incredibly popular and, as I say, proven, I really do think the fact that it was proven is such a powerful thing for a politician, 'cause you can say, "Little Jimmy in Wolverhampton is benefiting from XYZ. The evidence shows that it's going to help him read and write better and do better maths, and little Jimmy in Kent..." you know, I don't need to spell it out to you, but, really, the political narrative was not problematic, far from it."

5. What were the things that most enabled you to act or to overcome the main barriers?

"Yeah. I think I've said it, I think I've probably mentioned it already. I do think and I'm not saying this to flatter, but I do think that Henry and John put it so firmly on the agenda in their reports early on in the government was great, 'cause it was there and it was very visibly the thing that one side of the coalition didn't want to pick up, so it was

waiting there. I won't repeat what I've said, I think the pilots were tremendously important for me. The educational link, the fact that it was linked to other national missions was very important and then I...I don't know whether this is a political argument, certainly intellectual argument, the fact the status quo was so flawed and everybody understands that, you know, you don't need to explain very much on the doorstep, the stigma and the flaws related to means tested free school meals, so, I think it's just very easy to explain.

It doesn't work now. We've tried that in other places and it works really well and then, of course, the final thing was just this, sort of, rather unseemly trade-offs, like, well, if you're going to spend £600m as a government, which is a lot of money but, of course, in the grand scheme of things is not a lot of money at all, if you're spending whatever it is, why, what is it now – £700m trillion a year in public expenditure. £600m, as I saw it, if they wanted to blow £600m on this really silly gimmick for married couples and the tax systems, it was just a very easy argument for me to make, well, why on earth would you not spend the same amount of money. But that was a very peculiar thing to the coalition but it was very easy leverage – if you're going to spend that money on that kind of thing, which I think most serious policy leaders think is just a total waste of money, why not spend the same amount on something which benefits everybody?"

6. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

"Well, self-evidently not, 'cause that sounds to me that...you tell me, it sounds as if things have gone backwards. Of course, it's intimately bound up with, you know, the very fraught argument about spending reductions, changes in the welfare system, universal credit, benefits and so on and so forth, about which I have very strong views in general and I think it's completely fair to say that the choices that have been made in terms of where the axe falls, have not been well thought through, have not been fair and definitely, I would have thought, contributed to this issue.

The thing I have no answers to is just how do you create a culture shift? It cannot be that other countries which are poorer than we are just have a completely different attitude and a much more – I mean this in the non-political sense – small 'd' democratic attitude towards food. Everybody is entitled to good food, it doesn't matter whether you're rich or poor, you know, and particularly value...I know this is an age-old thing where we romanticise the Mediterranean diet and so on, but it is, kind of, slightly, sort of, you know, the facts, kind of, speak for themselves.

Spain, I think is about to soon take over Japan as having the longest life expectancy of any country on the planet. So, it can't just be about...there seems to be something wider going on and I just don't know how you shift that. Then, oddly enough, I'm not sure if, actually, in many ways, politicians are the worst people to shift that. They need to put the policies in place, whether it's taxes on food, whether it's advertising, whether it's what you do in school but we also need to make it just culturally acceptable to think it's good food, decent food, nutritional food, fresh food is for everybody."

[...] But look, the only thing I would say, as I said at the outset is, firstly, politicians are much less in control of what they do than they're often held...they have to constantly pretend that they know what they're doing and they're in control and they're not. They're not. They're constantly being buffeted left, right and centre. Secondly, you know, when big issues just suck huge amounts of oxygen and attention – I'm afraid I'm going to unavoidably use the 'b' word – we've literally spent ten or eight years wasting our time as a country on this, to my mind at least, predictably bonkers thing of unplugging ourselves...it has sucked all the energy. It's, of course, a revolution which has now eaten its own children as revolutions do as far as the...but it just takes so much oxygen away and 2008 took so much oxygen away.

If I look back on what I did in the five years, I made so many mistakes but, actually, when I look back on it, I think to myself, the really important dates were 2008 which was the biggest hammer blow to this country we've had really since the Second World War and then 2016 which was the Referendum and I was, sort of, for five years there an interlude and I'm actually really proud of the stable government. We did a whole bunch of things, you know, economy was the fastest growing economy in the G7 by the last two or three years of our time, blah blah blah, but I, kind of, look back on it with perspective and I think, you know what, actually, I was just an insertion between these two big tentpole moments which just dominates so much.

I think your agenda is really, really, really ripe now because there's just clearly, I was seeing this in the election campaign, seeing this in the likely result, there's just an absolute longing for renewal, a renewal and I think if you can position what you're doing in this report that you're producing, into the zeitgeist, which really is, this is a country which has spent basically a decade, a wasted decade arguing with itself, really about the past, 'cause that's, in my mind, what...it's a triumph of nostalgia over a claim on the future and you make it a future facing thing about renewal and healing and so on. I think that really will capture a potent mood in the country which stretches right across the political spectrum."

7. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

“I, for Labour, I may be wrong here but my hunch is they’ve got to resist the temptation of trying to do something in the space as an act of, sort of, political recrimination. I think if I was Starmer, I mean, if he particularly gets this huge majority and he wants two terms or three terms, whatever, I just think, if you look at pivotal moments, whether it’s the Thatcher Revolution or the Blair governments, you always do big things. If you look at Reagan, you always do big things if you position it in the context of an optimistic and forward-looking story about, we are where we are; we can be so much more and this is part of that story and I want everyone to share in it.

I think the temptation for the Left will always be to paint a, sort of, Dickensian view of smoke-stacked chimneys and Pip and Great Expectations under the Tories and now the...I think it does quickly become political and the right wing press won’t like it and then I just think, try and make it a unifying message. I think maybe a unifying message and make it a part of your...he seems to be, sort of, you know, getting there, as far as I can make out. Really, we’re in one of those page-turning moments. People want to turn the page, they want to move on, they, kind of, really feel, they understand the country’s, kind of, basically barriered itself a little bit, driven itself somewhat into a ditch in recent years. So, they want to get out of that ditch, they want to move forward.

I just think this is so germane to that vision, which is one of the things we’re also going to do is make sure – we’ve made great steps in previous – be generous about it, previous governments have as well, everyone from left, right and centre, surely we all agree. That will be my strong political advice. It’s partly, you know, anyway, from me, it’s partly, sort of, self-interested, ‘cause I just think if you start denigrating everything you put up the backs of people like me, sort of, well, hang on a minute so aim off.”

[Prompt: How do you overcome the barrier of the right-wing press?]

“I think it will be very difficult for the right-wing press to attack something which is, as Henry said earlier, very popular across the political spectrum and across geographies, at a time where it’s clearly obvious that poor Tory voters think that the country needs renewal, the public services are threadbare and fraying at the edges and so on. It’s really difficult for the right-wing press to attack something which is part of that overall, kind of, mandate for renewal. So, that would be very, very high level wholly, candidly, unsophisticated political advice. Then if the London...I’m interested to know what you

guys think, has what Sadiq done in London manifested itself already in better outcomes, better data?

[Response: It's going to be another couple of years before we get the data]

“Right. It'll be another couple of years, but again, I'm just thinking off the top of my head, a narrative which says, kids in London have this, kids in your neck of the woods should as well. The whole fairness thing of it's unfair if one part of the country, I think is a really powerful one.”

[Interjection: Michael Gove became a big supporter of this policy and has campaigned for it since. And what he says to the Right is, “if this is such rubbish, why does every private school in the country do it?”]

“Yeah, that's a good one, that's a good one, yeah, that's a good one. I didn't know. Well, he [Michael Gove] certainly wasn't helpful at the time but that's great, it's great that he's...and that's a really interesting argument as well. Yeah, that's a great argument. I think the, sort of, if it's in London, why not in your area and if it's in a private school, why not in your local schools and that's a great argument. These are super British arguments and, again, and you put a wrapper around that of national renewal, turning a page, you know...and also, I'm assuming that as a financial matter, it has fantastic, sort of, return on its investment. You've got all the obvious stuff, lower costs – I do think, again, I'm teaching grandmas to suck eggs – everybody knows in this country however, sort of, sepia-tinted and dewy-eyed they get about the NHS, that everybody intuitively knows the NHS is too much of an emergency service and that we just don't do enough on underlying causes and upstream health things.

Everybody, kind of, gets, if you eat well over a prolonged period of time, you will get less sick, there'll be less burden on the NHS. These are really powerful arguments, you know, it saves money for the NHS, keeps people healthy, it's fair to your area, it's fair to your local school. I think if you can do that in a spirit of optimism rather than recrimination, I think it'll make a tremendous difference in diminishing the tendency for people to jump at it and say, oh, this is a Labour nanny state once again and so on.”

[Clarification: When you said ‘politicians are the worst people to do this’ do you mean in terms of representing the culture?]

“Yeah, that’s the distinction I’d make. No-one wants to cook the food according to what a politician’s told them but you do want to operate in a society where politicians have set guardrails and incentives, which mean that – my kids are now more or less grown up but it is just ridiculous how cheap some of this vile processed, particularly breakfast food and others, it is, it’s just absurd. So I just meant that.”

Boris Johnson

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues?

Well, one pound in every three of government spending is on the NHS and there's no doubt at all that people's life expectancy has been greatly shortened by obesity and the period of time which...at the end of their lives, they're living unhealthy, sad, distressful lives is increasing. I saw some data the other day suggesting that life gains in life expectancy, which had been very solid when I was Mayor of London, and now it's starting to tail off, only to be reversed and I think that's down to obesity. Well, it certainly was one of the causes and I don't think, given the huge... the expense of, the tragedy and given the government can do something, I think the government has to do something to try and deal with it. We can't be indifferent to these levels of suffering and I think that it is very difficult for a libertarian Tory to come up with the right policies.

When I was Mayor of London, I was very keen on healthy living, you know, cycling and walking, putting strategies together to get people out and about and helping elderly people, in particular, to get out of their flats and take exercise.

When it came to bans on, you know, two for one deals, all that sort of stuff...we did run into some trouble, I seem to remember with Tory backbenchers.

2. When you got to the position of first being Prime Minister in July 2019, do you remember where obesity was on your policy priority list if at all?

Not all my advisors were in favour of doing anything about it, in fact they weren't, so, absolutely not, no way we could...don't even touch it, but I thought that was short-sighted. I think governments need to try to tackle it. One thing that really changed when I was Prime Minister was the advent of appetite-suppressing drugs and this was something that really happened when I was there. I remember Patrick Vallance, the government's Scientific Advisor saying that he thought that was where it would all go and I think he's been proved right.

- 3. Really interesting and obviously the big one being Covid as well, which...prompted some action around developing and tackling obesity strategy. What were the main barriers that you faced in doing...**

Well, I'm going to get the details wrong...I think we tried some stuff, TV advertising for junk food and so on and I can't remember where we got to in it exactly...

[Prompt] It's going to happen but in a few years' time, after its original date, but you got the legislation through.

It got pretty...it was one of the things that backbenchers would use to attack me, some of them. I remembered when I was running London, we'd done things, I think we tried to discourage planning permissions for fast food joints near schools and that sort of thing and tried to put stuff in our planning guidance to tackle the prevalence of some of this stuff. I do think it makes a difference, but, clearly, there's no substitute for individual decision-making and will and that's why I think appetite suppressants are so important.

- 4. How much, when you're in that position, how much the barriers are felt which are related to the ideology and internal party pushback versus, for example, lobbying from food companies or lack of evidence?**

I think it was a bit of both, I think they were the, sort of, big sugar...would be quite...I think they were using backbench feelings about freedom to try and get some of this stuff watered down. That was my impression, I might be wrong about that, but, that was my impression.

- 5. Anything else on the barriers? Is it that anything related to just having massive policy priorities goes without saying but also the structure of government and the fact that these sit across different areas or...**

We had a lot of sessions on it and ...there's a wonderful woman who came in and talked to us [*unclear 00:06:46*]...There were a series of...there were various doctors and dieticians and so on who...we had sessions...I tell you who was really good, old Will Warr, she talked to Will Warr. Talk to Will, he knows all about it. He'd remember it all in detail. I'm so sorry, I can't really remember...

What I can tell you is what my instincts are and my instincts are that on the whole you should be...you know, this is for personal choice, freedom and I do understand all that but government can use its power to give signals and to try to nudge people in the right direction and you have to do that, particularly given quite how expensive the whole catastrophe is and how sad it is that people are losing good years of their lives they could spend with their kids and grandkids through ill health.

[Prompt] Because the strategy followed your own experience with Covid, I just wondered, in terms of the things that really helped you lead on this...

Oh yes, that's right, so, Covid, yes, I think that's absolutely correct, it got a particular push after Covid or as Covid hit us because one of my first obsessions that we were showing very high levels of morbidity because of obesity, so Covid was hitting Britain particularly badly because we were so fat and I had...my own experience in ICU as detailed in my new book Unleashed...

Well, I noticed it was all middle-aged men and quite fat, a bit like me and I came out of that, I was thinking, crikey, we've got to sort this out. I can't remember what the statistics are, we are the second fattest nation in Europe, or one of them, we have been one of the fattest nations in Europe and we were proved really very vulnerable to Covid and I thought the two things were connected.

[Prompt] That's really helpful and it sounds like you had a very strong team, in terms of your advisors and experts around you to make that happen when you got to that point?

Yes, yes, yes. Will Warr was particularly good but there were certainly some others...I'm sorry if I can't remember their names, but Will would remember their names.

6. Just a couple more questions. One relatively simple, do you think policy actions that have taken place over the last 30 years to address this issue have been sufficient?

Well, obviously not, because the problem has increased.

[Prompt] Why do you think, in terms of the policy side, why do you think government...?

I don't think the government...look, why do people overeat? It's because they're eating their feelings, right. We need to, as a society, we need to work out why it is that people are overeating and under-exercising and it is calories in, calories out but people need to take more...you know, if you're going to eat this much, you need to take more exercise and they're not taking more exercise.

When I was a kid, we were all out playing in the streets the whole time. You don't see that with kids nowadays, they're all on their, you know...there's a lifestyle. When I was a kid, it was very rare for there to be a fatso in the class. Now they're all fatsos, and I'd be shot for saying they're fatsos, but that's the truth.

[Prompt] No, it's a very different situation.

People were skinnier, they ran around a huge amount, they drank phenomenal quantities of Tizer, they ate Spangles and Curly Wurries and Dog Shit and, you know, they lived a life of...but they expended far more energy and nowadays kids are sitting on screens and being told that it's all too dangerous to go outside because there are paedophiles everywhere apparently. It's all bollocks and there's too much risk averse about what kids can do, so they don't take up exercise, we should...you know, if you see a gang of kids hanging around the streets, you think there's a riot about to go off, so, there's that problem and the other problem is, I think, for older people, who are also pretty sedentary because of technology and so on, I think...instead of the Archbishop of Canterbury balling on about slavery reparations, he should ask himself why people in this country are so bloody fat and the Archbishop of Canterbury and religious leaders should try to fill what is obviously an aching spiritual void in people's lives, that drives them to gorge themselves and I think, religious leaders, as well as politicians, they think, what is up with people that they plainly are seeking solace in something that they know is self-destructive and when did you last hear the Archbishop of Canterbury preach a sermon about that? Instead of farting on about Brexit or whatever, he should address the real spiritual issue, that's my view.

You know, there he is...droning on about how we're all guilty and we must all be more left wing. I went to church yesterday, I was one of about ten people, well, I mean, 15 if you added up my family, right, and it was all about how, you know, rich men can't go through the eye of a needle, all that, sort of, pot. Why aren't people going to church, because it's not really addressing the things...people's spiritual needs. There's

something going on with people, they're needing a lack of something, they're eating it, they're not getting it...you know, you talk about living bread of spiritual sustenance, well, it's not being provided by the blooming church, I can tell you that much...The living bread is being provided by Tesco's...and they're gorging themselves on the real living bread, that's what they're doing...

Health secretaries

Baroness Virginia Bottomley

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“Obesity is an enormous issue. It’s partly an aspect of the modern life: people don’t eat the natural raw vegetables they used to. They cook differently. People are busy, they don’t know about cooking healthily. In 1972 I handled a research project for the Child Poverty Action Group for Frank Field, I used to write articles in the Guardian and a pamphlet about budgeting below the poverty line.

It was significant for many. Poverty is unpredictable: people think poverty is static but it’s not. Things change, partners come and go, jobs and incomes change, houses change. It’s a chaotic picture. The person who managed her budget best, and fed her children best, was a single West Indian mother, who had been brought up in a rural area in the West Indies. She knew about stock and using vegetables to their full. There were other people who had no training in nutrition and catering. They were the ones who, inevitably, bought comfort foods.

I was struck that this was not only an aspect of poverty it was an aspect of education, family and culture. I believe now it is ever more serious with the extent of obesity and the burden it places, not only on people’s quality of life but on the health service”.

2. Thinking back to when you first became Health Secretary, where were obesity and food-related ill health on your policy priority list (if at all)?

“I remember all too clearly, I produced a Green Paper called The Health of the Nation, was widely commended by OECD and many others. I’d been involved in the preparation when I was a Minister for Health from 1989 onwards and then in 1992 my team was to deliver it. This had the key areas of mental health, cancer, heart disease, sexual health, accidents. There were specific targets for obesity.

The programme was sent up by the political wags. As one said, “Nanny Bottomley is telling you can eat two fresh potatoes a day and Nanny Bottomley is telling you what else you must do and can’t do.” Of course, I hadn’t been involved in the actual prescription of the menus or the recommendations. But I felt strongly that if we have a taxpayer funded NHS we need to bring the public on side to take on responsibility and

collaborate in improving their own health. Encouraging healthy eating and more exercise was a no brainer.

I got sabotaged by several Tories when I had to take it through a Cabinet Sub-Committee before it could be published. John Gummer and John Patten were really “out to get me.” They argued strenuously as to why this whole programme was nonsense. I took not a blind bit of notice. I come from a medical family (20 of my close relations are doctors). I’d worked in the poorest areas of London before becoming an MP and I was under no illusion, about the importance of promoting a healthy eating message. I’ve never minded being called Nanny Bottomley, it’s probably true”.

[Interjection: So was that [...] a media reported term, or was that something...]

“It was in the media a lot: look at the press cuttings”.

[Interjection: Yes, I’ve got one of the key articles ... reporting that you told your civil servants that “Nanny knows best”.]

“I had wonderful civil servants, a feature of my ministerial life is working collaboratively with really able civil servants. I’ve never been able to understand why Ministers think they can do it on their own, I was brought up with ‘The man in Whitehall knows best.’ For the most part they are individuals with integrity, ethical standards, intellectual ability. They were certainly not doing the job where they were earning the most they could. They are involved because they care about the subject. The wisest thing for a Minister is to pick the best civil servants to deliver their mission.

3. What were the main barriers you faced in acting on obesity and food-related ill health?

“I accepted that it needed interdepartmental collaboration. My husband, Peter, was the Roads Minister. I often said he probably saved more lives tackling drink driving and road furniture than many people in the health service. It required the collaboration of education, agriculture. Every department almost would have a part to play. We set up an inter-Ministerial group which I took seriously on the basis that I could do so much but much was related to other factors.

I had a strong team of officials. The Health of the Nation programme was led by [Alasdair Liddell]. He was a Regional Health Chief Executive in Cambridgeshire. He led

for the NHS: Liam Donaldson was closely involved and became CMO. If you're trying to achieve change, politicians can paint a picture, set a vision, but the delivery and the implementation is not through them. It's what many politicians do not understand.

Many think a press notice is an implementation plan. But there's a vast difference between a press notice or a White Paper or Green Paper and an implementation plan delivering results. Getting ownership all the way through, I've mentioned some of the departments but, local government is also incredibly important. It had to be a systems approach.

[Prompt: Did you face any barriers in terms of the understanding of the issue and how best to tackle it - and there are so many policy levers that you can pull - or was it what had been decided in the Green and White Paper was what you were doing so there wasn't really much [debate]?]

"No, there were evolving issues along the way, which each needed to be resolved and debated. On the whole, I would have given a junior minister some of the issues and he would have reported back to me if there was a major concern."

[Prompt: Where did obesity and diet related ill health fit in with the other priorities, including even the NHS which, obviously, the Health Secretary looks after as well?]

"Many people believed that obesity is an enormous problem and it's difficult to know which levers to pull and which buttons to press when the ownership is spread widely. Are you trying to affect families, schools, local governments? Are you trying to affect people at work? I convened a Health of the Nation working party: I persuaded trade unions and rotary clubs to join. I remember Nick Ross joined. I tried to bring all parts of society to collaborate on how we could have achieve healthy lifestyles. People need to receive healthily living messages when they're healthy, not when they're sick.

Nick Ross made a tremendous impact. It was a recognition that change can't be done by the Department of Health alone, it can only be done by the Department of Health acting as a catalyst".

[Prompt: There were quite a lot of specific policies in the White Paper around getting industry to voluntarily reformulate, to get healthier marketing practices [etc]. There was even a line about moving towards full nutrition labelling, which didn't then happen for many, many years. So, I'm really interested in what interactions the government had with the industry. Whether you had any difficulty or colleagues had difficulties with getting industry involved and how they were over that time?]

"I worked with MAFF [the Ministry of Agriculture, Fisheries and Food] who had sponsorship of the food industry: the food industry were understandably wary of the whole matter. I would say, "you have a job to do and I have a job to do. My job is to promote the health of the nation and I'm dead serious about that". There would have been representations through officials from MAFF, and the Food Standard Agency, through the Department of Health officials and a way forward was found.

I realised it wasn't going to happen overnight. Like banning tobacco advertising or the price of cigarettes, you have to socialise the idea, get public opinion on side before you can achieve political change.

[..] And what year was the Health of the Nation published?

[Interjection: The Green Paper was 1991 and then the White Paper was 1992, it was three months after you were appointed.]

"That's it. It was my first big task and I got my teeth into it.

I was thrilled to have a project, and a policy, that I sincerely cared about. Inevitably Ministers sometimes get dealt a hand of cards that their heart may not be in it, but I was involved in it head and heart."

[Interjection: Yes ... Some of the Hansard debates where there were colleagues saying how you were also the image of perfect health as well as a very good ambassador for it, so that definitely was felt.]

"I'm just lucky to have a healthy constitution. Although at that stage I did not go to the gym or do anything very much. Combining being a minister with having children provides you with quite a lot of exercise.

[Prompt: I can imagine. When you mentioned [...] socialising to get the public on board, where was the public? Were there any barriers around the public media portrayal of this agenda other than the nanny state accusations or nanny terminology used?]

“I can't recall anything that particularly distressed me. It was inevitable that there was going to be some noise: all change creates noise. If you want to achieve change, it's not going to be easy. What you don't want is for criticism to be vicious or treacherous. It certainly wasn't vicious or treacherous. There are some campaigns colleagues handle where the opponents behave contemptibly, I had nothing like that. Just being called Nanny Bottomley, it can't even be described as a war wound.

4. What do you consider to be the top three barriers you faced in acting on obesity and food-related ill health policy?

“General resistance that surely we need to focus on cancer services and heart provision. How can obesity be a serious issue, it's not killing anybody? Like smoking, initially people didn't believe it was causally related but the evidence emerged. All those people who love fish and chips, for example, felt deeply sceptical and highly reluctant to change their behaviour.

People have changed their behaviour on many issues. The challenge now is how to reach that part of the population who has been isolated from this general change. If you go particularly to the impoverished communities that obesity is extensive: we have to find constructive ways of addressing that. I'd been Chairman of the Juvenile Court in Brixton, I'd worked in a child guidance clinic in Camberwell, I'd worked with the Child Poverty Action Group. I had a real understanding about the problems and the challenges faced by what was they termed the underclass, people who had nothing going for them and needed extra support.”

[Interjection: So, it was really an inequalities issue as much as...?]

“Yes, additionally”.

5. What were the things that most enabled you to act or to overcome the main barriers?

“Persistence, belief, tenacity, and as always, an appropriately thick skin”.

[Prompt: We’re interested also in the role of arguments and framing of the issues, so were there particular arguments that worked to persuade people that might otherwise be sceptical or indifferent about it?]

“You would have to remind me. Some politicians are very skilful with phraseology and arguments. I’m a practical idealist, let’s get it done, this needs to happen, I’m going to work with the team to get it done. Nuance around the arguments, I probably left to somebody else”.

[Interjection: No, that’s really helpful. Examples of other [...] arguments are things like labelling being a provision of information, which could be difficult for more sceptical libertarians to argue against...]

“Certainly, transparency. I wanted to have the cost of medicines put on the bottle so that people are aware. How can you change behaviour in ignorance of the fact”.

[Prompt: So, other things, particularly influential evidence or information, do you recall any of the reports? Was the WHO [World Health Organization] useful at that time?]

“Extremely. I was delighted and rather proud that the programme received a commendation from the WHO. Their good opinion mattered a lot to those of us at the centre.

[Prompt: Where was the Prime Minister on it? Did he play a role at all or was it handed pretty much over to you? And did it matter where he sat on the issue?]

“No. This was a time when there was almost entire delegation to Cabinet Ministers. I would talk to John Major about my portfolio of activities, but he only wanted to know if there was an issue on which he had to intervene or the “no surprises rule.” It’s so different to today. I think John Major was generally sympathetic but he probably (and certainly not Mrs Thatcher) would not have wanted to spend much political capital on it. Guardian readers loved it but, Telegraph readers were more sceptical, Spectator

readers were highly sceptical, I'm sure. I rarely read the Spectator".

[Prompt: Then, just to clarify some of the technical set up, there was the Cabinet Committee - was that separate to the Joint Nutrition Taskforce that was set up as part of the Health of the Nation?]

"That sounds much too technical for a Minister".

[Prompt: The Cabinet Committee, was that chaired by you?]

Answer: "Yes".

[Prompt: That was over that period?]

"I may need to stand corrected, it might have been chaired by Tony Newton. Sometimes we had an inter-departmental Cabinet Committee that was chaired by an independent force. It might well have been Tony Newton and then I become the Chief Advocate. I can come back to you on this [...] Any questions you have, let me know, I can investigate, I'm interested myself"

[Prompt: That's really kind because from what I can gather about the Joint Nutrition Taskforce, which was the more technical committee group that was set up - they published a kind of vision of what they were going to do in the next six months in 1993, so the year after the Health of Nation White Paper was published. Then it was wound up in 1995 and it was always said to have been the short committee that would just be a couple of years' worth of activities. But it was quite hard to determine what exactly it did - whether it was about signalling direction - and then it closed. Then obviously there were another two years to the election so it would be really interesting to know...]

"Well I can't help but think that's when I left health. There were various initiatives that I'd developed which on a reshuffle, one's successor is less enthusiastic about. I dare say my successor was less enamoured or fully persuaded by giving priority to obesity programmes.

[Prompt: Do you know what he was more interested in, what his priorities were?]

“He was politically skilled, very competent”.

6. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

“I’m not expert anymore. I sense that it’s time for a renewed effort and focus, different policies work in different contexts. I think there is now a real belief in it. I was impressed with the McKinsey Report, Richard Dobbs was closely involved. Once McKinsey is writing really serious reports about obesity things start to happen”.

[Interjection: That 2014 one, yes, it was very influential at the time so that’s really interesting.]

“They should relaunch it, shouldn’t they, because there is nothing new”.

7. Why do you think policies to date haven’t worked in terms of reducing rates of obesity and the related health inequalities?

“Behaviour change is really difficult. An operation is simple, giving people a pharmaceutical product is simple but changing behaviour is really difficult, which is why I’m excited by the enthusiasm to tackle school foods. I admire, Henry Dimbleby, Prue Leith, and others who are making a noise about it. If you can wean people, if you can train them at a young age then I think they’re more likely to pick up good habits”.

[Prompt: That’s really interesting you say about school food ... Would it have been totally off the cards to have universal free school meals or anything like that? What was the feeling about school food and how to best do it?]

“I don’t believe universal free school meals was remotely on the cards, but encouraging school catering to have a healthier standards would be good. Initiatives that people find difficult to assess maybe good in theory, in practice, what do you actually do? How do you make it happen? Who do you incentivise? Who do you motivate? Ministers are incredibly busy, it’s a relentless programme of work. Issues like this need a significant degree of ministerial ownership to maintain the pressure”.

8. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

“Ensure that you have a minister that wants to do it, takes it seriously and will do it. Sometimes responsibilities are allocated in a slightly random way. This has to go to an individual who can be authentic. I don’t think it should be the Secretary of State who has the problems of the world to handle. I would go for a junior minister who could really make it their own”.

[Prompt: What sort of policies would you suggest they do or what sort of actions?]

“They should review all those policies currently discussed and see which are the ones they can deliver. In politics there are always roadblocks and the roadblocks are sometimes unpredictable. It’s extraordinary how often you try ten times and on the eleventh time suddenly the forces of reaction disappear”.

[Prompt: That’s really helpful. In terms of the politics or the political barriers that you were talking about earlier, what sort of advice [would you give], because we very much know the accusations of nanny statism, et cetera, are still alive and kicking today?]

“Take no notice of Nanny State criticism because if Nanny has to take responsibility, if people are sick, then Nanny is allowed to have a few views on how people should eat if it’s going to make a difference. I’m not close enough to the detail but I would think that Victoria Atkins was an excellent advocate for it. Politicians are very different: on a policy like this I think you need to find politicians who are authentically committed”.

Andy Burnham

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“It’s a huge issue. But I think it's more than obesity and poor diet. I think there is a growing issue around irregular eating and the impact on people's mental health of not having food security. Certainly I see that and experience that in our city region, Marcus Rashford was huge in this space a few years ago. I think we are experiencing it on every level to be honest, the lack of consistent and sustainable food policy, across the board, is an issue that has implications for people's physical health. But don't forget the mental health side of it as well.”

2. Thinking back to when you first became Health Secretary, where were obesity and food-related ill health on your policy priority list (if at all)?

“It did because we were in that phase. I inherited the Change4Life campaign, which you might remember. This was a new approach to public health messaging and it was actually very innovative for its time and was interestingly trying to come at things a little more holistically than perhaps had been done in the past. Less of a finger wagging approach where we say “Don't do this, ban this, tax...” Change4Life was trying to take a broader, more positive point of view. I think it’s a shame that it didn't really survive the transition to the coalition because I think there was really something in it, what it was trying to do. I used to make the point when I was in the Department of Health in relation to food and diet, but also smoking and drinking, that if you just focus on that element of the messaging you may not get the change that you are looking for. In fact, if you think about people's lives and their ability to change, ability to change their diet or ability to change drinking habits or to become a non-smoker, actually those are quite hard changes to make and the easiest change for somebody to make in their life is probably to go from inactivity to activity. That's the easiest first step.

When you are in that position where you are more active and you have that feeling of more positivity and control about things, then I think you are in a position to do something about diet that you're just not if you're still inactive. I think it's less sustainable to change if you've not got a wider whole person approach. So with Change4Life, I was very keen on it for that reason. I thought it positioned things in a better way, more positively, more sustainably, but it didn't really survive. It wasn't round long enough to survive.

I always criticised the DH [Department of Health and Social Care] for running anti-smoking policy, public health interventions without any other behaviour change. They're probably not going to succeed because people just won't become a non-smoker when everything else in their life is not going great either. t I would link food policy very much to activity policy, I try and do that here in Greater Manchester.”

[Prompt: There's evidence that people who take appetite suppressing drugs... believe they have agency which goes on to affect other areas of their life. You can't exercise away a bad diet, but I do think agency is at the centre of it.]

“100% I agree, I think there's more interventions needed than just getting people active. I'm not saying that that's the end of it, but I do think the mind-set shift that comes makes you much more susceptible to being open to good changes in relation to food and diet as well.”

3. What were the main barriers you faced in acting on obesity and food-related ill health?

“The biggest one that I recall was commercial television because the idea of a watershed for [foods] high in fat, salts and sugar would've caused quite an impact on the commercial TV landscape. Bear in mind, I came to the job from being Culture Secretary, I think Jeremy Hunt and I have that in common, and so I was very conscious of those views. As Culture Secretary, I had to put in place a ban on product placement, which they [commercial television] didn't like because they thought it was problematic, the idea of product placement with relation to food particularly. So they lobbied me hard about those things because I was quite persuaded about the potential watershed approach, but there was a very real impact on what was then becoming an increasingly fragile broadcasting landscape. So that's where the lobby has been, that's where I've experienced it at its strongest, let me put it that way.”

[Prompt: If you'd decided those arguments were not valid, would that [implementing the policy] have been fine? Or would it have made things more difficult anyway because DCMS would have lobbied the Prime Minister when he went for write round or whatever?]

“I'm trying to remember what the sequencing was, but I think it had slightly receded ...it had been quite a debate when James Purnell was Culture Secretary. I think it had been really up there. I can't remember. There was a strategy being developed across

government around food, Or was it child health? One or the other anyway, and therefore it had burnt brightly and I came in the aftermath of it ...but I do remember the lobbying still around that issue. I think sometimes my feeling is politicians will reach for the ban or the impactful things around TV... I'm not entirely sure whether that actually makes a big health change or not. I don't know. What is the evidence for what it will do?

We come under pressure now around advertising on our trams or on the buses as well, what is the evidence that it will actually do [anything]? To be honest with you, bear in mind I came through my time as Health Secretary into the role as Shadow Health Secretary. I personally started to move less towards bans and taxes and more towards reformulation. That's where I came out as it being the most effective policy because I don't think you do stop, I don't think people do just cut off, cut out from nowhere high fat and salt and sugar. But I think what you can do is get a more enlightened policy towards reformulation, I think that would have more of a health benefit than some of the more sledgehammer policies that often get all of the airtime."

[Prompt: Were there any other barriers?]

"I mentioned lobbying and obviously there's lobbying from the food industry as well as the TV industry. There's always manufacturers based in certain areas and the devastating impact any change would have, and the lobbying that then comes from MPs in those places. I think broadly those things weren't really reasons not to. Commenting on our time in government, we were quite interventionist on public health and I don't think we were cowed into not acting. We were very bold on the smoking front and that continued in my time as Health Secretary, we banned vending machines in that period which I think worked. The point of sales policy came through in that period and that obviously followed quite a long line of changes.

One thing that used to be said to us is that most politicians are non-smokers, therefore, we take this unequivocal action on smoking, but we're all to a degree drinkers or most of us are, and we're all eaters as well. But sometimes our moral clarity about smoking is not quite replicated in let's say other areas. Looking back, we were open to being quite interventionist, certainly on children's health. The thing that would stop me from a left leaning perspective would be the sugar tax never quite...The idea of taxing food or making food more expensive to people is not a wildly attractive proposal from my vantage point, nor are bans really. Believe it or not, I do see the limitations of the nanny state and that debate we had about smoking brought it over a bit that "we know better

than you and we are going to ban this because you don't know but we do", there's something a bit unattractive about that

[Interjection: I think it's a very difficult thing for politicians to grapple with.]

"It is, and I came out on that whole thing around reformulation. I just thought that was a better way to go. I felt some of the problem here is the way the food is constituted, the content of it and the addictive nature of some of it in terms of its formulation. So that's where I was starting to come out. I remember being on Question Time one night I remember being surprised at how popular it was to talk about reformulation and how it landed differently to bans, restrictions and all of that. I still think there's a case for making food more broadly healthier in terms of its constitution. You've got, Wes Streeting out there today, haven't you, around some of these caffeine drinks."

4. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

"No, and I come back to the food security question. We are living in times now, if you go back to the obesity crisis as we used to talk about it, it does feel as though life has moved on beyond that, it's more a food security crisis.. Certainly that's how we experience it in our city, such that I've created a food security action network across Greater Manchester, which is trying to unite every community voluntary, not-for-profit organisations who are active in this space and there's a huge amount of activity in this space. I think that is where this is now really, if I'm honest with you. It is partly the quality of what people have to eat. So food banks have become much more sophisticated in terms of clubs, pantries and with much more fresh produce. We've got these community fridges now that we've helped develop.

I think the fact that all of that has to exist tells you that food policy is not in the right place. There's still an incredibly large amount of [food] stuff going into landfill, Which is frightening. So I don't think food policy is a coherent whole, is it? You've still got a waste element to this, which is unjustifiable at the same time you've got a food insecurity issue somewhere else and somehow we need to see this whole thing together and come up with a food policy that is coherent across that whole spectrum."

5. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

“You've got to start with the right building block or foundations. I think this may have been pitched to you before when you did your [National Food Strategy] review, but I would bring through a right to food. I hear those who wouldn't be attracted by a universal basic income and that type of thing, but I think for the reasons you gave a moment ago, as a country, we should be able to deliver a right to food. I think that could be done in creative ways, particularly with more backing for bodies at the council level or at my level to deal with organisations that are wasting food, there's ways in which you can make this economy more circular than it currently is. There's no shortage of good organisations in Greater Manchester who will recycle and who will donate but it should be more, I think nobody in this country should be making food choices daily where they are going without, should they? If there was a legislative approach where this has to be solved, but you give people a range of interventions to create an infrastructure that can deliver a right to food, I think that's where we should be. It's not discretionary, is it? It's essential and therefore everybody should have it”

[Interjection: What would that ‘right’ be? How would I be able to exercise that right, if I were struggling?]

“By having outlets in every community every day, taking the food bank and the food club and pantry, voluntary infrastructure that's built up, but actually really making sure that it's there every day for those who need it. Not leaving it, this voluntary welfare state is going to be here to stay, but add a bit extra on top of it, to make sure it reaches everybody who needs it every day. Maybe that's not just done by money, but it could be done by enforced recycling of stuff that otherwise is going to waste. There's something that could be done through the planning system there, around food outlets on high streets and in communities. So this is not fully formed, Henry, but I think there is something about guaranteeing the basics for people every day. So that impact on mental health is just taken away, that worry about food, which I know families in Greater Manchester have experienced. I fund a holiday food card through my budget and this is with the Co-op where kids get a credit card basically, a smart card that they can use through the school holidays. We do it at our level and it just surprises me that the state at a national level doesn't do its bit on it.

There are things you can do through the benefit system There are ways in which you could make sure people are getting access to affordable food more systematically than

they are. I like that concept of a right to food. I think it frames the debate in the right way. we're starting off on the wrong foot in some ways in that if it is going straight to schools, that's not going to hit everybody. I'm a big fan of what Sadiq's [Khan] done in London, but then you could say "Why is that just done in one place? Because if that's the right thing to do we'll do it everywhere, you need a structured policy that funds this properly everywhere."

[Prompt: Is there anything you'd say for future administrations on how to drive these cross-government issues when it does require working across the board?]

"This is classic territory for devolved entities to lead because I don't think you can solve these things from Whitehall. To give that example of the Food Security Action Network that I've created. We see things from a place based point of view, and we see the interconnected nature of some of the other things that we're doing as they may help us enhance levels of food security. Last week I was sitting at a meeting blown away by a presentation about the Green Spaces fund that I created...a fund where we give pots of money to let communities reopen or improve green spaces and this has turned into something of a movement. But what's interesting is just how many of them are now providing allotments and how many of these green spaces are producing food.

Where you join the dots is where it gets interesting, and I don't think Whitehall ever has really got the ability to do that. It just thinks of money or vouchers through the benefits system. Whereas if you look at it more from a bottom up perspective, I think you come up with much more interesting creative place-based policies. Incredible Edible was a movement that grew out of Todmorden, and Hebden Bridge and that area. That's an example of where you allow community, so you're not doing to people, but you're allowing communities to become more empowered about how they deal with the issue.

If you had a broad right to food and you said that it was the Greater Manchester Combined Authorities' responsibility to deliver that right, but then empowered us with some funding and other powers over planning I think we could come up with a more coherent place based approach to this than can ever be achieved through Whitehall. I think Whitehall doesn't do things well when they are so every day and basic, things that are every day and basic are better done, I would say, at a local authority level.

One thing I would absolutely say to you both, please don't miss the stripping back of local government in this, local government is a real enabler of promulgating a good food policy and yet it's restricted ability now where it can only really deal with adult

social care, children's social care, and nothing much else is a real part of the problem.. So the role of local government within all of this is tremendously important.”

[Interjection: ... I think delivery should definitely be done at a local level for this kind of thing ... I think it's probably linking up local things. It's fruit and veg vouchers for people living in poverty. It's making sure that schools and hospitals at a local level have a plan to fix it. All of that stuff happens at the local level.]

“Free school meals might be right in London, but I think it would be fine if somewhere else did something else to deliver the right [thing there], and I just think there is something about there being a set of powers and some funding for all areas, a different way of coming at the same thing is a statutory responsibility to ensure food security for people. So in a collective sense, how do you ensure food security across a city region? What that means is that everybody has enough for a week and there's an obligation on the combined authority that I lead in the councils to come up with a plan to ensure food security for the residents of Greater Manchester. I think that might be a slightly more elegant way of framing it as opposed to an individual demanding going into a supermarket and demanding their right to a free bag of shopping. Some of the policies that do exist, the voucher policies, they're really hit and miss, they're really not landing.”

6. Is there anything else you'd like to say or any other advice you would like to give?

“When I started working on homelessness, I had lots of individual organisations doing lots of really good work, but almost the way we've commissioned them over the years has caused them to be competitive with each other. I said to them “Well, look, we create a network and we'll all face in the same direction and pull in the same direction, then we might be able to do something about homelessness. If we're all just arguing within, then we're never going to do it” and that model led to the Food Security Action Network. We think food security might be achieved through a more collaborative approach, no one food bank is going to solve all the problems. Whereas if you have a collaborative network where they can share surplus...”

Matt Hancock

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“Well, obesity is a colossal issue for the country. It's having a massive impact on the cost of healthcare and the NHS is unaffordable for the nation unless we can stay healthier in the first place. As a massive supporter, a passionate supporter of the NHS and healthcare free at the point of delivery, we've got to do more to make preventative healthcare the reality. But I would say it is the second biggest public health question after smoking. But smoking's easier, right? I mean, smoking is easier because it's easier to regulate. It's not necessarily straightforward to regulate entirely, but it is easier, we can. We're going to legislate in Parliament to raise the smoking age. But people have got to eat so food policy is much, much more complicated than policy on smoking or drugs for that matter.”

2. Thinking back to when you first became Secretary of State for Health and Social Care, where were obesity and food-related ill health on your policy priority list (if at all)?

“Yeah, so obesity was already a live issue because Theresa May had been working on it with Jeremy Hunt, so I was presented with Theresa May's obesity strategy, which I supported. But it wasn't my first serious engagement in this, I'd been a massive supporter of the sugar tax when George Osborne was Chancellor of the Exchequer and the sugar tax, or the soft drinks industry levy, is the single most successful anti-obesity policy this country has ever introduced. When something's going wrong in public policy terms you have three options really. One is to do nothing... for purely ideological reasons. The second is to regulate and that is what we were trying to do in the Theresa May strategy and the third is to tax.

Because food is so complicated you can't just ban food, I mean, that's ridiculous. Tax is a powerful lever and it was highly successful because it got the companies to reformulate and so it was far, far more successful than the revenue that it raised. But so I already was engaged in this debate and I think that taxing ‘bads’ and...how shall I put it? Jeremy Hunt as Chancellor is reducing taxes on good things like work, what we were doing then was putting taxes on bad things like sugar and drinks and there's a lot more that could be done in that space.

So anyway, where was I? So, my first engagement really was within the debate about the sugar tax, where I was supporting it strongly when I was...before I was Health Secretary and then as Health Secretary I picked up the Theresa May strategy and ran with it.

3. What were the main barriers you faced in acting on obesity and food-related ill health?

“So every single policy is bitty, right. Yet on the regulation side, as opposed to tax, no single policy is going to solve this problem, and therefore there's opponents to every single individual policy and they really care about stopping that policy. But if you want to tackle obesity, you need to make progress in 100 different fronts and that's why it's a very difficult policy area because the opponents of action can be against a specific policy and what you need to do is make progress across the front. So my attitude of making progress on this was entirely pragmatic, it was in areas where we could make progress quicker and quicker, areas where we found it more difficult, yeah, it was we moved slower but there's far, far more that needs to be done. Tax, again, can move much quicker because it's only the treasury that's involved.

“I personally don't recall ever having any significant lobbying from companies, the problem that I faced was lobbying within the Conservative Party and particularly the libertarian branch of the Conservative Party”.

[Prompt: How does it play out? How do you receive that lobbying?]

“Oh, everything from discussions in cabinet through to at the write round process when you could be in a different department, but you can block something if you really feel strongly about it, and then through to the politics of the winning. So, I was Theresa May's Health Secretary for a year and then Boris took over...He didn't really have any specific view over policies in it but he cared about the agenda and that's all I needed.

If the Prime Minister isn't onside, if the Prime Minister isn't enthusiastic about the policy area, then one individual cabinet minister who's determined enough can kill it. Writing letters internally against it and trying to persuade the Prime Minister to back down. When it was Theresa May's programme, she could make progress because she was the Prime Minister and she'd overrule an individual Cabinet minister, particularly one not in that area, but if the Prime Minister is ambivalent then it's much harder to get it through.”

[Prompt: So it was mainly political and then in terms of the sort of other barriers, if you could say complexity...?]

“Yeah, it was. It's a complicated policy area to get through where all the leaders aren't necessarily in one department, right? The health department doesn't control the rules for supermarkets and where they put their advertising, and then you have this political dimension.

4. What do you consider to be the top three barriers you faced in acting on obesity and food-related ill health policy?

“Well, it is quite a hard question because it's the interaction between the complexity and the politics that made it difficult. But what I found is really clear is that all of that can be cut through on the tax side much more easily than on the regulation side.”

[Prompt: Because of the lack of needing the write round and all that stuff?]

“Exactly because, yeah, if the chancellor decides to change attacks, then as long as he or she can persuade the Prime Minister then it happens”.

[Prompt: With the almost a perception barrier of how to tackle the issue, there's a bit of a tension between the kind of idea that it's personal responsibility, everyone needs to change their behaviour, versus we need to shape the environment in order to make things... So can you sort of talk a bit about that?]

“Yeah. So our goal was to reduce the pro calorific environment, if you like, right? So as humans because our physiology developed when food was scarce we seek food and have a subconscious attraction to it, especially to quick hits and this is not rational, it's physiological, and it is played on by the big food retailers and therefore there's a case for government action, pragmatic government action to ensure the environment isn't as pro calorific as it is. There's an argument on the other side which is everyone's got to eat, can we just let everybody get on with it and not have barriers in the way? Which isn't really an argument about the specifics, it's an argument about how you envision how you should run society, and that was the political path that we're engaged in.

Also, right, and here's something that I think is new and can change, which is that when you're tackling this through the lens of calorie intake it is far harder because we all need calories, right? For a long period this area was tackled through the lens of high fat

and high sugar, and that was all based on research decades ago after the war that has now been found to be largely faulty. It is not purely about the fats and I still remember the jingles from my childhood high in polyunsaturates, low in saturates, I mean, but saturated fats are not the devil so long as consumed in reasonable quantities and so for years policy was wrong.

Then we move to a policy essentially of calories, questioning calories. I think that we can move to a new paradigm in improving people's diets, which is by directly tackling ultra-high processed food because it is far easier in a regulation space to try to tackle a specific bad rather than trying to regulate on balance something everybody needs like calories or saturated fat or sugar, right? We're not going to stop people buying sugar or butter and nor should we, however, we all now know that ultra-high processed foods are specifically designed to appeal to the worst elements of our physiological nature, and they're far easier to tackle in the same way that we tackled sugary drinks, and before that if you think about it, alcopops, right. There was a decade in which alcopops were on the shelf of every supermarket drawing in the teenagers and those who are a teenager at heart and it became a big problem and then it got solved quite quickly through a piece of targeted regulation.

Ultra-high processed food is a target glaring out to be tackled to improve people's diets and could be tackled in a way that is far simpler than the broader challenge of ensuring that people balance their calorific intake with their calorific use."

5. What were the things that most enabled you to act or to overcome the main barriers?

"Well, the evidence was helpful, Boris got COVID on exactly the same day as I did, and a week later I was back at work and he was in intensive care and that really hit him. So that event isn't an event you'd wish on anybody, but it definitely had an impact. There were others, there's a movement who make the argument for change and for the necessity of action and you can't do anything as...people think that...Let me hold on, let me put this thought in order. People think that cabinet ministers are very powerful and in some ways they are, but you can't make a change unless you have a movement of people making the same case and amplifying your argument. So the people who make the case from, you know, external experts like Henry Dimbleby, colleagues in government, like Michael Gove, scientific experts like Chris Whitty, you need your troops if you want to make change."

[Prompt: The fact that you experienced two prime ministers [...] thinking about Theresa May first, who was it over that time that was sort of driving through [the policy] [...] from Number 10? Who was [...] there, do you remember? Facilitating?]

“I think it was Gavin Barwell. But I'm not sure. I can't remember. I can't remember, but Number 10 were pushing on it, I mean, they were obviously massively distracted by Brexit, but, and I mean that purely in a sort of administrative sense, that they didn't have the bandwidth to really drive other things. So I think it was Gavin.

And within the health family we had PHE [Public Health England] incredibly passionate about this, but the nature of the way that PHE had been set up meant that their influence on other departments was really small.

Because the health functions of PHE had been put into it because the non-communicable disease public health element of PHE had been put into an independent agency they just didn't have the reach across from Whitehall that they would have done if that policy was in a department, and in fact I reversed that and brought it back into the department in order to have more of an impact on the rest of Whitehall.

This really comes down to real nuts and bolts of how governments make policy decisions, right? So when a write round letter comes around from another department, like a planning letter might come round, and the chief medical officer might want to... Sorry, the planning policy write round might come to the department and PHE may want to put in constraints on where you can put fast food joints into planning law to, for instance, stop them being near schools. And if those policy people are in the department they will get it into the draft response from the Secretary of State to say ‘we're happy with your overall planning law, except we want this tweak’. Which is a tweak to the Planning Department, but it's really important to the Health Department. Because PHE was carved out as an independent organisation, it wasn't involved in that level of conversation and therefore its ability to affect policy that affected health but was driven by other departments was minimal.

It was a really bad mistake making the fat fighting part of PHE independent to government and it's one of these...People say “Oh, it's something so important, make it independent.” Well, actually, if something's important you've got to put it in the core of the department.”

[Prompt: Was that part of the reasoning behind OHID's [Office for Health Improvement and Disparities] eventual setting up?]

Answer: "Absolutely. It was the combination of that and the flip side, which was by putting this into PHE that was their day-to-day focus, and so nobody's day-to-day focus was watching out for the next pandemic and making sure we were prepared. So on both the communicable and the non-communicable health sides, there were problems, because PHE was an amalgam of what are essentially two separate policy areas, non-communicable public health and communicable public health. One is about changing people's behaviour and the environment as it affects health, the other is about stopping infectious diseases, right. They should not have been in the same organisation."

[Prompt: There are [...] too many individual policies as you know that happened over your time to go into much detail about, but just thinking of some of the ones that faced a bit more difficulty or were [...] paused, scrapped or stopped at any point, like the calorie labelling on alcohol. The [...] consultation never happening, or the ban of sales of energy drinks to under 16s, where the consultation happened and then [...] it still hasn't been progressed [...]] Do you remember on those specific policies what you're talking about in terms of the difficulty?]

"I've got...I'd have to go and look the paperwork, I can't, for each individual one I can't remember".

6. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

"No, we obviously haven't made enough progress on this because the public's got less healthy over the last 30 years and I think that the...But I think there's more that can be done. One is on learning how well the sugar tax worked and the second is on targeted interventions, for instance, on ultra-high processed food".

7. Why do you think policies to date haven't worked in terms of reducing rates of obesity and the related health inequalities?

"Well, the policy hasn't worked because it's very difficult. I mean, that's the long and the short of it and personally if you rely on your personal responsibility then you do

tend to get a bigger inequality through because of capability. I tell you something else we should be doing, but this is an example, right? This is a health policy, but absolutely nothing to do with the Department of Health, I think we should be teaching cooking in all schools, and yeah, that's absolutely ludicrous that we don't teach cooking in all schools. There's no reason not to. You can come back and say "Well, they don't have kitchen facilities" well, they should have kitchen facilities, right? This is more important than other subjects that are taught. "There's not enough time in the curriculum." Well, let's make time in the curriculum. It might mean reducing some of the other subjects, but actually you can learn a lot about maths and biology, chemistry and science in the kitchen as well. So there's endless areas where there's progress that needs to be made".

[Prompt: But with that specific example, because it's such a relevant one and obviously much longer than 30 years' worth of school food policies that have gone back and forth, so why is it that DFE doesn't?]

"I don't know, you have to ask Michael Gove. He didn't do it because he was trying to drive up standards through increased rigour and it would have been inconsistent then to carve out time from the curriculum, from English to maths and push it towards food. So he had an education goal that trumped a health goal because he was Education Secretary and the Health Secretary obviously can't directly affect schools policy. So that shows why you need the Prime Minister actively engaged, because this is not, because this doesn't fall within the normal departmental boundaries. But there is no good reason at all for why every child isn't taught to cook, and the joy that came out of it too".

[Prompt: What about the school meals? Because that's been something that's [..] debated hotly at the moment [..]]

"School meals is important as well, but I think teach a child to cook and then you get a health improvement over their lifetime, and by the way, an improvement in their budgeting. School meals are important, but not as important as teaching children to cook".

8. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

“One, teach all children to cook. Two, look at how well the sugary drinks tax worked. Three, directly tackle the horrific consequences of ultra-high processed food through regulation. If you just got on with those three then we'd make a good dent in it.

[Prompt: ..] Going back to the political barriers [..], what advice would you give to a new government? Because we're already [..] hearing there's hesitations around taking on [..] this agenda [for] fear of nanny state accusations. You get the negative media headlines. What advice [would you give] when you know how it feels to be in that position [..]?]

“Well, there's attitude and then there's tactics, right. The attitude is we should be driven by the evidence, and so let's start with the evidence. The tactics are get an external review to make proposals, that's a standard new government tactic when the evidence clearly shows something needs to happen but you need to corral support behind it, so you know that's...”

[Prompt: Shouldn't you just implement the National Food Strategy then or...?]

“Well, I would. Actually, I would update the National Food Strategy. Yes, I would implement the measures that I proposed at the time. Well, that Theresa May proposed really, I just picked up at the time. But I think actually there are more effective things that we can do that weren't in that strategy and could be improved”.

9. Is there anything else you'd like to say or any other advice you would like to give?

“Well, it does take a while, so whoever wins the next election can get on with it straight after the election, and then maybe by the time of the election after that we'll be able to see some results”.

[Prompt: Is there something [about the] turnover of ministers and that side of things,...] does that matter?]

“I think obviously it's easier if you have the right people in the right job for the right amount of time, but I think that's a no. That's a scapegoat.

The problem with the strategy was that the Prime Minister who took over scrapped it immediately, so that wasn't about the number of prime ministers...That was about a Prime Minister who didn't agree with this agenda.”

[Prompt: How much does [worries about] the media headline play [a part]? [The] worry of what The Sun's gonna print or the Daily Mail or whatever is gonna print?]

“It's second order as long as the evidence is on your side.

[Prompt: So if you can make the politics work [..]?]

“Yeah, look at the sugary drinks tax, it worked. Like the plastic bag tax, another brilliant, brilliant, targeted tax”.

[Prompt: [...] You met with Jamie Oliver [...] back in 2018. Is that [...] helpful?]

“Then I had a long correspondence with Jamie Oliver. Well, they're fellow travellers, right? You need fellow travellers. I could have added them in the list along with Henry and Michael Gove. You need other people making the argument as well.

You need people to make it easy to do the thing you want to do, that's what you want. If you want to achieve something you have to try and you have to get other voices to call for it so that you can move so that they've paved the way”.

Patricia Hewitt

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“They are a huge issue and we can see the impact every day in the NHS. But we need to find a much more effective way of talking about them. All these issues around food, drink, exercise, lifestyle, which at the moment tend to come more or less under the umbrella of obesity, they are absolutely critical to our physical and mental wellbeing. If we don't mobilise people in tackling them at a government and social level, but also at an individual and community level, the NHS will collapse. No health service anywhere in the world can cope with the consequences of the degree of preventable ill health that we are now seeing, not just in Britain, but in pretty much every developed and rapidly developing country in the world”.

2. Thinking back to when you first became Health Secretary in 2005, where were obesity and food-related ill health on your policy priority list (if at all)?

“Pretty big, but not as big as smoking. Smoking was the number one public health priority. We knew how disastrous smoking was for people's health. We had a manifesto commitment. And it was one of those issues where government action, on its own, could make a really big difference - rather like the huge advances in public health in the 19th century that came about through sanitation, clean water and so on. Liam Donaldson, the Chief Medical Officer, had made it one of his top priorities. The BMA was campaigning for a complete ban. And ASH (Action on Smoking and Health) had been uncovering the evidence and mobilising public opinion for a very long time.

[Prompt: [...]] To clarify, where do you think obesity, food related ill health was on that policy priority list, if at all?

“In our first term in government, when Tessa Jowell was Minister for Public Health, we published an excellent green paper on public health. There was this really clear message from the public that they wanted support to be healthier. They didn't want to be bossed around or have the ‘nanny state’ telling them, “eat this, don't eat that”. But they wanted us to make it easier for them to make healthy choices for themselves and their families. That message was absolutely the foundation for that public health green paper.

“I came in as Health Secretary in 2005. I'd been in the cabinet for the previous four years. I very much wanted to be Health Secretary, so I was delighted when Tony [Blair] appointed me. I believed that we'd sorted out the waiting lists, that the NHS was in pretty good shape, and I could concentrate on public health. That's what I wanted to do. In reality, I found myself embroiled in massive problems with the NHS, because, unfortunately, it had overspent. So, we had a financial crisis. These things come around very regularly!

But I came in with a public health mindset. I knew about the public attitudes on this. I was completely at one with the public health green paper. So, smoking was the big one. Although we had a manifesto commitment on that, it was a bit problematic, but we got there. Obesity was big. But the other big issue was alcohol. I have a personal interest in that, because one of my sisters died of alcoholism. She'd had a very serious nervous breakdown when she was 18. These days, she'd probably have been diagnosed as bipolar. She had some treatment. But she also self-medicated with alcohol and that was what killed her, before she was 40. It was agonising for her, and all of us, and it's still painful to remember today.

I got to know Professor Ian Gilmore, the President of the Royal College of Physicians, who was a specialist in liver disease and hugely influential. He told me that he was seeing people in their 20s with cirrhosis of the liver - something he'd never really seen before. We were all hugely worried about the growth in drinking amongst teenagers, including teenage girls. So in public health terms, smoking, obesity and alcohol were my three priorities”.

[Prompt: How [...] important was tackling or reducing health inequalities as part of the work?]

“If I remember correctly, that was a very clear message from the public health green paper. I hadn't worked in health, but I'd absorbed a lot of knowledge about health issues both from personal experience and my policy work at IPPR. And I was MP for a Leicester constituency that had deep social and economic deprivation and all the health inequalities that go with that. So tackling health inequality was part of our core values as a party as well as mine personally.

One of the first things I discovered about the financial crisis in the NHS itself was that it was the poorer parts of the country, mainly in the North, with the worst health outcomes, who were either balancing their budget, or even under spending their

budget. And it was the best-off parts of the country, with the longest lived populations and the best health outcomes that were in chronic deficit.

So the NHS was managing its budget by using the surpluses from the poorer areas to balance the deficits of the richer areas. I was just so angry about this. There were multiple things wrong with the way the NHS managed its finances both then and now. And I rather went on the warpath about it. So I had a very strong health inequality lens. But I was also in a somewhat awkward position with the increasingly difficult tensions between Tony Blair and Gordon Brown. I was a Blairite and completely committed to Tony Blair's public service reforms. But it was Gordon [Brown] who was really committed to tackling health inequalities, much more than Tony [Blair].

[Prompt: From the wide range of policy options available to you, do you remember why those particular obesity and food related health policies were chosen?]

"I wasn't dealing with obesity and food related health policies day to day. That was the responsibility of my public health minister, Caroline Flint, working with officials, seeing external stakeholders and so on. I spent quite a lot of time on smoking because of all the arguments about whether we should have any exemptions. I did spend time on the food labelling issue. But if I remember correctly, the anti-obesity strategy, and the choice of policy levers had already been decided by the time I became Health Secretary.

I also had some relationships with the food industry - partly because I'd spent the previous four years as Trade and Industry Secretary. In the run-up to the 2001 election, Tony had also asked me to lead the Labour Party's work on relations with business. I was also more or less the only minister who had spent some time in the private sector. But I also had a constituency interest. Leicester and Leicestershire are big food production centres and one of the biggest employers in my constituency was a major food factory and R&D centre. I remember going to see the R&D they were doing on how they could really slash sugar, salt, fat, and still have things that were delicious to eat. On the one hand, I was impressed by the science and investment going into creating tasty, commercially successful, but less damaging or even mildly healthy products. But I did also think it would be so much simpler if we just set a target for salt or sugar and said, in five or ten years' time, that will be compulsory. But I also knew there was no point pursuing that line. Being pro-business was absolutely critical to creating New Labour - overcoming Labour's dire reputation as an anti-business party that would wreck the economy. I knew there was no point having an argument with Tony about the case for regulation on that issue. I helped create New Labour and I knew we were right to be

cautious about regulation. So I worked with industry on food standards and labelling. If I remember correctly, there was quite a lot of lobbying against food labelling, against traffic lights in particular. A lot of the industry were pushing for detailed information that I knew perfectly well would be useless. I mean, I'm a nerd, I read the small print, I look at the sugar content per 100g. But most people don't have the time or inclination and that's why I pushed hard for traffic lights".

3. What were the things that most enabled you to act or to overcome the main barriers?

"All the evidence, all the opinion research, showed that the public wanted to be supported in making healthy choices. And choice was a really important part of New Labour's approach. We knew that people increasingly saw themselves as consumers and they weren't prepared just to take a one size fits all offer from public services. So this was part of a bigger narrative. And because I'd helped write that narrative. I could make the argument publicly and inside government in a very New Labour way. So that information and insight about public attitudes was critical in overcoming barriers.

"Support from other Cabinet colleagues was critical as was the role of the CMO, the stance taken by various Medical Royal Colleges - particularly Sir Ian Gilmore on alcohol as I've said. The stance of the BMA on smoking especially. Really effective public campaigning, led by ASH in the case of smoking. The examples of other countries who had made great strides, not just on smoking, but on alcohol, physical exercise and lifestyle. All the things that are part of the wider context within which a government can help to create lasting social change."

[Prompt: [For] the advertising restrictions that were focused on children... did you discuss if it would be expanded to adults or helping adults? Or was that an absolute no go?]

"The arguments around protecting children from junk food advertising were pretty straightforward. I don't remember being closely involved in discussion about whether those restrictions should be extended to adults. But I think it became part of a wider discussion about sports sponsorship. There were issues around how football and other sport was funded. There were issues around how television was funded. So the more you restricted advertising, both of events and on television, the more difficult you would make it for television companies to be commercially successful.

We wanted a healthy, competitive sports environment. We wanted more money going into sport. We wanted a healthy commercially vibrant broadcasting sector and that depended on advertising. It couldn't all be funded out of taxation or the licence fee. So these were very big issues for the Department of Culture, Media and Sport, and Tessa Jowell, my Cabinet colleague and an old friend and colleague.

I wasn't particularly involved in the child measurement issue [National Child Measurement Programme]. I remember being quite shocked learning from the Department [of Health] or colleagues in my constituency that it was becoming really difficult for school nurses to weigh and measure children in the way they'd always done. Parents were objecting to being told that their child was overweight and of course, in many cases, the parents were overweight themselves. But the New Deal for Communities, which had a major programme within my constituency, found that health was a really high priority for residents in a very economically and socially disadvantaged community and that community-based approach, backed by a lot of investment, really did start to make a difference.

4. What were the main barriers you faced in acting on obesity and food-related ill health?

"The biggest barrier is time. There are 24 hours in the day, there is an absolute minimum of sleep, which is required - and I never got enough of that. There simply isn't time as a Secretary of State to work on more than a certain number of issues. Some you choose for yourself, others are thrust upon you. The financial crisis in the NHS and everything that went with that was completely unexpected. It then absorbed the bulk of my time, for a minimum of a year and probably more. Just as I'd got a grip on one crisis, another came along, including a complete scandal over junior doctors and medical training, which then absorbed the rest of my time as Health Secretary. I did spend a lot of time on the smoking ban, because of the politics"

[Interjection: Because you mentioned the nanny state earlier?]

"Both Tony and John Reid, my immediate predecessor, were very sensitive about anything that sounded like the nanny state. Here was I, a middle class, feminist woman with a southern constituency. And there was John, the working class Glaswegian, who was adamant that people needed to be able to go to the pub after work and enjoy a pint and a fag and a bag of crisps. We were good friends and colleagues, we were both

staunchly Blairite, but we also had our differences and this was one of them. We got to the right place in the end, but there were a lot of arguments inside the government, just as there were in every pub and on every radio phone-in programme!

We already had pretty high taxes on both cigarettes and alcohol, but I did try to win support for unit pricing for alcohol. I'd been a Treasury Minister and it was obvious that was needed. Ian Gilmore was making a really powerful case and I thought we should do it. So my officials and I worked up a pre-Budget letter to Gordon, asking for minimum unit pricing on alcohol in the upcoming budget. We got a flat rejection - I think because increasing the price of beer, for instance, would have hit Labour's traditional voters."

[Prompt: But, for example, going for universal free school meals or mandatory labelling or a full ban on sort of junk food on TV or any sort of hyper ambitious approach, what are the realities of why that doesn't tend to happen?]

"Money. So, universal free school meals, I think was partly about the cost and was that the best place to put the money or was something else more important? Because there's never enough money for everything. But it was also a recognition which the Jamie Oliver programme really confirmed, that it's quite difficult to get kids and their parents eating delicious, healthy, freshly cooked school meals even if they're free. And it turned out that many schools no longer had adequate kitchens so you would need to build new kitchen facilities and so on as well.

But these radical public health options - even if they are free to the government - impose costs on other people. I mentioned the challenges for sports sponsorship and TV advertising earlier on. Democratic politics is always about how you reconcile different perspectives and different interests : public health is vital, but so is having a healthy economy and vibrant businesses.

But I remember on one occasion, at one of my local schools, I was meeting teenage students who asked me about the Coke machine that was in the school, and should it be allowed? I gave them the answer that I would have given if I'd been asked by a broadcaster, which was the line about, this is a matter for the school itself to decide, parents should have a say and so on. Anyway, I got the strong impression that the students weren't particularly convinced and I thought, you know what, I don't believe this either. Of course, we shouldn't be allowing Coke machines in schools. These drinks are stuffed with sugar, and it's wrecking their teeth and we should ban it. We should not allow schools to have it.

But of course, part of the answer I gave was, that a school that chooses to have vending machines also get money and that can be very helpful for instance in supporting school trips in an area where lots of parents can't afford them. . So, although I actually think we were in the wrong place on that issue, some schools would have said, well, if you're going to ban our Coke machines, tell us where else we're going to get the money from? We weren't in a position to give them even more money because we'd already been pouring money into the NHS.

5. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

“No. Ideally we would have done even more. But remember that in those days, the NHS and most of the health industry believed, or certainly told people, that it was fat that made you fat. I was beginning to understand actually from personal experience that it was sugar that made you fat, although the thing sugar was doing to me was giving me sugar spikes and sugar dips, and I just thought there's something wrong with my metabolism. Indeed, there was, but I wasn't seeing the wider science at that point. So although we could see there was stuff that had far too much sugar in it, a lot of the focus was on low fat.

If you think about five fruit and veg a day, it was great that the NHS was promoting it and we were starting to see some evidence from consumer expenditure data that that was working. But actually the nutritional advice and the standard image of the plate showing you what to eat was pretty disastrous when you consider modern gut/nutrition science, because it was full of rice and potatoes and pasta.

[Comment: Still is.]

“I know and yet, the science is increasingly clear that it's the sugar and the starch that make you fat, not the healthy fats. And of course ‘five a day’ isn't nearly enough, especially if it's mainly fruit. So I think the NHS was and is still a bit behind the science. But the science wasn't then what it is now. And we are also now learning about the very different ways in which different individuals process the same food very differently - and that opens up extraordinary possibilities for personalised precision nutritional advice alongside precision medicine. It will all look very different again in five or ten year' time.

6. Why do you think policies to date haven't worked in terms of reducing rates of obesity and the related health inequalities?

"Partly because we weren't targeting the right thing. Partly because we didn't set out to mobilise society around health, which is what you have to do, you have to create a social movement for health in the way that particularly the Scandinavian countries, and Finland, for instance, have really started to do. One reason why we weren't doing that was because we were mobilising around smoking and you simply can't do everything at once. And then because of the nanny state worries, we were taking much more limited action around obesity and food health and it was too little, too weak in the face of the availability, the cheapness, the tastiness, the ease of junk food.

If you are living on a low income. You've got kids, perhaps one of them with mental and physical disabilities. You're desperately struggling to make ends meet. You may be caring for an older or vulnerable relative as well. What's the easiest food available to you where you live? Fried chicken. What's next door to the kids at lunchtime or after school? The burger van and the ice cream van. What sells in the local mini market? Not fresh food. Of course you can make a difference on that but you need to work with local residents, build on community groups, invest in community development - all the things that actually we did in government over the best part of a decade through the New Deal for Communities.

But there has been a huge change in social habits over the last 25 years. Today, most people, including well educated, well paid professionals, they're not cooking during the week. If you go into an M&S these days, you're lucky to find a plain chicken thigh or a lamb chop or something that hasn't been turned into a higher margin ready to cook product. I'm sure M&S ready food is better than a KFC, but I also know most of the ready-to-cook food that I buy is still pretty high in sugar and additives. It's not what the gut scientists recommend is it!

7. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

"As I said, in my review of integrated care systems, we have to have a national, mission for better health. So this is social mobilisation, led by government, working across government in the way the new government's Health Mission is designed to do. Then you need local partnerships, which is where mayors, integrated care systems and integrated neighbourhood teams can make a huge difference.

Then you have to have that really powerful inequality lens, because otherwise we know that people who are better off, probably better educated, interested in their health - and crucially with the time to do something about it - will absorb all the information, do a lot of the things and go on improving their life expectancy and, crucially, their healthy life expectancy. But the people whose life expectancy has been falling for years, who live for decades with multiple illnesses and disabilities: they need effective support of a kind that all too often, they're not getting now. But if you talk to local community groups, they know what needs to be done - they're often leading the way. Integrated care systems generally have all the data they need to know which residents and communities need more support. All over the country there are inspiring examples of local groups, GPs and other NHS primary care staff, local councils all working together - for instance, recruiting health coaches from within communities, using text messages and social media to engage people with weight management and diabetes programmes, bringing parents and children together to enjoy cooking and eating healthy meal, creating that bottom-up movement for health. We know how to do it. But now we need a completely scale of ambition, priority and way of working. Local government is often leading the way, as is the voluntary sector. But it's a completely different way of working for national government.

8. Is there anything else you'd like to say or any other advice you would like to give?

"There are only a limited number of lessons you can draw from when we were in government, because the world is fundamentally different. Social media, big data, AI: we had none of those things. The public finances are a disaster today: we had money to spend. The geopolitical situation is completely different. The need to rebuild our economy and productivity is completely different. Both the challenges and the opportunities are on a very different scale.

But whatever the context, every government needs a 'theory of change'. That's not a term that political parties generally use, but every government has one, whether or not they recognise it. My very strong view is that lasting social change requires both bottom up and top down leadership, incentives and levers. For instance, you need a degree of smart regulation, and we know what smart regulation looks like. You set the goal (relating to the composition of food products, for instance), you set a challenging deadline and you use that to challenge industry, universities and other partners to innovate and transform food production. And of course they need to come up with innovations that will be economically successful, they might have export potential as

well as contributing to the national mission for health. It has to fit with our country's economic and fiscal circumstances: it can't just be an approach that depends on taxpayer funding or charitable donations.

Thinking about bottom-up transformation, that is about starting from people and their daily lives and neighbourhoods. If you start from the perspective of the stressed family, pregnant with the first baby, stopping smoking may not be the number one priority. Actually doing something about the debt, or the mould on the wall or the rubbish job may be the number one priority. And there is a wealth of data and experience about the power of that hyper-local, bottom-up approach to create lasting change in people's lives and health.

[Prompt: That's absolutely fascinating and a good place to draw up. Is there anything you want to say before we turn off the recording?]

"There are so many things we could discuss! I mentioned earlier the years of campaigning that led to our smoke-free legislation. But today, the public can mobilise or be mobilised for change so much faster and so much more visibly. This hyper-connected virtual world, and its manifestations in real physical action has costs as well as benefits and it's yet another challenge for modern government. But all that would require a completely different conversation!

Jeremy Hunt

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

There are always lots of important and very pressing health-related issues, whether dealing with social care, waiting lists, or health inequality in our country. But there is no doubt that obesity is a huge issue – both in itself and when compared to other countries. Most people argue we should tackle it because of the pressure it creates on the NHS but I also think it is about the way it affects the health and quality of life of individuals disproportionately from poorer backgrounds.

2. Thinking back to when you first became Health Secretary in September 2012 where were obesity and food-related ill health on your policy priority list (if at all)?

Not really. My instructions were to calm things down after the Lansley reforms. But I strongly believe every health secretary should make progress on public health issues where they can and I was proud that over my time we made some big steps forward. The biggest, I think, was setting for the first time the objective to halve childhood obesity even though I recognise we are not on track to get there.

3. What were the main barriers you faced in acting on obesity and food-related ill health? For example:

- **Lack of political awareness / prioritisation.**
- **Internal party ideologies (e.g. accusations of nanny-statism, beliefs about the role of the state).**
- **The structure of government (e.g. levers sit across different departments).**
- **Resistance from industry, lobbying, business interests.**
- **Lack of evidence, resources, expertise etc.**
- **The complexity of the problem.**
- **Policy design issues (e.g. lack of evidence about effective policies).**

Please be specific or use examples.

Several of these barriers came up. As a politician, one has to be mindful of how to lead on public opinion – you want to be slightly ahead of the curve, but not so far ahead that you lose credibility and are faced with too much opposition from newspapers and

within the party. That is how we reduced smoking. Caroline Flint announced the ban on smoking in public places. I built on it with plain paper packaging and then Rishi introduced the full ban. Caroline would not have succeeded if she had gone straight for a ban so there is an element of bringing people with you.

The wider political landscape is also important. For example, when the Conservatives came to power in 2010 there was a reluctance to introduce new taxes – both because of the wider economic climate and because Conservatives do not naturally support new taxes. But George found the moment in a budget for the sugar tax which was a great success.

The occupants of No 10 also make a difference. David Cameron wanted to go as far as he could on public health and was even keen on minimum unit pricing for a while. But the week we planned to announce his obesity strategy Theresa May became Prime Minister and we had to go back to square one because her advisers (I am not sure if it ever reached her) said 'you can't stop people advertising Tony the Tiger.' A health secretary only has so much political capital with No 10 and on that occasion I went with the flow - saving my capital to negotiate a £20 bn increase in the NHS budget later on.

4. What do you consider to be the top three barriers you faced in acting on obesity and food-related ill health policy?

As above, the extent to which No 10 is on board matters. But also being responsible for the NHS there is a lot of firefighting and there was sometimes an issue of bandwidth, of which the pandemic was the most extreme example under Matt Hancock.

5. What were the things that most enabled you to act or to overcome the main barriers? For example:

- Particularly important or influential people.
- Particularly influential evidence / information.
- Helpful media stories / relationships.
- Powerful and persuasive arguments / narratives / framing.

Please be specific or use examples.

Campaigners such as Jamie Oliver and Hugh FW were helpful as they play an important role in shifting public and media opinion. Jamie in particular was helpful as you knew he would actually support you in public rather than just slam you for doing

too little too late. But most of all celebrity campaigners help persuade cautious No 10 media spads that there is another side to public opinion. I was very impressed that at a private lunch Paul Dacre, who I expected to be very hostile to anti-obesity measures I was introducing, told me that when he polled Mail readers eating too much sugar was one of their biggest concerns. I suspected that was not a natural ideological position for him to take but to his credit like all great newspaper editors he stayed close to his readers.

6. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

No. From memory nearly two thirds of adults in England are overweight or obese. The impact of Covid on those groups further highlighted the issue. I wish in particular we had made more progress with kids' obesity where most people are less sensitive to the nanny state arguments.

7. Why do you think policies to date haven't worked in terms of reducing rates of obesity and the related health inequalities?

It's tricky because there is already zero VAT on healthier foods such as fresh fruit and veg, so it's hard to know how to get people to boost it in their diets. But we are making real progress on portion sizes. I went on holiday to Croatia and bought a Magnum. 'Wow that's big' I thought. Then I remember that's how big they used to be in the UK. As the father of three young kids I am delighted they have got smaller!

8. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

Work out what your 'next big thing' is and get on with it. Then after a few years, when people have got used to it, come back with another. Keep going step by step - it's the only way to change habits.

9. Is there anything else you'd like to say or any other advice you would like to give? Including about your time chairing the Health and Social Care Select Committee and any relevant experience from that time.

Nothing further I think.

Sir Sajid Javid

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“Yeah, I think it's a huge challenge. It's going to be a major threat to the, I mean it already is, but it's a growing threat to the country in many ways. I think top of the list would probably be the NHS, cost to the NHS, as we know most people rely on the state providing the healthcare in this country. It was clear to me even before, because in my previous government role, especially as chancellor stuff, but especially when I was in the health role myself, that this is obesity and being overweight, but especially obesity, especially with where it is, like I think over a quarter now of the adult population that it's a major...that by not preventing it it's a major cost in terms of whether it's cardiovascular disease, it's mental health and cancers and stuff like that. But also it's a cost, then knock on cost to the economy as well because obese people are just less productive. If they're less productive, less capable of work, it means there's an economic cost to that as well. I know that there's been various figures been put on that both in the future cost to the NHS, future cost to the economy, and they're all debatable, what discount ratio is used in that but I think no one can debate the fact that the costs are huge.”

2. Thinking back to when you first became Health Secretary, where were obesity and food-related ill health on your policy priority list (if at all)?

“It was high because I'd say it was obviously the context I came in was in the middle of the [Covid-19] pandemic and so the number one health priority were the immediate issues around the pandemic, safely navigating ourselves through that. But there was a relationship, right, in that we saw through that pandemic right from the start, including the time when I was there, there were certain factors that made people more susceptible to Covid. If you looked at that, especially those in the most serious conditions in ICU and things where people...I mean, it wasn't the only factor by any means, but a significant factor was being obese. So I think for the first time really on a grand scale across the country people could see that poor health, but especially obesity, was leading to in some cases sadly death, in other cases just severe illness and things or longer recovery time.

So that was a reason because I think because of the pandemic, but obviously I think that was giving us an opportunity as well to maybe address it, the issue in ways that we

hither sort of had not. The second thing was as you know I came in when the government, obviously with Matt there, with Boris as the Prime Minister, they had made already some decisions around taking more action on combating obesity around as you know product promotion, product placements and things like that. The legislation wasn't in place but it was already being worked on and so when I came in I, sort of, inherited a set of initiatives around anti-obesity.”

3. What were the main barriers you faced in acting on obesity and food-related ill health?

“Yeah, so just to say that my immediate priority was the pandemic. Linked to that, obviously, was the sort of backlogs, growing backlogs in the NHS more generally. But also I was very keen to do what I can to thinking very long term about NHS cost, the NHS cost to society. So, after the first few months, I had quite a big sort of focus on prevention of poor health in general. Obviously diet being a component, an important component of that. But I also started focused on smoking for instance as well, and that's why I commissioned Javed Khan's report, an independent report to try and get more movement on that. Also, prevention of things like dementia and stuff and cancer more broadly, and that is why I did two things that I think were important, very important getting those initiatives going. One was I announced that in order to look at all these areas of prevention that I wanted some long term across government strategy, right, that was I think a lot of these problems are only dealt with over the long term, there's no quick fixes and they have to be across government.

So that's why I announced that we would have a 10 year review across government on cancer, on dementia and mental health as well, and also on smoking as well. That's part of the cancer work. So I announced that and we set all that in motion.

The other thing was, as you talked about, just referred to and it's a really important part of my work was on prevention was the disparities, health disparities white paper. I thought that fitted in very well with the overarching work by government on broadly what's called levelling up, and I felt that part of levelling up was looking at the disparities, especially between regions on health and trying to look at what are the causes of that, what more we can do. I wanted that to change government policy approach in two ways, one was through the levelling up white paper that was the more general across government one that Michael Gove was leading on. So I had a number of meetings with him and his team on my inputs to that. Obviously, they could only be broad, but I managed to get into the commitments to increasing healthy life

expectancy, which for me partly was about diet and also about things like smoking and stuff.

Also, I think within that we managed to get some of the initiatives I think, so the...you'd worked on getting some of those initiatives in, some of them, by no means all into his levelling up white paper. But I also began work on this health disparities white paper and one thing I created in the department, I was insistent on doing early on, was as you know that Public Health England has broken up, the sort of prevention work was brought into the department. So that unit within my department I wanted to have a very much more clearer focus and mandate on health disparities and prevention and that's why then I called in the Office of Health Improvement and Disparities, OHID for short. I made a very clear mission for them to look at all these issues, including of course diet. Their number one task for me for delivery was to work on this across government health disparities white paper.

By the time I left the department it was pretty much 99% done. It was ready to go. I pretty much got across government agreement on it, almost, hadn't had the final sign-offs, and then when I left it was all scrapped."

[Prompt: So, obviously, continuity of Secretary of State is one of the barriers of progress. Assuming that you had stayed in there, or during the time that you were trying to do that, were there any other things that a politician who is Secretary of State in this area should expect in terms of barriers that are preventing them from taking action in this area?]

"Yeah. So in terms of barriers, let me maybe a bit more generally get to some more specifics is that I have thought about this because obviously there's a lot of things that I've drawn my experience, obviously, not just as the health secretary, but as you know I have been around many other departments which have had, I think, many important initiatives and stuff. Some of them are very challenging to deliver in a similar way to what we are discussing. I think in no particular order, I sort of note in my mind like two or three sort of key things that make it pretty hard to deliver. It might be, sort of, barriers that it work, right? Particularly with the work that you guys are doing, which is what practical steps that can you set out for a government in terms of how they can actually get things done in this space.

One is does it have votes in it? And to state the obvious, every political party wants to be in power. You only get in power if you get votes. So therefore you want to talk about things, especially in the run up to an election, that's going to get you votes. Versus the

thing that at best is neutral or even lose you votes, right. I think there's a general view in Westminster across political parties and stuff that there's not much votes in saying "Vote for me because I want to see less fat people and as a result I'm going to put lots of new taxes, or take away your choice" or whatever you are going to frame it, right?

I remember, no matter how you frame it, you might try to frame it as positively as possible, but you have to think in an election especially that it's taking air time from something else you could be talking about that could be more sort of impactful in terms of votes, and even if you are giving it air time and you are framing it in a certain, sort of let's say positive way, like it will mean that people will live longer. Your children will live longer, stuff like that. There's always someone else there who will try to turn that around into that means you're going to pay more for your food, right?

So I think first and foremost, there aren't many votes in it, right. Despite the fact just how important it is, there just aren't enough votes in it and there are other examples of things like that. For example, your food is related to the over consumption or over farming of food is related to, for example, declining biodiversity and things like that. I know it's much broader than that, but again there's not...going around talking about declining biodiversity, there's not much vote in it.

So it's one of those issues that it's super important, but it is a long term thing. Politicians tend to focus on the short term gains, especially for votes, and this is one of those long term things and it is hard to shift that. How do you turn this into more immediate votes?

The other two or three things I've mentioned is that, as you know, there's a perception and that it's a reluctance for politicians, again in all parties, to do something that is perceived as taking choice away from people, like the so-called nanny statism thing, right? That's why there's been a tendency to try and focus on more voluntary arrangements, which by definition don't really have much teeth. They're not completely pointless, but they just don't have much teeth and obviously a much less and much slower impact. But there's that as well.

There's also a structural difficulty in government where even if you want to do it and you want to...like take my work on health disparities, for example, it requires across government work and whilst it can be a priority for the health department, clearly as the lead department on this, it's not going to be a priority for every other department, right, that has a stake in it. So it might be Department of Education, it might be DWP, it might be the treasury, it might be DCMS, whichever department it is and because this is

such a big pervasive issue, there's a number of departments that have interests in this, but the other Secretaries of State aren't going to sit there thinking "This is my priority" and I can understand that as well. When I was DCMS, I was responsible for, for example, sport promotion, right? Doing more sport or activity clearly can be helpful in this regard, but that wasn't my priority. My priority was dealing with the Leveson stuff. My priority was the Olympics or whatever, but it wasn't that, and that becomes an issue in government.

So how do you create a mechanism? It can be done. How do you create a mechanism that is an accountable across government mechanism where every Secretary of State is highly motivated to deliver on that priority? I've seen it work. So I made it work because I made it a priority and got the Prime Minister of the day to agree when I was a local government secretary on rough sleeping, which required across government work, I got it to work on reducing knife crime when I was Home Secretary, right? We made it enough of across government priority into ministerial committees, cabinet subcommittees and all that, getting the Prime Minister to come in and chair some meetings to show importance and all of that, right?

But this issue hasn't had enough sort of across government buy in and so that's, I think, a sort of structural sort of prime ministerial role sort of priority issue.

Then the last thing I thought I'd mention with you that's about barriers is prices, right? Because there's certainly whether true or not, and it would be true, I think certainly in the short term, especially if you look at taxation based policies, that it would lead in some cases to higher prices than otherwise. So compared to not taking any action versus taking action, at least in some circumstances, and at least in the short term, there's a perception it would lead to higher prices, and politicians are again reluctant to promote policies that can be pinned on them for leading to higher prices than otherwise, especially in a higher inflationary environment versus a low one. Especially in the run up to elections, and especially taking into account that those proportionately that will be hit hardest in the pocket are lower earners, right? As a proportion of their income they're just more on food, they're going to be hit harder than some rich person and I think that's a factor.

So I'd say choice, across government set up, prices and there's not votes in it. Those are the biggest barriers."

[Prompt: Two [barriers] you didn't mention [...] - the complexity of designing policy to fix a complex problem [...] and lobbying resistance from industry. Were either of those two issues?]

“Yeah, yeah. No, they are both issues. I don't think any of them trump the other four in terms of importance. I think they're issues, but I would still emphasise the other things I've talked about as being more, let's say, higher barriers. Also, the complexity point is a bit related, I think, to my across government point. Yes, one of the reasons it's complex is because it does cross all these government departments. You need the buy in, you need other departments to do stuff. You can't do it on your own. But it is not a sort of, as you say, it is not a...some of the policy researches are not straightforward to design and some of them might sound a lot easier than they actually are, and I guess obviously that speaks to the complexity, but they're not sort of insurmountable barriers. Like for example, some of the things that governments have legislated for but didn't implement. That I legislated for, right, in October 2021 on the volume promotions, on the product placement stuff, the television advertising restrictions. As you know, we have legislated all these but each time they were delayed and delayed and delayed and they still, as you know, haven't been implemented.

I guess it's something to have them on legislation, but they don't do much if they're just sitting there. But at least I was feeling that let's get one step at a time, let's get that done, and then obviously I would have been very happy with the implementation, but ultimately that wasn't my decision.

On the lobbying point, yeah, look, there's lots of vested interests out there, including in diet and healthcare and they will lobby. There's nothing wrong with lobbying, that's in a democratic society that's up to them whether you're a business or not, as long as they do it within the rules and stuff. But there was a huge amount of lobbying. The ones I remember probably the most in my time was probably two areas, one is directly from my department with product placement from the big supermarkets, and also indirectly because it was more incoming to DCMS as the relevant department but on the media advertising, the television advertising rules.

On the product placement, yeah, I mean I would get to my department, get every chief executive, their representatives of the big retail consortiums, the representatives, they'd all write in, they'd all want to see officials. They'd love to see ministers and stuff. My approach with that, I wasn't lobbying...getting incoming and lobbying wasn't new to me, this was by...I was Health Secretary, I'd already run five government departments so I'd seen a lot of it before. My approach to all that was I wouldn't really waste my time

meeting with chief executives individually and stuff, I'd normally get a round table, which I did I think certainly a couple of times with the supermarket sector on this issue and listen to them collectively. But I'd also get Chris Whitty and maybe at the head of OHID there, Jonathan and others, and get them to do presentations on the problem. How big it is, here's our solutions, make a sort of appeal to them and try to sort of get them to get on side.

I think I always found it as long as you, as in government ministers were determined, you would go ahead and I'd listen to them, but you wouldn't change your mind and you'd go ahead and do it. They might bring up some good point about something you hadn't thought about, and that's why it's always worth listening as well because inadvertently you might be doing something where you hadn't quite thought about some aspect of it, but the broad policy, it made no difference to me whatsoever. I found those meetings still useful because at the end I could listen to them and say "Thanks very much, but we're going ahead with it, so there. So you'd better start preparing for it."

The one area of sympathy I did have with industry business was that the message that you would get when ultimately I think they, sort of, accept you're going to do it, let's say product placement for example, and the chief executives would say "Okay, look, we know you're going to do this, but now that you said you're going to do this and how, you've set out how you've consulted and you set out this is what you're going to do and this is how it's going to work" like this product placement for example "and this is the date that it's going to be implemented, can you just get on with it and do it?"

"What we don't want is you change your mind, right? So we've got to like reformat our stores, we've got to move things around, that costs money, and if you're going to do it, do it, but don't like keep delaying it. Don't keep changing it because that's more and more costs." So you're making what from their perspective is a bad situation even worse, and I was sympathetic to that, I thought it was a very reasonable point."

[Prompt: Yeah, and so just out of interest, why was it for example that the calorie labelling happened whereas the advertising was pushed back?]

"Yeah, it was compromised internally in government, right? So in terms of what we legislated for there was obviously the calorie labelling, there was the promotion on TV, there was a volume based promotions like the buy one get one free and stuff, and there was the location stuff. So the promotion, the volume, the location stuff has not

happened. None of that's been, legislated but not implemented. The calorie based stuff was I was pushing for four of those, the calorie base that was an agreement with for me, a Secretary of State, the person or the group who I'm negotiating with, the Prime Minister or his team at number 10 was sort of from their point of view was like their view was "Don't do any of this" and that was a sort of compromise. I think they accepted that based on the "It's still choice and it's still up to the individuals" and it would look bad for government not to do anything, having spent all this time and effort on getting all this legislation ready."

[Prompt: I don't know if this is relevant to this or not, but I should ask the question which was obviously the Prime Minister had come out of hospital wanting...being very gung-ho on this and then you're saying but then Number 10 were resisting it. Was there a change of heart on his part, or why did Number 10 go from the Prime Minister thinking we really need to get on top of the nation's weight to we don't really want to do anything?]

"So first of all, I can tell you what I think, but I can't be sure. The Prime Minister at the time, Boris Johnson, had a habit of changing his mind on things. So he was indecisive. I think it's a character trait, often listening most to the last person in the room syndrome. I think also part of the factor was that the Prime Minister was personally coming under a lot of pressure at that time, like the Owen Paterson situation, Partygate, it was whatever. There was a lot of personal pressure on the Prime Minister in Parliament, in the media and elsewhere and I think that he was more in a mood to compromise with his backbenchers. He was more eager to please than otherwise.

Then ultimately as a Secretary of State, there's a lot you can do clearly without having to go to Number 10 or getting the Prime Minister's direct permission, but the one thing you cannot do is bring the legislation to Parliament without the Prime Minister's permission because he can just block it."

4. What were the things that most enabled you to act or to overcome the main barriers?

"So I'd say in no particular order, I'd say further evidence, right. So if we do this, these are the benefits, but these are also the costs, with a highest possible degree of confidence in that. So to make it a harder challenge, but also more people will accept that and see that and the more evidence there is from, let's say, sort of respectable independent minded sources, the more valuable it is, right? So even if it's coming from

the government, even if it's the government of the day and it's coming from civil servants and stuff, there's always a degree of scepticism or it's easy for opponents to turn that, but if it's coming from more independently minded bodies not necessarily aligned to any political parties and things, that's important. Linked to that are voices, right, the voices that are saying this because if it is coming from health professionals for example, whether it's like a Chris Whitty of this world...like look at the pandemic. If ministers had gone out there alone and said "Please take these vaccines, they're really good" that would not have been as effective as Chris Whitty and Jenny and Vallance and co going out and saying that as, sort of, independent experts with all the right qualifications and stuff. So I think those voices are important. I'm not talking about celebrity voices, but just the voice of independently minded expert people in convincing people and then-."

[Prompt: Is it too crude to say that there's a kind of blindness to campaigners because you think, well, they would say that anyway, so kind of unexpected independent voices are powerful. Is that what I'm hearing[..]?]

"Yeah, yes. Yeah and unexpected is a good point. So look, I think even the more expected ones can be valuable, but certainly a sort of unexpected voice that is well respected coming out and saying "Look, we need to do this and this is a good sensible policy" that's very helpful. The other thing I think is just practicality, things that you talked earlier about complexity and stuff, I think it is easier to sort of understand. It is clearly you can demonstrate this can be implemented, it's not actually that difficult, I think that's helpful. Another thing I think is children, I think people, in my experience, I think people tend to care more about young people and children in particular than themselves and that is why I think, for example, the TV advertising sort of band after the watershed and stuff is all the polling has shown is actually quite popular.

The idea of people trying to sell to their children, influence young minds and stuff, I just think that when it comes to children, whether it's on food, when it's fighting, child abuse, whether it's education, people just tend to just care about children more than others, their own children, other people's children. I just think so where can we link more to look what's happening to these children and their life chances and stuff like that. I just think that people tend to, in my view anyway, I just think they tend to respond more to that than if you're talking about the 50 year old that's fat or something, right, versus the child that is fat or could be. I think that is important.

Yeah, no, the other thing I was going to say is more covered by evidence. Also, I think I was going to say things what other countries have done approaches in, especially in countries that are more comparable, other large European states, whether it's France, Germany, Italy, Spain or something where they're large, they're comparable in terms of population, similar income levels and trying to sort of say look at what they've achieved and why, and if they can do it we can do it as well, I think that kind of evidence is helpful.

Then the last thing I just thought about is that...I was thinking about earlier actually, was that when it comes to legislation is that if there are ways to do legislation where sometimes if it's as a pilot of something, it's easier to sell, right? So, making it up, but let us try piloting product placement in Blackpool, in West Midlands, or whatever it is, and see what impact it has after 18 months, have an independent assessment. I think one of the advantages of that is that first it mostly allows a government to say, "Look, we're going to try it out, we're going to see how it works and we're going to go led by evidence." But also you find that once you, I think in many cases you find once you've actually done it, it's not as bad as what some opponent had said it would be, right?

So once you've done it, making it up, let's say it's West Midlands or something and they had the product placement rules and the rest of England didn't, it's hard to see how anyone's going to go shopping there and stuff and say "Oh my God, I went into a Marks and Spencer's in Birmingham and it was bloody awful because I couldn't reach my chocolate as soon as I got to the till." No one's going to say that, right? Everyone's going to think "Like, what was the fuss about? What were you worried about?" Including probably the businesses. So I think sometimes rather than going for the whole thing, right, just like saying we want it all instead of, say, it's better to start with this and grow it rather than let's go for everything at once because you're more likely to get to your final destination."

[Prompts: Makes a lot of sense. [Details polling results showing public are more supportive of interventions]. I always thought you would expect the politicians' instincts because they're politicians to be pretty aligned with the country, but here they're not. I wondered whether A, that resonates with you and B, if it does, how do you bring the politicians closer to the country on that kind of stuff?]

"Yeah, no, look, I see that. But despite...I'll just give an example where I think the polling is helpful on that discreet issue of a picked of advertising, despite saying that one of the things I have learnt as a politician is to take polling of the public on issues

with the big deed of scepticism because the public...your politicians reflect the public of course, but the polling it's possible for people to take mutually completely incompatible positions on things, right. The most obvious that your chancellors are like "Do you want the government to spend more on the NHS, spend more on the spending?" Everyone's "Yes, yes, yes." That's what the polling will show, 70 - 80%, whatever. Spend more on this, more police, more this. "Do you want to pay more tax to fund it?" "No, someone else should" right? So my point is that it's [over speaking]. What I've certainly learnt in 14 years is that just because of the poll and a discreet thing, just with the poll says that you've got to do a lot more work around there because I'm sure...I can't think of it now, but I'm sure there are probably things that governments have done in the past that the poll's really highly once you've done it, everyone's like "What the hell would you just do?" Right?

Now as I said, there are instances where I think especially where it doesn't lead to a sort of financial cost, direct financial cost to the individual, I think the public...they can be sports. So to pick another example on health that has very high polling in support of the measure and that is the government's measure on smoking, right, to basically phase out smoking, right? That is really popular, right, 80 - 90% support.

And I've thought about that, I support that and I think it will stay popular, right, as in I don't... because it's not only for most people A, don't smoke, but also they don't want their children to smoke. Also, they sort of already accept that if you do choose to smoke there's a high cost attached to it financially and otherwise to it, so I think you can take that. But some of these things I think that probably you just have to be careful with."

[Prompt [Interviewer 2]: Was there anyone during your time that was particularly helpful to you outside of government, or if you were looking outside of government, yeah, and you've mentioned Chris Whitty and some kind of key figures that were within Whitehall, but I wondered if there was anyone external that was a particularly helpful voice or support to you?]

"No. Look, I think what, Henry, you were doing was definitely helpful in terms of shining a light on all this, looking at it seriously, coming up with ideas and stuff. I know it didn't get as far as you would have wanted to in terms of uptake and stuff, but I think that kind of because you also...what's his name? The chef?"

[Prompt: Jamie?]

“[...] Jamie Oliver. What I meant more because you [Henry Dimbleby], Jamie, there might be others that you're not political, right? You're not seen as political, you haven't got a...you're not seen as like you're biased in this as it were and stuff, or trying to bring up some cheap votes or something. So I think those kinds of voices help. Other than that, I don't remember any of the sort of think tanks and stuff like that. I didn't have much to do with Nesta, for example, at the time. I think that's a serious group of people. Serious work, well motivated for all the right reasons. But I know that even though I didn't as the minister, I know that the officials, the team in the department and stuff would work with serious researchers and think tanks and also university researchers and things like that.”

5. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

“No. I think there's been lots of nice noises and even targets and stuff, but the tools haven't been put in place to deliver those targets, and I think politicians sort of know that. It is easy to sort of say “Look, by 2030 we want this, 2035.” I mean anyone can say that, that's the easy bit. The hard bit is doing it, right? Saying like with net zero, we want net zero stuff. That's easy, right? How you actually get there, right, that's when you have to start making trade-offs and decisions and they don't like doing that, right? Generally politicians trying to avoid decision-making because they don't like the trade-offs because there's always someone on the other side that's going to get upset, no matter what you're trying to do. So in general, no. That said, I think that there are things in recent years that have sort of been steps forward, but as I say, they just haven't gone far enough. Not like with the carry thing we talked about, but also the things that we've legislated for, the promotions, the volume stuff, the location based stuff, even just the fact the legislation is good, but just to go ahead and implement them is what's absolutely required, and even that won't be enough. But there's been some progress but nowhere anywhere else.”

[Prompt: You talked about the specific barriers that you faced. Is there anything you have to say like at a higher level about why you think that the policies haven't been put in place or is it just a combination?]

“Well I've said it. Said it. It's about finding the votes”.

6. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

“I'd say go early in your administration, right, because I think you would find that with so many things that ultimately we know good for the long term, that once you implement them and you've actually given them some time to be bedded in and people to get used to it, the opposition dissipates, so it's nowhere near what you thought it was going to be, right? So go early, right. Then I'd say also go with...don't let perfection be enemy of the good, right? Go with the lowest hanging fruit, right? Don't think about “Oh, we've got to stop this. We've got to...” Just like the problem is so big with so many people that are obese, overweight, that even if you were able to knock five percentage points off in two or three years, that's huge, right? So think about just don't try to go too big and let that be your downfall, right?

So what I mean is, for example, we are going to have an election in probably November or something, whoever's the new government, one thing they should just do straight off the bat within the first month or so is bring the ESIs in on the things they've already legislated for. Just do it, right. You are absolutely sure, whatever opposition you would've thought you had, and there will be some in parliament and stuff, that it won't be an issue by the time you get to the next election, right. So let's say government does this, right, I'd be absolutely certain that in that election, the next one, the opposition isn't going to say “Vote for us and we'll bring back TV advertising.” [Over speaking]. Buy one get one free, right, because there's no votes in that either. It works both ways. Right. But that isn't going to be a big issue, so get it done. So be sort of...I don't think modest is the right word, but don't try to go for everything. Right. I guess it is be modest and go early.”

Alan Johnson

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“We described it back in my time as being akin to climate change, as important an issue as climate change. I think it is. I think awareness is better. I hope awareness is better. Things like five a day and ten thousand steps a day seem to have filtered into the public consciousness. So I'm optimistic. I mean, the first thing you have to try and do politically is to make sure that parliamentarians and others understand that this is not wishful thinking. That there is a solution to this problem that it's not too big to resolve. It's not out of their hands. They're all the things that politicians worry about, whether we're wasting time on something that's insoluble. It is soluble. It depends on all the things it depended on when we published Healthy Weight, Healthy Lives. Nothing's changed there.

It does cost money, but not half as much as climate change and most of it is cheap as chips. It's about the actual determination to do it. I was moved around a lot, but I had two years at [Department of] health and as soon as I came in, the Foresight report from the Office of Science was published. This was a crucial moment because this was scientists, not teachers, not paediatricians. This was scientists looking 20 years ahead and they'd been given this job of doing it on several fronts. The car industry was one I remember, but I don't know who decided that Foresight should be aimed at obesity, but whoever did deserves a round of applause.

Their report was absolutely terrifying as to what could happen if we did nothing about this and I remember reporting that to parliament. I had to. We had no policies. We just had a Foresight report, which by its nature had to be introduced into parliament and there was a broad consensus. The only people who ever get involved in these debates, making them more difficult, is the libertarian wing. Sometimes they're on our side of the house, sometimes they're on the other side of the house. The nanny state kind of idea that you shouldn't be lecturing people, but because this had come from scientists and because the stuff was so intelligently set out in the Foresight report, there was very little of that.

I saw that through, then very quickly the Healthy Weight, Healthy Lives. Foresight described the problem and here's what we're going to do about it. Here are the five areas where government can make a difference and here's what we're aiming for. Reversing the trend and getting obesity in children back down to the 2000 levels. The

only thing that's gone seriously wrong with that is sports and that was that every child should be doing at least two hours of PE or sport a week. That fell victim to austerity. The coalition government scrapped it, but couldn't scrap this whole idea that if we don't deal with this we're storing up problems for ourselves.”

2. Thinking back to when you first became Health Secretary, where were obesity and food-related ill health on your policy priority list (if at all)?

“It was important to me because I'd come from [Department for] Education to [Department for] Health, first of all and because up here in Hull, in my constituency we introduced free school meals for all primary school kids. Free healthy school meals. It was financed entirely by the council, which was part of the problem. It wasn't politically popular. In fact, the Labour administration got chucked out and the Liberal Democrats came in. I wouldn't say that it was part of it, but certainly it didn't do Labour any favours. It had the foresight to be saying, in an area where you had lots of deprivation, where the fishing industry had collapsed, where some of the things that went with it, i.e., people used to eat a lot of fish. That had gone as well and the idea that there was healthy breakfast available as well free of charge, then the healthy primary school meals, the biggest complaint was the parents ought to pay for it themselves. That was the big political issue, but it was overseen by Hull university.

It was meant to last for three years. The Lib Dems when they got in cancelled it, but there was two years of information that showed enormous improvements in attendance and in attainment. So I had come from education and from our experience of that in Hull. I was more interested perhaps in this, but it wasn't in my priorities. The priorities were dealing with health acquired hospital disease. The priority was to continue to get the waiting times down. The priority was to get GP surgeries open on a Saturday and in the evenings. They did take precedence. That's one of the problems, getting the Department of Health to own something that could have been the Department for Education because we were focused on children. That could have been some other bits that maybe had a role in this or getting health to own it. It wasn't all that difficult with the benefit of the Foresight report.”

3. What were the main barriers you faced in acting on obesity and food-related ill health?

“The same barriers you would face on climate change and tackling health inequalities. This is a health equality issue. You see from all the statistics. It sits in so many departments that breaking down the silos is always difficult. That's why it's important that Ed, at what they called Department for [Children, Schools and Families], the Department for Education as was, Ed Balls worked with me on this and we got the prime minister to sign the forward to it. The prime minister's endorsement of this strategy was really important because it was cross-government and it's always difficult to get cross-government issues really moving because of the nature of the beast bringing all these different factions together. That was the biggest challenge.”

[Prompt: Were there other things, you mentioned nanny statism ideologies, press lobbying complexity trying to work out what policy that actually might work. Were there any other major barriers, would you say?]

“No. it was an internal issue rather than an external issue. We had a big budget at Health. It was just about to rise to £120 billion. An enormous increase since 1997. How much of that should be spent on this was an internal problem because we wanted this huge social marketing campaign, Change4Life, and that was going to cost £75 million, not insignificant when you've got this bit saying, we could use that to build more hospitals, or we could use that to tackle healthcare acquired infections. So there were internal issues, but eventually that was all solved. Getting the right civil servants onto this. The nanny state stuff and the intrusion on individuals, Gordon was very clear in his introduction to this policy that, of course, this is about individuals. This is not the government trying to impose its will. In that sense, it will only succeed if individuals make it succeed. So that was an aspect of it, but getting the right civil servants involved in it. The bit that was a bit intrusive was we were going to weigh their kids, we were going to weigh them in Reception and then weigh them in Year 6.

You can't get anywhere with this unless you're measuring it properly. If you are going to reduce the obesity problem back to 2000 levels, you have to first of all make sure you know what the problem is and then make sure that you're measuring it properly. That was a bit of an intrusion. I understood that as a parent, you're going to weigh my kids? Does that mean the other kids get to know who is in this kind of the fat kids brackets? Nothing insurmountable, it all seemed to be going pretty swimmingly.

It's a bit of the Department of Health that was really exciting and really, really really successful. The right people doing the right jobs, getting involved, and getting a fair bit of public buy-in even at that early stage."

[Prompt: From your experience [working] across government, how do you institutionally keep government working cross-governmentally on things? Do you have any advice on things that you could do as a health minister to keep the rest of government on your side?]

"Aside from civil servants making sure they work together and ministers giving it the right priority in their diaries, I think the odd celebrity chef helps. The effect of Jamie Oliver was post Hull, we had done it in Hull, but when you saw Jamie Oliver with parents coming in and handing fish and chips through the fence to their kids who were being forced to eat healthily, it brought it home to you.. On our committee, we were supposed to be overseeing this and its progress with an annual report with a committee of experts and those experts, such as nutritionists and paediatricians but also celebrity chefs to give this the zing and the sexiness it needed. They were going to report every year. I think that fell foul to austerity, I don't think that lasted. Certainly Change4Life was scaled down. I suppose it was easy pickings if you were looking for money to save. It was very, very extensive and expensive. So my advice would be if you're going to take the trouble to set a target and you're going to take the trouble to set up this group, make sure it's got a bit of razzmatazz to it and you've got people in there...Jamie Oliver, Henry Dimbleby, whoever, who will kick up a bloody fuss...if you don't keep this going. Civil servants will say nothing by dint of their profession. Ministers are loyal to the government, but if you put a few voices in there that are a bit abrasive and not entirely house-trained, I think it helps to keep the thing going."

[Prompt: How important is personal relationships and chemistry to that Secretary of State [to working cross-government]?]

"Crucial. Absolutely crucial. If someone other than Ed Balls hadn't succeeded me, given that PE and sport were a huge bit of this in schools. Free school meals, were they in favour? There were some people who took the view of some of my constituents about free school meals. You had to have people buying into it and you had to have a prime minister who was backing you all the way. Tony Blair had been really big on sport but Gordon [Brown], there were a lot of TB-GBs things that Tony had done that Gordon had expressed dissatisfaction with. Fortunately, this wasn't one of them, he was behind it,

but those relationships are absolutely crucial because if you haven't got them, then your policy isn't going to succeed.”

[Prompt: Is there anything... we talked about the Jamie Oliver factor, the personality thing, is there anything that you can do structurally to lessen the reliance on those factors of personality and relationships?]

“There's nothing structural that will make people get on that didn't get on and have their feuds between different departments. If we had another conversation another time, we might talk about the TB-GBs and how debilitating that was to have kind of two emperors during those years, but then we were past that by this. It was Gordon and it wasn't a TB-GB issue. I think inserting those individuals that will keep the show on the road, which I referred to earlier, will help with the personality clashes as well. If you've got someone who's not a total convert to this in another department that you wish was doing more, we can return to our old friend Jamie Oliver telling them that at these kinds of meetings. So the Secretary of State would have to go to the meeting. The prime minister has decided this or that. This is the cabinet subcommittee that will deal with this. You bring some of those outsiders in would be my advice.”

[Prompt: Can I talk a little bit about industry? You didn't mention lobbying from industry as an issue. You obviously put in place the Healthy Food Code, Good Practice, in partnership, voluntary partnership. Do you think the voluntary approach is effective or has your view on that changed?]

“With hard work. I remember having a telephone call with Terry Leahy who was head of Tesco because he didn't agree with the traffic light system. He had different systems, a crucial part of this is the customer knowing what they're getting when they pick up their box of cereal and you had some real passion in that argument. There was one group who felt traffic light system....They weren't arguing against the principle of customers knowing what was in the food, but they were arguing about the way you did it and I remember a long late-night conversation with Terry Leahy trying to convince him. In the end we got consensus around what system should be used with a bit of help from the prime minister.

On another occasion, Jamie Oliver came up with a really good idea. We were trying to deal with kids' lunchboxes. It's one thing to have healthy school meals, Ed Balls had brought into that. We couldn't introduce it nationally at that stage, but I think we would

have eventually. I think we're committed to it now with Bridget Phillipson. We couldn't do that, but it was pointed out to us that even if you do that, you can't stop kids bringing in lunchboxes that their parents have prepared. Often one chocolate bar and a packet of crisps. It was heart-breaking to see in Hull what was in these lunchboxes. Jamie Oliver came up with a great idea that he tried to sell to Sainsbury's. There is a section in the store that you go to for kids' lunchboxes. If you are a busy mother, I remember Jamie putting this forward...it's a bit of a drag to go shopping and know where to go to get all these things. Put them all in one place and display it and make a big virtue of it and advertise it; we at Sainsbury's have this healthy lunchbox section. You go there at one place and you fill your kids' lunchbox with good, healthy nourishing stuff. Even the enlightened voices of Sainsbury's, even with Jamie supporting it and virtually working for them, we couldn't get that to take off. I thought it was a brilliant idea. So it had its limitations."

[Prompt: Do you think if you were going at it again today you might be more prescriptive and less voluntary in the approach with industry? Or do you think...?]

"Yes, and to give praise where credit is due, the sugar tax changed a lot of that. We were thinking about it. I once wrote an article for The Guardian; What would you do if you could change the world? I said, "Ban Coca-Cola." And I think I was Health Secretary at the time so it didn't go down well with Coca-Cola, but sugary drinks, what are we going to do about sugary drinks? We were pondering on this, but we were never really bold enough to do it. [David] Cameron did it and I think that changed the mind-set in government. We'd spent so much time smoking and were so worried that, [we wanted to] see if that works first, smoking at work and all that. There's a big step to take. Let's not be fighting on too many [fronts]...

[...] We were all a bit John Reedy at the time. I remember thinking the ex-fishermen around Hull are going to go barmy about this. I was Health Secretary when it was introduced. Not when the legislation went through and actually it went through smoothly. Things like sugar tax, making it more of a stick than a carrot, I think now is more, to use the phrase carrots healthier, it would be more acceptable now that the sugar tax has broken through that boundary."

[Prompt: What was interesting about the sugar tax, and it kind of makes me think about your previous point about cross-governmental issues, is that because it was a budgetary measure, it didn't have to go through write-round. So how difficult is write-round as a process when you are trying to do difficult things?]

“It wasn't that difficult for us and it wasn't that difficult from the standpoint of Secretary of State for Health. Gordon had made health his number one priority.”

[Interjection: So you had the prime minister's backing.]

“Yes, it all went through. Yes, we had that backing.”

[Prompt: I was curious you were saying that you weren't able to get things taking off like the Jamie Oliver partnership with [supermarket]. Do you have any sense of why that didn't take off, just from your opinion? Was it lack of will? Was it lack of momentum? Was it lack of revenue for [supermarket]? About that particular initiative, why do you think it didn't take off as it should have, especially because it was so brilliant?]

“I don't know. I had no knowledge of why this wasn't working, but we were doing things voluntarily and we'd involved the big, I mean, I was talking to Terry Leahy because I had regular conversations with him and the man at Sainsbury's. We were trying to be as inclusive as we could be and it just wasn't getting anywhere. I don't particularly know why. When I was there they were saying, “Oh, we'll think about it.” And then it never happened.”

4. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

“No, obviously, because we're not there yet. I wish we'd have kept that momentum going and seeing what would have happened there. We'd have had to deal with austerity as well as Osborne and Cameron. So a lot of these might have fallen foul if we'd have stayed in government, but I'd like to see that sustained. I can't tell you how important Change4Life was to the Department of Health. My own personal secretary in my department went to work for it. [They] left private office to work for it because it seemed to be such an exciting area to work in. When you get civil servants in that mind-set, you know this thing is having traction and all the stuff in school sports because the Olympics was coming up, it was really pushing an open door and I'd have loved to have

seen where we would've got to if that had carried on for another five, six years. Some of it did, of course. Change4Life is still around, so is Sure Start, which was an important part of this. Breastfeeding, early years, early intervention, that's still around, but in skeletal form and it seems to me, I hope I'm wrong, but Change4Life seems to be in skeletal form. They're saying the same figures and you can go on a website and you can get some tips on healthy snacks, all great stuff, but it's not the same intensity."

5. Why do you think policies to date haven't worked in terms of reducing rates of obesity and the related health inequalities? [Prompt: You talked about the fact that it's because they've stopped, but are there other things...?]

"I don't think so. I don't get any sense that government ministers became aware that this was proving difficult with the public. I don't get any sense of that. There are various factions and groups that think any public health issue is a waste of money, but that wasn't coming back or coming back to me. No. I don't think there's any reason other than austerity and saving money and looking at a bit of low-hanging 5 A Day fruit was the only reason why some of these initiatives stopped."

[Prompt: You mentioned public health and then you also mentioned what was on your list, which was GPs surgeries being open on a Saturday and getting weighting this down and all of that stuff. If you think about the various steps working from you're in a hospital, back from that you want to try and diagnose people earlier so that they don't go to hospital as much or don't have severe treatment, and then before diagnosing earlier you have what you're trying to do with Change4Life, which is actually preventing people getting sick in the first place. Do you think structurally that third one, preventing people getting sick in the first place, is almost everyone agrees the way to massively reduce the cost and improve the efficiency of the health services to stop throwing unhealthy bodies at it and yet it seems to be the hardest thing to do. Structurally that's not on the list of priorities for a Secretary of State when they come in. Why is it so hard to put the focus on public health as a Secretary of State?]

"That is a very good question and it should form a big part of what you are looking at because this is the perennial problem. We would've liked GPs to be prescribing a half an hour walk a day rather than drugs to a lot of people who came into their surgeries. GPs said the same thing. Everyone said the same thing, we're wasting money on medication, [it] never seemed to happen. One facet of that may be a related issue. When Aneurin Bevan, great architect of the health service, published his little leaflet that

went through everyone's door in 1948 saying what was coming, the last paragraph, paragraph 10, was health centres and health centres, never happened. We had a thing called LIFT that no one knows about, which was designed to get health centres moving and had some success, 360 throughout the country.

Why is this important? Because GPs were in little isolated, single practice, crummy, terraced bloody houses. They weren't talking to each other, they weren't working with each other and our vision, going back to '48, was for these health centres. There's 12 around the city of Hull. Iconic buildings, GPs working together, lots of space in them for other things. So the idea was you'd have speech and language therapy available there. You might have a talking therapist, mental health in the same integrated space. You might have someone there on dietary requirements and how to tackle obesity without taking drugs. The idea was that those services would all be brought into the community. That never happened to the extent it should have done and I think that's an important part of GPs then deciding together this can work. I think the pressure on them is to give a prescription for a drug, and if someone comes to see them, first of all they have a battle to get to see them, that's an obstacle of course these days, but if they come to see them and they don't get a prescription for a drug, they're somehow disappointed. That takes up the medical profession... [as] the only people who can solve that problem. If it comes from a politician, it's meaningless. If it comes from a doctor, it means something. I think it's getting better now, but that's a fruitful scene for you to mine”

[Interjection: That's really interesting. Why do you think it never happened?]

“I think that the GPs would blame us, would blame the government. Maybe they're right that a thousand initiatives come every week from what used to be Richmond buildings or wherever the Department of Health is now that they had just had too much to cope with. A lot of it is also the gateway to the health service. If you can't get into the gateway, you can't get anywhere else, and if you can get in the gateway with a message that you actually don't need drugs, you need to get out more and get walking and riding your bike, it's a powerful, powerful weapon, but the BMA is a powerful organisation. Some despair when we had a campaign to get GP surgeries open on a Saturday when people generally could go to them, it was more convenient for them to go to them.

We faced not just the campaign against it from the BMA, but a campaign against it from Andrew Lansley and the Tory party. You might remember they campaigned against polyclinics. I remember it well because they spelt poly with a double L and we put

something sarcastic out saying, we're not trying to have vet surgeries for parrots. This is about human beings. That's so depressing that you were facing that kind of opposition and my surgery has just informed me that they won't be open on a Saturday morning anymore. So it's going backwards rather than forwards, but it's probably the GPs, to be fair to them, who would complain that there's no government consistency and there's too many government initiatives that I have to respond to."

6. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

"I would get another group of scientists together like Foresight. That's the way it really worked, not teachers, not politicians, but scientists saying here's a serious threat to our society. Of course the big problem is, you know much more than me, the food companies. They were supposed to be part of this. I mean, they're killing us. The ingredients they're putting into food. We took the piss out of David Cameron, one of his early PMQs, he was new. He was up against Tony Blair and he said something about, it's wrong that chocolate should be near the tills. Do you remember?

The supermarket. He was absolutely right. He was absolutely right and we all laughed at him. You go on a train journey and they come down with a trolley, you can't find anything healthy on there. It's crisp and if you've got bread intolerance, you're lost. These kinds of things mean the industry, and that's the big problem, we could never reach the industry, I don't think. [David] Cameron, with the sugar tax, I think that was a milestone, but we're going to have to do a lot more with these guys. If you get the scientists to put it as Foresight did on the same level as climate change, you might get people squabbling about where it stands, this is a threat to humanity. This is a threat to humanity. It's as you well know far more serious than people are taking it.

So they have to not only take it seriously, they have to keep taking it seriously and so it mustn't be something, oh, this is what some government did 20 odd years ago with this Foresight thing. It needs a fresh initiative, a fresh scientific message coming through along with some hope. There have been some improvements, there are some advances that have been made and so you show that as well to show it's not a council of despair, but keep the message coming and keep some kind of grip on the companies that are producing this rubbish that our kids in particular are being asked to swallow."

[Prompt: I think that's a really powerful statement about bringing something like this to light, freshening it up, having the weight of the scientific community behind it. What's your sense of, with these big companies, if they will listen to that? And if not, what would help big companies listen to the scientific way? 'Cause as you said, this is well established. They're not working now. How do we help it so they do listen?]

“Some kind of tax. However you do it, it's in their own interest to do that. Not least of all what Henry referred to. If you do something in a budget, you don't have to have write-round. That strikes me as a very powerful reason to get the Treasury involved in this. The thing about the Treasury, just a little insight. The Treasury does nothing all year round. Twice a year they do their, and that's only because Gordon introduced this idea of an Autumn Statement, but basically the Treasury does a budget, closes down. I was PPS to the Paymaster General. The Paymaster General has a lot of work to take the budget legislation through, the chancellor's sitting twiddling his thumbs. He's not got much to do really. In the sense of a Health Secretary or the Home Secretary, everyday a new adventure, the chancellor's got the space to get really involved in this, and perhaps that's another, use the power of the chancellor. Our power was having Gordon there as a strong chancellor and then as prime minister, [it] really, really helped and if you can convince the chancellor to really upset the business community with a few taxes, with perhaps some sweeties elsewhere to offload them, that's got to be the best system.”

Lord Andrew Lansley

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“Relative to other major issues. Well, I think what we now know is that in addition to the direct negative consequences, in terms of chronic conditions associated with obesity, we have also understood following Covid that we have a significant additional vulnerability to infectious diseases and other conditions, particularly if they affect things like respiratory systems because it gives rise directly to increased mortality as well as morbidity in relation to Covid. I don’t know precisely what the Inquiry is going to determine, in terms of lessons learned, but the overall poor public health in this country relative to some other countries is a significant contributor to our overall mortality data. So, that told us something that we needed to know.

Obviously, we have some very significant figures, in terms of - you’ll have all the data no doubt, you don’t need me for any of this, but, in terms of the incidents of type 2 diabetes resulting and other conditions resulting directly from obesity, but I think sometimes, even then, we somewhat underestimate the overall impact because when you look, for example, at the extent to which people in the United Kingdom are living with chronic conditions beyond the age of about 60, we have a relatively high number, relatively high proportions. So, what we don’t have is, even as we had increase in life expectancy in the past which regrettably now we’re not seeing any increases in life expectancy but what we were seeing, despite the increase in life expectancy, was that we weren’t seeing comparable increases in disease pre-expectation of life and that I think those chronic conditions and the fact that one in four of the older population is living with a chronic condition at least, that is often much to do with obesity. Things like the difficulties they’re having with joints and so on is not just about arthritis, it’s also about pressure on joints over generations and their inability to sustain mobility. I mean, it’s not something people generally measure is the extent to which the lack of mobility in older people is the consequence of obesity as distinct from other conditions and I think quite often that is exactly what is leading to these mobility problems and the mobility problems then give rise to a lot of other conditions as a consequence of that. So, it’s a pretty big problem.

I know you’re talking to me as Health Secretary, but I would just remind you that before I was Health Secretary for six and a half years, I was Shadow Health Secretary, so, in a way, I’ve had more to do with all this than just being Health Secretary. So, if you go back, I was appointed as the [Conservative] Party’s health spokesman in late 2003. So,

one of the earliest encounters was the Foresight program report on obesity which you'll be no doubt familiar with. It's a thick old document.

What I think would be really helpful from your point of view is to look at the, not just the political but actually even more importantly to look at the media response to that report because I thought it was an absolutely excellent piece of research but the way in which the result was communicated insofar as it demonstrated the multifactorial nature of obesity, it's very wide range of interlocking problems and the ability of the research to try to estimate the relative contributions to obesity from all of these different factors.

But, it conveyed it and what the media picked up on was, if I remember the phrase more or less correctly, it was that we are living in an obesogenic environment. Now, of course, what they meant by their understanding of this was that we are living in an environment that is making it increasingly likely that people will become obese because their foods are more energy dense, their ability to buy energy dense foods has increased, the availability of foods had increased, there's a whole string of these factors that were contributing to increased obesity but the way in which the media interpreted an obesogenic environment was not, this is an environment which is making it more likely you will become obese, so, you should do more to maintain a healthy weight. No, what they meant was, what they interpreted that to mean was, you're much more likely to become obese regardless of what you do, that it's not your fault. Well, nobody was trying to say it was people's fault. The point was, you have to do more to maintain healthy weight. You have to think hard about all the factors that are contributing to your weight gain and to your retention of additional weight and this was contrary so the media outtake was quite contrary to the research input and I'm sure you will treat researchers with the respect they deserve, but that doesn't mean that the researchers necessarily are public communicators and politicians live in a public environment and, I'm afraid, I think that the inside government, the response to the report was significantly undermined by the misrepresentation of its research findings and I think that was a great pity because the understanding that obesity is multifactorial is terribly important and the politicians, and I don't just say politicians, actually often policymakers are always looking for simpler solutions and what they were told by the Foresight Report was that there isn't a simple solution.

Now, you might say, but they were told there was a solution because, actually, if you consume fewer calories, people will not be so obese, but actually the reasons why people consume more calories, the content of the calories that they were consuming and the impact of any given calorie input on their overall weight depended on a wide

variety of factors. So, things, like, which I was very familiar with from the work we did on Change4Life, things like, do people sit around a dining table as a family? Do they cook from original ingredients? Do they, what was the other one that was quite a big thing? It'll come back to me, but, anyway, but the dinner table one is really quite interesting, 'cause I remember we actually in Change4Life had various ways in which families who were interested in Change4Life could have incentivisation for different behaviours, one of which was working with companies who were providing an incentive for people to buy a dining table, just because, in England, we have relatively few dining tables relative to populations in, for example, Netherlands, where families eat together and even in England, even if they had dining tables, they don't necessarily eat together and that, of course, undermines the overall quality of the diet that people maintain.

So, going back to the period running up to the 2010 Election, I was nonetheless, in my mind, very clear that in addition to the debate that necessarily was taking place all the time about the NHS, there was a necessity for us to tackle the underlying causes of poor health amongst which, of course, was obesity. Not alone, and if you look back you'll find that we produced with the help of a range of independent participants what was called the Health Commission which actually wasn't about, I think it was called Public Health Commission, anyway, it wasn't actually about the NHS, it was about public health and there were quite a number of really useful recommendations that were comprised within that and it was led by [...] he was Chief Executive at Unilever and went on to be Chief Executive of Tesco [...] Dave Lewis. So, Lucy Neville-Rolfe joined us from Tesco who, of course, went on to be a Minister.

So, there's a range of people who helped us out with that and there was a lot, I think, of good material in that which I don't think one should, when talking about the political system, one should not ignore the opposition because, in finding out what is likely to have an impact on government, the activities of the opposition are amongst the most important and we pushed the government quite hard but I have to say, actually, if you look at the large number of opposition day debates that we secured in the run up to the 2010 election, they were overwhelmingly about NHS services rather than about public health. Although there might have been one on obesity, I don't know if you look back, was there one on obesity?

[Response: We have a timeline to check this.]

2. Thinking back to when you first became Health Secretary in 2010 and were in government, where were obesity and food-related ill health on your policy priority list (if at all)?

“Well, it depends who you asked at the time, of course, but, from my point of view, I went into the 2010 election with the intentions that we were going to base the reform of the NHS on the autonomy and accountability white paper and alongside that, re-focus the Department of Health to be a Department of Public Health with a public health sub-committee in government and increasing the degree of independence, or, rather, I try to avoid independent, we’re not making NHS independent, we’re making it more autonomous but more accountable for the outcomes that it secures. So, focusing the NHS outcomes framework, of course, when you look at it is about the outcomes achieved by the NHS, so it’s things, like, reduction of avoidable mortality, people’s improvement in health status following treatments and interventions, their experience of care, the quality of life for people with chronic conditions and the reduction of avoidable harm, things, like, hospital acquired infections and the like. So, none of those were public health measures so the intention was to focus the NHS on things that it could change, focus the Public Health Service and the Department on what it should change and, actually, the intention was that the government should, while being accountable for the performance of the NHS and, of course, providing the resources and the legal frameworks etc., would focus more of its attention on public health because public health is multifactorial and if you want to improve public health, you absolutely have to do it by changing all the things which lead to poor public health, so, lack of open spaces, poor housing, poor air quality, lack of employment, the extent to which young people were school ready at four or five, the extent to which they were in education, employment or training and not idle. All of those things make a big difference in the long run to people’s public health and, amazingly, things that you do that improve their status when they’re in their teens make an enormous difference when there in their 50s and 60s. So, things, like, participation in physical activity, maintaining that all through life starts early. It’s not just team games but any kind of physical activity and you’re getting people involved in it in their early years and it’s much more likely to be sustained in their later years.

So, all of that was things government could do and a lot of it was local government which was why, of course, the public health reforms, which were all set out in the December 2010 white paper, focused very much on the involvement of local government and the responsibilities of public health going to local government, rather than being only in the hands of national government. ‘Cause, many of the things, like,

open spaces, planning special strategies, education and so on were very much in local government's hands.

Okay, so I say all that, because, actually, of course, most of that didn't happen. Why didn't it happen? Answer, because most politicians don't understand and believe in the policies they're pursuing. What they understand is, what gets into the front pages of the newspaper. So, politicians believe that the...I'll give you quite a potent example, they believe that the number of people who are waiting for their treatment to have taken place and are discharged from an Accident & Emergency Department within four hours is the best measure of the NHS's emergency treatment. I might think, you might think, that the best measure of the NHS emergency service is when people need an emergency, how quickly are they seen by a qualified clinical professional and how likely are they to avoid mortality or serious consequences of their accident or emergency as a consequence of the treatment? Some of those things we don't measure at all.

One of them we did start to measure and I remember Jeremy Hunt as my successor saying to me after about three or four years subsequently, that we had radically reduced the length of time on average that it took, I think, more than half the length of time on average for somebody attending an Accident & Emergency Department to be seen by a qualified clinical professional which actually makes the biggest difference to whether or not their treatment in the long run will be successful. The fact that they subsequently wait an hour or two for the treatment matters so much less if the people for whom it is a priority that they be treated are seen quickly, 'cause, for a lot of people, it doesn't make any difference to their outcome. So, focus on outcomes really matters, but, actually, politicians focus on processes. Why? Because they're obsessed with targets and they're obsessed with targets because those are things that newspapers report and they focus on. So, this little death spiral between politicians and the media, I'm afraid, often highly intrusive and obstructive to the pursuit of what are legitimate policy gains.

So, I was working on the fact, for example, we maintained the work, [Professor Sir] Michael Marmot's work and allowed him to complete his work because we believed in the concepts of his work on the long term importance of some of these health measures, like the school readiness and so on and the social determinants of health and the work he was doing.

So, we worked very hard on that and I think it's quite important to avoid, as is often done, we wanted to avoid the idea that the government's public health objective was simply the accretion of a series of strategies because it used to be the case that if you

said to the government, what are you doing about public health? They'd say, well, we've got a tobacco control strategy, we have a drug control strategy, we have a, what else did they tend to have? They tended to have...sometimes they had an obesity strategy and sometimes they didn't but the accretion of strategies that were individually focused was often regarded as sufficient to represent a public health strategy as a whole and the point that was made in the public health white paper in 2010, which I still hold to and which, I think, is observed in the breach more often than its observance, is that a public health strategy requires attention to the social determinants of health. Things, like, equality and access to education and employment and environment and positive environment, these are more likely to make a difference to people's public health in the long term but that's not the debate that politicians have with the media.

The debate they have with the media is, when are you publishing your obesity strategy? Do we have the world's best tobacco control strategy? If the answer is yes, then that's fine, that's good enough. That will do for us, you know, and where obesity is concerned, I'm afraid the same really applies, is that, rather than understanding that there are many social determinants of obesity and many of the factors determining public health generally can be observed in their impact on obesity, no, what they want to do is, they want to have a simple solution and one of the things that we commonly say in politics is, politicians are presented with a problem, we have too many people who are obese. Something must be done. We could put a tax on sugary drinks, that is something, that is something we could do and so we did it, that was after my time, but, anyway, that's not the point, and the argument was never, it shouldn't be done, the argument was, however, that there were those of us who said, yes, we should do this but this...just go back to the Foresight Report, what proportion of the overall problem of obesity does this represent, and the answer is retraction, retraction. So, that's no good. What you have to do is, you have to address many factors, not just one but this was absolutely in the category of something must be done, this is something, therefore it will be done and it will be sufficient and you can look, after the introduction of the levy on sugary drinks, at how often government responded to the call for an obesity strategy with the recitation of the fact that there was a levy on sugary drinks, as if that was sufficient in itself, and, of course, it isn't, hasn't been.

[Prompt: [Is] what you're saying that the debate among politicians or peers was more

about [...] which part was going to contribute enough, so then you end up doing essentially nothing?]

“No, I don’t think it reached that level of sophistication, I’m sorry, I’m afraid it was much simpler than that, but, basically, there’s a very small number of people who understood that obesity was a multifactorial problem that required a wide range of sustained policy interventions. Not all legislation by any means, many of them are not about legislation, but nonetheless, like in our ladder of interventions in the Public Health White Paper, some of them would be nudges, some of them would be behavioural, some of them would be incentivisation, some of them would be disincentivisation, some of them would be legislative, or regulatory but they would all, in their different ways, have a part to play.

Now, there’s a small minority, in my view of politicians who do that stuff and who are interested in the policy that leads to those sorts of solutions. There’s a much larger number for whom it is a straightforward “something must be done, here’s the problem, something must be done and as long as we do something, that’s sufficient”, but they don’t look at what likely sustained impact that is going to have.

Now, from my point of view, I wanted the Responsibility Deal to be a more sustained across the board, so the Responsibility Deal had, like, I won’t remember them all, but there were several strands to it, maybe five, five strands, I’m trying to remember what they were. One was about, clearly, there was one on food, there was one on drink, there was one on exercise, physical exercise, I know that, ‘cause UK Active was more or less born out of all that work. There were two others, I can’t think what they were at the moment. Anyway, you can look all that stuff up, that’s all public domain stuff.”

“So, the whole Change4Life and all of that, ‘cause we actually retained and expanded Change4Life if I remember correctly. So, but from your point of view, I suppose, the most important is the food group [...] she [Professor Susan Jebb], of course, was the co-chair of the food group with me and, of course, I had known her from her work at the Institute in Cambridge, the Food Research Institute in Cambridge, ‘cause they were in my constituency, so... For politicians, Dolly, you will never ignore the fact that they are constituency MPs, so what goes on in a constituency always has some impact on the way they think about things.

Remember, politicians are a bit like the old advert for the AA. They don’t know the answer but they know a person who does and it’s generally in their constituency.

Anyway, but the point about...I would just make a number of simple points about the Responsibility Deal. The first is that it was based on the proposition which, to me, was not only a Conservative proposition but actually had been demonstrated by the Labour government previously, that if Ministers can avoid legislative interventions, but secure a positive outcome, they will prefer it. That most politicians don't default to legislation, otherwise we'd all be sitting around endlessly debating the "Elimination of Obesity Act 2024", there's no such thing because you can't do it. Tobacco is different.

The second thing I'd say about the Responsibility Deal is that we, I, and the government and I think the same has been true of Labour governments, not necessarily all Labour politicians, that we distinguish between tobacco and the companies that produce cigarettes and cigars and so on, the tobacco companies, whom we didn't deal with and where our objective was simply to close the market down and food companies and drinks companies who we regarded as legitimate operators in a legitimate market and that therefore we would deal with them positively and constructively. The way I think about it, that seems to be perfectly obvious but you have to recognise there are a large number of NGOs and medical professional groups and agitators of various descriptions for whom they don't agree with that at all. As far as they are concerned, the producers of ultra-processed foods or the producers of any alcoholic drinks are on a spectrum with tobacco companies and are to be treated as such and once, and in their view, once they have arrived at the point where they have excluded tobacco companies from any relationship with government, which we adhered to under the International conventions, they wanted to move on to governments not listening to, or engaging with, alcohol and after alcohol it would have been foods high in fats, sugars and salt, and so it would have gone on and from their point of view, they really didn't like the Responsibility Deal because what it absolutely did from their point of view, legitimised companies whose projects they objected to in absolute terms. I didn't share that view but, of course, what you end up is rows, you end up with rows between one set of absolute views and another set of relative views and it's much easier for the absolute views to take up a position, whereas we were constantly having to argue, we're making progress, 'cause the whole point was, that we could make progress at least as quickly without legislation as by legislating. So, for example, we knew we had to reduce the amount of trans fats in people's diets, we knew how far we needed to go, we knew that if we were to do so by way of legislation it would be complex, 'cause we would be interfering in quite a lot of products and having to do so on the basis of a metrics that we hadn't really fashioned and it would take at least two and a half to three years by the time we published a consultation, listened to the consultation, drawn up the legislation, take it for a year and a half through Parliament. In fact, through the Responsibility Deal,

we got where we wanted to on trans fats within about 18 months. Much faster, much better.

3. What were [some of the other] main barriers you faced in acting on obesity and food-related ill health? [Prompt: Were there any political barriers against the work you were trying to do, or was the issue there mainly with NGOs or...]

“I think the objections were principally derived from the NGOs from the medical profession groups and their impact in certain aspects of the media and I don’t think you should underestimate. If you’re in government, you have a constant succession of problems but, quite often in government, they take the view, here’s something which seems to be giving us aggravation and wouldn’t it be simpler if we just stopped doing it and then the aggravation will go away as well and there was quite a lot of that with the Responsibility Deal. Why are we devoting time and energy to this?

The second thing is, it’s public health, I won’t make any bones about it, public health was my priority. I think it was probably Oliver Letwin’s, if not his top priority. He engaged with it. I don’t think hardly anybody else in government did and you really have to, kind of, say, well, look, if you really want...it’s like with climate change, it’s no different. If you want the whole of government to engage with public health or with climate change or with AI or with digitalisation or any of these things, the Prime Minister and the Head of the Civil Service have to join in and the Treasury have to allocate specific resources.

Their own resources, that is an absolutely...all across government at the moment, people are discovering all over the world that you have to create cross-government high level priority if you’re going to achieve these large scale cross-government/cross-society challenges.

4. What were the things that most enabled you to act or to overcome the main barriers? [Prompt: Did you have particular people who were facilitating what you were doing?]

“Basically, ‘cause I was doing it and my ministers joined in ‘cause I told them they had to join in, but it was important we joined in because I think [Professor] Susan Jebb I talked to a few months ago and she said, the Responsibility Deal essentially was making progress but after I left the Department, it stopped making progress and the reason was terribly straightforward, it was because ministers stopped going to chair the meetings.

They became obsessed with the NHS and, of course, that included the Treasury by 2015/16 taking the public health budget out of the NHS ringfence projection. So, the priority for public health went down and ministerial engagement with the Responsibility Deal went down and industry didn't work with it anymore, because what industry wants is higher level facetime, that's what they need."

[...] Politicians have only so many hours in a day and what they devote their attention to sends messages to the outside world, so it's almost a case of, if you want to know if ministers think a food strategy's important, see how much time they devote to it and who they meet and how many meetings they have and at what level they have those meetings. That's your measure of whether it matters or not.

5. [Tailored question] It was a very short overlap because it was a couple of months before you stopped being Health Secretary, but when Michael Gove commissioned the School Food Plan, were you involved in the decision behind that or was that very much Department for Education?

Department for Education thing. I mean, mostly, I mean, shortly after he came into the Education office, my main impact was that he was very focused on devolving budgets to schools and letting schools do what they liked with their budgets, that was in about late 2010 and one of the consequences of that was that we were expecting the Schools Sports Partnerships to not any longer to be funded and sustained. So, Jeremy Hunt and I from DCMS and the Department of Health respectively joined together to fund the Schools Sports Partnerships, contrary to Michael Gove's intention so, you know how government is supposed to speak with one voice...[shakes head]

[Interjection: You have to find your allies]

You absolutely do, you absolutely do.

Can I just mention, terribly important though that some of the things I hope you will reflect, some of the things that actually did happen in the Responsibility Deal. I mean, for example, I think we completely triggered a shift towards no and low alcohol drinks. We triggered because I, in the end, did the deal directly with Tesco, I think it was Ian MacLaurin at the time, we got the deal that put the Guideline Daily Amounts and the traffic light symbols on the front of packs, food labelling, where, previously, they weren't agreed. We had a plan, certainly when I left office, we had a plan through the food group where we were essentially saying, we're going to measure, as it were, the

household food basket and the number of calories in that food basket and we're going to work with industry so that if people were to buy the same foods in future years, the number of calories contained in those foods would gradually reduce without...the same as with the salt reduction programme, you know, where you make little small adjustments to the salt content over time, so, actually, people's taste adjusts over time as well and they don't reject foods. Do it too quickly and they just don't buy them. They say, this is tasteless, I'm not having it and that's especially true with sugar, 'cause it's quite difficult to reduce levels of sugar in products. So, for example, Mars tried to reduce the sugar level in their products and failed and had to go back on it but then they adopted a different tact which was to make the Mars Bar just a tiny little bit smaller, so they were still buying the Mars Bar but actually they were eating just slightly fewer calories. Now, our objective was to reduce the calorie content of the nation's shopping basket by a billion calories, I can't remember, was it a billion calories...Five billion a year was it? Or something like that.

I think it was probably doable.....but, of course, because the industry saw, our political focus moved because their focus moved. Why would they do it? Because they wouldn't get the recognition that was needed because that facetime with politicians was really important.

But the idea that you could legislate for all of these products is bunkum, you know, you just can't do it, you have to do with the industry, you can't do it otherwise. But that would have been the equivalent, it was measured on the basis of that was the equivalent of 100 calories on average per person per day? Reduction in the overall budget, so people...and that was, if that had been true across the population as a whole, a reduction of 100 calories per person per day would bring us back to normal weight over time.

When was the last time a politician talked in those terms?

The trouble is that every time...I mean that's part of the product of constant changes in ministerial office holders. I mean, how many are sustained for a long period of time? Not very many.

And, of course, you don't get that in most governments. One a government has...and it's quite important I think if you're describing the political governmental processes and how they interact with policy and external stakeholders, where you are in a government's life matters a lot. So when a government starts out, quite often it starts

with the benefit of having been in opposition, identified what the problems are, have an idea about what solutions look like and there's an impetus, there's a momentum, but that diminishes over time and you get to the point now, well, with all governments, after they've been in office the best part of a decade, people are looking around going, "well, what is it we're here for now? What do we do next?" And that's when you really get into the "something must be done, this is something, let's do it".

6. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

No, no, no. But I think, for example, on a thing like Guideline Daily Amounts, there was a major public education campaign that was never launched, to give people a real understanding of what Guideline Daily Amounts means. So, when they look at products, they can do it. Where's the technology that we were expecting a decade ago that, at the same time as people are using their handheld scanners, to calculate their shopping bill and to record their products before they get to the tills, to speed them through the till, that is also adding up the Guideline Daily Amounts for their basket of goods? They're just not doing it and, if you had said to us that 12 years on we would have made such limited progress in the reduction of sugar in many of the highly HFSS [high fat, sugar or salt] products, we really haven't done much, have we? We would have expected to have done more and, of course, the point is, nobody's legislating for it and governments don't know how to legislate for most of it and in international markets and obviously why we're in the single market, it was impossible, but even as an independent market in the United Kingdom, it's still international and the industry is still walking in the door saying, if you make us have a different product, we can't sell it abroad. We have one production line for Europe. Don't think that you can legislate for the United Kingdom alone, it's nonsense.

And exactly the same things I've described, in terms of the NGO obstructionism to governmental progress, where they are literally always saying that we must have the best, but their best is always the enemy of the good and you can say the same thing for the European Commission, if you went and talked to the European Commission, they would say the same thing has happened. They've had a food, diet and health strategy, but the NGOs have constantly attacked it because they say it's not ambitious enough. Well, you know, give us a break. Either we're making progress or we're not, and if we're not making progress, that's not good enough, the level of ambition is the easy bit. The NGOs think, if governments say, "ah, well, we must have an ambitious strategy, we must eliminate ultra-processed foods from the national diet within 17 years", you could say

that but unless you've got some means of making it happen, it will be meaningless and within a year, there'll be a new government.

7. Why do you think policies to date haven't worked in terms of reducing rates of obesity and the related health inequalities?

I think, going back to what I was saying earlier, I think the principal reason is because people are looking for an obesity strategy in isolation from a public health strategy and the social determinants of health are the most important contributors to the overall level of obesity and so we must act on social determinants of health. That's number one.

Number two is, obesity strategy must be multifactorial and therefore it must be derived by acting across government and most government departments other than hopefully the Department of Health actually don't care. They don't get involved and the moment you get close to something that is economically difficult with industry, the Department of Business and Trade are against you and the Treasury are against you and Number 10 is generally against you. So, you've really got to overcome a lot of internal obstacles to that.

The third is, it's just actually, we have not yet internalised to government the importance of behavioural insights and how behavioural insights can change the outcomes of policies over time because politicians pretty much want their behavioural insight activity to be short term but it is all pretty much necessarily less visible and longer term, so that doesn't help politicians 'cause what they want is visibility and short terms instead of invisibility and the long term but behavioural insights are about long term invisible changes.

8. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

Well, number one is new governments should start early, so this is not an irrelevant consideration from your point of view. New governments have an opportunity and they should use it because, as time goes on, the opportunities will diminish.

I think, second thing is, if you are a government which, like we did in 2010, said, we believe in social determinants of health, we believe in greater equality, we actually said, we want to do something about that. This will make an enormous difference for obesity.

And the third thing I would say is, actually, we spend, it's, like, with health services in the United Kingdom, we spend an awful lot of time examining what we do in Britain, and a very limited amount of time examining what they do in other countries and, actually, on many of these things, few countries have it all right but quite a lot of countries have something to teach us. So, go and find out where the lessons are to be learned.

Alan Milburn

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“It’s pretty big. I mean, look, chronic disease in general which obesity and diabetes are a part, are the biggest drivers of health demand and it’s the biggest challenge that the healthcare system faces. Not least because it isn’t really properly configured to deal with those challenges. So effectively you’ve still got a healthcare system that is really geared to transactional, episodic interventions rather than ongoing, upstream interventions which is what chronic disease, obesity in particular requires for the very simple reason that unless there is a magical cure for some of these things then they are with people all of their lives and therefore the relationship needs to be a more permanent than transactional one. Secondly it needs to focus as much on what the citizen or the patient is doing as what the system is doing for them, but that’s a profound, cultural, structural, organisational challenge. So in terms of where all of this is going, I’ve just flown overnight from DC which was the reason I was a bit late, and so when I was looking at the health data on obesity whilst I was there, which is pretty alarming, I mean Jesus, you’ve got 1 in 5 Americans who are obese and 2 in 5 who are suffering from what now they’re calling pre-obesity, whatever that is! So yeah, and our numbers are pretty alarming as well, so I would say it’s a huge issue.”

2. Thinking back to when you first became Health Secretary, where were obesity and food-related ill health on your policy priority list (if at all)?

“Not very. No because the politics and indeed the clinical and the public concerns were more immediate and short-term than that and they were largely about access into the system, and that was the sort of big barometer really of public confidence of the system, waiting to get in and quality of treatment maybe when you got it. So it was about access more than it was about the upstream stuff. Now I say that but the truth is, and you’ll be aware of this from your own experience not least within DEFRA, ministers, politicians, you’re having to juggle...it’s never quite as binary as people would assume it to be, is it either/or, it isn’t really. I mean the truth is you’re trying to juggle quite a list of priorities and it isn’t that this was not a priority because of course it was and we had a public health minister, first in Yvette [Cooper] and then in Hazel and so on and so forth, a big drive on health inequalities, national service frameworks, the first three were cardiac, cancer, mental health and the next one was diabetes, so it wasn’t off the agenda but in terms of my time as the leader of the department, the political leader the truth is I

devoted most of my time to one, access and two, reconfiguring the system so that it was capable of being sustainable.

Part of the sustainability was clearly about how you ensure that demand management was capable of being implemented and demand management was about enhancing primary care, and a lot of the NSFs, as you know, cardiac and cancer in particular were really about, and there was some sort of downstream stuff on our access targets, but a lot of it was upstream interventions whether that was statins or thrombolysis or secondary intervention, all that sort of stuff. But the politics were and now are and always will be about the National Health Service and the related parts of the health ecosystem, social care and so on and so forth, and this is a very, very difficult trick that they're trying to pull off if they get into government which is one, they've got a bigger access problem than I had and it was pretty hard getting to where we got to with quite a lot of money to help along the way as well as all the reforms, and two, they've got another objective which is a twin one not a secondary one which is about how you improve health set against the backdrop of a really difficult fiscal position.

Now, we will see what they need to do, and this may be jumping the gun a bit on what you want to ask, but what they need to do is they need to make sure that the second of these two equal objectives is as well institutionalised as the first. The truth is, I can tell you now how to do it, it's hard, it's fucking hard but the truth is there's a series of levers that you can pull, ding-ding-ding-ding-ding, and it's quite mechanistic in one sense. People think that's easy, it isn't because you've got to get the levers operating in sync and in some cases there are levers that have now been extracted that need to be re-introduced, but none-the-less it's subject to leverage. The problem with the first, or the second rather, is that frankly you have fewer direct levers, you have less precedent about how to do it and thirdly it feels like more of an afterthought when you've got the immediacy of the political and public challenge around confidence and waiting. So the only answer to that is how do you institutionalise it, and that's why all this sort of mission-led government and so on and so forth, that's the sensible place to be. You've got to establish a platform.

Then what you've got to do is then you've got to establish your delivery mechanisms which parallel the existing delivery mechanisms that you have around access. It's all how you deliver the goods because otherwise public health will remain what it always has been which is a rather nice aspiration for people and people like you will be banging the drum, and it's great that you do, great, keep going, with the right strong advice. But until it's institutionalised it means diddly squat."

[Prompt: To summarise to check I've understood - you were, first of all, trying to ensure that once people got to hospital they were treated in a timely fashion?]

“Once they got into the system. So that was as much about, remember people were complaining about a two day target of seeing the GP, because were complaining it was too fucking quick!”

[Prompt: So you were trying to ensure that primary care was good, but you weren't trying to stem the flow of people hitting your primary care?]

“I don't think that's quite right, Henry. So look I think this is where sometimes there's a lazy compilation of two things. So when I look at it there's basically two interventions that are required. One is what I call primary intervention. Primary intervention is about clean air, decent jobs, less property, more prosperity, better access to food, clean air, all that sort of stuff. Then there's secondary prevention, which is what the healthcare system does, diagnostics, statins etc. What happens in the NHS is that people look at the oncoming health burden train and look at it and say well that's sort of all about the social determinants of ill-health and it's got nothing to do with us. So they rail about it but they don't do anything about it, correct. I guess what we were trying to do was to get the system more focused on secondary prevention was about...so if you look at, for example, the renegotiation of the GP contract as a good example, which we did in my time office which a guy called Mike Farrow led. We introduced the QOF mechanism to basically incentivise GPs to more of the secondary prevention stuff, and it was the first time that you'd really got a more outcomes-based framework around incentives for primary care. So I just don't want you to get the wrong end of the stick.

Your primary focus is where the action is and the immediate action around the system is crashing and burning and people are saying it's not sustainable. Labour puts up taxes through National Insurance contributions, spews a whole lot of money into the system, you'd better make sure it's going to deliver. That's the politics my friend, end of.

But it doesn't mean to say that all this other stuff isn't happening. Now I think where a reasonable critique, a more reasonable critique of the then Labour government would be that did we really have an all-encompassing, mission-based approach to primary prevention in all of its aspects?”

[Interjection: Institutionalised, as you say?]

“Correct, and the answer to that is probably not.”

3. What were the main barriers you faced in acting on obesity and food-related ill health? (Interviewer provides prompts: lack of political awareness? Internal ideology, nanny statism? Structure of government in part being responsible? Lobbying? Lack of evidence? Complexity? Policy design issues?)

“Well yes to all of the above, but let’s just try to strip it down into a few really big, structural things. The first is, look, politics, political power is an exercise of choice, that’s what it is, as Nye Bevan rightly put it, ‘socialism is the language of priorities’. So you’ve just got to decide because you can’t do everything all at once, it’s just the sort of capacity and capability, and now frankly, a fiscal problem. So where are you going to cut the cake? Where are you going to place your bets, that’s just a real like...you know this from your previous life, you’ve made choices every day in business, you know, that’s what I do as well. So it’s no different. So what it is, where are the choices and the choices inevitably go to how you deal with the public crisis, which is what it is in the NHS, that’s the first thing that happens.

Secondly I would say that I think, I wouldn’t describe it as ideological, but there’s almost a fatalism about health which is that, and this is what worries me about the NHS attitude towards it, which is that it’s so complex, it’s so difficult, it’s so upstream, how do you get your arms wrapped around it? So it’s a mind-set point I guess, but it leads to firmly an institutional point which is that government by and large operates reasonably well when it’s operating in vertical silos, okay. Education does its thing, health does its thing, you pull the levers and something, not always what you want, but something happens.

What it’s not set up to do is to deal with the horizontal challenges, and the problem today, and this is going to be the problem for an incoming government, is that the big challenges are all horizontal of which this is one. The green transition is a horizontal challenge. Behaviours of society is a horizontal challenge. How you do increase social mobility and address inequalities, they’re horizontal not vertical challenges. So we have a machinery of government and a way of thinking about how government operates, and I don’t just mean at the centre, I mean all the way through government down to a local authority level, which is like this, but it’s not like that.”

[Interjection: We deal with horizontal issues by write round.]

“Well what you do is you set up cabinet committees. When I used to go to European Council meetings or WHO meetings, the truth is everybody sits there and reads out their departmental script or their action script [unclear] the record, it’s fucking hopeless. So all the incentives are really...you’ve incentivised and institutionalised your vertical whereas what you need is horizontal. So that’s a design issue, that’s fundamentally a design issue. The final point is that it’s, and this is where it’s complex for government and politicians, the truth is in order to do this you’ve got to do it not just in a horizontal way within government, but you’ve got to do it in a horizontal way beyond government because it’s about how you end this civil society, whether that’s CPG businesses, whether it’s the agricultural industry in the case of food, whether it’s individual consumers and communities etc, because the truth is the State is not capable of doing all this, not least because so much of it is about behaviour and behavioural change.

Then that takes you into the sort of...I think the nanny state thing...look I think it’s one of the interesting things that in my view has sort of moved on actually because the truth is, and obviously Covid massively amplified this, the State is back, it’s more permissible for the State to enter aspects of life that maybe 20 or 30 or 40 years ago there was a sort of question about. You’re never going to get the Daily Mail to support this, but frankly who cares, the public have moved to a completely different position about what they want the State to be doing and it’s so interesting, it’s very much reflected in what Rachel is saying about the role of the state vis-à-vis macro-economic policy which is that the State is going to be much more interventionist, it’s going to be much more active and it’s going to be much more strategic than it was probably 25 years ago, and we’ve got to apply that same though to other horizontal challenges. So I’d be less worried about the whole nanny state...”

4. What do you consider to be the top three barriers you faced in acting on obesity and food-related ill health policy?

“Well I think the first is immediacy is always at risk of defeating long-termism. Secondly, unless you desegregate the problem it becomes so large that it looks invincible. Thirdly, you lack an institutional framework which is more horizontal than it is vertical and is more encompassing than it is narrow. So this is where I’m actually hopeful because I think there will be a change of government, I hope there will be, and the thing that Keir has absolutely got is the long-termism thing. I mean 100%, you see it

in there'll be a 10 year NHS plan, there'll be a proper green transition plan and there needs to be a health improvement plan, there just does, okay, and that's got to be a 10 year horizon rather than a 5 year. Actually this is where the politics now work because the truth is for an incoming government the scale of the challenge is so enormous, the country is so broken and the fiscal position is so hopeless that you'd better manage the expectations about the short-term delivery. To do that obviously you need a sizeable majority to carry you through hopefully two terms, but I think this is where I'd be optimistic.

So long-termism first of all I think it's both a mind-set and now a possibility in a way that we haven't had. You remember, I published a 10 year plan which felt at the time like an enormous risk to take because it looked presumptuous, you were going to keep winning and regardless we were winning for a while. So I think that's now possible, first of all. I think secondly in terms of this aggregation thing, I think we're getting a better and more sophisticated understanding of what the nature of the problem is and what the role of various actors in society including government can be. But it's not a fully won argument, I do quite a lot of NHS audiences and still, it's a bit like you speak to teachers in schools, there's a bit of a mindset that says yeah, but we're on the receiving end of all this bullshit in society and we've got to deal with it and there's nothing much we can, type of thing. Well sort of yes and no, and it's a very similar sort of view that the NHS has about this problem. So I think I'd be a bit more hopeful that that is capable of being addressed but it requires a big argument, and it requires a big argument about what it is that needs to be done and who needs to do what. Then thirdly, you need to institutionalise across government, and that's where again I think the work that Sue and Keir and others are doing around the mission-led approach to government is perfectly sensible and a good approach and we really need to think about that. So some sort of concrete things to think about.

So for example the Department of Health and Social Care, it needs to be completely reinvented, and I think its reinvention is around this agenda, I think that's what it fundamentally is, that permanent secretary in my view has to have locus not just within the department but across departments, and that's going to be uncomfortable for other permanent secretaries. But somebody, in the end, has got to drive this. What will not work, in my view, is getting everybody to sit around the table and sing 'Kumbaya', it just doesn't work. So you've got to have real accountability, some real incentives for it to work and that's where the thought needs to be applied. So what are the accountabilities and what are incentives because in the end it's all about people feeling that they've got responsibility for delivering this and applying the right level of leadership.

Then you've got to think about your delivery engine at the much more localised level and there's a debate, I was debating this with Tom Riordan the other day, you know he's a really good guy as you know, so Andy Burnham would say that the delivery level is at a sort of combined Mayoral authority level and Tom would probably say no it isn't, it's a local authority level because local authorities actually do things and have got real levers and real accountabilities and responsibilities and have a business model that backs that up whereas CMAs are a bit more sort of diffused. Anyway, you need a local delivery level which is capable of knitting together the various stakeholders who are going to be engaged in all of this and that's community organisations, individual citizens, local authorities, voluntary organisations etc. I'm doing a piece of work at the moment for a mate of mine who's the leader of Barnsley Council, Steve Houghton, about a not dissimilar topic in a sense about how you get the economically inactive back into work. It's a very similar sort of thing, the truth is it's not a single agency it's a multitude of agencies, it's the private sector as well as the public sector blah-blah-blah, and it's all about delivery at a very localised level. So I think some of the institutional framework, again what fills me with a bit of optimism, it doesn't currently exist and we've got an opportunity to invent it."

5. *What were the things that most enabled you to act or to overcome the main barriers?*
[prompt: are there external things that helped you and might help governments of the future?]

"Yes there are. Let me give you a 'yes but' answer. So yes, of course, and the truth is the political class, you know, they're very zeitgeist-based. So if the zeitgeist moves in one direction, look my view has always been the public tend to be ahead of the politicians because they're experiencing it, right. So I think if you look at what's happening in food, you know this perfectly well, the long-term trendline is an interesting one. You've got on the one hand the obesity challenge and then you've got a huge upsurge in health and wellness and insurgent brands eating the big boys' lunches and all that sort of stuff going on, all the sort of big players, all diversifying into health and wellness because they can see where it's going, right. So that tells you something is happening, the retailers are taking it much more seriously because they're at the front end of this in terms of their interaction with the consumer and so on and are very, very sensitive reputationally. So all of that is important and it provides a useful and, I hope, facilitating context for some of the interventions that you'd want to make.

I think if you look at other aspects of public life I would say it's interesting, isn't it, that greenery, I mean probably Attenborough has had a bigger influence on public policy

than either the politicians or Green Party, because he's brought to life in a very intoxicated way the scale of the planetary challenge.

Yeah, but you know the truth is the guy's had a huge impact and loath her, like her, it doesn't matter, Greta Thunberg has had a huge influence, people do. The 'Me Too' movement, where did it come from? It came from below. 'Black Lives Matter', it came from below. So I think you're living in a society now where there are obviously downsides to social media and all that sort of stuff, but what it does do, is it sort of aggregates voices and gives the ability for civil society to have greater influence than perhaps it's had in the past. I view that, basically all the downside, as a good thing not a bad thing because the political class are much more held to account. So I think all of that is great, so yes. But here's the 'but', and this is from my experience. Somebody asked me the other day, and it wasn't a positive question, what the hell I did every day as the Health Secretary. My answer was I had an argument, every day, I had an argument. I had an argument with my civil servants, sometimes with my colleagues in government, with the BMA, the RCN, the system, the patient groups etc because I was trying to do change. The truth is all of these changes that I did, which in the end they delivered the goods both in terms of public confidence, a better system and better outcomes, all of them were unpopular.

Foundation hospitals, you know, we had a majority of 150 and we won it by the three votes in the House of Commons. When I did 'Choice for Patients' or introduced the private sector into the NHS, the fucking Labour Party went crazy. I was the Labour Party, they were supposed to be on my side. When I did transparency for hospitals around performance, the hospitals went mad, "Oh you can't measure us like that" 'Oh we're all different' blah-blah-blah. So the answer is 'yes, but' because in the end to do these things requires political courage and it requires Teflon-style leadership. So you might think you're riding a wave of public opinion but very often you're having to face into public opinion rather than ride the wave of it, because that's what leadership is in politics, it just is. That's the great unknown, right, because you don't know until people are sitting in positions of power whether they're capable of doing that. Now obviously I hope they will be and everything that you've described about how you create a movement for change etc, which is really what you're talking about, that is obviously helpful rather than unhelpful but it doesn't obviate the need for the political class to exercise leadership, and leadership will involve conflict, it just will."

[Prompt: What was the role of industry, how did you engage with industry?]

“I mean not really is the truth to be perfectly candid, but I’m aware of some of the work that has been going on which I think is really...I’ve been talking to Wes a bit about it and I think it’s really, really very good and really interesting. I think that’s a big sea change in, as much as anything else, it’s a sea change in their view about themselves more than it is a sea change about the views of the politicians, about the different actors in society. So again the truth is under duress and under pressure the retailers have removed the front end in checkouts, it’s gone. Now the next stage is what is going to happen with the various skews within the store, which is obviously what you guys [Nesta] are sort of working on which is really interesting. But at the time not a lot to be honest.”

6. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

“No.”

7. Why do you think policies to date haven’t worked in terms of reducing rates of obesity and the related health inequalities?

“That’s pretty hard. We’re talking about some pretty deep things here. People eat and consume in a certain way for certain reasons and it’s not a subject of you pull one lever and something happens. So I think some of the discussions that we’ve just had are part of it, about mind-set and focus and institutionalisation, but it is also this point about...this is why it’s so important to get the diagnostic right about all this. When you’ve got these really big, intractable societal or economic or cultural problems you’ve got to be able to segregate them because otherwise they’re just so enormous in the mind both of the public and the political class that they have become almost impenetrable, and unaddressable. So getting it clear about why these things are happening in the way that they are and then being able to suggest against that diagnostic what it is that you might be able to prescribe in terms of answers, that’s the sort of mind-set that we’ve got to adopt. I think sometimes there’s just been...it’s not been quite a shrugging of the shoulders, but there’s almost been a sort of ‘we don’t quite know where to start’ view of the world. I hope that’s changing. I think it probably is because there’s a point where it reaches a tipping point where the thing just becomes so enormous and so impactful that you’ve got to act. You get to that burning platform moment and I suspect that’s where we are.”

[Prompt: One thing I find difficult is that you don't know, in a complex system, what will happen when you pull a lever. In politics with a complex system, if you put in place a policy, if you're really honest you've got evidence that suggests that it might work but you have no idea what it's going to do and then it's quite difficult in politics to iterate policy. How do you deal with that problem?]

“Well it is and it isn't because that's what politics has been doing for very many years, it iterates policy isn't it, I mean that's just the normal state of things. This is where there's a bit of a fallacy. There are two groups of politicians, there are people who want to run things well and there are people who want to change things well. I was definitely the latter, Nick Timmins wrote this wonderful book about former health secretaries who he described as 'glaziers or window breakers' and I was very much the latter rather than the former and there were others that were glaziers, okay, and that's just true. So if you're a window breaker which is what you've got to do if you're stepping into new terrain, the fallacy is you've got to operate on the basis of evidence-based policy but almost by definition. If you're stepping into new terrain there is no evidence. There just isn't. you're making the evidence which is what we were doing all those years ago.

I think you then have to accept that some things you get right and some things you get wrong, and that's of course typical in politics, but it's all about how you frame it, Henry, I mean it really is. It's about framing it in a way that you're managing the expectations, you're sort of setting a long-term course, 'this is going to take this amount of time'. It's interesting today, Labour's launching its...what is it launching? Its first steps. So because that's what you've got to do, you've got to set out both destination and trajectory and staging so that the public see are you making progress or are you not? That's a job of continual explanation that the politicians have to be able to lead and the reason that that sort of road map notion works is it's more about outcomes than it is about the policy measures. Once you've got on a trajectory of change where people could see that it wasn't where you wanted to be but it was moving forward, at that point you can both win and retain public confidence.

So I think it's all really difficult all this stuff, but you've got to think about what's the leadership model that allows you to address these long-term challenges, particularly when it takes you into new public policy terrain.”

8. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

“I think take a long-termist view. Be prepared to make an argument for change which is what you’ve got, you know, change begins with an argument, that’s what it starts with, that’s why I spent my time arguing with people. Change begins with an argument so you’ve got to be prepared to make an argument. As I say I think you’ve got to think very carefully about what does it look like over a period of time and how do you hold yourself to account as a leader for what is inevitably a long-term journey when a lot of the incentives, electorally are short-term rather than long-term. Then you’ve absolutely got to find a way of institutionalising this. Look, what happens in public policy is people tend to resort to one of two mechanisms. They’ll resort either to the soft mechanism of exaltation, please do this because it’s a good thing to do, or they resort to the hard mechanism of regulation, legislation and taxation, okay, because those are three levers that you really have.

The truth is you need both, you need exaltation and the harder levers, but you also need what I’d say, my learning from being a leader in a bit organisation, institution, is the only three gifts that you can really give are one, you can give the gift of clarity. This is what we are trying to do, this is why we’re trying to do it and this is the destination point. Two, you can give the gift of permission, which is ‘and we want you to be with us on this journey, and we will support you and enable you to do the things that we want you to do and that we hope that you want to do’ whether that’s as an industry, as a local authority, as an individual consumer. The final gift, which is the most important, you’ve got to give them the gift of hope, that it’s possible, because without the sense of possibility, the scale of the challenge becomes disempowering. So I would say, I don’t know if that sounds a bit fluffy but that’s the bit in the middle. So you’ve got the sandwich of the hard stuff, you’ve got the exaltation stuff, and then you’ve got the filling in the middle, of these three things. If you can do that, this doesn’t just apply to this issue but applies to most issues in my view, you stand a chance. That’s all, you stand a chance. It doesn’t mean that you’re going to do it but you stand a chance.”

Lord William Waldegrave

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

Relative to other major issues is difficult of course, because we face climate change, we face having to re-arm against a resurgent Russia; both of those are potentially immediate, existential things, if you're not careful, so it's very difficult to rank things. But amongst the health problems facing us, it is very high, I think, partly because science moves ever onwards and we know more about the effect, for example, of some additives to food, to information and so on than we did a few years ago. So I'm slightly avoiding your question of where to be prioritised, but in terms of health in a relatively specific sense, I would say it's probably today's equivalent of smoking in the 1950s and '60s, I should think.

2. Thinking back to when you first became Health Secretary, where were obesity and food-related ill health on your policy priority list (if at all)?

Well, I think there were a list of sort of targets. It was basically a five-year rolling programme, I think, as far as I remember, with cancer, heart disease, AIDS and sexual health, they were under those three and there were at least two others in a list, and food affects...it didn't directly affect AIDS, but it affects most of the big killer diseases, and we probably understand that better now than we did then. But heart disease, it was obviously very high on the list then and there were rival and shifting scientific advice about fats and different kinds of fats and so on. But I suppose if one...and cancer also behind that, but still high, and then a whole relation of other diseases like diabetes and so on, where food and nutrition are very important.

So it was certainly high and indeed, I remember when we were...we launched the initiative partly because there was a major structural reform of The Health Service proposed at that time and it was my idea to try to refocus all those working in the Health Service, but more widely in the community and in other directions, on health rather than the perennial subject of the organisation of the Health Service, and I was Secretary of State for Health, not the Secretary of State for the Health Service, and that sometimes gets lost in the political debate.

There was also a very distinguished Chief Medical Officer of Health, Donald Acheson, who was a public health man, not a physician, who was inclined to annoy his colleagues by reminding them that the analysis showed that if there'd been no physicians up to

about 1925, the health of our species would have been better and that most of the major gains in the 19th century and subsequently came from sanitation and so on. Disraeli said, “Sanitas Sanitatum, Omnia Sanitas” so that was where the great gains had come, and then of course from the vaccinations and immunisations rather than from medical interventions. So Donald Acheson was very amenable and very expert and much respected worldwide. So it seemed a timely initiative, both for bringing people together and stop them all arguing about different kinds of structures and stuff in the Health Service, but to remind people that there was an overall objective and partly of course, that unless you have good preventative health more widely, the Health Service is always going to be swamped. So that was the sort of origin of it and why I was particularly anxious to do it then.

There was quite a lot of opposition from the libertarian wing of my party and the media of the kind that still exists taken under contracts forms today which I’m glad I don’t have to deal with. But there are and were those who say that the perennial phrases are the Nanny State and all that sort of thing. I remember, I developed a sort of trick for people who would try to attack me and say, “I was brought up to have three sausages and four rashers of bacon and two eggs for breakfast, never did me any harm,” and I said, “Yeah, and you had to walk five miles to school, didn’t you?” “Yeah, of course I did.” “Thank you.” So there was a sort of nostalgia for a different world but if you’re eating a very high calorie diet designed for expending a huge amount of calories every day, it’s rather different than if you’re living most people’s modern sedentary life.

3. What were the main barriers you faced in acting on obesity and food-related ill health?

The opposition. I can’t remember where our party conference was in 1991 but I remember going to a fringe meeting of some Conservative body or other and being shouted at, “Health fascist.” So there was that extreme wing and then there were just others who thought, “Oh, you know, what was alright in the past is alright now.” One good counter argument is always that you cannot object to having more information available. That is a libertarian objective as much as any other. How can you expect people to make choices if you believe everybody is making individual choices, which they’re very often not of course, things are imposed on them, but if you believe in the importance of individual choice, well then the more information, the better. So all that side of it was easy to deal with.

There are also the industrial pressure groups who are...this was a time when government was pretty strong on the whole and most of the great food manufacturing combines, the Unilever's and so on of this world, didn't really mind what you did as long as you gave them clear information and a little bit of time to adjust.

Though I'll give you an anecdote which sticks in my mind from another thing which I'd been involved in earlier which was taking lead out of household paint, because lead dust is extremely dangerous for children, and is normally present in old housing and therefore affects poorer people most on the whole. I remember going to see Mr Henderson, he was called, or somebody Henderson who was the first businessman in Britain to be paid more than a million pounds a year. He was the boss of ICI at the time, and I said to him, "You've got to take lead out of your paint." My officials had said, "Oh, they'll need a very long transition period for that, very difficult," so I said, "No, they won't, we'll give them a year." So he said, "Done" so I should obviously have said six months. Of course, the bigger the firms...there's a paradox here, the more resource they have actually to meet your objectives. So there's the food industry and I don't remember them being particularly objectionable or lobbying here.

Then there are the poor old farmers with whom I'm one in a distant way, I have a family farm in Somerset, dairy farm, but they adjust fairly quickly too to less fatty milk and so on, and there are new products which are for farmers to grow. So I don't remember it being the lobbies, production lobbies, that were a difficulty to us, it was more the libertarian, sort of media and wing of the party.

[Prompt: When you say media, were there particular papers or TV?]

I don't remember but it will be the usual suspects I should think. I certainly haven't looked back at any press cuttings and things. I don't remember being completely sort of attacked because those newspapers always have...I mean, the other great story they love apart from the Royal Family, is always health things. So actually, they have those within themselves so they were quite keen on the latest thing to eat. So it wasn't even uniform opposition from the press really, but from some of them, you know, "This is over-regulation. Why can't people be left to have, you know." Again, easily answered because nobody was saying you couldn't eat any, you just had to have a balanced diet and you would have to know what it is and what's in it and have more opportunity of taking informed choice.

[Prompt: What about other more structural sides of government and the cross-government, cross-departmental nature of the problem?]

Yes, well, of course, the radical side, and we were attacked from the left in a perfectly justifiable way in one sense, which is that it's not dealing with the health effects of poverty, it's not dealing with the health effects of bad housing and so on. That's a standard approach which you'll find in Yes Minister [...] that unless you're doing everything, you can't do anything, and that is a doctrine of despair actually. So I didn't feel ashamed that this wasn't a document that solved all the problems, but it is perfectly clear of course that damp housing and bad housing and bad conditions at work are very important to people's health. But I was trying to deal with the things that we could deal with from my base in my department, which was enough to go on with.

[Interjection: That's interesting, because I was looking back at some of the Hansard exchanges and your Shadow Health Secretary was raising exactly that on poverty.]

A formidable forensic operator, yeah.....and of course, that's a good way of attacking a centre-right government. I'm not saying that it's not that those criticisms are not just, it's just that if you can't do anything until you do everything, you'll never do anything.

[Prompt: Do you remember, was there a lack of evidence or expertise that was problematic in developing the solutions and targets?]

Well, yes of course, science is always shifting. The history of...I'm forgetting it all now, but the history of which kinds of facts really, I mean, shifts from side to side. I believe the latest fashion...the latest science says that butter, properly made butter, is actually quite a good thing to eat. But again, it is all in terms of balance. If you have a very fat rich diet, however beneficial the kinds of fats, you're going to be in a mess. So the key phrase all the time was a balanced diet and exercise and all the other basic things which go on. Well, some of the science in here now will, I'm sure, will be out of date and I hope it's out of date because I hope that people have been moving on.

The growth of obesity then as...it was not obesity so much as a national problem, we hadn't yet spotted the rise. I think we'd observed it in the United States of America and feared that it might come here, but that it hadn't really begun to impinge in the acute way it has in the...whatever it is, it's a long time, 40 years since. We were thinking more

in terms of the importance of not being overweight, of course, but of a balanced diet and good nutrition.

We didn't know nearly so much about the current interest in, for example, ultra processed food. That wasn't...we thought in terms of additives and so on, and some additives of course were not necessarily bad, science has got more complicated for people on that. I remember being advised that some of the E additives for preserved food were not necessarily bad, but if they're in the real world, people shouldn't eat rotting food and so on. Now we probably know more about that and it's a different...the balance of the argument may be different for all I know.

[Prompt: So a bit more on food safety?]

Food safety, exactly, yes, and there were plenty of things to do on that front that needed clearing up then. I did lots of meetings around the country which one could do in those days without there being so much sort of...I mean, there were plenty of arguments but, you know...One of the things we slowly, slowly lost, we haven't entirely lost it, was the civil society around politics. You could have, you know, a Secretary of State could go and have a meeting in some area where his party wasn't popular and it would be a perfectly good meeting. So those sort of consultations were more face-to-face in those days than they can sometimes be now, which is sad, but that's a different...

We did quite a good lot of...because the newspapers liked writing about health and health scares and things, you know, one was going with the trend, with the tide in a way, and it gets stuff into the newspaper and works pretty well. I had very able junior ministers, two future Secretaries of State, Virginia and Stephen Dorrell, so we had good people to help us. John Major was more of a kind of person to go with this kind of approach to things than...although one always had to be careful when saying about what Margaret Thatcher would have done or not. She, after all, made the first speech ever about global warming before she was got at in her retirement by Nigel Lawson, but...and if it was science-based, she would go with it. So you could never be sure that she wouldn't have gone with a thing like this. Thatcherites have very little connection to the real Thatcher; they're a sort of newly invented...

She [Thatcher] might well have gone with it, you know, she could wag her finger at you and tell you to...and she liked a glass of whiskey and all that kind of thing, but she would have been...I don't think she would have opposed any of this actually.

4. What do you consider to be the top three barriers you faced in acting on obesity and food-related ill health policy?

Well, it's more political, this is another attack on..."Are there to be no cakes and ale, are we all to live in a nursery state where nobody is allowed to have fun and have a good meal and so on," to which the answer is, "Of course not. Just remember balance," and if you have three or four very heavy meals for a couple of days, you had jolly well better take some exercise, and think of the things in the round and know the risk factors. If you have family heart disease issues, probably be a bit more careful than other people and so on. So think of things in the round, get all the information you can. Part of the people who one was addressing also were GPs, I mean, the health professionals facing were not always tremendously...or weren't. I think they're much better now. They weren't always deeply sympathetic to this kind of thing. They were trained in health interventions as it were and tended to be not always supportive, I think because they thought it wasn't their job to sort of boss their patients around.

There is a difficult thing there, their job is to look after people and I remember visiting a ward in Bristol in my own constituency, of old ladies who had all had rather expensive operations to clear blocked up veins who were all sitting up in bed demanding cigarettes again, you know. On the whole if you're the doctor it's not your job really to say to people you've got to give that up, but you should tell them the truth about it.

5. *What were the things that most enabled you to act or to overcome the main barriers?*

Well, I mean, my strand of Conservatism goes back to the first great public health acts in this country were actually passed by Disraeli's government ... and so on. So there's always been that strand of Conservatism, which I'm proud of and felt this to be part of. I remember looking back at the previous...it had been a very long time since anybody had tried anything like this. The last one was in about 1936-7 or somewhere round there, sponsored, very modern, you know, privatised, with the sponsors being one of the tobacco companies. It's hard to believe now but smoking was thought to be good for your asthma, and the other was [gas company], the gas company, nationalised gas, because they were interested in cleaner air long before the Clean Air Act, of course, and gas is cleaner than coal, but it was quite alright to go back to those things.

Then it was all to do with exercise, slightly fascistic pictures of people all doing sort of physical jumps in Alexandra Park or somewhere, trying to get us to look more like the Germans I suppose, which wasn't very successful. So anyway, it's a long time since I've

looked at that and one mustn't laugh at what were then their efforts, but I think there hadn't been any national...but of course, being the smoking campaign launched by a Conservative Minister for Health, Iain Macleod, smoking like a chimney through the press conference that launched the anti-smoking campaign. But there hadn't been anything that tried to go a bit more across the board.

[Interjection: So interesting, because it was the era of Lord Woolton and...]

Yeah, the Woolton pies and all that.....and there was all that interesting, what was that...my wife should be here because that wonderful old lady, who was still alive then, who'd done all the recipes in the war, oh, and she was a great cookery writer...[Marguerite Patten]. Anyway, there was certainly evidence that people's health got somewhat better through the war and afterwards because of very scientifically based rationing...what was she called? Anyway, you can look her up, she was a great...she went on and lived to be nearly 100 I think, and she was one of the pioneers of healthy eating in wartime conditions. So there was that sort of memory, much lower sugar diets of course, and less of everything, there was not much danger of people overeating.

[Prompt: What about evidence and information - the WHO [World Health Organization] released a huge report in the late 80s...]

Yes, I have a faint memory, they produced something a couple of years before or something...To some extent I think the response to that and the fitting in with their campaign, but that didn't help of course with the libertarian right, you would have thought that, you know, that certainly was part of that, you're quite right.

[Prompt: Do you remember the support you had from your civil servants?]

Certainly, there was...I had three permanent secretaries, a policy permanent under-secretary who was called Christopher France, I think...or was that the man at the Revenue, then the Chief Executive of the Health Service. The Health Service were in favour of this, the senior management, because they liked the idea of uniting people behind objectives and getting everybody to forget about arguing, they didn't like this or that bit of the reform structures saying, "What are we all trying to do here?" "We're trying to make the nation healthier" and because most people going to the Health Service were slightly hesitant about old fashioned GPs really, maybe people are

interested in all this stuff if they're nurses, doctors, people working in the Health Service, so it went with the grain of people. I don't remember having any internal...

[Prompt: What helped you overcome the opposition internally from your party? Do you think it relates to the fact that you thought deeply about your own philosophy and arguments?]

No, no, that doesn't help at all. I mean, anybody in this country who is regarded as an intellectual, it's actually fatal. No, I think the easiest argument to deal with them was the same argument that their guru and my friend, Sir Keith Joseph, had used, it's hard to imagine now against the entrenched opposition of teaching unions when he insisted on publishing school inspection reports, which nowadays seems an extraordinary idea that parents shouldn't be allowed to see the independent inspectors' reports for their school. His argument was, how can giving people more information be wrong, and that is an argument that runs right across my philosophy certainly.

[Prompt: At the time... tobacco advertising regulations was in its earliest inception...]

Wasn't there anything on packets then? I think there was. Yeah, it was...yeah, that was certainly...but again, it was moving along because, I'm sure we'll have to look back at that but I'm sure there were by then some things. There had been quite a lot of changes from my student days when you could buy...every underground station had a slot machine for cigarettes on it and all that, and that had been slowly changed. So the smoking slow-moving, rolling campaign was pressing for all these things. Advertising of course...cause the advertisers would say, "Well, we're giving information."

[Prompt: I'm interested that some of the policies in there [early strategies] talk about healthy advertising and encouraging industry to promote healthy options.]

Well, it was just the beginning of all that. I mean, labelling of food and, of course, good science on discovering things that were dangerous and there were other things I mentioned, lead in paint and motor car exhausts and so on, which had happened before. So there was a sort of across-the-board tension all the time between general advertising and product description and information that was true. It was fairly early days and I'm now forgetting a lot of it and I mustn't make up stuff that sounds plausible.

We set targets. I had this phrase which I picked up from somewhere muddling towards targets, don't give people...it came out of some American guru's management book, "Don't try and give everybody exact steps to how they get there but set up the objectives and say, get there how you like," which is quite a good way of proceeding, I think, in a free society.

[Prompt: Why were targets set to 2005?]

I think just five-year plans are sort of, you know, we think in fives and tens. I was a minister who believed that you needed to have relatively clear objectives on whatever you were doing so that you could know where you were going.

6. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

Well, we haven't succeeded so they can't have been. There were very strong things going the other way, of course, deep societal things like the shift to fast-food and less home cooking and less, therefore, control over what you're eating, and huge industries surrounding those various burgeoning fast-food things.

Then a new form of the libertarian argument coming this time from, I suppose, on the political spectrum a sort of new left direction. Fat shaming to put pressure on individuals is jolly unfair because it's not their fault because it's all society's fault, which is another form of the argument, you can't do anything until you do everything, which is hopeless, so you have to push back at that, I think. That's a new form of the exact sort of same argument that was deployed by saying, "Well, it's no good talking about all this stuff unless you cure poverty." It's quite difficult curing poverty, nobody's managed to do it in any way yet in the world by we work away, but if you can't do practical steps until you've done that, you don't do anything. Surely without going so far as to endorse the anorexic figures of high fashion imagery and all that, one can say to people that obesity is a real and dangerous problem.

I don't think the fashion industry helped for a long time as a matter of fact, but that's my own personal view.

7. Why do you think policies to date haven't worked in terms of reducing rates of obesity and the related health inequalities?

Well, we haven't been good at finding the language in the modern context to put pressure, to put the right pressure on without changing people, without making people feel horrible. You certainly don't want to do that, but you don't want to patronise them to the extent of saying that it's all out of your hands because it's all in the hands...It's a terrible sort of view to take, to abandon people to modern advertising techniques which get more and more subtle and effective all the time with...I mean, one sees this of course in the school, social media makes itself addictive to children and so on, but the same techniques are out there are more difficult to counter. One is not just dealing with nice old fashioned [unclear] advertisements of going to work on an egg or whatever it was. Everyone's now dealing with constant AI reinforced techniques all the time.

One feels there's been a little bit of progress in the last few years but I don't know whether that is true in terms of driving back some of the worst behaviour of industry, but I'm not really up to date with that in the way that you are. But there still are things which are pretty depressing. I mean, I have eight grandchildren and it's quite difficult still getting out of most...big shops without having to go through a whole lot of stuff which is aimed at children, it's just sugar and stuff, and there are things like that that should be gripped. I managed to talk to people who did that with cigarettes, they have to now be up behind a counter and a glass thing.

It's interesting that there are some trends that are unexpectedly going in the right direction, people seem to be drinking less and people are making good money out of really rather delicious alcohol-free beers and things like that. Why have we not been so good in relation to food? I don't know the answer to that, but it's optimistic that we can seem to...we've made zigzags in the line sometimes, we've nearly won the battle on smoking.

We seem to be making some progress on drinking. I remember...that was another attack...I remember actually more in relation to...I remember being attacked somewhere by some doctors saying who were, I think in the context of smoking actually where we were campaigning, saying, "Well, you should now be doing exactly the same in alcohol. It's just as bad or worse than smoking." The only thing the smoking story tells you is that you have to, it takes a generation or so, you have to stick at it, which is why you have to stick at the obesity thing. We shouldn't despair, we'll be able to turn it round again and the science will get better and the science of making things taste nice will get better, I hope.

I read something somewhere the other day about how there's an evolutionary explanation for why we like crunchy things, going back to crunching bones or

something to get the marrow. But you know, one can reproduce things in a way that is better and science would help us with that. It doesn't all mean that, as in science fiction in the 1950s we'll all be eating little green pills and things. You can make extremely enjoyable food that is good for you.

[Prompt: Was there anything in your experience about having been in that position where you're having to come up with policies, design them... anything on the implementation side? I know the [Health of the Nation White Paper] wasn't published while you were health secretary.]

Yeah, but that was because it was held up by the election and it was all completed pretty well, as far as I remember. Yeah, we were pretty well ready to go. Virginia [Bottomley] was an excellent person on all this, I think she really cared about it, she was excellent. I also feel I should...my wife was on the Health Education Authority and wrote books for the Coronary Prevention Society, which gave me a little bit of background into how professional chefs could look at healthy eating in relation to coronary in particular.

8. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

Well, I don't think they must run away in the face of the fat shaming argument. I think you've got to take that on and win it by saying, "Nobody is trying to make you feel ashamed of yourself, but the facts are these. You yourself may come to regret it if you find yourself with acute health problems when you're 50 or 60 when you should be living healthily," and it's not a matter of...others who are better wordsmiths than I can find the language for it. But one mustn't be driven away by that argument, I think, because that would be a great setback.

I think one has to be ever more attentive to the extremely smart ways in which social media and peer to peer advertising always seems to be looking at the story of the incredible upswing in vapes aimed at children, for example, but that's stoppable. I mean, you can get at that and makes things illegal, you have to deal with it and you'll have some squeals from the industry, but it's not an industry that you need to be frightened of.

Farming, I think, has very few breaks and very little power in this country anyway, but I think mixing up together the environmental and the good nutrition side of farming, you can make a sort of alliance there. And animal welfare indeed, because if you show

people the sort of revolting conditions in which mass-produced chickens or mass-produced pigs in the Netherlands operate, which then produce over-fat, bad nutrition, apart from anything else apart from cruelty, you can make an alliance there that goes in the right direction.

[Prompt: What about your advice on dealing with those libertarian arguments and the political barriers?]

Yeah, well you can always face them down. They're not as frightening as they look, those people, because they still demand to be treated at your expense, the general taxpayers' expense in hospital when they need it, so they rely on social and humanitarian arguments when it's in their favour. Except the very, very extreme sort of people who want to go back to nature and die, there are people like Latin America, I don't think they have it yet, probably. So they are not too frightening.

They cannot deny that better information makes better choice and they cannot deny that if you know something is poisonous you shouldn't give it to your children nor to anybody else. But the only real danger as usual in all these things is, science is difficult because it's so difficult to do experiments of any...because with populations and the science does change its mind and that annoys everybody. So you can do immense damage with...a single individual has done immense damage on vaccination. When I was Secretary of State for Health, it was the first year I think in our history where we had no deaths from measles...and that man has now reversed that... ...and the science swinging to and fro, and some bad science and some is difficult and scientists have to step up to the mark better sometimes. But on the whole, there was broad consensus, all the consensus shifts a bit, but nobody is saying anything wildly...I read somewhere the other day that Body Mass Index is now out of date, you have to have something else. Every time they do that it's annoying because policymakers are aligning themselves in some direction and then they come along and say...so you have to try and seek out the consensus or make it as little vulnerable as possible to small shifts in the language, but again, it's doable.

[Prompt: Can I clarify what you were saying about the Prime Minister at the time, and the fact that government was strong at the time. Did it mean you didn't necessarily need the full support of the Prime Minister?]

Yes, broadly. One wouldn't have done anything as big as this without making sure that the cabinet and the Prime Minister knew what you were doing [and were] behind you. I think what I meant by saying the government was strong was that we've had a lot of weak government recently and it becomes impossible then because you just rush up to each other and [unclear] nobody knows where the power lies. Although John Major's government was embattled and always under attack from the right and Brexit division was emerging [unclear], it was still a government that went about its business in a pretty well-ordered way, with powerful ministers like [Ken] Clarke and [Michael] Heseltine and loyal right-wingers like Michael Howard and people. So it was a good, a pretty stable administrative government even if it was getting into terrible, by the end, political mess over Europe, and it had been there for a very long time.

9. Is there anything else you'd like to say or any other advice you would like to give?

I'm sure I'll think of something frightfully smart to say as soon as you've gone. Let me think. I don't think I had any internal opposition much in the cabinet or elsewhere, though I think my immediate predecessor was a little bit sceptical. [...] I think there was a little bit of a shift in the interest in this kind of thing, towards interest in this kind of thing when I arrived, from him. He was devoted to, and rightly, to trying to see better structures for the Health Service and he was creative about that and that took a huge amount of his time.

I'm not saying he wouldn't have done this but it wasn't entirely the kind of thing that Ken [Clarke] was most attracted to, I don't think.

Other politicians

Jo Churchill

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“In my view it is probably the primary health issue that we have because it is so interrelated to absolutely everything else that affects both individual health, global health, and also productivity. When you look at the exponential rise over the last few decades of people's struggle with holding their weight in what we would consider a normal range it seems to be a growing problem. Isolating why and helping people understand I think should be an all-government approach and an all-department approach. A little like the Dutch have begun to do which actually appeals to me as a way of talking to your population. I came to Parliament as a health campaigner more specifically a cancer campaigner.

I have had two primary tumours and pre-cancerous tumours removed and my oncologist, the first time I had a tumour at 31, said to me, the best investment I could make in my health was not to be overweight, and that stuck with me. I am, you know me, quite a solid form. Everybody in my family eats well, but I hope that we balance what we are putting in our body because for me, there is a challenge in society with those who are either economically depleted, intellectually depleted, and environmentally depleted. So, it doesn't matter what it is. If you don't have enough coins in the bank for any of those things, it's really hard for you to sort of move forward with some of this stuff. So, for me, it always was quite high on my agenda. Food is a hugely important thing to us as a family, and I always saw, particularly at the time that we were hard up, I always saw my first priority was making sure freshly prepared food was on my children's table.

My eldest daughter when I arrived at Parliament was already training to be a clinical dietician and we would have conversations around that. She has since left that profession to retrain as a medic, but part of her frustration and my frustration when I was in position, was the lack of understanding of how important food was to everything within what we do. So, the fact that government food buying standards don't apply to schools, for example and we feed our children in the main rubbish. I visited chefs in schools and knew the kitchens in my own constituency and the variability in it is enormous. I also worked with Phil Shelley and Prue Leith on the Hospital Food Review and that was, again, very instructive and it's probably one of the key points I would like

to make is it doesn't matter what department you are in, every single department is touched by food in some way. Either it's production manufacturing or purchasing, either it's delivery, it's purchase and delivery, we are all in the health business.

When I was Minister of State for Employment, Dame Carol B led a review on occupational health, but when you start looking at some of the organisations in this country who are more forward thinking about occupational health, they are taking a sort of whole system approach.

The company I would probably flag that I visited most recently was Jaguar Land Rover, who literally have a whole systems approach, but you also have some very small companies who work very hard to make sure that their workforce are well looked after. For example, local farmers who literally deliver everybody working on the farm during harvest, a proper home cooked meal, they have in the tractor or to stop for ten minutes at 6:30, 7 o'clock at night. It means they're not going home and immediately grabbing five biscuits and a fizzy drink and two coffees to keep them going, if you see what I mean. So for me, it is that broader approach.

So relative to other major issues, I think it's probably the primary one that affects us and you only have to look at the statistics. I think it was, I'm not sure who it was, gave the latest statistics, but late last month, I think they said something in the region of 60% of adults in the UK are now either obese or morbidly obese. That's a staggering fact, and the exponential rise in children being obese and the correlation between an obese childhood and an obese teenage years and into parenting, and if you talk to the medical profession, particularly around women and childbirth and the advent of high-risk mothers and even conception with very obese individuals, you've got problems with conception. You've usually got much more problematic and difficult births, very often gestational diabetes, the link with diabetes to very large babies and problematic deliveries. So you just have a plethora of problems before you even move to musculoskeletal and all the rest of it. So, there you go. My starter for ten.

- 2. It's really, really helpful and there are some things I'd like to pick up on that you talked about. But you indicated that it's always been high up on your agenda, but really thinking when you first became public health minister, where was it on the priority list? Because I'm conscious that you are also given lots of other things to think about, but whereabouts do you remember?**

“So as far as the department was concerned, not awfully high. I read with interest when I arrived the CMOs report, and I can't remember whether it was coastal communities or which one it was and that link between deprivation and obesity in Chris's work shone through over and over again and it wasn't that important departmentally, I would argue. It was a known problem, but you have to remember, when I took position in July of '19, two weeks later, we went off on summer recess. So, I read through my portfolio and determined my priorities which then had to be discussed with SOS. We came back and we were in the height of Brexit turmoil and Boris leadership challenge, etc. We then prorogued and we had all the challenge around prorogation, whether it was legal, was it, from the opposition, etc., and then we ran straight into a general election. So, if you look at the turbulence in that period, I also, when I took position quite early on, I had meetings with Heather Hancock who was at Food Standards Agency. I had conversations with, I want to say his name was, he ran Public Health England. He was a nice man, Scotsman. Could it be Selby?”

“Duncan Selby. He was very nice, but the whole thing was just a bit chaotic, and I'd also, in my time up to that point, I had sat on, I'd always been very interested in this topic Anne Jenkin ran, I think it's the Health and Food Forum, which is Lords and Commons. So I'd sat on that and anything in this area and I have a very rural constituency, heavily dependent on farming and as I say, a personal interest in it. So of course that probably raised its profile through my portfolio because portfolios are enormous, way too cumbersome for people to deal with in an effective way, in my view and they get mission creep and so you are encouraged to pick only two or three priorities. I tried to approach it differently and just worked and worked and worked and had many more priorities than that because I believe these things are all interlinked. I had a cancer portfolio that is very directly linked to people's weight. We know that the prevalence of many cancers is directly related, from the work from Cancer Research UK, is directly related to people's weight and so on, and then I also looked after cardiovascular stroke and diabetes. There is a common link between that part of my portfolio, and the public health part of my portfolio, and how we live, what we eat. So, probably wasn't a huge thing for the department, also to be frank for some it was politically difficult.”

3. That really links well to asking about the sort of main barriers because you've mentioned obviously some of them with the sheer huge enormity of the context that you were dealing with at that time along with this fact that even within health there are so many different things and as you say mission creep. But thinking of sort of all the barriers that you sort of faced and I think it would be particularly interesting or helpful to sort of rank them as well, but to think of those as the ones that are really felt. But everything from whether there was a lack of political awareness, prioritisation, internal party ideologies, anything like that, even the structure of government itself?

"I actually think some and all of the above would be my answer there. The priorities of the civil service and government have to align. This is a massive, massive area. I was particularly interested and looked at some of the Singaporean research on Fitbits, that sort of thing, and whilst you can't outrun a poor diet, you can try, what I wanted to do was highlight prevention as being a much stronger part of the equation. You will know, Dolly, only too well that many in our party and I was cast on Guido as a sort of Nanny McPhee type of person when I tried to bring some of the stuff in. It's fine. A bit childish from my point of view. I go back to the point, if you have little social education or economic capital, if we don't do it for you or at least make things easy, who does it for you? It isn't being nanny state. It is being decent. I remember seeing, before I took the role and then once I took the role, I'd seen young people from Bite Back, Dev in particular stuck with me and a young lady called Christina, and she said the difference travelling from the south side of the river to the north was enormous.

In certain parts of London, you can leave your house and not pass anywhere that sells fresh produce in any way. I mean, we sort of highlight Whole Foods and that's out of many people's financial reach, it's accessibility and affordability in these things, and when you have a young person and then you have the bombarding of advertising, the advent of AI and digital targeting to young people. I read, I think it was in The Times recently and a young woman said literally Domino's Pizzas had congratulated her before her mother did on her A-level results. You use Deliveroo, it's algorithmically then linked to what you've had and when you've had it and good God, if you came here, the first thing I would try and do to you and Eleanor is feed you. I am a feeder. My latest son-in-law stood up on Saturday at the wedding and said, I stand here 20 kilos heavier than when I met this family. He was a skinny thing when he arrived, but for me, it's part of how you express that you care for people and so on, but I worry about people's prioritisation.

People in politics are invariably have some assets, they have some financial assets, they have strengths of purpose because they've got there and they often have educational capital and therefore perhaps they can use those things to eat properly. I would say Parliament is one of the worst places for eating properly and looking after your health in my personal view, but there is a lack of awareness. There is a lack of awareness that it affects the poorest in society the worst. So again, for me it's a deprivation issue. It was a levelling up issue I felt, but it wasn't taken in that way. Internal party ideologies, the whole nanny state, you should be free to choose. You have to have capital and access to make a choice. You have to have this so-called freedom. There's no supermarket near. There's nothing but chicken shops or there is no choice, think about rural communities because you look at the obesity issue up the coast of Essex, Suffolk, Norfolk, into Lincolnshire coastline that produces the majority of the fruit and veg in this country and cereals and so on, the obesity problems are some of the worst. Particularly if you look at the top of the Humber”.

4. With the nanny state stuff as an example and it can be with some of the other things that you've highlighted...what are examples of how it's communicated? Because we've heard a lot of people saying across all parties, you get the nanny state accusations, but understanding what it's like when you are actually a minister...how is it communicated to you? Are you literally called?

“It's not particularly communicated overtly, I felt much of the stuff was vetoed by the Secretary of State due to popularity and expressions from others in the Cabinet. Now, you also have to put into context, we were in COVID, so it was also the Secretary of State's prioritisation because they have many more things on their plate, and of course they are, for want of a term debated with, encouraged, got at, however you want to phrase it by other senior parliamentarians who believe rightly or wrongly, that giving people freedom of choice leads them to making the best decision for themselves, and the WhatsApp groups are not overly helpful but, you can pick up a vibe off them.

So this week there's been a little discussion about folic acid. It didn't help although I took a supplement not to have a pregnancy with a child with spinal issues, but the whole point when that came across my desk was that we put it into, in essence, cheap white bread that is bought by people who are economically less enabled. So that even if they are eating a poorer quality bread, they are still able to access it if they're thinking of having children, some folic acid in their diets because the sort of leafy greens, etc., that they may get it from and the oily fish, they're not having. So we are kidding ourselves in these situations, is my personal view. But there is a definite feeling that

people ought to be more responsible, how do you do that without time, money and access, the reality does not match the aspiration?”.

5. When it comes to kind of industry influence, did you ever receive any or see...of industry influence anything indirectly even? Because we've heard from some other interviewees, some have talked about having direct lobbying to them and others have said that it can sometimes be through other departments... So, what was your experience?

“So my experience is they are very, very strong lobbyists and I have discussed and spoken to those who represent the industry, whether it's in organisational terms such as the Food and Drink Federation or arguably even the NFU. There are all these organisations and then you have departmentally, either civil servants or individual ministers who have been lobbied by the likes of KFC or McDonald or Burger King or whoever, Coca-Cola, Pepsi. They call it ‘public affairs’ however not lobbying! You often see them at the table at events, and holding Parliamentary receptions, I want to really stress, I see nothing wrong in business, but there was some beautiful words, I'm not sure if it was in Henry's strategy [National Food Strategy] that chief Executives basically, they said, ‘the pandemic has shocked them into wanting to do things better’ we really think that not only should we be sustainable, but we should have a sort of tilt our cap at all this. I would say we are still waiting to see this tangibly.

The fact that people have poor diets and so on and we must be more responsible, but they're very good at lip service but I rarely saw action, if you see what I mean. The vast majority of food marketing and advertising is pushing high sugar products. I think something like £41 million was spent on pushing chocolate products. We had a go at reformulation apart from reducing the size, which was the key thing they used to try and do, very little happened in sweets or chocolates because it was quite hard to do, and even areas where they did do some of it, they replaced, for example in yoghurts, they replaced fat with starch. That's not necessarily a great substitute in my view, and reformulation amusingly led to out-of-home desserts going up by some 30% in calories”.

[Prompt: ...not always making sense when they have the same number of calories and stuff. So, if I can, before moving on to the things that sort of help you to act on this when you were in a position in government...]

“Sorry, the last thing. Dolly, I wanted to say on that was DCMS was always very proactive on advertising and particularly the advertising around children and around sports. Organisations, manufacturers and some government departments don't want the science if it doesn't agree with them and they do want the science, if it does, is my very strong feeling, okay?”

Well, marketing doesn't work so it won't matter...even though the child then immediately comes from expending 70 calories on the pitch to then demanding some sort of drink with 150 or 200 calories in it. It is a real issue and some of these organisations do put quite a lot of money into what are really quite unfunded areas of providing out-of-school sport and all the rest of it. I'm not saying that it's wrong in its entirety, but that pushing, if marketing doesn't work, why do they do it? That's always my end question. Of course it works, and the other one that was really difficult, or the other two were BEIS because they always said that anything would affect jobs, right? There's no proof in that. Since the sugar tax in 2016, we actually sell 105% more goods than we did in the first place. So actually sometimes these things are beneficial. So it's BEIS and the other one is DEFRA. So, those would be, well, unless you can sit down and agree on a whole government strategy, actually you're probably never going to get anywhere”.

6. Really interesting, and so if you could say, kind of roughly based on what you've gone through, the top three most felt, most influential barriers stopping you...do more on this, what would you say were the top three of those?

“All government policy goes to write round as you know, right? When you have multiple influencers in multiple departments, the ability to get stuff through write round was virtually impossible in an area like this based on individual liberty. Therefore, trying to drive change by non-legislative methods is better in some ways, but of course, is less effective in other ways because you don't have the clout. Now, I was really pleased so I wanted to ban advertising to children,? We very nearly got it there before nine o'clock. There is part of me that thinks many of these kids are up after nine or certainly accessing an iPhone. So they're probably still going to be seeing it, but you have to make marginal gains. Calories on menus, which I got, and literally last week I was thanked by somebody who I was introduced to and they said, "Oh, you put calories on

menus, didn't you?" And I went, "Yeah." Because I often get quite an ear-bashing still from people who have had an eating disorder about that, but my rationale there is that it's just under 2% of the population, and also my interactions with friends and people I've known with eating disorders is that they know the calorie of absolutely everything, so whilst you have to be aware it is about results. So me writing it down isn't actually the issue that that particular challenge is facing, and we've got 60% of the adult population who are obese. This lady said she made much more sensible decisions knowing how much the calorie content of her food was. So I thought maybe if I've helped one person that's helped, and then the other thing I wanted to do was BOGOF, right? But Sainsbury's had already started to move, but few others had and the sector really pushed back on it, never do you see a healthy food on a BOGOF I think and you'll be the expert on this, I think COVID stopped BOGOF because we moved to Nectar cards, Clubcard, Waitrose card, everybody has a card system now so they can track your purchases more. So it's a different form of marketing and a different form of manipulation, but it is still nevertheless highly involved with an individual transaction and playing to your weakness". Ken Murphy of Tesco has inferred he would like to 'nudge' customers to make healthier purchases I think it's a longshot and there will still be improving the bottom line and increasing sales as the baseline as that is business. The question is more why are they selling the less healthy version?

[Prompt: Really interesting, and so with those sort of wins and not quite getting what you could through... what else were the sort of top [barriers] then? Was it in the outside of that cross-departmental agreement, was it in the sort of...?]

"If it wasn't a priority for Secretary of State, Secretary of State called it and the only people above your Secretary of State is actually the Prime Minister. So of course when the Prime Minister was badly affected by COVID, and again, I would reframe that my experience was largely as a minister during COVID. So you have to contextualise that if you are trying to do this within normal times that wasn't what I had. I still think one of the best wins, even though we've had such food inflation, it probably should be looked at again, was getting the Healthy Start vouchers to £4.25. That was somebody who lobbied me. It was actually Henry Dimbleby who bought in somebody called Daisy. Daisy gave me real-life scenarios of what that money did to affect her purchasing, and she spoke of how that put fruit in a bowl on her table for her children, and I liked that, you see the results many would say that it was too prescriptive and of course it was still largely paper based which is unnecessarily demeaning, but we were moving it to digital, very slowly. That would always in every department be a huge barrier. What

takes business six months to do, takes governments years to do. The Red Book should be digital for children and you should be able to track some of this stuff like diet through their Red Book. That's been going on for 15 years and we were trialling back then the start of digital cards for Healthy Start. It destigmatises it completely and if you can just tap with a card and it just buys your milk, pulses, the good things that for me is a quick way to help households with food challenges.

But as a mother, as somebody who does the purchasing and as somebody who has literally walked her children down to the shop years ago at 10 to 4 so I can see what the whoops labels have, you want dignity when you are shopping and digital gives you that. This is 2020 and we were still handing out vouchers”.

7. In the context of barriers, whether there were areas where you felt maybe there was misalignment, or where it was clear there was good alignment between your priorities in civil service, which meant action was much easier?

“There is at Director General and below level, they talk to each other across departments and just occasionally and I've had this in all my portfolios, the feeling of, no, it's not going to get anywhere, so we won't start it. Now, that may be unfair and I am not in any way criticising individuals or any of my civil servants, but there are priorities in each of these government departments and I feel sorry at times for the civil servants, especially the excellent ones because they push and push and push and push a policy and then no control, change of minister, change of government, world event and then down it goes again, and I think the obesity team, which was too small in my view, had done an awful lot of work a lot of times, but had been stopped by the political winds, and by other departments. Well, there's no way you're going to get that through. So why not work on something that will give you a productive outcome? So, therefore how do you get movement in these colossal areas that are so complex across the system?

We did get a win with HFSS and that worked across sort of, health didn't have a lot to do with that. That was more a delivery through education..... Perhaps HFSS showed some good outcomes, how come it isn't being embedded? As not a new bright idea that could disappear at any minute, but part of what we do? The Dutch have had some specific policies to target the highest levels of obesity in specific schools, specific ethnic groups, in specific neighbourhoods. They've got cooking classes, they've got more water fountains everywhere. They've done something on junk food advertising. They've followed us on calorie labelling and things and that was a conservative-led government that did that in Holland. So it is possible if you have the will and they are just, I think I'm

right in saying, beginning to see the tentative positive reversal of some of those negative obesity figures in children.

Now, you have to remember that I am flipping old, right? Now, I was born to parents who were war babies. So the advent of supermarkets, I can remember not going to supermarkets as a small child, alright? And even now I go to a butcher, a baker, and a greengrocer, but I am really unusual in that. But I think there is a sea change. I see more people dragging a little trolley on wheels behind them now when they're shopping, procuring an amount they want, because that's the other thing. You go to a supermarket, food is placed in portion sizes that they want to give us. The reason my family has been overweight with me at the helm is I cook and feed them as if there is a famine around the corner. I over feed them. My portion control is my problem, not my food, right? I know what my problem is, but I find it really hard to do something about it and I have all those skills.

I do not understand why, as we talk about, after school clubs, we don't talk about after school cooking clubs so that kids take, if I'm a family of two, I take a little two person pot and we cook. We use the food waste, we use excess. We've got farmers turning waste into the field rather than paying for skips. There's some really good stuff going on down in Somerset. Phil Shelley who runs Taunton Hospital is really good on lots of this stuff. But I was working in DWP, I was doing some work on children with extended stays in hospital and a couple of mums, Charlotte who's charity Sophie's Legacy who's down in Caroline Dineage's constituency and I was working with Frances who lost her son Hugh in Addenbrooke's. Because we don't feed children who have long-term conditions and cancers well at all, trying to feed them properly in our institutions when they often have a mouthful of sores or they are being pulled around, they are having chemo, etc., but importantly we don't feed their carer either.

During COVID one mum whose child was waiting for a liver transplant and she said she dropped to sort of five and a half, six stone. The mum. She was her match, right? This is where we care for people. The food standards in hospitals varies from A+ to Z, and we measure food waste now and I would suggest you go and look at the food waste. What came out of St Thomas' in May I think was 17,000 tonnes when just over the bridge in Westminster, you have people going hungry, okay? There's enough food out there, institutions are really, really rubbish at getting it in the right place and at the right quality in my view”.

8. When thinking back to being in DHSE and then obviously at DEFRA as well, what were the things that allowed you to overcome some of those barriers that you talked about where there were successes?

“Great civil servants, good mentors/influencers. I've spoken to Chris Whitty, Jenny Harries about this in particular quite a lot. Chris, funnily enough (I would've loved to have stayed in health) you don't get a choice. I was moved to DEFRA and Chris had asked me not long before I was moved, what my three priorities were and they were, obesity was my primary priority, dentistry, which is in my view a mess, and smoking in pregnant mothers. I never dreamt we would be brave enough to do what we've done and ban it, but again, that was the power of somebody who believed, without the prime minister driving that, that wouldn't have happened because Bob Blackman has been in the House for a longtime and he's been trying since the go-get.

So it is who is interested at what level. Now, your role is in part influencer finding the evidence, garnering the support, and there was a lot of support, but there were also a lot of voices who believe that if we intervene, we are disabling people from making their own choices, and I would go back to the fact that you only have to see the choices that are currently being made, which are essentially very poor choices. So how do we encourage by our education and accessibility that to happen? MHCLG didn't want to play ball with planning restrictions and I get it's really hard. If you are a landlord and somebody said, "I'll rent your shop." Actually, selling food isn't illegal but having an empty property is expensive but maybe we could help.

So there is this dissonance, this conflict of who am I to tell a landlord who he should allow in his shop? And if he then doesn't get anybody else to rent that shop, who pays his bills? Right? Now, some of the mayors have started to zone out areas that can or can't have takeaways and so on and a bit like betting shops. Well, if you know you can't and there's a bit of a lead in time, then maybe that's a way you could start to manipulate the environment for people. So maybe you don't have to, like I said, maybe you don't have to do it. Maybe you just talk to TFL about not advertising food, but all these business are hugely powerful and in many ways its a huge force for good because work is really positive, but most of the food industry makes its money on volume and small margins And so that they are constantly chasing, selling more to us.

Everything they sell us has calories. So we constantly are tempted, marketed to, approached from a very young age and therefore we consume more calories than is good for us, and I suppose one thing I haven't mentioned is labelling. I mean, that was an interesting learning curve for me, moving from health where I was very pro putting

the information on the packet and then moving to DEFRA and understanding because they deal with labelling, how many opposing people all want from a red tractor to a calorie content, to a traffic light system, to which country it was manufactured. Now, of course, people want its climate impact, etc., well, how do you get that on a grain bar? And then manufacturers want it in four different languages so they can do mass distribution, say in Northern Europe or wherever, and actually, I don't know about you, but when you look at...I'll just eat it”.

[Prompt: Really interesting. Is there anything else that you would like to say in terms of the things that helped? Particular people as you've talked about Chris Whitty and civil servants, any other particular influential?]

“I think people like Victoria Prentis and Rebecca Pow helped because they got it, but also had the same constraints. Because if you're minister of state and or secretary of state, it's about where somebody is coming from their own personal sort of antecedent as to how they approach it, whether they themselves are obese, sometimes there's a complete denial that people are. Sarge seemed to get it. As I said, for me, I would flip back. We can't afford people to be as obese as they are in this country. It is going to literally have the NHS over in my view and it stultifies productivity, which we know is a real sticking point as far as things go, and I worry about, so veganism, plant food, lots and lots of taking meat out of your diet felt like the message landed, but then what we got popping out the other end, if you're look in your supermarket is heavily packaged, high salt high fat products with very little nutritional gain. But it hit a fad because many years ago people rarely had a food allergy, whereas now many people. Now, actually, and I haven't looked at the science, is it that something is happening to our guts and there is a higher prevalence? Or is it that people get very influenced by articles, media, television, etc., they want a different product and therefore the marketeers go to town? And for that, I would say look in a milk aisle. I can get rice, oat, soya, cashew, almond, I can get coconut. I can get it long life, I can get it fresh. Most of it doesn't have a calcium content. So if my child is in a development phase, whatever my personal beliefs are that child needs calcium and we are not very good with some of these micronutrients. There isn't a lot of education around some of that stuff”.

9. Do you think the policy actions that have been taken over the last 30 years to address this issue, have been sufficient?

“I think the genie is out of the bottle is my worry. We had obesity policy in health, I didn't want it dealt with by general practice. Nice strong lobbying there, because you get paid for it, led to it being done in general practice. Now, that's notwithstanding. Some practices do do it excellently. They do employ dieticians and they triage appropriately, but many doctors are not necessarily the right people to because of the constraints of a seven minute appointment, and issues with food are lack of knowledge, lack of accessibility as I say, but are often psychological as well. So you need more than seven minutes. I suggested we also tried encouraging dentists and dental nurses and therapists to give dietary advice. Everything that goes into your body goes in through your mouth. You don't shove food in your belly button. So dentists sitting in a dental surgery and there being subliminal messages, not only about cleaning your teeth, but also about what you drink and eat to help your mouth and your hygiene and your weight, I thought we could look at things a wee bit differently.

I would like to have empowered dieticians who are treated as non-medical professionals a lot of the time. If you've got a PKU patient and I dealt with those as well and I'd come across those, very often a doctor will need a specialist dietician to work out what those individuals need carbohydrate-wise. Metabolic diseases need somebody specialist, dietitians and nutritionists. The trouble is a lot of this gets conflated into a sort of very faddy sort of thing and of the moment rather than of necessity, and I believe this should be embedded throughout government in an of necessity basis. We should feed our children well from the go-get to make them strong, resilient young people, adults and then give them a better quality, we haven't spoken about the fact we live longer, but the quality of life as we age is diminishing heavily, and a lot of that is based on fitness, people's lack of exercise, and their diets.

I never, never ever have I seen an advert from any of these organisations who tell me if I have a treat to either only have it occasionally or to do a bit of exercise to balance off. I'm not going to stop eating things I like, cheese or a glass of wine or savoury things are my bad habits. Nuts, which are hugely high in calories, but talk to me about the balance in life. Nobody does that, and when we were young we used to get taken on a Friday night to the sweet shop. Children get taken every day after school, or mum appears with a snack as if you can't possibly live without a bit of food between leaving school and getting home.

And that's the problem, and I'm not a great interventionist. Let people live the lives they want to live, but a combination of marketing, large organisations, lifestyle changes over 30 years has driven us to a point where we are not in a very good place as far as food goes is all I would say. So therefore my analysis would be that no, there hasn't, But as we have a political system that changes every five to ten years. I mean, yes, you had the longer sort of 14 years of us, 12 years of Blair, whatever it was, but even so you are constantly in a political cycle that is looking at the next election, if you see what I mean”.

[Prompt: That's really useful, talking about the political system with so many changes to it. Just very difficult for that continuity.]

“Well, which is why I think, to put into context my civil service comment. I mean, how the devil do they drive a lifelong strategy through the five-year turmoil of change? It becomes impossible because even within the area of prevention, everybody has a different set of priorities. Because you say prevention for one minister, it might be vaccines because we fell out of who sort of registration for measles went in '19, I remember. So you think, alright, better focus on that and then something else happen, better focus on that and then you get a global pandemic, and that was the moment I thought we could change, but that Prime Minister would be the interesting one to talk to as to why he never drove that change because I had real optimism that he really got it. The doctors who had treated him and made sure that he got well again had persuaded him that actually, we would be fitter if we weren't all carrying so much weight”.

10. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health and what would you suggest they do?

“I think you have to take people with you. So I think you have to do a better job than we did of explaining why without lecturing. I think the problem with this whole subject is it doesn't matter how you frame it, it sounds like you're lecturing people and if people are slim, they just think, what you're talking to me for? But you can be slim with a rubbish diet and if you are not slim, actually it's a really crap message. Yeah, I'm too fat. I'm two and a half stone heavier than I was when I went to parliament in '15. So I have got to do something about it because I know that that makes my joints hurt a bit more and so on. So the advice that I would give them is try to put prevention, see what...I mean, public health, what a crap title. Oh, we're here to learn about your public health. I don't have public health. I have personal health, right? My advice would be to make it cross government and to make it personal and don't let the industry fib”.

[Prompt: How? Because it's so hard]

“Because as long as my backside points downwards and I don't think it's moving on my body yet, a chocolate bar doesn't really have anything in it that is any good for me. But if your whole business model is set up on selling chocolate bars, that's pretty rubbish for the business and the thousands of people who work for them. There has to be a bit of balance is sort of what I'm saying, but I would do more young. I would do loads more young. I would make sure that our schools are the healthiest possible environment they can be and I would make sure, I think it was Edward Timpson's just written a piece. It might even be today, and after his mum stopped fostering, she fostered 90 kids and after she stopped fostering, she went in to struggling families and she was a home help. One of the things in this article, I'll send it to you, is that she taught people how to cook, right? People don't want to be dragged into public lessons as if they've failed at that as well. So teaching your kid to cook so they can show their parent, an afterschool club or an extension of HAF, but they are going to be as lobbied by the food industry as we were and the people before us were and the people before them were. So unless you can sell it in a more Dutch model, so unless we do it more systemically, we are gonna fall over. So this is how we're going to do it. Food industry has got to do this, government has got to do that, people have got to do the other or we are not. going to get there. So for me its communication in every which way”.

11. The National Food Strategy...there were just so many recommendations. So how was government ever gonna implement this?

“So recommendations, I think start here, yeah? And they go on to here. Henry didn't appreciate how bloody difficult it is to get things through parliament and of course what it did was it frightened people. So those of us in health, in DEFRA, etc., it was never going to go anywhere because we were being asked to build a Ferrari, right? The first thing we got to build is a scooter, two wheels, little plank, pair of handlebars and then we build a bike and then we build a little trike or quad and then we build a car and then we build a van and then we build a truck, and as we're building the next stage up, so as we're building the bike, we make another scooter. So now you've got more capacity, you've got a scooter and a bike and then you've got a scooter, a bike, and a quad, and you can do it because it's embedded.

I mean, there's a good bit in here about weighing children or not weighing children. How many people own scales or use them and should they use them? I know when I'm too fat because I take my jeans off and there are concentric rings around my body

because it's eating into my blubbery bit, right? And so you try to eat a little less for a while and when you sit down in your jeans, you don't think somebody has actually removed all the air out of your system. So there are ways of doing it, but it's hard and you have to have buy-in. So I'll ask you as a headmistress of a really challenging school to change your ethos and do it through the schools like they have done in Holland. They've done it through exercise, sleep, and diet, and you say to me, but I have no time. I don't have enough teachers. Half of my teachers are on supply. I'm only just holding it together with all the flipping things I'm meant to teach on the national curriculum. Now they've just changed Ofsted again. Now I've got this, and who inspects?

This was one of the issues, nobody inspects. School food isn't inspected on Ofsted, I don't think. It's not part of it. County councils don't inspect. We have some pretty grotty large companies manufacturing food at a price, not at a quality mark because the minute you put the quality in they say the price has to be there. That's a lie. You can do good quality at a price. You just have to be a little bit better than what they're currently offering, but we use large manufacturers to provide the food because they do it on a scale, and again, with hospital food, we don't inspect particularly. So keep it Simple Simon.

The easiest legislation I ever put through was stuff that was really tight. Stuff that you hang, lots of things onto we described as a Christmas tree bill where people want to hang this, that, and the other on it, or they want to take things out the whole time. So what you actually pass isn't worth the paper it's written on, and should we be legislating for organisations to improve a hospital, a school, a prison? Anywhere vulnerable people are and we are feeding them, we should feed them the best we possibly can, and large, there are fine words in the NFS from CEOs of global companies who said, well, this is, I can't remember what it was. It was something like, this is a point of change when we will show we will...The CEOs of several major food companies have told us that the pandemic has shocked them into wanting to do things better. I rest my case my lord. I didn't see anybody doing anything any better than they were before the pandemic. In fact, I think some of them are doing it worse.

So I would hammer home labelling and I would hammer home waste, okay? Much of this, the system is so complex we waste so much food in this country. It's criminal, and then we have all of these organisations, I mean, King's got his coronation scheme and somehow organisations get kudos for giving waste, giving not very good products, away and whilst that is better than it going to landfill its not a good way to ensure a balanced diet.

I don't think business is bad, but I think it could do a lot better. I don't think people are stupid, but you have to help them, and I think government's job, whatever colour it is, is to facilitate a healthy nation”.

So much of the persuading goes on in the division lobby and will do under Labour - there is no trace of these conversations and neither will you ever know how much they influence things. Across the house people accept money for campaigns and elections from all sorts of businesses (they are all declared) if you think about it, union membership and labour covers every industry, job losses frighten politicians because most have never run businesses.

‘Write round’ is also a problem prior to any bill moving forward it goes for ‘okaying’ by all government departments. You only need to have somebody sit on it or not agree with it to know that you’re not going very far. I don’t need to tell you who the various Secretary of State were when I was trying to get this stuff through many of them were very anti-interventionist and believed us messing about this way was the nanny state at its worst?

Michael Gove

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“Well, I think it's the biggest unresolved public health issue. Obviously, the biggest public health issue is smoking, but the proposals for a smoke-free generation are, now that they've been abandoned in New Zealand, probably the most or one of the most energetic interventions in that area. But obesity, or food-related illnesses, are massive and it's a growing problem. I think there has been a shift, but I think that part of it in the past has been there's been a tendency to think that this is a matter of personal responsibility, rather than recognising how it's situated in the wider system.

2. Thinking back to when you first became Education Secretary, back in 2010, where were obesity and food-related ill health on your policy priority list (if at all)?

“Not really on the policy priority list. I was concerned – we can debate how wrong this was – that the Department for Education had taken on too many responsibilities, and that under Children, Schools and Families, it was seeking to intervene in almost every aspect of the life of anyone from nought to nineteen, and that we needed to make changes, to focus on education. My view was that the better educated, in a proper sense, any young person was, the more capable they were of being the author of their own life story, taking decisions in a knowledgeable way, interrogating the commercial nonsense that they were being faced with, and so on. I developed a broader view, in that I felt that there were a variety of things that, as well as the core thing about schools' executive institutions we needed to do. One of them was the whole question about free school meals.

I'd, rather unfairly, ridiculed Ed Balls when he produced a recipe book for schools, saying this was not the sort of thing that an Education Secretary should do, and I still think on the whole, that's probably fair. However, the issue was that we did have school meals standards, and it became increasingly clear to me that the government intervening in...the government had already intervened in this area, so therefore, the question was, how do you get intervention right? And I'd also been influenced by a trip to Sweden. When I went to Sweden to look at the free schools there, part of the challenge was, how do you get choice and contestability within the education system? But the striking thing was that every school, it was automatically culturally assumed

that food would be provided at lunchtime. It was just a natural thing. It was like text books and pencils, and so on. It was integral to the way in which the school operated.

The other thing, also, was that I wanted to argue – this was a difficult one – that state schools should be so good that no one should feel that they had to, if they had the resources, educate their children privately, and of course, if you go to an independent school, and by definition, I know this seems absurd, children eat together. The third thing that influenced me was, going to Mossbourne Community Academy, again, when I was in opposition, and there they don't have a staff room, so you don't have teachers secreting themselves from the students at lunchtime and having their sandwiches – they do their marking while the children are left to their own devices. Staff and students sit together and eat the same food, and that is both a matter of the quality of nutrition, but also modelling what good behaviour is in a communal setting.

So, all of those were examples that weighed with me, and I thought we needed to have an answer on school dinners, making sure that we have the right standards, and then to think more about what it is that we could do in that area. And then, I found myself chatting to a chap called Henry Dimbleby, and persuaded him and his business partner, John Vincent, to take on the work. They ended up making a more expansive set of recommendations than I had originally anticipated, but the case they made was so persuasive that my remaining libertarian instincts were eroded.”

[Prompt: And just over that period, before we move on to some of the barriers side, can you remember the general conversation across the cabinet or other parts of government about obesity and...?]

“Scarcely featured”.

[Interjection: Because I have it down that you met with Jamie Oliver, if I'm correct, quite early on – 2010/2011ish time, and that was, obviously, very much focussed on school food.]

“Yes. Completely”.

3. What were the main barriers you faced in acting on obesity and food-related ill health?

“So, one is that, in my own department, there were people who said, “We need to lash you to the mast. You are forgetting the vital importance of sticking to a very few

priorities and executing them well. There you are, enthused by a replacement for school music services with new huts, there you are, interested in the provision of best school food and free school meals. Concentrate on making sure that schools are held accountable for their core function, and the other things will follow.” So, that was the Dom Cummings critique, and it was a very good discipline, because it compelled me to limit the number of other things that I felt that the department or I should focus on, but if Dom had had his way, he would have said all of this is by the by, “There is an evolutionary imperative as to why people get fat, and it's too big an issue for you to be dealing with; just concentrate on what you can change and have the serenity to accept what you can't.

The other thing would be that for a lot of the time, even though, and I mean you must remember this, even though there was a lot of interest in the Nudge Unit and Nudge theory even before we got in, the general view in government, was we've got a limited number of things to worry about, we've got to reduce spending overall, so the attitude which I...I hope not caricatured, but I attributed it to Dom more widely, it was a case of, we've got to deal with the immediate. So, there's an immediate fiscal problem, there's an immediate need to look at how defence spending is being organised, there's an immediate need to decide whether or not we're going to fund Sheffield [unclear], go ahead with aircraft carriers and whatever. And so, it's obviously been the case in government that the important but not urgent gets pushed to one side.

The third thing is, there was a strong strain within the Conservative Party, which is, this is all about freedom of choice and personal responsibility. So, there was...I don't mean to be unfair to him, because it's a very fair point, but there were photographs of mums pushing chips and pasties through the school gate to kids, in protest at Jamie Oliver's recommendations, Boris celebrated the mums shoving the pasties through, and there is and always will be a strain in the Conservative Party or in English life, of Merrie England, John Ball, you know, “Don't deprive me of my pleasures in life.” It's not only there. Famously, when we were discussing the smoking ban, John Reid said, “It's often the case that a cigarette is the only pleasure that some of these people...” and he can make the case, because he came from a working-class background himself, “will have.” So, don't be puritan, joyless and all the rest of it, is the traditional English view of that.

Again, the other thing is, while there are all sorts of virtues about being in coalition and all sorts of weaknesses, one of the things about being in coalition is that for Conservatives on the backbenches who didn't have the excitement of being in government and being able to change things, the constraints of being in coalition meant that those things that were more authentically or obviously Conservative,

become more tempting to cling to. So, if you've got a Conservative government, you can so, "Oh, well, I can indulge this side of my thinking or that side of my thinking, here in coalition, rather than encourage people to think, "Well, you know, they've got a fair point of view, it encourages the Conservative backbencher to think, you know, "We must show that we're opposed to this." And the idea here... I mean, I don't want to caricature too much, but the idea here would be, one of the ways we can do that is by being libertarian. So, to be fair, one of the people who was most critical of any action in this area was a Liberal Democrat MP, Jeremy Browne, because he's a...would happily describe himself as a "purist classical liberal," and would have said, "No need to do all this."

[Prompt: How does it actually feel receiving that [political opposition]?]

"I think, one of the biggest challenges in dealing with big problems, long-term conditions and so on, is it requires a bit of work to wrench the system out of it. So, if you're in the Department of Health, people will say, and indeed believe, that they want to solve public health problems or indeed mental health problems, but actually, the default position of the Department of Health is negotiations of trade unions over pay, making sure that the geography of primary care hospitals and all the rest of it comes together, so that's what crosses ministers' desks a lot of the time. You know, are we going to get [hospital] to take over [another hospital], rather than, what are the big drivers of health in this country? So, it's rare that you get people who are looking holistically at that.

Part of the pressure always has been, we spend a lot of money on the NHS. How do we make it more efficient, perhaps the provider split, you know, a reorganisation? Rather than, "Well, we're spending an awful lot of money on the NHS because so many people are sick." Why are they sick? Now, I think there's been a shift in the last few years towards thinking more and more about public health, and I think, funnily enough, that was related to the pandemic, because, A, there was a growing realisation just before the pandemic that more and more people were dying not because of communicable diseases, but because of diseases of despair or because of their own behaviour, and we know that their behaviour [unclear]. But in the pandemic, the poor state of public health was one of the biggest determinants of whether or not people would live or die. As Boris himself said, when he was in hospital, he looked round and everyone else who was on a ventilator was a "fatty." His words, not mine. So, I think that grew at that time.

So, the first thing I was going to say is that lobbying is a factor, but the biggest factor is the character of departments. So, the character of the Department of Health is, manage the institutions of the NHS; the character of Defra is, keep on the right side of the producer; the character of DfE is, the most important thing is what happens in schools, then universities, then apprenticeships, then children's services, you know, children's risk of abuse, and let other things come afterwards; and the characteristic view of the treasury is, let business be business, and tax is there to raise money, not change behaviour. So, it took a maturation of views on the part of George Osborne, to the influence of Camilla Cavendish, at the Number 10 Policy Unit, for example, to make the case for the sugar tax on soft drinks, and the change that would come about as a result of that. There may be other heroes and heroines who are part of the story, but that's my recollection.

Take it one step back; who does lobby? Well, by definition, organisations that have significant profits will find ways of making sophisticated arguments. So, a restriction on advertising particular types of food at particular times, or in particular settings, you will get the food sector to talk to the advertisers and the media buyers, who will talk to DCMS and they will say, "Channel 4 will collapse. There'll be no more I'm a Celebrity Get me Out of Here. You will be the Secretary of State who is responsible for the end of ITN News, unless..." So, instead of it being about just look at me, it will be, look at the broader ecosystem, and then the other argument will be, in lobbying terms, "Why do you want to undermine a commercial success in this country? British sugar is a huge success ... why would you want to have not a single sugar beet grown in East Anglia and people losing their jobs in Docklands? Don't you realise...?"

[Prompt: What do you think creates those characteristics, and what advice would you give to a Secretary of State in any department who wants to...change that?]

"All departments are, to a greater or lesser extent, naturally risk-averse and also naturally short-term, so how do we manage the relationship with our stakeholders, partners is almost the first question. So, if you're at Defra...until recently, or maybe even yet, I don't know, but until recently, the thing that you would be told is, "Keep the NFU happy." If you were at the DHSC, it will be, "How do you get value for money without irritating the BMA, the Royal College of Nursing and so on?" A default position of DfE, how do you get the maximum amount of money from the Treasury for schools, and at the same time, you're able to say that exam results are going up?" So, parents are happy on that basis, the public is happy on another basis. So, it's short-termism and partners,

so it's more difficult to think, "I have a plan or a set of proposals that will change, fundamentally, how this department will operate, or how we're going to be viewed."

So, it would take quite a brave, and, or thoughtful Secretary of State at the Department of Health, who would require support from other people in the cabinet to say, "Right, I can keep the NHS operating effectively during this period by doing these things, but I have a long-term approach towards public health, wellbeing, mental health, or whatever it is, "that will really shift the dial, and in ten years' time, after I'm gone, the beneficial effects will be felt by my successors." So, part of the challenge there would be people in Number 10 saying, "So, you're telling me that you go through all of this pain, and we'll only actually see money being saved in ten years' time? Come off it. We don't want the next government but one to benefit, we need a benefit now." So, those are some of the constraints."

[Prompt: How much of the complexity of the issue - difficulty with actually designing the policies, evidence, those sorts of things - how much does that play a role in the barriers, or is it much more the political?]

"The complexity partly plays a role, in that most policymakers are not particularly scientifically literate, but most policymakers can, either with help of the right advisors and civil servants, or by persistent questioning, get to the essential heart of what the trade-off is in their own mind. There are two challenges. Challenge one is that while government has an enormous amount of money, it basically has a limited actual number of levers. So, do I subsidise this, or do I tax it? Do I ban it or do I mandate it? Now, within that, there are systems and within those systems, there are actors that respond to incentives, but if you're looking at something like food, just like the environment, because it's a system, you've got to think, how will one intervention in one area manifest itself in others?

So, if I make it my aim to reduce carbon emissions, and therefore diesel is better than petrol, marginally, the quid pro quo is, I'm diminishing air quality because of the nature of diesel emissions. So, that's an oversimplified trade-off. So, if one's looking at food, then part of the question would be, okay, my aim is to tackle obesity, but if in so doing, you know, like, some what's the word? Badly programmed AI bot, you say, "The aim at all costs is to reduce obesity," you could end up bankrupting farmers, and therefore both healthy food production, incentives to create healthy food, incentives to manage land in an environmentally-sensitive way all go by the board. So, if you're thinking about dealing with obesity, [unclear] then you've got to think, how will each of the

actors within the system respond to a changed set of incentives or restrictions, and are they making so much out of this that we won't.

There's an allied thing as well that government can do, which is, it's not so much they can use the bully pulpit, though it can in a limited number of ways, it can also provide a platform for other people who are change-makers. I mean, manifestly, Jamie Oliver was a significant campaigner who would have an influence on government in the public realm, but it's also the case that if government appoints him to something, depending on the legitimacy of the government, then, A, he has more of a platform. "Government School Food Tsar, Jamie Oliver, joins us." You know, "Hospital Food Tsar, Lloyd Grossman, joins us." But also, there's more of a fear on the part of a Secretary of State. So, if a campaigner has massive popular support, you'd be wary about getting into a fight with them, though you might think it's worthwhile, but if they've been appointed by government, [unclear].

[Prompt: On the barriers front, something like universal free school meals, which over the thirty-year period, it doesn't matter what government was in, it's almost nowhere near to it, other than, obviously, universal infant free school meals that came in, but the trade-off or the barriers to that, would that be as simple as, we don't have endless money, or is it...?]

"Yes. No, no, there are a variety. Funnily enough, one of the people who was most opposed to it right at the beginning was Tim Leunig and he said, "If you've got an extra pound, you should spend it either on welfare," so you reach the money towards the poor, "or you spend it on education, in order to give people the tools later." And he was perversely an early ally of [another senior advisor] on this. There are the usual arguments that apply to any form of benefit, so that some of it is a dead-weight cost, or inequitable. If you've got an extra five quid, why are you providing free school meals for an infant whose parents are massively wealthy and are therefore free riders on everyone else's efforts? And that's why there are always arguments in the provision of benefits, about universality versus targeting. There's no perfect paradigm, in that there are some benefits where the benefit overall is greater if they're universal and vice versa.

One of the initial obstacles as well, is, will you be able to...and this comes to the system point, okay, if you're saying that schools have to do that and that means that they have to produce a set number of free school meals, so therefore they have to have a kitchen of sorts, no argument, great. Once it's a critical mass of children who are either taking or entitled to free school meals, then you've got to make them better. You can't just ship

them in from a caterer. There's got to be someone who's dedicated – a chef or a team who are making that food, so everyone benefits as a result, but you still have to get over the argument, “Well, if there's money available for school capital, why aren't you dealing with the rack over there?” So, there's that trade-off.

Then the other thing is...I mean, this is something that Henry wrestled with, so, you provide universal infant free school meals, that's great, but what the kids do is that they all, at 11 o'clock, find something beige and fatty to eat. So, it's crisps for breakfast, turn up at school, 11 o'clock, sausage roll, pizza, pastie, whatever – this is the slightly traditional version of it, or chicken shop equivalent, then school dinner, and then on the way back from school, [energy drink], more crisps, and so on. So, how do you ensure that when they're in a school environment, those temptations are reduced? And how do you ensure that the food is good enough for them to actually eat it, so that they're not driven by hunger pangs on their way home? And then there are other things like, to what extent should you use planning policy to prevent there being chicken shops just immediately outside the school, and so on?

4. What do you consider to be the top three barriers you faced in acting on obesity and food-related ill health policy?

“I would say that even as departments agree that that might be important, it doesn't seem urgent. It's why people fail to invest in resilience overall. The second one is, and this is a related thing, which is, the benefits of dealing with it are diffuse across all citizenry; the disbenefits are the costs, are felt by a particular number of people. So, it's the Mancur Olson thing. It's similar to planning reform. I think the third thing would be the requirement for – this is linked to the first two – government departments to work together to deal with it, so that you need to have the Department of Health aligned with the Treasury, on taxation policy, aligned with Defra for the subsidy regime for farmers and so on”.

5. What were the things that most enabled you to act or to overcome the main barriers?

“Well, the first thing is that there was already, in a way, a permissive environment here, because again, one has to go back to Jamie Oliver. So, a targeted and effective campaign by a charismatic figure drawing attention to a defect in public policy means the government feels that they have to answer. The second thing that's related to that is,

just as everyone has an opinion on education, everyone has an opinion on food. So, it's not an area that is, once it's up in lights, that it's easy to escape from. So, there's a pre-existing demand for action as a result.

The second thing is that you can argue or make the case in different ways. So, going back to what I said earlier, I would say, "What is your ideal of a perfect school?" to a Conservative audience. Let me describe Michaela to you. You know, everyone stands up. Let me describe Mossbourne to you. Everyone stands up when any adult enters, there's a mantra, you know, it's got an orchestra, there are children from [unclear] backgrounds doing ancient Greek GCSE at 12. So, does that sound like a great school to you?" "Yes." "What's the other thing they do? They have universal school meals for everyone in a communal environment." "Well, isn't this about wealth?" That's what they have at Eton and Harrow. So, that doesn't necessarily mean that people are convinced, but you argue not by analogy, but you argue by situating the argument somewhere else. So, this is not about a massive welfare spend; this is about reinforcing the virtuous habits of the environments that you would consider to be worth emulating everywhere.

The third thing is being able to make the argument linked to broader outcomes. So, social justice outcomes, [unclear] and also, in due course, the cost to the health service and the contribution to the economy. And that's why, later on, arguments made by people like Andy Haldane about the vital importance of reducing health inequalities as part of Levelling Up, and the importance of dealing with public health issues as part of it, matter so much.

[Prompt: Were there particular examples you can think of, of times where you went, "This is working," whether it's with colleagues, or whatever, that you had arguments that you'd made or a policy had been designed or framed in a way that was landing well?]

"The first argument...the first or second one, which is, "This is what you would wish for your own children, and this is what you see in the best schools, whether state or independent," was the one that tended to have the biggest purchase...amongst Conservatives".

[Prompt: And what about the role of colleagues of yours? Did it matter where the PM was?]

“Yes, it did. I mean, sometimes it's fortuitous. So, the case for extending free school meals in the school food plan was initially viewed to be expensive, but I remember suggesting to Danny Alexander, funnily enough, when we were at Chequers, that this could be something that could form part of, I think, the refresh of the coalition agreement, and it then became a Lib Dem policy, because they wanted to say, “Well, this is something that we’ve done which contributes to improving...” So, politics being politics, you can achieve anything if you let someone else take the credit. So, I think the Lib Dems were at the time more identified with the policy, but from my point of view, that was fine, because if they were going to expend some of their political capital to get that done, that’s great.

I think the other thing is, the advent...I can’t remember when it was. I think it was actually after 2015, but the advent or influence of people on the Prime Minister, who were not directly involved in politics or have become more involved in politics. So, one of the teachers who the PM knows [ex-teacher] and he taught at a very particular range of schools, but the fact that in a conversation, someone like [teacher] would say “Well, you know, Dave’s right,” would have an influence on the PM’s thinking. I think it was also the case that, again, George Osborne wanted to ensure that there was a legacy from the government of social reform that went beyond simply writing [unclear].

[Prompt: So, how that happens and why, because there are so many...whether it's consultations or white papers or whatever, why does that happen?]

“The principal reason why things don’t happen in the Treasury thinks that it's going to cost money, so the Treasury, it's like the Harry Enfield sketch, “I saw you coming,” in reverse, in that the Treasury has seen it all before. So, when you say, “Spend to save,” they say, “No. I’ll see the spending but the savings will never come.” When you say, “We want a scoping exercise on this,” they say, “No, no, no, once you do a scoping exercise, you expose the scale of the problem and then we’ll have to act, and that will cost money, so no.” Then you say, “Well, this wouldn’t involve public spending, but it might involve looking at regulation [unclear].” They say, “Ooh, no, no, no, no, no, no, no, if there's regulation then that will reduce the production capacity of the economy.” “Yeah, but we’ll make savings in twenty years’ time.” “I don't think so.”

So, and I don't want to demonise, because unless you’ve got someone in government saying no, then...it's not just good things that are stopped, it's also the case that all sorts

of hucksterism is prevented as well. So, you need to have the heart of darkness in government. You need to have the cynicism, the dour “I’ve seen it all before” attitude. But then at certain points, you need Number 10 or the Chancellor to say, “Thank you for your scepticism. You’re right nine times out of ten, but on this occasion, I am going to overrule you, because I think this is in the national interest. I do believe this is that one time out of ten, that if we do spend, we will save.”

[Prompt: Is, implied in that, an element of political capital, that you've only got so much to spend, so you can't do that endlessly?]

“Yes, yes, and so I think it's the case that so much of government is...well, quite a lot of government is just managing or averting crises, so therefore, big changes in particular areas occupy bandwidth, and even if you execute everything perfectly, there are only so many big changes that you can make. So, you would have to have been Health Secretary for a wee while to have said, “I have made the decisive breakthrough on public health and I made the decisive breakthrough in another area,” and you would have required to have had political allies along the way. But if you're Prime Minister and you've got a mandate, you can have, what is it? Four, five, six big priorities, but not much more than that. So, whether or not Keir Starmer is right to choose five as the number of missions, I think that's probably right. Whether or not they're the right ones is not for me.

6. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

“No, not yet, but I think there's an accelerating sense of the importance of it. So, again, one of the strange things, as you know, is that while this isn't a front of mind issue for lots of Tories, there are many more Tories and Tory MPs from different parts of the political spectrum than one would think, who care about it. So, you have a very traditional High Tory like Danny Kruger, and at the same time, someone who's concerned about social mobility, like Paul Maynard, who represents a Blackpool seat, through to someone who's worked in education, like Caroline Ansell – all of whom care about this issue. So, it's more widespread. There's a greater sense of the importance of the issue.

The other thing is that our broader culture has become more food-conscious, and everything from a greater recognition of the problems of diabetes, a greater recognition of the problems with eating disorders, a greater recognition of the interplay between

food, environment and health. All of these things have come together. So, every parent of...well, almost every parent of a teenager, will know a teenager going through, sometimes for life, a vegetarian or a vegan phase, and that's just because...I don't mean to mock it, I think it's an illuminating thing, because awareness of food in all its dimensions has just risen over time. Again, the more prosperous a society is, the more it can accumulate surpluses, the more it cares about food, so it becomes less fuel and more a matter of display, artistry, satisfaction, ostentation, and so on, but as we've discussed, it also becomes a bigger money earner for those involved in it, and I don't know if this is borne out by the evidence, obesity, while it's universal, is a particular problem for poorer people in richer countries with big inequality."

7. Why do you think policies to date haven't worked in terms of reducing rates of obesity and the related health inequalities?

"I think because there are broader trends out there. That's not to say that we're powerless in the face of them... that have been driving this, and you can see it in, not all, but in other...I mean, for me, an interesting question, I don't know the answer to it is, which other developed economies have similar problems and which don't, and what are the distinguishing factors? Is it the case that the strength of family units in some countries helps for a variety of reasons because that pattern of life through a day or the food culture is different? I don't know enough about that. But there's one other thing as well, which I didn't mention, which is a big thing, which is the political fear of hypocrisy and the political fear of preaching. So, it is difficult sometimes when you're saying, "Oh, obesity is a public health issue and we all need to deal with it, and yes, I may be a bit podgy, and yes, you might think, therefore, that I'm a hypocrite, but actually, I know all of these challenges..."

But the fear there of, "I'm going to lead an all-out war on obesity!" And then you're snapped giving your kid a Whopper at the service station, because they're screaming with hunger and they want to be...You know, "The Chicken-Nugget-Hypocrite!" etc. That's one of the big fears. So, again, when I was at DfE – this is nothing to do with obesity – [senior advisor] said to me...you know, there were various things about updating sex and relationships education, and I said to the advisors, you know...look, I don't want to go into too much detail, but "I do think you should update it" He said," Michael, steer well clear. I can absolutely guarantee you this. The words, 'Tory MP' and 'sex' in the same sentence is always disastrous. Give it to [another senior Conservative politician] to deal with."

[Prompt: So good. That's really helpful. So, there is an expectation on image matching?]

Yeah, there are some politicians who don't care, there are some politicians whose character can transcend that, you know, Boris Johnson, Ken Clarke, John Reid, but the general view is, if I lead a drive in this area that has anything to do with personal behaviour, then I will risk being exposed as a hypocrite, and that will undermine my political standing and my capacity to get anything done in this area".

8. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

"I think that firstly, you need to make a properly robust economic case. Everyone makes a case these days saying, "Well, if you do this, then you'll save X amount," but you need to make it in a robust and sophisticated way. The second thing is, make it moral in the right way, so that it is not about a thin, gilded elite telling proles how to regulate their lives better, but it is about, if we want to have a longer lifespan and people to enjoy every year more. So, part of it is, this is not about puritanism; it is the case that if we don't fix public health, it's not just the case that you will live for a shorter period of time; it is that more years and a far bigger proportion of your life will be lived with you having a very poor quality of life. So, there's a big reason, in your interest, to do it. Then the third thing is, look at the system over all. So, have a plan that takes account of all the players in the system, and have an offer or an answer for them in it.

So, you can't force farmers to decide what to do with their land, you can't compel commercial organisations to move from product A to product B, though you can influence them through tax and all the rest of it, but you can, along the way, say, "If we do the following, and indeed if we shift subsidies in this way, then you'd be growing more of this and less of that, you will make more money as well as the nation being healthier. So, you don't need to farm so intensively if your livestock command a higher premium, you don't need to drench things in chemicals if, as a result, you can grow more in this way." So, always make it possible, even if people are going to resist it, to see that the benefit will be for them within the system."

[Prompt: On the particular barriers that you were talking about earlier: political, cross-departmental, some of the lobbying that may occur, what sort of preparations should a future administration...?]

You have to leave a note for the Secretary of State for Health in ten years' time: You've done those three things that we talked about, here's how to get it through government. Here's what you need to get it through the civil service, round the other Secretaries of State.]

“So much will depend on who the other people are. I can't think of the right analogies. It's a bit like asking, “How do you cook a piece of food?” Well, if it's meat, then within that X, if it's fish, then within that X. So, how do you get it through? You have to ask yourself the questions. Is the Chancellor your friend? Is the Prime Minister your friend? But assuming that they are, then the first thing is, articulate a high governing purpose as to why this is important for the country; then show me the incentives and I'll show you the behaviour; and then it's later than you think, so get on with it.

At each stage, you'll have a choice, so if there is a big lobby interest, you can either suborn or confront. So, you can either say, this is a better route for you, or you can call them out – but again, and this is all about political jostling, you don't want to have too many enemies, so you don't want to have Associated British Foods, and the NFU, and the Food and Drink Federation, and every media buyer all saying, “This is absolutely terrible,” and painting you as the ringleader of the anti-growth coalition.”

Lord William Hague

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“Well, I think it’s a huge issue because it connects to so many of the other issues that are facing the country, and it’s probably not possible to deal successfully with all those other issues without tackling this one. And, of course, those include the performance of the National Health Service, and being able to make a more productive health service and more preventive health service, and being able to focus efforts on problems that would not be so easily sorted out as obesity, if we all did the right thing. That’s a huge issue facing the country, given the length of waiting lists and the inability of the NHS to raise its productivity, even with more resources after Covid.

And then, there is the whole issue of inequality, levelling up, so-called, because it’s an additional disadvantage to worse off people if their ill health is induced by obesity and poor food, it weighs disproportionately on them. And so, that is an inhibitor of achieving levelling up, not least because obesity-related illnesses are a significant factor in worklessness in deprived areas. It’s important therefore, in tax policy, Conservatives...most Conservatives still say they believe in a smaller state, but there is very little prospect of a smaller state if we spend ever escalating amounts on dealing with unnecessary ill health and unable to deal with those levelling up issues. It’s even important, in my view, with regard to defending the country. We’re in a more dangerous world and we’re seeing Germany looking at restoring conscription.

I have advocated a Norwegian model in this country, in the UK, of competitive national service. But to be able to make the most of that, to be able to mobilise people for the defence of the country or of critical national infrastructure, you do need, of course, a healthy population in order to do that. That’s perhaps an angle we don’t think about very much, but in a world which is seeing much more conflict, where most sides in politics are saying we will need to spend more on defence, well, you know, the physical condition of recruits to the armed forces is going to matter, considerably. In all these and other ways, obesity is a central issue. You can’t succeed on all those fronts without tackling this.”

2. Thinking back to when you first became leader of the Conservative Party, where were obesity and food-related ill health on your policy priority list (if at all)?

“I don’t remember it being very much on the agenda at all. And, of course, the situation was very different. The alarming thing here is how rapidly the situation has changed because I became leader of the Conservative Party, as you say, 1997. Well, that is now astonishingly 27 years ago. That shows how old I am. In that 27 years, the health of the population has declined very seriously, and noticeably more so in the UK than some other countries. Although, we can also now see a decline in public health across many countries in the world, which have adopted what is loosely thought of as a more Western diet, but it’s really a more manufactured diet. You can see that really now across the Middle East and India, for instance, taking hold.

It’s not just about Britain. But nevertheless, the situation in Britain is very different now. I may not be up to date, but I think the last time I wrote an article, I quoted a figure of 28 per cent of the UK population being clinically obese now, and a very large further proportion being overweight. The figures in 1997 would have been dramatically smaller. You will be able to tell. They were probably more like 10 per cent obese than 28 per cent. Something has gone dramatically wrong in that period, and that tells us a lot about what has gone wrong.”

3. What were the main barriers you faced in acting on obesity and food-related ill health?

“Well, as I say, we didn’t focus on it as a very salient issue then. But the barriers that politicians face that are very relevant now include, first of all, the credibility of governments and political leaders in speaking about these issues, given that people often feel that, not only on food, but on a whole range of issues, they’ve often been given advice by governments that turns out to be incorrect later. That fashions change, that they don’t really know who to trust, and politicians aren’t exactly top of the table of who to trust. Credibility is a very big barrier.

Then, I think the hostility, the natural hostility to any idea of taxing. This can be a very...we can go on to talk about the soft drinks industry levy and the implications of that, but nevertheless, a headline of a tax is involved somewhere is very difficult, particularly for Conservatives, or indeed, for people of all parties. Two other barriers to mention I’d love to discuss, the third one is for governments, addressing these

problems involves some degree of investing now to save money later. For instance, in Henry Dimbleby's food strategy, more free school meals. Invest now to have a healthier population later.

Government isn't very well set up to invest now to save later. It's run on a cash basis. You wouldn't ever run any business on that basis, but it is how government is run. And therefore, it doesn't necessarily measure the savings of the future. This is true in many different fields, but this field is an obvious one. The other fourth one, which I found fascinating, is...people don't think of it this way, but the assumption that people have free will is very strong in Western society, and that therefore, choice is critical. Although, that trumps everything. That people are able to make a free and informed choice in which they are exercising their own free will.

And yet, we are seeing now in social media, for instance, as well as in food, how people aren't really...they are actually being chemically exploited in many ways. The aspects of human evolution occur for very good reasons, to want more of something, or to react in a certain way to something, is abused in order to encourage them to return to that Facebook page over and over again, in social media, or to eat another packet of those Pringles in the food industry. And that is not actually people exercising their own free will. It is the chemistry of their bodies and brains being exploited. But that's a difficult argument because politicians are appealing to voters who do believe that they are exercising free will, or many of them do."

[Prompt: And I wondered how much the influence of industry, and this can be any time since 1997, obviously even before that if you want to, but what you've observed in terms of the potential influence of industry or the prioritisation potentially of business interests over public health. Where have you observed that and what it looks like, if you have?]

"Actually, I don't have much personal experience with that because I've never been a minister directly responsible for these issues. Some people can say that shows my opinions, or my easy freedom to speak about these things because I've never actually made the decisions about regulating food, and so on. I don't have direct experience of the lobbying of industry to prevent a policy in this area being carried out. Clearly, however, one of the issues...it's connected to the issues I was just describing, is that wherever there is more regulation involved, there is a risk of distorting competition in some way, of saying well, this is going to be taxed, or this is going to be forbidden.

And then, some other product is advantaged, or something that is made in another country is advantaged, and businesses then have some legitimate arguments about level playing fields and whether it's possible to innovate in this country when they make a successful product, we clamp down on it in some way. Inevitably, there are those arguments, and some of them will be reasonable, legitimate arguments. But I've not been on the receiving end myself of lobbying on these issues".

[Interjection: We're trying to understand how it plays out, but it feels like it potentially is more something that within the cabinet situation where you've got maybe a cabinet minister representing a department that has business interests, whether it's the advertising industry or something, that that would be more of the indirect route, rather than literally to the health secretary, or whatever, themselves.]

"Yes, and to MPs. Certainly, MPs will be influenced by businesses in their constituency or trade associations that they know well saying, you know, regulation in this area is just going to put back this industry or threaten the jobs in your constituency. Of course, that has some influence on the political system".

4. What do you consider to be the top three barriers you faced in acting on obesity and food-related ill health policy?

"Well, I think in my own mind I've got four. I think one is the...I think it is this free will point because on that rests that assumption that if you give people enough information, they will be able to make their own decisions. And, of course, if that were true, that is the answer. But that's not really the situation because that of itself is not the answer to the chemistry of people being induced to keep eating certain things. I think that is, we don't really think of it that way, but I think a lot of things come down to that.

And then, I think the problem of investing to save in the future is a big one. Now, there are many areas where government does resolve to do that. And indeed, in the latest budget, there is several billion pounds for new technology in the National Health Service, using data more effectively. The latest of many attempts to bring the NHS up to date. There's billions of pounds for that, and that is intended to save money in the future. There have been preventive campaigns successfully launched by the NHS on some types of cancer, on detecting them early. Again, money is being spent there to save money later.

But I think we're still not very good at connecting it to all those issues. A health economist will be able to tell you that if you could tackle obesity, you could save the National Health Service a lot of money in the future. However, that health economist probably won't tell you that you will also get more tax revenues because more people will be in work rather than off sick. And you will also be able to recruit those soldiers that I was talking about. That's beyond the reach of a health economist. I think that's an obstacle. We don't really measure the full benefit of taking action.

And then, I think it's...probably top of the list is this tax and nanny state argument because if you say, for instance, again, going back to Henry's strategy, well, we're going to tax salt and sugar. That sounds like, in an election campaign, you're deliberately going to make food more expensive in a way that will hit people who are less well off, and then you have to explain, well no, it wouldn't have that effect. But most of the time in politics, when you're explaining, you're losing. And so, explaining all of that, that's difficult. That is genuinely very difficult for political leaders, unless they all did it together.

And, of course, the incentives in politics are not to all do it together because there's an incentive to be able to criticise what the other side is doing. Those are my top three. Sorry, I'm going on along. These are long answers to your questions."

[Interjection: That's so interesting. It reminds me of the buy one, get one free issue - the idea is that they save money, and I still think of your article that tried to explain that it doesn't. They're not designed to save, they are designed to absolutely get you to buy more.]

"Yes, and there's absolutely no reason they would do it otherwise, when you think about it. Why would a business do that? It is in order to get you hooked on the product. That's very clear."

5. What were the things that most enabled you to act or to overcome the main barriers? Very conscious it wasn't a huge issue over your time, but potentially what you have observed. But what factors do you think would enable senior politicians to overcome these barriers and to act on this issue?

"Well, it's really the climate of opinion and the weight of scientific evidence contributing to that climate of opinion, and we've seen this happen many times. Of course, I think probably in the article of mine that you were just mentioning, I made a strong analogy with smoking and the history of tackling that in the 1960s, where there

were members of parliament who said, this was the nanny state and, you know, one MP made the argument that since smoking had been invented, the population of Britain had gone up from 5 million to 50 million, so how could it be a bad thing?

And then, eventually, the evidence became unanswerable from medical science. And from then on, policy on smoking has been successively tightened up. The climate of opinion has changed. The same on seatbelts or, you know, again, the evidence accumulated. Once there was enough traffic on the roads, this made a really big difference to the number of people who died. I think that is necessary is here and changing a climate of opinion does require real, hard evidence to be assembled. As I mentioned at the beginning, governments have a credibility problem here, of how do we know that they know?

And how do we know they're not going to decide in 5 years that actually, a bit more salt is good for you, you know? It has to be third-party evidence. It has to be real, scientific evidence with people that have no axe to grind. And it has to come from many different places, and sources, and countries. And then, other people, this is why I've been writing about it, it's the job of other people who are part of the climate of opinion in the country who write newspaper columns, or whatever, are influencers of whatever kind, take this up.

Because it's easier for us to say before the political leaders of the time can say well, look, this is a problem you can see coming now, and we can see it more clearly with the perspective of being out of government. And so, you can see this coming, you haven't got that long to work out what you're going to do about it. I think those things really matter, and it will be important for that evidence to be really up to date, and one of the challenges will be that technology is changing in all sorts of ways, some of which are very positive. For instance, there are now weight loss drugs, as you know, which may lead to many improvements in this. Although, probably not, in my view, be the overall answer to this problem.

Nevertheless, it will be important to have up to date evidence to show that well, yes, this helps in some ways, but it doesn't actually deal, if that's the case, with the overall problem. And we're getting much better, the medical advances in the next few years will be beyond the imagination of most of us who have been knocking around for the last 60 years in terms of early detection of disease, and the use of data to identify problems far in advance. Again, we have to make this part of that case because people could get the illusion that technological advances are going to deal with the entire problem".

Whereas, in fact, it's unlikely that a drug or better data is going to stop an 11-year-old child becoming obese, you know, which now one fifth of children in the country are clinically obese by that age. And that will have affected their physiology, it will have affected potentially their mental health and their prospects in life for the rest of their lives, and it will be too late in many cases to do anything about it. Yes, I'm rambling on again a bit here, but you see what I mean. One of the challenges is in making sure there's compelling evidence. It's to make sure that evidence is constantly updated for the changing technological environment that we're in."

[Prompt: Who would come to mind as particularly influential on this issue? It can be at any time over the last 30 years or recent years, whatever comes to mind.]

"Well, the most influential people are the scientists and the medics. When my friend, Professor Sir John Bell, speaks about these sorts of issues, I mean, more commonly people hear him speak about vaccines because of the work he did in Covid. They really sit up and take notice because they know there is somebody who absolutely knows what he is talking about. Not an MP who is saying the latest Party line, and not somebody who is looking for boats. It's that type of person who is worth much more than most of the others, almost anybody else, in these debates.

Yes, people like that from the academic and health world. And then, I think, there is an important role for think tanks across the political spectrum because Britain does have a fairly thriving think tank community. They are quite small organisations, but there is a market for ideas in this country, in our country. More so than in many democratic political systems, and they do have quite a lot of political influence. In the case of the Labour Party, the Tony Blair Institute now has a lot of influence, and they have written some very good material on this, on everything that we are talking about.

I think there's a big role for that sort of group. And then, there's a big role for role models who are none of the above, and maybe are not famous people, but have turned their lives around. Are just more normal people, as it were, but have turned their lives around with better diet and, you know, we need such role models so that it's not all top down lecturing to the population about what they should eat."

[Prompt: On those particular arguments, again, what would facilitate, or what you've observed would facilitate. Because obviously, you have tested some of the framing around this issue, the arguments, etc. Whether that's a political arguments and trying to align that, or framing, for example, around protecting children because that might be seen to be more acceptable in terms of the role of the state. Just what sort of arguments and frames that you think would have particularly facilitated this agenda?]

“Well, I think yes, you're right. The children argument is extremely important because this is coinciding with a greater consciousness of the critical importance of the first few years of life, in determining the future prospects of people. There are now longitudinal studies in New Zealand, New Zealand is one of the few countries that has now done...I don't have the details to hand, but you can look it up. They've done a 40-year study of a cohort of people, and it turns out that the ones that had the most adverse conditions in their very early childhood, the first few years of life, account for the great majority, 30, 40 years later of the alcoholism, the serious poverty, the family breakdown, the obesity.

It's very, very disproportionate. The consequences of adverse circumstances in childhood. Now, that's about a lot more than food, but it often includes poor nutrition. That's yet another wider debate on top of the ones I mentioned earlier that this links with strongly because unless we get the early years of life right, we're not going to have a happy and productive population. I think that's an important part of the framing of the argument. For me, as you know from what I've written in the past, a critical part of framing for people of a Conservative disposition is that this is about greater freedom.

That if you're trapped in what Henry has written about as the junk food cycle, that's not freedom. It's back to the free will point and, you know, I wrote in my column, freedom is being able to run on a spring morning. Freedom, here I am sitting in New York. Freedom is going out on this beautiful day in New York and having a run in Central Park, and keeping up with everybody else, and you know, freedom is being fit enough to do things like that. When I write things like that some people say, well, that's his definition of freedom. But actually, we know that being physically well and mentally well, those two things are related to each other, and they are absolutely fundamental to using any free will for whatever you want to use your freedom in in life.

I think it's very important that this is seen as a liberating agenda, not a restrictive agenda. And that goes along, again, from a Conservative disposition, this is about a smaller state because the way we're going, the exponential rise in obesity and related illnesses that affect the ability of people to work, and the demands that they then inevitably make on the National Health Service means that there is actually almost no

prospect of a smaller state in the UK, unless we tackle this issue. It's probably impossible to have a smaller state without dealing with obesity and related issues. For Conservatives, that should be a very...for everybody, it should be a very important consideration.

But if you particularly believe that you don't want to be putting up taxes forever, well then, this is something that is fundamental. And I think that's, therefore, believing in lower taxes is actually the opposite. It's not logical to believe in lower taxes and believe that this is the nanny state every time we talk about improving the nation's diet. We need to get to a point where it's demonstrated to people, those are contradictory viewpoints. If you want lower taxes, and you want levelling up, and you want a population that is, at a time of ageing demographics, is not making life impossible for the younger people who are working and paying their taxes, this is something you have to deal with.

And there are ways of dealing with it, which are not restricting people's freedom of choice, but are actually giving them a better choice. That's the crucial framing, I think, which is not yet there because as you know, you still get the nanny state or interventionist sort of reaction. And again, I'm going on here, but here, it is getting similar to some other issues. All the controversy recently, I don't know if you've read the very good book by Jonathan Haidt that came out two weeks ago, called *The Anxious Generation*, about the accumulating evidence that the smartphone and the social media app from 2012 created a sudden and massive change in the behaviour and mental health of young people, of which we're now seeing many consequences.

It's a kind of parallel argument because...and now, the state of Florida is contemplating banning social media for people under 14, and the government has just announced no phones in classrooms. Policy will go quite quickly on that direction now, I think, across the Western world. It's a parallel argument because on one level, that is restricting people's freedom, but actually, it's a crucial intervention to make sure that those young adults are free to pursue their lives at a later stage. In a way, the argument might be being won faster on social media than it is on food, and we have to make sure we win the argument on food at the same time."

[Prompt: I wondered what made you start writing about this in 2022 and recent years?]

"That's a very good question, which is what people say when they don't know what the answer is. I can't quite remember, except that as someone who now writes newspaper

columns, my job is to read widely. I read several books a week to really keep myself up with what's going on. And I've particularly formed the view the last few years that you can no longer understand what's going on in politics or geopolitics without knowing quite a lot about science. It's not a separate subject. Maybe it never was, but it particularly isn't now because things are changing so quickly in how we can make things, and how we exchange information, and how the economy works, for scientific and technological reasons, that it's become vital to understand all of that.

And if you read widely on these subjects, and you look at the latest evidence, and the reports, well then, you come to an inescapable conclusion about where we're heading. I think that really is what happened to me. Including people like you getting in touch with me actually, there's a slightly circular...you're part of the answer of furnishing me with more information and material, which then I also gather from many other places. And funnily enough, in a way that is an illustration for politicians focused either on their one constituency, or focused on their one department. If you are an MP in the business department or the defence department, this really isn't going to be on your agenda. It will be if you're in the health department.

But if you take proposals on doing something radical about this, all the others are going to say, do we really have to? Because they're not having to look at the whole...at how all issues are connected, and increasingly connected, today. But if what you're doing in the world, like me as a Times columnist, and writing papers with Tony Blair like the two old guys on a park bench as I was saying, now thinking we would know what to do. You're trying to look at how everything is connected and as we've discussed, so many aspects of public policy are connected to this, that you are then driven to the inescapable conclusion that unless you act on this, you can't achieve most of your other policy goals. That's how I came into it and I like to write things in The Times which sometimes move the debate on a bit, and try to find some new common ground across politics as well".

6. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

"No. Well, evidently not. The problem has been getting dramatically worse. The frequency and the ineffectiveness of policy initiatives on this over the last 30 years has made it more difficult for the future. You will remember better than I can the number of anti-obesity strategies, but it's into dozens, I think, over the last 30 years which have not had much success because they haven't tackled these issues that we've been talking about. They've not got over the free will problem. They have been mainly based on the

idea that if you just tell people that they're eating the wrong thing, they will know enough to stop doing it.

But in fact, they would have to...you know, their chemistry has to change, and their locality has to change, and they can't just decide to do something different. No, these interventions have not been successful. No doubt, many of them have done some good in some ways, but the figures speak for themselves of a very rapid rise, particularly since we've reached the point where a majority of our calories in the UK are provided by ultra-processed food. This problem has got very significantly worse, and very rapidly worse. So, interventions so far have been seriously unsuccessful."

7. Why do you think policies to date haven't worked in terms of reducing rates of obesity and the related health inequalities?

"Yes. Well, one of the problems there is what I mentioned about how, you know, if one department thinks it should do something, it still has to win the cooperation of all those other departments. We don't have a single set of national accounts, you know, it's that approach to economics that I was talking about earlier. A health economist will tell you the impact on health, but not the impact on defence, or the workforce, or the future of education. There is that barrier. That means in government, these things only get done if they are led from the very top. These things will only happen if the Prime Minister of the day decides that it is a priority, and pursues it over many years.

And therefore, that Prime Minister has to decide they've got the space, the runway in time, you know, particularly at the beginning of a parliament. And the political space in every sense to do something about it. That, in turn, depends on that climate of opinion that I'm talking about because Prime Ministers are not in a vacuum, they find it much easier to pursue policies if something of a consensus is emerging that it's necessary. The barriers for any individual minister are very high to do something about it because it's a sufficiently big problem, and needs sufficiently big action, that it has to come from the top consistently applied.

One of the other barriers that I haven't mentioned so far is that, and it's part of the problem either in Britain or of the media world, actually. When we do something that is rather successful, we then don't talk about it, so people don't actually learn very much from it. And the soft drinks industry levy, again, you will have all the figures at your fingertips, but the huge reduction that that has led to in sugar consumption for children, the figures...I've seen some figures that show tooth decay and tooth

extractions have declined, so there's an aspect of public health that has improved since that levy came in.

And yet, virtually nobody realises that in a can of soft drinks in the UK, a can of Coke in the UK contains a lot less sugar than a can of Coke here where I'm sitting in the United States. And nobody says that Coke is less palatable as a result. And the price of the goods hasn't gone up, other than due to other inflationary pressures. There's a very successful public policy, but we don't actually see enough of the...the big write up over several pages or the news investigation, the Panorama expose, of the thing that went right. And so, we always hear much, much more about the things that have gone wrong, and we are going to have to get better on this subject, at describing what goes right. And I think that is a particularly good example of something that has so far gone well".

8. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

"Well, they don't need to reinvent the wheel here in terms of policy because the elements are all there in the national food strategy that Henry Dimbleby set out. I'm not just saying that because he's part of your project, I think that's true, and I've said that for a while. And, of course, one could decide to vary certain elements of that, but that's the menu, that's the agenda that we're dealing with here. Second, I would say don't underestimate how much people do realise this is a problem, and do want rescuing from it. But they do need to be rescued. It's like, again, to use another comparison on social media, the recent study that asked American university students how much you'd have to pay them for them to stop using Instagram or TikTok.

They actually worked out, you know, what was the market price, on average, that you needed to pay them \$50 a week to be cut off from their friends. However, the research also showed that if they were all cut off, they would pay for that because they know their lives would be so much better. And that revelation of what the market price was, again, has a parallel here. People know they do need rescuing. We still need to strengthen that climate of opinion, but a political leader who really gripped this now would find there was much more understanding of both, the individual, and the long-term national benefits than they might think.

And the third bit of advice would just be, it's one of those things that you have to get going on at the start of a new government or a re-elected government but a new term, and carry through over several years, so that you can show the benefit. And the great

thing about this is that it's a policy area where the benefits come quite quickly. People having good nutrition, the human body heals itself very well if you allow it to. And so, unlike climate change, which is a very important issue, but where the benefits are so global and so long-term that everybody can doubt whether their own contribution matters, if they want to doubt that. Here is something where the benefits are individual, almost immediate, and would start to be substantial within the lifetime of a five-year parliament. That is my advice."

[Prompt: What sort of tips about overcoming potentially some of those barriers, whether that's the perception of free will and those sorts of things ... what would you recommend?]

"Well, I recommend...this is the sort of subject on which there's immense scope for cross-Party agreement. I don't mean by that, the political parties making a formal pact and saying their policies are identical, but I do mean that many of us would support any government in taking these actions. It doesn't have to be from our own Party. And so, maximise the scope for that, I think is important advice. And the other thing, I suppose, I'm going back to my own ministerial experience. My main legislative achievement in my life was to design and pass through parliament The Disability Discrimination Act of 1995.

I put that together on the back of an envelope, and then I drew up the detail. I, myself, took it through parliament as a minister, and all the time, I had lots of blockers. It was exactly one of those issues where the rest of the government, do we really have to do this? And won't it lead to more regulation? And so on. The act that has now led to rail in all the lifts, and hearing loops, and the reasonable adjustments at work for disabled people. A landmark piece of legislation. But why did I get it through the government in the end? Even though I was only a junior minister, whenever I hit a blockage, the Prime Minister unblocked it. John Major, whenever I was blocked by the cabinet, spent a lot of time making sure I got my way.

And that's why, that's what I mentioned earlier about the Prime Minister. It doesn't mean the Prime Minister has to focus on it every day. There has to be a minister who is focused on it every day, and who when they need help from the Prime Minister, they get it."

Seema Kennedy

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

“I think after the ageing population, and the fact that we haven’t tackled how we address that [obesity] in terms of fiscal, or any other policy, it’s the biggest problem, because it affects the workforce and productivity, I think in manifest and hidden ways. And because of co-morbidities, I think it’s actually much more pernicious than a lot of policy makers are really aware of.”

2. Thinking back to when you first became Public Health Minister, where were obesity and food-related ill health on your policy priority list (if at all)?

“So they were high up in terms of when I was, I can’t quite remember, you’ll have to look on the timeline. When I was appointed, I don’t think Theresa [May] had said she was going to step down then, but we could tell the change was coming. She was very keen to make sure that she had a lasting legacy and you can see that in other policy areas, things like the net zero that she’d announced. But the one thing that she asked me, because of course when you get appointed, I got appointed in person, very nice and, you know, formal sitting around the cabinet table, was about to make sure that the Prevention Green Paper was published. That was, is it Chapter 3 of the Obesity Strategy?

For me, I think if you look at the centre, that was definitely the priority of the Prime Minister. Again, you’d have to ask Matt, I can’t quite remember. He was always very exercised about smoking, but he said that you need to concentrate on a few things, and for me this was a very important one, and not just childhood, but across the piece. But of course, looking at starting early, is the obvious way that you need to make sure that you get the first thousand days, from conception onwards, in order to set the right foundations. So, I think for me personally, it was definitely my number one priority, getting that paper published. Which, I don’t know if I’ve spoken to you about it, I think I did when you were doing your PhD, but I’m sure we can explore that later. But for Theresa it was definitely a priority. I think she, and of course she’ll have to speak for herself, but I think she saw it very much as a social justice issue as well. Because there was so much evidence that obesity is so much more prevalent in lower socio economic groups, and it can have effects on educational outcomes as well. So, I don’t know if you’ve spoken to James Marshall, but I know he was very passionate about it. I think

that was the tipping point for her, that was really important, because it's that social justice aspect. That was what I used to see in my constituency, and that was what, for me, was most offensive about it".

3. What were the main barriers you faced in acting on obesity and food-related ill health? [Interviewer details strategies and policies published during time in office]

"Well, if you just go through them in order. I think the energy drinks didn't seem to be as problematic, people didn't seem to be bothered about it. It's probably to do with the 'energy' part of it, the 'stimulant', rather than the sugar content. I think. Especially parliamentarians saw it as a sort of novelty, which was very evil, so I don't feel that we had a problem attacking those. But with labelling, I had a lot of push back from the department, they just couldn't...There was a lot of faff around smaller outlets, and oh, "Gosh, you need to give them years and years before they put it on, they won't be able to do it." I said, "Well, as long as there's enough latitude in the legislation, in terms of how long they've got to implement it. If you give them five years and we don't expect them to have perfect, but if we say, right, through DBT [Department for Business and Trade]..." Or whatever it was in those days, I can't even remember... or BEIS [Department for Business, Energy and Industrial Strategy]. If we say, if you're selling a chicken sandwich, it's around 500 calories, give them the guidance and then let them use that. It doesn't have to be perfect, and allow them a lot more latitude, I can't remember if I suggested it, work with the trade bodies. There was just so much, "No, no, they're never going to allow it, such a body is angry about it, SMEs [Small and Medium Enterprises], FSB [Federation of Small Businesses]..." Again, I can't quite remember if the FSB did jump up and down, but that was the implication.

I said, "Well I work with small businesses, I run a small business, I've done this all the time, they're used to dealing with regulation, you just have to give them notice and don't make the penalties very big." They just wouldn't take it.

[Prompt: The Department of Health being the pushback?]

"Yes, it was. They told me that they'd get too much pushback from the other departments, so that was why there was the cap that, I think it's now, for labelling, you have to have so many employees, don't you. I can't even remember what the criteria are, that when you go to a restaurant you have to have the calories on the menu".

“Because I’d said, “But most people don’t get food from those places, or if they do, they don’t all the time.” If you just go into a sandwich shop where there’s just a sole trader, I accept that it is going to be onerous to do that. But if we do it proportionately, just as all businesses have to eventually comply with new legislation, have a gradual approach and a phased approach and just say... I gave these examples, but they just weren’t, they wouldn’t listen to me. So that was that one. What was the next thing you said?

[Interjection: So the next thing was calorie labelling in restaurants, that have gone through. Then the promotions restrictions and the advertising [restrictions]].

“Oh god, all they would talk about then was Liz Truss and the Daily Mail. I was like, “Nobody cares.” I think history’s proven there’s no political consensus for like, and you can see from the polling that, whatever it was, not Britain Thinks, I can’t even remember, Public First or whatever, that did on the smoking. People accept this, they want it, they want to be helped, they want to be in an environment where they can make better choices. I think at the time the problem was, Liz [Truss] was always very leaky, and [they were] constantly undermining us, when I was with Theresa [May]. I think, because then it was all getting really febrile around the change of leader, they were just worried about that. But I think that there are much stronger arguments now to make those changes”.

[Interjection: So it was a sort of government department push back and then internal party push back, being the key [barriers]...]

“I think also the problem was, the officials were just being a little bit supine and waity and thinking, oh, well, I don’t know if it’s because they’re scared or worried. Or think, ‘what’s the point of making these changes because when the new lot come in they’re not going to want to do them’.

[Prompt: That’s really helpful. Was there anything around issue for prioritisation, it sounds [like there’s not] because it sounded like it was pretty high up in terms of focus. But any issues around that or [...] a lack of evidence of effectiveness being problems[...]?]

Answer: “I think the other thing was, I do remember very distinctly having an argument with officials that they said something like, “And blah, blah, blah, however many percentage of children leave primary school.” I think, it was 48% leave at Year 6, I can’t remember the stats?”

I was trying to amend this and said, because in some schools it's much more than that and they wouldn't let me say that in some schools there are not. Because of course in some schools there is probably only one in a 100. It's like when they renamed it, instead of 'health inequalities', 'health disparities'. You've got to be open about the fact that this is also an economic issue, and it's a vicious cycle, and I was trying to say that but they didn't want to hear it. I think that was it, telling the truth was tricky. There was a real, I felt, like a resistance to...There was still, I think, too much, if you think about it, in regulation and public health, like RET, there was too much emphasis still on education, rather than regulation or treatment".

[Interjection: Yeah. So the framing was very much around, 'we just need to give people [more information]...']

Answer: "Just give them more information, and I said, "it just doesn't work." Look at it, we've had this '5 pieces of fruit', and that's not working. It was like with the vaccination programmes. I said, "Great, okay I'm going to be here and I'll be the first one in the queue and I'll be there downstairs in the Health Department. I'll be the first person to get my flu vaccination, then we can get it all done for everybody for free, and then we can roll it out and make sure the NHS." They said, "It's not obligatory." I said, "Are you joking?" So, there was something which, I think in another business, or another industry, you'd say, "It's absolutely blooming obvious, you've got to do it." They wouldn't do it because there was so much timidity about forcing people to do things".

4. What do you consider to be the top three barriers you faced in acting on obesity and food-related ill health policy?

"[Laughter] So, I think there's a perception of resistance...1) I have probably slightly underplayed here, the political push back. So of course, Boris had said, very publicly, he wasn't going to, he's had so many policy positions on this, I lose track. But at that point he said, "No, I'm not going to ban anything, people can eat what they want". Which is why we had so many problems publishing the Prevention Green Paper and in the end it had to go out David Lidington and my name, because Matt [Hancock] refused to sign it. He'll give his own account of what he did. So, there was a definite issue, and that was a timing issue. The other problem, I think, was this perception in the department of resistance, which I told them that they didn't need to be worried about. Because there were so few people who were actually concerned about it, and that we should be prepared to make brave choices, and that I would be prepared to stand up with the

dispatch box and say these things. I think, the third is, I think there was a real lack of understanding. I still think there's a real lack of understanding, deep understanding, in Whitehall about the real effects of this problem. Because it's not a problem that walks down Whitehall, it just isn't. But you go to other parts of the country and it just manifests in front of your eyes. So I think that's the order I'd put them in".

[Interjection: Brilliant. So lack of awareness about the seriousness?]

"Yes, exactly".

5. What were the things that most enabled you to act or to overcome the main barriers?

"So, one was, I think there was a pilot project around whatever you call 'takeaways', I'm sure they had a special name for them that was an acronym".

[Prompt: Out of home sector, or the out of home outlets.]

"Yes. So, they wanted to set up about, when you go to these, let's say kebab shop, you have the more healthy options and there was a pilot. I don't know how involved I was, there was probably some sort of criteria, but I really pushed my hometown, Blackburn. That was the town I was born in and I grew up in, and it has an appalling public health statistic on very many measures. I mean, Blackpool is worse, but Blackburn is still very bad and I really wanted to make sure that it was part, it was one of the pilot places. So, that was pleasing, now I have no idea what happened with the pilot, or if any of the findings were implemented. The person, I think that was most helpful in getting the Prevention Green Paper actually published, and not just put in a filing cabinet, was Gavin Barwell. He really helped me, because I think if he hadn't been there doing a lot of horse trading, we wouldn't have had it done and published, so he's great. And of course Lidders [David Lidington] who actually signed it in the end. Because we knew that people who'd supported Theresa, we knew that she wanted a legacy of her time, and have some concrete policy proposals. Now, I've slightly lost track about where we've got with that paper, I think there has been a formal response, but I have never seen any useful policy proposals, but actually coming from the Department.

[Prompt: In terms of the Green Paper?]

“Yeah. Also, Henry [Dimbleby] was very helpful, because I do remember him coming in and having meetings with us. I think the fact is he’s been a very consistent champion, and he has stuck by, he’s been a critical friend but he’s somebody with expertise. Even now, I’m sure, and you can sense his frustration sometimes with politicians, he stuck at it, he hasn’t just said, “You’re all absolute idiots.” And he hasn’t gone on to something new, which we’ve seen certain high profile people do in the past and that’s really helpful. I think having a champion who’s respected, is what you need. Because it’s not just the message because we’ve all been, anybody who’s cared about this has been saying it for 20 or 30 years, the messenger.

[Interjection: That’s really helpful. Just, giving an example of the sort of thing [of what Gavin Barwell was doing to help push policy through]...]

“[Overspeaking] Yes, I think it was trying to get it, because all these things need to go to write round, so it’s when you go through all the Government departments and they raise their objections. Again, I’m sure you’re talking to Matt, and he will give his reasoning for why it didn’t end up being published by him, or his name wasn’t in the introduction. I don’t know what Gavin did, I can’t remember if we had to take anything out, I don’t think we did. I suppose I was probably less concerned with the other chapters than I was with the Obesity one. But he knew what he was doing, he’s a very skilful negotiator and politician, and somehow we managed to get it published.

[Prompt: Really helpful. Do you remember anything on the specifics of, like the ban on energy drinks? It sounded like it was at a very positive point when you were [public health minister], because the consultation happened and you’re saying there wasn’t push back, but it’s never been implemented...]

“Oh, hasn’t it. I’m sorry, I didn’t even know. Because they’re completely disgusting, well I’ve hardly ever drunk one so I can’t imagine that you’d want to. Really?”

[Prompt: I know. But from what I can understand, it's not in a sort of sinister, someone was really pushing back against it, I think it was one that just was so niche that it slipped. But I just wondered if you remembered anything from that time of...?]

“[Overspeaking] No. I think the point is, we sort of gone from then and it's been perma crisis. And the thing is, you've got to remember, that the civil servants will push things through, but they have to implement policy, which is being pushed by the politicians. As you have, and I don't know many Health Secretaries there's been since then. A lot. They will have their sets of priorities and you need to have a collision of Number 10s priorities, Treasury's priorities, the Department, an individual Minister and just the stars aligning. And people have got to stick at it, and I think the thing is, as you move people, rotate them a lot, which happened a lot, these things are just going to keep going up and down and trying to get something through is hard. Of course then the Pandemic has had enormous effects on the whole health landscape and the Department and its resources. It will be great if we're now all thinking about prevention, but prevention is not very sexy and nobody really talks on the doorstep about closing sexual health clinics, or cutting back on smoking prevention. I very rarely heard, “Oh, I really wish there were labelling on these...”

So it's not politically salient, this is the issue. Whereas acute services, where people understand those, because they know what it is about getting ill. I just think that it's a problem of bandwidth. I'm a bit sort of disheartened, I haven't seen much coming out from Labour either about what they're going to do. With Rosena, when she was the Shadow Minister, I don't think she's anymore, I've got slightly lost”.

“I mean they were talking a lot more about prevention, and now I haven't heard anything. That's fine, of course, you're not going to write your manifesto years before you know there's an election”.

[Interjection: That's really helpful. Definitely on the bandwidth side... but that lack of doorstep [saliency]. Because that is what is really hard to understand if you haven't been there in the position where, whether it's the election writing component of it, or trying to persuade colleagues, it's literally, 'what does it feel if you're not getting that demand felt from constituents', or whatever, that's really helpful to understand.]

“I think probably, I was quite unusual, I'd say, in the parliamentary party of being much more paternalistic, or maternalistic. My argument that I would use with colleagues was, we have a taxpayer funded health service and the outputs from that are declining,

because the inputs are getting worse. So, if we were all going to have to pay for it then it behoves us all to put better stuff in. So this is an economic argument that I was making, I wasn't making a moral argument. Economically it's better to have a healthier society and a healthier populus. Because, I remember having an argument with somebody, a colleague in the tearoom, about this. And they're like, "I want to eat this and you shouldn't stop me, you're fine, you're skinny." I was like, "Well, that's not what I'm talking about." It's about how we allocate resource and what we do with it, and surely it's better to keep people in the community rather than being in hospital. So yes, there is definitely that push back. I think the other, I think it's also because, politically, it's just a very hard sell.

6. Do you think the policy actions that have been taken over the last thirty years to address this issue have been sufficient?

"No way. Not at all. Because, I haven't looked at the statistics lately, but I presume they're not getting any better. And I think it's that 'leaving primary school' one, which we should all be more concerned about. Again, I haven't looked at it lately, but I imagine it's just got worse".

7. Why do you think policies to date haven't worked in terms of reducing rates of obesity and the related health inequalities?

"As Chris Whitty was saying yesterday, the problem is between tobacco and food, is that tobacco is designed to be addictive, and nobody actually needs to smoke. So there's been real, we've had great success in all these anti-smoking measures, and I'm sure that if you look at the data around lung cancer, for example, I'm sure that's showing up, and that is terrific. But with food, everybody has to eat, so it's how you frame it. There are very few people, at least I've never heard them in policy making circles, who would say, 'I would ban everything with process, or all processed food, or anything with sugar in'. Everybody says, "Well, a little bit of it you're going to be okay." So, it's a nuanced argument, and making nuanced arguments is very difficult because policy makers like things that work in three word slogans, and are terribly easy to understand. So, I think that is one. So, there is a difference between smoking and food. I think it was seen for a long time as a cosmetic issue, I think that it wasn't really seen as a health issue, and definitely nothing to do with mental health. I don't think people saw the links between economic inactivity, or productivity, and food. I think there's actually been a lot of,

because people were worried about it, in terms of the sort of paternalistic versus libertarian argument, they were too quick to hide behind the industry.

I think actually the industry, as long as they know what they're doing they're fine, they will take it. They don't want to make things that make their customers ill, they genuinely don't. They're not the evil empire, but policy makers hide behind that and say, "Oh well, they'll push back." It's like, all responsible industries are happy to accept regulation, as long as they feel it's been properly formulated, as long as they have noticed, don't hide behind that. I still think there's this issue that, because people in Westminster and Whitehall may be just cut off from the actual impact of it, geographically and socially and economically, that they don't see how massive it is as a problem".

8. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

"I think just grasp the nettle, and start implementing the policies. We don't need any more research, it's all there, just start putting it into place. There's reams and reams of data, it's all pointing one way, and there are lots of practical ways that you can attack it. Do you think the information part is useful, so why would I extend the calorie labelling to all outlets and to schools and hospitals and public...I think I'd have a serious think about government's power as the purchaser. So, just for example, I think you can't, on MOD premises now they don't have gambling machines, one arm bandits, whatever. That's actually taking a lead on public health, think about that. What is the sort of food we're serving in schools, what are the tools, other departmental canteens, things like that. On child nutrition, there's some really really important ways of thinking about breastfeeding and weaning and all those things. They are very sensitive, I understand that, but I do think it's part of it. Because the exercise element is important, but it's what we're eating that is actually making lots of people obese. I don't know what would be the most effective, because actually I don't even think the international comparators are brilliant, but there must be other examples we can look to, where things have worked and just try those.

[Prompt: What about, just thinking about the [...] practical ways to get over those political barriers that you'd been talking about? A new government might come in and face them [...] What's your advice in terms of your experience of how to get over those [barriers] for new governments and new politicians?]

“I don't think Labour would have exactly the same, I don't think they'll have the same sort of internal barriers to implementing these. I know they've said that they had this free vote on smoking and Labour had a free vote on it. I mean, I find that just absolutely mind boggling. I really do, it's a public health issue, it's not a conscience issue. So, I really thought it was bizarre, and I don't think these things should be... they should be whipped issues and they should be in your manifesto. I think you need to work with other bodies, and just accept that this is a problem that we've got as a country, it's something we need to overcome for individuals, but for us all as a collective. That we've always been a world leader in public health, clean water, with vaccinations, Clean Air Act. So this is something else that we can take a lead on and we should be very proud of it, and stop faffing around, just get on with it, it's a really really important issue”.

[Prompt: In terms of some of the threads that we've had from other interviews, about how important things like prime ministerial leadership are, or whether you can get on [without it]. Because as a Public Health Minister, [it] is really interesting [in terms of] understanding the genuine powers that you feel that you can hold, whether that's from Prime Minister, Health Secretary, Public Health Minister, in terms of what you can do.]

“Of course, I think if it's one of their personal priorities they can make a difference, and it just comes down to bandwidth, and majority, and all those events. I think if you have somebody that they've really, there's not that many people, so again, it's about the advisers and it's about making it sellable. Maybe I was being a little bit, saying, “They need to get on with it.” But it's about telling the story, how do we tell the story. It's about telling the story internally. How do we tell the story to the media. How do we tell the story to the public. So there probably is a job of work to do around storytelling, rather than just data about diabetes and heart attacks”.

9. Is there anything else you'd like to say or any other advice you would like to give?

“No, I think it's just about everybody who's in those positions examining their legacy and thinking what they want to do, and how they can really have an impact”.

Sadiq Khan

1. How big a problem do you think obesity and food-related ill health are to the future of this country today, relative to other major issues we face?

It's certainly one of the biggest health issues, and one of the biggest issues facing our children and young people too. When you see the evidence all together, it's quite stark. The impact is enormous: on the individual, on the NHS and on wider society.

Evidence shows that living with excess weight can affect every organ in your body, it can lead to serious illness like cardiovascular disease, cancer and diabetes, strokes, mental health issues and even early death. It's hard to overstate just how significant an impact excess weight has on children too. In London, one in five children in reception are overweight and the number of children living with severe obesity doubles from the start of primary school to the end of primary school – those are shocking statistics.

We know how important it is to ensure we intervene early, so that our children and young people get the healthiest start in life. If excess weight is there from the beginning, it becomes much harder to lose as they get older, meaning that the risks of ill health increase year on year. There aren't many things that carry this level of harm to our children that don't involve significant and sustained intervention in some way from the state to try and tackle it.

But it's also important, when we're talking about obesity and how big a problem it is for the future of our country, that we contextualize it, and we think about what drives obesity and food-related ill health – and that's poverty. Evidence shows one of the biggest drivers for obesity and food-related ill health is poverty and limited access to healthy and affordable food. It affects an individual's ability to buy healthy and nutritious food, to access leisure facilities to exercise.

The Kings Fund have found significant gaps in obesity rates across the country's most and least deprived areas. For women, the obesity gap between the most and least deprived areas is 17 percentage points, while for men the deprivation gap is 8 points. NCMP data also supports this showing that children living in the most deprived areas in England are more than twice as likely to be living with obesity compared to those living in the least deprived areas.

Obesity is a complex issue and the 2007 Foresight report and system map set out the many drivers including economic, biological, societal influences and individual psychology. This map is still relevant today.

And so yes, absolutely, being overweight is a big problem for the future of the country, but so too are the wider drivers of it like poverty. And you can't support people to have a healthy weight while families live in abject poverty, so as a country we must start there.

2. Thinking back to when you first became Mayor of London, where were obesity and food-related ill health on your policy priority list (if at all)?

Ensuring children maintain a healthy weight has been a long-standing commitment of mine, and it was something that I prioritised when I first became Mayor. When I was writing my 2016 manifesto, I knew that I wanted to include some key policies that looked to use the powers of the Mayor to address the issue in London, which is why I pledged to tackle childhood obesity through challenging the spread of fast-food shops in areas close to schools. I'm proud that within the first year of my Mayoralty I'd banned new fast-food takeaways opening within 400m of schools.

Since that first Manifesto pledge, ensuring Londoners have a healthy weight has remained a key policy and political priority of mine, and I've taken several steps to try and address it in London. Most notably, in 2019 I banned foods high in fat, salt and sugar (HFFS) from the TfL (Transport for London) estate. This means that no adverts for less healthy food and drink are allowed on the world's largest transport system, which serves millions of Londoners daily.

This ban was, and still is, controversial to some. But evidence shows it's working. Research shows it's been linked to 94,867 fewer cases of obesity, 2,857 cases of diabetes prevented or delayed, and 1,915 fewer cases of cardiovascular disease. It is also expected to save the NHS £218 million over the lifetime of the current population. The London School of Hygiene and Tropical Medicine has also found that the ban has contributed to a 1,000 calorie decrease in unhealthy purchases in Londoners' weekly household shops.

This has had a much wider impact on London's landscape too and has now served as a model for other authorities to implement their own bans. Several Local Authorities are now banning foods high in fat, salt, and sugar from their own estates – this includes things like bus stops.

Alongside this, I've also prioritised supporting Londoners to lead healthier, active lives. Maintaining a healthy weight isn't about the food we eat, it's also about physical activity too and again, this is something I was committed to in my 2016 manifesto.

One of the ways I've looked to support Londoners with their physical activity has been through the promotion of active travel. Active travel, walking and cycling, is the main source of physical activity for Londoners, and I've been working with TfL to make this easier for Londoners.

With London Boroughs, we are making London's streets safer and more accessible for walking and cycling, and through our investment we've reduced road danger at 44 junctions through and created over 500 school streets.

My target is that 70 per cent of Londoners achieve at least 20 minutes of active travel per day by 2041 – there is still more to do here, but we're making good progress. TfL's annual Travel in London report shows continued increases in the levels of walking and cycling. In 2023, there were 1.26 million cycle journeys per day in London, up 6 per cent from 2022.

I've also really made supporting young Londoners to access support, particularly those from more disadvantaged backgrounds, a key policy priority. Most recently, I partnered with the London Marathon Foundation, The National Lottery, Sport England, London Sport, and London Marathon events to launch a £20m community sports fund, which aims to reduce the barriers to physical activity that children and young people face.

Supporting Londoners to maintain healthy weights has absolutely been a key policy priority of mine, from the very beginning, and I am proud of the work we have delivered in this space.

3. What were the main barriers you faced in acting on obesity and food-related ill health?

What do you consider to be the top three barriers you faced in acting on obesity and food-related ill health policy?

What were the things that most enabled you to act or to overcome the main barriers?

Reflecting on my Mayoralty, and the action I have taken to date in this space, I would say that the main barriers I faced were:

1. The powers and levers of the mayor
2. Ideological opposition
3. Lack of resource

The powers and levers of the Mayor

Obesity is often seen as a health condition, with responsibility for preventing and treating it sitting very firmly in the NHS, in the health and care system. It is not usually seen as the role of the regional Mayor, especially in London where there are no statutory powers or duties in this space. Unlike Manchester, London is not a combined authority with devolved responsibility for the NHS. The Mayor of London cannot commission or directly influence health services.

So, the powers and levers of the Mayor, or lack thereof, has been one of the barriers I've faced in my attempts to act on these issues in London. But the way I have managed to overcome this is by being creative with the levers I do have and by working in close partnerships with Local Authorities, the NHS, and the wider health and care system.

As Mayor of London, I have a responsibility to develop a Health Inequalities Strategy (HIS). The HIS is a statutory duty, and I could have just published the strategy and not done anything else with it. But instead, I have used the HIS – and the London Health Board – to galvanise the health system to work together to tackle health issues and bring about change in London.

A common thread of the policies I have brought in as Mayor under the HIS has been to ensure that they are place-based interventions. This approach recognises the importance of addressing the wider determinants of health – where someone is born, lives and works. It is an approach that sees the value and importance of place and local community in addressing health inequalities. It utilises the leadership and levers at a more local level too – from regional through to the hyper local.

It also, crucially, is an approach that recognises that someone's health, someone's weight, for example, is not just affected by personal choice. It recognises that a wide range of issues can impact on someone's health. These wider determinants are also areas where I do have responsibility, influence, and power.

So, while I do not have control over the NHS, I do have powers over the TfL estate for example, which meant I was able to bring forward the advertising ban on foods high in fat, salt, and sugar.

When I first instructed TfL to bring these plans forward, there was concern that it would impact on our advertising revenue and that companies would completely stop advertising on the TfL estate. But one of the most successful things about the ad ban, from my perspective, is that this did not happen. Instead, we saw companies

advertising healthier options or, more interestingly, reformulating their foods so that they were lower in fat, salt and sugar and so could be advertised – they were reformulating their food to be healthier.

I have also used the powers I do have to deliver interventions to support Londoners to lead healthier and more active lives. Some I have already mentioned like using the TfL strategy to promote active travel. Others have included directly delivering programmes, like my Healthy Early Years and Healthy Schools Programme.

These programmes recognise that supporting Londoners to have a healthy weight starts at an early age. The Healthy Early Years programme targets London's 13,000+ childcare settings. The programme aims to reduce health inequalities by supporting a healthy start to life across topics that include healthy eating, oral and physical health, and early cognitive development. The Healthy Schools Programme works in similar areas, and almost 90 per cent of all schools in London are signed up to it.

Other ways I have used the levers I do have to support Londoners to lead healthier lives, and maintain healthier weights, has been to try and tackle some of the structural determinants of poor health, like poverty and housing.

Through my housebuilding powers, I have started on 116,00 genuinely affordable homes since 2016, and more council homes are being built under me than any time since the 1970s.

I've investing record amounts in supporting the roll out of universal free school meals for all state primary school children. This not only ensures that all children are guaranteed a nutritious meal each day, but it is also supporting families to save money – around £500 per year, per child.

My investment in boosting advice services has helped low-income Londoners secure more than £9.6m in financial support they are entitled to but otherwise would not have claimed and the London Living Wage has also increased every year since I was elected, increasing sixfold since 2016.

All these things are helping to address some of the wider determinant of ill health, and the drivers of unhealthy weight. Of course, there is some way to go in terms of truly tackling these issues, but it is an example of how I am using the powers and responsibilities of the Mayor of London to think about tackling unhealthy weight in London.

And as part of all of this, I have worked in close collaboration with London health and care partnership.

Although there is no statutory relationship between the Mayor of London and the London NHS, but we do have something called the London Health and Social Care Devolution Memorandum of Understanding.

On reflection, the covid-19 pandemic had an incredibly significant, and positive, impact on my relationship and the Greater London Authority's relationship, with the NHS and with the wider health and care system. During the pandemic, we had to work in a different way to ensure the protection of Londoners.

And again, it is this shift in working that has led to our ability to implement meaningful change to Londoner's lives at a pan-London level, and to really support them to maintain healthier weights.

Ideological opposition

Although I am proud of the work I have delivered to support Londoners to lead healthier lives, it's not been without controversy.

Since 2016 I have been accused by critics of turning London into a nanny state. We've seen this most recently with the expansion of the Ultra-Low Emission Zone into Greater London, but it's also been levelled at me because of posters on the tube containing safety messages and, of course, when I brought in the ban on adverts containing HFFS foods too.

This criticism is unfortunately expected in the UK. Some oppose any intervention by government – whether that be local, regional or national – that can be conceived of as impacting on an individual's personal choice.

So, it was something I had to consider, it's something all policy and decision makers have consider: is the intervention worth the political fight? Will the criticism be loud enough to derail the policy completely? In the case of the tube ban I knew that bold action was needed, and I moved forward with it despite the noise. As I've already said, the evidence shows that it's working. When it comes to health, particularly children's health, we must be bold enough and courageous enough to stand up to the "nanny state" critics.

Lack of resources

All the work I have spoken to today has been made possible because as Mayor I have made supporting Londoners to be healthy, and to have and maintain healthy weights, a priority.

As mentioned previously, beyond the duty to publish a strategy, the Mayor of London does not have any other statutory duties or responsibilities in this area. It also means that there is no funding or resource for this work at a pan-London level.

This has been a barrier in terms of the action I have taken in this space. It is a barrier I've managed to overcome, because I have made it a political and policy priority in my budgets, but with further funding from central government, we could have gone much further.

It could be a barrier for future action in this space at a pan-London level too though. Although I will continue to make it a policy priority, there is no guarantee that the next Mayor – whoever they maybe – will do the same.

4. Do you think the policy actions that have been taken over the last thirty years to address obesity and food-related ill health have been sufficient?

Why do you think policies to date haven't worked in terms of reducing rates of obesity and the related health inequalities?

I think successive governments have tried and made considerable inroads. Over the last 30 years, there have been many policy interventions in this area: the shifts towards more public health approaches, the banning of the advertising of unhealthy food on children's TV and at one-point free fruit and vegetables for children. There has also been the sugar level and the national child measurement programme, amongst others.

There also needs to be a radical shift in the way we work in partnership with industry on this, which could include moving more into a co-production and incentives-based approach. London has a thriving business economy which offers great opportunities to improve population health. There are examples in London of how this could be done on a larger scale, for example working with commercial businesses around schools to sell and promote healthier and more affordable food and drink.

As part of my School Superzones project, we launched the healthy convenience store programme in Lambeth. Here we worked with the retail industry, not against them. The

result has been that at convenience stores close to schools there has been increase in the range of healthier, affordable food stocked by the stores; an increase in sales of healthier options in nine out of the ten stores; greater promotion of healthy start vouchers and a better understanding of children's purchasing behaviour. The work is supported by the retail industry and a model has been developed to roll it out to other boroughs.

I also think public and private sector companies need to follow me and restrict the advertising of unhealthy food and drink & support me in my work to create child centered healthy urban environments.

5. What advice would you give to future administrations when it comes to tackling obesity and food-related ill health? What would you suggest they do?

The main advice I would give to future administrations is to be brave and bold in their policies and their decisions, and to focus on building political consensus. Often there is much more support to act in this area, particularly when it relates to children and young people. It's often about finding the right language.

Beyond that, other things I would advise are to:

1. Ensure that the voices of children and families are central to policy making.
2. Ensure adequate investment.
3. Tackle root causes such as poverty.
4. Invest and act early – starting from pre-birth and investing in our future generations- investing in major programmes such as universal free school meals.
5. Futureproof any policy or action taken – technology and the way that families understand, access, and buy food has changed over the last 10 years. Our highstreets are no longer the hub that they once were. People access health advice and information very differently to 20 years ago. Any future administration must look forward and ensure policies or levers are both flexible to adapt but also take account of the ways in which our next generation live, work and play.
6. Work with city mayors – provide them with support, resources, and levers to create systemic change.

George Osborne

1. How big a problem do you think obesity and food related ill health are to the future of this country today relative to other major issues we face?

“Well, I think it's a problem, but it's not unique to this country, and it's not the only problem we face. I think I would see it more in terms of all the kind of pressures that we face on healthcare costs in our society, and given that presumably we want everyone to have a chance of a healthier and better life, it seems to me this is an area where it's quite simple to deliver practical improvements in a measurably short period of time. There are lots of problems we face as countries or human beings that are quite hard to solve, we'd like everyone to be happier and more fulfilled, and we'd like everyone to get more exercise and all of that, but when it comes to obesity at least one component of this, what we allow people to eat or what we incentivise food companies to produce seems to be something that's a relatively straightforward lever to pull, compared to many other issues.

I don't think you'll ever eliminate overeating and the like, but you could really improve things and a lot of difficult public policy problems are difficult for a reason, which is like if they could be solved they would have been solved. The reason they haven't been is not because politicians are idiots or politics is bad, or people don't agree with each other, it's just because they're very difficult problems to solve. Whereas here I think there are some obvious things you could do”.

2. Thinking back to when you first became Chancellor in May 2010, where was obesity and food related ill health on the policy priority list?

“There had been general discussions in opposition about this kind of public health policy, I think it was never seen as being distinct from broader public health policy. As Chancellor, I mean the honest truth is this, like everyone says, the thing you want to do with healthcare is move to preventive health and we need to beef up public health. But when you're the Chancellor what you've actually got is, you've got a 200, or 150 billion NHS budget. You've got nurses that need to be paid, doctors need to be paid, operations that need to be funded. Hospitals. You can have a kind of abstract conversation about improving the nation's health over the next 30 years, but your priority is “What's the NHS budget this year?” and that is just the reality of government and it's true of many other things.

If you said the best way to solve immigration is to make the lives of people in Africa much more prosperous, great. But that's not going to happen tomorrow, so you've got this immediate problem of illegal boats. I sometimes think public health policy is a bit like that, that there's things we want to achieve but they're over a very long time frame and the immediate challenges of government are funding the health service today. If you have a finite budget, which you ultimately do...unless you want to go and tell everyone their taxes are going up you have to decide. The health budget is already hugely consuming inside the national budget and squeezes out education, environment, social care, everything else that we like to do. Within that the reason why public health budgets are under pressure is because you can either make the overall health budget larger, or you're going to increase waiting lists, cut doctors pay, in order to fund your public health budget. As I say, this argument "But yeah, but it'll pay itself back in the long run" is literally what everyone says in every single area of public policy. So we won't need any more prisons if we better educate people because there won't be criminals and we won't need...Everyone can have a better paying job and they'll pay more taxes. I mean, all these arguments...ultimately for the government and the Chancellor and the Treasury it's the money out the door this year, which you either have to borrow or raise in taxes or cut somewhere else.

So I guess with public health policy I was sort of interested...yes I would like to improve the health of the nation, and I certainly had no personal problem myself with advertising bans and food bans and I didn't get involved in any of that, that was sort of done by another bit of the government. So I don't have a problem being kind of prescriptive, although many people would say that's too command and control and anti-freedom and so on. But I personally don't have a problem with that and as an MP I've always voted, well, before I became Chancellor, for things like bans on smoking in public places and seatbelts, laws and for requiring people to wear a seatbelt in the back of cars and other kind of prescriptive and legally enforced public health measures. So I would say it was therewasn't top of my agenda, it wasn't something I was directly responsible for and so therefore, yes, interested, but not what I spent much time on".

3. What are the main barriers one experiences when you're trying to push something like this [SDIL] through? Anything from lack of awareness to party ideologies, the structure of government itself, lobbying, anything like that?

"The simple truth is that it's quite hard to get a political adviser or a pollster who will tell you it's a good idea to put a tax on coca cola. I mean, it's very, very unpopular. Or in theory, very unpopular and that is the reason why no government, Labour,

Conservative coalition has ever, for example, put VAT generally on food. Food has always been exempt from VAT, it doesn't have any tax on it and only at the margins, first of all in the 1970s, Denis Healey, the Labour Chancellor, put VAT on restaurant food. At the time, restaurants were only places that rich people could go to essentially and...Well, better off people. In the 1980s Nigel Lawson, the Chancellor, put VAT on fish and chips, takeaway food, food that was cooked because that was seen as like restaurant food.

I remember, I was a child, it was hugely controversial at the time, and then the only other attempt to put tax on food was me saying "Well, food that's heated up rather than cooked in a takeaway place like a pasty or a rotisserie chicken should also have VAT on it" and I had to back down on that, essentially I had to reverse that. So any tax on food or drink or non-alcoholic drink is hugely, hugely controversial and virtually no one in Britain has ever pulled it off.

For anyone from the outside who says "Well, why don't you just put? You know, you would immediately solve most of the government's funding problems if you put VAT on food" right? But it's sort of politically unsellable, the public would revolt, and therefore the politicians who vote for the budget would revolt, and therefore the person introducing the tax would have to either resign or ditch their policy. So there's a reason why it's really hard and it's not through lack of political courage or anything like that. It's just in a democracy it's quite hard to do things that people don't want, voters don't want. So that is the obstacle, and it's not the lobbying of the drinks companies or the fact that they take MPs to football matches or it's not necessarily, certainly to my experience, the large numbers of people who work in the food industry. The obstacle is it's unpopular to raise the cost of food and then any kind of chart you will get if you're the Chancellor, will tell you that any tax on food disproportionately hits the poorest people most. So it's very regressive. Regardless of your ideology, most British politicians have wanted to generally protect poorer people more than richer people from tax rises. So one of the reasons why VAT was excluded from food and heating and children's clothes was because it was felt that those would disproportionately fall on poorer people.

The other thing you're told is that any kind of levy or tax on food is going to fall on poorer people who are less able to pay for it, that food makes up a bigger proportion of their incomes, and so on. So you've got both the kind of popularity problem i.e. it's not popular and you've got a kind of regressive problem, which is it falls harder on poorer people. If you disregard those two things there's a risk that you sound like you don't care, so you don't care the food's going to be more expensive for people, it's good for

them, and you sound a bit like Marie Antoinette. Or you go “Yeah, well, you know, poorer people should be protected from all this stuff they eat so let's make it very expensive for them.”

Now, I have to say that that is actually what has happened with cigarettes. So over the decades governments have decided, you know, if you look back at the kind of 1930s, '40s when the whole population smoked it was only when tobacco became clearly identified as cancerous, and even then it took many decades for tobacco tax to really ratchet up such that it's now £15, whatever, for a packet of cigarettes of... but £14 of that is tax, right. So cigarettes are an example of where for public health reasons something that disproportionately falls on poorer people has been taxed and taxed and taxed again, but that's really the only exception. Even alcohol, there's a sort of long history of taxing alcohol and these days Chancellors like to say “I've frozen beer duty” or “I'm cutting beer duty” that's a popular thing to do. Whereas no Chancellor gets up and says “I'm cutting cigarette tax” anymore, or never did, certainly in my lifetime. So cigarettes are really the only example of a kind of mass used consumer product that, you know, it's okay to tax it.

Certainly coming up to the sugar tax, the soft drinks levy, there was no example other than cigarettes where tax was being used. I mean, obviously, we used bans on various things, I mean, we restrict the sale of pharmaceutical products, you have to get a prescription; you can't just go and buy a poison somewhere. So there are rules around that, but anyway, those are the obstacles, it's expensive and falls on poorer people”.

4. What are the things that enabled you then to act? So what helps, everything from the kind of people, the evidence, to whatever was happening that gave you that window?

“I think it was a kind of combination of things. So first of all, there was a growing movement, there was a growing chorus of voices saying we should do something about sugar in drinks, and there were various health charities, the leadership of the NHS. Some individuals, like Jamie Oliver, had done campaigns on it and so it was definitely out there as like there's quite a lot of people out there advocating. Reputable people. People who are not blind to the unpopularity of this who are advocating something.

Second, when I looked into it, the kind of medical evidence was overwhelming that it would make a big difference, and so it was if you could do it, it'd be worth doing, right?

Then third, there was something you could do without fundamentally banning Coca-Cola or banning Pepsi, the companies could reduce the sugar content and they already had low sugar or zero sugar products out there. So there was already Coke Light or Coke Zero, so it wasn't as if you were asking for something impossible. One of the kinds of challenges, I think if you want to follow this logic, is can you make ready meals in a way that are usable by people? Because not everyone's going to sit at home and like Henry Dimbleby and cook his supper every night and whatever, and go to Leon... like real people actually have to go and shop at Tesco or Aldi or whatever and get food for the kids that evening, so can you produce these products in a way that is less than, whatever, unhealthy? In the case of the sugar, the reason at the start of the sugar drinks was there was something you could do and you could do it in a way that didn't affect the taste and was easy for the manufacturers to do, which is why we designed the tax to fall on the manufacturers rather than the individuals. Which was partly to get around the way of saying "Look, this isn't just some way to get more tax money, we'd happily collect no tax on this" and it's entirely a kind of disincentive for sugary drinks and entirely an incentive to reformulate and we gave time for the industry to adjust it.

In the end it came down to a kind of act of all the political advisors around me and David Cameron said "Don't do it" and in the end I just sat down with him and said "Look, there's all this evidence, it's a big landmark thing we could do. It's the right thing to do. I think we're both skilled enough politicians, we can sell it. Let's go for it." But I think most people in that situation will back off and maybe we did leave office about four or five months later..

But it's interesting, every Prime Minister since has talked about...Keir Starmer, [considered] getting rid of it and then backed off. So it's now quite entrenched and it was helped enormously that when it was announced...But I had orchestrated this, I phoned Jamie Oliver and said "We're gonna put this in the budget, but I need you out on the...the moment I announce I need you out there publicly." The health charities and he and others did come out in force and fought off an attempt by the drinks industry to either get rid of it or water it down".

5. It was considered a rabbit out of the hat policy, but there was actually a longer process and sort of deeper process of actually really designing this very carefully. You can't just pull something so complex and thought through out of a hat at the last minute, so when did that process start?

“I think I asked the Treasury kind of late 2015 to start looking at it, as an option for the budget, and then we probably made the final decision about three weeks to go, but the Treasury is pretty good at keeping everything confidential and there was a big team of civil servants working on it.

What we couldn't do is go and directly ask the industry, as we often would, “What's the best way to make this work?” which is why we then had a consultation on exactly how it was going to work. But what we did back off, there were two things we backed off. We backed off milk products, like milkshakes, because baby formula was quite hard to exclude and define what was a milkshake and also there was a general feeling that milk products were good for you, back from the days when kids got milk at school. So we could see this kind of “We're gonna have a big row about whether a milk product is good for you or not, and we're gonna have a big row with the baby food, the baby formula manufacturers and all sorts of mother's groups. So we just scrapped that, excluded them and we also excluded fruit juices because there's a whole, you know, is it a good thing to have a glass of orange juice each day or not? We didn't think the health lobby had sufficiently established that that was something worth trying to reduce the sugar in, naturally occurring sugars. I think if I'd stayed as Chancellor for longer than we might have included those things and I would have been quite confident of moving into sugary products, sugar in things like cakes and patisseries, like other products where you could force manufacturers to reduce sugar content or face higher taxes.

Remember, these aren't bans, these are all designed...This is a tax, so it's sort of voluntary. You don't have to ban your product, you can pay the higher tax”.

[Prompt: Just to clarify, when you say not being able to go to the industry that was because of wanting to make sure it wasn't leaked?]

“Yeah, but you have to keep it secret till you announce it and you're ready to...because otherwise it gets kind of destroyed by the lobbying and the...It's not the lobbying so much as the news...I mean, the newspapers were mostly against it, right? But it wasn't just the lobbying industry it was the...I remember The Sun newspaper was totally against it, and so in those days the newspapers were more powerful. But it is an

example of how you can get these things done, and there's been the same row about in my lifetime around smoking bans, seat belt rules and so on. But you have to, kind of, obviously it's a matter of judgement what the kind of political market will accept, you can go too far and that's why no one's tried to ban smoking, actually. I mean, the Sunak government had this thing of, like, phasing it out over many years, which may or may not happen, but trying to ban alcohol, people haven't tried to do that. Or when it has been tried, obviously, in other countries it's failed.

So I think the advantage of taxes on things that are unhealthy is particularly when there are alternative formulations then that's a good policy instrument”.

6. What advice would you give to future administrations when it comes to tackling this issue, thinking really about the politics rather than more policy ideas?

“I would do much more in this space i.e. taxes on unhealthy inputs into food, whether it's sugar or high salt content...But I would have a couple of conditions that, first of all, it's a tax not a ban and there's a reformulation option open for the industry, so you're not asking for certain products to be completely banned. I would line up a lot of evidence from the health lobby and have out their public advocates for it, because you can't just do it alone as a politician and that's really important. Don't try to use it to raise money. Don't pretend you're acting for reasons of public health when really what you're trying to do is raise revenue. There's nothing wrong with raising revenue, we've got to pay for our health service and our education system but don't try and confuse the two objectives. It seems to me, coming back to your first question, that you can have a really measurable impact on public health and obesity if you pursue these policies. So it's got a lot of things going for it, there's a bit of a feeling of jumping into the deep end of the swimming pool, I'm going to put tax on frozen food and ready meals and cakes. There's no political strategist who would say that's the straightforward way to become popular and get elected, but I think it can be done and it's the right thing to do. Ultimately, I guess I always took the view, not all agree with me on this, but as the Chancellor of the Exchequer, I delivered eight budgets. You're not going to get that chance again and you do these jobs, you've got to stay, you've got to try and survive but you're also there to do things that last and in your view anyway make a permanent difference to the country.

So what's the point of occupying number 11 Downing Street, or indeed number 10 Downing Street if you're not doing something with it? It's interesting, at the end of my six years as Chancellor, I look back on the sugar tax as one of things I'm still proud of.

But it was hard and it was really touch and go, I think you shouldn't....You should always just try and think it in the mindset of someone who's elected and not think they're being short term or cowardly, the system, we own a democracy and you've got to carry the consent to the public”.

7. Is there an element of food being a way to be seen as you're sort of connected to people, is that a component of it?

“Well, I think there's always a risk for politicians. I mean, all politicians there's a risk, they are better paid than most members of the public and have generally therefore more money, more expensive lifestyles, probably eat better, and that they can end up being kind of preachy about the kind of lifestyle that everyone should follow, or the food that everyone should eat. So when people say everyone's children's parties should have carrot sticks and cucumber sticks, and we're having no more twiglets and no more hula hoops, I mean, it ends up being too preachy and so I think politicians are nervous of that, getting into that kind of frame of mind and it is definitely a risk, or else you can look very out of touch and politicians are nervous of that.

But that's why smart solutions are not necessarily bans, they're taxes, they apply to the industry not to individuals, or to consumers. There are alternative options, and so you're throwing the question at the soft drinks industry “Well, why don't you make a bit?” I would say I know the industry has set themselves up as the sort of villain in all this, but they did respond and worked very well with us and did reformulate their drinks, and so I say thank you very much to them, I don't think...If you just cast the industry as some sort of evil capitalist, kind of, blob out there that's probably not a good idea. Anyway, we're all going to be on Ozempic, so maybe it doesn't matter.

8. Just on the negative feedback that you get because we've had a lot of the interviews that describe this sense of “you'll have this bad reaction, or you know”, but it's actually a perceived bad reaction, a possible bad reaction to it. So where do you get the negative feedback in anticipation of a public health intervention?

“Well by the time you are a very senior politician, you should have a pretty good understanding of how things are going to be received. Some things are popular and some things you know are going to be unpopular but that's okay because you think you can win the argument about why they're necessary and why they're ultimately for the

long term good of the country. So the lasting things in politics are often the difficult things, that on the surface seem unpopular but there's a general acceptance in the country that they need to be done. I think if you're well organised, you know what you're trying to achieve. If you've lined up your supporters you can do it, and you use some of your political capital i.e. there are other things you're not going to be able to do because you're doing this then you can do that. But I would say it could easily have gone the wrong way with the sugar tax and we knew that...We knew that it could go wrong, but it was worth it. It was worth risking, trying”.